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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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	14,278	7,077	7,076	118	2	5	150,385	69,738	79,498	1,070	24	55
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	3	0	1	0	48	0	36	0	12	0
15-20	38	0	37	1	0	0	420	0	408	12	0	0
21-44	2,510	0	2,430	79	1	0	27,829	0	27,121	696	12	0
45-64	2,872	3	2,836	30	0	3	31,998	10	31,664	288	0	36
65-74	2,432	1,115	1,308	7	0	2	26,695	11,610	15,004	62	0	19
75-84	2,754	2,355	398	1	0	0	28,232	23,672	4,548	12	0	0
85 and older	3,668	3,604	64	0	0	0	35,163	34,446	717	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	9,160	5,136	3,932	86	1	5	96,473	51,367	44,265	774	12	55
Male	5,118	1,941	3,144	32	1	0	53,912	18,371	35,233	296	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,978	6,564	5,342	67	2	3	125,104	64,427	60,010	607	24	36
African American	45	9	33	3	0	0	441	76	337	28	0	0
Other/unknown	2,255	504	1,701	48	0	2	24,840	5,235	19,151	435	0	19
Use of Nursing Facilities^c												
Entire year	3,854	3,327	527	0	0	0	38,436	32,566	5,870	0	0	0
Part year	1,538	1,245	293	0	0	0	14,252	11,184	3,068	0	0	0
None	8,886	2,505	6,256	118	2	5	97,697	25,988	70,560	1,070	24	55
Maintenance Assistance Status												
Cash	6,973	1,850	5,045	77	1	0	77,957	20,459	56,749	737	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	278	92	163	18	0	5	2,827	953	1,689	130	0	55
Other/unknown	7,027	5,135	1,868	23	1	0	69,601	48,326	21,060	203	12	0
Dual Medicare Status^d												
Full dual, all year	13,758	6,795	6,846	110	2	5	144,927	66,763	77,097	988	24	55
Full dual, part year	520	282	230	8	0	0	5,458	2,975	2,401	82	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	14,278	7,077	7,076	118	2	5	150,385	69,738	79,498	1,070	24	55
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx						FFS \$ ^d		
All	33.1		3.1	\$118	\$38	\$15,814	0.7		14,278
Age									
5 and younger	0.0		0.0	0	0	0	0.0		0
6-14	100.0		35.8	6,505	182	40,582	16.0		4
15-20	50.0		9.0	1,389	154	12,911	10.8		38
21-44	31.8		3.8	235	62	15,152	1.6		2,510
45-64	37.0		4.3	183	42	16,062	1.1		2,872
65-74	29.7		3.1	102	33	11,370	0.9		2,432
75-84	32.5		2.5	44	18	15,277	0.3		2,754
85 and older	33.6		2.1	33	16	19,425	0.2		3,668
Unknown	0.0		0.0	0	0	0	0.0		0
Basis of Eligibility^e									
Aged	33.1		2.3	40	17	16,892	0.2		7,077
Disabled	32.8		3.7	172	46	14,896	1.2		7,076
Adults	54.2		12.5	1,186	95	5,277	22.5		118
Children	100.0		42.5	11,610	273	72,797	15.9		2
Unknown	80.0		38.0	2,491	66	13,370	18.6		5
Gender									
Female	35.5		3.4	123	36	15,254	0.8		9,160
Male	28.9		2.6	109	42	16,816	0.6		5,118
Unknown	0.0		0.0	0	0	0	0.0		0
Race									
White	35.2		3.3	115	35	16,936	0.7		11,978
African American	44.4		5.8	365	63	8,847	4.1		45
Other/unknown	22.0		2.2	128	58	9,992	1.3		2,255
Use of Nursing Facilities^f									
Entire year	40.1		3.5	70	20	27,833	0.3		3,854
Part year	41.9		2.9	94	33	17,408	0.5		1,538
None	28.6		3.0	143	48	10,325	1.4		8,886
Maintenance Assistance Status									
Cash	28.8		3.2	158	50	7,703	2.0		6,973
Medically needy	0.0		0.0	0	0	0	0.0		0
Poverty related	36.7		4.4	371	85	4,715	7.9		278
Other/unknown	37.3		3.0	68	23	24,301	0.3		7,027

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 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	0.3	\$11	0.7	66.9	28.3	3.0	1.2	0.5	0.1	\$1,501	14,278	150,385
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	3.0	542	16.0	0.0	50.0	0.0	25.0	25.0	0.0	3,382	4	48
15-20	0.8	126	10.8	50.0	28.9	13.2	2.6	5.3	0.0	1,168	38	420
21-44	0.3	21	1.6	68.2	26.1	2.7	1.8	0.9	0.2	1,367	2,510	27,829
45-64	0.4	16	1.1	63.0	30.3	3.7	2.1	0.8	0.1	1,442	2,872	31,998
65-74	0.3	9	0.9	70.3	25.0	2.9	1.2	0.6	0.1	1,036	2,432	26,695
75-84	0.2	4	0.3	67.5	28.6	2.9	0.8	0.2	0.0	1,490	2,754	28,232
85 and older	0.2	3	0.2	66.4	30.2	2.8	0.4	0.0	0.2	2,026	3,668	35,163
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	0.2	66.9	29.2	3.1	0.6	0.1	0.1	1,714	7,077	69,738
Disabled	0.3	15	1.2	67.2	27.5	2.8	1.7	0.7	0.1	1,326	7,076	79,498
Adults	1.4	131	22.5	45.8	23.7	15.3	10.2	4.2	0.8	582	118	1,070
Children	3.5	968	15.9	0.0	50.0	0.0	0.0	50.0	0.0	6,066	2	24
Unknown	3.5	226	18.6	20.0	40.0	0.0	0.0	40.0	0.0	1,216	5	55
Gender												
Female	0.3	12	0.8	64.5	30.3	3.3	1.4	0.5	0.1	1,448	9,160	96,473
Male	0.2	10	0.6	71.1	24.8	2.6	0.9	0.5	0.1	1,596	5,118	53,912
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	11	0.7	64.8	30.2	3.3	1.1	0.5	0.1	1,622	11,978	125,104
African American	0.6	37	4.1	55.6	28.9	6.7	6.7	2.2	0.0	903	45	441
Other/unknown	0.2	12	1.3	78.0	18.2	1.9	1.4	0.5	0.0	907	2,255	24,840
Use of Nursing Facilities^f												
Entire year	0.4	7	0.3	59.9	33.7	4.7	1.2	0.2	0.2	2,791	3,854	38,436
Part year	0.3	10	0.5	58.1	37.5	3.0	0.7	0.7	0.1	1,879	1,538	14,252
None	0.3	13	1.4	71.4	24.4	2.3	1.3	0.6	0.1	939	8,886	97,697
Maintenance Assistance Status												
Cash	0.3	14	2.0	71.2	24.6	2.2	1.3	0.7	0.1	689	6,973	77,957
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	37	7.9	63.3	25.9	5.4	4.0	1.4	0.0	464	278	2,827
Other/unknown	0.3	7	0.3	62.7	32.1	3.8	1.0	0.2	0.1	2,454	7,027	69,601

