STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 VERMONT

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES. BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH. BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE D.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}

DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2004

			Number of Ben	eficiaries					N	umber of Bene	efit Months		
Beneficiary						Other/							Other/
Characteristics	All	Aged	Disabled	Adults	Children	Unknown		All	Aged	Disabled	Adults	Children	Unknown
All	31,441	19,093	11,746	595	5	2		325,417	192,993	126,919	5,438	51	16
Age													
5 and younger	1	0	1	0	0	0		12	0	12	0	0	0
6-14	0	0	0	0	0	0			0	0	0	0	0
15-20	45	0	40	0	5	0		505	0	454	0	51	0
21-44	4,297	0	4,041	255	0	1		45,969	0	43,514	2,445	0	10
45-64	6,556	7	6,291	257	0	1		69,904	51	67,490	2,357	0	6
65-74	7,666	6,531	1,058	77	0	0	0	78,093	65,544	11,963	586	0	0
75-84	8,073	7,808	260	5	0	0		83,542	80,583	2,921	38	0	0
85 and older	4,803	4,747	55	1	0	0		47,392	46,815	565	12	0	0
Unknown	0	0	0	0	0	0			0	0	0	0	0
Gender													
Female	19,267	13,237	5,748	277	3	2		201,896	136,453	62,926	2,473	28	16
Male	12,174	5,856	5,998	318	2	0	0	123,521	56,540	63,993	2,965	23	0
Unknown	0	0	0	0	0	0	Ü		0	0	0	0	0
Race													
White	20,880	10,739	9,693	446	1	1		221,913	111,909	105,815	4,167	12	10
African American	95	13	75	7	0	0	0	961	121	759	81	0	0
Other/unknown	10,466	8,341	1,978	142	4	1	U	102,543	80,963	20,345	1,190	39	6
Use of Nursing Facilities ^c													
Entire year	2,305	2,188	117	0	0	0		21,815	20,671	1,144	0	0	0
Part year	1,098	925	173	0	0	0		10,667	8,942	1,725	0	0	0
None	28,038	15,980	11,456	595	5	2		292,935	163,380	124,050	5,438	51	16
Maintenance Assistance Status													
Cash	7,063	1,509	5,501	53	0	0		80,053	16,787	62,700	566	0	0
Medically needy	6,228	3,293	2,844	89	2	0		66,080	35,084	30,103	877	16	0
Poverty-related	18	0,250	0	15	1	2		119	0	00,100	91	12	16
Other/unknown	18,132	14,291	3,401	438	2	0		179,165	141,122	34,116	3,904	23	0
Dual Medicare Status ^d													
Full dual, all year	31,441	19,093	11,746	595	5	2		325,417	192,993	126,919	5,438	51	16
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	31,441	19,093	11,746	595	5	2		325,417	192,993	126,919	5,438	51	16
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	U		0	0	0	0	0

- 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 2004. 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, 2004

Beneficiary Characteristics	Percentage with at	Number of Dv	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
Characteristics All	Least One Rx Mean N	45.0	\$2,929	φ per RX \$65	\$10,254	28.6 %	31,441
	90.0 //	45.0	φ 2 ,9 2 9	\$03	\$10,234	20.0 /6	31,441
Age							
5 and younger	100.0	63.0	15,931	253	35,617	44.7	1
6-14	0.0	0.0	0	0	0	0.0	0
15-20	91.1	20.3	2,105	104	16,893	12.5	45
21-44	88.9	35.6	3,324	93	13,352	24.9	4,297
45-64	91.2	51.7	4,104	79	11,395	36.0	6,556
65-74	88.5	42.5	2,569	61	6,658	38.6	7,666
75-84	91.8	46.4	2,540	55	8,833	28.8	8,073
85 and older	92.9	46.3	2,208	48	13,984	15.8	4,803
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility ^e							
Aged	90.8	44.2	2,423	55	9,104	26.6	19,093
Disabled	90.7	47.1	3,793	81	12,387	30.6	11,746
Adults	84.9	29.6	2,145	72	5,055	42.4	595
Children	80.0	46.2	3,025	66	6,189	48.9	5
Unknown	100.0	39.5	1,910	48	11,846	16.1	2
Gender							
Female	93.5	48.9	2,996	61	10,297	29.1	19,267
Male	86.2	38.8	2,824	73	10,185	27.7	12,174
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.6	48.8	3,214	66	11,832	27.2	20,880
African American	88.4	33.0	3,167	96	7,531	42.1	95
Other/unknown	88.7	37.7	2,360	63	7,129	33.1	10,466
Use of Nursing							
Facilities ^f							
Entire year	97.1	66.0	3,363	51	36,387	9.2	2,305
Part year	96.7	64.5	3,351	52	24,346	13.8	1,098
None	89.9	42.5	2,877	68	7,553	38.1	28,038
Maintenance Assistance Status							
Cash	90.7	47.2	3,327	70	12,906	25.8	7,063
Medically needy	90.6	46.9	3,297	70	6,407	51.5	6,228
Poverty related	72.2	18.1	859	48	4,070	21.1	18
Other/unknown	90.7	43.5	2,650	61	10,548	25.1	18,132

- 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, 2004

					N	umber of Rx, Per	centage with:			_	Numbe	er
Beneficiary Characteristics	Mean Number of Rx 4.3		Rx \$ as a preentage of All Medicaid FFS \$^c	None 9.4 %	More than 0, but 1 or Less	More than 1, but 2 or Less 12.9 %	More than 2, but 5 or Less 31.9 %	More than 5, but 10 or Less 23.8 %	More than 10 6.0 %	Mean \$, All Medicaid FFS \$ ^d \$991	Beneficiaries 31,441	Benefit Months 325,417
	4.3	φ203	20.0 /6	J.4 /0	10.1 /6	12.9 /0	31.5 /0	23.0 /6	0.0 /6	φ 33 1	31,441	323,417
Age											_	
5 and younger	5.3	1,328	44.7	0.0	0.0	0.0	100.0	0.0	0.0	2,968	1	12
6-14	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
15-20	1.8	188	12.5	8.9	51.1	15.6	17.8	6.7	0.0	1,505	45	505
21-44	3.3	311	24.9	11.1	26.6	14.9	27.8	15.6	3.9	1,248	4,297	45,969
45-64	4.9	385	36.0	8.8	15.2	11.2	30.3	26.4	8.1	1,069	6,556	69,904
65-74	4.2	252	38.6	11.5	16.8	13.8	30.4	21.9	5.6	654	7,666	78,093
75-84	4.5	246	28.8	8.2	13.3	13.0	34.3	25.6	5.6	854	8,073	83,542
85 and older	4.7	224	15.8	7.1	11.5	11.8	36.0	27.5	6.2	1,417	4,803	47,392
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	4.4	240	26.6	9.2	14.2	13.1	33.5	24.4	5.5	901	19,093	192,993
Disabled	4.4	351	30.6	9.3	18.9	12.4	29.4	23.0	6.9	1,146	11,746	126,919
Adults	3.2	235	42.4	15.1	23.0	14.8	28.4	16.8	1.8	553	595	5,438
Children	4.5	297	48.9	20.0	0.0	20.0	20.0	40.0	0.0	607	5	51
Unknown	4.9	239	16.1	0.0	0.0	50.0	0.0	50.0	0.0	1,481	2	16
Gender												
Female	4.7	286	29.1	6.5	14.0	12.9	33.7	26.3	6.6	983	19,267	201,896
Male	3.8	278	27.7	13.8	19.4	13.0	29.1	19.7	5.0	1,004	12,174	123,521
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.6	302	27.2	8.4	15.7	11.9	31.2	25.7	7.2	1,113	20,880	221,913
African American	3.3	313	42.1	11.6	28.4	16.8	21.1	17.9	4.2	745	95	961
Other/unknown	3.8	241	33.1	11.3	16.9	15.0	33.4	20.0	3.5	728	10,466	102,543
Use of Nursing												
Facilities [†]	7.0	055	0.0	0.0		0.0	05.0	00.5	40.7	0.045	0.005	04.045
Entire year	7.0	355	9.2	2.9	5.5	6.6	25.8	39.5	19.7	3,845	2,305	21,815
Part year	6.6	345	13.8	3.3	5.9	6.1	30.1	39.6	14.9	2,506	1,098	10,667
None	4.1	275	38.1	10.1	17.4	13.7	32.4	21.8	4.5	723	28,038	292,935
Maintenance Assistance Status												
Cash	4.2	294	25.8	9.3	19.9	12.3	29.5	22.6	6.4	1,139	7,063	80,053
Medically needy	4.4	311	51.5	9.4	16.9	11.7	30.9	24.8	6.3	604	6,228	66,080
Poverty related	2.7	130	21.1	27.8	22.2	16.7	16.7	16.7	0.0	616	18	119
Other/unknown	4.4	268	25.1	9.3	14.4	13.5	33.1	23.9	5.7	1,068	18,132	179,165

