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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
SOUTH DAKOTA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	14,267	7,119	7,000	138	6	4	149,946	70,319	78,305	1,237	52	33
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	3	0	1	0	48	0	36	0	12	0
15-20	44	0	40	1	3	0	465	0	430	8	27	0
21-44	2,558	0	2,466	90	1	1	28,269	0	27,451	803	12	3
45-64	2,774	0	2,738	34	0	2	30,874	0	30,551	305	0	18
65-74	2,397	1,069	1,314	12	1	1	26,171	11,123	14,926	109	1	12
75-84	2,778	2,411	366	1	0	0	28,162	24,029	4,121	12	0	0
85 and older	3,712	3,639	73	0	0	0	35,957	35,167	790	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	9,228	5,230	3,898	93	3	4	96,932	52,305	43,702	865	27	33
Male	5,039	1,889	3,102	45	3	0	53,014	18,014	34,603	372	25	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,996	6,639	5,272	79	4	2	125,203	65,347	59,118	692	28	18
African American	47	9	35	3	0	0	421	78	318	25	0	0
Other/unknown	2,224	471	1,693	56	2	2	24,322	4,894	18,869	520	24	15
Use of Nursing Facilities^c												
Entire year	3,917	3,422	494	1	0	0	38,846	33,379	5,465	2	0	0
Part year	1,434	1,153	281	0	0	0	13,533	10,618	2,915	0	0	0
None	8,916	2,544	6,225	137	6	4	97,567	26,322	69,925	1,235	52	33
Maintenance Assistance Status												
Cash	7,098	1,905	5,095	97	1	0	78,980	21,055	57,010	903	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	289	106	161	15	3	4	2,894	1,077	1,673	95	16	33
Other/unknown	6,880	5,108	1,744	26	2	0	68,072	48,187	19,622	239	24	0
Dual Medicare Status^d												
Full dual, all year	13,720	6,812	6,771	127	6	4	144,176	67,076	75,887	1,128	52	33
Full dual, part year	547	307	229	11	0	0	5,770	3,243	2,418	109	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	14,267	7,119	7,000	138	6	4	149,946	70,319	78,305	1,237	52	33
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

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

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	87.1	54.7	\$3,391	\$62	\$18,494	18.3	14,267
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	75.3	9,335	124	21,661	43.1	4
15-20	72.7	15.7	1,690	108	18,353	9.2	44
21-44	80.6	35.6	3,379	95	18,067	18.7	2,558
45-64	85.4	57.1	4,512	79	19,637	23.0	2,774
65-74	78.5	48.8	2,850	58	13,418	21.2	2,397
75-84	90.3	62.6	3,306	53	17,875	18.5	2,778
85 and older	96.3	64.3	2,989	47	21,674	13.8	3,712
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	92.6	63.1	3,155	50	19,410	16.3	7,119
Disabled	81.8	46.9	3,657	78	17,807	20.5	7,000
Adults	72.5	20.9	2,144	102	6,566	32.7	138
Children	66.7	14.3	3,176	222	14,037	22.6	6
Unknown	100.0	30.5	1,730	57	9,011	19.2	4
Gender							
Female	90.3	59.6	3,503	59	18,027	19.4	9,228
Male	81.3	45.7	3,185	70	19,349	16.5	5,039
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.1	60.5	3,709	61	19,925	18.6	11,996
African American	80.9	49.8	3,375	68	14,837	22.7	47
Other/unknown	60.6	23.3	1,678	72	10,851	15.5	2,224
Use of Nursing Facilities^f							
Entire year	98.6	77.3	4,102	53	30,640	13.4	3,917
Part year	95.5	63.9	3,324	52	20,336	16.3	1,434
None	80.8	43.3	3,090	71	12,862	24.0	8,916
Maintenance Assistance Status							
Cash	80.3	41.8	3,012	72	10,408	28.9	7,098
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	72.3	19.0	1,142	60	5,374	21.2	289
Other/unknown	94.8	69.5	3,877	56	27,388	14.2	6,880

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	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	5.2	\$323	18.3	12.9	13.5	7.3	23.9	29.8	12.7	\$1,760	14,267	149,946
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	6.3	778	43.1	0.0	0.0	0.0	25.0	75.0	0.0	1,805	4	48
15-20	1.5	160	9.2	27.3	31.8	18.2	15.9	6.8	0.0	1,737	44	465
21-44	3.2	306	18.7	19.4	26.5	10.4	22.0	17.0	4.7	1,635	2,558	28,269
45-64	5.1	405	23.0	14.6	14.6	7.4	24.5	26.4	12.5	1,764	2,774	30,874
65-74	4.5	261	21.2	21.5	14.9	6.7	22.0	23.9	11.0	1,229	2,397	26,171
75-84	6.2	326	18.5	9.7	9.3	6.7	23.1	32.4	18.7	1,763	2,778	28,162
85 and older	6.6	309	13.8	3.7	5.7	6.0	26.5	43.2	15.0	2,238	3,712	35,957
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	6.4	319	16.3	7.4	7.5	6.4	24.7	37.3	16.8	1,965	7,119	70,319
Disabled	4.2	327	20.5	18.2	19.1	8.2	23.1	22.6	8.8	1,592	7,000	78,305
Adults	2.3	239	32.7	27.5	32.6	8.0	17.4	13.8	0.7	733	138	1,237
Children	1.7	367	22.6	33.3	16.7	16.7	33.3	0.0	0.0	1,620	6	52
Unknown	3.7	210	19.2	0.0	50.0	0.0	50.0	0.0	0.0	1,092	4	33
Gender												
Female	5.7	334	19.4	9.7	12.0	7.2	24.3	32.7	14.2	1,716	9,228	96,932
Male	4.3	303	16.5	18.7	16.2	7.5	23.1	24.5	10.0	1,839	5,039	53,014
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.8	355	18.6	7.9	11.5	7.4	25.5	33.3	14.4	1,909	11,996	125,203
African American	5.6	377	22.7	19.1	17.0	8.5	21.3	19.1	14.9	1,656	47	421
Other/unknown	2.1	153	15.5	39.4	24.0	7.0	15.1	11.3	3.2	992	2,224	24,322
Use of Nursing Facilities ^f												
Entire year	7.8	414	13.4	1.4	3.6	4.8	22.6	43.9	23.6	3,090	3,917	38,846
Part year	6.8	352	16.3	4.5	7.3	6.1	26.4	37.7	18.1	2,155	1,434	13,533
None	4.0	282	24.0	19.2	18.8	8.7	24.0	22.3	7.0	1,175	8,916	97,567
Maintenance Assistance Status												
Cash	3.8	271	28.9	19.7	19.4	9.2	24.3	21.5	5.9	935	7,098	78,980
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.9	114	21.2	27.7	34.3	11.8	18.0	6.6	1.7	537	289	2,894
Other/unknown	7.0	392	14.2	5.2	6.5	5.3	23.7	39.3	20.1	2,768	6,880	68,072