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 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	0.3	\$11	\$38	0.0	\$7	\$141	0.0	\$1	\$82	0.2	\$4	\$16
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	3.0	542	182	1.1	500	471	0.1	1	15	1.9	41	22
15-20	0.8	126	154	0.4	104	285	0.1	6	89	0.4	16	41
21-44	0.3	21	62	0.1	14	159	0.0	2	116	0.2	6	23
45-64	0.4	16	42	0.1	10	153	0.0	1	87	0.3	5	17
65-74	0.3	9	33	0.0	5	112	0.0	1	63	0.2	4	17
75-84	0.2	4	18	0.0	2	83	0.0	0	39	0.2	3	12
85 and older	0.2	3	16	0.0	1	67	0.0	0	41	0.2	2	11
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	17	0.0	1	78	0.0	0	43	0.2	3	12
Disabled	0.3	15	46	0.1	10	147	0.0	1	88	0.3	5	18
Adults	1.4	131	95	0.4	90	210	0.1	11	169	0.9	30	34
Children	3.5	968	273	1.5	924	634	0.0	1	19	2.0	42	21
Unknown	3.5	226	66	1.0	180	176	0.0	4	223	2.4	43	18
Gender												
Female	0.3	12	36	0.0	7	137	0.0	1	77	0.3	4	16
Male	0.2	10	42	0.0	6	151	0.0	1	96	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	11	35	0.0	6	133	0.0	1	82	0.3	4	16
African American	0.6	37	63	0.2	28	118	0.0	3	115	0.3	7	20
Other/unknown	0.2	12	58	0.0	8	186	0.0	1	83	0.1	3	19
Use of Nursing Facilities^e												
Entire year	0.4	7	20	0.0	3	80	0.0	0	58	0.3	4	13
Part year	0.3	10	33	0.0	6	174	0.0	0	42	0.3	4	14
None	0.3	13	48	0.1	8	152	0.0	1	93	0.2	4	18
Maintenance Assistance Status												
Cash	0.3	14	50	0.1	9	151	0.0	1	95	0.2	4	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	37	85	0.1	29	194	0.0	2	102	0.3	6	22
Other/unknown	0.3	7	23	0.0	3	107	0.0	0	49	0.3	4	13

