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

LIST OF TABLES

TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**128,292**	**374**	**8,848**	**50,331**	**68,664**	**75**	**1,202,367**	**2,852**	**98,177**	**426,521**	**674,105**	**712**
Age												
5 and younger	22,949	0	329	6	22,614	0	217,154	0	3,615	41	213,498	0
6-14	32,869	1	1,280	2	31,586	0	338,204	12	14,534	4	323,654	0
15-20	17,377	0	1,113	2,165	14,092	7	162,805	0	12,483	16,505	133,746	71
21-44	39,825	2	2,821	36,604	365	33	341,333	14	31,211	306,693	3,123	292
45-64	14,754	6	3,226	11,481	6	35	138,508	29	35,495	102,563	72	349
65-74	232	114	64	54	0	0	2,236	1,002	693	541	0	0
75-84	174	141	13	19	1	0	1,414	1,095	133	174	12	0
85 and older	112	110	2	0	0	0	713	700	13	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	69,561	238	4,693	30,673	33,883	74	660,758	1,838	52,437	272,397	333,386	700
Male	58,731	136	4,155	19,658	34,781	1	541,609	1,014	45,740	154,124	340,719	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	71,133	184	6,750	33,307	30,856	36	688,081	1,532	75,880	291,094	319,213	362
African American	1,231	4	83	529	615	0	10,498	22	847	4,018	5,611	0
Other/unknown	55,928	186	2,015	16,495	37,193	39	503,788	1,298	21,450	131,409	349,281	350
Use of Nursing Facilities[c]												
Entire year	86	36	50	0	0	0	838	335	503	0	0	0
Part year	125	12	93	19	0	1	1,289	108	970	199	0	12
None	128,081	326	8,705	50,312	68,664	74	1,200,240	2,409	96,704	426,322	674,105	700
Maintenance Assistance Status												
Cash	20,586	35	7,530	4,202	8,819	0	216,190	354	85,317	40,916	89,603	0
Medically needy	8,186	117	551	5,257	2,261	0	72,273	1,112	4,984	48,179	17,998	0
Poverty-related	49,896	0	0	2,509	47,312	75	478,900	0	0	17,848	460,340	712
Other/unknown	49,624	222	767	38,363	10,272	0	435,004	1,386	7,876	319,578	106,164	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	128,292	374	8,848	50,331	68,664	75	1,202,367	2,852	98,177	426,521	674,105	712
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**66.6 %**	**8.7**	**$555**	**$64**	**$3,487**	**15.9 %**	**128,292**
Age							
5 and younger	66.6	3.3	152	46	1,928	7.9	22,949
6-14	60.2	4.4	307	70	3,285	9.3	32,869
15-20	65.2	6.3	423	67	4,703	9.0	17,377
21-44	69.1	10.7	653	61	3,271	20.0	39,825
45-64	75.9	23.7	1,588	67	5,362	29.6	14,754
65-74	68.5	32.2	1,778	55	7,601	23.4	232
75-84	62.1	29.6	1,805	61	7,676	23.5	174
85 and older	48.2	22.9	1,218	53	8,239	14.8	112
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	57.2	28.0	1,559	56	8,171	19.1	374
Disabled	86.3	35.5	2,860	81	17,330	16.5	8,848
Adults	68.6	10.4	591	57	2,483	23.8	50,331
Children	62.6	4.0	224	56	2,406	9.3	68,664
Unknown	77.3	14.4	2,792	193	10,220	27.3	75
Gender							
Female	71.3	10.3	609	59	3,367	18.1	69,561
Male	61.0	6.9	491	71	3,629	13.5	58,731
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	72.6	11.7	747	64	4,307	17.3	71,133
African American	58.3	6.1	429	70	3,154	13.6	1,231
Other/unknown	59.1	5.1	315	62	2,451	12.8	55,928
Use of Nursing Facilities[f]							
Entire year	100.0	85.6	6,336	74	52,762	12.0	86
Part year	99.2	81.3	5,152	63	49,979	10.3	125
None	66.5	8.6	547	63	3,409	16.0	128,081
Maintenance Assistance Status							
Cash	78.3	18.7	1,376	74	8,219	16.7	20,586
Medically needy	70.0	10.9	649	59	3,256	19.9	8,186
Poverty related	60.8	3.4	180	53	1,637	11.0	49,896
Other/unknown	67.0	9.6	577	60	3,423	16.9	49,624

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. 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 fost 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 ND.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with:						Mean $, All Medicaid FFS $[d]	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	**0.9**	**$59**	**15.9 %**	**33.4 %**	**49.6 %**	**7.2 %**	**7.1 %**	**2.2 %**	**0.5 %**	**$372**	**128,292**	**1,202,367**
Age												
5 and younger	0.3	16	7.9	33.4	63.2	2.5	0.8	0.0	0.0	204	22,949	217,154
6-14	0.4	30	9.3	39.8	52.9	4.2	2.8	0.2	0.0	319	32,869	338,204
15-20	0.7	45	9.0	34.8	52.5	7.1	4.8	0.7	0.0	502	17,377	162,805
21-44	1.3	76	20.0	30.9	45.5	10.4	10.0	2.7	0.5	382	39,825	341,333
45-64	2.5	169	29.6	24.1	30.2	12.7	20.5	10.0	2.4	571	14,754	138,508
65-74	3.3	185	23.4	31.5	18.5	7.8	23.3	12.9	6.0	789	232	2,236
75-84	3.6	222	23.5	37.9	13.8	8.0	19.5	16.1	4.6	945	174	1,414
85 and older	3.6	191	14.8	51.8	7.1	1.8	19.6	16.1	3.6	1,294	112	713
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	3.7	205	19.1	42.8	10.7	4.5	22.7	14.4	4.8	1,072	374	2,852
Disabled	3.2	258	16.5	13.7	29.2	13.1	25.0	14.3	4.7	1,562	8,848	98,177
Adults	1.2	70	23.8	31.4	44.0	10.8	10.7	2.7	0.3	293	50,331	426,521
Children	0.4	23	9.3	37.4	56.6	3.8	2.0	0.2	0.0	245	68,664	674,105
Unknown	1.5	294	27.3	22.7	45.3	16.0	12.0	2.7	1.3	1,077	75	712
Gender												
Female	1.1	64	18.1	28.7	51.6	8.2	8.0	2.8	0.6	355	69,561	660,758
Male	0.7	53	13.5	39.0	47.3	6.0	6.0	1.5	0.3	394	58,731	541,609
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.2	77	17.3	27.4	50.0	8.9	9.6	3.3	0.8	445	71,133	688,081
African American	0.7	50	13.6	41.7	46.3	5.2	5.4	1.3	0.1	370	1,231	10,498
Other/unknown	0.6	35	12.8	40.9	49.2	5.1	3.9	0.8	0.1	272	55,928	503,788
Use of Nursing Facilities[f]												
Entire year	8.8	650	12.0	0.0	3.5	5.8	18.6	36.0	36.0	5,415	86	838
Part year	7.9	500	10.3	0.8	7.2	7.2	28.0	27.2	29.6	4,847	125	1,289
None	0.9	58	16.0	33.5	49.7	7.2	7.0	2.2	0.4	364	128,081	1,200,240
Maintenance Assistance Status												
Cash	1.8	131	16.7	21.7	47.3	9.4	13.6	6.1	1.9	783	20,586	216,190
Medically needy	1.2	74	19.9	30.0	46.9	9.9	9.8	3.0	0.5	369	8,186	72,273
Poverty related	0.4	19	11.0	39.2	56.0	3.3	1.4	0.1	0.0	171	49,896	478,900
Other/unknown	1.1	66	16.9	33.0	44.7	9.8	9.6	2.6	0.3	391	49,624	435,004

