

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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>14,161</b>	<b>7,253</b>	<b>6,778</b>	<b>125</b>	<b>3</b>	<b>2</b>	<b>148,977</b>	<b>71,834</b>	<b>76,022</b>	<b>1,071</b>	<b>31</b>	<b>19</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	6	0	5	0	1	0	65	0	53	0	12	0
15-20	45	0	43	0	2	0	498	0	479	0	19	0
21-44	2,523	0	2,444	79	0	0	27,945	0	27,300	645	0	0
45-64	2,610	1	2,577	30	0	2	28,918	12	28,603	284	0	19
65-74	2,485	1,156	1,313	16	0	0	27,004	11,810	15,052	142	0	0
75-84	2,793	2,460	333	0	0	0	28,654	24,820	3,834	0	0	0
85 and older	3,699	3,636	63	0	0	0	35,893	35,192	701	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	9,153	5,291	3,776	83	1	2	96,392	53,165	42,461	740	7	19
Male	5,008	1,962	3,002	42	2	0	52,585	18,669	33,561	331	24	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	11,915	6,755	5,087	68	3	2	124,708	66,862	57,228	568	31	19
African American	48	8	36	4	0	0	447	66	354	27	0	0
Other/unknown	2,198	490	1,655	53	0	0	23,822	4,906	18,440	476	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,889	3,434	455	0	0	0	39,144	34,086	5,058	0	0	0
Part year	1,453	1,217	235	1	0	0	13,058	10,661	2,385	12	0	0
None	8,819	2,602	6,088	124	3	2	96,775	27,087	68,579	1,059	31	19
<b>Maintenance Assistance Status</b>												
Cash	7,068	1,971	5,018	78	1	0	78,737	21,688	56,335	702	12	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	199	95	93	9	0	2	1,945	903	960	63	0	19
Other/unknown	6,894	5,187	1,667	38	2	0	68,295	49,243	18,727	306	19	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	13,652	6,927	6,607	113	3	2	143,727	68,486	74,263	928	31	19
Full dual, part year	509	326	171	12	0	0	5,250	3,348	1,759	143	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	14,161	7,253	6,778	125	3	2	148,977	71,834	76,022	1,071	31	19
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>86.6 %</b>	<b>52.8</b>	<b>\$3,221</b>	<b>\$61</b>	<b>\$17,633</b>	<b>18.3 %</b>	<b>14,161</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	50.8	3,579	70	14,484	24.7	6
15-20	71.1	33.0	3,469	105	24,601	14.1	45
21-44	81.1	34.8	3,427	99	17,687	19.4	2,523
45-64	84.3	53.9	4,120	76	18,969	21.7	2,610
65-74	77.5	47.0	2,718	58	12,606	21.6	2,485
75-84	89.7	61.3	3,135	51	17,108	18.3	2,793
85 and older	96.0	62.0	2,843	46	20,347	14.0	3,699
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	92.0	61.0	2,998	49	18,240	16.4	7,253
Disabled	81.0	44.7	3,486	78	17,228	20.2	6,778
Adults	78.4	19.2	1,730	90	4,038	42.8	125
Children	66.7	35.3	4,955	140	37,311	13.3	3
Unknown	50.0	1.0	133	133	9,686	1.4	2
<b>Gender</b>							
Female	89.7	57.8	3,309	57	17,093	19.4	9,153
Male	81.1	43.7	3,059	70	18,620	16.4	5,008
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	91.8	58.5	3,524	60	18,980	18.6	11,915
African American	81.3	34.7	2,109	61	9,129	23.1	48
Other/unknown	58.8	22.3	1,602	72	10,516	15.2	2,198
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.1	75.1	3,920	52	29,556	13.3	3,889
Part year	95.2	58.3	3,043	52	18,560	16.4	1,453
None	80.1	42.1	2,942	70	12,223	24.1	8,819
<b>Maintenance Assistance Status</b>							
Cash	79.7	40.4	2,826	70	9,857	28.7	7,068
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	72.4	17.2	2,914	169	6,380	45.7	199
Other/unknown	94.1	66.5	3,634	55	25,930	14.0	6,894

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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
<b>All</b>	<b>5.0</b>	<b>\$306</b>	<b>18.3 %</b>	<b>13.4 %</b>	<b>13.7 %</b>	<b>7.8 %</b>	<b>25.0 %</b>	<b>29.0 %</b>	<b>11.2 %</b>	<b>\$1,676</b>	<b>14,161</b>	<b>148,977</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	4.7	330	24.7	0.0	16.7	0.0	50.0	33.3	0.0	1,337	6	65
15-20	3.0	314	14.1	28.9	20.0	6.7	22.2	17.8	4.4	2,223	45	498
21-44	3.1	309	19.4	18.9	27.2	10.7	22.6	16.7	4.0	1,597	2,523	27,945
45-64	4.9	372	21.7	15.7	14.6	8.1	25.1	25.5	10.9	1,712	2,610	28,918
65-74	4.3	250	21.6	22.5	14.8	7.7	21.3	23.3	10.3	1,160	2,485	27,004
75-84	6.0	306	18.3	10.3	9.1	7.0	24.6	32.9	16.1	1,668	2,793	28,654
85 and older	6.4	293	14.0	4.0	6.2	6.3	29.4	40.9	13.2	2,097	3,699	35,893
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	6.2	303	16.4	8.0	7.8	6.6	26.9	35.9	14.8	1,842	7,253	71,834
Disabled	4.0	311	20.2	19.0	19.5	9.0	23.1	22.0	7.4	1,536	6,778	76,022
Adults	2.2	202	42.8	21.6	35.2	10.4	20.8	9.6	2.4	471	125	1,071
Children	3.4	480	13.3	33.3	0.0	0.0	33.3	33.3	0.0	3,611	3	31
Unknown	0.1	14	1.4	50.0	50.0	0.0	0.0	0.0	0.0	1,020	2	19
<b>Gender</b>												
Female	5.5	314	19.4	10.3	12.0	7.7	25.8	31.4	12.8	1,623	9,153	96,392
Male	4.2	291	16.4	18.9	16.7	8.0	23.6	24.6	8.1	1,773	5,008	52,585
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.6	337	18.6	8.2	11.8	8.1	26.7	32.4	12.7	1,813	11,915	124,708
African American	3.7	227	23.1	18.8	22.9	8.3	25.0	20.8	4.2	980	48	447
Other/unknown	2.1	148	15.2	41.2	23.2	6.2	15.6	11.0	2.8	970	2,198	23,822
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.5	389	13.3	1.9	4.3	4.7	25.5	43.0	20.7	2,936	3,889	39,144
Part year	6.5	339	16.4	4.8	8.0	6.7	28.6	36.4	15.6	2,065	1,453	13,058
None	3.8	268	24.1	19.9	18.7	9.4	24.2	21.6	6.2	1,114	8,819	96,775
<b>Maintenance Assistance Status</b>												
Cash	3.6	254	28.7	20.3	19.6	9.9	24.0	20.8	5.3	885	7,068	78,737
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.8	298	45.7	27.6	36.7	10.6	16.1	7.5	1.5	653	199	1,945
Other/unknown	6.7	367	14.0	5.9	6.9	5.5	26.3	38.0	17.5	2,618	6,894	68,295