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 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
		Generic	Generic	Generic		Generic	Generic	Generic		Generic							
Anti-infective Agents	0.2	0.1	0.0	0.2	\$19	\$14	\$0	\$4	\$76	\$261	\$65	\$22	1,062	\$81,049	408	2.9	4,364
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	32	32	0	0	12	380	9	0.1	100
Antineoplastic Agents	0.3	0.1	0.0	0.2	53	47	0	5	201	432	0	35	86	17,324	29	0.2	328
Endocrine/Metabolic Drugs	0.3	0.1	0.1	0.2	18	12	2	4	53	114	30	22	1,533	81,164	416	2.9	4,547
Cardiovascular Agents	0.5	0.2	0.0	0.3	18	12	1	5	38	70	63	17	2,996	112,945	593	4.2	6,343
Respiratory Agents	0.3	0.1	0.0	0.2	12	9	0	3	49	114	60	19	2,397	118,163	842	5.9	9,537
Gastrointestinal Agents	0.3	0.1	0.0	0.1	25	17	4	3	93	141	391	25	998	92,951	348	2.4	3,793
Genitourinary Agents	0.3	0.1	0.1	0.1	21	10	9	2	79	85	130	27	310	24,346	105	0.7	1,145
CNS Drugs	0.6	0.1	0.0	0.6	17	9	1	7	27	145	95	13	19,702	525,123	2,874	20.1	30,853
Stimulants/Anti-obesity/Anorexia	0.4	0.4	0.0	0.0	63	61	0	2	152	165	0	43	180	27,398	37	0.3	434
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	60	60	0	0	342	342	0	0	107	36,576	55	0.4	610
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	28	14	2	12	61	200	158	32	2,329	141,682	483	3.4	5,086
Neuromuscular Agents	0.7	0.1	0.0	0.6	24	10	2	12	33	190	91	18	7,786	257,488	983	6.9	10,930
Nutritional Products	0.3	0.0	0.0	0.2	6	1	1	5	23	20	25	23	786	17,926	258	1.8	2,800
Hematological Agents	0.5	0.0	0.0	0.4	11	6	0	4	21	125	24	9	3,560	75,119	658	4.6	7,146
Topical Products	0.2	0.1	0.0	0.1	12	8	0	3	55	97	41	28	564	31,139	241	1.7	2,683
Miscellaneous Products	0.5	0.4	0.0	0.1	174	165	0	8	327	398	0	73	119	38,899	20	0.1	224
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	44	0	0	0	47	2,049	15	0.1	170
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.	44,574	1,681,721	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 Dakota, 1.6 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 DAKOTA, 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	
ANTICONVULSANT	\$231,134	933	6.5	10,403	0.7	\$32	\$22	
ANTIPSYCHOTICS	203,825	242	1.7	2,642	0.3	233	77	
ANTIANSXIETY AGENTS	173,450	2,273	15.9	24,214	0.6	12	7	
ULCER DRUGS	135,075	760	5.3	8,284	0.5	36	16	
ANTIDEPRESSANTS	97,502	491	3.4	5,331	0.3	60	18	
ANTIASTHMATIC	78,216	308	2.2	3,334	0.3	93	23	
ANALGESICS - Narcotic	76,846	507	3.6	5,371	0.3	51	14	
HEMATOPOIETIC AGENTS	51,844	601	4.2	6,552	0.5	16	8	
HYPNOTICS	50,346	416	2.9	4,663	0.6	17	11	
ANTIDIABETIC	47,772	270	1.9	2,815	0.3	63	17	
Total	1,146,010	6,801	n.a.	73,609	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month
All	37,015	\$1,146,010	933	6.5	10,403	0.7	\$22	242	1.7	2,642	0.3	\$77
Female												
All Females	25,565	774,598	594	6.5	6,601	0.7	21	138	1.5	1,473	0.4	86
Female, Disabled												
All Ages	12,628	525,112	417	10.6	4,752	0.7	24	95	2.4	1,051	0.4	104
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	91	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	108	16,255	5	25.0	60	0.4	30	4	20.0	48	0.8	258
21-44	3,524	187,653	154	13.6	1,783	0.6	39	38	3.4	428	0.4	98
45-64	6,114	229,239	204	12.5	2,294	0.7	17	39	2.4	412	0.4	110
65-74	2,385	81,893	50	6.2	585	0.6	11	13	1.6	156	0.3	58
75-84	418	8,565	3	1.1	21	0.8	11	1	0.4	7	0.1	46
85 and older	72	1,416	1	1.9	9	0.1	36	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	12,937	249,486	177	3.4	1,849	0.7	12	43	0.8	422	0.2	44
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	8	280	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	557	52,090	11	18.6	116	0.6	63	6	10.2	59	0.4	186
45-64	215	15,202	4	15.4	45	0.5	23	2	7.7	24	0.2	2
65-74	1,549	29,883	38	5.8	424	0.7	9	4	0.6	46	0.2	47
75-84	4,164	59,235	64	4.0	682	0.7	10	11	0.7	113	0.2	17
85 and older	6,444	92,796	60	2.1	582	0.6	7	20	0.7	180	0.2	19
Male												
All Males	11,450	371,412	339	6.6	3,802	0.7	24	104	2.0	1,169	0.3	66
Male, Disabled												
All Ages	7,320	282,214	278	8.8	3,150	0.7	28	81	2.6	932	0.3	77
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	297	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	66	10,236	2	11.8	24	0.7	76	5	29.4	60	0.4	113
21-44	2,619	146,705	140	10.8	1,569	0.7	34	52	4.0	604	0.3	75
45-64	3,376	94,647	113	9.4	1,287	0.8	20	15	1.2	164	0.3	78
65-74	1,003	26,067	21	4.2	247	0.8	20	9	1.8	104	0.4	64
75-84	238	4,067	2	1.7	23	0.7	11	0	0.0	0	0.0	0
85 and older	15	195	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 DAKOTA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTICONVULSANT				ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit
Male, Other Eligibles												
All Ages	4,130	89,198	61	3.1	652	0.7	8	23	1.2	237	0.1	21
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	2,150	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	80	3,239	2	9.5	14	0.1	3	1	4.8	12	0.3	5
45-64	81	9,067	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	836	15,297	21	4.5	237	0.7	8	3	0.6	28	0.1	30
75-84	1,752	34,121	27	3.5	280	0.7	8	11	1.4	122	0.1	23
85 and older	1,374	25,324	11	1.5	121	0.5	7	8	1.1	75	0.1	17
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 Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per Month	Mean Rx \$ per Benefit
All	2,273	15.9	24,214	0.6	\$7	760	5.3	8,284	0.5	\$16	491	3.4	5,331	0.3	\$18
Female															
All Females	1,631	17.8	17,415	0.6	7	517	5.6	5,647	0.4	17	351	3.8	3,809	0.3	19
Female, Disabled															
All Ages	592	15.1	6,730	0.6	8	211	5.4	2,406	0.4	19	237	6.0	2,649	0.3	20
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	1	100.0	12	0.6	8	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	20.0	48	0.4	32
21-44	149	13.2	1,713	0.5	8	52	4.6	590	0.4	20	91	8.0	1,052	0.4	22
45-64	303	18.5	3,383	0.6	8	85	5.2	970	0.3	19	98	6.0	1,038	0.3	18
65-74	104	12.8	1,220	0.6	9	57	7.0	667	0.4	21	40	4.9	473	0.3	15
75-84	29	10.4	330	0.6	9	13	4.6	140	0.3	12	4	1.4	38	0.4	38
85 and older	7	13.2	84	0.5	7	3	5.7	27	0.3	12	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,039	19.9	10,685	0.6	7	306	5.9	3,241	0.5	14	114	2.2	1,160	0.2	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.3	18
21-44	12	20.3	118	0.5	7	7	11.9	83	0.4	28	28	47.5	298	0.4	42
45-64	4	15.4	42	0.3	3	5	19.2	60	0.3	34	11	42.3	115	0.3	26
65-74	106	16.2	1,198	0.6	9	29	4.4	314	0.4	17	8	1.2	90	0.1	7
75-84	326	20.5	3,447	0.6	7	87	5.5	953	0.5	13	23	1.4	249	0.1	7
85 and older	591	20.4	5,880	0.6	6	178	6.2	1,831	0.5	14	43	1.5	396	0.1	8
Male															
All Males	642	12.5	6,799	0.6	7	243	4.7	2,637	0.5	16	140	2.7	1,522	0.3	16
Male, Disabled															
All Ages	326	10.4	3,703	0.6	8	94	3.0	1,092	0.4	18	96	3.1	1,076	0.3	21
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	1	50.0	12	0.3	25	0	0.0	0	0.0	0
15-20	1	5.9	12	0.3	14	0	0.0	0	0.0	0	2	11.8	24	0.4	41
21-44	114	8.8	1,291	0.4	7	20	1.5	221	0.4	26	56	4.3	643	0.3	22
45-64	145	12.1	1,645	0.6	9	46	3.8	543	0.5	18	30	2.5	317	0.3	20
65-74	51	10.3	586	0.6	8	21	4.2	250	0.5	13	7	1.4	80	0.3	11
75-84	15	12.7	169	0.7	9	5	4.2	54	0.5	12	1	0.8	12	0.1	2
85 and older	0	0.0	0	0.0	0	1	9.1	12	0.3	6	0	0.0	0	0.0	0

