

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 SOUTH CAROLINA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	125,933	75,017	49,608	1,291	13	4	1,379,669	813,112	553,981	12,418	120	38		
Age														
5 and younger	11	1	6	0	4	0	103	12	59	0	32	0		
6-14	20	0	20	0	0	0	233	0	233	0	0	0		
15-20	227	1	215	5	6	0	2,570	12	2,426	60	72	0		
21-44	19,425	17	18,496	910	2	0	216,018	189	206,997	8,818	14	0		
45-64	30,737	112	30,266	354	1	4	343,037	1,080	338,582	3,335	2	38		
65-74	29,749	29,241	489	19	0	0	327,381	322,573	4,630	178	0	0		
75-84	28,452	28,376	74	2	0	0	310,786	310,086	676	24	0	0		
85 and older	17,310	17,267	42	1	0	0	179,528	179,147	378	3	0	0		
Unknown	2	2	0	0	0	0	13	13	0	0	0	0		
Gender														
Female	84,211	57,169	26,170	862	6	4	926,169	624,329	293,392	8,364	46	38		
Male	41,721	17,847	23,438	429	7	0	453,488	188,771	260,589	4,054	74	0		
Unknown	1	1	0	0	0	0	12	12	0	0	0	0		
Race														
White	56,309	32,880	22,740	682	5	2	604,432	345,749	252,130	6,492	44	17		
African American	58,673	35,274	22,823	567	8	1	653,997	391,388	257,025	5,496	76	12		
Other/unknown	10,951	6,863	4,045	42	0	1	121,240	75,975	44,826	430	0	9		
Use of Nursing Facilities^c														
Entire year	9,575	8,843	732	0	0	0	102,671	94,311	8,360	0	0	0		
Part year	6,703	6,194	509	0	0	0	60,507	55,426	5,081	0	0	0		
None	109,655	59,980	48,367	1,291	13	4	1,216,491	663,375	540,540	12,418	120	38		
Maintenance Assistance Status														
Cash	53,430	29,965	22,745	720	0	0	605,056	340,632	257,602	6,822	0	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	48,449	26,531	21,863	43	8	4	532,876	291,306	241,153	319	60	38		
Other/unknown	24,054	18,521	5,000	528	5	0	241,737	181,174	55,226	5,277	60	0		
Dual Medicare Status^d														
Full dual, all year	125,045	74,636	49,105	1,287	13	4	1,372,215	810,021	549,655	12,381	120	38		
Full dual, part year	888	381	503	4	0	0	7,454	3,091	4,326	37	0	0		
Managed Care Status														
FFS all year	125,590	74,915	49,403	1,255	13	4	1,377,792	812,703	552,727	12,204	120	38		
FFS part year, with Rx claims	272	53	186	33	0	0	1,679	310	1,171	198	0	0		
FFS part year, no Rx claims	71	49	19	3	0	0	198	99	83	16	0	0		

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	85.2 %	32.0	\$1,796	\$56	\$8,279	21.7 %	125,933
Age							
5 and younger	90.9	33.4	3,436	103	11,486	29.9	11
6-14	100.0	52.6	5,803	110	19,255	30.1	20
15-20	81.9	23.2	2,326	100	12,487	18.6	227
21-44	85.0	25.3	2,211	88	9,149	24.2	19,425
45-64	90.6	36.6	2,316	63	8,799	26.3	30,737
65-74	87.6	34.6	1,686	49	5,712	29.5	29,749
75-84	84.0	33.0	1,493	45	7,697	19.4	28,452
85 and older	73.7	25.5	1,083	43	11,673	9.3	17,310
Unknown	50.0	20.0	1,208	60	16,318	7.4	2
Basis of Eligibility^c							
Aged	83.1	31.9	1,477	46	7,840	18.8	75,017
Disabled	88.7	32.4	2,291	71	9,055	25.3	49,608
Adults	72.7	19.3	1,318	68	3,789	34.8	1,291
Children	61.5	21.7	1,599	74	22,149	7.2	13
Unknown	100.0	21.8	1,771	81	14,097	12.6	4
Gender							
Female	86.7	34.6	1,807	52	7,966	22.7	84,211
Male	82.2	26.8	1,774	66	8,910	19.9	41,721
Unknown	100.0	25.0	515	21	572	90.0	1
Race							
White	83.2	34.7	2,023	58	10,107	20.0	56,309
African American	86.6	29.3	1,585	54	6,899	23.0	58,673
Other/unknown	87.8	32.3	1,760	54	6,272	28.1	10,951
Use of Nursing Facilities^d							
Entire year	47.9	15.8	810	51	27,961	2.9	9,575
Part year	59.5	16.8	880	53	16,042	5.5	6,703
None	90.0	34.4	1,938	56	6,085	31.8	109,655
Maintenance Assistance Status							
Cash	89.9	33.2	1,820	55	5,800	31.4	53,430
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	91.0	34.3	1,891	55	4,331	43.7	48,449
Other/unknown	63.1	24.8	1,551	63	21,737	7.1	24,054

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	2.9	\$164	21.7 %	14.8 %	19.8 %	14.4 %	38.2 %	12.0 %	0.8 %	\$756	125,933	1,379,669
Age												
5 and younger	3.6	367	29.9	9.1	9.1	27.3	45.5	9.1	0.0	1,227	11	103
6-14	4.5	498	30.1	0.0	5.0	10.0	45.0	40.0	0.0	1,653	20	233
15-20	2.0	205	18.6	18.1	34.8	12.8	23.8	10.1	0.4	1,103	227	2,570
21-44	2.3	199	24.2	15.0	31.2	15.8	29.9	7.5	0.6	823	19,425	216,018
45-64	3.3	208	26.3	9.4	18.5	14.3	42.2	14.5	1.1	788	30,737	343,037
65-74	3.1	153	29.5	12.4	17.6	14.6	41.3	13.3	0.8	519	29,749	327,381
75-84	3.0	137	19.4	16.0	16.5	14.0	40.2	12.7	0.7	705	28,452	310,786
85 and older	2.5	104	9.3	26.3	18.6	13.4	32.0	9.2	0.5	1,126	17,310	179,528
Unknown	3.1	186	7.4	50.0	0.0	0.0	50.0	0.0	0.0	2,510	2	13
Basis of Eligibility^c												
Aged	2.9	136	18.8	16.9	17.4	14.1	38.8	12.1	0.7	723	75,017	813,112
Disabled	2.9	205	25.3	11.3	23.4	14.9	37.4	12.0	0.9	811	49,608	553,981
Adults	2.0	137	34.8	27.3	23.9	13.1	30.9	4.5	0.3	394	1,291	12,418
Children	2.4	173	7.2	38.5	15.4	7.7	23.1	15.4	0.0	2,400	13	120
Unknown	2.3	186	12.6	0.0	25.0	25.0	50.0	0.0	0.0	1,484	4	38
Gender												
Female	3.1	164	22.7	13.3	16.8	14.2	41.4	13.5	0.8	724	84,211	926,169
Male	2.5	163	19.9	17.8	25.9	14.8	31.8	9.1	0.6	820	41,721	453,488
Unknown	2.1	43	90.0	0.0	0.0	100.0	0.0	0.0	0.0	48	1	12
Race												
White	3.2	188	20.0	16.8	15.9	12.0	39.0	15.1	1.3	942	56,309	604,432
African American	2.6	142	23.0	13.4	23.3	16.6	37.3	9.1	0.3	619	58,673	653,997
Other/unknown	2.9	159	28.1	12.2	21.1	15.2	39.0	11.7	0.7	567	10,951	121,240
use of nursing Facilities^d												
Entire year	1.5	76	2.9	52.1	17.3	7.3	14.9	7.4	1.0	2,608	9,575	102,671
Part year	1.9	98	5.5	40.5	22.2	10.7	19.2	6.7	0.6	1,777	6,703	60,507
None	3.1	175	31.8	10.0	19.9	15.3	41.4	12.7	0.8	549	109,655	1,216,491
Maintenance Assistance Status												
Cash	2.9	161	31.4	10.1	22.0	15.6	39.7	11.9	0.7	512	53,430	605,056
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	3.1	172	43.7	9.0	19.4	15.7	43.4	12.0	0.6	394	48,449	532,876
Other/unknown	2.5	154	7.1	36.9	16.0	9.2	24.3	12.2	1.4	2,163	24,054	241,737

