

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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	14,082	7,453	6,491	134	4	0	147,600	73,938	72,478	1,147	37	0
Age												
5 and younger	1	0	0	0	1	0	12	0	0	0	12	0
6-14	8	0	6	0	2	0	87	0	69	0	18	0
15-20	48	0	46	1	1	0	519	0	503	9	7	0
21-44	2,479	0	2,387	92	0	0	27,509	0	26,698	811	0	0
45-64	2,468	2	2,437	29	0	0	27,252	20	26,982	250	0	0
65-74	2,437	1,181	1,245	11	0	0	26,245	12,091	14,081	73	0	0
75-84	2,861	2,553	307	1	0	0	29,396	25,918	3,474	4	0	0
85 and older	3,780	3,717	63	0	0	0	36,560	35,909	671	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	9,176	5,477	3,615	83	1	0	96,486	55,089	40,671	714	12	0
Male	4,906	1,976	2,876	51	3	0	51,114	18,849	31,807	433	25	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	11,936	6,928	4,917	88	3	0	124,284	68,507	54,997	749	31	0
African American	57	8	47	2	0	0	602	82	500	20	0	0
Other/unknown	2,089	517	1,527	44	1	0	22,714	5,349	16,981	378	6	0
Use of Nursing Facilities^c												
Entire year	4,139	3,704	435	0	0	0	41,247	36,439	4,808	0	0	0
Part year	1,338	1,130	208	0	0	0	12,181	10,075	2,106	0	0	0
None	8,605	2,619	5,848	134	4	0	94,172	27,424	65,564	1,147	37	0
Maintenance Assistance Status												
Cash	7,056	2,027	4,933	95	1	0	78,346	22,460	55,063	811	12	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	171	62	92	15	2	0	1,657	635	899	104	19	0
Other/unknown	6,855	5,364	1,466	24	1	0	67,597	50,843	16,516	232	6	0
Dual Medicare Status^d												
Full dual, all year	13,666	7,182	6,354	126	4	0	143,308	71,116	71,087	1,068	37	0
Full dual, part year	416	271	137	8	0	0	4,292	2,822	1,391	79	0	0
Managed Care Status												
FFS all year	14,082	7,453	6,491	134	4	0	147,600	73,938	72,478	1,147	37	0
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 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	86.6 %	47.6	\$2,614	\$55	\$15,802	16.5 %	14,082
Age							
5 and younger	100.0	19.0	1,387	73	160,163	0.9	1
6-14	87.5	29.6	4,320	146	9,951	43.4	8
15-20	75.0	24.9	1,824	73	11,182	16.3	48
21-44	80.1	31.8	2,955	93	16,152	18.3	2,479
45-64	83.8	46.6	3,071	66	16,563	18.5	2,468
65-74	77.9	42.8	2,199	51	11,016	20.0	2,437
75-84	89.5	55.4	2,625	47	15,053	17.4	2,861
85 and older	96.1	56.0	2,360	42	18,762	12.6	3,780
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	92.2	55.1	2,487	45	16,557	15.0	7,453
Disabled	80.3	39.5	2,787	71	15,173	18.4	6,491
Adults	75.4	20.4	1,328	65	3,581	37.1	134
Children	75.0	19.5	1,233	63	41,293	3.0	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	90.1	52.5	2,690	51	15,287	17.6	9,176
Male	80.0	38.3	2,472	65	16,766	14.7	4,906
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.7	52.7	2,873	55	16,997	16.9	11,936
African American	77.2	29.8	1,986	67	8,257	24.0	57
Other/unknown	57.3	19.0	1,154	61	9,183	12.6	2,089
Use of Nursing Facilities^d							
Entire year	98.3	66.2	3,114	47	25,915	12.0	4,139
Part year	96.0	56.5	2,662	47	16,803	15.8	1,338
None	79.5	37.2	2,367	64	10,782	21.9	8,605
Maintenance Assistance Status							
Cash	79.3	36.1	2,323	64	8,657	26.8	7,056
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	71.3	14.4	791	55	5,623	14.1	171
Other/unknown	94.4	60.2	2,960	49	23,411	12.6	6,855

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 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	4.5	\$249	16.5 %	13.4 %	15.0 %	9.2 %	26.4 %	26.9 %	9.0 %	\$1,508	14,082	147,600
Age												
5 and younger	1.6	116	0.9	0.0	0.0	100.0	0.0	0.0	0.0	13,347	1	12
6-14	2.7	397	43.4	12.5	25.0	37.5	12.5	0.0	12.5	915	8	87
15-20	2.3	169	16.3	25.0	31.3	12.5	18.8	8.3	4.2	1,034	48	519
21-44	2.9	266	18.3	19.9	27.7	11.9	23.5	13.6	3.3	1,456	2,479	27,509
45-64	4.2	278	18.5	16.2	17.2	10.2	24.5	24.4	7.5	1,500	2,468	27,252
65-74	4.0	204	20.0	22.1	16.0	9.3	23.3	20.6	8.8	1,023	2,437	26,245
75-84	5.4	255	17.4	10.5	11.1	7.4	25.8	32.3	13.0	1,465	2,861	29,396
85 and older	5.8	244	12.6	3.9	7.3	8.0	32.4	37.6	10.9	1,939	3,780	36,580
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	5.6	251	15.0	7.8	9.3	8.0	28.9	34.1	11.9	1,669	7,453	73,938
Disabled	3.5	250	18.4	19.7	21.2	10.5	23.7	19.1	5.8	1,359	6,491	72,478
Adults	2.4	155	37.1	24.6	30.6	11.9	25.4	6.7	0.7	418	134	1,147
Children	2.1	133	3.0	25.0	0.0	50.0	0.0	25.0	0.0	4,464	4	37
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.0	256	17.6	9.9	13.3	9.0	27.7	29.8	10.2	1,454	9,176	96,486
Male	3.7	237	14.7	20.0	18.2	9.6	24.0	21.5	6.7	1,609	4,906	51,114
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.1	276	16.9	8.3	13.2	9.5	28.7	30.1	10.2	1,632	11,936	124,284
African American	2.8	188	24.0	22.8	22.8	8.8	28.1	14.0	3.5	782	57	602
Other/unknown	1.7	106	12.6	42.7	24.8	7.7	13.6	8.9	2.3	845	2,089	22,714
use of nursing Facilities^d												
Entire year	6.6	313	12.0	1.7	5.5	6.9	28.4	41.6	15.9	2,601	4,139	41,247
Part year	6.2	292	15.8	4.0	7.8	7.8	31.2	34.8	14.4	1,846	1,338	12,181
None	3.4	216	21.9	20.5	20.7	10.5	24.8	18.7	4.8	985	8,605	94,172
Maintenance Assistance Status												
Cash	3.3	209	26.8	20.7	21.5	10.8	24.8	17.9	4.2	780	7,056	78,346
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.5	82	14.1	28.7	41.5	8.8	13.5	7.0	0.6	580	171	1,657
Other/unknown	6.1	300	12.6	5.6	7.6	7.6	28.4	36.6	14.2	2,374	6,855	67,597

