

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 VERMONT

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	17,618	9,062	8,332	212	3	9	181,185	91,875	88,140	1,099	24	47
Age												
5 and younger	2	0	2	0	0	0	22	0	22	0	0	0
6-14	2	0	2	0	0	0	24	0	24	0	0	0
15-20	21	0	18	0	3	0	195	0	171	0	24	0
21-44	3,513	2	3,384	120	0	7	36,300	24	35,495	740	0	41
45-64	3,826	6	3,747	71	0	2	39,660	38	39,334	282	0	6
65-74	3,780	2,805	954	21	0	0	39,429	28,655	10,697	77	0	0
75-84	3,700	3,532	168	0	0	0	38,582	36,777	1,805	0	0	0
85 and older	2,774	2,717	57	0	0	0	26,973	26,381	592	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	10,839	6,597	4,136	105	1	0	112,833	68,019	44,247	555	12	0
Male	6,779	2,465	4,196	107	2	9	68,352	23,856	43,893	544	12	47
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,033	7,552	7,301	174	2	4	156,649	77,885	77,812	914	22	16
African American	47	11	36	0	0	0	488	114	374	0	0	0
Other/unknown	2,538	1,499	995	38	1	5	24,048	13,876	9,954	185	2	31
Use of Nursing Facilities												
All year	2,509	2,388	121	0	0	0	24,468	23,210	1,258	0	0	0
Part year	931	838	93	0	0	0	8,573	7,673	900	0	0	0
None	14,178	5,836	8,118	212	3	9	148,144	60,992	85,982	1,099	24	47
Maintenance Assistance Status												
Cash	7,121	2,112	4,978	31	0	0	79,172	23,714	55,209	249	0	0
Medically needy	5,526	3,058	2,420	47	1	0	55,772	31,828	23,626	308	10	0
Poverty-related	8	0	0	8	0	0	67	0	0	67	0	0
Other/unknown	4,963	3,892	934	126	2	9	46,174	36,333	9,305	475	14	47
Dual Medicare Status^c												
Full dual, all year	17,618	9,062	8,332	212	3	9	181,185	91,875	88,140	1,099	24	47
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care Status												
FFS all year	16,986	8,961	7,913	101	2	9	178,189	91,348	85,963	809	22	47
FFS part year, with Rx claims	574	87	391	96	0	0	2,751	452	2,039	260	0	0
FFS part year, no Rx claims	58	14	28	15	1	0	245	75	138	30	2	0

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 1999. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benef
All	89.2 %	40.8	\$1,895	\$46	\$10,562	17.9 %	\$58	17,618
Age								
5 and younger	100.0	51.0	5,153	101	42,386	12.2	74	2
6-14	100.0	56.0	13,429	240	19,035	70.5	115	2
15-20	61.9	9.3	480	52	18,116	2.7	8	21
21-44	84.9	30.7	2,039	66	10,351	19.7	37	3,513
45-64	89.3	44.7	2,380	53	9,679	24.6	80	3,826
65-74	87.7	42.5	1,821	43	7,362	24.7	77	3,780
75-84	91.6	44.3	1,689	38	10,627	15.9	58	3,700
85 and older	93.3	41.8	1,418	34	16,234	8.7	26	2,774
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	90.8	42.8	1,638	38	11,560	14.2	52	9,062
Disabled	87.6	39.3	2,201	56	9,675	22.7	64	8,332
Adults	82.1	18.9	888	47	2,944	30.2	31	212
Children	33.3	5.7	155	27	16,296	1.0	0	3
Unknown	88.9	10.6	1,653	157	4,702	35.2	0	9
Gender								
Female	92.4	44.9	1,933	43	10,850	17.8	64	10,839
Male	84.0	34.4	1,833	53	10,101	18.2	48	6,779
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	89.6	42.1	1,952	46	10,563	18.5	61	15,033
African American	80.9	32.7	2,197	67	10,035	21.9	62	47
Other/unknown	86.5	33.7	1,549	46	10,563	14.7	37	2,538
Use of Nursing Facilities								
Entire year	96.3	54.9	1,945	35	27,326	7.1	34	2,509
Part year	96.2	51.1	1,913	37	16,836	11.4	57	931
None	87.4	37.7	1,885	50	7,183	26.2	62	14,178
Maintenance Assistance Status								
Cash	87.2	38.9	1,942	50	8,356	23.2	61	7,121
Medically needy	88.5	38.3	1,899	50	4,260	44.6	63	5,526
Poverty related	100.0	9.3	384	42	2,447	15.7	0	8
Other/unknown	92.6	46.6	1,825	39	20,757	8.8	46	4,963