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	2.9	\$164	\$56	1.4	\$130	\$94	0.2	\$9	\$45	1.3	\$26	\$19
Age												
5 and younger	3.6	367	103	1.6	305	190	0.2	9	47	1.8	53	30
6-14	4.5	498	110	2.2	442	201	0.2	15	63	2.1	41	20
15-20	2.0	205	100	1.0	178	176	0.1	9	70	0.9	19	21
21-44	2.3	199	88	1.1	163	154	0.2	11	68	1.1	25	24
45-64	3.3	208	63	1.6	165	105	0.2	12	57	1.5	31	21
65-74	3.1	153	49	1.6	121	78	0.2	7	40	1.4	25	18
75-84	3.0	137	45	1.4	106	75	0.2	7	34	1.4	24	17
85 and older	2.5	104	43	1.1	79	74	0.2	6	31	1.2	20	17
Unknown	3.1	186	60	1.8	122	66	0.0	0	0	1.2	64	52
Basis of Eligibility^d												
Aged	2.9	136	46	1.4	106	76	0.2	7	36	1.4	23	17
Disabled	2.9	205	71	1.4	165	120	0.2	11	60	1.3	29	22
Adults	2.0	137	68	0.9	107	118	0.1	8	60	1.0	22	23
Children	2.4	173	74	1.0	140	140	0.1	7	61	1.2	27	21
Unknown	2.3	186	81	1.5	171	116	0.0	0	0	0.8	15	18
Gender												
Female	3.1	164	52	1.5	130	86	0.2	9	42	1.4	26	18
Male	2.5	163	66	1.1	130	115	0.2	8	54	1.2	25	21
Unknown	2.1	43	21	0.1	10	123	0.1	17	202	1.9	16	8
Race												
White	3.2	188	58	1.5	148	98	0.2	11	47	1.5	30	20
African American	2.6	142	54	1.3	114	90	0.2	7	44	1.2	21	18
Other/unknown	2.9	159	54	1.4	127	90	0.2	8	44	1.3	25	18
Use of Nursing Facilities^e												
Entire year	1.5	76	51	0.6	56	92	0.1	4	40	0.7	15	20
Part year	1.9	98	53	0.8	76	92	0.1	5	37	0.9	17	19
None	3.1	175	56	1.5	139	94	0.2	9	46	1.4	27	19
Maintenance Assistance Status												
Cash	2.9	161	55	1.4	127	92	0.2	8	44	1.4	25	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.1	172	55	1.5	137	91	0.2	9	45	1.4	27	19
Other/unknown	2.5	154	63	1.1	121	109	0.2	9	50	1.2	25	21

