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

LIST OF TABLES

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

NONDUAL 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
All	**106,737**	**129**	**8,504**	**20,590**	**77,468**	**46**	**976,958**	**1,082**	**88,436**	**155,807**	**731,229**	**404**
Age												
5 and younger	31,216	0	676	0	30,540	0	285,835	0	6,477	0	279,358	0
6-14	34,126	0	1,299	0	32,827	0	339,768	0	14,376	0	325,392	0
15-20	17,091	0	1,042	1,962	14,087	0	151,511	0	11,243	13,862	126,406	0
21-44	19,888	0	2,637	17,219	14	18	158,380	0	27,768	130,369	73	170
45-64	4,229	0	2,794	1,407	0	28	39,896	0	28,092	11,570	0	234
65-74	76	28	47	1	0	0	665	239	422	4	0	0
75-84	63	54	8	1	0	0	516	457	57	2	0	0
85 and older	48	47	1	0	0	0	387	386	1	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	59,158	96	4,167	16,750	38,099	46	533,944	823	43,918	128,552	360,247	404
Male	47,579	33	4,337	3,840	39,369	0	443,014	259	44,518	27,255	370,982	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	60,173	108	4,912	11,318	43,800	35	541,676	900	49,814	81,783	408,872	307
African American	2,642	3	104	502	2,032	1	22,753	25	916	3,485	18,319	8
Other/unknown	43,922	18	3,488	8,770	31,636	10	412,529	157	37,706	70,539	304,038	89
Use of Nursing Facilities[c]												
Entire year	159	41	118	0	0	0	1,567	393	1,174	0	0	0
Part year	188	21	159	7	0	1	1,806	191	1,530	76	0	9
None	106,390	67	8,227	20,583	77,468	45	973,585	498	85,732	155,731	731,229	395
Maintenance Assistance Status												
Cash	35,635	61	7,798	10,402	17,374	0	339,216	507	82,516	83,785	172,408	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	49,708	0	2	4,488	45,172	46	457,963	0	18	24,515	433,026	404
Other/unknown	21,394	68	704	5,700	14,922	0	179,779	575	5,902	47,507	125,795	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	106,737	129	8,504	20,590	77,468	46	976,958	1,082	88,436	155,807	731,229	404
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 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 DAKOTA, 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	**54.9 %**	**5.5**	**$365**	**$66**	**$3,107**	**11.7 %**	**106,737**
Age							
5 and younger	59.0	3.3	152	46	2,098	7.2	31,216
6-14	49.8	3.7	273	73	1,767	15.5	34,126
15-20	51.6	4.6	305	67	3,703	8.2	17,091
21-44	58.3	8.2	577	70	4,740	12.2	19,888
45-64	62.4	25.9	1,864	72	10,807	17.2	4,229
65-74	60.5	28.0	1,341	48	10,369	12.9	76
75-84	73.0	41.2	2,006	49	14,486	13.8	63
85 and older	77.1	42.9	1,600	37	18,315	8.7	48
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	79.1	41.9	1,855	44	15,724	11.8	129
Disabled	66.0	24.2	2,091	86	15,270	13.7	8,504
Adults	57.0	5.7	311	54	2,807	11.1	20,590
Children	53.1	3.3	187	56	1,822	10.2	77,468
Unknown	67.4	22.9	1,627	71	17,842	9.1	46
Gender							
Female	57.4	6.1	374	62	3,077	12.1	59,158
Male	51.8	4.8	354	73	3,144	11.3	47,579
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	66.4	7.3	501	69	3,068	16.3	60,173
African American	53.8	3.4	213	62	1,703	12.5	2,642
Other/unknown	39.3	3.2	188	58	3,244	5.8	43,922
Use of Nursing Facilities[f]							
Entire year	96.2	83.6	5,095	61	43,475	11.7	159
Part year	92.0	60.1	4,055	67	55,808	7.3	188
None	54.8	5.3	351	66	2,954	11.9	106,390
Maintenance Assistance Status							
Cash	51.7	8.4	616	73	4,735	13.0	35,635
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.4	3.3	178	54	1,350	13.2	49,708
Other/unknown	59.1	5.8	381	65	4,477	8.5	21,394

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 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 DAKOTA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with:						Mean $, All Medicaid FFS $[d]	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	**0.6**	**$40**	**11.7 %**	**45.1 %**	**45.2 %**	**4.7 %**	**3.5 %**	**1.2 %**	**0.3 %**	**$339**	**106,737**	**976,958**
Age												
5 and younger	0.4	17	7.2	41.0	54.8	3.1	1.0	0.1	0.0	229	31,216	285,835
6-14	0.4	28	15.5	50.2	43.3	3.7	2.5	0.3	0.0	178	34,126	339,768
15-20	0.5	34	8.2	48.4	42.5	5.2	3.2	0.6	0.1	418	17,091	151,511
21-44	1.0	73	12.2	41.7	41.0	7.8	6.6	2.4	0.6	595	19,888	158,380
45-64	2.7	198	17.2	37.6	22.4	7.9	15.5	11.7	4.8	1,146	4,229	39,896
65-74	3.2	153	12.9	39.5	18.4	7.9	13.2	17.1	3.9	1,185	76	665
75-84	5.0	245	13.8	27.0	17.5	3.2	12.7	30.2	9.5	1,769	63	516
85 and older	5.3	199	8.7	22.9	10.4	8.3	20.8	25.0	12.5	2,272	48	387
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	5.0	221	11.8	20.9	16.3	8.5	17.8	26.4	10.1	1,875	129	1,082
Disabled	2.3	201	13.7	34.0	27.9	9.2	15.4	9.8	3.7	1,468	8,504	88,436
Adults	0.8	41	11.1	43.0	43.2	7.2	5.1	1.2	0.2	371	20,590	155,807
Children	0.4	20	10.2	46.9	47.7	3.5	1.7	0.1	0.0	193	77,468	731,229
Unknown	2.6	185	9.1	32.6	17.4	13.0	28.3	6.5	2.2	2,032	46	404
Gender												
Female	0.7	41	12.1	42.6	46.8	5.1	3.8	1.4	0.4	341	59,158	533,944
Male	0.5	38	11.3	48.2	43.3	4.2	3.2	0.9	0.2	338	47,579	443,014
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.8	56	16.3	33.6	53.2	6.3	4.8	1.6	0.5	341	60,173	541,676
African American	0.4	25	12.5	46.2	47.5	3.5	2.3	0.4	0.0	198	2,642	22,753
Other/unknown	0.3	20	5.8	60.7	34.3	2.5	1.8	0.6	0.2	345	43,922	412,529
Use of Nursing Facilities[f]												
Entire year	8.5	517	11.7	3.8	3.1	7.5	17.6	38.4	29.6	4,411	159	1,567
Part year	6.3	422	7.3	8.0	11.2	10.6	23.4	32.4	14.4	5,810	188	1,806
None	0.6	38	11.9	45.2	45.4	4.7	3.4	1.0	0.3	323	106,390	973,585
Maintenance Assistance Status												
Cash	0.9	65	13.0	48.3	37.6	5.1	5.5	2.7	0.9	497	35,635	339,216
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	19	13.2	44.6	50.1	3.7	1.6	0.1	0.0	147	49,708	457,963
Other/unknown	0.7	45	8.5	40.9	46.8	6.4	4.6	1.1	0.2	533	21,394	179,779

