

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 VERMONT

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	30,920	19,091	11,288	537	4	0	326,835	198,582	123,330	4,875	48	0	326,835	198,582	123,330	4,875	48	0	
Age																			
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0	24	0	24	0	0	0	0
6-14	3	0	1	0	2	0	28	0	4	0	24	0	28	0	4	0	24	0	0
15-20	47	0	45	1	1	0	531	0	513	6	12	0	531	0	513	6	12	0	0
21-44	4,154	1	3,914	238	1	0	44,786	6	42,543	2,225	12	0	44,786	6	42,543	2,225	12	0	0
45-64	6,144	3	5,925	216	0	0	66,408	29	64,483	1,896	0	0	66,408	29	64,483	1,896	0	0	0
65-74	7,717	6,527	1,111	79	0	0	81,288	68,002	12,569	717	0	0	81,288	68,002	12,569	717	0	0	0
75-84	8,066	7,822	242	2	0	0	85,621	82,913	2,689	19	0	0	85,621	82,913	2,689	19	0	0	0
85 and older	4,787	4,738	48	1	0	0	48,149	47,632	505	12	0	0	48,149	47,632	505	12	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																			
Female	18,996	13,264	5,473	257	2	0	202,233	139,643	60,254	2,312	24	0	202,233	139,643	60,254	2,312	24	0	0
Male	11,924	5,827	5,815	280	2	0	124,602	58,939	63,076	2,563	24	0	124,602	58,939	63,076	2,563	24	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	20,530	10,821	9,299	408	2	0	221,354	115,051	102,481	3,798	24	0	221,354	115,051	102,481	3,798	24	0	0
African American	85	11	68	6	0	0	836	110	678	48	0	0	836	110	678	48	0	0	0
Other/unknown	10,305	8,259	1,921	123	2	0	104,645	83,421	20,171	1,029	24	0	104,645	83,421	20,171	1,029	24	0	0
Use of Nursing Facilities^c																			
Entire year	2,246	2,133	113	0	0	0	21,092	20,041	1,051	0	0	0	21,092	20,041	1,051	0	0	0	0
Part year	1,146	985	160	1	0	0	11,365	9,697	1,656	12	0	0	11,365	9,697	1,656	12	0	0	0
None	27,528	15,973	11,015	536	4	0	294,378	168,844	120,623	4,863	48	0	294,378	168,844	120,623	4,863	48	0	0
Maintenance Assistance Status																			
Cash	7,083	1,632	5,402	48	1	0	80,358	18,381	61,478	487	12	0	80,358	18,381	61,478	487	12	0	0
Medically needy	5,967	3,182	2,707	77	1	0	63,817	34,345	28,761	699	12	0	63,817	34,345	28,761	699	12	0	0
Poverty-related	10	1	0	8	1	0	73	12	0	49	12	0	73	12	0	49	12	0	0
Other/unknown	17,860	14,276	3,179	404	1	0	182,587	145,844	33,091	3,640	12	0	182,587	145,844	33,091	3,640	12	0	0
Dual Medicare Status^d																			
Full dual, all year	30,920	19,091	11,288	537	4	0	326,835	198,582	123,330	4,875	48	0	326,835	198,582	123,330	4,875	48	0	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	30,920	19,091	11,288	537	4	0	326,835	198,582	123,330	4,875	48	0	326,835	198,582	123,330	4,875	48	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	89.9 %	41.0	\$2,396	\$58	\$9,151	26.2 %	30,920
Age							
5 and younger	100.0	59.0	15,388	261	99,207	15.5	2
6-14	100.0	65.7	6,866	105	11,861	57.9	3
15-20	91.5	28.9	2,966	103	18,729	15.8	47
21-44	87.4	33.9	2,917	86	12,568	23.2	4,154
45-64	90.6	47.7	3,393	71	10,173	33.3	6,144
65-74	87.3	37.7	2,031	54	5,619	36.1	7,717
75-84	91.3	41.8	2,050	49	7,734	26.5	8,066
85 and older	92.9	42.6	1,824	43	12,821	14.2	4,787
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.1	39.8	1,946	49	8,016	24.3	19,091
Disabled	89.8	43.6	3,201	73	11,302	28.3	11,288
Adults	82.5	28.1	1,456	52	4,219	34.5	537
Children	75.0	47.0	5,131	109	17,914	28.6	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	93.0	44.8	2,461	55	9,271	26.5	18,996
Male	84.9	35.0	2,293	66	8,959	25.6	11,924
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.9	44.9	2,662	59	10,727	24.8	20,530
African American	83.5	32.2	2,472	77	7,174	34.5	85
Other/unknown	88.0	33.4	1,867	56	6,027	31.0	10,305
Use of Nursing Facilities^f							
Entire year	96.4	59.1	2,808	48	33,711	8.3	2,246
Part year	98.2	65.6	3,054	47	23,750	12.9	1,146
None	89.0	38.5	2,335	61	6,539	35.7	27,528
Maintenance Assistance Status							
Cash	90.2	44.4	2,864	65	11,857	24.2	7,083
Medically needy	90.2	44.9	2,875	64	5,704	50.4	5,967
Poverty related	80.0	18.4	1,449	79	2,431	59.6	10
Other/unknown	89.7	38.4	2,051	53	9,233	22.2	17,860

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Percentage of All Medicaid FFS ^c	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	Mean \$, All Medicaid FFS ^d
All	3.9	\$227	26.2 %	10.1 %	19.1 %	13.8 %	31.2 %	20.8 %	5.0 %	\$866	30,920	326,835
Age												
5 and younger	4.9	1,282	15.5	0.0	0.0	0.0	50.0	50.0	0.0	8,267	2	24
6-14	7.0	736	57.9	0.0	0.0	0.0	33.3	66.7	0.0	1,271	3	28
15-20	2.6	263	15.8	8.5	36.2	12.8	27.7	14.9	0.0	1,658	47	531
21-44	3.1	271	23.2	12.6	27.2	15.9	26.3	14.5	3.5	1,166	4,154	44,786
45-64	4.4	314	33.3	9.4	17.5	11.8	30.5	23.7	7.0	941	6,144	66,408
65-74	3.6	193	36.1	12.7	20.6	14.1	30.0	18.4	4.3	533	7,717	81,288
75-84	3.9	193	26.5	8.7	17.6	14.6	33.2	21.2	4.8	729	8,066	85,621
85 and older	4.2	181	14.2	7.1	14.1	13.0	35.0	25.8	5.1	1,275	4,787	48,149
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.8	187	24.3	9.9	18.1	14.2	32.3	21.0	4.5	771	19,091	198,582
Disabled	4.0	293	28.3	10.2	20.2	13.1	29.8	20.9	5.8	1,034	11,288	123,330
Adults	3.1	160	34.5	17.5	29.8	14.2	21.2	12.5	4.8	465	537	4,875
Children	3.9	428	28.6	25.0	25.0	0.0	0.0	50.0	0.0	1,493	4	48
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.2	231	26.5	7.0	16.9	13.9	33.4	23.3	5.5	871	18,996	202,233
Male	3.3	220	25.6	15.1	22.5	13.7	27.7	16.9	4.1	857	11,924	124,602
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.2	247	24.8	9.1	17.7	13.0	31.3	22.8	6.1	995	20,530	221,354
African American	3.3	251	34.5	16.5	24.7	15.3	25.9	15.3	2.4	729	85	836
Other/unknown	3.3	184	31.0	12.0	21.8	15.5	31.1	16.8	2.8	594	10,305	104,645
use of nursing Facilities^f												
Entire year	6.3	299	8.3	3.6	6.2	8.7	28.8	36.8	15.8	3,590	2,246	21,092
Part year	6.6	308	12.9	1.8	6.1	7.9	30.0	38.7	15.4	2,395	1,146	11,365
None	3.6	218	35.7	11.0	20.7	14.5	31.4	18.7	3.7	612	27,528	294,378
Maintenance Assistance Status												
Cash	3.9	252	24.2	9.8	20.4	12.9	30.4	21.0	5.6	1,045	7,083	80,358
Medically needy	4.2	269	50.4	9.8	17.7	12.2	31.3	23.6	5.4	533	5,967	63,817
Poverty related	2.5	199	59.6	20.0	50.0	0.0	20.0	10.0	0.0	333	10	73
Other/unknown	3.8	201	22.2	10.3	19.0	14.8	31.5	19.8	4.6	903	17,860	182,587

