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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
SOUTH CAROLINA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	131,496	64,892	64,942	1,623	5	34	1,434,384	698,159	720,372	15,474	59	320
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	17	0	17	0	0	0	193	0	193	0	0	0
15-20	196	0	193	2	1	0	2,150	0	2,114	24	12	0
21-44	20,851	0	19,750	1,097	4	0	229,139	0	218,508	10,584	47	0
45-64	37,076	0	36,558	492	0	26	410,338	0	405,514	4,579	0	245
65-74	30,445	22,614	7,793	30	0	8	334,025	246,316	87,371	263	0	75
75-84	25,913	25,455	456	2	0	0	282,205	277,344	4,837	24	0	0
85 and older	16,993	16,823	170	0	0	0	176,274	174,499	1,775	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	86,692	49,532	35,972	1,152	2	34	950,591	537,678	401,504	11,066	23	320
Male	44,804	15,360	28,970	471	3	0	483,793	160,481	318,868	4,408	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	59,823	29,037	29,906	855	4	21	643,167	305,014	329,678	8,238	48	189
African American	60,665	30,154	29,773	725	1	12	670,647	331,029	332,644	6,839	11	124
Other/unknown	11,008	5,701	5,263	43	0	1	120,570	62,116	58,050	397	0	7
Use of Nursing Facilities^c												
Entire year	8,694	7,804	890	0	0	0	94,195	83,980	10,215	0	0	0
Part year	6,718	6,096	622	0	0	0	63,576	57,252	6,324	0	0	0
None	116,084	50,992	63,430	1,623	5	34	1,276,613	556,927	703,833	15,474	59	320
Maintenance Assistance Status												
Cash	52,949	21,423	30,571	955	0	0	595,467	242,575	343,537	9,355	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	54,420	25,892	28,418	76	0	34	592,834	281,534	310,398	582	0	320
Other/unknown	24,127	17,577	5,953	592	5	0	246,083	174,050	66,437	5,537	59	0
Dual Medicare Status^d												
Full dual, all year	129,344	63,762	63,927	1,616	5	34	1,411,791	686,333	709,678	15,401	59	320
Full dual, part year	2,152	1,130	1,015	7	0	0	22,593	11,826	10,694	73	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	130,938	64,870	64,498	1,532	5	33	1,430,271	697,941	717,059	14,903	59	309
FFS part year, with Rx claims	360	10	271	78	0	1	2,830	101	2,191	527	0	11
FFS part year, no Rx claims	198	12	173	13	0	0	1,283	117	1,122	44	0	0

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx						of All Medicaid FFS \$ ^d	
All	40.6		3.8	\$163	\$43	\$7,163	2.3	131,496
Age								
5 and younger	100.0		18.4	2,956	161	23,968	12.3	5
6-14	58.8		21.4	2,395	112	5,438	44.0	17
15-20	71.9		11.5	1,907	166	9,341	20.4	196
21-44	44.2		5.2	351	67	6,448	5.4	20,851
45-64	46.9		5.1	221	43	6,463	3.4	37,076
65-74	37.8		3.5	126	36	4,740	2.7	30,445
75-84	34.9		2.2	42	19	7,549	0.6	25,913
85 and older	36.0		2.2	37	17	13,295	0.3	16,993
Unknown	0.0		0.0	0	0	0	0.0	0
Basis of Eligibility^e								
Aged	35.5		2.3	47	20	8,103	0.6	64,892
Disabled	45.2		5.0	243	49	6,299	3.9	64,942
Adults	60.9		18.4	1,577	86	4,013	39.3	1,623
Children	80.0		21.0	2,106	100	7,602	27.7	5
Unknown	91.2		25.6	1,750	69	14,168	12.4	34
Gender								
Female	43.1		4.0	154	39	6,950	2.2	86,692
Male	35.9		3.6	182	51	7,576	2.4	44,804
Unknown	0.0		0.0	0	0	0	0.0	0
Race								
White	48.8		5.0	185	37	8,763	2.1	59,823
African American	32.9		2.8	139	51	6,029	2.3	60,665
Other/unknown	39.0		3.7	178	48	4,719	3.8	11,008
Use of Nursing Facilities^f								
Entire year	46.2		4.4	84	19	35,258	0.2	8,694
Part year	48.2		3.3	77	23	19,687	0.4	6,718
None	39.8		3.8	174	46	4,334	4.0	116,084
Maintenance Assistance Status								
Cash	39.3		4.2	207	50	4,387	4.7	52,949
Medically needy	0.0		0.0	0	0	0	0.0	0
Poverty related	40.5		3.5	138	39	2,702	5.1	54,420
Other/unknown	44.0		3.9	127	32	23,320	0.5	24,127

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

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	0.4	\$15	2.3	59.4	35.3	2.9	1.9	0.6	0.0	\$657	131,496	1,434,384
Age												
5 and younger	1.5	246	12.3	0.0	60.0	20.0	20.0	0.0	0.0	1,997	5	60
6-14	1.9	211	44.0	41.2	29.4	11.8	5.9	5.9	5.9	479	17	193
15-20	1.0	174	20.4	28.1	48.0	9.2	12.2	2.6	0.0	852	196	2,150
21-44	0.5	32	5.4	55.8	35.1	4.5	3.6	0.9	0.1	587	20,851	229,139
45-64	0.5	20	3.4	53.1	39.2	4.0	2.8	0.9	0.1	584	37,076	410,338
65-74	0.3	12	2.7	62.2	33.4	2.2	1.6	0.6	0.1	432	30,445	334,025
75-84	0.2	4	0.6	65.1	32.9	1.6	0.4	0.1	0.0	693	25,913	282,205
85 and older	0.2	4	0.3	64.0	33.7	1.7	0.4	0.1	0.0	1,282	16,993	176,274
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	0.2	4	0.6	64.5	33.3	1.6	0.5	0.1	0.0	753	64,892	698,159
Disabled	0.4	22	3.9	54.8	37.5	4.0	2.8	0.8	0.1	568	64,942	720,372
Adults	1.9	165	39.3	39.1	22.3	8.7	20.5	8.8	0.6	421	1,623	15,474
Children	1.8	179	27.7	20.0	40.0	0.0	40.0	0.0	0.0	644	5	59
Unknown	2.7	186	12.4	8.8	26.5	20.6	41.2	2.9	0.0	1,505	34	320
Gender												
Female	0.4	14	2.2	56.9	37.7	2.9	1.8	0.6	0.1	634	86,692	950,591
Male	0.3	17	2.4	64.1	30.5	2.8	2.0	0.5	0.0	702	44,804	483,793
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	17	2.1	51.2	41.9	3.9	2.2	0.7	0.1	815	59,823	643,167
African American	0.2	13	2.3	67.1	28.9	1.9	1.6	0.4	0.0	545	60,665	670,647
Other/unknown	0.3	16	3.8	61.0	33.9	2.5	1.8	0.7	0.1	431	11,008	120,570
Use of Nursing Facilities^f												
Entire year	0.4	8	0.2	53.8	39.7	4.6	1.5	0.4	0.1	3,254	8,694	94,195
Part year	0.3	8	0.4	51.8	44.2	2.7	1.0	0.3	0.0	2,080	6,718	63,576
None	0.3	16	4.0	60.2	34.4	2.8	2.0	0.6	0.1	394	116,084	1,276,613
Maintenance Assistance Status												
Cash	0.4	18	4.7	60.7	33.1	2.8	2.5	0.8	0.1	390	52,949	595,467
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	13	5.1	59.5	36.0	2.7	1.5	0.4	0.0	248	54,420	592,834
Other/unknown	0.4	12	0.5	56.0	38.3	3.6	1.5	0.5	0.0	2,286	24,127	246,083