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	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	5.2	\$323	\$62	2.0	\$236	\$120	0.3	\$19	\$61	2.9	\$68	\$23
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	6.3	778	124	2.5	693	279	0.2	5	28	3.6	80	22
15-20	1.5	160	108	0.8	137	177	0.1	8	65	0.6	14	25
21-44	3.2	306	95	1.4	237	169	0.2	22	97	1.6	47	29
45-64	5.1	405	79	2.1	308	143	0.3	24	76	2.7	74	28
65-74	4.5	261	58	1.7	191	109	0.2	13	57	2.5	57	23
75-84	6.2	326	53	2.3	233	103	0.3	16	52	3.6	76	21
85 and older	6.6	309	47	2.2	208	95	0.4	19	45	4.0	81	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	6.4	319	50	2.2	223	100	0.4	18	48	3.8	79	21
Disabled	4.2	327	78	1.7	248	143	0.3	20	78	2.2	58	27
Adults	2.3	239	102	0.9	181	197	0.2	24	157	1.3	34	27
Children	1.7	367	222	0.9	351	388	0.0	2	39	0.7	14	20
Unknown	3.7	210	57	1.3	152	114	1.0	29	28	1.3	29	21
Gender												
Female	5.7	334	59	2.1	241	115	0.3	20	57	3.2	72	23
Male	4.3	303	70	1.7	226	132	0.2	17	73	2.4	59	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.8	355	61	2.2	259	119	0.3	21	59	3.2	75	23
African American	5.6	377	68	2.3	273	117	0.4	45	111	2.8	59	21
Other/unknown	2.1	153	72	0.8	113	138	0.1	10	96	1.2	30	25
Use of Nursing Facilities^e												
Entire year	7.8	414	53	2.7	286	106	0.4	23	52	4.6	104	22
Part year	6.8	352	52	2.4	246	104	0.4	20	52	4.0	87	22
None	4.0	282	71	1.6	214	132	0.2	17	71	2.1	51	24
Maintenance Assistance Status												
Cash	3.8	271	72	1.5	205	133	0.2	17	76	2.0	49	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.9	114	60	0.7	82	120	0.1	10	70	1.1	22	20
Other/unknown	7.0	392	56	2.5	278	111	0.4	21	52	4.1	92	23

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.4	0.1	0.0	0.2	\$19	\$11	\$4	\$5	\$54	\$136	\$82	\$20	31,643	\$1,704,518	8,171	57.3	89,129
Biologicals	0.1	0.1	0.0	0.0	3	2	0	0	26	24	0	35	725	18,763	631	4.4	7,299
Antineoplastic Agents	0.7	0.2	0.0	0.5	107	83	0	24	154	483	43	47	2,798	432,095	385	2.7	4,025
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.6	53	35	8	10	45	93	36	17	81,204	3,653,452	6,432	45.1	69,112
Cardiovascular Agents	2.1	0.7	0.1	1.3	66	44	1	20	32	67	24	15	184,868	5,877,099	8,509	59.6	89,701
Respiratory Agents	0.9	0.6	0.0	0.3	63	54	3	6	72	97	67	22	44,695	3,237,399	4,770	33.4	51,679
Gastrointestinal Agents	1.0	0.4	0.0	0.5	78	62	1	15	79	142	44	28	64,460	5,119,265	6,117	42.9	65,639
Genitourinary Agents	0.7	0.5	0.0	0.1	55	49	1	5	78	90	81	35	17,876	1,395,635	2,335	16.4	25,427
CNS Drugs	1.6	0.8	0.0	0.8	150	126	4	20	95	158	154	27	129,144	12,304,374	7,730	54.2	81,907
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.1	0.3	85	72	6	8	113	169	103	28	2,202	249,156	266	1.9	2,917
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	148	148	0	1	160	162	149	52	11,464	1,839,378	1,208	8.5	12,420
Analgesics and Anesthetics	0.9	0.2	0.1	0.7	56	21	11	24	62	123	153	36	63,655	3,956,135	6,629	46.5	70,565
Neuromuscular Agents	1.2	0.4	0.1	0.7	97	65	5	27	84	169	69	38	54,856	4,598,626	4,361	30.6	47,392
Nutritional Products	0.8	0.0	0.0	0.7	14	0	1	13	19	23	36	18	25,750	485,032	3,198	22.4	33,532
Hematological Agents	1.0	0.3	0.1	0.6	55	43	3	9	53	167	22	14	30,014	1,604,374	2,799	19.6	29,216
Topical Products	0.5	0.2	0.0	0.3	23	15	1	6	48	83	40	24	30,472	1,450,656	5,785	40.5	63,866
Miscellaneous Products	0.5	0.2	0.0	0.2	90	71	5	14	195	293	190	73	2,078	405,161	417	2.9	4,508
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	21	0	0	0	2,389	49,762	607	4.3	6,621
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.	780,293	48,380,880	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispain.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, 1.1 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.medispain.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 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,038,984	4,296	30.1	46,488	0.9	\$197	\$173
ULCER DRUGS	4,238,224	5,758	40.4	61,681	0.7	93	69
ANTICONVULSANT	3,824,995	3,559	24.9	39,278	1.0	97	97
ANTIDEPRESSANTS	3,649,102	7,574	53.1	81,023	0.8	58	45
ANTIASTHMATIC	2,296,517	4,818	33.8	51,310	0.6	80	45
ANALGESICS - Narcotic	2,282,771	7,263	50.9	77,678	0.5	56	29
ANTIDIABETIC	2,015,473	3,959	27.7	42,559	0.8	56	47
ANTIHYPERLIPIDEMIC	1,934,607	2,934	20.6	32,663	0.7	80	59
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,839,378	1,430	10.0	14,661	0.8	160	125
ANALGESICS - ANTI-INFLAMMATORY	1,303,212	3,161	22.2	35,092	0.5	81	37
Total	31,423,263	44,752		482,433	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	346,387	\$31,423,263	4,296	30.1	46,488	0.9	\$173	5,758	40.4	61,681	0.7	\$69
Female												
All Females	235,988	20,565,211	2,660	28.8	28,794	0.8	156	4,011	43.5	43,018	0.7	70
Female, Disabled												
All Ages	102,802	10,628,991	1,262	32.4	14,457	0.9	196	1,484	38.1	17,015	0.7	77
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	350	0	0.0	0	0.0	0	1	100.0	12	0.8	29
15-20	113	10,955	3	23.1	36	0.9	93	6	46.2	66	0.2	11
21-44	25,641	3,041,046	456	38.8	5,253	0.8	183	353	30.0	3,989	0.6	73
45-64	52,468	5,552,155	620	39.2	7,130	0.9	217	685	43.3	7,903	0.7	83
65-74	18,864	1,594,336	131	16.2	1,490	0.9	175	315	38.9	3,606	0.7	71
75-84	4,581	349,158	40	15.7	438	0.7	104	98	38.4	1,148	0.7	66
85 and older	1,126	80,991	12	19.7	110	0.9	118	26	42.6	291	0.8	87
Female, Other Eligibles												
All Ages	133,186	9,936,220	1,398	26.2	14,337	0.8	116	2,527	47.4	26,003	0.8	66
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	272	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,048	98,090	18	27.3	208	0.3	93	16	24.2	175	0.5	67
45-64	136	11,370	1	5.6	12	0.5	25	3	16.7	25	0.6	103
65-74	15,711	1,280,437	142	21.5	1,520	0.9	170	247	37.4	2,690	0.7	62
75-84	46,923	3,527,658	463	27.8	4,809	0.9	127	820	49.3	8,415	0.8	67
85 and older	69,362	5,018,393	774	26.5	7,788	0.7	100	1,441	49.4	14,698	0.8	65
Male												
All Males	110,399	10,858,052	1,636	32.5	17,694	0.9	200	1,747	34.7	18,663	0.7	66
Male, Disabled												
All Ages	66,188	7,493,283	1,098	35.4	12,559	1.0	235	865	27.9	9,844	0.7	74
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	744	0	0.0	0	0.0	0	2	100.0	24	0.6	31
15-20	201	26,748	5	18.5	60	0.6	103	3	11.1	27	0.1	21
21-44	23,335	3,040,463	507	39.3	5,783	1.0	231	256	19.8	2,921	0.7	76
45-64	30,706	3,461,879	452	39.1	5,200	1.1	265	388	33.6	4,410	0.8	77
65-74	9,687	805,880	109	21.6	1,259	0.9	159	175	34.7	1,998	0.7	66
75-84	1,930	136,600	22	19.8	228	1.1	129	34	30.6	380	0.7	57
85 and older	315	20,969	3	25.0	29	0.6	29	7	58.3	84	0.6	97