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.9	\$227	\$58	1.7	\$181	\$106	0.2	\$7	\$43	2.0	\$39	\$19
Age												
5 and younger	4.9	1,282	261	3.0	723	245	0.0	0	0	2.0	559	285
6-14	7.0	736	105	2.8	570	204	0.0	0	0	4.3	166	39
15-20	2.6	263	103	1.3	231	172	0.2	11	62	1.0	20	20
21-44	3.1	271	86	1.5	220	150	0.1	11	84	1.5	39	25
45-64	4.4	314	71	2.0	252	126	0.2	11	67	2.2	51	23
65-74	3.6	193	54	1.6	154	96	0.1	5	35	1.8	34	18
75-84	3.9	193	49	1.7	154	90	0.2	5	26	2.1	35	17
85 and older	4.2	181	43	1.7	141	82	0.2	5	24	2.3	36	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.8	187	49	1.7	149	90	0.2	4	27	2.0	34	17
Disabled	4.0	293	73	1.8	236	130	0.2	11	68	2.0	46	23
Adults	3.1	160	52	1.2	126	106	0.1	6	55	1.8	29	16
Children	3.9	428	109	1.5	331	215	0.0	0	0	2.4	96	41
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.2	231	55	1.9	184	99	0.2	7	38	2.2	40	18
Male	3.3	220	66	1.5	176	121	0.1	7	56	1.8	37	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.2	247	59	1.8	197	108	0.2	8	45	2.2	42	20
African American	3.3	251	77	1.6	205	131	0.2	16	89	1.5	31	20
Other/unknown	3.3	184	56	1.5	148	101	0.1	5	37	1.7	30	18
Use of Nursing Facilities^e												
Entire year	6.3	299	48	2.6	238	91	0.3	6	24	3.4	54	16
Part year	6.6	308	47	2.7	245	90	0.3	7	22	3.6	56	16
None	3.6	218	61	1.6	175	109	0.1	7	47	1.8	37	20
Maintenance Assistance Status												
Cash	3.9	252	65	1.7	201	116	0.2	9	54	2.0	42	21
Medically needy	4.2	269	64	1.9	215	114	0.2	9	54	2.1	44	21
Poverty related	2.5	199	79	1.2	185	152	0.0	1	24	1.3	12	10
Other/unknown	3.8	201	53	1.6	160	98	0.2	5	34	2.0	35	18

