

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 SOUTH DAKOTA

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>14,103</b>	<b>7,339</b>	<b>6,625</b>	<b>133</b>	<b>6</b>	<b>0</b>	<b>148,778</b>	<b>73,251</b>	<b>74,358</b>	<b>1,132</b>	<b>37</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	7	0	6	0	1	0	80	0	68	0	12	0
15-20	37	0	34	0	3	0	385	0	365	0	20	0
21-44	2,519	0	2,432	86	1	0	27,987	0	27,246	739	2	0
45-64	2,508	2	2,471	35	0	0	27,845	19	27,541	285	0	0
65-74	2,446	1,151	1,283	11	1	0	26,531	11,720	14,707	101	3	0
75-84	2,844	2,505	338	1	0	0	29,355	25,586	3,762	7	0	0
85 and older	3,741	3,681	60	0	0	0	36,583	35,926	657	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	9,158	5,374	3,692	90	2	0	96,686	54,220	41,675	784	7	0
Male	4,945	1,965	2,933	43	4	0	52,092	19,031	32,683	348	30	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	11,885	6,820	4,978	83	4	0	124,635	67,968	55,942	695	30	0
African American	57	9	48	0	0	0	616	87	529	0	0	0
Other/unknown	2,161	510	1,599	50	2	0	23,527	5,196	17,887	437	7	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,970	3,539	431	0	0	0	39,922	35,114	4,808	0	0	0
Part year	1,418	1,193	224	1	0	0	13,221	10,985	2,231	5	0	0
None	8,715	2,607	5,970	132	6	0	95,635	27,152	67,319	1,127	37	0
<b>Maintenance Assistance Status</b>												
Cash	7,064	1,993	4,980	91	0	0	78,815	22,034	55,976	805	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	197	81	98	15	3	0	1,955	822	1,010	104	19	0
Other/unknown	6,842	5,265	1,547	27	3	0	68,008	50,395	17,372	223	18	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	13,640	7,051	6,460	124	5	0	143,954	70,230	72,639	1,051	34	0
Full dual, part year	463	288	165	9	1	0	4,824	3,021	1,719	81	3	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	14,103	7,339	6,625	133	6	0	148,778	73,251	74,358	1,132	37	0
FFS part year, with Rx claims	0	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	0

Table D2

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	86.8 %	50.4	\$2,848	\$57	\$16,672	17.1 %	14,103
<b>Age</b>							
5 and younger	100.0	49.0	2,441	50	9,715	25.1	1
6-14	100.0	42.3	2,422	57	12,656	19.1	7
15-20	67.6	24.1	2,251	94	17,821	12.6	37
21-44	80.5	34.1	3,076	90	16,567	18.6	2,519
45-64	84.8	50.3	3,515	70	17,890	19.6	2,508
65-74	78.7	45.0	2,426	54	11,846	20.5	2,446
75-84	89.5	58.6	2,817	48	16,033	17.6	2,844
85 and older	95.9	59.0	2,555	43	19,564	13.1	3,741
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	92.4	58.2	2,690	46	17,466	15.4	7,339
Disabled	80.9	42.4	3,054	72	16,027	19.1	6,625
Adults	81.2	20.1	1,418	70	5,532	25.6	133
Children	50.0	12.2	786	65	4,381	17.9	6
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	89.8	55.2	2,938	53	16,157	18.2	9,158
Male	81.4	41.6	2,682	65	17,625	15.2	4,945
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	92.0	55.9	3,132	56	17,877	17.5	11,885
African American	86.0	33.5	2,072	62	9,381	22.1	57
Other/unknown	58.4	20.9	1,307	63	10,235	12.8	2,161
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.1	70.7	3,442	49	27,565	12.5	3,970
Part year	95.4	58.7	2,850	49	18,402	15.5	1,418
None	80.3	39.8	2,578	65	11,428	22.6	8,715
<b>Maintenance Assistance Status</b>							
Cash	80.0	38.6	2,532	66	9,452	26.8	7,064
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	70.6	17.9	990	55	5,366	18.4	197
Other/unknown	94.4	63.5	3,229	51	24,451	13.2	6,842

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months
			Percentage of All Medicaid FFS <sup>c</sup>	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			
<b>All</b>	<b>4.8</b>	<b>\$270</b>	<b>17.1 %</b>	<b>13.2 %</b>	<b>14.3 %</b>	<b>8.4 %</b>	<b>25.9 %</b>	<b>28.0 %</b>	<b>10.1 %</b>	<b>\$1,580</b>	<b>148,778</b>
<b>Age</b>											
5 and younger	4.1	203	25.1	0.0	0.0	0.0	100.0	0.0	0.0	810	12
6-14	3.7	212	19.1	0.0	14.3	42.9	14.3	28.6	0.0	1,107	80
15-20	2.3	216	12.6	32.4	29.7	13.5	13.5	2.7	8.1	1,713	385
21-44	3.1	277	18.6	19.5	27.1	10.8	23.9	14.5	4.2	1,491	27,987
45-64	4.5	317	19.6	15.2	15.7	9.0	25.8	25.7	8.6	1,611	27,845
65-74	4.2	224	20.5	21.3	16.2	8.7	22.9	21.2	9.8	1,092	26,531
75-84	5.7	273	17.6	10.5	9.6	7.6	25.0	32.9	14.3	1,553	29,355
85 and older	6.0	261	13.1	4.1	6.9	6.8	30.3	39.7	12.2	2,001	36,583
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
<b>Basis of Eligibility<sup>e</sup></b>											
Aged	5.8	270	15.4	7.6	8.7	7.4	27.7	35.2	13.4	1,750	73,251
Disabled	3.8	272	19.1	19.1	20.1	9.6	24.0	20.5	6.6	1,428	74,358
Adults	2.4	167	25.6	18.8	34.6	8.3	24.8	12.0	1.5	650	1,132
Children	2.0	127	17.9	50.0	0.0	33.3	16.7	0.0	0.0	710	37
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
<b>Gender</b>											
Female	5.2	278	18.2	10.2	12.4	7.9	26.9	31.1	11.5	1,530	96,686
Male	3.9	255	15.2	18.6	17.8	9.4	24.2	22.5	7.5	1,673	52,092
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
<b>Race</b>											
White	5.3	299	17.5	8.0	12.5	8.6	28.1	31.5	11.5	1,705	124,635
African American	3.1	192	22.1	14.0	31.6	17.5	17.5	10.5	8.8	868	616
Other/unknown	1.9	120	12.8	41.6	24.1	7.5	14.4	9.7	2.7	940	23,527
<b>use of nursing Facilities<sup>f</sup></b>											
Entire year	7.0	342	12.5	1.9	4.6	5.6	27.6	42.6	17.7	2,741	39,922
Part year	6.3	306	15.5	4.6	8.2	7.7	27.2	37.0	15.3	1,974	13,221
None	3.6	235	22.6	19.7	19.7	9.9	25.0	19.9	5.8	1,041	95,635
<b>Maintenance Assistance Status</b>											
Cash	3.5	227	26.8	20.0	20.7	10.3	24.9	19.4	4.9	847	78,815
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
Poverty related	1.8	100	18.4	29.4	37.1	9.1	17.8	4.6	2.0	541	1,955
Other/unknown	6.4	325	13.2	5.6	7.1	6.5	27.3	37.7	15.8	2,460	68,008