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. 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.

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.9**	**$59**	**$64**	**0.4**	**$44**	**$121**	**0.1**	**$5**	**$85**	**0.5**	**$11**	**$21**
Age												
5 and younger	0.3	16	46	0.1	12	113	0.0	1	40	0.2	3	14
6-14	0.4	30	70	0.2	25	110	0.0	1	76	0.2	4	20
15-20	0.7	45	67	0.3	35	115	0.0	3	77	0.3	7	22
21-44	1.3	76	61	0.4	54	123	0.1	7	90	0.7	15	21
45-64	2.5	169	67	1.0	125	128	0.1	13	95	1.4	31	22
65-74	3.3	185	55	1.4	144	102	0.1	7	55	1.8	33	19
75-84	3.6	222	61	1.5	174	117	0.1	6	56	2.0	43	21
85 and older	3.6	191	53	1.5	149	99	0.2	7	40	1.9	35	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.7	205	56	1.5	158	108	0.1	6	46	2.1	40	20
Disabled	3.2	258	81	1.3	199	150	0.2	21	102	1.7	38	23
Adults	1.2	70	57	0.4	49	113	0.1	6	84	0.7	15	20
Children	0.4	23	56	0.2	18	100	0.0	1	62	0.2	4	18
Unknown	1.5	294	193	0.5	265	496	0.1	11	152	0.9	18	19
Gender												
Female	1.1	64	59	0.4	46	114	0.1	5	78	0.6	12	20
Male	0.7	53	71	0.3	41	132	0.0	4	99	0.4	8	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.2	77	64	0.5	57	123	0.1	6	89	0.7	14	21
African American	0.7	50	70	0.3	39	142	0.0	4	110	0.4	8	19
Other/unknown	0.6	35	62	0.2	27	114	0.0	2	70	0.3	6	20
Use of Nursing Facilities[e]												
Entire year	8.8	650	74	3.5	522	150	0.4	34	76	4.8	94	19
Part year	7.9	500	63	2.7	367	134	0.5	34	68	4.6	97	21
None	0.9	58	63	0.4	43	120	0.1	5	85	0.5	10	21
Maintenance Assistance Status												
Cash	1.8	131	74	0.7	100	141	0.1	11	100	1.0	21	21
Medically needy	1.2	74	59	0.5	52	115	0.1	7	85	0.7	15	21
Poverty related	0.4	19	53	0.1	14	97	0.0	1	59	0.2	3	18
Other/unknown	1.1	66	60	0.4	48	114	0.1	5	79	0.6	13	21

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Vermont, 0.4 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NONDUAL BENEFICIARIES, VERMONT, 2004

| Therapeutic Category | Number of Rx per Benefit Month Among Users | | | | $ per Benefit Month Among Users | | | | $ per Rx | | | | Total Number of Rx | Total Rx $ | Users[e] | | |
	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			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	$11	$8	$1	$3	$51	$119	$65	$20	118,229	$6,056,816	49,927	38.9 %	530,160
Biologicals	0.2	0.2	0.0	0.0	145	134	0	11	662	640	17	1,283	1,663	1,101,733	766	0.6	7,624
Antineoplastic Agents	0.5	0.1	0.0	0.4	135	114	5	16	257	851	210	43	2,779	713,678	500	0.4	5,300
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.3	26	17	3	7	51	97	37	25	107,278	5,517,455	20,211	15.8	209,943
Cardiovascular Agents	1.0	0.4	0.0	0.6	44	35	1	9	45	92	38	15	117,814	5,303,883	11,518	9.0	119,583
Respiratory Agents	0.4	0.3	0.0	0.2	26	23	0	2	61	88	44	16	119,464	7,257,488	26,308	20.5	281,719
Gastrointestinal Agents	0.5	0.2	0.0	0.2	40	32	3	5	87	136	121	24	53,554	4,676,784	11,044	8.6	116,618
Genitourinary Agents	0.2	0.1	0.0	0.1	13	11	1	1	59	88	44	19	11,274	667,525	4,641	3.6	49,793
CNS Drugs	0.9	0.4	0.1	0.4	70	52	7	11	81	136	101	27	214,642	17,465,313	24,280	18.9	249,764
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	66	60	1	5	87	99	76	37	46,151	4,026,999	5,607	4.4	61,019
Miscellaneous Psychological/ Neurological Agents	0.2	0.1	0.0	0.1	57	50	1	6	283	452	120	71	3,219	912,210	1,496	1.2	15,933
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	24	16	1	7	44	148	196	16	160,124	7,003,938	28,059	21.9	289,250
Neuromuscular Agents	0.6	0.2	0.1	0.3	49	30	13	6	83	152	142	20	69,595	5,744,792	11,216	8.7	117,346
Nutritional Products	0.2	0.0	0.0	0.2	2	0	0	2	13	36	15	12	20,842	261,234	10,102	7.9	108,953
Hematological Agents	0.6	0.2	0.1	0.3	98	89	3	6	169	513	47	18	9,409	1,592,987	1,570	1.2	16,332
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	40	85	52	20	59,401	2,404,483	27,986	21.8	300,138
Miscellaneous Products	0.1	0.1	0.0	0.0	12	9	1	2	89	86	194	83	5,097	455,487	3,427	2.7	37,692
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	40	0	0	0	1,594	64,338	635	0.5	6,901
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.	1,122,129	71,227,143	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.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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 ND.7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, VERMONT, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIDEPRESSANTS	$8,645,825	25,550	19.9 %	266,737	0.5	$67	$32
ANTIPSYCHOTICS	7,667,329	6,625	5.2	72,109	0.6	181	106
ANTICONVULSANT	5,247,165	7,611	5.9	81,281	0.6	104	65
ANTIASTHMATIC	4,499,646	24,405	19.0	264,038	0.3	63	17
ANALGESICS - Narcotic	4,204,985	32,139	25.1	336,433	0.3	38	12
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,026,999	6,805	5.3	74,743	0.6	87	54
ULCER DRUGS	3,686,985	9,980	7.8	105,819	0.4	87	35
ANTIHYPERLIPIDEMIC	2,837,375	4,383	3.4	46,823	0.6	109	61
ANTIVIRAL	2,192,987	1,890	1.5	19,848	0.3	335	110
ANTIDIABETIC	2,132,997	4,181	3.3	44,251	0.7	71	48
Total	45,142,293	123,569		1,312,082	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.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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).