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	Number of Rx per Benefit Month				Benefit Months Among Users	Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	44,211	3,364,769	538	27.8	5,135	0.8	116	882	45.5	8,819	0.7	57
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	188	16,868	6	23.1	64	0.1	51	3	11.5	36	0.6	78
45-64	158	7,927	2	11.1	14	0.6	39	2	11.1	24	0.8	86
65-74	9,392	720,644	78	18.5	816	0.8	138	152	36.0	1,692	0.7	57
75-84	19,071	1,472,911	223	29.8	2,149	0.8	126	372	49.7	3,772	0.7	59
85 and older	15,402	1,146,419	229	31.8	2,092	0.7	99	353	49.0	3,295	0.8	55
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,559	24.9	39,278	1.0	\$97	7,574	53.1	81,023	0.8	\$45	4,818	33.8	51,310	0.6	\$45
Female															
All Females	2,175	23.6	23,916	0.9	87	5,442	59.0	58,496	0.8	45	3,274	35.5	35,216	0.5	43
Female, Disabled															
All Ages	1,422	36.5	16,245	1.0	108	2,328	59.7	26,589	0.8	48	1,518	38.9	17,296	0.5	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	30.8	48	1.0	132	0	0.0	0	0.0	0	3	23.1	36	0.2	13
21-44	515	43.8	5,869	1.0	136	777	66.1	8,896	0.7	49	353	30.0	4,033	0.4	26
45-64	718	45.4	8,239	1.0	99	1,142	72.1	13,013	0.8	50	708	44.7	8,112	0.5	45
65-74	150	18.5	1,684	0.9	61	303	37.4	3,526	0.8	42	342	42.2	3,864	0.5	46
75-84	32	12.5	380	0.9	72	87	34.1	981	0.8	49	88	34.5	1,015	0.5	38
85 and older	3	4.9	25	0.3	5	19	31.1	173	0.8	39	24	39.3	236	0.5	41
Female, Other Eligibles															
All Ages	753	14.1	7,671	0.9	45	3,114	58.4	31,907	0.8	42	1,756	32.9	17,920	0.6	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	3	0.7	29	1	33.3	3	0.3	57
21-44	17	25.8	179	0.7	108	54	81.8	545	0.4	39	34	51.5	353	0.3	17
45-64	3	16.7	36	0.5	42	7	38.9	60	0.4	36	3	16.7	33	0.1	11
65-74	130	19.7	1,368	0.9	63	297	44.9	3,128	0.8	42	213	32.2	2,237	0.6	50
75-84	296	17.8	3,043	0.9	43	1,016	61.1	10,418	0.8	42	576	34.6	5,894	0.6	52
85 and older	307	10.5	3,045	0.8	34	1,739	59.6	17,753	0.8	42	929	31.8	9,400	0.6	42
Male															
All Males	1,384	27.5	15,362	1.1	113	2,132	42.3	22,527	0.8	45	1,544	30.6	16,094	0.6	49
Male, Disabled															
All Ages	1,050	33.8	12,044	1.2	131	1,166	37.6	13,143	0.8	47	685	22.1	7,717	0.6	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	33.3	98	0.7	161	8	29.6	76	0.7	35	3	11.1	27	0.6	48
21-44	467	36.2	5,373	1.1	143	505	39.1	5,721	0.7	49	194	15.0	2,261	0.4	28
45-64	466	40.3	5,341	1.2	132	484	41.9	5,444	0.8	47	292	25.3	3,268	0.6	51
65-74	85	16.9	970	1.1	73	146	29.0	1,657	0.8	40	158	31.3	1,767	0.6	54
75-84	20	18.0	233	0.9	45	21	18.9	221	0.8	54	35	31.5	358	0.7	48
85 and older	3	25.0	29	1.3	33	2	16.7	24	0.8	22	3	25.0	36	2.6	73

