

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 VERMONT

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
VERMONT, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	153,124 (A)	29,921 (E)	123,203 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	138,692 (B)	18,247 (F)	120,445 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	138,692 (C)	18,247 (G)	120,445 (K)
4. Benes who were all-year nursing facility residents ^f	2,377 (D)	2,285 (H)	92 (L)

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Vermont in 2001 was \$107,195,228, of which \$20,915,486 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 0.0 percent were restricted benefit months without a pharmacy benefit in Vermont, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 VERMONT, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	138,692	9,233	17,056	44,586	67,806	11	1,356,414	97,584	191,115	398,138	669,498	79		
Age														
5 and younger	22,250	0	310	0	21,940	0	211,861	0	3,395	0	208,466	0		
6-14	33,367	4	1,072	2	32,289	0	343,060	29	12,195	15	330,821	0		
15-20	15,882	3	905	2,012	12,962	0	150,842	19	10,026	16,283	124,514	0		
21-44	40,269	19	6,302	33,344	602	2	370,528	77	70,236	294,624	5,577	14		
45-64	16,247	10	7,099	9,118	11	9	166,058	87	79,647	86,152	107	65		
65-74	3,995	2,737	1,159	98	1	0	44,010	29,765	13,310	923	12	0		
75-84	3,806	3,640	154	12	0	0	41,123	39,256	1,726	141	0	0		
85 and older	2,875	2,820	55	0	0	0	28,931	28,351	580	0	0	0		
Unknown	1	0	0	0	1	0	1	0	0	0	1	0		
Gender														
Female	76,976	6,691	8,879	27,702	33,693	11	759,887	71,454	99,984	255,155	333,215	79		
Male	61,716	2,542	8,177	16,884	34,113	0	596,527	26,130	91,131	142,983	336,283	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	84,646	7,270	13,925	30,136	33,311	4	857,779	77,898	157,348	275,810	346,691	32		
African American	916	10	107	340	459	0	8,672	110	1,108	2,831	4,623	0		
Other/unknown	53,130	1,953	3,024	14,110	34,036	7	489,963	19,576	32,659	119,497	318,184	47		
Use of Nursing Facilities^c														
Entire year	2,377	2,227	150	0	0	0	23,039	21,510	1,529	0	0	0		
Part year	1,250	1,042	194	11	2	1	12,536	10,343	2,038	122	24	9		
None	135,065	5,964	16,712	44,575	67,804	10	1,320,839	65,731	187,548	398,016	669,474	70		
Maintenance Assistance Status														
Cash	31,337	1,919	12,205	5,570	11,643	0	334,050	21,935	138,896	54,523	118,696	0		
Medically needy	12,348	3,204	3,032	3,449	2,663	0	121,622	35,148	32,131	32,231	22,112	0		
Poverty-related	46,369	0	0	2,387	43,971	11	445,863	0	0	16,369	429,415	79		
Other/unknown	48,638	4,110	1,819	33,180	9,529	0	454,879	40,501	20,088	295,015	99,275	0		
Dual Medicare Status^d														
Full dual, all year	18,247	8,938	8,900	403	6	0	199,259	94,900	100,517	3,774	68	0		
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0		
Non-dual, all year	120,445	295	8,156	44,183	67,800	11	1,157,155	2,684	90,598	394,364	669,430	79		
Managed Care Status														
FFS all year	138,692	9,233	17,056	44,586	67,806	11	1,356,414	97,584	191,115	398,138	669,498	79		
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 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C 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 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 VERMONT, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	68.4 %	12.5	\$622	\$50	\$3,880	16.0 %	138,692
Age							
5 and younger	66.2	3.2	114	36	1,470	7.7	22,250
6-14	58.4	3.6	181	50	2,490	7.3	33,367
15-20	62.4	5.2	255	49	3,700	6.9	15,882
21-44	69.8	11.6	616	53	3,311	18.6	40,269
45-64	79.4	29.3	1,594	54	5,894	27.1	16,247
65-74	88.9	46.0	2,268	49	8,570	26.5	3,995
75-84	92.7	52.0	2,253	43	12,596	17.9	3,806
85 and older	94.3	47.9	1,855	39	18,193	10.2	2,875
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c							
Aged	91.9	48.6	2,126	44	13,332	15.9	9,233
Disabled	87.8	40.8	2,567	63	12,443	20.6	17,056
Adults	67.2	7.9	288	36	1,703	16.9	44,586
Children	61.2	3.5	148	42	1,869	7.9	67,806
Unknown	72.7	12.7	514	40	14,096	3.6	11
Gender							
Female	73.1	14.9	700	47	3,962	17.7	76,976
Male	62.6	9.6	525	55	3,777	13.9	61,716
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	74.3	16.4	833	51	4,790	17.4	84,646
African American	60.5	7.8	442	57	2,848	15.5	916
Other/unknown	59.3	6.4	289	45	2,448	11.8	53,130
Use of Nursing Facilities^d							
Entire year	96.1	59.4	2,511	42	30,522	8.2	2,377
Part year	96.5	64.5	2,687	42	21,328	12.6	1,250
None	67.7	11.2	570	51	3,250	17.5	135,065