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. 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.
  - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.8</b>	<b>\$270</b>	<b>\$57</b>	<b>2.1</b>	<b>\$210</b>	<b>\$101</b>	<b>0.3</b>	<b>\$11</b>	<b>\$35</b>	<b>2.4</b>	<b>\$49</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	4.1	203	50	1.0	38	38	1.2	125	107	1.9	40	21
6-14	3.7	212	57	1.9	156	84	0.1	28	251	1.7	28	16
15-20	2.3	216	94	1.1	165	150	0.2	13	65	1.0	28	29
21-44	3.1	277	90	1.5	214	138	0.2	16	70	1.3	47	36
45-64	4.5	317	70	2.2	256	118	0.3	13	48	2.1	47	23
65-74	4.2	224	54	1.8	175	95	0.2	8	35	2.1	40	19
75-84	5.7	273	48	2.4	211	88	0.4	9	24	2.9	53	18
85 and older	6.0	261	43	2.4	196	83	0.4	9	22	3.2	56	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.8	270	46	2.4	206	86	0.4	9	23	3.0	54	18
Disabled	3.8	272	72	1.8	214	120	0.3	13	53	1.7	44	26
Adults	2.4	167	70	1.1	140	125	0.1	5	65	1.2	22	19
Children	2.0	127	65	0.6	30	47	0.4	80	227	1.0	17	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.2	278	53	2.3	218	96	0.4	11	32	2.6	49	19
Male	3.9	255	65	1.7	194	112	0.2	11	44	2.0	50	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.3	299	56	2.3	232	100	0.4	12	34	2.6	55	21
African American	3.1	192	62	1.4	135	97	0.2	23	100	1.5	33	23
Other/unknown	1.9	120	63	0.9	96	112	0.1	4	46	1.0	20	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.0	342	49	2.9	261	91	0.5	11	24	3.7	70	19
Part year	6.3	306	49	2.6	236	91	0.4	10	27	3.3	60	18
None	3.6	235	65	1.7	185	109	0.2	11	45	1.7	39	23
<b>Maintenance Assistance Status</b>												
Cash	3.5	227	66	1.6	177	111	0.2	11	48	1.6	38	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.8	100	55	0.7	79	108	0.1	4	38	1.0	16	17
Other/unknown	6.4	325	51	2.7	251	94	0.4	11	26	3.3	63	19

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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, 1.0 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$19	\$14	\$1	\$4	\$55	\$90	\$124	\$23	30,430	\$1,659,279	7,900	56.0 %	86,487
Biologics	0.1	0.1	0.0	0.0	3	2	0	1	32	21	0	139	655	21,224	581	4.1	6,857
Antineoplastic Agents	0.6	0.3	0.0	0.3	112	95	2	14	185	326	121	48	2,281	421,545	353	2.5	3,778
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	43	32	5	6	39	67	19	15	72,906	2,806,921	6,109	43.3	65,781
Cardiovascular Agents	1.9	0.6	0.1	1.2	54	35	2	17	28	57	18	14	167,171	4,697,916	8,165	57.9	86,569
Respiratory Agents	0.8	0.5	0.0	0.3	48	41	2	6	58	82	71	20	42,508	2,466,979	4,670	33.1	50,902
Gastrointestinal Agents	0.9	0.5	0.0	0.4	72	58	1	14	78	120	80	31	58,257	4,523,214	5,840	41.4	62,442
Genitourinary Agents	0.7	0.6	0.0	0.1	48	46	0	2	72	82	42	21	15,822	1,140,863	2,179	15.5	23,717
CNS Drugs	1.5	0.9	0.0	0.6	128	110	5	14	85	128	128	22	118,218	10,107,298	7,405	52.5	78,691
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	47	31	6	9	63	106	55	27	1,691	106,374	208	1.5	2,266
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	113	112	0	0	144	148	0	12	5,915	851,569	722	5.1	7,560
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	58	49	1	8	65	124	51	16	62,137	4,063,801	6,598	46.8	70,344
Neuromuscular Agents	1.1	0.5	0.1	0.6	83	60	5	18	74	134	46	32	49,685	3,684,156	4,049	28.7	44,282
Nutritional Products	0.8	0.0	0.0	0.7	14	0	1	13	19	21	33	18	23,869	454,672	3,067	21.7	31,799
Hematological Agents	1.0	0.2	0.2	0.5	59	34	4	21	60	149	17	42	27,534	1,664,149	2,697	19.1	28,148
Topical Products	0.5	0.2	0.0	0.2	19	13	1	5	40	64	35	19	29,198	1,159,675	5,673	40.2	62,474
Miscellaneous Products	0.4	0.2	0.0	0.2	70	49	11	10	162	254	281	51	1,808	293,039	390	2.8	4,157
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	17	0	0	0	59	0	0	0	800	47,507	254	1.8	2,877
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	710,885	40,170,181	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 1.0 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$6,137,866	4,201	29.8 %	45,820	0.8	\$134
ULCER DRUGS	3,860,543	5,455	38.7	58,463	0.7	94
ANTIDEPRESSANTS	3,467,243	7,060	50.1	75,552	0.8	61
ANTICONVULSANT	3,036,052	3,266	23.2	36,261	1.0	86
ANALGESICS - Narcotic	2,165,742	6,797	48.2	72,351	0.5	60
ANALGESICS - ANTI-INFLAMMATORY	1,620,799	3,840	27.2	42,506	0.5	78
ANTIASTHMATIC	1,609,455	4,469	31.7	48,105	0.6	61
ANTIDIABETIC	1,534,974	3,466	24.6	37,546	0.8	51
ANTIHYPERTENSIVE	1,249,971	2,065	14.6	23,219	0.7	77
ANTIHYPERTENSIVE	1,115,691	4,569	32.4	49,075	0.7	31
<b>Total</b>	<b>25,798,336</b>	<b>45,188</b>		<b>488,898</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED**  
**AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003**