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	334	17.2	3,318	0.9	50	966	49.9	9,384	0.8	43	859	44.3	8,377	0.6	52
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	15.4	32	0.3	17	10	38.5	86	0.3	24	9	34.6	87	0.3	12
45-64	0	0.0	0	0.0	0	3	16.7	30	0.6	30	2	11.1	22	0.1	2
65-74	94	22.3	1,025	0.9	62	170	40.3	1,830	0.7	41	165	39.1	1,721	0.6	58
75-84	142	19.0	1,380	0.9	48	406	54.2	3,970	0.8	45	339	45.3	3,354	0.7	56
85 and older	94	13.1	881	0.8	40	377	52.4	3,468	0.8	43	344	47.8	3,193	0.6	47
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
All	7,263	50.9	77,678	0.5	\$29	3,959	27.7	42,559	0.8	\$47	2,934	20.6	32,663	0.7	\$59
Female															
All Females	5,397	58.5	57,890	0.5	30	2,729	29.6	29,363	0.8	47	1,956	21.2	21,790	0.7	59
Female, Disabled															
All Ages	2,338	60.0	26,627	0.4	26	1,043	26.8	11,933	0.8	49	871	22.3	10,045	0.7	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	61.5	90	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	680	57.9	7,621	0.3	15	164	14.0	1,895	0.7	48	96	8.2	1,101	0.6	51
45-64	1,024	64.7	11,769	0.5	36	466	29.4	5,343	0.8	53	462	29.2	5,304	0.7	59
65-74	485	59.9	5,556	0.5	21	334	41.2	3,813	0.7	48	243	30.0	2,820	0.7	63
75-84	100	39.2	1,126	0.5	17	66	25.9	739	0.7	35	62	24.3	730	0.7	60
85 and older	41	67.2	465	0.6	24	13	21.3	143	1.0	36	8	13.1	90	0.8	57
Female, Other Eligibles															
All Ages	3,059	57.4	31,263	0.6	34	1,686	31.6	17,430	0.9	46	1,085	20.4	11,745	0.7	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	66.7	24	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	65	98.5	667	0.4	23	7	10.6	83	0.3	13	3	4.5	36	0.3	18
45-64	8	44.4	77	0.4	16	4	22.2	39	0.6	56	3	16.7	21	0.3	20
65-74	329	49.8	3,504	0.6	36	242	36.6	2,602	0.9	48	226	34.2	2,535	0.7	54
75-84	979	58.9	10,154	0.6	30	754	45.3	7,733	0.9	49	477	28.7	5,110	0.7	59
85 and older	1,676	57.4	16,837	0.7	36	679	23.3	6,973	0.9	43	376	12.9	4,043	0.8	61
Male															
All Males	1,866	37.0	19,788	0.5	28	1,230	24.4	13,196	0.9	48	978	19.4	10,873	0.8	60
Male, Disabled															
All Ages	989	31.9	11,049	0.4	26	549	17.7	6,262	0.8	47	593	19.1	6,859	0.8	60
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	25.9	75	0.2	3	0	0.0	0	0.0	0	1	3.7	12	0.4	2
21-44	373	28.9	4,220	0.4	31	113	8.8	1,282	0.7	44	173	13.4	2,016	0.7	58
45-64	388	33.6	4,311	0.5	26	258	22.3	2,966	0.9	52	280	24.2	3,237	0.8	61
65-74	181	35.9	2,002	0.5	19	143	28.4	1,618	0.7	44	111	22.0	1,275	0.7	59
75-84	35	31.5	381	0.4	15	33	29.7	372	0.7	37	27	24.3	307	0.7	61
85 and older	5	41.7	60	0.5	61	2	16.7	24	1.4	49	1	8.3	12	1.0	80

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	877	45.3	8,739	0.5	29	681	35.2	6,934	0.9	48	385	19.9	4,014	0.8	61
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	14	53.8	121	0.5	33	4	15.4	30	0.3	12	1	3.8	12	0.5	54
45-64	9	50.0	102	0.4	10	6	33.3	65	0.7	28	3	16.7	31	0.5	36
65-74	157	37.2	1,707	0.4	18	172	40.8	1,909	0.9	51	130	30.8	1,400	0.7	62
75-84	342	45.7	3,458	0.6	36	311	41.5	3,155	0.9	47	164	21.9	1,710	0.8	63
85 and older	355	49.3	3,351	0.5	29	188	26.1	1,775	1.0	47	87	12.1	861	0.8	54
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	1,430	10.0	14,661	0.8	\$126	3,161	22.2	35,092	0.5	\$37	14,267	149,946
Female												
All Females	1,036	11.2	10,793	0.8	130	2,310	25.0	25,668	0.5	40	9,228	96,932
Female, Disabled												
All Ages	142	3.6	1,600	0.7	225	1,118	28.7	12,914	0.4	42	3,898	43,702
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	143
21-44	26	2.2	288	0.6	334	298	25.4	3,426	0.3	29	1,175	13,018
45-64	83	5.2	932	0.7	225	526	33.2	6,088	0.5	47	1,583	17,709
65-74	25	3.1	284	0.7	161	225	27.8	2,613	0.5	50	810	9,263
75-84	5	2.0	60	1.0	106	58	22.7	673	0.4	29	255	2,904
85 and older	3	4.9	36	0.4	49	11	18.0	114	0.3	28	61	653
Female, Other Eligibles												
All Ages	894	16.8	9,193	0.8	113	1,192	22.4	12,754	0.5	38	5,330	53,230
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	23
21-44	2	3.0	24	0.1	8	21	31.8	217	0.3	15	66	619
45-64	0	0.0	0	0.0	0	5	27.8	47	0.2	14	18	162
65-74	54	8.2	609	0.8	131	141	21.3	1,522	0.5	38	661	6,825
75-84	288	17.3	2,950	0.8	116	393	23.6	4,226	0.5	36	1,663	16,899
85 and older	550	18.8	5,610	0.8	110	632	21.7	6,742	0.6	40	2,919	28,702
Male												
All Males	394	7.8	3,868	0.8	114	851	16.9	9,424	0.4	30	5,039	53,014
Male, Disabled												
All Ages	80	2.6	919	0.7	132	506	16.3	5,808	0.4	28	3,102	34,603
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	1	3.7	12	0.1	0	27	287
21-44	17	1.3	192	0.4	170	165	12.8	1,901	0.3	17	1,291	14,433
45-64	43	3.7	488	0.8	131	212	18.4	2,402	0.4	37	1,155	12,842
65-74	18	3.6	215	0.7	99	99	19.6	1,146	0.5	32	504	5,663
75-84	1	0.9	12	0.9	146	27	24.3	323	0.4	21	111	1,217
85 and older	1	8.3	12	1.0	173	2	16.7	24	0.3	2	12	137

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	314	16.2	2,949	0.8	108	345	17.8	3,616	0.5	32	1,937	18,411
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	2	7.7	24	0.2	70	8	30.8	77	0.3	7	26	199
45-64	0	0.0	0	0.0	0	5	27.8	57	0.2	8	18	161
65-74	33	7.8	349	0.8	107	65	15.4	731	0.5	31	422	4,420
75-84	126	16.8	1,099	0.8	108	130	17.4	1,369	0.5	36	749	7,142
85 and older	153	21.3	1,477	0.8	108	137	19.0	1,382	0.4	30	720	6,465
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

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	\$414	7.8	3,917	38,846
Age				
0-64	622	8.9	259	2,799
65-74	518	8.7	389	4,134
75-84	460	8.5	1,081	10,571
85 and older	343	7.2	2,188	21,342
Unknown	0	0.0	0	0
Gender				
Female	407	7.9	2,826	28,299
Male	432	7.6	1,091	10,547
Unknown	0	0.0	0	0
Race				
White	414	7.9	3,723	36,817
African American	218	4.8	5	58
Other/unknown	405	6.9	189	1,971
Basis of Eligibility^c				
Aged	392	7.7	3,422	33,379
Disabled	543	8.4	494	5,465
Adults	14	2.5	1	2
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,434 beneficiaries who were in nursing facilities for part of their enrollment and their 13,533 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.

