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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
VERMONT

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TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>31,408</b>	<b>17,793</b>	<b>13,076</b>	<b>529</b>	<b>9</b>	<b>1</b>	<b>333,107</b>	<b>186,214</b>	<b>142,136</b>	<b>4,653</b>	<b>97</b>	<b>7</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	2	0	0	0	24	0	24	0	0	0
15-20	55	0	47	2	6	0	594	0	517	9	68	0
21-44	4,549	0	4,287	259	3	0	48,877	0	46,482	2,366	29	0
45-64	7,502	1	7,305	196	0	0	80,525	1	78,777	1,747	0	0
65-74	7,174	6,026	1,079	68	0	1	75,918	63,069	12,352	490	0	7
75-84	7,415	7,103	309	3	0	0	79,002	75,499	3,472	31	0	0
85 and older	4,710	4,663	46	1	0	0	48,155	47,645	500	10	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	19,430	12,493	6,677	256	3	1	207,403	131,867	73,278	2,215	36	7
Male	11,978	5,300	6,399	273	6	0	125,704	54,347	68,858	2,438	61	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	22,459	10,708	11,294	449	7	1	241,567	113,880	123,509	4,098	73	7
African American	108	19	84	5	0	0	1,023	192	792	39	0	0
Other/unknown	8,841	7,066	1,698	75	2	0	90,517	72,142	17,835	516	24	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,131	2,010	121	0	0	0	20,396	19,124	1,272	0	0	0
Part year	1,137	965	171	1	0	0	11,349	9,539	1,802	8	0	0
None	28,140	14,818	12,784	528	9	1	301,362	157,551	139,062	4,645	97	7
<b>Maintenance Assistance Status</b>												
Cash	7,141	1,258	5,849	33	1	0	81,518	14,115	67,079	312	12	0
Medically needy	6,900	3,218	3,577	102	3	0	72,640	34,376	37,369	863	32	0
Poverty-related	345	139	182	20	3	1	2,870	1,151	1,510	167	35	7
Other/unknown	17,022	13,178	3,468	374	2	0	176,079	136,572	36,178	3,311	18	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	30,919	17,553	12,827	529	9	1	329,109	184,294	140,058	4,653	97	7
Full dual, part year	489	240	249	0	0	0	3,998	1,920	2,078	0	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	31,390	17,779	13,072	529	9	1	333,002	186,141	142,104	4,653	97	7
FFS part year, with Rx claims	12	9	3	0	0	0	76	53	23	0	0	0
FFS part year, no Rx claims	6	5	1	0	0	0	29	20	9	0	0	0

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	Percentage with at		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage	Number of Beneficiaries
	Least One Rx						of All Medicaid FFS \$ <sup>d</sup>	
<b>All</b>	<b>62.6</b>		<b>17.2</b>	<b>\$375</b>	<b>\$22</b>	<b>\$9,704</b>	<b>3.9</b>	<b>31,408</b>
<b>Age</b>								
5 and younger	100.0		14.0	1,358	97	5,183	26.2	1
6-14	100.0		51.0	2,553	50	32,644	7.8	2
15-20	80.0		17.3	1,886	109	13,708	13.8	55
21-44	54.6		9.9	553	56	12,447	4.4	4,549
45-64	61.7		15.7	472	30	9,169	5.1	7,502
65-74	65.5		19.6	348	18	5,596	6.2	7,174
75-84	66.8		21.3	292	14	8,493	3.4	7,415
85 and older	60.7		16.6	203	12	16,016	1.3	4,710
Unknown	0.0		0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	66.0		20.6	295	14	9,271	3.2	17,793
Disabled	57.4		12.3	420	34	10,438	4.0	13,076
Adults	80.2		26.4	1,982	75	6,192	32.0	529
Children	66.7		10.7	274	26	6,725	4.1	9
Unknown	100.0		5.0	156	31	669	23.3	1
<b>Gender</b>								
Female	65.8		18.1	361	20	9,525	3.8	19,430
Male	57.5		15.9	399	25	9,994	4.0	11,978
Unknown	0.0		0.0	0	0	0	0.0	0
<b>Race</b>								
White	59.2		15.1	353	23	10,451	3.4	22,459
African American	47.2		7.1	467	66	5,221	9.0	108
Other/unknown	71.6		22.7	429	19	7,861	5.5	8,841
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	43.9		5.3	97	18	42,789	0.2	2,131
Part year	57.1		9.5	183	19	28,022	0.7	1,137
None	64.3		18.4	404	22	6,459	6.3	28,140
<b>Maintenance Assistance Status</b>								
Cash	48.8		7.1	326	46	11,825	2.8	7,141
Medically needy	46.0		6.6	246	37	3,832	6.4	6,900
Poverty related	53.3		8.9	200	23	1,236	16.2	345
Other/unknown	75.4		26.0	451	17	11,366	4.0	17,022

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
			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				
<b>All</b>	1.6	\$35	3.9	37.4	30.1	8.7	15.2	7.8	0.9	\$915	31,408	333,107
<b>Age</b>												
5 and younger	1.2	113	26.2	0.0	100.0	0.0	0.0	0.0	0.0	432	1	12
6-14	4.3	213	7.8	0.0	50.0	0.0	0.0	50.0	0.0	2,720	2	24
15-20	1.6	175	13.8	20.0	47.3	10.9	18.2	3.6	0.0	1,269	55	594
21-44	0.9	51	4.4	45.4	36.1	7.1	7.5	3.3	0.6	1,159	4,549	48,877
45-64	1.5	44	5.1	38.3	34.1	7.6	11.9	6.9	1.2	854	7,502	80,525
65-74	1.9	33	6.2	34.5	27.7	9.8	17.8	9.3	0.9	529	7,174	75,918
75-84	2.0	27	3.4	33.2	25.8	9.8	20.2	10.0	1.0	797	7,415	79,002
85 and older	1.6	20	1.3	39.3	28.1	8.1	16.3	7.7	0.6	1,567	4,710	48,155
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	2.0	28	3.2	34.0	26.0	9.8	19.5	9.8	0.9	886	17,793	186,214
Disabled	1.1	39	4.0	42.6	35.8	7.1	9.0	4.7	0.8	960	13,076	142,136
Adults	3.0	225	32.0	19.8	27.2	9.8	24.4	16.1	2.6	704	529	4,653
Children	1.0	25	4.1	33.3	44.4	11.1	11.1	0.0	0.0	624	9	97
Unknown	0.7	22	23.3	0.0	100.0	0.0	0.0	0.0	0.0	96	1	7
<b>Gender</b>												
Female	1.7	34	3.8	34.2	31.7	8.9	16.1	8.0	0.9	892	19,430	207,403
Male	1.5	38	4.0	42.5	27.4	8.2	13.8	7.4	0.8	952	11,978	125,704
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	1.4	33	3.4	40.8	32.2	7.4	12.0	6.7	0.8	972	22,459	241,567
African American	0.8	49	9.0	52.8	29.6	8.3	6.5	1.9	0.9	551	108	1,023
Other/unknown	2.2	42	5.5	28.4	24.7	11.8	23.4	10.5	1.0	768	8,841	90,517
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.6	10	0.2	56.1	32.3	5.9	4.1	1.0	0.6	4,471	2,131	20,396
Part year	0.9	18	0.7	42.9	39.1	6.4	7.8	3.0	0.7	2,807	1,137	11,349
None	1.7	38	6.3	35.7	29.5	8.9	16.4	8.5	0.9	603	28,140	301,362
<b>Maintenance Assistance Status</b>												
Cash	0.6	29	2.8	51.2	37.6	5.1	4.4	1.4	0.3	1,036	7,141	81,518
Medically needy	0.6	23	6.4	54.0	34.6	4.7	4.5	1.8	0.3	364	6,900	72,640
Poverty related	1.1	24	16.2	46.7	33.0	6.4	11.0	2.9	0.0	149	345	2,870
Other/unknown	2.5	44	4.0	24.6	25.0	11.8	24.2	13.0	1.4	1,099	17,022	176,079