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>336,457</b>	<b>\$25,798,336</b>	<b>4,201</b>	<b>29.8 %</b>	<b>45,820</b>	<b>0.8</b>	<b>\$134</b>	<b>5,455</b>	<b>38.7 %</b>	<b>58,463</b>	<b>0.7</b>	<b>\$66</b>					
<b>Female</b>	230,954	17,046,997	2,642	28.8	28,743	0.8	119	3,837	41.9	41,292	0.7	66					
<b>Disabled</b>	95,291	8,367,758	1,179	31.9	13,650	0.8	151	1,364	36.9	15,654	0.6	68					
5 and younger	10	357	0	0.0	0	0.0	0	1	100.0	12	0.8	30					
6-14	5	105	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	211	14,983	1	12.5	12	1.2	178	3	37.5	36	0.5	83					
21-44	25,925	2,628,560	456	39.6	5,326	0.8	151	337	29.3	3,908	0.6	66					
45-64	44,415	3,949,820	543	37.8	6,272	0.8	160	608	42.4	6,949	0.7	73					
65-74	19,765	1,457,105	135	16.5	1,561	0.9	131	322	39.4	3,703	0.6	61					
75-84	3,959	259,146	32	13.8	337	0.6	92	71	30.6	800	0.7	69					
85 and older	1,001	57,682	12	26.1	142	0.8	91	22	47.8	246	0.8	66					
<b>Other Eligibles</b>	135,663	8,679,239	1,463	26.8	15,093	0.7	91	2,473	45.2	25,638	0.7	64					
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	0.0	0	0	0.0	0	0.0	0					
15-20	4	159	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	794	64,952	8	13.1	75	0.3	46	13	21.3	147	0.3	25					
45-64	241	21,327	4	21.1	19	0.4	79	4	21.1	30	0.4	64					
65-74	17,787	1,203,104	159	22.4	1,778	0.8	125	280	39.4	3,029	0.7	67					
75-84	48,501	3,157,623	461	26.6	4,786	0.8	100	812	46.9	8,650	0.7	64					
85 and older	68,336	4,232,074	831	28.3	8,435	0.7	79	1,364	46.4	13,782	0.8	63					
<b>Male</b>	105,503	8,751,339	1,559	31.5	17,077	0.9	159	1,618	32.7	17,171	0.7	67					
<b>Disabled</b>	57,887	5,714,368	1,014	34.6	11,683	1.0	187	736	25.1	8,364	0.7	71					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	33	1,450	0	0.0	0	0.0	0	3	60.0	35	0.2	26					
15-20	198	16,079	4	15.4	28	1.2	203	5	19.2	58	0.5	60					
21-44	22,074	2,568,106	495	38.7	5,697	0.9	191	247	19.3	2,836	0.7	75					
45-64	25,654	2,426,675	400	38.6	4,667	1.1	200	322	31.1	3,639	0.7	71					
65-74	8,079	577,487	95	20.4	1,076	0.8	132	118	25.3	1,359	0.7	68					
75-84	1,578	107,595	17	16.0	179	0.7	116	35	33.0	384	0.7	63					
85 and older	271	16,976	3	21.4	36	0.8	55	6	42.9	53	0.8	54					
<b>Other Eligibles</b>	47,616	3,036,971	545	27.1	5,394	0.7	97	882	43.8	8,807	0.7	63					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	11	168	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	5	175	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	309	32,041	8	30.8	47	0.9	227	3	11.5	36	0.5	108					
45-64	130	9,318	1	5.6	12	0.3	6	5	27.8	51	0.7	97					
65-74	10,308	683,120	104	23.0	1,065	0.7	103	177	39.2	1,832	0.6	51					
75-84	20,995	1,352,338	238	30.8	2,369	0.7	106	362	46.8	3,681	0.7	64					
85 and older	15,858	959,811	194	26.2	1,901	0.7	79	335	45.3	3,207	0.8	68					
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				ANTICONVULSANTS				ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	
<b>All</b>	<b>7,060</b>	<b>50.1 %</b>	<b>75,552</b>	<b>0.8</b>	<b>3,266</b>	<b>23.2 %</b>	<b>36,261</b>	<b>1.0</b>	<b>6,797</b>	<b>48.2 %</b>	<b>72,351</b>	<b>0.5</b>	<b>\$30</b>
<b>Female</b>	5,063	55.3	54,250	0.8	2,008	21.9	22,283	0.9	5,084	55.5	54,483	0.5	31
<b>Disabled</b>	2,102	56.9	24,043	0.7	1,278	34.6	14,717	1.0	2,016	54.6	22,943	0.4	28
5 and younger	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	100.0	12	0.1	1
15-20	6	75.0	72	0.5	6	75.0	72	1.2	7	87.5	84	0.3	3
21-44	747	64.8	8,574	0.7	490	42.5	5,686	1.0	561	48.7	6,421	0.4	27
45-64	968	67.5	11,034	0.7	600	41.8	6,889	1.0	902	62.9	10,228	0.5	30
65-74	311	38.1	3,589	0.7	144	17.6	1,657	0.9	436	53.4	5,009	0.4	27
75-84	57	24.6	634	0.7	35	15.1	377	0.9	91	39.2	981	0.4	25
85 and older	13	28.3	140	0.7	3	6.5	36	1.0	18	39.1	208	0.6	24
<b>Other Eligibles</b>	2,961	54.2	30,207	0.8	730	13.4	7,566	0.8	3,068	56.1	31,540	0.6	32
5 and younger	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
15-20	2	200.0	8	0.4	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	36	59.0	358	0.4	12	19.7	139	0.8	56	91.8	606	0.4	12
45-64	17	89.5	140	0.5	4	21.1	28	0.7	16	84.2	127	0.4	29
65-74	332	46.7	3,476	0.7	129	18.1	1,309	0.9	395	55.6	4,257	0.5	21
75-84	961	55.5	10,026	0.8	286	16.5	3,015	0.9	984	56.8	10,324	0.5	31
85 and older	1,613	54.8	16,199	0.8	299	10.2	3,075	0.8	1,617	55.0	16,226	0.6	37
<b>Male</b>	1,997	40.4	21,302	0.7	1,258	25.4	13,978	1.1	1,713	34.6	17,868	0.4	28
<b>Disabled</b>	1,006	34.3	11,380	0.7	943	32.2	10,860	1.1	793	27.0	8,871	0.4	27
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	1	20.0	12	0.5	1	20.0	12	0.6	1	20.0	12	0.1	1
15-20	5	19.2	43	0.5	4	15.4	47	1.1	5	19.2	59	0.1	1
21-44	466	36.4	5,321	0.7	450	35.2	5,243	1.1	301	23.5	3,385	0.3	40
45-64	379	36.6	4,276	0.8	395	38.1	4,526	1.2	305	29.4	3,404	0.4	22
65-74	123	26.4	1,405	0.8	72	15.5	815	0.9	145	31.1	1,636	0.4	15
75-84	31	29.2	313	0.6	17	16.0	175	0.9	34	32.1	351	0.3	9
85 and older	1	7.1	10	0.9	4	28.6	42	1.0	2	14.3	24	1.5	153
<b>Other Eligibles</b>	991	49.3	9,922	0.8	315	15.7	3,118	0.9	920	45.7	8,997	0.5	29
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	12	46.2	117	0.5	6	23.1	63	0.5	21	80.8	192	0.5	18
45-64	5	27.8	29	0.3	4	22.2	13	1.0	5	27.8	36	0.6	10
65-74	189	41.8	1,898	0.7	93	20.6	957	0.9	197	43.6	1,973	0.4	32
75-84	411	53.2	4,224	0.8	129	16.7	1,329	0.9	357	46.2	3,544	0.5	31
85 and older	374	50.5	3,654	0.8	83	11.2	756	0.8	340	45.9	3,252	0.5	25
<b>Unknown</b>	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY						ANTI-ASTHMATIC						ANTI-DIABETIC					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>3,840</b>	<b>27.2 %</b>	<b>42,506</b>	<b>\$38</b>	<b>0.5</b>	<b>\$38</b>	<b>4,469</b>	<b>31.7 %</b>	<b>48,105</b>	<b>0.6</b>	<b>\$34</b>	<b>3,466</b>	<b>24.6 %</b>	<b>37,546</b>	<b>0.8</b>	<b>\$41</b>		
<b>Female</b>	2,819	30.8	31,239	41	0.5	41	3,011	32.9	32,395	0.5	33	2,352	25.7	25,670	0.8	41		
<b>Disabled</b>	1,203	32.6	13,941	39	0.4	39	1,256	34.0	14,355	0.5	32	843	22.8	9,641	0.8	45		
5 and younger	0	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	1	100.0	12	0.1	5	0	0.0	0	0.0	0		
