

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
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, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	31,569	18,298	12,587	674	7	3	331,562	188,963	136,127	6,364	74	34
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	1	0	1	0	24	0	12	0	12	0
15-20	60	0	51	3	6	0	690	0	597	31	62	0
21-44	4,498	0	4,208	290	0	0	47,871	0	45,087	2,784	0	0
45-64	7,225	0	6,939	284	0	2	77,255	0	74,603	2,628	0	24
65-74	7,288	6,143	1,051	93	0	1	76,661	63,734	12,028	889	0	10
75-84	7,681	7,387	292	2	0	0	80,680	77,379	3,285	16	0	0
85 and older	4,814	4,768	44	2	0	0	48,369	47,850	503	16	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	19,556	12,875	6,321	353	4	3	206,838	134,343	69,003	3,419	39	34
Male	12,013	5,423	6,266	321	3	0	124,724	54,620	67,124	2,945	35	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,618	10,416	10,656	542	3	1	231,699	110,064	116,324	5,272	27	12
African American	98	17	77	4	0	0	985	175	767	43	0	0
Other/unknown	9,853	7,865	1,854	128	4	2	98,878	78,724	19,036	1,049	47	22
Use of Nursing Facilities^c												
Entire year	2,199	2,077	122	0	0	0	21,257	19,961	1,296	0	0	0
Part year	1,102	929	171	2	0	0	10,971	9,151	1,804	16	0	0
None	28,268	15,292	12,294	672	7	3	299,334	159,851	133,027	6,348	74	34
Maintenance Assistance Status												
Cash	7,137	1,339	5,746	52	0	0	81,123	14,925	65,657	541	0	0
Medically needy	6,834	3,384	3,335	114	1	0	72,161	36,327	34,779	1,052	3	0
Poverty-related	22	0	0	16	3	3	214	0	0	144	36	34
Other/unknown	17,576	13,575	3,506	492	3	0	178,064	137,711	35,691	4,627	35	0
Dual Medicare Status^d												
Full dual, all year	31,569	18,298	12,587	674	7	3	331,562	188,963	136,127	6,364	74	34
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	31,569	18,298	12,587	674	7	3	331,562	188,963	136,127	6,364	74	34
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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 CHARACTERISTICS^{a, b}
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx						of All Medicaid FFS \$ ^d	
All	79.8		20.6	\$796	\$39	\$9,394	8.5	31,569
Age								
5 and younger	100.0		22.0	2,905	132	51,970	5.6	1
6-14	100.0		111.0	16,269	147	19,703	82.6	2
15-20	78.3		26.0	2,372	91	25,032	9.5	60
21-44	73.8		14.8	1,047	71	12,225	8.6	4,498
45-64	80.4		20.8	1,033	50	9,248	11.2	7,225
65-74	80.8		22.3	732	33	5,422	13.5	7,288
75-84	82.2		23.2	660	28	8,169	8.1	7,681
85 and older	79.5		18.9	489	26	14,728	3.3	4,814
Unknown	0.0		0.0	0	0	0	0.0	0
Basis of Eligibility^e								
Aged	81.2		22.5	641	29	8,740	7.3	18,298
Disabled	77.5		17.2	927	54	10,482	8.8	12,587
Adults	86.2		33.1	2,462	74	6,755	36.5	674
Children	71.4		39.7	8,023	202	18,597	43.1	7
Unknown	100.0		17.3	1,924	111	6,698	28.7	3
Gender								
Female	82.5		21.6	786	36	9,286	8.5	19,556
Male	75.5		19.1	812	43	9,570	8.5	12,013
Unknown	0.0		0.0	0	0	0	0.0	0
Race								
White	78.3		19.0	784	41	10,489	7.5	21,618
African American	65.3		11.6	1,338	115	5,932	22.5	98
Other/unknown	83.4		24.2	815	34	7,026	11.6	9,853
Use of Nursing Facilities^f								
Entire year	68.6		9.1	308	34	40,651	0.8	2,199
Part year	79.4		15.0	530	35	24,778	2.1	1,102
None	80.7		21.7	844	39	6,363	13.3	28,268
Maintenance Assistance Status								
Cash	73.5		12.6	751	59	11,558	6.5	7,137
Medically needy	71.3		11.4	645	56	3,987	16.2	6,834
Poverty related	77.3		14.7	2,614	178	7,851	33.3	22
Other/unknown	85.8		27.4	870	32	10,620	8.2	17,576

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	2.0	\$76	8.5	20.2	38.2	13.1	19.0	8.3	1.1	\$894	31,569	331,562
Age												
5 and younger	1.8	242	5.6	0.0	0.0	100.0	0.0	0.0	0.0	4,331	1	12
6-14	9.3	1,356	82.6	0.0	0.0	0.0	50.0	0.0	50.0	1,642	2	24
15-20	2.3	206	9.5	21.7	28.3	16.7	21.7	10.0	1.7	2,177	60	690
21-44	1.4	98	8.6	26.2	45.0	11.6	11.8	4.4	0.9	1,149	4,498	47,871
45-64	1.9	97	11.2	19.6	40.7	13.2	16.7	8.2	1.6	865	7,225	77,255
65-74	2.1	70	13.5	19.2	35.4	13.6	21.2	9.5	1.2	515	7,288	76,661
75-84	2.2	63	8.1	17.8	34.8	13.8	22.4	10.2	0.9	778	7,681	80,680
85 and older	1.9	49	3.3	20.5	38.2	12.7	20.5	7.2	0.9	1,466	4,814	48,369
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	2.2	62	7.3	18.8	34.6	13.5	22.4	9.7	1.0	846	18,298	188,963
Disabled	1.6	86	8.8	22.5	44.3	12.7	13.6	5.8	1.2	969	12,587	136,127
Adults	3.5	261	36.5	13.8	24.9	11.7	28.2	18.0	3.4	715	674	6,364
Children	3.8	759	43.1	28.6	0.0	14.3	28.6	28.6	0.0	1,759	7	74
Unknown	1.5	170	28.7	0.0	66.7	0.0	33.3	0.0	0.0	591	3	34
Gender												
Female	2.0	74	8.5	17.5	39.1	13.7	20.0	8.6	1.2	878	19,556	206,838
Male	1.8	78	8.5	24.5	36.8	12.3	17.5	7.9	1.0	922	12,013	124,724
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.8	73	7.5	21.7	41.6	12.4	15.8	7.3	1.2	979	21,618	231,699
African American	1.2	133	22.5	34.7	43.9	8.2	9.2	3.1	1.0	590	98	985
Other/unknown	2.4	81	11.6	16.6	30.7	14.8	26.2	10.6	1.0	700	9,853	98,878
Use of Nursing Facilities^f												
Entire year	0.9	32	0.8	31.4	45.0	10.6	9.3	2.5	1.0	4,205	2,199	21,257
Part year	1.5	53	2.1	20.6	47.7	13.8	12.3	4.4	1.2	2,489	1,102	10,971
None	2.1	80	13.3	19.3	37.3	13.3	20.0	8.9	1.1	601	28,268	299,334
Maintenance Assistance Status												
Cash	1.1	66	6.5	26.5	50.7	10.9	8.4	2.7	0.7	1,017	7,137	81,123
Medically needy	1.1	61	16.2	28.7	48.6	10.9	8.3	3.0	0.5	378	6,834	72,161
Poverty related	1.5	269	33.3	22.7	50.0	9.1	13.6	4.5	0.0	807	22	214
Other/unknown	2.7	86	8.2	14.2	29.1	14.9	27.5	12.7	1.6	1,048	17,576	178,064