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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
<b>All</b>	<b>5.0</b>	<b>\$306</b>	<b>\$61</b>	<b>2.0</b>	<b>\$228</b>	<b>\$115</b>	<b>0.4</b>	<b>\$22</b>	<b>\$54</b>	<b>2.6</b>	<b>\$56</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.7	330	70	2.3	246	106	0.3	42	136	2.1	42	21
15-20	3.0	314	105	1.5	252	169	0.3	22	81	1.2	39	33
21-44	3.1	309	99	1.4	231	161	0.3	28	91	1.4	50	36
45-64	4.9	372	76	2.1	286	136	0.4	29	70	2.3	56	24
65-74	4.3	250	58	1.8	188	106	0.3	17	54	2.2	45	20
75-84	6.0	306	51	2.3	227	99	0.4	18	41	3.2	60	19
85 and older	6.4	293	46	2.3	210	93	0.5	18	35	3.6	64	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	6.2	303	49	2.3	222	97	0.5	18	38	3.4	62	18
Disabled	4.0	311	78	1.7	235	137	0.3	26	74	1.9	50	26
Adults	2.2	202	90	0.9	162	181	0.1	12	111	1.2	28	23
Children	3.4	480	140	1.6	344	209	0.4	113	270	1.4	22	17
Unknown	0.1	14	133	0.1	14	133	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.5	314	57	2.2	236	109	0.5	22	49	2.8	56	20
Male	4.2	291	70	1.7	214	127	0.3	22	65	2.1	55	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.6	337	60	2.2	250	113	0.5	24	52	2.9	62	21
African American	3.7	227	61	1.6	152	96	0.4	38	96	1.7	38	22
Other/unknown	2.1	148	72	0.8	114	137	0.1	10	76	1.1	24	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.5	389	52	2.7	284	104	0.6	24	41	4.1	81	20
Part year	6.5	339	52	2.4	252	103	0.5	20	43	3.5	66	19
None	3.8	268	70	1.6	203	124	0.3	21	66	1.9	44	24
<b>Maintenance Assistance Status</b>												
Cash	3.6	254	70	1.5	194	126	0.3	21	72	1.8	38	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.8	298	169	0.7	72	101	0.1	7	50	0.9	219	244
Other/unknown	6.7	367	55	2.5	272	107	0.5	24	43	3.6	71	20