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, 0.5 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$18	\$14	\$0	\$4	\$59	\$114	\$89	\$20	49,452	\$2,897,515	14,322	46.3 %	157,878
Biologics	0.1	0.1	0.0	0.1	45	9	1	35	367	142	1,785	582	260	95,380	192	0.6	2,126
Antineoplastic Agents	0.6	0.3	0.0	0.3	137	124	3	11	231	432	108	38	5,082	1,176,439	804	2.6	8,567
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	40	31	3	6	43	73	19	18	128,877	5,561,153	12,814	41.4	139,472
Cardiovascular Agents	1.7	0.6	0.0	1.0	66	49	1	16	39	84	25	15	355,103	14,011,648	19,722	63.8	212,956
Respiratory Agents	0.8	0.5	0.0	0.2	49	44	0	5	64	82	52	20	83,535	5,320,603	9,812	31.7	107,790
Gastrointestinal Agents	0.7	0.4	0.0	0.4	53	43	1	10	71	115	135	26	91,891	6,541,329	11,351	36.7	123,766
Genitourinary Agents	0.5	0.4	0.0	0.1	35	33	0	2	65	74	52	18	22,786	1,476,215	3,894	12.6	42,641
CNS Drugs	1.3	0.7	0.0	0.6	103	86	4	13	80	131	153	21	211,999	17,059,025	15,380	49.7	165,731
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	55	44	2	9	91	142	69	33	3,378	306,036	506	1.6	5,529
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	81	77	0	5	153	158	86	102	8,398	1,284,515	1,493	4.8	15,823
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	48	36	1	11	58	132	100	20	123,424	7,190,601	13,884	44.9	151,134
Neuromuscular Agents	0.9	0.4	0.1	0.4	74	59	4	11	79	136	58	25	74,242	5,872,926	7,254	23.5	79,665
Nutritional Products	0.6	0.0	0.0	0.5	10	0	1	10	18	20	23	18	20,509	368,935	3,372	10.9	35,819
Hematological Agents	0.8	0.2	0.1	0.4	49	39	3	7	66	181	22	18	40,592	2,672,467	5,064	16.4	54,048
Topical Products	0.4	0.2	0.0	0.2	15	11	0	4	40	64	37	18	44,519	1,780,776	10,560	34.2	116,743
Miscellaneous Products	0.2	0.1	0.0	0.1	38	26	7	4	163	194	295	60	2,284	372,188	887	2.9	9,774
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	24	0	0	0	82	0	0	0	1,235	101,346	376	1.2	4,203
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.	1,267,566	74,089,097	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 0.5 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$9,234,947	6,367	20.6 %	69,613	0.8	\$171
ANTIHYPERLIPIDEMIC	7,017,172	8,681	28.1	96,893	0.6	111
ANTIDEPRESSANTS	6,461,966	13,857	44.8	151,778	0.7	62
ULCER DRUGS	5,666,429	11,113	35.9	122,839	0.6	76
ANTICONVULSANT	5,006,980	6,277	20.3	69,890	0.8	91
ANTIASTHMATIC	3,806,047	10,663	34.5	117,727	0.5	69
ANTIDIABETIC	3,637,700	7,964	25.8	87,466	0.7	58
ANALGESICS - Narcotic	3,342,613	13,627	44.1	149,858	0.5	49
ANALGESICS - ANTI-INFLAMMATORY	3,258,572	8,270	26.7	92,154	0.5	77
ANTIHYPERTENSIVE	2,335,091	11,307	36.6	124,779	0.7	28
Total	49,767,517	98,126		1,082,997	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
All	661,363	\$49,767,517	6,367	20.6 %	69,613	0.8	\$133	8,681	28.1 %	96,893	0.6	\$72				
Female																
Disabled	425,023	30,666,459	3,695	19.5	40,426	0.7	109	5,525	29.1	61,879	0.7	74				
5 and younger	160,238	13,372,970	1,930	35.3	21,862	0.8	135	1,396	25.5	15,982	0.7	71				
6-14	3	166	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	391	38,823	9	37.5	105	1.2	155	1	4.2	12	0.4	6				
45-64	40,897	3,702,800	752	44.5	8,420	0.8	129	136	8.0	1,562	0.5	57				
65-74	92,278	7,766,237	999	35.1	11,367	0.8	143	868	30.5	9,847	0.6	70				
75-84	21,775	1,549,220	144	20.5	1,682	0.8	110	326	46.4	3,802	0.7	78				
85 and older	4,318	275,983	24	13.5	265	0.9	123	58	32.6	677	0.7	83				
Other Eligibles	576	39,741	2	6.5	23	0.3	77	7	22.6	82	0.9	111				
5 and younger	264,785	17,293,489	1,765	13.1	18,564	0.6	79	4,129	30.5	45,897	0.7	74				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	25	2,719	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	1	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
45-64	2,597	158,330	35	29.9	359	0.5	63	5	4.3	56	0.6	68				
65-74	1,942	96,950	27	28.7	251	0.5	68	15	16.0	134	0.5	35				
75-84	83,453	5,795,582	386	9.3	4,172	0.6	78	1,693	40.7	18,712	0.6	72				
85 and older	109,744	7,268,675	690	12.9	7,435	0.7	85	1,842	34.3	20,695	0.7	77				
Male																
Disabled	236,340	19,101,058	2,672	22.4	29,187	0.8	165	3,156	26.5	35,014	0.6	70				
5 and younger	136,066	12,563,366	2,018	34.7	22,767	0.9	183	1,402	24.1	15,741	0.6	68				
6-14	6	594	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	1	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	417	43,450	9	42.9	108	0.7	206	2	9.5	24	0.5	48				
45-64	44,512	4,716,942	1,017	45.7	11,467	0.9	183	245	11.0	2,781	0.6	63				
65-74	79,911	7,027,091	912	29.6	10,299	0.9	186	991	32.2	11,063	0.6	70				
75-84	9,477	657,967	69	16.9	764	0.9	154	150	36.7	1,709	0.6	65				
85 and older	1,475	96,653	7	10.9	82	0.5	102	11	17.2	130	0.7	51				
Other Eligibles	267	20,664	4	23.5	47	0.6	124	3	17.6	34	0.6	77				
5 and younger	100,274	6,537,692	654	10.7	6,420	0.7	102	1,754	28.7	19,273	0.6	72				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	17	244	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
45-64	1,818	102,021	17	13.8	189	0.4	88	10	8.1	104	0.3	20				
65-74	2,287	128,424	15	12.0	147	0.5	80	26	20.8	271	0.7	55				
75-84	40,622	2,767,729	180	7.4	1,792	0.7	99	867	35.5	9,485	0.6	72				
85 and older	41,447	2,703,225	275	11.2	2,728	0.8	108	725	29.5	8,054	0.7	75				
Unknown	14,083	836,049	167	17.4	1,564	0.7	98	126	13.1	1,359	0.6	65				
	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 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	13,857	44.8 %	151,778	0.7	\$43	11,113	35.9 %	122,839	0.6	\$46	6,277	20.3 %	69,890	0.8	\$72
Female	9,451	49.8	103,680	0.7	43	7,458	39.3	82,700	0.6	47	3,766	19.8	41,884	0.8	68
Disabled	4,199	76.7	47,455	0.7	47	2,470	45.1	28,194	0.6	47	2,174	39.7	24,611	0.8	84
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	18	75.0	213	0.5	29	5	20.8	60	0.3	13	10	41.7	117	0.5	112
21-44	1,399	82.8	15,767	0.7	49	577	34.1	6,614	0.5	39	829	49.1	9,346	0.8	96
45-64	2,342	82.3	26,430	0.7	49	1,414	49.7	16,104	0.6	50	1,160	40.7	13,103	0.8	77
65-74	361	51.4	4,139	0.7	35	378	53.8	4,332	0.6	46	139	19.8	1,638	0.9	79
75-84	68	38.2	776	0.7	43	78	43.8	879	0.7	38	36	20.2	407	0.7	38
85 and older	11	35.5	130	0.7	45	18	58.1	205	0.7	54	0	0.0	0	0.0	0
Other Eligibles	5,252	38.8	56,225	0.7	39	4,988	36.9	54,506	0.6	47	1,592	11.8	17,273	0.7	45
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	2	200.0	24	0.5	104	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	114	97.4	1,160	0.6	36	32	27.4	304	0.4	24	49	41.9	512	0.8	59
45-64	70	74.5	669	0.8	32	21	22.3	190	0.7	28	27	28.7	253	0.8	54
65-74	1,530	36.8	16,672	0.6	38	1,497	36.0	16,453	0.6	47	516	12.4	5,579	0.7	49
75-84	2,022	37.7	22,109	0.7	38	2,050	38.2	22,795	0.6	46	646	12.0	7,156	0.7	43
85 and older	1,516	40.1	15,615	0.8	42	1,386	36.7	14,740	0.7	49	354	9.4	3,773	0.7	38
Male	4,406	37.0	48,098	0.7	42	3,655	30.7	40,139	0.6	45	2,511	21.1	28,006	0.8	78
Disabled	2,832	48.7	31,847	0.7	44	1,847	31.8	20,750	0.6	45	1,887	32.5	21,343	0.8	86
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.5	50	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	10	47.6	118	0.6	38	6	28.6	69	0.4	67	10	47.6	116	0.5	33
21-44	1,108	49.8	12,462	0.6	44	529	23.8	5,937	0.5	39	861	38.7	9,747	0.8	96
45-64	1,562	50.7	17,537	0.7	45	1,108	36.0	12,491	0.6	47	936	30.4	10,573	0.8	80
65-74	127	31.1	1,432	0.7	40	161	39.4	1,784	0.6	45	74	18.1	838	0.8	51
75-84	18	28.1	216	0.7	46	33	51.6	364	0.6	58	4	6.3	48	1.0	61
85 and older	7	41.2	82	0.6	25	9	52.9	93	0.4	36	2	11.8	21	0.6	54
Other Eligibles	1,574	25.8	16,251	0.7	39	1,808	29.6	19,389	0.6	45	624	10.2	6,663	0.8	52
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.7	14	1	100.0	12	0.3	1	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	63	51.2	691	0.5	31	26	21.1	287	0.3	23	33	26.8	368	0.7	41
45-64	59	47.2	583	0.7	34	26	20.8	267	0.8	47	26	20.8	291	0.8	56
65-74	529	21.7	5,576	0.6	36	677	27.7	7,326	0.6	44	241	9.9	2,622	0.8	62
75-84	618	25.2	6,444	0.7	42	773	31.5	8,336	0.6	46	238	9.7	2,533	0.8	47
85 and older	304	31.6	2,945	0.8	39	305	31.7	3,161	0.7	49	86	8.9	849	0.8	41
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	10,663	34.5%	117,727	\$32	0.5	7,964	25.8%	87,466	\$42	0.7	13,627	44.1%	149,858	0.5	\$22
Female	6,793	35.8	75,531	31	0.5	5,016	26.4	55,407	41	0.7	8,813	46.4	97,261	0.4	20