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	4.0	\$184	17.9 %	10.8 %	19.5 %	12.8 %	30.1 %	20.2 %	6.5 %	\$1,027	17,618	181,185
Age												
5 and younger	4.6	468	12.2	0.0	0.0	50.0	0.0	50.0	0.0	3,853	2	22
6-14	4.7	1,119	70.5	0.0	0.0	0.0	50.0	50.0	0.0	1,586	2	24
15-20	1.0	52	2.7	38.1	38.1	14.3	4.8	0.0	4.8	1,951	21	195
21-44	3.0	197	19.7	15.1	29.7	13.2	24.7	12.5	4.8	1,002	3,513	36,300
45-64	4.3	230	24.6	10.7	17.5	12.5	30.1	20.9	8.3	934	3,826	39,660
65-74	4.1	175	24.7	12.3	18.9	12.3	29.2	20.1	7.2	706	3,780	39,429
75-84	4.2	162	15.9	8.4	16.3	12.9	31.9	24.4	6.1	1,019	3,700	38,582
85 and older	4.3	146	8.7	6.7	14.3	13.4	35.9	24.1	5.5	1,670	2,774	26,973
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	4.2	162	14.2	9.2	16.3	12.9	32.3	22.9	6.4	1,140	9,062	91,875
Disabled	3.7	208	22.7	12.4	23.0	12.8	28.0	17.4	6.4	915	8,332	88,140
Adults	3.6	171	30.2	17.9	21.2	11.3	19.8	18.9	10.8	568	212	1,099
Children	0.7	19	1.0	66.7	0.0	33.3	0.0	0.0	0.0	2,037	3	24
Unknown	2.0	317	35.2	11.1	33.3	22.2	11.1	22.2	0.0	900	9	47
Gender												
Female	4.3	186	17.8	7.6	17.0	13.0	32.8	22.4	7.1	1,042	10,839	112,833
Male	3.4	182	18.2	16.0	23.4	12.6	25.8	16.8	5.4	1,002	6,779	68,352
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.0	187	18.5	10.4	19.2	12.8	30.4	20.5	6.7	1,014	15,033	156,649
African American	3.1	212	21.9	19.1	12.8	21.3	21.3	23.4	2.1	967	47	488
Other/unknown	3.6	164	14.7	13.5	21.5	12.8	28.4	18.6	5.0	1,115	2,538	24,048
Use of Nursing Facilities												
Entire year	5.6	199	7.1	3.7	9.8	9.8	33.1	31.4	12.2	2,802	2,509	24,468
Part year	5.6	208	11.4	3.8	8.4	11.1	33.5	34.0	9.2	1,828	931	8,573
None	3.6	180	26.2	12.6	21.9	13.5	29.4	17.4	5.3	687	14,178	148,144
Maintenance Assistance Status												
Cash	3.5	175	23.2	12.8	24.1	13.0	28.4	16.4	5.3	752	7,121	79,172
Medically needy	3.8	188	44.6	11.5	19.8	14.0	31.0	18.9	4.8	422	5,526	55,772
Poverty related	1.1	46	15.7	0.0	62.5	25.0	12.5	0.0	0.0	292	8	67
Other/unknown	5.0	196	8.8	7.4	12.5	11.2	31.6	27.2	10.0	2,231	4,963	46,174

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- a. Table 13 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.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	4.0	\$184	\$46	1.4	\$114	\$80	0.6	\$34	\$55	1.7	\$27	\$16
Age												
5 and younger	4.6	468	101	1.3	315	239	1.1	21	18	1.7	84	50
6-14	4.7	1,119	240	2.0	1,039	531	0.9	55	61	1.3	13	10
15-20	1.0	52	52	0.4	38	89	0.2	9	38	0.3	5	14
21-44	3.0	197	66	1.2	132	112	0.5	36	80	1.2	22	18
45-64	4.3	230	53	1.7	147	87	0.6	42	67	1.7	30	17
65-74	4.1	175	43	1.5	105	70	0.6	31	51	1.7	27	16
75-84	4.2	162	38	1.4	94	66	0.7	30	43	1.9	28	15
85 and older	4.3	146	34	1.3	81	63	0.7	27	37	2.0	29	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	4.2	162	38	1.4	95	66	0.7	29	43	1.9	28	15
Disabled	3.7	208	56	1.4	134	93	0.6	38	68	1.5	26	17
Adults	3.6	171	47	1.4	111	82	0.6	32	56	1.5	21	14
Children	0.7	19	27	0.2	4	17	0.5	16	32	0.0	0	0
Unknown	2.0	317	157	1.4	301	208	0.0	7	158	0.5	8	17
Gender												
Female	4.3	186	43	1.5	113	73	0.7	34	51	1.8	28	15
Male	3.4	182	53	1.2	116	93	0.5	33	63	1.4	25	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.0	187	46	1.5	116	79	0.6	34	55	1.7	28	16
African American	3.1	212	67	1.2	164	132	0.4	19	53	1.3	18	14
Other/unknown	3.6	164	46	1.3	102	80	0.6	31	55	1.5	24	16
Use of Nursing Facilities												
Entire year	5.6	199	35	1.8	119	67	0.7	30	41	2.8	41	15
Part year	5.6	208	37	1.9	124	67	0.8	32	41	2.6	39	15
None	3.6	180	50	1.4	112	83	0.6	34	58	1.5	24	17
Maintenance Assistance Status												
Cash	3.5	175	50	1.3	108	84	0.6	33	59	1.4	23	17
Medically needy	3.8	188	50	1.4	117	82	0.6	35	57	1.5	26	17
Poverty related	1.1	46	42	0.3	24	86	0.1	3	26	0.7	18	27
Other/unknown	5.0	196	39	1.7	120	72	0.7	32	46	2.4	35	15

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 14 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.