Table D4

Dual Eligible Beneficiaries

- 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^{6, b, c}

DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2004

Beneficiary		All Rx		Patented B	rand-Name I	Drugs	Off-Patent E	Brand-Name	Drugs	Gen	eric Drugs	
_	Number			Number			Number			Number		
Characteristics	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx
All	4.3	\$283	\$65	1.8	\$214	\$121	0.3	\$21	\$82	2.3	\$48	\$21
Age												
5 and younger	5.3	1,328	253	3.9	1,300	332	0.3	6	24	0.9	17	18
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	1.8	188	104	0.8	153	185	0.1	12	88	0.8	22	27
21-44	3.3	311	93	1.4	231	170	0.3	34	130	1.7	46	27
45-64	4.9	385	79	2.0	288	145	0.3	36	116	2.5	62	24
65-74	4.2	252	61	1.8	194	110	0.2	15	68	2.2	43	20
75-84	4.5	246	55	1.8	189	103	0.2	13	53	2.4	44	18
85 and older	4.7	224	48	1.8	169	94	0.3	12	46	2.6	43	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility ^d												
Aged	4.4	240	55	1.8	184	103	0.2	13	55	2.3	43	18
Disabled	4.4	351	81	1.8	262	147	0.3	33	114	2.3	55	24
Adults	3.2	235	72	1.2	175	140	0.2	19	124	1.8	41	22
Children	4.5	297	66	1.7	206	121	0.2	9	48	2.6	81	31
Unknown	4.9	239	48	1.6	180	111	0.0	0	0	3.3	57	18
Gender												
Female	4.7	286	61	1.9	216	113	0.3	21	72	2.5	49	20
Male	3.8	278	73	1.6	211	136	0.2	22	105	2.1	45	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.6	302	66	1.9	228	123	0.3	23	86	2.4	51	21
African American	3.3	313	96	1.4	257	181	0.3	24	92	1.6	32	20
Other/unknown	3.8	241	63	1.6	184	115	0.2	16	73	2.0	41	20
Use of Nursing Facilities ^e												
Entire year	7.0	355	51	2.7	274	100	0.4	20	49	3.8	61	16
Part year	6.6	345	52	2.6	263	100	0.4	21	52	3.6	60	17
None	4.1	275	68	1.7	208	124	0.2	21	88	2.1	46	22
Maintenance Assistance Status												
Cash	4.2	294	70	1.7	223	132	0.3	24	91	2.2	47	21
Medically needy	4.4	311	70	1.8	232	129	0.3	27	101	2.3	51	22
Poverty related	2.7	130	48	0.8	80	99	0.1	3	42	1.8	46	25
Other/unknown	4.4	268	61	1.8	204	113	0.2	17	71	2.3	47	20

- 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, 0.4 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. 2004

		er of Rx	•		Users					\$ pe	r Rx					Users ^e	
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$21	\$15	\$1	\$4	\$63	\$141	\$90	\$22	54,178	\$3,435,106	15,181	48.3 %	166,505
Biologicals	0.1	0.1	0.0	0.1	72	5	0	68	504	59	40	1,061	288	145,059	187	0.6	2,002
Antineoplastic Agents	0.7	0.2	0.0	0.5	106	85	2	20	162	506	129	42	5,857	949,051	840	2.7	8,933
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	47	35	4	9	49	94	27	19	140,991	6,880,820	13,455	42.8	146,161
Cardiovascular Agents	1.8	0.7	0.0	1.1	79	60	1	17	44	92	33	16	397,930	17,618,928	20,647	65.7	222,531
Respiratory Agents	0.8	0.6	0.0	0.2	58	54	0	4	74	94	43	18	90,025	6,648,360	10,451	33.2	114,437
Gastrointestinal Agents	0.8	0.4	0.0	0.4	63	53	2	8	81	130	96	24	102,845	8,318,597	12,094	38.5	131,615
Genitourinary Agents	0.6	0.4	0.0	0.1	41	37	1	2	71	83	56	22	26,187	1,867,978	4,211	13.4	46,000
CNS Drugs	1.3	0.6	0.1	0.7	116	88	11	17	86	155	110	25	235,379	20,357,585	16,256	51.7	174,866
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.6	0.3	0.0	0.3	68	56	2	10	110	167	95	38	4,526	499,875	664	2.1	7,317
Neurological Agents	0.7	0.6	0.0	0.0	114	112	0	2	175	181	99	63	12,770	2,229,522	1,865	5.9	19,556
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	60	43	4	12	69	146	300	22	137,338	9,445,205	14,581	46.4	158,166
Neuromuscular Agents	1.0	0.3	0.2	0.5	83	44	27	13	87	155	129	27	83,308	7,212,098	7,978	25.4	86,925
Nutritional Products	0.6	0.0	0.0	0.6	11	0	0	10	18	26	24	18	22,171	402,691	3,547	11.3	37,745
Hematological Agents	0.8	0.2	0.1	0.5	59	47	4	8	73	201	42	16	47,155	3,461,036	5,497	17.5	58,884
Topical Products	0.4	0.2	0.0	0.2	18	13	1	4	46	77	52	21	48,161	2,220,784	11,074	35.2	122,128
Miscellaneous Products	0.2	0.1	0.0	0.1	28	17	4	7	136	154	335	84	2,370	321,987	1,042	3.3	11,495
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	23	0	0	0	3,855	88,722	1,066	3.4	11,531
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.	1,415,334	92,103,404	n.a.	n.a.	n.a.

- 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.medispan.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, 0.4 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.medispan.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 2004.

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^{9, b, c}

DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2004

			Users		Ar	nong Users	
Top 10 Drug Groups	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	\$11,505,865	6,771	21.5 %	74,055	0.8	\$186	\$155
ANTIHYPERLIPIDEMIC	9,186,750	10,517	33.4	117,181	0.7	117	78
ULCER DRUGS	7,253,720	11,582	36.8	127,657	0.7	87	57
ANTIDEPRESSANTS	7,251,215	15,001	47.7	164,055	0.7	63	44
ANTICONVULSANT	6,228,268	6,859	21.8	75,888	0.8	101	82
ANTIASTHMATIC	4,808,955	11,035	35.1	121,630	0.5	81	40
ANALGESICS - Narcotic	4,592,765	14,455	46.0	158,666	0.5	60	29
ANTIDIABETIC	4,418,909	8,573	27.3	94,284	0.7	63	47
ANALGESICS - ANTI-INFLAMMATORY	4,041,164	8,922	28.4	99,753	0.5	88	41
ANTIHYPERTENSIVE	2,903,037	12,049	38.3	132,724	0.7	31	22
Total	62,190,648	105,764		1,165,893	n.a.	n.a.	n.a.

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.

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 2004. 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 2004. 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).