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.

TABLE ND.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]
NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIDEPRESSANTS					ANTIPSYCHOTICS				
	Number of Rx	Rx $	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**554,748**	**$45,142,293**	**25,550**	**19.9 %**	**266,737**	**0.5**	**$32**	**6,625**	**5.2 %**	**72,109**	**0.6**	**$106**
Female	336,656	25,814,340	17,824	25.6	187,780	0.5	33	3,585	5.2	39,409	0.6	95
Disabled	111,860	10,405,893	3,509	74.8	40,481	0.6	42	1,544	32.9	17,855	0.7	133
5 and younger	606	46,404	2	1.5	23	0.7	16	4	3.0	47	0.3	18
6-14	4,250	406,742	98	22.6	1,149	0.6	29	94	21.7	1,082	0.7	111
15-20	5,212	489,519	206	49.9	2,394	0.6	35	123	29.8	1,450	0.6	107
21-44	38,644	3,693,400	1,445	87.0	16,604	0.5	40	669	40.3	7,700	0.7	119
45-64	62,035	5,691,933	1,736	86.7	20,069	0.7	45	651	32.5	7,547	0.8	157
65-74	1,043	64,349	20	50.0	218	0.7	35	3	7.5	29	2.8	250
75-84	70	13,546	2	25.0	24	0.3	19	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	224,796	15,408,447	14,315	22.1	147,299	0.4	31	2,041	3.1	21,554	0.4	63
5 and younger	5,082	301,981	9	0.1	98	0.2	4	13	0.1	154	0.3	43
6-14	21,269	1,598,962	712	4.6	7,991	0.5	24	254	1.6	2,900	0.6	95
15-20	21,683	1,436,770	1,814	21.4	19,076	0.4	24	364	4.3	3,986	0.5	70
21-44	119,789	7,769,347	8,890	38.1	90,782	0.4	30	1,111	4.8	11,468	0.3	49
45-64	54,546	4,104,480	2,844	45.7	28,853	0.6	38	285	4.6	2,909	0.5	69
65-74	881	67,460	15	16.5	166	0.8	44	4	4.4	38	0.5	116
75-84	981	76,750	17	16.0	186	0.7	33	4	3.8	40	0.9	135
85 and older	565	52,697	14	18.7	147	0.8	52	6	8.0	59	1.0	221
Male	218,092	19,327,953	7,726	13.2	78,957	0.5	31	3,040	5.2	32,700	0.6	120
Disabled	65,532	7,054,237	1,702	41.0	19,561	0.6	37	1,234	29.7	14,084	0.8	154
5 and younger	958	86,006	12	6.2	136	0.5	15	10	5.2	111	0.5	108
6-14	10,493	1,128,866	248	29.3	2,920	0.6	32	299	35.3	3,483	0.7	127
15-20	7,874	848,077	248	35.4	2,915	0.6	38	221	31.6	2,563	0.7	137
21-44	18,966	2,121,006	561	48.3	6,338	0.6	39	417	35.9	4,682	0.8	168
45-64	26,677	2,809,913	627	51.2	7,180	0.6	39	281	23.0	3,173	0.8	180
65-74	503	55,316	5	20.8	60	0.4	13	6	25.0	72	0.8	211
75-84	61	5,053	1	20.0	12	0.1	2	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	152,560	12,273,716	6,024	11.0	59,396	0.5	29	1,806	3.3	18,616	0.5	95
5 and younger	8,321	526,137	32	0.3	375	0.3	10	25	0.2	272	0.3	41
6-14	41,139	3,384,942	1,045	6.5	11,743	0.5	28	604	3.8	6,937	0.6	103
15-20	18,721	1,518,822	950	12.2	10,049	0.5	29	380	4.9	4,034	0.5	99
21-44	49,600	3,860,538	2,677	19.6	24,614	0.4	28	610	4.5	5,578	0.4	86
45-64	33,104	2,866,241	1,280	24.1	12,222	0.5	33	163	3.1	1,552	0.6	90
65-74	704	50,397	17	22.1	181	0.8	44	12	15.6	123	0.3	51
75-84	681	46,745	12	21.8	128	0.6	28	5	9.1	57	1.1	134
85 and older	290	19,894	11	31.4	84	1.1	64	7	20.0	63	0.4	37
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.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.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]
NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	ANTICONVULSANT Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	ANTIASTHMATIC Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	ANALGESICS - Narcotic Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**7,611**	**5.9 %**	**81,281**	**0.6**	**$65**	**24,405**	**19.0 %**	**264,038**	**0.3**	**$17**	**32,139**	**25.1 %**	**336,433**	**0.3**	**$13**
Female	4,877	7.0	52,708	0.6	61	14,277	20.5	155,191	0.3	17	20,978	30.2	224,642	0.3	11
Disabled	1,808	38.5	20,904	0.8	85	2,452	52.2	28,537	0.4	28	3,390	72.2	39,216	0.5	25
5 and younger	26	19.3	308	0.7	75	53	39.3	600	0.3	21	11	8.1	129	0.1	1
6-14	105	24.2	1,176	0.9	109	131	30.2	1,539	0.3	16	50	11.5	588	0.1	2
15-20	115	27.8	1,349	0.9	102	125	30.3	1,477	0.3	18	137	33.2	1,595	0.2	2
21-44	793	47.8	9,172	0.7	87	810	48.8	9,450	0.3	20	1,517	91.4	17,544	0.5	21
45-64	759	37.9	8,818	0.8	78	1,303	65.1	15,156	0.4	34	1,650	82.4	19,087	0.5	30
65-74	9	22.5	73	1.7	63	30	75.0	315	0.7	54	22	55.0	241	0.2	6
75-84	1	12.5	8	1.0	562	0	0.0	0	0.0	0	3	37.5	32	0.4	128
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,069	4.7	31,804	0.5	45	11,825	18.2	126,654	0.3	15	17,588	27.1	185,426	0.3	8
5 and younger	25	0.2	265	0.4	68	1,801	16.5	19,864	0.2	12	272	2.5	3,049	0.1	1
6-14	174	1.1	1,917	0.6	77	2,531	16.2	28,224	0.2	12	733	4.7	8,344	0.1	1
15-20	243	2.9	2,541	0.4	49	1,605	18.9	16,948	0.2	10	2,334	27.5	24,608	0.2	2
21-44	1,987	8.5	20,573	0.5	39	4,369	18.7	45,613	0.3	16	11,758	50.4	123,597	0.3	9
45-64	624	10.0	6,337	0.6	52	1,462	23.5	15,362	0.4	28	2,434	39.1	25,220	0.3	11
65-74	3	3.3	36	0.7	35	35	38.5	409	0.4	39	20	22.0	218	0.4	13
75-84	9	8.5	89	0.7	47	16	15.1	174	0.5	52	27	25.5	306	0.3	7