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 Dakota, 1.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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 <sup>e</sup>		
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$14	\$2	\$5	\$58	\$116	\$93	\$23	29,411	\$1,716,256	7,725	54.6 %	84,360
Biologicals	0.1	0.1	0.0	0.0	3	2	0	1	27	25	28	33	412	11,061	381	2.7	4,403
Antineoplastic Agents	0.7	0.1	0.0	0.5	83	57	1	25	122	410	96	47	2,552	312,158	360	2.5	3,763
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.5	48	35	6	8	43	83	25	16	75,491	3,218,179	6,194	43.7	66,613
Cardiovascular Agents	2.0	0.6	0.1	1.3	60	38	3	18	30	64	27	14	176,822	5,258,011	8,302	58.6	87,796
Respiratory Agents	0.9	0.6	0.0	0.3	58	52	0	6	66	89	40	21	42,772	2,842,849	4,502	31.8	48,887
Gastrointestinal Agents	1.0	0.4	0.1	0.5	79	61	3	14	80	138	47	30	62,372	4,985,603	5,931	41.9	63,486
Genitourinary Agents	0.7	0.5	0.0	0.1	53	46	3	4	77	87	82	33	16,846	1,297,015	2,254	15.9	24,401
CNS Drugs	1.6	0.8	0.1	0.7	141	113	11	17	91	150	97	25	124,961	11,315,411	7,548	53.3	80,018
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.1	0.3	67	53	7	7	86	128	78	27	1,999	172,184	237	1.7	2,577
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	140	139	0	0	161	162	81	38	8,985	1,443,832	995	7.0	10,331
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	66	53	3	10	72	130	203	20	64,479	4,639,390	6,594	46.6	70,160
Neuromuscular Agents	1.2	0.4	0.2	0.6	101	63	17	21	81	153	86	33	51,728	4,193,389	3,799	26.8	41,513
Nutritional Products	0.8	0.0	0.0	0.7	14	0	1	13	18	21	35	18	24,657	454,014	3,085	21.8	32,234
Hematological Agents	1.0	0.2	0.2	0.6	71	45	5	21	70	187	27	36	28,751	2,013,877	2,713	19.2	28,556
Topical Products	0.5	0.2	0.0	0.3	21	14	2	6	44	77	45	22	29,737	1,316,119	5,694	40.2	62,688
Miscellaneous Products	0.5	0.2	0.0	0.2	84	60	9	14	173	284	251	60	1,950	338,078	378	2.7	4,039
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	21	0	0	0	3,778	77,952	812	5.7	9,065
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>747,703</b>	<b>45,605,378</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 Dakota, 1.2 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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	\$7,148,817	4,241	29.9 %	45,991	0.9	\$178	\$155
ULCER DRUGS	4,110,036	5,499	38.8	59,067	0.7	96	70
ANTIDEPRESSANTS	3,646,505	7,328	51.7	78,215	0.8	60	47
ANTICONVULSANT	3,549,965	3,443	24.3	38,145	1.0	94	93
ANALGESICS - Narcotic	2,531,661	6,862	48.5	72,965	0.5	67	35
ANTIASTHMATIC	1,935,871	4,506	31.8	48,141	0.6	71	40
ANALGESICS - ANTI-INFLAMMATORY	1,787,558	3,754	26.5	41,380	0.5	87	43
ANTIDIABETIC	1,756,973	3,633	25.7	39,216	0.8	53	45
ANTIHYPERTENSIVE	1,602,622	2,520	17.8	28,140	0.7	78	57
NEUROLOGICAL	1,443,832	1,148	8.1	11,988	0.7	161	120
Total	29,513,840	42,934		463,248	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for South Dakota, 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>329,280</b>	<b>\$29,513,840</b>	<b>4,241</b>	<b>29.9 %</b>	<b>45,991</b>	<b>0.9</b>	<b>\$155</b>	<b>5,499</b>	<b>38.8 %</b>	<b>59,067</b>	<b>0.7</b>	<b>\$70</b>
<b>Female</b>	225,041	19,449,586	2,642	28.9	28,650	0.8	140	3,838	41.9	41,373	0.7	70
<b>Disabled</b>	96,262	9,755,443	1,235	32.7	14,091	0.9	175	1,372	36.3	15,745	0.7	73
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	295	25,166	3	13.6	35	0.1	11	7	31.8	83	0.7	50
21-44	25,580	2,940,435	466	40.0	5,224	0.9	170	352	30.2	3,994	0.6	70
45-64	46,842	4,858,321	597	40.3	6,889	0.9	189	599	40.5	6,852	0.7	81
65-74	18,738	1,586,534	130	15.7	1,493	0.9	151	312	37.7	3,637	0.6	64
75-84	3,750	275,991	27	11.8	315	0.8	115	76	33.2	886	0.6	63
85 and older	1,057	68,996	12	23.1	135	0.8	117	26	50.0	293	0.7	72
<b>Other Eligibles</b>	128,779	9,694,143	1,407	26.2	14,559	0.8	106	2,466	45.9	25,628	0.8	68
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	729	61,101	10	18.2	114	0.3	46	11	20.0	101	0.5	73
45-64	251	23,213	0	0.0	0	0.0	0	4	26.7	48	0.4	56
65-74	17,520	1,419,544	170	23.6	1,874	0.9	159	298	41.4	3,211	0.7	65
75-84	44,802	3,396,709	455	27.2	4,765	0.8	110	762	45.6	8,130	0.7	70
85 and older	65,477	4,793,576	772	26.5	7,806	0.7	92	1,391	47.7	14,138	0.8	67
<b>Male</b>	104,239	10,064,254	1,599	31.9	17,341	0.9	181	1,661	33.2	17,694	0.7	69
<b>Disabled</b>	59,982	6,633,044	1,062	35.4	12,185	1.0	210	774	25.8	8,790	0.7	74
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	1,745	1	20.0	12	1.0	144	0	0.0	0	0.0	0
15-20	316	52,457	5	23.8	53	1.2	207	2	9.5	23	0.8	145
21-44	22,382	2,803,620	497	38.9	5,772	1.0	209	248	19.4	2,880	0.7	76
45-64	26,932	2,937,158	440	40.1	4,994	1.1	226	337	30.7	3,734	0.8	79
65-74	8,320	686,173	100	20.6	1,134	1.0	156	142	29.3	1,625	0.7	66
75-84	1,692	127,589	14	13.5	160	1.1	152	38	36.5	447	0.6	57
85 and older	326	24,302	5	45.5	60	0.8	66	7	63.6	81	0.7	68
<b>Other Eligibles</b>	44,257	3,431,210	537	26.8	5,156	0.8	113	887	44.2	8,904	0.7	64
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	296	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	232	40,451	0	0.0	0	0.0	0	5	20.8	42	0.5	80
45-64	119	9,835	0	0.0	0	0.0	0	6	33.3	66	0.4	58
65-74	9,252	732,540	95	21.0	891	0.9	151	157	34.7	1,590	0.7	61
75-84	19,995	1,536,180	223	28.2	2,201	0.8	122	377	47.7	3,807	0.8	65
85 and older	14,654	1,111,908	219	30.4	2,064	0.7	87	342	47.5	3,399	0.8	64
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>7,328</b>	<b>51.7 %</b>	<b>78,215</b>	<b>0.8</b>	<b>\$47</b>	<b>3,443</b>	<b>24.3 %</b>	<b>38,145</b>	<b>1.0</b>	<b>\$93</b>	<b>6,862</b>	<b>48.5 %</b>	<b>72,965</b>	<b>0.5</b>	<b>\$35</b>
<b>Female</b>	5,212	56.9	55,950	0.8	47	2,101	23.0	23,277	0.9	84	5,116	55.9	54,790	0.5	35
<b>Disabled</b>	2,216	58.7	25,246	0.7	49	1,329	35.2	15,202	1.0	106	2,109	55.9	23,975	0.4	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	27.3	68	0.6	47	8	36.4	94	1.3	154	12	54.5	144	0.3	4
21-44	790	67.8	8,910	0.7	51	493	42.3	5,535	1.0	135	584	50.1	6,577	0.3	24
45-64	1,017	68.7	11,632	0.8	51	646	43.6	7,494	1.0	94	957	64.7	10,844	0.5	36
65-74	325	39.3	3,741	0.7	41	146	17.6	1,663	1.0	73	447	54.0	5,150	0.4	31
75-84	66	28.8	757	0.8	47	31	13.5	362	0.8	52	83	36.2	954	0.4	13
85 and older	12	23.1	138	0.8	37	5	9.6	54	0.9	29	26	50.0	306	0.6	27
<b>Other Eligibles</b>	2,996	55.7	30,704	0.8	44	772	14.4	8,075	0.8	43	3,007	55.9	30,815	0.6	38
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	35	63.6	325	0.4	21	15	27.3	133	0.5	57	47	85.5	475	0.6	34
45-64	14	93.3	147	0.5	28	5	33.3	53	0.4	72	16	106.7	166	0.4	48
65-74	334	46.4	3,490	0.8	42	135	18.8	1,453	1.0	61	362	50.3	3,833	0.6	36
75-84	987	59.1	10,172	0.8	45	284	17.0	3,010	0.9	48	967	57.9	10,004	0.6	37
85 and older	1,626	55.8	16,570	0.8	45	333	11.4	3,426	0.8	30	1,615	55.4	16,337	0.6	40
<b>Male</b>	2,116	42.3	22,265	0.8	47	1,342	26.8	14,868	1.1	107	1,746	34.9	18,175	0.5	35
<b>Disabled</b>	1,095	36.5	12,430	0.7	48	992	33.0	11,345	1.2	124	864	28.8	9,653	0.4	32
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	13	61.9	152	0.7	41	11	52.4	117	1.0	261	4	19.0	47	0.1	1
21-44	502	39.2	5,795	0.7	49	448	35.0	5,190	1.1	134	340	26.6	3,856	0.3	32
45-64	427	38.9	4,747	0.8	48	431	39.3	4,886	1.2	123	347	31.6	3,763	0.5	35
65-74	130	26.8	1,479	0.8	45	82	16.9	916	1.1	71	139	28.7	1,595	0.5	27
75-84	22	21.2	245	0.8	43	17	16.3	200	1.0	49	29	27.9	332	0.4	16
85 and older	1	9.1	12	0.2	1	3	27.3	36	1.1	32	5	45.5	60	0.7	96
<b>Other Eligibles</b>	1,021	50.9	9,835	0.8	46	350	17.4	3,523	0.9	54	882	44.0	8,522	0.5	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	12	0.3	24	0	0.0	0	0.0	0	1	100.0	12	0.1	1
21-44	7	29.2	59	0.5	28	5	20.8	43	0.5	38	14	58.3	119	0.9	72
45-64	6	33.3	66	0.4	25	2	11.1	20	0.2	9	9	50.0	88	0.2	5
65-74	190	42.0	1,917	0.8	47	100	22.1	1,046	0.8	62	175	38.7	1,759	0.5	28
75-84	431	54.6	4,186	0.8	46	153	19.4	1,530	0.9	55	351	44.4	3,511	0.6	40
85 and older	386	53.6	3,595	0.8	47	90	12.5	884	0.8	43	332	46.1	3,033	0.6	40
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>4,506</b>	<b>31.8 %</b>	<b>48,141</b>	<b>0.6</b>	<b>\$40</b>	<b>3,754</b>	<b>26.5 %</b>	<b>41,380</b>	<b>0.5</b>	<b>\$43</b>	<b>3,633</b>	<b>25.7 %</b>	<b>39,216</b>	<b>0.8</b>	<b>\$45</b>
<b>Female</b>	3,013	32.9	32,482	0.5	39	2,772	30.3	30,692	0.5	45	2,478	27.1	26,954	0.8	45
<b>Disabled</b>	1,326	35.1	15,012	0.5	38	1,248	33.1	14,354	0.4	47	934	24.7	10,771	0.8	48
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	3	13.6	35	0.1	8	7	31.8	82	0.2	12	0	0.0	0	0.0	0
15-20	349	30.0	3,908	0.4	26	324	27.8	3,671	0.3	35	145	12.4	1,680	0.7	42
21-44	581	39.3	6,510	0.5	43	564	38.1	6,473	0.5	54	406	27.4	4,640	0.8	52