Table 14

Dual Eligible Beneficiaries

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 other than the original patent holder. In Vermont, 5.2 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of No. of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.2	\$17	\$15	\$0	\$2	\$50	\$92	\$44	\$11	31,790	\$1,595,686	8,996	51.1 %	96,268
Biologics	0.1	0.1	0.0	0.0	4	2	0	2	38	37	0	39	392	14,841	322	1.8	3,562
Antineoplastic Agents	0.6	0.3	0.1	0.2	103	85	8	10	168	290	92	43	2,619	439,552	410	2.3	4,263
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.4	26	19	3	4	28	47	18	12	61,968	1,754,189	6,408	36.4	67,929
Cardiovascular Agents	1.6	0.5	0.4	0.7	52	27	16	9	33	54	43	13	161,752	5,283,996	9,658	54.8	101,554
Respiratory Agents	0.9	0.5	0.0	0.3	36	27	1	8	41	52	40	23	53,290	2,167,877	5,707	32.4	60,865
Gastrointestinal Agents	0.7	0.3	0.1	0.2	52	38	9	6	76	114	79	23	46,151	3,486,667	6,246	35.5	66,624
Genitourinary Agents	0.4	0.3	0.0	0.2	17	13	0	3	38	52	46	17	9,248	349,213	1,940	11.0	21,092
CNS Drugs	1.4	0.6	0.2	0.6	90	59	21	10	65	102	105	17	134,892	8,727,293	9,307	52.8	97,475
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	30	12	7	11	57	102	47	41	521	29,560	93	0.5	987
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	53	48	3	2	106	125	94	22	2,997	317,557	577	3.3	6,048
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	34	20	8	6	42	91	73	13	65,525	2,779,340	7,871	44.7	82,340
Neuromuscular Agents	1.0	0.4	0.2	0.5	54	36	8	11	52	92	44	22	46,826	2,417,406	4,235	24.0	44,694
Nutritional Products	0.6	0.0	0.3	0.4	12	0	7	5	19	18	25	14	14,621	279,236	2,211	12.5	22,907
Hematological Agents	0.7	0.1	0.3	0.4	37	23	8	6	54	296	30	18	16,003	863,391	2,218	12.6	23,137
Topical Products	0.4	0.2	0.1	0.2	12	7	2	3	29	45	34	14	27,144	797,819	6,140	34.9	66,971
Miscellaneous Products	0.2	0.1	0.0	0.1	43	29	10	4	171	195	257	65	1,613	275,625	603	3.4	6,457
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	24	0	0	0	43	0	0	0	42,317	1,801,496	6,966	39.5	74,727
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.	719,669	33,380,744	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 15 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 therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 Vermont, 5.2 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/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$4,385,379	4,082	23.2 %	43,992	0.9	\$115	\$100
ANTIDEPRESSANTS	3,173,443	7,927	45.0	84,923	0.7	53	37
ULCER DRUGS	2,943,031	5,681	32.2	61,745	0.5	88	48
ANTICONVULSANT	1,964,992	3,459	19.6	37,715	0.9	59	52
ANTHYPERLIPIDEMIC	1,567,381	2,549	14.5	28,292	0.7	81	55
ANTIASTHMATIC	1,547,790	6,145	34.9	66,245	0.6	42	23
ANALGESICS - Narcotic	1,432,426	7,618	43.2	80,355	0.5	38	18
ANTIDIABETIC	1,286,310	3,868	22.0	41,919	0.8	41	31
ANTHYPERTENSIVE	1,276,292	4,423	25.1	47,684	0.7	38	27
ANALGESICS - ANTI-INFLAMMATORY	1,075,941	5,055	28.7	56,128	0.4	52	19

