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

LIST OF TABLES

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

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**776,575**	**10,573**	**79,650**	**226,539**	**459,654**	**159**	**7,553,580**	**108,594**	**860,059**	**2,109,457**	**4,474,112**	**1,358**
Age												
5 and younger	184,869	5	5,799	42	179,023	0	1,722,074	50	60,962	169	1,660,893	0
6-14	210,235	1	12,454	13	197,767	0	2,138,974	6	141,125	41	1,997,802	0
15-20	122,061	6	8,994	30,865	82,196	0	1,197,085	58	99,936	285,203	811,888	0
21-44	205,838	57	21,885	183,462	433	1	1,956,161	459	238,112	1,714,521	3,060	9
45-64	42,637	238	30,092	12,146	3	158	428,822	2,096	315,894	109,450	33	1,349
65-74	3,019	2,629	384	5	1	0	31,055	27,323	3,684	36	12	0
75-84	4,260	4,226	32	2	0	0	44,470	44,176	278	16	0	0
85 and older	3,424	3,410	10	4	0	0	34,508	34,419	68	21	0	0
Unknown	232	1	0	0	231	0	431	7	0	0	424	0
Gender												
Female	480,050	6,361	39,449	204,922	229,159	159	4,655,556	64,843	429,702	1,927,067	2,232,586	1,358
Male	296,409	4,172	40,198	21,608	230,431	0	2,896,895	43,348	430,321	182,294	2,240,932	0
Unknown	116	40	3	9	64	0	1,129	403	36	96	594	0
Race												
White	319,539	3,289	26,560	104,759	184,866	65	3,076,861	30,272	281,788	966,841	1,797,391	569
African American	392,863	1,975	35,451	113,163	242,188	86	3,865,164	17,836	384,780	1,083,625	2,378,209	714
Other/unknown	64,173	5,309	17,639	8,617	32,600	8	611,555	60,486	193,491	58,991	298,512	75
Use of Nursing Facilities[c]												
Entire year	593	199	394	0	0	0	6,378	2,056	4,322	0	0	0
Part year	400	129	270	1	0	0	3,983	1,249	2,730	4	0	0
None	775,582	10,245	78,986	226,538	459,654	159	7,543,219	105,289	853,007	2,109,453	4,474,112	1,358
Maintenance Assistance Status												
Cash	235,511	874	68,720	73,084	92,833	0	2,329,694	9,081	758,424	646,708	915,481	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	365,225	1,877	6,884	27,074	329,231	159	3,440,088	16,578	59,607	200,765	3,161,780	1,358
Other/unknown	175,839	7,822	4,046	126,381	37,590	0	1,783,798	82,935	42,028	1,261,984	396,851	0
Managed Care (MC) Status						0						
Fee-for-service (FFS) all year	736,752	10,572	77,692	219,729	428,602	157	7,341,920	108,588	847,253	2,071,363	4,313,374	1,342
FFS part year, with Rx claims	20,037	1	1,480	4,608	13,946	2	129,507	6	10,380	28,952	90,153	16
FFS part year, no Rx claims	19,786	0	478	2,202	17,106	0	82,153	0	2,426	9,142	70,585	0

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

a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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.

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**59.7 %**	**6.5**	**$384**	**$59**	**$2,407**	**15.9 %**	**776,575**
Age							
5 and younger	66.6	4.4	183	42	1,845	9.9	184,869
6-14	59.2	4.9	324	67	1,569	20.6	210,235
15-20	57.3	5.1	282	56	2,344	12.0	122,061
21-44	54.2	6.9	404	58	2,573	15.7	205,838
45-64	74.9	26.4	1,744	66	8,394	20.8	42,637
65-74	34.7	12.7	695	55	4,249	16.4	3,019
75-84	19.2	6.8	348	51	1,743	20.0	4,260
85 and older	11.4	4.0	193	48	1,166	16.6	3,424
Unknown	0.0	0.0	0	0	0	0.0	232
Basis of Eligibility[e]							
Aged	20.7	7.4	403	54	2,385	16.9	10,573
Disabled	76.1	22.0	1,727	79	9,702	17.8	79,650
Adults	52.3	5.6	245	44	1,608	15.3	226,539
Children	61.4	4.3	218	51	1,533	14.2	459,654
Unknown	84.9	22.4	1,376	62	11,783	11.7	159
Gender							
Female	58.8	6.7	361	54	2,219	16.3	480,050
Male	61.2	6.3	421	67	2,711	15.5	296,409
Unknown	50.9	6.1	270	44	969	27.8	116
Race							
White	63.7	7.8	449	58	2,475	18.1	319,539
African American	57.3	5.4	308	58	2,208	14.0	392,863
Other/unknown	54.3	7.5	523	70	3,283	15.9	64,173
Use of Nursing Facilities[f]							
Entire year	53.5	32.1	1,883	59	44,458	4.2	593
Part year	78.7	32.0	2,021	63	49,541	4.1	400
None	59.7	6.5	382	59	2,350	16.2	775,582
Maintenance Assistance Status							
Cash	69.9	11.4	760	67	4,017	18.9	235,511
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	61.4	4.5	224	50	1,716	13.0	365,225
Other/unknown	42.4	4.2	213	50	1,684	12.7	175,839

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

a. Table ND.3 includes beneficiaries represented by Cell K 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 fost 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.