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Total Rx \$	No. Dual Benes	As % of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$27	\$24	\$1	\$2	\$105	\$171	\$85	\$16	161,952	\$17,078,502	54,870	43.6 %	630,013
Biologics	0.1	0.1	0.0	0.1	85	1	37	46	705	16	2,513	902	556	392,117	397	0.3	4,627
Antineoplastic Agents	0.5	0.2	0.0	0.2	102	83	3	17	222	344	161	82	17,484	3,881,163	3,396	2.7	38,012
Endocrine/Metabolic Drugs	0.8	0.5	0.1	0.2	35	29	2	4	43	60	21	16	448,802	19,137,010	47,693	37.9	546,066
Cardiovascular Agents	1.5	0.7	0.1	0.7	56	42	3	11	37	58	30	16	1,337,677	49,825,935	78,673	62.5	896,382
Respiratory Agents	0.5	0.3	0.1	0.2	24	18	3	2	51	70	61	16	237,913	12,223,285	44,813	35.6	516,057
Gastrointestinal Agents	0.5	0.2	0.0	0.3	33	26	1	6	67	129	100	22	235,932	15,765,536	41,420	32.9	476,004
Genitourinary Agents	0.4	0.3	0.0	0.1	23	21	0	1	60	69	37	16	56,798	3,398,647	13,014	10.3	149,834
CNS Drugs	0.9	0.4	0.0	0.4	71	58	3	10	81	140	100	24	525,956	42,725,514	52,745	41.9	599,280
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	46	33	3	9	103	157	73	51	3,961	409,160	780	0.6	8,989
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	68	67	0	2	128	143	71	23	24,152	3,091,721	4,045	3.2	45,326
Analgesics and Anesthetics	0.6	0.2	0.0	0.3	34	25	2	7	61	133	82	20	401,842	24,425,126	62,503	49.6	716,322
Neuromuscular Agents	0.7	0.3	0.1	0.3	45	34	3	8	66	126	50	22	223,850	14,699,360	28,648	22.7	328,224
Nutritional Products	0.5	0.0	0.0	0.4	7	0	0	6	14	27	21	14	102,314	1,424,458	19,050	15.1	217,727
Hematological Agents	0.6	0.3	0.1	0.2	49	44	1	4	88	162	21	18	115,596	10,138,906	18,113	14.4	205,303
Topical Products	0.3	0.2	0.0	0.1	14	11	1	2	44	61	45	19	125,439	5,562,419	33,737	26.8	391,222
Miscellaneous Products	0.6	0.3	0.1	0.2	121	85	19	17	203	297	172	85	9,693	1,970,101	1,440	1.1	16,342
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	33	0	0	0	910	30,434	463	0.4	5,315
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,030,827	226,179,394	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$24,744,073	19,435	15.4 %	222,295	0.6	\$180	\$111
ANTI-DIABETIC	16,125,797	42,826	34.0	492,202	0.6	56	33
ANTI-HYPERLIPIDEMIC	15,544,922	27,626	21.9	320,115	0.6	84	49
ANTI-HYPERTENSIVE	15,241,673	63,887	50.7	734,866	0.6	36	21
ANTI-DEPRESSANTS	13,190,241	38,273	30.4	437,175	0.5	63	30
ULCER DRUGS	12,524,487	42,858	34.0	496,716	0.4	69	25
ANTICONVULSANT	12,118,795	22,185	17.6	254,042	0.6	78	48
ANALGESICS - Narcotic	12,107,051	64,011	50.8	735,631	0.3	56	16
CALCIUM BLOCKERS	10,936,427	30,311	24.1	347,993	0.7	47	31
ANALGESICS - ANTI-INFLAMMATORY	10,420,308	35,858	28.5	417,461	0.3	74	25
Total	142,953,774	387,270		4,458,496	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDIABETIC						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,168,342	\$142,953,774	19,435	15.4 %	222,295	0.6	\$111	42,826	34.0 %	492,202	0.6	\$33					
Female	1,546,908	97,156,592	11,582	13.8	132,121	0.6	94	32,304	38.4	372,345	0.6	32					
Disabled	524,738	39,924,293	5,908	22.6	68,665	0.6	118	10,270	39.2	118,761	0.6	36					
5 and younger	11	1,979	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	109	5,909	0	0.0	0	0.0	0	1	14.3	12	0.2	2					
15-20	854	59,306	14	17.3	145	0.5	118	3	3.7	36	0.7	81					
21-44	126,927	11,474,463	2,455	29.1	28,629	0.6	117	1,504	17.8	17,312	0.5	36					
45-64	390,974	28,033,492	3,417	19.7	39,657	0.6	119	8,600	49.7	99,657	0.6	36					
65-74	5,090	308,602	15	5.9	156	0.6	83	141	55.1	1,518	0.6	36					
75-84	453	23,817	5	14.7	54	0.5	81	13	38.2	142	0.6	27					
85 and older	320	16,725	2	5.3	24	0.3	25	8	21.1	84	0.6	33					
Other Eligibles	1,022,144	57,230,860	5,674	9.8	63,456	0.5	67	22,034	38.0	253,584	0.6	31					
5 and younger	2	164	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	61	2,747	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	5,399	422,560	75	11.2	813	0.3	62	72	10.8	766	0.4	33					
45-64	4,199	286,767	27	10.5	264	0.5	104	86	33.5	958	0.6	47					
65-74	429,050	24,964,750	1,701	8.4	19,451	0.6	85	10,630	52.6	122,921	0.6	34					
75-84	404,755	22,307,252	2,251	10.2	25,203	0.5	63	8,391	37.9	96,823	0.6	29					
85 and older	178,678	9,246,620	1,620	11.0	17,725	0.5	54	2,855	19.4	32,116	0.6	22					
Male	621,420	45,796,889	7,853	18.8	90,174	0.7	137	10,522	25.2	119,857	0.6	34					
Disabled	377,530	32,065,551	6,059	25.9	70,288	0.7	153	5,573	23.8	63,896	0.6	36					
5 and younger	26	667	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	144	9,092	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	1,363	142,358	36	26.9	423	0.7	154	8	6.0	94	0.4	35					
21-44	133,812	13,567,062	3,125	31.1	36,281	0.7	153	1,241	12.3	14,148	0.6	35					
45-64	238,734	18,154,903	2,887	22.3	33,471	0.8	152	4,229	32.7	48,611	0.6	37					
65-74	3,026	167,793	9	3.9	92	0.3	42	85	36.5	930	0.6	28					
75-84	355	16,299	1	2.5	10	0.5	81	10	25.0	113	0.7	20					
85 and older	70	7,377	1	25.0	11	1.5	324	0	0.0	0	0.0	0					
Other Eligibles	243,890	13,731,338	1,794	9.8	19,886	0.5	82	4,949	27.1	55,961	0.6	31					
5 and younger	25	1,634	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	3,889	351,841	30	11.5	310	0.4	108	54	20.7	565	0.6	39					
45-64	2,994	243,316	25	11.7	282	0.6	190	52	24.3	529	0.6	38					
65-74	138,123	7,974,242	853	9.4	9,733	0.6	96	2,960	32.8	33,871	0.6	34					
75-84	76,055	4,003,660	604	9.7	6,629	0.5	67	1,502	24.0	16,872	0.6	27					
85 and older	22,803	1,156,638	282	11.2	2,932	0.4	53	381	15.2	4,124	0.6	25					
Unknown	40	1,732	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS									
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx					
All	27,626	21.9 %	320,115	\$49	0.6	63,887	50.7 %	734,866	\$21	0.6	38,273	30.4 %	437,175	0.5	\$30
Female	20,107	23.9	233,383	49	0.6	46,355	55.0	534,610	21	0.6	28,268	33.6	323,475	0.5	30
Disabled	6,055	23.1	70,312	45	0.5	11,936	45.6	137,906	20	0.5	14,061	53.7	162,033	0.5	33
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	1	14.3	12	38	1.0	5	71.4	54	4	0.4	2	28.6	24	0.5	35
15-20	2	2.5	24	38	0.5	21	25.9	249	12	0.4	29	35.8	313	0.4	26
21-44	709	8.4	8,270	38	0.5	1,907	22.6	21,908	17	0.5	4,480	53.1	51,573	0.5	34
45-64	5,246	30.3	60,945	46	0.5	9,813	56.7	113,635	20	0.6	9,454	54.6	109,066	0.5	32
65-74	88	34.4	966	47	0.6	164	64.1	1,783	20	0.6	88	34.4	971	0.5	34
75-84	6	17.6	64	29	0.4	17	50.0	178	19	0.6	4	11.8	42	0.5	39
85 and older	3	7.9	31	81	0.9	9	23.7	99	29	0.8	4	10.5	44	0.3	15
Other Eligibles	14,052	24.2	163,071	50	0.6	34,418	59.3	396,692	22	0.6	14,205	24.5	161,418	0.5	27
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	1	12.5	12	6	0.1	7	87.5	84	13	0.3	1	12.5	12	0.3	27
21-44	23	3.4	267	25	0.3	102	15.3	1,083	13	0.4	296	44.4	3,197	0.4	30
45-64	58	22.6	639	47	0.5	132	51.4	1,422	20	0.6	140	54.5	1,460	0.4	34
65-74	6,897	34.1	79,998	50	0.6	14,422	71.3	166,886	22	0.6	5,675	28.1	65,312	0.5	27
75-84	5,688	25.7	66,232	51	0.6	13,577	61.4	157,130	22	0.6	5,317	24.0	60,580	0.5	26
85 and older	1,385	9.4	15,923	49	0.6	6,178	41.9	70,087	21	0.6	2,776	18.8	30,857	0.5	27
Male	7,519	18.0	86,732	48	0.6	17,532	42.0	200,256	19	0.6	10,005	24.0	113,700	0.5	31
Disabled	4,209	18.0	48,626	47	0.6	8,486	36.2	97,350	19	0.6	7,111	30.3	81,636	0.5	33
5 and younger	0	0.0	0	0	0.0	1	20.0	12	6	0.8	0	0.0	0	0.0	0
6-14	1	7.7	8	16	0.3	8	61.5	80	11	0.3	2	15.4	24	0.4	26
15-20	1	0.7	12	101	1.0	40	29.9	467	12	0.5	29	21.6	340	0.5	34
21-44	943	9.4	10,942	42	0.5	2,136	21.2	24,503	18	0.5	3,272	32.5	37,666	0.5	34
45-64	3,214	24.8	37,116	49	0.6	6,171	47.7	70,874	20	0.6	3,764	29.1	43,154	0.5	33
65-74	44	18.9	478	58	0.7	115	49.4	1,246	21	0.6	39	16.7	392	0.4	25
75-84	6	15.0	70	31	0.5	14	35.0	157	18	0.5	4	10.0	48	0.6	28
85 and older	0	0.0	0	0	0.0	1	25.0	11	46	1.5	1	25.0	12	0.1	6
Other Eligibles	3,310	18.1	38,106	50	0.6	9,046	49.5	102,906	19	0.6	2,894	15.8	32,064	0.5	26
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	1	25.0	12	1	0.1	0	0.0	0	0.0	0
21-44	43	16.5	459	35	0.5	79	30.3	756	25	0.6	150	57.5	1,623	0.3	23
45-64	47	22.0	494	42	0.5	101	47.2	1,031	20	0.5	83	38.8	818	0.4	33
65-74	2,088	23.1	24,157	51	0.6	4,950	54.8	56,706	20	0.6	1,452	16.1	16,570	0.5	26
75-84	975	15.6	11,218	50	0.6	2,996	47.9	34,188	19	0.6	890	14.2	9,632	0.5	27
85 and older	157	6.2	1,778	43	0.6	919	36.6	10,213	19	0.6	319	12.7	3,421	0.5	27
Unknown	0	0.0	0	0	0.0	1	33.3	12	18	0.3	2	66.7	24	0.4	28