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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

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

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

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

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	0.4	\$15	\$43	0.1	\$10	\$150	0.0	\$1	\$96	0.3	\$4	\$15
Age												
5 and younger	1.5	246	161	0.9	212	249	0.1	25	216	0.6	10	17
6-14	1.9	211	112	0.9	194	207	0.0	1	25	0.9	16	17
15-20	1.0	174	166	0.4	159	355	0.0	4	82	0.6	11	19
21-44	0.5	32	67	0.1	24	204	0.0	2	125	0.3	6	18
45-64	0.5	20	43	0.1	13	144	0.0	1	100	0.4	5	15
65-74	0.3	12	36	0.1	7	114	0.0	1	83	0.2	3	14
75-84	0.2	4	19	0.0	2	76	0.0	0	42	0.2	2	12
85 and older	0.2	4	17	0.0	1	70	0.0	0	39	0.2	2	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	4	20	0.0	2	83	0.0	0	51	0.2	2	12
Disabled	0.4	22	49	0.1	16	161	0.0	1	97	0.3	5	15
Adults	1.9	165	86	0.7	121	178	0.1	15	188	1.2	30	25
Children	1.8	179	100	1.0	161	158	0.0	2	54	0.7	16	22
Unknown	2.7	186	69	1.1	155	141	0.1	6	122	1.6	25	16
Gender												
Female	0.4	14	39	0.1	9	138	0.0	1	92	0.3	4	14
Male	0.3	17	51	0.1	12	172	0.0	1	102	0.2	4	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	17	37	0.1	10	149	0.0	1	109	0.4	6	15
African American	0.2	13	51	0.1	10	149	0.0	1	75	0.2	3	15
Other/unknown	0.3	16	48	0.1	12	158	0.0	1	98	0.3	4	14
Use of Nursing Facilities^e												
Entire year	0.4	8	19	0.0	3	84	0.0	0	64	0.4	4	12
Part year	0.3	8	23	0.0	4	106	0.0	0	63	0.3	4	12
None	0.3	16	46	0.1	11	153	0.0	1	98	0.3	4	15
Maintenance Assistance Status												
Cash	0.4	18	50	0.1	13	151	0.0	1	103	0.3	4	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	13	39	0.1	8	148	0.0	1	86	0.3	4	14
Other/unknown	0.4	12	32	0.0	7	147	0.0	1	97	0.3	5	14

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$36	\$32	\$0	\$4	\$143	\$370	\$106	\$26	11,201	\$1,603,747	4,058	3.1	44,193
Biologicals	0.1	0.1	0.0	0.0	49	1	48	0	468	15	1,939	26	17	7,961	15	0.0	163
Antineoplastic Agents	0.3	0.1	0.0	0.2	92	81	0	11	288	652	28	57	869	249,992	256	0.2	2,729
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	33	28	1	4	64	139	32	15	20,491	1,316,402	3,670	2.8	39,541
Cardiovascular Agents	0.9	0.4	0.0	0.5	41	32	3	6	47	86	117	13	55,251	2,615,037	5,984	4.6	63,206
Respiratory Agents	0.2	0.1	0.0	0.1	8	5	1	2	37	96	38	16	46,954	1,747,396	18,675	14.2	215,293
Gastrointestinal Agents	0.4	0.1	0.0	0.2	24	20	1	3	68	159	257	14	10,574	717,811	2,766	2.1	30,127
Genitourinary Agents	0.3	0.2	0.0	0.1	21	18	1	2	71	91	68	24	2,482	176,208	763	0.6	8,273
CNS Drugs	0.6	0.1	0.0	0.6	18	10	1	7	29	182	117	13	211,050	6,145,201	30,432	23.1	343,042
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	55	48	0	7	134	195	0	43	756	101,357	171	0.1	1,853
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	134	134	0	1	359	370	69	56	1,170	420,449	309	0.2	3,132
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	26	11	5	10	61	247	342	28	29,031	1,762,187	6,268	4.8	67,775
Neuromuscular Agents	0.6	0.1	0.0	0.5	20	12	0	7	35	196	73	15	53,227	1,882,360	8,457	6.4	94,761
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	3	14	20	13	13	15,789	215,700	4,256	3.2	47,818
Hematological Agents	0.5	0.1	0.0	0.3	14	11	0	3	32	117	24	9	36,007	1,150,437	7,073	5.4	79,355
Topical Products	0.2	0.1	0.0	0.1	14	11	0	3	64	111	66	23	4,888	311,667	1,977	1.5	21,577
Miscellaneous Products	1.0	0.7	0.1	0.1	213	197	7	10	224	284	54	72	4,613	1,032,240	429	0.3	4,835
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	36	0	0	0	994	35,847	428	0.3	4,803
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.	505,364	21,491,999	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.
 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.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In South Carolina, 0.3 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