45-64	300	36.2	3,502	0.6	45	279	33.7	3,269	0.5	52	309	37.3	3,586	0.8	49
65-74	80	34.9	932	0.5	28	63	27.5	739	0.5	31	63	27.5	740	0.6	36
75-84	13	25.0	125	1.1	38	11	21.2	120	0.5	34	11	21.2	125	1.0	39
85 and older	1,687	31.4	17,470	0.6	40	1,524	28.3	16,338	0.6	43	1,544	28.7	16,183	0.9	43
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	20	36.4	197	0.4	17	21	38.2	197	0.2	49	3	5.5	36	1.2	44
21-44	11	73.3	111	0.3	20	4	26.7	34	0.6	52	1	6.7	12	0.6	27
45-64	247	34.3	2,721	0.6	45	220	30.6	2,426	0.5	36	248	34.4	2,623	0.9	48
65-74	583	34.9	5,997	0.6	42	482	28.9	5,234	0.5	44	637	38.1	6,808	0.9	46
75-84	826	28.3	8,444	0.6	38	797	27.3	8,447	0.6	45	655	22.5	6,704	0.9	38
85 and older															
<b>Male</b>	1,493	29.8	15,659	0.6	43	982	19.6	10,688	0.5	38	1,155	23.1	12,262	0.8	45
<b>Disabled</b>	643	21.4	7,281	0.5	39	533	17.8	6,106	0.4	35	479	16.0	5,339	0.8	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	40.0	23	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	19.0	47	0.4	28	2	9.5	24	0.1	4	0	0.0	0	0.0	0
21-44	176	13.8	1,998	0.4	27	179	14.0	2,056	0.3	26	113	8.8	1,275	0.7	41
45-64	263	24.0	2,992	0.6	45	224	20.4	2,520	0.5	43	235	21.4	2,595	0.8	49
65-74	153	31.5	1,686	0.5	42	90	18.6	1,064	0.5	36	103	21.2	1,148	0.8	45
75-84	40	38.5	475	0.5	38	34	32.7	397	0.5	29	25	24.0	285	0.6	30
85 and older	5	45.5	60	0.9	57	4	36.4	45	0.4	7	3	27.3	36	1.1	45
<b>Other Eligibles</b>	850	42.4	8,378	0.7	46	449	22.4	4,582	0.5	41	676	33.7	6,923	0.9	44
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	4	16.7	39	0.1	3	12	50.0	95	0.4	197	2	8.3	10	0.3	36
45-64	1	5.6	11	0.1	75	4	22.2	37	0.4	28	4	22.2	28	0.6	34
65-74	149	33.0	1,533	0.8	55	94	20.8	1,011	0.4	36	179	39.6	1,799	0.9	47
75-84	372	47.1	3,754	0.7	46	180	22.8	1,901	0.5	37	332	42.0	3,501	0.9	43
85 and older	324	45.0	3,041	0.6	41	159	22.1	1,538	0.6	42	159	22.1	1,585	0.9	44
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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.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 benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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		
<b>All</b>	<b>2,520</b>	<b>17.8 %</b>	<b>28,140</b>	<b>0.7</b>	<b>\$57</b>	<b>1,148</b>	<b>8.1 %</b>	<b>11,988</b>	<b>0.7</b>	<b>\$120</b>	<b>14,161</b>	<b>148,977</b>
<b>Female</b>	1,705	18.6	19,140	0.7	57	843	9.2	8,964	0.8	126	9,153	96,392
<b>Disabled</b>	737	19.5	8,572	0.7	58	102	2.7	1,170	0.6	250	3,776	42,461
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	91	7.8	1,022	0.6	51	18	1.5	204	0.4	294	1,165	12,927
21-44	366	24.7	4,254	0.7	57	56	3.8	635	0.7	309	1,480	16,502
45-64	225	27.2	2,641	0.7	59	21	2.5	252	0.6	118	828	9,549
65-74	49	21.4	583	0.7	62	6	2.6	67	0.7	85	229	2,665
75-84	6	11.5	72	0.8	52	0	0.0	0	0.0	0	52	572
85 and older	968	18.0	10,568	0.7	57	741	13.8	7,794	0.8	107	5,377	53,931
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	7
15-20	3	5.5	36	0.9	59	1	1.8	9	0.1	146	55	470
21-44	2	13.3	24	0.3	15	0	0.0	0	0.0	0	15	159
45-64	218	30.3	2,430	0.7	53	59	8.2	646	0.7	121	720	7,437
65-74	416	24.9	4,578	0.7	58	243	14.6	2,545	0.8	111	1,670	17,194
75-84	329	11.3	3,500	0.7	58	438	15.0	4,594	0.8	103	2,916	28,664
85 and older	815	16.3	9,000	0.7	57	305	6.1	3,024	0.7	105	5,008	52,585
<b>Male</b>	470	15.7	5,423	0.8	57	55	1.8	606	0.7	126	3,002	33,561
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	53
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	21	233
15-20	146	11.4	1,689	0.7	52	13	1.0	145	0.4	188	1,279	14,373
21-44	225	20.5	2,598	0.8	60	28	2.6	299	0.7	105	1,097	12,101
45-64	81	16.7	922	0.7	59	10	2.1	120	0.9	116	485	5,503
65-74	17	16.3	202	0.7	61	2	1.9	18	1.0	103	104	1,169
75-84	1	9.1	12	1.0	73	2	18.2	24	0.5	72	11	129
85 and older	345	17.2	3,577	0.7	56	250	12.5	2,418	0.8	100	2,006	19,024
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	12
15-20	0	0.0	0	0.0	0	2	8.3	20	0.3	301	24	175
21-44	3	16.7	32	0.4	30	0	0.0	0	0.0	0	18	156
45-64	122	27.0	1,317	0.7	54	27	6.0	238	0.8	97	452	4,515
65-74	160	20.3	1,651	0.8	60	118	14.9	1,140	0.7	98	790	7,626
75-84	60	8.3	577	0.8	53	103	14.3	1,020	0.8	100	720	6,528
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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
<b>All</b>	<b>\$389</b>	<b>7.5</b>	<b>3,889</b>	<b>39,144</b>
<b>Age</b>				
0-64	567	8.5	239	2,622
65-74	498	8.4	401	4,260
75-84	427	8.0	1,100	11,096
85 and older	326	6.9	2,149	21,166
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	382	7.5	2,792	28,256
Male	409	7.3	1,097	10,888
Unknown	0	0.0	0	0
<b>Race</b>				
White	390	7.5	3,715	37,317
African American	340	5.9	6	59
Other/unknown	375	6.2	168	1,768
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	372	7.4	3,434	34,086
Disabled	504	8.1	455	5,058
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 Dakota, 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 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 13,058 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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	0.4	0.1	0.0	0.2	\$20	\$13	\$1	\$5	\$51	\$93	\$61	\$24	10,734	\$549,990	2,624	67.5 %	27,681
Biologicals	0.1	0.1	0.0	0.0	3	2	0	1	27	24	28	32	102	2,756	94	2.4	1,055
Antineoplastic Agents	0.7	0.2	0.0	0.5	108	76	1	31	146	410	71	58	1,014	147,973	136	3.5	1,368
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.5	51	38	5	8	41	79	23	14	26,037	1,056,020	2,005	51.6	20,781
Cardiovascular Agents	2.3	0.5	0.1	1.6	55	29	3	24	25	60	24	14	68,949	1,692,275	3,005	77.3	30,634
Respiratory Agents	1.0	0.6	0.0	0.4	62	54	0	9	62	91	47	21	15,060	940,635	1,440	37.0	15,059
Gastrointestinal Agents	1.2	0.5	0.1	0.7	79	58	3	18	65	127	32	27	26,812	1,739,675	2,129	54.7	22,099
Genitourinary Agents	0.8	0.6	0.0	0.1	57	48	3	5	75	83	78	38	7,361	551,068	919	23.6	9,724
CNS Drugs	1.7	0.8	0.1	0.7	128	101	10	17	77	123	75	24	47,185	3,654,124	2,793	71.8	28,563
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	30	19	1	10	40	125	31	18	439	17,693	56	1.4	587
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	141	141	0	0	146	146	0	12	5,527	804,463	551	14.2	5,720
Analgesics and Anesthetics	1.1	0.6	0.0	0.6	76	66	0	9	67	117	32	16	25,123	1,673,157	2,175	55.9	22,103
Neuromuscular Agents	1.3	0.3	0.3	0.8	74	29	16	29	57	108	63	37	15,862	902,917	1,152	29.6	12,202
Nutritional Products	0.9	0.0	0.0	0.8	16	0	2	14	19	18	37	18	12,097	228,962	1,370	35.2	14,064
Hematological Agents	1.2	0.3	0.3	0.7	58	44	6	8	47	165	22	11	14,565	687,251	1,136	29.2	11,837
Topical Products	0.6	0.2	0.0	0.3	23	14	2	7	40	70	42	21	13,068	526,850	2,167	55.7	23,127
Miscellaneous Products	0.3	0.0	0.0	0.3	21	6	3	12	66	115	200	47	574	37,731	171	4.4	1,811
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	10	0	0	0	19	0	0	0	1,535	29,758	278	7.1	3,058
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.	292,044	15,243,298	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 13,058 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In South Dakota, 1.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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	\$2,078,962	1,570	40.4 %	16,556	0.8	\$149	\$126
ANTIDEPRESSANTS	1,423,233	2,642	67.9	27,485	0.9	58	52
ULCER DRUGS	1,413,667	1,945	50.0	20,224	0.8	84	70
ANALGESICS - Narcotic	1,103,351	2,167	55.7	21,955	0.7	69	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	804,463	649	16.7	6,757	0.8	146	119
ANTIASTHMATIC	727,371	1,517	39.0	15,706	0.7	65	46
ANTICONVULSANT	591,335	907	23.3	9,713	1.0	59	61
ANTIDIABETIC	575,955	1,194	30.7	12,546	1.0	47	46
ANALGESICS - ANTI-INFLAMMATORY	517,745	1,032	26.5	10,892	0.7	72	48
MISC. ENDOCRINE	408,071	612	15.7	6,477	0.8	80	63
Total	9,644,153	14,235		148,311	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 13,058 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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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 \$
<b>All</b>	<b>122,638</b>	<b>\$9,644,153</b>	<b>1,570</b>	<b>40.4 %</b>	<b>16,556</b>	<b>0.8</b>	<b>\$126</b>	<b>2,642</b>	<b>67.9 %</b>	<b>27,485</b>	<b>0.9</b>	<b>\$52</b>
<b>Female</b>	88,098	6,846,316	1,081	38.7	11,499	0.8	121	1,928	69.1	20,124	0.9	51
<b>Disabled</b>	11,092	994,798	144	57.1	1,637	1.0	186	198	78.6	2,178	1.0	61
64 or younger	5,862	568,615	73	57.5	844	0.9	198	110	86.6	1,212	1.0	62
65-74	3,619	296,506	47	58.0	514	1.3	194	64	79.0	692	0.9	57
75-84	1,095	92,039	17	56.7	195	0.8	128	17	56.7	190	1.1	79
85 and older	516	37,638	7	50.0	84	1.0	154	7	50.0	84	0.9	47