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 DAKOTA, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean	
		of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit		of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit		of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit
Male, Other Eligibles															
All Ages	316	16.0	3,096	0.5	6	149	7.5	1,545	0.5	15	44	2.2	446	0.2	6
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	1	100.0	12	0.3	3	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	14.3	30	0.1	2	3	14.3	29	0.2	11	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10.0	12	0.1	3
65-74	48	10.2	507	0.7	10	23	4.9	252	0.5	14	6	1.3	60	0.2	8
75-84	136	17.8	1,347	0.6	6	60	7.9	622	0.5	14	17	2.2	168	0.2	7
85 and older	129	18.2	1,212	0.5	4	62	8.7	630	0.6	15	20	2.8	206	0.2	5
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 Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					HEMATOPOIETIC AGENTS				
	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	308	2.2	3,334	0.3	\$24	507	3.6	5,371	0.3	\$14	601	4.2	6,552	0.5	\$8
Female															
All Females	224	2.4	2,470	0.2	23	358	3.9	3,794	0.3	16	429	4.7	4,787	0.5	7
Female, Disabled															
All Ages	149	3.8	1,689	0.3	24	246	6.3	2,703	0.3	16	109	2.8	1,296	0.5	11
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	5	25.0	60	0.4	10	4	20.0	48	0.1	1	0	0.0	0	0.0	0
21-44	40	3.5	455	0.2	16	83	7.3	952	0.2	9	25	2.2	295	0.5	4
45-64	70	4.3	771	0.3	22	115	7.0	1,182	0.3	25	45	2.8	539	0.4	20
65-74	32	3.9	379	0.4	41	42	5.2	497	0.4	13	35	4.3	414	0.5	6
75-84	2	0.7	24	0.1	12	1	0.4	12	1.2	21	4	1.4	48	0.6	5
85 and older	0	0.0	0	0.0	0	1	1.9	12	0.1	2	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	75	1.4	781	0.2	19	112	2.1	1,091	0.3	16	320	6.1	3,491	0.5	6
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	0.2	3	1	100.0	12	0.2	2	0	0.0	0	0.0	0
21-44	11	18.6	128	0.4	32	26	44.1	261	0.6	48	2	3.4	21	0.5	23
45-64	10	38.5	120	0.3	49	19	73.1	200	0.3	6	1	3.8	12	0.1	1
65-74	13	2.0	119	0.2	13	8	1.2	79	0.2	5	27	4.1	308	0.5	8
75-84	16	1.0	188	0.1	7	25	1.6	265	0.1	4	87	5.5	955	0.5	5
85 and older	24	0.8	214	0.1	10	33	1.1	274	0.2	8	203	7.0	2,195	0.5	6
Male															
All Males	84	1.6	864	0.3	26	149	2.9	1,577	0.3	10	172	3.4	1,765	0.5	10
Male, Disabled															
All Ages	46	1.5	522	0.2	16	107	3.4	1,178	0.3	11	68	2.2	757	0.6	13
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	5.9	12	0.3	24	3	17.6	36	0.2	3	1	5.9	12	0.4	6
21-44	15	1.2	166	0.1	9	50	3.8	530	0.3	12	15	1.2	170	0.6	7
45-64	24	2.0	281	0.3	17	39	3.2	434	0.3	11	34	2.8	365	0.6	21
65-74	5	1.0	60	0.3	25	14	2.8	166	0.3	7	12	2.4	138	0.4	3
75-84	1	0.8	3	0.3	27	1	0.8	12	0.1	1	6	5.1	72	0.5	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 DAKOTA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					HEMATOPOIETIC AGENTS				
	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
Male, Other Eligibles															
All Ages	38	1.9	342	0.4	42	42	2.1	399	0.2	7	104	5.3	1,008	0.5	7
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	1	100.0	12	0.3	177
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	13	61.9	118	0.4	11	0	0.0	0	0.0	0
45-64	5	50.0	55	1.1	160	5	50.0	48	0.4	5	0	0.0	0	0.0	0
65-74	9	1.9	94	0.2	13	7	1.5	70	0.1	3	17	3.6	159	0.4	4
75-84	13	1.7	113	0.2	20	8	1.0	76	0.1	4	41	5.4	420	0.6	6
85 and older	11	1.5	80	0.3	27	9	1.3	87	0.2	11	45	6.3	417	0.4	4
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 Dakota, released by CMS in 7/2009. 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.

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 DAKOTA, 2006

Beneficiary Characteristics	HYPNOTICS					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 Beneficiaries	Number of Benefit Months
All	416	2.9	4,663	0.6	\$11	270	1.9	2,815	0.3	\$17	14,278	150,385
Female												
All Females	267	2.9	3,008	0.6	10	193	2.1	2,053	0.3	17	9,160	96,473
Female, Disabled												
All Ages	152	3.9	1,752	0.7	11	108	2.7	1,161	0.4	24	3,932	44,265
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	20	224
21-44	43	3.8	496	0.5	12	24	2.1	285	0.4	22	1,131	12,699
45-64	67	4.1	771	0.7	11	48	2.9	464	0.4	34	1,634	18,192
65-74	27	3.3	314	0.8	10	33	4.1	391	0.3	16	813	9,322
75-84	12	4.3	135	0.7	7	2	0.7	16	0.2	4	280	3,231
85 and older	3	5.7	36	0.4	4	1	1.9	5	0.2	7	53	585
Female, Other Eligibles												
All Ages	115	2.2	1,256	0.6	9	85	1.6	892	0.2	7	5,228	52,208
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	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	12
21-44	6	10.2	61	0.2	10	4	6.8	28	0.7	28	59	529
45-64	2	7.7	21	0.6	62	6	23.1	66	0.2	9	26	235
65-74	15	2.3	178	0.6	12	15	2.3	178	0.1	5	654	6,888
75-84	42	2.6	462	0.7	8	29	1.8	324	0.2	7	1,594	16,365
85 and older	49	1.7	522	0.6	7	31	1.1	296	0.1	5	2,894	28,179
Male												
All Males	149	2.9	1,655	0.6	12	77	1.5	762	0.3	17	5,118	53,912
Male, Disabled												
All Ages	105	3.3	1,215	0.6	11	29	0.9	298	0.3	28	3,144	35,233
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	184
21-44	40	3.1	451	0.5	12	9	0.7	100	0.4	49	1,299	14,422
45-64	47	3.9	548	0.7	10	13	1.1	116	0.3	23	1,202	13,472
65-74	13	2.6	156	0.7	13	6	1.2	70	0.1	4	495	5,682
75-84	4	3.4	48	0.8	5	1	0.8	12	0.6	53	118	1,317
85 and older	1	9.1	12	1.0	10	0	0.0	0	0.0	0	11	132

