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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
SOUTH DAKOTA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING
FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING
FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL
ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE
65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE
65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE
75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE
85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH
OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-
FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH
OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-
FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 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	14,216	7,025	7,045	134	2	10	150,278	69,518	79,421	1,200	24	115
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	45	0	44	0	1	0	498	0	486	0	12	0
21-44	2,446	26	2,341	79	0	0	27,408	303	26,402	703	0	0
45-64	3,001	113	2,842	41	0	5	33,539	1,253	31,866	360	0	60
65-74	2,438	1,097	1,323	13	0	5	26,574	11,290	15,104	125	0	55
75-84	2,745	2,321	423	1	0	0	28,301	23,475	4,814	12	0	0
85 and older	3,537	3,468	69	0	0	0	33,910	33,197	713	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	9,087	5,061	3,917	99	0	10	95,916	50,823	44,097	881	0	115
Male	5,129	1,964	3,128	35	2	0	54,362	18,695	35,324	319	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,849	6,509	5,250	80	1	9	124,429	64,284	59,298	732	12	103
African American	55	8	45	2	0	0	520	70	441	9	0	0
Other/unknown	2,312	508	1,750	52	1	1	25,329	5,164	19,682	459	12	12
Use of Nursing Facilities^c												
Entire year	3,747	3,217	530	0	0	0	37,370	31,434	5,936	0	0	0
Part year	1,490	1,205	285	0	0	0	14,175	11,240	2,935	0	0	0
None	8,979	2,603	6,230	134	2	10	98,733	26,844	70,550	1,200	24	115
Maintenance Assistance Status												
Cash	6,931	1,845	4,989	96	1	0	77,649	20,414	56,353	870	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	267	91	152	14	0	10	2,695	916	1,563	101	0	115
Other/unknown	7,018	5,089	1,904	24	1	0	69,934	48,188	21,505	229	12	0
Dual Medicare Status^d												
Full dual, all year	13,663	6,708	6,823	120	2	10	144,444	66,170	77,082	1,053	24	115
Full dual, part year	553	317	222	14	0	0	5,834	3,348	2,339	147	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	14,216	7,025	7,045	134	2	10	150,278	69,518	79,421	1,200	24	115
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 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 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	29.5	3.0	\$108	\$36	\$16,415	0.7	14,216
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	50.0	51.5	7,125	138	12,456	57.2	4
15-20	48.9	10.6	818	77	13,431	6.1	45
21-44	30.1	4.3	285	66	16,121	1.8	2,446
45-64	34.0	4.1	147	36	16,347	0.9	3,001
65-74	25.3	2.6	77	30	11,354	0.7	2,438
75-84	27.8	2.1	27	12	16,096	0.2	2,745
85 and older	29.3	2.0	22	11	20,453	0.1	3,537
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	29.2	2.2	30	14	17,631	0.2	7,025
Disabled	29.3	3.5	159	45	15,425	1.0	7,045
Adults	52.2	17.4	1,364	78	5,406	25.2	134
Children	50.0	50.0	12,529	251	17,104	73.3	2
Unknown	50.0	10.4	545	52	5,913	9.2	10
Gender							
Female	31.8	3.2	108	33	15,890	0.7	9,087
Male	25.4	2.6	110	42	17,344	0.6	5,129
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	31.6	3.2	115	35	17,722	0.6	11,849
African American	32.7	3.3	168	51	8,093	2.1	55
Other/unknown	18.6	1.9	76	40	9,913	0.8	2,312
Use of Nursing Facilities^f							
Entire year	36.5	3.3	58	18	29,245	0.2	3,747
Part year	37.0	2.7	69	25	18,810	0.4	1,490
None	25.3	2.9	136	46	10,663	1.3	8,979
Maintenance Assistance Status							
Cash	25.0	3.0	148	49	8,004	1.9	6,931
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	32.6	4.5	350	77	4,739	7.4	267
Other/unknown	33.8	2.9	60	20	25,165	0.2	7,018

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 2007

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
				70.5	25.5	2.4	1.0	0.4	0.1			
All	0.3	\$10	0.7	70.5	25.5	2.4	1.0	0.4	0.1	\$1,553	14,216	150,278
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	4.3	594	57.2	50.0	0.0	0.0	0.0	50.0	0.0	1,038	4	48
15-20	1.0	74	6.1	51.1	24.4	13.3	6.7	4.4	0.0	1,214	45	498
21-44	0.4	25	1.8	69.9	23.8	2.7	2.2	1.0	0.4	1,439	2,446	27,408
45-64	0.4	13	0.9	66.0	28.6	2.9	1.5	0.8	0.2	1,463	3,001	33,539
65-74	0.2	7	0.7	74.7	22.4	1.6	0.9	0.3	0.1	1,042	2,438	26,574
75-84	0.2	3	0.2	72.2	24.7	2.8	0.3	0.0	0.0	1,561	2,745	28,301
85 and older	0.2	2	0.1	70.7	26.9	1.8	0.5	0.0	0.0	2,133	3,537	33,910
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	3	0.2	70.8	26.3	2.3	0.5	0.1	0.0	1,782	7,025	69,518
Disabled	0.3	14	1.0	70.7	24.8	2.4	1.4	0.7	0.2	1,368	7,045	79,421
Adults	1.9	152	25.2	47.8	21.6	6.0	13.4	7.5	3.7	604	134	1,200
Children	4.2	1,044	73.3	50.0	0.0	0.0	0.0	50.0	0.0	1,425	2	24
Unknown	0.9	47	9.2	50.0	40.0	0.0	10.0	0.0	0.0	514	10	115
Gender												
Female	0.3	10	0.7	68.2	27.6	2.5	1.0	0.5	0.1	1,505	9,087	95,916
Male	0.2	10	0.6	74.6	21.7	2.1	1.1	0.3	0.1	1,636	5,129	54,362
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	0.6	68.4	27.4	2.6	1.0	0.5	0.1	1,688	11,849	124,429
African American	0.4	18	2.1	67.3	25.5	1.8	5.5	0.0	0.0	856	55	520
Other/unknown	0.2	7	0.8	81.4	15.8	1.4	1.1	0.4	0.0	905	2,312	25,329
Use of Nursing Facilities^f												
Entire year	0.3	6	0.2	63.5	31.9	3.4	0.9	0.3	0.1	2,932	3,747	37,370
Part year	0.3	7	0.4	63.0	33.2	3.0	0.5	0.4	0.0	1,977	1,490	14,175
None	0.3	12	1.3	74.7	21.6	1.8	1.2	0.5	0.2	970	8,979	98,733
Maintenance Assistance Status												
Cash	0.3	13	1.9	75.0	21.2	1.8	1.3	0.6	0.2	714	6,931	77,649
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	35	7.4	67.4	24.7	3.0	3.0	1.9	0.0	470	267	2,695
Other/unknown	0.3	6	0.2	66.2	29.9	2.9	0.8	0.3	0.0	2,525	7,018	69,934