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 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 DAKOTA, 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	**0.6**	**$40**	**$66**	**0.3**	**$31**	**$114**	**0.0**	**$3**	**$65**	**0.3**	**$6**	**$21**
Age												
5 and younger	0.4	17	46	0.2	12	79	0.0	1	43	0.2	3	17
6-14	0.4	28	73	0.2	24	109	0.0	1	59	0.1	3	21
15-20	0.5	34	67	0.3	27	108	0.0	2	67	0.2	5	22
21-44	1.0	73	70	0.4	56	134	0.1	5	73	0.5	12	21
45-64	2.7	198	72	1.2	151	131	0.2	16	84	1.4	31	22
65-74	3.2	153	48	1.1	106	94	0.2	10	46	1.8	36	20
75-84	5.0	245	49	1.7	173	105	0.3	11	32	3.0	61	20
85 and older	5.3	199	37	1.6	128	79	0.5	14	29	3.2	56	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	5.0	221	44	1.6	153	93	0.4	12	33	3.0	55	19
Disabled	2.3	201	86	1.1	161	152	0.2	14	79	1.1	26	24
Adults	0.8	41	54	0.3	30	106	0.0	3	66	0.4	8	18
Children	0.4	20	56	0.2	16	89	0.0	1	51	0.2	3	19
Unknown	2.6	185	71	1.0	152	157	0.2	9	43	1.4	24	17
Gender												
Female	0.7	41	62	0.3	32	110	0.0	3	63	0.3	7	20
Male	0.5	38	73	0.3	31	118	0.0	2	69	0.2	5	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.8	56	69	0.4	44	115	0.1	4	68	0.4	8	22
African American	0.4	25	62	0.2	20	113	0.0	1	54	0.2	3	17
Other/unknown	0.3	20	58	0.1	16	108	0.0	1	57	0.2	3	19
Use of Nursing Facilities[e]												
Entire year	8.5	517	61	3.1	365	120	0.7	42	62	4.7	111	23
Part year	6.3	422	67	2.2	290	134	0.4	29	66	3.6	103	28
None	0.6	38	66	0.3	30	113	0.0	2	65	0.3	6	20
Maintenance Assistance Status												
Cash	0.9	65	73	0.4	51	130	0.1	4	75	0.4	9	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	19	54	0.2	15	88	0.0	1	51	0.2	3	20
Other/unknown	0.7	45	65	0.3	36	110	0.0	3	57	0.3	7	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 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 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL 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[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	$10	$7	$1	$3	$42	$69	$59	$20	105,419	$4,381,863	41,613	39.0 %	432,352
Biologicals	0.2	0.2	0.0	0.0	164	141	0	23	829	736	14	3,874	997	826,970	500	0.5	5,055
Antineoplastic Agents	0.6	0.1	0.0	0.4	112	89	2	22	202	736	124	52	954	192,609	169	0.2	1,713
Endocrine/Metabolic Drugs	0.4	0.1	0.1	0.2	25	17	3	4	60	118	34	24	45,823	2,760,869	11,084	10.4	112,404
Cardiovascular Agents	0.9	0.3	0.0	0.6	30	21	1	8	33	67	39	14	37,830	1,240,807	4,026	3.8	41,390
Respiratory Agents	0.4	0.2	0.0	0.1	21	19	0	2	57	82	49	18	91,247	5,229,518	23,235	21.8	245,107
Gastrointestinal Agents	0.4	0.2	0.0	0.1	41	34	2	4	95	141	58	29	31,660	3,015,692	7,257	6.8	73,780
Genitourinary Agents	0.3	0.1	0.0	0.1	19	14	2	2	68	107	45	24	6,943	473,123	2,555	2.4	25,372
CNS Drugs	0.9	0.5	0.0	0.3	78	65	5	8	91	142	101	23	83,707	7,632,302	9,740	9.1	97,812
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	71	67	1	3	95	103	67	37	34,485	3,265,883	4,380	4.1	46,179
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.1	0.0	187	179	6	2	555	701	101	88	588	326,565	174	0.2	1,748
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	18	13	2	4	48	137	213	15	53,248	2,579,509	14,240	13.3	142,703
Neuromuscular Agents	0.7	0.3	0.1	0.3	76	58	9	9	102	170	113	27	35,539	3,618,652	4,557	4.3	47,589
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	4	15	29	33	14	8,888	136,564	3,458	3.2	31,395
Hematological Agents	0.6	0.1	0.1	0.4	131	123	3	5	221	877	32	14	5,265	1,161,617	886	0.8	8,876
Topical Products	0.2	0.1	0.0	0.1	8	5	1	3	43	78	46	23	43,221	1,839,444	21,241	19.9	224,723
Miscellaneous Products	0.2	0.1	0.0	0.1	24	17	4	3	132	148	285	57	1,644	216,810	816	0.8	8,871
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	31	0	0	0	1,415	43,983	692	0.6	7,405
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.	588,873	38,942,780	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 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 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.