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 DAKOTA, 2006

Beneficiary Characteristics	HYPNOTICS						ANTIDIABETIC					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	44	2.2	440	0.6	15	48	2.4	464	0.2	10	1,974	18,679
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	1	4.8	12	0.1	9	7	33.3	73	0.2	19	21	179
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	99
65-74	10	2.1	104	0.6	10	11	2.3	111	0.1	5	470	4,803
75-84	12	1.6	122	0.6	28	24	3.1	221	0.3	12	762	7,319
85 and older	21	3.0	202	0.7	10	6	0.8	59	0.2	5	710	6,267
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 Dakota, released by CMS in 7/2009. 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 DAKOTA, 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	\$7	0.4	3,854	38,436
Age				
0-64	20	0.7	274	2,934
65-74	17	0.6	397	4,343
75-84	6	0.3	1,063	10,573
85 and older	4	0.2	2,120	20,586
Unknown	0	0.0	0	0
Gender				
Female	6	0.3	2,740	27,540
Male	9	0.4	1,114	10,896
Unknown	0	0.0	0	0
Race				
White	7	0.3	3,649	36,332
African American	1	0.1	4	48
Other/unknown	17	0.5	201	2,056
Basis of Eligibility^c				
Aged	5	0.3	3,327	32,566
Disabled	19	0.7	527	5,870
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 Dakota, released by CMS in 7/2009. 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 1,538 beneficiaries who were in nursing facilities for part of their enrollment and their 14,252 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.2	0.0	0.0	0.1	\$9	\$5	\$1	\$3	\$48	\$105	\$79	\$24	116	\$5,545	65	1.7	646
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.1	0.1	0.0	0.1	19	19	0	1	175	334	0	15	4	698	3	0.1	36
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	10	6	1	2	42	85	31	19	209	8,675	84	2.2	890
Cardiovascular Agents	0.4	0.1	0.0	0.3	12	7	1	4	31	73	45	15	667	20,670	161	4.2	1,709
Respiratory Agents	0.3	0.0	0.0	0.2	9	4	0	4	33	92	80	18	451	14,964	164	4.3	1,760
Gastrointestinal Agents	0.2	0.1	0.0	0.1	10	6	0	4	48	112	68	24	180	8,687	80	2.1	865
Genitourinary Agents	0.2	0.1	0.0	0.1	12	9	2	1	75	99	109	20	59	4,432	31	0.8	360
CNS Drugs	0.7	0.0	0.0	0.7	11	3	1	7	15	77	84	11	7,694	117,916	1,061	27.5	11,041
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	0.1	0.1	0.0	0.0	17	17	0	0	123	123	0	0	36	4,433	22	0.6	259
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	19	3	1	15	48	87	83	42	298	14,226	77	2.0	760
Neuromuscular Agents	0.7	0.0	0.0	0.7	15	3	0	12	21	131	32	17	1,679	35,035	212	5.5	2,295
Nutritional Products	0.3	0.0	0.0	0.2	6	1	0	5	23	19	12	25	256	5,815	94	2.4	999
Hematological Agents	0.5	0.1	0.0	0.5	7	3	0	4	13	51	23	9	1,697	22,757	291	7.6	3,122
Topical Products	0.3	0.1	0.0	0.2	11	5	1	4	40	67	57	25	160	6,355	53	1.4	589
Miscellaneous Products	0.2	0.0	0.0	0.1	2	1	0	1	9	20	0	7	6	54	3	0.1	34
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	20	0	0	0	4	80	3	0.1	26
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	13,516	270,342	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 1,538 beneficiaries who were in nursing facilities for part of their enrollment and their 14,252 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 Dakota, 1.6 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 DAKOTA, 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
ANTIANKXIETY AGENTS	\$72,274	924	24.0	9,544	0.7	\$11	\$8
ULCER DRUGS	53,729	336	8.7	3,623	0.5	27	15
ANTICONVULSANT	31,782	191	5.0	2,052	0.8	20	15
ANTIPSYCHOTICS	19,645	54	1.4	586	0.2	142	34
HEMATOPOIETIC AGENTS	17,857	275	7.1	2,956	0.5	11	6
HYPNOTICS	13,537	92	2.4	977	0.8	17	14
ANTIDEPRESSANTS	12,460	104	2.7	1,118	0.2	53	11
ANALGESICS - Narcotic	9,956	72	1.9	714	0.3	48	14
ANTIHYPERLIPIDEMIC	9,953	113	2.9	1,259	0.4	18	8
ANTIHISTAMINES	8,454	42	1.1	450	0.2	85	19
Total	249,647	2,203	n.a.	23,279	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 1,538 beneficiaries who were in nursing facilities for part of their enrollment and their 14,252 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.