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	42,858	34.0 %	496,716	0.4	\$25	22,185	17.6 %	254,042	0.6	\$48	64,011	50.8 %	735,631	0.3	\$17
Female	30,946	36.7	359,433	0.4	25	13,647	16.2	156,296	0.6	44	44,946	53.4	518,273	0.3	15
Disabled	10,757	41.1	125,650	0.3	25	7,775	29.7	89,605	0.6	55	18,787	71.8	217,318	0.3	21
5 and younger	1	100.0	7	0.7	215	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	28.6	24	1.0	86	0	0.0	0	0.0	0	4	57.1	48	0.1	1
15-20	19	23.5	228	0.3	28	20	24.7	228	0.6	56	65	80.2	756	0.2	3
21-44	2,560	30.4	29,830	0.3	22	3,078	36.5	35,460	0.6	63	6,068	71.9	70,149	0.3	23
45-64	8,045	46.5	94,084	0.3	25	4,624	26.7	53,312	0.6	49	12,485	72.1	144,550	0.3	20
65-74	115	44.9	1,312	0.4	31	49	19.1	566	0.5	35	143	55.9	1,577	0.3	12
75-84	8	23.5	88	0.4	19	1	2.9	10	0.3	24	13	38.2	142	0.4	7
85 and older	7	18.4	77	0.5	26	3	7.9	29	0.2	5	9	23.7	96	0.4	12
Other Eligibles	20,188	34.8	233,771	0.4	25	5,872	10.1	66,691	0.5	30	26,158	45.1	300,943	0.3	10
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	62.5	60	0.2	8	1	12.5	12	0.3	7	5	62.5	60	0.2	2
21-44	101	15.1	1,101	0.2	19	151	22.6	1,617	0.4	54	465	69.7	5,096	0.3	19
45-64	93	36.2	1,041	0.3	27	56	21.8	568	0.4	32	187	72.8	2,062	0.3	16
65-74	7,999	39.6	93,404	0.4	25	2,441	12.1	28,199	0.5	33	10,773	53.3	124,913	0.3	11
75-84	7,939	35.9	92,222	0.4	26	2,182	9.9	24,687	0.5	28	9,879	44.6	114,062	0.3	9
85 and older	4,051	27.5	45,943	0.4	26	1,041	7.1	11,608	0.5	25	4,849	32.9	54,750	0.3	9
Male	11,910	28.5	137,259	0.4	25	8,538	20.5	97,746	0.7	53	19,065	45.7	217,358	0.3	21
Disabled	6,744	28.8	78,265	0.4	26	6,579	28.1	75,992	0.7	60	12,072	51.5	138,680	0.3	26
5 and younger	2	40.0	24	0.4	14	0	0.0	0	0.0	0	1	20.0	12	0.1	0
6-14	9	69.2	108	0.3	27	3	23.1	36	0.7	53	7	53.8	80	0.1	1
15-20	22	16.4	262	0.4	24	30	22.4	354	0.8	101	52	38.8	617	0.2	7
21-44	2,256	22.4	26,298	0.4	25	3,184	31.6	36,814	0.7	67	4,965	49.3	57,180	0.3	30
45-64	4,376	33.8	50,749	0.4	26	3,338	25.8	38,554	0.7	53	6,947	53.7	79,705	0.3	23
65-74	71	30.5	735	0.4	25	23	9.9	224	0.5	28	88	37.8	967	0.3	12
75-84	8	20.0	89	0.3	18	1	2.5	10	0.3	9	11	27.5	108	0.3	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	11	1.0	121
Other Eligibles	5,166	28.3	58,994	0.4	25	1,959	10.7	21,754	0.6	31	6,993	38.2	78,678	0.3	12
5 and younger	2	50.0	24	0.4	11	0	0.0	0	0.0	0	1	25.0	12	0.2	5
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	64	24.5	703	0.3	25	79	30.3	808	0.5	50	267	102.3	2,766	0.5	55
45-64	68	31.8	686	0.3	21	57	26.6	548	0.5	43	164	76.6	1,689	0.3	28
65-74	2,754	30.5	31,844	0.4	26	1,065	11.8	12,079	0.6	33	3,756	41.6	42,815	0.3	11
75-84	1,686	27.0	19,174	0.4	23	585	9.4	6,513	0.6	26	2,101	33.6	23,719	0.3	8
85 and older	592	23.5	6,563	0.4	25	173	6.9	1,806	0.5	22	704	28.0	7,677	0.3	10
Unknown	3	100.0	36	0.2	7	0	0.0	0	0.0	0	1	33.3	12	0.3	24