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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

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

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

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	2.0	\$76	\$39	0.7	\$52	\$79	0.1	\$8	\$79	1.2	\$16	\$13
Age												
5 and younger	1.8	242	132	0.9	233	254	0.0	0	0	0.9	10	10
6-14	9.3	1,356	147	4.9	1,254	257	0.3	8	24	4.0	94	23
15-20	2.3	206	91	1.0	171	168	0.0	8	222	1.2	28	23
21-44	1.4	98	71	0.4	71	162	0.1	8	113	0.9	19	22
45-64	1.9	97	50	0.6	67	108	0.1	10	108	1.2	20	17
65-74	2.1	70	33	0.7	46	64	0.1	9	74	1.3	15	12
75-84	2.2	63	28	0.8	42	54	0.1	7	63	1.3	14	10
85 and older	1.9	49	26	0.6	32	52	0.1	5	50	1.2	12	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.2	62	29	0.7	41	55	0.1	7	62	1.3	14	11
Disabled	1.6	86	54	0.5	60	120	0.1	8	109	1.0	18	18
Adults	3.5	261	74	1.2	189	163	0.1	19	138	2.2	53	24
Children	3.8	759	202	2.2	726	336	0.0	0	0	1.6	33	21
Unknown	1.5	170	111	0.9	158	173	0.0	0	0	0.6	12	19
Gender												
Female	2.0	74	36	0.7	51	74	0.1	8	74	1.3	16	13
Male	1.8	78	43	0.6	54	88	0.1	8	88	1.1	16	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.8	73	41	0.6	50	88	0.1	7	85	1.1	16	14
African American	1.2	133	115	0.3	107	310	0.1	7	108	0.7	19	26
Other/unknown	2.4	81	34	0.9	56	65	0.1	9	68	1.4	17	12
Use of Nursing Facilities^e												
Entire year	0.9	32	34	0.2	21	94	0.0	2	64	0.7	9	13
Part year	1.5	53	35	0.4	36	82	0.1	4	50	1.0	13	13
None	2.1	80	39	0.7	55	79	0.1	8	80	1.3	17	13
Maintenance Assistance Status												
Cash	1.1	66	59	0.3	46	140	0.1	7	114	0.7	14	19
Medically needy	1.1	61	56	0.3	41	128	0.1	7	114	0.7	13	19
Poverty related	1.5	269	178	0.7	250	382	0.1	3	45	0.8	17	21
Other/unknown	2.7	86	32	0.9	59	63	0.1	9	65	1.6	19	11

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per 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	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	\$11	\$8	\$0	\$3	\$49	\$167	\$174	\$16	19,092	\$939,885	7,487	23.7	81,885
Biologicals	0.1	0.1	0.0	0.0	66	47	18	1	458	371	3,570	92	57	26,132	35	0.1	394
Antineoplastic Agents	0.4	0.2	0.0	0.3	51	44	0	6	113	270	2,143	22	2,842	320,859	592	1.9	6,349
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	20	15	1	4	31	62	22	11	68,284	2,088,176	9,771	31.0	105,806
Cardiovascular Agents	1.2	0.3	0.1	0.7	30	15	8	7	26	44	83	9	200,844	5,182,340	15,943	50.5	171,556
Respiratory Agents	0.5	0.3	0.0	0.2	25	22	0	2	48	64	58	14	37,624	1,801,266	6,634	21.0	72,372
Gastrointestinal Agents	0.5	0.3	0.0	0.2	28	25	1	2	60	86	218	12	41,936	2,506,776	8,330	26.4	90,569
Genitourinary Agents	0.4	0.2	0.0	0.1	15	11	3	1	39	46	64	13	11,481	450,595	2,748	8.7	29,781
CNS Drugs	0.8	0.2	0.0	0.5	34	23	3	8	42	108	79	14	113,907	4,815,350	13,267	42.0	142,777
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	37	31	1	4	93	139	93	27	2,093	193,739	484	1.5	5,280
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.0	66	65	0	2	179	191	0	53	4,781	857,648	1,220	3.9	12,956
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	23	10	3	10	43	124	204	22	50,283	2,151,267	8,833	28.0	95,262
Neuromuscular Agents	0.6	0.1	0.0	0.5	28	18	2	9	44	123	78	18	42,352	1,865,736	6,086	19.3	66,265
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	4	11	23	18	10	10,039	106,416	2,345	7.4	25,099
Hematological Agents	0.5	0.1	0.0	0.4	20	15	0	4	37	128	28	11	24,838	927,069	4,340	13.7	46,511
Topical Products	0.3	0.1	0.0	0.1	10	8	0	2	33	53	49	13	18,178	607,761	5,664	17.9	62,147
Miscellaneous Products	0.2	0.1	0.0	0.0	35	31	1	2	175	214	283	40	1,420	248,413	650	2.1	7,181
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	62	0	0	0	393	24,341	221	0.7	2,432
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.	650,444	25,113,769	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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.medi-span.com/master-drug-database.aspx>.

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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. =