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ULCER DRUGS				
	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	13,727	\$249,647	924	24.0	9,544	0.7	\$8	336	8.7	3,623	0.5	\$15
Female												
All Females	9,658	165,978	673	24.6	7,014	0.7	8	219	8.0	2,347	0.5	14
Female, Disabled												
All Ages	2,151	57,066	89	30.3	976	0.9	12	34	11.6	382	0.6	18
64 or younger	1,178	28,965	54	37.2	576	0.9	12	15	10.3	171	0.6	16
65-74	819	25,227	23	23.7	267	1.0	12	13	13.4	156	0.5	19
75-84	137	2,514	10	24.4	109	0.8	13	5	12.2	52	0.6	19
85 and older	17	360	2	18.2	24	0.6	12	1	9.1	3	1.0	27
Female, Other Eligibles												
All Ages	7,507	108,912	584	23.9	6,038	0.7	7	185	7.6	1,965	0.5	14
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	739	12,756	48	41.0	535	0.8	12	10	8.5	101	0.6	22
75-84	2,529	35,632	182	28.4	1,933	0.7	8	52	8.1	576	0.5	13
85 and older	4,239	60,524	354	21.0	3,570	0.6	6	123	7.3	1,288	0.5	13
Male												
All Males	4,069	83,669	251	22.5	2,530	0.6	7	117	10.5	1,276	0.6	16
Male, Disabled												
All Ages	1,530	37,817	58	24.9	633	0.8	9	29	12.4	343	0.6	16
64 or younger	937	21,877	33	25.8	341	0.8	9	12	9.4	144	0.6	18
65-74	460	13,911	18	23.4	213	0.7	10	12	15.6	144	0.7	17
75-84	129	1,881	7	26.9	79	0.9	10	4	15.4	43	0.4	10
85 and older	4	148	0	0.0	0	0.0	0	1	50.0	12	0.3	6
Male, Other Eligibles												
All Ages	2,539	45,852	193	21.9	1,897	0.6	6	88	10.0	933	0.6	15
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	449	8,015	22	20.8	248	0.9	14	10	9.4	118	0.6	15
75-84	1,113	20,355	79	22.3	798	0.6	6	39	11.0	414	0.6	17
85 and older	977	17,482	92	21.9	851	0.5	5	39	9.3	401	0.5	14
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 Dakota, released by CMS in 7/2009. 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 1,538 beneficiaries who were in nursing facilities for part of their enrollment and their 14,252 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 DAKOTA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	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	191	5.0	2,052	0.8	\$16	54	1.4	586	0.2	\$34	275	7.1	2,956	0.5	\$6
Female															
All Females	125	4.6	1,337	0.8	16	31	1.1	326	0.2	35	187	6.8	2,084	0.5	6
Female, Disabled															
All Ages	42	14.3	480	0.9	27	10	3.4	120	0.4	63	12	4.1	144	0.7	6
64 or younger	25	17.2	291	0.9	34	5	3.4	60	0.3	36	7	4.8	84	0.6	4
65-74	17	17.5	189	0.8	16	5	5.2	60	0.5	89	4	4.1	48	0.7	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2.4	12	0.8	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	83	3.4	857	0.8	9	21	0.9	206	0.2	18	175	7.2	1,940	0.5	6
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	15	12.8	157	0.8	9	2	1.7	22	0.1	13	9	7.7	104	0.5	12
75-84	26	4.1	288	0.9	12	7	1.1	82	0.2	16	43	6.7	496	0.6	6
85 and older	42	2.5	412	0.6	7	12	0.7	102	0.2	21	123	7.3	1,340	0.5	6
Male															
All Males	66	5.9	715	0.8	16	23	2.1	260	0.2	32	88	7.9	872	0.5	6
Male, Disabled															
All Ages	32	13.7	345	0.9	24	7	3.0	77	0.5	60	19	8.2	202	0.7	8
64 or younger	22	17.2	225	1.0	24	2	1.6	17	0.5	63	13	10.2	130	0.7	7
65-74	10	13.0	120	0.7	24	5	6.5	60	0.5	60	3	3.9	36	0.5	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	11.5	36	0.6	15
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	34	3.9	370	0.6	8	16	1.8	183	0.1	20	69	7.8	670	0.5	5
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	8	7.5	90	0.7	9	1	0.9	12	0.1	15	7	6.6	56	0.5	4
75-84	16	4.5	162	0.6	8	9	2.5	108	0.1	22	28	7.9	302	0.5	5
85 and older	10	2.4	118	0.5	7	6	1.4	63	0.1	19	34	8.1	312	0.4	5
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 Dakota, released by CMS in 7/2009. 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 1,538 beneficiaries who were in nursing facilities for part of their enrollment and their 14,252 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 DAKOTA, 2006

Beneficiary Characteristics	HYPNOTICS					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	92	2.4	977	0.8	\$14	104	2.7	1,118	0.2	\$11	72	1.9	714	0.3	\$14
Female															
All Females	61	2.2	645	0.8	10	68	2.5	717	0.2	11	48	1.8	457	0.3	13
Female, Disabled															
All Ages	19	6.5	220	1.0	14	22	7.5	264	0.3	16	12	4.1	133	0.5	27
64 or younger	9	6.2	100	1.2	12	9	6.2	108	0.3	12	4	2.8	37	0.7	60
65-74	9	9.3	108	1.0	17	13	13.4	156	0.4	19	8	8.2	96	0.5	15
75-84	1	2.4	12	0.6	4	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
Female, Other Eligibles															
All Ages	42	1.7	425	0.7	8	46	1.9	453	0.1	8	36	1.5	324	0.2	8
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	4	3.4	46	1.0	11	3	2.6	35	0.1	9	2	1.7	13	0.2	2
75-84	17	2.7	170	0.7	8	12	1.9	142	0.2	7	8	1.2	94	0.1	6
85 and older	21	1.2	209	0.7	7	31	1.8	276	0.1	7	26	1.5	217	0.2	8
Male															
All Males	31	2.8	332	0.8	22	36	3.2	401	0.2	12	24	2.2	257	0.3	15
Male, Disabled															
All Ages	11	4.7	124	0.9	25	10	4.3	112	0.4	30	10	4.3	113	0.6	24
64 or younger	7	5.5	76	1.0	23	8	6.3	88	0.4	33	6	4.7	65	0.8	34
65-74	2	2.6	24	0.5	48	2	2.6	24	0.5	19	4	5.2	48	0.3	11
75-84	2	7.7	24	0.9	7	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	20	2.3	208	0.7	20	26	3.0	289	0.1	5	14	1.6	144	0.1	8
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	4	3.8	46	0.7	17	2	1.9	24	0.1	5	1	0.9	12	0.1	7
75-84	3	0.8	36	0.6	47	10	2.8	107	0.2	6	5	1.4	49	0.1	3
85 and older	13	3.1	126	0.7	13	14	3.3	158	0.1	5	8	1.9	83	0.2	11
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 Dakota, released by CMS in 7/2009. 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 1,538 beneficiaries who were in nursing facilities for part of their enrollment and their 14,252 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 DAKOTA, 2006

