

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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		
All	124,953	249	8,418	46,806	69,459	21	1,187,734	2,371	93,159	413,281	678,733	190		
Age														
5 and younger	22,930	0	313	1	22,616	0	214,244	0	3,483	7	210,754	0		
6-14	33,796	1	1,129	1	32,665	0	345,869	12	12,856	12	332,989	0		
15-20	16,677	0	909	2,157	13,611	0	157,269	0	10,026	17,242	130,001	0		
21-44	38,135	4	2,889	34,674	562	6	339,805	25	31,641	303,162	4,938	39		
45-64	13,023	2	3,088	9,915	3	15	126,621	23	34,115	92,296	36	151		
65-74	218	94	81	42	1	0	2,292	930	951	399	12	0		
75-84	109	87	8	14	0	0	1,060	846	75	139	0	0		
85 and older	64	61	1	2	0	0	571	535	12	24	0	0		
Unknown	1	0	0	0	1	0	3	0	0	0	3	0		
Gender														
Female	67,793	145	4,474	28,713	34,440	21	653,447	1,352	49,892	263,957	338,056	190		
Male	57,160	104	3,944	18,093	35,019	0	534,287	1,019	43,267	149,324	340,677	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	71,341	183	6,591	31,486	33,070	11	698,557	1,766	73,721	284,812	338,149	109		
African American	938	2	80	391	465	0	8,620	24	814	3,276	4,506	0		
Other/unknown	52,674	64	1,747	14,929	35,924	10	480,557	581	18,624	125,193	336,078	81		
Use of Nursing Facilities^c														
Entire year	81	42	39	0	0	0	793	415	378	0	0	0		
Part year	86	15	60	10	1	0	875	146	612	105	12	0		
None	124,786	192	8,319	46,796	69,458	21	1,186,066	1,810	92,169	413,176	678,721	190		
Maintenance Assistance Status														
Cash	21,784	62	7,164	4,610	9,948	0	225,034	644	80,747	44,215	99,428	0		
Medically needy	7,813	108	600	4,597	2,508	0	69,317	1,019	5,472	42,644	20,182	0		
Poverty-related	48,895	0	0	2,368	46,506	21	467,610	0	0	16,460	450,960	190		
Other/unknown	46,461	79	654	35,231	10,497	0	425,773	708	6,940	309,962	108,163	0		
Managed Care Status														
FFS all year	124,953	249	8,418	46,806	69,459	21	1,187,734	2,371	93,159	413,281	678,733	190		
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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	65.4 %	7.6	\$363	\$48	\$2,807	12.9 %	124,953
Age							
5 and younger	66.4	3.3	134	41	1,617	8.3	22,930
6-14	59.6	4.0	228	58	2,755	8.3	33,796
15-20	63.3	5.5	294	53	3,997	7.3	16,677
21-44	67.6	9.5	420	44	2,536	16.5	38,135
45-64	74.1	21.3	1,009	47	4,103	24.6	13,023
65-74	76.6	31.2	1,603	51	7,613	21.1	218
75-84	78.9	34.5	1,444	42	10,340	14.0	109
85 and older	68.8	33.0	1,269	39	14,970	8.5	64
Unknown	100.0	8.0	143	18	2,544	5.6	1
Basis of Eligibility^c							
Aged	73.5	32.9	1,515	46	11,175	13.6	249
Disabled	85.6	33.3	2,210	66	14,681	15.1	8,418
Adults	66.7	8.7	303	35	1,746	17.3	46,806
Children	61.9	3.7	176	47	2,051	8.6	69,459
Unknown	81.0	14.9	841	57	8,379	10.0	21
Gender							
Female	70.1	9.0	398	44	2,658	15.0	67,793
Male	59.7	6.1	322	53	2,983	10.8	57,160
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	70.7	10.1	488	49	3,420	14.3	71,341
African American	58.7	6.9	402	59	2,697	14.9	938
Other/unknown	58.2	4.4	194	44	1,979	9.8	52,674
Use of Nursing Facilities^d							
Entire year	98.8	64.7	3,818	59	41,052	9.3	81
Part year	96.5	63.6	4,247	67	43,897	9.7	86
None	65.3	7.6	358	47	2,754	13.0	124,786
Maintenance Assistance Status							
Cash	75.9	16.2	969	60	6,381	15.2	21,784
Medically needy	69.7	10.3	532	52	2,754	19.3	7,813
Poverty related	60.2	3.2	144	45	1,378	10.4	48,895
Other/unknown	65.1	7.8	282	36	2,644	10.7	46,461

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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	0.8	\$38	12.9 %	34.6 %	51.8 %	6.1 %	5.3 %	1.7 %	0.4 %	\$295	124,953	1,187,734
Age												
5 and younger	0.4	14	8.3	33.6	63.2	2.3	0.8	0.0	0.0	173	22,930	214,244
6-14	0.4	22	8.3	40.4	53.4	3.8	2.2	0.2	0.0	269	33,796	345,869
15-20	0.6	31	7.3	36.7	53.2	6.3	3.5	0.3	0.0	424	16,677	157,269
21-44	1.1	47	16.5	32.4	48.9	8.6	7.3	2.3	0.6	285	38,135	339,805
45-64	2.2	104	24.6	25.9	35.0	11.7	16.8	8.4	2.3	422	13,023	126,621
65-74	3.0	153	21.1	23.4	22.0	10.1	28.0	12.8	3.7	724	218	2,292
75-84	3.5	149	14.0	21.1	17.4	14.7	23.9	17.4	5.5	1,063	109	1,060
85 and older	3.7	142	8.5	31.3	14.1	6.3	18.8	26.6	3.1	1,678	64	571
Unknown	2.7	48	5.6	0.0	0.0	0.0	100.0	0.0	0.0	848	1	3
Basis of Eligibility^c												
Aged	3.5	159	13.6	26.5	16.1	8.8	26.5	17.7	4.4	1,174	249	2,371
Disabled	3.0	200	15.1	14.4	30.4	13.6	24.2	13.5	4.0	1,327	8,418	93,159
Adults	1.0	34	17.3	33.3	48.5	8.7	7.2	1.9	0.4	198	46,806	413,281
Children	0.4	18	8.6	38.1	56.7	3.5	1.6	0.1	0.0	210	69,459	678,733
Unknown	1.6	93	10.0	19.0	42.9	14.3	14.3	9.5	0.0	926	21	190
Gender												
Female	0.9	41	15.0	29.9	54.4	7.0	6.1	2.2	0.6	276	67,793	653,447
Male	0.6	35	10.8	40.3	48.7	5.2	4.3	1.2	0.3	319	57,160	534,287
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.0	50	14.3	29.3	52.7	7.6	7.2	2.6	0.7	349	71,341	698,557
African American	0.7	44	14.9	41.3	46.7	4.9	4.6	2.0	0.5	293	938	8,620
Other/unknown	0.5	21	9.8	41.8	50.6	4.2	2.7	0.6	0.1	217	52,674	480,557
Use of Nursing Facilities^d												
Entire year	6.6	390	9.3	1.2	6.2	6.2	27.2	40.7	18.5	4,193	81	793
Part year	6.3	417	9.7	3.5	15.1	2.3	32.6	31.4	15.1	4,315	86	875
None	0.8	38	13.0	34.7	51.8	6.2	5.2	1.7	0.4	290	124,786	1,186,066
Maintenance Assistance Status												
Cash	1.6	94	15.2	24.1	48.7	8.9	11.6	5.3	1.4	618	21,784	225,034
Medically needy	1.2	60	19.3	30.3	48.8	9.6	8.2	2.6	0.5	310	7,813	69,317
Poverty related	0.3	15	10.4	39.8	56.1	3.0	1.1	0.1	0.0	144	48,895	467,610
Other/unknown	0.9	31	10.7	34.9	49.2	7.6	6.2	1.6	0.4	289	46,461	425,773