not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2006

Top 10 Drug Groups	Users			Among Users				
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIHYPERTENSIVE	\$2,648,302	9,028	28.6	99,887	0.5	\$56	\$27	
ULCER DRUGS	2,312,012	8,320	26.4	91,623	0.4	58	25	
ANTIPSYCHOTICS	2,208,239	3,714	11.8	40,692	0.4	137	54	
ANTIDEPRESSANTS	1,669,685	9,735	30.8	105,733	0.4	37	16	
ANTICONVULSANT	1,646,813	5,411	17.1	59,542	0.6	47	28	
ANTIASTHMATIC	1,480,679	7,008	22.2	76,543	0.4	53	19	
ANTIDIABETIC	1,314,454	6,325	20.0	69,192	0.5	39	19	
ANALGESICS - Narcotic	1,129,776	7,724	24.5	84,044	0.4	38	13	
ANTIHYPERTENSIVE	1,015,855	8,927	28.3	97,806	0.5	21	10	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	933,659	1,921	6.1	20,769	0.3	151	45	
Total	16,359,474	68,113	n.a.	745,831	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIHYPERLIPIDEMIC					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	328,565	\$16,359,474	9,028	28.6	99,887	0.5	\$27	8,320	26.4	91,623	0.4	\$25
Female												
All Females	204,113	9,838,209	5,563	28.4	62,046	0.5	26	5,511	28.2	60,996	0.4	25
Female, Disabled												
All Ages	64,448	4,343,609	1,177	18.6	13,266	0.3	25	1,774	28.1	19,982	0.3	24
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	38	2,167	1	100.0	12	0.1	7	1	100.0	12	0.3	73
15-20	447	24,324	0	0.0	0	0.0	0	1	5.0	12	1.0	24
21-44	17,896	1,376,286	124	6.4	1,402	0.3	27	396	20.5	4,444	0.3	26
45-64	40,120	2,537,989	774	22.4	8,603	0.4	25	1,104	32.0	12,334	0.4	25
65-74	5,027	350,044	213	31.5	2,474	0.3	27	202	29.8	2,363	0.3	23
75-84	848	48,842	58	28.3	691	0.2	20	62	30.2	722	0.2	13
85 and older	72	3,957	7	21.9	84	0.2	19	8	25.0	95	0.3	11
Female, Other Eligibles												
All Ages	139,665	5,494,600	4,386	33.1	48,780	0.5	26	3,737	28.2	41,014	0.5	25
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	576	0	0.0	0	0.0	0	1	100.0	12	0.4	48
15-20	65	4,050	1	25.0	12	0.2	15	1	25.0	12	0.8	100
21-44	3,058	233,535	13	8.1	152	0.6	54	55	34.4	598	0.6	56
45-64	3,893	327,837	41	29.7	432	0.6	66	51	37.0	553	0.5	66
65-74	47,012	1,802,392	1,637	41.8	18,055	0.5	26	1,169	29.9	12,779	0.5	26
75-84	57,396	2,100,221	2,002	38.4	22,381	0.5	25	1,492	28.6	16,631	0.5	24
85 and older	28,236	1,025,989	692	18.2	7,748	0.5	25	968	25.4	10,429	0.4	22
Male												
All Males	124,452	6,521,265	3,465	28.8	37,841	0.5	28	2,809	23.4	30,627	0.4	26
Male, Disabled												
All Ages	59,315	3,741,847	1,342	21.4	14,816	0.4	26	1,318	21.0	14,633	0.4	25
5 and younger	2	251	0	0.0	0	0.0	0	1	100.0	12	0.1	12
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	337	36,106	1	3.2	10	0.2	15	4	12.9	46	0.6	10
21-44	16,686	1,422,067	212	9.3	2,333	0.4	26	330	14.5	3,672	0.3	25
45-64	39,208	2,053,582	1,004	28.8	11,054	0.4	25	870	24.9	9,632	0.4	25
65-74	2,776	211,492	114	30.5	1,289	0.3	34	98	26.2	1,097	0.3	27
75-84	272	17,881	11	12.6	130	0.2	19	14	16.1	162	0.4	34
85 and older	34	468	0	0.0	0	0.0	0	1	8.3	12	0.9	9

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIHYPERLIPIDEMIC					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	65,137	2,779,418	2,123	36.9	23,025	0.5	29	1,491	25.9	15,994	0.5	27
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	37	4,413	2	40.0	22	0.5	13	2	40.0	22	0.7	67
21-44	2,754	264,120	35	26.9	379	0.5	66	44	33.8	472	0.4	51
45-64	3,339	274,075	61	41.2	612	0.6	65	56	37.8	541	0.5	45
65-74	29,262	1,099,345	1,013	43.6	10,935	0.5	28	604	26.0	6,633	0.5	27
75-84	22,911	870,006	836	38.5	9,160	0.5	26	560	25.8	5,999	0.5	25
85 and older	6,834	267,459	176	18.2	1,917	0.6	29	225	23.3	2,327	0.4	26
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of Dual 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 Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,714	11.8	40,692	0.4	\$54	9,735	30.8	105,733	0.4	\$16	5,411	17.1	59,542	0.6	\$28
Female															
All Females	2,055	10.5	22,395	0.4	46	6,631	33.9	72,258	0.4	16	3,353	17.1	36,916	0.6	26
Female, Disabled															
All Ages	1,254	19.8	14,084	0.4	54	3,008	47.6	33,354	0.4	18	1,979	31.3	22,109	0.6	32
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	2	200.0	24	0.4	26
15-20	5	25.0	60	3.3	227	14	70.0	162	0.6	18	6	30.0	70	1.2	85
21-44	442	22.9	4,972	0.4	61	958	49.5	10,640	0.4	21	720	37.2	7,998	0.6	45
45-64	724	21.0	8,116	0.4	49	1,820	52.7	20,097	0.4	17	1,134	32.9	12,669	0.6	25
65-74	67	9.9	762	0.4	64	178	26.3	2,018	0.3	15	93	13.7	1,064	0.5	18
75-84	16	7.8	174	0.2	28	34	16.6	389	0.2	9	22	10.7	260	0.6	12
85 and older	0	0.0	0	0.0	0	4	12.5	48	0.2	9	2	6.3	24	0.5	6
Female, Other Eligibles															
All Ages	801	6.1	8,311	0.4	31	3,623	27.4	38,904	0.5	14	1,374	10.4	14,807	0.5	18
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	50.0	24	0.5	42	3	75.0	36	0.2	5
21-44	41	25.6	437	0.4	38	158	98.8	1,655	0.5	35	80	50.0	862	0.6	49
45-64	32	23.2	328	0.5	100	154	111.6	1,694	0.6	45	80	58.0	820	0.6	56
65-74	193	4.9	2,100	0.4	37	1,101	28.1	11,845	0.5	13	450	11.5	4,899	0.5	14
75-84	267	5.1	2,836	0.3	23	1,350	25.9	14,625	0.4	10	497	9.5	5,431	0.5	13
85 and older	268	7.0	2,610	0.4	25	858	22.6	9,061	0.4	10	264	6.9	2,759	0.5	13
Male															
All Males	1,659	13.8	18,297	0.4	65	3,104	25.8	33,475	0.4	16	2,058	17.1	22,626	0.6	30
Male, Disabled															
All Ages	1,294	20.7	14,582	0.4	71	1,946	31.1	21,237	0.4	16	1,475	23.5	16,412	0.6	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	9
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	13	41.9	156	0.7	148	13	41.9	154	0.6	19	6	19.4	72	0.6	98
21-44	577	25.4	6,515	0.5	89	685	30.1	7,550	0.4	18	583	25.6	6,495	0.6	42
45-64	661	19.0	7,413	0.4	54	1,167	33.5	12,677	0.4	15	832	23.9	9,231	0.6	25
65-74	40	10.7	462	0.3	65	69	18.4	743	0.3	12	44	11.8	518	0.6	34
75-84	3	3.4	36	0.2	44	12	13.8	113	0.2	8	5	5.7	59	0.4	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	33.3	25	0.6	5