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

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**0.7**	**$40**	**15.9 %**	**40.3 %**	**47.6 %**	**5.9 %**	**4.9 %**	**1.1 %**	**0.1 %**	**$247**	**776,575**	**7,553,580**
Age												
5 and younger	0.5	20	9.9	33.4	60.3	4.6	1.6	0.1	0.0	198	184,869	1,722,074
6-14	0.5	32	20.6	40.8	51.1	5.0	2.9	0.3	0.0	154	210,235	2,138,974
15-20	0.5	29	12.0	42.7	48.5	5.3	3.0	0.4	0.0	239	122,061	1,197,085
21-44	0.7	43	15.7	45.8	39.5	7.2	6.4	1.0	0.1	271	205,838	1,956,161
45-64	2.6	173	20.8	25.1	23.1	12.3	26.8	11.5	1.2	835	42,637	428,822
65-74	1.2	68	16.4	65.3	9.4	6.2	13.2	5.7	0.3	413	3,019	31,055
75-84	0.7	33	20.0	80.8	5.2	3.3	8.0	2.5	0.2	167	4,260	44,470
85 and older	0.4	19	16.6	88.6	3.1	2.3	4.1	1.9	0.0	116	3,424	34,508
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	232	431
Basis of Eligibility[e]												
Aged	0.7	39	16.9	79.3	5.6	3.8	8.0	3.1	0.2	232	10,573	108,594
Disabled	2.0	160	17.8	23.9	33.5	12.1	21.4	8.2	0.8	899	79,650	860,059
Adults	0.6	26	15.3	47.7	40.2	6.5	5.0	0.5	0.0	173	226,539	2,109,457
Children	0.4	22	14.2	38.6	54.7	4.6	2.0	0.1	0.0	158	459,654	4,474,112
Unknown	2.6	161	11.7	15.1	20.8	25.8	34.0	4.4	0.0	1,380	159	1,358
Gender												
Female	0.7	37	16.3	41.2	46.4	5.9	5.1	1.2	0.1	229	480,050	4,655,556
Male	0.6	43	15.5	38.8	49.6	5.9	4.7	0.9	0.1	277	296,409	2,896,895
Unknown	0.6	28	27.8	49.1	36.2	2.6	10.3	0.9	0.9	100	116	1,129
Race												
White	0.8	47	18.1	36.3	48.4	7.4	6.5	1.4	0.1	257	319,539	3,076,861
African American	0.5	31	14.0	42.7	48.2	4.8	3.5	0.8	0.1	224	392,863	3,865,164
Other/unknown	0.8	55	15.9	45.7	40.6	5.5	6.2	1.8	0.2	345	64,173	611,555
Use of Nursing Facilities[f]												
Entire year	3.0	175	4.2	46.5	8.1	4.4	17.0	18.4	5.6	4,134	593	6,378
Part year	3.2	203	4.1	21.3	19.0	11.3	28.5	17.8	2.3	4,975	400	3,983
None	0.7	39	16.2	40.3	47.7	5.9	4.9	1.1	0.1	242	775,582	7,543,219
Maintenance Assistance Status												
Cash	1.2	77	18.9	30.1	46.9	9.1	10.7	3.0	0.3	406	235,511	2,329,694
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	24	13.0	38.6	54.1	4.8	2.2	0.3	0.0	182	365,225	3,440,088
Other/unknown	0.4	21	12.7	57.6	35.2	3.9	2.8	0.4	0.0	166	175,839	1,783,798

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

a. Table ND.4 includes the beneficiaries represented by Cell K 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.

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

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.7**	**$40**	**$59**	**0.3**	**$31**	**$107**	**0.0**	**$2**	**$59**	**0.3**	**$6**	**$18**
Age												
5 and younger	0.5	20	42	0.2	14	76	0.1	2	39	0.2	4	17
6-14	0.5	32	67	0.3	27	101	0.0	1	53	0.2	4	20
15-20	0.5	29	56	0.2	23	99	0.0	1	54	0.3	5	18
21-44	0.7	43	58	0.3	33	118	0.0	3	69	0.4	7	17
45-64	2.6	173	66	1.1	135	127	0.1	12	89	1.4	27	19
65-74	1.2	68	55	0.5	55	100	0.1	3	53	0.6	10	15
75-84	0.7	33	51	0.3	27	83	0.0	1	46	0.3	5	16
85 and older	0.4	19	48	0.2	15	84	0.0	1	41	0.2	3	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.7	39	54	0.3	32	94	0.0	2	51	0.3	6	16
Disabled	2.0	160	79	0.9	129	147	0.1	10	89	1.0	21	20
Adults	0.6	26	44	0.2	19	86	0.0	2	56	0.3	5	16
Children	0.4	22	51	0.2	17	85	0.0	1	42	0.2	4	18
Unknown	2.6	161	62	0.9	125	135	0.1	7	61	1.6	29	19
Gender												
Female	0.7	37	54	0.3	29	101	0.0	2	56	0.4	6	17
Male	0.6	43	67	0.3	35	115	0.0	3	65	0.3	6	20
Unknown	0.6	28	44	0.3	22	78	0.0	1	28	0.3	5	15
Race												
White	0.8	47	58	0.3	36	103	0.0	3	64	0.4	8	19
African American	0.5	31	58	0.2	25	107	0.0	2	54	0.3	5	17
Other/unknown	0.8	55	70	0.3	44	127	0.1	3	63	0.4	7	19
Use of Nursing Facilities[e]												
Entire year	3.0	175	59	1.1	133	116	0.2	9	50	1.6	33	20
Part year	3.2	203	63	1.2	153	127	0.2	12	75	1.8	36	20
None	0.7	39	59	0.3	31	107	0.0	2	59	0.3	6	18
Maintenance Assistance Status												
Cash	1.2	77	67	0.5	60	126	0.1	5	77	0.6	11	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	24	50	0.2	18	87	0.0	2	43	0.2	4	17
Other/unknown	0.4	21	50	0.2	16	85	0.0	1	47	0.2	3	17

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

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

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

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	$12	$9	$1	$2	$57	$113	$67	$18	674,951	$38,183,524	282,271	36.3 %	3,069,645
Biologicals	0.3	0.1	0.0	0.2	313	13	6	295	1137	177	2,130	1,461	299	339,935	92	0.0	1,085
Antineoplastic Agents	0.4	0.1	0.0	0.3	119	103	1	15	290	793	171	55	9,572	2,774,108	2,139	0.3	23,268
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	21	15	2	4	51	82	33	21	521,735	26,354,232	116,628	15.0	1,271,700
Cardiovascular Agents	0.9	0.4	0.0	0.5	36	29	1	6	38	71	36	12	557,566	21,218,162	54,752	7.1	595,903
Respiratory Agents	0.4	0.2	0.0	0.1	18	15	1	3	51	79	34	18	942,333	48,483,875	240,406	31.0	2,620,905
Gastrointestinal Agents	0.3	0.1	0.0	0.2	19	15	1	3	61	132	67	16	204,234	12,431,496	61,589	7.9	667,671
Genitourinary Agents	0.2	0.1	0.0	0.1	9	6	1	2	47	68	42	23	64,995	3,068,424	32,512	4.2	350,411
CNS Drugs	0.6	0.3	0.0	0.3	56	48	2	6	90	163	92	20	554,283	49,899,637	81,997	10.6	894,383
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	53	50	0	3	89	98	63	39	234,752	20,781,646	34,989	4.5	389,524
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.1	132	130	0	2	317	372	111	29	6,134	1,946,910	1,340	0.2	14,803
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	13	8	1	4	41	162	267	15	507,568	20,957,341	151,967	19.6	1,649,481
Neuromuscular Agents	0.5	0.2	0.1	0.3	44	30	8	5	85	152	130	21	251,326	21,390,941	44,316	5.7	488,021
Nutritional Products	0.3	0.1	0.0	0.2	3	1	0	2	12	16	10	11	106,619	1,256,687	39,000	5.0	409,331
Hematological Agents	0.4	0.1	0.0	0.2	56	52	2	3	155	349	45	15	50,624	7,823,582	12,767	1.6	138,494
Topical Products	0.2	0.1	0.0	0.1	10	7	1	2	48	80	49	22	367,402	17,670,194	164,343	21.2	1,790,266
Miscellaneous Products	0.6	0.3	0.1	0.2	214	134	49	31	348	528	343	142	8,566	2,981,623	1,249	0.2	13,937
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	31	0	0	0	14,581	450,337	7,729	1.0	86,810
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,077,540	298,012,654	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$29,751,852	21,750	2.8 %	245,903	0.5	$225	$121
ANTIASTHMATIC	25,339,235	128,698	16.6	1,420,980	0.2	73	18
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	20,780,431	43,506	5.6	488,107	0.5	89	43
ANTICONVULSANT	18,957,570	27,778	3.6	310,271	0.6	109	61
ANTIDEPRESSANTS	16,651,691	62,548	8.1	682,523	0.4	64	24
ANTIVIRAL	13,763,781	11,002	1.4	119,536	0.3	371	115
DERMATOLOGICAL	13,199,380	153,994	19.8	1,697,447	0.1	54	8
ANALGESICS - Narcotic	11,901,431	155,222	20.0	1,695,469	0.2	37	7
ANTIDIABETIC	10,671,196	25,477	3.3	279,673	0.5	71	38
ANTIHISTAMINES	10,565,593	121,898	15.7	1,364,516	0.2	42	8
Total	171,582,160	751,873		8,304,425	n.a.	n.a.	n.a.