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	\$2,353,404	1,787	1.4	19,143	0.4	\$295	\$123
ANTIANKXIETY AGENTS	2,299,018	24,979	19.0	283,014	0.6	15	8
ANTICONVULSANT	1,674,758	7,904	6.0	89,039	0.5	35	19
ANTIVIRAL	1,178,779	590	0.4	6,402	0.4	513	184
ANTHYPERLIPIDEMIC	1,126,664	2,954	2.2	32,288	0.4	99	35
ANALGESICS - Narcotic	1,093,691	6,137	4.7	66,211	0.3	59	17
ANTIDEPRESSANTS	1,092,970	4,036	3.1	43,294	0.3	73	25
ANTIDIABETIC	1,018,748	3,354	2.6	36,451	0.4	73	28
ASSORTED CLASSES	916,439	624	0.5	7,076	0.6	207	130
COUGH/COLD/ALLERGY	871,515	23,318	17.7	271,797	0.1	22	3
Total	13,625,986	75,683	n.a.	854,715	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	318,267	\$13,625,986	1,787	1.4	19,143	0.4	\$123	24,979	19.0	283,014	0.6	\$8					
Female																	
All Females	220,961	8,308,436	1,034	1.2	11,078	0.4	113	18,222	21.0	207,000	0.5	8					
Female, Disabled																	
All Ages	128,987	5,590,602	740	2.1	8,094	0.4	118	8,531	23.7	98,283	0.6	9					
5 and younger	13	1,001	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	115	20,079	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	488	71,492	14	17.3	150	0.5	153	5	6.2	58	0.3	2					
21-44	33,383	1,775,506	339	3.6	3,704	0.4	127	2,077	21.9	23,880	0.6	9					
45-64	76,261	2,813,928	294	1.4	3,177	0.4	98	5,370	25.6	61,876	0.6	9					
65-74	18,087	893,545	91	1.8	1,046	0.5	141	1,002	20.1	11,623	0.6	8					
75-84	490	12,815	0	0.0	0	0.0	0	54	16.9	584	0.6	9					
85 and older	150	2,236	2	1.4	17	0.2	10	23	16.7	262	0.5	5					
Female, Other Eligibles																	
All Ages	91,974	2,717,834	294	0.6	2,984	0.4	102	9,691	19.1	108,717	0.5	8					
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	16	775	0	0.0	0	0.0	0	2	100.0	24	0.1	2					
21-44	7,045	813,845	92	10.8	1,023	0.4	145	172	20.1	1,814	0.5	7					
45-64	3,574	356,445	42	13.7	437	0.4	132	79	25.7	854	0.5	7					
65-74	29,487	680,864	64	0.4	632	0.4	89	2,897	18.8	33,154	0.5	8					
75-84	31,850	557,733	47	0.2	442	0.3	67	3,724	18.9	42,148	0.5	8					
85 and older	20,002	308,172	49	0.3	450	0.2	26	2,817	19.5	30,723	0.5	7					
Male																	
All Males	97,306	5,317,550	753	1.7	8,065	0.4	136	6,757	15.1	76,014	0.6	8					
Male, Disabled																	
All Ages	74,463	4,439,971	652	2.3	7,114	0.5	141	4,662	16.1	53,178	0.6	9					
5 and younger	31	10,079	0	0.0	0	0.0	0	1	33.3	12	0.1	1					
6-14	47	8,614	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	499	78,822	20	17.9	226	0.6	193	6	5.4	68	0.5	4					
21-44	26,878	2,191,563	402	3.9	4,355	0.5	157	1,498	14.6	17,169	0.6	9					
45-64	39,805	1,804,718	188	1.2	2,043	0.4	109	2,745	17.6	31,268	0.6	9					
65-74	7,088	345,108	42	1.5	490	0.5	118	397	14.2	4,498	0.6	7					
75-84	96	898	0	0.0	0	0.0	0	14	10.2	151	0.4	3					
85 and older	19	169	0	0.0	0	0.0	0	1	3.1	12	0.9	3					

Dual Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups								ANTIPSYCHOTICS				ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles																	
All Ages	22,843	877,579	101	0.6	951	0.4	97	2,095	13.2	22,836	0.5	7					
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	43	7,922	1	100.0	12	1.0	447	0	0.0	0	0.0	0					
21-44	3,231	332,156	28	11.4	295	0.4	123	68	27.6	713	0.6	12					
45-64	2,299	173,482	14	6.6	157	0.5	127	51	24.2	538	0.6	6					
65-74	8,851	198,305	23	0.3	204	0.3	43	881	12.2	9,883	0.5	8					
75-84	6,145	126,930	23	0.4	195	0.4	103	744	13.0	8,142	0.5	7					
85 and older	2,274	38,784	12	0.5	88	0.2	18	351	14.6	3,560	0.4	6					
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 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					ANTIHYPERTENSIVE				
	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	7,904	6.0	89,039	0.5	\$19	590	0.4	6,402	0.4	\$184	2,954	2.2	32,288	0.4	\$35
Female															
All Females	5,390	6.2	60,869	0.5	17	270	0.3	2,975	0.3	143	1,828	2.1	20,080	0.3	35
Female, Disabled															
All Ages	3,656	10.2	41,592	0.5	18	213	0.6	2,333	0.3	146	1,274	3.5	14,358	0.4	37
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	6	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	11.1	12	0.9	36	2	22.2	24	0.6	33
15-20	15	18.5	170	0.6	95	4	4.9	48	0.2	96	7	8.6	84	0.6	49
21-44	1,225	12.9	13,862	0.5	22	76	0.8	841	0.3	115	144	1.5	1,600	0.3	29
45-64	2,115	10.1	24,025	0.5	15	113	0.5	1,213	0.3	182	735	3.5	8,223	0.3	34
65-74	291	5.8	3,415	0.5	16	18	0.4	207	0.3	83	380	7.6	4,355	0.4	45
75-84	8	2.5	96	0.4	3	0	0.0	0	0.0	0	5	1.6	60	0.4	63
85 and older	2	1.4	24	0.1	13	0	0.0	0	0.0	0	1	0.7	12	0.1	4
Female, Other Eligibles															
All Ages	1,734	3.4	19,277	0.5	14	57	0.1	642	0.3	134	554	1.1	5,722	0.3	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	12	0.2	2	1	50.0	12	0.3	39	0	0.0	0	0.0	0
21-44	209	24.4	2,286	0.5	56	32	3.7	344	0.3	142	62	7.3	692	0.4	37
45-64	86	28.0	924	0.5	52	9	2.9	107	0.5	266	70	22.8	733	0.4	43
65-74	558	3.6	6,290	0.5	8	10	0.1	120	0.1	66	254	1.6	2,582	0.3	26
75-84	606	3.1	6,805	0.5	6	4	0.0	47	0.1	15	124	0.6	1,263	0.2	21
85 and older	274	1.9	2,960	0.5	5	1	0.0	12	0.1	1	44	0.3	452	0.2	14
Male															
All Males	2,514	5.6	28,170	0.5	24	320	0.7	3,427	0.4	220	1,126	2.5	12,208	0.4	36
Male, Disabled															
All Ages	2,065	7.1	23,355	0.6	25	306	1.1	3,290	0.4	225	832	2.9	9,212	0.4	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	6
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	24	21.4	277	0.6	70	4	3.6	25	0.2	88	0	0.0	0	0.0	0
21-44	905	8.8	10,186	0.6	36	169	1.6	1,776	0.4	226	205	2.0	2,302	0.3	29
45-64	1,014	6.5	11,473	0.6	15	127	0.8	1,417	0.4	231	457	2.9	4,930	0.4	37
65-74	122	4.4	1,419	0.5	20	6	0.2	72	0.3	133	167	6.0	1,950	0.4	43
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	6.3	18	0.1	7