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

DUK ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005																	
Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.1	0.2	\$18	\$9	\$4	\$5	\$46	\$93	\$80	\$20	11,654	\$538,064	2,874	73.4	30,232
Biologicals	0.1	0.1	0.0	0.0	3	2	0	1	26	22	0	35	183	4,670	166	4.2	1,834
Antineoplastic Agents	0.7	0.2	0.0	0.5	115	82	0	32	156	444	43	59	1,213	189,366	161	4.1	1,648
Endocrine/Metabolic Drugs	1.3	0.4	0.3	0.6	57	38	9	10	43	88	37	15	28,396	1,224,393	2,093	53.4	21,399
Cardiovascular Agents	2.3	0.6	0.1	1.7	61	35	1	25	26	62	20	15	72,253	1,903,675	3,095	79.0	31,027
Respiratory Agents	1.0	0.6	0.0	0.4	73	63	2	8	72	100	65	22	15,559	1,115,870	1,492	38.1	15,376
Gastrointestinal Agents	1.2	0.4	0.0	0.7	74	55	1	18	62	128	33	25	26,451	1,639,390	2,144	54.7	22,028
Genitourinary Agents	0.8	0.6	0.0	0.2	60	54	0	6	77	87	55	39	7,585	584,187	923	23.6	9,660
CNS Drugs	1.7	0.9	0.0	0.8	132	112	1	19	79	126	55	25	48,449	3,819,676	2,852	72.8	28,892
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	28	18	0	10	39	157	69	17	356	13,731	46	1.2	489
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	155	155	0	0	152	152	0	28	7,129	1,081,704	678	17.3	6,973
Analgesics and Anesthetics	1.1	0.2	0.1	0.8	64	19	13	32	57	96	122	39	24,878	1,410,751	2,171	55.4	22,048
Neuromuscular Agents	1.1	0.2	0.1	0.8	63	28	4	31	57	117	55	39	16,682	947,354	1,446	36.9	15,067
Nutritional Products	0.9	0.0	0.0	0.8	16	0	1	15	19	20	35	18	12,710	236,435	1,434	36.6	14,761
Hematological Agents	1.2	0.3	0.1	0.8	61	48	3	10	50	168	19	13	14,678	738,114	1,196	30.5	12,066
Topical Products	0.6	0.2	0.0	0.3	24	16	1	7	42	75	40	22	13,024	552,993	2,172	55.5	23,230
Miscellaneous Products	0.3	0.1	0.0	0.2	21	12	2	7	79	117	270	45	556	43,983	196	5.0	2,064
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	19	0	0	0	1,200	22,241	306	7.8	3,274
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.	302,956	16,066,597	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,434 beneficiaries who were in nursing facilities for part of their enrollment and their 13,533 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 2005. 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In South Dakota, 1.1 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.

Dual Eligible Beneficiaries

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,258,367	1,558	39.8	16,127	0.9	\$160	\$140
ANTIDEPRESSANTS	1,397,276	2,793	71.3	28,803	0.9	55	49
ULCER DRUGS	1,345,969	2,023	51.6	20,698	0.9	76	65
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,081,704	814	20.8	8,371	0.9	152	129
ANALGESICS - Narcotic	971,853	2,245	57.3	22,821	0.8	57	43
ANTIASTHMATIC	890,175	1,623	41.4	16,532	0.7	77	54
ANTIDIABETIC	699,677	1,315	33.6	13,533	1.0	49	52
ANTICONVULSANT	608,525	911	23.3	9,511	1.1	61	64
MISC. ENDOCRINE	474,209	638	16.3	6,758	0.8	88	70
ANTIHYPERTENSIVE	424,158	1,614	41.2	16,313	0.9	30	26
Total	10,151,913	15,534		159,467	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,434 beneficiaries who were in nursing facilities for part of their enrollment and their 13,533 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 2005. 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 2005 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.

