

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	182,637	121,413	59,678	1,522	8	16	2,024,811	1,343,989	666,121	14,504	66	131
Age												
5 and younger	11	1	10	0	0	0	97	12	85	0	0	0
6-14	20	0	18	0	2	0	233	0	212	0	21	0
15-20	212	0	204	4	4	0	2,392	0	2,307	46	39	0
21-44	20,677	79	19,555	1,041	2	0	229,757	837	218,818	10,096	6	0
45-64	34,793	322	34,015	443	0	13	387,029	3,360	379,495	4,067	0	107
65-74	51,426	46,042	5,348	33	0	3	568,033	508,169	59,546	294	0	24
75-84	50,338	49,959	378	1	0	0	563,980	559,903	4,076	1	0	0
85 and older	25,159	25,009	150	0	0	0	273,283	271,701	1,582	0	0	0
Unknown	1	1	0	0	0	0		7	0	0	0	0
Gender												
Female	122,279	88,696	32,509	1,055	3	16	1,362,476	987,586	364,473	10,259	27	131
Male	60,356	32,715	27,169	467	5	0	662,326	356,394	301,648	4,245	39	0
Unknown	2	2	0	0	0	0		9	0	0	0	0
Race												
White	80,350	52,051	27,468	818	2	11	871,850	558,876	305,057	7,795	15	107
African American	64,163	36,177	27,319	657	6	4	715,149	401,993	306,788	6,298	51	19
Other/unknown	38,124	33,185	4,891	47	0	1	437,812	383,120	54,276	411	0	5
Use of Nursing Facilities^c												
Entire year	9,390	8,512	878	0	0	0	101,559	91,627	9,932	0	0	0
Part year	6,704	6,126	577	1	0	0	64,307	58,601	5,696	10	0	0
None	166,543	106,775	58,223	1,521	8	16	1,858,945	1,193,761	650,493	14,494	66	131
Maintenance Assistance Status												
Cash	53,599	25,335	27,375	889	0	0	607,135	289,426	309,516	8,193	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	53,819	26,888	26,844	68	3	16	597,208	300,729	295,755	560	33	131
Other/unknown	75,219	69,190	5,459	565	5	0	820,468	753,834	60,850	5,751	33	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	182,388	121,404	59,477	1,483	8	16	2,023,345	1,343,946	664,868	14,334	66	131
FFS part year, with Rx claims	221	8	184	29	0	0	1,392	39	1,200	153	0	0
FFS part year, no Rx claims	28	1	17	10	0	0	74	4	53	17	0	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 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 2004. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	77.2 %	32.4	\$2,001	\$62	\$6,738	29.7 %	182,637
Age							
5 and younger	63.6	29.7	4,321	145	21,965	19.7	11
6-14	90.0	47.6	4,741	100	20,197	23.5	20
15-20	84.0	25.4	2,598	102	12,210	21.3	212
21-44	84.3	28.4	2,815	99	9,337	30.1	20,677
45-64	89.7	42.3	3,058	72	9,306	32.9	34,793
65-74	72.9	30.7	1,687	55	4,218	40.0	51,426
75-84	72.4	30.4	1,562	51	5,224	29.9	50,338
85 and older	72.3	29.0	1,385	48	9,166	15.1	25,159
Unknown	100.0	24.0	1,016	42	1,016	100.0	1
Basis of Eligibility^e							
Aged	71.8	29.8	1,546	52	5,558	27.8	121,413
Disabled	88.2	37.9	2,934	77	9,191	31.9	59,678
Adults	75.2	22.7	1,772	78	4,627	38.3	1,522
Children	37.5	4.8	829	175	4,359	19.0	8
Unknown	93.8	28.0	2,285	82	7,976	28.6	16
Gender							
Female	79.5	35.1	2,033	58	6,539	31.1	122,279
Male	72.4	26.9	1,936	72	7,142	27.1	60,356
Unknown	100.0	8.5	367	43	402	91.4	2
Race							
White	77.1	35.5	2,259	64	8,272	27.3	80,350
African American	84.5	33.8	2,071	61	7,271	28.5	64,163
Other/unknown	65.1	23.4	1,341	57	2,606	51.5	38,124
Use of Nursing Facilities^f							
Entire year	54.3	31.4	1,640	52	32,756	5.0	9,390
Part year	67.6	28.4	1,558	55	17,564	8.9	6,704
None	78.9	32.6	2,039	63	4,835	42.2	166,543
Maintenance Assistance Status							
Cash	89.1	38.4	2,388	62	6,533	36.5	53,599
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	90.0	39.6	2,471	63	4,913	50.3	53,819
Other/unknown	59.5	22.9	1,390	61	8,189	17.0	75,219

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 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	2.9	\$181	29.7 %	22.8 %	17.2 %	12.4 %	31.4 %	14.6 %	1.6 %	\$608	182,637	2,024,811
Age												
5 and younger	3.4	490	19.7	36.4	18.2	18.2	9.1	18.2	0.0	2,491	11	97
6-14	4.1	407	23.5	10.0	10.0	10.0	35.0	35.0	0.0	1,734	20	233
15-20	2.2	230	21.3	16.0	36.3	13.2	24.5	9.4	0.5	1,082	212	2,392
21-44	2.6	253	30.1	15.7	28.6	14.4	29.4	10.7	1.2	840	20,677	229,757
45-64	3.8	275	32.9	10.3	16.1	12.5	37.1	21.3	2.8	837	34,793	387,029
65-74	2.8	153	40.0	27.1	15.8	11.9	30.1	13.6	1.5	382	51,426	568,033
75-84	2.7	139	29.9	27.6	15.2	12.1	30.3	13.6	1.3	466	50,338	563,980
85 and older	2.7	128	15.1	27.7	16.1	12.0	30.0	12.9	1.3	844	25,159	273,283
Unknown	3.4	145	100.0	0.0	0.0	0.0	100.0	0.0	0.0	145	1	7
Basis of Eligibility^e												
Aged	2.7	140	27.8	28.2	15.6	12.0	29.8	13.1	1.3	502	121,413	1,343,989
Disabled	3.4	263	31.9	11.8	20.3	13.1	34.6	17.8	2.2	823	59,678	666,121
Adults	2.4	186	38.3	24.8	22.0	12.8	29.9	9.9	0.6	486	1,522	14,504
Children	0.6	101	19.0	62.5	25.0	12.5	0.0	0.0	0.0	528	8	66
Unknown	3.4	279	28.6	6.3	12.5	18.8	50.0	12.5	0.0	974	16	131
Gender												
Female	3.1	183	31.1	20.5	15.3	12.4	33.8	16.3	1.8	587	122,279	1,362,476
Male	2.4	176	27.1	27.6	21.0	12.4	26.6	11.2	1.4	651	60,356	662,326
Unknown	1.9	82	91.4	0.0	50.0	0.0	50.0	0.0	0.0	89	2	9
Race												
White	3.3	208	27.3	22.9	14.8	11.0	31.2	17.4	2.6	762	80,350	871,850
African American	3.0	186	28.5	15.5	19.9	13.8	34.9	14.9	1.1	652	64,163	715,149
Other/unknown	2.0	117	51.5	34.9	17.6	12.8	25.9	8.2	0.6	227	38,124	437,812
use of nursing Facilities^f												
Entire year	2.9	152	5.0	45.7	10.0	5.1	16.0	17.1	6.0	3,029	9,390	101,559
Part year	3.0	163	8.9	32.4	16.2	9.6	23.1	15.8	2.9	1,831	6,704	64,307
None	2.9	183	42.2	21.1	17.6	12.9	32.6	14.4	1.3	433	166,543	1,858,945
Maintenance Assistance Status												
Cash	3.4	211	36.5	10.9	19.0	13.3	36.9	18.1	1.8	577	53,599	607,135
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	3.6	223	50.3	10.0	17.3	13.3	39.2	18.6	1.7	443	53,819	597,208
Other/unknown	2.1	127	17.0	40.5	15.8	11.1	21.8	9.3	1.5	751	75,219	820,468