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007**

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
<b>All</b>	<b>1.6</b>	<b>\$35</b>	<b>\$22</b>	<b>0.5</b>	<b>\$24</b>	<b>\$50</b>	<b>0.1</b>	<b>\$3</b>	<b>\$38</b>	<b>1.1</b>	<b>\$9</b>	<b>\$8</b>
<b>Age</b>												
5 and younger	1.2	113	97	0.8	67	89	0.2	27	162	0.3	20	78
6-14	4.3	213	50	2.3	183	78	0.4	12	31	1.5	19	12
15-20	1.6	175	109	0.6	154	269	0.1	5	75	1.0	17	17
21-44	0.9	51	56	0.2	37	151	0.0	3	108	0.6	11	17
45-64	1.5	44	30	0.4	29	76	0.1	4	62	1.0	11	11
65-74	1.9	33	18	0.6	22	38	0.1	3	32	1.2	9	7
75-84	2.0	27	14	0.6	18	29	0.1	2	22	1.3	8	6
85 and older	1.6	20	12	0.4	12	27	0.1	2	20	1.1	6	6
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.0	28	14	0.6	18	31	0.1	2	23	1.3	8	6
Disabled	1.1	39	34	0.3	26	90	0.0	3	72	0.8	10	12
Adults	3.0	225	75	0.9	168	192	0.1	12	106	2.0	45	23
Children	1.0	25	26	0.3	18	64	0.0	0	0	0.7	8	11
Unknown	0.7	22	31	0.0	0	0	0.0	0	0	0.7	22	31
<b>Gender</b>												
Female	1.7	34	20	0.5	22	46	0.1	3	35	1.1	9	8
Male	1.5	38	25	0.4	26	59	0.1	3	43	1.0	9	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.4	33	23	0.4	22	56	0.1	3	43	1.0	9	9
African American	0.8	49	66	0.2	34	169	0.0	6	123	0.5	9	19
Other/unknown	2.2	42	19	0.7	29	41	0.1	3	29	1.4	10	7
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.6	10	18	0.1	5	76	0.0	1	57	0.5	5	10
Part year	0.9	18	19	0.2	11	58	0.0	2	42	0.7	6	8
None	1.7	38	22	0.5	25	50	0.1	3	37	1.1	9	8
<b>Maintenance Assistance Status</b>												
Cash	0.6	29	46	0.1	19	157	0.0	3	123	0.5	7	15
Medically needy	0.6	23	37	0.1	15	126	0.0	2	83	0.5	7	13
Poverty related	1.1	24	23	0.3	15	49	0.1	3	48	0.7	6	9
Other/unknown	2.5	44	17	0.8	29	38	0.1	3	27	1.6	11	7

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	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	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months		
		Generic	Generic		Generic	Generic		Generic									
Anti-infective Agents	0.2	0.1	0.0	0.2	\$8	\$6	\$0	\$2	\$34	\$115	\$57	\$9	11,927	\$406,551	4,718	15.0	52,050
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	36	36	0	0	100	3,578	81	0.3	903
Antineoplastic Agents	0.5	0.2	0.0	0.3	33	30	0	3	63	139	0	9	2,182	136,857	375	1.2	4,110
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.5	15	12	0	3	18	36	13	6	55,978	1,017,317	6,269	20.0	67,850
Cardiovascular Agents	1.6	0.3	0.1	1.1	18	9	2	6	11	28	24	5	171,105	1,932,802	10,190	32.4	110,243
Respiratory Agents	0.6	0.4	0.0	0.2	19	16	1	2	32	40	47	11	32,663	1,042,082	4,910	15.6	54,002
Gastrointestinal Agents	0.6	0.3	0.1	0.2	21	14	5	2	34	51	55	7	33,022	1,125,957	4,976	15.8	54,098
Genitourinary Agents	0.5	0.3	0.0	0.2	12	9	0	2	23	29	50	12	9,566	223,382	1,783	5.7	19,376
CNS Drugs	0.8	0.2	0.0	0.7	21	13	1	7	24	76	59	10	95,844	2,331,065	10,477	33.4	113,354
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	45	40	0	4	93	155	91	18	1,306	121,293	249	0.8	2,722
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	39	38	0	1	91	94	0	34	3,792	346,828	829	2.6	8,899
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	15	6	1	8	24	76	114	15	36,367	878,456	5,258	16.7	56,998
Neuromuscular Agents	0.8	0.2	0.0	0.6	23	15	2	7	29	95	69	11	40,096	1,178,928	4,626	14.7	50,556
Nutritional Products	0.4	0.0	0.0	0.4	4	1	0	3	8	47	20	7	8,369	66,423	1,737	5.5	18,835
Hematological Agents	0.6	0.2	0.0	0.4	13	10	0	3	22	63	19	7	22,095	475,892	3,350	10.7	36,131
Topical Products	0.4	0.2	0.0	0.2	7	6	0	1	21	33	30	7	14,622	305,198	3,712	11.8	41,185
Miscellaneous Products	0.2	0.2	0.0	0.0	24	23	0	1	116	149	87	18	1,467	170,893	632	2.0	7,055
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	32	0	0	0	448	14,453	133	0.4	1,479
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>540,949</b>	<b>11,777,955</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.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 2007.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

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	
ULCER DRUGS	\$1,105,543	5,348	17.0	59,053	0.6	\$33	\$19	
ANTICONVULSANT	1,080,546	4,176	13.3	46,054	0.7	31	23	
ANTIASTHMATIC	856,704	5,092	16.2	56,016	0.4	35	15	
ANTIPSYCHOTICS	845,966	1,498	4.8	16,063	0.6	86	53	
ANTIHYPERLIPIDEMIC	790,174	6,547	20.8	72,871	0.6	19	11	
ANTIDEPRESSANTS	786,067	6,337	20.2	68,961	0.5	22	11	
ANTIDIABETIC	656,352	4,205	13.4	46,090	0.6	24	14	
ANALGESICS - Narcotic	534,573	4,722	15.0	51,525	0.4	25	10	
ANTIHYPERTENSIVE	510,946	6,006	19.1	66,774	0.6	12	8	
ANTIANKXIETY AGENTS	480,764	5,892	18.8	64,547	0.6	12	7	
Total	7,647,635	49,823	n.a.	547,954	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

