

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	18,247	8,938	8,900	403	6	0	199,259	94,900	100,517	3,774	68	0
Age												
5 and younger	2	0	2	0	0	0	18	0	18	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	30	0	26	0	4	0	354	0	310	0	44	0
21-44	3,640	0	3,458	180	2	0	40,449	0	38,712	1,713	24	0
45-64	4,294	5	4,132	157	0	0	48,342	60	46,814	1,468	0	0
65-74	3,776	2,632	1,080	64	0	0	41,747	28,762	12,415	570	0	0
75-84	3,698	3,549	147	2	0	0	39,998	38,318	1,657	23	0	0
85 and older	2,806	2,752	54	0	0	0	28,339	27,760	579	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	11,231	6,522	4,529	179	1	0	123,020	69,919	51,402	1,687	12	0
Male	7,016	2,416	4,371	224	5	0	76,239	24,981	49,115	2,087	56	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,969	7,061	7,608	296	4	0	165,155	75,971	86,284	2,856	44	0
African American	51	7	41	3	0	0	573	82	456	35	0	0
Other/unknown	3,227	1,870	1,251	104	2	0	33,531	18,847	13,777	883	24	0
Use of Nursing Facilities^c												
Entire year	2,285	2,180	105	0	0	0	22,087	21,044	1,043	0	0	0
Part year	1,160	1,021	139	0	0	0	11,625	10,159	1,466	0	0	0
None	14,802	5,737	8,656	403	6	0	165,547	63,697	98,008	3,774	68	0
Maintenance Assistance Status												
Cash	7,098	1,851	5,203	44	0	0	81,505	21,226	59,835	444	0	0
Medically needy	5,597	3,066	2,463	64	4	0	61,602	34,012	26,928	618	44	0
Poverty-related	5	0	0	4	1	0	47	0	0	35	12	0
Other/unknown	5,547	4,021	1,234	291	1	0	56,105	39,662	13,754	2,677	12	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
Managed Care Status												
FFS all year	18,247	8,938	8,900	403	6	0	199,259	94,900	100,517	3,774	68	0
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

Table D2

Dual Eligible Beneficiaries

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 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 2001. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	91.2 %	47.3	\$2,519	\$53	\$12,122	20.8 %	18,247
Age							
5 and younger	100.0	76.0	5,002	66	12,130	41.2	2
6-14	100.0	56.0	28,522	509	37,679	75.7	1
15-20	86.7	23.1	2,614	113	21,656	12.1	30
21-44	87.0	36.2	2,685	74	11,868	22.6	3,640
45-64	91.9	52.2	3,184	61	10,829	29.4	4,294
65-74	89.7	47.0	2,315	49	8,630	26.8	3,776
75-84	93.1	52.4	2,272	43	12,686	17.9	3,698
85 and older	94.8	48.3	1,873	39	18,277	10.2	2,806
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	92.5	49.3	2,153	44	13,456	16.0	8,938
Disabled	90.1	46.5	2,939	63	11,137	26.4	8,900
Adults	83.9	24.2	1,284	53	4,181	30.7	403
Children	83.3	30.8	7,372	239	20,545	35.9	6
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	94.0	51.7	2,573	50	12,393	20.8	11,231
Male	86.7	40.4	2,432	60	11,688	20.8	7,016
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.8	48.9	2,610	53	12,143	21.5	14,969
African American	88.2	31.8	2,066	65	6,168	33.5	51
Other/unknown	88.3	40.5	2,101	52	12,119	17.3	3,227
Use of Nursing Facilities^d							
Entire year	96.1	58.8	2,447	42	30,090	8.1	2,285
Part year	96.5	63.3	2,643	42	20,403	13.0	1,160
None	90.0	44.3	2,520	57	8,699	29.0	14,802
Maintenance Assistance Status							
Cash	89.8	45.0	2,549	57	10,017	25.4	7,098
Medically needy	90.7	45.4	2,597	57	4,907	52.9	5,597
Poverty related	100.0	31.0	8,465	273	13,063	64.8	5
Other/unknown	93.4	52.3	2,396	46	22,095	10.8	5,547

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 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. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	4.3	\$231	20.8 %	8.8 %	19.1 %	12.4 %	31.0 %	21.8 %	6.9 %	\$1,110	18,247	199,259
Age												
5 and younger	8.4	556	41.2	0.0	0.0	0.0	50.0	0.0	50.0	1,348	2	18
6-14	4.7	2,377	75.7	0.0	0.0	0.0	100.0	0.0	0.0	3,140	1	12
15-20	2.0	222	12.1	13.3	56.7	6.7	13.3	6.7	3.3	1,835	30	354
21-44	3.3	242	22.6	13.0	29.8	13.4	26.7	12.6	4.4	1,068	3,640	40,449
45-64	4.6	283	29.4	8.1	19.1	12.1	30.4	22.2	8.1	962	4,294	48,342
65-74	4.3	209	26.8	10.3	18.8	12.9	30.0	21.1	7.0	781	3,776	41,747
75-84	4.8	210	17.9	6.9	13.9	12.2	32.7	25.9	8.3	1,173	3,698	39,998
85 and older	4.8	186	10.2	5.2	11.9	11.2	36.6	28.7	6.5	1,810	2,806	28,339
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	4.6	203	16.0	7.5	14.7	12.1	33.1	25.2	7.4	1,267	8,938	94,900
Disabled	4.1	260	26.4	9.9	22.7	12.7	29.2	18.8	6.6	986	8,900	100,517
Adults	2.6	137	30.7	16.1	36.7	12.4	22.8	9.7	2.2	446	403	3,774
Children	2.7	650	35.9	16.7	33.3	16.7	16.7	16.7	0.0	1,813	6	68
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.7	235	20.8	6.0	16.4	12.2	33.4	24.3	7.7	1,131	11,231	123,020
Male	3.7	224	20.8	13.3	23.5	12.7	27.1	17.7	5.7	1,076	7,016	76,239
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.4	237	21.5	8.2	18.7	12.5	31.2	22.2	7.3	1,101	14,969	165,155
African American	2.8	184	33.5	11.8	29.4	21.6	21.6	9.8	5.9	549	51	573
Other/unknown	3.9	202	17.3	11.7	20.9	12.0	30.2	20.0	5.2	1,166	3,227	33,531
use or nursing Facilities^d												
Entire year	6.1	253	8.1	3.9	6.6	8.3	31.7	35.8	13.7	3,113	2,285	22,087
Part year	6.3	264	13.0	3.5	8.4	8.9	31.8	33.7	13.6	2,036	1,160	11,625
None	4.0	225	29.0	10.0	21.9	13.3	30.8	18.7	5.3	778	14,802	165,547
Maintenance Assistance Status												
Cash	3.9	222	25.4	10.2	23.3	13.3	29.1	18.6	5.6	872	7,098	81,505
Medically needy	4.1	236	52.9	9.3	19.3	13.1	32.9	20.1	5.3	446	5,597	61,602
Poverty related	3.3	901	64.8	0.0	40.0	20.0	20.0	20.0	0.0	1,390	5	47
Other/unknown	5.2	237	10.8	6.6	13.6	10.5	31.5	27.6	10.2	2,185	5,547	56,105