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 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	4.5	\$249	\$55	1.9	\$178	\$94	0.5	\$19	\$41	2.2	\$52	\$24
Age												
5 and younger	1.6	116	73	0.5	49	98	0.6	61	104	0.5	6	12
6-14	2.7	397	146	1.1	333	293	0.3	30	96	1.3	34	27
15-20	2.3	169	73	1.2	136	111	0.2	18	88	0.9	14	16
21-44	2.9	266	93	1.4	182	133	0.3	23	70	1.2	61	53
45-64	4.2	278	66	1.9	212	109	0.4	21	52	1.9	45	24
65-74	4.0	204	51	1.7	147	87	0.4	16	41	1.9	41	22
75-84	5.4	255	47	2.2	184	84	0.5	18	32	2.6	54	20
85 and older	5.8	244	42	2.2	168	77	0.7	19	30	3.0	57	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.6	251	45	2.2	177	81	0.6	19	31	2.8	55	20
Disabled	3.5	250	71	1.6	180	112	0.4	20	56	1.5	49	32
Adults	2.4	155	65	1.0	120	117	0.2	12	63	1.2	23	20
Children	2.1	133	63	0.4	24	67	0.5	80	164	1.3	30	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.0	256	51	2.1	187	90	0.5	20	38	2.4	49	21
Male	3.7	237	65	1.5	161	105	0.4	19	49	1.8	58	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.1	276	55	2.1	197	93	0.5	21	40	2.4	58	24
African American	2.8	188	67	1.2	120	102	0.3	30	90	1.3	38	29
Other/unknown	1.7	106	61	0.7	78	105	0.2	8	49	0.8	19	23
Use of Nursing Facilities^e												
Entire year	6.6	313	47	2.6	218	85	0.7	23	33	3.4	71	21
Part year	6.2	292	47	2.4	208	86	0.6	19	31	3.1	64	20
None	3.4	216	64	1.5	156	102	0.4	18	49	1.5	42	28
Maintenance Assistance Status												
Cash	3.3	209	64	1.5	149	102	0.3	17	50	1.4	42	29
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.5	82	55	0.6	59	95	0.2	10	46	0.6	13	20
Other/unknown	6.1	300	49	2.4	214	88	0.6	22	35	3.0	64	21