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

| Top 10 Drug Groups | Total Medicaid Rx $ | Users | | | Among Users | | |
		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	$4,296,568	3,385	3.2 %	35,798	0.6	$190	$120
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,265,883	5,415	5.1	57,774	0.6	95	57
ANTICONVULSANT	3,178,695	3,316	3.1	35,336	0.7	120	90
ANTIDEPRESSANTS	3,019,228	9,775	9.2	99,053	0.5	63	30
ANTIASTHMATIC	2,998,056	16,324	15.3	173,548	0.3	67	17
ULCER DRUGS	2,170,945	5,668	5.3	57,319	0.4	103	38
DERMATOLOGICAL	1,307,566	16,598	15.6	178,444	0.1	51	7
ANALGESICS - Narcotic	1,203,593	14,289	13.4	143,761	0.2	35	8
ANTIHISTAMINES	1,132,431	9,259	8.7	100,068	0.2	49	11
MISC. ENDOCRINE	1,089,227	641	0.6	7,081	0.5	315	154
Total	23,662,192	84,670		888,182	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 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 DAKOTA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	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	**284,151**	**$23,662,192**	**3,385**	**3.2 %**	**35,798**	**0.6**	**$120**	**5,415**	**5.1 %**	**57,774**	**0.6**	**$57**
Female	159,641	12,439,275	1,737	2.9	18,255	0.6	104	1,629	2.8	17,407	0.6	56
Disabled	60,308	6,110,644	813	19.5	9,180	0.7	151	215	5.2	2,428	0.7	68
5 and younger	1,419	142,872	0	0.0	0	0.0	0	2	0.7	24	0.5	48
6-14	4,885	599,953	42	8.7	463	0.6	101	95	19.6	1,046	0.7	66
15-20	3,400	374,281	66	16.3	763	0.6	105	50	12.4	570	0.6	61
21-44	21,203	2,190,742	377	28.0	4,224	0.7	143	43	3.2	503	0.7	77
45-64	29,115	2,780,256	325	20.3	3,701	0.8	175	25	1.6	285	0.7	78
65-74	227	18,920	3	10.7	29	1.0	131	0	0.0	0	0.0	0
75-84	59	3,620	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	99,333	6,328,631	924	1.7	9,075	0.4	56	1,414	2.6	14,979	0.6	54
5 and younger	13,592	654,383	10	0.1	102	0.2	18	54	0.4	559	0.4	32
6-14	24,818	1,893,961	196	1.2	2,107	0.5	70	927	5.8	9,959	0.6	55
15-20	16,870	1,076,989	279	3.1	2,664	0.4	56	229	2.6	2,407	0.5	49
21-44	37,680	2,253,496	389	2.8	3,743	0.3	46	177	1.3	1,775	0.5	52
45-64	4,983	361,902	32	3.2	287	0.4	60	27	2.7	279	0.7	104
65-74	293	19,372	3	17.6	33	0.5	27	0	0.0	0	0.0	0
75-84	428	29,692	11	29.7	94	0.8	108	0	0.0	0	0.0	0
85 and older	669	38,836	4	9.5	45	0.7	123	0	0.0	0	0.0	0
Male	124,510	11,222,917	1,648	3.5	17,543	0.7	137	3,786	8.0	40,367	0.6	57
Disabled	43,797	4,966,472	806	18.6	8,960	0.8	179	522	12.0	5,805	0.7	68
5 and younger	2,263	181,115	5	1.3	60	1.0	161	14	3.7	168	0.4	30
6-14	8,367	1,050,633	154	18.9	1,740	0.7	123	314	38.6	3,472	0.8	69
15-20	6,457	751,131	128	20.1	1,438	0.7	138	134	21.0	1,510	0.7	65
21-44	13,852	1,640,227	312	24.2	3,490	0.8	195	53	4.1	605	0.9	83
45-64	12,614	1,328,725	205	17.2	2,211	1.0	227	7	0.6	50	0.5	72
65-74	195	10,153	1	5.3	9	1.0	101	0	0.0	0	0.0	0
75-84	49	4,488	1	33.3	12	2.0	261	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	80,713	6,256,445	842	1.9	8,583	0.6	93	3,264	7.5	34,562	0.6	55
5 and younger	18,560	970,708	24	0.2	271	0.4	44	195	1.2	2,104	0.4	31
6-14	40,139	3,373,385	432	2.6	4,479	0.6	93	2,493	14.9	26,678	0.6	56
15-20	15,394	1,388,585	307	4.3	3,120	0.6	95	536	7.5	5,447	0.6	59
21-44	5,085	374,702	61	1.9	530	0.4	82	37	1.1	307	0.6	81
45-64	1,258	127,699	12	2.7	123	0.7	188	3	0.7	26	0.4	57
65-74	87	4,177	1	8.3	12	0.1	2	0	0.0	0	0.0	0
75-84	164	15,802	5	27.8	48	0.4	169	0	0.0	0	0.0	0
85 and older	26	1,387	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 Dakota, 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 DAKOTA, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIASTHMATIC				
	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	3,316	3.1 %	35,336	0.7	$90	9,775	9.2 %	99,053	0.5	$31	16,324	15.3 %	173,548	0.3	$17
Female	2,020	3.4	21,435	0.7	85	6,924	11.7	69,656	0.5	31	8,358	14.1	88,324	0.3	17
Disabled	1,048	25.1	11,834	0.9	115	1,719	41.3	19,224	0.6	42	1,402	33.6	15,771	0.4	33
5 and younger	45	15.3	506	0.7	108	3	1.0	35	0.2	4	124	42.2	1,383	0.3	23
6-14	133	27.4	1,556	1.0	152	64	13.2	744	0.6	23	145	29.9	1,672	0.5	37
15-20	96	23.8	1,090	0.9	132	97	24.0	1,104	0.6	36	60	14.9	664	0.3	27
21-44	405	30.0	4,552	1.0	126	675	50.1	7,472	0.6	42	390	28.9	4,347	0.4	24
45-64	366	22.8	4,101	0.8	87	877	54.7	9,833	0.7	45	675	42.1	7,620	0.5	40
65-74	3	10.7	29	1.2	53	3	10.7	36	0.9	91	5	17.9	58	0.6	60
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	60.0	27	0.9	66
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	972	1.8	9,601	0.5	48	5,205	9.5	50,432	0.4	26	6,956	12.6	72,553	0.2	13
5 and younger	68	0.5	724	0.4	55	17	0.1	193	0.2	4	2,608	17.5	27,982	0.2	10
6-14	159	1.0	1,704	0.5	68	704	4.4	7,461	0.5	21	1,813	11.3	19,622	0.2	16
15-20	132	1.5	1,345	0.4	50	1,239	13.9	12,041	0.4	23	943	10.6	9,593	0.2	12
21-44	550	3.9	5,200	0.4	39	2,915	20.8	27,618	0.4	28	1,420	10.2	13,735	0.3	14
45-64	57	5.7	582	0.5	54	291	29.2	2,757	0.5	33	150	15.1	1,415	0.3	20
65-74	3	17.6	16	0.3	43	8	47.1	80	0.9	62	7	41.2	64	1.3	57
75-84	1	2.7	6	0.8	62	15	40.5	149	0.8	36	5	13.5	54	0.7	27
85 and older	2	4.8	24	1.0	72	16	38.1	133	0.8	33	10	23.8	88	1.5	45
Male	1,296	2.7	13,901	0.8	97	2,851	6.0	29,397	0.5	30	7,966	16.7	85,224	0.3	18
Disabled	790	18.2	8,837	1.0	119	930	21.4	10,162	0.7	39	1,017	23.4	11,238	0.4	36
5 and younger	39	10.2	423	0.6	64	5	1.3	60	0.7	10	262	68.6	2,918	0.4	30
6-14	133	16.3	1,518	0.8	106	131	16.1	1,453	0.6	27	204	25.1	2,363	0.5	48
15-20	125	19.6	1,430	1.1	164	146	22.9	1,648	0.6	39	105	16.5	1,188	0.5	36
21-44	294	22.8	3,357	1.0	126	325	25.2	3,575	0.7	45	147	11.4	1,615	0.5	36
45-64	197	16.5	2,088	0.9	100	320	26.8	3,390	0.7	39	297	24.9	3,136	0.5	33
65-74	2	10.5	21	1.2	31	2	10.5	24	0.7	75	2	10.5	18	0.6	16
75-84	0	0.0	0	0.0	0	1	33.3	12	1.0	104	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	506	1.2	5,064	0.6	59	1,921	4.4	19,235	0.5	25	6,949	16.1	73,986	0.2	15
5 and younger	58	0.4	570	0.5	49	26	0.2	294	0.3	10	3,759	24.0	39,995	0.2	12
6-14	221	1.3	2,333	0.6	65	830	5.0	8,894	0.5	23	2,320	13.9	25,321	0.3	19
15-20	117	1.6	1,162	0.6	63	698	9.8	6,853	0.5	27	702	9.9	7,305	0.3	18
21-44	78	2.4	708	0.5	43	292	8.9	2,573	0.4	27	139	4.3	1,082	0.3	19
45-64	27	6.1	237	0.5	52	67	15.2	552	0.5	37	20	4.5	199	0.4	34
65-74	3	25.0	34	1.0	47	1	8.3	12	0.5	3	2	16.7	24	0.8	24
75-84	2	11.1	20	1.1	79	5	27.8	53	0.6	15	3	16.7	32	1.0	60
85 and older	0	0.0	0	0.0	0	2	40.0	4	0.5	17	4	80.0	28	0.2	14
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 Dakota, 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.