Table D4

Dual Eligible Beneficiaries

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

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	4.3	\$231	\$53	2.0	\$174	\$87	0.4	\$20	\$53	1.9	\$35	\$18
Age												
5 and younger	8.4	556	66	4.9	487	100	1.6	43	27	1.9	26	13
6-14	4.7	2,377	509	2.7	2,343	879	0.7	25	38	1.3	9	6
15-20	2.0	222	113	1.1	199	183	0.1	8	63	0.7	15	20
21-44	3.3	242	74	1.6	187	117	0.3	26	83	1.3	28	21
45-64	4.6	283	61	2.3	217	96	0.4	26	66	2.0	39	20
65-74	4.3	209	49	2.0	159	79	0.3	16	48	1.9	34	18
75-84	4.8	210	43	2.1	154	73	0.4	17	38	2.2	38	17
85 and older	4.8	186	39	1.9	134	70	0.5	14	31	2.4	37	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.6	203	44	2.0	150	74	0.4	15	38	2.2	37	17
Disabled	4.1	260	63	2.0	199	100	0.4	26	69	1.7	35	20
Adults	2.6	137	53	1.2	106	89	0.2	11	66	1.2	19	16
Children	2.7	650	239	1.3	617	493	0.2	14	88	1.3	19	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.7	235	50	2.2	177	82	0.4	20	48	2.1	37	18
Male	3.7	224	60	1.7	170	99	0.3	20	63	1.7	33	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.4	237	53	2.0	179	88	0.4	21	53	2.0	36	19
African American	2.8	184	65	1.7	159	95	0.2	9	50	1.0	16	17
Other/unknown	3.9	202	52	1.8	154	86	0.3	18	51	1.7	30	18
Use of Nursing Facilities^e												
Entire year	6.1	253	42	2.5	185	75	0.4	15	34	3.1	51	17
Part year	6.3	264	42	2.6	194	73	0.5	18	34	3.1	50	16
None	4.0	225	57	1.9	172	91	0.4	21	58	1.7	32	19
Maintenance Assistance Status												
Cash	3.9	222	57	1.9	168	91	0.4	21	58	1.7	32	19
Medically needy	4.1	236	57	2.0	180	90	0.4	22	60	1.7	34	19
Poverty related	3.3	901	273	1.6	873	533	0.0	1	25	1.6	27	17
Other/unknown	5.2	237	46	2.2	176	80	0.4	17	40	2.5	43	17

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 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 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_mddb.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Benes	No. of Bene Mos				
															Generic	Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.2	\$18	\$16	\$0	\$2	\$54	\$95	\$115	\$11	36,507	\$1,983,092	9,660	52.9 %	108,736	
Biologics	0.1	0.1	0.0	0.0	5	3	0	3	47	37	0	64	354	16,731	281	1.5	3,132	
Antineoplastic Agents	0.6	0.3	0.1	0.2	131	115	7	9	220	361	115	40	3,165	695,074	490	2.7	5,322	
Endocrine/Metabolic Drugs	1.0	0.5	0.2	0.3	34	28	3	4	36	58	19	12	79,868	2,890,397	7,491	41.1	83,868	
Cardiovascular Agents	1.7	0.7	0.1	0.9	58	38	5	16	34	58	37	17	200,505	6,873,258	10,658	58.4	118,026	
Respiratory Agents	0.8	0.5	0.0	0.3	41	32	1	9	49	62	42	28	61,626	3,033,236	6,507	35.7	73,272	
Gastrointestinal Agents	0.8	0.5	0.0	0.3	69	60	3	6	89	124	93	22	63,291	5,615,358	7,304	40.0	81,135	
Genitourinary Agents	0.5	0.4	0.0	0.1	25	23	0	2	49	62	55	14	14,141	694,068	2,488	13.6	28,104	
CNS Drugs	1.5	0.8	0.1	0.6	106	79	14	13	70	104	105	21	175,990	12,281,750	10,462	57.3	115,796	
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	35	25	2	7	64	117	39	27	1,961	124,845	317	1.7	3,608	
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	55	50	0	4	114	125	25	64	5,066	578,571	946	5.2	10,561	
Analgesics and Anesthetics	0.8	0.3	0.1	0.4	45	33	5	7	54	101	84	16	85,043	4,610,031	9,235	50.6	101,765	
Neuromuscular Agents	1.1	0.5	0.1	0.5	62	47	5	10	57	98	43	20	61,946	3,522,950	5,092	27.9	57,074	
Nutritional Products	0.6	0.0	0.2	0.4	12	0	6	6	19	16	26	15	15,333	290,898	2,221	12.2	24,189	
Hematological Agents	0.7	0.1	0.2	0.3	42	32	5	5	60	220	21	16	21,153	1,258,956	2,733	15.0	29,969	
Topical Products	0.4	0.2	0.0	0.2	13	9	1	3	34	53	37	17	30,506	1,022,815	6,885	37.7	78,122	
Miscellaneous Products	0.2	0.1	0.0	0.0	40	31	5	3	180	213	204	70	1,866	335,570	743	4.1	8,455	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	24	0	0	0	5,585	132,176	1,178	6.5	13,151	
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.	863,906	45,959,776	n.a.	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 D.6 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 2001. 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_mdmb.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_mdmb.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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2001

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	\$6,423,444	5,011	27.5 %	55,732	1.0	\$119	\$115
ULCER DRUGS	5,085,439	7,131	39.1	79,784	0.6	101	64
ANTIDEPRESSANTS	4,614,235	9,931	54.4	111,137	0.7	59	42
ANTICONVULSANT	2,994,450	4,587	25.1	51,739	0.9	65	58
ANTHYPERLIPIDEMIC	2,446,271	3,783	20.7	43,401	0.7	82	56
ANALGESICS - Narcotic	2,264,304	9,804	53.7	108,129	0.4	47	21
ANTIASTHMATIC	2,124,012	7,656	42.0	86,268	0.5	51	25
ANALGESICS - ANTI-INFLAMMATORY	2,022,256	6,270	34.4	71,528	0.4	69	28
ANTIDIABETIC	1,982,870	4,795	26.3	53,812	0.7	50	37
ANTIHYPERTENSIVE	1,578,531	5,610	30.7	62,933	0.7	36	25
Total	31,535,812	64,578		724,463	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 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 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; n.a. = not applicable.