15-20	1	12.5	12	35	0.4	35	2	25.0	24	0.1	10	0	0.0	0	0.0	0		
21-44	326	28.3	3,771	26	0.3	26	284	24.7	3,266	0.4	24	127	11.0	1,491	0.8	43		
45-64	547	38.1	6,322	46	0.5	46	557	38.8	6,332	0.5	35	380	26.5	4,319	0.7	47		
65-74	272	33.3	3,171	43	0.5	43	335	41.0	3,845	0.5	36	273	33.4	3,126	0.8	46		
75-84	47	20.3	547	37	0.5	37	67	28.9	762	0.5	24	47	20.3	531	0.7	33		
85 and older	10	21.7	118	29	0.4	29	10	21.7	114	0.4	8	16	34.8	174	0.7	26		
<b>Other Eligibles</b>	1,616	29.6	17,298	42	0.6	42	1,755	32.1	18,040	0.6	33	1,509	27.6	16,029	0.8	39		
5 and younger	0	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	0		
15-20	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
21-44	32	52.5	332	47	0.2	47	29	47.5	325	0.4	25	5	8.2	40	0.4	17		
45-64	7	36.8	62	42	0.4	42	8	42.1	60	0.4	25	4	21.1	41	0.6	46		
65-74	213	30.0	2,344	39	0.5	39	247	34.7	2,595	0.6	37	258	36.3	2,880	0.8	43		
75-84	518	29.9	5,737	41	0.5	41	598	34.5	6,296	0.6	37	640	36.9	6,859	0.9	43		
85 and older	846	28.8	8,823	42	0.6	42	873	29.7	8,764	0.6	29	602	20.5	6,209	0.8	34		
<b>Male</b>	1,021	20.6	11,267	31	0.4	31	1,458	29.5	15,710	0.6	35	1,114	22.5	11,876	0.8	40		
<b>Disabled</b>	537	18.3	6,189	29	0.4	29	588	20.0	6,703	0.5	32	421	14.4	4,775	0.7	42		
5 and younger	0	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	1	20.0	9	0.2	2	0	0.0	0	0.0	0		
15-20	2	7.7	16	1	0.1	1	2	7.7	23	0.8	14	4	15.4	48	0.4	17		
21-44	212	16.6	2,452	19	0.3	19	180	14.1	2,034	0.5	27	108	8.4	1,203	0.6	36		
45-64	206	19.9	2,352	40	0.4	40	234	22.6	2,675	0.5	35	190	18.3	2,144	0.8	48		
65-74	87	18.7	1,023	32	0.5	32	134	28.8	1,580	0.5	34	93	20.0	1,108	0.7	40		
75-84	27	25.5	310	27	0.5	27	32	30.2	326	0.4	28	22	20.8	224	0.4	18		
85 and older	3	21.4	36	9	0.4	9	5	35.7	56	0.6	54	4	28.6	48	0.8	40		
<b>Other Eligibles</b>	484	24.1	5,078	34	0.5	34	870	43.2	9,007	0.7	38	693	34.4	7,101	0.8	39		
5 and younger	0	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	0		
15-20	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
21-44	7	26.9	78	20	0.3	20	3	11.5	22	0.3	7	4	15.4	46	0.3	28		
45-64	2	11.1	24	2	0.1	2	1	5.6	12	0.1	1	4	22.2	30	0.8	38		
65-74	103	22.8	1,097	23	0.4	23	176	38.9	1,904	0.7	44	164	36.3	1,784	0.8	39		
75-84	212	27.4	2,247	35	0.5	35	377	48.8	3,917	0.7	39	329	42.6	3,428	0.8	41		
85 and older	160	21.6	1,632	41	0.6	41	313	42.3	3,152	0.6	32	192	25.9	1,813	0.8	36		
<b>Unknown</b>	0	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC				ANTHYPERTENSIVE				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Benefit Month
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month						
<b>All</b>	<b>2,065</b>	<b>14.6 %</b>	<b>23,219</b>	<b>0.7</b>	<b>4,569</b>	<b>32.4 %</b>	<b>49,075</b>	<b>0.7</b>	<b>\$23</b>	<b>14,103</b>	<b>148,778</b>			
<b>Female</b>	1,422	15.5	16,058	0.7	3,149	34.4	33,922	0.7	24	9,158	96,686			
<b>Disabled</b>	629	17.0	7,255	0.7	877	23.8	10,142	0.7	22	3,692	41,675			
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12			
6-14	0	0.0	0	0.0	1	100.0	12	0.3	3	1	12			
15-20	0	0.0	0	0.0	3	37.5	36	0.6	16	8	96			
21-44	80	6.9	919	0.6	107	9.3	1,216	0.6	17	1,152	12,967			
45-64	305	21.3	3,486	0.7	363	25.3	4,207	0.7	24	1,435	16,025			
65-74	199	24.4	2,322	0.7	303	37.1	3,499	0.7	23	817	9,426			
75-84	41	17.7	480	0.7	83	35.8	976	0.7	21	232	2,608			
85 and older	4	8.7	48	1.0	17	37.0	196	0.8	28	46	529			
<b>Other Eligibles</b>	793	14.5	8,803	0.7	2,272	41.6	23,780	0.8	25	5,466	55,011			
5 and younger	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			
15-20	0	0.0	0	0.0	1	100.0	4	0.3	3	1	4			
21-44	2	3.3	24	0.9	1	1.6	12	0.1	1	61	532			
45-64	1	5.3	12	0.1	4	21.1	41	0.4	14	19	163			
65-74	181	25.5	2,015	0.6	313	44.0	3,400	0.7	23	711	7,307			
75-84	364	21.0	4,102	0.7	748	43.2	8,038	0.8	26	1,733	17,973			
85 and older	245	8.3	2,650	0.7	1,205	41.0	12,285	0.8	25	2,941	29,032			
<b>Male</b>	643	13.0	7,161	0.7	1,420	28.7	15,153	0.7	20	4,945	52,092			
<b>Disabled</b>	371	12.6	4,354	0.7	548	18.7	6,189	0.7	20	2,933	32,683			
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	2	40.0	24	0.4	12	5	56			
15-20	1	3.8	12	0.4	3	11.5	35	0.4	8	26	269			
21-44	110	8.6	1,301	0.7	127	9.9	1,408	0.7	20	1,280	14,279			
45-64	176	17.0	2,065	0.7	252	24.3	2,854	0.8	20	1,036	11,516			
65-74	69	14.8	812	0.7	124	26.6	1,433	0.7	20	466	5,281			
75-84	15	14.2	164	0.7	38	35.8	411	0.6	18	106	1,154			
85 and older	0	0.0	0	0.0	2	14.3	24	1.0	45	14	128			
<b>Other Eligibles</b>	272	13.5	2,807	0.7	872	43.3	8,964	0.7	20	2,012	19,409			
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0			
6-14	0	0.0	0	0.0	1	100.0	12	0.9	14	1	12			
15-20	0	0.0	0	0.0	1	50.0	12	0.4	15	2	16			
21-44	1	3.8	12	1.1	2	7.7	24	0.4	8	26	209			
45-64	1	5.6	7	0.1	5	27.8	46	0.4	8	18	141			
65-74	109	24.1	1,178	0.7	209	46.2	2,208	0.7	21	452	4,517			
75-84	115	14.9	1,219	0.8	350	45.3	3,632	0.8	20	773	7,620			
85 and older	46	6.2	391	0.8	304	41.1	3,030	0.8	18	740	6,894			
<b>Unknown</b>	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				Benefit Months	Year
<b>All</b>	<b>\$342</b>	<b>7.0</b>	<b>3,970</b>		<b>39,922</b>
<b>Age</b>					
0-64	498	7.6	229		2,530
65-74	430	8.0	391		4,105
75-84	380	7.6	1,111		11,195
85 and older	289	6.5	2,239		22,092
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	335	7.0	2,859		28,878
Male	362	7.0	1,111		11,044
Unknown	0	0.0	0		0
<b>Race</b>					
White	343	7.1	3,798		38,148
African American	235	5.4	6		67
Other/unknown	331	6	166		1,707
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	328	7.0	3,539		35,114
Disabled	450	7.5	431		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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,418 beneficiaries who were in nursing facilities for part of their enrollment and their 13,221 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 = Centers for Medicare & 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$15	\$0	\$5	\$53	\$83	\$57	\$25	11,452	\$609,163	2,763	69.6 %	29,250
Biologicals	0.1	0.1	0.0	0.0	7	1	0	7	78	14	0	201	119	9,317	110	2.8	1,253
Antineoplastic Agents	0.6	0.3	0.0	0.3	123	106	2	16	198	340	117	54	851	168,344	131	3.3	1,365