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx
All	344,677	\$20,652,985	4,082	23.2 %	43,992	0.9	\$100	7,927	45.0 %	84,923	0.7	\$37				
Female	220,737	12,484,545	2,373	21.9	25,450	0.8	75	5,381	49.6	58,158	0.7	38				
Disabled	96,510	6,239,833	1,159	28.0	12,812	0.9	103	2,668	64.5	29,408	0.7	41				
5 and younger	6	163	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	1	84	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	36	2,227	1	12.5	12	0.9	119	1	12.5	12	0.7	44				
21-44	27,880	1,943,512	499	35.7	5,539	0.9	109	996	71.3	10,956	0.6	41				
45-64	51,516	3,349,265	559	28.8	6,147	0.9	102	1,349	69.6	14,772	0.7	44				
65-74	14,614	829,992	84	13.4	954	0.8	84	276	43.9	3,160	0.6	33				
75-84	1,964	90,048	14	11.8	147	0.7	15	32	26.9	366	0.8	38				
85 and older	493	24,542	2	4.9	13	0.8	15	14	34.1	142	0.5	17				
Other Eligibles	124,227	6,244,712	1,214	18.1	12,638	0.6	47	2,713	40.5	28,750	0.7	34				
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	671	31,616	11	17.5	85	1.7	110	29	46.0	256	0.9	39				
45-64	193	13,481	1	3.0	3	1.3	93	10	30.3	68	0.9	78				
65-74	37,127	2,001,794	237	13.2	2,627	0.7	59	738	41.1	8,103	0.7	32				
75-84	51,701	2,617,476	470	18.0	4,878	0.6	51	1,039	39.9	11,053	0.8	34				
85 and older	34,535	1,580,345	495	22.4	5,045	0.5	36	897	40.6	9,270	0.8	35				
Male	123,940	8,168,440	1,709	25.2	18,542	1.0	133	2,546	37.6	26,765	0.7	37				
Disabled	80,304	5,896,965	1,243	29.6	13,865	1.1	156	1,694	40.4	18,450	0.7	38				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	10	1,120	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	32	4,450	0	0.0	0	0.0	0	2	20.0	20	0.3	8				
21-44	33,491	2,791,447	707	35.6	7,897	1.1	164	852	42.9	9,222	0.6	39				
45-64	39,845	2,682,028	473	26.2	5,281	1.1	147	762	42.1	8,337	0.7	38				
65-74	5,915	369,906	61	18.8	668	0.9	131	63	19.4	696	0.7	33				
75-84	829	37,449	2	4.1	19	0.6	6	14	28.6	163	0.7	23				
85 and older	182	10,565	0	0.0	0	0.0	0	1	6.3	12	0.3	3				
Other Eligibles	43,636	2,271,475	466	18.0	4,677	0.7	67	852	33.0	8,315	0.7	34				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	8	264	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	477	31,230	6	9.1	37	0.4	17	16	24.2	98	0.7	49				
45-64	262	15,477	1	2.2	2	3.5	60	9	19.6	62	0.8	45				
65-74	18,999	1,043,199	151	14.6	1,595	0.9	88	288	27.9	3,025	0.7	35				
75-84	15,707	787,332	181	19.5	1,863	0.7	61	346	37.3	3,315	0.7	35				
85 and older	8,183	393,973	127	24.9	1,180	0.6	50	193	37.8	1,815	0.8	31				
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 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16A 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	5,681	32.2 %	61,745	0.5	\$48	3,459	19.6 %	37,715	0.9	\$52	2,549	14.5 %	28,292	0.7	\$55
Female	3,788	34.9	41,419	0.5	48	2,008	18.5	21,900	0.8	46	1,712	15.8	19,202	0.7	55
Disabled	1,470	35.5	16,461	0.5	47	1,240	30.0	13,701	0.9	54	668	16.2	7,562	0.7	57
5 and younger	2	100.0	20	0.2	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	12.5	12	0.3	7	0	0.0	0	0.0	0
21-44	368	26.3	4,103	0.5	44	523	37.4	5,841	0.9	59	52	3.7	573	0.6	44
45-64	769	39.7	8,504	0.5	49	608	31.4	6,595	0.9	53	405	20.9	4,512	0.7	59
65-74	278	44.2	3,225	0.5	47	95	15.1	1,117	0.8	34	185	29.4	2,174	0.7	56
75-84	39	32.8	446	0.5	39	10	8.4	105	1.2	25	23	19.3	268	0.8	50
85 and older	13	31.7	151	0.6	43	3	7.3	31	0.7	35	3	7.3	35	0.6	67
Other Eligibles	2,318	34.6	24,958	0.6	48	768	11.5	8,199	0.8	31	1,044	15.6	11,640	0.7	54
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	13	20.6	110	0.8	45	12	19.0	77	0.5	26	2	3.2	24	0.9	60
45-64	3	9.1	22	0.3	28	2	6.1	12	0.5	20	4	12.1	20	0.8	65
65-74	617	34.4	6,690	0.5	46	250	13.9	2,757	0.9	37	501	27.9	5,568	0.6	53
75-84	896	34.4	9,865	0.6	50	309	11.9	3,312	0.8	29	455	17.5	5,125	0.7	57
85 and older	789	35.7	8,271	0.6	47	195	8.8	2,041	0.8	28	82	3.7	903	0.8	50
Male	1,893	27.9	20,326	0.5	48	1,451	21.4	15,815	0.9	61	837	12.3	9,090	0.7	56
Disabled	1,073	25.6	11,858	0.5	48	1,149	27.4	12,718	1.0	65	520	12.4	5,726	0.7	56
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	1	100.0	12	0.8	93	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	10.0	12	2.3	358	0	0.0	0	0.0	0
21-44	385	19.4	4,190	0.5	45	634	31.9	7,035	1.0	71	103	5.2	1,126	0.7	45
45-64	557	30.8	6,200	0.5	51	465	25.7	5,129	1.0	60	347	19.2	3,805	0.8	59
65-74	113	34.8	1,274	0.4	41	44	13.5	482	0.9	40	56	17.2	640	0.6	57
75-84	10	20.4	109	0.5	55	4	8.2	48	0.4	14	12	24.5	131	0.7	67
85 and older	7	43.8	73	0.7	65	1	6.3	12	0.6	49	2	12.5	24	0.3	44
Other Eligibles	820	31.7	8,468	0.6	47	302	11.7	3,097	0.8	45	317	12.3	3,364	0.7	55
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	50.0	10	0.8	26	0	0.0	0	0.0	0
21-44	8	12.1	52	0.7	52	5	7.6	43	1.2	78	3	4.5	28	0.8	56
45-64	3	6.5	8	0.5	29	7	15.2	36	0.8	110	4	8.7	30	0.7	63
65-74	342	33.2	3,626	0.5	46	122	11.8	1,338	0.8	45	197	19.1	2,079	0.7	57
75-84	292	31.5	3,126	0.6	44	113	12.2	1,149	0.9	42	95	10.2	1,044	0.7	54
85 and older	175	34.3	1,656	0.7	56	54	10.6	521	0.9	43	18	3.5	183	0.5	46
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16B 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					ANALGESICS - Narcotic					ANTI-DIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	6,145	34.9 %	66,245	0.6	\$23	7,618	43.2 %	80,355	0.5	\$18	3,868	22.0 %	41,919	0.8	\$31