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 Dakota, 0.8 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 DAKOTA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$			Users				
	Total	Patented		Total	Patented		Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	No. Dual Benes	As % of Benes	No. of Bene Mos
		Off-Patent	Brand-Name		Off-Patent	Brand-Name											
Anti-infective Agents	0.3	0.2	0.0	0.2	\$18	\$14	\$1	\$3	\$51	\$84	\$81	\$16	29,705	\$1,526,713	7,901	56.1 %	85,846
Biologics	0.1	0.1	0.0	0.0	2	2	0	0	23	23	0	21	714	16,159	602	4.3	6,998
Antineoplastic Agents	0.7	0.4	0.0	0.2	124	105	5	13	187	273	113	58	2,315	433,261	345	2.4	3,492
Endocrine/Metabolic Drugs	1.1	0.5	0.3	0.3	39	28	6	6	36	59	21	17	68,738	2,492,236	5,972	42.4	63,671
Cardiovascular Agents	1.9	0.6	0.2	1.1	55	30	6	19	29	54	28	17	158,254	4,639,104	8,018	56.9	84,065
Respiratory Agents	0.9	0.4	0.1	0.4	47	32	4	11	55	75	73	29	41,147	2,253,709	4,444	31.6	48,187
Gastrointestinal Agents	0.9	0.5	0.0	0.4	70	60	1	9	77	122	86	23	53,760	4,159,457	5,573	39.6	59,165
Genitourinary Agents	0.6	0.5	0.0	0.1	39	36	0	2	65	75	44	21	14,261	924,118	2,194	15.6	23,653
CNS Drugs	1.5	0.8	0.1	0.6	125	98	9	18	85	121	108	31	111,443	9,457,217	7,145	50.7	75,436
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.3	0.4	45	18	16	11	53	84	63	29	1,533	81,350	163	1.2	1,813
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	104	104	0	1	134	138	0	20	4,735	632,946	591	4.2	6,068
Analgesics and Anesthetics	0.8	0.4	0.1	0.4	50	39	3	8	59	108	57	18	57,801	3,417,816	6,444	45.8	68,564
Neuromuscular Agents	1.1	0.4	0.1	0.6	76	53	7	16	68	125	51	28	46,522	3,162,985	3,803	27.0	41,615
Nutritional Products	0.7	0.0	0.1	0.6	16	0	2	13	21	29	32	20	22,781	486,056	3,008	21.4	31,084
Hematological Agents	0.9	0.2	0.3	0.4	68	25	7	37	74	136	20	90	24,515	1,804,166	2,532	18.0	26,370
Topical Products	0.5	0.2	0.0	0.2	17	11	1	5	37	58	38	19	28,653	1,061,366	5,593	39.7	61,382
Miscellaneous Products	0.4	0.2	0.0	0.2	63	39	13	10	161	233	278	58	1,441	231,883	345	2.4	3,681
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	1,580	33,408	472	3.4	5,015
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.	669,898	36,813,950	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Dakota, 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_mdmb.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 Dakota, 0.8 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_mdmb.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 DAKOTA, 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	\$5,391,145	3,884	27.6 %	42,140	0.8	\$154	\$128
ULCER DRUGS	3,621,352	5,221	37.1	55,849	0.7	95	65
ANTIDEPRESSANTS	3,336,743	6,621	47.0	70,522	0.8	63	47
ANTICONVULSANT	2,570,200	3,037	21.6	33,691	1.0	78	76
ANALGESICS - Narcotic	1,711,656	6,490	46.1	69,438	0.5	53	25
ANALGESICS - ANTI-INFLAMMATORY	1,496,132	3,905	27.7	43,170	0.5	74	35
ANTIASTHMATIC	1,477,011	4,397	31.2	46,597	0.6	56	32
ANTIDIABETIC	1,359,511	3,280	23.3	34,874	0.8	50	39
MISC. HEMATOLOGICAL	1,313,387	815	5.8	8,445	0.7	235	156
ANTIHYPERTENSIVE	1,263,986	4,346	30.9	45,999	0.8	37	27
Total	23,541,123	41,996		450,725	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	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 \$
All	305,688	\$23,541,123	3,884	27.6 %	42,140	0.8	\$128	5,221	37.1 %	55,849	0.7	\$65
Female	211,577	15,157,171	2,440	26.6	26,544	0.8	114	3,705	40.4	39,864	0.7	64
Disabled	82,930	7,099,493	1,088	30.1	12,493	0.9	145	1,290	35.7	14,754	0.6	65
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	26	1,472	0	0.0	0	0.0	0	1	33.3	12	0.6	66
15-20	265	22,045	4	17.4	48	0.9	141	3	13.0	36	0.8	152
21-44	23,702	2,408,742	422	37.0	4,902	0.8	153	310	27.2	3,607	0.6	62
45-64	38,076	3,251,515	482	34.1	5,506	0.9	152	568	40.2	6,386	0.6	69
65-74	16,674	1,156,634	133	17.2	1,541	0.9	115	311	40.2	3,606	0.6	63
75-84	3,182	203,853	30	14.2	340	0.8	105	78	37.0	882	0.6	57
85 and older	1,005	55,232	17	34.0	156	0.9	62	19	38.0	225	0.7	71
Other Eligibles	128,647	8,057,678	1,352	24.3	14,051	0.7	86	2,415	43.4	25,110	0.7	64
5 and younger	2	66	0	0.0	0	0.0	0	1	100.0	12	0.2	6
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	93	1	100.0	9	0.1	7	0	0.0	0	0.0	0
21-44	757	43,984	9	15.3	86	0.2	25	14	23.7	137	0.3	32
45-64	182	11,288	3	21.4	25	0.2	14	4	28.6	44	0.5	65
65-74	16,036	1,036,309	141	19.5	1,461	0.8	108	253	34.9	2,774	0.7	71
75-84	46,133	2,963,074	444	25.1	4,657	0.8	100	790	44.6	8,431	0.7	67
85 and older	65,534	4,002,864	754	25.2	7,813	0.7	75	1,353	45.2	13,712	0.7	61
Male	94,081	8,383,952	1,444	29.4	15,596	0.9	152	1,516	30.9	15,985	0.7	66
Disabled	49,919	5,618,591	911	31.7	10,443	1.0	183	673	23.4	7,604	0.7	70
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	205	15,150	2	8.7	24	0.8	178	3	13.0	36	0.8	85
21-44	19,361	3,016,178	450	36.1	5,168	1.0	196	214	17.2	2,455	0.7	73
45-64	21,804	2,010,191	357	34.9	4,098	1.1	189	287	28.0	3,230	0.7	69
65-74	7,013	480,704	86	18.3	979	0.9	109	130	27.6	1,464	0.7	68
75-84	1,215	79,427	11	11.5	117	0.9	82	33	34.4	347	0.7	60
85 and older	318	16,904	5	38.5	57	1.0	89	6	46.2	72	0.6	34
Other Eligibles	44,162	2,765,361	533	26.3	5,153	0.7	87	843	41.5	8,381	0.7	63
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	10	312	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	103	0	0.0	0	0.0	0	1	100.0	7	1.0	15
21-44	406	35,320	6	18.2	61	0.6	61	10	30.3	97	0.5	64
45-64	94	8,035	0	0.0	0	0.0	0	5	29.4	56	0.7	88
65-74	9,707	611,377	91	19.4	967	0.8	112	163	34.8	1,643	0.7	59
75-84	18,885	1,177,622	235	30.0	2,252	0.8	93	349	44.6	3,449	0.7	62
85 and older	15,053	932,592	201	27.7	1,873	0.6	68	315	43.4	3,129	0.7	67
Unknown	0	0	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 Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					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	6,621	47.0 %	70,522	0.8	\$47	3,037	21.6 %	33,691	1.0	\$76	6,490	46.1 %	69,438	0.5	\$25
Female	4,803	52.3	51,377	0.8	47	1,867	20.3	20,754	0.9	71	4,891	53.3	52,678	0.5	26
Disabled	1,942	53.7	22,311	0.7	50	1,221	33.8	13,993	1.0	88	1,959	54.2	22,372	0.4	20
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	33.3	12	0.3	26	0	0.0	0	0.0	0	4	133.3	48	0.1	1
15-20	10	43.5	120	0.8	57	7	30.4	84	0.5	20	8	34.8	96	0.3	6
21-44	686	60.1	7,962	0.7	55	486	42.6	5,613	1.0	110	577	50.6	6,653	0.3	19
45-64	910	64.4	10,323	0.7	50	556	39.3	6,358	1.0	81	869	61.5	9,779	0.4	23
65-74	277	35.8	3,243	0.7	38	140	18.1	1,575	0.9	50	393	50.8	4,548	0.4	17
75-84	45	21.3	507	0.7	36	28	13.3	336	0.9	39	86	40.8	1,011	0.4	15
85 and older	13	26.0	144	0.9	47	4	8.0	27	1.6	46	22	44.0	237	0.6	26
Other Eligibles	2,861	51.4	29,066	0.8	45	646	11.6	6,761	0.8	37	2,932	52.7	30,306	0.6	30
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	100.0	9	0.1	3	0	0.0	0	0.0	0
21-44	47	79.7	465	0.5	33	14	23.7	136	0.6	38	42	71.2	440	0.5	15
45-64	8	57.1	79	0.7	31	2	14.3	24	0.6	14	10	71.4	102	0.2	7
65-74	323	44.6	3,320	0.7	42	115	15.9	1,210	0.9	50	325	44.9	3,508	0.5	17
75-84	960	54.2	9,979	0.8	45	264	14.9	2,856	0.9	39	955	53.9	10,134	0.6	31
85 and older	1,523	50.9	15,223	0.8	47	250	8.4	2,526	0.8	29	1,600	53.5	16,122	0.6	32
Male	1,818	37.1	19,145	0.7	48	1,170	23.8	12,937	1.0	85	1,599	32.6	16,760	0.4	22
Disabled	915	31.8	10,313	0.7	49	879	30.6	10,112	1.1	97	757	26.3	8,445	0.3	20
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	21.7	60	0.9	70	2	8.7	24	1.0	49	11	47.8	132	0.3	8
21-44	433	34.8	4,953	0.7	50	427	34.3	4,984	1.1	108	279	22.4	3,191	0.3	26
45-64	335	32.7	3,750	0.8	51	372	36.3	4,209	1.1	97	294	28.7	3,170	0.4	20
65-74	119	25.3	1,310	0.7	43	60	12.7	686	0.8	42	137	29.1	1,558	0.4	12
75-84	21	21.9	222	0.7	51	13	13.5	149	0.9	27	33	34.4	358	0.3	12
85 and older	2	15.4	18	1.3	17	5	38.5	60	0.8	20	3	23.1	36	1.1	94
Other Eligibles	903	44.5	8,832	0.8	46	291	14.3	2,825	0.9	40	842	41.5	8,315	0.5	24
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	20	60.6	185	0.5	46	4	12.1	26	0.9	33	25	75.8	255	0.5	48
45-64	1	5.9	12	0.1	4	0	0.0	0	0.0	0	7	41.2	74	0.2	6
65-74	174	37.2	1,786	0.7	44	91	19.4	907	0.9	49	169	36.1	1,786	0.4	16
75-84	365	46.6	3,568	0.8	46	129	16.5	1,268	0.9	34	314	40.1	3,155	0.5	23
85 and older	343	47.2	3,281	0.8	47	67	9.2	624	0.9	40	327	45.0	3,045	0.5	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC					ANTI-DIABETIC				
	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	3,905	27.7 %	43,170	0.5	\$35	4,397	31.2 %	46,597	0.6	\$32	3,280	23.3 %	34,874	0.8	\$39
Female	2,884	31.4	32,086	0.5	36	2,927	31.9	31,363	0.5	31	2,281	24.9	24,455	0.8	39
Disabled	1,193	33.0	13,817	0.4	35	1,192	33.0	13,664	0.4	28	778	21.5	8,865	0.7	43
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	3	100.0	36	0.1	5	0	0.0	0	0.0	0
15-20	4	17.4	48	0.1	3	4	17.4	48	0.2	5	0	0.0	0	0.0	0
21-44	338	29.6	3,954	0.3	27	277	24.3	3,264	0.4	22	136	11.9	1,593	0.7	37
45-64	540	38.2	6,191	0.4	38	528	37.4	5,973	0.5	28	337	23.8	3,839	0.7	47
65-74	252	32.6	2,962	0.5	42	312	40.3	3,619	0.5	35	246	31.8	2,775	0.7	42
75-84	48	22.7	548	0.4	27	59	28.0	633	0.5	28	38	18.0	430	0.7	32
85 and older	11	22.0	114	0.4	18	9	18.0	91	0.6	12	21	42.0	228	0.7	31
Other Eligibles	1,691	30.4	18,269	0.5	37	1,735	31.2	17,699	0.6	33	1,503	27.0	15,590	0.8	37
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	100.0	9	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	23	39.0	226	0.3	31	17	28.8	181	0.3	12	3	5.1	23	0.8	34
45-64	5	35.7	56	0.4	49	2	14.3	24	0.4	25	3	21.4	35	0.7	25
65-74	203	28.0	2,267	0.5	39	257	35.5	2,699	0.6	37	262	36.2	2,816	0.8	41
75-84	582	32.9	6,411	0.5	34	629	35.5	6,569	0.6	35	636	35.9	6,747	0.8	39
85 and older	877	29.3	9,300	0.6	39	830	27.7	8,226	0.6	30	599	20.0	5,969	0.8	33
Male	1,021	20.8	11,084	0.4	30	1,470	30.0	15,234	0.6	33	999	20.4	10,419	0.8	38
Disabled	520	18.1	5,983	0.4	27	564	19.6	6,282	0.5	29	383	13.3	4,244	0.7	40
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	3	13.0	36	0.1	5	2	8.7	24	0.2	5	4	17.4	47	0.3	16
21-44	191	15.3	2,209	0.3	17	192	15.4	2,203	0.4	24	89	7.1	974	0.7	36
45-64	203	19.8	2,326	0.4	32	216	21.1	2,333	0.6	32	186	18.2	2,037	0.8	46
65-74	103	21.9	1,179	0.4	35	133	28.2	1,470	0.5	30	81	17.2	924	0.7	36
75-84	17	17.7	197	0.4	26	16	16.7	192	0.6	39	22	22.9	250	0.5	31
85 and older	3	23.1	36	0.5	14	5	38.5	60	0.5	27	1	7.7	12	1.8	66
Other Eligibles	501	24.7	5,101	0.5	34	906	44.6	8,952	0.7	36	616	30.3	6,175	0.8	37
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	27.3	89	0.3	14	3	9.1	34	0.1	7	4	12.1	39	0.5	53
45-64	4	23.5	44	0.3	34	1	5.9	5	0.6	27	3	17.6	29	0.4	15
65-74	100	21.4	1,088	0.5	29	188	40.2	1,977	0.7	39	166	35.5	1,800	0.8	38
75-84	199	25.4	2,032	0.5	35	413	52.7	4,069	0.7	37	282	36.0	2,816	0.8	37
85 and older	189	26.0	1,848	0.5	36	301	41.5	2,867	0.7	34	161	22.2	1,491	0.8	35
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	MISC. HEMATOLOGICAL				ANTIHYPERTENSIVE				Mean Rx \$	No. of Benes	No. of Bene Mos	
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx				
All	815	5.8 %	8,445	0.7	\$156	4,346	30.9 %	45,999	0.8	\$28	14,082	147,600
Female	548	6.0	5,782	0.7	58	3,013	32.8	32,029	0.8	28	9,176	96,486
Disabled	122	3.4	1,405	0.6	51	779	21.5	8,895	0.7	25	3,615	40,671
5 and younger	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	1	33.3	12	0.4	12	3	36
15-20	0	0.0	0	0.0	0	2	8.7	24	0.9	17	23	257
21-44	5	0.4	57	0.4	25	92	8.1	1,078	0.6	21	1,141	12,832
45-64	62	4.4	714	0.6	56	333	23.6	3,754	0.7	26	1,413	15,737
65-74	40	5.2	460	0.5	46	275	35.5	3,168	0.7	25	774	8,861
75-84	13	6.2	156	0.6	49	61	28.9	688	0.7	25	211	2,415
85 and older	2	4.0	18	0.8	85	15	30.0	171	0.7	23	50	533
Other Eligibles	426	7.7	4,377	0.7	60	2,234	40.2	23,134	0.8	29	5,561	55,815
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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	1	9
21-44	0	0.0	0	0.0	0	1	1.7	12	1.9	46	59	527
45-64	0	0.0	0	0.0	0	2	14.3	23	0.5	16	14	130
65-74	42	5.8	440	0.6	63	298	41.2	3,317	0.7	28	724	7,421
75-84	166	9.4	1,768	0.7	61	748	42.2	7,992	0.8	30	1,771	18,427
85 and older	218	7.3	2,169	0.7	59	1,185	39.6	11,790	0.8	29	2,991	29,289
Male	267	5.4	2,663	0.7	367	1,333	27.2	13,970	0.8	27	4,906	51,114
Disabled	70	2.4	766	0.6	1,115	507	17.6	5,684	0.7	26	2,876	31,807
5 and younger	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	1	33.3	12	0.3	3	3	33
15-20	0	0.0	0	0.0	0	4	17.4	47	0.4	8	23	246
21-44	7	0.6	80	0.6	10,005	111	8.9	1,298	0.7	25	1,246	13,866
45-64	32	3.1	337	0.6	105	233	22.8	2,568	0.8	28	1,024	11,245
65-74	23	4.9	272	0.6	59	132	28.0	1,476	0.7	25	471	5,220
75-84	6	6.3	62	0.5	36	23	24.0	256	0.6	27	96	1,059
85 and older	2	15.4	15	0.9	36	3	23.1	27	1.0	41	13	138
Other Eligibles	197	9.7	1,897	0.7	65	826	40.7	8,286	0.8	27	2,030	19,307
5 and younger	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	1	50.0	12	0.8	26	2	18
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
21-44	0	0.0	0	0.0	0	3	9.1	21	0.5	16	33	284
45-64	1	5.9	12	0.1	9	3	17.6	25	0.5	18	17	140
65-74	41	8.8	378	0.6	62	200	42.7	2,119	0.7	26	468	4,743
75-84	87	11.1	851	0.7	66	326	41.6	3,376	0.8	27	783	7,495
85 and older	68	9.4	656	0.8	67	293	40.4	2,733	0.8	28	726	6,620
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	Bene Mos among All-Year NF Residents	All-Year NF Residents
All	\$313	6.6	4,139	41,247
Age				
0-64	459	7.5	238	2,658
65-74	386	7.4	425	4,322
75-84	348	7.2	1,111	11,166
85 and older	265	6.2	2,365	23,101
Unknown	0	0.0	0	0
Gender				
Female	308	6.7	3,008	30,326
Male	325	6.5	1,131	10,921
Unknown	0	0.0	0	0
Race				
White	313	6.7	3,964	39,419
African American	220	5.3	7	72
Other/unknown	296	5.8	168	1,756
Basis of Eligibility^c				
Aged	300	6.6	3,704	36,439
Disabled	410	7.2	435	4,808
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 Dakota, 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 1,338 beneficiaries who were in nursing facilities for part of their enrollment and their 12,181 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 DAKOTA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos	
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$1	\$3	\$50	\$77	\$17	11,564	\$581,705	2,922	70.6 %	30,569
Biologicals	0.1	0.1	0.0	0.0	1	0	1	19	0	21	124	2,400	108	2.6	1,175
Antineoplastic Agents	0.7	0.4	0.1	0.2	129	3	15	209	305	64	773	161,262	118	2.9	1,093
Endocrine/Metabolic Drugs	1.2	0.5	0.3	0.4	30	5	7	34	58	19	24,809	852,035	2,024	48.9	20,562
Cardiovascular Agents	2.1	0.5	0.3	1.4	23	7	24	25	49	24	67,223	1,684,432	3,131	75.6	31,424
Respiratory Agents	1.0	0.4	0.1	0.5	29	4	17	51	76	31	15,066	761,881	1,476	35.7	15,298
Gastrointestinal Agents	1.1	0.5	0.0	0.6	56	1	12	64	109	68	24,103	1,531,152	2,153	52.0	21,972
Genitourinary Agents	0.6	0.5	0.0	0.1	39	0	2	64	73	43	6,339	404,943	932	22.5	9,807
CNS Drugs	1.6	0.9	0.1	0.6	113	6	15	73	101	76	44,359	3,242,218	2,819	68.1	28,592
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.1	0.7	4	1	15	27	162	29	364	9,773	45	1.1	472
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	102	0	0	125	127	0	2,799	349,766	335	8.1	3,415
Analgesics and Anesthetics	1.0	0.5	0.1	0.5	58	48	3	59	102	41	22,363	1,315,849	2,242	54.2	22,561
Neuromuscular Agents	1.1	0.3	0.2	0.6	26	9	20	53	93	52	14,792	779,873	1,319	31.9	14,008
Nutritional Products	0.8	0.0	0.1	0.7	18	0	3	22	17	33	11,888	258,618	1,410	34.1	14,258
Hematological Agents	1.1	0.2	0.4	0.5	37	22	8	34	123	18	12,773	437,083	1,151	27.8	11,683
Topical Products	0.6	0.2	0.0	0.3	20	13	1	35	57	31	13,616	481,433	2,301	55.6	24,532
Miscellaneous Products	0.3	0.1	0.0	0.2	12	3	1	49	42	199	439	21,439	163	3.9	1,720
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	15	0	0	812	12,144	234	5.7	2,400
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.	274,206	12,888,006	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 1,338 beneficiaries who were in nursing facilities for part of their enrollment and their 12,181 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 Dakota, 0.8 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 DAKOTA, 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	\$1,605,030	1,504	36.3 %	15,821	0.8	\$127	\$101
ANTIDEPRESSANTS	1,365,076	2,585	62.5	26,650	0.8	60	51
ULCER DRUGS	1,337,470	1,951	47.1	20,156	0.8	84	66
ANALGESICS - Narcotic	800,562	2,127	51.4	21,533	0.6	60	37
ANTIASTHMATIC	562,383	1,585	38.3	16,088	0.7	51	35
ANALGESICS - ANTI-INFLAMMATORY	479,167	1,169	28.2	12,288	0.6	65	39
ANTIDIABETIC	468,219	1,173	28.3	11,963	0.9	44	39
ANTIHYPERTENSIVE	465,613	1,539	37.2	15,544	0.9	35	30
ANTICONVULSANT	444,164	806	19.5	8,575	1.0	52	52
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	349,766	335	8.1	3,415	0.8	125	102
Total	7,877,450	14,774		152,033	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 1,338 beneficiaries who were in nursing facilities for part of their enrollment and their 12,181 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.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups						ANTIPSYCHOTICS						ANTIDEPRESSANTS					
	No. of Rx	Rx \$	No. of Users	Users as %			Mean Rx \$	Mean No. of Rx	No. of Bene Mos among Users	NF Residents	All-Year Residents	No. of Bene Mos among Users	NF Residents	All-Year Residents	No. of Bene Mos among Users	Mean Rx \$		
				36.3 %	1,504	34.9											11,271	0.8
All	118,084	\$7,877,450	1,504	15,821	0.8	\$101	0.8	2,585	62.5 %	26,650	0.8	\$51						
Female	85,111	5,634,131	1,051	11,271	0.8	98	0.8	1,908	63.4	19,877	0.9	51						
Disabled	9,364	728,249	124	1,436	0.9	155	0.9	164	69.8	1,905	0.9	61						
64 or younger	4,865	409,501	61	712	0.9	173	0.9	93	79.5	1,068	1.0	67						
65-74	3,328	244,701	41	50.0	1.1	161	1.1	58	70.7	683	0.9	54						
75-84	694	49,257	13	65.0	0.9	113	0.9	6	30.0	70	0.8	31						
85 and older	477	24,790	9	56.3	0.9	68	0.9	7	43.8	84	1.1	65						
Other Eligibles	75,747	4,905,882	927	9,835	0.8	90	0.8	1,744	62.9	17,972	0.8	50						
64 or younger	0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0						
65-74	5,379	356,462	65	684	0.9	124	0.9	127	86.4	1,295	0.9	53						
75-84	24,709	1,650,518	286	3,036	0.9	107	0.9	529	72.1	5,570	0.8	51						
85 and older	45,659	2,898,902	576	6,115	0.7	78	0.7	1,088	57.5	11,107	0.8	49						
Male	32,973	2,243,319	453	4,550	0.8	109	0.8	677	59.9	6,773	0.8	52						
Disabled	6,839	538,747	87	1,002	0.9	148	0.9	134	67.0	1,437	0.8	54						
64 or younger	4,290	355,035	44	513	0.9	170	0.9	77	63.6	818	0.9	52						
65-74	2,084	156,705	36	405	1.0	136	1.0	50	78.1	538	0.8	55						
75-84	251	15,422	3	33.3	0.9	66	0.9	7	77.8	81	0.9	70						
85 and older	214	11,585	4	66.7	1.0	77	1.0	0	0.0	0	0.0	0						
Other Eligibles	26,134	1,704,572	366	3,548	0.8	98	0.8	543	58.3	5,336	0.8	51						
64 or younger	0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0						
65-74	4,695	311,381	50	532	0.9	141	0.9	87	65.9	885	0.9	51						
75-84	10,969	725,556	159	1,532	0.9	114	0.9	220	63.2	2,165	0.9	52						
85 and older	10,470	667,635	157	1,484	0.6	66	0.6	236	52.3	2,286	0.8	50						
Unknown	0	0	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 Dakota, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.10A 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 1,338 beneficiaries who were in nursing facilities for part of their enrollment and their 12,181 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.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 DAKOTA, 2002