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	45	34	4	7	36	63	18	14	25,856	933,297	2,032	51.2	20,878
Cardiovascular Agents	2.2	0.5	0.1	1.5	52	28	2	22	24	52	14	14	67,424	1,591,041	3,024	76.2	30,853
Respiratory Agents	1.0	0.5	0.0	0.5	51	40	2	9	53	83	69	20	15,241	801,436	1,490	37.5	15,689
Gastrointestinal Agents	1.2	0.6	0.0	0.6	74	59	0	15	65	107	33	25	24,984	1,614,464	2,111	53.2	21,716
Genitourinary Agents	0.8	0.6	0.0	0.1	53	50	0	3	70	79	39	23	7,036	494,284	887	22.3	9,375
CNS Drugs	1.6	1.0	0.0	0.6	116	102	2	12	74	107	72	20	44,577	3,298,751	2,779	70.0	28,548
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	26	14	1	11	36	116	29	19	384	13,917	53	1.3	537
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	123	123	0	0	142	144	0	10	3,432	488,875	383	9.6	3,978
Analgesics and Anesthetics	1.1	0.5	0.0	0.5	66	57	1	8	62	109	25	15	24,048	1,484,045	2,213	55.7	22,476
Neuromuscular Agents	1.1	0.3	0.1	0.6	57	28	5	25	54	94	40	38	15,104	821,905	1,345	33.9	14,330
Nutritional Products	0.9	0.0	0.1	0.8	17	0	2	15	20	19	36	19	12,193	242,956	1,399	35.2	14,189
Hematological Agents	1.2	0.2	0.3	0.6	47	35	5	7	39	143	15	12	14,147	557,415	1,165	29.3	11,818
Topical Products	0.6	0.2	0.0	0.3	21	15	1	6	37	62	28	18	13,024	479,778	2,148	54.1	22,960
Miscellaneous Products	0.3	0.1	0.0	0.2	21	12	0	9	70	165	0	41	573	40,098	180	4.5	1,906
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	20	0	0	0	62	0	0	0	274	16,880	78	2.0	846
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.	280,719	13,665,966	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,418 beneficiaries who were in nursing facilities for part of their enrollment and their 13,221 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In South Dakota, 1.0 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 = Centers for Medicare & 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,783,123	1,580	39.8 %	16,729	0.8	\$137	\$107	
ULCER DRUGS	1,378,010	1,940	48.9	19,904	0.8	84	69	
ANTIDEPRESSANTS	1,367,033	2,620	66.0	27,183	0.8	59	50	
ANALGESICS - Narcotic	944,079	2,179	54.9	22,141	0.7	63	43	
ANTIASTHMATIC	592,744	1,537	38.7	16,081	0.7	54	37	
ANTI-DIABETIC	525,090	1,192	30.0	12,456	0.9	45	42	
ANALGESICS - ANTI-INFLAMMATORY	492,974	1,066	26.9	11,265	0.6	68	44	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	488,875	383	9.6	3,978	0.9	142	123	
ANTICONVULSANT	481,136	822	20.7	8,751	1.0	55	55	
ANTIHYPERTENSIVE	372,384	1,508	38.0	15,487	0.9	28	24	
<b>Total</b>	<b>8,425,448</b>	<b>14,827</b>		<b>153,975</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,418 beneficiaries who were in nursing facilities for part of their enrollment and their 13,221 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS					
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>122,783</b>	<b>\$8,425,448</b>	<b>1,580</b>	<b>39.8 %</b>	<b>16,729</b>	<b>0.8</b>	<b>\$107</b>	<b>0.8</b>	<b>\$107</b>	<b>1,940</b>	<b>48.9 %</b>	<b>19,904</b>	<b>0.8</b>	<b>\$69</b>
<b>Female</b>	86,943	5,933,042	1,123	39.3	11,930	0.8	100	0.8	100	1,392	48.7	14,329	0.8	69
<b>Disabled</b>	9,733	780,785	146	61.1	1,663	0.9	146	0.9	146	115	48.1	1,274	0.8	65
64 or younger	4,726	402,134	71	58.2	806	0.8	156	0.8	156	57	46.7	632	0.8	58
65-74	3,575	274,517	49	62.0	557	1.1	160	1.1	160	35	44.3	382	0.8	62
75-84	1,019	79,875	17	65.4	192	0.7	95	0.7	95	16	61.5	182	0.9	98
85 and older	413	24,259	9	75.0	108	0.8	85	0.8	85	7	58.3	78	0.7	67
<b>Other Eligibles</b>	77,210	5,152,257	977	37.3	10,267	0.7	93	0.7	93	1,277	48.7	13,055	0.8	69
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,674	408,091	70	50.4	788	0.8	127	0.8	127	72	51.8	744	0.8	69
75-84	25,247	1,711,847	288	40.6	3,039	0.8	105	0.8	105	371	52.3	3,879	0.9	74
85 and older	46,289	3,032,319	619	35.0	6,440	0.7	83	0.7	83	834	47.1	8,432	0.8	67
<b>Male</b>	35,840	2,492,406	457	41.1	4,799	0.8	122	0.8	122	548	49.3	5,575	0.8	70
<b>Disabled</b>	7,619	646,384	113	58.9	1,302	0.9	163	0.9	163	88	45.8	968	0.8	74
64 or younger	4,404	399,979	60	56.1	688	0.9	183	0.9	183	53	49.5	573	0.8	68
65-74	2,572	198,974	41	63.1	470	1.0	145	1.0	145	27	41.5	316	0.9	95
75-84	470	36,570	9	69.2	108	0.7	152	0.7	152	5	38.5	60	0.9	39
85 and older	173	10,861	3	42.9	36	0.8	55	0.8	55	3	42.9	19	0.6	23
<b>Other Eligibles</b>	28,221	1,846,022	344	37.4	3,497	0.8	107	0.8	107	460	50.1	4,607	0.8	69
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,400	269,631	43	39.8	478	0.7	122	0.7	122	60	55.6	634	0.8	57
75-84	12,267	850,787	162	44.8	1,653	0.8	120	0.8	120	180	49.7	1,869	0.8	70
85 and older	11,554	725,604	139	31.0	1,366	0.7	85	0.7	85	220	49.0	2,104	0.8	71
<b>Unknown</b>	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,418 beneficiaries who were in nursing facilities for part of their enrollment and their 13,221 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>2,620</b>	<b>66.0 %</b>	<b>27,183</b>	<b>0.8</b>	<b>\$50</b>	<b>2,179</b>	<b>54.9 %</b>	<b>22,141</b>	<b>0.7</b>	<b>\$43</b>	<b>1,537</b>	<b>38.7 %</b>	<b>16,081</b>	<b>0.7</b>	<b>\$37</b>
<b>Female</b>	1,906	66.7	19,719	0.9	50	1,639	57.3	16,777	0.7	45	984	34.4	10,223	0.6	33
<b>Disabled</b>	189	79.1	2,141	0.9	57	1,116	48.5	1,312	0.8	44	71	29.7	777	0.7	46
64 or younger	102	83.6	1,145	0.9	57	69	56.6	777	0.6	25	34	27.9	372	0.6	49
65-74	63	79.7	725	0.9	63	34	43.0	395	0.8	52	29	36.7	315	0.7	48
75-84	17	65.4	187	0.8	45	8	30.8	86	2.0	201	4	15.4	48	1.6	40
85 and older	7	58.3	84	0.7	34	5	41.7	54	0.8	17	4	33.3	42	0.8	13
<b>Other Eligibles</b>	1,717	65.5	17,578	0.8	50	1,523	58.1	15,465	0.7	45	913	34.8	9,446	0.6	32
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	125	89.9	1,238	0.9	50	96	69.1	991	0.7	48	64	46.0	609	0.8	38
75-84	536	75.5	5,571	0.9	51	437	61.5	4,442	0.7	46	298	42.0	3,203	0.7	40
85 and older	1,056	59.6	10,769	0.8	49	990	55.9	10,032	0.7	44	551	31.1	5,634	0.6	27
<b>Male</b>	714	64.3	7,464	0.8	50	540	48.6	5,364	0.6	37	553	49.8	5,858	0.8	43
<b>Disabled</b>	135	70.3	1,550	0.8	51	76	39.6	876	0.8	56	81	42.2	894	0.7	49
64 or younger	75	70.1	848	0.8	47	45	42.1	509	0.8	82	55	51.4	590	0.8	47