Dual Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIVIRAL					ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month	
Male, Other Eligibles																
All Ages	449	2.8	4,815	0.5	17	14	0.1	137	0.3	98	294	1.9	2,996	0.4	34	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	1	100.0	12	0.8	164	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	83	33.7	879	0.4	46	7	2.8	74	0.3	131	69	28.0	754	0.4	44	
45-64	52	24.6	567	0.4	32	0	0.0	0	0.0	0	60	28.4	583	0.5	45	
65-74	174	2.4	1,922	0.5	7	6	0.1	54	0.2	67	110	1.5	1,137	0.3	26	
75-84	100	1.7	1,062	0.4	7	0	0.0	0	0.0	0	38	0.7	375	0.3	27	
85 and older	39	1.6	373	0.5	8	1	0.0	9	0.1	13	17	0.7	147	0.2	18	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	6,137	4.7	66,211	0.3	\$17	4,036	3.1	43,294	0.3	\$25	3,354	2.6	36,451	0.4	\$28
Female															
All Females	3,871	4.5	42,324	0.3	15	2,852	3.3	30,850	0.3	25	2,315	2.7	25,457	0.4	28
Female, Disabled															
All Ages	2,799	7.8	30,930	0.3	11	2,016	5.6	22,244	0.3	24	1,647	4.6	18,444	0.4	29
5 and younger	1	50.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	33.3	36	0.1	1	1	11.1	12	0.7	14	1	11.1	12	0.3	2
15-20	26	32.1	303	0.1	1	23	28.4	260	0.4	26	10	12.3	120	0.5	40
21-44	918	9.7	10,073	0.2	12	680	7.2	7,449	0.3	25	227	2.4	2,505	0.3	32
45-64	1,464	7.0	16,006	0.3	9	1,053	5.0	11,505	0.3	22	884	4.2	9,806	0.4	28
65-74	381	7.6	4,437	0.3	14	255	5.1	2,975	0.4	27	522	10.5	5,967	0.4	28
75-84	6	1.9	63	0.1	2	3	0.9	36	0.4	26	2	0.6	24	0.1	6
85 and older	0	0.0	0	0.0	0	1	0.7	7	0.1	2	1	0.7	10	0.1	7
Female, Other Eligibles															
All Ages	1,072	2.1	11,394	0.3	25	836	1.6	8,606	0.4	30	668	1.3	7,013	0.3	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	150.0	36	0.1	1	2	100.0	24	0.1	8	0	0.0	0	0.0	0
21-44	500	58.5	5,511	0.4	38	352	41.2	3,830	0.4	37	79	9.2	856	0.5	51
45-64	197	64.2	2,103	0.4	29	160	52.1	1,671	0.4	45	106	34.5	1,109	0.5	42
65-74	218	1.4	2,268	0.2	6	142	0.9	1,447	0.3	20	321	2.1	3,421	0.3	18
75-84	103	0.5	1,019	0.2	4	109	0.6	1,023	0.2	10	127	0.6	1,273	0.2	15
85 and older	51	0.4	457	0.2	3	71	0.5	611	0.2	8	35	0.2	354	0.2	11
Male															
All Males	2,266	5.1	23,887	0.3	20	1,184	2.6	12,444	0.4	25	1,039	2.3	10,994	0.4	29
Male, Disabled															
All Ages	1,762	6.1	18,669	0.3	15	873	3.0	9,311	0.4	24	786	2.7	8,579	0.4	29
5 and younger	1	33.3	12	0.1	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	23	20.5	251	0.1	2	17	15.2	192	0.3	22	5	4.5	39	0.4	40
21-44	736	7.2	7,814	0.3	12	394	3.8	4,341	0.4	24	192	1.9	2,125	0.4	32
45-64	818	5.2	8,502	0.3	20	390	2.5	3,979	0.3	22	420	2.7	4,450	0.4	27
65-74	183	6.5	2,083	0.3	12	72	2.6	799	0.5	30	169	6.0	1,965	0.4	31
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	3.1	7	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	504	3.2	5,218	0.4	36	311	2.0	3,133	0.3	29	253	1.6	2,415	0.4	26
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	100.0	12	0.9	34	0	0.0	0	0.0	0
21-44	202	82.1	2,131	0.5	60	131	53.3	1,393	0.4	37	60	24.4	584	0.5	38
45-64	151	71.6	1,637	0.5	33	79	37.4	843	0.4	36	53	25.1	501	0.5	36
65-74	90	1.2	897	0.2	4	41	0.6	361	0.2	9	93	1.3	936	0.2	15
75-84	39	0.7	390	0.1	2	42	0.7	378	0.3	11	39	0.7	318	0.3	23
85 and older	22	0.9	163	0.3	2	17	0.7	146	0.2	13	8	0.3	76	0.2	7
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 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ASSORTED CLASSES					COUGH/COLD/ALLERGY						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	624	0.5	7,076	0.6	\$130	23,318	17.7	271,797	0.1	\$3	131,496	1,434,384
Female												
All Females	345	0.4	3,962	0.6	128	17,336	20.0	202,501	0.1	3	86,692	950,591
Female, Disabled												
All Ages	305	0.8	3,533	0.6	121	9,710	27.0	113,635	0.1	3	35,972	401,504
5 and younger	3	150.0	36	0.3	26	0	0.0	0	0.0	0	2	24
6-14	8	88.9	96	0.7	194	7	77.8	84	0.1	1	9	103
15-20	9	11.1	106	0.2	108	18	22.2	209	0.1	3	81	906
21-44	129	1.4	1,498	0.6	117	2,504	26.4	29,233	0.1	3	9,470	105,138
45-64	136	0.6	1,577	0.7	128	5,922	28.3	69,319	0.1	3	20,958	233,936
65-74	20	0.4	220	0.6	95	1,193	23.9	14,021	0.2	3	4,995	56,520
75-84	0	0.0	0	0.0	0	53	16.6	617	0.1	4	319	3,416
85 and older	0	0.0	0	0.0	0	13	9.4	152	0.1	2	138	1,461
Female, Other Eligibles												
All Ages	40	0.1	429	0.5	184	7,626	15.0	88,866	0.1	3	50,720	549,087
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	1	50.0	12	0.1	1	2	24
21-44	11	1.3	123	0.3	444	145	17.0	1,587	0.1	3	855	8,269
45-64	3	1.0	36	0.1	31	55	17.9	621	0.2	3	307	2,884
65-74	21	0.1	224	0.7	100	2,965	19.2	34,731	0.1	3	15,413	170,002
75-84	2	0.0	24	0.6	33	2,923	14.8	34,166	0.1	3	19,729	217,002
85 and older	3	0.0	22	0.1	2	1,537	10.7	17,749	0.1	3	14,414	150,906
Male												
All Males	279	0.6	3,114	0.6	131	5,982	13.4	69,296	0.2	3	44,804	483,793
Male, Disabled												
All Ages	267	0.9	2,986	0.7	132	4,165	14.4	48,452	0.1	3	28,970	318,868
5 and younger	3	100.0	36	0.7	277	1	33.3	12	0.2	3	3	36
6-14	5	62.5	56	0.8	154	0	0.0	0	0.0	0	8	90
15-20	9	8.0	104	0.3	63	19	17.0	228	0.1	3	112	1,208
21-44	123	1.2	1,383	0.7	158	1,318	12.8	15,372	0.1	3	10,280	113,370
45-64	117	0.8	1,289	0.6	112	2,386	15.3	27,732	0.2	3	15,600	171,578
65-74	10	0.4	118	0.6	58	418	14.9	4,853	0.2	4	2,798	30,851
75-84	0	0.0	0	0.0	0	20	14.6	220	0.2	2	137	1,421
85 and older	0	0.0	0	0.0	0	3	9.4	35	0.1	0	32	314