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, 2004

	All Top 10 Dr	ug Groups		ANTIPS	SYCHOTICS				ANTIHYP	ERLIPIDEMIC		
Beneficiary Characteristics	Number of Rx	Rx\$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	744,486	\$62,190,648	6,771	21.5 %	74,055	0.8	\$155	10,517	33.4 %	117,181	0.7	\$78
Female	476,459	38,011,169	3,865	20.1	42,044	0.8	131	6,589	34.2	73,803	0.7	79
Disabled	183,699	16,762,669	2,076	36.1	23,420	0.9	159	1,728	30.1	19,752	0.7	74
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	76	3,727	1	7.7	12	0.5	93	1	7.7	12	0.3	6
21-44	46,319	4,646,251	813	45.6	9,128	0.8	157	184	10.3	2,096	0.6	65
45-64	107,638	9,837,759	1,071	35.0	12,056	0.9	166	1,081	35.4	12,217	0.7	72
45-64 65-74	23,431	1,844,862	158	23.4	1,833	0.8	133	372	55.2	4,367	0.7	83
75-84	5,310	371,972	31	16.8	367	0.8	114	73	39.7	866	0.8	86
	925	58,098	2	5.1	24	0.1	1	17	43.6	194	0.7	85
85 and older Other Eligibles	292,760	21,248,500	1,789	13.2	18,624	0.7	97	4,861	36.0	54,051	0.7	81
_	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger 6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	51	3,159	1	33.3	10	0.7	35	0	0.0	0	0.0	0
	2,499	192,011	36	27.9	386	0.4	69	13	10.1	122	0.5	36
21-44	2,507	200,773	30	31.3	323	0.5	75	24	25.0	249	0.7	75
45-64 65-74	92,934	7,276,687	407	9.9	4,429	0.7	103	1,932	46.8	21,289	0.7	80
75-84	122,111	8,857,127	651	12.0	6,797	0.7	104	2,170	40.1	24,485	0.7	83
85 and older	72,658	4,718,743	664	17.7	6,679	0.7	89	722	19.3	7,906	0.7	78
Male	268,027	24,179,479	2,906	23.9	32,011	0.9	187	3,928	32.3	43,378	0.7	77
	151,100	15,604,674	2,155	35.9	24,513	0.9	212	1,698	28.3	19,181	0.7	73
Disabled	131,100	966	2,133	0.0	24,513	0.0	0	1,030	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	383	56,059	18	66.7	216	0.6	118	0	0.0	0	0.0	0
15-20	47.083	5,556,921	1.037	45.9	11.770	0.0	204	297	13.1	3,352	0.6	65
21-44	91,607	9,048,816	1,037	31.6	11,648	1.0	204	1,209	37.4	13,611	0.7	74
45-64	9,896	786,725	68	17.7	748	0.9	175	167	43.5	1,943	0.7	74
65-74	1,851	136,391	11	14.5	131	0.9	166	23	30.3	251	0.7	60
75-84	267	18,796	0	0.0	0	0.9	0	23	30.3 12.5	231	0.7	90
85 and older Other Eligibles	116,927	8,574,805	751	12.2	7,498	0.0	106	2,230	36.1	24,197	0.9	80
Other Eligibles	116,927	0,574,605	0	0.0	7,496	0.7	0	2,230	0.0	24,197	0.7	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	4,577	0	0.0	0	0.0	0	1	50.0	12	0.0	25
15-20	2,273	201,154	29	22.8	318	0.6	136	16	12.6	176	0.3	47
21-44	3,443	262,841	19	11.2	194	0.6	106	59	34.9	655	0.4	62
45-64	48,195	3,656,172	188	7.6	1,981	0.6	113	1,094	34.9 44.2	11,850	0.6	80
65-74	46,193	3,360,732	325	13.6	3,322	0.7	103	874	36.4	9,562	0.6	83
75-84	16,463	1,089,329	190	18.9	1,683	0.8	96	186	18.5	1,942	0.7	77
85 and older	10,403	1,009,329	190	10.9	1,003	0.7	90	100	10.5	1,542	0.7	//
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

- 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 2004. 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 2004. 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); 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, 2004

		ULCE	R DRUGS				ANTIDE	PRESSANTS				ANTICO	NVULSANT		
Beneficiary Characteristics	Number of Users 11.582	Users as % of Dual Benes 36.8 %	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users 15,001	Users as % of Dual Benes 47.7 %	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users 6,859	Users as % of Dual Benes 21.8 %	Number of Benefit Months Among Users 75,888	of Rx	Rx \$ per
	•		,	-		•		•	_	·	•		•		·
Female	7,702	40.0	85,179	0.7	58	10,112	52.5	110,935	0.7	45	4,150	21.5	45,889	0.8	77
Disabled	2,571	44.7	29,214	0.6	57	4,646	80.8	52,288	0.7	49	2,436	42.4	27,406	0.8	95
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	4	30.8	48	0.2	2	8	61.5	89	0.3	21	3	23.1	36	0.3	9
21-44	586	32.9	6,588	0.5	48	1,543	86.6	17,343	0.7	48	951	53.4	10,655	0.8	99
45-64	1,491	48.8	16,861	0.6	62	2,638	86.3	29,588	0.7	51	1,300	42.5	14,614	0.9	95
65-74	358	53.1	4,195	0.6	56 50	356	52.8	4,122	0.7	40	145	21.5	1,673	0.8	84
75-84	103	56.0	1,198	0.7	50	79	42.9	929	8.0	41	32	17.4	374	0.7	44
	29	74.4	324	0.6	45	22	56.4	217	0.7	39	5	12.8	54	0.6	
85 and older Other Eligibles	5,131	38.0	55,965	0.7	58	5,466	40.4	58,647	0.7	41	1,714	12.7	18,483	0.7	51
5 and younger	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	
15-20	1	33.3	12	0.9	150	2	66.7	22	0.2	10	1	33.3	10	0.4	51
21-44	37	28.7	387	0.5	55	128	99.2	1,330	0.5	42	55	42.6	553	0.7	83
45-64	43	44.8	427	0.5	45	94	97.9	990	0.6	41	39	40.6	430	0.5	59
65-74	1,525	36.9	16,717	0.7	62	1,573	38.1	17,087	0.7	41	546	13.2	5,928	0.7	56
75-84	2,094	38.7	23,178	0.7	56	2,154	39.8	23,530	0.7	40	702	13.0	7,667	0.7	48
85 and older	1,431	38.2	15,244	0.7	57	1,515	40.5	15,688	8.0	43	371	9.9	3,895	8.0	47
Male	3,880	31.9	42,478	0.6	55	4.889	40.2	53,120	0.7	43	2.709	22.3	29.999	0.8	89
Disabled	1,886	31.4	21,248	0.6	55	3,106	51.8	34,664	0.7	45	1,976	32.9	22,276	0.9	99
Disabled	1	100.0	12	0.5	50	0,100	0.0	0	0.0	0	1	100.0	12	0.4	30
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	3.7	12	0.2	4	13	48.1	156	0.6	51	11	40.7	132	0.6	135
15-20	533	23.6	5,988	0.5	45	1,186	52.5	13,235	0.6	43	828	36.6	9,305	0.9	
21-44	1,156	35.7	12,991	0.7	58	1,746	54.0	19,478	0.7	47	1,056	32.7	11,904	0.8	94
45-64	144	37.5	1,696	0.7	58	133	34.6	1,526	0.7	39	71	18.5	830	0.8	64
65-74	43	56.6	459	0.7	72	22	28.9	215	0.7	46	8	10.5	81	0.8	54
75-84	8	50.0	90	0.5	52	6	37.5	54	0.6	48	1	6.3	12	0.6	137
85 and older Other Eligibles	1,994	32.3	21,230	0.7	56	1,783	28.9	18,456	0.7	40	733	11.9	7,723	0.8	61
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	
6-14	2	100.0	23	0.0	186	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	40	31.5	451	0.9	38	98	77.2	1,021	0.0	33	37	29.1	387	0.6	44
21-44	50	29.6	512	0.4	52	115	68.0	1,188	0.4	34	42	24.9	464	0.6	63
45-64	736	29.0	7,987	0.5	52 57	603	24.3	6,475	0.5	39	300	12.1	3,204	0.8	68
65-74	827	34.5	8,864	0.7	5 <i>1</i>	626	26.1	6,485	0.7	42	255	10.6	2,711	0.8	62
75-84	339	34.5 33.8	3,393	0.7	5 4 61	6∠6 341	34.0	3,287	0.7	42 41	∠55 99	9.9	2,711 957	0.8	62 43
85 and older	539	აა.ი	3,393	0.7	01	341	34.0	3,287	0.8	41	99	9.9	957	0.7	43
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

- 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 2004. 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 2004. 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); BOE = basis of eligibility; CMS = Centers for 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, 2004