Table D7C
 Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	CALCIUM BLOCKERS				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	Users as % of Dual Benes	No. of Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Mos
	No. of Users	Users as % of Dual Benes	No. of Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users										
All	30,311	24.1 %	347,993	0.7	\$31	35,858	28.5 %	417,461	0.3	\$25	125,933	1,379,669						
Female	22,771	27.0	262,042	0.7	32	26,918	32.0	313,797	0.3	27	84,209	926,156						
Disabled	5,212	19.9	60,306	0.6	31	8,045	30.7	94,072	0.3	20	26,170	293,392						
5 and younger	1	100.0	7	0.9	68	0	0.0	0	0.0	0	1	7						
6-14	5	71.4	57	0.6	40	0	0.0	0	0.0	0	7	81						
15-20	11	13.6	132	0.6	39	19	23.5	209	0.2	3	81	923						
21-44	800	9.5	9,170	0.5	28	2,217	26.3	25,970	0.2	13	8,434	94,494						
45-64	4,307	24.9	49,986	0.6	32	5,715	33.0	66,829	0.3	23	17,319	194,779						
65-74	76	29.7	821	0.7	32	81	31.6	920	0.3	24	256	2,463						
75-84	9	26.5	102	0.7	34	7	20.6	72	0.4	35	34	310						
85 and older	3	7.9	31	0.9	42	6	15.8	72	0.5	39	38	335						
Other Eligibles	17,558	30.3	201,724	0.7	32	18,872	32.5	219,713	0.4	30	58,039	632,764						
5 and younger	1	100.0	6	0.3	27	0	0.0	0	0.0	0	1	6						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
15-20	3	37.5	36	0.3	18	0	0.0	0	0.0	0	8	96						
21-44	32	4.8	343	0.5	26	138	20.7	1,502	0.2	11	667	6,471						
45-64	49	19.1	522	0.6	28	71	27.6	799	0.3	18	257	2,486						
65-74	6,539	32.3	75,557	0.7	33	7,774	38.4	90,555	0.4	28	20,224	224,914						
75-84	7,162	32.4	82,661	0.7	32	7,472	33.8	87,503	0.4	31	22,128	244,349						
85 and older	3,772	25.6	42,599	0.7	30	3,417	23.2	39,354	0.4	32	14,754	154,442						
Male	7,540	18.1	85,951	0.6	31	8,939	21.4	103,652	0.3	19	41,721	453,488						
Disabled	3,458	14.8	39,565	0.6	31	4,719	20.1	54,952	0.3	14	23,438	260,589						
5 and younger	2	40.0	24	0.3	11	0	0.0	0	0.0	0	5	52						
6-14	10	76.9	116	0.4	22	1	7.7	12	0.1	1	13	152						
15-20	15	11.2	173	0.6	47	19	14.2	226	0.2	7	134	1,503						
21-44	816	8.1	9,343	0.6	30	1,722	17.1	20,064	0.2	11	10,062	112,503						
45-64	2,556	19.7	29,277	0.6	32	2,920	22.6	34,014	0.3	15	12,947	143,803						
65-74	50	21.5	535	0.7	32	49	21.0	551	0.3	40	233	2,167						
75-84	8	20.0	86	0.4	15	6	15.0	64	0.5	44	40	366						
85 and older	1	25.0	11	1.1	90	2	50.0	21	0.6	44	4	43						
Other Eligibles	4,082	22.3	46,386	0.6	30	4,220	23.1	48,700	0.3	24	18,283	192,899						
5 and younger	2	50.0	14	0.9	92	1	25.0	12	0.2	1	4	38						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48						
21-44	29	11.1	258	0.6	26	67	25.7	745	0.2	10	261	2,538						
45-64	40	18.7	411	0.6	26	39	18.2	426	0.2	13	214	1,969						
65-74	2,192	24.3	25,132	0.6	31	2,300	25.5	26,738	0.3	24	9,036	97,837						
75-84	1,369	21.9	15,570	0.6	29	1,378	22.0	15,897	0.4	25	6,250	65,761						
85 and older	450	17.9	5,001	0.6	29	435	17.3	4,882	0.4	25	2,514	24,708						
Unknown	1	33.3	12	0.3	12	2	66.7	24	0.5	7	3	25						