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

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIASTHMATIC				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	2,158,684	$171,582,160	21,750	2.8 %	245,903	0.5	$121	128,698	16.6 %	1,420,980	0.2	$18
Female	1,238,381	92,251,357	11,688	2.4	131,358	0.5	112	65,170	13.6	718,677	0.2	17
Disabled	454,383	44,775,895	7,215	18.3	83,066	0.6	143	13,163	33.4	151,117	0.4	27
5 and younger	9,775	766,397	11	0.4	127	0.5	73	1,306	53.1	15,027	0.3	23
6-14	31,763	2,845,428	376	9.1	4,407	0.5	96	1,485	35.9	17,372	0.3	25
15-20	23,286	2,324,623	423	13.1	4,904	0.6	125	665	20.6	7,683	0.3	24
21-44	129,033	14,501,214	2,821	24.4	32,312	0.6	141	2,743	23.7	31,356	0.3	21
45-64	257,812	24,148,288	3,554	20.0	40,969	0.6	153	6,877	38.7	78,794	0.4	30
65-74	2,641	186,981	29	11.2	335	0.7	137	87	33.7	885	0.5	42
75-84	73	2,964	1	7.1	12	0.1	13	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	783,998	47,475,462	4,473	1.0	48,292	0.3	58	52,007	11.8	567,560	0.2	15
5 and younger	115,716	6,064,498	27	0.0	324	0.3	49	17,637	20.2	190,484	0.2	14
6-14	197,358	13,352,473	789	0.8	8,954	0.4	64	16,293	16.6	182,836	0.2	17
15-20	119,396	6,763,094	920	1.3	10,226	0.3	52	6,692	9.5	74,239	0.2	12
21-44	293,878	17,170,171	2,326	1.4	24,389	0.3	53	9,687	5.7	102,127	0.2	12
45-64	46,030	3,353,098	270	2.9	2,853	0.4	74	1,408	15.3	14,568	0.3	21
65-74	5,303	379,420	56	3.8	639	0.6	140	136	9.2	1,543	0.4	28
75-84	4,639	294,149	54	2.2	595	0.5	99	129	5.3	1,475	0.4	26
85 and older	1,678	98,559	31	1.4	312	0.5	72	25	1.1	288	0.3	21
Male	920,087	79,318,885	10,060	3.4	114,535	0.6	132	63,517	21.4	702,197	0.2	19
Disabled	334,194	38,358,783	6,702	16.7	77,384	0.7	157	9,893	24.6	113,373	0.3	27
5 and younger	15,090	1,156,641	61	1.8	684	0.4	68	1,994	59.7	22,789	0.3	25
6-14	75,734	6,982,824	1,254	15.1	14,533	0.5	101	3,158	38.0	36,843	0.3	24
15-20	40,342	4,387,433	988	17.1	11,473	0.6	128	1,106	19.2	12,895	0.3	21
21-44	90,595	13,056,996	2,554	24.7	29,459	0.7	183	1,023	9.9	11,707	0.3	25
45-64	111,582	12,700,280	1,835	14.9	21,119	0.7	177	2,593	21.1	28,935	0.4	35
65-74	779	69,745	10	7.9	116	0.8	299	17	13.5	180	0.4	28
75-84	67	4,631	0	0.0	0	0.0	0	2	11.1	24	0.3	22
85 and older	5	233	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	585,893	40,960,102	3,358	1.3	37,151	0.4	78	53,624	20.9	588,824	0.2	17
5 and younger	142,663	8,159,948	114	0.1	1,288	0.3	56	25,057	27.4	270,049	0.2	16
6-14	293,996	21,658,827	1,796	1.8	20,330	0.4	76	22,326	22.4	250,950	0.3	18
15-20	85,396	6,157,294	909	2.1	9,996	0.4	82	4,731	11.1	52,569	0.2	15
21-44	41,665	3,131,399	344	2.3	3,475	0.3	81	917	6.2	9,051	0.3	16
45-64	16,096	1,463,827	95	2.9	985	0.4	84	438	13.2	4,425	0.4	28
65-74	2,556	186,981	46	4.0	516	0.7	131	69	6.0	790	0.3	22
75-84	2,361	145,021	36	2.0	369	0.5	83	62	3.5	709	0.4	27
85 and older	1,160	56,805	18	1.6	192	0.4	59	24	2.1	281	0.3	25
Unknown	216	11,918	2	0.6	10	0.9	150	11	3.2	106	0.1	7

