STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
SOUTH CAROLINA

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
SOUTH CAROLINA, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1,006,290	(A)	191,729	(E)	814,561	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	996,054	(B)	182,856	(F)	813,198	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	959,212	(C)	182,637	(G)	776,575	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	9,983	(D)	9,390	(H)	593	(L)

Source: Data for this table are from the MAX 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for South Carolina in 2004 was $665,474,598, of which $1,970,142 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

SOUTH CAROLINA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**959,212**	**131,986**	**139,328**	**228,061**	**459,662**	**175**	**9,578,391**	**1,452,583**	**1,526,180**	**2,123,961**	**4,474,178**	**1,489**
Age												
5 and younger	184,880	6	5,809	42	179,023	0	1,722,171	62	61,047	169	1,660,893	0
6-14	210,255	1	12,472	13	197,769	0	2,139,207	6	141,337	41	1,997,823	0
15-20	122,273	6	9,198	30,869	82,200	0	1,199,477	58	102,243	285,249	811,927	0
21-44	226,515	136	41,440	184,503	435	1	2,185,918	1,296	456,930	1,724,617	3,066	9
45-64	77,430	560	64,107	12,589	3	171	815,851	5,456	695,389	113,517	33	1,456
65-74	54,445	48,671	5,732	38	1	3	599,088	535,492	63,230	330	12	24
75-84	54,598	54,185	410	3	0	0	608,450	604,079	4,354	17	0	0
85 and older	28,583	28,419	160	4	0	0	307,791	306,120	1,650	21	0	0
Unknown	233	2	0	0	231	0	438	14	0	0	424	0
Gender												
Female	602,329	95,057	71,958	205,977	229,162	175	6,018,032	1,052,429	794,175	1,937,326	2,232,613	1,489
Male	356,765	36,887	67,367	22,075	230,436	0	3,559,221	399,742	731,969	186,539	2,240,971	0
Unknown	118	42	3	9	64	0	1,138	412	36	96	594	0
Race												
White	399,889	55,340	54,028	105,577	184,868	76	3,948,711	589,148	586,845	974,636	1,797,406	676
African American	457,026	38,152	62,770	113,820	242,194	90	4,580,313	419,829	691,568	1,089,923	2,378,260	733
Other/unknown	102,297	38,494	22,530	8,664	32,600	9	1,049,367	443,606	247,767	59,402	298,512	80
Use of Nursing Facilities[c]												
Entire year	9,983	8,711	1,272	0	0	0	107,937	93,683	14,254	0	0	0
Part year	7,104	6,255	847	2	0	0	68,290	59,850	8,426	14	0	0
None	942,125	117,020	137,209	228,059	459,662	175	9,402,164	1,299,050	1,503,500	2,123,947	4,474,178	1,489
Maintenance Assistance Status												
Cash	289,110	26,209	96,095	73,973	92,833	0	2,936,829	298,507	1,067,940	654,901	915,481	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	419,044	28,765	33,728	27,142	329,234	175	4,037,296	317,307	355,362	201,325	3,161,813	1,489
Other/unknown	251,058	77,012	9,505	126,946	37,595	0	2,604,266	836,769	102,878	1,267,735	396,884	0
Dual Medicare Status[d]							0					
Full dual, all year	180,527	120,024	58,961	1,518	8	16	2,001,466	1,328,619	658,191	14,459	66	131
Full dual, part year	2,110	1,389	717	4	0	0	23,345	15,370	7,930	45	0	0
Non-dual, all year	776,575	10,573	79,650	226,539	459,654	159	7,553,580	108,594	860,059	2,109,457	4,474,112	1,358
Managed Care (MC) Status												
Fee-for-service (FFS) all year	919,140	131,976	137,169	221,212	428,610	173	9,365,265	1,452,534	1,512,121	2,085,697	4,313,440	1,473
FFS part year, with Rx claims	20,258	9	1,664	4,637	13,946	2	130,899	45	11,580	29,105	90,153	16
FFS part year, no Rx claims	19,814	1	495	2,212	17,106	0	82,227	4	2,479	9,159	70,585	0

Source: Data for this table are from the MAX 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