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 DAKOTA, 2004

Beneficiary Characteristics	ULCER DRUGS					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	**5,668**	**5.3 %**	**57,319**	**0.4**	**$38**	**16,598**	**15.6 %**	**178,444**	**0.1**	**$7**	**14,289**	**13.4 %**	**143,761**	**0.2**	**$8**
Female	3,726	6.3	38,011	0.4	39	9,588	16.2	103,091	0.1	7	10,588	17.9	105,678	0.2	8
Disabled	1,082	26.0	12,001	0.6	64	1,257	30.2	14,629	0.2	10	1,895	45.5	21,073	0.4	25
5 and younger	59	20.1	614	0.4	27	87	29.6	1,006	0.2	5	17	5.8	188	0.1	2
6-14	58	12.0	662	0.6	59	120	24.7	1,412	0.2	10	40	8.2	474	0.1	2
15-20	34	8.4	395	0.4	34	133	32.9	1,585	0.2	8	70	17.3	806	0.1	2
21-44	335	24.9	3,707	0.5	62	484	35.9	5,638	0.2	11	734	54.5	8,211	0.4	19
45-64	590	36.8	6,558	0.6	71	432	27.0	4,981	0.2	11	1,026	64.0	11,303	0.5	32
65-74	4	14.3	41	0.8	120	1	3.6	7	0.1	7	6	21.4	67	0.7	13
75-84	2	40.0	24	0.8	59	0	0.0	0	0.0	0	2	40.0	24	0.6	18
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	2,644	4.8	26,010	0.3	27	8,331	15.1	88,462	0.1	7	8,693	15.8	84,605	0.2	4
5 and younger	541	3.6	5,005	0.2	13	3,089	20.7	32,943	0.1	5	328	2.2	3,645	0.1	1
6-14	401	2.5	4,343	0.2	23	2,193	13.6	24,541	0.1	7	649	4.0	7,155	0.1	1
15-20	422	4.7	4,303	0.2	20	1,398	15.7	14,528	0.2	9	1,620	18.2	15,994	0.1	2
21-44	1,074	7.7	10,357	0.3	33	1,504	10.8	14,921	0.1	8	5,626	40.2	53,276	0.2	4
45-64	169	17.0	1,628	0.4	48	118	11.9	1,205	0.2	9	434	43.6	4,213	0.3	14
65-74	9	52.9	98	0.6	68	3	17.6	36	0.4	3	5	29.4	44	0.8	32
75-84	12	32.4	122	0.8	63	15	40.5	164	0.3	18	10	27.0	88	0.6	14
85 and older	16	38.1	154	0.7	64	11	26.2	124	0.5	19	21	50.0	190	0.6	29
Male	1,942	4.1	19,308	0.4	36	7,010	14.7	75,353	0.1	8	3,701	7.8	38,083	0.2	9
Disabled	643	14.8	6,919	0.6	57	951	21.9	10,917	0.2	12	949	21.9	10,098	0.4	18
5 and younger	82	21.5	842	0.5	34	112	29.3	1,276	0.1	4	30	7.9	336	0.1	1
6-14	47	5.8	541	0.5	49	172	21.1	1,952	0.2	10	58	7.1	669	0.1	1
15-20	54	8.5	613	0.6	64	184	28.8	2,141	0.2	12	67	10.5	729	0.1	6
21-44	181	14.0	1,969	0.6	62	277	21.5	3,231	0.3	13	294	22.8	3,165	0.3	13
45-64	274	23.0	2,894	0.6	61	197	16.5	2,212	0.2	17	499	41.9	5,187	0.4	26
65-74	4	21.1	48	0.8	65	8	42.1	93	1.0	36	1	5.3	12	0.1	1
75-84	1	33.3	12	1.0	8	1	33.3	12	0.1	1	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	1,299	3.0	12,389	0.3	25	6,059	14.0	64,436	0.1	7	2,752	6.4	27,985	0.2	6
5 and younger	618	4.0	5,439	0.2	16	3,239	20.7	34,154	0.1	5	498	3.2	5,446	0.1	1
6-14	297	1.8	3,255	0.2	22	1,626	9.7	18,060	0.1	6	715	4.3	7,882	0.1	1
15-20	180	2.5	1,864	0.3	30	1,017	14.3	10,631	0.2	12	703	9.9	7,265	0.1	2
21-44	161	4.9	1,428	0.4	50	138	4.2	1,209	0.2	8	710	21.7	6,248	0.3	16
45-64	30	6.8	298	0.4	53	30	6.8	282	0.2	17	114	25.9	1,037	0.5	40
65-74	3	25.0	24	0.1	6	0	0.0	0	0.0	0	5	41.7	46	0.4	33
75-84	7	38.9	65	0.4	27	6	33.3	64	0.2	9	5	27.8	57	0.4	18
85 and older	3	60.0	16	0.4	36	3	60.0	36	0.1	5	2	40.0	4	0.8	8
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 Dakota, 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.