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$76	1.5	9,575	102,671
Age				
0-64	116	1.8	709	8,153
65-74	94	1.7	1,240	13,617
75-84	77	1.5	3,261	34,900
85 and older	61	1.3	4,364	45,989
Unknown	201	3.3	1	12
Gender				
Female	73	1.5	7,291	78,302
Male	84	1.5	2,284	24,369
Unknown	0	0.0	0	0
Race				
White	77	1.5	6,415	67,444
African American	71	1.4	2,818	31,416
Other/unknown	80	1.6	342	3,811
Basis of Eligibility^c				
Aged	72	1.4	8,843	94,311
Disabled	116	1.8	732	8,360
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 6,703 beneficiaries who were in nursing facilities for part of their enrollment and their 60,507 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	Users						
	Total	Patented	Off-Patent	Brand-Name	Generic	Total	Patented	Off-Patent			Brand-Name	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
																Patented	Off-Patent
Anti-infective Agents	0.2	0.1	0.0	0.1	\$17	\$14	\$1	\$2	\$75	\$110	\$80	\$18	6,709	\$501,980	2,664	27.8 %	29,605
Biologicals	0.1	0.0	0.0	0.0	1	1	0	1	15	13	0	17	251	3,794	229	2.4	2,688
Antineoplastic Agents	0.4	0.1	0.0	0.3	86	49	2	35	209	479	146	119	985	205,928	217	2.3	2,400
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	28	23	1	4	40	67	20	14	13,631	551,518	1,739	18.2	19,561
Cardiovascular Agents	1.2	0.3	0.1	0.8	33	18	2	12	27	53	25	16	38,972	1,059,196	2,889	30.2	32,367
Respiratory Agents	0.4	0.2	0.1	0.2	23	15	4	4	52	73	71	23	7,331	383,551	1,508	15.7	16,913
Gastrointestinal Agents	0.6	0.2	0.0	0.4	26	17	1	9	43	98	83	21	11,473	496,113	1,696	17.7	19,049
Genitourinary Agents	0.4	0.3	0.0	0.1	26	23	1	2	59	72	49	18	3,150	186,407	633	6.6	7,120
CNS Drugs	0.9	0.5	0.0	0.3	67	56	3	8	76	109	71	24	25,950	1,970,037	2,665	27.8	29,622
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.2	52	48	0	3	108	220	12	14	75	8,069	14	0.1	156
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	63	63	0	0	134	137	0	9	2,769	372,160	531	5.5	5,924
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	31	25	1	5	60	113	53	17	10,068	599,226	1,726	18.0	19,196
Neuromuscular Agents	0.7	0.3	0.1	0.4	41	23	5	13	57	90	57	34	9,664	546,703	1,185	12.4	13,416
Nutritional Products	0.5	0.0	0.0	0.4	7	0	0	6	15	80	21	14	5,314	77,965	1,044	10.9	11,738
Hematological Agents	0.6	0.3	0.2	0.2	44	39	3	2	72	152	17	12	6,890	495,355	1,000	10.4	11,226
Topical Products	0.3	0.1	0.0	0.2	13	9	1	3	37	58	30	18	7,248	267,112	1,877	19.6	21,321
Miscellaneous Products	0.3	0.1	0.0	0.2	26	12	0	14	80	147	0	59	324	26,007	90	0.9	1,008
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	16	0	0	0	54	880	28	0.3	320
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	150,858	7,752,001	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 6,703 beneficiaries who were in nursing facilities for part of their enrollment and their 60,507 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In South Carolina, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$1,053,244	1,303	13.6 %	14,604	0.5	\$140	\$72
ANTIDEPRESSANTS	745,006	2,124	22.2	23,726	0.5	61	31
ANTICONVULSANT	389,646	1,070	11.2	12,175	0.6	57	32
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	372,160	531	5.5	5,924	0.5	134	63
ULCER DRUGS	369,493	1,449	15.1	16,413	0.4	50	23
ANTIDIABETIC	366,996	1,349	14.1	15,360	0.5	45	24
ANTIHYPERTENSIVE	344,041	1,735	18.1	19,510	0.5	33	18
ANALGESICS - Narcotic	303,869	1,407	14.7	15,635	0.3	56	19
MISC. HEMATOLOGICAL	298,694	491	5.1	5,571	0.5	98	54
ANALGESICS - ANTI-INFLAMMATORY	272,929	740	7.7	8,385	0.4	76	33
Total	4,516,078	12,199		137,303	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 6,703 beneficiaries who were in nursing facilities for part of their enrollment and their 60,507 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	ANTICONVULSANT						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ULCER DRUGS					
	Users as %			No. of Bene			Users as %			No. of Bene			Users as %			No. of Bene		
	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	Mean Rx \$	No. of Users	Residents	Mean Rx \$
All	1,070	11.2 %	\$32	531	5.5 %	\$63	1,449	15.1 %	\$63	5,924	0.5	1,449	15.1 %	\$63	16,413	0.4	\$23	
Female	713	9.8	32	419	5.7	62	1,088	14.9	62	4,713	0.5	1,088	14.9	62	12,380	0.4	21	
Disabled	87	27.1	41	10	3.1	208	68	21.2	208	119	0.3	68	21.2	208	791	0.5	25	
64 or younger	86	28.0	41	9	2.9	231	66	21.5	231	107	0.4	66	21.5	231	767	0.5	26	
65-74	1	25.0	25	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	12	0.8	14	
85 and older	0	0.0	0	1	14.3	11	1	14.3	11	12	0.1	1	14.3	11	12	0.3	7	
Other Eligibles	626	9.0	31	409	5.9	58	1,019	14.6	58	4,594	0.5	1,019	14.6	58	11,577	0.4	21	
64 or younger	4	100.0	11	0	0.0	0	1	25.0	0	0	0.0	1	25.0	0	8	0.1	1	
65-74	128	17.5	31	36	4.9	62	110	15.1	62	419	0.5	110	15.1	62	1,273	0.4	23	
75-84	269	11.1	34	167	6.9	61	386	15.9	61	1,820	0.5	386	15.9	61	4,388	0.4	22	
85 and older	225	5.9	26	206	5.4	55	522	13.7	55	2,355	0.4	522	13.7	55	5,908	0.4	20	
Male	357	15.6	32	112	4.9	66	361	15.8	66	1,211	0.5	361	15.8	66	4,033	0.5	26	
Disabled	127	30.9	45	4	1.0	120	88	21.4	120	48	0.4	88	21.4	120	1,000	0.5	25	
64 or younger	126	31.8	46	4	1.0	120	87	22.0	120	48	0.4	87	22.0	120	988	0.5	25	
65-74	1	10.0	19	0	0.0	0	1	10.0	0	0	0.0	1	10.0	0	12	0.1	2	
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
Other Eligibles	230	12.3	25	108	5.8	63	273	14.6	63	1,163	0.5	273	14.6	63	3,033	0.4	26	
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	88	17.7	26	24	4.8	42	75	15.1	42	273	0.4	75	15.1	42	855	0.5	34	
75-84	96	11.6	23	45	5.5	66	115	13.9	66	496	0.5	115	13.9	66	1,278	0.4	22	
85 and older	46	8.4	26	39	7.1	76	83	15.1	76	394	0.6	83	15.1	76	900	0.4	25	
Unknown	0	0.0	0	0	0.0	0	1	100.0	0	0	0.0	1	100.0	0	12	0.3	6	

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 6,703 beneficiaries who were in nursing facilities for part of their enrollment and their 60,507 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table D10B

Dual Eligible Beneficiaries

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - Narcotic						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	1,349	14.1 %	0.5	\$24	0.5	1,735	18.1 %	0.5	\$18	0.5	1,407	14.7 %	0.3	\$19	15,635	0.3	\$19
Female	1,008	13.8	0.5	24	0.5	1,275	17.5	0.5	18	0.5	1,102	15.1	0.3	18	12,308	0.3	18
Disabled	73	22.7	0.6	26	0.6	63	19.6	0.6	20	0.6	62	19.3	0.5	29	731	0.5	29
64 or younger	71	23.1	0.6	26	0.6	60	19.5	0.6	20	0.6	58	18.9	0.5	31	683	0.5	31
65-74	1	25.0	0.2	9	0.2	2	50.0	0.3	11	0.3	1	25.0	0.6	6	12	0.6	6
75-84	1	33.3	1.7	44	1.7	1	33.3	0.9	46	0.9	3	100.0	0.4	7	36	0.4	7
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
Other Eligibles	935	13.4	0.5	23	0.5	1,211	17.4	0.5	18	0.5	1,039	14.9	0.3	17	11,565	0.3	17
64 or younger	3	75.0	0.3	11	0.3	2	50.0	0.1	3	0.1	0	0.0	0.0	0	0	0.0	0
65-74	168	23.0	0.5	29	0.5	158	21.6	0.6	20	0.6	128	17.5	0.4	26	1,471	0.4	26
75-84	394	16.2	0.5	24	0.5	479	19.7	0.5	17	0.5	375	15.4	0.4	19	4,182	0.4	19
85 and older	370	9.7	0.5	20	0.5	572	15.0	0.5	17	0.5	536	14.1	0.3	13	5,912	0.3	13
Male	341	14.9	0.5	25	0.5	460	20.1	0.5	17	0.5	305	13.4	0.4	26	3,327	0.4	26
Disabled	59	14.4	0.6	36	0.6	68	16.5	0.5	15	0.5	65	15.8	0.4	50	741	0.4	50
64 or younger	58	14.6	0.6	36	0.6	64	16.2	0.5	15	0.5	63	15.9	0.4	50	718	0.4	50
65-74	1	10.0	0.3	7	0.3	2	20.0	0.1	1	0.1	0	0.0	0.0	0	0	0.0	0
75-84	0	0.0	0.0	0	0.0	1	25.0	1.1	54	1.1	1	25.0	0.1	0	12	0.1	0
85 and older	0	0.0	0.0	0	0.0	1	100.0	1.5	46	1.5	1	100.0	1.0	121	11	1.0	121
Other Eligibles	282	15.1	0.5	23	0.5	392	20.9	0.5	18	0.5	240	12.8	0.3	19	2,586	0.3	19
64 or younger	1	50.0	0.1	1	0.1	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
65-74	100	20.2	0.5	22	0.5	122	24.6	0.5	18	0.5	65	13.1	0.3	12	718	0.3	12
75-84	126	15.3	0.5	24	0.5	167	20.2	0.5	17	0.5	102	12.4	0.3	23	1,093	0.3	23
85 and older	55	10.0	0.6	20	0.6	103	18.7	0.6	17	0.6	73	13.3	0.4	19	775	0.4	19
Unknown	0	0.0	0.0	0	0.0	1	100.0	0.3	18	0.3	1	100.0	0.3	24	12	0.3	24