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 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	\$10	\$36	0.0	\$6	\$158	0.0	\$1	\$86	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	4.3	594	138	1.8	541	295	0.7	25	36	1.8	28	16
15-20	1.0	74	77	0.4	55	131	0.1	9	118	0.5	10	21
21-44	0.4	25	66	0.1	18	190	0.0	1	103	0.3	7	23
45-64	0.4	13	36	0.0	7	148	0.0	1	94	0.3	5	17
65-74	0.2	7	30	0.0	4	120	0.0	0	76	0.2	3	14
75-84	0.2	3	12	0.0	0	60	0.0	0	55	0.2	2	11
85 and older	0.2	2	11	0.0	0	44	0.0	0	13	0.2	2	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	3	14	0.0	1	80	0.0	0	32	0.2	2	11
Disabled	0.3	14	45	0.1	9	164	0.0	1	99	0.3	5	18
Adults	1.9	152	78	0.7	115	165	0.1	5	67	1.2	33	28
Children	4.2	1,044	251	2.2	1,014	459	0.0	0	0	2.0	30	15
Unknown	0.9	47	52	0.3	34	111	0.1	4	41	0.5	10	20
Gender												
Female	0.3	10	33	0.0	6	148	0.0	1	82	0.3	4	15
Male	0.2	10	42	0.0	6	176	0.0	1	95	0.2	4	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	160	0.0	1	88	0.3	4	16
African American	0.4	18	51	0.1	14	119	0.0	1	74	0.2	3	13
Other/unknown	0.2	7	40	0.0	5	147	0.0	0	75	0.1	2	16
Use of Nursing Facilities^e												
Entire year	0.3	6	18	0.0	2	88	0.0	0	57	0.3	4	12
Part year	0.3	7	25	0.0	4	184	0.0	0	78	0.3	3	13
None	0.3	12	46	0.0	8	168	0.0	1	92	0.2	4	18
Maintenance Assistance Status												
Cash	0.3	13	49	0.1	9	175	0.0	1	90	0.2	4	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	35	77	0.1	22	200	0.0	2	90	0.3	10	33
Other/unknown	0.3	6	20	0.0	2	103	0.0	0	78	0.3	4	13