<b>Other Eligibles</b>	77,006	5,851,518	937	36.9	9,862	0.8	110	1,730	68.1	17,946	0.9	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,489	537,876	71	51.8	813	1.0	167	124	90.5	1,307	0.9	54
75-84	25,510	1,937,016	295	42.6	3,160	0.9	117	583	84.1	6,017	0.9	50
85 and older	45,007	3,376,626	571	33.4	5,889	0.7	98	1,023	59.8	10,622	0.9	50
<b>Male</b>	34,540	2,797,837	489	44.6	5,057	0.9	137	714	65.1	7,361	0.9	53
<b>Disabled</b>	7,907	713,713	120	59.1	1,378	1.0	185	138	68.0	1,576	0.8	50
64 or younger	4,318	401,100	58	51.8	659	1.0	210	67	59.8	750	0.8	50
65-74	2,851	255,509	50	71.4	581	1.0	169	58	82.9	676	0.9	52
75-84	571	43,352	9	50.0	102	1.0	149	12	66.7	138	0.9	49
85 and older	167	13,752	3	100.0	36	1.1	97	1	33.3	12	0.2	1
<b>Other Eligibles</b>	26,633	2,084,124	369	41.3	3,679	0.8	119	576	64.4	5,785	0.9	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,250	329,017	50	44.2	519	1.0	162	79	69.9	830	0.9	60
75-84	11,939	945,180	158	44.0	1,605	0.9	132	246	68.5	2,507	0.9	54
85 and older	10,444	809,927	161	38.2	1,555	0.7	90	251	59.5	2,448	0.8	52
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 13,058 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,945</b>	<b>50.0 %</b>	<b>20,224</b>	<b>0.8</b>	<b>\$70</b>	<b>2,167</b>	<b>55.7 %</b>	<b>21,955</b>	<b>0.7</b>	<b>\$50</b>	<b>649</b>	<b>16.7 %</b>	<b>6,757</b>	<b>0.8</b>	<b>\$119</b>
<b>Female</b>	1,379	49.4	14,386	0.8	71	1,659	59.4	16,844	0.7	50	481	17.2	5,105	0.8	123
<b>Disabled</b>	116	46.0	1,297	0.9	74	141	56.0	1,523	0.7	37	14	5.6	163	0.9	298
64 or younger	61	48.0	667	0.9	71	83	65.4	908	0.6	35	7	5.5	84	0.8	489
65-74	30	37.0	348	0.8	63	43	53.1	455	0.8	37	4	4.9	48	1.0	91
75-84	16	53.3	181	1.0	99	10	33.3	100	0.8	53	3	10.0	31	0.8	102
85 and older	9	64.3	101	0.8	93	5	35.7	60	1.0	44	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,263	49.7	13,089	0.8	70	1,518	59.8	15,321	0.7	51	467	18.4	4,942	0.8	118
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	82	59.9	899	0.8	68	103	75.2	1,041	1.0	71	29	21.2	316	0.9	161
75-84	357	51.5	3,746	0.8	73	467	67.4	4,702	0.8	51	146	21.1	1,521	0.8	124
85 and older	824	48.2	8,444	0.8	70	948	55.4	9,578	0.7	49	292	17.1	3,105	0.8	110
<b>Male</b>	566	51.6	5,838	0.8	68	508	46.3	5,111	0.7	52	168	15.3	1,652	0.8	106
<b>Disabled</b>	111	54.7	1,180	0.8	70	106	52.2	1,169	0.7	43	8	3.9	78	0.6	129
64 or younger	65	58.0	652	0.8	70	65	58.0	704	0.8	42	4	3.6	36	0.4	193
65-74	39	55.7	450	0.8	71	31	44.3	351	0.6	39	3	4.3	36	0.7	85
75-84	7	38.9	78	0.9	60	7	38.9	78	0.6	21	1	5.6	6	1.0	10
85 and older	0	0.0	0	0.0	0	3	100.0	36	1.2	159	0	0.0	0	0.0	0
<b>Other Eligibles</b>	455	50.9	4,658	0.8	68	402	45.0	3,942	0.7	55	160	17.9	1,574	0.8	104
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	46	40.7	472	0.9	69	51	45.1	496	0.7	30	19	16.8	186	0.8	104
75-84	202	56.3	2,095	0.8	70	159	44.3	1,599	0.7	62	71	19.8	692	0.8	106
85 and older	207	49.1	2,091	0.8	65	192	45.5	1,847	0.7	55	70	16.6	696	0.8	104
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 13,058 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTICONVULSANT					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,517</b>	<b>39.0 %</b>	<b>15,706</b>	<b>0.7</b>	<b>\$46</b>	<b>907</b>	<b>23.3 %</b>	<b>9,713</b>	<b>1.0</b>	<b>\$61</b>	<b>1,194</b>	<b>30.7 %</b>	<b>12,546</b>	<b>1.0</b>	<b>\$46</b>
<b>Female</b>	980	35.1	10,141	0.7	44	582	20.8	6,232	1.0	56	812	29.1	8,552	1.0	45
<b>Disabled</b>	93	36.9	1,016	0.9	78	149	59.1	1,650	1.2	89	90	35.7	1,018	1.1	54
64 or younger	47	37.0	513	0.9	88	90	70.9	1,000	1.2	95	37	29.1	411	1.1	60
65-74	33	40.7	378	0.7	65	49	60.5	530	1.2	78	33	40.7	374	1.2	63
75-84	6	20.0	72	1.4	68	9	30.0	108	1.2	100	15	50.0	180	0.7	29
85 and older	7	50.0	53	2.3	75	1	7.1	12	2.0	56	5	35.7	53	0.9	37
<b>Other Eligibles</b>	887	34.9	9,125	0.7	40	433	17.0	4,582	0.9	44	722	28.4	7,534	1.0	43
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	64	46.7	681	0.8	53	56	40.9	605	1.1	60	71	51.8	746	1.1	45
75-84	308	44.4	3,102	0.7	44	174	25.1	1,825	1.0	54	265	38.2	2,842	1.0	50
85 and older	515	30.1	5,342	0.6	37	203	11.9	2,152	0.8	32	386	22.6	3,946	0.9	39
<b>Male</b>	537	49.0	5,565	0.8	50	325	29.6	3,481	1.1	69	382	34.8	3,994	1.0	48
<b>Disabled</b>	91	44.8	1,018	0.6	48	105	51.7	1,198	1.2	89	75	36.9	840	1.0	59
64 or younger	46	41.1	511	0.7	48	68	60.7	759	1.2	96	38	33.9	428	1.0	66
65-74	32	45.7	351	0.5	42	29	41.4	343	1.3	83	32	45.7	352	0.9	56
75-84	10	55.6	120	0.7	54	6	33.3	72	1.0	60	4	22.2	48	0.7	23
85 and older	3	100.0	36	0.7	77	2	66.7	24	1.1	31	1	33.3	12	1.9	76
<b>Other Eligibles</b>	446	49.9	4,547	0.8	51	220	24.6	2,283	1.0	59	307	34.3	3,154	1.0	46
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	57	50.4	595	1.2	78	56	49.6	598	1.1	71	55	48.7	543	1.1	48
75-84	194	54.0	2,037	0.8	49	96	26.7	1,003	1.0	59	146	40.7	1,560	1.0	45
85 and older	195	46.2	1,915	0.7	45	68	16.1	682	0.9	47	106	25.1	1,051	0.9	46
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 13,058 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.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					MISC. ENDOCRINE					Benefit Months Among All-Year	
	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-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>1,032</b>	<b>26.5 %</b>	<b>10,892</b>	<b>0.7</b>	<b>\$48</b>	<b>612</b>	<b>15.7 %</b>	<b>6,477</b>	<b>0.8</b>	<b>\$63</b>	<b>3,889</b>	<b>39,144</b>
<b>Female</b>	781	28.0	8,295	0.7	48	534	19.1	5,651	0.8	65	2,792	28,256
<b>Disabled</b>	80	31.7	896	0.7	44	39	15.5	458	0.9	75	252	2,818
64 or younger	39	30.7	434	0.7	43	24	18.9	288	0.9	81	127	1,421
65-74	30	37.0	341	0.6	48	11	13.6	130	0.8	65	81	917
75-84	8	26.7	85	0.6	31	3	10.0	36	0.8	56	30	335
85 and older	3	21.4	36	0.7	53	1	7.1	4	1.0	72	14	145
<b>Other Eligibles</b>	701	27.6	7,399	0.7	49	495	19.5	5,193	0.8	64	2,540	25,438
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	50	36.5	550	0.6	42	29	21.2	313	0.7	53	137	1,427
75-84	213	30.7	2,284	0.6	45	134	19.3	1,404	0.8	64	693	6,978
85 and older	438	25.6	4,565	0.7	51	332	19.4	3,476	0.8	64	1,710	17,033
<b>Male</b>	251	22.9	2,597	0.6	46	78	7.1	826	0.7	53	1,097	10,888
<b>Disabled</b>	51	25.1	569	0.7	40	16	7.9	180	0.7	48	203	2,240
64 or younger	28	25.0	314	0.6	35	10	8.9	119	0.8	57	112	1,201
65-74	17	24.3	194	0.7	49	3	4.3	36	0.4	29	70	804
75-84	5	27.8	49	0.7	46	3	16.7	25	0.5	37	18	199
85 and older	1	33.3	12	1.0	9	0	0.0	0	0.0	0	3	36
<b>Other Eligibles</b>	200	22.4	2,028	0.6	47	62	6.9	646	0.7	54	894	8,648
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	24	21.2	224	0.7	52	4	3.5	33	0.6	44	113	1,112
75-84	85	23.7	899	0.6	46	17	4.7	176	0.8	55	359	3,584
85 and older	91	21.6	905	0.6	48	41	9.7	437	0.7	54	422	3,952
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 1,453 beneficiaries who were in nursing facilities for part of their enrollment and their 13,058 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<sup>a,b</sup>  
SOUTH DAKOTA, 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
<b>All</b>	<b>6,178</b>	<b>43.6 %</b>	<b>3.8</b>	<b>54,158</b>	<b>\$66</b>	<b>\$933,327</b>	<b>\$17</b>	<b>2.0 %</b>	<b>14,161</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	4	66.7	6.2	37	236	1,417	38	6.6	6
15-20	12	26.7	1.9	85	59	2,643	31	1.7	45
21-44	825	32.7	2.4	5,970	50	126,131	21	1.5	2,523
45-64	1,082	41.5	3.9	10,184	74	193,030	19	1.8	2,610
65-74	940	37.8	3.3	8,096	55	136,043	17	2.0	2,485
75-84	1,365	48.9	4.4	12,224	70	194,904	16	2.2	2,793
85 and older	1,950	52.7	4.7	17,562	75	279,159	16	2.7	3,699
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	3,653	50.4	4.5	32,523	72	519,897	16	2.4	7,253
Disabled	2,484	36.6	3.2	21,444	61	410,277	19	1.7	6,778
Adults	40	32.0	1.4	181	22	2,703	15	1.3	125
Children	1	33.3	3.3	10	150	450	45	3.0	3
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
<b>Gender</b>									
Female	4,412	48.2	4.4	40,309	76	691,796	17	2.3	9,153
Male	1,766	35.3	2.8	13,849	48	241,531	17	1.6	5,008
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	5,649	47.4	4.3	51,092	74	885,431	17	2.1	11,915
African American	14	29.2	1.3	61	15	730	12	0.7	48
Other/unknown	515	23.4	1.4	3,005	21	47,166	16	1.3	2,198
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	2,142	55.1	5.5	21,274	90	348,767	16	2.3	3,889
Part year	870	59.9	4.5	6,587	70	102,404	16	2.3	1,453
None	3,166	35.9	3.0	26,297	55	482,156	18	1.9	8,819
<b>Maintenance Assistance Status</b>									
Cash	2,492	35.3	2.8	19,496	49	348,471	18	1.7	7,068
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	62	31.2	1.2	238	20	3,974	17	0.7	199
Other/unknown	3,624	52.6	5.0	34,424	84	580,882	17	2.3	6,894