Beneficiary Characteristics	ULCER DRUGS						ANALGESICS - Narcotic						ANTI-ASTHMATIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	1,951	47.1 %	\$66	2,127	51.4 %	\$37	1,585	38.3 %	\$37	16,088	0.7	\$35						
Female	1,396	46.4	67	1,632	54.3	38	994	33.0	38	10,102	0.7	33						
Disabled	116	49.4	68	107	45.5	38	83	35.3	38	953	0.6	38						
64 or younger	57	48.7	71	57	48.7	43	40	34.2	43	451	0.5	32						
65-74	36	43.9	64	36	43.9	45	34	41.5	45	408	0.7	47						
75-84	17	85.0	73	10	50.0	2	7	35.0	2	78	0.3	29						
85 and older	6	37.5	49	4	25.0	16	2	12.5	16	16	2.6	46						
Other Eligibles	1,280	46.2	67	1,525	55.0	38	911	32.9	38	9,149	0.7	33						
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
65-74	65	44.2	75	81	55.1	25	63	42.9	25	639	0.8	40						
75-84	374	51.0	70	408	55.6	42	293	39.9	42	3,044	0.7	35						
85 and older	841	44.5	64	1,036	54.8	37	555	29.3	37	5,466	0.7	31						
Male	555	49.1	66	495	43.8	35	591	52.3	35	5,986	0.7	38						
Disabled	89	44.5	71	74	37.0	52	94	47.0	52	986	0.7	39						
64 or younger	56	46.3	68	43	35.5	67	62	51.2	67	685	0.7	40						
65-74	27	42.2	85	25	39.1	25	27	42.2	25	241	0.6	30						
75-84	3	33.3	52	3	33.3	39	2	22.2	39	24	1.5	120						
85 and older	3	50.0	25	3	50.0	94	3	50.0	94	36	0.3	28						
Other Eligibles	466	50.1	64	421	45.2	31	497	53.4	31	5,000	0.7	37						
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0						
65-74	76	57.6	65	52	39.4	15	81	61.4	15	871	0.8	46						
75-84	184	52.9	60	155	44.5	35	218	62.6	35	2,163	0.7	37						
85 and older	206	45.7	68	214	47.5	32	198	43.9	32	1,966	0.7	34						
Unknown	0	0.0	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 Dakota, 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 1,338 beneficiaries who were in nursing facilities for part of their enrollment and their 12,181 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.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 DAKOTA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY						ANTI-DIABETIC						ANTI-HYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx
All	1,169	12,288	0.6	1,173	11,963	0.9	1,539	15,544	0.9	1,539	15,544	0.9	1,539	15,544	0.9	1,539	15,544	0.9
Female	873	9,312	0.6	815	8,384	0.9	1,107	11,234	0.9	1,107	11,234	0.9	1,107	11,234	0.9	1,107	11,234	0.9
Disabled	61	696	0.5	91	1,042	0.8	53	599	0.9	53	599	0.9	53	599	0.9	53	599	0.9
64 or younger	36	411	0.4	46	521	0.9	22	245	0.9	22	245	0.9	22	245	0.9	22	245	0.9
65-74	18	210	0.6	33	379	0.8	21	243	1.0	21	243	1.0	21	243	1.0	21	243	1.0
75-84	3	36	0.2	3	34	1.1	6	72	0.8	6	72	0.8	6	72	0.8	6	72	0.8
85 and older	4	39	0.7	9	108	0.8	4	39	0.8	4	39	0.8	4	39	0.8	4	39	0.8
Other Eligibles	812	8,616	0.6	724	7,342	0.9	1,054	10,635	0.9	1,054	10,635	0.9	1,054	10,635	0.9	1,054	10,635	0.9
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	0.0
65-74	45	466	0.6	72	710	0.9	66	688	0.8	66	688	0.8	66	688	0.8	66	688	0.8
75-84	222	2,363	0.6	297	3,067	0.9	297	3,116	0.9	297	3,116	0.9	297	3,116	0.9	297	3,116	0.9
85 and older	545	5,787	0.6	355	3,565	0.8	691	6,831	0.9	691	6,831	0.9	691	6,831	0.9	691	6,831	0.9
Male	296	2,976	0.6	358	3,579	0.9	432	4,310	0.8	432	4,310	0.8	432	4,310	0.8	432	4,310	0.8
Disabled	50	567	0.5	56	603	1.0	57	619	0.9	57	619	0.9	57	619	0.9	57	619	0.9
64 or younger	31	361	0.5	36	396	1.0	34	367	0.9	34	367	0.9	34	367	0.9	34	367	0.9
65-74	17	185	0.5	19	195	0.8	20	216	0.8	20	216	0.8	20	216	0.8	20	216	0.8
75-84	1	9	1.0	0	0	0.0	2	24	1.0	2	24	1.0	2	24	1.0	2	24	1.0
85 and older	1	12	1.0	1	12	1.8	1	12	1.0	1	12	1.0	1	12	1.0	1	12	1.0
Other Eligibles	246	2,409	0.6	302	2,976	0.9	375	3,691	0.8	375	3,691	0.8	375	3,691	0.8	375	3,691	0.8
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	0.0
65-74	39	410	0.7	60	617	0.9	69	698	0.8	69	698	0.8	69	698	0.8	69	698	0.8
75-84	94	905	0.6	137	1,348	0.9	139	1,436	0.8	139	1,436	0.8	139	1,436	0.8	139	1,436	0.8
85 and older	113	1,094	0.5	105	1,011	0.9	167	1,557	0.9	167	1,557	0.9	167	1,557	0.9	167	1,557	0.9
Unknown	0	0	0.0	0	0	0.0	0	0	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 Dakota, 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 1,338 beneficiaries who were in nursing facilities for part of their enrollment and their 12,181 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 DAKOTA, 2002