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 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	0.3	0.1	0.0	0.2	\$27	\$21	\$0	\$6	\$89	\$366	\$119	\$24	798	\$71,203	243	1.7	2,679
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	29	29	0	0	8	235	8	0.1	91
Antineoplastic Agents	0.4	0.1	0.0	0.3	82	73	0	9	200	948	0	27	48	9,597	12	0.1	117
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	35	28	1	7	59	121	33	20	1,267	74,740	195	1.4	2,107
Cardiovascular Agents	1.0	0.2	0.1	0.6	36	19	6	11	37	87	70	17	2,263	84,843	224	1.6	2,382
Respiratory Agents	0.3	0.1	0.0	0.2	13	8	1	4	48	113	111	20	2,289	109,598	713	5.0	8,152
Gastrointestinal Agents	0.6	0.2	0.0	0.3	57	33	8	16	103	148	194	56	786	81,094	130	0.9	1,417
Genitourinary Agents	0.3	0.2	0.0	0.2	25	18	0	7	73	95	44	47	212	15,504	58	0.4	618
CNS Drugs	0.7	0.1	0.0	0.6	17	8	0	8	24	137	91	13	19,719	476,367	2,680	18.9	28,803
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.1	0.1	92	85	3	4	146	181	43	45	185	27,027	28	0.2	294
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	149	148	0	0	432	441	0	58	127	54,803	38	0.3	368
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	40	18	0	21	59	254	98	36	2,017	119,720	272	1.9	3,000
Neuromuscular Agents	0.8	0.1	0.0	0.7	30	16	2	11	37	228	118	15	7,953	290,841	883	6.2	9,858
Nutritional Products	0.4	0.0	0.0	0.3	7	1	1	6	19	15	15	20	732	13,736	170	1.2	1,860
Hematological Agents	0.6	0.0	0.0	0.6	10	4	0	6	16	112	26	9	3,879	61,084	567	4.0	6,156
Topical Products	0.2	0.1	0.0	0.1	16	12	1	3	67	129	78	22	348	23,232	130	0.9	1,456
Miscellaneous Products	0.7	0.5	0.1	0.1	114	105	3	6	174	210	40	77	150	26,031	20	0.1	228
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	39	0	0	0	34	1,339	19	0.1	218
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.	42,815	1,540,994	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 Dakota, 1.8 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 DAKOTA, 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	\$ per Rx	Rx \$ per Benefit Month	
ANTICONVULSANT	\$244,338	862	6.1	9,656	0.8	\$33	\$25	
ANTIANSIETY AGENTS	171,010	2,294	16.1	24,611	0.6	12	7	
ANTIPSYCHOTICS	162,317	117	0.8	1,278	0.6	231	127	
ULCER DRUGS	102,856	459	3.2	4,936	0.6	36	21	
ANTIDEPRESSANTS	88,869	285	2.0	3,079	0.5	62	29	
ANALGESICS - Narcotic	76,151	298	2.1	3,294	0.4	59	23	
ANTIASTHMATIC	69,519	176	1.2	1,988	0.3	102	35	
ANTIDIABETIC	58,108	157	1.1	1,685	0.5	72	34	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	54,803	42	0.3	401	0.3	432	137	
HYPNOTICS	54,171	375	2.6	4,129	0.7	18	13	
Total	1,082,142	5,065	n.a.	55,057	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTICONVULSANT				ANTIANKXIETY AGENTS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	32,968	\$1,082,142	862	6.1	9,656	0.8	\$25	2,294	16.1	24,611	0.6	\$7
Female												
All Females	22,452	675,679	539	5.9	5,999	0.8	22	1,636	18.0	17,595	0.6	7
Female, Disabled												
All Ages	11,298	434,636	355	9.1	4,062	0.7	24	588	15.0	6,709	0.6	8
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	490	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	128	8,936	6	31.6	69	0.5	63	4	21.1	48	0.9	20
21-44	3,243	185,176	126	11.5	1,431	0.7	36	152	13.9	1,766	0.5	7
45-64	5,738	179,666	186	11.4	2,131	0.8	18	290	17.7	3,281	0.6	8
65-74	1,776	55,634	35	4.3	407	0.7	14	109	13.3	1,247	0.6	8
75-84	332	4,059	2	0.7	24	0.8	12	26	8.8	298	0.6	8
85 and older	63	675	0	0.0	0	0.0	0	7	13.0	69	0.7	9
Female, Other Eligibles												
All Ages	11,154	241,043	184	3.6	1,937	0.8	18	1,048	20.3	10,886	0.6	6
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,088	89,917	24	29.6	251	0.8	72	15	18.5	172	0.9	9
45-64	580	19,764	19	20.4	195	1.0	19	29	31.2	329	0.4	5
65-74	1,209	29,048	24	3.7	258	0.8	15	100	15.5	1,120	0.6	9
75-84	3,455	42,820	69	4.4	732	0.8	9	332	21.0	3,436	0.6	6
85 and older	4,822	59,494	48	1.7	501	0.7	6	572	20.6	5,829	0.6	6
Male												
All Males	10,516	406,463	323	6.3	3,657	0.8	30	658	12.8	7,016	0.6	7
Male, Disabled												
All Ages	7,107	330,364	258	8.2	2,977	0.8	34	336	10.7	3,868	0.6	8
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	104	17,567	8	32.0	96	0.4	62	1	4.0	12	0.1	2
21-44	2,879	189,037	122	9.8	1,413	0.8	51	109	8.7	1,271	0.6	8
45-64	3,012	88,693	110	9.1	1,261	0.8	16	164	13.6	1,872	0.5	7
65-74	905	30,508	16	3.2	183	1.1	20	53	10.6	613	0.6	8
75-84	171	4,041	2	1.6	24	0.5	6	8	6.3	88	1.0	12
85 and older	36	518	0	0.0	0	0.0	0	1	6.7	12	1.1	12
Male, Other Eligibles												
All Ages	3,409	76,099	65	3.2	680	0.8	12	322	16.1	3,148	0.6	6
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	56	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	267	23,977	3	12.5	32	0.5	52	10	41.7	105	0.8	7
45-64	313	9,773	13	19.7	146	0.9	12	17	25.8	191	0.5	7
65-74	673	10,140	20	4.2	211	0.7	10	53	11.3	537	0.6	6
75-84	1,147	17,382	17	2.3	175	0.9	9	133	18.0	1,311	0.6	7
85 and older	1,002	14,771	12	1.7	116	0.7	8	109	15.6	1,004	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 Dakota, released by CMS in 4/2010. 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.

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, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					ULCER DRUGS					ANTIDEPRESSANTS				
	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	117	0.8	1,278	0.6	\$127	459	3.2	4,936	0.6	\$21	285	2.0	3,079	0.5	\$29
Female															
All Females	69	0.8	755	0.5	108	306	3.4	3,260	0.6	22	199	2.2	2,118	0.5	29
Female, Disabled															
All Ages	58	1.5	643	0.5	114	107	2.7	1,226	0.6	29	140	3.6	1,529	0.5	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	1	100.0	12	1.0	33	1	100.0	12	0.5	8
15-20	3	15.8	30	0.3	96	1	5.3	12	0.7	24	1	5.3	12	0.4	4
21-44	30	2.7	332	0.5	115	29	2.7	335	0.7	46	67	6.1	715	0.5	28
45-64	18	1.1	204	0.6	130	51	3.1	581	0.5	22	59	3.6	653	0.5	28
65-74	7	0.9	77	0.5	73	22	2.7	261	0.6	24	12	1.5	137	0.5	26
75-84	0	0.0	0	0.0	0	3	1.0	25	0.6	20	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	11	0.2	112	0.5	77	199	3.8	2,034	0.6	18	59	1.1	589	0.5	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	6.2	60	0.6	83	13	16.0	126	0.4	45	39	48.1	406	0.6	42
45-64	1	1.1	12	0.1	1	5	5.4	56	0.3	8	10	10.8	78	0.4	20
65-74	1	0.2	12	0.7	250	16	2.5	189	0.7	16	6	0.9	65	0.4	12
75-84	2	0.1	9	0.3	19	60	3.8	624	0.6	17	2	0.1	24	0.5	3
85 and older	2	0.1	19	0.2	22	105	3.8	1,039	0.6	15	2	0.1	16	0.3	6
Male															
All Males	48	0.9	523	0.6	154	153	3.0	1,676	0.5	19	86	1.7	961	0.4	29
Male, Disabled															
All Ages	47	1.5	519	0.6	155	70	2.2	804	0.5	21	73	2.3	836	0.4	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	16.0	48	0.4	151	3	12.0	34	0.3	32	6	24.0	72	0.3	10
21-44	33	2.6	380	0.7	152	14	1.1	165	0.5	25	38	3.0	446	0.4	31
45-64	7	0.6	59	0.4	120	35	2.9	398	0.5	21	24	2.0	262	0.4	30
65-74	3	0.6	32	0.6	263	15	3.0	171	0.7	17	5	1.0	56	0.5	26
75-84	0	0.0	0	0.0	0	2	1.6	24	0.6	14	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	6.7	12	0.9	21	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1	0.0	4	0.5	22	83	4.1	872	0.6	17	13	0.6	125	0.4	31
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	5	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	0	0.0	0	0.0	0	2	8.3	22	0.4	55	4	16.7	42	0.8	74
45-64	0	0.0	0	0.0	0	4	6.1	42	0.5	59	4	6.1	47	0.1	12
65-74	0	0.0	0	0.0	0	15	3.2	156	0.5	13	2	0.4	10	0.2	8
75-84	1	0.1	4	0.5	22	24	3.2	240	0.5	10	2	0.3	21	0.1	2
85 and older	0	0.0	0	0.0	0	37	5.3	400	0.7	16	1	0.1	5	0.4	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 Dakota, released by CMS in 4/2010. 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.