SOUTH CAROLINA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**63.0 %**	**11.5**	**$692**	**$60**	**$3,231**	**21.4 %**	**959,212**
Age							
5 and younger	66.6	4.4	183	42	1,846	9.9	184,880
6-14	59.2	4.9	324	67	1,571	20.6	210,255
15-20	57.3	5.1	286	56	2,361	12.1	122,273
21-44	56.9	8.9	624	70	3,190	19.6	226,515
45-64	81.6	33.6	2,334	70	8,804	26.5	77,430
65-74	70.7	29.7	1,632	55	4,220	38.7	54,445
75-84	68.3	28.6	1,467	51	4,952	29.6	54,598
85 and older	65.0	26.0	1,242	48	8,208	15.1	28,583
Unknown	0.4	0.1	4	42	4	100.0	233
Basis of Eligibility[e]							
Aged	67.7	28.0	1,454	52	5,304	27.4	131,986
Disabled	81.3	28.8	2,244	78	9,483	23.7	139,328
Adults	52.4	5.7	255	45	1,628	15.7	228,061
Children	61.4	4.3	218	51	1,533	14.2	459,662
Unknown	85.7	22.9	1,459	64	11,435	12.8	175
Gender							
Female	63.0	12.5	700	56	3,096	22.6	602,329
Male	63.1	9.8	677	69	3,460	19.6	356,765
Unknown	51.7	6.1	271	44	960	28.3	118
Race							
White	66.4	13.4	812	61	3,640	22.3	399,889
African American	61.1	9.4	556	59	2,919	19.0	457,026
Other/unknown	58.3	13.4	828	62	3,030	27.3	102,297
Use of Nursing Facilities[f]							
Entire year	54.3	31.5	1,655	53	33,451	4.9	9,983
Part year	68.2	28.6	1,584	55	19,364	8.2	7,104
None	63.1	11.1	675	61	2,789	24.2	942,125
Maintenance Assistance Status							
Cash	73.5	16.4	1,061	65	4,484	23.7	289,110
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	65.1	9.0	512	57	2,127	24.1	419,044
Other/unknown	47.5	9.8	566	58	3,633	15.6	251,058

Source: Data for this table are from the MAX 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 3 includes beneficiaries represented by Cell C 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

SOUTH CAROLINA, 2004

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.1**	**$69**	**21.4 %**	**37.0 %**	**41.8 %**	**7.1 %**	**10.0 %**	**3.7 %**	**0.4 %**	**$324**	**959,212**	**9,578,391**
Age												
5 and younger	0.5	20	9.9	33.4	60.3	4.6	1.6	0.1	0.0	198	184,880	1,722,171
6-14	0.5	32	20.6	40.8	51.1	5.0	2.9	0.3	0.0	154	210,255	2,139,207
15-20	0.5	29	12.1	42.7	48.5	5.3	3.0	0.4	0.0	241	122,273	1,199,477
21-44	0.9	65	19.6	43.1	38.5	7.8	8.5	1.9	0.2	331	226,515	2,185,918
45-64	3.2	222	26.5	18.4	20.0	12.4	31.4	15.9	1.9	836	77,430	815,851
65-74	2.7	148	38.7	29.3	15.4	11.6	29.2	13.2	1.4	384	54,445	599,088
75-84	2.6	132	29.6	31.7	14.4	11.4	28.5	12.7	1.2	444	54,598	608,450
85 and older	2.4	115	15.1	35.0	14.5	10.9	26.9	11.6	1.2	762	28,583	307,791
Unknown	0.1	2	100.0	99.6	0.0	0.0	0.4	0.0	0.0	2	233	438
Basis of Eligibility[e]												
Aged	2.5	132	27.4	32.3	14.8	11.3	28.1	12.3	1.3	482	131,986	1,452,583
Disabled	2.6	205	23.7	18.7	27.9	12.6	27.1	12.3	1.4	866	139,328	1,526,180
Adults	0.6	27	15.7	47.6	40.1	6.6	5.2	0.6	0.0	175	228,061	2,123,961
Children	0.4	22	14.2	38.6	54.7	4.6	2.0	0.1	0.0	158	459,662	4,474,178
Unknown	2.7	172	12.8	14.3	20.0	25.1	35.4	5.1	0.0	1,344	175	1,489
Gender												
Female	1.2	70	22.6	37.0	40.1	7.2	10.9	4.3	0.5	310	602,329	6,018,032
Male	1.0	68	19.6	36.9	44.7	7.0	8.4	2.7	0.3	347	356,765	3,559,221
Unknown	0.6	28	28.3	48.3	36.4	2.5	11.0	0.8	0.8	100	118	1,138
Race												
White	1.4	82	22.3	33.6	41.6	8.1	11.4	4.6	0.6	369	399,889	3,948,711
African American	0.9	56	19.0	38.9	44.2	6.0	7.9	2.8	0.2	291	457,026	4,580,313
Other/unknown	1.3	81	27.3	41.7	32.0	8.2	13.5	4.2	0.4	295	102,297	1,049,367
Use of Nursing Facilities[f]												
Entire year	2.9	153	4.9	45.7	9.9	5.1	16.1	17.2	6.0	3,094	9,983	107,937
Part year	3.0	165	8.2	31.8	16.3	9.7	23.4	15.9	2.9	2,014	7,104	68,290
None	1.1	68	24.2	36.9	42.4	7.1	9.8	3.5	0.3	280	942,125	9,402,164
Maintenance Assistance Status												
Cash	1.6	105	23.7	26.5	41.7	9.9	15.5	5.8	0.6	441	289,110	2,936,829
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	53	24.1	34.9	49.4	5.9	7.0	2.6	0.2	221	419,044	4,037,296
Other/unknown	0.9	55	15.6	52.5	29.4	6.1	8.5	3.1	0.5	350	251,058	2,604,266