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a,b</sup>  
SOUTH DAKOTA, 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
<b>All</b>	<b>0.4</b>	<b>\$6</b>	<b>\$17</b>	<b>\$0</b>	<b>\$2</b>	<b>148,977</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	0.6	22	38	0	0	65
15-20	0.2	5	31	0	1	498
21-44	0.2	5	21	0	2	27,945
45-64	0.4	7	19	0	3	28,918
65-74	0.3	5	17	0	2	27,004
75-84	0.4	7	16	0	2	28,654
85 and older	0.5	8	16	0	2	35,893
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.5	7	16	0	2	71,834
Disabled	0.3	5	19	0	2	76,022
Adults	0.2	3	15	0	2	1,071
Children	0.3	15	45	0	0	31
Unknown	0.0	0	0	0	0	19
<b>Gender</b>						
Female	0.4	7	17	0	2	96,392
Male	0.3	5	17	0	2	52,585
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.4	7	17	0	2	124,708
African American	0.1	2	12	0	0	447
Other/unknown	0.1	2	16	0	1	23,822
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	9	16	0	2	39,144
Part year	0.5	8	16	0	2	13,058
None	0.3	5	18	0	2	96,775
<b>Maintenance Assistance Status</b>						
Cash	0.2	4	18	0	2	78,737
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	17	0	0	1,945
Other/unknown	0.5	9	17	0	2	68,295