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a,b,c}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	0.8	\$38	0.3	\$29	0.1	\$3	0.4	\$7
Age								
5 and younger	0.4	14	0.1	11	0.0	1	0.2	2
6-14	0.4	22	0.2	17	0.0	2	0.2	3
15-20	0.6	31	0.3	23	0.0	3	0.3	5
21-44	1.1	47	0.4	34	0.1	4	0.6	9
45-64	2.2	104	0.9	79	0.2	7	1.1	18
65-74	3.0	153	1.2	116	0.2	9	1.5	27
75-84	3.5	149	1.4	108	0.3	8	1.8	32
85 and older	3.7	142	1.4	109	0.2	5	2.0	28
Unknown	2.7	48	0.7	29	0.0	0	2.0	18
Basis of Eligibility^d								
Aged	3.5	159	1.4	119	0.3	8	1.8	32
Disabled	3.0	200	1.4	154	0.2	15	1.4	31
Adults	1.0	34	0.4	25	0.1	3	0.5	7
Children	0.4	18	0.2	13	0.0	2	0.2	3
Unknown	1.6	93	0.7	73	0.0	0	0.9	20
Gender								
Female	0.9	41	0.4	30	0.1	4	0.5	7
Male	0.6	35	0.3	27	0.0	3	0.3	5
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.0	50	0.4	37	0.1	4	0.5	9
African American	0.7	44	0.3	36	0.0	2	0.4	5
Other/unknown	0.5	21	0.2	16	0.0	2	0.2	3
Use of Nursing Facilities^e								
Entire year	6.6	390	2.4	286	0.4	24	3.8	80
Part year	6.3	417	2.6	335	0.3	16	3.4	66
None	0.8	38	0.3	28	0.1	3	0.4	6
Maintenance Assistance Status								
Cash	1.6	94	0.7	71	0.1	7	0.8	16
Medically needy	1.2	60	0.5	46	0.1	4	0.6	10
Poverty related	0.3	15	0.1	11	0.0	2	0.2	3
Other/unknown	0.9	31	0.3	23	0.1	3	0.5	6

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 ND.5 includes the beneficiaries represented by Cell K 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 (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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name									
Anti-infective Agents	0.2	0.1	0.0	0.1	\$9	\$6	\$1	\$1	\$39	\$72	\$67	\$12	116,889	\$4,512,976	49,202	39.4 %	528,852
Biologicals	0.2	0.2	0.0	0.0	179	150	2	27	795	705	1,479	2,481	1,620	1,287,306	687	0.5	7,187
Antineoplastic Agents	0.5	0.3	0.0	0.2	157	144	5	9	294	513	194	37	2,364	693,997	414	0.3	4,417
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	20	13	3	4	41	64	31	20	94,653	3,883,514	18,217	14.6	193,291
Cardiovascular Agents	0.9	0.3	0.1	0.5	29	20	2	6	31	59	32	12	91,040	2,793,743	9,181	7.3	97,512
Respiratory Agents	0.4	0.2	0.0	0.1	18	14	2	2	47	65	64	16	102,815	4,811,988	24,231	19.4	262,690
Gastrointestinal Agents	0.4	0.2	0.0	0.2	28	23	2	3	63	100	206	15	39,942	2,535,162	8,406	6.7	90,809
Genitourinary Agents	0.2	0.2	0.0	0.1	9	8	0	1	40	50	49	10	9,584	383,038	4,109	3.3	44,601
CNS Drugs	0.8	0.5	0.0	0.3	53	44	2	7	65	95	114	21	178,979	11,688,772	21,017	16.8	221,283
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	44	31	5	8	60	74	64	34	32,815	1,984,782	4,116	3.3	45,199
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.1	25	17	0	8	135	215	0	73	2,695	363,671	1,339	1.1	14,671
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	14	7	2	5	28	106	54	12	131,459	3,687,725	25,237	20.2	265,388
Neuromuscular Agents	0.6	0.3	0.0	0.3	37	30	2	5	58	108	53	15	62,497	3,621,530	9,172	7.3	97,927
Nutritional Products	0.2	0.0	0.0	0.2	2	0	0	2	10	31	15	9	22,680	228,865	9,690	7.8	105,081
Hematological Agents	0.5	0.1	0.1	0.3	88	79	2	7	163	581	26	21	6,858	1,117,386	1,193	1.0	12,721
Topical Products	0.2	0.1	0.0	0.1	5	3	1	2	27	51	57	14	54,383	1,484,002	26,705	21.4	289,825
Miscellaneous Products	0.1	0.1	0.0	0.0	10	8	1	1	78	77	236	45	3,912	303,804	2,645	2.1	29,369
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	16	0	0	0	271	4,257	174	0.1	1,953
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.	955,456	45,386,518	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 ND.6 includes the beneficiaries represented by Cell K 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 category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Vermont, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIDEPRESSANTS	\$6,066,762	21,786	231,662	0.5	\$57	\$26	
ANTIPSYCHOTICS	4,711,720	5,047	55,455	0.6	142	85	
ANTICONVULSANT	3,308,783	6,331	68,760	0.7	72	48	
ANTIASTHMATIC	2,680,943	20,604	224,627	0.3	46	12	
ANALGESICS - Narcotic	2,204,075	28,602	304,178	0.3	25	7	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,984,782	4,580	50,583	0.6	60	39	
ULCER DRUGS	1,961,133	8,313	90,862	0.3	63	22	
ANTIVIRAL	1,409,041	1,429	15,022	0.3	278	94	
CONTRACEPTIVES	1,299,184	8,277	87,317	0.4	38	15	
ANTIDIABETIC	1,279,830	3,445	36,956	0.7	51	35	
Total	26,896,253	108,414	1,165,422	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 ND.7 includes the beneficiaries represented by Cell K 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 (May 13 2003).