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

a. Table ND.7A includes the beneficiaries represented by Cell K 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 ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**43,506**	**5.6 %**	**488,107**	**0.5**	**$43**	**27,778**	**3.6 %**	**310,271**	**0.6**	**$61**	**62,548**	**8.1 %**	**682,523**	**0.4**	**$24**
Female	12,683	2.6	142,406	0.5	41	16,870	3.5	187,437	0.5	57	45,819	9.5	497,751	0.4	24
Disabled	2,007	5.1	23,336	0.5	45	8,879	22.5	102,383	0.6	72	14,465	36.7	165,937	0.5	30
5 and younger	62	2.5	688	0.3	29	258	10.5	3,043	0.6	72	11	0.4	120	0.2	5
6-14	1,139	27.5	13,324	0.5	44	713	17.2	8,343	0.7	87	471	11.4	5,498	0.5	23
15-20	369	11.4	4,295	0.6	48	615	19.1	7,167	0.7	99	684	21.2	7,907	0.4	26
21-44	239	2.1	2,750	0.4	46	3,159	27.3	36,382	0.7	80	5,036	43.6	57,586	0.4	29
45-64	196	1.1	2,255	0.3	50	4,102	23.1	47,100	0.6	58	8,206	46.1	94,182	0.5	32
65-74	2	0.8	24	0.3	8	31	12.0	336	0.6	33	55	21.3	620	0.6	21
75-84	0	0.0	0	0.0	0	1	7.1	12	0.2	12	2	14.3	24	0.5	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	10,676	2.4	119,070	0.4	40	7,991	1.8	85,054	0.4	39	31,354	7.1	331,814	0.3	21
5 and younger	442	0.5	4,944	0.3	27	219	0.3	2,379	0.4	38	111	0.1	1,248	0.3	10
6-14	7,746	7.9	86,765	0.5	40	928	0.9	10,385	0.4	47	2,813	2.9	31,834	0.4	20
15-20	1,510	2.1	17,049	0.4	38	1,055	1.5	11,670	0.4	51	5,470	7.8	60,271	0.3	19
21-44	868	0.5	9,171	0.3	40	4,916	2.9	51,193	0.4	33	20,089	11.9	208,603	0.3	21
45-64	109	1.2	1,134	0.4	51	708	7.7	7,538	0.4	44	2,534	27.5	26,074	0.4	26
65-74	0	0.0	0	0.0	0	71	4.8	809	0.6	43	129	8.7	1,442	0.5	24
75-84	1	0.0	7	0.1	38	67	2.7	773	0.5	37	145	5.9	1,658	0.6	28
85 and older	0	0.0	0	0.0	0	27	1.2	307	0.5	36	63	2.8	684	0.5	26
Male	30,820	10.4	345,674	0.5	43	10,906	3.7	122,818	0.6	68	16,724	5.6	184,741	0.4	25
Disabled	5,566	13.8	64,664	0.5	49	7,250	18.0	83,393	0.7	80	7,118	17.7	81,285	0.5	29
5 and younger	226	6.8	2,586	0.4	30	319	9.6	3,681	0.6	69	39	1.2	445	0.2	10
6-14	3,868	46.5	44,950	0.6	50	1,330	16.0	15,560	0.7	84	1,174	14.1	13,636	0.5	25
15-20	1,240	21.5	14,431	0.5	51	929	16.1	10,764	0.7	99	1,026	17.8	11,925	0.5	30
21-44	164	1.6	1,925	0.5	52	2,532	24.5	29,126	0.8	92	2,220	21.5	25,184	0.5	33
45-64	67	0.5	760	0.4	48	2,132	17.3	24,174	0.6	55	2,639	21.5	29,865	0.5	27
65-74	1	0.8	12	0.6	102	8	6.3	88	0.9	47	20	15.9	230	0.5	28
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	25,254	9.9	281,010	0.5	42	3,656	1.4	39,425	0.4	43	9,606	3.8	103,456	0.4	21
5 and younger	1,251	1.4	13,925	0.3	27	383	0.4	4,282	0.4	36	155	0.2	1,756	0.3	13
6-14	20,336	20.4	226,499	0.5	43	1,337	1.3	15,051	0.4	43	3,811	3.8	43,179	0.4	20
15-20	3,491	8.2	38,839	0.4	42	712	1.7	7,824	0.4	53	2,595	6.1	28,481	0.4	22
21-44	133	0.9	1,329	0.4	45	846	5.7	8,337	0.4	38	2,211	14.9	21,628	0.3	23
45-64	42	1.3	406	0.5	62	283	8.5	2,837	0.4	44	666	20.0	6,563	0.4	25
65-74	0	0.0	0	0.0	0	35	3.1	413	0.6	37	65	5.7	695	0.6	32
75-84	1	0.1	12	0.2	1	41	2.3	467	0.6	35	64	3.6	719	0.5	30
85 and older	0	0.0	0	0.0	0	19	1.6	214	0.6	15	39	3.4	435	0.7	36
Unknown	3	0.9	27	0.6	26	2	0.6	16	0.7	20	5	1.4	31	0.3	18

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

a. Table ND.7B includes the beneficiaries represented by Cell K 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 ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANTIVIRAL					DERMATOLOGICAL					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**11,002**	**1.4 %**	**119,536**	**0.3**	**$115**	**153,994**	**19.8 %**	**1,697,447**	**0.1**	**$8**	**155,222**	**20.0 %**	**1,695,469**	**0.2**	**$7**
Female	7,526	1.6	81,644	0.3	96	90,190	18.8	994,952	0.1	8	113,186	23.6	1,233,731	0.2	6
Disabled	1,881	4.8	21,195	0.4	202	9,440	23.9	110,670	0.2	8	21,936	55.6	252,562	0.3	16
5 and younger	37	1.5	441	0.5	101	1,040	42.3	12,129	0.1	7	230	9.4	2,693	0.1	1
6-14	97	2.3	1,104	0.6	186	1,469	35.5	17,334	0.2	9	585	14.1	6,886	0.2	2
15-20	60	1.9	705	0.4	144	977	30.3	11,497	0.2	8	1,070	33.2	12,477	0.2	5
21-44	878	7.6	9,800	0.4	191	2,513	21.7	29,477	0.2	8	7,741	67.0	89,133	0.3	15
45-64	806	4.5	9,112	0.5	224	3,415	19.2	39,950	0.2	9	12,204	68.6	140,172	0.3	19
65-74	3	1.2	33	0.5	209	22	8.5	238	0.1	5	97	37.6	1,096	0.3	7
75-84	0	0.0	0	0.0	0	4	28.6	45	0.2	7	9	64.3	105	0.2	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,645	1.3	60,449	0.2	59	80,750	18.3	884,282	0.1	8	91,250	20.7	981,169	0.2	4
5 and younger	515	0.6	5,696	0.1	14	32,296	36.9	345,094	0.1	7	3,151	3.6	35,503	0.1	1
6-14	673	0.7	7,700	0.2	63	22,831	23.3	259,112	0.1	9	7,687	7.8	87,369	0.1	1
15-20	1,041	1.5	11,292	0.2	36	11,995	17.1	134,663	0.1	9	18,452	26.3	202,862	0.1	1
21-44	3,196	1.9	33,454	0.2	67	12,210	7.2	130,193	0.1	7	57,040	33.7	603,726	0.2	4
45-64	205	2.2	2,140	0.4	169	1,178	12.8	12,517	0.1	8	4,424	48.0	46,108	0.3	11
65-74	4	0.3	44	0.3	178	104	7.0	1,207	0.2	11	244	16.5	2,787	0.2	7
75-84	6	0.2	63	0.1	21	83	3.4	906	0.2	10	179	7.3	2,064	0.3	10
85 and older	5	0.2	60	0.1	7	53	2.4	590	0.2	10	73	3.3	750	0.2	13
Male	3,475	1.2	37,882	0.4	157	63,783	21.5	702,268	0.1	8	42,020	14.2	461,588	0.2	10
Disabled	1,841	4.6	19,913	0.5	246	7,898	19.6	92,250	0.2	9	12,562	31.3	142,297	0.3	19
5 and younger	48	1.4	557	0.4	45	1,158	34.7	13,366	0.1	8	380	11.4	4,429	0.1	1
6-14	116	1.4	1,382	0.4	122	2,232	26.8	26,360	0.1	8	1,071	12.9	12,656	0.1	2
15-20	60	1.0	691	0.3	132	1,370	23.8	16,084	0.2	9	1,178	20.4	13,726	0.2	4
21-44	830	8.0	8,663	0.5	254	1,638	15.9	19,189	0.2	10	3,855	37.3	43,664	0.3	19
45-64	787	6.4	8,620	0.6	280	1,490	12.1	17,131	0.2	10	6,041	49.1	67,393	0.4	26
65-74	0	0.0	0	0.0	0	9	7.1	108	0.2	27	35	27.8	405	0.3	9
75-84	0	0.0	0	0.0	0	1	5.6	12	0.1	3	2	11.1	24	0.5	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,634	0.6	17,969	0.2	57	55,885	21.8	610,018	0.1	8	29,458	11.5	319,291	0.2	5
5 and younger	528	0.6	5,824	0.1	7	30,642	33.5	324,181	0.1	7	4,529	4.9	51,056	0.1	1
6-14	508	0.5	5,842	0.2	44	16,721	16.8	190,786	0.1	7	8,044	8.1	91,866	0.1	1
15-20	318	0.7	3,454	0.2	39	7,194	16.8	81,261	0.2	10	7,847	18.3	86,369	0.1	1
21-44	222	1.5	2,302	0.3	151	912	6.2	9,265	0.1	10	7,045	47.6	69,624	0.3	15
45-64	51	1.5	463	0.5	525	280	8.4	2,949	0.2	13	1,754	52.7	17,607	0.3	23
65-74	3	0.3	36	0.2	13	56	4.9	639	0.2	8	92	8.1	1,068	0.3	8
75-84	1	0.1	12	0.1	7	57	3.2	666	0.2	7	99	5.6	1,138	0.3	12
85 and older	3	0.3	36	0.1	16	23	2.0	271	0.1	5	48	4.1	563	0.3	5
Unknown	1	0.3	10	0.1	4	21	6.0	227	0.1	7	16	4.6	150	0.3	20