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 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
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	2.9	\$181	\$62	1.3	\$143	\$111	0.2	\$10	\$68	1.5	\$27	\$18
Age												
5 and younger	3.4	490	145	1.4	412	290	0.4	31	84	1.6	47	30
6-14	4.1	407	100	1.6	342	208	0.2	30	156	2.2	35	16
15-20	2.2	230	102	1.1	202	186	0.1	8	62	1.0	21	20
21-44	2.6	253	99	1.1	204	190	0.1	18	121	1.3	31	23
45-64	3.8	275	72	1.6	213	135	0.2	19	94	2.0	43	21
65-74	2.8	153	55	1.3	122	96	0.1	8	55	1.4	23	17
75-84	2.7	139	51	1.3	112	88	0.1	6	45	1.3	21	16
85 and older	2.7	128	48	1.2	100	87	0.1	6	39	1.4	21	16
Unknown	3.4	145	42	1.1	97	85	0.0	0	0	2.3	49	21
Basis of Eligibility^d												
Aged	2.7	140	52	1.2	112	91	0.1	7	48	1.3	21	16
Disabled	3.4	263	77	1.4	207	146	0.2	18	97	1.8	38	21
Adults	2.4	186	78	0.9	136	144	0.1	20	151	1.3	30	23
Children	0.6	101	175	0.3	81	281	0.0	0	0	0.3	20	68
Unknown	3.4	279	82	1.5	233	156	0.2	5	26	1.7	41	24
Gender												
Female	3.1	183	58	1.4	145	103	0.2	10	61	1.6	27	18
Male	2.4	176	72	1.1	140	133	0.1	11	87	1.3	25	20
Unknown	1.9	82	43	0.7	35	53	0.2	20	90	1.0	26	26
Race												
White	3.3	208	64	1.4	162	115	0.2	14	76	1.7	32	20
African American	3.0	186	61	1.3	150	115	0.1	9	61	1.6	27	17
Other/unknown	2.0	117	57	1.0	96	92	0.1	6	53	0.9	15	17
Use of Nursing Facilities^e												
Entire year	2.9	152	52	1.1	114	104	0.2	9	47	1.6	28	18
Part year	3.0	163	55	1.2	125	108	0.2	9	50	1.6	28	18
None	2.9	183	63	1.3	145	111	0.2	11	70	1.5	27	18
Maintenance Assistance Status												
Cash	3.4	211	62	1.4	168	118	0.2	11	69	1.8	31	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.6	223	63	1.5	174	116	0.2	14	77	1.9	34	18
Other/unknown	2.1	127	61	1.0	103	99	0.1	7	56	0.9	18	19

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.4 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.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$31	\$26	\$2	\$3	\$114	\$209	\$133	\$23	220,451	\$25,063,252	70,174	38.4 %	810,539
Biologicals	0.2	0.1	0.0	0.1	251	1	9	241	1619	11	4,298	3,224	508	822,638	277	0.2	3,276
Antineoplastic Agents	0.5	0.1	0.0	0.3	93	73	1	19	206	535	123	62	26,008	5,368,450	5,131	2.8	57,794
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.4	43	34	2	6	51	90	24	17	652,972	33,252,646	67,543	37.0	779,138
Cardiovascular Agents	1.6	0.7	0.0	0.8	65	52	2	11	41	70	33	13	1,983,287	80,665,200	108,767	59.6	1,249,944
Respiratory Agents	0.5	0.3	0.0	0.2	30	27	0	3	60	82	30	17	329,133	19,816,002	56,612	31.0	654,650
Gastrointestinal Agents	0.5	0.2	0.0	0.3	32	26	1	5	61	147	47	15	320,742	19,511,696	53,155	29.1	613,869
Genitourinary Agents	0.4	0.3	0.0	0.1	29	25	2	3	69	79	71	33	96,268	6,642,516	19,541	10.7	226,634
CNS Drugs	1.0	0.4	0.0	0.5	81	67	3	10	85	161	89	21	753,505	63,874,906	69,322	38.0	792,689
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	64	56	0	8	138	189	73	48	7,135	988,175	1,343	0.7	15,536
Miscellaneous Psychological/																	
Neurological Agents	0.6	0.6	0.0	0.0	106	105	0	1	171	178	89	29	60,435	10,312,058	8,546	4.7	96,968
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	43	32	3	9	71	149	293	23	571,366	40,366,379	81,143	44.4	934,638
Neuromuscular Agents	0.7	0.2	0.1	0.4	55	27	17	10	79	152	123	26	307,156	24,322,064	38,755	21.2	446,062
Nutritional Products	0.5	0.0	0.0	0.5	7	0	0	6	13	50	21	12	157,545	2,057,647	27,121	14.8	312,020
Hematological Agents	0.6	0.3	0.1	0.3	56	49	3	3	90	162	49	13	214,452	19,217,549	29,831	16.3	341,862
Topical Products	0.3	0.2	0.0	0.1	18	14	1	3	54	74	56	24	172,567	9,340,587	45,736	25.0	532,736
Miscellaneous Products	0.6	0.3	0.1	0.2	144	118	11	15	259	447	143	70	12,707	3,293,510	2,002	1.1	22,803
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	24	0	0	0	24,474	576,527	6,723	3.7	77,759
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.	5,910,711	365,491,802	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 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.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$37,854,350	24,571	13.5 %	281,084	0.6	\$211	\$135
ANTIHYPERTENSIVE	31,760,530	53,178	29.1	618,954	0.6	89	51
ANTIDIABETIC	26,421,398	59,147	32.4	683,239	0.6	63	39
ANTIEPILEPTIC	22,999,347	91,487	50.1	1,060,573	0.6	38	22
ANTICONVULSANT	20,343,865	29,887	16.4	343,902	0.6	95	59
ANALGESICS - Narcotic	20,127,253	85,059	46.6	980,417	0.3	63	21
ANTIDEPRESSANTS	19,837,267	53,517	29.3	613,151	0.5	61	32
ANALGESICS - ANTI-INFLAMMATORY	16,705,028	46,103	25.2	539,032	0.3	89	31
ANTIVIRAL	14,630,152	5,945	3.3	68,408	0.5	458	214
CALCIUM BLOCKERS	13,763,328	38,905	21.3	449,627	0.7	47	31
Total	224,442,518	487,799		5,638,387	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 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 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.medispn.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC				
	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
All	2,939,144	\$224,442,518	24,571	13.5 %	281,084	0.6	\$135	53,178	29.1 %	618,954	0.6	\$51
Female	2,104,040	148,533,052	15,170	12.4	173,135	0.6	117	38,239	31.3	446,090	0.6	51
Disabled	710,497	63,925,242	7,640	23.5	88,385	0.6	147	10,586	32.6	122,809	0.6	51
5 and younger	21	673	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	89	6,111	0	0.0	0	0.0	0	1	14.3	12	0.9	34
15-20	984	102,922	18	20.2	214	0.5	109	3	3.4	29	0.2	16
21-44	147,858	17,158,351	2,899	31.9	33,503	0.6	150	1,158	12.7	13,472	0.5	41
45-64	475,285	40,892,592	4,317	22.1	49,995	0.6	147	7,713	39.4	89,453	0.6	52
65-74	79,472	5,363,201	357	10.7	4,132	0.7	130	1,589	47.4	18,444	0.6	55
75-84	4,684	285,561	30	11.1	343	0.5	56	92	34.1	1,050	0.6	60
85 and older	2,104	115,831	19	14.8	198	0.5	78	30	23.4	349	0.7	57
Other Eligibles	1,393,543	84,607,810	7,530	8.4	84,750	0.6	85	27,653	30.8	323,281	0.6	51
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	51	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	28	1,224	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7,712	792,066	121	14.7	1,327	0.4	116	45	5.5	487	0.3	29
45-64	7,744	663,932	66	15.0	732	0.5	106	128	29.1	1,363	0.4	45
65-74	524,813	33,344,551	1,960	6.3	22,618	0.6	98	11,974	38.5	139,830	0.6	50
75-84	592,116	35,181,339	3,058	8.3	34,615	0.6	84	12,141	32.9	142,513	0.6	52
85 and older	261,127	14,624,647	2,325	11.3	25,458	0.5	73	3,365	16.4	39,088	0.6	51
Male	835,094	75,909,037	9,401	15.6	107,949	0.7	164	14,938	24.8	172,859	0.6	52
Disabled	478,214	53,877,676	7,079	26.1	82,419	0.8	185	6,664	24.5	77,226	0.6	55
5 and younger	33	3,315	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	165	10,283	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,166	146,599	32	27.8	380	0.7	212	4	3.5	47	0.7	59
21-44	153,131	21,703,511	3,526	33.7	41,047	0.7	180	1,385	13.2	16,178	0.6	49
45-64	287,504	29,560,726	3,345	23.1	38,954	0.8	192	4,555	31.5	52,699	0.6	56
65-74	34,224	2,328,070	163	8.2	1,894	0.7	142	683	34.2	7,879	0.6	59
75-84	1,700	108,719	10	9.3	108	0.8	114	32	29.6	364	0.7	63
85 and older	291	16,453	3	13.6	36	0.8	73	5	22.7	59	0.6	39
Other Eligibles	356,874	22,031,198	2,321	7.0	25,523	0.6	95	8,274	24.9	95,633	0.6	49
5 and younger	11	155	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4,868	548,262	60	20.1	640	0.5	142	56	18.8	607	0.5	45
45-64	5,580	570,142	40	11.8	440	0.7	215	99	29.3	1,022	0.5	50
65-74	178,738	11,412,151	928	6.2	10,529	0.6	113	4,435	29.6	51,223	0.6	51
75-84	131,002	7,554,447	871	6.6	9,535	0.5	80	3,083	23.5	35,904	0.6	48
85 and older	36,675	1,946,041	422	9.5	4,379	0.5	65	601	13.5	6,877	0.6	47
Unknown	16	592	1	33.3	7	0.1	1	1	33.3	5	0.4	24