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of Dual 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 Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	365	6.4	3,715	0.4	41	1,158	20.1	12,238	0.5	17	583	10.1	6,214	0.6	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	20.0	9	1.0	290	0	0.0	0	0.0	0
21-44	43	33.1	468	0.4	96	105	80.8	1,147	0.5	31	54	41.5	582	0.6	43
45-64	22	14.9	227	0.6	148	108	73.0	1,104	0.5	38	50	33.8	513	0.6	68
65-74	109	4.7	1,217	0.4	23	430	18.5	4,694	0.5	14	233	10.0	2,585	0.6	18
75-84	131	6.0	1,313	0.3	24	356	16.4	3,756	0.5	12	195	9.0	2,024	0.5	16
85 and older	60	6.2	490	0.4	31	158	16.4	1,528	0.5	13	51	5.3	510	0.6	14
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual 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 Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	7,008	22.2	76,543	0.4	\$19	6,325	20.0	69,192	0.5	\$19	7,724	24.5	84,044	0.4	\$13
Female															
All Females	4,412	22.6	48,480	0.3	19	3,761	19.2	41,499	0.5	18	4,837	24.7	53,048	0.3	11
Female, Disabled															
All Ages	1,512	23.9	16,961	0.3	18	1,024	16.2	11,500	0.4	22	2,130	33.7	23,759	0.3	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	400.0	48	0.3	10	0	0.0	0	0.0	0	2	200.0	24	0.1	1
15-20	5	25.0	54	0.4	22	0	0.0	0	0.0	0	13	65.0	146	0.2	2
21-44	329	17.0	3,747	0.2	15	142	7.3	1,569	0.3	23	711	36.8	7,868	0.4	20
45-64	969	28.1	10,768	0.3	18	685	19.8	7,643	0.4	22	1,214	35.2	13,522	0.3	14
65-74	175	25.8	2,022	0.3	23	157	23.2	1,818	0.4	22	161	23.8	1,863	0.2	11
75-84	28	13.7	298	0.2	12	38	18.5	446	0.2	11	27	13.2	312	0.2	6
85 and older	2	6.3	24	0.1	10	2	6.3	24	0.1	3	2	6.3	24	0.1	1
Female, Other Eligibles															
All Ages	2,900	21.9	31,519	0.4	19	2,737	20.7	29,999	0.5	16	2,707	20.5	29,289	0.3	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	175.0	84	0.4	18
21-44	64	40.0	684	0.3	26	13	8.1	136	0.4	49	132	82.5	1,429	0.5	16
45-64	53	38.4	596	0.4	41	35	25.4	392	0.7	62	115	83.3	1,223	0.7	27
65-74	1,027	26.2	11,221	0.4	19	1,067	27.3	11,605	0.6	19	859	22.0	9,351	0.3	6
75-84	1,234	23.7	13,415	0.4	18	1,211	23.2	13,421	0.5	15	993	19.0	10,892	0.3	6
85 and older	522	13.7	5,603	0.3	17	411	10.8	4,445	0.4	11	601	15.8	6,310	0.3	5
Male															
All Males	2,596	21.6	28,063	0.4	21	2,564	21.3	27,693	0.5	21	2,887	24.0	30,996	0.4	18
Male, Disabled															
All Ages	1,002	16.0	10,971	0.3	20	1,010	16.1	10,976	0.4	23	1,760	28.1	19,055	0.4	21
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	1	3.2	12	0.1	1	2	6.5	20	0.3	62	5	16.1	58	0.1	1
21-44	189	8.3	2,140	0.3	16	172	7.6	1,861	0.4	23	566	24.9	6,162	0.4	24
45-64	708	20.3	7,658	0.4	20	734	21.0	7,940	0.5	23	1,108	31.8	11,950	0.4	21
65-74	82	21.9	945	0.2	29	94	25.1	1,063	0.4	22	71	19.0	785	0.3	14
75-84	22	25.3	216	0.3	23	7	8.0	81	0.1	10	9	10.3	97	0.2	3
85 and older	0	0.0	0	0.0	0	1	8.3	11	0.2	1	1	8.3	3	0.7	5

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,594	27.7	17,092	0.4	21	1,554	27.0	16,717	0.5	20	1,127	19.6	11,941	0.4	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	20.0	10	0.2	4	0	0.0	0	0.0	0
21-44	27	20.8	290	0.5	47	22	16.9	250	0.5	59	105	80.8	1,144	0.7	38
45-64	29	19.6	305	0.3	28	61	41.2	599	0.7	62	113	76.4	1,165	0.7	36
65-74	700	30.1	7,497	0.5	22	804	34.6	8,736	0.6	19	445	19.1	4,751	0.3	7
75-84	636	29.3	6,927	0.4	21	557	25.6	5,973	0.5	16	353	16.2	3,805	0.2	5
85 and older	202	20.9	2,073	0.4	18	109	11.3	1,149	0.5	14	111	11.5	1,076	0.3	4
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	8,927	28.3	97,806	0.5	\$10	1,921	6.1	20,769	0.3	\$45	31,569	331,562	
Female													
All Females	5,667	29.0	62,573	0.5	11	1,270	6.5	13,801	0.3	51	19,556	206,838	
Female, Disabled													
All Ages	986	15.6	11,108	0.4	9	482	7.6	5,364	0.2	83	6,321	69,003	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	1	100.0	12	0.5	6	0	0.0	0	0.0	0	1	12	
15-20	1	5.0	12	0.7	6	0	0.0	0	0.0	0	20	232	
21-44	129	6.7	1,417	0.3	7	166	8.6	1,898	0.2	44	1,934	20,693	
45-64	623	18.0	6,974	0.4	9	266	7.7	2,916	0.3	120	3,452	37,528	
65-74	185	27.3	2,153	0.3	9	36	5.3	390	0.2	23	677	7,817	
75-84	42	20.5	480	0.2	6	14	6.8	160	0.1	9	205	2,344	
85 and older	5	15.6	60	0.2	8	0	0.0	0	0.0	0	32	377	
Female, Other Eligibles													
All Ages	4,681	35.4	51,465	0.5	12	788	6.0	8,437	0.4	31	13,235	137,835	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
15-20	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	39	
21-44	15	9.4	167	0.4	7	28	17.5	318	0.2	82	160	1,541	
45-64	39	28.3	423	0.6	29	15	10.9	174	0.3	84	138	1,340	
65-74	1,395	35.7	15,273	0.5	11	122	3.1	1,351	0.3	22	3,913	40,975	
75-84	2,022	38.8	22,391	0.5	12	309	5.9	3,321	0.4	27	5,215	55,204	
85 and older	1,209	31.8	13,199	0.5	11	314	8.3	3,273	0.4	30	3,804	38,724	
Male													
All Males	3,260	27.1	35,233	0.5	9	651	5.4	6,968	0.3	33	12,013	124,724	
Male, Disabled													
All Ages	1,109	17.7	12,093	0.4	8	357	5.7	3,992	0.2	31	6,266	67,124	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
15-20	4	12.9	46	1.1	26	1	3.2	12	0.1	5	31	365	
21-44	180	7.9	1,967	0.4	8	116	5.1	1,272	0.2	39	2,274	24,394	
45-64	804	23.1	8,689	0.4	8	222	6.4	2,509	0.2	26	3,487	37,075	
65-74	102	27.3	1,191	0.3	11	17	4.5	196	0.3	35	374	4,211	
75-84	16	18.4	169	0.2	5	1	1.1	3	0.3	15	87	941	
85 and older	3	25.0	31	0.1	7	0	0.0	0	0.0	0	12	126	