Beneficiary Characteristics	ANTICONVULSANT										MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL												
	Users as %					Users as %					Users as %					Users as %							
	No. of Users	No. of Bene among Users	Mean Rx	Mean Rx-\$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean Rx	Mean Rx-\$	Mean No. of Rx	Residents	NF	No. of Bene among Users	Mean Rx	Mean Rx-\$	Mean No. of Rx	All-Year NF Residents	All-Year NF Residents	Mean Rx	Mean Rx-\$	Mean No. of Rx	All-Year NF Residents	All-Year NF Residents
All	806	19.5 %	1.0	\$52	1.0	8,575	335	8.1 %	3,415	0.8	\$102	4,139	41,247										
Female	533	17.7	1.0	49	1.0	5,745	246	8.2	2,537	0.8	100	3,008	30,326										
Disabled	156	66.4	1.2	74	1.2	1,725	3	1.3	28	0.9	155	235	2,646										
64 or younger	92	78.6	1.1	78	1.1	1,045	1	0.9	4	0.3	249	117	1,334										
65-74	50	61.0	1.2	73	1.2	521	2	2.4	24	1.0	139	82	917										
75-84	12	60.0	1.5	56	1.5	144	0	0.0	0	0.0	0	20	238										
85 and older	2	12.5	2.1	60	2.1	15	0	0.0	0	0.0	0	16	157										
Other Eligibles	377	13.6	0.9	38	0.9	4,020	243	8.8	2,509	0.8	100	2,773	27,680										
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										
65-74	47	32.0	0.9	51	0.9	517	11	7.5	111	0.8	102	147	1,446										
75-84	152	20.7	1.0	42	1.0	1,674	86	11.7	920	0.9	107	734	7,531										
85 and older	178	9.4	0.8	31	0.8	1,829	146	7.7	1,478	0.8	95	1,892	18,703										
Male	273	24.1	1.0	58	1.0	2,830	89	7.9	878	0.8	109	1,131	10,921										
Disabled	99	49.5	1.1	76	1.1	1,128	5	2.5	54	0.8	276	200	2,162										
64 or younger	70	57.9	1.2	92	1.2	792	3	2.5	30	0.9	425	121	1,324										
65-74	23	35.9	1.0	40	1.0	267	2	3.1	24	0.7	89	64	672										
75-84	2	22.2	1.0	30	1.0	21	0	0.0	0	0.0	0	9	94										
85 and older	4	66.7	0.9	23	0.9	48	0	0.0	0	0.0	0	6	72										
Other Eligibles	174	18.7	1.0	45	1.0	1,702	84	9.0	824	0.8	98	931	8,759										
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										
65-74	51	38.6	1.0	54	1.0	510	10	7.6	116	0.7	70	132	1,287										
75-84	80	23.0	1.0	40	1.0	799	37	10.6	343	0.8	105	348	3,303										
85 and older	43	9.5	1.0	45	1.0	393	37	8.2	365	0.8	100	451	4,169										
Unknown	0	0.0	0.0	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 Dakota, 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 1,338 beneficiaries who were in nursing facilities for part of their enrollment and their 12,181 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 DAKOTA, 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	Part D Excl Rx \$	\$ per 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	6,010	42.7 %	3.5	48,898	\$74	\$1,040,413	\$21	2.8 %	14,082		
Age											
5 and younger	0	0.0	0.0	0	0	0	0	0.0	1		
6-14	5	62.5	3.8	30	145	1,159	39	3.4	8		
15-20	12	25.0	1.6	75	26	1,237	16	1.4	48		
21-44	827	33.4	2.3	5,662	64	158,602	28	2.2	2,479		
45-64	962	39.0	3.4	8,278	79	195,077	24	2.6	2,468		
65-74	866	35.5	3.0	7,323	63	153,532	21	2.9	2,437		
75-84	1,346	47.0	4.0	11,346	78	222,217	20	3.0	2,861		
85 and older	1,992	52.7	4.3	16,184	82	308,589	19	3.5	3,780		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Basis of Eligibility^c											
Aged	3,649	49.0	4.1	30,226	79	588,850	19	3.2	7,453		
Disabled	2,318	35.7	2.8	18,481	69	445,324	24	2.5	6,491		
Adults	42	31.3	1.4	187	45	6,083	33	3.4	134		
Children	1	25.0	1.0	4	39	156	39	3.2	4		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Gender											
Female	4,362	47.5	4.0	36,977	86	785,494	21	3.2	9,176		
Male	1,648	33.6	2.4	11,921	52	254,919	21	2.1	4,906		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Race											
White	5,531	46.3	3.9	46,255	82	983,442	21	2.9	11,936		
African American	22	38.6	2.3	131	37	2,096	16	1.9	57		
Other/unknown	457	21.9	1.2	2,512	26	54,875	22	2.3	2,089		
Use of Nursing Facilities^d											
Entire year	2,216	53.5	4.9	20,202	100	412,936	20	3.2	4,139		
Part year	800	59.8	4.2	5,674	88	117,438	21	3.3	1,338		
None	2,994	34.8	2.7	23,022	59	510,039	22	2.5	8,605		
Maintenance Assistance Status											
Cash	2,453	34.8	2.5	17,959	55	388,113	22	2.4	7,056		
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0		
Poverty related	41	24.0	1.1	189	24	4,112	22	3.0	171		
Other/unknown	3,516	51.3	4.5	30,750	95	648,188	21	3.2	6,855		