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

TABLE ND.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}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Mos among Users	No. of Bene Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$
All	462,226	\$26,896,253	21,786	17.4 %	0.5	231,662	4.0 %	5,047	4.0 %	55,455	0.6	\$85			
Female	291,352	16,043,313	15,158	22.4	0.5	162,470	4.2	2,870	4.2	31,760	0.6	76			
Disabled	93,766	7,163,775	3,271	73.1	0.6	37,741	30.1	1,348	30.1	15,436	0.7	111			
5 and younger	515	43,953	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0			
6-14	3,402	277,416	90	23.0	0.5	1,022	17.1	67	17.1	756	0.7	95			
15-20	3,910	259,667	147	46.1	0.6	1,686	21.3	68	21.3	762	0.8	86			
21-44	36,727	3,001,372	1,421	85.5	0.5	16,401	38.4	639	38.4	7,358	0.6	104			
45-64	48,245	3,516,189	1,591	82.9	0.6	18,390	29.4	564	29.4	6,451	0.8	122			
65-74	902	60,597	19	38.8	0.6	228	18.4	9	18.4	108	0.6	147			
75-84	65	4,581	3	50.0	0.6	14	16.7	1	16.7	1	1.0	327			
85 and older	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0			
Other Eligibles	197,585	8,879,520	11,887	18.8	0.4	124,729	2.4	1,522	2.4	16,324	0.4	43			
5 and younger	3,972	182,913	5	0.0	0.3	60	0.1	10	0.1	120	0.4	41			
6-14	17,753	1,027,335	674	4.2	0.5	7,547	1.1	173	1.1	2,011	0.5	66			
15-20	27,931	1,352,239	1,659	19.8	0.4	17,773	3.2	269	3.2	2,916	0.5	57			
21-44	112,409	4,867,269	7,521	33.7	0.4	78,424	3.8	842	3.8	8,928	0.3	35			
45-64	33,805	1,345,163	1,991	36.7	0.5	20,516	3.8	207	3.8	2,126	0.4	28			
65-74	700	41,727	12	15.4	0.7	142	7.7	6	7.7	71	1.2	142			
75-84	695	36,477	14	23.3	0.6	141	13.3	8	13.3	77	0.7	73			
85 and older	320	26,397	11	29.7	0.7	126	18.9	7	18.9	75	0.5	99			
Male	170,874	10,852,940	6,628	11.6	0.5	69,192	3.8	2,177	3.8	23,695	0.7	97			
Disabled	54,458	4,649,908	1,581	40.1	0.6	18,024	24.8	978	24.8	11,076	0.8	130			
5 and younger	817	54,644	5	2.7	0.3	60	7.5	14	7.5	147	0.5	56			
6-14	8,295	663,648	235	31.9	0.6	2,746	29.2	215	29.2	2,501	0.7	94			
15-20	5,752	507,704	200	33.9	0.6	2,305	24.2	143	24.2	1,622	0.7	114			
21-44	17,648	1,551,316	559	45.6	0.6	6,362	29.4	361	29.4	4,065	0.9	143			
45-64	21,565	1,841,804	576	49.3	0.6	6,479	20.6	241	20.6	2,693	0.8	156			
65-74	352	29,464	6	18.8	0.6	72	12.5	4	12.5	48	0.5	166			
75-84	29	1,328	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			
Other Eligibles	116,416	6,203,032	5,047	9.5	0.5	51,168	2.3	1,199	2.3	12,619	0.6	69			
5 and younger	6,773	332,267	24	0.2	0.3	276	0.1	14	0.1	159	0.3	36			
6-14	35,755	2,256,903	1,179	7.1	0.5	13,163	2.7	456	2.7	5,120	0.7	90			
15-20	14,548	878,480	881	11.9	0.4	9,336	3.2	238	3.2	2,561	0.5	65			
21-44	38,109	1,675,654	2,061	15.9	0.4	19,489	2.7	356	2.7	3,377	0.5	50			
45-64	19,872	991,080	866	19.2	0.5	8,555	2.6	117	2.6	1,230	0.5	46			
65-74	498	26,399	14	23.7	0.6	129	15.3	9	15.3	103	0.5	78			
75-84	564	30,551	12	29.3	0.9	126	17.1	7	17.1	61	0.9	108			
85 and older	297	11,698	10	38.5	1.0	94	7.7	2	7.7	8	1.0	81			
Unknown	1	18	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0			