Beneficiary Characteristics	ANTIHISTAMINES					ANTIHYPERTENSIVE					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	113	2.9	1,259	0.4	\$8	42	1.1	450	0.2	\$19	3,854	38,436
Female												
All Females	78	2.8	880	0.4	8	29	1.1	322	0.2	19	2,740	27,540
Female, Disabled												
All Ages	12	4.1	136	0.6	15	12	4.1	144	0.3	29	294	3,268
64 or younger	8	5.5	88	0.8	17	2	1.4	24	0.3	24	145	1,557
65-74	4	4.1	48	0.3	13	10	10.3	120	0.3	29	97	1,119
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	41	471
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	121
Female, Other Eligibles												
All Ages	66	2.7	744	0.4	6	17	0.7	178	0.1	10	2,446	24,272
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
65-74	6	5.1	69	0.2	3	5	4.3	47	0.1	10	117	1,217
75-84	23	3.6	265	0.5	7	7	1.1	82	0.1	9	641	6,485
85 and older	37	2.2	410	0.4	6	5	0.3	49	0.2	13	1,687	16,564
Male												
All Males	35	3.1	379	0.5	9	13	1.2	128	0.3	20	1,114	10,896
Male, Disabled												
All Ages	12	5.2	138	0.6	12	3	1.3	29	0.6	38	233	2,602
64 or younger	6	4.7	72	0.8	15	3	2.3	29	0.6	38	128	1,371
65-74	5	6.5	54	0.6	9	0	0.0	0	0.0	0	77	912
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	26	295
85 and older	1	50.0	12	0.1	6	0	0.0	0	0.0	0	2	24
Male, Other Eligibles												
All Ages	23	2.6	241	0.4	7	10	1.1	99	0.2	14	881	8,294
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	4.7	55	0.5	10	0	0.0	0	0.0	0	106	1,095
75-84	12	3.4	126	0.4	7	6	1.7	60	0.2	13	355	3,322
85 and older	6	1.4	60	0.3	7	4	1.0	39	0.2	16	420	3,877
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 Dakota, released by CMS in 7/2009. 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 1,538 beneficiaries who were in nursing facilities for part of their enrollment and their 14,252 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 DAKOTA, 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	4,202	29.4	2.1	29,735	\$31	\$436,896	\$15	26.0	14,278	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	
6-14	3	75.0	3.5	14	91	365	26	1.4	4	
15-20	7	18.4	0.4	16	4	165	10	0.3	38	
21-44	652	26.0	1.6	4,105	26	65,703	16	11.1	2,510	
45-64	937	32.6	2.8	7,914	43	123,485	16	23.6	2,872	
65-74	620	25.5	1.9	4,719	30	73,291	16	29.6	2,432	
75-84	849	30.8	2.2	5,962	29	81,179	14	67.8	2,754	
85 and older	1,134	30.9	1.9	7,005	25	92,708	13	77.0	3,668	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	2,167	30.6	2.1	14,561	28	199,758	14	69.8	7,077	
Disabled	1,988	28.1	2.1	14,966	33	233,840	16	19.2	7,076	
Adults	43	36.4	1.5	178	23	2,701	15	1.9	118	
Children	2	100.0	4.0	8	129	258	32	1.1	2	
Unknown	2	40.0	4.4	22	68	339	15	2.7	5	
Gender										
Female	2,924	31.9	2.2	20,585	32	297,577	14	26.5	9,160	
Male	1,278	25.0	1.8	9,150	27	139,319	15	25.0	5,118	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	3,777	31.5	2.3	27,444	34	403,175	15	29.3	11,978	
African American	14	31.1	1.2	56	23	1,024	18	6.2	45	
Other/unknown	411	18.2	1.0	2,235	14	32,697	15	11.3	2,255	
Use of Nursing Facilities^d										
Entire year	1,440	37.4	3.0	11,563	43	165,419	14	61.2	3,854	
Part year	607	39.5	2.3	3,578	33	50,627	14	34.9	1,538	
None	2,155	24.3	1.6	14,594	25	220,850	15	17.4	8,886	
Maintenance Assistance Status										
Cash	1,681	24.1	1.6	11,217	25	171,409	15	15.6	6,973	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	64	23.0	0.8	217	11	2,931	14	2.8	278	
Other/unknown	2,457	35.0	2.6	18,301	37	262,556	14	54.8	7,027	

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 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	\$15	\$0	\$2	150,385
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.3	8	26	0	0	48
15-20	0.0	0	10	0	0	420
21-44	0.1	2	16	0	2	27,829
45-64	0.2	4	16	0	3	31,998
65-74	0.2	3	16	0	2	26,695
75-84	0.2	3	14	0	2	28,232
85 and older	0.2	3	13	0	1	35,163
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	14	0	2	69,738
Disabled	0.2	3	16	0	2	79,498
Adults	0.2	3	15	0	1	1,070
Children	0.3	11	32	0	0	24
Unknown	0.4	6	15	0	2	55
Gender						
Female	0.2	3	14	0	2	96,473
Male	0.2	3	15	0	2	53,912
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	15	0	2	125,104
African American	0.1	2	18	0	1	441
Other/unknown	0.1	1	15	0	1	24,840
Use of Nursing Facilities^d						
Entire year	0.3	4	14	0	2	38,436
Part year	0.3	4	14	0	2	14,252
None	0.1	2	15	0	2	97,697
Maintenance Assistance Status						
Cash	0.1	2	15	0	2	77,957
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	14	0	1	2,827
Other/unknown	0.3	4	14	0	2	69,601

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Excluded Rx
All	4,972	\$88	\$436,896	100.0	29,735	\$15	100.0
Anorexia or weight loss/gain	2	226	451	0.1	12	38	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	600	40	23,990	5.5	1,268	19	4.3
Vitamins and minerals	237	72	16,997	3.9	719	24	2.4
Non-prescription drugs	1,097	93	102,238	23.4	4,768	21	16.0
Barbiturates	151	97	14,651	3.4	1,598	9	5.4
Benzodiazepines	2,859	96	273,063	62.5	21,209	13	71.3
Other Part D Excl Rx Drugs	26	212	5,506	1.3	161	34	0.5

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries: 14,278
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,681,721
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$117

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,546	66.9	\$0	0.0
1-500	4,225	29.6	404,049	24.0
501-1,000	223	1.6	160,782	9.6
1,001-1,500	75	0.5	93,444	5.6
1,501-2,000	43	0.3	74,888	4.5
2,001-2,500	36	0.3	80,242	4.8
2,501-3,000	24	0.2	64,955	3.9
3,001-3,500	11	0.1	36,498	2.2
3,501-4,000	10	0.1	36,844	2.2
4,001-4,500	13	0.1	54,711	3.3
4,501-5,000	7	0.0	33,451	2.0
5,001-5,500	9	0.1	47,401	2.8
5,501-6,000	4	0.0	23,291	1.4
6,001-6,500	4	0.0	25,126	1.5
6,501-7,000	10	0.1	67,553	4.0
7,001-7,500	3	0.0	21,445	1.3
7,501-8,000	4	0.0	31,042	1.8
8,001-8,500	2	0.0	16,334	1.0
8,501-9,000	1	0.0	8,842	0.5
9,001-9,500	2	0.0	18,335	1.1
9,501-10,000	3	0.0	29,006	1.7
10,001+	23	0.2	353,482	21.0