65-74	49	75.4	570	0.9	53	23	35.4	271	0.6	14	21	32.3	244	0.6	42
75-84	11	84.6	132	1.0	66	6	46.2	72	0.4	4	3	23.1	36	1.2	87
85 and older	0	0.0	0	0.0	0	2	28.6	24	1.5	153	2	28.6	24	0.8	95
<b>Other Eligibles</b>	579	63.0	5,914	0.8	50	464	50.5	4,488	0.6	33	472	51.4	4,964	0.8	42
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	80	74.1	808	0.8	50	57	52.8	574	0.5	12	70	64.8	763	1.1	66
75-84	242	66.9	2,563	0.8	49	169	46.7	1,670	0.7	43	199	55.0	2,140	0.7	41
85 and older	257	57.2	2,543	0.9	51	238	53.0	2,244	0.5	31	203	45.2	2,061	0.7	35
<b>Unknown</b>	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,418 beneficiaries who were in nursing facilities for part of their enrollment and their 13,221 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
<b>All</b>	<b>1,192</b>	<b>30.0 %</b>	<b>12,456</b>	<b>0.9</b>	<b>1,066</b>	<b>26.9 %</b>	<b>11,265</b>	<b>0.6</b>	<b>383</b>	<b>9.6 %</b>	<b>3,978</b>	<b>0.9</b>
<b>Female</b>												
<b>Disabled</b>	790	27.6	8,354	0.9	796	27.8	8,408	0.7	292	10.2	3,060	0.9
64 or younger	74	31.0	855	1.0	54	22.6	632	0.7	12	5.0	136	0.8
65-74	30	24.6	352	0.9	27	22.1	313	0.7	7	5.7	81	0.6
75-84	29	36.7	348	1.1	22	27.8	259	0.8	3	3.8	36	1.0
85 and older	8	30.8	89	0.8	2	7.7	24	0.7	2	7.7	19	1.1
<b>Other Eligibles</b>	7	58.3	66	0.9	3	25.0	36	0.7	0	0.0	0	0.0
64 or younger	716	27.3	7,499	0.9	742	28.3	7,776	0.7	280	10.7	2,924	0.9
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
75-84	74	53.2	821	0.9	45	32.4	497	0.6	18	12.9	191	0.9
85 and older	282	39.7	2,896	1.0	209	29.4	2,224	0.6	93	13.1	927	0.9
<b>Male</b>												
<b>Disabled</b>	360	20.3	3,782	0.9	488	27.6	5,055	0.7	169	9.5	1,806	0.9
64 or younger	402	36.2	4,102	1.0	270	24.3	2,857	0.6	91	8.2	918	0.8
65-74	56	29.2	623	1.2	44	22.9	509	0.7	5	2.6	59	0.5
75-84	31	29.0	323	1.2	25	23.4	281	0.6	4	3.7	48	0.6
85 and older	22	33.8	264	1.2	14	21.5	168	0.9	1	1.5	11	0.1
<b>Other Eligibles</b>	1	7.7	12	1.0	3	23.1	36	0.5	0	0.0	0	0.0
64 or younger	2	28.6	24	1.0	2	28.6	24	0.4	0	0.0	0	0.0
65-74	346	37.6	3,479	0.9	226	24.6	2,348	0.6	86	9.4	859	0.8
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	50	46.3	540	1.0	27	25.0	298	0.6	5	4.6	55	0.8
<b>Unknown</b>	159	43.9	1,649	0.9	104	28.7	1,088	0.6	40	11.0	415	0.9
	137	30.5	1,290	0.9	95	21.2	962	0.6	41	9.1	389	0.8
	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,418 beneficiaries who were in nursing facilities for part of their enrollment and their 13,221 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Year Nursing Facility Residents
<b>All</b>	<b>822</b>	<b>20.7 %</b>	<b>8,751</b>	<b>1.0</b>	<b>\$55</b>	<b>1,508</b>	<b>38.0 %</b>	<b>15,487</b>	<b>0.9</b>	<b>\$24</b>	<b>3,970</b>	<b>39,922</b>
<b>Female</b>	524	18.3	5,583	1.0	51	1,071	37.5	11,017	0.9	26	2,859	28,878
<b>Disabled</b>	138	57.7	1,582	1.2	79	50	20.9	570	0.9	22	239	2,695
64 or younger	80	65.6	925	1.2	83	21	17.2	242	0.7	17	122	1,361
65-74	46	58.2	540	1.1	73	21	26.6	238	1.0	27	79	912
75-84	11	42.3	105	1.4	80	6	23.1	72	0.9	24	26	284
85 and older	1	8.3	12	2.5	98	2	16.7	18	0.9	11	12	138
<b>Other Eligibles</b>	386	14.7	4,001	0.9	40	1,021	39.0	10,447	0.9	26	2,620	26,183
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	43	30.9	434	1.0	50	63	45.3	665	0.8	21	139	1,361
75-84	157	22.1	1,610	1.0	46	296	41.7	3,068	0.9	28	710	7,151
85 and older	186	10.5	1,957	0.8	33	662	37.4	6,714	0.9	26	1,771	17,671
<b>Male</b>	298	26.8	3,168	1.0	62	437	39.3	4,470	0.8	20	1,111	11,044
<b>Disabled</b>	103	53.6	1,167	1.1	84	58	30.2	670	0.9	19	192	2,113
64 or younger	65	60.7	735	1.2	90	29	27.1	332	0.9	21	107	1,169
65-74	30	46.2	342	1.0	79	22	33.8	254	0.8	18	65	742
75-84	5	38.5	60	0.8	66	6	46.2	72	0.8	13	13	156
85 and older	3	42.9	30	1.0	32	1	14.3	12	1.1	43	7	46
<b>Other Eligibles</b>	195	21.2	2,001	1.0	49	379	41.2	3,800	0.8	20	919	8,931
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	52	48.1	557	1.0	56	53	49.1	549	0.9	22	108	1,090
75-84	88	24.3	925	1.0	48	145	40.1	1,434	0.8	21	362	3,604
85 and older	55	12.2	519	0.9	43	181	40.3	1,817	0.8	19	449	4,237
<b>Unknown</b>	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,418 beneficiaries who were in nursing facilities for part of their enrollment and their 13,221 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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<sup>a,b</sup>  
 SOUTH DAKOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>6,236</b>	<b>44.2 %</b>	<b>3.7</b>	<b>52,296</b>	<b>\$66</b>	<b>\$924,076</b>	<b>\$18</b>	<b>2.3 %</b>	<b>14,103</b>	
<b>Age</b>										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	1	
6-14	5	71.4	4.4	31	147	1,030	33	6.1	7	
15-20	8	21.6	1.4	50	21	782	16	0.9	37	
21-44	835	33.1	2.4	6,112	53	132,418	22	1.7	2,519	
45-64	1,066	42.5	3.7	9,292	69	173,589	19	2.0	2,508	
65-74	944	38.6	3.2	7,792	54	131,910	17	2.2	2,446	
75-84	1,378	48.5	4.2	12,056	74	209,214	17	2.6	2,844	
85 and older	2,000	53.5	4.5	16,963	74	275,133	16	2.9	3,741	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	3,693	50.3	4.3	31,512	72	525,689	17	2.7	7,339	
Disabled	2,498	37.7	3.1	20,532	59	393,783	19	1.9	6,625	
Adults	43	32.3	1.8	241	31	4,179	17	2.2	133	
Children	2	33.3	1.8	11	71	425	39	9.0	6	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Gender</b>										
Female	4,487	49.0	4.3	38,937	75	682,328	18	2.5	9,158	
Male	1,749	35.4	2.7	13,359	49	241,748	18	1.8	4,945	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	5,719	48.1	4.2	49,391	74	879,153	18	2.4	11,885	
African American	16	28.1	1.8	105	23	1,305	12	1.1	57	
Other/unknown	501	23.2	1.3	2,800	20	43,618	16	1.5	2,161	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	2,201	55.4	5.2	20,768	93	369,234	18	2.7	3,970	
Part year	849	59.9	4.6	6,578	70	99,657	15	2.5	1,418	
None	3,186	36.6	2.9	24,950	52	455,185	18	2.0	8,715	
<b>Maintenance Assistance Status</b>										
Cash	2,557	36.2	2.7	19,291	48	341,417	18	1.9	7,064	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	51	25.9	1.1	212	18	3,630	17	1.9	197	
Other/unknown	3,628	53.0	4.8	32,793	85	579,029	18	2.6	6,842	