Dual Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	ASSORTED CLASSES					COUGH/COLD/ALLERGY					Number of Beneficiaries	Number of Benefit Months	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month			
Male, Other Eligibles													
All Ages	12	0.1	128	0.6	107	1,817	11.5	20,844	0.2	4	15,834	164,925	
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	4	400.0	48	0.2	4	1	12	
21-44	4	1.6	37	0.3	35	35	14.2	382	0.1	3	246	2,362	
45-64	0	0.0	0	0.0	0	39	18.5	405	0.2	9	211	1,940	
65-74	7	0.1	83	0.8	149	865	11.9	9,940	0.2	4	7,239	76,652	
75-84	1	0.0	8	0.1	1	643	11.2	7,417	0.2	3	5,728	60,366	
85 and older	0	0.0	0	0.0	0	231	9.6	2,652	0.1	3	2,409	23,593	
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 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

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	\$8	0.4	8,694	94,195
Age				
0-64	19	0.7	700	8,117
65-74	14	0.5	1,203	13,290
75-84	6	0.4	2,769	30,115
85 and older	5	0.3	4,022	42,673
Unknown	0	0.0	0	0
Gender				
Female	7	0.4	6,653	72,203
Male	11	0.4	2,041	21,992
Unknown	0	0.0	0	0
Race				
White	8	0.5	5,529	58,907
African American	7	0.3	2,804	31,385
Other/unknown	10	0.4	361	3,903
Basis of Eligibility^c				
Aged	6	0.4	7,804	83,980
Disabled	21	0.7	890	10,215
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 6,718 beneficiaries who were in nursing facilities for part of their enrollment and their 63,576 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 Medicaid 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 CAROLINA, 2006

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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	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	0.3	0.1	0.0	0.2	\$22	\$17	\$0	\$5	\$79	\$157	\$38	\$29	265	\$20,880	97	1.1	945
Biologicals	0.3	0.0	0.0	0.3	7	0	0	7	26	0	0	26	1	26	1	0.0	4
Antineoplastic Agents	0.4	0.0	0.0	0.4	44	4	0	40	108	252	0	102	24	2,596	9	0.1	59
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	24	19	1	3	46	86	96	11	498	22,965	101	1.2	966
Cardiovascular Agents	0.9	0.3	0.0	0.6	31	20	3	9	35	75	123	15	1,525	53,542	178	2.0	1,711
Respiratory Agents	0.2	0.0	0.0	0.2	6	2	1	3	27	72	50	17	1,196	32,432	520	6.0	5,890
Gastrointestinal Agents	0.4	0.1	0.0	0.3	20	14	0	6	46	146	117	18	401	18,530	96	1.1	939
Genitourinary Agents	0.4	0.3	0.0	0.1	27	23	1	2	62	79	42	22	154	9,474	36	0.4	348
CNS Drugs	0.7	0.0	0.0	0.6	11	3	0	8	17	89	94	12	18,541	317,112	2,546	29.3	28,383
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	46	46	0	0	118	118	0	0	225	26,633	60	0.7	574
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	17	5	5	7	41	100	259	19	375	15,310	95	1.1	915
Neuromuscular Agents	0.8	0.0	0.0	0.7	18	7	0	11	24	162	55	15	3,133	74,293	374	4.3	4,136
Nutritional Products	0.4	0.0	0.0	0.4	5	1	0	4	12	16	7	12	2,515	31,221	531	6.1	6,024
Hematological Agents	0.6	0.0	0.0	0.6	6	2	0	4	9	51	18	7	9,062	85,035	1,241	14.3	14,019
Topical Products	0.4	0.1	0.1	0.2	17	9	4	3	46	69	69	20	342	15,877	96	1.1	949
Miscellaneous Products	0.3	0.2	0.0	0.1	35	31	0	4	106	144	0	34	32	3,399	10	0.1	97
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	18	0	0	0	152	2,704	58	0.7	646
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.	38,441	732,029	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. A total of 6,718 beneficiaries who were in nursing facilities for part of their enrollment and their 63,576 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 2006. 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.medi-span.com/master-drug-database.aspx>.

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.medi-span.com/master-drug-database.aspx>.