**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<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups							ULCER DRUGS							ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month				
<b>All</b>	<b>310,122</b>	<b>\$7,647,635</b>	<b>5,348</b>	<b>17.0</b>	<b>59,053</b>	<b>0.6</b>	<b>\$19</b>	<b>4,176</b>	<b>13.3</b>	<b>46,054</b>	<b>0.7</b>	<b>\$24</b>									
<b>Female</b>																					
All Females	195,027	4,471,152	3,497	18.0	38,768	0.6	19	2,601	13.4	28,811	0.7	21									
<b>Female, Disabled</b>																					
All Ages	59,278	2,059,830	902	13.5	10,037	0.5	25	1,550	23.2	17,305	0.8	26									
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
6-14	24	922	1	100.0	12	0.7	25	0	0.0	0	0.0	0									
15-20	126	10,767	7	33.3	74	0.2	30	6	28.6	58	0.4	43									
21-44	15,017	744,164	191	9.5	2,143	0.4	27	564	28.1	6,295	0.8	36									
45-64	40,012	1,165,123	625	16.9	6,919	0.5	24	901	24.3	10,034	0.8	22									
65-74	3,487	130,316	66	9.6	749	0.4	31	62	9.0	722	0.7	9									
75-84	557	7,841	10	4.7	116	0.4	14	14	6.6	161	0.9	7									
85 and older	55	697	2	5.3	24	0.2	5	3	7.9	35	0.3	5									
<b>Female, Other Eligibles</b>																					
All Ages	135,749	2,411,322	2,595	20.3	28,731	0.6	16	1,051	8.2	11,506	0.6	13									
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	41	413	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
21-44	1,977	116,745	28	22.2	262	0.6	57	53	42.1	529	0.7	53									
45-64	1,947	127,380	38	43.7	351	0.5	45	44	50.6	416	0.7	53									
65-74	46,605	897,061	852	22.5	9,427	0.6	18	361	9.6	3,956	0.7	10									
75-84	57,372	885,495	1,053	20.9	11,802	0.6	15	391	7.7	4,358	0.6	9									
85 and older	27,807	384,228	624	16.8	6,889	0.6	14	202	5.4	2,247	0.6	8									
<b>Male</b>																					
All Males	115,095	3,176,483	1,851	15.5	20,285	0.6	19	1,575	13.1	17,243	0.8	28									
<b>Male, Disabled</b>																					
All Ages	52,162	1,754,400	744	11.6	8,135	0.5	20	1,084	16.9	11,936	0.8	31									
5 and younger	3	234	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	283	38,628	3	11.5	36	0.5	9	6	23.1	70	0.9	215									
21-44	13,102	693,602	160	7.0	1,796	0.4	26	397	17.4	4,383	0.8	37									
45-64	36,430	929,061	541	15.0	5,847	0.6	17	650	18.1	7,127	0.9	25									
65-74	2,178	88,918	36	9.3	420	0.6	34	29	7.5	338	0.9	20									
75-84	157	3,888	4	4.1	36	1.1	53	2	2.1	18	0.4	4									
85 and older	9	69	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
<b>Male, Other Eligibles</b>																					
All Ages	62,933	1,422,083	1,107	19.8	12,150	0.6	18	491	8.8	5,307	0.7	22									
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	11	1,210	0	0.0	0	0.0	0	0	0.0	0	0.0	0									
21-44	2,692	205,798	35	25.7	361	0.5	42	49	36.0	520	0.7	61									
45-64	2,352	174,830	25	22.7	265	0.6	71	33	30.0	336	0.6	66									
65-74	28,731	546,803	477	20.6	5,224	0.6	18	223	9.6	2,396	0.8	16									
75-84	22,222	371,710	403	19.6	4,501	0.6	15	141	6.9	1,582	0.6	12									
85 and older	6,925	121,732	167	17.5	1,799	0.5	15	45	4.7	473	0.8	10									
<b>Unknown</b>	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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.  
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 2007. 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 2007. 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.