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 5,306
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$1,018,890
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$192

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	3,491	65.8	\$0	0.0	
1-500	1,530	28.8	172,953	17.0	
501-1,000	98	1.8	71,669	7.0	
1,001-1,500	42	0.8	53,185	5.2	
1,501-2,000	29	0.5	51,249	5.0	
2,001-2,500	24	0.5	54,390	5.3	
2,501-3,000	12	0.2	32,269	3.2	
3,001-3,500	9	0.2	29,754	2.9	
3,501-4,000	8	0.2	29,551	2.9	
4,001-4,500	10	0.2	41,752	4.1	
4,501-5,000	6	0.1	28,464	2.8	
5,001-5,500	6	0.1	32,022	3.1	
5,501-6,000	3	0.1	17,302	1.7	
6,001-6,500	4	0.1	25,126	2.5	
6,501-7,000	7	0.1	47,181	4.6	
7,001-7,500	3	0.1	21,445	2.1	
7,501-8,000	4	0.1	31,042	3.0	
8,001-8,500	2	0.0	16,334	1.6	
8,501-9,000	0	0.0	0	0.0	
9,001-9,500	1	0.0	9,201	0.9	
9,501-10,000	3	0.1	29,006	2.8	
10,001+	14	0.3	224,995	22.1	

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 8,854
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$487,923
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$55

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,005	67.8	\$0	0.0
1-500	2,663	30.1	226,209	46.4
501-1,000	115	1.3	81,227	16.6
1,001-1,500	29	0.3	35,461	7.3
1,501-2,000	12	0.1	20,114	4.1
2,001-2,500	6	0.1	12,576	2.6
2,501-3,000	11	0.1	29,728	6.1
3,001-3,500	1	0.0	3,448	0.7
3,501-4,000	1	0.0	3,735	0.8
4,001-4,500	2	0.0	8,488	1.7
4,501-5,000	0	0.0	0	0.0
5,001-5,500	3	0.0	15,379	3.2
5,501-6,000	1	0.0	5,989	1.2
6,001-6,500	0	0.0	0	0.0
6,501-7,000	3	0.0	20,372	4.2
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+	2	0.0	25,197	5.2

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 2,432
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$247,784
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$101

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,709	70.3	\$0	0.0
1-500	629	25.9	64,760	26.1
501-1,000	40	1.6	27,891	11.3
1,001-1,500	15	0.6	18,542	7.5
1,501-2,000	12	0.5	20,114	8.1
2,001-2,500	5	0.2	10,501	4.2
2,501-3,000	10	0.4	27,103	10.9
3,001-3,500	1	0.0	3,448	1.4
3,501-4,000	0	0.0	0	0.0
4,001-4,500	2	0.1	8,488	3.4
4,501-5,000	0	0.0	0	0.0
5,001-5,500	3	0.1	15,379	6.2
5,501-6,000	1	0.0	5,989	2.4
6,001-6,500	0	0.0	0	0.0
6,501-7,000	3	0.1	20,372	8.2
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+	2	0.1	25,197	10.2

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,754
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$119,734
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$43

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,860	67.5	\$0	0.0
1-500	847	30.8	73,961	61.8
501-1,000	37	1.3	28,502	23.8
1,001-1,500	7	0.3	8,836	7.4
1,501-2,000	0	0.0	0	0.0
2,001-2,500	1	0.0	2,075	1.7
2,501-3,000	1	0.0	2,625	2.2
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.0	3,735	3.1
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	0	0.0	0	0.0
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+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,668
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$120,405
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$32

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,436	66.4	\$0	0.0
1-500	1,187	32.4	87,488	72.7
501-1,000	38	1.0	24,834	20.6
1,001-1,500	7	0.2	8,083	6.7
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	0	0.0	0	0.0
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	0	0.0	0	0.0
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+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 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	14,278	7,077	7,076	118	2	5	150,385	69,738	79,498	1,070	24	55
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	4	0	3	0	1	0	48	0	36	0	12	0
15-20	38	0	37	1	0	0	420	0	408	12	0	0
21-44	2,510	0	2,430	79	1	0	27,829	0	27,121	696	12	0
45-64	2,872	3	2,836	30	0	3	31,998	10	31,664	288	0	36
65-74	2,432	1,115	1,308	7	0	2	26,695	11,610	15,004	62	0	19
75-84	2,754	2,355	398	1	0	0	28,232	23,672	4,548	12	0	0
85 and older	3,668	3,604	64	0	0	0	35,163	34,446	717	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	9,160	5,136	3,932	86	1	5	96,473	51,367	44,265	774	12	55
Male	5,118	1,941	3,144	32	1	0	53,912	18,371	35,233	296	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,978	6,564	5,342	67	2	3	125,104	64,427	60,010	607	24	36
African American	45	9	33	3	0	0	441	76	337	28	0	0
Other/unknown	2,255	504	1,701	48	0	2	24,840	5,235	19,151	435	0	19
Use of Nursing Facilities^c												
Entire year	3,854	3,327	527	0	0	0	38,436	32,566	5,870	0	0	0
Part year	1,538	1,245	293	0	0	0	14,252	11,184	3,068	0	0	0
None	8,886	2,505	6,256	118	2	5	97,697	25,988	70,560	1,070	24	55
Maintenance Assistance Status												
Cash	6,973	1,850	5,045	77	1	0	77,957	20,459	56,749	737	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	278	92	163	18	0	5	2,827	953	1,689	130	0	55
Other/unknown	7,027	5,135	1,868	23	1	0	69,601	48,326	21,060	203	12	0
Dual Status^d												
Full dual, all year	13,758	6,795	6,846	110	2	5	144,927	66,763	77,097	988	24	55
Full dual, part year	520	282	230	8	0	0	5,458	2,975	2,401	82	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	14,278	7,077	7,076	118	2	5	150,385	69,738	79,498	1,070	24	55
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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 DAKOTA, 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	Number of Beneficiaries	Number of Benefit Months
All	14,278	150,385	14,278	150,385	0	0
Fee-for-service (FFS) all year	14,278	150,385	14,278	150,385	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for South Dakota, released by CMS in 7/2009. 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