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

a. Table ND.7C includes the beneficiaries represented by Cell K 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 ND.7D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHISTAMINES					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month		
All	**25,477**	**3.3 %**	**279,673**	**0.5**	**$38**	**121,898**	**15.7 %**	**1,364,516**	**0.2**	**$8**	**776,575**	**7,553,580**
Female	18,893	3.9	207,988	0.5	38	71,649	14.9	797,028	0.2	7	479,941	4,655,350
Disabled	10,283	26.1	118,289	0.6	42	9,078	23.0	105,437	0.3	11	39,449	429,702
5 and younger	3	0.1	36	0.8	41	606	24.6	7,080	0.2	5	2,459	25,929
6-14	81	2.0	949	0.6	33	1,116	27.0	13,101	0.2	11	4,139	46,756
15-20	124	3.8	1,449	0.5	39	766	23.7	8,945	0.2	11	3,226	35,954
21-44	1,842	15.9	21,028	0.5	37	2,693	23.3	31,177	0.2	10	11,558	126,992
45-64	8,114	45.6	93,461	0.6	43	3,865	21.7	44,771	0.3	14	17,791	191,432
65-74	115	44.6	1,318	0.7	44	30	11.6	342	0.4	18	258	2,482
75-84	4	28.6	48	0.5	25	2	14.3	21	0.1	2	14	133
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	24
Other Eligibles	8,610	2.0	89,699	0.5	32	62,571	14.2	691,591	0.2	7	440,492	4,225,648
5 and younger	66	0.1	711	0.6	40	14,536	16.6	163,225	0.1	4	87,497	811,259
6-14	622	0.6	6,927	0.5	41	19,769	20.1	223,744	0.2	9	98,169	990,200
15-20	799	1.1	8,683	0.4	33	11,219	16.0	124,019	0.2	7	70,286	680,371
21-44	4,763	2.8	48,986	0.4	29	15,555	9.2	164,660	0.2	6	169,149	1,596,226
45-64	1,771	19.2	17,793	0.5	36	1,277	13.9	13,479	0.2	11	9,217	84,475
65-74	294	19.9	3,288	0.6	37	100	6.8	1,154	0.2	12	1,479	15,466
75-84	220	9.0	2,465	0.6	33	70	2.9	804	0.3	14	2,450	25,464
85 and older	75	3.3	846	0.5	25	45	2.0	506	0.3	10	2,245	22,187
Male	6,567	2.2	71,538	0.6	39	50,243	17.0	567,421	0.2	8	296,286	2,896,670
Disabled	3,959	9.8	44,760	0.6	39	6,678	16.6	77,786	0.3	12	40,198	430,321
5 and younger	12	0.4	144	0.4	31	954	28.6	11,093	0.2	6	3,339	35,021
6-14	78	0.9	930	0.6	40	2,315	27.8	27,269	0.3	12	8,315	94,369
15-20	98	1.7	1,142	0.6	39	947	16.4	11,148	0.3	13	5,768	63,982
21-44	790	7.7	9,102	0.5	40	1,274	12.3	14,715	0.3	12	10,326	111,108
45-64	2,945	23.9	33,024	0.6	39	1,178	9.6	13,445	0.3	13	12,300	124,450
65-74	31	24.6	358	0.7	27	8	6.3	92	0.4	20	126	1,202
75-84	5	27.8	60	0.6	53	1	5.6	12	1.0	65	18	145
85 and older	0	0.0	0	0.0	0	1	16.7	12	0.4	19	6	44
Other Eligibles	2,608	1.0	26,778	0.5	40	43,565	17.0	489,635	0.2	8	256,088	2,466,349
5 and younger	83	0.1	900	0.7	43	16,626	18.2	186,553	0.2	5	91,541	849,556
6-14	419	0.4	4,660	0.6	45	20,189	20.3	229,082	0.2	10	99,588	1,007,448
15-20	366	0.9	3,957	0.6	52	5,302	12.4	59,278	0.2	10	42,771	416,658
21-44	822	5.6	7,989	0.5	37	1,091	7.4	10,926	0.2	7	14,798	121,763
45-64	638	19.2	6,087	0.5	37	273	8.2	2,818	0.2	12	3,327	28,441
65-74	125	11.0	1,397	0.6	33	31	2.7	351	0.2	11	1,141	11,738
75-84	116	6.6	1,351	0.6	25	32	1.8	384	0.3	15	1,762	18,576
85 and older	39	3.4	437	0.7	27	21	1.8	243	0.3	12	1,160	12,169
Unknown	17	4.9	147	0.5	21	6	1.7	67	0.1	5	348	1,560

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

a. Table ND.7D includes the beneficiaries represented by Cell K 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; $ = Medicaid reimbursement.