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 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 2004. 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 2004. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTICONVULSANT				
	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
All	59,147	32.4 %	683,239	0.6	\$39	91,487	50.1 %	1,060,573	0.6	\$22	29,887	16.4 %	343,902	0.6	\$59
Female	43,470	35.5	503,767	0.6	38	66,547	54.4	773,754	0.6	23	19,527	16.0	224,910	0.6	56
Disabled	13,805	42.5	159,740	0.6	44	17,234	53.0	199,528	0.6	22	9,963	30.6	115,006	0.6	71
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.5	2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	28.6	24	0.7	6	1	14.3	12	0.3	4
15-20	6	6.7	69	0.8	19	27	30.3	314	0.4	9	32	36.0	378	0.8	115
21-44	1,796	19.7	20,782	0.5	43	2,301	25.3	26,652	0.5	18	3,398	37.3	39,253	0.7	82
45-64	9,831	50.3	113,818	0.6	45	12,024	61.5	139,309	0.6	22	5,959	30.5	68,743	0.6	67
65-74	2,031	60.6	23,479	0.6	42	2,600	77.6	30,061	0.6	25	532	15.9	6,145	0.6	45
75-84	112	41.5	1,275	0.6	32	188	69.6	2,136	0.6	26	29	10.7	339	0.6	48
85 and older	29	22.7	317	0.7	40	91	71.1	1,020	0.6	19	12	9.4	136	0.6	37
Other Eligibles	29,665	33.0	344,027	0.6	36	49,313	54.9	574,226	0.6	23	9,564	10.7	109,904	0.5	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	12	0.3	4	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	40.0	24	0.3	15	1	20.0	12	0.1	8
21-44	97	11.8	1,040	0.4	34	142	17.2	1,534	0.3	16	208	25.2	2,203	0.5	71
45-64	199	45.2	2,009	0.6	42	241	54.8	2,530	0.5	21	116	26.4	1,276	0.5	56
65-74	13,024	41.9	151,779	0.6	39	18,337	59.0	214,146	0.6	23	3,583	11.5	41,382	0.5	43
75-84	12,226	33.2	142,445	0.6	34	21,075	57.2	246,909	0.6	23	3,905	10.6	45,256	0.5	38
85 and older	4,119	20.0	46,754	0.6	29	9,515	46.3	109,071	0.6	22	1,751	8.5	19,775	0.5	32
Male	15,675	26.0	179,464	0.6	40	24,938	41.3	286,810	0.6	19	10,360	17.2	118,992	0.7	66
Disabled	7,171	26.4	82,362	0.6	45	11,289	41.6	129,735	0.6	21	7,458	27.5	86,348	0.7	76
5 and younger	0	0.0	0	0.0	0	1	14.3	12	0.4	8	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	14	127.3	160	0.4	8	1	9.1	12	0.9	71
15-20	5	4.3	60	0.7	29	33	28.7	383	0.6	13	31	27.0	372	0.7	80
21-44	1,375	13.2	15,900	0.6	43	2,525	24.2	29,017	0.5	19	3,121	29.9	36,361	0.7	86
45-64	4,999	34.6	57,276	0.6	45	7,461	51.6	85,669	0.6	21	3,989	27.6	45,995	0.7	70
65-74	756	37.9	8,704	0.7	45	1,166	58.4	13,458	0.6	21	306	15.3	3,504	0.7	43
75-84	34	31.5	398	0.7	41	80	74.1	928	0.5	21	9	8.3	92	0.7	41
85 and older	2	9.1	24	1.0	80	9	40.9	108	0.6	18	1	4.5	12	0.5	28
Other Eligibles	8,504	25.6	97,102	0.6	35	13,649	41.1	157,075	0.6	18	2,902	8.7	32,644	0.6	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
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	75	25.2	817	0.5	46	105	35.2	1,107	0.5	23	100	33.6	1,072	0.5	61
45-64	95	28.1	1,004	0.6	41	172	50.9	1,821	0.6	22	87	25.7	922	0.6	63
65-74	4,533	30.3	51,841	0.6	38	6,680	44.6	76,939	0.6	19	1,387	9.3	15,813	0.6	41
75-84	3,084	23.5	35,347	0.6	33	5,176	39.5	60,006	0.6	18	991	7.6	11,230	0.6	35
85 and older	717	16.1	8,093	0.6	29	1,516	34.0	17,202	0.6	17	337	7.6	3,607	0.5	30
Unknown	2	66.7	8	0.3	16	2	66.7	9	0.4	7	0	0.0	0	0.0	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 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 2004. 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 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); 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					ANALGESICS - ANTI-INFLAMMATORY				
	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
All	85,059	46.6 %	980,417	0.3	\$21	53,517	29.3 %	613,151	0.5	\$32	46,103	25.2 %	539,032	0.3	\$31
Female	60,560	49.5	700,533	0.3	18	40,200	32.9	461,687	0.5	32	34,994	28.6	409,778	0.4	33
Disabled	25,939	79.8	299,796	0.3	24	18,430	56.7	211,958	0.5	36	11,072	34.1	129,195	0.3	28
5 and younger	1	33.3	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	57.1	48	0.1	1	1	14.3	12	1.0	31	0	0.0	0	0.0	0
15-20	50	56.2	582	0.3	6	27	30.3	310	0.4	31	14	15.7	168	0.1	1
21-44	7,157	78.6	82,801	0.3	26	5,342	58.7	61,666	0.5	36	2,624	28.8	30,703	0.2	22
45-64	16,355	83.6	188,946	0.3	26	11,764	60.1	135,050	0.5	36	6,926	35.4	80,793	0.3	29
65-74	2,182	65.1	25,268	0.3	13	1,206	36.0	13,920	0.5	30	1,397	41.7	16,298	0.3	34
75-84	131	48.5	1,484	0.2	10	61	22.6	715	0.5	28	73	27.0	836	0.4	31
85 and older	59	46.1	655	0.3	7	29	22.7	285	0.5	19	38	29.7	397	0.5	38
Other Eligibles	34,621	38.6	400,737	0.3	13	21,770	24.3	249,729	0.5	30	23,922	26.6	280,583	0.4	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	60.0	36	0.3	1	3	60.0	36	0.3	17	1	20.0	12	0.1	1
21-44	626	76.0	6,737	0.3	22	404	49.0	4,359	0.4	35	198	24.0	2,167	0.2	9
45-64	343	78.0	3,714	0.4	27	244	55.5	2,657	0.5	38	129	29.3	1,434	0.3	37
65-74	12,767	41.1	148,825	0.3	14	7,764	25.0	89,955	0.5	29	9,079	29.2	106,710	0.4	35
75-84	13,985	37.9	163,163	0.3	12	8,659	23.5	100,003	0.6	30	10,145	27.5	119,475	0.4	35
85 and older	6,897	33.6	78,262	0.3	13	4,696	22.9	52,719	0.6	30	4,370	21.3	50,785	0.4	38
Male	24,499	40.6	279,884	0.3	27	13,317	22.1	151,464	0.5	32	11,109	18.4	129,254	0.3	25
Disabled	15,351	56.5	176,341	0.4	34	8,740	32.2	100,386	0.5	35	5,807	21.4	67,633	0.3	19
5 and younger	2	28.6	14	0.4	46	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	45.5	56	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	32	27.8	382	0.2	2	20	17.4	235	0.4	25	9	7.8	97	0.1	1
21-44	5,567	53.2	64,287	0.4	36	3,655	35.0	42,272	0.5	35	1,856	17.8	21,639	0.2	16
45-64	8,685	60.1	99,490	0.4	35	4,664	32.3	53,356	0.5	35	3,366	23.3	39,192	0.3	20
65-74	1,006	50.4	11,496	0.3	18	385	19.3	4,362	0.5	29	550	27.5	6,401	0.3	25
75-84	48	44.4	545	0.3	7	16	14.8	161	0.5	30	20	18.5	232	0.4	20
85 and older	6	27.3	71	0.5	12	0	0.0	0	0.0	0	6	27.3	72	0.7	61
Other Eligibles	9,146	27.6	103,529	0.3	15	4,577	13.8	51,078	0.5	28	5,302	16.0	61,621	0.4	31
5 and younger	1	100.0	12	0.9	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	305	102.3	3,138	0.5	44	181	60.7	1,868	0.4	28	91	30.5	976	0.2	21
45-64	249	73.7	2,493	0.4	47	128	37.9	1,288	0.5	36	59	17.5	608	0.3	13
65-74	4,517	30.2	51,715	0.3	15	1,983	13.2	22,523	0.5	28	2,548	17.0	29,693	0.4	31
75-84	3,047	23.3	34,848	0.3	13	1,673	12.8	18,762	0.5	28	2,000	15.3	23,417	0.4	32
85 and older	1,027	23.0	11,323	0.3	8	612	13.7	6,637	0.5	27	604	13.5	6,927	0.4	31
Unknown	2	66.7	14	0.4	11	0	0.0	0	0.0	0	0	0.0	0	0.0	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 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 2004. 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 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); 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANTIVIRAL					CALCIUM BLOCKERS					Number of Beneficiaries	Number of Benefit Months
	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		
All	5,945	3.3 %	68,408	0.5	\$214	38,905	21.3 %	449,627	0.7	\$31	182,637	2,024,811
Female	2,903	2.4	33,565	0.3	139	29,401	24.0	340,749	0.7	31	122,279	1,362,476
Disabled	1,810	5.6	20,858	0.4	198	6,318	19.4	72,827	0.6	33	32,509	364,473
5 and younger	1	33.3	12	0.3	14	2	66.7	19	0.5	25	3	27
6-14	1	14.3	12	0.3	282	4	57.1	48	0.8	36	7	84
15-20	9	10.1	104	0.3	151	12	13.5	137	0.4	21	89	997
21-44	752	8.3	8,738	0.4	197	746	8.2	8,541	0.5	27	9,100	102,179
45-64	967	4.9	11,039	0.5	208	4,410	22.5	50,935	0.7	33	19,561	219,433
65-74	77	2.3	917	0.3	106	1,002	29.9	11,543	0.7	35	3,351	37,486
75-84	2	0.7	24	0.1	17	85	31.5	964	0.6	32	270	2,938
85 and older	1	0.8	12	0.1	3	57	44.5	640	0.6	28	128	1,329
Other Eligibles	1,093	1.2	12,707	0.2	42	23,083	25.7	267,922	0.7	30	89,770	998,003
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	1	12
15-20	0	0.0	0	0.0	0	1	20.0	12	0.2	11	5	58
21-44	47	5.7	474	0.4	177	45	5.5	464	0.4	21	824	8,091
45-64	8	1.8	79	0.5	448	82	18.6	837	0.6	31	440	4,369
65-74	422	1.4	4,927	0.2	60	7,483	24.1	87,030	0.7	31	31,096	345,776
75-84	418	1.1	4,946	0.1	17	10,088	27.4	117,859	0.7	30	36,857	415,500
85 and older	198	1.0	2,281	0.1	17	5,384	26.2	61,720	0.7	30	20,547	224,197
Male	3,042	5.0	34,843	0.6	286	9,503	15.7	108,873	0.6	30	60,355	662,319
Disabled	2,667	9.8	30,521	0.6	307	3,771	13.9	43,080	0.6	33	27,169	301,648
5 and younger	3	42.9	36	0.3	46	1	14.3	12	1.0	77	7	58
6-14	2	18.2	24	0.6	156	8	72.7	96	0.7	46	11	128
15-20	3	2.6	35	0.3	289	20	17.4	233	0.7	45	115	1,310
21-44	1,394	13.3	15,945	0.6	299	780	7.5	8,882	0.6	32	10,455	116,639
45-64	1,218	8.4	13,950	0.7	319	2,497	17.3	28,510	0.6	34	14,454	160,062
65-74	45	2.3	507	0.4	238	436	21.8	5,036	0.6	32	1,997	22,060
75-84	2	1.9	24	1.0	543	23	21.3	239	0.7	34	108	1,138
85 and older	0	0.0	0	0.0	0	6	27.3	72	0.6	30	22	253
Other Eligibles	375	1.1	4,322	0.3	138	5,732	17.3	65,793	0.6	28	33,186	360,671
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
21-44	12	4.0	136	0.7	608	20	6.7	216	0.5	26	298	2,848
45-64	21	6.2	221	0.7	430	58	17.2	591	0.6	33	338	3,165
65-74	202	1.3	2,357	0.4	156	2,642	17.6	30,470	0.6	29	14,981	162,706
75-84	111	0.8	1,277	0.2	37	2,261	17.3	26,069	0.6	28	13,102	144,400
85 and older	29	0.6	331	0.2	13	751	16.8	8,447	0.6	26	4,462	47,504
Unknown	0	0.0	0	0.0	0	1	33.3	5	0.4	24	3	16