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 DAKOTA, 2004

Beneficiary Characteristics	ANTIHISTAMINES					MISC. ENDOCRINE						
	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 Beneficiaries	Number of Benefit Months
All	**9,259**	**8.7 %**	**100,068**	**0.2**	**$11**	**641**	**0.6 %**	**7,081**	**0.5**	**$154**	**106,737**	**976,958**
Female	5,324	9.0	57,053	0.2	11	315	0.5	3,532	0.5	127	59,158	533,944
Disabled	607	14.6	6,901	0.4	22	159	3.8	1,860	0.6	142	4,167	43,918
5 and younger	39	13.3	454	0.2	4	15	5.1	171	0.6	181	294	2,793
6-14	59	12.2	686	0.4	18	16	3.3	189	0.6	551	485	5,439
15-20	53	13.1	607	0.3	16	5	1.2	60	0.9	324	404	4,389
21-44	209	15.5	2,374	0.4	25	28	2.1	333	0.7	151	1,348	14,385
45-64	245	15.3	2,756	0.4	25	94	5.9	1,095	0.6	54	1,602	16,635
65-74	2	7.1	24	0.3	21	1	3.6	12	0.6	40	28	246
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	30
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
Other Eligibles	4,717	8.6	50,152	0.2	10	156	0.3	1,672	0.4	110	54,991	490,026
5 and younger	1,273	8.5	14,168	0.2	5	13	0.1	129	0.3	56	14,910	136,689
6-14	1,491	9.3	16,622	0.2	11	86	0.5	971	0.4	143	16,082	159,536
15-20	731	8.2	7,452	0.2	11	8	0.1	92	0.7	243	8,924	76,921
21-44	1,134	8.1	11,005	0.2	11	22	0.2	225	0.3	21	13,984	107,605
45-64	80	8.0	815	0.3	16	19	1.9	179	0.5	33	995	8,452
65-74	2	11.8	24	0.6	41	0	0.0	0	0.0	0	17	168
75-84	1	2.7	6	0.2	4	2	5.4	12	0.6	44	37	303
85 and older	5	11.9	60	0.6	35	6	14.3	64	0.7	51	42	352
Male	3,935	8.3	43,015	0.2	12	326	0.7	3,549	0.4	181	47,579	443,014
Disabled	362	8.3	4,077	0.4	25	79	1.8	894	0.7	325	4,337	44,518
5 and younger	42	11.0	474	0.3	10	7	1.8	75	0.4	178	382	3,684
6-14	94	11.5	1,091	0.4	25	27	3.3	316	0.7	670	814	8,937
15-20	52	8.2	606	0.4	28	12	1.9	140	0.8	189	638	6,854
21-44	100	7.8	1,118	0.5	31	14	1.1	162	0.7	181	1,289	13,383
45-64	74	6.2	788	0.4	22	19	1.6	201	0.5	50	1,192	11,457
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	176
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	3,573	8.3	38,938	0.2	10	247	0.6	2,655	0.4	132	43,242	398,496
5 and younger	1,563	10.0	17,005	0.2	6	14	0.1	147	0.4	71	15,630	142,669
6-14	1,534	9.2	17,028	0.3	13	192	1.1	2,073	0.3	108	16,745	165,856
15-20	396	5.6	4,176	0.3	16	34	0.5	362	0.5	320	7,125	63,347
21-44	67	2.1	603	0.2	13	5	0.2	51	0.3	18	3,267	23,007
45-64	9	2.0	90	0.2	14	1	0.2	10	0.2	13	440	3,352
65-74	1	8.3	12	0.6	25	0	0.0	0	0.0	0	12	75
75-84	2	11.1	22	0.1	3	0	0.0	0	0.0	0	18	156
85 and older	1	20.0	2	1.0	37	1	20.0	12	0.1	6	5	34
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 Dakota, 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.