**TABLE D.7B**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS**  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANTIPSYCHOTICS					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>5,092</b>	<b>16.2</b>	<b>56,016</b>	<b>0.4</b>	<b>\$15</b>	<b>1,498</b>	<b>4.8</b>	<b>16,063</b>	<b>0.6</b>	<b>\$53</b>	<b>6,547</b>	<b>20.8</b>	<b>72,871</b>	<b>0.6</b>	<b>\$11</b>
<b>Female</b>															
All Females	3,157	16.2	34,810	0.4	15	844	4.3	9,044	0.6	40	4,007	20.6	44,805	0.6	10
<b>Female, Disabled</b>															
All Ages	972	14.6	10,786	0.3	18	485	7.3	5,335	0.6	54	628	9.4	7,018	0.4	10
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	3	300.0	36	0.4	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	33.3	70	0.3	48	1	4.8	12	0.1	0	0	0.0	0	0.0	0
21-44	210	10.5	2,387	0.2	15	185	9.2	2,087	0.6	76	50	2.5	581	0.4	19
45-64	669	18.0	7,361	0.4	18	281	7.6	3,022	0.5	38	485	13.1	5,379	0.4	9
65-74	76	11.0	862	0.3	27	18	2.6	214	1.1	84	72	10.4	820	0.3	13
75-84	6	2.8	58	0.7	11	0	0.0	0	0.0	0	17	8.0	190	0.2	2
85 and older	1	2.6	12	0.1	4	0	0.0	0	0.0	0	4	10.5	48	0.1	0
<b>Female, Other Eligibles</b>															
All Ages	2,185	17.1	24,024	0.5	13	359	2.8	3,709	0.5	20	3,379	26.5	37,787	0.6	10
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	25.0	12	0.1	2	0	0.0	0	0.0	0
21-44	36	28.6	330	0.3	20	23	18.3	236	0.4	45	4	3.2	43	0.3	15
45-64	23	26.4	226	0.4	46	13	14.9	136	0.5	65	17	19.5	160	0.6	68
65-74	874	23.1	9,558	0.5	14	108	2.9	1,188	0.6	23	1,248	33.0	13,879	0.6	12
75-84	927	18.4	10,368	0.5	12	105	2.1	1,044	0.5	12	1,560	30.9	17,550	0.6	10
85 and older	325	8.8	3,542	0.5	13	109	2.9	1,093	0.5	13	550	14.8	6,155	0.6	8
<b>Male</b>															
All Males	1,935	16.2	21,206	0.5	16	654	5.5	7,019	0.7	69	2,540	21.2	28,066	0.6	12
<b>Male, Disabled</b>															
All Ages	643	10.0	7,113	0.4	18	476	7.4	5,153	0.7	76	818	12.8	8,968	0.5	11
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	7	26.9	82	0.2	8	7	26.9	82	0.6	227	2	7.7	24	0.5	8
21-44	136	6.0	1,533	0.2	15	235	10.3	2,565	0.6	93	103	4.5	1,132	0.4	15
45-64	454	12.6	4,989	0.4	18	227	6.3	2,430	0.8	49	660	18.3	7,189	0.5	11
65-74	42	10.8	473	0.4	33	7	1.8	76	0.7	167	51	13.1	599	0.4	16
75-84	4	4.1	36	0.5	32	0	0.0	0	0.0	0	2	2.1	24	0.1	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
<b>Male, Other Eligibles</b>															
All Ages	1,292	23.2	14,093	0.5	15	178	3.2	1,866	0.6	50	1,722	30.9	19,098	0.6	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	25.0	12	0.7	99	0	0.0	0	0.0	0
21-44	28	20.6	263	0.5	52	29	21.3	286	0.5	121	26	19.1	253	0.6	33
45-64	26	23.6	264	0.5	54	18	16.4	190	0.5	111	34	30.9	359	0.6	60
65-74	554	23.9	6,026	0.5	15	58	2.5	617	0.7	23	843	36.4	9,279	0.6	11
75-84	526	25.6	5,796	0.5	13	46	2.2	491	0.6	18	656	31.9	7,373	0.6	10
85 and older	158	16.5	1,744	0.4	11	26	2.7	270	0.5	48	163	17.0	1,834	0.6	8
<b>Unknown</b>	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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 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 2007. 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 2007. 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.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>6,337</b>	<b>20.2</b>	<b>68,961</b>	<b>0.5</b>	<b>\$11</b>	<b>4,205</b>	<b>13.4</b>	<b>46,090</b>	<b>0.6</b>	<b>\$14</b>	<b>4,722</b>	<b>15.0</b>	<b>51,525</b>	<b>0.4</b>	<b>\$10</b>
<b>Female</b>															
All Females	4,236	21.8	46,179	0.5	11	2,410	12.4	26,535	0.6	14	2,854	14.7	31,464	0.4	8
<b>Female, Disabled</b>															
All Ages	1,824	27.3	20,057	0.4	15	509	7.6	5,667	0.5	22	1,091	16.3	11,980	0.4	14
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	10	47.6	107	0.2	8	1	4.8	12	0.3	134	4	19.0	48	0.2	1
21-44	554	27.6	6,144	0.4	19	64	3.2	715	0.4	34	382	19.0	4,238	0.4	19
45-64	1,172	31.6	12,787	0.5	14	403	10.9	4,478	0.5	20	659	17.8	7,165	0.5	11
65-74	70	10.1	813	0.3	10	41	5.9	462	0.4	29	41	5.9	471	0.4	17
75-84	14	6.6	159	0.2	1	0	0.0	0	0.0	0	2	0.9	22	0.1	0
85 and older	4	10.5	47	0.1	1	0	0.0	0	0.0	0	3	7.9	36	0.2	3
<b>Female, Other Eligibles</b>															
All Ages	2,412	18.9	26,122	0.6	8	1,901	14.9	20,868	0.6	11	1,763	13.8	19,484	0.4	5
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	25.0	12	0.1	1	0	0.0	0	0.0	0	4	100.0	48	0.8	8
21-44	94	74.6	938	0.6	34	10	7.9	113	0.4	48	88	69.8	882	0.5	19
45-64	86	98.9	783	0.5	34	16	18.4	143	0.6	52	75	86.2	757	0.6	23
65-74	846	22.4	9,303	0.6	8	765	20.2	8,301	0.7	14	604	16.0	6,741	0.3	3
75-84	918	18.2	10,048	0.6	6	869	17.2	9,743	0.6	8	640	12.7	7,181	0.3	3
85 and older	467	12.6	5,038	0.6	5	241	6.5	2,568	0.6	9	352	9.5	3,875	0.3	2
<b>Male</b>															
All Males	2,101	17.5	22,782	0.5	12	1,795	15.0	19,555	0.6	15	1,868	15.6	20,061	0.4	14
<b>Male, Disabled</b>															
All Ages	1,190	18.6	13,003	0.5	11	583	9.1	6,369	0.6	20	995	15.5	10,643	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	13	50.0	155	0.6	11	1	3.8	12	0.7	96	5	19.2	60	0.2	13
21-44	389	17.1	4,227	0.4	13	67	2.9	740	0.4	25	303	13.3	3,312	0.5	27
45-64	755	21.0	8,238	0.5	10	482	13.4	5,239	0.6	18	659	18.3	6,964	0.5	14
65-74	29	7.5	341	0.2	5	32	8.2	366	0.5	30	27	6.9	301	0.4	17
75-84	4	4.1	42	0.2	2	1	1.0	12	0.1	1	1	1.0	6	0.2	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	911	16.3	9,779	0.5	13	1,212	21.7	13,186	0.6	13	873	15.6	9,418	0.4	10
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	1	25.0	5	0.2	2
21-44	97	71.3	1,001	0.5	39	17	12.5	184	0.6	72	98	72.1	1,028	0.8	44
45-64	74	67.3	784	0.5	39	27	24.5	269	0.6	57	100	90.9	1,049	0.6	23
65-74	374	16.2	4,049	0.6	7	662	28.6	7,154	0.6	13	341	14.7	3,685	0.4	5
75-84	258	12.5	2,789	0.6	8	408	19.8	4,519	0.6	9	245	11.9	2,709	0.3	1
85 and older	108	11.3	1,156	0.5	4	98	10.2	1,060	0.6	12	88	9.2	942	0.3	3
<b>Unknown</b>	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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 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 2007. 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 2007. 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.



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANTHYPERTENSIVE					ANTIANKXIETY AGENTS						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>6,006</b>	<b>19.1</b>	<b>66,774</b>	<b>0.6</b>	<b>\$8</b>	<b>5,892</b>	<b>18.8</b>	<b>64,547</b>	<b>0.6</b>	<b>\$7</b>	<b>31,408</b>	<b>333,107</b>
<b>Female</b>												
All Females	3,788	19.5	42,387	0.6	8	4,026	20.7	44,290	0.6	7	19,430	207,403
<b>Female, Disabled</b>												
All Ages	435	6.5	4,806	0.5	9	1,738	26.0	19,569	0.6	8	6,677	73,278
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	2	9.5	24	0.2	2	2	9.5	24	1.0	8	21	231
21-44	40	2.0	442	0.4	9	467	23.3	5,242	0.5	7	2,008	21,740
45-64	354	9.5	3,903	0.5	9	1,060	28.6	11,898	0.7	9	3,707	40,544
65-74	37	5.4	413	0.4	9	165	23.9	1,910	0.6	8	690	7,922
75-84	2	0.9	24	0.5	4	39	18.4	435	0.6	8	212	2,414
85 and older	0	0.0	0	0.0	0	5	13.2	60	0.4	3	38	415
<b>Female, Other Eligibles</b>												
All Ages	3,353	26.3	37,581	0.7	8	2,288	17.9	24,721	0.6	7	12,753	134,125
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	1	25.0	12	0.1	0	4	40
21-44	8	6.3	75	0.5	6	36	28.6	351	0.5	6	126	1,161
45-64	26	29.9	270	0.5	21	26	29.9	240	0.5	7	87	741
65-74	1,052	27.8	11,653	0.6	8	652	17.2	7,156	0.6	8	3,780	39,713
75-84	1,469	29.1	16,657	0.7	8	897	17.8	9,898	0.6	7	5,049	54,126
85 and older	798	21.5	8,926	0.7	7	676	18.2	7,064	0.6	6	3,707	38,344
<b>Male</b>												
All Males	2,218	18.5	24,387	0.6	7	1,866	15.6	20,257	0.6	8	11,978	125,704
<b>Male, Disabled</b>												
All Ages	616	9.6	6,703	0.5	7	1,124	17.6	12,412	0.7	8	6,399	68,858
5 and younger	1	100.0	12	0.3	20	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	1	12
15-20	3	11.5	36	0.4	3	4	15.4	48	0.2	1	26	286
21-44	84	3.7	945	0.4	10	354	15.5	3,931	0.7	9	2,279	24,742
45-64	487	13.5	5,237	0.6	6	685	19.0	7,495	0.7	9	3,598	38,233
65-74	41	10.5	473	0.4	12	66	17.0	777	0.8	8	389	4,430
75-84	0	0.0	0	0.0	0	13	13.4	145	0.6	5	97	1,058
85 and older	0	0.0	0	0.0	0	2	25.0	16	0.6	4	8	85
<b>Male, Other Eligibles</b>												
All Ages	1,602	28.7	17,684	0.6	7	742	13.3	7,845	0.5	6	5,579	56,846
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	1	25.0	5	0.4	2	4	37
21-44	25	18.4	269	0.5	12	31	22.8	305	0.5	5	136	1,234
45-64	27	24.5	284	0.6	15	29	26.4	297	0.4	7	110	1,007
65-74	724	31.3	7,928	0.6	6	294	12.7	3,165	0.6	7	2,315	23,853
75-84	619	30.1	6,870	0.6	7	252	12.3	2,717	0.5	6	2,057	21,404
85 and older	207	21.6	2,333	0.6	7	135	14.1	1,356	0.6	6	957	9,311
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 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 2007. 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 2007. 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.





TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

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
<b>All</b>	<b>\$10</b>	<b>0.6</b>	<b>2,131</b>	<b>20,396</b>
<b>Age</b>				
0-64	34	1.2	109	1,148
65-74	24	1.0	227	2,302
75-84	7	0.5	671	6,478
85 and older	6	0.4	1,124	10,468
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	8	0.5	1,516	14,820
Male	16	0.7	615	5,576
Unknown	0	0.0	0	0
<b>Race</b>				
White	10	0.5	1,464	14,329
African American	6	0.9	2	8
Other/unknown	11	0.6	665	6,059
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	9	0.5	2,010	19,124
Disabled	33	1.1	121	1,272
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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.  
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,137 beneficiaries who were in nursing facilities for part of their enrollment and their 11,349 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<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users												\$ per Benefit Month Among Users		\$ per Rx		Users		As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users					
Anti-infective Agents	0.5	0.1	0.0	0.4	\$11	\$7	\$0	\$5	\$24	\$59	\$0	\$13	215	\$5,179	53	2.5	454			
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	26	26	0	0	1	26	1	0.0	10			
Antineoplastic Agents	0.3	0.0	0.0	0.3	12	0	0	12	34	0	0	34	8	270	3	0.1	23			
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	25	22	1	3	38	80	17	8	331	12,694	56	2.6	514			
Cardiovascular Agents	1.0	0.1	0.1	0.9	15	5	3	8	15	49	56	9	850	13,072	93	4.4	849			
Respiratory Agents	0.4	0.1	0.0	0.2	14	9	1	4	40	86	41	18	234	9,251	71	3.3	667			
Gastrointestinal Agents	0.5	0.1	0.1	0.3	26	12	10	4	48	128	92	11	294	14,009	59	2.8	538			
Genitourinary Agents	0.6	0.2	0.0	0.4	27	12	0	15	45	66	0	36	101	4,567	21	1.0	169			
CNS Drugs	0.8	0.1	0.0	0.7	12	4	0	7	15	79	107	10	5,041	74,500	649	30.5	6,333			
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	28	25	0	3	55	113	0	10	9	498	2	0.1	18			
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	44	44	0	0	91	91	0	0	105	9,589	25	1.2	216			
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	20	6	0	15	28	125	0	22	304	8,586	52	2.4	421			
Neuromuscular Agents	1.1	0.1	0.0	1.0	21	11	1	9	19	106	22	10	1,423	27,296	130	6.1	1,293			
Nutritional Products	0.4	0.1	0.0	0.3	4	1	0	3	10	12	14	10	286	2,883	79	3.7	793			
Hematological Agents	0.8	0.0	0.0	0.8	7	3	0	4	9	100	22	5	1,891	16,087	230	10.8	2,341			
Topical Products	0.4	0.2	0.0	0.3	11	7	0	4	25	42	0	15	192	4,892	49	2.3	442			
Miscellaneous Products	0.2	0.2	0.0	0.0	6	6	0	0	32	32	0	29	102	3,293	53	2.5	574			
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0			
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>11,387</b>	<b>206,692</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>			

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,137 beneficiaries who were in nursing facilities for part of their enrollment and their 11,349 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 2007. 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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

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	Month
ANTIANKXIETY AGENTS	\$37,574	535	25.1	5,324	0.7	\$10	\$7	
ANTICONVULSANT	24,771	123	5.8	1,227	1.1	18	20	
ANTIPSYCHOTICS	20,817	46	2.2	414	0.5	93	50	
ULCER DRUGS	18,148	97	4.6	916	0.6	34	20	
HEMATOPOIETIC AGENTS	17,711	362	17.0	3,781	0.7	7	5	
DERMATOLOGICAL	16,276	292	13.7	3,039	0.2	25	5	
DIAGNOSTIC PRODUCTS	15,456	44	2.1	456	0.5	67	34	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	10,499	26	1.2	258	0.6	74	41	
ANTIDIABETIC	11,361	66	3.1	615	0.5	40	18	
LAXATIVES	9,923	203	9.5	2,054	0.5	10	5	
Total	182,536	1,794	n.a.	18,084	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,137 beneficiaries who were in nursing facilities for part of their enrollment and their 11,349 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 2007. 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 2007 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.