TABLE ND.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$175**	**3.0**	**593**	**6,378**
Age				
0-64	193	3.2	398	4,370
65-74	172	3.1	54	545
75-84	155	2.8	74	803
85 and older	82	1.9	67	660
Unknown	0	0.0	0	0
Gender				
Female	172	3.1	327	3,509
Male	179	2.8	266	2,869
Unknown	0	0.0	0	0
Race				
White	168	2.7	231	2,383
African American	184	3.2	310	3,440
Other/unknown	154	3.1	52	555
Basis of Eligibility[c]				
Aged	139	2.6	199	2,056
Disabled	193	3.2	394	4,322
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,983 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

| Therapeutic Category | Number of Rx per Benefit Month Among Users | | | | $ per Benefit Month Among Users | | | | $ per Rx | | | | Total Number of Rx | Total Rx $ | Users | | Number of Benefit Months |
	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 All-Year Nursing Facility Residents	
Anti-infective Agents	0.4	0.2	0.0	0.2	$40	$35	$1	$3	$107	$189	$107	$20	856	$91,733	205	34.6 %	2,322
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	11	10	0	14	25	278	19	3.2	228
Antineoplastic Agents	0.4	0.1	0.0	0.3	66	14	0	52	174	244	0	161	72	12,524	19	3.2	190
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.5	54	47	1	7	51	84	22	14	1,509	76,299	125	21.1	1,405
Cardiovascular Agents	2.0	0.7	0.1	1.2	63	48	2	13	32	69	24	11	4,579	144,895	206	34.7	2,292
Respiratory Agents	0.5	0.3	0.0	0.2	27	22	0	4	55	89	18	19	634	34,837	114	19.2	1,301
Gastrointestinal Agents	0.9	0.1	0.1	0.7	29	13	2	14	33	126	34	19	1,514	49,696	154	26.0	1,722
Genitourinary Agents	0.6	0.4	0.0	0.2	38	30	2	6	60	81	62	25	396	23,619	53	8.9	623
CNS Drugs	1.5	0.7	0.1	0.7	132	112	4	16	87	152	67	23	3,445	301,066	204	34.4	2,284
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	94	94	0	0	123	123	0	0	312	38,300	37	6.2	408
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	61	53	0	8	70	140	19	17	1,394	98,100	145	24.5	1,610
Neuromuscular Agents	1.3	0.3	0.2	0.7	76	33	17	26	61	112	72	35	2,072	125,425	146	24.6	1,647
Nutritional Products	0.7	0.0	0.1	0.6	12	0	3	9	17	27	45	15	600	10,292	75	12.6	852
Hematological Agents	0.9	0.4	0.2	0.3	77	69	4	4	82	166	24	11	799	65,148	77	13.0	844
Topical Products	0.4	0.2	0.0	0.3	20	11	1	8	44	62	43	32	677	29,964	132	22.3	1,507
Miscellaneous Products	0.4	0.1	0.0	0.3	63	48	0	15	166	824	0	47	78	12,978	19	3.2	205
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	9	0	0	0	16	0	0	0	102	1,652	16	2.7	192
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.	19,064	1,116,806	n.a.	n.a.	n.a.