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

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL 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
All	**$517**	**8.5**	**159**	**1,567**
Age				
0-64	586	8.8	116	1,150
65-74	424	11.1	4	38
75-84	397	8.6	17	161
85 and older	256	6.3	22	218
Unknown	0	0.0	0	0
Gender				
Female	513	8.4	97	941
Male	523	8.6	62	626
Unknown	0	0.0	0	0
Race				
White	523	8.7	113	1,067
African American	0	0	0	0
Other/unknown	504	7.9	46	500
Basis of Eligibility[c]				
Aged	323	7.6	41	393
Disabled	582	8.8	118	1,174
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 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 188 beneficiaries who were in nursing facilities for part of their enrollment and their 1,806 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.

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 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		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	0.5	0.1	0.0	0.4	$25	$13	$2	$10	$45	$90	$73	$26	581	$26,340	97	61.0 %	1,061
Biologicals	0.1	0.1	0.0	0.1	3	2	0	1	30	34	0	27	14	423	11	6.9	128
Antineoplastic Agents	0.6	0.0	0.0	0.5	21	4	0	17	37	85	0	33	13	476	3	1.9	23
Endocrine/Metabolic Drugs	1.6	0.6	0.2	0.8	76	52	6	18	48	83	29	24	1,230	58,598	70	44.0	767
Cardiovascular Agents	2.2	0.5	0.1	1.6	58	31	2	25	27	64	31	16	2,101	56,473	96	60.4	973
Respiratory Agents	1.3	0.8	0.0	0.5	77	66	0	10	58	85	21	19	820	47,584	60	37.7	620
Gastrointestinal Agents	1.4	0.6	0.1	0.7	107	88	3	17	75	145	33	23	1,352	101,393	93	58.5	946
Genitourinary Agents	1.0	0.7	0.1	0.3	69	56	3	10	66	81	38	38	435	28,923	40	25.2	421
CNS Drugs	1.9	0.9	0.2	0.8	172	134	19	19	89	141	112	23	2,332	207,702	119	74.8	1,208
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.7	11	0	0	11	17	0	0	17	16	274	2	1.3	24
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	374	374	0	0	634	634	0	0	43	27,270	8	5.0	73
Analgesics and Anesthetics	1.3	0.6	0.0	0.7	76	59	1	16	60	106	22	24	1,141	68,289	87	54.7	899
Neuromuscular Agents	1.8	0.5	0.3	1.0	134	66	28	40	76	142	92	41	1,423	108,816	75	47.2	811
Nutritional Products	1.0	0.0	0.0	1.0	22	0	3	19	22	16	57	20	581	12,806	56	35.2	574
Hematological Agents	1.3	0.3	0.2	0.8	59	45	3	11	46	154	15	14	593	27,183	45	28.3	459
Topical Products	0.6	0.1	0.1	0.4	39	26	3	11	64	189	41	26	579	36,957	84	52.8	941
Miscellaneous Products	0.1	0.0	0.0	0.1	2	1	0	1	13	34	0	6	12	153	9	5.7	87
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	23	0	0	0	22	502	10	6.3	109
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.	13,288	810,162	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 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 188 beneficiaries who were in nursing facilities for part of their enrollment and their 1,806 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 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 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 DAKOTA, 2004

		Users			Among Users		
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	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	$134,711	70	44.0 %	754	1.1	$169	$179
ANTICONVULSANT	73,817	68	42.8	727	1.2	82	102
ULCER DRUGS	73,220	97	61.0	990	0.8	97	74
ANTIDEPRESSANTS	62,647	115	72.3	1,190	0.9	57	53
ANALGESICS - Narcotic	44,011	97	61.0	1,004	0.8	56	44
ANTIASTHMATIC	35,914	68	42.8	694	0.8	62	52
ANTIDIABETIC	34,444	69	43.4	733	1.0	46	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	27,270	8	5.0	73	0.6	634	374
MUSCULOSKELETAL THERAPY AGENTS	24,146	28	17.6	324	1.1	70	75
MISC. GI	22,171	38	23.9	403	1.1	51	55
Total	532,351	658		6,892	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 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 188 beneficiaries who were in nursing facilities for part of their enrollment and their 1,806 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.