Disabled	2,640	48.2	30,160	27	0.4	1,472	26.9	16,609	49	0.7	3,662	66.9	41,536	0.5	24
5 and younger	2	200.0	24	7	0.1	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	10	41.7	117	5	0.1	3	12.5	27	48	1.1	12	50.0	138	0.1	2
21-44	616	36.4	7,081	19	0.3	207	12.2	2,280	44	0.7	1,199	70.9	13,617	0.4	19
45-64	1,541	54.1	17,517	28	0.4	900	31.6	10,126	52	0.7	1,980	69.5	22,343	0.5	29
65-74	400	57.0	4,611	32	0.5	306	43.6	3,549	45	0.8	380	54.1	4,381	0.4	13
75-84	68	38.2	776	30	0.5	52	29.2	581	33	0.7	79	44.4	915	0.4	11
85 and older	3	9.7	34	28	0.3	4	12.9	46	36	0.7	12	38.7	142	0.6	37
Other Eligibles	4,153	30.7	45,371	34	0.5	3,544	26.2	38,798	38	0.7	5,151	38.1	55,725	0.4	16
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	1	100.0	12	0.4	4
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	100.0	12	0.1	1
21-44	22	18.8	209	10	0.2	8	6.8	96	43	0.5	117	100.0	1,220	0.7	29
45-64	18	19.1	175	13	0.5	17	18.1	136	60	0.8	49	52.1	483	0.8	25
65-74	1,509	36.2	16,608	37	0.5	1,390	33.4	15,305	42	0.7	1,493	35.9	16,355	0.4	14
75-84	1,697	31.6	18,723	35	0.5	1,493	27.8	16,631	36	0.7	2,036	37.9	22,386	0.4	16
85 and older	907	24.0	9,656	30	0.5	636	16.8	6,630	33	0.8	1,454	38.5	15,257	0.5	19
Male	3,870	32.5	42,196	34	0.5	2,948	24.7	32,059	43	0.7	4,814	40.4	52,597	0.5	27
Disabled	1,768	30.4	19,845	33	0.5	1,310	22.5	14,563	48	0.7	2,993	51.5	33,428	0.5	34
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	12	57.1	139	31	0.3	0	0.0	0	0	0.0	16	76.2	180	0.5	14
21-44	396	17.8	4,321	21	0.3	247	11.1	2,773	49	0.8	1,176	52.9	13,200	0.5	28
45-64	1,113	36.2	12,583	36	0.5	895	29.1	9,907	49	0.7	1,614	52.4	18,000	0.6	41
65-74	191	46.7	2,176	39	0.5	142	34.7	1,598	42	0.8	145	35.5	1,583	0.4	21
75-84	51	79.7	577	43	0.6	24	37.5	271	35	0.6	28	43.8	304	0.3	10
85 and older	5	29.4	49	30	0.1	2	11.8	14	21	0.9	14	82.4	161	0.3	8
Other Eligibles	2,102	34.4	22,351	36	0.5	1,638	26.8	17,496	38	0.7	1,821	29.8	19,169	0.4	16
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	14	11.4	164	24	0.7	12	9.8	134	20	0.7	71	57.7	783	0.8	38
45-64	24	19.2	255	33	0.7	23	18.4	223	34	0.7	63	50.4	658	0.8	44
65-74	850	34.8	9,093	37	0.5	791	32.4	8,521	43	0.7	732	30.0	7,657	0.4	18
75-84	907	36.9	9,706	35	0.5	657	26.8	7,116	36	0.7	712	29.0	7,582	0.3	11
85 and older	307	31.9	3,133	33	0.5	155	16.1	1,502	26	0.7	243	25.3	2,489	0.4	9
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months			
All	8,270	26.7 %	92,154	0.5	\$35	11,307	36.6 %	124,779	0.7	\$19	30,920	326,835
Female	5,645	29.7	63,087	0.5	38	7,326	38.6	81,063	0.7	20	18,996	202,233
Disabled	2,109	38.5	24,122	0.4	33	1,398	25.5	15,811	0.7	18	5,473	60,254
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	0	0
15-20	7	29.2	81	0.1	4	1	4.2	12	0.3	4	24	272
21-44	593	35.1	6,759	0.3	14	153	9.1	1,739	0.6	12	1,690	18,479
45-64	1,176	41.3	13,424	0.5	38	824	28.9	9,286	0.7	17	2,847	31,161
65-74	275	39.2	3,181	0.5	50	323	46.0	3,701	0.7	21	702	8,000
75-84	50	28.1	583	0.6	51	82	46.1	915	0.7	24	178	2,007
85 and older	8	25.8	94	0.5	24	15	48.4	158	0.6	12	31	323
Other Eligibles	3,536	26.1	38,965	0.5	41	5,928	43.8	65,252	0.7	21	13,523	141,979
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	12	0.8	14	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	41	35.0	418	0.4	24	8	6.8	91	0.5	17	117	1,073
45-64	27	28.7	280	0.6	32	25	26.6	242	0.6	14	94	818
65-74	1,150	27.6	12,798	0.5	42	1,829	43.9	20,148	0.6	21	4,163	43,801
75-84	1,415	26.4	15,856	0.5	41	2,585	48.1	28,879	0.7	21	5,369	57,808
85 and older	903	23.9	9,613	0.6	41	1,480	39.2	15,880	0.7	21	3,778	38,455
Male	2,625	22.0	29,067	0.4	30	3,981	33.4	43,716	0.7	16	11,924	124,602
Disabled	1,431	24.6	16,098	0.4	26	1,473	25.3	16,627	0.7	16	5,815	63,076
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	1	100.0	4	0.3	1	1	4
15-20	5	23.8	59	0.3	2	2	9.5	24	0.6	12	21	241
21-44	465	20.9	5,269	0.3	17	290	13.0	3,273	0.6	16	2,224	24,064
45-64	835	27.1	9,339	0.4	32	983	31.9	11,101	0.7	16	3,078	33,322
65-74	106	25.9	1,208	0.4	28	163	39.9	1,829	0.7	16	409	4,569
75-84	15	23.4	167	0.5	31	28	43.8	331	0.7	16	64	682
85 and older	5	29.4	56	0.4	32	6	35.3	65	0.5	15	17	182
Other Eligibles	1,194	19.5	12,969	0.4	34	2,508	41.1	27,089	0.7	16	6,109	61,526
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	12	0.5	5	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
21-44	33	26.8	371	0.2	7	16	13.0	168	0.6	11	123	1,170
45-64	26	20.8	272	0.4	12	29	23.2	268	0.7	18	125	1,107
65-74	501	20.5	5,457	0.4	35	1,059	43.3	11,412	0.6	17	2,443	24,918
75-84	445	18.1	4,917	0.4	34	1,053	42.9	11,576	0.7	16	2,455	25,124
85 and older	189	19.7	1,952	0.5	39	350	36.4	3,653	0.7	14	961	9,189
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit		Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
		Month	Month		Year	Year
All	\$299	6.3	6.3	2,246	21,092	21,092
Age						
0-64	504	7.7	7.7	99	946	946
65-74	433	7.9	7.9	231	2,275	2,275
75-84	326	6.9	6.9	738	7,131	7,131
85 and older	235	5.4	5.4	1,178	10,740	10,740
Unknown	0	0.0	0.0	0	0	0
Gender						
Female	289	6.2	6.2	1,649	15,817	15,817
Male	328	6.6	6.6	597	5,275	5,275
Unknown	0	0.0	0.0	0	0	0
Race						
White	304	6.4	6.4	1,637	15,707	15,707
African American	361	7.9	7.9	2	14	14
Other/unknown	284	6.1	6.1	607	5,371	5,371
Basis of Eligibility^c						
Aged	289	6.2	6.2	2,133	20,041	20,041
Disabled	490	7.8	7.8	113	1,051	1,051
Adults	0	0.0	0.0	0	0	0
Children	0	0.0	0.0	0	0	0
Unknown	0	0.0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,146 beneficiaries who were in nursing facilities for part of their enrollment and their 11,365 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$11	\$0	\$4	\$35	\$64	\$16	6,125	\$216,628	1,420	63.2 %	14,425
Biologicals	0.1	0.0	0.0	0.1	3	0	0	2	27	92	0	63	1,708	60	2.7	665
Antineoplastic Agents	0.7	0.3	0.0	0.3	138	106	4	29	207	362	111	434	90,018	74	3.3	650
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	38	29	1	8	32	59	15	11,168	356,401	968	43.1	9,358
Cardiovascular Agents	2.0	0.4	0.0	1.5	46	26	1	19	23	62	16	28,893	667,541	1,512	67.3	14,419
Respiratory Agents	0.8	0.6	0.0	0.3	57	52	0	5	69	91	41	6,313	435,049	760	33.8	7,574
Gastrointestinal Agents	1.0	0.5	0.0	0.6	57	46	0	11	55	100	131	10,631	588,200	1,061	47.2	10,246
Genitourinary Agents	0.7	0.5	0.0	0.1	40	38	0	3	61	69	34	2,787	169,159	420	18.7	4,187
CNS Drugs	1.7	1.0	0.0	0.6	119	107	2	10	71	109	64	26,832	1,915,976	1,681	74.8	16,165
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	31	23	0	9	36	107	0	292	10,492	38	1.7	336
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	109	109	0	0	130	130	0	2,210	288,325	276	12.3	2,638
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	52	44	1	7	49	94	21	11,355	557,156	1,120	49.9	10,766
Neuromuscular Agents	1.3	0.5	0.0	0.7	73	48	2	23	56	89	53	8,391	471,701	655	29.2	6,460
Nutritional Products	0.8	0.0	0.0	0.7	14	0	1	14	19	5	24	3,375	63,059	471	21.0	4,417
Hematological Agents	1.3	0.2	0.4	0.7	45	34	5	6	33	148	12	7,134	238,063	574	25.6	5,341
Topical Products	0.5	0.2	0.0	0.3	18	12	1	6	34	56	47	6,411	218,912	1,163	51.8	11,902
Miscellaneous Products	0.2	0.1	0.0	0.1	9	4	1	5	41	35	322	257	10,542	112	5.0	1,146
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	49	0	0	166	8,198	49	2.2	555
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.	132,837	6,307,128	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,146 beneficiaries who were in nursing facilities for part of their enrollment and their 11,365 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Vermont, 0.5 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 = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			44.0 %	Benefit Months				
ANTIPSYCHOTICS	\$1,069,980	988	44.0 %	9,865	0.8	\$136	\$108	
ANTIDEPRESSANTS	767,232	1,524	67.9	15,191	0.9	55	51	
ULCER DRUGS	506,301	921	41.0	9,130	0.8	67	55	
ANALGESICS - Narcotic	322,615	974	43.4	9,473	0.8	44	34	
ANTICONVULSANT	313,899	503	22.4	5,130	1.1	55	61	
ASTHMATIC	299,421	746	33.2	7,589	0.6	66	39	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	289,871	265	11.8	2,582	0.9	129	112	
ANALGESICS - ANTI-INFLAMMATORY	222,272	512	22.8	5,017	0.6	68	44	
ANTIDIABETIC	214,082	578	25.7	5,647	1.0	40	38	
ANTHYPERLIPIDEMIC	210,202	262	11.7	2,602	0.9	92	81	