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, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					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	298	2.1	3,294	0.4	\$23	176	1.2	1,988	0.3	\$35	157	1.1	1,685	0.5	\$35
Female															
All Females	206	2.3	2,268	0.4	14	119	1.3	1,370	0.3	31	113	1.2	1,211	0.5	36
Female, Disabled															
All Ages	147	3.8	1,660	0.4	12	89	2.3	1,027	0.3	29	76	1.9	881	0.5	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	59	5.4	676	0.3	13	30	2.7	339	0.3	24	17	1.6	191	0.4	21
45-64	68	4.2	749	0.4	14	32	2.0	368	0.4	42	33	2.0	388	0.6	26
65-74	20	2.4	235	0.2	5	27	3.3	320	0.2	20	24	2.9	278	0.4	41
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	0.7	24	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
Female, Other Eligibles															
All Ages	59	1.1	608	0.5	20	30	0.6	343	0.4	36	37	0.7	330	0.6	52
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	38	46.9	416	0.5	26	11	13.6	125	0.3	25	8	9.9	68	0.9	156
45-64	16	17.2	147	0.4	7	12	12.9	134	0.4	48	7	7.5	55	0.5	7
65-74	4	0.6	42	0.2	2	7	1.1	84	0.4	35	7	1.1	74	0.8	58
75-84	1	0.1	3	1.0	11	0	0.0	0	0.0	0	8	0.5	59	0.4	13
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	0.3	74	0.5	16
Male															
All Males	92	1.8	1,026	0.4	43	57	1.1	618	0.4	44	44	0.9	474	0.4	32
Male, Disabled															
All Ages	76	2.4	859	0.4	31	54	1.7	583	0.4	45	33	1.1	356	0.4	36
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	4.0	12	0.1	1	4	16.0	42	0.3	50	1	4.0	12	0.2	24
21-44	35	2.8	411	0.2	32	21	1.7	239	0.4	43	10	0.8	112	0.5	37
45-64	32	2.6	345	0.6	38	20	1.7	194	0.5	44	15	1.2	156	0.3	29
65-74	8	1.6	91	0.2	3	9	1.8	108	0.5	49	6	1.2	64	0.5	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.8	12	0.8	77
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	16	0.8	167	0.7	106	3	0.1	35	0.3	30	11	0.5	118	0.4	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	33.3	72	1.2	227	1	4.2	11	0.3	5	0	0.0	0	0.0	0
45-64	7	10.6	83	0.3	15	2	3.0	24	0.4	41	3	4.5	36	0.3	32
65-74	1	0.2	12	0.3	5	0	0.0	0	0.0	0	3	0.6	36	0.6	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	0.7	46	0.3	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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.

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, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					HYPNOTICS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	42	0.3	401	0.3	\$137	375	2.6	4,129	0.7	\$13	14,216	150,278
Female												
All Females	32	0.4	311	0.3	169	240	2.6	2,662	0.7	13	9,087	95,916
Female, Disabled												
All Ages	16	0.4	169	0.3	199	135	3.4	1,538	0.8	15	3,917	44,097
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	1	5.3	9	0.1	14	2	10.5	24	1.3	12	19	206
21-44	4	0.4	48	0.3	428	31	2.8	351	0.7	17	1,091	12,310
45-64	8	0.5	83	0.3	150	60	3.7	682	0.8	14	1,634	18,239
65-74	3	0.4	29	0.3	18	29	3.5	332	0.8	17	822	9,379
75-84	0	0.0	0	0.0	0	11	3.7	125	0.8	7	296	3,405
85 and older	0	0.0	0	0.0	0	2	3.7	24	0.6	4	54	546
Female, Other Eligibles												
All Ages	16	0.3	142	0.4	132	105	2.0	1,124	0.7	11	5,170	51,819
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	9	11.1	91	0.4	194	3	3.7	28	0.9	10	81	768
45-64	4	4.3	38	0.2	19	8	8.6	92	0.6	42	93	962
65-74	0	0.0	0	0.0	0	13	2.0	143	0.6	11	644	6,728
75-84	1	0.1	5	0.8	23	35	2.2	380	0.8	7	1,582	16,320
85 and older	2	0.1	8	0.8	35	46	1.7	481	0.7	8	2,770	27,041
Male												
All Males	10	0.2	90	0.3	27	135	2.6	1,467	0.7	13	5,129	54,362
Male, Disabled												
All Ages	6	0.2	57	0.3	29	92	2.9	1,045	0.7	11	3,128	35,324
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	1	4.0	12	0.3	14	25	280
21-44	3	0.2	35	0.3	38	25	2.0	286	0.8	10	1,250	14,092
45-64	3	0.2	22	0.3	14	48	4.0	553	0.7	10	1,208	13,627
65-74	0	0.0	0	0.0	0	12	2.4	133	0.6	5	501	5,725
75-84	0	0.0	0	0.0	0	5	3.9	49	1.0	33	127	1,409
85 and older	0	0.0	0	0.0	0	1	6.7	12	1.0	10	15	167
Male, Other Eligibles												
All Ages	4	0.2	33	0.2	23	43	2.1	422	0.7	21	2,001	19,038
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	2	8.3	18	0.3	29	5	20.8	58	0.6	5	24	238
45-64	1	1.5	11	0.2	19	3	4.5	35	0.4	5	66	711
65-74	0	0.0	0	0.0	0	10	2.1	102	1.0	18	471	4,742
75-84	1	0.1	4	0.3	9	12	1.6	123	0.6	34	740	7,167
85 and older	0	0.0	0	0.0	0	13	1.9	104	0.7	21	698	6,156
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 Dakota, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