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
Male, Other Eligibles													
All Ages	2,151	37.4	23,140	0.5	10	294	5.1	2,976	0.4	36	5,747	57,600	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	54	
21-44	29	22.3	331	0.5	13	14	10.8	158	0.3	213	130	1,243	
45-64	51	34.5	511	0.6	22	10	6.8	99	0.2	17	148	1,312	
65-74	943	40.6	10,097	0.5	10	82	3.5	822	0.3	19	2,324	23,658	
75-84	839	38.6	9,176	0.5	10	107	4.9	1,114	0.4	27	2,174	22,191	
85 and older	289	29.9	3,025	0.5	9	81	8.4	783	0.4	34	966	9,142	
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2006

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	\$32	0.9	2,199	21,257
Age				
0-64	54	1.5	109	1,163
65-74	58	1.5	237	2,431
75-84	34	0.9	700	6,851
85 and older	22	0.8	1,153	10,812
Unknown	0	0.0	0	0
Gender				
Female	32	0.9	1,594	15,625
Male	32	1.1	605	5,632
Unknown	0	0.0	0	0
Race				
White	32	0.9	1,526	15,146
African American	8	1.3	1	12
Other/unknown	31	0.9	672	6,099
Basis of Eligibility^c				
Aged	30	0.9	2,077	19,961
Disabled	67	1.7	122	1,296
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,971 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		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
	Total		Total		Total		Total		Total								
Anti-infective Agents	0.2	0.1	0.0	0.1	\$7	\$4	\$0	\$2	\$34	\$60	\$89	\$18	562	\$19,096	298	13.6	2,827
Biologicals	0.1	0.1	0.0	0.1	8	4	0	4	75	83	0	67	6	448	6	0.3	57
Antineoplastic Agents	0.2	0.0	0.0	0.2	41	34	0	7	206	878	0	43	51	10,528	25	1.1	256
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	10	6	1	2	32	73	28	13	1,019	32,759	348	15.8	3,439
Cardiovascular Agents	0.5	0.1	0.0	0.3	11	5	3	4	24	52	76	11	2,678	64,093	601	27.3	5,851
Respiratory Agents	0.3	0.2	0.0	0.1	15	13	0	2	54	83	77	15	623	33,392	236	10.7	2,236
Gastrointestinal Agents	0.3	0.1	0.0	0.1	20	17	1	2	68	120	249	15	997	68,262	361	16.4	3,483
Genitourinary Agents	0.2	0.1	0.0	0.1	12	9	2	1	54	72	71	15	271	14,624	123	5.6	1,197
CNS Drugs	0.7	0.1	0.0	0.5	19	12	1	6	29	100	74	11	6,841	200,743	1,046	47.6	10,329
Stimulants/Anti-obesity/Anorexia	0.3	0.1	0.0	0.2	15	12	0	3	51	202	56	11	59	2,989	20	0.9	203
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	34	34	0	0	120	121	0	23	578	69,343	200	9.1	2,038
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	11	4	0	7	32	73	114	23	1,059	33,734	316	14.4	3,014
Neuromuscular Agents	0.6	0.1	0.0	0.5	17	9	0	7	27	111	25	14	1,787	48,600	293	13.3	2,941
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	12	8	12	12	489	5,735	176	8.0	1,722
Hematological Agents	0.6	0.1	0.0	0.6	12	8	0	4	19	152	14	7	2,278	44,302	361	16.4	3,611
Topical Products	0.2	0.1	0.0	0.2	9	5	1	4	38	64	93	23	581	22,309	244	11.1	2,388
Miscellaneous Products	0.2	0.1	0.0	0.0	5	4	0	0	30	33	0	6	95	2,826	59	2.7	620
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	54	0	0	0	45	2,445	21	1.0	213
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.	20,019	676,228	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,971 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 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In Vermont, 0.3 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, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$95,066	300	13.6	2,876	0.3	\$125	\$33	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	69,657	251	11.4	2,590	0.2	117	27	
ULCER DRUGS	66,052	358	16.3	3,578	0.3	65	18	
ANTIDEPRESSANTS	52,256	519	23.6	5,167	0.3	40	10	
ANTIANKXIETY AGENTS	40,942	580	26.4	5,904	0.7	10	7	
ANTICONVULSANT	36,591	246	11.2	2,504	0.6	25	15	
ANTIASTHMATIC	28,388	209	9.5	2,008	0.2	63	14	
HEMATOPOIETIC AGENTS	27,916	360	16.4	3,654	0.7	11	8	
DERMATOLOGICAL	27,689	474	21.6	4,783	0.2	28	6	
ANTIDIABETIC	25,728	228	10.4	2,332	0.3	37	11	
Total	470,285	3,525	n.a.	35,396	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. A total of 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,971 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	13,808	\$470,285	300	13.6	2,876	0.3	\$33	251	11.4	2,590	0.2	\$27
Female												
All Females	9,762	347,475	224	14.1	2,157	0.3	36	190	11.9	1,984	0.2	29
Female, Disabled												
All Ages	649	41,458	11	20.4	117	0.6	104	3	5.6	25	0.6	330
64 or younger	471	28,371	7	16.3	72	0.4	53	3	7.0	25	0.2	272
65-74	141	11,587	3	42.9	33	1.2	243	0	0.0	0	0.0	0
75-84	20	1,247	1	33.3	12	0.3	27	0	0.0	0	0.0	0
85 and older	17	253	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	9,113	306,017	213	13.8	2,040	0.3	33	187	12.1	1,959	0.2	25
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,208	51,014	33	25.8	367	0.3	50	13	10.2	151	0.2	27
75-84	3,186	117,295	74	15.6	778	0.2	27	79	16.6	829	0.2	25
85 and older	4,719	137,708	106	11.3	895	0.3	30	95	10.1	979	0.2	25
Male												
All Males	4,046	122,810	76	12.6	719	0.2	23	61	10.1	606	0.2	21
Male, Disabled												
All Ages	776	25,948	6	8.8	60	0.2	22	2	2.9	16	0.4	34
64 or younger	665	21,177	6	9.1	60	0.2	22	2	3.0	16	0.4	34
65-74	19	79	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	92	4,692	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
Male, Other Eligibles												
All Ages	3,270	96,862	70	13.0	659	0.3	23	59	11.0	590	0.2	21
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	985	30,901	11	10.9	126	0.2	16	9	8.9	101	0.3	17
75-84	1,323	41,435	40	18.1	396	0.3	24	19	8.6	209	0.2	25
85 and older	962	24,526	19	8.8	137	0.3	28	31	14.4	280	0.2	19