85 and older	4	5.3	46	0.6	66	6	8.0	60	0.6	47	10	13.3	84	0.5	42
Male	2,734	4.7	28,573	0.7	71	10,128	17.2	108,847	0.3	17	11,161	19.0	111,791	0.3	17
Disabled	1,028	24.7	11,744	0.8	91	1,104	26.6	12,663	0.4	27	1,578	38.0	17,775	0.5	36
5 and younger	20	10.3	221	0.6	95	121	62.4	1,426	0.3	25	19	9.8	217	0.1	1
6-14	155	18.3	1,810	0.7	91	192	22.7	2,247	0.3	18	58	6.9	676	0.1	1
15-20	140	20.0	1,631	0.9	114	114	16.3	1,332	0.3	12	150	21.4	1,759	0.2	2
21-44	371	32.0	4,241	0.8	99	218	18.8	2,483	0.3	23	580	50.0	6,508	0.5	28
45-64	338	27.6	3,793	0.7	74	446	36.4	5,019	0.5	35	759	62.0	8,495	0.6	53
65-74	4	16.7	48	0.4	58	12	50.0	144	0.9	88	12	50.0	120	0.5	43
75-84	0	0.0	0	0.0	0	1	20.0	12	0.2	17	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,706	3.1	16,829	0.6	57	9,024	16.5	96,184	0.3	15	9,583	17.6	94,016	0.3	13
5 and younger	61	0.5	688	0.5	53	2,677	22.9	29,161	0.2	13	372	3.2	4,143	0.1	1
6-14	229	1.4	2,553	0.6	76	3,292	20.6	36,695	0.2	14	784	4.9	8,858	0.1	1
15-20	168	2.2	1,729	0.6	60	1,048	13.5	10,969	0.3	13	1,382	17.8	14,262	0.1	2
21-44	806	5.9	7,580	0.5	55	1,238	9.1	11,740	0.3	18	5,247	38.4	48,886	0.4	17
45-64	428	8.1	4,139	0.6	49	723	13.6	7,149	0.4	34	1,752	33.0	17,360	0.4	18
65-74	7	9.1	80	1.1	66	19	24.7	182	0.3	24	15	19.5	166	0.2	3
75-84	5	9.1	56	0.5	66	21	38.2	224	0.5	35	23	41.8	261	0.3	6
85 and older	2	5.7	4	1.0	45	6	17.1	64	0.3	15	8	22.9	80	0.3	2
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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.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]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**6,805**	**5.3 %**	**74,743**	**0.6**	**$54**	**9,980**	**7.8 %**	**105,819**	**0.4**	**$35**	**4,383**	**3.4 %**	**46,823**	**0.6**	**$61**
Female	2,220	3.2	24,524	0.6	51	6,537	9.4	70,684	0.4	35	2,475	3.6	26,934	0.6	61
Disabled	371	7.9	4,338	0.6	59	1,794	38.2	20,777	0.5	48	895	19.1	10,446	0.6	67
5 and younger	5	3.7	51	0.5	27	20	14.8	228	0.6	35	0	0.0	0	0.0	0
6-14	123	28.3	1,443	0.7	60	36	8.3	422	0.4	25	1	0.2	12	0.3	13
15-20	71	17.2	842	0.7	62	61	14.8	718	0.4	25	1	0.2	12	0.1	6
21-44	103	6.2	1,223	0.6	54	578	34.8	6,671	0.5	42	146	8.8	1,717	0.6	63
45-64	68	3.4	767	0.6	65	1,081	54.0	12,544	0.6	54	733	36.6	8,541	0.6	68
65-74	1	2.5	12	0.3	23	17	42.5	186	0.8	52	11	27.5	132	0.8	79
75-84	0	0.0	0	0.0	0	1	12.5	8	1.0	102	3	37.5	32	0.7	87
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,849	2.9	20,186	0.6	50	4,743	7.3	49,907	0.3	29	1,580	2.4	16,488	0.5	57
5 and younger	27	0.2	301	0.4	31	195	1.8	1,869	0.3	14	9	0.1	68	0.1	2
6-14	950	6.1	10,652	0.6	51	264	1.7	2,977	0.2	16	4	0.0	47	0.4	35
15-20	323	3.8	3,488	0.6	52	427	5.0	4,506	0.2	13	9	0.1	78	0.3	33
21-44	439	1.9	4,628	0.4	45	2,516	10.8	26,560	0.3	27	448	1.9	4,631	0.4	48
45-64	109	1.8	1,105	0.5	51	1,270	20.4	13,249	0.5	44	1,052	16.9	11,008	0.5	60
65-74	0	0.0	0	0.0	0	22	24.2	239	0.6	41	24	26.4	265	0.6	67
75-84	1	0.9	12	0.3	5	30	28.3	321	0.7	51	25	23.6	285	0.7	88
85 and older	0	0.0	0	0.0	0	19	25.3	186	0.8	66	9	12.0	106	0.8	87
Male	4,585	7.8	50,219	0.6	55	3,443	5.9	35,135	0.4	35	1,908	3.2	19,889	0.6	60
Disabled	709	17.1	8,209	0.8	70	833	20.0	9,410	0.5	45	503	12.1	5,804	0.7	69
5 and younger	7	3.6	76	0.9	89	25	12.9	293	0.5	29	1	0.5	12	0.3	10
6-14	438	51.8	5,071	0.8	70	39	4.6	466	0.5	36	1	0.1	12	0.8	64
15-20	193	27.6	2,251	0.8	67	52	7.4	608	0.4	31	2	0.3	24	0.1	6
21-44	45	3.9	508	0.7	64	256	22.0	2,877	0.5	39	106	9.1	1,217	0.6	58
45-64	26	2.1	303	0.6	81	450	36.8	5,044	0.6	51	380	31.0	4,383	0.7	72
65-74	0	0.0	0	0.0	0	9	37.5	98	0.4	59	10	41.7	120	0.8	74
75-84	0	0.0	0	0.0	0	2	40.0	24	0.9	57	3	60.0	36	0.6	90
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,876	7.1	42,010	0.6	52	2,610	4.8	25,725	0.4	31	1,405	2.6	14,085	0.5	56
5 and younger	117	1.0	1,317	0.4	28	276	2.4	2,548	0.3	17	13	0.1	142	0.1	2
6-14	2,638	16.5	29,192	0.6	53	212	1.3	2,451	0.3	18	3	0.0	35	0.1	6
15-20	798	10.3	8,485	0.6	55	229	2.9	2,298	0.3	18	8	0.1	86	0.3	21
21-44	257	1.9	2,389	0.6	47	1,132	8.3	10,826	0.4	33	434	3.2	4,362	0.5	51
45-64	64	1.2	604	0.6	67	711	13.4	7,086	0.5	43	917	17.3	9,138	0.6	60
65-74	0	0.0	0	0.0	0	21	27.3	222	0.5	35	17	22.1	176	0.6	70
75-84	1	1.8	11	0.4	5	20	36.4	201	0.5	31	10	18.2	120	0.8	87
85 and older	1	2.9	12	0.2	2	9	25.7	93	0.8	79	3	8.6	26	0.4	43
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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	ANTIVIRAL					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month		
All	1,890	1.5 %	19,848	0.3	$111	4,181	3.3 %	44,251	0.7	$48	128,292	1,202,367
Female	1,384	2.0	14,659	0.3	67	2,589	3.7	27,833	0.7	47	69,561	660,758
Disabled	214	4.6	2,479	0.4	128	950	20.2	10,975	0.7	49	4,693	52,437
5 and younger	1	0.7	12	0.6	28	0	0.0	0	0.0	0	135	1,475
6-14	6	1.4	70	0.7	26	3	0.7	36	0.7	56	434	4,915