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.3	\$7	\$21	\$0	\$2	\$2	147,600
Age							
5 and younger	0.0	0	0	0	0	0	12
6-14	0.3	13	39	0	0	0	87
15-20	0.1	2	16	0	1	1	519
21-44	0.2	6	28	0	3	3	27,509
45-64	0.3	7	24	0	3	3	27,252
65-74	0.3	6	21	0	2	2	26,245
75-84	0.4	8	20	0	2	2	29,396
85 and older	0.4	8	19	0	2	2	36,580
Unknown	0.0	0	0	0	0	0	0
Basis of Eligibility^c							
Aged	0.4	8	19	0	2	2	73,938
Disabled	0.3	6	24	0	3	3	72,478
Adults	0.2	5	33	0	3	3	1,147
Children	0.1	4	39	0	0	0	37
Unknown	0.0	0	0	0	0	0	0
Gender							
Female	0.4	8	21	0	3	3	96,486
Male	0.2	5	21	0	2	2	51,114
Unknown	0.0	0	0	0	0	0	0
Race							
White	0.4	8	21	0	3	3	124,284
African American	0.2	3	16	0	1	1	602
Other/unknown	0.1	2	22	0	1	1	22,714
Use of Nursing Facilities^d							
Entire year	0.5	10	20	0	3	3	41,247
Part year	0.5	10	21	0	3	3	12,181
None	0.2	5	22	0	2	2	94,172
Maintenance Assistance Status							
Cash	0.2	5	22	0	2	2	78,346
Medically needy	0.0	0	0	0	0	0	0
Poverty related	0.1	2	22	0	1	1	1,657
Other/unknown	0.5	10	21	0	3	3	67,597