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,971 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIANSIETY AGENTS				
	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	358	16.3	3,578	0.3	\$19	519	23.6	5,167	0.3	\$10	580	26.4	5,904	0.7	\$7
Female															
All Females	267	16.8	2,648	0.3	19	391	24.5	3,875	0.2	10	432	27.1	4,377	0.7	7
Female, Disabled															
All Ages	14	25.9	147	0.4	38	9	16.7	88	0.5	41	23	42.6	268	1.0	11
64 or younger	10	23.3	100	0.4	46	8	18.6	76	0.3	40	20	46.5	237	1.0	12
65-74	3	42.9	36	0.3	22	1	14.3	12	2.0	47	2	28.6	19	1.4	11
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	1
85 and older	1	100.0	11	0.9	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	253	16.4	2,501	0.3	18	382	24.8	3,787	0.2	9	409	26.6	4,109	0.7	7
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	25	19.5	267	0.3	23	38	29.7	425	0.3	16	35	27.3	388	0.8	8
75-84	86	18.1	816	0.3	17	146	30.7	1,389	0.2	9	132	27.8	1,293	0.8	7
85 and older	142	15.2	1,418	0.3	18	198	21.1	1,973	0.2	8	242	25.8	2,428	0.6	6
Male															
All Males	91	15.0	930	0.3	16	128	21.2	1,292	0.3	11	148	24.5	1,527	0.6	7
Male, Disabled															
All Ages	12	17.6	143	0.3	23	19	27.9	200	0.5	16	30	44.1	323	0.8	10
64 or younger	8	12.1	95	0.1	12	17	25.8	176	0.5	18	29	43.9	311	0.9	11
65-74	2	200.0	24	0.1	1	1	100.0	12	0.2	1	1	100.0	12	0.2	1
75-84	2	200.0	24	1.0	89	1	100.0	12	1.0	12	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
Male, Other Eligibles															
All Ages	79	14.7	787	0.2	15	109	20.3	1,092	0.3	10	118	22.0	1,204	0.5	6
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	20	19.8	224	0.2	11	32	31.7	364	0.3	13	28	27.7	295	0.6	7
75-84	35	15.8	331	0.2	19	44	19.9	428	0.2	8	48	21.7	510	0.6	6
85 and older	24	11.2	232	0.3	14	33	15.3	300	0.3	8	42	19.5	399	0.4	5
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,971 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					HEMATOPOIETIC AGENTS				
	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	246	11.2	2,504	0.6	\$15	209	9.5	2,008	0.2	\$14	360	16.4	3,654	0.7	\$8
Female															
All Females	177	11.1	1,804	0.5	13	142	8.9	1,333	0.2	12	242	15.2	2,505	0.7	8
Female, Disabled															
All Ages	15	27.8	162	0.6	21	10	18.5	115	0.1	10	4	7.4	47	0.6	23
64 or younger	12	27.9	131	0.7	22	6	14.0	70	0.1	10	1	2.3	12	0.3	77
65-74	2	28.6	19	0.2	1	3	42.9	33	0.1	11	2	28.6	24	0.8	5
75-84	1	33.3	12	0.3	38	1	33.3	12	0.1	3	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	11	0.6	3
Female, Other Eligibles															
All Ages	162	10.5	1,642	0.5	12	132	8.6	1,218	0.2	12	238	15.5	2,458	0.7	8
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	33	25.8	364	0.6	13	11	8.6	115	0.1	11	29	22.7	289	0.6	5
75-84	63	13.3	619	0.5	15	55	11.6	488	0.3	14	66	13.9	665	0.7	17
85 and older	66	7.0	659	0.4	8	66	7.0	615	0.2	12	143	15.3	1,504	0.7	4
Male															
All Males	69	11.4	700	0.8	20	67	11.1	675	0.3	18	118	19.5	1,149	0.7	7
Male, Disabled															
All Ages	11	16.2	122	0.8	16	6	8.8	68	0.5	52	13	19.1	144	0.8	11
64 or younger	10	15.2	110	0.8	16	4	6.1	44	0.3	32	10	15.2	108	0.8	13
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.8	2
75-84	1	100.0	12	1.0	12	2	200.0	24	1.0	89	2	200.0	24	0.8	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	58	10.8	578	0.8	21	61	11.4	607	0.2	14	105	19.6	1,005	0.7	6
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	25	24.8	279	0.9	26	14	13.9	166	0.3	17	19	18.8	207	0.7	5
75-84	26	11.8	232	0.7	16	33	14.9	341	0.2	11	41	18.6	381	0.7	7
85 and older	7	3.3	67	1.3	14	14	6.5	100	0.4	19	45	20.9	417	0.7	6
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,971 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	DERMATOLOGICAL					ANTIDIABETIC					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	474	21.6	4,783	0.2	\$6	228	10.4	2,332	0.3	\$11	2,199	21,257
Female												
All Females	335	21.0	3,378	0.2	4	156	9.8	1,615	0.3	12	1,594	15,625
Female, Disabled												
All Ages	20	37.0	222	0.1	2	5	9.3	59	0.5	49	54	571
64 or younger	18	41.9	206	0.1	3	1	2.3	11	1.7	224	43	462
65-74	2	28.6	16	0.3	2	1	14.3	12	0.1	1	7	62
75-84	0	0.0	0	0.0	0	3	100.0	36	0.3	12	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
Female, Other Eligibles												
All Ages	315	20.5	3,156	0.2	4	151	9.8	1,556	0.3	10	1,540	15,054
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	37	28.9	388	0.1	2	20	15.6	220	0.5	19	128	1,341
75-84	102	21.5	1,058	0.2	6	65	13.7	677	0.3	10	475	4,707
85 and older	176	18.8	1,710	0.2	4	66	7.0	659	0.3	8	937	9,006
Male												
All Males	139	23.0	1,405	0.2	9	72	11.9	717	0.3	9	605	5,632
Male, Disabled												
All Ages	26	38.2	292	0.3	21	8	11.8	81	0.3	12	68	725
64 or younger	25	37.9	280	0.3	22	8	12.1	81	0.3	12	66	701
65-74	1	100.0	12	0.2	1	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	113	21.0	1,113	0.2	6	64	11.9	636	0.3	9	537	4,907
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	31	30.7	335	0.3	12	26	25.7	281	0.3	10	101	1,016
75-84	48	21.7	510	0.2	3	28	12.7	271	0.3	8	221	2,096
85 and older	34	15.8	268	0.3	5	10	4.7	84	0.4	11	215	1,795
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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. A total of 1,102 beneficiaries who were in nursing facilities for part of their enrollment and their 10,971 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
VERMONT, 2006