15-20	10	2.4	116	0.1	10	22	5.3	259	0.6	53	413	4,629
21-44	111	6.7	1,304	0.3	134	237	14.3	2,762	0.6	45	1,660	18,533
45-64	85	4.2	976	0.4	142	669	33.4	7,697	0.7	50	2,002	22,384
65-74	1	2.5	1	1.0	27	18	45.0	209	0.8	29	40	427
75-84	0	0.0	0	0.0	0	1	12.5	12	0.9	75	8	73
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
Other Eligibles	1,170	1.8	12,180	0.3	55	1,639	2.5	16,858	0.7	46	64,868	608,321
5 and younger	26	0.2	284	0.2	8	9	0.1	91	0.6	54	10,917	103,153
6-14	71	0.5	799	0.1	8	60	0.4	658	0.7	61	15,614	159,860
15-20	129	1.5	1,408	0.2	40	89	1.0	910	0.7	61	8,492	78,881
21-44	756	3.2	7,780	0.3	60	675	2.9	6,890	0.6	44	23,348	206,902
45-64	185	3.0	1,892	0.3	73	764	12.3	7,857	0.7	46	6,225	57,331
65-74	0	0.0	0	0.0	0	17	18.7	173	0.7	47	91	891
75-84	1	0.9	12	0.2	4	20	18.9	225	0.7	36	106	828
85 and older	2	2.7	5	0.6	28	5	6.7	54	0.7	21	75	475
Male	506	0.9	5,189	0.5	232	1,592	2.7	16,418	0.7	50	58,731	541,609
Disabled	136	3.3	1,536	0.5	273	461	11.1	5,170	0.7	55	4,155	45,740
5 and younger	1	0.5	12	0.5	24	0	0.0	0	0.0	0	194	2,140
6-14	5	0.6	54	0.1	5	18	2.1	214	0.6	60	846	9,619
15-20	13	1.9	154	0.2	41	10	1.4	120	0.6	54	700	7,854
21-44	55	4.7	613	0.6	274	88	7.6	1,014	0.7	48	1,161	12,678
45-64	62	5.1	703	0.5	348	337	27.5	3,726	0.8	56	1,224	13,111
65-74	0	0.0	0	0.0	0	6	25.0	72	1.0	57	24	266
75-84	0	0.0	0	0.0	0	2	40.0	24	0.6	9	5	60
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	370	0.7	3,653	0.4	215	1,131	2.1	11,248	0.7	48	54,576	495,869
5 and younger	26	0.2	284	0.2	9	13	0.1	150	1.0	107	11,703	110,386
6-14	34	0.2	368	0.3	27	58	0.4	636	0.8	67	15,975	163,810
15-20	28	0.4	303	0.2	10	45	0.6	424	0.8	98	7,772	71,441
21-44	175	1.3	1,577	0.5	224	358	2.6	3,456	0.7	50	13,656	103,220
45-64	100	1.9	1,050	0.6	398	626	11.8	6,255	0.7	40	5,303	45,682
65-74	3	3.9	30	0.1	3	16	20.8	166	0.8	36	77	652
75-84	3	5.5	29	0.1	5	10	18.2	112	1.0	49	55	453
85 and older	1	2.9	12	0.1	1	5	14.3	49	0.8	48	35	225
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.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$650**	**8.8**	**86**	**838**
Age				
0-64	840	10.0	49	498
65-74	554	11.0	8	66
75-84	289	6.2	12	129
85 and older	362	6.0	17	145
Unknown	0	0.0	0	0
Gender				
Female	617	8.6	59	604
Male	737	9.3	27	234
Unknown	0	0.0	0	0
Race				
White	709	9.1	70	699
African American	0	0	0	0
Other/unknown	353	7.2	16	139
Basis of Eligibility[c]				
Aged	360	6.9	36	335
Disabled	843	10.0	50	503
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 125 beneficiaries who were in nursing facilities for part of their enrollment and their 1,289 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, VERMONT, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	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			Number of Users	As a Percentage of All-Year Nursing Facility Residents	
Anti-infective Agents	0.7	0.3	0.1	0.4	$32	$21	$3	$9	$44	$77	$50	$22	464	$20,364	66	76.7 %	632
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	27	0	0	27	5	136	5	5.8	36
Antineoplastic Agents	1.2	0.8	0.0	0.4	224	175	0	48	187	219	0	121	18	3,358	2	2.3	15
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	80	69	3	8	62	118	27	14	536	33,192	42	48.8	414
Cardiovascular Agents	1.7	0.4	0.0	1.3	47	31	1	16	27	76	25	12	914	25,086	55	64.0	532
Respiratory Agents	0.8	0.6	0.0	0.2	60	56	1	3	73	89	30	19	343	24,949	42	48.8	416
Gastrointestinal Agents	1.2	0.5	0.1	0.7	69	52	5	12	57	106	90	18	618	35,229	56	65.1	510
Genitourinary Agents	0.9	0.5	0.1	0.3	48	36	5	7	56	75	68	24	234	13,014	26	30.2	270
CNS Drugs	2.2	1.2	0.1	1.0	245	221	6	19	110	191	84	19	1,589	174,712	71	82.6	713
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	5	0	0	5	16	0	0	16	7	112	2	2.3	23
Miscellaneous Psychological/ Neurological Agents	1.1	1.1	0.0	0.0	460	460	0	0	409	409	0	0	99	40,442	8	9.3	88
Analgesics and Anesthetics	1.1	0.4	0.0	0.7	126	111	0	15	113	286	50	20	603	67,988	55	64.0	540
Neuromuscular Agents	1.8	0.5	0.2	1.1	143	72	33	37	78	140	165	34	799	62,637	42	48.8	438
Nutritional Products	0.8	0.1	0.0	0.7	12	0	0	12	16	4	0	17	199	3,260	27	31.4	263
Hematological Agents	1.6	0.3	0.1	1.1	57	45	1	10	36	132	9	9	451	16,164	28	32.6	283
Topical Products	0.8	0.3	0.1	0.5	44	28	3	13	52	87	49	27	451	23,413	50	58.1	532
Miscellaneous Products	0.1	0.1	0.0	0.1	3	2	0	0	21	37	0	4	10	207	7	8.1	75
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	26	0	0	0	23	607	9	10.5	83
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.	7,363	544,870	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.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 125 beneficiaries who were in nursing facilities for part of their enrollment and their 1,289 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP-10 DRUG GROUP[a, b, c, d]