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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<sup>a,b</sup>  
 SOUTH DAKOTA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$6	\$18	\$0	\$2	148,778
<b>Age</b>						
5 and younger	0.0	0	0	0	0	12
6-14	0.4	13	33	0	0	80
15-20	0.1	2	16	0	0	385
21-44	0.2	5	22	0	2	27,987
45-64	0.3	6	19	0	3	27,845
65-74	0.3	5	17	0	2	26,531
75-84	0.4	7	17	0	2	29,355
85 and older	0.5	8	16	0	1	36,583
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	7	17	0	2	73,251
Disabled	0.3	5	19	0	2	74,358
Adults	0.2	4	17	0	2	1,132
Children	0.3	11	39	0	0	37
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.4	7	18	0	2	96,686
Male	0.3	5	18	0	2	52,092
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.4	7	18	0	2	124,635
African American	0.2	2	12	0	1	616
Other/unknown	0.1	2	16	0	1	23,527
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	9	18	0	2	39,922
Part year	0.5	8	15	0	2	13,221
None	0.3	5	18	0	2	95,635
<b>Maintenance Assistance Status</b>						
Cash	0.2	4	18	0	2	78,815
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	17	0	1	1,955
Other/unknown	0.5	9	18	0	2	68,008

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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<sup>a,b,c</sup>  
 SOUTH DAKOTA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
				Excluded Rx \$	100.0 %			
<b>All</b>	<b>8,322</b>	<b>\$111</b>	<b>\$924,076</b>	<b>100.0 %</b>	<b>100.0 %</b>	<b>52,296</b>	<b>\$18</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	2	150	299	0.0	0.0	3	100	0.0
Fertility drugs	0	0	0	0.0	0.0	0	0	0.0
Drugs for cosmetic purposes	4	33	132	0.0	0.0	12	11	0.0
Cough and cold medications	1,584	85	134,160	14.5	14.5	4,656	29	8.9
Vitamins and minerals	3,015	150	451,004	48.8	48.8	23,583	19	45.1
Non-prescription drugs	579	20	11,601	1.3	1.3	1,235	9	2.4
Barbiturates	168	91	15,227	1.6	1.6	2,052	7	3.9
Benzodiazepines	2,882	101	291,037	31.5	31.5	20,208	14	38.6
Other Part D Excl Rx Drugs	88	234	20,616	2.2	2.2	547	38	1.0