Table ND7A Nondual 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 ND.7A includes the beneficiaries represented by Cell K 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 (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 ND.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}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANALGESICS - Narcotic				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
All	6,331	5.1 %	68,760	\$48	0.7	20,604	16.5 %	224,627	\$12	0.3	28,602	22.9 %	304,178	\$7	0.3
Female	3,971	5.9	43,607	46	0.6	11,962	17.6	130,858	12	0.3	18,641	27.5	202,227	6	0.3
Disabled	1,615	36.1	18,596	65	0.8	2,294	51.3	26,548	21	0.4	3,117	69.7	35,812	18	0.4
5 and younger	27	21.3	314	84	0.8	41	32.3	474	20	0.3	11	8.7	124	1	0.1
6-14	84	21.4	981	83	0.8	95	24.2	1,112	16	0.3	36	9.2	417	1	0.1
15-20	87	27.3	1,003	74	0.9	99	31.0	1,139	12	0.2	95	29.8	1,119	4	0.2
21-44	762	45.8	8,804	71	0.8	791	47.6	9,167	17	0.3	1,411	84.9	16,192	4	0.4
45-64	645	33.6	7,385	54	0.8	1,233	64.3	14,263	24	0.4	1,538	80.1	17,648	19	0.5
65-74	8	16.3	96	80	0.9	35	71.4	393	27	0.5	23	46.9	276	13	0.3
75-84	2	33.3	13	12	0.2	0	0.0	0	0	0.0	3	50.0	36	31	0.3
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Other Eligibles	2,356	3.7	25,011	32	0.5	9,667	15.3	104,307	10	0.2	15,524	24.5	166,415	4	0.2
5 and younger	27	0.2	302	28	0.5	1,564	14.2	17,236	9	0.2	241	2.2	2,668	1	0.1
6-14	159	1.0	1,775	56	0.7	2,094	13.0	23,240	10	0.2	775	4.8	8,792	1	0.1
15-20	218	2.6	2,361	41	0.4	1,416	16.9	15,257	9	0.2	2,245	26.8	24,061	1	0.1
21-44	1,535	6.9	16,263	29	0.5	3,531	15.8	37,310	10	0.3	10,389	46.6	111,012	4	0.3
45-64	405	7.5	4,176	26	0.6	1,012	18.6	10,725	13	0.4	1,827	33.7	19,395	7	0.3
65-74	6	7.7	66	24	0.5	27	34.6	299	40	0.6	18	23.1	196	17	0.3
75-84	5	8.3	56	55	1.0	17	28.3	183	30	0.6	17	28.3	183	38	0.6
85 and older	1	2.7	12	38	1.2	6	16.2	57	8	0.2	12	32.4	108	6	0.3
Male	2,360	4.1	25,153	52	0.7	8,642	15.1	93,769	12	0.3	9,961	17.4	101,951	9	0.3
Disabled	1,007	25.5	11,564	71	0.8	989	25.1	11,393	21	0.4	1,572	39.9	17,928	23	0.5
5 and younger	34	18.3	368	67	0.8	80	43.0	934	16	0.3	15	8.1	179	1	0.1
6-14	147	19.9	1,750	75	0.8	146	19.8	1,737	13	0.3	64	8.7	753	2	0.1
15-20	144	24.4	1,674	74	0.8	78	13.2	882	11	0.3	112	19.0	1,309	5	0.2
21-44	387	31.5	4,411	71	0.9	234	19.1	2,630	16	0.4	660	53.8	7,601	4	0.4
45-64	287	24.6	3,265	70	0.8	440	37.6	5,078	30	0.5	707	60.5	7,918	34	0.6
65-74	8	25.0	96	52	0.8	11	34.4	132	11	0.3	13	40.6	156	17	0.3
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	50.0	12	2	0.3
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Other Eligibles	1,353	2.5	13,589	35	0.6	7,653	14.4	82,376	11	0.2	8,389	15.8	84,023	6	0.3
5 and younger	41	0.4	470	30	0.5	2,457	21.1	26,925	10	0.2	392	3.4	4,370	1	0.1
6-14	238	1.4	2,642	50	0.7	2,881	17.3	31,838	11	0.2	858	5.2	9,599	1	0.1
15-20	147	2.0	1,597	49	0.6	907	12.3	9,690	10	0.2	1,200	16.3	12,601	1	0.1
21-44	657	5.1	6,149	28	0.6	922	7.1	8,878	10	0.3	4,603	35.5	43,961	7	0.4
45-64	256	5.7	2,586	29	0.6	456	10.1	4,725	16	0.4	1,311	29.1	13,247	12	0.4
65-74	7	11.9	77	24	0.9	8	13.6	95	11	0.3	18	30.5	187	4	0.3
75-84	4	9.8	43	57	1.1	17	41.5	167	36	0.8	2	4.9	16	4	0.3
85 and older	3	11.5	25	22	1.0	5	19.2	58	4	0.2	5	19.2	42	2	0.2
Unknown	0	0.0	0	0	0.0	1	100.0	3	6	0.3	0	0.0	0	0	0.0