TABLE ND.10A

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

NONDUAL BENEFICIARIES, SOUTH DAKOTA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups — Number of Rx	All Top 10 Drug Groups — Rx $	ANTIPSYCHOTICS — Number of Users	ANTIPSYCHOTICS — Users as % of All-Year Nursing Facility Residents	ANTIPSYCHOTICS — Number of Benefit Months Among Users	ANTIPSYCHOTICS — Mean Number of Rx	ANTIPSYCHOTICS — Mean Rx $	ANTICONVULSANT — Number of Users	ANTICONVULSANT — Users as % of All-Year Nursing Facility Residents	ANTICONVULSANT — Number of Benefit Months Among Users	ANTICONVULSANT — Mean Number of Rx	ANTICONVULSANT — Mean Rx $
All	**6,473**	**$532,351**	**70**	**44.0 %**	**754**	**1.1**	**$179**	**68**	**42.8 %**	**727**	**1.2**	**$102**
Female	3,672	315,753	36	37.1	397	1.0	181	30	30.9	319	1.2	106
Disabled	2,714	261,539	28	44.4	318	1.0	189	25	39.7	285	1.2	110
64 or younger	2,678	259,593	27	43.5	306	1.0	196	24	38.7	273	1.3	114
65-74	36	1,946	1	100.0	12	1.0	14	1	100.0	12	1.0	14
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	958	54,214	8	23.5	79	0.9	150	5	14.7	34	1.0	78
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	105	4,994	0	0.0	0	0.0	0	2	100.0	4	1.0	140
75-84	371	21,672	5	38.5	43	0.9	147	1	7.7	6	0.8	62
85 and older	482	27,548	3	15.8	36	0.9	153	2	10.5	24	1.0	72
Male	2,801	216,598	34	54.8	357	1.1	176	38	61.3	408	1.2	98
Disabled	2,598	206,652	31	56.4	333	1.2	187	36	65.5	388	1.2	98
64 or younger	2,500	200,992	30	55.6	321	1.1	184	36	66.7	388	1.2	98
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	98	5,660	1	100.0	12	2.0	261	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	203	9,946	3	42.9	24	0.4	25	2	28.6	20	2.3	93
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	63	1,973	0	0.0	0	0.0	0	1	100.0	12	2.6	105
75-84	124	7,268	3	100.0	24	0.4	25	1	33.3	8	1.9	76
85 and older	16	705	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 Dakota, 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 188 beneficiaries who were in nursing facilities for part of their enrollment and their 1,806 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 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 DAKOTA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					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	**97**	**61.0 %**	**990**	**0.8**	**$74**	**115**	**72.3 %**	**1,190**	**0.9**	**$53**	**97**	**61.0 %**	**1,004**	**0.8**	**$44**
Female	59	60.8	602	0.7	73	72	74.2	740	0.9	50	65	67.0	654	0.7	50
Disabled	39	61.9	393	0.7	81	52	82.5	538	0.9	53	47	74.6	458	0.7	59
r	38	61.3	381	0.7	79	52	83.9	538	0.9	53	47	75.8	458	0.7	59
64 or younge	1	100.0	12	1.0	135	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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															
Other Eligibles	20	58.8	209	0.7	59	20	58.8	202	0.9	39	18	52.9	196	0.7	30
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	1	50.0	12	1.0	133	3	150.0	26	0.8	42	2	100.0	14	1.1	16
65-74	7	53.8	71	0.8	57	8	61.5	94	0.9	40	4	30.8	44	0.9	25
75-84	12	63.2	126	0.7	54	9	47.4	82	0.8	37	12	63.2	138	0.6	34
85 and older															
Male	38	61.3	388	0.8	75	43	69.4	450	0.9	58	32	51.6	350	0.9	32
Disabled	33	60.0	356	0.8	79	40	72.7	434	0.9	60	28	50.9	322	0.9	32
r	32	59.3	344	0.8	81	39	72.2	422	0.9	58	28	51.9	322	0.9	32
64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	100.0	12	1.0	8	1	100.0	12	1.0	104	0	0.0	0	0.0	0
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															
Other Eligibles	5	71.4	32	0.6	34	3	42.9	16	0.9	10	4	57.1	28	0.6	25
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	100.0	12	0.1	1
65-74	2	66.7	16	0.8	53	1	33.3	12	1.0	8	1	33.3	12	1.0	56
75-84	2	66.7	4	1.3	53	2	66.7	4	0.5	17	2	66.7	4	0.8	8
85 and older															
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 Dakota, 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 188 beneficiaries who were in nursing facilities for part of their enrollment and their 1,806 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 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 DAKOTA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					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	68	42.8 %	694	0.8	$52	69	43.4 %	733	1.0	$47	8	5.0 %	73	0.6	$374
Female	36	37.1	374	0.9	45	46	47.4	459	1.0	51	6	6.2	62	0.6	432
Disabled	21	33.3	220	0.6	48	31	49.2	327	1.1	54	4	6.3	48	0.7	544
64 or younger	21	33.9	220	0.6	48	31	50.0	327	1.1	54	4	6.5	48	0.7	544
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	15	44.1	154	1.2	41	15	44.1	132	0.9	42	2	5.9	14	0.4	47
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	5	250.0	40	0.7	32	1	50.0	12	1.0	8	0	0.0	0	0.0	0
75-84	4	30.8	48	0.7	27	9	69.2	74	0.8	55	0	0.0	0	0.0	0
85 and older	6	31.6	66	1.9	56	5	26.3	46	1.1	31	2	10.5	14	0.4	47
Male	32	51.6	320	0.8	60	23	37.1	274	1.0	41	2	3.2	11	0.5	44
Disabled	25	45.5	260	0.8	63	20	36.4	238	1.0	37	1	1.8	3	0.7	76
64 or younger	25	46.3	260	0.8	63	18	33.3	214	0.9	36	1	1.9	3	0.7	76
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	200.0	24	2.1	49	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	7	100.0	60	0.9	48	3	42.9	36	1.0	66	1	14.3	8	0.5	33
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	2	200.0	24	0.8	24	1	100.0	12	0.9	10	0	0.0	0	0.0	0
75-84	3	100.0	32	1.0	60	2	66.7	24	1.1	94	1	33.3	8	0.5	33
85 and older	2	66.7	4	1.0	92	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 Dakota, 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 188 beneficiaries who were in nursing facilities for part of their enrollment and their 1,806 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.10D

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

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					MISC. GI					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	28	17.6 %	324	1.1	$75	38	23.9 %	403	1.1	$55	159	1,567
Female	16	16.5	187	1.1	66	23	23.7	228	1.0	76	97	941
Disabled	16	25.4	187	1.1	66	14	22.2	131	1.2	125	63	608
64 or younger	16	25.8	187	1.1	66	14	22.6	131	1.2	125	62	596
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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	0	0.0	0	0.0	0	9	26.5	97	0.7	10	34	333
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	2	100.0	24	0.5	7	2	14
75-84	0	0.0	0	0.0	0	6	46.2	61	0.8	12	13	117
85 and older	0	0.0	0	0.0	0	1	5.3	12	0.5	8	19	202
Male	12	19.4	137	0.9	87	15	24.2	175	1.2	27	62	626
Disabled	12	21.8	137	0.9	87	14	25.5	163	1.3	29	55	566
64 or younger	12	22.2	137	0.9	87	14	25.9	163	1.3	29	54	554
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	0	0.0	0	0.0	0	1	14.3	12	0.2	3	7	60
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	32
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.2	3	3	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 Dakota, 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 188 beneficiaries who were in nursing facilities for part of their enrollment and their 1,806 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 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 Nondual Rx $	Total Number of Beneficiaries
All	**15,465**	**14.5 %**	**0.4**	**40,478**	**$9**	**$954,445**	**$24**	**2.5 %**	**106,737**
Age									
5 and younger	5,905	18.9	0.3	10,679	6	198,200	19	4.2	31,216
6-14	3,595	10.5	0.2	6,473	5	165,201	26	1.8	34,126
15-20	1,822	10.7	0.2	3,985	7	113,072	28	2.2	17,091
21-44	2,967	14.9	0.6	10,965	17	328,821	30	2.9	19,888
45-64	1,109	26.2	1.8	7,782	32	136,977	18	1.7	4,229
65-74	19	25.0	3.0	228	65	4,964	22	4.9	76
75-84	28	44.4	2.9	183	62	3,901	21	3.1	63
85 and older	20	41.7	3.8	183	69	3,309	18	4.3	48
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	54	41.9	3.4	441	66	8,540	19	3.6	129
Disabled	2,160	25.4	1.7	14,711	45	385,216	26	2.2	8,504
Adults	2,668	13.0	0.4	7,387	9	194,149	26	3.0	20,590
Children	10,566	13.6	0.2	17,825	5	364,937	20	2.5	77,468
Unknown	17	37.0	2.5	114	35	1,603	14	2.1	46
Gender									
Female	9,101	15.4	0.4	25,665	10	590,333	23	2.7	59,158
Male	6,364	13.4	0.3	14,813	8	364,112	25	2.2	47,579
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	10,645	17.7	0.5	29,512	13	752,792	26	2.5	60,173
African American	270	10.2	0.2	505	4	11,237	22	2.0	2,642
Other/unknown	4,550	10.4	0.2	10,461	4	190,416	18	2.3	43,922
Use of Nursing Facilities[d]									
Entire year	90	56.6	6.7	1,060	133	21,096	20	2.6	159
Part year	120	63.8	5.4	1,022	397	74,602	73	9.8	188
None	15,255	14.3	0.4	38,396	8	858,747	22	2.3	106,390
Maintenance Assistance Status									
Cash	5,699	16.0	0.6	21,923	12	439,821	20	2.0	35,635
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	6,568	13.2	0.2	11,299	6	294,992	26	3.3	49,708
Other/unknown	3,198	14.9	0.3	7,256	10	219,632	30	2.7	21,394