In South Carolina, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^a, b, c, d
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTI-ANXIETY AGENTS	\$205,576	2,265	26.1	25,334	0.6	\$14	\$8
HEMATOPOIETIC AGENTS	71,181	1,337	15.4	15,263	0.6	8	5
ANTICONVULSANTS	57,054	364	4.2	4,031	0.7	20	14
ANTIPSYCHOTICS	50,146	80	0.9	787	0.4	168	64
HYPNOTICS	37,750	335	3.9	3,800	0.7	14	10
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	26,648	80	0.9	771	0.3	118	35
MULTIVITAMINS	26,349	273	3.1	3,100	0.6	14	8
ANTIDEPRESSANTS	23,640	134	1.5	1,294	0.4	48	18
ANTIDIABETIC	22,311	95	1.1	911	0.5	53	24
COUGH/COLD/ALLERGY	19,625	489	5.6	5,695	0.2	21	3
Total	540,280	5,452	n.a.	60,986	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. A total of 6,718 beneficiaries who were in nursing facilities for part of their enrollment and their 63,576 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health. <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid 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 CAROLINA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					HEMATOPOIETIC AGENTS				
	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	33,650	\$540,280	2,265	26.1	25,334	0.6	\$8	1,337	15.4	15,263	0.6	\$5
Female												
All Females	25,902	390,736	1,801	27.1	20,255	0.6	8	1,042	15.7	11,946	0.6	5
Female, Disabled												
All Ages	2,462	59,953	134	30.9	1,558	0.6	8	53	12.2	618	0.6	8
64 or younger	1,930	40,226	105	31.1	1,237	0.6	7	43	12.7	500	0.6	8
65-74	399	17,125	19	28.8	219	0.6	12	4	6.1	46	0.5	4
75-84	73	914	5	41.7	52	1.0	15	2	16.7	24	0.6	3
85 and older	60	1,688	5	27.8	50	0.2	2	4	22.2	48	0.6	12
Female, Other Eligibles												
All Ages	23,440	330,783	1,667	26.8	18,697	0.6	8	989	15.9	11,328	0.6	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,169	60,207	194	31.0	2,235	0.7	11	91	14.6	1,074	0.6	5
75-84	8,383	116,857	572	27.5	6,487	0.6	9	320	15.4	3,705	0.6	5
85 and older	11,888	153,719	901	25.6	9,975	0.6	7	578	16.4	6,549	0.5	4
Male												
All Males	7,748	149,544	464	22.7	5,079	0.6	8	295	14.5	3,317	0.6	5
Male, Disabled												
All Ages	2,679	60,919	121	26.5	1,417	0.7	10	48	10.5	573	0.7	6
64 or younger	2,284	51,466	100	27.6	1,187	0.7	11	38	10.5	453	0.7	6
65-74	380	9,330	19	22.6	206	0.7	9	10	11.9	120	0.7	6
75-84	15	123	2	33.3	24	0.6	5	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	5,069	88,625	343	21.6	3,662	0.5	7	247	15.6	2,744	0.6	5
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,645	24,688	85	19.9	977	0.6	8	68	15.9	785	0.7	5
75-84	1,970	41,944	140	20.9	1,495	0.5	6	95	14.2	1,067	0.6	5
85 and older	1,454	21,993	118	24.3	1,190	0.5	7	84	17.3	892	0.6	4
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 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. A total of 6,718 beneficiaries who were in nursing facilities for part of their enrollment and their 63,576 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIPSYCHOTICS					HYPNOTICS				
	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	364	4.2	4,031	0.7	\$14	80	0.9	787	0.4	\$64	335	3.9	3,800	0.7	\$10
Female															
All Females	279	4.2	3,087	0.7	13	46	0.7	448	0.3	45	230	3.5	2,589	0.7	9
Female, Disabled															
All Ages	46	10.6	536	0.7	34	9	2.1	104	0.4	61	34	7.8	398	1.0	8
64 or younger	39	11.5	452	0.7	35	4	1.2	46	0.3	35	27	8.0	314	1.0	7
65-74	6	9.1	72	0.6	30	4	6.1	48	0.5	95	7	10.6	84	0.9	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	5.6	12	0.2	25	1	5.6	10	0.1	12	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	233	3.7	2,551	0.7	8	37	0.6	344	0.3	40	196	3.2	2,191	0.6	9
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	37	5.9	400	0.8	12	4	0.6	39	0.4	77	35	5.6	379	0.7	7
75-84	108	5.2	1,203	0.7	8	15	0.7	138	0.3	40	74	3.6	844	0.6	9
85 and older	88	2.5	948	0.7	7	18	0.5	167	0.2	31	87	2.5	968	0.5	10
Male															
All Males	85	4.2	944	0.8	19	34	1.7	339	0.5	89	105	5.1	1,211	0.8	12
Male, Disabled															
All Ages	41	9.0	492	0.8	25	14	3.1	168	0.6	86	42	9.2	503	1.0	8
64 or younger	39	10.8	468	0.8	26	9	2.5	108	0.7	100	34	9.4	407	1.0	6
65-74	2	2.4	24	0.7	6	5	6.0	60	0.4	61	8	9.5	96	0.9	17
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	44	2.8	452	0.7	11	20	1.3	171	0.4	92	63	4.0	708	0.6	14
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	16	3.7	183	0.7	13	7	1.6	69	0.3	50	21	4.9	239	0.9	7
75-84	16	2.4	153	0.6	13	8	1.2	71	0.4	161	30	4.5	342	0.5	18
85 and older	12	2.5	116	0.8	7	5	1.0	31	0.2	27	12	2.5	127	0.5	17
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 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.
 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 2006. A total of 6,718 beneficiaries who were in nursing facilities for part of their enrollment and their 63,576 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MULTIVITAMINS					ANTIDEPRESSANTS				
	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	80	0.9	771	0.3	\$35	273	3.1	3,100	0.6	\$9	134	1.5	1,294	0.4	\$18
Female															
All Females	58	0.9	552	0.3	33	203	3.1	2,320	0.6	9	84	1.3	802	0.3	20
Female, Disabled															
All Ages	8	1.8	90	0.3	43	11	2.5	132	0.5	6	15	3.5	178	0.4	33
64 or younger	4	1.2	44	0.2	34	6	1.8	72	0.5	5	11	3.3	130	0.4	23
65-74	1	1.5	12	1.0	168	2	3.0	24	0.5	9	4	6.1	48	0.4	59
75-84	0	0.0	0	0.0	0	1	8.3	12	0.6	7	0	0.0	0	0.0	0
85 and older	3	16.7	34	0.1	11	2	11.1	24	0.5	7	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	50	0.8	462	0.3	31	192	3.1	2,188	0.6	9	69	1.1	624	0.3	17
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	6	1.0	72	0.3	49	21	3.4	222	0.6	9	11	1.8	114	0.7	51
75-84	20	1.0	176	0.2	24	65	3.1	739	0.7	10	27	1.3	247	0.2	8
85 and older	24	0.7	214	0.3	31	106	3.0	1,227	0.6	9	31	0.9	263	0.3	10
Male															
All Males	22	1.1	219	0.3	39	70	3.4	780	0.5	7	50	2.4	492	0.4	15
Male, Disabled															
All Ages	3	0.7	36	0.4	53	14	3.1	168	0.6	9	17	3.7	204	0.5	20
64 or younger	1	0.3	12	0.6	85	13	3.6	156	0.6	10	16	4.4	192	0.5	21
65-74	2	2.4	24	0.3	37	1	1.2	12	0.4	5	1	1.2	12	0.5	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	19	1.2	183	0.3	36	56	3.5	612	0.5	6	33	2.1	288	0.4	12
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	6	1.4	56	0.2	20	14	3.3	153	0.4	5	10	2.3	100	0.3	5
75-84	4	0.6	42	0.3	49	25	3.7	277	0.4	6	20	3.0	163	0.5	15
85 and older	9	1.9	85	0.5	40	17	3.5	182	0.6	7	3	0.6	25	0.3	21
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 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.
 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 2006. A total of 6,718 beneficiaries who were in nursing facilities for part of their enrollment and their 63,576 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	ANTIDIABETIC					COUGH/COLD/ALLERGY						
	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	95	1.1	911	0.5	\$25	489	5.6	5,695	0.2	\$3	8,694	94,195
Female												
All Females	57	0.9	541	0.5	29	406	6.1	4,722	0.2	4	6,653	72,203
Female, Disabled												
All Ages	9	2.1	104	0.6	33	24	5.5	281	0.2	5	434	4,984
64 or younger	5	1.5	58	0.8	45	14	4.1	161	0.2	2	338	3,894
65-74	3	4.5	36	0.4	21	10	15.2	120	0.3	8	66	776
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	136
85 and older	1	5.6	10	0.1	7	0	0.0	0	0.0	0	18	178
Female, Other Eligibles												
All Ages	48	0.8	437	0.5	29	382	6.1	4,441	0.2	3	6,219	67,219
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	15	2.4	146	0.8	45	36	5.8	411	0.2	7	625	6,856
75-84	19	0.9	159	0.4	17	126	6.1	1,447	0.1	3	2,080	22,826
85 and older	14	0.4	132	0.3	24	220	6.3	2,583	0.2	3	3,514	37,537
Male												
All Males	38	1.9	370	0.4	17	83	4.1	973	0.2	3	2,041	21,992
Male, Disabled												
All Ages	17	3.7	199	0.5	20	16	3.5	189	0.1	2	456	5,231
64 or younger	14	3.9	163	0.5	23	15	4.1	177	0.1	3	362	4,223
65-74	3	3.6	36	0.3	8	0	0.0	0	0.0	0	84	889
75-84	0	0.0	0	0.0	0	1	16.7	12	0.1	1	6	71
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
Male, Other Eligibles												
All Ages	21	1.3	171	0.3	14	67	4.2	784	0.2	4	1,585	16,761
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	10	2.3	99	0.4	17	20	4.7	236	0.2	3	428	4,769
75-84	9	1.3	58	0.2	10	27	4.0	324	0.2	4	671	7,082
85 and older	2	0.4	14	0.1	8	20	4.1	224	0.1	3	486	4,910
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 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.
 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 2006. A total of 6,718 beneficiaries who were in nursing facilities for part of their enrollment and their 63,576 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2006

