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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
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, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	130,414	66,112	62,722	1,496	8	76	1,423,864	712,259	696,776	13,985	89	755
Age												
5 and younger	6	0	6	0	0	0	69	0	69	0	0	0
6-14	16	0	15	0	1	0	181	0	169	0	12	0
15-20	213	0	207	2	4	0	2,345	0	2,279	23	43	0
21-44	20,354	10	19,316	1,017	3	8	223,242	103	213,599	9,431	34	75
45-64	37,617	40	37,084	449	0	44	416,099	427	410,957	4,271	0	444
65-74	30,164	24,291	5,823	26	0	24	331,535	264,311	66,745	243	0	236
75-84	25,221	25,019	200	2	0	0	275,408	273,158	2,233	17	0	0
85 and older	16,823	16,752	71	0	0	0	174,985	174,260	725	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	85,918	49,917	34,848	1,078	1	74	942,988	542,545	389,648	10,052	12	731
Male	44,496	16,195	27,874	418	7	2	480,876	169,714	307,128	3,933	77	24
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	59,555	29,913	28,781	808	4	49	640,976	314,563	318,215	7,671	46	481
African American	60,076	30,604	28,795	648	4	25	664,353	336,510	321,556	5,994	43	250
Other/unknown	10,783	5,595	5,146	40	0	2	118,535	61,186	57,005	320	0	24
Use of Nursing Facilities^c												
Entire year	8,459	7,738	721	0	0	0	91,288	83,033	8,255	0	0	0
Part year	6,969	6,377	592	0	0	0	65,771	59,686	6,085	0	0	0
None	114,986	51,997	61,409	1,496	8	76	1,266,805	569,540	682,436	13,985	89	755
Maintenance Assistance Status												
Cash	51,858	19,869	31,086	902	1	0	584,291	225,398	350,227	8,659	7	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	54,043	27,859	26,022	84	2	76	589,272	304,183	283,747	563	24	755
Other/unknown	24,513	18,384	5,614	510	5	0	250,301	182,678	62,802	4,763	58	0
Dual Medicare Status^d												
Full dual, all year	128,694	65,223	61,893	1,494	8	76	1,405,913	703,022	688,077	13,970	89	755
Full dual, part year	1,720	889	829	2	0	0	17,951	9,237	8,699	15	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	129,977	66,103	62,376	1,415	8	75	1,421,053	712,201	694,499	13,513	89	751
FFS part year, with Rx claims	247	4	176	66	0	1	1,694	31	1,263	396	0	4
FFS part year, no Rx claims	190	5	170	15	0	0	1,117	27	1,014	76	0	0

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	40.4	3.8	\$149	\$39	\$7,634	1.9	130,414
Age							
5 and younger	66.7	11.2	1,283	115	28,107	4.6	6
6-14	87.5	19.3	3,707	192	13,494	27.5	16
15-20	72.3	15.8	2,272	144	10,260	22.1	213
21-44	42.2	4.9	313	65	6,732	4.6	20,354
45-64	46.2	4.8	187	39	6,730	2.8	37,617
65-74	37.7	3.6	122	34	5,216	2.3	30,164
75-84	35.5	2.4	44	18	8,125	0.5	25,221
85 and older	36.8	2.5	39	16	14,300	0.3	16,823
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	36.2	2.6	55	21	8,745	0.6	66,112
Disabled	44.2	4.6	209	45	6,528	3.2	62,722
Adults	62.5	19.6	1,632	83	4,534	36.0	1,496
Children	100.0	19.5	6,824	350	14,292	47.7	8
Unknown	84.2	25.7	2,303	90	14,539	15.8	76
Gender							
Female	43.2	4.0	144	36	7,455	1.9	85,918
Male	35.0	3.4	157	47	7,979	2.0	44,496
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	48.6	5.0	176	35	9,280	1.9	59,555
African American	32.7	2.6	122	47	6,467	1.9	60,076
Other/unknown	38.1	3.6	147	41	5,047	2.9	10,783
Use of Nursing Facilities^f							
Entire year	50.1	4.9	87	18	37,007	0.2	8,459
Part year	49.0	3.4	61	18	20,712	0.3	6,969
None	39.2	3.7	159	43	4,681	3.4	114,986
Maintenance Assistance Status							
Cash	39.2	4.1	198	48	4,719	4.2	51,858
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	39.6	3.3	119	35	2,934	4.0	54,043
Other/unknown	44.6	4.0	111	28	24,164	0.5	24,513

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		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
			None	None	None	None	None	None	None			
All	0.3	\$14	1.9	59.6	35.2	3.1	1.7	0.4	0.0	\$699	130,414	1,423,864
Age												
5 and younger	1.0	112	4.6	33.3	33.3	16.7	16.7	0.0	0.0	2,444	6	69
6-14	1.7	328	27.5	12.5	31.3	37.5	18.8	0.0	0.0	1,193	16	181
15-20	1.4	206	22.1	27.7	42.7	9.9	15.5	3.8	0.5	932	213	2,345
21-44	0.4	29	4.6	57.8	34.2	4.0	3.2	0.8	0.1	614	20,354	223,242
45-64	0.4	17	2.8	53.8	39.2	4.1	2.2	0.6	0.0	608	37,617	416,099
65-74	0.3	11	2.3	62.3	33.1	2.6	1.5	0.5	0.1	475	30,164	331,535
75-84	0.2	4	0.5	64.5	33.0	2.0	0.4	0.1	0.0	744	25,221	275,408
85 and older	0.2	4	0.3	63.2	34.1	2.1	0.4	0.1	0.0	1,375	16,823	174,985
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	5	0.6	63.8	33.4	2.1	0.6	0.1	0.0	812	66,112	712,259
Disabled	0.4	19	3.2	55.8	37.4	3.9	2.2	0.6	0.0	588	62,722	696,776
Adults	2.1	175	36.0	37.5	20.1	10.4	22.4	8.8	0.9	485	1,496	13,985
Children	1.8	613	47.7	0.0	50.0	25.0	25.0	0.0	0.0	1,285	8	89
Unknown	2.6	232	15.8	15.8	31.6	17.1	23.7	10.5	1.3	1,464	76	755
Gender												
Female	0.4	13	1.9	56.8	37.8	3.2	1.7	0.5	0.0	679	85,918	942,988
Male	0.3	15	2.0	65.0	30.1	2.8	1.6	0.4	0.0	738	44,496	480,876
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	16	1.9	51.4	41.6	4.3	2.0	0.6	0.1	862	59,555	640,976
African American	0.2	11	1.9	67.3	29.2	1.9	1.3	0.3	0.0	585	60,076	664,353
Other/unknown	0.3	13	2.9	61.9	33.3	2.6	1.6	0.5	0.1	459	10,783	118,535
Use of Nursing Facilities^f												
Entire year	0.5	8	0.2	49.9	42.3	5.6	1.8	0.4	0.1	3,429	8,459	91,288
Part year	0.4	7	0.3	51.0	44.7	3.0	1.0	0.3	0.0	2,195	6,969	65,771
None	0.3	14	3.4	60.8	34.1	2.9	1.7	0.5	0.0	425	114,986	1,266,805
Maintenance Assistance Status												
Cash	0.4	18	4.2	60.8	33.2	3.0	2.2	0.7	0.1	419	51,858	584,291
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	11	4.0	60.4	35.5	2.7	1.2	0.2	0.0	269	54,043	589,272
Other/unknown	0.4	11	0.5	55.4	38.6	4.1	1.5	0.3	0.1	2,367	24,513	250,301