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	78.8	22.1	1,254	57	6,538	19.2	31,337
Medically needy	78.2	26.0	1,462	56	3,588	40.7	12,348
Poverty related	59.0	2.9	115	39	1,257	9.2	46,369
Other/unknown	68.3	12.1	485	40	4,742	10.2	48,638

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 2001

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	1.3	\$64	16.0 %	31.6 %	48.2 %	6.7 %	8.2 %	4.1 %	1.2 %	\$397	138,692	1,356,414
Age												
5 and younger	0.3	12	7.7	33.8	63.3	2.2	0.7	0.0	0.0	154	22,250	211,861
6-14	0.4	18	7.3	41.6	53.1	3.3	1.9	0.1	0.0	242	33,367	343,060
15-20	0.6	27	6.9	37.6	53.4	5.6	3.0	0.4	0.1	390	15,882	150,842
21-44	1.3	67	18.6	30.2	48.8	8.8	8.5	2.8	0.9	360	40,269	370,528
45-64	2.9	156	27.1	20.6	32.3	12.0	19.9	11.4	3.7	577	16,247	166,058
65-74	4.2	206	26.5	11.1	19.1	13.0	29.6	20.4	6.8	778	3,995	44,010
75-84	4.8	209	17.9	7.3	14.1	12.2	32.6	25.7	8.2	1,166	3,806	41,123
85 and older	4.8	184	10.2	5.7	11.8	11.2	36.3	28.7	6.4	1,808	2,875	28,931
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Basis of Eligibility^c												
Aged	4.6	201	15.9	8.1	14.8	12.0	32.8	25.0	7.3	1,262	9,233	97,584
Disabled	3.6	229	20.6	12.2	26.8	13.1	26.4	15.9	5.5	1,111	17,056	191,115
Adults	0.9	32	16.9	32.8	50.4	8.6	6.5	1.4	0.2	191	44,586	398,138
Children	0.4	15	7.9	38.8	56.6	3.1	1.4	0.1	0.0	189	67,806	669,498
Unknown	1.8	72	3.6	27.3	27.3	27.3	9.1	9.1	0.0	1,963	11	79
Gender												
Female	1.5	71	17.7	26.9	49.3	7.5	9.7	5.1	1.6	401	76,976	759,887
Male	1.0	54	13.9	37.4	46.8	5.7	6.4	2.9	0.8	391	61,716	596,527
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.6	82	17.4	25.7	48.0	8.1	10.8	5.7	1.8	473	84,646	857,779
African American	0.8	47	15.5	39.5	46.4	6.3	5.0	2.1	0.7	301	916	8,672
Other/unknown	0.7	31	11.8	40.7	48.5	4.5	4.2	1.7	0.4	266	53,130	489,963
Use of Nursing Facilities^d												
Entire year	6.1	259	8.2	3.9	6.4	8.2	31.7	36.0	13.9	3,149	2,377	23,039
Part year	6.4	268	12.6	3.5	8.5	8.8	31.4	33.6	14.2	2,127	1,250	12,536
None	1.1	58	17.5	32.3	49.3	6.6	7.6	3.3	0.9	332	135,065	1,320,839

Table 4

All Medicaid Beneficiaries

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			
Maintenance											
Assistance Status											
Cash	2.1	118	19.2	21.2	44.8	9.6	14.3	7.7	613	31,337	334,050
Medically needy	2.6	149	40.7	21.8	35.2	10.6	19.3	10.4	364	12,348	121,622
Poverty related	0.3	12	9.2	41.0	55.6	2.5	0.9	0.0	131	46,369	445,863
Other/unknown	1.3	52	10.2	31.7	46.6	7.8	8.4	4.1	507	48,638	454,879

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C 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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 VERMONT, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.3	\$64	0.6	\$48	0.1	\$5	0.6	\$10
Age								
5 and younger	0.3	12	0.1	10	0.0	0	0.2	2
6-14	0.4	18	0.2	14	0.0	1	0.2	3
15-20	0.6	27	0.3	20	0.0	2	0.2	5
21-44	1.3	67	0.6	51	0.1	7	0.6	9
45-64	2.9	156	1.4	120	0.2	14	1.3	22
65-74	4.2	206	2.0	157	0.3	15	1.8	34
75-84	4.8	209	2.1	153	0.4	17	2.2	38
85 and older	4.8	184	1.9	133	0.4	14	2.4	37
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.6	201	2.0	149	0.4	15	2.2	36
Disabled	3.6	229	1.8	176	0.3	22	1.5	31
Adults	0.9	32	0.4	24	0.1	3	0.4	5
Children	0.4	15	0.2	12	0.0	1	0.2	2
Unknown	1.8	72	0.4	41	0.1	1	1.4	30
Gender								
Female	1.5	71	0.7	54	0.1	6	0.7	11
Male	1.0	54	0.5	42	0.1	4	0.5	8
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.6	82	0.7	62	0.1	7	0.7	13
African American	0.8	47	0.4	39	0.0	2	0.4	5
Other/unknown	0.7	31	0.3	24	0.1	3	0.3	5
Use of Nursing Facilities^e								
Entire year	6.1	259	2.5	190	0.4	16	3.1	52
Part year	6.4	268	2.7	197	0.5	18	3.2	51
None	1.1	58	0.5	45	0.1	5	0.5	9

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	2.1	118	1.0	57	92	11	63	17
Medically needy	2.6	149	1.3	56	90	13	60	21
Poverty related	0.3	12	0.1	39	67	1	46	2
Other/unknown	1.3	52	0.6	40	69	4	40	9

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 5 includes the beneficiaries represented by Cell C 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 other than the original patent holder. In Vermont, 0.7 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_mdmb.asp (May 13 2003).
- 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 VERMONT, 2001

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. of Bene	As % of All Bene	Mos		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.2	0.1	0.0	\$9	\$8	\$0	\$1	\$38	\$70	\$38	\$10	150,215	\$5,689,637	57,804	41.7 %	628,290
Biologicals	0.2	0.2	0.0	94	85	0	9	541	541	1,112	537	1,641	888,035	886	0.6	9,443
Antineoplastic Agents	0.5	0.3	0.1	130	116	6	8	238	389	123	40	5,009	1,192,905	848	0.6	9,175
Endocrine/Metabolic Drugs	0.6	0.3	0.1	23	18	3	3	37	56	23	14	165,635	6,152,771	24,532	17.7	265,432
Cardiovascular Agents	1.4	0.5	0.1	45	30	4	12	33	56	38	16	282,533	9,422,760	19,133	13.8	208,878
Respiratory Agents	0.5	0.3	0.0	22	18	0	4	46	61	37	22	157,876	7,268,953	29,642	21.4	326,071
Gastrointestinal Agents	0.6	0.4	0.0	55	48	3	4	90	123	114	22	100,085	8,991,409	14,836	10.7	163,211
Genitourinary Agents	0.3	0.2	0.0	14	13	0	1	44	56	45	14	23,005	1,016,495	6,468	4.7	71,811
CNS Drugs	1.0	0.5	0.1	70	52	9	9	67	97	103	21	333,545	22,361,478	29,673	21.4	319,597
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	35	25	2	8	50	68	48	28	31,650	1,582,228	4,058	2.9	45,052
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	36	30	0	6	112	133	31	68	7,258	815,890	2,027	1.5	22,531
Analgesics and Anesthetics	0.6	0.2	0.0	24	17	3	4	42	96	74	12	204,688	8,668,336	33,790	24.4	361,281
Neuromuscular Agents	0.8	0.4	0.1	44	34	3	7	55	96	43	18	118,819	6,507,900	13,449	9.7	147,137
Nutritional Products	0.3	0.0	0.1	4	0	2	2	16	23	25	12	32,640	509,540	11,114	8.0	120,659
Hematological Agents	0.7	0.1	0.2	51	41	5	5	78	310	24	16	26,897	2,096,844	3,786	2.7	41,217
Topical Products	0.2	0.1	0.0	7	4	0	2	29	51	33	15	81,308	2,348,376	31,917	23.0	350,696
Miscellaneous Products	0.1	0.1	0.0	15	12	1	1	103	106	207	58	5,641	582,747	3,399	2.5	38,048
Unknown Therapeutic Category	0.3	0.0	0.0	7	0	0	0	23	0	0	0	8,115	183,438	2,283	1.6	25,537
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.	1,736,560	86,279,742	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. 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.

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, 0.7 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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 VERMONT, 2001

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$10,117,688	9,240	102,671	0.8	\$120	\$99		
ANTIDEPRESSANTS	10,038,386	29,376	320,359	0.5	59	31		
ULCER DRUGS	7,903,601	13,988	155,060	0.5	99	51		
ANTICONVULSANT	5,724,132	10,336	114,592	0.8	65	50		
ANTIASTHMATIC	4,482,684	27,192	301,425	0.3	46	15		
ANALGESICS - Narcotic	4,411,856	36,541	393,988	0.3	35	11		
ANTHYPERLIPIDEMIC	3,422,575	6,141	69,462	0.6	79	49		
ANALGESICS - ANTI-INFLAMMATORY	3,254,056	20,706	227,983	0.3	52	14		
ANTIDIABETIC	3,137,864	7,998	88,528	0.7	50	35		
ANTIHYPERTENSIVE	2,251,506	9,448	104,384	0.6	34	22		
Total	54,744,348	170,966	1,878,452	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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.