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a,b,c</sup>  
SOUTH DAKOTA, 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
				%			%
<b>All</b>	<b>8,263</b>	<b>\$113</b>	<b>\$933,327</b>	<b>100.0</b>	<b>54,158</b>	<b>\$17</b>	<b>100.0</b>
Anorexia or weight loss/gain	2	371	741	0.1	7	106	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	7	24	170	0.0	19	9	0.0
Cough and cold medications	1,230	98	120,909	13.0	3,568	34	6.6
Vitamins and minerals	3,036	148	449,778	48.2	24,376	18	45.0
Non-prescription drugs	748	30	22,675	2.4	1,759	13	3.2
Barbiturates	156	108	16,912	1.8	1,988	9	3.7
Benzodiazepines	2,927	102	297,791	31.9	21,661	14	40.0
Other Part D Excl Rx Drugs	157	155	24,351	2.6	780	31	1.4

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
 SOUTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries	14,161
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$45,605,378
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,221

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,896	13.4 %	\$0	0.0 %
1-500	2,116	14.9	433,036	0.9
501-1,000	1,281	9.0	955,951	2.1
1,001-1,500	1,121	7.9	1,400,656	3.1
1,501-2,000	918	6.5	1,601,329	3.5
2,001-2,500	837	5.9	1,877,318	4.1
2,501-3,000	704	5.0	1,935,146	4.2
3,001-3,500	620	4.4	2,010,844	4.4
3,501-4,000	587	4.1	2,197,667	4.8
4,001-4,500	490	3.5	2,078,390	4.6
4,501-5,000	427	3.0	2,024,978	4.4
5,001-5,500	409	2.9	2,148,448	4.7
5,501-6,000	383	2.7	2,204,797	4.8
6,001-6,500	295	2.1	1,840,487	4.0
6,501-7,000	250	1.8	1,687,536	3.7
7,001-7,500	231	1.6	1,670,378	3.7
7,501-8,000	189	1.3	1,465,704	3.2
8,001-8,500	160	1.1	1,317,435	2.9
8,501-9,000	143	1.0	1,248,432	2.7
9,001-9,500	122	0.9	1,126,405	2.5
9,501-10,000	121	0.9	1,178,818	2.6
10,001+	861	6.1	13,201,623	28.9

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b, c</sup>  
 SOUTH DAKOTA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	5,069
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$19,352,692
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,818

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	877	17.3 %	0	0.0 %
1-500	886	17.5	162,867	0.8
501-1,000	386	7.6	288,553	1.5
1,001-1,500	332	6.5	416,028	2.1
1,501-2,000	243	4.8	425,242	2.2
2,001-2,500	207	4.1	464,809	2.4
2,501-3,000	179	3.5	494,983	2.6
3,001-3,500	167	3.3	541,163	2.8
3,501-4,000	160	3.2	598,592	3.1
4,001-4,500	140	2.8	594,310	3.1
4,501-5,000	107	2.1	507,993	2.6
5,001-5,500	121	2.4	634,806	3.3
5,501-6,000	115	2.3	661,557	3.4
6,001-6,500	107	2.1	665,187	3.4
6,501-7,000	97	1.9	655,610	3.4
7,001-7,500	74	1.5	534,188	2.8
7,501-8,000	71	1.4	552,057	2.9
8,001-8,500	78	1.5	642,597	3.3
8,501-9,000	68	1.3	592,364	3.1
9,001-9,500	56	1.1	517,751	2.7
9,501-10,000	60	1.2	584,319	3.0
10,001+	538	10.6	8,817,716	45.6

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
 SOUTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	8,977
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$26,027,197
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,899