**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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ANTICONVULSANT				
	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 \$
<b>All</b>	<b>10,810</b>	<b>\$182,536</b>	<b>535</b>	<b>25.1</b>	<b>5,324</b>	<b>0.7</b>	<b>\$7</b>	<b>123</b>	<b>5.8</b>	<b>1,227</b>	<b>1.1</b>	<b>\$20</b>
<b>Female</b>												
All Females	7,281	109,430	400	26.4	3,997	0.7	7	74	4.9	751	1.0	13
<b>Female, Disabled</b>												
All Ages	373	5,559	20	38.5	231	0.8	10	5	9.6	59	1.8	27
64 or younger	341	5,098	17	38.6	195	0.9	10	5	11.4	59	1.8	27
65-74	21	415	2	50.0	24	0.8	10	0	0.0	0	0.0	0
75-84	11	46	1	25.0	12	0.1	1	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
<b>Female, Other Eligibles</b>												
All Ages	6,908	103,871	380	26.0	3,766	0.7	7	69	4.7	692	1.0	11
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	947	27,262	46	39.0	482	0.7	7	13	11.0	143	1.3	21
75-84	2,387	30,427	116	25.8	1,164	0.7	7	29	6.5	304	1.0	11
85 and older	3,574	46,182	218	24.3	2,120	0.7	7	27	3.0	245	0.7	7
<b>Male</b>												
All Males	3,529	73,106	135	22.0	1,327	0.7	7	49	8.0	476	1.2	32
<b>Male, Disabled</b>												
All Ages	612	24,727	21	30.4	209	1.1	11	7	10.1	76	0.7	76
64 or younger	549	23,346	19	29.2	187	1.2	12	6	9.2	70	0.6	81
65-74	29	150	2	100.0	22	0.3	2	0	0.0	0	0.0	0
75-84	34	1,231	0	0.0	0	0.0	0	1	50.0	6	1.0	12
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	2,917	48,379	114	20.9	1,118	0.7	6	42	7.7	400	1.3	24
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	909	16,146	30	29.1	324	0.8	8	19	18.4	173	1.5	40
75-84	936	12,974	45	20.8	444	0.5	5	13	6.0	129	1.0	11
85 and older	1,072	19,259	39	17.2	350	0.7	7	10	4.4	98	1.2	12
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,137 beneficiaries who were in nursing facilities for part of their enrollment and their 11,349 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					ULCER DRUGS					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 \$
<b>All</b>	<b>46</b>	<b>2.2</b>	<b>414</b>	<b>0.5</b>	<b>\$50</b>	<b>97</b>	<b>4.6</b>	<b>916</b>	<b>0.6</b>	<b>\$20</b>	<b>362</b>	<b>17.0</b>	<b>3,781</b>	<b>0.7</b>	<b>\$5</b>
<b>Female</b>															
All Females	35	2.3	318	0.5	45	73	4.8	687	0.6	17	249	16.4	2,610	0.7	5
<b>Female, Disabled</b>															
All Ages	3	5.8	36	0.3	11	3	5.8	36	0.5	15	2	3.8	24	0.6	3
64 or younger	2	4.5	24	0.4	15	3	6.8	36	0.5	15	1	2.3	12	0.4	3
65-74	1	25.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.8	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	32	2.2	282	0.5	49	70	4.8	651	0.6	17	247	16.9	2,586	0.7	5
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	8	6.8	93	0.6	100	7	5.9	73	0.7	43	19	16.1	201	0.6	8
75-84	14	3.1	115	0.4	19	25	5.6	234	0.7	13	81	18.0	859	0.7	4
85 and older	10	1.1	74	0.5	32	38	4.2	344	0.6	13	147	16.4	1,526	0.6	4
<b>Male</b>															
All Males	11	1.8	96	0.8	69	24	3.9	229	0.5	30	113	18.4	1,171	0.8	5
<b>Male, Disabled</b>															
All Ages	3	4.3	29	0.3	29	6	8.7	59	0.7	77	8	11.6	82	0.9	5
64 or younger	3	4.6	29	0.3	29	4	6.2	47	0.6	74	4	6.2	48	0.8	5
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	22	1.0	4
75-84	0	0.0	0	0.0	0	2	100.0	12	1.0	86	2	100.0	12	1.0	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	8	1.5	67	0.9	86	18	3.3	170	0.4	13	105	19.2	1,089	0.8	5
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	1	1.0	12	1.3	72	0	0.0	0	0.0	0	19	18.4	206	0.8	5
75-84	4	1.9	28	0.6	17	5	2.3	47	0.4	23	36	16.7	398	0.8	6
85 and older	3	1.3	27	1.1	164	13	5.7	123	0.4	9	50	22.0	485	0.8	5
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,137 beneficiaries who were in nursing facilities for part of their enrollment and their 11,349 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	DERMATOLOGICAL					DIAGNOSTIC PRODUCTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
<b>All</b>	<b>292</b>	<b>13.7</b>	<b>3,039</b>	<b>0.2</b>	<b>\$5</b>	<b>44</b>	<b>2.1</b>	<b>456</b>	<b>0.5</b>	<b>\$34</b>	<b>26</b>	<b>1.2</b>	<b>258</b>	<b>0.6</b>	<b>\$41</b>
<b>Female</b>															
All Females	189	12.5	1,984	0.2	3	33	2.2	335	0.4	27	16	1.1	175	0.4	32
<b>Female, Disabled</b>															
All Ages	5	9.6	59	0.1	4	0	0.0	0	0.0	0	1	1.9	12	0.2	13
64 or younger	5	11.4	59	0.1	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.2	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	184	12.6	1,925	0.2	3	33	2.3	335	0.4	27	15	1.0	163	0.4	34
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	28	23.7	286	0.2	3	7	5.9	61	0.2	14	1	0.8	12	0.4	68
75-84	50	11.1	545	0.2	4	11	2.4	112	0.6	43	4	0.9	48	0.4	19
85 and older	106	11.8	1,094	0.2	3	15	1.7	162	0.4	22	10	1.1	103	0.3	36
<b>Male</b>															
All Males	103	16.7	1,055	0.2	9	11	1.8	121	0.8	52	10	1.6	83	1.0	59
<b>Male, Disabled</b>															
All Ages	18	26.1	187	0.3	37	0	0.0	0	0.0	0	3	4.3	35	0.3	16
64 or younger	15	23.1	165	0.4	42	0	0.0	0	0.0	0	3	4.6	35	0.3	16
65-74	1	50.0	10	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	2	100.0	12	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	85	15.6	868	0.2	3	11	2.0	121	0.8	52	7	1.3	48	1.5	90
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	24	23.3	244	0.3	7	3	2.9	32	1.3	71	0	0.0	0	0.0	0
75-84	26	12.0	271	0.2	2	3	1.4	36	1.1	78	3	1.4	24	1.5	41
85 and older	35	15.4	353	0.2	2	5	2.2	53	0.2	23	4	1.8	24	1.4	140
<b>Unknown</b>	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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,137 beneficiaries who were in nursing facilities for part of their enrollment and their 11,349 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007

Beneficiary Characteristics	ANTIDIABETIC					LAXATIVES					Benefit Months Among All-Year	
	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-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>66</b>	<b>3.1</b>	<b>615</b>	<b>0.5</b>	<b>\$19</b>	<b>203</b>	<b>9.5</b>	<b>2,054</b>	<b>0.5</b>	<b>\$5</b>	<b>2,131</b>	<b>20,396</b>
<b>Female</b>												
All Females	39	2.6	371	0.4	19	141	9.3	1,429	0.5	4	1,516	14,820
<b>Female, Disabled</b>												
All Ages	1	1.9	12	0.3	3	3	5.8	36	0.4	7	52	583
64 or younger	1	2.3	12	0.3	3	3	6.8	36	0.4	7	44	497
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	38	2.6	359	0.4	19	138	9.4	1,393	0.5	4	1,464	14,237
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	10	8.5	100	0.5	36	14	11.9	157	0.3	4	118	1,198
75-84	12	2.7	132	0.3	6	44	9.8	460	0.5	4	449	4,430
85 and older	16	1.8	127	0.6	20	80	8.9	776	0.5	5	897	8,609
<b>Male</b>												
All Males	27	4.4	244	0.5	18	62	10.1	625	0.6	6	615	5,576
<b>Male, Disabled</b>												
All Ages	3	4.3	36	0.9	61	11	15.9	125	0.9	10	69	689
64 or younger	3	4.6	36	0.9	61	9	13.8	105	1.1	12	65	651
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22
75-84	0	0.0	0	0.0	0	2	100.0	20	0.1	1	2	16
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	24	4.4	208	0.4	11	51	9.3	500	0.5	5	546	4,887
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	4	3.9	12	0.6	8	12	11.7	143	0.7	6	103	1,044
75-84	9	4.2	104	0.4	7	12	5.6	116	0.5	5	216	1,984
85 and older	11	4.8	92	0.5	15	27	11.9	241	0.5	4	227	1,859
<b>Unknown</b>	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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,137 beneficiaries who were in nursing facilities for part of their enrollment and their 11,349 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 2007. 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 2007 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<sup>a,b</sup>**  
**VERMONT, 2007**