Female	3,803	35.1	41,408	0.5	22	4,958	45.7	52,666	0.5	17	2,688	24.8	29,378	0.8	31
Disabled	1,617	39.1	17,823	0.5	20	2,313	55.9	25,471	0.4	17	919	22.2	10,279	0.8	37
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.1	1	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	12.5	5	0.2	2	0	0.0	0	0.0	0	1	12.5	12	0.8	11
21-44	387	27.7	4,249	0.3	14	819	58.6	8,997	0.4	16	126	9.0	1,410	0.7	30
45-64	895	46.2	9,775	0.5	22	1,141	58.8	12,514	0.4	21	539	27.8	5,971	0.8	39
65-74	299	47.5	3,432	0.6	23	283	45.0	3,201	0.4	11	218	34.7	2,519	0.8	36
75-84	31	26.1	314	0.7	27	49	41.2	526	0.2	4	32	26.9	336	0.7	32
85 and older	4	9.8	48	0.5	14	19	46.3	209	0.5	26	3	7.3	31	0.5	19
Other Eligibles	2,186	32.6	23,585	0.6	24	2,645	39.5	27,195	0.5	17	1,769	26.4	19,099	0.7	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	11	17.5	120	0.3	7	20	31.7	154	0.3	6	7	11.1	40	0.4	7
45-64	3	9.1	13	0.2	9	10	30.3	81	0.6	41	3	9.1	21	1.0	75
65-74	759	42.3	8,189	0.6	26	719	40.1	7,774	0.5	18	635	35.4	6,857	0.8	31
75-84	909	34.9	9,950	0.6	25	1,002	38.5	10,644	0.5	15	787	30.2	8,652	0.8	27
85 and older	504	22.8	5,313	0.5	20	894	40.5	8,542	0.6	18	337	15.3	3,529	0.7	20
Male	2,342	34.5	24,837	0.6	25	2,660	39.2	27,689	0.5	20	1,180	17.4	12,541	0.8	31
Disabled	1,135	27.0	12,380	0.5	24	1,738	41.4	18,728	0.5	22	609	14.5	6,658	0.8	35
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	275	13.8	3,017	0.4	14	817	41.1	8,795	0.5	23	136	6.8	1,522	0.8	33
45-64	637	35.2	6,980	0.6	27	793	43.9	8,542	0.5	21	385	21.3	4,165	0.8	36
65-74	188	57.8	2,077	0.6	29	109	33.5	1,194	0.4	16	80	24.6	888	0.8	32
75-84	32	65.3	270	0.8	29	15	30.6	151	0.5	6	8	16.3	83	0.5	13
85 and older	3	18.8	36	0.3	3	4	25.0	46	0.1	1	0	0.0	0	0.0	0
Other Eligibles	1,207	46.7	12,457	0.6	26	922	35.7	8,961	0.5	15	571	22.1	5,883	0.7	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	3.0	23	0.8	20	29	43.9	221	0.9	70	2	3.0	16	0.6	18
45-64	8	17.4	66	0.3	13	15	32.6	97	0.4	10	9	19.6	78	0.5	25
65-74	548	53.2	5,735	0.6	26	395	38.3	4,021	0.4	16	275	26.7	2,884	0.7	29
75-84	421	45.4	4,326	0.6	27	297	32.0	2,907	0.5	13	193	20.8	1,998	0.7	27
85 and older	228	44.7	2,307	0.6	26	186	36.5	1,715	0.5	11	92	18.0	907	0.7	22
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16C 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY							
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	4,423	25.1 %	47,684	0.7	\$27	5,055	28.7 %	56,128	0.4	\$19	17,618	181,185
Female	2,889	26.7	31,290	0.7	27	3,502	32.3	39,177	0.4	21	10,839	112,833
Disabled	783	18.9	8,693	0.7	26	1,682	40.7	18,937	0.3	19	4,136	44,247
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	1	12.5	3	0.7	17	1	12.5	12	0.1	0	8	64
21-44	103	7.4	1,131	0.6	21	504	36.1	5,623	0.3	13	1,397	14,816
45-64	434	22.4	4,742	0.7	26	872	45.0	9,736	0.4	22	1,939	20,499
65-74	200	31.8	2,319	0.7	27	258	41.0	3,021	0.4	21	629	7,109
75-84	36	30.3	398	0.7	32	34	28.6	396	0.4	18	119	1,300
85 and older	9	22.0	100	1.0	26	13	31.7	149	0.3	19	41	425
Other Eligibles	2,106	31.4	22,597	0.7	27	1,820	27.2	20,240	0.4	22	6,703	68,586
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	1	12
21-44	4	6.3	22	0.8	19	9	14.3	76	0.3	19	63	417
45-64	1	3.0	10	0.8	20	3	9.1	18	1.1	31	33	130
65-74	600	33.4	6,550	0.7	26	562	31.3	6,294	0.4	24	1,795	18,615
75-84	916	35.2	10,027	0.7	27	777	29.8	8,746	0.4	22	2,604	27,636
85 and older	585	26.5	5,988	0.8	27	469	21.3	5,106	0.4	21	2,207	21,776
Male	1,534	22.6	16,394	0.7	27	1,553	22.9	16,951	0.3	16	6,779	68,352
Disabled	700	16.7	7,755	0.7	28	1,038	24.7	11,454	0.3	15	4,196	43,893
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	10	107
21-44	171	8.6	1,888	0.6	24	443	22.3	4,807	0.3	13	1,987	20,679
45-64	415	23.0	4,604	0.7	29	510	28.2	5,643	0.4	17	1,808	18,835
65-74	86	26.5	941	0.7	31	74	22.8	877	0.4	19	325	3,588
75-84	20	40.8	226	0.7	30	8	16.3	91	0.4	15	49	505
85 and older	8	50.0	96	0.7	29	3	18.8	36	0.7	32	16	167
Other Eligibles	834	32.3	8,639	0.7	27	515	19.9	5,497	0.4	17	2,583	24,459
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	2	12
21-44	3	4.5	32	0.3	14	15	22.7	105	0.3	14	66	388
45-64	6	13.0	54	0.6	24	6	13.0	35	0.5	39	46	196
65-74	366	35.5	3,813	0.7	29	232	22.5	2,520	0.4	18	1,031	10,117
75-84	310	33.4	3,245	0.7	24	171	18.4	1,861	0.4	15	928	9,141
85 and older	149	29.2	1,495	0.8	26	91	17.8	976	0.4	18	510	4,605
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 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 16D 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$199	5.6	2,509	24,468
Age				
0-64	308	7.4	110	1,145
65-74	273	7.1	308	3,085
75-84	215	6.0	804	7,925
85 and older	161	4.9	1,287	12,313
Unknown	0	0.0	0	0
Gender				
Female	188	5.4	1,850	18,247
Male	232	6.2	659	6,221
Unknown	0	0.0	0	0
Race				
White	206	5.8	2,031	19,872
African American	80	4.4	3	24
Other/unknown	173	5	475	4,572
Basis of Eligibility				
Aged	194	5.5	2,388	23,210
Disabled	295	7.2	121	1,258
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 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 931 beneficiaries who were in nursing facilities for part of their enrollment and their 8,573 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.