TABLE D.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2007

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	\$6	0.3	3,747	37,370
Age				
0-64	27	0.8	269	2,976
65-74	11	0.5	383	4,102
75-84	4	0.3	1,058	10,448
85 and older	3	0.2	2,037	19,844
Unknown	0	0.0	0	0
Gender				
Female	6	0.3	2,668	26,916
Male	5	0.3	1,079	10,454
Unknown	0	0.0	0	0
Race				
White	6	0.3	3,536	35,166
African American	65	1.2	5	31
Other/unknown	6	0.3	206	2,173
Basis of Eligibility^c				
Aged	3	0.3	3,217	31,434
Disabled	20	0.7	530	5,936
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 Dakota, released by CMS in 4/2010. 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 14,175 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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users		\$ per Benefit Month Among Users				\$ per Rx				Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	\$15	\$12	\$0	\$4	\$58	\$266	\$0	\$16	42	\$2,416	17	0.5	157
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	0.3	0.0	0.0	0.3	22	0	0	22	71	0	0	71	4	284	2	0.1	13
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	21	13	2	6	35	73	69	14	91	3,150	17	0.5	152
Cardiovascular Agents	1.3	0.2	0.0	1.1	65	46	4	15	50	206	127	15	295	14,629	23	0.6	225
Respiratory Agents	0.3	0.0	0.0	0.3	9	4	0	5	31	112	47	18	519	16,005	150	4.0	1,716
Gastrointestinal Agents	0.7	0.1	0.0	0.5	28	14	0	14	42	123	0	25	86	3,639	13	0.3	131
Genitourinary Agents	0.8	0.4	0.0	0.4	51	36	0	15	67	93	0	40	68	4,530	9	0.2	88
CNS Drugs	0.7	0.0	0.0	0.7	10	2	0	8	14	64	87	11	7,354	102,563	991	26.4	10,279
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	8	0	0	8	13	0	0	13	7	91	1	0.0	12
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	44	44	0	0	76	76	0	0	25	1,888	6	0.2	43
Analgesics and Anesthetics	1.1	0.1	0.0	1.0	52	8	0	44	46	106	0	42	155	7,161	13	0.3	139
Neuromuscular Agents	0.9	0.1	0.0	0.9	19	8	0	11	21	145	0	13	1,542	31,690	160	4.3	1,705
Nutritional Products	0.5	0.0	0.1	0.4	10	0	1	9	21	10	12	25	262	5,619	51	1.4	549
Hematological Agents	0.7	0.0	0.0	0.7	8	2	0	6	12	48	25	9	1,986	22,844	255	6.8	2,744
Topical Products	0.4	0.0	0.1	0.3	20	4	9	6	44	119	128	19	42	1,858	8	0.2	95
Miscellaneous Products	0.1	0.1	0.0	0.0	3	3	0	0	33	33	0	0	2	66	2	0.1	24
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	15	0	0	0	9	131	6	0.2	67
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.	12,489	218,564	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 14,175 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 Dakota, 1.8 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, 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	
ANTI-ANXIETY AGENTS	\$68,553	912	24.3	9,460	0.7	\$11	\$7	
ULCER DRUGS	40,457	220	5.9	2,344	0.7	26	17	
ANTICONVULSANT	24,092	158	4.2	1,688	0.9	16	14	
HEMATOPOIETIC AGENTS	22,358	261	7.0	2,821	0.7	11	8	
HYPNOTICS	15,480	90	2.4	946	0.8	19	16	
COUGH/COLD/ALLERGY	10,889	225	6.0	2,551	0.2	18	4	
ANTIDEPRESSANTS	10,612	26	0.7	277	0.6	62	38	
ANTI-HISTAMINES	10,142	122	3.3	1,329	0.5	17	8	
ANTI-PSYCHOTICS	7,918	11	0.3	103	0.7	107	77	
ANTI-ASTHMATIC	7,053	12	0.3	122	0.7	85	58	
Total	217,554	2,037	n.a.	21,641	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 14,175 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.

Dual Medicaid Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2007

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	13,677	\$217,554	912	24.3	9,460	0.7	\$7	220	5.9	2,344	0.7	\$17
Female												
All Females	10,012	158,684	680	25.5	7,108	0.7	7	151	5.7	1,590	0.7	18
Female, Disabled												
All Ages	2,179	57,299	94	30.5	1,040	0.8	11	26	8.4	294	0.8	26
64 or younger	1,324	40,265	51	33.6	560	0.9	12	17	11.2	197	0.8	27
65-74	716	15,220	30	30.0	337	0.8	9	8	8.0	96	0.7	24
75-84	111	1,462	10	22.2	108	0.8	12	1	2.2	1	1.0	12
85 and older	28	352	3	27.3	35	0.6	9	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	7,833	101,385	586	24.8	6,068	0.6	7	125	5.3	1,296	0.7	16
64 or younger	8	175	1	100.0	8	0.1	1	1	100.0	8	0.9	21
65-74	588	9,198	40	35.7	460	0.6	8	6	5.4	71	0.8	21
75-84	2,690	33,518	184	28.5	1,872	0.7	8	42	6.5	426	0.7	16
85 and older	4,547	58,494	361	22.5	3,728	0.6	6	76	4.7	791	0.6	16
Male												
All Males	3,665	58,870	232	21.5	2,352	0.7	7	69	6.4	754	0.6	15
Male, Disabled												
All Ages	1,371	25,360	61	27.5	684	0.8	9	18	8.1	211	0.7	17
64 or younger	834	12,208	35	30.2	388	0.9	9	8	6.9	96	0.6	13
65-74	384	9,683	21	26.6	242	0.6	8	9	11.4	103	0.7	20
75-84	116	2,845	4	17.4	42	1.1	12	0	0.0	0	0.0	0
85 and older	37	624	1	25.0	12	1.1	12	1	25.0	12	0.9	21
Male, Other Eligibles												
All Ages	2,294	33,510	171	20.0	1,668	0.6	6	51	6.0	543	0.6	15
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	282	4,999	18	19.6	181	0.7	7	7	7.6	80	0.5	12
75-84	1,012	13,792	86	24.9	842	0.6	6	17	4.9	159	0.5	11
85 and older	1,000	14,719	67	16.0	645	0.6	6	27	6.4	304	0.7	18
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 Dakota, released by CMS in 4/2010. 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 14,175 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 DAKOTA, 2007