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 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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

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
All	\$152	2.9	9,390	101,559
Age				
0-64	207	3.1	735	8,326
65-74	192	3.4	1,316	14,273
75-84	161	3.1	3,147	34,084
85 and older	122	2.6	4,192	44,876
Unknown	0	0.0	0	0
Gender				
Female	149	2.9	7,149	77,812
Male	159	2.9	2,241	23,747
Unknown	0	0.0	0	0
Race				
White	146	2.9	6,085	64,841
African American	160	3	2,957	32,926
Other/unknown	169	3.1	348	3,792
Basis of Eligibility^c				
Aged	146	2.9	8,512	91,627
Disabled	200	3.1	878	9,932
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 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 6,704 beneficiaries who were in nursing facilities for part of their enrollment and their 64,307 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$17	\$1	\$4	\$68	\$116	\$84	\$24	12,077	\$819,055	3,327	35.4 %	37,213
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	12	11	0	14	248	2,966	162	1.7	1,929
Antineoplastic Agents	0.4	0.1	0.0	0.4	70	27	0	43	162	490	58	114	1,351	218,873	293	3.1	3,112
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	47	39	2	5	47	87	18	13	25,406	1,187,961	2,261	24.1	25,305
Cardiovascular Agents	1.9	0.6	0.1	1.2	53	36	2	15	28	63	22	12	75,235	2,106,264	3,600	38.3	39,979
Respiratory Agents	0.5	0.3	0.0	0.2	30	26	0	4	56	81	28	20	12,141	680,571	2,000	21.3	22,509
Gastrointestinal Agents	0.8	0.1	0.1	0.6	28	17	3	9	34	138	34	14	22,363	752,762	2,372	25.3	26,632
Genitourinary Agents	0.6	0.3	0.1	0.2	36	26	4	6	64	78	66	38	6,171	397,861	1,005	10.7	11,081
CNS Drugs	1.3	0.7	0.1	0.6	97	80	4	13	73	118	66	22	49,006	3,596,980	3,345	35.6	37,063
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.4	42	37	0	5	70	145	0	15	190	13,275	28	0.3	314
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	116	116	0	0	148	149	0	12	8,718	1,292,111	1,007	10.7	11,177
Analgesics and Anesthetics	0.8	0.4	0.0	0.4	51	45	0	6	66	128	36	14	20,475	1,345,796	2,379	25.3	26,370
Neuromuscular Agents	1.0	0.3	0.2	0.6	62	24	17	20	60	96	96	34	18,421	1,106,865	1,596	17.0	17,913
Nutritional Products	0.7	0.0	0.0	0.6	9	0	1	9	14	13	26	13	11,190	155,526	1,488	15.8	16,599
Hematological Agents	1.0	0.3	0.1	0.5	63	54	4	5	65	163	33	10	16,162	1,056,226	1,503	16.0	16,641
Topical Products	0.5	0.2	0.0	0.2	20	12	2	6	44	71	42	25	13,228	577,251	2,553	27.2	29,108
Miscellaneous Products	0.3	0.1	0.0	0.3	30	16	0	14	85	223	0	49	591	49,962	154	1.6	1,689
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	21	0	0	0	1,974	42,255	400	4.3	4,523
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.	294,947	15,402,560	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,704 beneficiaries who were in nursing facilities for part of their enrollment and their 64,307 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 2004. 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.medspan.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,090,743	1,797	19.1 %	19,802	0.7	\$145	\$106
ANTIDEPRESSANTS	1,306,086	2,909	31.0	32,551	0.7	55	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,292,111	1,180	12.6	13,136	0.7	148	98
ANTIDIABETIC	865,652	2,019	21.5	22,709	0.8	48	38
ANTICONVULSANT	858,120	1,470	15.7	16,619	0.8	64	52
ANALGESICS - Narcotic	760,797	2,242	23.9	24,819	0.5	62	31
MISC. HEMATOLOGICAL	625,210	677	7.2	7,551	0.8	108	83
ANTIHYPERTENSIVE	605,728	2,336	24.9	26,267	0.7	31	23
ANALGESICS - ANTI-INFLAMMATORY	502,646	872	9.3	9,950	0.6	86	51
CALCIUM BLOCKERS	478,174	1,172	12.5	13,124	0.8	46	36
Total	9,385,267	16,674		186,528	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,704 beneficiaries who were in nursing facilities for part of their enrollment and their 64,307 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	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 \$
All	131,775	\$9,385,267	1,797	19.1 %	19,802	0.7	\$106	2,909	31.0 %	32,551	0.7	\$40
Female	101,173	7,230,700	1,368	19.1	15,195	0.7	104	2,235	31.3	25,169	0.7	40
Disabled	7,462	651,849	76	18.1	871	0.8	130	161	38.4	1,864	0.7	42
64 or younger	6,047	553,730	60	18.4	679	0.8	137	126	38.7	1,450	0.8	46
65-74	1,022	70,024	6	9.0	72	0.8	191	25	37.3	300	0.6	27
75-84	279	21,439	7	41.2	84	0.5	73	8	47.1	96	0.5	27
85 and older	114	6,656	3	33.3	36	0.5	19	2	22.2	18	0.7	29
Other Eligibles	93,711	6,578,851	1,292	19.2	14,324	0.7	103	2,074	30.8	23,305	0.7	40
64 or younger	324	34,650	2	20.0	24	0.5	50	8	80.0	94	0.6	41
65-74	14,548	1,054,422	165	23.1	1,896	0.8	119	256	35.9	2,959	0.8	43
75-84	37,720	2,725,731	532	22.4	5,963	0.7	111	806	33.9	9,040	0.8	41
85 and older	41,119	2,764,048	593	16.3	6,441	0.7	91	1,004	27.7	11,212	0.7	38
Male	30,602	2,154,567	429	19.1	4,607	0.7	110	674	30.1	7,382	0.7	41
Disabled	7,242	547,464	79	17.2	895	0.9	145	136	29.6	1,572	0.8	47
64 or younger	5,814	454,262	70	18.4	787	0.9	147	121	31.8	1,400	0.8	46
65-74	1,271	82,471	7	10.4	84	1.0	123	15	22.4	172	1.0	55
75-84	48	1,815	1	14.3	12	2.4	137	0	0.0	0	0.0	0
85 and older	109	8,916	1	20.0	12	1.2	208	0	0.0	0	0.0	0
Other Eligibles	23,360	1,607,103	350	19.6	3,712	0.7	101	538	30.2	5,810	0.7	40
64 or younger	250	15,717	3	15.8	36	0.5	63	9	47.4	108	0.6	26
65-74	6,790	481,695	104	22.2	1,139	0.7	111	151	32.2	1,674	0.7	41
75-84	10,183	703,627	146	19.6	1,559	0.8	107	216	29.0	2,318	0.7	43
85 and older	6,137	406,064	97	17.6	978	0.6	81	162	29.5	1,710	0.6	35
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2004. A total of 6,704 beneficiaries who were in nursing facilities for part of their enrollment and their 64,307 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 2004. 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 2004 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.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANTICONVULSANT				