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	48,653	37.0	2.4	317,437	\$29	\$3,803,864	\$12	17.7	131,496
Age									
5 and younger	3	60.0	1.6	8	50	251	31	1.7	5
6-14	8	47.1	3.5	60	40	680	11	1.7	17
15-20	72	36.7	1.6	319	26	5,124	16	1.4	196
21-44	7,658	36.7	2.5	52,398	30	626,961	12	8.6	20,851
45-64	15,991	43.1	3.2	118,916	38	1,412,349	12	17.3	37,076
65-74	10,609	34.8	2.1	64,969	25	771,584	12	20.0	30,445
75-84	8,714	33.6	1.9	50,406	23	603,915	12	55.5	25,913
85 and older	5,598	32.9	1.8	30,361	23	383,000	13	60.5	16,993
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	21,748	33.5	1.9	125,421	23	1,522,595	12	49.5	64,892
Disabled	26,295	40.5	2.9	188,595	35	2,242,686	12	14.2	64,942
Adults	591	36.4	2.0	3,322	23	37,568	11	1.5	1,623
Children	2	40.0	2.6	13	44	218	17	2.1	5
Unknown	17	50.0	2.5	86	23	797	9	1.3	34
Gender									
Female	34,503	39.8	2.6	221,508	31	2,712,472	12	20.3	86,692
Male	14,150	31.6	2.1	95,929	24	1,091,392	11	13.4	44,804
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	26,663	44.6	3.4	203,804	42	2,522,989	12	22.8	59,823
African American	18,158	29.9	1.5	89,788	17	1,007,077	11	11.9	60,665
Other/unknown	3,832	34.8	2.2	23,845	25	273,798	11	14.0	11,008
Use of Nursing Facilities^d									
Entire year	3,189	36.7	2.7	23,142	34	299,224	13	40.9	8,694
Part year	2,709	40.3	2.1	13,801	27	181,916	13	35.3	6,718
None	42,755	36.8	2.4	280,494	29	3,322,724	12	16.4	116,084
Maintenance Assistance Status									
Cash	19,297	36.4	2.4	125,895	27	1,427,618	11	13.0	52,949
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	20,108	36.9	2.3	124,505	28	1,504,095	12	20.1	54,420
Other/unknown	9,248	38.3	2.8	67,037	36	872,151	13	28.5	24,127

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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

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

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

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 SOUTH CAROLINA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$12	\$0	\$2	1,434,384
Age						
5 and younger	0.1	4	31	0	0	60
6-14	0.3	4	11	0	0	193
15-20	0.1	2	16	0	1	2,150
21-44	0.2	3	12	0	2	229,139
45-64	0.3	3	12	0	2	410,338
65-74	0.2	2	12	0	1	334,025
75-84	0.2	2	12	0	1	282,205
85 and older	0.2	2	13	0	1	176,274
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	12	0	1	698,159
Disabled	0.3	3	12	0	2	720,372
Adults	0.2	2	11	0	2	15,474
Children	0.2	4	17	0	0	59
Unknown	0.3	2	9	0	1	320
Gender						
Female	0.2	3	12	0	2	950,591
Male	0.2	2	11	0	1	483,793
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	12	0	3	643,167
African American	0.1	2	11	0	1	670,647
Other/unknown	0.2	2	11	0	1	120,570
Use of Nursing Facilities^d						
Entire year	0.2	3	13	0	3	94,195
Part year	0.2	3	13	0	2	63,576
None	0.2	3	12	0	2	1,276,613
Maintenance Assistance Status						
Cash	0.2	2	11	0	1	595,467
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	3	12	0	2	592,834
Other/unknown	0.3	4	13	0	3	246,083

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
SOUTH CAROLINA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Total Number Rx.	\$ per Rx	Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Percentage of All Part D Excluded Rx				
All	61,770	\$62	\$3,803,864	100.0		317,437	\$12	100.0	
Anorexia or weight loss/gain	0	0	0	0.0		0	0	0.0	
Fertility drugs	0	0	0	0.0		0	0	0.0	
Drugs for cosmetic purposes	0	0	0	0.0		0	0	0.0	
Cough and cold medications	14,509	44	642,058	16.9		29,712	22	9.4	
Vitamins and minerals	3,993	50	197,915	5.2		14,871	13	4.7	
Non-prescription drugs	10,606	31	329,610	8.7		51,733	6	16.3	
Barbiturates	1,256	51	63,693	1.7		11,975	5	3.8	
Benzodiazepines	30,246	82	2,494,996	65.6		206,203	12	65.0	
Other Part D Excl Rx Drugs	1,160	65	75,592	2.0		2,943	26	0.9	

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 SOUTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries: 131,496
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$21,491,999
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$163

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	78,060	59.4	\$0	0.0
1-500	46,809	35.6	3,900,254	18.1
501-1,000	2,339	1.8	1,655,421	7.7
1,001-1,500	1,062	0.8	1,310,662	6.1
1,501-2,000	684	0.5	1,182,333	5.5
2,001-2,500	472	0.4	1,056,202	4.9
2,501-3,000	376	0.3	1,032,291	4.8
3,001-3,500	283	0.2	916,094	4.3
3,501-4,000	217	0.2	807,321	3.8
4,001-4,500	177	0.1	752,813	3.5
4,501-5,000	154	0.1	729,764	3.4
5,001-5,500	107	0.1	560,956	2.6
5,501-6,000	85	0.1	489,124	2.3
6,001-6,500	91	0.1	569,142	2.6
6,501-7,000	69	0.1	466,206	2.2
7,001-7,500	59	0.0	429,469	2.0
7,501-8,000	53	0.0	411,239	1.9
8,001-8,500	50	0.0	412,059	1.9
8,501-9,000	41	0.0	357,581	1.7
9,001-9,500	38	0.0	351,739	1.6
9,501-10,000	23	0.0	224,712	1.0
10,001+	247	0.2	3,876,617	18.0

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 SOUTH CAROLINA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 56,523
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$13,309,200
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$235

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	30,760	54.4	\$0		0.0
1-500	21,657	38.3	1,938,596		14.6
501-1,000	1,352	2.4	968,840		7.3
1,001-1,500	687	1.2	845,681		6.4
1,501-2,000	442	0.8	762,828		5.7
2,001-2,500	291	0.5	651,651		4.9
2,501-3,000	248	0.4	681,513		5.1
3,001-3,500	169	0.3	547,424		4.1
3,501-4,000	144	0.3	534,096		4.0
4,001-4,500	111	0.2	471,983		3.5
4,501-5,000	100	0.2	474,700		3.6
5,001-5,500	65	0.1	340,029		2.6
5,501-6,000	52	0.1	300,181		2.3
6,001-6,500	52	0.1	325,507		2.4
6,501-7,000	45	0.1	304,403		2.3
7,001-7,500	40	0.1	291,210		2.2
7,501-8,000	37	0.1	287,123		2.2
8,001-8,500	37	0.1	304,716		2.3
8,501-9,000	25	0.0	218,638		1.6
9,001-9,500	27	0.0	249,738		1.9
9,501-10,000	14	0.0	136,500		1.0
10,001+	168	0.3	2,673,843		20.1