Dual Eligible Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
Beneficiary Characteristics	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	137,104	\$10,151,913	1,558	39.8	16,127	0.9	\$140	2,793	71.3	28,803	0.9	\$49
Female												
All Females	99,718	7,324,069	1,089	38.5	11,437	0.9	135	2,075	73.4	21,652	0.9	48
Female, Disabled												
All Ages	13,229	1,213,814	160	56.1	1,784	1.0	210	230	80.7	2,545	0.9	59
64 or younger	6,900	692,210	79	54.5	877	1.0	233	136	93.8	1,492	0.9	58
65-74	4,264	353,612	52	58.4	572	1.2	217	61	68.5	704	1.0	59
75-84	1,549	127,626	24	66.7	281	0.8	134	21	58.3	245	0.9	70
85 and older	516	40,366	5	33.3	54	1.0	142	12	80.0	104	1.0	51
Female, Other Eligibles												
All Ages	86,489	6,110,255	929	36.6	9,653	0.8	122	1,845	72.6	19,107	0.9	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,033	494,452	64	53.8	688	1.1	183	108	90.8	1,169	0.9	50
75-84	28,168	2,013,772	307	44.9	3,246	0.9	132	573	83.9	5,920	0.9	47
85 and older	52,288	3,602,031	558	32.1	5,719	0.8	109	1,164	66.9	12,018	0.9	46
Male												
All Males	37,386	2,827,844	469	43.0	4,690	0.9	152	718	65.8	7,151	0.9	51
Male, Disabled												
All Ages	9,107	786,759	108	51.7	1,241	1.1	229	148	70.8	1,644	0.9	54
64 or younger	4,957	469,365	54	47.4	604	1.1	272	81	71.1	867	0.9	56
65-74	3,232	258,975	43	58.1	505	1.0	198	57	77.0	657	0.9	49
75-84	690	45,467	9	50.0	108	1.4	176	8	44.4	96	1.0	68
85 and older	228	12,952	2	66.7	24	0.5	17	2	66.7	24	0.8	22
Male, Other Eligibles												
All Ages	28,279	2,041,085	361	40.9	3,449	0.8	124	570	64.6	5,507	0.9	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,787	331,913	47	43.9	503	0.8	116	71	66.4	761	0.9	54
75-84	12,320	903,185	154	44.8	1,446	0.9	146	255	74.1	2,485	0.9	52
85 and older	11,172	805,987	160	37.1	1,500	0.8	105	244	56.6	2,261	0.8	46
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,434 beneficiaries who were in nursing facilities for part of their enrollment and their 13,533 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	2,023	51.6	20,698	0.9	\$65	814	20.8	8,371	0.9	\$129	2,245	57.3	22,821	0.8	\$43
Female															
All Females	1,441	51.0	14,847	0.9	67	593	21.0	6,236	0.9	132	1,746	61.8	17,807	0.8	43
Female, Disabled															
All Ages	141	49.5	1,579	0.9	72	33	11.6	370	0.8	276	167	58.6	1,883	0.7	39
64 or younger	63	43.4	726	0.9	72	19	13.1	202	0.9	422	87	60.0	972	0.8	43
65-74	44	49.4	473	0.9	69	10	11.2	120	0.8	103	51	57.3	587	0.7	30
75-84	22	61.1	257	0.9	69	2	5.6	24	0.8	120	19	52.8	211	0.7	42
85 and older	12	80.0	123	0.8	92	2	13.3	24	0.5	68	10	66.7	113	0.6	41
Female, Other Eligibles															
All Ages	1,300	51.2	13,268	0.9	66	560	22.0	5,866	0.9	123	1,579	62.1	15,924	0.8	44
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	61	51.3	630	0.9	74	31	26.1	360	0.9	127	95	79.8	1,005	0.9	66
75-84	375	54.9	3,803	0.9	66	164	24.0	1,689	0.8	130	458	67.1	4,679	0.8	41
85 and older	864	49.7	8,835	0.8	65	365	21.0	3,817	0.9	119	1,026	59.0	10,240	0.8	43
Male															
All Males	582	53.3	5,851	0.8	61	221	20.3	2,135	0.9	122	499	45.7	5,014	0.7	41
Male, Disabled															
All Ages	118	56.5	1,309	0.9	71	15	7.2	178	0.9	184	91	43.5	1,012	0.8	37
64 or younger	66	57.9	706	0.9	74	9	7.9	106	0.9	223	51	44.7	557	1.0	48
65-74	43	58.1	495	0.9	70	5	6.8	60	0.8	117	33	44.6	371	0.6	18
75-84	7	38.9	84	0.7	32	0	0.0	0	0.0	0	3	16.7	36	0.7	8
85 and older	2	66.7	24	1.0	125	1	33.3	12	1.0	173	4	133.3	48	0.6	76
Male, Other Eligibles															
All Ages	464	52.6	4,542	0.8	59	206	23.4	1,957	0.9	116	408	46.3	4,002	0.7	42
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	53	49.5	583	0.9	58	19	17.8	188	0.9	106	44	41.1	440	0.7	26
75-84	207	60.2	2,028	0.8	62	79	23.0	704	0.8	118	167	48.5	1,662	0.8	49
85 and older	204	47.3	1,931	0.8	55	108	25.1	1,065	0.9	117	197	45.7	1,900	0.6	41
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,434 beneficiaries who were in nursing facilities for part of their enrollment and their 13,533 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,623	41.4	16,532	0.7	\$54	1,315	33.6	13,533	1.0	\$52	911	23.3	9,511	1.1	\$64
Female															
All Females	1,052	37.2	10,909	0.7	52	918	32.5	9,448	1.0	51	587	20.8	6,148	1.0	60
Female, Disabled															
All Ages	148	51.9	1,608	0.8	76	92	32.3	1,022	1.1	52	166	58.2	1,881	1.2	88
64 or younger	68	46.9	761	0.9	91	38	26.2	418	1.2	56	105	72.4	1,187	1.2	83
65-74	52	58.4	547	0.7	69	37	41.6	407	1.1	55	48	53.9	548	1.1	81
75-84	20	55.6	240	1.0	44	11	30.6	125	1.1	40	12	33.3	144	1.4	151
85 and older	8	53.3	60	1.2	96	6	40.0	72	1.0	31	1	6.7	2	1.0	14
Female, Other Eligibles															
All Ages	904	35.6	9,301	0.7	48	826	32.5	8,426	1.0	50	421	16.6	4,267	1.0	48
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	35	29.4	376	0.8	78	70	58.8	714	1.2	55	57	47.9	587	1.0	84
75-84	293	42.9	3,003	0.7	58	361	52.9	3,610	1.1	56	165	24.2	1,676	1.0	48
85 and older	576	33.1	5,922	0.6	40	395	22.7	4,102	1.0	45	199	11.4	2,004	0.9	37
Male															
All Males	571	52.3	5,623	0.7	58	397	36.4	4,085	1.0	54	324	29.7	3,363	1.1	71
Male, Disabled															
All Ages	92	44.0	1,037	0.7	52	80	38.3	928	1.1	65	109	52.2	1,248	1.2	89
64 or younger	48	42.1	524	0.6	59	47	41.2	532	1.1	71	66	57.9	748	1.2	94
65-74	33	44.6	381	0.6	44	25	33.8	300	0.9	56	34	45.9	392	1.4	91
75-84	10	55.6	120	0.8	49	7	38.9	84	1.0	54	7	38.9	84	0.8	54
85 and older	1	33.3	12	4.4	65	1	33.3	12	2.0	90	2	66.7	24	1.2	27
Male, Other Eligibles															
All Ages	479	54.3	4,586	0.7	59	317	35.9	3,157	1.0	51	215	24.4	2,115	1.0	60
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	81	75.7	822	0.9	70	63	58.9	703	1.1	57	55	51.4	591	1.1	82
75-84	178	51.7	1,771	0.8	62	138	40.1	1,322	1.0	52	100	29.1	968	1.0	54
85 and older	220	51.0	1,993	0.6	51	116	26.9	1,132	1.0	47	60	13.9	556	0.9	49
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,434 beneficiaries who were in nursing facilities for part of their enrollment and their 13,533 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	MISC. ENDOCRINE						ANTIHYPERTENSIVE					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	638	16.3	6,758	0.8	\$70	1,614	41.2	16,313	0.9	\$26	3,917	38,846
Female												
All Females	565	20.0	6,010	0.8	72	1,165	41.2	11,867	0.9	27	2,826	28,299
Female, Disabled												
All Ages	53	18.6	606	0.8	67	79	27.7	856	0.9	23	285	3,137
64 or younger	34	23.4	378	0.7	67	31	21.4	339	0.9	18	145	1,565
65-74	14	15.7	168	0.9	69	35	39.3	399	0.9	24	89	1,008
75-84	4	11.1	48	0.8	63	8	22.2	89	1.0	36	36	415
85 and older	1	6.7	12	1.1	82	5	33.3	29	1.0	27	15	149
Female, Other Eligibles												
All Ages	512	20.1	5,404	0.8	72	1,086	42.7	11,011	0.9	28	2,541	25,162
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	19	16.0	222	0.9	66	54	45.4	569	0.9	34	119	1,176
75-84	140	20.5	1,429	0.9	73	311	45.5	3,108	0.9	29	683	6,757
85 and older	353	20.3	3,753	0.8	73	721	41.5	7,334	0.9	27	1,739	17,229
Male												
All Males	73	6.7	748	0.7	56	449	41.2	4,446	0.9	23	1,091	10,547
Male, Disabled												
All Ages	14	6.7	162	0.6	51	74	35.4	833	0.9	23	209	2,328
64 or younger	12	10.5	139	0.6	49	31	27.2	336	0.9	24	114	1,234
65-74	2	2.7	23	0.8	60	32	43.2	365	0.8	22	74	846
75-84	0	0.0	0	0.0	0	10	55.6	120	0.9	17	18	212
85 and older	0	0.0	0	0.0	0	1	33.3	12	2.2	66	3	36
Male, Other Eligibles												
All Ages	59	6.7	586	0.7	58	375	42.5	3,613	0.9	23	882	8,219
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	6	5.6	56	0.7	53	54	50.5	583	0.9	31	107	1,104
75-84	15	4.4	153	0.7	56	171	49.7	1,648	0.9	20	344	3,187
85 and older	38	8.8	377	0.7	59	150	34.8	1,382	0.9	23	431	3,928
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,434 beneficiaries who were in nursing facilities for part of their enrollment and their 13,533 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
SOUTH DAKOTA, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	6,550	45.9	4.1	59,004	\$73	\$1,040,036	\$18	2.1	14,267
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	4	100.0	4.8	19	121	485	26	1.3	4
15-20	8	18.2	0.3	15	8	333	22	0.4	44
21-44	861	33.7	2.4	6,209	52	132,979	21	1.5	2,558
45-64	1,225	44.2	4.3	11,972	81	223,405	19	1.8	2,774
65-74	933	38.9	3.5	8,452	65	154,795	18	2.3	2,397
75-84	1,420	51.1	4.7	13,019	77	214,594	16	2.3	2,778
85 and older	2,099	56.5	5.2	19,318	84	313,445	16	2.8	3,712
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	3,783	53.1	4.9	34,897	81	574,768	16	2.6	7,119
Disabled	2,720	38.9	3.4	23,924	66	461,125	19	1.8	7,000
Adults	42	30.4	1.1	157	24	3,292	21	1.1	138
Children	3	50.0	1.2	7	33	200	29	1.0	6
Unknown	2	50.0	4.8	19	163	651	34	9.4	4
Gender									
Female	4,678	50.7	4.7	43,284	83	764,581	18	2.4	9,228
Male	1,872	37.2	3.1	15,720	55	275,455	18	1.7	5,039
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	6,012	50.1	4.6	55,604	82	982,074	18	2.2	11,996
African American	19	40.4	2.4	115	38	1,809	16	1.1	47
Other/unknown	519	23.3	1.5	3,285	25	56,153	17	1.5	2,224
Use of Nursing Facilities^d									
Entire year	2,321	59.3	6.1	23,906	102	401,330	17	2.5	3,917
Part year	930	64.9	5.5	7,847	92	131,561	17	2.8	1,434
None	3,299	37.0	3.1	27,251	57	507,145	19	1.8	8,916
Maintenance Assistance Status									
Cash	2,599	36.6	2.9	20,457	54	382,917	19	1.8	7,098
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	95	32.9	1.5	434	24	7,026	16	2.1	289
Other/unknown	3,856	56.0	5.5	38,113	94	650,093	17	2.4	6,880