Total	4,215,875	7,273		72,226	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,146 beneficiaries who were in nursing facilities for part of their enrollment and their 11,365 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	60,017	\$4,215,875	988	44.0 %	9,865	0.8	\$109	1,524	67.9 %	15,191	0.9	\$51
Female	44,014	3,054,811	716	43.4	7,313	0.8	101	1,127	68.3	11,428	0.9	50
Disabled	1,795	152,528	26	53.1	248	1.0	171	36	73.5	397	1.1	61
64 or younger	1,626	142,677	25	59.5	236	1.0	175	33	78.6	361	1.1	62
65-74	169	9,851	1	16.7	12	1.0	95	3	50.0	36	0.9	45
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	42,219	2,902,283	690	43.1	7,065	0.8	99	1,091	68.2	11,031	0.9	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,934	419,825	90	67.2	992	1.0	114	128	95.5	1,356	0.9	49
75-84	15,799	1,125,658	257	52.4	2,682	0.7	109	369	75.3	3,871	0.9	48
85 and older	20,486	1,356,800	343	35.1	3,391	0.7	86	594	60.9	5,804	0.9	51
Male	16,003	1,161,064	272	45.6	2,552	0.9	130	397	66.5	3,763	0.9	52
Disabled	2,172	162,111	30	46.9	297	0.7	107	47	73.4	478	0.9	57
64 or younger	1,928	149,349	30	52.6	297	0.7	107	41	71.9	427	0.9	57
65-74	241	12,631	0	0.0	0	0.0	0	6	100.0	51	1.1	51
75-84	3	131	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	13,831	998,953	242	45.4	2,255	0.9	133	350	65.7	3,285	0.9	52
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,066	237,234	46	54.1	454	1.0	172	65	76.5	614	0.9	54
75-84	6,968	479,501	103	41.7	969	0.9	116	176	71.3	1,689	0.9	55
85 and older	3,797	282,218	93	46.3	832	0.8	130	109	54.2	982	0.9	45
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 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,146 beneficiaries who were in nursing facilities for part of their enrollment and their 1,365 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	921	41.0 %	9,130	0.8	\$56	974	43.4 %	9,473	0.8	\$34	503	22.4 %	5,130	1.1	\$61
Female	683	41.4	6,897	0.8	53	771	46.8	7,633	0.8	35	331	20.1	3,442	1.1	59
Disabled	19	38.8	215	0.6	59	14	28.6	154	1.0	40	30	61.2	305	1.2	105
64 or younger	17	40.5	191	0.6	57	11	26.2	118	1.3	51	26	61.9	257	1.2	116
65-74	2	33.3	24	0.7	78	3	50.0	36	0.2	1	4	66.7	48	0.8	41
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	664	41.5	6,682	0.8	53	757	47.3	7,479	0.8	35	301	18.8	3,137	1.1	55
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	66	49.3	692	0.8	56	81	60.4	820	0.9	33	65	48.5	663	1.1	72
75-84	213	43.5	2,165	0.8	55	227	46.3	2,357	0.8	41	120	24.5	1,314	1.1	56
85 and older	385	39.4	3,825	0.8	51	449	46.0	4,302	0.7	32	116	11.9	1,160	1.0	44
Male	238	39.9	2,233	0.9	63	203	34.0	1,840	0.8	30	172	28.8	1,688	1.2	65
Disabled	33	51.6	297	0.8	79	32	50.0	308	1.1	55	39	60.9	416	1.1	74
64 or younger	26	45.6	244	0.8	73	27	47.4	270	1.1	60	36	63.2	380	1.1	76
65-74	6	100.0	51	1.0	109	4	66.7	36	1.4	21	3	50.0	36	1.4	51
75-84	1	100.0	2	0.5	36	1	100.0	2	0.5	5	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	205	38.5	1,936	0.9	60	171	32.1	1,532	0.8	24	133	25.0	1,272	1.2	62
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	43	50.6	392	0.9	63	33	38.8	265	1.2	67	34	40.0	354	1.2	64
75-84	99	40.1	969	0.9	60	83	33.6	743	0.7	16	68	27.5	666	1.2	65
85 and older	63	31.3	575	0.9	60	55	27.4	524	0.7	16	31	15.4	252	1.2	51
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 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 1,146 beneficiaries who were in nursing facilities for part of their enrollment and their 11,365 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	746	33.2 %	7,589	0.6	\$40	265	11.8 %	2,582	0.9	\$112	512	22.8 %	5,017	0.6	\$44
Female	513	31.1	5,362	0.6	40	202	12.2	2,037	0.9	110	399	24.2	3,961	0.7	46
Disabled	18	36.7	210	0.7	50	4	8.2	42	0.8	202	9	18.4	96	0.5	9
64 or younger	16	38.1	186	0.8	56	4	9.5	42	0.8	202	9	21.4	96	0.5	9
65-74	2	33.3	24	0.1	1	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	495	30.9	5,152	0.6	39	198	12.4	1,995	0.9	108	390	24.4	3,865	0.7	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
65-74	46	34.3	475	1.0	68	25	18.7	257	0.8	101	42	31.3	434	0.6	46
75-84	189	38.6	2,051	0.7	43	79	16.1	832	0.8	98	117	23.9	1,189	0.7	50
85 and older	260	26.6	2,626	0.5	31	94	9.6	906	0.9	119	231	23.7	2,242	0.7	46
Male	233	39.0	2,227	0.6	39	63	10.6	545	0.9	121	113	18.9	1,056	0.6	37
Disabled	27	42.2	245	0.5	32	2	3.1	18	1.3	163	17	26.6	171	0.6	39
64 or younger	22	38.6	202	0.5	35	1	1.8	12	1.8	240	16	28.1	159	0.6	42
65-74	5	83.3	43	0.3	17	1	16.7	6	0.2	8	1	16.7	12	0.1	1
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	206	38.6	1,982	0.6	40	61	11.4	527	0.9	119	96	18.0	885	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
65-74	38	44.7	320	0.9	59	6	7.1	50	0.8	69	16	18.8	151	0.5	39
75-84	113	45.7	1,107	0.5	36	33	13.4	306	1.0	137	39	15.8	395	0.6	33
85 and older	55	27.4	555	0.5	36	22	10.9	171	0.8	103	41	20.4	339	0.6	40
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 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,146 beneficiaries who were in nursing facilities for part of their enrollment and their 11,365 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTHYPERLIPIDEMIC				Benefit Months Among All-Year Nursing Facility Residents		
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	578	25.7 %	5,647	1.0	\$38	262	11.7 %	2,602	0.9	\$81	21,092
Female	395	24.0	3,976	0.9	37	164	9.9	1,701	0.9	82	15,817
Disabled	16	32.7	177	1.0	53	9	18.4	100	0.6	63	454
64 or younger	12	28.6	129	1.0	57	8	19.0	88	0.6	58	402
65-74	4	66.7	48	0.9	43	1	16.7	12	1.1	95	50
75-84	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	2
Other Eligibles	379	23.7	3,799	0.9	36	155	9.7	1,601	0.9	83	15,363
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
65-74	46	34.3	485	1.1	51	30	22.4	321	0.9	76	1,392
75-84	148	30.2	1,549	1.0	39	78	15.9	813	0.9	86	4,903
85 and older	185	19.0	1,765	0.8	30	47	4.8	467	0.9	82	9,068
Male	183	30.7	1,671	1.0	40	98	16.4	901	0.9	79	5,275
Disabled	20	31.3	167	1.0	58	10	15.6	71	0.8	73	597
64 or younger	15	26.3	149	1.0	60	8	14.0	63	0.8	74	544
65-74	4	66.7	16	1.0	35	2	33.3	8	0.6	63	51
75-84	1	100.0	2	0.5	25	0	0.0	0	0.0	0	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
Other Eligibles	163	30.6	1,504	1.0	38	88	16.5	830	0.9	80	4,678
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
65-74	41	48.2	403	0.9	34	26	30.6	221	1.0	87	782
75-84	85	34.4	799	1.1	41	41	16.6	414	0.9	83	2,226
85 and older	37	18.4	302	0.9	35	21	10.4	195	0.7	66	1,670
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 1,146 beneficiaries who were in nursing facilities for part of their enrollment and their 11,365 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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^{a,b}
 VERMONT, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
All	13,381	43.3 %	3.8	117,494	\$56	\$1,727,844	\$15	2.3 %	30,920	
Age										
5 and younger	2	100.0	17.5	35	178	355	10	1.2	2	
6-14	3	100.0	9.7	29	84	251	9	1.2	3	
15-20	20	42.6	2.8	131	49	2,281	17	1.6	47	
21-44	1,826	44.0	3.7	15,393	77	319,599	21	2.6	4,154	
45-64	3,022	49.2	4.9	29,926	85	519,754	17	2.5	6,144	
65-74	2,817	36.5	2.9	22,681	41	312,891	14	2.0	7,717	
75-84	3,406	42.2	3.5	28,364	43	348,757	12	2.1	8,066	
85 and older	2,285	47.7	4.4	20,935	47	223,956	11	2.6	4,787	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	7,765	40.7	3.4	64,528	41	791,169	12	2.1	19,091	
Disabled	5,391	47.8	4.5	51,312	81	916,911	18	2.5	11,288	
Adults	223	41.5	3.0	1,627	36	19,520	12	2.5	537	
Children	2	50.0	6.8	27	61	244	9	1.2	4	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	9,062	47.7	4.3	80,868	62	1,187,089	15	2.5	18,996	
Male	4,319	36.2	3.1	36,626	45	540,755	15	2.0	11,924	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	9,653	47.0	4.4	90,769	67	1,366,619	15	2.5	20,530	
African American	40	47.1	2.5	210	30	2,553	12	1.2	85	
Other/unknown	3,688	35.8	2.6	26,515	35	358,672	14	1.9	10,305	
Use of Nursing Facilities^d										
Entire year	1,406	62.6	6.8	15,368	77	173,289	11	2.7	2,246	
Part year	840	73.3	7.9	9,025	87	100,115	11	2.9	1,146	
None	11,135	40.4	3.4	93,101	53	1,454,440	16	2.3	27,528	
Maintenance Assistance Status										
Cash	3,489	49.3	4.8	33,938	74	525,598	15	2.6	7,083	
Medically needy	2,845	47.7	4.4	25,960	71	426,529	16	2.5	5,967	
Poverty related	6	60.0	2.8	28	23	228	8	1.6	10	
Other/unknown	7,041	39.4	3.2	57,568	43	775,489	13	2.1	17,860	

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b}
 VERMONT, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$5	\$15	\$0	\$2	326,835
Age						
5 and younger	1.5	15	10	0	0	24
6-14	1.0	9	9	0	2	28
15-20	0.2	4	17	0	2	531
21-44	0.3	7	21	0	4	44,786
45-64	0.5	8	17	0	4	66,408
65-74	0.3	4	14	0	1	81,288
75-84	0.3	4	12	0	1	85,621
85 and older	0.4	5	11	0	1	48,149
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	4	12	0	1	198,582
Disabled	0.4	7	18	0	4	123,330
Adults	0.3	4	12	0	2	4,875
Children	0.6	5	9	0	1	48
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	6	15	0	2	202,233
Male	0.3	4	15	0	2	124,602
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	6	15	0	3	221,354
African American	0.3	3	12	0	1	836
Other/unknown	0.3	3	14	0	1	104,645
Use of Nursing Facilities^d						
Entire year	0.7	8	11	0	2	21,092
Part year	0.8	9	11	0	3	11,365
None	0.3	5	16	0	2	294,378
Maintenance Assistance Status						
Cash	0.4	7	15	0	3	80,358
Medically needy	0.4	7	16	0	3	63,817
Poverty related	0.4	3	8	0	1	73
Other/unknown	0.3	4	13	0	2	182,587

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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^{a,b,c}
 VERMONT, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	18,709	\$92	\$1,727,844	100.0 %	100.0 %	117,494	\$15	100.0 %	100.0 %
Anorexia or weight loss/gain	23	491	11,290	0.7		111	102	0.1	0.1
Fertility drugs	1	28	28	0.0		1	28	0.0	0.0
Drugs for cosmetic purposes	7	9	64	0.0		7	9	0.0	0.0
Cough and cold medications	2,230	67	149,290	8.6		5,657	26	4.8	4.8
Vitamins and minerals	3,389	112	379,655	22.0		21,169	18	18.0	18.0
Non-prescription drugs	5,345	59	316,737	18.3		35,275	9	30.0	30.0
Barbiturates	231	51	11,718	0.7		2,521	5	2.1	2.1
Benzodiazepines	7,050	102	721,494	41.8		50,541	14	43.0	43.0
Other Part D Excl Rx Drugs	433	318	137,568	8.0		2,212	62	1.9	1.9

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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^{a, b}
 VERMONT, 2003

Total Number of Dual Eligible Beneficiaries 30,920
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$74,089,097
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,396

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,126	10.1 %	\$0	0.0 %
1-500	5,983	19.3	1,265,682	1.7
501-1,000	3,687	11.9	2,733,879	3.7
1,001-1,500	3,071	9.9	3,819,957	5.2
1,501-2,000	2,659	8.6	4,633,174	6.3
2,001-2,500	2,124	6.9	4,760,246	6.4
2,501-3,000	1,714	5.5	4,709,785	6.4
3,001-3,500	1,460	4.7	4,730,734	6.4
3,501-4,000	1,203	3.9	4,510,241	6.1
4,001-4,500	988	3.2	4,189,591	5.7
4,501-5,000	856	2.8	4,062,040	5.5
5,001-5,500	642	2.1	3,364,297	4.5
5,501-6,000	535	1.7	3,077,215	4.2
6,001-6,500	430	1.4	2,684,984	3.6
6,501-7,000	385	1.2	2,595,865	3.5
7,001-7,500	310	1.0	2,244,020	3.0
7,501-8,000	250	0.8	1,933,078	2.6
8,001-8,500	190	0.6	1,566,310	2.1
8,501-9,000	171	0.6	1,496,630	2.0
9,001-9,500	137	0.4	1,264,209	1.7
9,501-10,000	116	0.4	1,129,380	1.5
10,001+	883	2.9	13,317,780	18.0

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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

**SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 VERMONT, 2003**

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 9,887
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$32,392,065
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,276

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		10.5 %	0		
\$0	1,035			0	0.0 %
1-500	1,815	18.4		366,179	1.1
501-1,000	953	9.6		705,562	2.2
1,001-1,500	752	7.6		936,269	2.9
1,501-2,000	689	7.0		1,196,160	3.7
2,001-2,500	541	5.5		1,214,967	3.8
2,501-3,000	463	4.7		1,270,610	3.9
3,001-3,500	422	4.3		1,371,564	4.2
3,501-4,000	367	3.7		1,380,029	4.3
4,001-4,500	337	3.4		1,428,902	4.4
4,501-5,000	317	3.2		1,503,822	4.6
5,001-5,500	235	2.4		1,230,546	3.8
5,501-6,000	232	2.3		1,334,985	4.1
6,001-6,500	192	1.9		1,199,654	3.7
6,501-7,000	195	2.0		1,314,307	4.1
7,001-7,500	147	1.5		1,064,045	3.3
7,501-8,000	134	1.4		1,036,539	3.2
8,001-8,500	113	1.1		931,865	2.9
8,501-9,000	112	1.1		980,840	3.0
9,001-9,500	82	0.8		756,430	2.3
9,501-10,000	75	0.8		730,130	2.3
10,001+	679	6.9		10,438,660	32.2

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 VERMONT, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 20,570
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$40,936,827
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,990

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,017	9.8%	0	0.0%
1-500	3,988	19.4	869,919	2.1
501-1,000	2,679	13.0	1,990,366	4.9
1,001-1,500	2,288	11.1	2,845,308	7.0
1,501-2,000	1,954	9.5	3,408,926	8.3
2,001-2,500	1,564	7.6	3,502,178	8.6
2,501-3,000	1,238	6.0	3,402,772	8.3
3,001-3,500	1,029	5.0	3,329,746	8.1
3,501-4,000	824	4.0	3,085,179	7.5
4,001-4,500	639	3.1	2,708,955	6.6
4,501-5,000	537	2.6	2,548,473	6.2
5,001-5,500	403	2.0	2,113,051	5.2
5,501-6,000	298	1.4	1,713,822	4.2
6,001-6,500	234	1.1	1,460,713	3.6
6,501-7,000	187	0.9	1,261,260	3.1
7,001-7,500	160	0.8	1,158,263	2.8
7,501-8,000	115	0.6	889,000	2.2
8,001-8,500	77	0.4	634,445	1.5
8,501-9,000	54	0.3	472,078	1.2
9,001-9,500	53	0.3	489,169	1.2
9,501-10,000	41	0.2	399,250	1.0
10,001+	191	0.9	2,653,954	6.5

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 VERMONT, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 7,717
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$15,672,771
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,031

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	978	12.7 %	0	0.0 %
1-500	1,497	19.4	309,332	2.0
501-1,000	977	12.7	716,947	4.6
1,001-1,500	820	10.6	1,011,522	6.5
1,501-2,000	645	8.4	1,121,691	7.2
2,001-2,500	516	6.7	1,158,239	7.4
2,501-3,000	438	5.7	1,203,858	7.7
3,001-3,500	362	4.7	1,171,253	7.5
3,501-4,000	282	3.7	1,056,107	6.7
4,001-4,500	222	2.9	939,569	6.0
4,501-5,000	197	2.6	936,994	6.0
5,001-5,500	150	1.9	787,259	5.0
5,501-6,000	107	1.4	615,626	3.9
6,001-6,500	113	1.5	706,274	4.5
6,501-7,000	74	1.0	499,310	3.2
7,001-7,500	81	1.0	587,549	3.7
7,501-8,000	52	0.7	400,060	2.6
8,001-8,500	29	0.4	238,969	1.5
8,501-9,000	27	0.3	236,175	1.5
9,001-9,500	23	0.3	212,290	1.4
9,501-10,000	22	0.3	214,102	1.4
10,001+	105	1.4	1,549,645	9.9

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 1/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 VERMONT, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 8,066
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$16,533,021
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,050

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	700	8.7 %	0	0.0 %
1-500	1,498	18.6	329,818	2.0
501-1,000	1,015	12.6	761,808	4.6
1,001-1,500	874	10.8	1,091,219	6.6
1,501-2,000	804	10.0	1,403,142	8.5
2,001-2,500	666	8.3	1,492,341	9.0
2,501-3,000	518	6.4	1,423,720	8.6
3,001-3,500	428	5.3	1,384,114	8.4
3,501-4,000	359	4.5	1,344,710	8.1
4,001-4,500	268	3.3	1,136,680	6.9
4,501-5,000	206	2.6	978,696	5.9
5,001-5,500	179	2.2	936,857	5.7
5,501-6,000	129	1.6	740,239	4.5
6,001-6,500	86	1.1	537,097	3.2
6,501-7,000	73	0.9	491,691	3.0
7,001-7,500	53	0.7	383,480	2.3
7,501-8,000	44	0.5	340,848	2.1
8,001-8,500	38	0.5	313,117	1.9
8,501-9,000	22	0.3	192,066	1.2
9,001-9,500	21	0.3	193,528	1.2
9,501-10,000	16	0.2	156,060	0.9
10,001+	69	0.9	901,790	5.5

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 VERMONT, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 4,787
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$8,731,035
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,824

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 7.1 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	339		0	0.0 %
1-500	993	20.7	230,769	2.6
501-1,000	687	14.4	511,611	5.9
1,001-1,500	594	12.4	742,567	8.5
1,501-2,000	505	10.5	884,093	10.1
2,001-2,500	382	8.0	851,598	9.8
2,501-3,000	282	5.9	775,194	8.9
3,001-3,500	239	5.0	774,379	8.9
3,501-4,000	183	3.8	684,362	7.8
4,001-4,500	149	3.1	632,706	7.2
4,501-5,000	134	2.8	632,783	7.2
5,001-5,500	74	1.5	388,935	4.5
5,501-6,000	62	1.3	357,957	4.1
6,001-6,500	35	0.7	217,342	2.5
6,501-7,000	40	0.8	270,259	3.1
7,001-7,500	26	0.5	187,234	2.1
7,501-8,000	19	0.4	148,092	1.7
8,001-8,500	10	0.2	82,359	0.9
8,501-9,000	5	0.1	43,837	0.5
9,001-9,500	9	0.2	83,351	1.0
9,501-10,000	3	0.1	29,088	0.3
10,001+	17	0.4	202,519	2.3

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003.

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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	30,920	19,091	11,288	537	0	326,835	198,582	123,330	4,875	48	0
Age											
5 and younger	2	0	2	0	0	24	0	24	0	0	0
6-14	3	0	1	0	2	28	0	4	0	24	0
15-20	47	0	45	1	1	531	0	513	6	12	0
21-44	4,154	1	3,914	238	1	44,786	6	42,543	2,225	12	0
45-64	6,144	3	5,925	216	0	66,408	29	64,483	1,896	0	0
65-74	7,717	6,527	1,111	79	0	81,288	68,002	12,569	717	0	0
75-84	8,066	7,822	242	2	0	85,621	82,913	2,689	19	0	0
85 and older	4,787	4,738	48	1	0	48,149	47,632	505	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	18,996	13,264	5,473	257	2	202,233	139,643	60,254	2,312	24	0
Male	11,924	5,827	5,815	280	2	124,602	58,939	63,076	2,563	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	20,530	10,821	9,299	408	2	221,354	115,051	102,481	3,798	24	0
African American	85	11	68	6	0	836	110	678	48	0	0
Other/unknown	10,305	8,259	1,921	123	2	104,645	83,421	20,171	1,029	24	0
Use of Nursing Facilities^c											
Entire year	2,246	2,133	113	0	0	21,092	20,041	1,051	0	0	0
Part year	1,146	985	160	1	0	11,365	9,697	1,656	12	0	0
None	27,528	15,973	11,015	536	4	294,378	168,844	120,623	4,863	48	0
Maintenance Assistance Status											
Cash	7,083	1,632	5,402	48	1	80,358	18,381	61,478	487	12	0
Medically needy	5,967	3,182	2,707	77	1	63,817	34,345	28,761	699	12	0
Poverty related	10	1	0	8	1	73	12	0	49	12	0
Other/unknown	17,860	14,276	3,179	404	1	182,587	145,844	33,091	3,640	12	0
Dual Status^d											
Full dual, all year	30,920	19,091	11,288	537	4	326,835	198,582	123,330	4,875	48	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	30,920	19,091	11,288	537	4	326,835	198,582	123,330	4,875	48	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 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries
All	30,920	326,835	30,920	326,835
Fee-for-service (FFS) all year	30,920	326,835	30,920	326,835
FFS part year, with Rx claims	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0
MC all year, with no Rx claims	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Vermont, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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