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 SOUTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 73,351
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$5,570,767
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$75

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	46,680	63.6	\$0	0.0
1-500	24,789	33.8	1,908,835	34.3
501-1,000	874	1.2	604,657	10.9
1,001-1,500	296	0.4	364,006	6.5
1,501-2,000	171	0.2	296,222	5.3
2,001-2,500	125	0.2	278,516	5.0
2,501-3,000	83	0.1	226,513	4.1
3,001-3,500	73	0.1	236,944	4.3
3,501-4,000	47	0.1	176,283	3.2
4,001-4,500	43	0.1	182,504	3.3
4,501-5,000	33	0.0	156,868	2.8
5,001-5,500	22	0.0	115,862	2.1
5,501-6,000	17	0.0	97,658	1.8
6,001-6,500	21	0.0	131,699	2.4
6,501-7,000	13	0.0	87,128	1.6
7,001-7,500	4	0.0	28,765	0.5
7,501-8,000	10	0.0	77,801	1.4
8,001-8,500	4	0.0	33,278	0.6
8,501-9,000	7	0.0	60,889	1.1
9,001-9,500	6	0.0	55,263	1.0
9,501-10,000	3	0.0	29,467	0.5
10,001+	30	0.0	421,609	7.6

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 SOUTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 30,445
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,848,334
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$126

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,939	62.2	\$0	0.0
1-500	10,168	33.4	818,994	21.3
501-1,000	507	1.7	355,877	9.2
1,001-1,500	204	0.7	253,031	6.6
1,501-2,000	138	0.5	239,045	6.2
2,001-2,500	108	0.4	240,316	6.2
2,501-3,000	73	0.2	199,051	5.2
3,001-3,500	64	0.2	207,324	5.4
3,501-4,000	45	0.1	168,891	4.4
4,001-4,500	40	0.1	169,803	4.4
4,501-5,000	32	0.1	151,881	3.9
5,001-5,500	22	0.1	115,862	3.0
5,501-6,000	15	0.0	86,157	2.2
6,001-6,500	20	0.1	125,416	3.3
6,501-7,000	13	0.0	87,128	2.3
7,001-7,500	4	0.0	28,765	0.7
7,501-8,000	9	0.0	69,827	1.8
8,001-8,500	4	0.0	33,278	0.9
8,501-9,000	7	0.0	60,889	1.6
9,001-9,500	5	0.0	45,892	1.2
9,501-10,000	2	0.0	19,942	0.5
10,001+	26	0.1	370,965	9.6

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 SOUTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 25,913
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,089,095
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$42

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,861	65.1	\$0	0.0
1-500	8,703	33.6	653,848	60.0
501-1,000	227	0.9	151,205	13.9
1,001-1,500	59	0.2	71,558	6.6
1,501-2,000	19	0.1	32,306	3.0
2,001-2,500	14	0.1	31,450	2.9
2,501-3,000	9	0.0	24,622	2.3
3,001-3,500	7	0.0	23,010	2.1
3,501-4,000	2	0.0	7,392	0.7
4,001-4,500	3	0.0	12,701	1.2
4,501-5,000	1	0.0	4,987	0.5
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,811	0.5
6,001-6,500	1	0.0	6,283	0.6
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,974	0.7
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,371	0.9
9,501-10,000	1	0.0	9,525	0.9
10,001+	3	0.0	37,052	3.4

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 SOUTH CAROLINA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 16,993
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$633,338
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$37

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,880	64.0	\$0	0.0
1-500	5,918	34.8	435,993	68.8
501-1,000	140	0.8	97,575	15.4
1,001-1,500	33	0.2	39,417	6.2
1,501-2,000	14	0.1	24,871	3.9
2,001-2,500	3	0.0	6,750	1.1
2,501-3,000	1	0.0	2,840	0.4
3,001-3,500	2	0.0	6,610	1.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,690	0.9
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	13,592	2.1

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

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	131,583	64,892	64,993	1,659	5	34	1,437,637	698,193	722,786	16,278	59	321
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	17	0	17	0	0	0	193	0	193	0	0	0
15-20	201	0	198	2	1	0	2,285	0	2,249	24	12	0
21-44	20,895	0	19,772	1,119	4	0	230,749	0	219,571	11,131	47	0
45-64	37,113	0	36,581	506	0	26	411,615	0	406,540	4,829	0	246
65-74	30,446	22,614	7,794	30	0	8	334,248	246,343	87,560	270	0	75
75-84	25,913	25,455	456	2	0	0	282,211	277,349	4,838	24	0	0
85 and older	16,993	16,823	170	0	0	0	176,276	174,501	1,775	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	86,752	49,532	36,009	1,175	2	34	952,806	537,695	403,137	11,630	23	321
Male	44,831	15,360	28,984	484	3	0	484,831	160,498	319,649	4,648	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	59,851	29,037	29,918	871	4	21	644,075	305,029	330,181	8,627	48	190
African American	60,719	30,154	29,808	744	1	12	672,730	331,046	334,307	7,242	11	124
Other/unknown	11,013	5,701	5,267	44	0	1	120,832	62,118	58,298	409	0	7
Use of Nursing Facilities^c												
Entire year	8,694	7,804	890	0	0	0	94,195	83,980	10,215	0	0	0
Part year	6,718	6,096	622	0	0	0	63,579	57,255	6,324	0	0	0
None	116,171	50,992	63,481	1,659	5	34	1,279,863	556,958	706,247	16,278	59	321
Maintenance Assistance Status												
Cash	53,018	21,423	30,610	985	0	0	597,940	242,584	345,295	10,061	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	54,432	25,892	28,430	76	0	34	593,507	281,555	311,046	585	0	321
Other/unknown	24,133	17,577	5,953	598	5	0	246,190	174,054	66,445	5,632	59	0
Dual Status^d												
Full dual, all year	129,431	63,762	63,978	1,652	5	34	1,415,020	686,367	712,068	16,205	59	321
Full dual, part year	2,152	1,130	1,015	7	0	0	22,617	11,826	10,718	73	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	130,938	64,870	64,498	1,532	5	33	1,430,271	697,941	717,059	14,903	59	309
FFS part year, with Rx claims	360	10	271	78	0	1	4,141	115	3,179	835	0	12
FFS part year, no Rx claims	198	12	173	13	0	0	2,226	137	1,957	132	0	0
MC all year, with Rx claims	5	0	4	1	0	0	60	0	48	12	0	0
MC all year, no Rx claims	82	0	47	35	0	0	939	0	543	396	0	0

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	131,583	1,437,637	131,496	1,434,384	0	3,253
Fee-for-service (FFS) all year	130,938	1,430,271	130,938	1,430,271	0	0
FFS part year, with Rx claims	360	4,141	360	2,830	0	1,311
FFS part year, with no Rx claims	198	2,226	198	1,283	0	943
Managed care (MC) all year, with Rx claims	5	60	0	0	0	60
MC all year, with no Rx claims	82	939	0	0	0	939

Source: Data for this table are from the MAX 2006 file for South Carolina, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries