

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 VERMONT

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

### FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

## **FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

## **SUPPLEMENTAL TABLES**

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

## **APPENDIX TABLE**

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

TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>18,645</b>	<b>8,961</b>	<b>9,279</b>	<b>400</b>	<b>5</b>	<b>0</b>	<b>201,310</b>	<b>93,464</b>	<b>104,163</b>	<b>3,640</b>	<b>43</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	2	0	0	0	19	0	19	0	0	0
15-20	47	0	40	3	4	0	537	0	471	26	40	0
21-44	3,739	0	3,540	198	1	0	41,487	0	39,641	1,843	3	0
45-64	4,512	1	4,367	144	0	0	50,187	12	48,859	1,316	0	0
65-74	3,727	2,584	1,091	52	0	0	40,750	27,795	12,526	429	0	0
75-84	3,755	3,569	183	3	0	0	39,771	37,671	2,074	26	0	0
85 and older	2,862	2,807	55	0	0	0	28,547	27,986	561	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	11,453	6,549	4,702	202	0	0	124,036	69,207	53,003	1,826	0	0
Male	7,192	2,412	4,577	198	5	0	77,274	24,257	51,160	1,814	43	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	15,203	6,977	7,914	308	4	0	166,770	74,401	89,445	2,893	31	0
African American	63	9	50	4	0	0	666	77	545	44	0	0
Other/unknown	3,379	1,975	1,315	88	1	0	33,874	18,986	14,173	703	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,291	2,181	110	0	0	0	21,875	20,732	1,143	0	0	0
Part year	1,143	999	143	1	0	0	11,501	9,961	1,531	9	0	0
None	15,211	5,781	9,026	399	5	0	167,934	62,771	101,489	3,631	43	0
<b>Maintenance Assistance Status</b>												
Cash	7,112	1,751	5,326	35	0	0	81,256	19,726	61,175	355	0	0
Medically needy	5,757	3,131	2,540	82	4	0	62,561	34,261	27,505	764	31	0
Poverty-related	12	0	0	12	0	0	85	0	0	85	0	0
Other/unknown	5,764	4,079	1,413	271	1	0	57,408	39,477	15,483	2,436	12	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	18,645	8,961	9,279	400	5	0	201,310	93,464	104,163	3,640	43	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
<b>Managed Care Status</b>												
FFS all year	18,645	8,961	9,279	400	5	0	201,310	93,464	104,163	3,640	43	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

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

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	91.1 %	46.1	\$2,569	\$56	\$13,001	19.9 %	18,645
<b>Age</b>							
5 and younger	100.0	66.0	6,362	96	20,337	31.3	1
6-14	100.0	31.0	17,079	551	27,267	62.6	2
15-20	83.0	20.3	1,894	94	15,768	12.0	47
21-44	87.8	34.0	2,784	82	12,893	21.6	3,739
45-64	91.9	49.9	3,292	66	11,411	28.8	4,512
65-74	89.2	46.8	2,349	50	9,235	25.4	3,727
75-84	92.8	51.2	2,283	45	13,536	16.9	3,755
85 and older	94.6	48.5	1,939	40	19,795	9.8	2,862
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	92.1	48.8	2,182	45	14,456	15.1	8,961
Disabled	90.5	44.3	3,043	69	11,976	25.4	9,279
Adults	83.5	24.9	1,200	48	4,125	29.1	400
Children	60.0	6.2	222	36	17,512	1.3	5
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	94.0	50.6	2,640	52	13,297	19.9	11,453
Male	86.6	38.9	2,507	65	12,529	20.0	7,192
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	91.9	47.7	2,681	56	12,961	20.7	15,203
African American	82.5	33.0	2,436	74	7,503	32.5	63
Other/unknown	87.6	38.8	2,179	56	13,284	16.4	3,379
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	96.6	58.3	2,465	42	31,718	7.8	2,291
Part year	97.7	64.8	3,016	47	22,175	13.6	1,143
None	89.8	42.8	2,575	60	9,493	27.1	15,211
<b>Maintenance Assistance Status</b>							
Cash	90.4	43.2	2,622	61	10,965	23.9	7,112
Medically needy	90.3	44.1	2,638	60	5,168	51.0	5,757
Poverty related	83.3	13.3	984	74	3,045	32.3	12
Other/unknown	92.7	51.7	2,503	48	23,358	10.7	5,764

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

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	\$240	19.9 %	8.9 %	18.0 %	12.3 %	30.5 %	23.6 %	6.6 %	\$1,204	18,645	201,310
<b>Age</b>												
5 and younger	5.5	530	31.3	0.0	0.0	0.0	0.0	100.0	0.0	1,695	1	12
6-14	3.3	1,798	62.6	0.0	50.0	0.0	50.0	0.0	0.0	2,870	2	19
15-20	1.8	166	12.0	17.0	40.4	14.9	23.4	2.1	2.1	1,380	47	537
21-44	3.1	251	21.6	12.2	29.1	15.0	26.9	13.2	3.7	1,162	3,739	41,487
45-64	4.5	296	28.8	8.1	17.6	12.5	29.9	24.5	7.6	1,026	4,512	50,187
65-74	4.3	215	25.4	10.8	17.5	11.0	30.3	23.7	6.7	845	3,727	40,750
75-84	4.8	216	16.9	7.2	13.1	11.7	31.3	28.7	8.0	1,278	3,755	39,771
85 and older	4.9	194	9.8	5.4	11.3	11.0	35.9	29.6	6.9	1,985	2,862	28,547
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.7	209	15.1	7.9	13.8	11.2	32.2	27.6	7.3	1,386	8,961	93,464
Disabled	3.9	271	25.4	9.5	21.5	13.3	29.4	20.2	6.1	1,067	9,279	104,163
Adults	2.7	132	29.1	16.5	32.5	13.5	22.0	13.3	2.3	453	400	3,640
Children	0.7	26	1.3	40.0	40.0	20.0	0.0	0.0	0.0	2,036	5	43
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.7	244	19.9	6.0	15.2	12.2	32.5	26.8	7.3	1,228	11,453	124,036
Male	3.6	233	20.0	13.4	22.6	12.4	27.4	18.6	5.4	1,166	7,192	77,274
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	4.3	244	20.7	8.1	17.8	12.4	30.8	24.1	6.9	1,182	15,203	166,770
African American	3.1	230	32.5	17.5	22.2	17.5	23.8	15.9	3.2	710	63	666
Other/unknown	3.9	217	16.4	12.4	19.3	11.8	29.8	21.6	5.1	1,325	3,379	33,874
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	6.1	258	7.8	3.4	7.6	8.2	30.9	36.6	13.4	3,322	2,291	21,875
Part year	6.4	300	13.6	2.3	5.9	8.3	32.5	36.4	14.7	2,204	1,143	11,501
None	3.9	233	27.1	10.2	20.5	13.2	30.3	20.7	4.9	860	15,211	167,934
<b>Maintenance Assistance Status</b>												
Cash	3.8	230	23.9	9.6	22.4	13.6	29.5	20.0	4.9	960	7,112	81,256
Medically needy	4.1	243	51.0	9.7	18.0	12.8	32.6	21.9	5.0	476	5,757	62,561
Poverty related	1.9	139	32.3	16.7	50.0	16.7	16.7	0.0	0.0	430	12	85
Other/unknown	5.2	251	10.7	7.3	12.7	10.2	29.8	29.9	10.2	2,345	5,764	57,408

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

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
<b>All</b>	<b>4.3</b>	<b>\$240</b>	<b>\$56</b>	<b>1.8</b>	<b>\$183</b>	<b>\$100</b>	<b>0.3</b>	<b>\$18</b>	<b>\$53</b>	<b>2.1</b>	<b>\$39</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	5.5	530	96	3.6	479	134	0.6	32	55	1.3	18	14
6-14	3.3	1,798	551	2.5	1,789	708	0.0	0	0	0.7	9	12
15-20	1.8	166	94	0.8	142	181	0.2	10	53	0.8	14	18
21-44	3.1	251	82	1.4	197	140	0.2	21	88	1.4	33	23
45-64	4.5	296	66	2.0	226	112	0.3	23	69	2.1	46	22
65-74	4.3	215	50	1.9	163	86	0.3	14	45	2.1	38	18
75-84	4.8	216	45	2.0	161	81	0.4	15	38	2.4	40	16
85 and older	4.9	194	40	1.9	144	77	0.4	14	33	2.6	37	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.7	209	45	1.9	157	81	0.4	14	37	2.4	38	16
Disabled	3.9	271	69	1.8	209	118	0.3	22	71	1.9	41	22
Adults	2.7	132	48	1.1	96	87	0.2	13	67	1.4	23	16
Children	0.7	26	36	0.2	3	16	0.1	6	40	0.4	18	42
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.7	244	52	2.0	185	92	0.4	18	48	2.3	41	18
Male	3.6	233	65	1.6	179	115	0.3	18	66	1.8	37	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.3	244	56	1.9	186	99	0.3	18	54	2.1	40	19
African American	3.1	230	74	1.5	193	131	0.3	15	55	1.4	23	17
Other/unknown	3.9	217	56	1.7	169	101	0.3	16	49	1.9	33	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.1	258	42	2.4	192	81	0.5	17	34	3.3	49	15
Part year	6.4	300	47	2.7	231	86	0.5	19	38	3.3	51	16
None	3.9	233	60	1.7	178	104	0.3	18	59	1.9	37	20
<b>Maintenance Assistance Status</b>												
Cash	3.8	230	61	1.7	175	106	0.3	18	60	1.8	37	20
Medically needy	4.1	243	60	1.8	186	103	0.3	19	59	1.9	38	20
Poverty related	1.9	139	74	0.6	109	168	0.2	3	20	1.1	27	25
Other/unknown	5.2	251	48	2.1	191	89	0.4	17	41	2.6	44	17

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$	Users						
	Patented			Off-Patent			Generic				No. Dual Benes	As % of Benes	No. of Bene Mos				
	Total	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Generic	Total	Patented	Off-Patent					Generic			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$16	\$1	\$2	\$59	\$110	\$91	\$13	36,199	9,622	51.6 %	107,752	
Biologics	0.1	0.1	0.0	0.0	19	3	6	10	170	49	2,894	202	270	218	1.2	2,455	
Antineoplastic Agents	0.7	0.4	0.0	0.3	150	138	1	10	228	369	70	40	3,634	513	2.8	5,534	
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	37	27	4	6	39	64	25	17	82,811	7,768	41.7	86,365	
Cardiovascular Agents	1.7	0.6	0.2	1.0	59	39	5	14	35	70	34	15	204,270	10,959	58.8	120,875	
Respiratory Agents	0.8	0.5	0.0	0.3	47	37	3	6	56	73	67	23	60,552	6,508	34.9	73,097	
Gastrointestinal Agents	0.8	0.4	0.0	0.4	49	42	1	6	64	107	127	17	63,362	7,503	40.2	82,955	
Genitourinary Agents	0.5	0.4	0.0	0.1	31	29	0	2	58	70	44	15	14,824	2,537	13.6	28,247	
CNS Drugs	1.4	0.7	0.1	0.6	114	91	8	15	81	125	128	25	168,153	10,882	58.4	119,277	
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	46	32	5	9	77	133	71	31	2,104	310	1.7	3,491	
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	62	57	0	5	127	135	0	75	5,834	1,091	5.9	11,946	
Analgesics and Anesthetics	0.8	0.3	0.1	0.5	45	30	5	10	54	117	80	19	85,620	9,266	49.7	101,953	
Neuromuscular Agents	1.0	0.4	0.1	0.4	68	53	6	10	70	121	63	22	60,370	5,593	30.0	62,199	
Nutritional Products	0.6	0.0	0.1	0.5	11	0	1	10	18	24	22	18	14,697	2,243	12.0	24,290	
Hematological Agents	0.7	0.2	0.2	0.4	45	36	4	6	61	194	20	16	23,387	2,906	15.6	31,649	
Topical Products	0.4	0.2	0.0	0.2	14	9	1	4	36	59	41	17	30,231	6,943	37.2	78,160	
Miscellaneous Products	0.3	0.1	0.0	0.1	49	33	11	4	188	225	280	56	1,977	688	3.7	7,668	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	16	0	0	0	369	164	0.9	1,782	
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	858,664	n.a.	n.a.	n.a.	48,268,163

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

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	\$7,498,298	5,437	29.2 %	60,286	0.8	\$157	\$124
ANTIDEPRESSANTS	4,948,060	10,502	56.3	116,450	0.7	62	42
ANTICONVULSANT	3,657,263	4,875	26.1	54,809	0.8	82	67
ULCER DRUGS	3,515,797	8,537	45.8	95,727	0.5	69	37
ANTHYPERLIPIDEMIC	2,972,900	4,287	23.0	49,102	0.7	92	61
ANALGESICS - Narcotic	2,364,733	10,126	54.3	111,773	0.4	48	21
ANTIASTHMATIC	2,299,632	7,366	39.5	82,614	0.5	57	28
ANTIDIABETIC	2,065,188	4,880	26.2	54,248	0.7	52	38
ANALGESICS - ANTI-INFLAMMATORY	1,872,577	5,925	31.8	67,328	0.4	67	28
ANTHYPERTENSIVE	1,500,118	6,075	32.6	68,069	0.7	33	22
Total	32,694,566	68,010		760,406	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>457,367</b>	<b>\$32,694,566</b>	<b>5,437</b>	<b>29.2 %</b>	<b>60,286</b>	<b>0.8</b>	<b>\$124</b>	<b>10,502</b>	<b>56.3 %</b>	<b>116,450</b>	<b>0.7</b>	<b>\$43</b>
<b>Female</b>	294,782	19,958,868	3,204	28.0	35,397	0.7	99	7,149	62.4	79,405	0.7	43
<b>Disabled</b>	137,976	10,726,252	1,735	36.9	20,037	0.8	121	3,729	79.3	42,736	0.7	46
5 and younger	8	409	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	114	0	0.0	0	0.0	0	1	100.0	12	0.3	9
15-20	172	9,926	2	11.1	24	0.5	75	12	66.7	144	0.5	28
21-44	38,048	3,235,688	693	45.1	8,018	0.8	121	1,293	84.2	14,718	0.7	47
45-64	74,247	5,861,889	866	38.5	10,035	0.8	127	1,989	88.4	22,871	0.7	47
65-74	21,506	1,388,380	153	21.3	1,718	0.8	93	358	49.7	4,136	0.6	36
75-84	3,270	195,913	17	12.5	204	0.7	83	60	44.1	697	0.7	43
85 and older	721	33,933	4	9.8	38	0.2	21	16	39.0	158	0.7	33
<b>Other Eligibles</b>	156,806	9,232,616	1,469	21.8	15,360	0.6	70	3,420	50.7	36,669	0.7	40
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	29	234	0	0.0	0	0.0	0	1	100.0	12	0.6	6
21-44	1,862	123,447	38	38.4	393	0.5	50	90	90.9	943	0.6	47
45-64	1,142	48,696	13	18.6	117	0.7	43	47	67.1	443	0.7	32
65-74	43,744	2,794,003	273	16.0	2,996	0.7	80	837	49.1	9,379	0.7	39
75-84	62,391	3,688,134	528	20.7	5,516	0.7	78	1,264	49.5	13,513	0.7	39
85 and older	47,638	2,578,102	617	26.6	6,338	0.6	60	1,181	50.9	12,379	0.8	41
<b>Male</b>	162,585	12,735,698	2,233	31.0	24,889	0.9	161	3,353	46.6	37,045	0.6	42
<b>Disabled</b>	107,400	9,425,391	1,672	36.5	19,185	1.0	180	2,261	49.4	25,753	0.6	43
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	190	19,503	4	18.2	48	0.6	170	8	36.4	96	0.3	20
21-44	40,172	4,085,258	901	45.0	10,428	0.9	180	1,008	50.3	11,580	0.6	42
45-64	57,298	4,697,223	705	33.3	7,995	1.0	184	1,119	52.8	12,591	0.6	44
65-74	8,489	556,872	56	15.1	651	0.9	144	111	29.9	1,316	0.7	40
75-84	1,080	58,388	6	12.8	63	0.4	29	13	27.7	154	0.7	43
85 and older	170	8,142	0	0.0	0	0.0	0	2	14.3	16	0.8	58
<b>Other Eligibles</b>	55,185	3,310,307	561	21.5	5,704	0.7	95	1,092	41.8	11,292	0.7	39
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	53	6,074	2	33.3	22	1.2	232	3	50.0	35	0.5	9
21-44	1,352	67,433	16	16.0	182	0.6	90	68	68.0	718	0.5	21
45-64	1,307	74,860	6	8.0	68	0.6	97	31	41.3	313	0.6	35
65-74	19,331	1,265,511	147	15.8	1,543	0.7	106	312	33.5	3,399	0.7	39
75-84	23,720	1,362,858	240	23.6	2,441	0.7	88	438	43.1	4,520	0.7	42
85 and older	9,422	533,571	150	30.8	1,448	0.7	93	240	49.3	2,307	0.8	40
<b>Unknown</b>	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTHYPERLIPIDEMIC				
	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 \$
<b>All</b>	<b>4,875</b>	<b>26.1 %</b>	<b>54,809</b>	<b>0.8</b>	<b>\$67</b>	<b>8,537</b>	<b>45.8 %</b>	<b>95,727</b>	<b>0.5</b>	<b>\$37</b>	<b>4,287</b>	<b>23.0 %</b>	<b>49,102</b>	<b>0.7</b>	<b>\$61</b>
<b>Female</b>	2,896	25.3	32,562	0.8	62	5,725	50.0	64,389	0.5	37	2,734	23.9	31,536	0.7	61
<b>Disabled</b>	1,881	40.0	21,532	0.8	72	2,421	51.5	28,000	0.5	36	1,134	24.1	13,209	0.6	60
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.3	24	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	12	0.1	1	0	0.0	0	0.0	0
15-20	5	27.8	60	0.5	48	2	11.1	24	0.4	7	1	5.6	12	0.3	3
21-44	748	48.7	8,578	0.8	81	560	36.5	6,405	0.4	33	112	7.3	1,312	0.6	54
45-64	938	41.7	10,742	0.8	69	1,293	57.5	15,003	0.5	39	652	29.0	7,602	0.6	59
65-74	161	22.4	1,825	0.8	53	469	65.1	5,436	0.5	36	318	44.2	3,684	0.7	62
75-84	26	19.1	307	1.0	52	74	54.4	879	0.5	31	45	33.1	533	0.8	71
85 and older	3	7.3	20	0.2	9	21	51.2	229	0.6	26	6	14.6	66	0.8	67
<b>Other Eligibles</b>	1,015	15.0	11,030	0.8	43	3,304	48.9	36,389	0.6	38	1,600	23.7	18,327	0.7	63
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	43	43.4	449	0.7	67	32	32.3	314	0.3	15	5	5.1	54	0.4	42
45-64	14	20.0	152	0.7	46	19	27.1	180	0.5	32	5	7.1	50	0.6	35
65-74	312	18.3	3,449	0.8	50	848	49.7	9,624	0.5	39	640	37.5	7,355	0.7	63
75-84	387	15.1	4,206	0.8	39	1,277	50.0	14,209	0.6	38	711	27.8	8,156	0.7	63
85 and older	259	11.2	2,774	0.8	35	1,128	48.6	12,062	0.6	37	239	10.3	2,712	0.7	61
<b>Male</b>	1,979	27.5	22,247	0.9	74	2,812	39.1	31,338	0.5	36	1,553	21.6	17,566	0.7	59
<b>Disabled</b>	1,582	34.6	18,150	0.9	79	1,662	36.3	19,079	0.5	35	943	20.6	10,857	0.6	58
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	6	27.3	72	0.6	60	5	22.7	60	0.4	61	1	4.5	12	0.5	32
21-44	806	40.2	9,324	0.8	86	556	27.7	6,409	0.4	30	208	10.4	2,416	0.6	54
45-64	696	32.9	7,892	0.9	73	909	42.9	10,351	0.5	38	615	29.0	7,046	0.6	59
65-74	67	18.1	781	0.8	50	162	43.7	1,919	0.5	34	109	29.4	1,270	0.7	63
75-84	5	10.6	59	1.0	81	23	48.9	265	0.6	38	9	19.1	101	0.6	59
85 and older	2	14.3	22	0.5	38	7	50.0	75	0.6	54	1	7.1	12	0.1	10
<b>Other Eligibles</b>	397	15.2	4,097	0.9	51	1,150	44.0	12,259	0.6	38	610	23.3	6,709	0.7	60
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	16.7	12	0.2	1	0	0.0	0	0.0	0
21-44	20	20.0	212	0.7	48	25	25.0	267	0.2	18	5	5.0	42	0.6	31
45-64	15	20.0	168	0.7	49	26	34.7	262	0.5	36	19	25.3	204	0.7	66
65-74	146	15.7	1,570	0.9	59	380	40.8	4,163	0.5	38	310	33.3	3,484	0.6	58
75-84	159	15.6	1,608	0.9	45	497	48.9	5,285	0.6	37	233	22.9	2,543	0.7	64
85 and older	57	11.7	539	1.0	48	221	45.4	2,270	0.7	41	43	8.8	436	0.7	60
<b>Unknown</b>	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-ASTHMATIC					ANTI-DIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>10,126</b>	<b>54.3 %</b>	<b>111,773</b>	<b>0.4</b>	<b>\$21</b>	<b>7,366</b>	<b>39.5 %</b>	<b>82,614</b>	<b>0.5</b>	<b>\$28</b>	<b>4,880</b>	<b>26.2 %</b>	<b>54,248</b>	<b>0.7</b>	<b>\$38</b>
<b>Female</b>	6,586	57.5	72,422	0.4	20	4,832	42.2	54,573	0.5	27	3,208	28.0	35,944	0.7	38
<b>Disabled</b>	3,243	69.0	37,312	0.4	22	2,292	48.7	26,509	0.4	24	1,260	26.8	14,548	0.7	43
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	10	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	16	88.9	191	0.2	3	7	38.9	83	0.1	5	0	0.0	0	0.0	0
21-44	1,117	72.7	12,816	0.4	22	591	38.5	6,884	0.3	16	173	11.3	2,025	0.7	42
45-64	1,632	72.6	18,800	0.5	26	1,236	55.0	14,298	0.4	26	757	33.7	8,751	0.7	44
65-74	403	56.0	4,702	0.4	11	406	56.4	4,638	0.5	30	301	41.8	3,442	0.7	40
75-84	56	41.2	641	0.4	11	43	31.6	510	0.6	35	26	19.1	312	0.9	45
85 and older	19	46.3	162	0.5	27	8	19.5	84	0.6	24	3	7.3	18	2.4	73
<b>Other Eligibles</b>	3,343	49.5	35,110	0.4	18	2,540	37.6	28,064	0.5	29	1,948	28.9	21,396	0.7	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	1	100.0	12	1.8	14
21-44	83	83.8	841	0.5	16	28	28.3	263	0.3	13	6	6.1	59	0.4	35
45-64	41	58.6	441	0.5	14	12	17.1	130	0.3	12	15	21.4	154	0.6	18
65-74	821	48.2	9,157	0.4	18	822	48.2	9,332	0.5	31	647	37.9	7,248	0.7	39
75-84	1,262	49.4	13,505	0.4	17	1,004	39.3	11,168	0.5	30	826	32.3	9,164	0.7	33
85 and older	1,136	49.0	11,166	0.5	18	674	29.1	7,171	0.5	24	453	19.5	4,759	0.7	29
<b>Male</b>	3,540	49.2	39,351	0.5	23	2,534	35.2	28,041	0.5	30	1,672	23.2	18,304	0.7	39
<b>Disabled</b>	2,461	53.8	28,291	0.5	26	1,369	29.9	15,677	0.5	29	919	20.1	10,410	0.7	43
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	8	36.4	95	0.4	4	3	13.6	36	0.3	19	0	0.0	0	0.0	0
21-44	1,076	53.7	12,450	0.4	24	365	18.2	4,241	0.4	19	208	10.4	2,375	0.8	42
45-64	1,214	57.3	13,884	0.5	31	773	36.5	8,765	0.5	33	567	26.8	6,399	0.7	44
65-74	139	37.5	1,605	0.3	12	194	52.3	2,267	0.6	35	127	34.2	1,474	0.7	43
75-84	16	34.0	175	0.4	19	32	68.1	346	0.7	36	13	27.7	123	0.8	25
85 and older	8	57.1	82	0.2	4	2	14.3	22	0.2	8	4	28.6	39	0.7	18
<b>Other Eligibles</b>	1,079	41.3	11,060	0.5	16	1,165	44.6	12,364	0.6	32	753	28.8	7,894	0.7	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	2	33.3	16	0.3	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	71	71.0	769	0.6	16	11	11.0	118	0.1	5	14	14.0	135	0.5	17
45-64	47	62.7	507	0.4	17	17	22.7	153	0.6	19	14	18.7	160	0.7	39
65-74	341	36.6	3,661	0.4	20	396	42.5	4,308	0.6	35	303	32.5	3,317	0.7	38
75-84	409	40.3	4,187	0.4	14	533	52.5	5,589	0.6	34	325	32.0	3,342	0.8	33
85 and older	209	42.9	1,920	0.4	13	208	42.7	2,196	0.4	22	97	19.9	940	0.7	25
<b>Unknown</b>	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	<b>5,925</b>	<b>31.8 %</b>	<b>67,328</b>	<b>0.4</b>	<b>\$28</b>	<b>6,075</b>	<b>32.6 %</b>	<b>68,059</b>	<b>0.7</b>	<b>\$22</b>	<b>18,645</b>	<b>201,310</b>
<b>Female</b>	4,053	35.4	46,190	0.4	31	3,937	34.4	44,270	0.7	23	11,453	124,036
<b>Disabled</b>	1,981	42.1	23,033	0.4	26	1,226	26.1	14,221	0.6	21	4,702	53,003
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	5	27.8	60	0.1	1	0	0.0	0	0.0	0	18	209
21-44	608	39.6	7,020	0.3	13	163	10.6	1,890	0.5	15	1,536	17,248
45-64	1,014	45.1	11,821	0.4	29	657	29.2	7,625	0.6	21	2,249	25,317
65-74	304	42.2	3,558	0.5	38	329	45.7	3,848	0.7	24	720	8,240
75-84	31	22.8	359	0.5	35	54	39.7	625	0.7	27	136	1,555
85 and older	19	46.3	215	0.4	27	23	56.1	233	0.6	16	41	410
<b>Other Eligibles</b>	2,072	30.7	23,157	0.5	36	2,711	40.2	30,049	0.7	24	6,751	71,033
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	32	32.3	317	0.3	9	9	9.1	94	0.6	13	99	921
45-64	19	27.1	179	0.4	8	19	27.1	215	0.5	15	70	627
65-74	591	34.7	6,786	0.5	34	761	44.6	8,703	0.6	24	1,705	18,511
75-84	809	31.7	9,171	0.5	38	1,126	44.1	12,536	0.7	24	2,556	27,512
85 and older	621	26.8	6,704	0.6	39	796	34.3	8,501	0.8	25	2,320	23,450
<b>Male</b>	1,872	26.0	21,138	0.4	21	2,138	29.7	23,799	0.7	20	7,192	77,274
<b>Disabled</b>	1,261	27.6	14,506	0.3	17	1,105	24.1	12,694	0.6	19	4,577	51,160
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	1	100.0	7	0.1	1	1	7
15-20	5	22.7	58	0.1	1	2	9.1	24	0.1	2	22	262
21-44	467	23.3	5,390	0.2	12	255	12.7	2,943	0.6	19	2,004	22,393
45-64	678	32.0	7,767	0.4	20	665	31.4	7,606	0.6	19	2,118	23,542
65-74	98	26.4	1,149	0.4	25	150	40.4	1,763	0.7	21	371	4,286
75-84	11	23.4	132	0.5	40	26	55.3	287	0.7	18	47	519
85 and older	2	14.3	10	0.6	26	6	42.9	64	0.6	13	14	151
<b>Other Eligibles</b>	611	23.4	6,632	0.4	29	1,033	39.5	11,105	0.7	20	2,615	26,114
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	6	54
21-44	27	27.0	296	0.3	13	7	7.0	74	0.6	12	100	925
45-64	19	25.3	191	0.4	15	23	30.7	237	0.7	23	75	701
65-74	233	25.0	2,634	0.4	30	395	42.4	4,398	0.6	20	931	9,713
75-84	223	21.9	2,398	0.5	30	444	43.7	4,733	0.7	21	1,016	10,185
85 and older	109	22.4	1,113	0.5	29	164	33.7	1,663	0.8	20	487	4,536
<b>Unknown</b>	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

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
<b>All</b>	<b>\$258</b>	<b>6.1</b>	<b>2,291</b>	<b>21,875</b>
<b>Age</b>				
0-64	388	7.4	100	1,033
65-74	354	7.4	253	2,383
75-84	290	6.8	746	7,097
85 and older	207	5.3	1,192	11,362
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	243	5.9	1,667	16,118
Male	302	6.6	624	5,757
Unknown	0	0.0	0	0
<b>Race</b>				
White	259	6.2	1,730	16,752
African American	0	0	0	0
Other/unknown	254	5.9	561	5,123
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	251	6.0	2,181	20,732
Disabled	381	7.4	110	1,143
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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,143 beneficiaries who were in nursing facilities for part of their enrollment and their 11,501 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$12	\$1	\$2	\$68	\$10	6,082	\$220,483	1,479	64.6 %	15,096
Biologics	0.1	0.0	0.0	0.1	2	0	2	153	0	90	2,300	88	3.8	961
Antineoplastic Agents	0.8	0.4	0.0	0.4	102	70	32	189	0	478	62,906	67	2.9	615
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.6	32	23	8	53	20	11,083	308,168	964	42.1	9,496
Cardiovascular Agents	2.0	0.4	0.2	1.4	42	20	5	52	26	29,595	630,363	1,531	66.8	15,029
Respiratory Agents	0.8	0.4	0.1	0.3	41	30	4	69	63	6,478	324,732	772	33.7	7,927
Gastrointestinal Agents	1.0	0.4	0.0	0.6	49	40	1	90	88	10,717	514,549	1,063	46.4	10,455
Genitourinary Agents	0.6	0.5	0.0	0.1	33	31	0	65	23	2,717	148,037	443	19.3	4,459
CNS Drugs	1.6	0.9	0.1	0.6	104	90	4	97	64	26,732	1,727,517	1,686	73.6	16,574
Stimulants/Anti-obesity/Anorexia	1.0	0.3	0.0	0.7	34	24	0	95	0	241	8,605	26	1.1	252
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	106	105	0	121	0	1,896	229,629	223	9.7	2,163
Analgesics and Anesthetics	1.1	0.4	0.1	0.5	47	37	4	86	41	12,283	544,849	1,242	54.2	11,661
Neuromuscular Agents	1.0	0.4	0.1	0.6	52	30	5	84	64	8,996	451,184	852	37.2	8,681
Nutritional Products	0.8	0.0	0.1	0.7	13	0	1	12	23	3,708	64,885	496	21.6	4,912
Hematological Agents	1.1	0.2	0.4	0.5	37	27	6	137	13	5,884	200,886	538	23.5	5,362
Topical Products	0.5	0.2	0.0	0.3	16	10	1	55	44	6,335	199,744	1,175	51.3	12,366
Miscellaneous Products	0.2	0.1	0.0	0.0	5	5	0	35	0	215	6,519	115	5.0	1,207
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	0	123	1,799	60	2.6	614
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	133,653	5,647,155	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 1,143 beneficiaries who were in nursing facilities for part of their enrollment and their 11,501 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 2002. 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](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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Vermont, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

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	\$876,017	985	43.0 %	9,986	0.7	\$119	\$88
ANTIDEPRESSANTS	755,778	1,561	68.1	15,663	0.9	53	48
ULCER DRUGS	453,280	1,092	47.7	11,095	0.7	58	41
ANALGESICS - Narcotic	318,830	1,234	53.9	11,234	0.7	40	28
ANTICONVULSANT	299,169	543	23.7	5,546	1.1	51	54
ANTIASTHMATIC	249,311	858	37.5	8,664	0.5	52	29
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	230,643	222	9.7	2,210	0.9	119	104
ANALGESICS - ANTI-INFLAMMATORY	216,811	539	23.5	5,516	0.6	64	39
ANTI-DIABETIC	190,439	583	25.4	5,923	0.9	36	32
ANTI-HYPERTENSIVE	143,492	592	25.8	5,816	0.9	26	25
<b>Total</b>	<b>3,733,770</b>	<b>8,209</b>		<b>81,653</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,143 beneficiaries who were in nursing facilities for part of their enrollment and their 11,501 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 2002. 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 2002 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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
			965	43.0 %	9,986										
<b>All</b>	<b>63,972</b>	<b>\$3,733,770</b>	<b>965</b>	<b>43.0 %</b>	<b>9,986</b>	<b>0.7</b>	<b>\$88</b>	<b>1,561</b>	<b>68.1 %</b>	<b>15,663</b>	<b>0.9</b>	<b>\$48</b>			
<b>Female</b>	45,061	2,569,716	689	41.3	7,019	0.7	79	1,142	68.5	11,605	0.9	47			
<b>Disabled</b>	1,926	137,848	35	66.0	368	0.8	101	44	83.0	500	1.0	56			
64 or younger	1,689	128,228	32	68.1	332	0.8	108	41	87.2	464	1.0	59			
65-74	164	6,295	2	50.0	24	0.5	39	2	50.0	24	0.9	38			
75-84	52	1,111	1	100.0	12	0.3	19	1	100.0	12	0.3	1			
85 and older	21	2,214	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	43,135	2,431,868	654	40.5	6,651	0.7	78	1,098	68.0	11,105	0.9	46			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	5,332	303,061	72	50.0	754	0.8	87	111	77.1	1,147	1.0	50			
75-84	15,649	929,171	229	46.3	2,298	0.8	98	394	79.6	3,879	0.9	46			
85 and older	22,154	1,199,636	353	36.2	3,599	0.6	63	593	60.8	6,079	0.9	46			
<b>Male</b>	18,911	1,164,054	296	47.4	2,967	0.8	108	419	67.1	4,058	0.9	53			
<b>Disabled</b>	2,505	153,187	30	52.6	331	0.7	106	41	71.9	420	1.0	54			
64 or younger	2,277	143,501	29	54.7	319	0.7	110	37	69.8	372	1.0	56			
65-74	228	9,686	1	25.0	12	0.3	2	4	100.0	48	1.1	39			
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			
<b>Other Eligibles</b>	16,406	1,010,867	266	46.9	2,636	0.8	109	378	66.7	3,638	0.9	53			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	3,781	262,699	52	51.5	538	0.7	124	77	76.2	788	1.0	60			
75-84	7,812	448,222	119	47.6	1,184	0.8	97	167	66.8	1,625	0.9	54			
85 and older	4,813	299,946	95	44.0	914	0.8	115	134	62.0	1,225	0.9	46			
<b>Unknown</b>	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,143 beneficiaries who were in nursing facilities for part of their enrollment and their 1,501 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 2002. 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 2002 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

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	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
<b>All</b>	<b>1,092</b>	<b>47.7 %</b>	<b>0.7</b>	<b>11,095</b>	<b>0.7</b>	<b>\$41</b>	<b>1,234</b>	<b>53.9 %</b>	<b>0.7</b>	<b>\$28</b>	<b>543</b>	<b>23.7 %</b>	<b>5,546</b>	<b>1.1</b>	<b>\$54</b>			
<b>Female</b>	785	47.1	0.7	8,023	0.7	39	937	56.2	0.7	29	350	21.0	3,547	1.0	47			
<b>Disabled</b>	26	49.1	0.6	270	0.6	41	25	47.2	0.8	32	31	58.5	294	0.9	52			
64 or younger	23	48.9	0.6	234	0.6	46	21	44.7	0.9	38	28	59.6	258	0.9	54			
65-74	3	75.0	0.4	36	0.4	11	3	75.0	0.1	1	3	75.0	36	1.0	35			
75-84	0	0.0	0.0	0	0.0	0	1	100.0	1.2	9	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			
<b>Other Eligibles</b>	759	47.0	0.7	7,753	0.7	39	912	56.5	0.7	29	319	19.8	3,253	1.0	47			
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			
65-74	76	52.8	0.6	800	0.6	38	73	50.7	0.8	32	73	50.7	740	1.2	62			
75-84	246	49.7	0.7	2,528	0.7	44	289	58.4	0.8	35	123	24.8	1,197	1.0	48			
85 and older	437	44.8	0.7	4,425	0.7	36	550	56.4	0.6	25	123	12.6	1,316	0.9	38			
<b>Male</b>	307	49.2	0.7	3,072	0.7	46	297	47.6	0.7	26	193	30.9	1,999	1.1	66			
<b>Disabled</b>	35	61.4	0.7	374	0.7	45	38	66.7	1.0	45	46	80.7	510	1.3	75			
64 or younger	30	56.6	0.7	324	0.7	43	35	66.0	1.0	47	43	81.1	484	1.3	74			
65-74	5	125.0	0.8	50	0.8	60	3	75.0	1.5	12	3	75.0	26	1.7	86			
75-84	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			
<b>Other Eligibles</b>	272	48.0	0.7	2,698	0.7	46	259	45.7	0.7	23	147	25.9	1,489	1.1	63			
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			
65-74	52	51.5	0.8	514	0.8	53	46	45.5	1.0	53	42	41.6	428	1.2	81			
75-84	132	52.8	0.7	1,301	0.7	47	119	47.6	0.7	17	77	30.8	786	1.0	53			
85 and older	88	40.7	0.7	883	0.7	40	94	43.5	0.6	17	28	13.0	275	1.2	61			
<b>Unknown</b>	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 1,143 beneficiaries who were in nursing facilities for part of their enrollment and their 11,501 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 2002. 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 2002 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](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.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY							
	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	Mean Rx \$
<b>All</b>	<b>858</b>	<b>37.5 %</b>	<b>0.5</b>	<b>\$29</b>	<b>0.5</b>	<b>222</b>	<b>9.7 %</b>	<b>0.9</b>	<b>\$104</b>	<b>0.9</b>	<b>2,210</b>	<b>9.7 %</b>	<b>0.9</b>	<b>\$104</b>	<b>539</b>	<b>23.5 %</b>	<b>0.6</b>	<b>\$39</b>
<b>Female</b>	554	33.2	0.6	30	0.6	161	9.7	0.9	108	0.9	1,628	9.7	0.9	108	407	24.4	0.6	41
<b>Disabled</b>	15	28.3	0.7	41	0.7	4	7.5	1.0	315	1.0	48	7.5	1.0	315	13	24.5	0.4	19
64 or younger	15	31.9	0.7	41	0.7	3	6.4	1.0	374	1.0	36	6.4	1.0	374	10	21.3	0.3	13
65-74	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	1	25.0	0.9	71
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	1	100.0	0.1	2
85 and older	0	0.0	0.0	0	0.0	1	100.0	1.1	139	1.1	12	100.0	1.1	139	1	100.0	0.7	46
<b>Other Eligibles</b>	539	33.4	0.5	29	0.5	157	9.7	0.9	102	0.9	1,580	9.7	0.9	102	394	24.4	0.6	42
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	0.0	0
65-74	56	38.9	0.7	43	0.7	16	11.1	1.0	98	1.0	158	11.1	1.0	98	33	22.9	0.6	35
75-84	204	41.2	0.6	34	0.6	61	12.3	0.9	108	0.9	568	12.3	0.9	108	123	24.8	0.6	39
85 and older	279	28.6	0.5	23	0.5	80	8.2	0.8	98	0.8	854	8.2	0.8	98	238	24.4	0.7	44
<b>Male</b>	304	48.7	0.5	27	0.5	61	9.8	0.9	95	0.9	582	9.8	0.9	95	132	21.2	0.6	35
<b>Disabled</b>	15	26.3	0.6	34	0.6	2	3.5	0.7	77	0.7	19	3.5	0.7	77	17	29.8	0.5	23
64 or younger	13	24.5	0.6	32	0.6	2	3.8	0.7	77	0.7	19	3.8	0.7	77	16	30.2	0.6	24
65-74	2	50.0	0.7	45	0.7	0	0.0	0.0	0	0.0	0	0.0	0.0	0	1	25.0	0.1	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	0.0	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	0.0	0
<b>Other Eligibles</b>	289	51.0	0.5	27	0.5	59	10.4	0.9	95	0.9	563	10.4	0.9	95	115	20.3	0.6	37
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	0.0	0
65-74	62	61.4	0.7	42	0.7	5	5.0	0.6	73	0.6	47	5.0	0.6	73	27	26.7	0.6	52
75-84	141	56.4	0.6	29	0.6	28	11.2	0.9	97	0.9	272	11.2	0.9	97	47	18.8	0.6	29
85 and older	86	39.8	0.3	13	0.3	26	12.0	0.9	97	0.9	244	12.0	0.9	97	41	19.0	0.6	35
<b>Unknown</b>	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	0.0	0

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 1,143 beneficiaries who were in nursing facilities for part of their enrollment and their 11,501 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 2002. 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 2002 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF	Mos among Users		No. of Users	Residents	NF	Mos among Users			
<b>All</b>	<b>583</b>	<b>25.4 %</b>	<b>5,923</b>	<b>0.9</b>	<b>\$32</b>	<b>592</b>	<b>25.8 %</b>	<b>5,816</b>	<b>0.9</b>	<b>\$25</b>	<b>2,291</b>	<b>21,875</b>
<b>Female</b>	379	22.7	3,915	0.9	33	392	23.5	3,932	1.0	26	1,667	16,118
<b>Disabled</b>	23	43.4	241	0.9	44	11	20.8	104	0.9	25	53	553
64 or younger	17	36.2	169	0.9	53	7	14.9	56	1.0	30	47	481
65-74	4	100.0	48	0.8	27	3	75.0	36	0.8	18	4	48
75-84	2	200.0	24	0.8	18	1	100.0	12	0.9	26	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
<b>Other Eligibles</b>	356	22.1	3,674	0.9	32	381	23.6	3,828	1.0	26	1,614	15,565
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	52	36.1	532	1.0	37	45	31.3	447	0.8	25	144	1,356
75-84	138	27.9	1,445	0.9	34	127	25.7	1,291	0.9	24	495	4,823
85 and older	166	17.0	1,697	0.8	28	209	21.4	2,090	1.0	28	975	9,386
<b>Male</b>	204	32.7	2,008	0.9	31	200	32.1	1,884	0.9	22	624	5,757
<b>Disabled</b>	22	38.6	243	0.7	25	18	31.6	185	0.9	23	57	590
64 or younger	19	35.8	207	0.7	27	17	32.1	173	0.9	21	53	552
65-74	3	75.0	36	0.5	17	1	25.0	12	1.0	44	4	38
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
<b>Other Eligibles</b>	182	32.1	1,765	0.9	32	182	32.1	1,699	0.9	22	567	5,167
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	36	35.6	350	0.9	36	35	34.7	340	1.0	28	101	941
75-84	92	36.8	907	1.0	34	91	36.4	862	0.9	19	250	2,262
85 and older	54	25.0	508	0.9	27	56	25.9	497	0.9	22	216	1,964
<b>Unknown</b>	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 1,143 beneficiaries who were in nursing facilities for part of their enrollment and their 11,501 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 2002. 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 2002 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](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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 VERMONT, 2002

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 Dual Rx \$	Total No. of Benes
		37.2 %	2.4	2.4	\$90					
<b>All</b>	<b>6,935</b>	<b>37.2 %</b>	<b>2.4</b>	<b>2.4</b>	<b>\$90</b>	<b>44,798</b>	<b>\$1,682,498</b>	<b>\$38</b>	<b>3.5 %</b>	<b>18,645</b>
<b>Age</b>										
5 and younger	1	100.0	3.0	3.0	42	3	42	14	0.7	1
6-14	0	0.0	0.0	0.0	0	0	0	0	0.0	2
15-20	14	29.8	1.1	1.1	32	52	1,496	29	1.7	47
21-44	1,318	35.3	1.9	1.9	97	7,000	364,178	52	3.5	3,739
45-64	1,850	41.0	2.8	2.8	113	12,586	511,353	41	3.4	4,512
65-74	1,308	35.1	2.5	2.5	85	9,222	317,832	34	3.6	3,727
75-84	1,367	36.4	2.6	2.6	81	9,805	302,714	31	3.5	3,755
85 and older	1,077	37.6	2.1	2.1	65	6,130	184,883	30	3.3	2,862
Unknown	0	0.0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	3,233	36.1	2.4	2.4	76	21,501	682,720	32	3.5	8,961
Disabled	3,585	38.6	2.4	2.4	106	22,709	980,695	43	3.5	9,279
Adults	116	29.0	1.5	1.5	48	583	19,064	33	4.0	400
Children	1	20.0	1.0	1.0	4	5	19	4	1.7	5
Unknown	0	0.0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>										
Female	4,650	40.6	2.6	2.6	94	29,936	1,079,776	36	3.6	11,453
Male	2,285	31.8	2.1	2.1	84	14,862	602,722	41	3.3	7,192
Unknown	0	0.0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>										
White	5,788	38.1	2.5	2.5	95	38,542	1,445,733	38	3.5	15,203
African American	21	33.3	1.3	1.3	24	81	1,523	19	1.0	63
Other/unknown	1,126	33.3	1.8	1.8	70	6,175	235,242	38	3.2	3,379
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	1,038	45.3	3.1	3.1	97	7,066	222,442	31	3.9	2,291
Part year	612	53.5	4.0	4.0	212	4,528	242,464	54	7.0	1,143
None	5,285	34.7	2.2	2.2	80	33,204	1,217,592	37	3.1	15,211
<b>Maintenance Assistance Status</b>										
Cash	2,562	36.0	2.2	2.2	82	15,987	585,560	37	3.1	7,112
Medically needy	1,983	34.4	2.2	2.2	76	12,772	438,476	34	2.9	5,757
Poverty related	4	33.3	0.7	0.7	10	8	114	14	1.0	12
Other/unknown	2,386	41.4	2.8	2.8	114	16,031	658,348	41	4.6	5,764

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 VERMONT, 2002

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
All	0.2	\$8	\$38	\$0	\$2	201,310
<b>Age</b>						
5 and younger	0.3	4	14	0	0	12
6-14	0.0	0	0	0	0	19
15-20	0.1	3	29	0	1	537
21-44	0.2	9	52	0	2	41,487
45-64	0.3	10	41	0	3	50,187
65-74	0.2	8	34	0	2	40,750
75-84	0.2	8	31	0	2	39,771
85 and older	0.2	6	30	0	1	28,547
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	7	32	0	2	93,464
Disabled	0.2	9	43	0	2	104,163
Adults	0.2	5	33	0	1	3,640
Children	0.1	0	4	0	0	43
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	9	36	0	2	124,036
Male	0.2	8	41	0	2	77,274
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	9	38	0	2	166,770
African American	0.1	2	19	0	1	666
Other/unknown	0.2	7	38	0	2	33,874
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	10	31	0	2	21,875
Part year	0.4	21	54	0	2	11,501
None	0.2	7	37	0	2	167,934
<b>Maintenance Assistance Status</b>						
Cash	0.2	7	37	0	2	81,256
Medically needy	0.2	7	34	0	2	62,561
Poverty related	0.1	1	14	0	1	85
Other/unknown	0.3	11	41	0	2	57,408

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
VERMONT, 2002

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
<b>All</b>	<b>8,661</b>	<b>\$194</b>	<b>\$1,682,498</b>	<b>100.0 %</b>	<b>44,798</b>	<b>\$38</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	352	262	92,258	5.5	703	131	1.6
Fertility drugs	194	225	43,565	2.6	231	189	0.5
Drugs for cosmetic purposes	243	1,088	264,290	15.7	1,541	172	3.4
Cough and cold medications	152	467	70,910	4.2	433	164	1.0
Vitamins and minerals	31	8	260	0.0	36	7	0.1
Non-prescription drugs	3,190	212	676,095	40.2	14,658	46	32.7
Barbiturates	55	17	919	0.1	77	12	0.2
Benzodiazepines	4,012	102	410,375	24.4	26,076	16	58.2
Other Part D Excl Rx Drugs	432	287	123,826	7.4	1,043	119	2.3

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 VERMONT, 2002

Total Number of Dual Eligible Beneficiaries 18,645  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$48,268,163  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,589

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,658	8.9 %	\$0	0.0 %
1-500	3,461	18.6	710,727	1.5
501-1,000	2,080	11.2	1,535,759	3.2
1,001-1,500	1,800	9.7	2,246,491	4.7
1,501-2,000	1,506	8.1	2,633,020	5.5
2,001-2,500	1,273	6.8	2,859,484	5.9
2,501-3,000	1,167	6.3	3,204,156	6.6
3,001-3,500	921	4.9	2,988,245	6.2
3,501-4,000	797	4.3	2,984,528	6.2
4,001-4,500	700	3.8	2,966,434	6.1
4,501-5,000	522	2.8	2,470,427	5.1
5,001-5,500	453	2.4	2,373,738	4.9
5,501-6,000	349	1.9	2,003,741	4.2
6,001-6,500	310	1.7	1,936,240	4.0
6,501-7,000	263	1.4	1,775,299	3.7
7,001-7,500	186	1.0	1,347,789	2.8
7,501-8,000	164	0.9	1,272,706	2.6
8,001-8,500	128	0.7	1,056,154	2.2
8,501-9,000	101	0.5	884,993	1.8
9,001-9,500	89	0.5	822,204	1.7
9,501-10,000	86	0.5	837,790	1.7
10,001+	631	3.4	9,358,238	19.4

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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











APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>18,645</b>	<b>8,961</b>	<b>9,279</b>	<b>400</b>	<b>5</b>	<b>201,310</b>	<b>93,464</b>	<b>104,163</b>	<b>3,640</b>	<b>43</b>	<b>0</b>
<b>Age</b>											
5 and younger	1	0	1	0	0	12	0	12	0	0	0
6-14	2	0	2	0	0	19	0	19	0	0	0
15-20	47	0	40	3	4	537	0	471	26	40	0
21-44	3,739	0	3,540	198	1	41,487	0	39,641	1,843	3	0
45-64	4,512	1	4,367	144	0	50,187	12	48,859	1,316	0	0
65-74	3,727	2,584	1,091	52	0	40,750	27,795	12,526	429	0	0
75-84	3,755	3,569	183	3	0	39,771	37,671	2,074	26	0	0
85 and older	2,862	2,807	55	0	0	28,547	27,986	561	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	11,453	6,549	4,702	202	0	124,036	69,207	53,003	1,826	0	0
Male	7,192	2,412	4,577	198	5	77,274	24,257	51,160	1,814	43	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	15,203	6,977	7,914	308	4	166,770	74,401	89,445	2,893	31	0
African American	63	9	50	4	0	666	77	545	44	0	0
Other/unknown	3,379	1,975	1,315	88	1	33,874	18,986	14,173	703	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	2,291	2,181	110	0	0	21,875	20,732	1,143	0	0	0
Part year	1,143	999	143	1	0	11,501	9,961	1,531	9	0	0
None	15,211	5,781	9,026	399	5	167,934	62,771	101,489	3,631	43	0
<b>Maintenance Assistance Status</b>											
Cash	7,112	1,751	5,326	35	0	81,256	19,726	61,175	355	0	0
Medically needy	5,757	3,131	2,540	82	4	62,561	34,261	27,505	764	31	0
Poverty related	12	0	0	12	0	85	0	0	85	0	0
Other/unknown	5,764	4,079	1,413	271	1	57,408	39,477	15,483	2,436	12	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	18,645	8,961	9,279	400	5	201,310	93,464	104,163	3,640	43	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
<b>Managed Care Status</b>											
FFS all year	18,645	8,961	9,279	400	5	201,310	93,464	104,163	3,640	43	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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	Benes and					
	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>18,645</b>	<b>201,310</b>	<b>18,645</b>	<b>201,310</b>	<b>0</b>	<b>0</b>
FFS all year	18,645	201,310	18,645	201,310	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

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.