NONDUAL BENEFICIARIES, VERMONT, 2004

		Users			Among Users		
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$133,491	62	72.1 %	664	0.9	$216	$201
ANALGESICS - Narcotic	57,331	51	59.3	505	0.8	141	114
ANTICONVULSANT	51,544	41	47.7	440	1.2	95	117
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	40,477	11	12.8	120	0.8	405	337
ANTIDEPRESSANTS	37,499	66	76.7	703	1.0	54	53
ULCER DRUGS	29,054	58	67.4	564	0.8	68	52
DERMATOLOGICAL	20,142	100	116.3	1,136	0.3	51	18
MISC. ENDOCRINE	20,261	8	9.3	86	0.8	281	236
ANTIASTHMATIC	18,617	44	51.2	474	0.4	90	39
ANTIHYPERLIPIDEMIC	10,573	13	15.1	141	0.8	100	75
Total	418,989	454		4,833	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.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 125 beneficiaries who were in nursing facilities for part of their enrollment and their 1,289 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE [a, b, c, d]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	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	**3,572**	**$418,989**	**62**	**72.1 %**	**664**	**0.9**	**$201**	**51**	**59.3 %**	**505**	**0.8**	**$114**
Female	2,497	283,058	43	72.9	468	1.0	236	34	57.6	362	0.7	27
Disabled	1,843	220,859	35	94.6	391	1.0	227	24	64.9	249	0.7	22
64 or younger	1,803	216,235	34	97.1	386	1.0	228	22	62.9	243	0.7	22
65-74	40	4,624	1	50.0	5	0.8	178	2	100.0	6	0.3	4
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	654	62,199	8	36.4	77	1.2	281	10	45.5	113	0.6	37
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	138	13,404	1	50.0	12	1.3	360	1	50.0	12	2.5	65
75-84	201	17,062	2	22.2	18	1.8	299	5	55.6	55	0.2	1
85 and older	315	31,733	5	45.5	47	1.0	254	4	36.4	46	0.7	73
Male	1,075	135,931	19	70.4	196	0.7	118	17	63.0	143	1.1	333
Disabled	723	118,061	8	61.5	84	0.9	213	12	92.3	99	1.5	480
64 or younger	723	118,061	8	61.5	84	0.9	213	12	92.3	99	1.5	480
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	352	17,870	11	78.6	112	0.6	46	5	35.7	44	0.4	3
64 or younger	1	55	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	176	8,894	5	125.0	51	0.2	6	0	0.0	0	0.0	0
75-84	118	6,555	4	133.3	45	1.1	90	4	133.3	42	0.4	3
85 and older	57	2,366	2	33.3	16	0.6	49	1	16.7	2	1.0	4
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.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 125 beneficiaries who were in nursing facilities for part of their enrollment and their 1,289 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 ND.10B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	ANTICONVULSANT					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS				
	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	41	47.7 %	440	1.2	$117	11	12.8 %	120	0.8	$337	66	76.7 %	703	1.0	$53
Female	28	47.5	303	1.2	105	10	16.9	111	0.8	352	41	69.5	445	1.0	58
Disabled	25	67.6	271	1.3	114	5	13.5	59	0.8	583	28	75.7	310	1.0	58
64 or younger	22	62.9	260	1.2	107	5	14.3	59	0.8	583	27	77.1	305	1.1	57
65-74	3	150.0	11	2.2	266	0	0.0	0	0.0	0	1	50.0	5	0.8	78
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3	13.6	32	0.7	26	5	22.7	52	0.8	90	13	59.1	135	1.0	58
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	20	1.2	99
75-84	2	22.2	21	0.7	21	3	33.3	36	0.6	74	5	55.6	53	0.8	43
85 and older	1	9.1	11	0.6	36	2	18.2	16	1.1	124	6	54.5	62	1.0	57
Male	13	48.1	137	1.3	145	1	3.7	9	1.1	156	25	92.6	258	0.9	46
Disabled	8	61.5	81	1.5	189	0	0.0	0	0.0	0	14	107.7	160	0.9	48
64 or younger	8	61.5	81	1.5	189	0	0.0	0	0.0	0	14	107.7	160	0.9	48
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5	35.7	56	1.1	82	1	7.1	9	1.1	156	11	78.6	98	1.0	42
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5	125.0	56	1.1	82	0	0.0	0	0.0	0	4	100.0	39	1.3	64
75-84	0	0.0	0	0.0	0	1	33.3	9	1.1	156	3	100.0	33	0.6	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	66.7	26	1.0	49
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 125 beneficiaries who were in nursing facilities for part of their enrollment and their 1,289 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.