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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, 2007

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	\$14	\$39	0.1	\$9	\$148	0.0	\$1	\$99	0.3	\$4
Age												
5 and younger	1.0	112	115	0.4	90	208	0.1	5	83	0.5	17	35
6-14	1.7	328	192	0.9	283	316	0.0	3	68	0.8	42	55
15-20	1.4	206	144	0.6	179	304	0.1	10	151	0.8	17	22
21-44	0.4	29	65	0.1	21	214	0.0	2	133	0.3	6	17
45-64	0.4	17	39	0.1	11	149	0.0	1	105	0.3	5	14
65-74	0.3	11	34	0.1	7	114	0.0	1	82	0.3	4	14
75-84	0.2	4	18	0.0	2	63	0.0	0	55	0.2	2	12
85 and older	0.2	4	16	0.0	1	46	0.0	0	47	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	5	21	0.0	2	77	0.0	0	63	0.2	3	12
Disabled	0.4	19	45	0.1	13	168	0.0	1	105	0.3	5	14
Adults	2.1	175	83	0.7	130	194	0.1	13	156	1.3	32	24
Children	1.8	613	350	0.7	587	817	0.2	8	46	0.9	18	21
Unknown	2.6	232	90	0.9	185	198	0.1	16	146	1.5	30	20
Gender												
Female	0.4	13	36	0.1	8	137	0.0	1	95	0.3	4	14
Male	0.3	15	47	0.1	10	172	0.0	1	107	0.2	4	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	16	35	0.1	10	149	0.0	1	111	0.4	6	14
African American	0.2	11	47	0.1	8	148	0.0	1	82	0.2	2	14
Other/unknown	0.3	13	41	0.1	9	143	0.0	1	108	0.3	4	14
Use of Nursing Facilities^e												
Entire year	0.5	8	18	0.0	3	68	0.0	0	35	0.4	5	12
Part year	0.4	7	18	0.0	3	67	0.0	0	72	0.3	4	12
None	0.3	14	43	0.1	10	155	0.0	1	103	0.3	4	14
Maintenance Assistance Status												
Cash	0.4	18	48	0.1	12	158	0.0	1	106	0.3	4	15
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	11	35	0.0	7	145	0.0	1	91	0.3	3	13
Other/unknown	0.4	11	28	0.0	6	118	0.0	1	92	0.3	5	13

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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, 2007

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	0.2	0.1	0.0	0.2	\$36	\$31	\$1	\$4	\$151	\$450	\$192	\$24	8,316	\$1,258,750	3,167	2.4	34,749
Biologicals	0.1	0.1	0.0	0.0	70	70	0	0	743	743	0	0	19	14,121	19	0.0	203
Antineoplastic Agents	0.4	0.2	0.0	0.2	108	100	0	8	298	517	0	45	1,189	354,405	301	0.2	3,286
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	32	28	0	4	67	147	23	13	15,628	1,043,427	3,049	2.3	32,980
Cardiovascular Agents	0.8	0.2	0.1	0.5	37	25	6	6	45	100	88	12	41,954	1,878,207	4,792	3.7	50,865
Respiratory Agents	0.2	0.1	0.0	0.1	10	5	1	3	42	89	68	21	48,265	2,045,127	18,486	14.2	213,506
Gastrointestinal Agents	0.3	0.1	0.0	0.2	25	19	3	4	74	178	157	17	8,121	600,739	2,189	1.7	24,071
Genitourinary Agents	0.3	0.2	0.0	0.1	19	16	0	3	72	96	64	29	1,935	139,038	663	0.5	7,177
CNS Drugs	0.6	0.0	0.0	0.6	15	8	0	7	24	180	142	12	212,074	5,143,464	29,635	22.7	333,428
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.2	63	58	0	6	148	209	60	37	658	97,627	140	0.1	1,538
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	134	133	0	1	390	404	0	55	1,124	438,266	332	0.3	3,272
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	23	8	5	10	53	344	397	24	26,075	1,393,190	5,600	4.3	61,203
Neuromuscular Agents	0.6	0.1	0.0	0.5	21	13	1	7	36	208	158	13	55,045	1,982,660	8,411	6.4	94,421
Nutritional Products	0.4	0.1	0.0	0.3	5	2	0	3	14	22	11	12	20,294	293,825	5,017	3.8	56,487
Hematological Agents	0.5	0.1	0.0	0.3	12	9	0	3	25	65	23	9	42,077	1,039,634	7,758	5.9	86,902
Topical Products	0.2	0.1	0.0	0.1	16	12	1	3	68	116	88	26	4,052	276,674	1,607	1.2	17,645
Miscellaneous Products	1.1	0.8	0.1	0.1	251	238	5	7	238	287	49	61	5,661	1,348,584	471	0.4	5,381
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	57	0	0	0	803	45,623	335	0.3	3,768
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.	493,290	19,393,361	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

For information about this classification method, see Wolters Kluwer Health, <http://www.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 2007.

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, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIANKXIETY AGENTS	\$2,130,415	24,977	19.2	281,964	0.6	\$13	\$8
ANTIPSYCHOTICS	1,915,013	1,410	1.1	15,131	0.4	293	127
ANTICONVULSANT	1,826,790	8,073	6.2	90,728	0.6	36	20
ASSORTED CLASSES	1,251,720	725	0.6	8,346	0.7	224	150
COUGH/COLD/ALLERGY	1,148,571	23,969	18.4	279,458	0.2	27	4
ANALGESICS - Narcotic	969,243	5,151	3.9	55,842	0.3	60	17
ANTIVIRAL	895,138	371	0.3	4,042	0.4	624	221
ANTIDIABETIC	835,564	2,660	2.0	28,940	0.4	82	29
ANTIDEPRESSANTS	792,535	3,270	2.5	35,004	0.3	66	23
ANTIASTHMATIC	791,940	2,565	2.0	28,573	0.3	107	28
Total	12,556,929	73,171	n.a.	828,028	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIANXIETY AGENTS					ANTIPSYCHOTICS				
	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
All	315,094	\$12,556,929	24,977	19.2	281,964	0.6	\$8	1,410	1.1	15,131	0.4	\$127
Female												
All Females	221,692	7,763,383	18,192	21.2	205,848	0.6	8	862	1.0	9,144	0.4	117
Female, Disabled												
All Ages	121,356	4,857,110	8,245	23.7	94,613	0.6	8	582	1.7	6,302	0.4	124
5 and younger	8	887	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	49	6,985	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	717	82,216	11	12.0	132	0.3	3	20	21.7	229	0.8	143
21-44	31,992	1,681,765	2,040	21.8	23,390	0.6	8	271	2.9	2,910	0.4	125
45-64	75,134	2,480,736	5,417	25.5	62,005	0.6	8	218	1.0	2,296	0.4	116
65-74	13,235	600,418	751	19.1	8,803	0.6	7	73	1.9	867	0.5	139
75-84	167	3,579	18	12.8	204	0.6	11	0	0.0	0	0.0	0
85 and older	54	524	8	13.1	79	0.5	5	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	100,336	2,906,273	9,947	19.5	111,235	0.5	7	280	0.5	2,842	0.4	100
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	10	8,379	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7,120	776,973	176	21.8	1,919	0.4	7	105	13.0	1,136	0.4	120
45-64	3,985	379,464	91	28.3	974	0.4	7	45	14.0	482	0.4	136
65-74	34,405	819,864	3,164	19.5	35,988	0.6	7	72	0.4	757	0.4	79
75-84	33,081	593,193	3,623	18.8	40,995	0.6	7	28	0.1	246	0.3	55
85 and older	21,734	328,394	2,893	20.1	31,359	0.5	6	30	0.2	221	0.4	34
Male												
All Males	93,402	4,793,546	6,785	15.2	76,116	0.6	8	548	1.2	5,987	0.5	142
Male, Disabled												
All Ages	68,492	3,866,053	4,532	16.3	51,664	0.6	8	457	1.6	5,022	0.5	152
5 and younger	14	2,888	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	89	23,166	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	988	153,529	16	13.9	184	0.5	6	29	25.2	342	0.5	130
21-44	24,146	1,881,926	1,419	14.2	16,088	0.6	8	274	2.7	3,031	0.5	175
45-64	38,432	1,545,509	2,823	17.8	32,265	0.6	9	130	0.8	1,366	0.4	114
65-74	4,760	258,454	265	14.1	3,019	0.6	7	24	1.3	283	0.6	118
75-84	46	520	6	10.2	72	0.5	5	0	0.0	0	0.0	0
85 and older	17	61	3	30.0	36	0.5	2	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	24,910	927,493	2,253	13.6	24,452	0.5	7	91	0.5	965	0.4	90
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	38	20,653	0	0.0	0	0.0	0	1	20.0	12	0.4	153
21-44	2,708	245,851	65	28.3	697	0.5	7	27	11.7	307	0.3	103
45-64	2,320	173,334	51	24.1	540	0.6	8	15	7.1	168	0.5	125
65-74	11,276	334,390	1,051	13.0	11,647	0.6	7	33	0.4	341	0.4	77
75-84	6,069	107,671	723	12.7	7,859	0.5	6	12	0.2	105	0.3	47
85 and older	2,499	45,594	363	15.3	3,709	0.5	6	3	0.1	32	0.1	32
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.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, 2007

Beneficiary Characteristics	ANTICONVULSANT					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 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	8,073	6.2	90,728	0.6	\$20	725	0.6	8,346	0.7	\$150	23,969	18.4	279,458	0.2	\$4
Female															
All Females	5,535	6.4	62,072	0.5	17	372	0.4	4,265	0.7	133	17,994	20.9	210,136	0.2	4
Female, Disabled															
All Ages	3,617	10.4	40,800	0.6	17	319	0.9	3,675	0.7	130	9,959	28.6	116,664	0.1	4
5 and younger	0	0.0	0	0.0	0	2	66.7	24	0.2	35	1	33.3	12	0.1	1
6-14	0	0.0	0	0.0	0	7	116.7	84	0.5	82	2	33.3	24	0.1	2
15-20	20	21.7	240	0.7	94	7	7.6	78	0.4	97	32	34.8	378	0.1	3
21-44	1,192	12.8	13,404	0.5	25	148	1.6	1,708	0.7	144	2,540	27.2	29,827	0.1	4
45-64	2,155	10.1	24,249	0.6	12	147	0.7	1,691	0.7	117	6,381	30.0	74,631	0.2	4
65-74	246	6.2	2,859	0.5	20	8	0.2	90	0.6	186	971	24.6	11,413	0.1	4
75-84	3	2.1	36	0.3	3	0	0.0	0	0.0	0	25	17.7	295	0.1	4
85 and older	1	1.6	12	0.3	1	0	0.0	0	0.0	0	7	11.5	84	0.1	2
Female, Other Eligibles															
All Ages	1,918	3.8	21,272	0.5	16	53	0.1	590	0.6	154	8,035	15.7	93,472	0.2	4
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	2	200.0	24	0.2	194	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	241	29.8	2,637	0.5	56	12	1.5	120	0.6	117	123	15.2	1,364	0.1	3
45-64	113	35.2	1,185	0.5	42	2	0.6	12	0.3	41	105	32.7	1,094	0.1	4
65-74	663	4.1	7,549	0.6	10	27	0.2	320	0.7	99	3,232	19.9	37,674	0.2	4
75-84	588	3.0	6,564	0.6	7	9	0.0	104	0.7	384	3,010	15.6	35,306	0.2	4
85 and older	313	2.2	3,337	0.6	6	1	0.0	10	0.1	3	1,565	10.9	18,034	0.2	4
Male															
All Males	2,538	5.7	28,656	0.6	27	353	0.8	4,081	0.7	168	5,975	13.4	69,322	0.2	4
Male, Disabled															
All Ages	2,022	7.3	22,972	0.6	29	324	1.2	3,764	0.7	166	4,043	14.5	47,081	0.2	4
5 and younger	0	0.0	0	0.0	0	5	166.7	54	0.2	45	1	33.3	12	0.1	1
6-14	0	0.0	0	0.0	0	11	122.2	132	0.6	161	1	11.1	12	0.1	1
15-20	33	28.7	390	0.8	142	17	14.8	204	0.4	135	29	25.2	347	0.1	4
21-44	872	8.7	9,946	0.6	42	138	1.4	1,628	0.7	187	1,293	13.0	15,087	0.1	4
45-64	1,043	6.6	11,766	0.6	15	147	0.9	1,675	0.7	159	2,392	15.1	27,842	0.2	4
65-74	74	3.9	870	0.5	22	6	0.3	71	0.5	24	322	17.1	3,721	0.2	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	8.5	60	0.1	3
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	516	3.1	5,684	0.5	20	29	0.2	317	0.6	192	1,932	11.6	22,241	0.2	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	40.0	24	0.5	62	3	60.0	31	0.5	557	0	0.0	0	0.0	0
21-44	77	33.5	841	0.5	50	6	2.6	62	0.7	152	37	16.1	422	0.1	5
45-64	62	29.2	692	0.5	43	1	0.5	11	0.2	2	32	15.1	339	0.1	4
65-74	237	2.9	2,631	0.6	14	18	0.2	206	0.6	165	995	12.3	11,494	0.2	4
75-84	105	1.8	1,134	0.5	5	1	0.0	7	0.4	2	637	11.1	7,345	0.2	4
85 and older	33	1.4	362	0.6	5	0	0.0	0	0.0	0	231	9.7	2,641	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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.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, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIVIRAL					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	5,151	3.9	55,842	0.3	\$17	371	0.3	4,042	0.4	\$222	2,660	2.0	28,940	0.4	\$29
Female															
All Females	3,279	3.8	35,727	0.3	17	186	0.2	2,041	0.3	194	1,862	2.2	20,454	0.3	29
Female, Disabled															
All Ages	2,082	6.0	22,906	0.3	12	137	0.4	1,492	0.3	197	1,246	3.6	13,973	0.4	30
5 and younger	1	33.3	12	0.1	0	1	33.3	12	0.2	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.1	1
15-20	29	31.5	332	0.2	5	4	4.3	44	0.3	30	6	6.5	72	0.6	84
21-44	701	7.5	7,673	0.3	13	53	0.6	559	0.3	152	189	2.0	2,102	0.3	35
45-64	1,023	4.8	11,026	0.3	14	73	0.3	805	0.3	236	670	3.2	7,381	0.3	28
65-74	328	8.3	3,863	0.3	5	6	0.2	72	0.4	250	379	9.6	4,397	0.4	30
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	1	1.6	9	0.1	2
Female, Other Eligibles															
All Ages	1,197	2.3	12,821	0.3	25	49	0.1	549	0.4	186	616	1.2	6,481	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	2	200.0	24	0.1	0	2	200.0	24	0.1	154	0	0.0	0	0.0	0
15-20	1	100.0	11	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	536	66.3	5,921	0.4	38	24	3.0	272	0.4	166	79	9.8	863	0.4	36
45-64	249	77.6	2,702	0.4	24	15	4.7	159	0.4	215	89	27.7	889	0.5	57
65-74	272	1.7	2,877	0.2	10	8	0.0	94	0.4	200	306	1.9	3,277	0.3	23
75-84	92	0.5	893	0.2	5	0	0.0	0	0.0	0	112	0.6	1,173	0.2	11
85 and older	45	0.3	393	0.2	4	0	0.0	0	0.0	0	30	0.2	279	0.2	12
Male															
All Males	1,872	4.2	20,115	0.3	19	185	0.4	2,001	0.4	250	798	1.8	8,486	0.4	29
Male, Disabled															
All Ages	1,358	4.9	14,715	0.3	17	160	0.6	1,734	0.4	257	566	2.0	6,131	0.4	30
5 and younger	0	0.0	0	0.0	0	1	33.3	9	0.1	50	0	0.0	0	0.0	0
6-14	1	11.1	12	0.1	0	1	11.1	12	0.2	162	0	0.0	0	0.0	0
15-20	27	23.5	324	0.2	4	3	2.6	36	0.1	217	10	8.7	112	0.5	28
21-44	525	5.3	5,669	0.3	18	64	0.6	678	0.4	280	141	1.4	1,521	0.3	30
45-64	683	4.3	7,285	0.3	13	83	0.5	903	0.4	255	313	2.0	3,310	0.3	29
65-74	122	6.5	1,425	0.3	37	8	0.4	96	0.3	158	102	5.4	1,188	0.4	34
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	514	3.1	5,400	0.4	24	25	0.2	267	0.4	204	232	1.4	2,355	0.4	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	2	40.0	19	0.1	2	1	20.0	12	0.3	4	0	0.0	0	0.0	0
21-44	195	84.8	2,073	0.5	32	8	3.5	93	0.6	292	36	15.7	396	0.6	49
45-64	157	74.1	1,736	0.4	30	1	0.5	12	0.1	18	37	17.5	408	0.6	34
65-74	121	1.5	1,231	0.2	6	14	0.2	138	0.3	195	108	1.3	1,088	0.3	23
75-84	32	0.6	290	0.2	4	0	0.0	0	0.0	0	39	0.7	369	0.3	14
85 and older	7	0.3	51	0.2	2	1	0.0	12	0.1	7	12	0.5	94	0.2	9
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	3,270	2.5	35,004	0.3	\$23	2,565	2.0	28,573	0.3	\$28	130,414	1,423,864
Female												
All Females	2,338	2.7	24,996	0.3	23	1,761	2.0	19,696	0.3	27	85,918	942,988
Female, Disabled												
All Ages	1,502	4.3	16,253	0.3	21	1,106	3.2	12,449	0.3	27	34,848	389,648
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	72
15-20	17	18.5	202	0.4	27	20	21.7	239	0.2	14	92	1,013
21-44	513	5.5	5,545	0.3	21	240	2.6	2,678	0.2	28	9,343	103,832
45-64	769	3.6	8,137	0.3	19	624	2.9	6,923	0.2	27	21,261	237,211
65-74	203	5.2	2,369	0.4	24	220	5.6	2,585	0.3	28	3,941	45,272
75-84	0	0.0	0	0.0	0	2	1.4	24	0.2	9	141	1,575
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	61	637
Female, Other Eligibles												
All Ages	836	1.6	8,743	0.4	28	655	1.3	7,247	0.2	26	51,070	553,340
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
21-44	329	40.7	3,579	0.4	35	116	14.4	1,303	0.3	29	808	7,451
45-64	177	55.1	1,957	0.4	40	78	24.3	850	0.3	30	321	3,144
65-74	180	1.1	1,882	0.3	16	263	1.6	2,884	0.3	28	16,250	178,835
75-84	102	0.5	945	0.3	8	138	0.7	1,540	0.2	19	19,307	213,117
85 and older	48	0.3	380	0.3	10	60	0.4	670	0.2	24	14,382	150,770
Male												
All Males	932	2.1	10,008	0.3	21	804	1.8	8,877	0.3	30	44,496	480,876
Male, Disabled												
All Ages	648	2.3	7,064	0.3	20	510	1.8	5,713	0.3	31	27,874	307,128
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	97
15-20	18	15.7	211	0.6	32	15	13.0	180	0.3	28	115	1,266
21-44	307	3.1	3,316	0.3	21	126	1.3	1,403	0.3	29	9,973	109,767
45-64	265	1.7	2,844	0.3	18	277	1.8	3,036	0.2	27	15,823	173,746
65-74	58	3.1	693	0.4	15	92	4.9	1,094	0.4	43	1,882	21,473
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	59	658
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	88
Male, Other Eligibles												
All Ages	284	1.7	2,944	0.3	25	294	1.8	3,164	0.3	28	16,622	173,748
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	55
21-44	103	44.8	1,076	0.4	33	28	12.2	322	0.3	26	230	2,192
45-64	81	38.2	881	0.4	29	54	25.5	588	0.3	44	212	1,998
65-74	61	0.8	653	0.3	13	146	1.8	1,603	0.2	24	8,091	85,955
75-84	23	0.4	198	0.2	4	48	0.8	500	0.3	23	5,714	60,058
85 and older	16	0.7	136	0.3	15	18	0.8	151	0.3	39	2,370	23,490
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
All	\$8	0.5	8,459	91,288
Age				
0-64	18	0.7	682	7,826
65-74	14	0.6	1,195	13,200
75-84	7	0.5	2,651	28,598
85 and older	5	0.4	3,931	41,664
Unknown	0	0.0	0	0
Gender				
Female	8	0.5	6,460	69,908
Male	9	0.4	1,999	21,380
Unknown	0	0.0	0	0
Race				
White	9	0.5	5,401	57,121
African American	7	0.3	2,741	30,820
Other/unknown	9	0.4	317	3,347
Basis of Eligibility^c				
Aged	7	0.4	7,738	83,033
Disabled	21	0.7	721	8,255
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 6,969 beneficiaries who were in nursing facilities for part of their enrollment and their 65,771 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 CAROLINA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$11	\$6	\$2	\$3	\$41	\$99	\$239	\$15	148	\$6,086	60	0.7	554
Biologicals	0.2	0.2	0.0	0.0	4	4	0	0	26	26	0	0	3	79	3	0.0	20
Antineoplastic Agents	0.1	0.1	0.0	0.1	32	20	0	12	234	368	0	145	5	1,169	4	0.0	37
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	38	35	0	3	69	134	27	10	354	24,317	71	0.8	632
Cardiovascular Agents	1.1	0.2	0.1	0.8	30	14	5	11	28	84	72	14	1,327	37,553	138	1.6	1,248
Respiratory Agents	0.2	0.0	0.0	0.2	6	2	1	4	26	71	42	20	1,404	36,620	511	6.0	5,831
Gastrointestinal Agents	0.5	0.0	0.0	0.5	23	16	0	7	43	395	0	13	293	12,720	56	0.7	558
Genitourinary Agents	0.4	0.3	0.0	0.1	25	20	0	5	64	80	0	34	120	7,647	33	0.4	307
CNS Drugs	0.7	0.0	0.0	0.6	10	3	0	8	15	86	59	12	19,491	300,017	2,616	30.9	28,968
Stimulants/Anti-obesity/Anorexia	0.1	0.0	0.0	0.1	1	0	0	1	11	0	0	11	1	11	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	84	84	0	0	136	136	0	0	230	31,349	46	0.5	373
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	9	4	0	5	22	100	68	13	338	7,525	81	1.0	803
Neuromuscular Agents	0.8	0.1	0.0	0.8	20	9	0	10	24	181	0	14	3,585	86,281	399	4.7	4,383
Nutritional Products	0.4	0.1	0.0	0.2	6	2	0	3	14	19	8	12	3,970	55,105	885	10.5	9,934
Hematological Agents	0.7	0.1	0.0	0.6	8	3	0	5	11	45	22	8	10,192	114,696	1,320	15.6	14,673
Topical Products	0.4	0.2	0.0	0.2	21	16	1	5	56	95	76	24	217	12,144	61	0.7	580
Miscellaneous Products	0.2	0.1	0.0	0.1	19	16	0	3	114	159	0	49	17	1,936	10	0.1	102
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	2	0	0	0	11	0	0	0	73	787	34	0.4	375
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.	41,768	736,042	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 6,969 beneficiaries who were in nursing facilities for part of their enrollment and their 65,771 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 2007. 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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, 2007

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	\$207,261	2,361	27.9	26,221	0.6	\$13	\$8	
HEMATOPOIETIC AGENTS	97,216	1,437	17.0	16,085	0.6	10	6	
ANTICONVULSANT	68,137	400	4.7	4,421	0.8	20	15	
ANTIPSYCHOTICS	45,511	58	0.7	567	0.5	164	80	
MULTIVITAMINS	42,692	429	5.1	4,910	0.5	17	9	
COUGH/COLD/ALLERGY	31,468	535	6.3	6,240	0.2	24	5	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	31,349	57	0.7	462	0.5	136	68	
HYPNOTICS	26,882	317	3.7	3,513	0.8	10	8	
ANTIDEPRESSANTS	20,363	112	1.3	1,037	0.4	45	20	
ANTIPARKINSONIAN	17,299	19	0.2	200	0.8	109	86	
Total	588,178	5,725	n.a.	63,656	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,969 beneficiaries who were in nursing facilities for part of their enrollment and their 65,771 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 2007. 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 2007 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 CAROLINA, 2007

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	36,975	\$588,178	2,361	27.9	26,221	0.6	\$8	1,437	17.0	16,085	0.6	\$6
Female												
All Females	28,899	449,172	1,900	29.4	21,150	0.6	8	1,112	17.2	12,538	0.6	6
Female, Disabled												
All Ages	2,374	57,844	117	32.9	1,328	0.6	7	50	14.0	600	0.6	5
64 or younger	2,070	40,739	111	33.5	1,256	0.6	7	49	14.8	588	0.6	5
65-74	269	16,686	5	23.8	60	0.6	8	0	0.0	0	0.0	0
75-84	35	419	1	25.0	12	0.9	17	1	25.0	12	1.0	5
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	26,525	391,328	1,783	29.2	19,822	0.6	8	1,062	17.4	11,938	0.6	6
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,816	90,784	223	34.2	2,541	0.7	10	113	17.3	1,322	0.6	6
75-84	9,697	134,041	612	30.3	6,814	0.6	9	368	18.2	4,205	0.6	6
85 and older	13,012	166,503	948	27.6	10,467	0.6	7	581	16.9	6,411	0.6	6
Male												
All Males	8,076	139,006	461	23.1	5,071	0.6	8	325	16.3	3,547	0.6	6
Male, Disabled												
All Ages	2,170	51,406	109	29.9	1,257	0.7	10	43	11.8	512	0.7	8
64 or younger	2,148	50,778	108	30.9	1,254	0.7	10	42	12.0	500	0.7	8
65-74	20	594	1	7.7	3	1.0	21	1	7.7	12	0.4	1
75-84	2	34	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
Male, Other Eligibles												
All Ages	5,906	87,600	352	21.5	3,814	0.6	7	282	17.3	3,035	0.6	6
64 or younger	14	148	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,093	32,526	109	21.4	1,172	0.5	7	80	15.7	869	0.7	7
75-84	2,084	29,136	125	20.1	1,381	0.5	6	102	16.4	1,126	0.7	7
85 and older	1,715	25,790	118	23.6	1,261	0.6	8	100	20.0	1,040	0.6	5
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,969 beneficiaries who were in nursing facilities for part of their enrollment and their 65,771 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIPSYCHOTICS					MULTIVITAMINS				
	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	400	4.7	4,421	0.8	\$15	58	0.7	567	0.5	\$80	429	5.1	4,910	0.5	\$9
Female															
All Females	313	4.8	3,412	0.8	14	40	0.6	375	0.5	88	328	5.1	3,744	0.5	9
Female, Disabled															
All Ages	39	11.0	442	0.9	27	6	1.7	72	0.6	154	16	4.5	192	0.3	5
64 or younger	31	9.4	346	0.9	23	2	0.6	24	1.0	320	15	4.5	180	0.3	5
65-74	8	38.1	96	0.7	41	4	19.0	48	0.4	72	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	1.0	13
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	274	4.5	2,970	0.7	12	34	0.6	303	0.5	72	312	5.1	3,552	0.5	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	48	7.4	563	0.8	24	13	2.0	141	0.6	114	29	4.4	315	0.6	12
75-84	120	5.9	1,291	0.8	8	9	0.4	75	0.4	38	110	5.4	1,256	0.5	8
85 and older	106	3.1	1,116	0.7	9	12	0.3	87	0.5	31	173	5.0	1,981	0.5	9
Male															
All Males	87	4.4	1,009	0.8	22	18	0.9	192	0.4	66	101	5.1	1,166	0.5	8
Male, Disabled															
All Ages	33	9.0	396	0.8	40	9	2.5	94	0.5	67	20	5.5	234	0.5	8
64 or younger	32	9.2	384	0.8	40	9	2.6	94	0.5	67	19	5.4	222	0.5	8
65-74	1	7.7	12	0.9	29	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.2	3
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	54	3.3	613	0.7	10	9	0.6	98	0.4	65	81	5.0	932	0.5	8
64 or younger	1	50.0	12	0.4	2	0	0.0	0	0.0	0	1	50.0	12	0.8	10
65-74	28	5.5	316	0.7	14	4	0.8	44	0.5	81	29	5.7	317	0.5	8
75-84	16	2.6	188	0.8	6	4	0.6	42	0.3	65	31	5.0	370	0.5	8
85 and older	9	1.8	97	0.7	6	1	0.2	12	0.1	10	20	4.0	233	0.5	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,969 beneficiaries who were in nursing facilities for part of their enrollment and their 65,771 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	535	6.3	6,240	0.2	\$5	57	0.7	462	0.5	\$68	317	3.7	3,513	0.8	\$8
Female															
All Females	444	6.9	5,185	0.2	5	43	0.7	351	0.5	66	222	3.4	2,450	0.7	7
Female, Disabled															
All Ages	19	5.3	218	0.1	3	3	0.8	36	1.0	155	37	10.4	435	1.0	11
64 or younger	16	4.8	182	0.1	3	2	0.6	24	0.9	149	33	10.0	387	1.0	11
65-74	3	14.3	36	0.1	4	1	4.8	12	1.1	169	4	19.0	48	1.0	11
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
Female, Other Eligibles															
All Ages	425	7.0	4,967	0.2	5	40	0.7	315	0.5	56	185	3.0	2,015	0.6	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	52	8.0	618	0.3	9	7	1.1	77	0.5	76	30	4.6	350	0.8	9
75-84	140	6.9	1,643	0.2	5	19	0.9	142	0.4	52	79	3.9	864	0.6	4
85 and older	233	6.8	2,706	0.2	5	14	0.4	96	0.5	47	76	2.2	801	0.6	8
Male															
All Males	91	4.6	1,055	0.2	4	14	0.7	111	0.5	73	95	4.8	1,063	0.9	9
Male, Disabled															
All Ages	14	3.8	168	0.1	3	3	0.8	36	0.2	26	29	7.9	344	1.0	6
64 or younger	14	4.0	168	0.1	3	2	0.6	24	0.3	32	29	8.3	344	1.0	6
65-74	0	0.0	0	0.0	0	1	7.7	12	0.1	14	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	77	4.7	887	0.2	5	11	0.7	75	0.6	95	66	4.0	719	0.8	11
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	3.1	185	0.2	5	3	0.6	17	0.4	68	36	7.1	408	0.9	9
75-84	32	5.1	365	0.2	4	5	0.8	32	0.6	84	22	3.5	236	0.6	9
85 and older	29	5.8	337	0.1	5	3	0.6	26	0.8	127	8	1.6	75	0.8	27
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 6,969 beneficiaries who were in nursing facilities for part of their enrollment and their 65,771 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIPARKINSONIAN							
	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	112	1.3	1,037	0.4	\$20	19	0.2	200	0.8	\$87	8,459	91,288	
Female													
All Females	79	1.2	694	0.5	21	14	0.2	140	0.8	81	6,460	69,908	
Female, Disabled													
All Ages	11	3.1	132	0.6	32	6	1.7	72	0.9	77	356	4,052	
64 or younger	6	1.8	72	0.6	30	2	0.6	24	0.9	63	331	3,772	
65-74	5	23.8	60	0.7	35	4	19.0	48	0.9	84	21	232	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Female, Other Eligibles													
All Ages	68	1.1	562	0.4	18	8	0.1	68	0.7	85	6,104	65,856	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	18	2.8	186	0.5	26	3	0.5	36	1.1	155	652	7,305	
75-84	28	1.4	228	0.4	13	3	0.1	22	0.3	2	2,021	21,931	
85 and older	22	0.6	148	0.5	16	2	0.1	10	0.2	15	3,431	36,620	
Male													
All Males	33	1.7	343	0.4	17	5	0.3	60	0.7	100	1,999	21,380	
Male, Disabled													
All Ages	8	2.2	96	0.6	22	4	1.1	48	0.9	124	365	4,203	
64 or younger	8	2.3	96	0.6	22	4	1.1	48	0.9	124	349	4,030	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	137	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Male, Other Eligibles													
All Ages	25	1.5	247	0.3	16	1	0.1	12	0.1	3	1,634	17,177	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24	
65-74	9	1.8	93	0.3	22	0	0.0	0	0.0	0	509	5,526	
75-84	8	1.3	84	0.3	3	1	0.2	12	0.1	3	623	6,583	
85 and older	8	1.6	70	0.3	22	0	0.0	0	0.0	0	500	5,044	
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A total of 6,969 beneficiaries who were in nursing facilities for part of their enrollment and their 65,771 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 2007. 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 2007 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, 2007

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	47,361	36.3	2.5	331,138	\$28	\$3,659,704	\$11	18.9	130,414	
Age										
5 and younger	4	66.7	1.8	11	141	845	77	11.0	6	
6-14	7	43.8	2.3	37	40	643	17	1.1	16	
15-20	79	37.1	2.2	467	29	6,233	13	1.3	213	
21-44	7,131	35.0	2.5	50,776	27	544,491	11	8.5	20,354	
45-64	15,917	42.3	3.3	125,613	37	1,391,983	11	19.8	37,617	
65-74	10,264	34.0	2.3	68,451	25	753,925	11	20.5	30,164	
75-84	8,353	33.1	2.1	52,502	23	574,634	11	51.9	25,221	
85 and older	5,606	33.3	2.0	33,281	23	386,950	12	59.8	16,823	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	22,018	33.3	2.1	139,011	24	1,553,773	11	42.8	66,112	
Disabled	24,749	39.5	3.0	188,883	33	2,069,978	11	15.8	62,722	
Adults	554	37.0	2.0	3,046	23	33,728	11	1.4	1,496	
Children	6	75.0	4.6	37	63	506	14	0.9	8	
Unknown	34	44.7	2.1	161	23	1,719	11	1.0	76	
Gender										
Female	33,603	39.1	2.7	232,325	31	2,628,946	11	21.2	85,918	
Male	13,758	30.9	2.2	98,813	23	1,030,758	10	14.7	44,496	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	26,216	44.0	3.6	212,110	40	2,395,026	11	22.8	59,555	
African American	17,528	29.2	1.6	94,759	17	995,710	11	13.6	60,076	
Other/unknown	3,617	33.5	2.3	24,269	25	268,968	11	16.9	10,783	
Use of Nursing Facilities^d										
Entire year	3,326	39.3	3.1	25,905	38	320,497	12	43.5	8,459	
Part year	2,850	40.9	2.2	15,132	25	174,340	12	40.8	6,969	
None	41,185	35.8	2.5	290,101	28	3,164,867	11	17.4	114,986	
Maintenance Assistance Status										
Cash	18,608	35.9	2.6	132,525	27	1,382,171	10	13.5	51,858	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	19,187	35.5	2.3	125,888	26	1,403,541	11	21.9	54,043	
Other/unknown	9,566	39.0	3.0	72,725	36	873,992	12	32.3	24,513	

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	\$11	\$0	\$1	1,423,864
Age						
5 and younger	0.2	12	77	0	0	69
6-14	0.2	4	17	0	0	181
15-20	0.2	3	13	0	1	2,345
21-44	0.2	2	11	0	1	223,242
45-64	0.3	3	11	0	2	416,099
65-74	0.2	2	11	0	1	331,535
75-84	0.2	2	11	0	1	275,408
85 and older	0.2	2	12	0	1	174,985
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	11	0	1	712,259
Disabled	0.3	3	11	0	2	696,776
Adults	0.2	2	11	0	1	13,985
Children	0.4	6	14	0	0	89
Unknown	0.2	2	11	0	1	755
Gender						
Female	0.2	3	11	0	2	942,988
Male	0.2	2	10	0	1	480,876
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	11	0	2	640,976
African American	0.1	1	11	0	1	664,353
Other/unknown	0.2	2	11	0	1	118,535
Use of Nursing Facilities^d						
Entire year	0.3	4	12	0	3	91,288
Part year	0.2	3	12	0	2	65,771
None	0.2	2	11	0	1	1,266,805
Maintenance Assistance Status						
Cash	0.2	2	10	0	1	584,291
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	11	0	1	589,272
Other/unknown	0.3	3	12	0	2	250,301

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	60,855	\$60	\$3,659,704	100.0	331,138	\$11	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	13,391	59	795,823	21.7	28,992	27	8.8
Vitamins and minerals	4,239	57	239,803	6.6	17,874	13	5.4
Non-prescription drugs	11,386	31	356,722	9.7	64,607	6	19.5
Barbiturates	1,200	60	72,167	2.0	12,091	6	3.7
Benzodiazepines	29,223	72	2,107,561	57.6	203,209	10	61.4
Other Part D Excl Rx Drugs	1,416	62	87,628	2.4	4,365	20	1.3

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 SOUTH CAROLINA, 2007

Total Number of Dual Eligible Beneficiaries: 130,414
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$19,393,361
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$148

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	77,726	59.6	\$0	0.0
1-500	46,976	36.0	4,183,369	21.6
501-1,000	2,056	1.6	1,448,644	7.5
1,001-1,500	912	0.7	1,120,782	5.8
1,501-2,000	605	0.5	1,050,411	5.4
2,001-2,500	408	0.3	910,375	4.7
2,501-3,000	309	0.2	844,867	4.4
3,001-3,500	239	0.2	776,045	4.0
3,501-4,000	204	0.2	760,733	3.9
4,001-4,500	144	0.1	611,535	3.2
4,501-5,000	119	0.1	566,188	2.9
5,001-5,500	98	0.1	515,260	2.7
5,501-6,000	73	0.1	418,553	2.2
6,001-6,500	53	0.0	332,118	1.7
6,501-7,000	64	0.0	432,437	2.2
7,001-7,500	47	0.0	342,757	1.8
7,501-8,000	34	0.0	263,565	1.4
8,001-8,500	36	0.0	295,676	1.5
8,501-9,000	31	0.0	271,252	1.4
9,001-9,500	29	0.0	268,211	1.4
9,501-10,000	29	0.0	283,088	1.5
10,001+	222	0.2	3,697,495	19.1

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 SOUTH CAROLINA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 56,628
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$11,336,644
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$200

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	31,464	55.6		\$0	0.0
1-500	21,814	38.5		2,033,588	17.9
501-1,000	1,160	2.0		816,259	7.2
1,001-1,500	536	0.9		656,368	5.8
1,501-2,000	358	0.6		619,428	5.5
2,001-2,500	241	0.4		538,001	4.7
2,501-3,000	171	0.3		466,864	4.1
3,001-3,500	139	0.2		454,113	4.0
3,501-4,000	127	0.2		474,190	4.2
4,001-4,500	82	0.1		346,896	3.1
4,501-5,000	76	0.1		361,863	3.2
5,001-5,500	60	0.1		315,648	2.8
5,501-6,000	40	0.1		229,358	2.0
6,001-6,500	33	0.1		206,146	1.8
6,501-7,000	43	0.1		291,105	2.6
7,001-7,500	28	0.0		204,287	1.8
7,501-8,000	20	0.0		154,407	1.4
8,001-8,500	24	0.0		197,707	1.7
8,501-9,000	22	0.0		191,998	1.7
9,001-9,500	22	0.0		203,943	1.8
9,501-10,000	20	0.0		195,083	1.7
10,001+	148	0.3		2,379,392	21.0

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 SOUTH CAROLINA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 72,208
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$5,434,848
 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	45,677	63.3	\$0	0.0
1-500	24,815	34.4	2,098,115	38.6
501-1,000	778	1.1	545,271	10.0
1,001-1,500	294	0.4	362,612	6.7
1,501-2,000	172	0.2	298,275	5.5
2,001-2,500	113	0.2	253,508	4.7
2,501-3,000	92	0.1	250,894	4.6
3,001-3,500	53	0.1	171,202	3.2
3,501-4,000	45	0.1	167,518	3.1
4,001-4,500	29	0.0	122,916	2.3
4,501-5,000	23	0.0	109,195	2.0
5,001-5,500	27	0.0	141,770	2.6
5,501-6,000	13	0.0	75,200	1.4
6,001-6,500	9	0.0	56,715	1.0
6,501-7,000	8	0.0	53,875	1.0
7,001-7,500	4	0.0	29,090	0.5
7,501-8,000	8	0.0	62,405	1.1
8,001-8,500	6	0.0	48,756	0.9
8,501-9,000	4	0.0	35,057	0.6
9,001-9,500	3	0.0	27,876	0.5
9,501-10,000	4	0.0	39,493	0.7
10,001+	31	0.0	485,105	8.9

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 30,164
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,679,287
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$122

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,784	62.3	\$0	0.0
1-500	10,131	33.6	895,015	24.3
501-1,000	472	1.6	335,962	9.1
1,001-1,500	215	0.7	267,418	7.3
1,501-2,000	135	0.4	233,952	6.4
2,001-2,500	96	0.3	215,340	5.9
2,501-3,000	80	0.3	218,001	5.9
3,001-3,500	46	0.2	148,818	4.0
3,501-4,000	44	0.1	163,798	4.5
4,001-4,500	28	0.1	118,795	3.2
4,501-5,000	20	0.1	94,751	2.6
5,001-5,500	26	0.1	136,740	3.7
5,501-6,000	13	0.0	75,200	2.0
6,001-6,500	9	0.0	56,715	1.5
6,501-7,000	8	0.0	53,875	1.5
7,001-7,500	4	0.0	29,090	0.8
7,501-8,000	8	0.0	62,405	1.7
8,001-8,500	6	0.0	48,756	1.3
8,501-9,000	4	0.0	35,057	1.0
9,001-9,500	3	0.0	27,876	0.8
9,501-10,000	4	0.0	39,493	1.1
10,001+	28	0.1	422,230	11.5

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 25,221
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,108,222
 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	16,263	64.5	\$0	0.0
1-500	8,648	34.3	720,323	65.0
501-1,000	202	0.8	136,413	12.3
1,001-1,500	52	0.2	63,329	5.7
1,501-2,000	23	0.1	40,038	3.6
2,001-2,500	14	0.1	31,810	2.9
2,501-3,000	9	0.0	24,302	2.2
3,001-3,500	2	0.0	6,381	0.6
3,501-4,000	1	0.0	3,720	0.3
4,001-4,500	1	0.0	4,121	0.4
4,501-5,000	2	0.0	9,880	0.9
5,001-5,500	1	0.0	5,030	0.5
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+	3	0.0	62,875	5.7

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 SOUTH CAROLINA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 16,823
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$647,339
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$38

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,630	63.2	\$0	0.0
1-500	6,036	35.9	482,777	74.6
501-1,000	104	0.6	72,896	11.3
1,001-1,500	27	0.2	31,865	4.9
1,501-2,000	14	0.1	24,285	3.8
2,001-2,500	3	0.0	6,358	1.0
2,501-3,000	3	0.0	8,591	1.3
3,001-3,500	5	0.0	16,003	2.5
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,564	0.7
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 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH CAROLINA, 2007

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	130,545	66,112	62,804	1,543	9	77	1,427,499	712,309	699,375	14,949	101	765
Age												
5 and younger	6	0	6	0	0	0	72	0	72	0	0	0
6-14	17	0	16	0	1	0	193	0	181	0	12	0
15-20	217	0	210	2	5	0	2,472	0	2,394	23	55	0
21-44	20,433	10	19,365	1,047	3	8	225,246	103	214,977	10,057	34	75
45-64	37,661	40	37,110	466	0	45	417,350	427	411,874	4,603	0	446
65-74	30,167	24,291	5,826	26	0	24	331,773	264,361	66,919	249	0	244
75-84	25,221	25,019	200	2	0	0	275,408	273,158	2,233	17	0	0
85 and older	16,823	16,752	71	0	0	0	174,985	174,260	725	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	86,010	49,917	34,902	1,115	1	75	945,529	542,592	391,379	10,805	12	741
Male	44,535	16,195	27,902	428	8	2	481,970	169,717	307,996	4,144	89	24
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	59,594	29,913	28,799	828	5	49	642,061	314,571	318,852	8,091	58	489
African American	60,160	30,604	28,852	674	4	26	666,632	336,552	323,263	6,522	43	252
Other/unknown	10,791	5,595	5,153	41	0	2	118,806	61,186	57,260	336	0	24
Use of Nursing Facilities^c												
Entire year	8,459	7,738	721	0	0	0	91,288	83,033	8,255	0	0	0
Part year	6,969	6,377	592	0	0	0	65,779	59,686	6,093	0	0	0
None	115,117	51,997	61,491	1,543	9	77	1,270,432	569,590	685,027	14,949	101	765
Maintenance Assistance Status												
Cash	51,974	19,869	31,161	943	1	0	587,135	225,399	352,223	9,506	7	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	54,051	27,859	26,029	84	2	77	589,923	304,232	284,334	568	24	765
Other/unknown	24,520	18,384	5,614	516	6	0	250,441	182,678	62,818	4,875	70	0
Dual Status^d												
Full dual, all year	128,825	65,223	61,975	1,541	9	77	1,409,529	703,072	690,657	14,934	101	765
Full dual, part year	1,720	889	829	2	0	0	17,970	9,237	8,718	15	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	129,977	66,103	62,376	1,415	8	75	1,421,053	712,201	694,499	13,513	89	751
FFS part year, with Rx claims	247	4	176	66	0	1	2,843	48	2,020	763	0	12
FFS part year, no Rx claims	190	5	170	15	0	0	2,136	60	1,919	157	0	0
MC all year, with Rx claims	6	0	4	2	0	0	72	0	48	24	0	0
MC all year, no Rx claims	125	0	78	45	1	1	1,395	0	889	492	12	2
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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 2007. 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, 2007

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	130,545	1,427,499	130,414	1,423,864	0	3,635
Fee-for-service (FFS) all year	129,977	1,421,053	129,977	1,421,053	0	0
FFS part year, with Rx claims	247	2,843	247	1,694	0	1,149
FFS part year, with no Rx claims	190	2,136	190	1,117	0	1,019
Managed care (MC) all year, with Rx claims	6	72	0	0	0	72
MC all year, with no Rx claims	125	1,395	0	0	0	1,395

Source: Data for this table are from the MAX 2007 file for South Carolina, released by CMS in 5/2010. This table was produced on 10/06/2010.

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