		ANTIA	STHMATIC				ANALGES	ICS - Narcoti	С			ANTI	DIABETIC		
		Users	Number of Benefit	Mean Number of Rx	Mean		Users	Number of Benefit	Mean Number of Rx	Mean		Users	Number of Benefit	Mean Number of Rx	Mean
Beneficiary	Number of	as % of Dual	Months Among	Benefit	Rx \$ per Benefit	Number of	as % of Dual	Months Among	Benefit	Rx \$ per Benefit	Number of	as % of Dual	Months Among	Benefit	
Characteristics All	Users 11,035	Benes 35.1 %	Users 121,630	Month 0.5	Month \$40	Users 14,455	Benes 46.0 %	Users 158,666	Month 0.5	Month \$29	Users 8,573	Benes 27.3 %	Users 94,284	Month 0.7	Month \$47
All	11,035	33.1 %	121,030	0.5	\$40	14,455	40.0 %	130,000	0.5	\$29	0,573	21.3 %	94,204	0.7	·
Female	7,072	36.7	78,254	0.5	38	9,296	48.2	102,575	0.5	26	5,255	27.3	58,224	0.7	47
Disabled	2,749	47.8	31,210	0.4	31	4,023	70.0	45,524	0.5	32	1,575	27.4	17,916	0.7	53
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	23.1	36	0.1	1	2	15.4	24	0.1	1	2	15.4	24	0.2	
21-44	664	37.3	7,547	0.3	22	1,310	73.6	14,755	0.5	28	207	11.6	2,360	0.7	53
45-64	1,607	52.6	18,111	0.4	32	2,203	72.1	24,898	0.5	38	1,000	32.7	11,272	0.7	54
65-74	396	58.8	4,575	0.6	41	393	58.3	4,513	0.4	16	299	44.4	3,508	8.0	49
75-84	72	39.1	857	0.4	38	90	48.9	1,048	0.4	18	60	32.6	683	8.0	44
	7	17.9	84	0.6	34	25	64.1	286	0.4	15	7	17.9	69	0.9	31
85 and older Other Eligibles	4,323	32.0	47,044	0.5	42	5,273	39.0	57,051	0.4	21	3,680	27.2	40,308	8.0	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	66.7	24	0.4	4	0	0.0	0	0.0	0
21-44	59	45.7	628	0.2	17	108	83.7	1,149	0.5	11	16	12.4	144	0.6	65
45-64	41	42.7	428	0.4	27	84	87.5	893	0.6	45	14	14.6	123	0.6	47
65-74	1,572	38.1	17,263	0.5	45	1,582	38.3	17,445	0.4	18	1,449	35.1	15,819	0.7	51
75-84	1,757	32.4	19,294	0.5	43	2,073	38.3	22,653	0.4	20	1,594	29.4	17,640	8.0	41
85 and older	894	23.9	9,431	0.5	38	1,424	38.0	14,887	0.5	25	607	16.2	6,582	8.0	35
Male	3,963	32.6	43,376	0.5	43	5,159	42.4	56,091	0.5	35	3,318	27.3	36,060	0.7	48
Disabled	1,749	29.2	19,829	0.5	41	3,124	52.1	34,769	0.5	44	1,395	23.3	15,535	0.7	54
	0	0.0	0	0.0	0	1	100.0	12	0.2	1	0	0.0	0	0.0	0
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	4	14.8	48	0.4	18	10	37.0	120	0.4	32	0	0.0	0	0.0	0
15-20	365	16.2	4,165	0.3	32	1,212	53.6	13,425	0.5	43	272	12.0	3,072	0.7	56
21-44	1,145	35.4	12,998	0.5	44	1,718	53.1	19,179	0.6	48	952	29.4	10,568	0.7	55
45-64	186	48.4	2,108	0.5	45	145	37.8	1,635	0.5	25	144	37.5	1,597	0.7	49
65-74	43	56.6	457	0.7	57	30	39.5	317	0.3	7	25	32.9	274	0.8	38
75-84	6	37.5	53	0.3	29	8	50.0	81	0.3	5	2	12.5	24	0.5	7
85 and older Other Eligibles	2,214	35.8	23,547	0.5	44	2,035	33.0	21,322	0.4	21	1,923	31.1	20,525	0.7	43
· ·	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	24	18.9	256	0.5	33	106	83.5	1,138	0.6	53	16	12.6	182	0.5	29
21-44	34	20.1	376	0.4	31	123	72.8	1,271	0.6	39	49	29.0	481	0.6	42
45-64	879	35.5	9,338	0.5	45	771	31.1	8,170	0.4	22	931	37.6	10,079	0.7	47
65-74	945	39.4	10,207	0.5	45	746	31.1	7,876	0.4	14	724	30.2	7,792	0.7	42
75-84	332	33.1	3,370	0.5	40	289	28.8	2,867	0.4	16	203	20.2	1,991	0.8	29
85 and older	0	0.0	^	0.0	^	^	0.0	^	0.0	^	0	0.0	^	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	U	0.0	0	0.0	0

- 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 2004. 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 2004. 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); BOE = basis of eligibility; CMS = Centers for 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, 2004

	ANAL	GESICS - A	NTI-INFLAMI	MATORY			ANTIHYI	PERTENSIVE				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per Benefit Month	Mean Rx \$ per Benefit Month		Benefit Months
All	8,922	28.4 %	99,753	0.5	\$41	12,049	38.3 %	132,724	0.7	\$22	31,441	325,417
Female	6,082	31.6	68,141	0.5	43	7,703	40.0	85,474	0.7	24	19,267	201,896
Disabled	2,381	41.4	27,094	0.4	39	1,551	27.0	17,673	0.7	19	5,748	
5 and younger	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	
15-20	3	23.1	36	0.2	1	0	0.0	0	0.0	0	13	
21-44	676	38.0	7,656	0.3	20	162	9.1	1,814	0.6	15	1,781	19,246
45-64	1,319	43.1	14,921	0.5	47	937	30.7	10,570	0.7	19	3,057	33,265
65-74	303	45.0	3,561	0.5	51	340	50.4	3,979	0.7	22	674	,
75-84	67	36.4	773	0.5	45	96	52.2	1,132	0.7	23	184	, -
	13	33.3	147	0.5	29	16	41.0	178	0.5	16	39	
85 and older Other Eligibles	3,701	27.4	41,047	0.5	46	6,152	45.5	67,801	0.7	25	13,519	
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	
5 and younger 6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	
15-20	1	33.3	10	0.1	1	1	33.3	12	1.1	15	3	_
	58	45.0	611	0.2	6	9	7.0	91	0.5	18	129	,
21-44	38	39.6	399	0.5	29	22	22.9	206	0.6	16	96	867
45-64	1,248	30.2	13,832	0.5	48	1,899	46.0	20,826	0.7	25	4,131	42,195
65-74	1,473	27.2	16,619	0.5	47	2,685	49.6	30,036	0.7	25	5,415	57,042
75-84	883	23.6	9,576	0.5	44	1,536	41.0	16,630	0.8	24	3,745	37,642
85 and older	0.040	00.0	04.040	0.4	0.5	4.040	05.7	47.050	0.7	40	40.474	400 504
Male	2,840	23.3	31,612	0.4	35	4,346	35.7	47,250	0.7	19	12,174	,
Disabled	1,590	26.5	17,970	0.4	32	1,566	26.1	17,556	0.7	18	5,998	,
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	
15-20	6	22.2	72	0.1	1	1	3.7	12	1.0	8	27	314
21-44	523	23.1	5,912	0.3	26	298	13.2	3,319	0.6	16	2,260	,
45-64	933	28.8	10,509	0.4	35	1,049	32.4	11,781	0.7	18	3,234	,
65-74	101	26.3	1,184	0.6	41	171	44.5	1,945	0.7	17	384	•
75-84	20	26.3	215	0.5	31	35	46.1	375	0.8	18	76	
	7	43.8	78	0.5	43	12	75.0	124	0.5	11	16	
85 and older Other Eligibles	1,250	20.2	13,642	0.5	38	2,780	45.0	29,694	0.7	19	6,176	
5 and younger	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	
6-14 15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	
	44	34.6	459	0.3	12	22	17.3	237	0.4	12	127	,
21-44	50	29.6	557	0.4	20	59	34.9	614	0.6	21	169	,
45-64	523	21.1	5,735	0.5	41	1,169	47.2	12,582	0.7	21	2,477	-,
65-74	447	18.6	4,970	0.5	37	1,133	47.2	12,269	0.7	19	2,398	23,579
75-84	186	18.5	1,921	0.6	46	397	39.6	3,992	0.7	17	1,003	9,185
85 and older	0	0.0	^	0.0	^	^	0.0	^	0.0	^	^	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

- 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 2004. 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 2004. 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); BOE = basis of eligibility; CMS = Centers for 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, 2004

				Benefit Months Among All-
Beneficiary		Number of Rx per Benefit	Number of All-Year Nursing	Year Nursing Facility
Characteristics	Rx \$ per Benefit Month	Month	Facility Residents	Residents
All	\$355	7.0	2,305	21,815
Age				
0-64	565	8.6	103	1,029
65-74	495	8.3	242	2,404
75-84	392	7.5	791	7,617
85 and older	278	6.2	1,169	10,765
Unknown	0	0.0	0	0
Gender				
Female	343	6.7	1,632	15,643
Male	386	7.6	673	6,172
Unknown	0	0.0	0	0
Race				
White	361	7.1	1,633	15,660
African American	404	8.7	3	27
Other/unknown	340	6.7	669	6,128
Basis of Eligibility ^c				
Aged	344	6.9	2,188	20,671
Disabled	552	8.7	117	1,144
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,098 beneficiaries who were in nursing facilities for part of their enrollment and their 10,667 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 ebecause of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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, 2004

		per of Ra	•			er Bene Among		th		\$ per	Rx			_		Users	
Therapeutic Category	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All- Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.3	\$15	\$9	\$2	\$4	\$35	\$60	\$74	\$16	7,029	\$247,902	1,591	69.0 %	16,144
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	31	111	27	27	52	1,586	49	2.1	468
Antineoplastic Agents	0.8	0.2	0.0	0.6	146	111	2	33	193	656	102	59	580	112,197	81	3.5	770
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	43	33	3	8	36	72	18	13	11,682	417,481	980	42.5	9,613
Cardiovascular Agents	2.2	0.5	0.1	1.6	52	31	1	20	24	66	21	12	32,997	802,213	1,595	69.2	15,341
Respiratory Agents	0.8	0.6	0.0	0.2	54	49	0	5	66	87	22	19	6,445	425,486	802	34.8	7,927
Gastrointestinal Agents	1.1	0.5	0.0	0.6	65	53	1	11	60	110	35	20	11,654	700,981	1,106	48.0	10,772
Genitourinary Agents	0.8	0.6	0.0	0.2	48	43	2	3	63	74	59	22	3,579	224,705	460	20.0	4,657
CNS Drugs	1.7	0.9	0.1	0.7	131	110	7	14	75	120	72	19	30,156	2,267,637	1,780	77.2	17,290
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.8	0.2	0.0	0.5	36	28	0	7	46	116	8	14	330	15,225	44	1.9	426
Neurological Agents	1.0	1.0	0.0	0.0	129	129	0	0	126	126	0	67	4,298	539,514	428	18.6	4,182
Analgesics and Anesthetics	1.2	0.5	0.0	0.6	65	56	1	8	55	107	40	13	12,946	714,571	1,155	50.1	11,041
Neuromuscular Agents	1.3	0.3	0.3	0.7	79	35	21	23	61	108	85	31	9,435	576,078	736	31.9	7,296
Nutritional Products	8.0	0.0	0.0	8.0	12	0	0	11	15	7	29	15	3,733	56,220	491	21.3	4,695
Hematological Agents	1.5	0.3	0.2	1.0	57	45	5	8	39	167	21	8	9,001	350,998	629	27.3	6,125
Topical Products	0.6	0.2	0.0	0.3	21	13	1	7	37	64	48	20	7,088	264,473	1,242	53.9	12,680
Miscellaneous Products	0.2	0.1	0.0	0.1	12	9	0	3	53	62	0	37	349	18,392	144	6.2	1,497
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	18	0	0	0	842	15,221	220	9.5	2,205
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.	152,196	7,750,880	n.a.	n.a.	n.a.

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 2004. A total of 1,098 beneficiaries who were in nursing facilities for part of their enrollment and their 10,667 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 2004. 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, 0.4 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, 2004

			Users		A	mong Users	
		Number of	As a Percentage of All-Year Nursing Facility	Number of	Number of Rx per		Rx \$ per Benefit
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users	Residents	Benefit Months	Benefit Month	\$ per Rx	Month
ANTIPSYCHOTICS	\$1,361,302	1,078	46.8 %	10,976	0.9	\$145	\$124
ANTIDEPRESSANTS	820,243	1,639	71.1	16,400	0.9	53	50
ULCER DRUGS	597,850	1,001	43.4	10,022	0.8	71	60
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	541,600	488	21.2	4,887	0.9	125	111
ANALGESICS - Narcotic	448,638	1,017	44.1	9,882	0.9	51	45
ANTICONVULSANT	389,746	560	24.3	5,753	1.1	62	68
ANTIASTHMATIC	325,057	792	34.4	7,814	0.6	71	42
ANTIHYPERLIPIDEMIC	292,855	355	15.4	3,592	0.9	90	82
ANTIDIABETIC	261,147	640	27.8	6,346	1.0	41	41
ANALGESICS - ANTI-INFLAMMATORY	236,900	474	20.6	4,934	0.7	74	48
Total	5,275,338	8,044		80,606	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Vermont, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.

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 2004. A total of 1,098 beneficiaries who were in nursing facilities for part of their enrollment and their 10,667 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 2004. 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 2004 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).

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, 2004

	All Top 10 Dr	ug Groups		ANTIPS	SYCHOTICS				ANTIDEI	PRESSANTS		
				Users as % of All-Year Nursing	Number of Benefit Months	Mean			Users as % of All-Year Nursing	Number of Benefit Months	Mean	
Beneficiary			Number of	Facility		Number	Mean	Number of	Facility		Number	Mean
Characteristics	Number of Rx	Rx\$	Users	Residents	Users	of Rx	Rx\$	Users	Residents	Users	of Rx	Rx\$
All	70,062	\$5,275,338	1,078	46.8 %	10,976	0.9	\$124	1,639	71.1 %	16,400	0.9	\$50
Female	48,565	3,664,882	726	44.5	7,453	0.9	125	1,149	70.4	11,602	1.0	50
Disabled	2,342	236,800	26	49.1	288	1.0	220	49	92.5	463	1.1	68
r	2,040	214,101	24	55.8	264	0.9	211	41	95.3	407	1.1	69
64 or younge	198	12,772	1	16.7	12	1.1	188	3	50.0	18	1.0	60
65-74	101	9,910	1	33.3	12	1.3	451	3	100.0	36	0.8	53
75-84	3	17	0	0.0	0	0.0	0	2	200.0	2	1.0	6
85 and older Other Eligibles	46,223	3,428,082	700	44.3	7,165	0.9	121	1,100	69.7	11,139	1.0	49
r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	5,936	505,538	89	69.0	995	1.0	156	109	84.5	1,140	0.9	50
65-74	17,683	1,349,905	255	49.8	2,615	0.9	133	405	79.1	4,165	0.9	49
75-84	22,604	1,572,639	356	38.0	3,555	0.8	101	586	62.5	5,834	1.0	49
85 and older Male	21,497	1,610,456	352	52.3	3,523	0.8	123	490	72.8	4.798	0.9	50
	2,431	197,796	40	62.5	444	0.7	130	49	76.6	502	0.9	52
Disabled	2,208	181,633	38	63.3	420	0.7	135	44	73.3	453	0.9	54
64 or younge '	160	9,922	2	100.0	24	0.1	3	3	150.0	36	0.7	35
65-74	57	5,017	0	0.0	0	0.0	0	1	100.0	12	0.9	36
75-84	6	1,224	0	0.0	0	0.0	0	1	100.0	1	2.0	22
85 and older Other Eligibles	19,066	1,412,660	312	51.2	3,079	0.9	122	441	72.4	4,296	0.9	50
Other Eligibles	0	0	0	0.0	0,0.0	0.0	0	0	0.0	0	0.0	0
64 or younge '	3,969	291,973	50	47.6	522	1.0	156	83	79.0	869	0.9	48
65-74	9,629	723,698	151	54.9	1,581	0.9	115	202	73.5	2,003	0.9	55
75-84	5,468	396,989	111	48.5	976	0.8	115	156	68.1	1,424	0.9	44
85 and older	,	·								•		
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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.

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 2004. A total of 1,098 beneficiaries who were in nursing facilities for part of their enrollment and their 10,667 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 2004. 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 feefor-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 2004 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).

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, 2004

		ULCE	R DRUGS			MISC PSYC	HOTHERAP	EUTIC AND I	NEUROLO	GICAL		ANALGES	SICS - Narcot	ic	
Beneficiary Characteristics	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	Users	of Rx	Mean Rx \$
All	1,001	43.4 %	10,022	0.8	\$60	488	21.2 %	4,887	0.9	\$111	1,017	44.1 %	9,882	0.9	\$45
Female	694	42.5	7,074	8.0	58	339	20.8	3,472	0.9	113	731	44.8	7,188	0.9	48
Disabled	26	49.1	257	8.0	75	7	13.2	82	0.7	204	28	52.8	251	1.1	98
r 64 or younge	22	51.2	229	0.7	77	7	16.3	82	0.7	204	20	46.5	197	1.3	123
65-74	2	33.3	15	1.1	107	0	0.0	0	0.0	0	6	100.0	30	0.4	10
75-84	1	33.3	12	0.8	11	0	0.0	0	0.0	0	2	66.7	24	0.1	1
85 and older	1	100.0	1	1.0	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	668	42.3	6,817	0.8	58	332	21.0	3,390	0.9	111	703	44.5	6,937	0.9	47
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	56	43.4	623	0.9	78 60	32	24.8	330	0.9	145	71	55.0	752	1.0	41
75-84	226 386	44.1 41.2	2,298 3,896	0.8	60 53	135 165	26.4 17.6	1,398 1,662	0.9 0.9	109 107	221 411	43.2 43.8	2,173 4,012	1.0 0.9	47 48
85 and older	300	41.2	3,696	0.8	53	100	17.0	1,002	0.9	107	411	43.6	4,012	0.9	40
Male	307	45.6	2,948	0.9	63	149	22.1	1,415	0.9	104	286	42.5	2,694	8.0	37
Disabled	39	60.9	400	0.8	66	5	7.8	51	0.6	78	31	48.4	327	1.2	61
C4 an usua ma	35	58.3	352	0.7	60	5	8.3	51	0.6	74	29	48.3	303	1.0	49
64 or younge 65-74	2	100.0	24	1.0	71	0	0.0	0	0.0	0	2	100.0	24	3.7	206
75-84	2	200.0	24	8.0	155	0	0.0	0	0.0	0	0	0.0	0	0.0	0
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	268	44.0	2,548	0.9	62	144	23.6	1,364	0.9	105	255	41.9	2,367	0.8	34
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	37	35.2	364	1.0	76	16	15.2	165	0.9	91	50	47.6	489	0.9	48
75-84	140	50.9	1,408	8.0	57	68	24.7	697	0.8	104	117	42.5	1,144	0.7	26
85 and older	91	39.7	776	0.9	67	60	26.2	502	0.9	113	88	38.4	734	0.8	39
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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.