TABLE D.7A
 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, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean Rx \$	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
All	461,351	\$31,535,812	5,011	1.0	27.5 %	55,732	1.0	\$115	7,131	39.1 %	79,784	0.6	\$64
Female	294,644	19,358,226	2,919	0.9	26.0	32,182	0.9	91	4,780	42.6	53,755	0.6	64
Disabled	137,926	10,102,251	1,529	1.0	33.8	17,683	1.0	113	1,970	43.5	22,745	0.6	65
5 and younger	29	1,412	0	0.0	0.0	0	0.0	0	1	100.0	12	0.9	47
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	118	10,287	1	0.7	9.1	12	0.7	121	1	9.1	12	0.5	114
21-44	39,874	3,077,688	654	0.9	43.1	7,558	0.9	111	496	32.7	5,701	0.5	56
45-64	72,969	5,457,246	720	1.1	33.6	8,391	1.1	122	1,026	47.9	11,857	0.6	69
65-74	21,677	1,390,759	135	0.9	19.0	1,518	0.9	85	380	53.6	4,417	0.6	66
75-84	2,385	122,630	14	0.7	13.3	152	0.7	20	45	42.9	517	0.7	57
85 and older	874	42,229	5	0.9	12.2	52	0.9	5	21	51.2	229	0.7	58
Other Eligibles	156,718	9,255,975	1,390	0.7	20.7	14,499	0.7	64	2,810	41.9	31,010	0.7	63
5 and younger	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
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,651	109,417	27	0.5	34.6	290	0.5	46	24	30.8	261	0.4	33
45-64	1,346	89,984	12	0.5	17.1	138	0.5	63	22	31.4	238	0.5	45
65-74	43,211	2,759,237	243	0.7	14.2	2,708	0.7	66	714	41.8	8,033	0.6	68
75-84	65,241	3,830,681	546	0.7	21.1	5,770	0.7	68	1,136	43.9	12,810	0.6	61
85 and older	45,269	2,466,656	562	0.6	24.9	5,593	0.6	59	914	40.5	9,668	0.7	62
Male	166,707	12,177,586	2,092	1.1	29.8	23,550	1.1	149	2,351	33.5	26,029	0.6	64
Disabled	110,284	8,855,744	1,508	1.3	34.5	17,493	1.3	174	1,352	30.9	15,528	0.6	65
5 and younger	4	93	0	0.0	0.0	0	0.0	0	1	100.0	6	0.5	13
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	155	13,393	3	0.8	20.0	36	0.8	189	3	20.0	36	0.2	3
21-44	42,645	3,866,993	834	1.2	43.0	9,673	1.2	181	478	24.6	5,489	0.6	55
45-64	58,265	4,397,990	615	1.4	30.9	7,124	1.4	170	713	35.9	8,240	0.7	71
65-74	8,049	515,315	53	1.2	14.3	624	1.2	131	135	36.4	1,521	0.6	66
75-84	1,006	54,123	2	0.8	4.8	24	0.8	68	17	40.5	186	1.0	79
85 and older	160	7,837	1	0.1	7.7	12	0.1	2	5	38.5	50	0.5	53
Other Eligibles	56,423	3,321,842	584	0.7	22.1	6,057	0.7	75	999	37.8	10,501	0.7	63
5 and younger	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
15-20	56	5,806	1	0.2	25.0	12	0.2	30	2	50.0	24	0.6	123
21-44	1,430	80,412	22	0.5	21.2	221	0.5	73	22	21.2	217	0.6	44
45-64	1,355	82,586	10	0.9	10.9	97	0.6	40	27	29.3	298	0.4	55
65-74	21,439	1,360,433	165	0.9	16.7	1,781	0.9	97	347	35.1	3,743	0.6	63
75-84	23,114	1,294,858	253	0.7	26.3	2,634	0.7	65	401	41.6	4,296	0.7	65
85 and older	9,029	497,747	133	0.6	26.9	1,312	0.6	68	200	40.5	1,923	0.7	62
Unknown	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 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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 D.7B
 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, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
All	9,931	54.4 %	111,137	0.7	\$42	4,587	25.1 %	51,739	0.9	\$58	3,783	20.7 %	43,401	0.7	\$56
Female	6,735	60.0	75,548	0.7	42	2,710	24.1	30,504	0.9	54	2,476	22.0	28,426	0.7	57
Disabled	3,439	75.9	39,716	0.7	46	1,712	37.8	19,662	0.9	64	1,015	22.4	11,761	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	27.3	36	0.6	46	4	36.4	48	0.9	85	1	9.1	12	0.9	53
21-44	1,269	83.7	14,648	0.7	45	683	45.0	7,823	0.9	73	111	7.3	1,273	0.6	46
45-64	1,776	82.8	20,471	0.7	49	864	40.3	9,927	0.9	61	579	27.0	6,685	0.7	57
65-74	339	47.8	3,969	0.7	37	146	20.6	1,692	0.8	46	284	40.1	3,326	0.7	59
75-84	36	34.3	416	0.8	48	11	10.5	132	1.3	29	33	31.4	388	0.8	56
85 and older	16	39.0	176	0.9	44	4	9.8	40	0.6	29	7	17.1	77	1.1	51
Other Eligibles	3,296	49.2	35,832	0.7	37	998	14.9	10,842	0.8	36	1,461	21.8	16,665	0.7	57
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	74	94.9	795	0.6	41	31	39.7	328	0.8	68	5	6.4	49	0.5	57
45-64	55	78.6	587	0.5	30	19	27.1	207	0.6	55	8	11.4	82	0.4	27
65-74	834	48.8	9,459	0.7	37	309	18.1	3,465	0.8	42	606	35.5	6,942	0.7	56
75-84	1,257	48.6	13,769	0.8	36	371	14.3	4,093	0.8	34	663	25.6	7,616	0.7	60
85 and older	1,076	47.7	11,222	0.8	39	268	11.9	2,749	0.7	28	179	7.9	1,976	0.7	52
Male	3,196	45.6	35,589	0.7	40	1,877	26.8	21,235	0.9	63	1,307	18.6	14,975	0.7	56
Disabled	2,115	48.4	24,297	0.7	42	1,439	32.9	16,602	0.9	68	788	18.0	9,152	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	11	73.3	132	0.4	13	3	20.0	36	0.5	94	0	0.0	0	0.0	0
21-44	969	49.9	11,165	0.6	42	730	37.6	8,443	0.9	74	165	8.5	1,955	0.8	51
45-64	1,018	51.2	11,695	0.7	43	648	32.6	7,479	1.0	63	522	26.3	6,055	0.7	56
65-74	97	26.1	1,107	0.5	30	52	14.0	572	1.1	50	94	25.3	1,068	0.7	60
75-84	17	40.5	182	0.7	44	4	9.5	48	0.6	21	6	14.3	72	0.8	72
85 and older	3	23.1	16	0.9	49	2	15.4	24	0.8	33	1	7.7	2	1.0	133
Other Eligibles	1,081	40.9	11,292	0.7	37	438	16.6	4,633	0.9	43	519	19.6	5,823	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	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	2	50.0	24	0.4	38	0	0.0	0	0.0	0
21-44	57	54.8	576	0.5	25	34	32.7	362	0.5	45	4	3.8	48	0.5	36
45-64	45	48.9	481	0.4	24	18	19.6	180	0.6	58	26	28.3	277	0.5	38
65-74	331	33.5	3,552	0.7	40	149	15.1	1,630	0.9	52	281	28.4	3,181	0.7	56
75-84	427	44.3	4,581	0.7	38	168	17.4	1,816	0.9	36	176	18.3	1,979	0.7	61
85 and older	221	44.7	2,102	0.7	37	67	13.6	621	0.9	35	32	6.5	338	0.7	54
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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 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 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 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, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic				ANTI-ASTHMATIC				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 Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	9,804	53.7 %	108,129	0.4	\$21	7,656	42.0 %	86,268	0.5	\$25	6,270	34.4 %	71,528	0.4	\$28
Female	6,308	56.2	69,715	0.4	20	4,982	44.4	56,457	0.5	24	4,269	38.0	48,771	0.4	31
Disabled	2,978	65.8	34,321	0.4	21	2,221	49.0	25,785	0.4	22	2,031	44.8	23,664	0.4	29
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.8	35	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	45.5	60	0.1	1	6	54.5	72	0.2	10	1	9.1	12	0.1	2
21-44	1,079	71.1	12,406	0.4	22	601	39.6	6,991	0.3	16	641	42.3	7,453	0.3	18
45-64	1,451	67.7	16,742	0.4	23	1,175	54.8	13,646	0.4	23	1,040	48.5	12,092	0.4	34
65-74	391	55.1	4,542	0.4	14	396	55.9	4,589	0.5	26	301	42.5	3,561	0.5	34
75-84	34	32.4	377	0.2	6	30	28.6	339	0.6	35	30	28.6	347	0.5	30
85 and older	18	43.9	194	0.5	27	11	26.8	124	0.3	12	18	43.9	199	0.7	26
Other Eligibles	3,330	49.7	35,394	0.5	18	2,761	41.2	30,672	0.5	25	2,238	33.4	25,107	0.5	34
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	85	109.0	906	0.5	22	19	24.4	199	0.2	10	38	48.7	409	0.3	12
45-64	52	74.3	569	0.5	34	29	41.4	306	0.5	27	21	30.0	224	0.3	22
65-74	804	47.1	9,020	0.4	19	882	51.6	10,023	0.5	26	642	37.6	7,325	0.4	32
75-84	1,265	48.9	13,784	0.5	19	1,143	44.2	12,649	0.5	25	884	34.2	10,153	0.5	35
85 and older	1,124	49.8	11,115	0.5	16	688	30.5	7,495	0.5	24	653	28.9	6,996	0.5	35
Male	3,496	49.8	38,414	0.4	23	2,674	38.1	29,811	0.5	27	2,001	28.5	22,757	0.4	22
Disabled	2,320	53.1	26,428	0.5	28	1,382	31.6	15,879	0.5	26	1,349	30.9	15,649	0.3	20
5 and younger	0	0.0	0	0.0	0	1	100.0	6	0.2	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	46.7	84	0.1	1	7	46.7	84	0.4	13	3	20.0	36	0.1	2
21-44	1,026	52.9	11,726	0.4	26	356	18.3	4,189	0.3	16	545	28.1	6,302	0.3	14
45-64	1,128	56.7	12,900	0.5	31	793	39.9	9,007	0.5	30	689	34.7	8,019	0.4	23
65-74	139	37.5	1,524	0.3	9	199	53.6	2,290	0.6	31	102	27.5	1,184	0.4	24
75-84	13	31.0	141	0.6	18	24	57.1	279	0.7	32	7	16.7	82	0.6	56
85 and older	7	53.8	53	0.4	7	2	15.4	24	0.2	3	3	23.1	26	0.4	30
Other Eligibles	1,176	44.5	11,986	0.4	13	1,292	48.8	13,932	0.6	27	652	24.7	7,108	0.4	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.1	1	4	100.0	48	0.6	32	1	25.0	12	0.2	4
21-44	74	71.2	792	0.4	11	16	15.4	169	0.3	11	35	33.7	398	0.3	13
45-64	55	59.8	620	0.5	16	17	18.5	187	0.4	16	25	27.2	285	0.4	19
65-74	388	39.3	4,097	0.4	16	499	50.5	5,518	0.6	29	239	24.2	2,712	0.5	30
75-84	436	45.3	4,496	0.4	12	541	56.2	5,834	0.6	28	223	23.2	2,401	0.4	27
85 and older	222	44.9	1,969	0.4	11	215	43.5	2,176	0.5	22	129	26.1	1,300	0.5	28
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 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 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 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, 2001