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 Dual Rx \$	Total Number of Beneficiaries	
All	14,882	47.1	5.0	159,281	\$60	\$1,908,821	\$12	7.6	31,569	
Age										
5 and younger	1	100.0	2.0	2	24	24	12	0.8	1	
6-14	2	100.0	11.0	22	246	492	22	1.5	2	
15-20	20	33.3	1.9	113	33	1,966	17	1.4	60	
21-44	2,106	46.8	4.9	21,842	69	311,931	14	6.6	4,498	
45-64	3,859	53.4	6.7	48,300	89	641,938	13	8.6	7,225	
65-74	3,114	42.7	4.1	29,916	49	360,363	12	6.8	7,288	
75-84	3,374	43.9	4.4	33,938	46	351,755	10	6.9	7,681	
85 and older	2,406	50.0	5.2	25,148	50	240,352	10	10.2	4,814	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	8,092	44.2	4.3	79,117	46	839,393	11	7.2	18,298	
Disabled	6,435	51.1	6.1	77,226	81	1,025,446	13	8.8	12,587	
Adults	350	51.9	4.3	2,893	64	43,026	15	2.6	674	
Children	3	42.9	4.9	34	121	850	25	1.5	7	
Unknown	2	66.7	3.7	11	35	106	10	1.8	3	
Gender										
Female	9,951	50.9	5.5	107,551	64	1,250,658	12	8.1	19,556	
Male	4,931	41.0	4.3	51,730	55	658,163	13	6.8	12,013	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	10,852	50.2	5.7	123,237	68	1,466,375	12	8.6	21,618	
African American	42	42.9	2.8	273	41	4,049	15	3.1	98	
Other/unknown	3,988	40.5	3.6	35,771	44	438,397	12	5.5	9,853	
Use of Nursing Facilities^d										
Entire year	1,336	60.8	6.7	14,775	70	154,291	10	22.8	2,199	
Part year	783	71.1	8.6	9,530	83	92,010	10	15.7	1,102	
None	12,763	45.2	4.8	134,976	59	1,662,520	12	7.0	28,268	
Maintenance Assistance Status										
Cash	3,595	50.4	6.2	44,590	75	535,972	12	10.0	7,137	
Medically needy	3,266	47.8	5.4	37,080	66	454,149	12	10.3	6,834	
Poverty related	11	50.0	2.7	60	37	805	13	1.4	22	
Other/unknown	8,010	45.6	4.4	77,551	52	917,895	12	6.0	17,576	

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.5	\$6	\$12	\$0	\$3	331,562
Age						
5 and younger	0.2	2	12	0	0	12
6-14	0.9	21	22	0	0	24
15-20	0.2	3	17	0	1	690
21-44	0.5	7	14	0	4	47,871
45-64	0.6	8	13	0	4	77,255
65-74	0.4	5	12	0	2	76,661
75-84	0.4	4	10	0	2	80,680
85 and older	0.5	5	10	0	1	48,369
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	4	11	0	2	188,963
Disabled	0.6	8	13	0	4	136,127
Adults	0.5	7	15	0	3	6,364
Children	0.5	11	25	0	0	74
Unknown	0.3	3	10	0	1	34
Gender						
Female	0.5	6	12	0	3	206,838
Male	0.4	5	13	0	2	124,724
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	6	12	0	3	231,699
African American	0.3	4	15	0	1	985
Other/unknown	0.4	4	12	0	2	98,878
Use of Nursing Facilities^d						
Entire year	0.7	7	10	0	3	21,257
Part year	0.9	8	10	0	2	10,971
None	0.5	6	12	0	3	299,334
Maintenance Assistance Status						
Cash	0.5	7	12	0	3	81,123
Medically needy	0.5	6	12	0	3	72,161
Poverty related	0.3	4	13	0	1	214
Other/unknown	0.4	5	12	0	2	178,064

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
VERMONT, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	20,765	\$92	\$1,908,821	100.0	159,281	\$12	100.0
Anorexia or weight loss/gain	16	257	4,118	0.2	78	53	0.0
Fertility drugs	2	60	120	0.0	6	20	0.0
Drugs for cosmetic purposes	9	39	352	0.0	12	29	0.0
Cough and cold medications	1,457	45	66,006	3.5	2,841	23	1.8
Vitamins and minerals	2,312	45	104,335	5.5	10,028	10	6.3
Non-prescription drugs	8,377	100	833,669	43.7	78,958	11	49.6
Barbiturates	219	54	11,869	0.6	2,172	5	1.4
Benzodiazepines	8,052	103	831,250	43.5	63,786	13	40.0
Other Part D Excl Rx Drugs	321	178	57,102	3.0	1,400	41	0.9

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 VERMONT, 2006

Total Number of Dual Eligible Beneficiaries: 31,569
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$25,113,769
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$795

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,362	20.2	\$0	0.0
1-500	13,330	42.2	2,475,738	9.9
501-1,000	5,021	15.9	3,629,231	14.5
1,001-1,500	2,510	8.0	3,080,587	12.3
1,501-2,000	1,307	4.1	2,257,821	9.0
2,001-2,500	771	2.4	1,729,245	6.9
2,501-3,000	549	1.7	1,502,169	6.0
3,001-3,500	329	1.0	1,062,715	4.2
3,501-4,000	284	0.9	1,061,501	4.2
4,001-4,500	202	0.6	855,454	3.4
4,501-5,000	152	0.5	717,239	2.9
5,001-5,500	128	0.4	669,285	2.7
5,501-6,000	95	0.3	543,740	2.2
6,001-6,500	70	0.2	436,171	1.7
6,501-7,000	65	0.2	438,180	1.7
7,001-7,500	60	0.2	435,736	1.7
7,501-8,000	44	0.1	340,849	1.4
8,001-8,500	42	0.1	346,046	1.4
8,501-9,000	43	0.1	376,149	1.5
9,001-9,500	28	0.1	258,289	1.0
9,501-10,000	18	0.1	175,463	0.7
10,001+	159	0.5	2,722,161	10.8

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 VERMONT, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 11,200
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$10,744,563
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$959

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	2,536	22.6	\$0		0.0
1-500	4,582	40.9	808,126		7.5
501-1,000	1,445	12.9	1,042,847		9.7
1,001-1,500	806	7.2	995,863		9.3
1,501-2,000	460	4.1	795,783		7.4
2,001-2,500	282	2.5	634,145		5.9
2,501-3,000	246	2.2	676,209		6.3
3,001-3,500	137	1.2	442,394		4.1
3,501-4,000	116	1.0	433,922		4.0
4,001-4,500	87	0.8	367,807		3.4
4,501-5,000	64	0.6	301,566		2.8
5,001-5,500	62	0.6	324,857		3.0
5,501-6,000	42	0.4	241,116		2.2
6,001-6,500	41	0.4	254,101		2.4
6,501-7,000	35	0.3	236,431		2.2
7,001-7,500	31	0.3	224,587		2.1
7,501-8,000	30	0.3	232,874		2.2
8,001-8,500	25	0.2	206,098		1.9
8,501-9,000	30	0.3	261,999		2.4
9,001-9,500	22	0.2	202,849		1.9
9,501-10,000	12	0.1	116,946		1.1
10,001+	109	1.0	1,944,043		18.1

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 VERMONT, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 19,783
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$12,762,282
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$645