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 2004. A total of 1,098 beneficiaries who were in nursing facilities for part of their enrollment and their 10,667 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 2004. 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 2004 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).

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, 2004

	ANTICONVULSANT				ANTIA	STHMATIC			ANTIHYPERLIPIDEMIC						
Beneficiary Characteristics	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	560	24.3 %	5,753	1.1	\$68	792	34.4 %	7,814	0.6	\$42	355	15.4 %	3,592	0.9	\$82
Female Disabled 64 or younge 65-74 75-84 85 and older Other Eligibles 65-74 75-84 85 and older Male Disabled 64 or younge 65-74 75-84 85 and older Other Eligibles 64 or younge	358 35 29 6 0 0 323 0 60 131 132 202 38 35 2 1 0	21.9 66.0 67.4 100.0 0.0 20.5 0.0 46.5 25.6 14.1 30.0 59.4 58.3 100.0 100.0 0.0 26.9	3,693 375 334 41 0 0 3,318 0 665 1,305 1,348 2,060 408 372 24 12 0	1.1 1.2 1.2 1.5 0.0 0.0 1.1 0.0 1.0 1.1 1.3 1.3 0.9 1.0 0.0	65 116 121 75 0 0 59 0 66 65 50 73 91 94 82 17 0 69	514 24 18 3 3 0 490 0 41 187 262 278 26 25 0 1 0	31.5 45.3 41.9 50.0 100.0 0.0 31.0 0.0 31.8 36.5 27.9 41.3 40.6 41.7 0.0 100.0 0.0 41.4	5,084 209 159 14 36 0 4,875 0 444 1,869 2,562 2,730 277 265 0 12 0	0.6 0.8 1.0 0.4 0.5 0.0 0.6 0.0 0.6 0.5 0.6 0.7 0.7 0.0 0.3 0.0 0.6	41 71 84 7 41 0 39 0 44 45 34 43 44 0 50 0 43	231 13 9 3 1 0 218 0 41 100 77 124 4 4 0 0	14.2 24.5 20.9 50.0 33.3 0.0 13.8 0.0 31.8 19.5 8.2 18.4 6.3 6.7 0.0 0.0 0.0 19.7	2,387 136 106 18 12 0 2,251 0 434 1,055 762 1,205 38 38 0 0	0.9 1.0 1.2 0.6 0.0 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9 0.9	81 80 80 108 42 0 81 0 86 86 72 83 82 82 0 0
Other Eligibles	0	0.0	1,032	0.0	0	0	0.0	2,433	0.0	0	0	0.0	0	0.9	0
64 or younge	48	45.7	498	1.2	70	36	34.3	335	0.8	43	35	33.3	365	1.0	84
65-74	78	28.4	819	1.2	80	145	52.7	1,529	0.6	47	58	21.1	568	1.0	86
75-84 85 and older	38	16.6	335	0.9	40	71	31.0	589	0.5	33	27	11.8	234	0.8	75
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 2004 file for Vermont, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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 2004. A total of 1,098 beneficiaries who were in nursing facilities for part of their enrollment and their 10,667 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 2004. 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 2004 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, 2004

		ANTI	DIABETIC			ANAI	LGESICS - A	NTI-INFLAM	MATORY		Benefit		
		Users as % of All-Year	Number of Benefit	Massa			Users as % of All-Year	Number of Benefit	Mana		All-Year	Months Among All- Year	
Danafiaian	Number of	Nursing	Months	Mean Number	Mean	Number of	Nursing	Months	Mean Number	Mean	Nursing	Nursing	
Beneficiary Characteristics	Users	Facility Residents	Among Users	of Rx	Rx \$	Users	Facility Residents	Among Users	of Rx	Rx \$	Facility Residents	Facility Residents	
All	640	27.8 %	6,346	1.0	\$41	474	20.6 %	4,934	0.7	\$48	2,305	21,815	
All	040	21.0 70	0,340	1.0	Φ4 1	4/4	20.0 %	4,934	0.7	 \$40	2,303	21,013	
Female	413	25.3	4,147	1.0	44	359	22.0	3,772	0.6	49	1,632	15,643	
Disabled	20	37.7	194	1.0	55	12	22.6	113	0.6	15	53	488	
r	11	25.6	104	1.3	76	10	23.3	109	0.5	14	43	410	
64 or younge	6	100.0	54	0.8	43	2	33.3	4	1.8	32	6	41	
65-74	3	100.0	36	0.5	13	0	0.0	0	0.0	0	3	36	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1	
85 and older Other Eligibles	393	24.9	3,953	1.0	43	347	22.0	3,659	0.6	50	1,579	15,155	
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
64 or younge	72	55.8	716	1.1	54	28	21.7	306	0.6	91	129	1,348	
65-74	170	33.2	1,706	1.0	48	123	24.0	1,369	0.6	46	512	4,962	
75-84	151	16.1	1,531	0.9	33	196	20.9	1,984	0.7	46	938	8,845	
85 and older	227	33.7	0.400	4.0	37	115	17.1	4.400	0.7	45	673	0.470	
Male			2,199	1.0	54	_		1,162	_	45 21		6,172	
Disabled	16 16	25.0 26.7	168 168	1.1 1.1	54 54	9	14.1 13.3	102	0.5 0.5	23	64 60	656 619	
r 64 or younge	_	_		0.0	-	8		90					
65-74	0	0.0	0		0	0	0.0	0	0.0	0	2	24	
75-84	0	0.0	0	0.0	0	•	100.0	12	0.8	7	1	12	
	0	0.0	0	0.0	0	0	0.0	0	0.0	0		T 540	
85 and older Other Eligibles	211	34.6	2,031	1.0	35	106	17.4	1,060	0.7	47	609	5,516	
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	42	40.0	442	1.0	31	24	22.9	262	0.5	34	105	991	
75-84	104	37.8	1,058	1.0	41	41	14.9	429	0.7	49	275	2,607	
85 and older	65	28.4	531	0.9	28	41	17.9	369	8.0	54	229	1,918	
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 2004 file for Vermont, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.

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 2004. A total of 1,098 beneficiaries who were in nursing facilities for part of their enrollment and their 10,667 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 2004. 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 2004 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).

TABLE D.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}

VERMONT, 2004

	Number of	Percentage of	N 1 (5 (T	5 . 5			Part D Excluded	
Donofician	Beneficiaries with	Beneficiaries with			Part D	Total Dort D	C nor Dort D	Rx \$ as a	Total Number
Beneficiary Characteristics	at Least One Part D Excluded Rx	at Least One Part	per Beneficiary		Excluded Rx \$ per Beneficiary	Total Part D	\$ per Part D Excluded Rx	Percentage of All	Total Number of Beneficiaries
All	14,457	46.0 %	4.2	132,935	\$65	\$2,056,252	\$15	2.2 %	31,441
	14,437	40.0 /6	4.2	132,933	\$05	ψ 2 ,030,232	Ψ13	2.2 /0	31,441
Age									
5 and younger	1	100.0	17.0	17	178	178	10	1.1	1
6-14	0	0.0	0.0	0	0	0	0	0.0	0
15-20	12	26.7	1.9	84	30	1,361	16	1.4	45
21-44	2,000	46.5	3.8	16,460	96	413,450	25	2.9	4,297
45-64	3,371	51.4	5.3	34,947	94	616,171	18	2.3	6,556
65-74	3,110	40.6	3.4	26,286	50	380,303	14	1.9	7,666
75-84	3,554	44.0	4.0	32,051	49	396,652	12	1.9	8,073
85 and older	2,409	50.2	4.8	23,090	52	248,137	11	2.3	4,803
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility ^c									
Aged	8,309	43.5	3.8	73,145	48	921,559	13	2.0	19,093
Disabled	5,893	50.2	5.0	58,152	94	1,107,139	19	2.5	11,746
Adults	250	42.0	2.7	1,593	44	26,422	17	2.1	595
Children	3	60.0	4.6	23	118	588	26	3.9	5
Unknown	2	100.0	11.0	22	272	544	25	14.2	2
Gender									
Female	9,768	50.7	4.8	92,097	74	1,433,904	16	2.5	19,267
Male	4,689	38.5	3.4	40,838	51	622,348	15	1.8	12,174
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
	-			_	_	-	-		-
Race	40.244	40.5	4.0	404.070	70	4 500 005	4.5	2.2	20.000
White	10,341	49.5	4.9	101,676	73	1,532,385	15	2.3	20,880
African American	39	41.1	2.5	235	57	5,408	23	1.8	95
Other/unknown	4,077	39.0	3.0	31,024	50	518,459	17	2.1	10,466
Use of Nursing									
Facilities ^d									
Entire year	1,519	65.9	7.0	16,221	75	173,607	11	2.2	2,305
Part year	806	73.4	9.0	9,832	98	107,308	11	2.9	1,098
None	12,132	43.3	3.8	106,882	63	1,775,337	17	2.2	28,038
Maintenance									
Assistance Status									
Cash	3,584	50.7	5.2	36,960	80	565,516	15	2.4	7,063
Medically needy	3,112	50.0	4.7	29,392	77	477,219	16	2.3	6,228
Poverty related	10	55.6	2.7	49	44	797	16	5.2	18
Other/unknown	7,751	42.7	3.7	66,534	56	1,012,720	15	2.1	18,132
-				Toble D1				Dual Elia	ible Deneficier

Table D11

Dual Eligible Beneficiaries

- 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 2004.
- 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, 2004

Beneficiary	Number Rx per	Rx \$ per Benefit		Barbiturate \$ per Be		Number of Benefit
Characteristics	Benefit Month	Month	\$ per Rx	Benefit Month	Benefit Month	Months
All	0.4	\$6	\$15	\$0	\$2	325,417
Age						
5 and younger	1.4	15	10	0	1	12
6-14	0.0	0	0	0	0	0
15-20	0.2	3	16	0	0	505
21-44	0.4	9	25	0	4	45,969
45-64	0.5	9	18	0	4	69,904
65-74	0.3	5	14	0	2	78,093
75-84	0.4	5	12	0	2	83,542
85 and older	0.5	5	11	0	1	47,392
Unknown	0.0	0	0	0	0	0
Basis of Eligibility ^c						
Aged	0.4	5	13	0	2	192,993
Disabled	0.5	9	19	0	4	126,919
Adults	0.3	5	17	0	2	5,438
Children	0.5	12	26	0	0	51
Unknown	1.4	34	25	0	16	16
Gender						
Female	0.5	7	16	0	3	201,896
Male	0.3	5	15	0	2	123,521
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	7	15	0	3	221,913
African American	0.2	6	23	0	3	961
Other/unknown	0.3	5	17	0	2	102,543
Use of Nursing						
Facilities ^d						
Entire year	0.7	8	11	0	2	21,815
Part year	0.9	10	11	0	3	10,667
None	0.4	6	17	0	2	292,935
Maintenance						
Assistance Status						
Cash	0.5	7	15	0	3	80,053
Medically needy	0.4	7	16	0	3	66,080
Poverty related	0.4	7	16	0	3	119
Other/unknown	0.4	6	15	0	2	179,165

- 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 2004.
- 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 beneficaries 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, 2004

				Rx \$ as a Percentage of All Part D			Number Rx as a Percentage of All Part D
Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	20,591	\$100	\$2,056,252	100.0 %	132,935	\$15	100.0 %
Anorexia or weight loss/gain	31	414	12,824	0.6	133	96	0.1
Fertility drugs	1	70	70	0.0	2	35	0.0
Drugs for cosmetic purposes	6	19	114	0.0	12	10	0.0
Cough and cold medications	2,191	77	168,872	8.2	5,216	32	3.9
Vitamins and minerals	3,569	117	416,631	20.3	23,103	18	17.4
Non-prescription drugs	6,458	68	440,318	21.4	44,054	10	33.1
Barbiturates	238	55	13,183	0.6	2,616	5	2.0
Benzodiazepines	7,611	104	790,997	38.5	55,449	14	41.7
Other Part D Excl Rx Drugs	486	439	213,243	10.4	2,350	91	1.8

Source: Data for this table are from the MAX 2004 file for Vermont, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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.

SUPPLEMENTAL TABLE 1 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b} VERMONT, 2004

Total Number of Dual Eligible Beneficiaries

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary

31,441 \$92,103,404 \$2,929

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Reimbursement
\$0	2,942	9.4 %	\$0	0.0 %
1-500	4,742	15.1	1,014,589	1.1
501-1,000	3,281	10.4	2,443,004	2.7
1,001-1,500	2,860	9.1	3,559,618	3.9
1,501-2,000	2,557	8.1	4,463,649	4.8
2,001-2,500	2,278	7.2	5,122,899	5.6
2,501-3,000	1,895	6.0	5,206,744	5.7
3,001-3,500	1,596	5.1	5,174,124	5.6
3,501-4,000	1,403	4.5	5,251,265	5.7
4,001-4,500	1,213	3.9	5,149,533	5.6
4,501-5,000	1,056	3.4	5,006,629	5.4
5,001-5,500	844	2.7	4,427,126	4.8
5,501-6,000	685	2.2	3,934,184	4.3
6,001-6,500	567	1.8	3,534,130	3.8
6,501-7,000	458	1.5	3,095,284	3.4
7,001-7,500	423	1.3	3,063,013	3.3
7,501-8,000	346	1.1	2,677,617	2.9
8,001-8,500	274	0.9	2,260,925	2.5
8,501-9,000	275	0.9	2,403,773	2.6
9,001-9,500	197	0.6	1,819,099	2.0
9,501-10,000	167	0.5	1,625,680	1.8
10,001+	1,382	4.4	20,870,519	22.7

Source: Data for this table are from the MAX 2004 file for Vermont, released by CMS in 00/2007. This table was produced on 04/10/2008.

Supp Table 1 10/16/2008

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 2004.

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, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65

10,373 \$40,078,524 \$3,864

Annual Pharmacy Reimbursement	Percent o	f Disabled Dual Beneficiaries,		Percent of Total Pharmacy
per Beneficiary	Number of Beneficiaries	Age < 65	Pharmacy Reimbursement	Reimbursement
\$0	998	9.6 %	0	0.0 %
1-500	1,693	16.3	329,179	0.8
501-1,000	924	8.9	681,171	1.7
1,001-1,500	754	7.3	938,359	2.3
1,501-2,000	602	5.8	1,049,898	2.6
2,001-2,500	543	5.2	1,224,229	3.1
2,501-3,000	498	4.8	1,365,806	3.4
3,001-3,500	437	4.2	1,419,518	3.5
3,501-4,000	418	4.0	1,563,618	3.9
4,001-4,500	368	3.5	1,563,534	3.9
4,501-5,000	333	3.2	1,578,185	3.9
5,001-5,500	282	2.7	1,477,596	3.7
5,501-6,000	251	2.4	1,441,722	3.6
6,001-6,500	216	2.1	1,347,866	3.4
6,501-7,000	200	1.9	1,354,252	3.4
7,001-7,500	204	2.0	1,479,582	3.7
7,501-8,000	158	1.5	1,223,154	3.1
8,001-8,500	136	1.3	1,121,059	2.8
8,501-9,000	148	1.4	1,294,974	3.2
9,001-9,500	111	1.1	1,023,326	2.6
9,501-10,000	94	0.9	916,447	2.3
10,001+	1,005	9.7	15,685,049	39.1

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+

20,542 \$50,805,001 \$2,473

Annual Pharmacy Reimbursement				Percent of Total Pharmacy
per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Reimbursement
\$0	1,881	9.2 %	0	0.0 %
1-500	2,920	14.2	658,737	1.3
501-1,000	2,295	11.2	1,714,980	3.4
1,001-1,500	2,058	10.0	2,562,974	5.0
1,501-2,000	1,912	9.3	3,339,633	6.6
2,001-2,500	1,713	8.3	3,849,435	7.6
2,501-3,000	1,377	6.7	3,785,612	7.5
3,001-3,500	1,139	5.5	3,690,333	7.3
3,501-4,000	968	4.7	3,624,414	7.1
4,001-4,500	833	4.1	3,534,744	7.0
4,501-5,000	715	3.5	3,390,813	6.7
5,001-5,500	549	2.7	2,880,789	5.7
5,501-6,000	424	2.1	2,435,289	4.8
6,001-6,500	343	1.7	2,136,636	4.2
6,501-7,000	253	1.2	1,707,345	3.4
7,001-7,500	212	1.0	1,532,721	3.0
7,501-8,000	186	0.9	1,439,220	2.8
8,001-8,500	131	0.6	1,081,153	2.1
8,501-9,000	122	0.6	1,064,950	2.1
9,001-9,500	81	0.4	748,785	1.5
9,501-10,000	68	0.3	660,836	1.3
10,001+	362	1.8	4,965,602	9.8

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 2004.

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 $^{\rm a,\,b}$ VERMONT, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74

7,666 \$19,690,898 \$2,569

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Reimbursement
\$0	882	11.5 %	0	0.0 %
1-500	1,117	14.6	231,218	1.2
501-1,000	822	10.7	611,007	3.1
1,001-1,500	725	9.5	902,538	4.6
1,501-2,000	659	8.6	1,149,086	5.8
2,001-2,500	582	7.6	1,313,423	6.7
2,501-3,000	437	5.7	1,199,900	6.1
3,001-3,500	409	5.3	1,324,838	6.7
3,501-4,000	320	4.2	1,197,759	6.1
4,001-4,500	304	4.0	1,293,067	6.6
4,501-5,000	248	3.2	1,178,411	6.0
5,001-5,500	206	2.7	1,079,921	5.5
5,501-6,000	163	2.1	936,198	4.8
6,001-6,500	134	1.7	835,077	4.2
6,501-7,000	102	1.3	687,746	3.5
7,001-7,500	82	1.1	593,539	3.0
7,501-8,000	82	1.1	634,654	3.2
8,001-8,500	61	0.8	503,588	2.6
8,501-9,000	44	0.6	383,905	1.9
9,001-9,500	47	0.6	435,909	2.2
9,501-10,000	40	0.5	389,442	2.0
10,001+	200	2.6	2,809,672	14.3

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84

8,073 \$20,507,895 \$2,540

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Reimbursement
\$0	660	8.2 %	0	0.0 %
1-500	1,040	12.9	243,754	1.2
501-1,000	866	10.7	646,928	3.2
1,001-1,500	792	9.8	986,158	4.8
1,501-2,000	788	9.8	1,376,771	6.7
2,001-2,500	706	8.7	1,585,211	7.7
2,501-3,000	591	7.3	1,626,513	7.9
3,001-3,500	453	5.6	1,468,798	7.2
3,501-4,000	433	5.4	1,624,363	7.9
4,001-4,500	365	4.5	1,546,204	7.5
4,501-5,000	299	3.7	1,418,432	6.9
5,001-5,500	219	2.7	1,148,785	5.6
5,501-6,000	179	2.2	1,028,103	5.0
6,001-6,500	139	1.7	866,056	4.2
6,501-7,000	104	1.3	701,633	3.4
7,001-7,500	86	1.1	622,523	3.0
7,501-8,000	79	1.0	611,688	3.0
8,001-8,500	49	0.6	405,031	2.0
8,501-9,000	63	0.8	550,514	2.7
9,001-9,500	24	0.3	221,292	1.1
9,501-10,000	19	0.2	183,873	0.9
10,001+	119	1.5	1,645,265	8.0

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+

4,803 \$10,606,208 \$2,208

Annual Pharmacy Reimbursement per				Percent of Total Pharmacy
Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Reimbursement
\$0	339	7.1 %	0	0.0 %
1-500	763	15.9	183,765	1.7
501-1,000	607	12.6	457,045	4.3
1,001-1,500	541	11.3	674,278	6.4
1,501-2,000	465	9.7	813,776	7.7
2,001-2,500	425	8.8	950,801	9.0
2,501-3,000	349	7.3	959,199	9.0
3,001-3,500	277	5.8	896,697	8.5
3,501-4,000	215	4.5	802,292	7.6
4,001-4,500	164	3.4	695,473	6.6
4,501-5,000	168	3.5	793,970	7.5
5,001-5,500	124	2.6	652,083	6.1
5,501-6,000	82	1.7	470,988	4.4
6,001-6,500	70	1.5	435,503	4.1
6,501-7,000	47	1.0	317,966	3.0
7,001-7,500	44	0.9	316,659	3.0
7,501-8,000	25	0.5	192,878	1.8
8,001-8,500	21	0.4	172,534	1.6
8,501-9,000	15	0.3	130,531	1.2
9,001-9,500	10	0.2	91,584	0.9
9,501-10,000	9	0.2	87,521	0.8
10,001+	43	0.9	510,665	4.8

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 2004.

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, 2004

Beneficiary	Number of Beneficiaries						Number of Benefit Months						
Characteristics	All	Aged	Disabled	Adults	Children	Unknown		All	Aged	Disabled	Adults	Children	Unknowr
All	31,441	19,093	11,746	595	5	2		325,417	192,993	126,919	5,438	51	16
Age													
5 and younger	1	0	1	0	0	0		12	0	12	0	0	(
6-14	0	0	0	0	0	0			0	0	0	0	(
15-20	45	0	40	0	5	0		505	0	454	0	51	(
21-44	4,297	0	4,041	255	0	1		45,969	0	43,514	2,445	0	10
45-64	6,556	7	6,291	257	0	1		69,904	51	67,490	2,357	0	6
65-74	7,666	6,531	1,058	77	0	0	0	78,093	65,544	11,963	586	0	(
75-84	8,073	7,808	260	5	0	0		83,542	80,583	2,921	38	0	(
85 and older	4,803	4,747	55	1	0	0		47,392	46,815	565	12	0	(
Unknown	0	0	0	0	0	0			0	0	0	0	(
Gender													
Female	19,267	13,237	5,748	277	3	2		201,896	136,453	62,926	2,473	28	16
Male	12,174	5,856	5,998	318	2	0	0	123,521	56,540	63,993	2,965	23	(
Unknown	0	0	0	0	0	0			0	0	0	0	(
Race													
White	20,880	10,739	9,693	446	1	1		221,913	111,909	105,815	4,167	12	10
African American	95	13	75	7	0	0	0	961	121	759	81	0	(
Other/unknown	10,466	8,341	1,978	142	4	1		102,543	80,963	20,345	1,190	39	6
Use of Nursing Facilities ^c													
Entire year	2,305	2,188	117	0	0	0		21,815	20,671	1,144	0	0	(
Part year	1,098	925	173	0	0	0		10,667	8,942	1,725	0	0	(
None	28,038	15,980	11,456	595	5	2		292,935	163,380	124,050	5,438	51	16
Maintenance Assistance Status													
Cash	7,063	1,509	5,501	53	0	0		80,053	16,787	62,700	566	0	(
Medically needy	6,228	3,293	2,844	89	2	0		66,080	35,084	30,103	877	16	(
Poverty related	18	0	0	15	1	2		119	0	0	91	12	16
Other/unknown	18,132	14,291	3,401	438	2	0		179,165	141,122	34,116	3,904	23	(
Dual Status ^d													
Full dual, all year	31,441	19,093	11,746	595	5	2		325,417	192,993	126,919	5,438	51	16
Full dual, part year	0	0	0	0	0	0			0	0	0	0	(
Managed Care (MC) Status													
Fee-for-service (FFS) all year	31,441	19,093	11,746	595	5	2		325,417	192,993	126,919	5,438	51	16
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	(
MC all year, with Rx claims	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	C

0

Appendix Table A.3

Dual Eligible Beneficiaries

- 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 2004. 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, 2004

Beneficiary	Beneficiaries Benefit Months in Cell		Included in Cell G o	f Table 1	Excluded from Cell G of Table 1		
Characteristics	Number of Nur Beneficiaries	nber of Benefit Months	Number of Nur Beneficiaries	nber of Benefit Months	Number of Nun Beneficiaries	nber of Benefit Months	
All	31,441	325,417	31,441	325,417	0	0	
Fee-for-service (FFS) all year	31,441	325,417	31,441	325,417	0	0	
FFS part year, with Rx claims	0	0	0	0	0	0	
FFS part year, with no Rx claims	0	0	0	0	0	0	
Managed care (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 2004 file for Vermont, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.

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