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 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	7,905	\$132	\$1,040,413	100.0 %	48,898	\$21	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	6	13	79	0.0	8	10	0.0
Cough and cold medications	1,525	101	154,124	14.8	4,654	33	9.5
Vitamins and minerals	2,949	163	482,002	46.3	22,465	21	45.9
Non-prescription drugs	553	17	9,471	0.9	1,186	8	2.4
Barbiturates	168	89	14,878	1.4	2,002	7	4.1
Benzodiazepines	2,629	140	367,831	35.4	18,112	20	37.0
Other Part D Excl Rx Drugs	75	160	12,028	1.2	471	26	1.0

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries 14,082
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$36,813,950
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,614

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,892	13.4 %	\$0	0.0 %
1-500	2,377	16.9	501,521	1.4
501-1,000	1,496	10.6	1,111,232	3.0
1,001-1,500	1,185	8.4	1,475,136	4.0
1,501-2,000	1,035	7.3	1,798,295	4.9
2,001-2,500	897	6.4	2,014,437	5.5
2,501-3,000	797	5.7	2,180,464	5.9
3,001-3,500	673	4.8	2,173,978	5.9
3,501-4,000	578	4.1	2,158,905	5.9
4,001-4,500	461	3.3	1,954,280	5.3
4,501-5,000	400	2.8	1,900,504	5.2
5,001-5,500	357	2.5	1,865,207	5.1
5,501-6,000	296	2.1	1,696,382	4.6
6,001-6,500	242	1.7	1,512,548	4.1
6,501-7,000	205	1.5	1,381,999	3.8
7,001-7,500	164	1.2	1,185,424	3.2
7,501-8,000	160	1.1	1,241,279	3.4
8,001-8,500	132	0.9	1,090,085	3.0
8,501-9,000	112	0.8	979,030	2.7
9,001-9,500	101	0.7	933,038	2.5
9,501-10,000	69	0.5	672,953	1.8
10,001+	453	3.2	6,987,253	19.0

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 SOUTH DAKOTA, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 4,876
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$14,823,769
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,040

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	18.1 %		
1-500	882	18.9	18.1	177,149	1.2
501-1,000	924	9.6	18.9	342,528	2.3
1,001-1,500	467	6.4	9.6	386,837	2.6
1,501-2,000	281	5.8	6.4	487,592	3.3
2,001-2,500	230	4.7	5.8	512,031	3.5
2,501-3,000	195	4.0	4.7	534,725	3.6
3,001-3,500	179	3.7	4.0	577,925	3.9
3,501-4,000	130	2.7	3.7	486,340	3.3
4,001-4,500	116	2.4	2.7	490,105	3.3
4,501-5,000	117	2.4	2.4	555,424	3.7
5,001-5,500	117	2.4	2.4	613,365	4.1
5,501-6,000	107	2.2	2.2	615,082	4.1
6,001-6,500	87	1.8	2.2	544,996	3.7
6,501-7,000	86	1.8	1.8	580,826	3.9
7,001-7,500	72	1.5	1.8	519,514	3.5
7,501-8,000	73	1.5	1.5	566,036	3.8
8,001-8,500	59	1.2	1.5	486,789	3.3
8,501-9,000	48	1.0	1.2	420,610	2.8
9,001-9,500	57	1.2	1.0	526,945	3.6
9,501-10,000	31	0.6	1.2	302,118	2.0
10,001+	304	6.2	0.6	5,096,832	34.4