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,758	19.0	\$0	0.0
1-500	8,609	43.5	1,641,147	12.9
501-1,000	3,512	17.8	2,537,597	19.9
1,001-1,500	1,658	8.4	2,027,128	15.9
1,501-2,000	813	4.1	1,403,418	11.0
2,001-2,500	465	2.4	1,041,218	8.2
2,501-3,000	276	1.4	752,330	5.9
3,001-3,500	174	0.9	561,750	4.4
3,501-4,000	150	0.8	560,484	4.4
4,001-4,500	94	0.5	399,431	3.1
4,501-5,000	66	0.3	311,675	2.4
5,001-5,500	55	0.3	287,138	2.2
5,501-6,000	42	0.2	240,458	1.9
6,001-6,500	18	0.1	112,517	0.9
6,501-7,000	15	0.1	101,173	0.8
7,001-7,500	22	0.1	160,374	1.3
7,501-8,000	10	0.1	76,849	0.6
8,001-8,500	8	0.0	64,901	0.5
8,501-9,000	6	0.0	52,751	0.4
9,001-9,500	3	0.0	27,500	0.2
9,501-10,000	3	0.0	29,448	0.2
10,001+	26	0.1	372,995	2.9

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 VERMONT, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 7,288
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$5,334,902
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$732

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,400	19.2	\$0	0.0
1-500	3,038	41.7	594,058	11.1
501-1,000	1,263	17.3	912,867	17.1
1,001-1,500	613	8.4	753,841	14.1
1,501-2,000	326	4.5	565,094	10.6
2,001-2,500	181	2.5	406,787	7.6
2,501-3,000	134	1.8	364,450	6.8
3,001-3,500	78	1.1	253,011	4.7
3,501-4,000	63	0.9	234,201	4.4
4,001-4,500	41	0.6	174,808	3.3
4,501-5,000	28	0.4	132,006	2.5
5,001-5,500	31	0.4	161,617	3.0
5,501-6,000	23	0.3	132,870	2.5
6,001-6,500	8	0.1	49,865	0.9
6,501-7,000	7	0.1	47,179	0.9
7,001-7,500	13	0.2	95,192	1.8
7,501-8,000	6	0.1	45,941	0.9
8,001-8,500	6	0.1	48,457	0.9
8,501-9,000	5	0.1	44,046	0.8
9,001-9,500	2	0.0	18,231	0.3
9,501-10,000	2	0.0	19,484	0.4
10,001+	20	0.3	280,897	5.3

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 VERMONT, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,681
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$5,072,823
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$660

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,371	17.8	\$0	0.0
1-500	3,250	42.3	632,553	12.5
501-1,000	1,448	18.9	1,051,889	20.7
1,001-1,500	711	9.3	870,006	17.2
1,501-2,000	344	4.5	594,037	11.7
2,001-2,500	190	2.5	423,514	8.3
2,501-3,000	103	1.3	282,777	5.6
3,001-3,500	69	0.9	222,513	4.4
3,501-4,000	65	0.8	243,348	4.8
4,001-4,500	36	0.5	152,871	3.0
4,501-5,000	27	0.4	127,637	2.5
5,001-5,500	16	0.2	83,223	1.6
5,501-6,000	16	0.2	90,912	1.8
6,001-6,500	9	0.1	56,212	1.1
6,501-7,000	7	0.1	47,020	0.9
7,001-7,500	7	0.1	50,418	1.0
7,501-8,000	2	0.0	15,570	0.3
8,001-8,500	1	0.0	8,287	0.2
8,501-9,000	1	0.0	8,705	0.2
9,001-9,500	1	0.0	9,269	0.2
9,501-10,000	1	0.0	9,964	0.2
10,001+	6	0.1	92,098	1.8

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 VERMONT, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,814
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,354,557
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$489

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	987	20.5	\$0	0.0
1-500	2,321	48.2	414,536	17.6
501-1,000	801	16.6	572,841	24.3
1,001-1,500	334	6.9	403,281	17.1
1,501-2,000	143	3.0	244,287	10.4
2,001-2,500	94	2.0	210,917	9.0
2,501-3,000	39	0.8	105,103	4.5
3,001-3,500	27	0.6	86,226	3.7
3,501-4,000	22	0.5	82,935	3.5
4,001-4,500	17	0.4	71,752	3.0
4,501-5,000	11	0.2	52,032	2.2
5,001-5,500	8	0.2	42,298	1.8
5,501-6,000	3	0.1	16,676	0.7
6,001-6,500	1	0.0	6,440	0.3
6,501-7,000	1	0.0	6,974	0.3
7,001-7,500	2	0.0	14,764	0.6
7,501-8,000	2	0.0	15,338	0.7
8,001-8,500	1	0.0	8,157	0.3
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006.

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

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	31,569	18,298	12,587	674	7	3	331,562	188,963	136,127	6,364	74	34
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	1	0	1	0	24	0	12	0	12	0
15-20	60	0	51	3	6	0	690	0	597	31	62	0
21-44	4,498	0	4,208	290	0	0	47,871	0	45,087	2,784	0	0
45-64	7,225	0	6,939	284	0	2	77,255	0	74,603	2,628	0	24
65-74	7,288	6,143	1,051	93	0	1	76,661	63,734	12,028	889	0	10
75-84	7,681	7,387	292	2	0	0	80,680	77,379	3,285	16	0	0
85 and older	4,814	4,768	44	2	0	0	48,369	47,850	503	16	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	19,556	12,875	6,321	353	4	3	206,838	134,343	69,003	3,419	39	34
Male	12,013	5,423	6,266	321	3	0	124,724	54,620	67,124	2,945	35	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	21,618	10,416	10,656	542	3	1	231,699	110,064	116,324	5,272	27	12
African American	98	17	77	4	0	0	985	175	767	43	0	0
Other/unknown	9,853	7,865	1,854	128	4	2	98,878	78,724	19,036	1,049	47	22
Use of Nursing Facilities^c												
Entire year	2,199	2,077	122	0	0	0	21,257	19,961	1,296	0	0	0
Part year	1,102	929	171	2	0	0	10,971	9,151	1,804	16	0	0
None	28,268	15,292	12,294	672	7	3	299,334	159,851	133,027	6,348	74	34
Maintenance Assistance Status												
Cash	7,137	1,339	5,746	52	0	0	81,123	14,925	65,657	541	0	0
Medically needy	6,834	3,384	3,335	114	1	0	72,161	36,327	34,779	1,052	3	0
Poverty related	22	0	0	16	3	3	214	0	0	144	36	34
Other/unknown	17,576	13,575	3,506	492	3	0	178,064	137,711	35,691	4,627	35	0
Dual Status^d												
Full dual, all year	31,569	18,298	12,587	674	7	3	331,562	188,963	136,127	6,364	74	34
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	31,569	18,298	12,587	674	7	3	331,562	188,963	136,127	6,364	74	34
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
MC all year, with Rx claims	0	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	0

Source: Data for this table are from the MAX 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F 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	31,569	331,562	31,569	331,562	0	0
Fee-for-service (FFS) all year	31,569	331,562	31,569	331,562	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 2006 file for Vermont, released by CMS in 10/2009. This table was produced on 02/12/2010.

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

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

Dual Medicaid Beneficiaries