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-HYPERTENSIVE				Mean Rx \$	No. of Bene Mos		
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx				
All	4,795	26.3 %	53,812	0.7	\$37	5,610	30.7 %	62,933	0.7	\$25	18,247	199,259
Female	3,167	28.2	35,673	0.7	37	3,611	32.2	40,556	0.7	25	11,231	123,020
Disabled	1,220	26.9	13,918	0.7	42	1,087	24.0	12,615	0.7	24	4,529	51,402
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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	2	18.2	24	0.3	15	11	130
21-44	163	10.7	1,912	0.7	43	144	9.5	1,659	0.6	19	1,517	17,047
45-64	713	33.3	8,089	0.7	44	570	26.6	6,611	0.7	24	2,144	24,317
65-74	316	44.6	3,602	0.7	39	314	44.3	3,646	0.7	28	709	8,240
75-84	25	23.8	284	1.0	31	41	39.0	491	0.7	24	105	1,200
85 and older	3	7.3	31	0.3	19	16	39.0	184	0.7	20	41	444
Other Eligibles	1,947	29.1	21,755	0.7	33	2,524	37.7	27,941	0.7	26	6,702	71,618
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	5	6.4	58	0.4	30	4	5.1	40	0.5	10	78	753
45-64	14	20.0	148	0.6	24	14	20.0	145	0.6	23	70	652
65-74	648	37.9	7,381	0.7	38	689	40.3	7,771	0.7	26	1,708	18,867
75-84	884	34.2	9,819	0.7	31	1,087	42.0	12,245	0.7	27	2,588	28,264
85 and older	396	17.5	4,349	0.8	29	730	32.3	7,740	0.8	25	2,258	23,082
Male	1,628	23.2	18,139	0.7	38	1,999	28.5	22,377	0.7	25	7,016	76,239
Disabled	886	20.3	10,114	0.8	42	962	22.0	11,172	0.7	25	4,371	49,115
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
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	1	6.7	12	0.2	6	15	180
21-44	194	10.0	2,243	0.8	42	224	11.5	2,604	0.6	24	1,941	21,665
45-64	562	28.3	6,410	0.7	43	585	29.4	6,813	0.7	24	1,988	22,497
65-74	116	31.3	1,293	0.8	40	128	34.5	1,476	0.8	28	371	4,175
75-84	12	28.6	144	0.8	19	16	38.1	192	0.8	26	42	457
85 and older	2	15.4	24	0.4	7	8	61.5	75	0.7	26	13	135
Other Eligibles	742	28.1	8,025	0.7	32	1,037	39.2	11,205	0.7	24	2,645	27,124
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	4	44
21-44	13	12.5	132	0.4	29	20	19.2	212	0.5	15	104	984
45-64	21	22.8	210	0.5	38	22	23.9	213	0.6	19	92	876
65-74	321	32.5	3,532	0.7	36	399	40.4	4,408	0.7	25	988	10,465
75-84	289	30.0	3,136	0.8	31	413	42.9	4,538	0.7	24	963	10,077
85 and older	98	19.8	1,015	0.6	22	183	37.0	1,834	0.7	24	494	4,678
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