	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 \$
All	1,180	12.6 %	13,136	0.7	\$98	2,019	21.5 %	22,709	0.8	\$38	1,470	15.7 %	16,619	0.8	\$52
Female	934	13.1	10,521	0.7	98	1,565	21.9	17,718	0.8	38	1,016	14.2	11,532	0.8	52
Disabled	23	5.5	271	0.6	422	125	29.8	1,480	0.9	46	132	31.5	1,542	1.0	75
64 or younger	17	5.2	199	0.7	552	95	29.1	1,120	0.9	46	122	37.4	1,422	1.0	74
65-74	1	1.5	12	1.0	154	25	37.3	300	0.9	49	8	11.9	96	0.9	94
75-84	4	23.5	48	0.4	51	5	29.4	60	0.8	32	1	5.9	12	1.0	41
85 and older	1	11.1	12	0.3	11	0	0.0	0	0.0	0	1	11.1	12	0.3	4
Other Eligibles	911	13.5	10,250	0.7	90	1,440	21.4	16,238	0.8	37	884	13.1	9,990	0.8	49
64 or younger	1	10.0	12	0.9	1,152	7	70.0	82	0.8	68	3	30.0	34	1.2	84
65-74	96	13.5	1,101	0.7	99	292	41.0	3,304	0.8	43	174	24.4	1,976	0.9	55
75-84	395	16.6	4,423	0.7	87	617	25.9	7,005	0.8	38	394	16.6	4,474	0.8	52
85 and older	419	11.5	4,714	0.7	87	524	14.4	5,847	0.7	33	313	8.6	3,506	0.7	41
Male	246	11.0	2,615	0.7	100	454	20.3	4,991	0.8	39	454	20.3	5,087	0.8	50
Disabled	12	2.6	141	0.6	321	88	19.2	984	1.0	50	166	36.2	1,936	0.8	51
64 or younger	11	2.9	129	0.6	346	67	17.6	743	0.9	49	145	38.2	1,695	0.8	48
65-74	1	1.5	12	0.3	51	19	28.4	217	1.1	49	20	29.9	229	1.1	79
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	40.0	24	1.0	80	1	20.0	12	0.5	28
Other Eligibles	234	13.1	2,474	0.7	87	366	20.5	4,007	0.8	36	288	16.2	3,151	0.8	49
64 or younger	1	5.3	12	0.2	24	2	10.5	24	0.5	62	7	36.8	84	0.7	50
65-74	42	9.0	469	0.6	81	109	23.2	1,190	0.8	37	103	22.0	1,184	0.8	52
75-84	103	13.8	1,078	0.7	88	162	21.8	1,737	0.8	34	120	16.1	1,300	0.8	51
85 and older	88	16.0	915	0.7	89	93	16.9	1,056	0.8	35	58	10.5	583	0.8	40
Unknown	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 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 6,704 beneficiaries who were in nursing facilities for part of their enrollment and their 64,307 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE				
	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 \$
All	2,242	23.9 %	24,819	0.5	\$31	677	7.2 %	7,551	0.8	\$83	2,336	24.9 %	26,267	0.7	\$23
Female	1,764	24.7	19,609	0.5	31	502	7.0	5,658	0.8	83	1,766	24.7	19,914	0.7	23
Disabled	100	23.9	1,145	0.5	40	30	7.2	345	0.8	89	110	26.3	1,280	0.7	27
64 or younger	84	25.8	965	0.5	42	21	6.4	237	0.8	79	78	23.9	896	0.7	27
65-74	10	14.9	120	0.4	27	8	11.9	96	1.0	108	22	32.8	264	0.6	21
75-84	2	11.8	24	0.2	1	0	0.0	0	0.0	0	6	35.3	72	0.9	52
85 and older	4	44.4	36	0.4	54	1	11.1	12	1.0	123	4	44.4	48	0.7	15
Other Eligibles	1,664	24.7	18,464	0.5	31	472	7.0	5,313	0.8	82	1,656	24.6	18,634	0.7	23
64 or younger	5	50.0	56	0.6	65	0	0.0	0	0.0	0	9	90.0	106	0.8	25
65-74	229	32.1	2,586	0.5	36	62	8.7	698	0.7	77	242	33.9	2,759	0.8	26
75-84	590	24.8	6,541	0.5	31	175	7.4	2,014	0.7	78	646	27.2	7,367	0.7	24
85 and older	840	23.2	9,281	0.5	29	235	6.5	2,601	0.8	87	759	20.9	8,402	0.7	21
Male	478	21.3	5,210	0.4	28	175	7.8	1,893	0.8	84	570	25.4	6,353	0.7	23
Disabled	97	21.1	1,129	0.5	48	28	6.1	317	0.9	94	121	26.4	1,394	0.8	25
64 or younger	80	21.1	936	0.5	42	23	6.1	257	0.9	99	89	23.4	1,010	0.7	25
65-74	16	23.9	181	0.6	81	5	7.5	60	0.9	74	26	38.8	312	0.9	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	42.9	36	0.5	5
85 and older	1	20.0	12	0.9	41	0	0.0	0	0.0	0	3	60.0	36	0.6	26
Other Eligibles	381	21.4	4,081	0.4	23	147	8.2	1,576	0.8	81	449	25.2	4,959	0.7	22
64 or younger	1	5.3	12	0.8	13	2	10.5	24	0.5	62	5	26.3	60	0.7	22
65-74	114	24.3	1,249	0.5	30	34	7.2	385	0.8	75	123	26.2	1,368	0.7	23
75-84	155	20.8	1,659	0.5	24	67	9.0	681	0.8	79	198	26.6	2,168	0.8	22
85 and older	111	20.2	1,161	0.3	15	44	8.0	486	0.9	90	123	22.4	1,363	0.7	22
Unknown	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 2004 file for South Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 6,704 beneficiaries who were in nursing facilities for part of their enrollment and their 64,307 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					CALCIUM BLOCKERS					Benefit Months Among 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 \$		
All	872	9.3 %	9,950	0.6	\$51	1,172	12.5 %	13,124	0.8	\$36	9,390	101,559
Female	700	9.8	7,967	0.6	53	912	12.8	10,266	0.8	36	7,149	77,812
Disabled	33	7.9	382	0.6	89	47	11.2	548	0.8	34	419	4,725
64 or younger	24	7.4	280	0.5	102	35	10.7	404	0.8	38	326	3,685
65-74	4	6.0	48	0.9	29	9	13.4	108	0.5	22	67	749
75-84	4	23.5	48	0.6	73	2	11.8	24	0.5	23	17	200
85 and older	1	11.1	6	1.0	87	1	11.1	12	0.8	54	9	91
Other Eligibles	667	9.9	7,585	0.6	51	865	12.9	9,718	0.8	36	6,730	73,087
64 or younger	1	10.0	12	0.6	5	2	20.0	22	0.6	41	10	118
65-74	89	12.5	1,032	0.6	79	107	15.0	1,195	0.8	36	713	7,862
75-84	258	10.8	2,906	0.6	49	306	12.9	3,450	0.8	38	2,379	26,023
85 and older	319	8.8	3,635	0.6	45	450	12.4	5,051	0.8	36	3,628	39,084
Male	172	7.7	1,983	0.6	42	260	11.6	2,858	0.8	37	2,241	23,747
Disabled	31	6.8	360	0.6	31	40	8.7	466	0.8	44	459	5,207
64 or younger	26	6.8	300	0.6	26	31	8.2	366	0.8	43	380	4,322
65-74	3	4.5	36	0.4	29	8	11.9	88	0.9	48	67	752
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	75
85 and older	2	40.0	24	1.0	94	1	20.0	12	0.4	41	5	58
Other Eligibles	141	7.9	1,623	0.6	44	220	12.3	2,392	0.8	36	1,782	18,540
64 or younger	3	15.8	36	0.6	34	1	5.3	12	1.0	42	19	201
65-74	41	8.7	481	0.6	48	60	12.8	636	0.7	36	469	4,910
75-84	59	7.9	682	0.6	49	98	13.2	1,080	0.8	38	744	7,786
85 and older	38	6.9	424	0.5	33	61	11.1	664	0.8	31	550	5,643
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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 2004. A total of 6,704 beneficiaries who were in nursing facilities for part of their enrollment and their 64,307 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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^{a,b}
SOUTH CAROLINA, 2004