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
<b>All</b>	<b>13,904</b>	<b>44.3</b>	<b>5.2</b>	<b>162,207</b>	<b>\$53</b>	<b>\$1,663,191</b>	<b>\$10</b>	<b>14.1</b>	<b>31,408</b>
<b>Age</b>									
5 and younger	1	100.0	36.0	36	1,427	1,427	40	105.1	1
6-14	2	100.0	2.5	5	23	46	9	0.9	2
15-20	27	49.1	2.2	120	30	1,640	14	1.6	55
21-44	1,951	42.9	4.7	21,582	55	251,659	12	10.0	4,549
45-64	3,818	50.9	6.8	51,262	76	571,797	11	16.2	7,502
65-74	2,806	39.1	4.1	29,265	43	307,940	11	12.3	7,174
75-84	3,068	41.4	4.5	33,145	42	309,619	9	14.3	7,415
85 and older	2,231	47.4	5.7	26,792	47	219,063	8	23.0	4,710
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	7,360	41.4	4.4	78,691	41	730,500	9	13.9	17,793
Disabled	6,291	48.1	6.2	81,703	70	908,859	11	16.6	13,076
Adults	249	47.1	3.4	1,792	45	23,569	13	2.2	529
Children	4	44.4	2.3	21	29	263	13	10.7	9
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Gender</b>									
Female	9,302	47.9	5.6	109,268	57	1,106,912	10	15.8	19,430
Male	4,602	38.4	4.4	52,939	46	556,279	11	11.7	11,978
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	10,583	47.1	5.7	127,988	59	1,328,763	10	16.7	22,459
African American	36	33.3	2.8	297	31	3,389	11	6.7	108
Other/unknown	3,285	37.2	3.8	33,922	37	331,039	10	8.7	8,841
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,262	59.2	6.4	13,648	65	138,658	10	67.1	2,131
Part year	729	64.1	10.0	11,327	82	93,570	8	45.1	1,137
None	11,913	42.3	4.9	137,232	51	1,430,963	10	12.6	28,140
<b>Maintenance Assistance Status</b>									
Cash	3,362	47.1	6.3	45,029	63	452,070	10	19.4	7,141
Medically needy	3,051	44.2	5.5	37,900	56	385,062	10	22.7	6,900
Poverty related	88	25.5	1.7	571	17	5,838	10	8.5	345
Other/unknown	7,403	43.5	4.6	78,707	48	820,221	10	10.7	17,022

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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<sup>a,b</sup>**  
**VERMONT, 2007**

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
<b>All</b>	<b>0.5</b>	<b>\$5</b>	<b>\$10</b>	<b>\$0</b>	<b>\$2</b>	<b>333,107</b>
<b>Age</b>						
5 and younger	3.0	119	40	0	0	12
6-14	0.2	2	9	0	0	24
15-20	0.2	3	14	0	1	594
21-44	0.4	5	12	0	3	48,877
45-64	0.6	7	11	0	4	80,525
65-74	0.4	4	11	0	2	75,918
75-84	0.4	4	9	0	1	79,002
85 and older	0.6	5	8	0	1	48,155
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	4	9	0	1	186,214
Disabled	0.6	6	11	0	3	142,136
Adults	0.4	5	13	0	2	4,653
Children	0.2	3	13	0	1	97
Unknown	0.0	0	0	0	0	7
<b>Gender</b>						
Female	0.5	5	10	0	2	207,403
Male	0.4	4	11	0	2	125,704
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.5	6	10	0	2	241,567
African American	0.3	3	11	0	1	1,023
Other/unknown	0.4	4	10	0	1	90,517
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	7	10	0	3	20,396
Part year	1.0	8	8	0	2	11,349
None	0.5	5	10	0	2	301,362
<b>Maintenance Assistance Status</b>						
Cash	0.6	6	10	0	2	81,518
Medically needy	0.5	5	10	0	2	72,640
Poverty related	0.2	2	10	0	1	2,870
Other/unknown	0.4	5	10	0	2	176,079

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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<sup>a,b,c</sup>**  
**VERMONT, 2007**

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>18,634</b>	<b>\$89</b>	<b>\$1,663,191</b>	<b>100.0</b>	<b>162,207</b>	<b>\$10</b>	<b>100.0</b>
Anorexia or weight loss/gain	12	183	2,192	0.1	36	61	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	45	136	0.0	4	34	0.0
Cough and cold medications	1,189	36	42,639	2.6	2,340	18	1.4
Vitamins and minerals	1,568	37	57,945	3.5	7,100	8	4.4
Non-prescription drugs	7,731	102	787,860	47.4	85,701	9	52.8
Barbiturates	208	62	12,827	0.8	2,219	6	1.4
Benzodiazepines	7,671	95	729,272	43.8	63,628	11	39.2
Other Part D Excl Rx Drugs	252	120	30,320	1.8	1,179	26	0.7

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 VERMONT, 2007

Total Number of Dual Eligible Beneficiaries: 31,408  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$11,777,955  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$375

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,738	37.4	\$0	0.0
1-500	15,416	49.1	2,002,158	17.0
501-1,000	1,587	5.1	1,121,368	9.5
1,001-1,500	653	2.1	802,299	6.8
1,501-2,000	440	1.4	764,694	6.5
2,001-2,500	290	0.9	645,823	5.5
2,501-3,000	276	0.9	755,444	6.4
3,001-3,500	183	0.6	592,715	5.0
3,501-4,000	236	0.8	892,549	7.6
4,001-4,500	126	0.4	531,078	4.5
4,501-5,000	91	0.3	429,354	3.6
5,001-5,500	68	0.2	357,163	3.0
5,501-6,000	40	0.1	228,645	1.9
6,001-6,500	35	0.1	219,171	1.9
6,501-7,000	33	0.1	221,949	1.9
7,001-7,500	22	0.1	159,337	1.4
7,501-8,000	32	0.1	247,571	2.1
8,001-8,500	23	0.1	189,066	1.6
8,501-9,000	17	0.1	148,788	1.3
9,001-9,500	8	0.0	74,458	0.6
9,501-10,000	8	0.0	78,649	0.7
10,001+	86	0.3	1,315,676	11.2

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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<sup>a, b, c</sup>  
 VERMONT, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 11,642  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$5,149,428  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$442

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			Age < 65		
\$0	4,860		41.7	\$0	0.0
1-500	5,223		44.9	622,333	12.1
501-1,000	445		3.8	317,949	6.2
1,001-1,500	242		2.1	297,385	5.8
1,501-2,000	149		1.3	260,658	5.1
2,001-2,500	125		1.1	279,363	5.4
2,501-3,000	104		0.9	285,124	5.5
3,001-3,500	73		0.6	236,949	4.6
3,501-4,000	82		0.7	309,924	6.0
4,001-4,500	55		0.5	231,964	4.5
4,501-5,000	45		0.4	212,782	4.1
5,001-5,500	43		0.4	226,150	4.4
5,501-6,000	22		0.2	126,347	2.5
6,001-6,500	23		0.2	144,226	2.8
6,501-7,000	19		0.2	128,453	2.5
7,001-7,500	18		0.2	130,317	2.5
7,501-8,000	19		0.2	146,840	2.9
8,001-8,500	16		0.1	131,266	2.5
8,501-9,000	10		0.1	87,312	1.7
9,001-9,500	5		0.0	46,168	0.9
9,501-10,000	8		0.1	78,649	1.5
10,001+	56		0.5	849,269	16.5