Beneficiary Characteristics	ANTICONVULSANT					HEMATOPOIETIC AGENTS					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	158	4.2	1,688	0.9	\$14	261	7.0	2,821	0.7	\$8	90	2.4	946	0.8	\$16
Female															
All Females	113	4.2	1,221	0.9	15	188	7.0	2,080	0.7	8	61	2.3	670	0.9	13
Female, Disabled															
All Ages	34	11.0	392	1.0	29	18	5.8	210	0.6	5	16	5.2	186	1.1	20
64 or younger	21	13.8	236	1.0	37	10	6.6	118	0.6	5	6	3.9	72	1.2	23
65-74	13	13.0	156	1.0	17	7	7.0	81	0.5	5	8	8.0	96	1.1	20
75-84	0	0.0	0	0.0	0	1	2.2	11	0.9	5	2	4.4	18	0.8	6
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	79	3.3	829	0.8	8	170	7.2	1,870	0.7	8	45	1.9	484	0.8	10
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	9	8.0	99	0.9	9	8	7.1	96	0.8	12	6	5.4	59	0.7	18
75-84	36	5.6	382	0.8	9	47	7.3	488	0.8	8	17	2.6	177	0.8	7
85 and older	34	2.1	348	0.8	7	115	7.2	1,286	0.7	8	22	1.4	248	0.8	10
Male															
All Males	45	4.2	467	0.9	13	73	6.8	741	0.7	8	29	2.7	276	0.8	26
Male, Disabled															
All Ages	19	8.6	207	1.1	19	20	9.0	223	0.7	9	12	5.4	120	0.8	18
64 or younger	14	12.1	147	1.1	14	8	6.9	90	0.9	6	8	6.9	86	0.9	7
65-74	5	6.3	60	1.2	30	7	8.9	79	0.7	14	1	1.3	7	0.1	1
75-84	0	0.0	0	0.0	0	4	17.4	42	0.5	5	3	13.0	27	1.0	55
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.8	16	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	26	3.0	260	0.8	8	53	6.2	518	0.7	8	17	2.0	156	0.7	32
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6	6.5	57	0.5	5	6	6.5	56	0.6	16	2	2.2	21	1.1	36
75-84	9	2.6	92	1.0	10	23	6.7	240	0.7	9	5	1.4	55	0.6	39
85 and older	11	2.6	111	0.7	8	24	5.7	222	0.6	5	10	2.4	80	0.8	26
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 Dakota, released by CMS in 4/2010. 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 14,175 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 DAKOTA, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTIDEPRESSANTS					ANTIHISTAMINES				
	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	225	6.0	2,551	0.2	\$4	26	0.7	277	0.6	\$38	122	3.3	1,329	0.5	\$8
Female															
All Females	167	6.3	1,883	0.2	4	17	0.6	184	0.7	40	85	3.2	933	0.4	7
Female, Disabled															
All Ages	24	7.8	288	0.3	6	16	5.2	180	0.7	41	10	3.2	104	0.6	8
64 or younger	16	10.5	192	0.2	4	13	8.6	144	0.7	47	10	6.6	104	0.6	8
65-74	5	5.0	60	0.6	14	3	3.0	36	0.7	17	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	3	27.3	36	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	143	6.1	1,595	0.2	4	1	0.0	4	0.8	23	75	3.2	829	0.4	7
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	7	6.3	76	0.2	4	0	0.0	0	0.0	0	6	5.4	64	0.4	7
75-84	34	5.3	369	0.3	4	0	0.0	0	0.0	0	21	3.3	232	0.5	9
85 and older	102	6.4	1,150	0.2	4	1	0.1	4	0.8	23	48	3.0	533	0.4	7
Male															
All Males	58	5.4	668	0.3	4	9	0.8	93	0.4	34	37	3.4	396	0.5	8
Male, Disabled															
All Ages	16	7.2	192	0.3	6	7	3.2	77	0.5	41	11	5.0	118	0.4	6
64 or younger	10	8.6	120	0.4	5	5	4.3	53	0.6	52	5	4.3	54	0.5	7
65-74	3	3.8	36	0.2	2	2	2.5	24	0.3	17	4	5.1	40	0.2	4
75-84	2	8.7	24	0.5	19	0	0.0	0	0.0	0	2	8.7	24	0.5	6
85 and older	1	25.0	12	0.3	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	42	4.9	476	0.2	3	2	0.2	16	0.2	3	26	3.0	278	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	1	1.1	12	0.1	5	0	0.0	0	0.0	0	5	5.4	57	0.6	13
75-84	20	5.8	229	0.3	4	1	0.3	11	0.1	1	12	3.5	122	0.5	7
85 and older	21	5.0	235	0.2	3	1	0.2	5	0.4	8	9	2.1	99	0.5	10
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 Dakota, released by CMS in 4/2010. 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 14,175 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 DAKOTA, 2007

Beneficiary Characteristics	ANTIpsychOTICS					ANTIasthmATIC					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-Year Nursing Facility Residents	Nursing Facility Residents
All	11	0.3	103	0.7	\$77	12	0.3	122	0.7	\$58	3,747	37,370
Female												
All Females	6	0.2	72	0.8	92	7	0.3	84	0.7	68	2,668	26,916
Female, Disabled												
All Ages	6	1.9	72	0.8	92	7	2.3	84	0.7	68	308	3,400
64 or younger	4	2.6	48	0.7	75	5	3.3	60	0.8	91	152	1,654
65-74	2	2.0	24	1.0	127	2	2.0	24	0.4	9	100	1,125
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	45	511
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	110
Female, Other Eligibles												
All Ages	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2,360	23,516
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	112	1,157
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	645	6,435
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,602	15,916
Male												
All Males	5	0.5	31	0.5	41	5	0.5	38	0.7	36	1,079	10,454
Male, Disabled												
All Ages	4	1.8	27	0.5	44	5	2.3	38	0.7	36	222	2,536
64 or younger	3	2.6	15	0.7	25	2	1.7	2	1.5	39	116	1,314
65-74	1	1.3	12	0.3	68	3	3.8	36	0.6	36	79	913
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	23	261
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
Male, Other Eligibles												
All Ages	1	0.1	4	0.5	22	0	0.0	0	0.0	0	857	7,918
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	92	907
75-84	1	0.3	4	0.5	22	0	0.0	0	0.0	0	345	3,241
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	420	3,770
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 Dakota, released by CMS in 4/2010. 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 1,490 beneficiaries who were in nursing facilities for part of their enrollment and their 14,175 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 DAKOTA, 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	4,003	28.2	2.1	29,661	\$29	\$415,080	\$14	26.9	14,216	
Age										
5 and younger	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	4	
15-20	11	24.4	1.4	61	19	842	14	2.3	45	
21-44	629	25.7	2.0	4,928	31	76,033	15	10.9	2,446	
45-64	981	32.7	2.7	8,206	40	118,823	14	26.9	3,001	
65-74	573	23.5	1.7	4,232	25	60,687	14	32.5	2,438	
75-84	777	28.3	2.0	5,558	26	72,645	13	99.7	2,745	
85 and older	1,032	29.2	1.9	6,676	24	86,050	13	109.6	3,537	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	2,050	29.2	2.0	14,270	27	187,222	13	89.0	7,025	
Disabled	1,904	27.0	2.1	15,093	32	222,810	15	19.9	7,045	
Adults	46	34.3	2.1	275	36	4,808	17	2.6	134	
Children	0	0.0	0.0	0	0	0	0	0.0	2	
Unknown	3	30.0	2.3	23	24	240	10	4.4	10	
Gender										
Female	2,770	30.5	2.2	20,368	31	279,122	14	28.6	9,087	
Male	1,233	24.0	1.8	9,293	27	135,958	15	24.1	5,129	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	3,599	30.4	2.3	27,217	32	380,872	14	28.1	11,849	
African American	10	18.2	1.0	56	11	597	11	6.4	55	
Other/unknown	394	17.0	1.0	2,388	15	33,611	14	19.3	2,312	
Use of Nursing Facilities^d										
Entire year	1,387	37.0	3.0	11,122	42	155,706	14	71.2	3,747	
Part year	535	35.9	2.1	3,112	26	38,786	12	37.9	1,490	
None	2,081	23.2	1.7	15,427	25	220,588	14	18.1	8,979	
Maintenance Assistance Status										
Cash	1,578	22.8	1.6	11,416	23	158,884	14	15.5	6,931	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	61	22.8	1.3	335	16	4,200	13	4.5	267	
Other/unknown	2,364	33.7	2.6	17,910	36	251,996	14	59.9	7,018	

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

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, 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	\$14	\$0	\$2	150,278
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	48
15-20	0.1	2	14	1	1	498
21-44	0.2	3	15	0	2	27,408
45-64	0.2	4	14	0	2	33,539
65-74	0.2	2	14	0	1	26,574
75-84	0.2	3	13	0	2	28,301
85 and older	0.2	3	13	0	1	33,910
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	13	0	2	69,518
Disabled	0.2	3	15	0	2	79,421
Adults	0.2	4	17	0	2	1,200
Children	0.0	0	0	0	0	24
Unknown	0.2	2	10	0	1	115
Gender						
Female	0.2	3	14	0	2	95,916
Male	0.2	3	15	0	2	54,362
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	14	0	2	124,429
African American	0.1	1	11	0	1	520
Other/unknown	0.1	1	14	0	1	25,329
Use of Nursing Facilities^d						
Entire year	0.3	4	14	0	2	37,370
Part year	0.2	3	12	0	2	14,175
None	0.2	2	14	0	2	98,733
Maintenance Assistance Status						
Cash	0.1	2	14	0	1	77,649
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	13	0	1	2,695
Other/unknown	0.3	4	14	0	2	69,934

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 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	
All	4,667	\$89	\$415,080	100.0	29,661	\$14	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	561	45	25,023	6.0	1,301	19	4.4
Vitamins and minerals	149	86	12,863	3.1	667	19	2.2
Non-prescription drugs	900	97	87,195	21.0	4,197	21	14.1
Barbiturates	149	107	15,893	3.8	1,695	9	5.7
Benzodiazepines	2,860	93	265,819	64.0	21,582	12	72.8
Other Part D Excl Rx Drugs	48	173	8,287	2.0	219	38	0.7

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 14,216
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,540,994
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$108

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,021	70.5	\$0	0.0
1-500	3,832	27.0	335,250	21.8
501-1,000	115	0.8	82,035	5.3
1,001-1,500	44	0.3	53,249	3.5
1,501-2,000	32	0.2	55,143	3.6
2,001-2,500	25	0.2	57,803	3.8
2,501-3,000	21	0.1	57,457	3.7
3,001-3,500	26	0.2	85,046	5.5
3,501-4,000	13	0.1	49,699	3.2
4,001-4,500	5	0.0	21,214	1.4
4,501-5,000	8	0.1	37,438	2.4
5,001-5,500	7	0.0	37,061	2.4
5,501-6,000	11	0.1	64,085	4.2
6,001-6,500	6	0.0	36,946	2.4
6,501-7,000	7	0.0	47,319	3.1
7,001-7,500	4	0.0	29,012	1.9
7,501-8,000	4	0.0	31,356	2.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	3	0.0	26,161	1.7
9,001-9,500	1	0.0	9,124	0.6
9,501-10,000	7	0.0	68,657	4.5
10,001+	24	0.2	356,939	23.2

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 SOUTH DAKOTA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 5,230
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$971,540
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$185