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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	70,873	38.8 %	2.6	466,965	\$41	\$7,574,337	\$16	2.1 %	182,637
Age									
5 and younger	5	45.5	6.6	73	112	1,236	17	2.6	11
6-14	14	70.0	5.5	109	166	3,314	30	3.5	20
15-20	95	44.8	2.8	600	77	16,270	27	3.0	212
21-44	9,163	44.3	2.9	60,793	61	1,268,394	21	2.2	20,677
45-64	18,186	52.3	3.8	133,093	74	2,591,598	19	2.4	34,793
65-74	17,913	34.8	2.2	110,989	32	1,631,207	15	1.9	51,426
75-84	16,913	33.6	2.1	106,273	28	1,389,593	13	1.8	50,338
85 and older	8,583	34.1	2.2	55,029	27	672,685	12	1.9	25,159
Unknown	1	100.0	6.0	6	40	40	7	3.9	1
Basis of Eligibility^c									
Aged	40,748	33.6	2.1	254,933	28	3,360,999	13	1.8	121,413
Disabled	29,499	49.4	3.5	208,736	70	4,163,720	20	2.4	59,678
Adults	616	40.5	2.1	3,247	32	48,291	15	1.8	1,522
Children	3	37.5	1.3	10	111	887	89	13.4	8
Unknown	7	43.8	2.4	39	28	440	11	1.2	16
Gender									
Female	51,522	42.1	2.8	340,519	44	5,414,186	16	2.2	122,279
Male	19,351	32.1	2.1	126,446	36	2,160,151	17	1.8	60,356
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
Race									
White	34,313	42.7	3.2	256,143	51	4,129,433	16	2.3	80,350
African American	26,468	41.3	2.4	152,322	41	2,651,534	17	2.0	64,163
Other/unknown	10,092	26.5	1.5	58,500	21	793,370	14	1.6	38,124
Use of Nursing Facilities^d									
Entire year	2,542	27.1	2.3	21,164	30	281,035	13	1.8	9,390
Part year	2,628	39.2	2.3	15,398	30	199,902	13	1.9	6,704
None	65,703	39.5	2.6	430,403	43	7,093,400	16	2.1	166,543
Maintenance Assistance Status									
Cash	25,914	48.3	3.3	175,731	48	2,565,120	15	2.0	53,599
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	26,162	48.6	3.2	173,465	59	3,174,911	18	2.4	53,819
Other/unknown	18,797	25.0	1.6	117,769	24	1,834,306	16	1.8	75,219