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

TABLE 18
 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, VERMONT, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos					
	Total	Patented	Off-Patent	Total	Patented	Off-Patent										
	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name										
Anti-infective Agents	0.4	0.2	0.0	0.2	\$13	\$11	\$0	\$2	\$9	\$21	\$9	6,432	\$214,478	1,581	63.0 %	16,234
Biologicals	0.1	0.0	0.0	0.1	2	1	0	1	20	17	0	228	4,521	201	8.0	2,244
Antineoplastic Agents	0.7	0.3	0.1	0.3	123	101	10	11	173	312	108	324	56,136	48	1.9	458
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.7	25	17	1	6	22	42	15	10,343	223,726	897	35.8	8,992
Cardiovascular Agents	1.8	0.3	0.4	1.1	38	12	14	13	21	37	34	28,018	599,779	1,592	63.5	15,681
Respiratory Agents	1.0	0.4	0.0	0.5	36	21	0	15	38	48	25	7,644	286,743	785	31.3	8,036
Gastrointestinal Agents	1.0	0.5	0.1	0.4	59	42	9	8	60	89	66	10,163	609,635	1,017	40.5	10,343
Genitourinary Agents	0.6	0.3	0.0	0.3	19	14	0	4	33	51	41	2,180	72,653	373	14.9	3,888
CNS Drugs	1.6	0.7	0.1	0.7	77	57	11	9	49	79	80	26,938	1,319,748	1,699	67.7	17,158
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.5	14	0	0	14	27	0	0	6	162	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	94	94	0	0	121	123	66	903	109,548	116	4.6	1,165
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	34	22	6	7	33	71	42	11,531	376,384	1,159	46.2	10,999
Neuromuscular Agents	1.3	0.3	0.2	0.7	51	26	10	15	39	74	39	8,994	351,316	671	26.7	6,953
Nutritional Products	0.8	0.0	0.3	0.5	15	0	6	9	18	21	23	4,403	80,861	560	22.3	5,484
Hematological Agents	0.9	0.1	0.3	0.5	28	15	6	7	32	232	24	4,281	137,988	487	19.4	4,874
Topical Products	0.5	0.2	0.1	0.3	14	7	3	4	26	42	37	7,325	188,886	1,277	50.9	13,543
Miscellaneous Products	0.2	0.1	0.0	0.0	6	4	0	2	31	26	178	243	7,486	123	4.9	1,288
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	19	0	0	0	30	0	0	7,891	238,576	1,212	48.3	12,387
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.	137,847	4,878,626	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 931 beneficiaries who were in nursing facilities for part of their enrollment and their 8,573 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 1999. 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/products/product_mddb.asp (May 13 2003).
- 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/products/product_mddb.asp (May 13 2003). In Vermont, 5.2 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 = Center for Medicare and 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.