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 6,703 beneficiaries who were in nursing facilities for part of their enrollment and their 60,507 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF	All-Year		No. of Users	Residents	NF	All-Year			
All	491	5.1 %	5,571	0.5	\$54	740	7.7 %	8,385	0.4	\$33	9,575	102,671
Female	363	5.0	4,145	0.5	53	566	7.8	6,419	0.4	34	7,290	78,290
Disabled	13	4.0	156	0.6	54	20	6.2	239	0.5	42	321	3,674
64 or younger	13	4.2	156	0.6	54	19	6.2	227	0.5	44	307	3,544
65-74	0	0.0	0	0.0	0	1	25.0	12	0.2	2	4	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	55
Other Eligibles	349	5.0	3,977	0.5	53	545	7.8	6,168	0.4	34	6,969	74,616
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	31
65-74	48	6.6	554	0.6	56	70	9.6	788	0.4	42	730	8,054
75-84	123	5.1	1,399	0.6	57	198	8.2	2,299	0.4	34	2,429	26,178
85 and older	178	4.7	2,024	0.5	49	277	7.3	3,081	0.4	32	3,806	40,353
Male	128	5.6	1,426	0.6	56	174	7.6	1,966	0.4	28	2,284	24,369
Disabled	22	5.4	256	0.6	59	29	7.1	340	0.3	22	411	4,686
64 or younger	21	5.3	244	0.6	62	27	6.8	317	0.3	21	396	4,554
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	84
75-84	1	25.0	12	0.1	9	1	25.0	12	0.1	7	4	37
85 and older	0	0.0	0	0.0	0	1	100.0	11	0.8	64	1	11
Other Eligibles	106	5.7	1,170	0.5	55	145	7.7	1,626	0.4	30	1,873	19,683
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
65-74	22	4.4	264	0.5	50	37	7.5	431	0.4	24	496	5,440
75-84	44	5.3	470	0.6	62	67	8.1	743	0.5	34	825	8,649
85 and older	40	7.3	436	0.5	51	41	7.5	452	0.5	27	550	5,570
Unknown	1	100.0	12	0.3	37	1	100.0	12	0.2	5	1	12

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 6,703 beneficiaries who were in nursing facilities for part of their enrollment and their 60,507 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes	
			Excl Rx	Bene						
All	54,947	43.6 %	2.6	2.6	326,184	\$48	\$5,996,704	\$18	2.7 %	125,933
Age										
5 and younger	9	81.8	10.4	10.4	114	211	2,325	20	6.2	11
6-14	18	90.0	11.9	11.9	237	373	7,453	31	6.4	20
15-20	98	43.2	2.4	2.4	535	55	12,439	23	2.4	227
21-44	8,489	43.7	2.6	2.6	50,178	61	1,183,093	24	2.8	19,425
45-64	15,523	50.5	3.2	3.2	97,592	64	1,964,713	20	2.8	30,737
65-74	12,829	43.1	2.5	2.5	73,771	42	1,255,855	17	2.5	29,749
75-84	11,913	41.9	2.4	2.4	68,866	37	1,066,276	15	2.5	28,452
85 and older	6,067	35.0	2.0	2.0	34,890	29	504,537	14	2.7	17,310
Unknown	1	50.0	0.5	0.5	1	7	13	13	0.5	2
Basis of Eligibility^c										
Aged	30,619	40.8	2.4	2.4	176,582	37	2,809,660	16	2.5	75,017
Disabled	23,810	48.0	3.0	3.0	147,064	63	3,131,003	21	2.8	49,608
Adults	510	39.5	1.9	1.9	2,475	42	54,814	22	3.2	1,291
Children	6	46.2	4.2	4.2	54	78	1,017	19	4.9	13
Unknown	2	50.0	2.3	2.3	9	53	210	23	3.0	4
Gender										
Female	39,567	47.0	2.8	2.8	236,145	51	4,278,132	18	2.8	84,211
Male	15,380	36.9	2.2	2.2	90,039	41	1,718,572	19	2.3	41,721
Unknown	0	0.0	0.0	0.0	0	0	0	0	0.0	1
Race										
White	27,015	48.0	3.3	3.3	183,861	62	3,476,572	19	3.1	56,309
African American	23,035	39.3	2.0	2.0	114,890	35	2,027,263	18	2.2	58,673
Other/unknown	4,897	44.7	2.5	2.5	27,433	45	492,869	18	2.6	10,951
Use of Nursing Facilities^d										
Entire year	1,942	20.3	1.2	1.2	11,014	19	180,917	16	2.3	9,575
Part year	1,924	28.7	1.3	1.3	8,937	21	138,331	15	2.3	6,703
None	51,081	46.6	2.8	2.8	306,233	52	5,677,456	19	2.7	109,655
Maintenance Assistance Status										
Cash	24,347	45.6	2.7	2.7	143,036	46	2,438,065	17	2.5	53,430
Medically needy	0	0.0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	22,696	46.8	2.7	2.7	132,286	51	2,459,001	19	2.7	48,449
Other/unknown	7,904	32.9	2.1	2.1	50,862	46	1,099,638	22	2.9	24,054

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.2	\$4	\$18	\$0	\$2	1,379,669
Age						
5 and younger	1.1	23	20	0	0	103
6-14	1.0	32	31	0	1	233
15-20	0.2	5	23	0	1	2,570
21-44	0.2	5	24	0	2	216,018
45-64	0.3	6	20	0	3	343,037
65-74	0.2	4	17	0	2	327,381
75-84	0.2	3	15	0	1	310,786
85 and older	0.2	3	14	0	1	179,528
Unknown	0.1	1	13	0	0	13
Basis of Eligibility^c						
Aged	0.2	3	16	0	1	813,112
Disabled	0.3	6	21	0	3	553,981
Adults	0.2	4	22	0	2	12,418
Children	0.5	8	19	0	0	120
Unknown	0.2	6	23	0	5	38
Gender						
Female	0.3	5	18	0	2	926,169
Male	0.2	4	19	0	2	453,488
Unknown	0.0	0	0	0	0	12
Race						
White	0.3	6	19	0	3	604,432
African American	0.2	3	18	0	1	653,997
Other/unknown	0.2	4	18	0	2	121,240
Use of Nursing Facilities^d						
Entire year	0.1	2	16	0	1	102,671
Part year	0.1	2	15	0	1	60,507
None	0.3	5	19	0	2	1,216,491
Maintenance Assistance Status						
Cash	0.2	4	17	0	2	605,056
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	5	19	0	2	532,876
Other/unknown	0.2	5	22	0	2	241,737