Table D11

Dual Eligible Beneficiaries

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 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 2004.

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^{a,b}
SOUTH CAROLINA, 2004

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	0.2	\$4	\$16	\$0	\$1	2,024,811
Age						
5 and younger	0.8	13	17	0	0	97
6-14	0.5	14	30	0	0	233
15-20	0.3	7	27	0	3	2,392
21-44	0.3	6	21	0	3	229,757
45-64	0.3	7	19	0	2	387,029
65-74	0.2	3	15	0	1	568,033
75-84	0.2	2	13	0	1	563,980
85 and older	0.2	2	12	0	1	273,283
Unknown	0.9	6	7	0	0	7
Basis of Eligibility^c						
Aged	0.2	3	13	0	1	1,343,989
Disabled	0.3	6	20	0	2	666,121
Adults	0.2	3	15	0	2	14,504
Children	0.2	13	89	0	4	66
Unknown	0.3	3	11	0	1	131
Gender						
Female	0.2	4	16	0	1	1,362,476
Male	0.2	3	17	0	1	662,326
Unknown	0.0	0	0	0	0	9
Race						
White	0.3	5	16	0	2	871,850
African American	0.2	4	17	0	1	715,149
Other/unknown	0.1	2	14	0	1	437,812
Use of Nursing Facilities^d						
Entire year	0.2	3	13	0	1	101,559
Part year	0.2	3	13	0	1	64,307
None	0.2	4	16	0	1	1,858,945
Maintenance Assistance Status						
Cash	0.3	4	15	0	2	607,135
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	5	18	0	2	597,208
Other/unknown	0.1	2	16	0	1	820,468

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 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 2004.

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^{a,b,c}
SOUTH CAROLINA, 2004

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
All	97,214	\$78	\$7,574,337	100.0 %	466,965	\$16	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	35	10	354	0.0	56	6	0.0
Cough and cold medications	22,166	61	1,358,960	17.9	47,899	28	10.3
Vitamins and minerals	26,685	74	1,964,008	25.9	155,731	13	33.3
Non-prescription drugs	12,561	25	320,282	4.2	41,218	8	8.8
Barbiturates	1,339	56	75,535	1.0	11,994	6	2.6
Benzodiazepines	31,371	85	2,679,801	35.4	201,024	13	43.0
Other Part D Excl Rx Drugs	3,057	384	1,175,397	15.5	9,043	130	1.9

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 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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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^{a, b}
 SOUTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries	182,637
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$365,491,802
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,001

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	41,663	22.8 %	\$0	0.0 %
1-500	28,822	15.8	6,244,316	1.7
501-1,000	20,001	11.0	14,830,888	4.1
1,001-1,500	16,813	9.2	20,891,516	5.7
1,501-2,000	14,051	7.7	24,499,616	6.7
2,001-2,500	11,981	6.6	26,875,844	7.4
2,501-3,000	9,511	5.2	26,079,833	7.1
3,001-3,500	7,487	4.1	24,263,413	6.6
3,501-4,000	5,815	3.2	21,747,785	6.0
4,001-4,500	4,720	2.6	20,028,127	5.5
4,501-5,000	3,722	2.0	17,654,492	4.8
5,001-5,500	3,040	1.7	15,935,493	4.4
5,501-6,000	2,386	1.3	13,691,796	3.7
6,001-6,500	1,880	1.0	11,728,572	3.2
6,501-7,000	1,486	0.8	10,021,177	2.7
7,001-7,500	1,229	0.7	8,892,956	2.4
7,501-8,000	1,042	0.6	8,070,201	2.2
8,001-8,500	839	0.5	6,921,210	1.9
8,501-9,000	699	0.4	6,112,423	1.7
9,001-9,500	606	0.3	5,599,919	1.5
9,501-10,000	519	0.3	5,056,538	1.4
10,001+	4,325	2.4	70,345,687	19.2

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. 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 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 SOUTH CAROLINA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	53,802
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$161,508,559
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,002

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,405	11.9 %	0	0.0 %
1-500	10,199	19.0	2,028,592	1.3
501-1,000	5,713	10.6	4,218,485	2.6
1,001-1,500	4,507	8.4	5,590,156	3.5
1,501-2,000	3,846	7.1	6,704,878	4.2
2,001-2,500	3,344	6.2	7,506,937	4.6
2,501-3,000	2,709	5.0	7,427,615	4.6
3,001-3,500	2,220	4.1	7,202,139	4.5
3,501-4,000	1,890	3.5	7,063,954	4.4
4,001-4,500	1,664	3.1	7,075,509	4.4
4,501-5,000	1,378	2.6	6,542,194	4.1
5,001-5,500	1,210	2.2	6,346,152	3.9
5,501-6,000	1,027	1.9	5,895,106	3.7
6,001-6,500	875	1.6	5,456,570	3.4
6,501-7,000	724	1.3	4,891,851	3.0
7,001-7,500	635	1.2	4,594,810	2.8
7,501-8,000	578	1.1	4,478,901	2.8
8,001-8,500	475	0.9	3,917,057	2.4
8,501-9,000	425	0.8	3,718,464	2.3
9,001-9,500	369	0.7	3,411,748	2.1
9,501-10,000	341	0.6	3,322,136	2.1
10,001+	3,268	6.1	54,115,305	33.5

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. 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 2004.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 SOUTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	126,923
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$200,213,864
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,577

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	34,808	27.4 %	0	0.0 %
1-500	18,202	14.3	4,138,115	2.1
501-1,000	14,073	11.1	10,456,225	5.2
1,001-1,500	12,188	9.6	15,155,664	7.6
1,501-2,000	10,077	7.9	17,569,036	8.8
2,001-2,500	8,545	6.7	19,160,389	9.6
2,501-3,000	6,725	5.3	18,441,454	9.2
3,001-3,500	5,210	4.1	16,875,948	8.4
3,501-4,000	3,875	3.1	14,496,961	7.2
4,001-4,500	3,008	2.4	12,749,516	6.4
4,501-5,000	2,303	1.8	10,917,602	5.5
5,001-5,500	1,793	1.4	9,395,966	4.7
5,501-6,000	1,329	1.0	7,624,929	3.8
6,001-6,500	992	0.8	6,191,807	3.1
6,501-7,000	740	0.6	4,981,349	2.5
7,001-7,500	579	0.5	4,188,754	2.1
7,501-8,000	454	0.4	3,513,487	1.8
8,001-8,500	354	0.3	2,922,168	1.5
8,501-9,000	266	0.2	2,323,950	1.2
9,001-9,500	230	0.2	2,124,206	1.1
9,501-10,000	170	0.1	1,655,616	0.8
10,001+	1,002	0.8	15,330,722	7.7