Table ND7B
 Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 (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 ND.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}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS					ANTIVIRAL				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	4,580	3.7 %	50,553	0.6	\$39	8,313	6.7 %	90,862	0.3	\$22	1,429	1.1 %	15,022	0.3	\$94
Female	1,416	2.1	15,701	0.6	37	5,609	8.3	62,170	0.3	21	1,003	1.5	10,724	0.3	53
Disabled	249	5.6	2,896	0.6	46	2,019	45.1	23,433	0.4	32	177	4.0	2,022	0.4	128
5 and younger	0	0.0	0	0.0	0	20	15.7	239	0.4	34	0	0.0	0	0.0	0
6-14	88	22.4	1,041	0.8	42	22	5.6	263	0.4	17	6	1.5	72	0.7	214
15-20	39	12.2	443	0.7	42	42	13.2	500	0.3	11	8	2.5	95	0.2	11
21-44	80	4.8	935	0.5	44	713	42.9	8,266	0.4	30	94	5.7	1,049	0.3	126
45-64	42	2.2	477	0.5	60	1,190	62.0	13,792	0.4	33	69	3.6	806	0.4	136
65-74	0	0.0	0	0.0	0	29	59.2	348	0.5	33	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	3	50.0	25	0.7	70	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
Other Eligibles	1,167	1.8	12,805	0.6	35	3,590	5.7	38,737	0.3	15	826	1.3	8,702	0.3	35
5 and younger	17	0.2	188	0.3	13	115	1.0	1,087	0.2	9	17	0.2	193	0.2	9
6-14	659	4.1	7,335	0.6	38	197	1.2	2,242	0.2	9	51	0.3	576	0.3	25
15-20	199	2.4	2,168	0.6	35	398	4.7	4,298	0.2	8	106	1.3	1,143	0.2	17
21-44	236	1.1	2,498	0.4	30	2,026	9.1	21,889	0.3	15	551	2.5	5,741	0.3	37
45-64	56	1.0	616	0.5	31	799	14.7	8,605	0.4	20	96	1.8	998	0.3	62
65-74	0	0.0	0	0.0	0	20	25.6	228	0.5	19	1	1.3	12	0.1	10
75-84	0	0.0	0	0.0	0	25	41.7	291	0.5	21	2	3.3	15	0.1	4
85 and older	0	0.0	0	0.0	0	10	27.0	97	0.8	84	2	5.4	24	0.1	10
Male	3,164	5.5	34,852	0.7	40	2,704	4.7	28,692	0.4	22	426	0.7	4,298	0.5	197
Disabled	455	11.5	5,306	0.8	49	858	21.8	9,838	0.5	33	107	2.7	1,127	0.5	225
5 and younger	8	4.3	69	0.4	19	26	14.0	304	0.4	15	0	0.0	0	0.0	0
6-14	289	39.2	3,390	0.8	50	35	4.7	410	0.5	23	3	0.4	36	0.1	8
15-20	120	20.3	1,411	0.8	45	36	6.1	427	0.4	31	7	1.2	84	0.3	99
21-44	22	1.8	253	0.8	45	269	21.9	3,119	0.4	30	53	4.3	548	0.6	186
45-64	16	1.4	183	0.7	85	477	40.8	5,398	0.5	36	44	3.8	459	0.5	312
65-74	0	0.0	0	0.0	0	13	40.6	156	0.5	39	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	100.0	24	0.3	7	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
Other Eligibles	2,709	5.1	29,576	0.7	39	1,846	3.5	18,854	0.3	17	319	0.6	3,171	0.5	186
5 and younger	71	0.6	771	0.4	22	148	1.3	1,474	0.3	13	27	0.2	286	0.2	13
6-14	1,965	11.8	21,760	0.7	40	177	1.1	1,982	0.2	12	34	0.2	383	0.2	31
15-20	533	7.2	5,742	0.6	37	181	2.5	1,921	0.2	12	21	0.3	224	0.1	6
21-44	113	0.9	1,054	0.6	29	834	6.4	8,308	0.3	18	150	1.2	1,370	0.6	232
45-64	27	0.6	249	0.6	44	465	10.3	4,713	0.4	19	86	1.9	896	0.6	287
65-74	0	0.0	0	0.0	0	18	30.5	203	0.5	32	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	10	24.4	120	0.7	44	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	13	50.0	133	0.6	26	1	3.8	12	0.1	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C
 Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 (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 ND.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}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	CONTRACEPTIVES				ANTI-DIABETIC				No. of Bene Mos			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx		Mean Rx \$		
All	8,277	6.6 %	87,317	0.4	\$15	3,445	2.8 %	36,956	0.7	\$35	124,953	1,187,734
Female	8,272	12.2	87,264	0.4	15	2,130	3.1	23,224	0.7	35	67,792	653,444
Disabled	406	9.1	4,739	0.4	15	880	19.7	10,156	0.7	41	4,474	49,892
5 and younger	0	0.0	0	0.0	0	1	0.8	12	0.1	6	127	1,448
6-14	12	3.1	140	0.4	13	10	2.6	120	0.9	68	392	4,461
15-20	97	30.4	1,130	0.4	14	5	1.6	60	0.6	45	319	3,481
21-44	273	16.4	3,181	0.4	15	197	11.9	2,265	0.6	40	1,662	18,296
45-64	24	1.3	288	0.6	21	645	33.6	7,464	0.7	41	1,919	21,576
65-74	0	0.0	0	0.0	0	18	36.7	198	0.8	30	49	579
75-84	0	0.0	0	0.0	0	4	66.7	37	0.6	17	6	51
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	7,866	12.4	82,525	0.4	15	1,250	2.0	13,068	0.7	30	63,318	603,552
5 and younger	1	0.0	12	1.0	18	7	0.1	84	0.6	28	10,987	102,836
6-14	171	1.1	1,937	0.3	10	62	0.4	671	0.8	55	16,049	163,688
15-20	2,607	31.1	27,362	0.4	13	72	0.9	728	0.7	43	8,389	78,849
21-44	4,954	22.2	51,804	0.4	16	503	2.3	5,277	0.6	26	22,289	204,432
45-64	133	2.4	1,410	0.5	19	563	10.4	5,851	0.7	29	5,429	52,096
65-74	0	0.0	0	0.0	0	24	30.8	249	0.6	29	78	774
75-84	0	0.0	0	0.0	0	14	23.3	160	0.9	24	60	571
85 and older	0	0.0	0	0.0	0	5	13.5	48	0.9	27	37	306
Male	5	0.0	53	0.2	9	1,315	2.3	13,732	0.7	35	57,160	534,287
Disabled	1	0.0	12	0.4	22	454	11.5	5,305	0.7	42	3,944	43,267
5 and younger	0	0.0	0	0.0	0	3	1.6	36	0.2	18	186	2,035
6-14	0	0.0	0	0.0	0	9	1.2	104	0.7	30	737	8,395
15-20	1	0.2	12	0.4	22	8	1.4	92	0.7	43	590	6,545
21-44	0	0.0	0	0.0	0	93	7.6	1,097	0.7	42	1,227	13,345
45-64	0	0.0	0	0.0	0	332	28.4	3,868	0.7	42	1,169	12,539
65-74	0	0.0	0	0.0	0	7	21.9	84	0.6	42	32	372
75-84	0	0.0	0	0.0	0	2	100.0	24	0.8	48	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	4	0.0	41	0.1	5	861	1.6	8,427	0.7	30	53,216	491,020
5 and younger	0	0.0	0	0.0	0	8	0.1	90	0.5	63	11,630	107,925
6-14	0	0.0	0	0.0	0	54	0.3	621	0.8	45	16,618	169,325
15-20	3	0.0	32	0.2	5	47	0.6	509	0.9	54	7,379	68,394
21-44	1	0.0	9	0.1	4	316	2.4	2,903	0.8	29	12,957	103,732
45-64	0	0.0	0	0.0	0	402	8.9	3,948	0.7	25	4,506	40,410
65-74	0	0.0	0	0.0	0	14	23.7	133	0.4	31	59	567
75-84	0	0.0	0	0.0	0	14	34.1	158	0.9	31	41	414
85 and older	0	0.0	0	0.0	0	6	23.1	65	1.0	22	26	253
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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 (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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$390	6.6	81	793
Age				
0-64	589	7.6	39	378
65-74	203	5.3	5	60
75-84	222	6.0	16	155
85 and older	200	5.5	21	200
Unknown	0	0.0	0	0
Gender				
Female	388	6.5	50	497
Male	394	6.8	31	296
Unknown	0	0.0	0	0
Race				
White	408	6.7	68	703
African American	0	0	0	0
Other/unknown	248	6.1	13	90
Basis of Eligibility^c				
Aged	209	5.7	42	415
Disabled	589	7.6	39	378
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 86 beneficiaries who were in nursing facilities for part of their enrollment and their 875 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, VERMONT, 2002

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 # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$2	\$2	\$40	\$65	\$71	\$11	\$9,578	54	66.7 %	542
Biologicals	0.1	0.0	0.0	0.1	0	0	19	0	0	19	116	6	7.4	71
Antineoplastic Agents	1.3	1.3	0.0	0.0	###	0	910	910	0	0	30,924	3	3.7	27
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.8	3	11	42	94	23	13	18,457	29	35.8	306
Cardiovascular Agents	1.9	0.4	0.2	1.3	44	28	24	65	28	9	21,345	49	60.5	484
Respiratory Agents	0.6	0.2	0.0	0.4	22	11	34	57	65	21	4,405	21	25.9	202
Gastrointestinal Agents	1.1	0.4	0.0	0.6	42	33	40	77	0	14	18,950	46	56.8	453
Genitourinary Agents	0.9	0.5	0.1	0.3	39	33	44	66	23	15	7,255	18	22.2	185
CNS Drugs	1.8	1.0	0.1	0.8	160	133	87	137	79	25	94,921	61	75.3	593
Stimulants/Anti-obesity/Anorexia	2.2	0.0	0.0	2.2	19	0	9	0	0	9	223	1	1.2	12
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	270	270	247	247	0	0	17,282	7	8.6	64
Analgesics and Anesthetics	0.7	0.1	0.1	0.6	20	9	28	74	36	16	9,526	47	58.0	469
Neuromuscular Agents	1.7	0.4	0.1	1.2	138	60	80	138	217	49	57,153	40	49.4	413
Nutritional Products	0.8	0.0	0.0	0.7	18	0	22	6	12	23	4,236	23	28.4	241
Hematological Agents	1.2	0.5	0.2	0.5	56	49	48	94	12	10	9,703	19	23.5	173
Topical Products	0.4	0.1	0.0	0.2	9	5	27	44	62	17	4,669	48	59.3	498
Miscellaneous Products	0.4	0.3	0.0	0.1	11	7	27	22	0	42	453	5	6.2	42
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	1	0	6	0	0	0	36	3	3.7	29
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.	309,232	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 86 beneficiaries who were in nursing facilities for part of their enrollment and their 875 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 (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, 0.2 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 ND.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}
 NONDUAL 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	\$63,021	47	58.0 %	460	1.1	\$130	\$137
ANTICONVULSANT	37,883	35	43.2	366	1.2	83	104
ANTINEOPLASTICS	30,924	3	3.7	27	1.3	910	1,145
ANTIDEPRESSANTS	28,621	45	55.6	427	0.9	71	67
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	17,431	8	9.9	64	1.2	226	272
ULCER DRUGS	17,018	49	60.5	505	0.7	46	34
ANTIPARKINSONIAN	13,006	23	28.4	271	0.5	88	48
MISC. ENDOCRINE	10,384	5	6.2	60	1.1	160	173
ANTIHYPERTENSIVE	8,329	31	38.3	306	0.9	31	27
ANTIDIABETIC	6,916	26	32.1	263	0.8	31	26
Total	233,533	272		2,749	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 86 beneficiaries who were in nursing facilities for part of their enrollment and their 875 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 (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 ND.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} NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Users as %			Mean Rx \$	No. of Users	Users as %		
			No. of Rx	Rx \$	No. of Bene Mos among Users			Residents	NF	No. of Bene Mos among Users			Residents	NF	No. of Bene Mos among Users
All	2,517	\$233,533	47	58.0 %	460	1.1	\$137	35	43.2 %	366	1.2	\$104			
Female	1,427	139,507	31	62.0	302	1.1	143	22	44.0	252	1.0	76			
Disabled	921	106,135	20	71.4	195	1.2	172	19	67.9	216	1.1	84			
64 or younger	921	106,135	20	71.4	195	1.2	172	19	67.9	216	1.1	84			
65-74	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			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	506	33,372	11	50.0	107	0.8	90	3	13.6	36	0.8	26			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	29	364	1	100.0	12	2.2	25	0	0.0	0	0.0	0			
75-84	289	14,243	5	45.5	41	0.6	50	2	18.2	24	0.6	20			
85 and older	188	18,765	5	50.0	54	0.7	135	1	10.0	12	1.2	38			
Male	1,090	94,026	16	51.6	158	1.0	126	13	41.9	114	1.7	165			
Disabled	579	70,535	6	54.5	72	1.0	177	9	81.8	77	2.0	227			
64 or younger	579	70,535	6	54.5	72	1.0	177	9	81.8	77	2.0	227			
65-74	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			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	511	23,491	10	50.0	86	1.0	83	4	20.0	37	1.1	36			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	125	7,835	4	100.0	48	1.1	101	1	25.0	12	1.0	26			
75-84	119	7,239	4	80.0	30	0.7	55	1	20.0	12	1.0	62			
85 and older	267	8,417	2	18.2	8	1.0	81	2	18.2	13	1.2	21			
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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 86 beneficiaries who were in nursing facilities for part of their enrollment and their 875 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 (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 ND.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}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANTINEOPLASTICS				ANTIDEPRESSANTS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3	3.7 %	27	1.3	\$1,145	45	55.6 %	427	0.9	\$67	8	9.9 %	64	1.2	\$272
Female	2	4.0	15	2.0	1,607	26	52.0	256	0.9	64	4	8.0	26	1.0	475
Disabled	2	7.1	15	2.0	1,607	15	53.6	148	1.0	49	3	10.7	14	1.1	771
64 or younger	2	7.1	15	2.0	1,607	15	53.6	148	1.0	49	3	10.7	14	1.1	771
65-74	0	0.0	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	11	50.0	108	0.9	84	1	4.5	12	1.0	130
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	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	4	36.4	30	0.9	73	1	9.1	12	1.0	130
85 and older	0	0.0	0	0.0	0	7	70.0	78	0.9	88	0	0.0	0	0.0	0
Male	1	3.2	12	0.3	569	19	61.3	171	0.9	72	4	12.9	38	1.3	134
Disabled	1	9.1	12	0.3	569	11	100.0	100	0.9	90	1	9.1	2	2.0	37
64 or younger	1	9.1	12	0.3	569	11	100.0	100	0.9	90	1	9.1	2	2.0	37
65-74	0	0.0	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	8	40.0	71	1.0	46	3	15.0	36	1.3	139
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	25.0	12	1.0	84	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	20.0	12	1.0	11	1	20.0	12	1.3	244
85 and older	0	0.0	0	0.0	0	6	54.5	47	1.0	45	2	18.2	24	1.3	87
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 86 beneficiaries who were in nursing facilities for part of their enrollment and their 875 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 (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 ND.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}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTIPARKINSONIAN					MISC. ENDOCRINE					
	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 \$	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	49	60.5 %	0.7	\$34	23	28.4 %	271	0.5	\$48	5	6.2 %	60	1.1	\$173		
Female	32	64.0	0.7	35	14	28.0	166	0.4	16	4	8.0	48	1.0	88		
Disabled	20	71.4	0.7	28	7	25.0	82	0.6	23	2	7.1	24	1.0	116		
64 or younger	20	71.4	0.7	28	7	25.0	82	0.6	23	2	7.1	24	1.0	116		
65-74	0	0.0	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		
85 and older	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
Other Eligibles	12	54.5	0.7	45	7	31.8	84	0.3	9	2	9.1	24	0.9	59		
64 or younger	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
75-84	7	63.6	0.8	33	5	45.5	60	0.3	12	2	18.2	24	0.9	59		
85 and older	5	50.0	0.7	65	2	20.0	24	0.1	1	0	0.0	0	0.0	0		
Male	17	54.8	0.8	32	9	29.0	105	0.7	99	1	3.2	12	1.6	515		
Disabled	8	72.7	0.7	41	4	36.4	48	1.0	193	1	9.1	12	1.6	515		
64 or younger	8	72.7	0.7	41	4	36.4	48	1.0	193	1	9.1	12	1.6	515		
65-74	0	0.0	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		
85 and older	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
Other Eligibles	9	45.0	0.9	23	5	25.0	57	0.5	21	0	0.0	0	0.0	0		
64 or younger	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	3	75.0	0.6	24	2	50.0	24	0.7	27	0	0.0	0	0.0	0		
75-84	0	0.0	0.0	0	1	20.0	12	0.5	42	0	0.0	0	0.0	0		
85 and older	6	54.5	1.1	23	2	18.2	21	0.2	1	0	0.0	0	0.0	0		
Unknown	0	0.0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		