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, VERMONT, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	17,754	9,063	8,343	335	4	185,802	92,428	90,517	2,766	44	47
Age											
5 and younger	2	0	2	0	0	22	0	22	0	0	0
6-14	2	0	2	0	0	24	0	24	0	0	0
15-20	22	0	18	0	4	242	0	198	0	44	0
21-44	3,567	2	3,388	170	0	38,078	24	36,536	1,477	0	41
45-64	3,879	6	3,753	118	0	41,458	41	40,480	931	0	6
65-74	3,808	2,806	955	47	0	40,377	29,159	10,860	358	0	0
75-84	3,700	3,532	168	0	0	38,601	36,796	1,805	0	0	0
85 and older	2,774	2,717	57	0	0	27,000	26,408	592	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	10,893	6,598	4,143	151	1	115,122	68,398	45,459	1,253	12	0
Male	6,861	2,465	4,200	184	3	70,680	24,030	45,058	1,513	32	47
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	15,134	7,553	7,311	263	3	160,450	78,276	79,894	2,232	32	16
African American	48	11	36	1	0	503	116	383	4	0	0
Other/unknown	2,572	1,499	996	71	1	24,849	14,036	10,240	530	12	31
Use of Nursing Facilities											
All year	2,509	2,388	121	0	0	24,468	23,210	1,258	0	0	0
Part year	931	838	93	0	0	8,574	7,673	901	0	0	0
None	14,314	5,837	8,129	335	4	152,760	61,545	88,358	2,766	44	47
Maintenance Assistance Status											
Cash	7,147	2,112	4,985	50	0	80,896	23,833	56,574	489	0	0
Medically needy	5,539	3,059	2,424	54	2	56,640	31,976	24,227	417	20	0
Poverty related	8	0	0	8	0	77	0	0	77	0	0
Other/unknown	5,060	3,892	934	223	2	48,189	36,619	9,716	1,783	24	47
Dual Status^c											
Full dual, all year	17,754	9,063	8,343	335	4	185,802	92,428	90,517	2,766	44	47
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
Managed Care Status											
FFS all year	16,986	8,961	7,913	101	2	178,189	91,348	85,963	809	22	47
FFS part year, with Rx claims	574	87	391	96	0	6,008	938	4,201	869	0	0
FFS part year, no Rx claims	58	14	28	15	1	561	141	279	129	12	0
MC all year, with Rx claims	103	0	9	94	0	891	0	67	824	0	0
MC all year, no Rx claims	33	1	2	29	1	153	1	7	135	10	0

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. 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 = Center for Medicare and 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
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	17,754	185,802	17,618	181,185	136	4,617
FFS all year	16,986	178,189	16,986	178,189	0	0
FFS part year, with Rx claims	574	6,008	574	2,751	0	3,257
FFS part year, with no Rx claims	58	561	58	245	0	316
MC all year, with Rx claims	103	891	0	0	103	891
MC all year, with no Rx claims	33	153	0	0	33	153

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 VERMONT, 1999

Total Number of Dual Eligible Beneficiaries 17,618
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$33,380,744
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,895

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,911	10.8 %	\$0	0.0 %
1-500	4,108	23.3	849,031	2.5
501-1,000	2,404	13.6	1,780,422	5.3
1,001-1,500	1,856	10.5	2,309,233	6.9
1,501-2,000	1,489	8.5	2,601,527	7.8
2,001-2,500	1,199	6.8	2,690,721	8.1
2,501-3,000	906	5.1	2,488,849	7.5
3,001-3,500	746	4.2	2,413,378	7.2
3,501-4,000	594	3.4	2,223,845	6.7
4,001-4,500	485	2.8	2,054,666	6.2
4,501-5,000	400	2.3	1,895,256	5.7
5,001-5,500	303	1.7	1,589,264	4.8
5,501-6,000	211	1.2	1,212,110	3.6
6,001-6,500	188	1.1	1,171,522	3.5
6,501-7,000	147	0.8	992,478	3.0
7,001-7,500	106	0.6	767,738	2.3
7,501-8,000	75	0.4	581,673	1.7
8,001-8,500	74	0.4	612,010	1.8
8,501-9,000	62	0.4	542,469	1.6
9,001-9,500	44	0.2	407,667	1.2
9,501-10,000	34	0.2	331,523	1.0
10,001+	276	1.6	3,865,362	11.6