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. 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 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 SOUTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	51,426
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$86,762,078
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,687

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,958	27.1 %	0	0.0 %
1-500	7,276	14.1	1,618,571	1.9
501-1,000	5,458	10.6	4,054,104	4.7
1,001-1,500	4,792	9.3	5,981,529	6.9
1,501-2,000	3,949	7.7	6,884,989	7.9
2,001-2,500	3,498	6.8	7,855,853	9.1
2,501-3,000	2,721	5.3	7,457,635	8.6
3,001-3,500	2,147	4.2	6,952,381	8.0
3,501-4,000	1,633	3.2	6,113,006	7.0
4,001-4,500	1,258	2.4	5,323,371	6.1
4,501-5,000	985	1.9	4,668,528	5.4
5,001-5,500	802	1.6	4,204,453	4.8
5,501-6,000	580	1.1	3,330,942	3.8
6,001-6,500	462	0.9	2,882,364	3.3
6,501-7,000	332	0.6	2,235,254	2.6
7,001-7,500	275	0.5	1,988,905	2.3
7,501-8,000	221	0.4	1,709,394	2.0
8,001-8,500	178	0.3	1,470,435	1.7
8,501-9,000	136	0.3	1,187,715	1.4
9,001-9,500	117	0.2	1,080,599	1.2
9,501-10,000	92	0.2	894,762	1.0
10,001+	556	1.1	8,867,288	10.2

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. 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 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 SOUTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	50,338
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$78,609,606
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$1,562

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,887	27.6 %	0	0.0 %
1-500	6,852	13.6	1,574,388	2.0
501-1,000	5,555	11.0	4,127,942	5.3
1,001-1,500	4,903	9.7	6,087,808	7.7
1,501-2,000	4,102	8.1	7,148,270	9.1
2,001-2,500	3,414	6.8	7,646,738	9.7
2,501-3,000	2,799	5.6	7,677,728	9.8
3,001-3,500	2,098	4.2	6,795,179	8.6
3,501-4,000	1,555	3.1	5,814,687	7.4
4,001-4,500	1,223	2.4	5,191,738	6.6
4,501-5,000	927	1.8	4,394,594	5.6
5,001-5,500	707	1.4	3,701,130	4.7
5,501-6,000	564	1.1	3,234,194	4.1
6,001-6,500	388	0.8	2,420,686	3.1
6,501-7,000	285	0.6	1,920,194	2.4
7,001-7,500	206	0.4	1,490,832	1.9
7,501-8,000	169	0.3	1,308,607	1.7
8,001-8,500	137	0.3	1,130,460	1.4
8,501-9,000	97	0.2	847,716	1.1
9,001-9,500	87	0.2	803,616	1.0
9,501-10,000	55	0.1	535,877	0.7
10,001+	328	0.7	4,757,222	6.1

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. 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 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 SOUTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	25,159
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$34,842,180
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,385

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,963	27.7 %	0	0.0 %
1-500	4,074	16.2	945,156	2.7
501-1,000	3,060	12.2	2,274,179	6.5
1,001-1,500	2,493	9.9	3,086,327	8.9
1,501-2,000	2,026	8.1	3,535,777	10.1
2,001-2,500	1,633	6.5	3,657,798	10.5
2,501-3,000	1,205	4.8	3,306,091	9.5
3,001-3,500	965	3.8	3,128,388	9.0
3,501-4,000	687	2.7	2,569,268	7.4
4,001-4,500	527	2.1	2,234,407	6.4
4,501-5,000	391	1.6	1,854,480	5.3
5,001-5,500	284	1.1	1,490,383	4.3
5,501-6,000	185	0.7	1,059,793	3.0
6,001-6,500	142	0.6	888,757	2.6
6,501-7,000	123	0.5	825,901	2.4
7,001-7,500	98	0.4	709,017	2.0
7,501-8,000	64	0.3	495,486	1.4
8,001-8,500	39	0.2	321,273	0.9
8,501-9,000	33	0.1	288,519	0.8
9,001-9,500	26	0.1	239,991	0.7
9,501-10,000	23	0.1	224,977	0.6
10,001+	118	0.5	1,706,212	4.9

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. 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 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	182,856	121,430	59,846	1,556	8	16	2,028,604	1,344,256	669,037	15,114	66	131
Age												
5 and younger	11	1	10	0	0	0	97	12	85	0	0	0
6-14	20	0	18	0	2	0	237	0	216	0	21	0
15-20	217	0	209	4	4	0	2,470	0	2,385	46	39	0
21-44	20,761	79	19,620	1,060	2	0	231,329	845	220,006	10,472	6	0
45-64	34,896	322	34,104	457	0	13	388,703	3,360	380,936	4,300	0	107
65-74	51,445	46,052	5,356	34	0	3	568,403	508,345	59,739	295	0	24
75-84	50,344	49,964	379	1	0	0	564,051	559,962	4,088	1	0	0
85 and older	25,161	25,011	150	0	0	0	273,307	271,725	1,582	0	0	0
Unknown	1	1	0	0	0	0		7	0	0	0	0
Gender												
Female	122,416	88,709	32,609	1,079	3	16	1,365,002	987,788	366,351	10,705	27	131
Male	60,438	32,719	27,237	477	5	0	7 663,593	356,459	302,686	4,409	39	0
Unknown	2	2	0	0	0	0		9	0	0	0	0
Race												
White	80,407	52,056	27,505	833	2	11	872,903	558,953	305,796	8,032	15	107
African American	64,314	36,186	27,442	676	6	4	9 717,663	402,147	308,787	6,659	51	19
Other/unknown	38,135	33,188	4,899	47	0	1	438,038	383,156	54,454	423	0	5
Use of Nursing Facilities^c												
Entire year	9,390	8,512	878	0	0	0	101,559	91,627	9,932	0	0	0
Part year	6,705	6,127	577	1	0	0	64,319	58,613	5,696	10	0	0
None	166,761	106,791	58,391	1,555	8	16	1,862,726	1,194,016	653,409	15,104	66	131
Maintenance Assistance Status												
Cash	53,749	25,345	27,486	918	0	0	609,651	289,577	311,358	8,716	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	53,879	26,894	26,898	68	3	16	598,358	300,833	296,786	575	33	131
Other/unknown	75,228	69,191	5,462	570	5	0	820,595	753,846	60,893	5,823	33	0
Dual Status^d												
Full dual, all year	180,746	120,041	59,129	1,552	8	16	0 2,005,245	1,328,886	661,093	15,069	66	131
Full dual, part year	2,110	1,389	717	4	0	0	23,359	15,370	7,944	45	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	182,388	121,404	59,477	1,483	8	16	2,023,345	1,343,946	664,868	14,334	66	131
FFS part year, with Rx claims	221	8	184	29	0	0	2,583	96	2,150	337	0	0
FFS part year, no Rx claims	28	1	17	10	0	0	295	11	170	114	0	0
MC all year, with Rx claims	122	17	102	3	0	0	1,441	203	1,202	36	0	0
MC all year, no Rx claims	97	0	66	31	0	0	940	0	647	293	0	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 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 2004. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2004

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	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	182,856	2,028,604	182,637	2,024,811	0	3,793
Fee-for-service (FFS) all year	182,388	2,023,345	182,388	2,023,345	0	0
FFS part year, with Rx claims	221	2,583	221	1,392	0	1,191
FFS part year, with no Rx claims	28	295	28	74	0	221
Managed care (MC) all year, with Rx claims	122	1,441	0	0	0	1,441
MC all year, with no Rx claims	97	940	0	0	0	940

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. 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.