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 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 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2001

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	\$253	6.1	2,285	22,087
Age				
0-64	387	8.0	91	951
65-74	349	7.5	273	2,687
75-84	276	6.6	719	7,188
85 and older	205	5.3	1,202	11,261
Unknown	0	0.0	0	0
Gender				
Female	238	5.9	1,683	16,344
Male	295	6.7	602	5,743
Unknown	0	0.0	0	0
Race				
White	259	6.2	1,767	17,295
African American	0	0	0	0
Other/unknown	234	5.7	518	4,792
Basis of Eligibility^c				
Aged	248	6.0	2,180	21,044
Disabled	364	7.7	105	1,043
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 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 1,160 beneficiaries who were in nursing facilities for part of their enrollment and their 11,625 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 = Center for Medicare and 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, VERMONT, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx			Total Rx \$			Users	
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$13	\$0	\$2	\$36	\$56	\$111	\$10	6,381	1,482	64.9 %	15,196
Biologics	0.1	0.0	0.0	0.1	2	1	0	1	22	25	0	20	161	142	6.2	1,574
Antineoplastic Agents	0.8	0.4	0.1	0.3	132	110	9	14	175	274	98	52	495	70	3.1	656
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.6	32	24	1	7	28	51	14	11	10,483	909	39.8	9,197
Cardiovascular Agents	1.9	0.5	0.2	1.3	44	20	4	20	23	41	24	15	28,554	1,507	66.0	14,650
Respiratory Agents	1.0	0.4	0.0	0.6	43	25	0	18	43	59	24	32	7,688	775	33.9	7,825
Gastrointestinal Agents	1.0	0.5	0.0	0.4	67	57	3	8	66	105	71	17	10,290	1,041	45.6	10,105
Genitourinary Agents	0.6	0.4	0.0	0.2	28	26	0	2	48	60	15	15	2,459	408	17.9	4,210
CNS Drugs	1.6	0.9	0.1	0.6	98	81	7	10	60	89	79	16	27,001	1,666	72.9	16,480
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.5	10	3	0	7	18	74	0	14	130	24	1.1	224
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	91	91	0	0	114	114	0	0	1,497	182	8.0	1,883
Analgesics and Anesthetics	1.0	0.5	0.0	0.5	44	36	2	6	43	79	33	12	12,420	1,292	56.5	12,097
Neuromuscular Agents	1.3	0.5	0.1	0.8	60	36	3	21	45	75	35	27	9,125	682	29.8	6,870
Nutritional Products	0.8	0.0	0.2	0.6	15	0	6	9	18	10	26	16	3,984	501	21.9	4,910
Hematological Agents	1.0	0.2	0.4	0.5	31	20	6	5	30	134	15	11	5,556	549	24.0	5,378
Topical Products	0.5	0.2	0.0	0.3	14	8	1	5	27	47	36	15	6,414	1,205	52.7	12,743
Miscellaneous Products	0.2	0.1	0.0	0.0	5	4	0	1	27	33	0	11	247	130	5.7	1,391
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	15	0	0	0	29	0	0	0	1,571	290	12.7	3,050
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.	134,456	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,160 beneficiaries who were in nursing facilities for part of their enrollment and their 11,625 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 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.
- 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, 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.

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.

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, VERMONT, 2001

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$813,293	1,007	44.1 %	10,356	0.8	\$100	\$79
ANTIDEPRESSANTS	693,343	1,495	65.4	15,127	0.9	51	46
ULCER DRUGS	612,418	901	39.4	8,807	0.8	85	70
ANALGESICS - Narcotic	295,281	1,255	54.9	11,373	0.7	38	26
ANTICONVULSANT	279,451	576	25.2	5,897	1.1	45	47
ANTIASTHMATIC	264,962	933	40.8	9,583	0.6	45	28
ANALGESICS - ANTI-INFLAMMATORY	229,443	594	26.0	6,015	0.6	62	38
ANTIDIABETIC	192,853	580	25.4	6,172	0.8	37	31
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	171,878	185	8.1	1,919	0.8	113	90
ANTIHYPERTENSIVE	160,803	604	26.4	5,917	0.9	30	27
Total	3,713,725	8,130		81,166	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,160 beneficiaries who were in nursing facilities for part of their enrollment and their 11,625 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 2001. 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 2001 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/products/product_mddb.asp (May 13 2003).

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 benefit; \$ = Medicaid reimbursement.

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, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx-\$	No. of Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among NF	Mean Rx \$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among NF	Mean Rx \$	No. of Rx
All	64,389	\$3,713,725	1,007	0.8	44.1 %	10,356	\$79	1,495	65.4 %	15,127	0.9	\$46
Female	45,584	2,587,329	727	0.8	43.2	7,392	75	1,101	65.4	11,163	0.9	44
Disabled	1,676	115,265	36	0.8	72.0	386	81	31	62.0	312	1.0	53
64 or younger	1,456	108,389	30	0.9	73.2	332	90	26	63.4	281	1.0	57
65-74	220	6,876	6	0.5	75.0	54	25	5	62.5	31	1.1	11
75-84	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
Other Eligibles	43,908	2,472,064	691	0.8	42.3	7,006	75	1,070	65.5	10,851	0.9	44
64 or younger	147	7,964	0	0.0	0.0	0	0	1	100.0	12	0.9	74
65-74	6,176	351,573	79	0.9	53.0	872	81	116	77.9	1,195	0.9	48
75-84	16,245	939,954	245	0.8	49.1	2,598	82	378	75.8	3,922	0.9	44
85 and older	21,340	1,172,573	367	0.7	37.3	3,536	68	575	58.4	5,722	0.9	43
Male	18,805	1,126,396	280	0.8	46.5	2,964	87	394	65.4	3,964	0.9	51
Disabled	2,457	145,914	25	1.1	45.5	277	112	36	65.5	373	0.9	52
64 or younger	2,331	140,661	25	1.1	51.0	277	112	33	67.3	368	0.9	52
65-74	89	4,267	0	0.0	0.0	0	0	0	0.0	0	0.0	0
75-84	3	68	0	0.0	0.0	0	0	1	100.0	1	1.0	51
85 and older	34	918	0	0.0	0.0	0	0	2	100.0	4	1.0	53
Other Eligibles	16,348	980,482	255	0.8	46.6	2,687	85	358	65.4	3,591	0.9	51
64 or younger	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
65-74	4,453	290,615	62	1.0	54.9	652	109	83	73.5	825	1.0	65
75-84	6,971	409,666	113	0.7	51.8	1,218	72	151	69.3	1,586	0.9	48
85 and older	4,924	280,201	80	0.7	37.0	817	84	124	57.4	1,180	0.8	44
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 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. A total of 1,160 beneficiaries who were in nursing facilities for part of their enrollment and their 11,625 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 2001. 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 2001 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	ULCER DRUGS										ANALGESICS - Narcotic										ANTICONVULSANT									
	Users as %					Users as %					Users as %					Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$					
All	901	8,807	39.4 %	0.8	\$70	1,255	11,373	54.9 %	0.7	\$26	576	5,897	25.2 %	\$47																
Female	640	6,306	38.0	0.8	67	943	8,611	56.0	0.7	29	382	3,838	22.7	42																
Disabled	22	207	44.0	0.7	81	22	195	44.0	0.7	36	33	304	66.0	72																
64 or younger	17	176	41.5	0.7	92	20	181	48.8	0.7	38	28	264	68.3	78																
65-74	5	31	62.5	0.6	18	2	14	25.0	0.8	10	5	40	62.5	32																
75-84	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0																
85 and older	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0																
Other Eligibles	618	6,099	37.8	0.8	67	921	8,416	56.4	0.7	29	349	3,534	21.4	40																
64 or younger	1	12	100.0	0.9	19	1	12	100.0	0.8	5	0	0	0.0	0																
65-74	67	636	45.0	0.9	78	90	876	60.4	1.0	41	70	771	47.0	53																
75-84	188	1,983	37.7	0.8	66	266	2,571	53.3	0.9	37	137	1,412	27.5	40																
85 and older	362	3,468	36.8	0.8	65	564	4,957	57.3	0.6	23	142	1,351	14.4	31																
Male	261	2,501	43.4	0.8	76	312	2,762	51.8	0.5	17	194	2,059	32.2	57																
Disabled	22	236	40.0	0.9	79	33	324	60.0	0.8	51	40	453	72.7	74																
64 or younger	19	212	38.8	0.8	76	27	288	55.1	0.8	57	40	453	81.6	74																
65-74	2	22	66.7	1.2	121	2	20	66.7	0.2	1	0	0	0.0	0																
75-84	0	0	0.0	0.0	0	1	1	100.0	2.0	17	0	0	0.0	0																
85 and older	1	2	50.0	1.0	23	3	15	50.0	1.0	18	0	0	0.0	0																
Other Eligibles	239	2,265	43.7	0.8	76	279	2,438	51.0	0.5	12	154	1,606	28.2	52																
64 or younger	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0																
65-74	61	539	54.0	0.8	80	52	470	46.0	0.5	18	51	568	45.1	58																
75-84	98	1,001	45.0	0.8	80	102	919	46.8	0.5	13	63	669	28.9	52																
85 and older	80	725	37.0	0.9	67	125	1,049	57.9	0.4	9	40	369	18.5	44																
Unknown	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 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. A total of 1,160 beneficiaries who were in nursing facilities for part of their enrollment and their 11,625 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 2001. 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 2001 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/products/product_mddb.asp (May 13 2003).