Source: Data for this table are from the MAX 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 4 includes the beneficiaries represented by Cell C 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

SOUTH CAROLINA, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.1**	**$69**	**$60**	**0.5**	**$55**	**$109**	**0.1**	**$4**	**$64**	**0.6**	**$11**	**$18**
Age												
5 and younger	0.5	20	42	0.2	14	76	0.1	2	39	0.2	4	17
6-14	0.5	32	67	0.3	27	101	0.0	1	53	0.2	4	20
15-20	0.5	29	56	0.2	23	100	0.0	1	54	0.3	5	18
21-44	0.9	65	70	0.4	51	141	0.1	4	85	0.5	10	19
45-64	3.2	222	70	1.3	172	132	0.2	15	92	1.7	34	20
65-74	2.7	148	55	1.2	119	96	0.1	7	55	1.3	22	17
75-84	2.6	132	51	1.2	106	88	0.1	6	45	1.2	20	16
85 and older	2.4	115	48	1.0	91	87	0.1	5	39	1.2	19	16
Unknown	0.1	2	42	0.0	2	85	0.0	0	0	0.0	1	21
Basis of Eligibility[d]												
Aged	2.5	132	52	1.2	106	91	0.1	6	48	1.2	20	16
Disabled	2.6	205	78	1.1	163	146	0.1	13	93	1.4	29	21
Adults	0.6	27	45	0.2	20	88	0.0	2	59	0.3	6	16
Children	0.4	22	51	0.2	17	85	0.0	1	42	0.2	4	18
Unknown	2.7	172	64	1.0	134	138	0.1	7	57	1.6	30	19
Gender												
Female	1.2	70	56	0.5	55	102	0.1	4	59	0.6	11	17
Male	1.0	68	69	0.4	54	123	0.1	4	74	0.5	10	20
Unknown	0.6	28	44	0.3	22	77	0.0	1	31	0.3	5	16
Race												
White	1.4	82	61	0.6	64	109	0.1	6	70	0.7	13	19
African American	0.9	56	59	0.4	44	111	0.1	3	57	0.5	8	17
Other/unknown	1.3	81	62	0.6	66	103	0.1	4	57	0.6	11	18
Use of Nursing Facilities[e]												
Entire year	2.9	153	53	1.1	115	104	0.2	9	47	1.6	28	18
Part year	3.0	165	55	1.2	127	109	0.2	9	51	1.6	29	18
None	1.1	68	61	0.5	53	109	0.1	4	64	0.6	10	18
Maintenance Assistance Status												
Cash	1.6	105	65	0.7	83	123	0.1	6	73	0.9	16	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.9	53	57	0.4	41	103	0.1	3	59	0.5	9	18
Other/unknown	0.9	55	58	0.5	44	95	0.1	3	53	0.4	8	18