Source: Data for this table are from the MAX 2002 file for South Dakota, 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.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
SOUTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 9,078
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$21,786,992
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,400

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	984	10.8%	0	0.0%
1-500	1,410	15.5	316,271	1.5
501-1,000	1,014	11.2	757,627	3.5
1,001-1,500	863	9.5	1,079,105	5.0
1,501-2,000	749	8.3	1,301,688	6.0
2,001-2,500	659	7.3	1,484,888	6.8
2,501-3,000	595	6.6	1,626,194	7.5
3,001-3,500	491	5.4	1,586,175	7.3
3,501-4,000	446	4.9	1,665,124	7.6
4,001-4,500	343	3.8	1,455,680	6.7
4,501-5,000	281	3.1	1,335,540	6.1
5,001-5,500	240	2.6	1,251,842	5.7
5,501-6,000	187	2.1	1,069,736	4.9
6,001-6,500	155	1.7	967,552	4.4
6,501-7,000	119	1.3	801,173	3.7
7,001-7,500	91	1.0	658,712	3.0
7,501-8,000	87	1.0	675,243	3.1
8,001-8,500	73	0.8	603,296	2.8
8,501-9,000	63	0.7	549,426	2.5
9,001-9,500	44	0.5	406,093	1.9
9,501-10,000	38	0.4	370,835	1.7
10,001+	146	1.6	1,824,792	8.4

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 SOUTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 2,437
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$5,358,322
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,199

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	538	22.1 %	0	0.0 %
1-500	391	16.0	72,632	1.4
501-1,000	245	10.1	184,002	3.4
1,001-1,500	182	7.5	228,834	4.3
1,501-2,000	156	6.4	272,448	5.1
2,001-2,500	138	5.7	311,408	5.8
2,501-3,000	125	5.1	339,661	6.3
3,001-3,500	96	3.9	309,132	5.8
3,501-4,000	98	4.0	365,244	6.8
4,001-4,500	68	2.8	288,617	5.4
4,501-5,000	57	2.3	271,020	5.1
5,001-5,500	52	2.1	271,661	5.1
5,501-6,000	41	1.7	235,331	4.4
6,001-6,500	35	1.4	218,595	4.1
6,501-7,000	34	1.4	229,115	4.3
7,001-7,500	28	1.1	201,515	3.8
7,501-8,000	20	0.8	155,181	2.9
8,001-8,500	19	0.8	156,440	2.9
8,501-9,000	22	0.9	191,527	3.6
9,001-9,500	14	0.6	129,316	2.4
9,501-10,000	17	0.7	166,290	3.1
10,001+	61	2.5	760,353	14.2

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 SOUTH DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 2,861
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$7,508,892
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,625

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	299	10.5 %	0	0.0 %
1-500	398	13.9	89,114	1.2
501-1,000	308	10.8	231,449	3.1
1,001-1,500	263	9.2	331,746	4.4
1,501-2,000	194	6.8	335,412	4.5
2,001-2,500	187	6.5	421,396	5.6
2,501-3,000	193	6.7	530,221	7.1
3,001-3,500	182	6.4	587,877	7.8
3,501-4,000	143	5.0	533,437	7.1
4,001-4,500	123	4.3	522,311	7.0
4,501-5,000	111	3.9	526,208	7.0
5,001-5,500	83	2.9	433,929	5.8
5,501-6,000	74	2.6	423,362	5.6
6,001-6,500	53	1.9	331,977	4.4
6,501-7,000	48	1.7	324,115	4.3
7,001-7,500	28	1.0	202,837	2.7
7,501-8,000	42	1.5	325,954	4.3
8,001-8,500	29	1.0	240,971	3.2
8,501-9,000	24	0.8	208,874	2.8
9,001-9,500	18	0.6	165,913	2.2
9,501-10,000	11	0.4	107,315	1.4
10,001+	50	1.7	634,474	8.4

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 3,780
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$8,919,778
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,360

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	147	3.9 %	0	0.0 %
1-500	621	16.4	154,525	1.7
501-1,000	461	12.2	342,176	3.8
1,001-1,500	418	11.1	518,525	5.8
1,501-2,000	399	10.6	693,828	7.8
2,001-2,500	334	8.8	752,084	8.4
2,501-3,000	277	7.3	756,312	8.5
3,001-3,500	213	5.6	689,166	7.7
3,501-4,000	205	5.4	766,443	8.6
4,001-4,500	152	4.0	644,752	7.2
4,501-5,000	113	3.0	538,312	6.0
5,001-5,500	105	2.8	546,252	6.1
5,501-6,000	72	1.9	411,043	4.6
6,001-6,500	67	1.8	416,980	4.7
6,501-7,000	37	1.0	247,943	2.8
7,001-7,500	35	0.9	254,360	2.9
7,501-8,000	25	0.7	194,108	2.2
8,001-8,500	25	0.7	205,885	2.3
8,501-9,000	17	0.4	149,025	1.7
9,001-9,500	12	0.3	110,864	1.2
9,501-10,000	10	0.3	97,230	1.1
10,001+	35	0.9	429,965	4.8

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	14,082	7,453	6,491	134	4	147,600	73,938	72,478	1,147	37	0
Age											
5 and younger	1	0	0	0	1	12	0	0	0	12	0
6-14	8	0	6	0	2	87	0	69	0	18	0
15-20	48	0	46	1	1	519	0	503	9	7	0
21-44	2,479	0	2,387	92	0	27,509	0	26,698	811	0	0
45-64	2,468	2	2,437	29	0	27,252	20	26,982	250	0	0
65-74	2,437	1,181	1,245	11	0	26,245	12,091	14,081	73	0	0
75-84	2,861	2,553	307	1	0	29,396	25,918	3,474	4	0	0
85 and older	3,780	3,717	63	0	0	36,580	35,909	671	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	9,176	5,477	3,615	83	1	96,486	55,089	40,671	714	12	0
Male	4,906	1,976	2,876	51	3	51,114	18,849	31,807	433	25	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	11,936	6,928	4,917	88	3	124,284	68,507	54,997	749	31	0
African American	57	8	47	2	0	602	82	500	20	0	0
Other/unknown	2,089	517	1,527	44	1	22,714	5,349	16,981	378	6	0
Use of Nursing Facilities^c											
Entire year	4,139	3,704	435	0	0	41,247	36,439	4,808	0	0	0
Part year	1,338	1,130	208	0	0	12,181	10,075	2,106	0	0	0
None	8,605	2,619	5,848	134	4	94,172	27,424	65,564	1,147	37	0
Maintenance Assistance Status											
Cash	7,056	2,027	4,933	95	1	78,346	22,460	55,063	811	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	171	62	92	15	2	1,657	635	899	104	19	0
Other/unknown	6,855	5,364	1,466	24	1	67,597	50,843	16,516	232	6	0
Dual Status^d											
Full dual, all year	13,666	7,182	6,354	126	4	143,308	71,116	71,087	1,068	37	0
Full dual, part year	416	271	137	8	0	4,292	2,822	1,391	79	0	0
Managed Care Status											
FFS all year	14,082	7,453	6,491	134	4	147,600	73,938	72,478	1,147	37	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2002 file for South Dakota, 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 DAKOTA, 2002

Beneficiary Characteristics	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	14,082	147,600	14,082	147,600	0	0
FFS all year	14,082	147,600	14,082	147,600	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2002 file for South Dakota, 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.