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]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	ULCER DRUGS					DERMATOLOGICAL					MISC. ENDOCRINE				
	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	58	67.4 %	564	0.8	$52	100	116.3 %	1,136	0.3	$18	8	9.3 %	86	0.8	$236
Female	39	66.1	387	0.7	53	63	106.8	720	0.3	18	7	11.9	74	0.8	80
Disabled	25	67.6	259	0.6	48	43	116.2	504	0.4	21	3	8.1	36	1.0	113
64 or younger	23	65.7	253	0.6	48	43	122.9	504	0.4	21	3	8.6	36	1.0	113
65-74	2	100.0	6	0.8	56	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	14	63.6	128	1.0	62	20	90.9	216	0.2	11	4	18.2	38	0.7	48
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	100.0	20	1.1	111	5	250.0	52	0.2	10	0	0.0	0	0.0	0
75-84	3	33.3	34	1.0	45	4	44.4	46	0.1	1	0	0.0	0	0.0	0
85 and older	9	81.8	74	1.0	57	11	100.0	118	0.3	16	4	36.4	38	0.7	48
Male	19	70.4	177	0.8	49	37	137.0	416	0.4	18	1	3.7	12	1.0	1,198
Disabled	12	92.3	116	0.9	68	25	192.3	291	0.3	21	1	7.7	12	1.0	1,198
64 or younger	12	92.3	116	0.9	68	25	192.3	291	0.3	21	1	7.7	12	1.0	1,198
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	7	50.0	61	0.6	12	12	85.7	125	0.4	11	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	50.0	12	0.6	19	4	100.0	39	1.1	27	0	0.0	0	0.0	0
75-84	3	100.0	35	0.4	10	4	133.3	46	0.1	4	0	0.0	0	0.0	0
85 and older	2	33.3	14	0.9	8	4	66.7	40	0.2	3	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 125 beneficiaries who were in nursing facilities for part of their enrollment and their 1,289 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.

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]
NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERLIPIDEMIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $		
All	44	**51.2 %**	474	0.4	$39	13	**15.1 %**	141	0.8	$75	86	838
Female	30	50.8	341	0.5	50	10	16.9	116	0.9	90	59	604
Disabled	20	54.1	225	0.6	55	6	16.2	70	0.8	61	37	390
64 or younger	19	54.3	224	0.6	55	6	17.1	70	0.8	61	35	384
65-74	1	50.0	1	1.0	59	0	0.0	0	0.0	0	2	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	10	45.5	116	0.4	40	4	18.2	46	1.0	133	22	214
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	250.0	56	0.4	37	1	50.0	12	1.0	126	2	20
75-84	1	11.1	12	0.2	3	3	33.3	34	1.1	136	9	97
85 and older	4	36.4	48	0.5	53	0	0.0	0	0.0	0	11	97
Male	14	51.9	133	0.2	12	3	11.1	25	0.1	6	27	234
Disabled	7	53.8	67	0.3	20	0	0.0	0	0.0	0	13	113
64 or younger	7	53.8	67	0.3	20	0	0.0	0	0.0	0	13	113
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	7	50.0	66	0.1	5	3	21.4	25	0.1	6	14	121
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	4	100.0	35	0.1	5	1	25.0	11	0.1	7	4	40
75-84	3	100.0	31	0.2	5	0	0.0	0	0.0	0	3	32
85 and older	0	0.0	0	0.0	0	2	33.3	14	0.1	5	6	48
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.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 125 beneficiaries who were in nursing facilities for part of their enrollment and their 1,289 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 ND.11

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

AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC[a,b]