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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 86 beneficiaries who were in nursing facilities for part of their enrollment and their 875 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 (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 ND.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}
 NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC						
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean		
	No. of Users	Residents	NF	Mos among Users		Rx	No. of Users	Residents	NF		Mos among Users	
	31	38.3 %	306	0.9	\$27	26	32.1 %	263	0.8	\$26	81	793
All												
Female	12	24.0	117	0.7	17	15	30.0	138	0.8	30	50	497
Disabled	4	14.3	39	0.4	10	6	21.4	40	0.9	38	28	277
64 or younger	4	14.3	39	0.4	10	6	21.4	40	0.9	38	28	277
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	8	36.4	78	0.8	21	9	40.9	98	0.8	26	22	220
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	100.0	12	0.1	4	1	100.0	12	0.2	2	1	12
75-84	5	45.5	52	0.9	24	6	54.5	72	0.8	28	11	104
85 and older	2	20.0	14	1.1	24	2	20.0	14	1.0	39	10	104
Male	19	61.3	189	1.0	34	11	35.5	125	0.9	22	31	296
Disabled	8	72.7	85	1.0	53	4	36.4	48	0.8	22	11	101
64 or younger	8	72.7	85	1.0	53	4	36.4	48	0.8	22	11	101
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	11	55.0	104	1.0	17	7	35.0	77	0.9	23	20	195
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	25.0	12	0.8	12	0	0.0	0	0.0	0	4	48
75-84	3	60.0	36	0.7	12	3	60.0	36	0.8	24	5	51
85 and older	7	63.6	56	1.1	22	4	36.4	41	1.1	22	11	96
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 2002 file for Vermont, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 86 beneficiaries who were in nursing facilities for part of their enrollment and their 875 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 (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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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		Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nondual Rx \$	Total No. of Benes
			Excl Rx	Bene						
All	18,918	15.1 %	0.5	58,224	\$19	\$2,351,387	\$40	5.2 %	124,953	
Age										
5 and younger	3,132	13.7	0.3	6,706	11	249,388	37	8.1	22,930	
6-14	3,164	9.4	0.2	6,015	14	471,242	78	6.1	33,796	
15-20	2,307	13.8	0.3	4,994	18	308,513	62	6.3	16,677	
21-44	7,173	18.8	0.6	23,452	19	715,137	30	4.5	38,135	
45-64	3,048	23.4	1.3	16,554	46	596,363	36	4.5	13,023	
65-74	52	23.9	1.5	327	34	7,514	23	2.1	218	
75-84	29	26.6	1.3	146	23	2,497	17	1.6	109	
85 and older	12	18.8	0.4	28	11	710	25	0.9	64	
Unknown	1	100.0	2.0	2	23	23	12	16.1	1	
Basis of Eligibility^c										
Aged	59	23.7	1.1	285	24	5,987	21	1.6	249	
Disabled	2,764	32.8	2.0	16,848	121	1,017,261	60	5.5	8,418	
Adults	8,095	17.3	0.5	25,497	13	606,470	24	4.3	46,806	
Children	7,993	11.5	0.2	15,559	10	718,246	46	5.9	69,459	
Unknown	7	33.3	1.7	35	163	3,423	98	19.4	21	
Gender										
Female	12,340	18.2	0.6	39,420	20	1,365,491	35	5.1	67,793	
Male	6,578	11.5	0.3	18,804	17	985,896	52	5.4	57,160	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	13,287	18.6	0.6	44,926	25	1,818,781	40	5.2	71,341	
African American	115	12.3	0.3	289	17	15,869	55	4.2	938	
Other/unknown	5,516	10.5	0.2	13,009	10	516,737	40	5.1	52,674	
Use of Nursing Facilities^d										
Entire year	37	45.7	3.4	274	242	19,613	72	6.3	81	
Part year	52	60.5	4.4	376	209	18,016	48	4.9	86	
None	18,829	15.1	0.5	57,574	19	2,313,758	40	5.2	124,786	
Maintenance Assistance Status										
Cash	5,224	24.0	1.0	22,242	51	1,120,905	50	5.3	21,784	
Medically needy	1,608	20.6	0.7	5,151	27	207,761	40	5.0	7,813	
Poverty related	5,026	10.3	0.2	9,274	9	461,847	50	6.6	48,895	
Other/unknown	7,060	15.2	0.5	21,557	12	560,874	26	4.3	46,461	

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.0	\$2	\$40	\$0	\$0	1,187,734
Age						
5 and younger	0.0	1	37	0	0	214,244
6-14	0.0	1	78	0	0	345,869
15-20	0.0	2	62	0	0	157,269
21-44	0.1	2	30	0	0	339,805
45-64	0.1	5	36	0	1	126,621
65-74	0.1	3	23	0	1	2,292
75-84	0.1	2	17	0	1	1,060
85 and older	0.0	1	25	0	0	571
Unknown	0.7	8	12	0	0	3
Basis of Eligibility^c						
Aged	0.1	3	21	0	1	2,371
Disabled	0.2	11	60	0	2	93,159
Adults	0.1	1	24	0	0	413,281
Children	0.0	1	46	0	0	678,733
Unknown	0.2	18	98	0	1	190
Gender						
Female	0.1	2	35	0	0	653,447
Male	0.0	2	52	0	0	534,287
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	3	40	0	0	698,557
African American	0.0	2	55	0	0	8,620
Other/unknown	0.0	1	40	0	0	480,557
Use of Nursing Facilities^d						
Entire year	0.3	25	72	0	2	793
Part year	0.4	21	48	0	3	875
None	0.0	2	40	0	0	1,186,066
Maintenance Assistance Status						
Cash	0.1	5	50	0	1	225,034
Medically needy	0.1	3	40	0	0	69,317
Poverty related	0.0	1	50	0	0	467,610
Other/unknown	0.1	1	26	0	0	425,773

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
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
All	21,250	\$111	\$2,351,387	100.0 %	58,224	\$40	100.0 %
Anorexia or weight loss/gain	484	365	176,756	7.5	1,129	157	1.9
Fertility drugs	215	1,021	219,589	9.3	389	564	0.7
Drugs for cosmetic purposes	201	1,365	274,392	11.7	1,233	223	2.1
Cough and cold medications	1,658	283	469,459	20.0	4,176	112	7.2
Vitamins and minerals	4	10	40	0.0	7	6	0.0
Non-prescription drugs	12,196	61	749,175	31.9	25,512	29	43.8
Barbiturates	117	15	1,717	0.1	137	13	0.2
Benzodiazepines	5,395	49	263,981	11.2	23,726	11	40.7
Other Part D Excl Rx Drugs	980	200	196,278	8.3	1,915	102	3.3

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, VERMONT, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	124,953	249	8,418	46,806	69,459	1,187,341	2,371	93,159	413,068	678,553	190
Age											
5 and younger	22,930	0	313	1	22,616	0	0	3,483	7	210,733	0
6-14	33,796	1	1,129	1	32,665	0	12	12,856	12	332,903	0
15-20	16,677	0	909	2,157	13,611	0	0	10,026	17,237	129,928	0
21-44	38,135	4	2,889	34,674	562	6	25	31,641	302,990	4,938	39
45-64	13,023	2	3,088	9,915	3	15	23	34,115	92,260	36	151
65-74	218	94	81	42	1	0	930	951	399	12	0
75-84	109	87	8	14	0	0	846	75	139	0	0
85 and older	64	61	1	2	0	0	535	12	24	0	0
Unknown	1	0	0	0	1	0	0	0	0	3	0
Gender											
Female	67,793	145	4,474	28,713	34,440	21	1,352	49,892	263,847	337,975	190
Male	57,160	104	3,944	18,093	35,019	0	1,019	43,267	149,221	340,578	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	71,341	183	6,591	31,486	33,070	11	1,766	73,721	284,752	338,101	109
African American	938	2	80	391	465	0	24	814	3,256	4,499	0
Other/unknown	52,674	64	1,747	14,929	35,924	10	581	18,624	125,060	335,953	81
Use of Nursing Facilities^c											
Entire year	81	42	39	0	0	0	415	378	0	0	0
Part year	86	15	60	10	1	0	146	612	105	12	0
None	124,786	192	8,319	46,796	69,458	21	1,810	92,169	412,963	678,541	190
Maintenance Assistance Status											
Cash	21,784	62	7,164	4,610	9,948	0	644	80,747	44,200	99,403	0
Medically needy	7,813	108	600	4,597	2,508	0	1,019	5,472	42,611	20,175	0
Poverty related	48,895	0	0	2,368	46,506	21	0	0	16,444	450,850	190
Other/unknown	46,461	79	654	35,231	10,497	0	708	6,940	309,813	108,125	0
Managed Care Status											
FFS all year	124,953	249	8,418	46,806	69,459	21	2,371	93,159	413,068	678,553	190
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.1 includes the beneficiaries represented by Cell J 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.

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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, VERMONT, 2002

	Benes and					
	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	124,953	1,187,341	124,953	1,187,734	0	-393
FFS all year	124,953	1,187,341	124,953	1,187,734	0	-393
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.