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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<sup>a, b</sup>  
 VERMONT, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 19,299  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$5,614,537  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$290

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,791	35.2	\$0	0.0
1-500	10,061	52.1	1,357,971	24.2
501-1,000	1,093	5.7	768,641	13.7
1,001-1,500	386	2.0	475,288	8.5
1,501-2,000	262	1.4	454,432	8.1
2,001-2,500	145	0.8	321,824	5.7
2,501-3,000	158	0.8	431,665	7.7
3,001-3,500	85	0.4	274,641	4.9
3,501-4,000	141	0.7	533,821	9.5
4,001-4,500	63	0.3	265,229	4.7
4,501-5,000	38	0.2	179,099	3.2
5,001-5,500	23	0.1	120,551	2.1
5,501-6,000	13	0.1	74,078	1.3
6,001-6,500	8	0.0	49,699	0.9
6,501-7,000	8	0.0	53,594	1.0
7,001-7,500	3	0.0	21,890	0.4
7,501-8,000	4	0.0	31,421	0.6
8,001-8,500	3	0.0	24,864	0.4
8,501-9,000	2	0.0	17,396	0.3
9,001-9,500	1	0.0	9,370	0.2
9,501-10,000	0	0.0	0	0.0
10,001+	11	0.1	149,063	2.7

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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<sup>a, b</sup>  
 VERMONT, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 7,174  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,494,351  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$347

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,478	34.5	\$0	0.0
1-500	3,653	50.9	506,271	20.3
501-1,000	433	6.0	305,716	12.3
1,001-1,500	160	2.2	194,930	7.8
1,501-2,000	123	1.7	213,365	8.6
2,001-2,500	66	0.9	147,800	5.9
2,501-3,000	62	0.9	169,543	6.8
3,001-3,500	31	0.4	100,325	4.0
3,501-4,000	63	0.9	238,492	9.6
4,001-4,500	24	0.3	101,620	4.1
4,501-5,000	23	0.3	108,540	4.4
5,001-5,500	16	0.2	84,020	3.4
5,501-6,000	11	0.2	62,593	2.5
6,001-6,500	7	0.1	43,571	1.7
6,501-7,000	8	0.1	53,594	2.1
7,001-7,500	1	0.0	7,283	0.3
7,501-8,000	2	0.0	15,734	0.6
8,001-8,500	3	0.0	24,864	1.0
8,501-9,000	2	0.0	17,396	0.7
9,001-9,500	1	0.0	9,370	0.4
9,501-10,000	0	0.0	0	0.0
10,001+	7	0.1	89,324	3.6

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 VERMONT, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,415  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,166,016  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$292

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,464	33.2	\$0	0.0
1-500	3,983	53.7	555,110	25.6
501-1,000	451	6.1	314,678	14.5
1,001-1,500	160	2.2	197,301	9.1
1,501-2,000	88	1.2	152,827	7.1
2,001-2,500	52	0.7	115,340	5.3
2,501-3,000	60	0.8	164,400	7.6
3,001-3,500	39	0.5	125,715	5.8
3,501-4,000	58	0.8	219,913	10.2
4,001-4,500	33	0.4	137,881	6.4
4,501-5,000	11	0.1	51,795	2.4
5,001-5,500	7	0.1	36,531	1.7
5,501-6,000	1	0.0	5,648	0.3
6,001-6,500	1	0.0	6,128	0.3
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,323	0.3
7,501-8,000	2	0.0	15,687	0.7
8,001-8,500	0	0.0	0	0.0
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+	4	0.1	59,739	2.8

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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<sup>a, b</sup>  
 VERMONT, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,710  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$954,170  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$202

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,849	39.3	\$0	0.0
1-500	2,425	51.5	296,590	31.1
501-1,000	209	4.4	148,247	15.5
1,001-1,500	66	1.4	83,057	8.7
1,501-2,000	51	1.1	88,240	9.2
2,001-2,500	27	0.6	58,684	6.2
2,501-3,000	36	0.8	97,722	10.2
3,001-3,500	15	0.3	48,601	5.1
3,501-4,000	20	0.4	75,416	7.9
4,001-4,500	6	0.1	25,728	2.7
4,501-5,000	4	0.1	18,764	2.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,837	0.6
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,284	0.8
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007**

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
<b>All</b>	<b>31,410</b>	<b>17,795</b>	<b>13,076</b>	<b>529</b>	<b>9</b>	<b>1</b>	<b>333,202</b>	<b>186,295</b>	<b>142,150</b>	<b>4,653</b>	<b>97</b>	<b>7</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	2	0	0	0	24	0	24	0	0	0
15-20	55	0	47	2	6	0	594	0	517	9	68	0
21-44	4,549	0	4,287	259	3	0	48,877	0	46,482	2,366	29	0
45-64	7,502	1	7,305	196	0	0	80,532	1	78,784	1,747	0	0
65-74	7,175	6,027	1,079	68	0	1	75,953	63,104	12,352	490	0	7
75-84	7,416	7,104	309	3	0	0	79,049	75,542	3,476	31	0	0
85 and older	4,710	4,663	46	1	0	0	48,161	47,648	503	10	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	19,430	12,493	6,677	256	3	1	207,457	131,912	73,287	2,215	36	7
Male	11,980	5,302	6,399	273	6	0	125,745	54,383	68,863	2,438	61	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	22,461	10,710	11,294	449	7	1	241,647	113,949	123,520	4,098	73	7
African American	108	19	84	5	0	0	1,023	192	792	39	0	0
Other/unknown	8,841	7,066	1,698	75	2	0	90,532	72,154	17,838	516	24	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,131	2,010	121	0	0	0	20,396	19,124	1,272	0	0	0
Part year	1,137	965	171	1	0	0	11,374	9,555	1,811	8	0	0
None	28,142	14,820	12,784	528	9	1	301,432	157,616	139,067	4,645	97	7
<b>Maintenance Assistance Status</b>												
Cash	7,141	1,258	5,849	33	1	0	81,547	14,132	67,091	312	12	0
Medically needy	6,900	3,218	3,577	102	3	0	72,640	34,376	37,369	863	32	0
Poverty related	345	139	182	20	3	1	2,870	1,151	1,510	167	35	7
Other/unknown	17,024	13,180	3,468	374	2	0	176,145	136,636	36,180	3,311	18	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	30,921	17,555	12,827	529	9	1	329,204	184,375	140,072	4,653	97	7
Full dual, part year	489	240	249	0	0	0	3,998	1,920	2,078	0	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	31,390	17,779	13,072	529	9	1	333,002	186,141	142,104	4,653	97	7
FFS part year, with Rx claims	12	9	3	0	0	0	126	91	35	0	0	0
FFS part year, no Rx claims	6	5	1	0	0	0	63	52	11	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	2	2	0	0	0	0	11	11	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 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, VERMONT, 2007**

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>31,410</b>	<b>333,202</b>	<b>31,408</b>	<b>333,107</b>	<b>0</b>	<b>95</b>
Fee-for-service (FFS) all year	31,390	333,002	31,390	333,002	0	0
FFS part year, with Rx claims	12	126	12	76	0	50
FFS part year, with no Rx claims	6	63	6	29	0	34
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	2	11	0	0	0	11

Source: Data for this table are from the MAX 2007 file for Vermont, released by CMS in 4/2010. This table was produced on 10/06/2010.

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.