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

Table D10B

Dual Eligible Beneficiaries

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, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx
All	933	40.8 %	0.6	\$28	0.6	594	26.0 %	0.6	\$38	0.6	580	25.4 %	0.8	\$31	6,172	0.8	\$31
Female	579	34.4	0.6	27	0.6	438	26.0	0.6	40	0.6	397	23.6	0.8	32	4,238	0.8	32
Disabled	14	28.0	0.7	46	0.7	12	24.0	0.8	37	0.8	17	34.0	0.7	43	184	0.7	43
64 or younger	13	31.7	0.7	46	0.7	10	24.4	0.7	34	0.7	13	31.7	0.7	42	146	0.7	42
65-74	1	12.5	0.5	48	0.5	2	25.0	1.1	61	1.1	4	50.0	1.1	48	38	1.1	48
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
Other Eligibles	565	34.6	0.6	27	0.6	426	26.1	0.6	40	0.6	380	23.3	0.8	31	4,054	0.8	31
64 or younger	5	500.0	1.5	79	1.0	1	100.0	1.0	121	1.0	3	300.0	0.4	17	36	0.4	17
65-74	60	40.3	0.6	28	0.6	41	27.5	0.7	45	0.7	75	50.3	0.8	34	842	0.8	34
75-84	225	45.1	0.6	30	0.6	129	25.9	0.7	37	0.7	164	32.9	0.8	34	1,707	0.8	34
85 and older	275	27.9	0.5	23	0.5	255	25.9	0.6	40	0.6	138	14.0	0.8	27	1,469	0.8	27
Male	354	58.8	0.6	28	0.6	156	25.9	0.5	33	0.5	183	30.4	0.9	30	1,934	0.9	30
Disabled	23	41.8	1.0	50	1.0	11	20.0	0.8	34	0.8	18	32.7	1.0	31	207	1.0	31
64 or younger	20	40.8	0.9	51	0.9	10	20.4	0.8	34	0.8	18	36.7	1.0	31	207	1.0	31
65-74	3	100.0	1.6	44	1.6	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	1	50.0	0.5	25	0.5	0	0.0	0.0	0	0	0.0	0
Other Eligibles	331	60.5	0.6	27	0.6	145	26.5	0.5	33	0.5	165	30.2	0.9	30	1,727	0.9	30
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0	0.0	0
65-74	98	86.7	0.6	29	0.6	27	23.9	0.6	45	0.6	47	41.6	1.0	42	478	1.0	42
75-84	129	59.2	0.7	29	0.7	48	22.0	0.5	30	0.5	67	30.7	0.9	28	717	0.9	28
85 and older	104	48.1	0.5	21	0.5	70	32.4	0.5	30	0.5	51	23.6	0.7	21	532	0.7	21
Unknown	0	0.0	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 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. A total of 1,160 beneficiaries who were in nursing facilities for part of their enrollment and their 11,625 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 2001. 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 2001 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and 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, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE						
	Users as %			Mean		Users as %			Mean			
	No. of Users	No. of Bene among Users	Mean Rx \$	No. of Rx	No. of Bene among Users	No. of Bene among Users	Mean Rx \$	No. of Rx	No. of Bene among Users	Mean Rx \$		
All	185	8.1 %	1,919	0.8	\$90	604	26.4 %	5,917	0.9	\$27	2,285	22,087
Female	146	8.7	1,475	0.8	87	382	22.7	3,720	0.9	27	1,683	16,344
Disabled	2	4.0	24	0.9	55	7	14.0	74	0.8	34	50	487
64 or younger	2	4.9	24	0.9	55	5	12.2	50	0.9	41	41	420
65-74	0	0.0	0	0.0	0	2	25.0	24	0.6	18	8	66
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	144	8.8	1,451	0.8	87	375	23.0	3,646	0.9	27	1,633	15,857
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	16	10.7	151	0.9	109	54	36.2	523	1.0	29	149	1,479
75-84	67	13.4	715	0.8	86	115	23.0	1,185	0.9	26	499	5,028
85 and older	61	6.2	585	0.8	83	206	20.9	1,938	0.9	28	984	9,338
Male	39	6.5	444	0.8	99	222	36.9	2,197	0.8	27	602	5,743
Disabled	0	0.0	0	0.0	0	18	32.7	191	0.9	26	55	556
64 or younger	0	0.0	0	0.0	0	15	30.6	166	0.9	26	49	519
65-74	0	0.0	0	0.0	0	1	33.3	12	0.8	24	3	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	2	100.0	13	0.9	27	2	13
Other Eligibles	39	7.1	444	0.8	99	204	37.3	2,006	0.8	27	547	5,187
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	4.4	52	0.7	90	50	44.2	471	1.0	34	113	1,119
75-84	20	9.2	231	0.9	109	77	35.3	804	0.8	26	218	2,158
85 and older	14	6.5	161	0.8	88	77	35.6	731	0.8	24	216	1,910
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 2001 file for Vermont, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. A total of 1,160 beneficiaries who were in nursing facilities for part of their enrollment and their 11,625 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 2001. 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 2001 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/products/product_mddb.asp (May 13 2003).