VERMONT, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx $ per Beneficiary	Total Part D Excluded Rx $	$ per Part D Excluded Rx	Part D Excluded Rx $ as a Percentage of All Nondual Rx $	Total Number of Beneficiaries
All	**23,015**	**17.9 %**	**0.7**	**90,384**	**$13**	**$1,678,719**	**$19**	**2.4 %**	**128,292**
Age									
5 and younger	3,291	14.3	0.3	6,122	5	120,149	20	3.4	22,949
6-14	3,753	11.4	0.2	7,824	8	253,505	32	2.5	32,869
15-20	2,360	13.6	0.3	5,389	6	98,345	18	1.3	17,377
21-44	8,841	22.2	0.9	37,559	16	656,810	17	2.5	39,825
45-64	4,614	31.3	2.2	32,088	36	533,786	17	2.3	14,754
65-74	82	35.3	2.9	682	33	7,757	11	1.9	232
75-84	47	27.0	1.6	286	23	4,057	14	1.3	174
85 and older	27	24.1	3.9	434	38	4,310	10	3.2	112
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	100	26.7	2.7	996	31	11,578	12	2.0	374
Disabled	3,819	43.2	3.7	32,517	62	551,348	17	2.2	8,848
Adults	10,608	21.1	0.8	41,186	14	722,401	18	2.4	50,331
Children	8,469	12.3	0.2	15,623	6	392,065	25	2.5	68,664
Unknown	19	25.3	0.8	62	18	1,327	21	0.6	75
Gender									
Female	15,086	21.7	0.9	62,041	16	1,081,029	17	2.6	69,561
Male	7,929	13.5	0.5	28,343	10	597,690	21	2.1	58,731
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	15,968	22.4	1.0	71,042	18	1,309,453	18	2.5	71,133
African American	227	18.4	0.5	623	8	10,180	16	1.9	1,231
Other/unknown	6,820	12.2	0.3	18,719	6	359,086	19	2.0	55,928
Use of Nursing Facilities[d]									
Entire year	59	68.6	9.1	780	103	8,900	11	1.6	86
Part year	104	83.2	12.0	1,495	134	16,738	11	2.6	125
None	22,852	17.8	0.7	88,109	13	1,653,081	19	2.4	128,081
Maintenance Assistance Status									
Cash	6,383	31.0	1.8	37,410	32	664,139	18	2.3	20,586
Medically needy	1,815	22.2	0.9	7,593	20	164,934	22	3.1	8,186
Poverty related	5,556	11.1	0.2	9,992	4	214,704	21	2.4	49,896
Other/unknown	9,261	18.7	0.7	35,389	13	634,942	18	2.2	49,624

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
VERMONT, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$1**	**$19**	**$0**	**$1**	**1,202,367**
Age						
5 and younger	0.0	1	20	0	0	217,154
6-14	0.0	1	32	0	0	338,204
15-20	0.0	1	18	0	0	162,805
21-44	0.1	2	17	0	1	341,333
45-64	0.2	4	17	0	2	138,508
65-74	0.3	3	11	0	2	2,236
75-84	0.2	3	14	0	1	1,414
85 and older	0.6	6	10	0	1	713
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.3	4	12	0	1	2,852
Disabled	0.3	6	17	0	3	98,177
Adults	0.1	2	18	0	1	426,521
Children	0.0	1	25	0	0	674,105
Unknown	0.1	2	21	0	0	712
Gender						
Female	0.1	2	17	0	1	660,758
Male	0.1	1	21	0	0	541,609
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	18	0	1	688,081
African American	0.1	1	16	0	0	10,498
Other/unknown	0.0	1	19	0	0	503,788
Use of Nursing Facilities[d]						
Entire year	0.9	11	11	0	4	838
Part year	1.2	13	11	0	5	1,289
None	0.1	1	19	0	0	1,200,240
Maintenance Assistance Status						
Cash	0.2	3	18	0	1	216,190
Medically needy	0.1	2	22	0	1	72,273
Poverty related	0.0	0	21	0	0	478,900
Other/unknown	0.1	1	18	0	1	435,004

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]
VERMONT, 2004

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	**28,204**	**$60**	**$1,678,719**	**100.0 %**	**90,384**	**$19**	**100.0 %**
Anorexia or weight loss/gain	85	303	25,729	1.5	261	99	0.3
Fertility drugs	3	109	327	0.0	7	47	0.0
Drugs for cosmetic purposes	132	13	1,674	0.1	177	9	0.2
Cough and cold medications	5,697	53	301,336	18.0	9,803	31	10.8
Vitamins and minerals	1,891	61	114,645	6.8	5,832	20	6.5
Non-prescription drugs	11,169	40	444,495	26.5	26,341	17	29.1
Barbiturates	136	55	7,462	0.4	1,210	6	1.3
Benzodiazepines	8,216	74	604,507	36.0	43,497	14	48.1
Other Part D Excl Rx Drugs	875	204	178,544	10.6	3,256	55	3.6

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

b. Includes OTC drugs as well as prescription drugs.

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

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

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, VERMONT, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**128,292**	**374**	**8,848**	**50,331**	**68,664**	**75**	**1,202,367**	**2,852**	**98,177**	**426,521**	**674,105**	**712**
Age												
5 and younger	22,949	0	329	6	22,614	0	217,154	0	3,615	41	213,498	0
6-14	32,869	1	1,280	2	31,586	0	338,204	12	14,534	4	323,654	0
15-20	17,377	0	1,113	2,165	14,092	7	162,805	0	12,483	16,505	133,746	71
21-44	39,825	2	2,821	36,604	365	33	341,333	14	31,211	306,693	3,123	292
45-64	14,754	6	3,226	11,481	6	35	138,508	29	35,495	102,563	72	349
65-74	232	114	64	54	0	0	2,236	1,002	693	541	0	0
75-84	174	141	13	19	1	0	1,414	1,095	133	174	12	0
85 and older	112	110	2	0	0	0	713	700	13	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	69,561	238	4,693	30,673	33,883	74	660,758	1,838	52,437	272,397	333,386	700
Male	58,731	136	4,155	19,658	34,781	1	541,609	1,014	45,740	154,124	340,719	12
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	71,133	184	6,750	33,307	30,856	36	688,081	1,532	75,880	291,094	319,213	362
African American	1,231	4	83	529	615	0	10,498	22	847	4,018	5,611	0
Other/unknown	55,928	186	2,015	16,495	37,193	39	503,788	1,298	21,450	131,409	349,281	350
Use of Nursing Facilities[c]												
Entire year	86	36	50	0	0	0	838	335	503	0	0	0
Part year	125	12	93	19	0	1	1,289	108	970	199	0	12
None	128,081	326	8,705	50,312	68,664	74	1,200,240	2,409	96,704	426,322	674,105	700
Maintenance Assistance Status												
Cash	20,586	35	7,530	4,202	8,819	0	216,190	354	85,317	40,916	89,603	0
Medically needy	8,186	117	551	5,257	2,261	0	72,273	1,112	4,984	48,179	17,998	0
Poverty related	49,896	0	0	2,509	47,312	75	478,900	0	0	17,848	460,340	712
Other/unknown	49,624	222	767	38,363	10,272	0	435,004	1,386	7,876	319,578	106,164	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	128,292	374	8,848	50,331	68,664	75	1,202,367	2,852	98,177	426,521	674,105	712
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

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

a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

Bene(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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, VERMONT, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**128,292**	**1,202,367**	**128,292**	**1,202,367**	**0**	**0**
Fee-for-service (FFS) all year	128,292	1,202,367	128,292	1,202,367	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.

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

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