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
SOUTH DAKOTA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$7	\$18	\$0	\$2	149,946
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.4	10	26	0	0	48
15-20	0.0	1	22	0	0	465
21-44	0.2	5	21	0	2	28,269
45-64	0.4	7	19	0	3	30,874
65-74	0.3	6	18	0	2	26,171
75-84	0.5	8	16	0	2	28,162
85 and older	0.5	9	16	0	2	35,957
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	8	16	0	2	70,319
Disabled	0.3	6	19	0	2	78,305
Adults	0.1	3	21	0	1	1,237
Children	0.1	4	29	0	0	52
Unknown	0.6	20	34	0	2	33
Gender						
Female	0.4	8	18	0	2	96,932
Male	0.3	5	18	0	2	53,014
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	8	18	0	2	125,203
African American	0.3	4	16	0	1	421
Other/unknown	0.1	2	17	0	1	24,322
Use of Nursing Facilities^d						
Entire year	0.6	10	17	0	2	38,846
Part year	0.6	10	17	0	2	13,533
None	0.3	5	19	0	2	97,567
Maintenance Assistance Status						
Cash	0.3	5	19	0	2	78,980
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	16	0	1	2,894
Other/unknown	0.6	10	17	0	2	68,072

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
SOUTH DAKOTA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	9,105	\$114	\$1,040,036	100.0	59,004	\$18	100.0	
Anorexia or weight loss/gain	3	452	1,356	0.1	17	80	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	10	27	268	0.0	23	12	0.0	
Cough and cold medications	1,271	93	118,121	11.4	3,502	34	5.9	
Vitamins and minerals	3,135	153	480,872	46.2	25,410	19	43.1	
Non-prescription drugs	1,241	78	97,185	9.3	4,987	19	8.5	
Barbiturates	152	112	16,980	1.6	1,832	9	3.1	
Benzodiazepines	3,092	97	300,866	28.9	22,352	13	37.9	
Other Part D Excl Rx Drugs	201	121	24,388	2.3	881	28	1.5	

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 SOUTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries: 14,267
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$48,380,880
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,391

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,836	12.9	\$0	0.0
1-500	2,106	14.8	424,306	0.9
501-1,000	1,249	8.8	922,630	1.9
1,001-1,500	1,082	7.6	1,347,170	2.8
1,501-2,000	898	6.3	1,564,231	3.2
2,001-2,500	767	5.4	1,720,530	3.6
2,501-3,000	707	5.0	1,945,861	4.0
3,001-3,500	666	4.7	2,159,024	4.5
3,501-4,000	562	3.9	2,108,506	4.4
4,001-4,500	495	3.5	2,102,803	4.3
4,501-5,000	479	3.4	2,275,225	4.7
5,001-5,500	420	2.9	2,204,998	4.6
5,501-6,000	352	2.5	2,017,451	4.2
6,001-6,500	317	2.2	1,977,572	4.1
6,501-7,000	275	1.9	1,851,186	3.8
7,001-7,500	209	1.5	1,514,915	3.1
7,501-8,000	220	1.5	1,707,427	3.5
8,001-8,500	184	1.3	1,515,985	3.1
8,501-9,000	157	1.1	1,373,140	2.8
9,001-9,500	140	1.0	1,294,043	2.7
9,501-10,000	140	1.0	1,359,723	2.8
10,001+	1,006	7.1	14,994,154	31.0

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 SOUTH DAKOTA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 5,247
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$20,952,276
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,993

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	879	16.8	0	0.0
1-500	902	17.2	161,660	0.8
501-1,000	392	7.5	291,913	1.4
1,001-1,500	293	5.6	363,038	1.7
1,501-2,000	251	4.8	435,730	2.1
2,001-2,500	210	4.0	473,848	2.3
2,501-3,000	172	3.3	472,963	2.3
3,001-3,500	166	3.2	539,097	2.6
3,501-4,000	169	3.2	634,056	3.0
4,001-4,500	139	2.6	589,911	2.8
4,501-5,000	144	2.7	683,168	3.3
5,001-5,500	123	2.3	642,234	3.1
5,501-6,000	116	2.2	667,307	3.2
6,001-6,500	118	2.2	737,500	3.5
6,501-7,000	94	1.8	635,739	3.0
7,001-7,500	86	1.6	624,188	3.0
7,501-8,000	83	1.6	645,650	3.1
8,001-8,500	70	1.3	577,023	2.8
8,501-9,000	70	1.3	611,591	2.9
9,001-9,500	62	1.2	573,290	2.7
9,501-10,000	60	1.1	583,645	2.8
10,001+	648	12.3	10,008,725	47.8

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 SOUTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 8,887
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$27,111,582
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$3,050