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	997	11.1 %	0	0.0 %
1-500	1,191	13.3	264,030	1.0
501-1,000	883	9.8	657,805	2.5
1,001-1,500	782	8.7	976,039	3.8
1,501-2,000	672	7.5	1,170,610	4.5
2,001-2,500	626	7.0	1,403,627	5.4
2,501-3,000	524	5.8	1,437,441	5.5
3,001-3,500	450	5.0	1,459,926	5.6
3,501-4,000	423	4.7	1,584,161	6.1
4,001-4,500	346	3.9	1,467,246	5.6
4,501-5,000	319	3.6	1,512,373	5.8
5,001-5,500	285	3.2	1,497,943	5.8
5,501-6,000	266	3.0	1,531,818	5.9
6,001-6,500	187	2.1	1,168,895	4.5
6,501-7,000	151	1.7	1,018,632	3.9
7,001-7,500	156	1.7	1,129,123	4.3
7,501-8,000	117	1.3	905,677	3.5
8,001-8,500	82	0.9	674,838	2.6
8,501-9,000	75	0.8	656,068	2.5
9,001-9,500	65	0.7	599,651	2.3
9,501-10,000	61	0.7	594,499	2.3
10,001+	319	3.6	4,316,795	16.6

Source: Data for this table are from the MAX 2004 file for South Dakota, 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 <sup>a, b</sup>  
 SOUTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	2,485
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$6,753,629
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,718

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	560	22.5 %	0	0.0 %
1-500	354	14.2	69,430	1.0
501-1,000	220	8.9	165,378	2.4
1,001-1,500	169	6.8	213,208	3.2
1,501-2,000	158	6.4	276,462	4.1
2,001-2,500	133	5.4	296,951	4.4
2,501-3,000	112	4.5	305,769	4.5
3,001-3,500	91	3.7	294,871	4.4
3,501-4,000	76	3.1	285,625	4.2
4,001-4,500	66	2.7	278,032	4.1
4,501-5,000	66	2.7	313,574	4.6
5,001-5,500	62	2.5	325,508	4.8
5,501-6,000	56	2.3	321,826	4.8
6,001-6,500	36	1.4	225,837	3.3
6,501-7,000	29	1.2	196,612	2.9
7,001-7,500	48	1.9	347,465	5.1
7,501-8,000	33	1.3	257,134	3.8
8,001-8,500	21	0.8	172,620	2.6
8,501-9,000	28	1.1	244,935	3.6
9,001-9,500	20	0.8	184,105	2.7
9,501-10,000	15	0.6	145,956	2.2
10,001+	132	5.3	1,832,331	27.1

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
 SOUTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	2,793
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$8,756,802
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,135

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	288	10.3 %	0	0.0 %
1-500	349	12.5	79,456	0.9
501-1,000	235	8.4	175,015	2.0
1,001-1,500	212	7.6	263,126	3.0
1,501-2,000	212	7.6	368,003	4.2
2,001-2,500	202	7.2	451,675	5.2
2,501-3,000	170	6.1	466,377	5.3
3,001-3,500	150	5.4	487,232	5.6
3,501-4,000	130	4.7	486,325	5.6
4,001-4,500	121	4.3	514,377	5.9
4,501-5,000	102	3.7	484,192	5.5
5,001-5,500	90	3.2	473,707	5.4
5,501-6,000	99	3.5	571,358	6.5
6,001-6,500	60	2.1	375,069	4.3
6,501-7,000	58	2.1	391,146	4.5
7,001-7,500	51	1.8	369,162	4.2
7,501-8,000	45	1.6	347,999	4.0
8,001-8,500	32	1.1	263,089	3.0
8,501-9,000	25	0.9	218,595	2.5
9,001-9,500	23	0.8	212,575	2.4
9,501-10,000	26	0.9	253,026	2.9
10,001+	113	4.0	1,505,298	17.2

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
 SOUTH DAKOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	3,699
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$10,516,766
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,843

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	149	4.0 %	0	0.0 %
1-500	488	13.2	115,144	1.1
501-1,000	428	11.6	317,412	3.0
1,001-1,500	401	10.8	499,705	4.8
1,501-2,000	302	8.2	526,145	5.0
2,001-2,500	291	7.9	655,001	6.2
2,501-3,000	242	6.5	665,295	6.3
3,001-3,500	209	5.7	677,823	6.4
3,501-4,000	217	5.9	812,211	7.7
4,001-4,500	159	4.3	674,837	6.4
4,501-5,000	151	4.1	714,607	6.8
5,001-5,500	133	3.6	698,728	6.6
5,501-6,000	111	3.0	638,634	6.1
6,001-6,500	91	2.5	567,989	5.4
6,501-7,000	64	1.7	430,874	4.1
7,001-7,500	57	1.5	412,496	3.9
7,501-8,000	39	1.1	300,544	2.9
8,001-8,500	29	0.8	239,129	2.3
8,501-9,000	22	0.6	192,538	1.8
9,001-9,500	22	0.6	202,971	1.9
9,501-10,000	20	0.5	195,517	1.9
10,001+	74	2.0	979,166	9.3

Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>14,161</b>	<b>7,253</b>	<b>6,778</b>	<b>125</b>	<b>3</b>	<b>2</b>	<b>148,977</b>	<b>71,834</b>	<b>76,022</b>	<b>1,071</b>	<b>31</b>	<b>19</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	6	0	5	0	1	0	65	0	53	0	12	0
15-20	45	0	43	0	2	0	498	0	479	0	19	0
21-44	2,523	0	2,444	79	0	0	27,945	0	27,300	645	0	0
45-64	2,610	1	2,577	30	0	2	28,918	12	28,603	284	0	19
65-74	2,485	1,156	1,313	16	0	0	27,004	11,810	15,052	142	0	0
75-84	2,793	2,460	333	0	0	0	28,654	24,820	3,834	0	0	0
85 and older	3,699	3,636	63	0	0	0	35,893	35,192	701	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	9,153	5,291	3,776	83	1	2	96,392	53,165	42,461	740	7	19
Male	5,008	1,962	3,002	42	2	0	52,585	18,669	33,561	331	24	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	11,915	6,755	5,087	68	3	2	124,708	66,862	57,228	568	31	19
African American	48	8	36	4	0	0	447	66	354	27	0	0
Other/unknown	2,198	490	1,655	53	0	0	23,822	4,906	18,440	476	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,889	3,434	455	0	0	0	39,144	34,086	5,058	0	0	0
Part year	1,453	1,217	235	1	0	0	13,058	10,661	2,385	12	0	0
None	8,819	2,602	6,088	124	3	2	96,775	27,087	68,579	1,059	31	19
<b>Maintenance Assistance Status</b>												
Cash	7,068	1,971	5,018	78	1	0	78,737	21,688	56,335	702	12	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	199	95	93	9	0	2	1,945	903	960	63	0	19
Other/unknown	6,894	5,187	1,667	38	2	0	68,295	49,243	18,727	306	19	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	13,652	6,927	6,607	113	3	2	143,727	68,486	74,263	928	31	19
Full dual, part year	509	326	171	12	0	0	5,250	3,348	1,759	143	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	14,161	7,253	6,778	125	3	2	148,977	71,834	76,022	1,071	31	19
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0



Source: Data for this table are from the MAX 2004 file for South Dakota, 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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
<b>All</b>	<b>14,161</b>	<b>148,977</b>	<b>14,161</b>	<b>148,977</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	14,161	148,977	14,161	148,977	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for South Dakota, 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.