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,983 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In South Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP-10 DRUG GROUP[a, b, c, d]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$193,264	125	21.1 %	1,446	0.8	$170	$134
ANTICONVULSANT	107,494	153	25.8	1,733	0.9	66	62
ANTIDEPRESSANTS	94,085	158	26.6	1,792	0.8	64	53
ANTIDIABETIC	74,731	162	27.3	1,845	0.8	50	41
ANALGESICS - Narcotic	67,853	140	23.6	1,587	0.6	72	43
ANTIHYPERTENSIVE	45,739	160	27.0	1,751	0.8	33	26
ANTIVIRAL	42,458	17	2.9	125	0.8	416	340
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	38,300	45	7.6	489	0.6	123	78
ANTIHYPERLIPIDEMIC	37,224	67	11.3	732	0.7	69	51
MISC. HEMATOLOGICAL	35,332	39	6.6	444	0.7	117	80
Total	736,480	1,066		11,944	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,983 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**9,312**	**$736,480**	**125**	**21.1 %**	**1,446**	**0.8**	**$134**	**153**	**25.8 %**	**1,733**	**0.9**	**$62**
Female	5,306	377,942	64	19.6	728	0.9	113	80	24.5	920	0.9	67
Disabled	3,892	279,141	40	20.1	457	1.0	115	65	32.7	750	1.0	73
64 or younger	3,850	277,021	39	20.1	445	1.0	118	63	32.5	737	1.0	73
65-74	42	2,120	1	20.0	12	0.1	19	2	40.0	13	0.5	25
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,414	98,801	24	18.8	271	0.7	109	15	11.7	170	0.8	42
64 or younger	242	20,981	1	14.3	12	1.0	415	2	28.6	24	0.6	70
65-74	408	24,972	9	37.5	105	0.8	89	7	29.2	84	1.0	45
75-84	592	40,361	9	17.0	108	0.8	105	5	9.4	50	0.3	11
85 and older	172	12,487	5	11.4	46	0.4	86	1	2.3	12	1.4	98
Male	4,006	358,538	61	22.9	718	0.7	155	73	27.4	813	0.9	57
Disabled	2,782	273,459	41	21.0	488	0.7	166	58	29.7	647	0.9	59
64 or younger	2,502	251,176	38	20.3	456	0.7	148	55	29.4	619	0.9	60
65-74	280	22,283	3	37.5	32	1.2	423	3	37.5	28	0.8	38
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,224	85,079	20	28.2	230	0.7	131	15	21.1	166	1.0	47
64 or younger	189	13,594	2	20.0	24	0.7	88	2	20.0	24	1.3	95
65-74	304	18,202	5	29.4	60	0.8	146	5	29.4	60	1.2	46
75-84	439	38,318	10	47.6	110	0.7	149	5	23.8	52	0.7	44
85 and older	292	14,965	3	13.0	36	0.5	82	3	13.0	30	0.8	16
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,983 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 ND.10B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**158**	**26.6 %**	**1,792**	**0.8**	**$53**	**162**	**27.3 %**	**1,845**	**0.8**	**$41**	**140**	**23.6 %**	**1,587**	**0.6**	**$43**
Female	92	28.1	1,053	0.8	55	101	30.9	1,164	0.8	44	91	27.8	1,031	0.6	41
Disabled	66	33.2	764	0.8	58	71	35.7	828	0.9	46	67	33.7	774	0.6	43
64 or younger	66	34.0	764	0.8	58	69	35.6	815	0.9	46	66	34.0	762	0.6	44
65-74	0	0.0	0	0.0	0	2	40.0	13	0.6	23	1	20.0	12	0.3	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	26	20.3	289	0.8	46	30	23.4	336	0.6	39	24	18.8	257	0.6	35
64 or younger	2	28.6	24	1.2	78	4	57.1	48	0.9	47	4	57.1	48	1.4	129
65-74	5	20.8	57	0.8	53	7	29.2	81	0.7	37	3	12.5	36	0.6	6
75-84	14	26.4	162	0.8	34	13	24.5	153	0.6	47	8	15.1	96	0.5	22
85 and older	5	11.4	46	0.8	61	6	13.6	54	0.4	13	9	20.5	77	0.2	5
Male	66	24.8	739	0.8	50	61	22.9	681	0.8	35	49	18.4	556	0.6	46
Disabled	47	24.1	533	0.8	50	39	20.0	439	0.8	36	36	18.5	412	0.6	52
64 or younger	41	21.9	465	0.8	51	32	17.1	359	0.7	39	34	18.2	388	0.6	55
65-74	6	75.0	68	0.8	40	7	87.5	80	1.0	26	2	25.0	24	0.7	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	19	26.8	206	0.9	49	22	31.0	242	0.9	31	13	18.3	144	0.7	30
64 or younger	1	10.0	12	1.1	37	4	40.0	48	1.3	53	1	10.0	12	0.1	1
65-74	4	23.5	38	0.8	46	9	52.9	88	1.0	32	2	11.8	14	0.1	3
75-84	5	23.8	54	0.9	71	6	28.6	70	0.6	14	7	33.3	82	0.7	44
85 and older	9	39.1	102	0.8	40	3	13.0	36	1.0	35	3	13.0	36	1.2	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,983 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 ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIVIRAL					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 $
All	160	27.0 %	1,751	0.8	$26	17	2.9 %	125	0.8	$340	45	7.6 %	489	0.6	$78
Female	90	27.5	949	0.8	19	4	1.2	26	0.2	56	26	8.0	267	0.7	80
Disabled	58	29.1	618	0.7	20	4	2.0	26	0.2	56	14	7.0	137	0.7	75
64 or younger	53	27.3	591	0.7	20	4	2.1	26	0.2	56	13	6.7	125	0.7	77
65-74	5	100.0	27	0.7	21	0	0.0	0	0.0	0	1	20.0	12	0.3	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	32	25.0	331	0.8	17	0	0.0	0	0.0	0	12	9.4	130	0.7	86
64 or younger	4	57.1	48	0.9	16	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	10	41.7	84	0.8	21	0	0.0	0	0.0	0	2	8.3	24	0.8	118
75-84	12	22.6	141	0.9	18	0	0.0	0	0.0	0	6	11.3	72	0.7	96
85 and older	6	13.6	58	0.6	11	0	0.0	0	0.0	0	4	9.1	34	0.4	42
Male	70	26.3	802	0.8	34	13	4.9	99	1.0	414	19	7.1	222	0.6	76
Disabled	44	22.6	514	0.8	40	10	5.1	90	1.0	429	6	3.1	72	0.6	69
64 or younger	40	21.4	466	0.8	41	10	5.3	90	1.0	429	5	2.7	60	0.5	74
65-74	4	50.0	48	1.0	36	0	0.0	0	0.0	0	1	12.5	12	1.1	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	26	36.6	288	0.8	24	3	4.2	9	0.8	271	13	18.3	150	0.6	80
64 or younger	3	30.0	36	1.1	46	3	30.0	9	0.8	271	1	10.0	12	1.3	151
65-74	6	35.3	62	0.9	16	0	0.0	0	0.0	0	1	5.9	12	0.1	12
75-84	11	52.4	124	0.8	25	0	0.0	0	0.0	0	7	33.3	78	0.6	80
85 and older	6	26.1	66	0.8	16	0	0.0	0	0.0	0	4	17.4	48	0.6	80
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,983 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					MISC. HEMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	**67**	**11.3 %**	**732**	**0.7**	**$51**	**39**	**6.6 %**	**444**	**0.7**	**$80**	**593**	**6,378**
Female	39	11.9	435	0.8	56	22	6.7	251	0.6	71	327	3,509
Disabled	31	15.6	352	0.8	58	14	7.0	155	0.6	77	199	2,185
64 or younger	30	15.5	340	0.8	60	14	7.2	155	0.6	77	194	2,146
65-74	1	20.0	12	0.2	9	0	0.0	0	0.0	0	5	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	8	6.3	83	0.8	49	8	6.3	96	0.6	62	128	1,324
64 or younger	2	28.6	24	1.1	76	1	14.3	12	1.0	117	7	75
65-74	3	12.5	33	0.7	31	0	0.0	0	0.0	0	24	261
75-84	3	5.7	26	0.7	47	3	5.7	36	0.9	85	53	561
85 and older	0	0.0	0	0.0	0	4	9.1	48	0.3	31	44	427
Male	28	10.5	297	0.7	43	17	6.4	193	0.7	90	266	2,869
Disabled	20	10.3	219	0.7	43	15	7.7	169	0.8	99	195	2,137
64 or younger	19	10.2	207	0.7	43	15	8.0	169	0.8	99	187	2,058
65-74	1	12.5	12	1.0	45	0	0.0	0	0.0	0	8	79
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	8	11.3	78	0.6	43	2	2.8	24	0.3	28	71	732
64 or younger	1	10.0	12	0.4	25	0	0.0	0	0.0	0	10	91
65-74	2	11.8	14	0.5	30	1	5.9	12	0.4	50	17	166
75-84	4	19.0	40	0.7	50	0	0.0	0	0.0	0	21	242
85 and older	1	4.3	12	0.4	55	1	4.3	12	0.1	5	23	233
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 400 beneficiaries who were in nursing facilities for part of their enrollment and their 3,983 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC[a,b]
SOUTH CAROLINA, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx $ per Beneficiary	Total Part D Excluded Rx $	$ per Part D Excluded Rx	Part D Excluded Rx $ as a Percentage of All Nondual Rx $	Total Number of Beneficiaries
All	**193,805**	**25.0 %**	**0.7**	**535,258**	**$14**	**$10,854,261**	**$20**	**3.6 %**	**776,575**
Age									
5 and younger	68,652	37.1	0.8	155,066	19	3,447,519	22	10.2	184,869
6-14	48,201	22.9	0.5	98,547	11	2,367,470	24	3.5	210,235
15-20	22,956	18.8	0.4	49,682	10	1,239,336	25	3.6	122,061
21-44	36,672	17.8	0.6	128,727	11	2,254,595	18	2.7	205,838
45-64	16,339	38.3	2.3	97,713	35	1,483,255	15	2.0	42,637
65-74	490	16.2	0.9	2,719	10	31,032	11	1.5	3,019
75-84	326	7.7	0.4	1,788	5	19,844	11	1.3	4,260
85 and older	169	4.9	0.3	1,016	3	11,210	11	1.7	3,424
Unknown	0	0.0	0.0	0	0	0	0	0.0	232
Basis of Eligibility[c]									
Aged	935	8.8	0.5	5,275	6	61,492	12	1.4	10,573
Disabled	29,410	36.9	2.0	159,158	39	3,093,931	19	2.2	79,650
Adults	36,145	16.0	0.5	105,606	8	1,759,339	17	3.2	226,539
Children	127,255	27.7	0.6	265,028	13	5,936,469	22	5.9	459,654
Unknown	60	37.7	1.2	191	19	3,030	16	1.4	159
Gender									
Female	114,889	23.9	0.7	329,625	13	6,415,195	19	3.7	480,050
Male	78,892	26.6	0.7	205,580	15	4,438,311	22	3.6	296,409
Unknown	24	20.7	0.5	53	7	755	14	2.4	116
Race									
White	91,584	28.7	0.9	278,459	18	5,609,679	20	3.9	319,539
African American	85,663	21.8	0.5	203,476	10	4,106,023	20	3.4	392,863
Other/unknown	16,558	25.8	0.8	53,323	18	1,138,559	21	3.4	64,173
Use of Nursing Facilities[d]									
Entire year	150	25.3	2.3	1,363	33	19,597	14	1.8	593
Part year	184	46.0	2.6	1,043	38	15,158	15	1.9	400
None	193,471	24.9	0.7	532,852	14	10,819,506	20	3.7	775,582
Maintenance Assistance Status									
Cash	74,552	31.7	1.2	273,730	22	5,179,249	19	2.9	235,511
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	96,464	26.4	0.6	204,942	12	4,493,862	22	5.5	365,225
Other/unknown	22,789	13.0	0.3	56,586	7	1,181,150	21	3.1	175,839