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,601	68.9	\$0	0.0
1-500	1,393	26.6	143,146	14.7
501-1,000	70	1.3	50,484	5.2
1,001-1,500	26	0.5	31,399	3.2
1,501-2,000	20	0.4	34,721	3.6
2,001-2,500	15	0.3	34,163	3.5
2,501-3,000	14	0.3	38,064	3.9
3,001-3,500	18	0.3	59,060	6.1
3,501-4,000	11	0.2	41,705	4.3
4,001-4,500	2	0.0	8,895	0.9
4,501-5,000	5	0.1	23,045	2.4
5,001-5,500	3	0.1	15,950	1.6
5,501-6,000	10	0.2	58,159	6.0
6,001-6,500	5	0.1	30,760	3.2
6,501-7,000	4	0.1	26,943	2.8
7,001-7,500	4	0.1	29,012	3.0
7,501-8,000	3	0.1	23,512	2.4
8,001-8,500	0	0.0	0	0.0
8,501-9,000	3	0.1	26,161	2.7
9,001-9,500	1	0.0	9,124	0.9
9,501-10,000	5	0.1	49,372	5.1
10,001+	17	0.3	237,865	24.5

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 8,720
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$338,376
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$38

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,304	72.3	\$0	0.0
1-500	2,334	26.8	179,067	52.9
501-1,000	40	0.5	28,048	8.3
1,001-1,500	13	0.1	15,425	4.6
1,501-2,000	8	0.1	13,665	4.0
2,001-2,500	4	0.0	9,764	2.9
2,501-3,000	2	0.0	5,279	1.6
3,001-3,500	4	0.0	12,685	3.7
3,501-4,000	0	0.0	0	0.0
4,001-4,500	3	0.0	12,319	3.6
4,501-5,000	0	0.0	0	0.0
5,001-5,500	2	0.0	10,366	3.1
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,186	1.8
6,501-7,000	2	0.0	13,629	4.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,844	2.3
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	1	0.0	9,648	2.9
10,001+	1	0.0	14,451	4.3

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 2,438
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$186,986
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$76

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,822	74.7	\$0	0.0
1-500	558	22.9	51,627	27.6
501-1,000	24	1.0	17,316	9.3
1,001-1,500	10	0.4	11,683	6.2
1,501-2,000	4	0.2	6,813	3.6
2,001-2,500	4	0.2	9,764	5.2
2,501-3,000	1	0.0	2,655	1.4
3,001-3,500	4	0.2	12,685	6.8
3,501-4,000	0	0.0	0	0.0
4,001-4,500	3	0.1	12,319	6.6
4,501-5,000	0	0.0	0	0.0
5,001-5,500	2	0.1	10,366	5.5
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,186	3.3
6,501-7,000	2	0.1	13,629	7.3
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,844	4.2
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	1	0.0	9,648	5.2
10,001+	1	0.0	14,451	7.7

Source: Data for this table are from the MAX 2007 file for South Dakota, released by CMS in 4/2010. 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 DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,745
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$72,898
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$26

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,982	72.2	\$0	0.0
1-500	749	27.3	58,259	79.9
501-1,000	9	0.3	5,830	8.0
1,001-1,500	2	0.1	2,654	3.6
1,501-2,000	2	0.1	3,531	4.8
2,001-2,500	0	0.0	0	0.0
2,501-3,000	1	0.0	2,624	3.6
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 2007 file for South Dakota, released by CMS in 4/2010. 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 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 SOUTH DAKOTA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,537
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$78,492
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$22

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,500	70.7	\$0	0.0
1-500	1,027	29.0	69,181	88.1
501-1,000	7	0.2	4,902	6.2
1,001-1,500	1	0.0	1,088	1.4
1,501-2,000	2	0.1	3,321	4.2
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 2007 file for South Dakota, released by CMS in 4/2010. 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

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, 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	14,216	7,025	7,045	134	2	10	150,278	69,518	79,421	1,200	24	115
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	45	0	44	0	1	0	498	0	486	0	12	0
21-44	2,446	26	2,341	79	0	0	27,408	303	26,402	703	0	0
45-64	3,001	113	2,842	41	0	5	33,539	1,253	31,866	360	0	60
65-74	2,438	1,097	1,323	13	0	5	26,574	11,290	15,104	125	0	55
75-84	2,745	2,321	423	1	0	0	28,301	23,475	4,814	12	0	0
85 and older	3,537	3,468	69	0	0	0	33,910	33,197	713	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	9,087	5,061	3,917	99	0	10	95,916	50,823	44,097	881	0	115
Male	5,129	1,964	3,128	35	2	0	54,362	18,695	35,324	319	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	11,849	6,509	5,250	80	1	9	124,429	64,284	59,298	732	12	103
African American	55	8	45	2	0	0	520	70	441	9	0	0
Other/unknown	2,312	508	1,750	52	1	1	25,329	5,164	19,682	459	12	12
Use of Nursing Facilities^c												
Entire year	3,747	3,217	530	0	0	0	37,370	31,434	5,936	0	0	0
Part year	1,490	1,205	285	0	0	0	14,175	11,240	2,935	0	0	0
None	8,979	2,603	6,230	134	2	10	98,733	26,844	70,550	1,200	24	115
Maintenance Assistance Status												
Cash	6,931	1,845	4,989	96	1	0	77,649	20,414	56,353	870	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	267	91	152	14	0	10	2,695	916	1,563	101	0	115
Other/unknown	7,018	5,089	1,904	24	1	0	69,934	48,188	21,505	229	12	0
Dual Status^d												
Full dual, all year	13,663	6,708	6,823	120	2	10	144,444	66,170	77,082	1,053	24	115
Full dual, part year	553	317	222	14	0	0	5,834	3,348	2,339	147	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	14,216	7,025	7,045	134	2	10	150,278	69,518	79,421	1,200	24	115
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
	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 Dakota, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, SOUTH DAKOTA, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G 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	14,216	150,278	14,216	150,278	0	0
Fee-for-service (FFS) all year	14,216	150,278	14,216	150,278	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 2007 file for South Dakota, released by CMS in 4/2010. 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