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 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 DAKOTA, 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	**0.0**	**$1**	**$24**	**$0**	**$0**	**976,958**
Age						
5 and younger	0.0	1	19	0	0	285,835
6-14	0.0	0	26	0	0	339,768
15-20	0.0	1	28	0	0	151,511
21-44	0.1	2	30	0	1	158,380
45-64	0.2	3	18	0	1	39,896
65-74	0.3	7	22	0	1	665
75-84	0.4	8	21	0	1	516
85 and older	0.5	9	18	0	1	387
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.4	8	19	0	1	1,082
Disabled	0.2	4	26	0	2	88,436
Adults	0.0	1	26	0	0	155,807
Children	0.0	0	20	0	0	731,229
Unknown	0.3	4	14	0	1	404
Gender						
Female	0.0	1	23	0	0	533,944
Male	0.0	1	25	0	0	443,014
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	26	0	0	541,676
African American	0.0	0	22	0	0	22,753
Other/unknown	0.0	0	18	0	0	412,529
Use of Nursing Facilities[d]						
Entire year	0.7	13	20	0	4	1,567
Part year	0.6	41	73	0	6	1,806
None	0.0	1	22	0	0	973,585
Maintenance Assistance Status						
Cash	0.1	1	20	0	1	339,216
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	26	0	0	457,963
Other/unknown	0.0	1	30	0	0	179,779

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 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 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
All	**17,633**	**$54**	**$954,445**	**100.0 %**	**40,478**	**$24**	**100.0 %**
Anorexia or weight loss/gain	11	148	1,624	0.2	22	74	0.1
Fertility drugs	1	75	75	0.0	3	25	0.0
Drugs for cosmetic purposes	76	14	1,036	0.1	114	9	0.3
Cough and cold medications	10,260	44	446,719	46.8	17,502	26	43.2
Vitamins and minerals	752	96	72,130	7.6	3,781	19	9.3
Non-prescription drugs	3,999	14	55,171	5.8	5,534	10	13.7
Barbiturates	148	70	10,404	1.1	1,472	7	3.6
Benzodiazepines	2,146	106	227,981	23.9	11,208	20	27.7
Other Part D Excl Rx Drugs	240	580	139,305	14.6	842	165	2.1

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. 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 DAKOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**106,737**	**129**	**8,504**	**20,590**	**77,468**	**46**	**976,958**	**1,082**	**88,436**	**155,807**	**731,229**	**404**
Age												
5 and younger	31,216	0	676	0	30,540	0	285,835	0	6,477	0	279,358	0
6-14	34,126	0	1,299	0	32,827	0	339,768	0	14,376	0	325,392	0
15-20	17,091	0	1,042	1,962	14,087	0	151,511	0	11,243	13,862	126,406	0
21-44	19,888	0	2,637	17,219	14	18	158,380	0	27,768	130,369	73	170
45-64	4,229	0	2,794	1,407	0	28	39,896	0	28,092	11,570	0	234
65-74	76	28	47	1	0	0	665	239	422	4	0	0
75-84	63	54	8	1	0	0	516	457	57	2	0	0
85 and older	48	47	1	0	0	0	387	386	1	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	59,158	96	4,167	16,750	38,099	46	533,944	823	43,918	128,552	360,247	404
Male	47,579	33	4,337	3,840	39,369	0	443,014	259	44,518	27,255	370,982	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	60,173	108	4,912	11,318	43,800	35	541,676	900	49,814	81,783	408,872	307
African American	2,642	3	104	502	2,032	1	22,753	25	916	3,485	18,319	8
Other/unknown	43,922	18	3,488	8,770	31,636	10	412,529	157	37,706	70,539	304,038	89
Use of Nursing Facilities[c]												
Entire year	159	41	118	0	0	0	1,567	393	1,174	0	0	0
Part year	188	21	159	7	0	1	1,806	191	1,530	76	0	9
None	106,390	67	8,227	20,583	77,468	45	973,585	498	85,732	155,731	731,229	395
Maintenance Assistance Status												
Cash	35,635	61	7,798	10,402	17,374	0	339,216	507	82,516	83,785	172,408	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	49,708	0	2	4,488	45,172	46	457,963	0	18	24,515	433,026	404
Other/unknown	21,394	68	704	5,700	14,922	0	179,779	575	5,902	47,507	125,795	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	106,737	129	8,504	20,590	77,468	46	976,958	1,082	88,436	155,807	731,229	404
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	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	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.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 DAKOTA, 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	**106,737**	**976,958**	**106,737**	**976,958**	**0**	**0**
Fee-for-service (FFS) all year	106,737	976,958	106,737	976,958	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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.