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

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
SOUTH CAROLINA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$1**	**$20**	**$0**	**$0**	**7,553,580**
Age						
5 and younger	0.1	2	22	0	0	1,722,074
6-14	0.0	1	24	0	0	2,138,974
15-20	0.0	1	25	0	0	1,197,085
21-44	0.1	1	18	0	0	1,956,161
45-64	0.2	3	15	0	1	428,822
65-74	0.1	1	11	0	0	31,055
75-84	0.0	0	11	0	0	44,470
85 and older	0.0	0	11	0	0	34,508
Unknown	0.0	0	0	0	0	431
Basis of Eligibility[c]						
Aged	0.0	1	12	0	0	108,594
Disabled	0.2	4	19	0	1	860,059
Adults	0.1	1	17	0	0	2,109,457
Children	0.1	1	22	0	0	4,474,112
Unknown	0.1	2	16	0	1	1,358
Gender						
Female	0.1	1	19	0	0	4,655,556
Male	0.1	2	22	0	0	2,896,895
Unknown	0.0	1	14	0	0	1,129
Race						
White	0.1	2	20	0	0	3,076,861
African American	0.1	1	20	0	0	3,865,164
Other/unknown	0.1	2	21	0	0	611,555
Use of Nursing Facilities[d]						
Entire year	0.2	3	14	0	1	6,378
Part year	0.3	4	15	0	2	3,983
None	0.1	1	20	0	0	7,543,219
Maintenance Assistance Status						
Cash	0.1	2	19	0	1	2,329,694
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	22	0	0	3,440,088
Other/unknown	0.0	1	21	0	0	1,783,798

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

a. Table ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 beneficaries 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 ND.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]

SOUTH CAROLINA, 2004

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**228,960**	**$47**	**$10,854,261**	**100.0 %**	**535,258**	**$20**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	5	47	236	0.0	5	47	0.0
Drugs for cosmetic purposes	230	11	2,572	0.0	315	8	0.1
Cough and cold medications	145,509	47	6,881,301	63.4	277,968	25	51.9
Vitamins and minerals	13,057	47	616,377	5.7	44,315	14	8.3
Non-prescription drugs	34,185	16	553,202	5.1	58,412	9	10.9
Barbiturates	1,341	40	53,573	0.5	10,132	5	1.9
Benzodiazepines	25,537	79	2,011,432	18.5	127,530	16	23.8
Other Part D Excl Rx Drugs	9,096	81	735,568	6.8	16,581	44	3.1

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

a. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**813,198**	**10,575**	**83,325**	**231,067**	**488,071**	**160**	**8,180,766**	**108,622**	**913,383**	**2,188,193**	**4,969,190**	**1,378**
Age												
5 and younger	194,465	5	6,082	43	188,335	0	1,901,947	50	65,489	172	1,836,236	0
6-14	225,845	1	13,708	13	212,123	0	2,401,600	6	158,629	55	2,242,910	0
15-20	128,330	6	9,766	31,617	86,941	0	1,294,626	58	110,512	297,580	886,476	0
21-44	209,936	57	22,572	186,869	437	1	2,027,286	463	248,678	1,775,037	3,099	9
45-64	43,686	239	30,771	12,514	3	159	444,815	2,108	326,029	115,276	33	1,369
65-74	3,020	2,630	384	5	1	0	31,083	27,335	3,700	36	12	0
75-84	4,260	4,226	32	2	0	0	44,470	44,176	278	16	0	0
85 and older	3,424	3,410	10	4	0	0	34,508	34,419	68	21	0	0
Unknown	232	1	0	0	231	0	431	7	0	0	424	0
Gender												
Female	499,906	6,362	41,341	208,628	243,415	160	5,000,193	64,859	457,633	1,995,086	2,481,237	1,378
Male	313,176	4,173	41,981	22,430	244,592	0	3,179,444	43,360	455,714	193,011	2,487,359	0
Unknown	116	40	3	9	64	0	1,129	403	36	96	594	0
Race												
White	327,630	3,290	27,030	106,057	191,188	65	3,214,857	30,288	288,975	988,699	1,906,326	569
African American	418,902	1,976	37,422	116,259	263,158	87	4,310,649	17,848	413,395	1,138,347	2,740,325	734
Other/unknown	66,666	5,309	18,873	8,751	33,725	8	655,260	60,486	211,013	61,147	322,539	75
Use of Nursing Facilities[c]												
Entire year	593	199	394	0	0	0	6,378	2,056	4,322	0	0	0
Part year	400	129	270	1	0	0	3,985	1,249	2,732	4	0	0
None	812,205	10,247	82,661	231,066	488,071	160	8,170,403	105,317	906,329	2,188,189	4,969,190	1,378
Maintenance Assistance Status												
Cash	250,005	875	72,348	75,843	100,939	0	2,582,990	9,093	810,833	698,330	1,064,734	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	382,042	1,878	6,917	27,144	345,943	160	3,738,166	16,594	60,303	203,619	3,456,272	1,378
Other/unknown	181,151	7,822	4,060	128,080	41,189	0	1,859,610	82,935	42,247	1,286,244	448,184	0
Managed Care (MC) Status						0						
Fee-for-service (FFS) all year	736,752	10,572	77,692	219,729	428,602	157	7,341,920	108,588	847,253	2,071,363	4,313,374	1,342
FFS part year, with Rx claims	20,037	1	1,480	4,608	13,946	2	227,321	10	17,397	50,560	159,330	24
FFS part year, no Rx claims	19,786	0	478	2,202	17,106	0	217,429	0	5,534	22,868	189,027	0
MC all year, with Rx claims	1,306	1	211	552	542	0	14,523	12	2,492	5,937	6,082	0
MC all year, no Rx claims	35,317	1	3,464	3,976	27,875	1	379,573	12	40,707	37,465	301,377	12

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

a. Table A.1 includes the beneficiaries represented by Cell J 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.

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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, SOUTH CAROLINA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**813,198**	**8,180,766**	**776,575**	**7,553,580**	**0**	**627,186**
Fee-for-service (FFS) all year	736,752	7,341,920	736,752	7,341,920	0	0
FFS part year, with Rx claims	20,037	227,321	20,037	129,507	0	97,814
FFS part year, with no Rx claims	19,786	217,429	19,786	82,153	0	135,276
Managed care (MC) all year, with Rx claims	1,306	14,523	0	0	0	14,523
MC all year, with no Rx claims	35,317	379,573	0	0	0	379,573

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

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

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