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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}
VERMONT, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 7,153
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$16,083,221
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,249

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	909	12.7 %	0	0.0 %
1-500	1,679	23.5	320,190	2.0
501-1,000	799	11.2	590,574	3.7
1,001-1,500	630	8.8	777,313	4.8
1,501-2,000	518	7.2	909,518	5.7
2,001-2,500	400	5.6	899,851	5.6
2,501-3,000	345	4.8	947,493	5.9
3,001-3,500	288	4.0	930,217	5.8
3,501-4,000	236	3.3	885,345	5.5
4,001-4,500	209	2.9	886,518	5.5
4,501-5,000	198	2.8	939,815	5.8
5,001-5,500	156	2.2	818,967	5.1
5,501-6,000	111	1.6	637,903	4.0
6,001-6,500	102	1.4	635,792	4.0
6,501-7,000	84	1.2	567,054	3.5
7,001-7,500	67	0.9	486,285	3.0
7,501-8,000	50	0.7	387,812	2.4
8,001-8,500	40	0.6	331,353	2.1
8,501-9,000	43	0.6	376,046	2.3
9,001-9,500	32	0.4	296,603	1.8
9,501-10,000	26	0.4	254,107	1.6
10,001+	231	3.2	3,204,465	19.9

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 VERMONT, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74	3,780
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$6,884,065
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,821

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	464	12.3 %	0	0.0
1-500	804	21.3	167,974	2.4
501-1,000	503	13.3	371,637	5.4
1,001-1,500	407	10.8	506,507	7.4
1,501-2,000	320	8.5	559,699	8.1
2,001-2,500	261	6.9	585,180	8.5
2,501-3,000	212	5.6	583,723	8.5
3,001-3,500	184	4.9	597,431	8.7
3,501-4,000	130	3.4	485,959	7.1
4,001-4,500	112	3.0	473,807	6.9
4,501-5,000	94	2.5	444,286	6.5
5,001-5,500	62	1.6	324,790	4.7
5,501-6,000	42	1.1	241,795	3.5
6,001-6,500	47	1.2	292,811	4.3
6,501-7,000	33	0.9	223,909	3.3
7,001-7,500	20	0.5	144,412	2.1
7,501-8,000	15	0.4	116,077	1.7
8,001-8,500	20	0.5	165,116	2.4
8,501-9,000	10	0.3	87,633	1.3
9,001-9,500	7	0.2	65,280	0.9
9,501-10,000	4	0.1	38,670	0.6
10,001+	29	0.8	407,369	5.9

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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

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SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 VERMONT, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 3,700
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$6,249,525
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,689

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	312	8.4 %	0	0.0 %
1-500	782	21.1	171,580	2.7
501-1,000	596	16.1	445,779	7.1
1,001-1,500	461	12.5	577,814	9.2
1,501-2,000	351	9.5	612,990	9.8
2,001-2,500	314	8.5	705,889	11.3
2,501-3,000	203	5.5	557,576	8.9
3,001-3,500	167	4.5	540,980	8.7
3,501-4,000	131	3.5	490,832	7.9
4,001-4,500	97	2.6	410,022	6.6
4,501-5,000	85	2.3	401,589	6.4
5,001-5,500	60	1.6	314,202	5.0
5,501-6,000	34	0.9	194,790	3.1
6,001-6,500	27	0.7	168,027	2.7
6,501-7,000	25	0.7	167,895	2.7
7,001-7,500	15	0.4	108,295	1.7
7,501-8,000	7	0.2	54,716	0.9
8,001-8,500	11	0.3	90,395	1.4
8,501-9,000	7	0.2	61,593	1.0
9,001-9,500	4	0.1	36,640	0.6
9,501-10,000	4	0.1	38,746	0.6
10,001+	7	0.2	99,175	1.6

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 VERMONT, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 2,774
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$3,933,055
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,418

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 6.7 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	187		0	0.0 %
1-500	742	26.7	171,824	4.4
501-1,000	485	17.5	358,377	9.1
1,001-1,500	348	12.5	435,145	11.1
1,501-2,000	293	10.6	507,034	12.9
2,001-2,500	219	7.9	488,775	12.4
2,501-3,000	138	5.0	378,054	9.6
3,001-3,500	104	3.7	334,914	8.5
3,501-4,000	94	3.4	350,685	8.9
4,001-4,500	63	2.3	267,245	6.8
4,501-5,000	23	0.8	109,566	2.8
5,001-5,500	22	0.8	116,063	3.0
5,501-6,000	23	0.8	131,922	3.4
6,001-6,500	12	0.4	74,892	1.9
6,501-7,000	4	0.1	27,016	0.7
7,001-7,500	4	0.1	28,746	0.7
7,501-8,000	2	0.1	15,377	0.4
8,001-8,500	3	0.1	25,146	0.6
8,501-9,000	1	0.0	8,587	0.2
9,001-9,500	1	0.0	9,144	0.2
9,501-10,000	6	0.2	94,543	2.4
10,001+				

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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