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	923	10.4	0	0.0
1-500	1,163	13.1	256,089	0.9
501-1,000	849	9.6	624,089	2.3
1,001-1,500	778	8.8	969,956	3.6
1,501-2,000	640	7.2	1,116,541	4.1
2,001-2,500	551	6.2	1,232,566	4.5
2,501-3,000	533	6.0	1,467,166	5.4
3,001-3,500	495	5.6	1,604,000	5.9
3,501-4,000	392	4.4	1,470,476	5.4
4,001-4,500	354	4.0	1,504,525	5.5
4,501-5,000	335	3.8	1,592,057	5.9
5,001-5,500	295	3.3	1,552,248	5.7
5,501-6,000	236	2.7	1,350,144	5.0
6,001-6,500	199	2.2	1,240,072	4.6
6,501-7,000	181	2.0	1,215,447	4.5
7,001-7,500	122	1.4	883,251	3.3
7,501-8,000	137	1.5	1,061,777	3.9
8,001-8,500	113	1.3	930,744	3.4
8,501-9,000	87	1.0	761,549	2.8
9,001-9,500	77	0.9	711,293	2.6
9,501-10,000	78	0.9	756,378	2.8
10,001+	349	3.9	4,811,214	17.7

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 SOUTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 2,397
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$6,831,881
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,850

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	516	21.5		0	0.0
1-500	355	14.8		63,563	0.9
501-1,000	192	8.0		141,435	2.1
1,001-1,500	153	6.4		190,783	2.8
1,501-2,000	149	6.2		258,472	3.8
2,001-2,500	109	4.5		244,886	3.6
2,501-3,000	96	4.0		262,652	3.8
3,001-3,500	105	4.4		339,818	5.0
3,501-4,000	78	3.3		292,073	4.3
4,001-4,500	69	2.9		292,709	4.3
4,501-5,000	81	3.4		386,623	5.7
5,001-5,500	56	2.3		295,194	4.3
5,501-6,000	54	2.3		311,411	4.6
6,001-6,500	51	2.1		317,799	4.7
6,501-7,000	41	1.7		275,333	4.0
7,001-7,500	30	1.3		217,274	3.2
7,501-8,000	32	1.3		249,235	3.6
8,001-8,500	26	1.1		214,617	3.1
8,501-9,000	27	1.1		235,876	3.5
9,001-9,500	19	0.8		175,805	2.6
9,501-10,000	21	0.9		204,215	3.0
10,001+	137	5.7		1,862,108	27.3

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 SOUTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,778
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$9,184,801
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,306

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	270	9.7	0	0.0
1-500	335	12.1	77,532	0.8
501-1,000	252	9.1	182,513	2.0
1,001-1,500	234	8.4	289,233	3.1
1,501-2,000	188	6.8	326,424	3.6
2,001-2,500	164	5.9	363,776	4.0
2,501-3,000	184	6.6	508,402	5.5
3,001-3,500	144	5.2	467,692	5.1
3,501-4,000	134	4.8	503,562	5.5
4,001-4,500	117	4.2	495,718	5.4
4,501-5,000	97	3.5	460,862	5.0
5,001-5,500	101	3.6	531,499	5.8
5,501-6,000	78	2.8	445,241	4.8
6,001-6,500	68	2.4	423,175	4.6
6,501-7,000	61	2.2	409,470	4.5
7,001-7,500	38	1.4	274,759	3.0
7,501-8,000	48	1.7	372,614	4.1
8,001-8,500	44	1.6	362,745	3.9
8,501-9,000	29	1.0	253,200	2.8
9,001-9,500	37	1.3	341,176	3.7
9,501-10,000	24	0.9	231,972	2.5
10,001+	131	4.7	1,863,236	20.3

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 SOUTH DAKOTA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,712
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$11,094,900
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,988

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	137	3.7	0	0.0
1-500	473	12.7	114,994	1.0
501-1,000	405	10.9	300,141	2.7
1,001-1,500	391	10.5	489,940	4.4
1,501-2,000	303	8.2	531,645	4.8
2,001-2,500	278	7.5	623,904	5.6
2,501-3,000	253	6.8	696,112	6.3
3,001-3,500	246	6.6	796,490	7.2
3,501-4,000	180	4.8	674,841	6.1
4,001-4,500	168	4.5	716,098	6.5
4,501-5,000	157	4.2	744,572	6.7
5,001-5,500	138	3.7	725,555	6.5
5,501-6,000	104	2.8	593,492	5.3
6,001-6,500	80	2.2	499,098	4.5
6,501-7,000	79	2.1	530,644	4.8
7,001-7,500	54	1.5	391,218	3.5
7,501-8,000	57	1.5	439,928	4.0
8,001-8,500	43	1.2	353,382	3.2
8,501-9,000	31	0.8	272,473	2.5
9,001-9,500	21	0.6	194,312	1.8
9,501-10,000	33	0.9	320,191	2.9
10,001+	81	2.2	1,085,870	9.8

Source: Data for this table are from the MAX 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	14,267	7,119	7,000	138	6	4	149,946	70,319	78,305	1,237	52	33
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	3	0	1	0	48	0	36	0	12	0
15-20	44	0	40	1	3	0	465	0	430	8	27	0
21-44	2,558	0	2,466	90	1	1	28,269	0	27,451	803	12	3
45-64	2,774	0	2,738	34	0	2	30,874	0	30,551	305	0	18
65-74	2,397	1,069	1,314	12	1	1	26,171	11,123	14,926	109	1	12
75-84	2,778	2,411	366	1	0	0	28,162	24,029	4,121	12	0	0
85 and older	3,712	3,639	73	0	0	0	35,957	35,167	790	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	9,228	5,230	3,898	93	3	4	96,932	52,305	43,702	865	27	33
Male	5,039	1,889	3,102	45	3	0	53,014	18,014	34,603	372	25	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,996	6,639	5,272	79	4	2	125,203	65,347	59,118	692	28	18
African American	47	9	35	3	0	0	421	78	318	25	0	0
Other/unknown	2,224	471	1,693	56	2	2	24,322	4,894	18,869	520	24	15
Use of Nursing Facilities^c												
Entire year	3,917	3,422	494	1	0	0	38,846	33,379	5,465	2	0	0
Part year	1,434	1,153	281	0	0	0	13,533	10,618	2,915	0	0	0
None	8,916	2,544	6,225	137	6	4	97,567	26,322	69,925	1,235	52	33
Maintenance Assistance Status												
Cash	7,098	1,905	5,095	97	1	0	78,980	21,055	57,010	903	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	289	106	161	15	3	4	2,894	1,077	1,673	95	16	33
Other/unknown	6,880	5,108	1,744	26	2	0	68,072	48,187	19,622	239	24	0
Dual Status^d												
Full dual, all year	13,720	6,812	6,771	127	6	4	144,176	67,076	75,887	1,128	52	33
Full dual, part year	547	307	229	11	0	0	5,770	3,243	2,418	109	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	14,267	7,119	7,000	138	6	4	149,946	70,319	78,305	1,237	52	33
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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	14,267	149,946	14,267	149,946	0	0
Fee-for-service (FFS) all year	14,267	149,946	14,267	149,946	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 2005 file for South Dakota, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

Dual Eligible Beneficiaries