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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<sup>a, b</sup>  
 SOUTH DAKOTA, 2003

Total Number of Dual Eligible Beneficiaries                      14,103  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries        \$40,170,181  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary        \$2,848

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,855	13.2 %	\$0	0.0 %
1-500	2,290	16.2	471,853	1.2
501-1,000	1,338	9.5	998,491	2.5
1,001-1,500	1,132	8.0	1,404,249	3.5
1,501-2,000	987	7.0	1,722,642	4.3
2,001-2,500	890	6.3	1,993,719	5.0
2,501-3,000	792	5.6	2,170,692	5.4
3,001-3,500	674	4.8	2,181,552	5.4
3,501-4,000	587	4.2	2,191,463	5.5
4,001-4,500	516	3.7	2,196,048	5.5
4,501-5,000	451	3.2	2,139,127	5.3
5,001-5,500	354	2.5	1,853,965	4.6
5,501-6,000	347	2.5	1,995,537	5.0
6,001-6,500	267	1.9	1,669,104	4.2
6,501-7,000	235	1.7	1,584,918	3.9
7,001-7,500	186	1.3	1,345,869	3.4
7,501-8,000	170	1.2	1,316,401	3.3
8,001-8,500	139	1.0	1,145,964	2.9
8,501-9,000	107	0.8	935,185	2.3
9,001-9,500	114	0.8	1,053,293	2.6
9,501-10,000	97	0.7	945,507	2.4
10,001+	575	4.1	8,854,602	22.0

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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<sup>a, b</sup>  
 SOUTH DAKOTA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 2,446  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$5,933,527  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,426

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	521	21.3 %	0	0.0 %
1-500	413	16.9	77,131	1.3
501-1,000	225	9.2	168,528	2.8
1,001-1,500	172	7.0	217,695	3.7
1,501-2,000	139	5.7	241,347	4.1
2,001-2,500	133	5.4	299,281	5.0
2,501-3,000	115	4.7	313,796	5.3
3,001-3,500	116	4.7	374,734	6.3
3,501-4,000	79	3.2	292,243	4.9
4,001-4,500	75	3.1	319,925	5.4
4,501-5,000	72	2.9	340,443	5.7
5,001-5,500	52	2.1	272,125	4.6
5,501-6,000	44	1.8	254,704	4.3
6,001-6,500	33	1.3	205,310	3.5
6,501-7,000	30	1.2	203,804	3.4
7,001-7,500	27	1.1	195,441	3.3
7,501-8,000	25	1.0	193,462	3.3
8,001-8,500	30	1.2	247,018	4.2
8,501-9,000	20	0.8	175,491	3.0
9,001-9,500	26	1.1	240,972	4.1
9,501-10,000	15	0.6	146,620	2.5
10,001+	84	3.4	1,153,457	19.4

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.  
 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>14,103</b>	<b>7,339</b>	<b>6,625</b>	<b>133</b>	<b>0</b>	<b>148,778</b>	<b>73,251</b>	<b>74,358</b>	<b>1,132</b>	<b>37</b>	<b>0</b>
<b>Age</b>											
5 and younger	1	0	1	0	0	12	0	12	0	0	0
6-14	7	0	6	0	1	80	0	68	0	12	0
15-20	37	0	34	0	3	385	0	365	0	20	0
21-44	2,519	0	2,432	86	1	27,987	0	27,246	739	2	0
45-64	2,508	2	2,471	35	0	27,845	19	27,541	285	0	0
65-74	2,446	1,151	1,283	11	1	26,531	11,720	14,707	101	3	0
75-84	2,844	2,505	338	1	0	29,355	25,586	3,762	7	0	0
85 and older	3,741	3,681	60	0	0	36,583	35,926	657	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	9,158	5,374	3,692	90	2	96,686	54,220	41,675	784	7	0
Male	4,945	1,965	2,933	43	4	52,092	19,031	32,683	348	30	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	11,885	6,820	4,978	83	4	124,635	67,968	55,942	695	30	0
African American	57	9	48	0	0	616	87	529	0	0	0
Other/unknown	2,161	510	1,599	50	2	23,527	5,196	17,887	437	7	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	3,970	3,539	431	0	0	39,922	35,114	4,808	0	0	0
Part year	1,418	1,193	224	1	0	13,221	10,985	2,231	5	0	0
None	8,715	2,607	5,970	132	6	95,635	27,152	67,319	1,127	37	0
<b>Maintenance Assistance Status</b>											
Cash	7,064	1,993	4,980	91	0	78,815	22,034	55,976	805	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	197	81	98	15	3	1,955	822	1,010	104	19	0
Other/unknown	6,842	5,265	1,547	27	3	68,008	50,395	17,372	223	18	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	13,640	7,051	6,460	124	5	143,954	70,230	72,639	1,051	34	0
Full dual, part year	463	288	165	9	1	4,824	3,021	1,719	81	3	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	14,103	7,339	6,625	133	6	148,778	73,251	74,358	1,132	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 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1				Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months
<b>All</b>	<b>14,103</b>	<b>148,778</b>	<b>14,103</b>	<b>148,778</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	14,103	148,778	14,103	148,778	0	0	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for South Dakota, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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