Source: Data for this table are from the MAX 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.4 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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

SOUTH CAROLINA, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	$16	$13	$1	$2	$71	$141	$79	$19	895,402	$63,246,776	352,445	36.7 %	3,880,184
Biologicals	0.2	0.1	0.0	0.1	267	4	8	254	1441	49	3,647	2,392	807	1,162,573	369	0.0	4,361
Antineoplastic Agents	0.4	0.1	0.0	0.3	100	82	1	18	229	607	142	60	35,580	8,142,558	7,270	0.8	81,062
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	29	23	2	5	51	87	28	19	1,174,707	59,606,878	184,171	19.2	2,050,838
Cardiovascular Agents	1.4	0.6	0.0	0.7	55	45	1	9	40	70	33	13	2,540,853	101,883,362	163,519	17.0	1,845,847
Respiratory Agents	0.4	0.2	0.0	0.1	21	17	1	3	54	80	33	18	1,271,466	68,299,877	297,018	31.0	3,275,555
Gastrointestinal Agents	0.4	0.1	0.0	0.2	25	20	1	4	61	141	57	16	524,976	31,943,192	114,744	12.0	1,281,540
Genitourinary Agents	0.3	0.2	0.0	0.1	17	13	1	2	60	76	52	28	161,263	9,710,940	52,053	5.4	577,045
CNS Drugs	0.8	0.4	0.0	0.4	67	57	2	8	87	162	90	20	1,307,788	113,774,543	151,319	15.8	1,687,072
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	54	50	0	4	90	100	64	39	241,887	21,769,821	36,332	3.8	405,060
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	110	109	0	1	184	194	104	29	66,569	12,258,968	9,886	1.0	111,771
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	24	17	2	6	57	153	282	19	1,078,934	61,323,720	233,110	24.3	2,584,119
Neuromuscular Agents	0.6	0.2	0.1	0.3	49	29	13	7	82	152	125	24	558,482	45,713,005	83,071	8.7	934,083
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	13	19	12	12	264,164	3,314,334	66,121	6.9	721,351
Hematological Agents	0.6	0.3	0.1	0.2	56	50	3	3	102	193	48	14	265,076	27,041,131	42,598	4.4	480,356
Topical Products	0.2	0.1	0.0	0.1	12	8	1	3	50	78	51	23	539,969	27,010,781	210,079	21.9	2,323,002
Miscellaneous Products	0.6	0.3	0.1	0.2	171	124	25	21	295	477	249	98	21,273	6,275,133	3,251	0.3	36,740
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	26	0	0	0	39,055	1,026,864	14,452	1.5	164,569
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.	10,988,251	663,504,456	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.

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.medispan.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 Carolina, 0.4 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.medispan.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 2004.

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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

SOUTH CAROLINA, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$67,606,202	46,321	4.8 %	526,987	0.6	$217	$128
ANTIHYPERLIPIDEMIC	39,551,427	68,828	7.2	792,970	0.6	90	50
ANTICONVULSANT	39,301,435	57,665	6.0	654,173	0.6	102	60
ANTIASTHMATIC	37,885,852	166,977	17.4	1,862,440	0.3	73	20
ANTIDIABETIC	37,092,594	84,624	8.8	962,912	0.6	65	39
ANTIDEPRESSANTS	36,488,958	116,065	12.1	1,295,674	0.5	62	28
ANALGESICS - Narcotic	32,028,684	240,281	25.0	2,675,886	0.2	50	12
ANTIHYPERTENSIVE	30,078,312	130,189	13.6	1,488,468	0.6	37	20
ANTIVIRAL	28,393,933	16,947	1.8	187,944	0.4	411	151
ULCER DRUGS	21,869,659	101,342	10.6	1,137,110	0.3	58	19
Total	370,297,056	1,029,239		11,584,564	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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.