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

TABLE D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
			4.2	46.4 %					
All	8,471	46.4 %	4.2	46.4 %	77,540	\$1,310,585	\$17	2.9 %	18,247
Age									
5 and younger	1	50.0	8.0	50.0	16	319	20	3.2	2
6-14	1	100.0	3.0	100.0	3	15	5	0.1	1
15-20	8	26.7	1.9	26.7	58	929	16	1.2	30
21-44	1,478	40.6	3.5	40.6	12,863	263,299	20	2.7	3,640
45-64	2,138	49.8	5.2	49.8	22,226	441,883	20	3.2	4,294
65-74	1,617	42.8	3.7	42.8	14,014	218,824	16	2.5	3,776
75-84	1,804	48.8	4.3	48.8	15,905	223,390	14	2.7	3,698
85 and older	1,424	50.7	4.4	50.7	12,455	161,926	13	3.1	2,806
Unknown	0	0.0	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,246	47.5	4.1	47.5	36,891	520,503	14	2.7	8,938
Disabled	4,086	45.9	4.5	45.9	39,819	776,592	20	3.0	8,900
Adults	136	33.7	2.0	33.7	818	13,348	16	2.6	403
Children	3	50.0	2.0	50.0	12	142	12	0.3	6
Unknown	0	0.0	0.0	0.0	0	0	0	0.0	0
Gender									
Female	5,773	51.4	4.7	51.4	53,248	878,629	17	3.0	11,231
Male	2,698	38.5	3.5	38.5	24,292	431,956	18	2.5	7,016
Unknown	0	0.0	0.0	0.0	0	0	0	0.0	0
Race									
White	7,085	47.3	4.4	47.3	66,357	1,130,110	17	2.9	14,969
African American	16	31.4	2.0	31.4	104	1,618	16	1.5	51
Other/unknown	1,370	42.5	3.4	42.5	11,079	178,857	16	2.6	3,227
Use of Nursing Facilities^d									
Entire year	1,241	54.3	5.3	54.3	12,121	163,834	14	2.9	2,285
Part year	733	63.2	6.1	63.2	7,085	96,986	14	3.2	1,160
None	6,497	43.9	3.9	43.9	58,334	1,049,765	18	2.8	14,802
Maintenance Assistance Status									
Cash	3,141	44.3	4.3	44.3	30,306	533,061	18	2.9	7,098
Medically needy	2,507	44.8	3.8	44.8	21,368	396,167	19	2.7	5,597
Poverty related	3	60.0	2.6	60.0	13	106	8	0.3	5
Other/unknown	2,820	50.8	4.7	50.8	25,853	381,251	15	2.9	5,547

Table D11

Dual Eligible Beneficiaries

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 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 2001.
 - b. 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 = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.4	\$7	\$17	\$0	\$3	199,259
Age						
5 and younger	0.9	18	20	0	0	18
6-14	0.3	1	5	0	0	12
15-20	0.2	3	16	0	0	354
21-44	0.3	7	20	0	4	40,449
45-64	0.5	9	20	0	5	48,342
65-74	0.3	5	16	0	2	41,747
75-84	0.4	6	14	0	2	39,998
85 and older	0.4	6	13	0	2	28,339
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	5	14	0	2	94,900
Disabled	0.4	8	20	0	4	100,517
Adults	0.2	4	16	0	2	3,774
Children	0.2	2	12	0	0	68
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	7	17	0	3	123,020
Male	0.3	6	18	0	3	76,239
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	17	0	3	165,155
African American	0.2	3	16	0	1	573
Other/unknown	0.3	5	16	0	3	33,531
Use of Nursing Facilities^d						
Entire year	0.5	7	14	0	3	22,087
Part year	0.6	8	14	0	4	11,625
None	0.4	6	18	0	3	165,547
Maintenance Assistance Status						
Cash	0.4	7	18	0	3	81,505
Medically needy	0.3	6	19	0	3	61,602
Poverty related	0.3	2	8	0	0	47
Other/unknown	0.5	7	15	0	3	56,105

Table D12

Dual Eligible Beneficiaries

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 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 2001.

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

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 VERMONT, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	11,932	\$1110	\$1,310,585	100.0 %	77,540	\$17	100.0 %
Anorexia or weight loss/gain	1	37	37	0.0	2	19	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	8	13	105	0.0	10	11	0.0
Cough and cold medications	1,484	104	153,929	11.7	4,493	34	5.8
Vitamins and minerals	2,137	131	280,778	21.4	14,707	19	19.0
Non-prescription drugs	3,518	54	188,554	14.4	19,728	10	25.4
Barbiturates	206	50	10,393	0.8	2,169	5	2.8
Benzodiazepines	4,296	148	635,801	48.5	35,175	18	45.4
Other Part D Excl Rx Drugs	282	145	40,988	3.1	1,256	33	1.6

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 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 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. 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. 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 = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; 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, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	18,247	8,938	8,900	403	6	199,175	94,870	100,471	3,766	68	0
Age											
5 and younger	2	0	2	0	0	18	0	18	0	0	0
6-14	1	0	1	0	0	12	0	12	0	0	0
15-20	30	0	26	0	4	354	0	310	0	44	0
21-44	3,640	0	3,458	180	2	40,422	0	38,692	1,706	24	0
45-64	4,294	5	4,132	157	0	48,316	60	46,789	1,467	0	0
65-74	3,776	2,632	1,080	64	0	41,737	28,752	12,415	570	0	0
75-84	3,698	3,549	147	2	0	39,982	38,303	1,656	23	0	0
85 and older	2,806	2,752	54	0	0	28,334	27,755	579	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	11,231	6,522	4,529	179	1	122,982	69,900	51,385	1,685	12	0
Male	7,016	2,416	4,371	224	5	76,193	24,970	49,086	2,081	56	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	14,969	7,061	7,608	296	4	165,097	75,953	86,250	2,850	44	0
African American	51	7	41	3	0	573	82	456	35	0	0
Other/unknown	3,227	1,870	1,251	104	2	33,505	18,835	13,765	881	24	0
Use of Nursing Facilities^c											
Entire year	2,285	2,180	105	0	0	22,082	21,039	1,043	0	0	0
Part year	1,160	1,021	139	0	0	11,615	10,149	1,466	0	0	0
None	14,802	5,737	8,656	403	6	165,478	63,682	97,962	3,766	68	0
Maintenance Assistance Status											
Cash	7,098	1,851	5,203	44	0	81,495	21,224	59,827	444	0	0
Medically needy	5,597	3,066	2,463	64	4	61,568	34,003	26,903	618	44	0
Poverty related	5	0	0	4	1	47	0	0	35	12	0
Other/unknown	5,547	4,021	1,234	291	1	56,065	39,643	13,741	2,669	12	0
Dual Status^d											
Full dual, all year	18,247	8,938	8,900	403	6	199,175	94,870	100,471	3,766	68	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
Managed Care Status											
FFS all year	18,247	8,938	8,900	403	6	199,175	94,870	100,471	3,766	68	0
FFS part year, with Rx claims	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
MC all year, with Rx claims	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

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 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 2001. 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 Mo(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^a
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2001

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		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	No. of Benes	No. of Bene Mos
All	18,247	199,175	18,247	199,259	18,247	199,259	0	-84
FFS all year	18,247	199,175	18,247	199,259	18,247	199,259	0	-84
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, with no Rx claims	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.