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
SOUTH CAROLINA, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	73,946	\$81	\$5,996,704	100.0 %	326,184	\$18	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	18	8	152	0.0	21	7	0.0
Cough and cold medications	21,108	61	1,284,286	21.4	47,676	27	14.6
Vitamins and minerals	18,707	76	1,414,813	23.6	101,115	14	31.0
Non-prescription drugs	6,509	18	114,087	1.9	17,849	6	5.5
Barbiturates	1,353	42	56,227	0.9	9,684	6	3.0
Benzodiazepines	24,052	107	2,569,862	42.9	144,032	18	44.2
Other Part D Excl Rx Drugs	2,199	253	557,277	9.3	5,807	96	1.8

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 SOUTH CAROLINA, 2002

Total Number of Dual Eligible Beneficiaries 125,933
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$226,179,394
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,796

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,636	14.8 %	\$0	0.0 %
1-500	24,649	19.6	5,316,199	2.4
501-1,000	17,006	13.5	12,627,878	5.6
1,001-1,500	14,245	11.3	17,740,147	7.8
1,501-2,000	12,098	9.6	21,082,918	9.3
2,001-2,500	9,405	7.5	21,055,493	9.3
2,501-3,000	7,034	5.6	19,254,591	8.5
3,001-3,500	5,181	4.1	16,767,292	7.4
3,501-4,000	3,889	3.1	14,525,314	6.4
4,001-4,500	2,812	2.2	11,911,851	5.3
4,501-5,000	2,091	1.7	9,911,659	4.4
5,001-5,500	1,591	1.3	8,331,340	3.7
5,501-6,000	1,260	1.0	7,234,511	3.2
6,001-6,500	994	0.8	6,202,454	2.7
6,501-7,000	752	0.6	5,071,145	2.2
7,001-7,500	627	0.5	4,536,888	2.0
7,501-8,000	513	0.4	3,968,732	1.8
8,001-8,500	418	0.3	3,449,513	1.5
8,501-9,000	355	0.3	3,102,486	1.4
9,001-9,500	271	0.2	2,503,220	1.1
9,501-10,000	242	0.2	2,364,566	1.0
10,001+	1,864	1.5	29,221,197	12.9

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 SOUTH CAROLINA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 17,310
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$18,738,343
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,083

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 26.3 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,552		0	0.0 %
1-500	3,491	20.2	794,783	4.2
501-1,000	2,549	14.7	1,890,337	10.1
1,001-1,500	1,921	11.1	2,386,739	12.7
1,501-2,000	1,485	8.6	2,581,938	13.8
2,001-2,500	1,082	6.3	2,421,518	12.9
2,501-3,000	724	4.2	1,980,966	10.6
3,001-3,500	491	2.8	1,580,378	8.4
3,501-4,000	337	1.9	1,262,382	6.7
4,001-4,500	213	1.2	902,403	4.8
4,501-5,000	128	0.7	603,392	3.2
5,001-5,500	93	0.5	486,531	2.6
5,501-6,000	78	0.5	446,182	2.4
6,001-6,500	44	0.3	274,409	1.5
6,501-7,000	36	0.2	243,338	1.3
7,001-7,500	18	0.1	130,372	0.7
7,501-8,000	20	0.1	153,623	0.8
8,001-8,500	9	0.1	74,092	0.4
8,501-9,000	6	0.0	52,701	0.3
9,001-9,500	3	0.0	28,330	0.2
9,501-10,000	4	0.0	39,564	0.2
10,001+	26	0.2	404,365	2.2

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	126,415	75,306	49,776	1,316	13	1,387,019	816,969	557,018	12,874	120	38
Age											
5 and younger	11	1	6	0	4	103	12	59	0	32	0
6-14	20	0	20	0	0	237	0	237	0	0	0
15-20	229	1	217	5	6	2,604	12	2,460	60	72	0
21-44	19,507	17	18,562	926	2	217,725	189	208,398	9,124	14	0
45-64	30,844	112	30,364	363	1	344,767	1,081	340,162	3,484	2	38
65-74	29,833	29,324	490	19	0	328,458	323,645	4,634	179	0	0
75-84	28,570	28,493	75	2	0	312,316	311,602	690	24	0	0
85 and older	17,399	17,356	42	1	0	180,796	180,415	378	3	0	0
Unknown	2	2	0	0	0	13	13	0	0	0	0
Gender											
Female	84,565	57,402	26,275	878	6	931,571	627,466	295,336	8,685	46	38
Male	41,849	17,903	23,501	438	7	455,436	189,491	261,682	4,189	74	0
Unknown	1	1	0	0	0	12	12	0	0	0	0
Race											
White	56,441	32,951	22,791	692	5	606,461	346,631	253,074	6,695	44	17
African American	58,998	35,475	22,932	582	8	658,839	394,110	258,898	5,743	76	12
Other/unknown	10,976	6,880	4,053	42	0	121,719	76,228	45,046	436	0	9
Use of Nursing Facilities^c											
Entire year	9,575	8,843	732	0	0	102,671	94,311	8,360	0	0	0
Part year	6,703	6,194	509	0	0	60,577	55,486	5,091	0	0	0
None	110,137	60,269	48,535	1,316	13	1,223,771	667,172	543,567	12,874	120	38
Maintenance Assistance Status											
Cash	53,646	30,056	22,851	739	0	608,668	341,975	259,497	7,196	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	48,553	26,591	21,907	43	8	534,648	292,129	242,102	319	60	38
Other/unknown	24,216	18,659	5,018	534	5	243,703	182,865	55,419	5,359	60	0
Dual Status^d											
Full dual, all year	125,527	74,925	49,273	1,312	13	1,379,560	813,878	552,687	12,837	120	38
Full dual, part year	888	381	503	4	0	7,459	3,091	4,331	37	0	0
Managed Care Status											
FFS all year	125,590	74,915	49,403	1,255	13	1,377,792	812,703	552,727	12,204	120	38
FFS part year, with Rx claims	272	53	186	33	0	3,127	587	2,162	378	0	0
FFS part year, no Rx claims	71	49	19	3	0	599	377	186	36	0	0
MC all year, with Rx claims	149	19	120	10	0	1,758	220	1,425	113	0	0
MC all year, no Rx claims	333	270	48	15	0	3,743	3,082	518	143	0	0

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2002

Beneficiary Characteristics	Benes and					
	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	126,415	1,387,019	125,933	1,379,669	0	7,350
FFS all year	125,590	1,377,792	125,590	1,377,792	0	0
FFS part year, with Rx claims	272	3,127	272	1,679	0	1,448
FFS part year, with no Rx claims	71	599	71	198	0	401
MC all year, with Rx claims	149	1,758	0	0	0	1,758
MC all year, with no Rx claims	333	3,743	0	0	0	3,743

Source: Data for this table are from the MAX 2002 file for South Carolina, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.