

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 VERMONT

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
VERMONT, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	141,963 (A)	26,802 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	129,933 (B)	17,754 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	82,851 (C)	17,618 (G)
4. Benes who were all-year nursing facility residents ^f	2,625 (D)	2,509 (H)

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.

c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.

d. The total Medicaid pharmacy reimbursement for Vermont in 1999 was \$75,141,177, of which \$22,252,878 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.

f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 0.0 percent were restricted benefit months without a pharmacy benefit in Vermont, were used in the dual tables.

Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 VERMONT, 1999

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group											
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	82,851	9,345	16,339	21,296	35,820	51	496,601	94,477	158,863	56,759	186,297	205	496,601	94,477	158,863	56,759	186,297	205	
Age																			
5 and younger	12,040	0	277	37	11,725	1	59,390	0	2,195	128	57,064	3	59,390	0	2,195	128	57,064	3	
6-14	17,985	1	1,001	57	16,926	0	102,926	12	9,145	186	93,583	0	102,926	12	9,145	186	93,583	0	
15-20	8,792	0	796	1,086	6,910	0	45,106	0	7,555	3,058	34,493	0	45,106	0	7,555	3,058	34,493	0	
21-44	23,001	4	6,331	16,378	253	35	107,551	48	61,393	44,865	1,102	143	107,551	48	61,393	44,865	1,102	143	
45-64	10,409	9	6,677	3,703	5	15	73,292	65	64,731	8,394	43	59	73,292	65	64,731	8,394	43	59	
65-74	3,986	2,929	1,025	31	1	0	41,260	29,746	11,389	113	12	0	41,260	29,746	11,389	113	12	0	
75-84	3,799	3,623	173	3	0	0	39,494	37,634	1,848	12	0	0	39,494	37,634	1,848	12	0	0	
85 and older	2,839	2,779	59	1	0	0	27,582	26,972	607	3	0	0	27,582	26,972	607	3	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender																			
Female	46,466	6,767	8,454	13,480	17,760	5	282,570	69,586	82,461	37,993	92,517	13	282,570	69,586	82,461	37,993	92,517	13	
Male	36,385	2,578	7,885	7,816	18,060	46	214,031	24,891	76,402	18,766	93,780	192	214,031	24,891	76,402	18,766	93,780	192	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	55,189	7,753	13,795	15,394	18,231	16	347,522	79,792	135,474	41,668	90,534	54	347,522	79,792	135,474	41,668	90,534	54	
African American	526	13	95	167	251	0	2,607	129	908	488	1,082	0	2,607	129	908	488	1,082	0	
Other/unknown	27,136	1,579	2,449	5,735	17,338	35	146,472	14,556	22,481	14,603	94,681	151	146,472	14,556	22,481	14,603	94,681	151	
Use of Nursing Facilities																			
All year	2,625	2,438	187	0	0	0	25,627	23,706	1,921	0	0	0	25,627	23,706	1,921	0	0	0	
Part year	1,003	856	145	2	0	0	9,167	7,827	1,332	8	0	0	9,167	7,827	1,332	8	0	0	
None	79,223	6,051	16,007	21,294	35,820	51	461,807	62,944	155,610	56,751	186,297	205	461,807	62,944	155,610	56,751	186,297	205	
Maintenance Assistance Status																			
Cash	24,184	2,192	11,915	3,207	6,870	0	179,793	24,511	118,211	9,710	27,361	0	179,793	24,511	118,211	9,710	27,361	0	
Medically needy	10,089	3,177	3,011	2,011	1,890	0	74,412	32,875	26,841	7,258	7,438	0	74,412	32,875	26,841	7,258	7,438	0	
Poverty-related	23,568	0	0	1,621	21,947	0	125,929	0	0	6,376	119,553	0	125,929	0	0	6,376	119,553	0	
Other/unknown	25,010	3,976	1,413	14,457	5,113	51	116,467	37,091	13,811	33,415	31,945	205	116,467	37,091	13,811	33,415	31,945	205	
Dual Medicare Status^c																			
Full dual, all year	17,618	9,062	8,332	212	3	9	181,185	91,875	88,140	1,099	24	47	181,185	91,875	88,140	1,099	24	47	
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Non-dual, all year	65,233	283	8,007	21,084	35,817	42	315,416	2,602	70,723	55,660	186,273	158	315,416	2,602	70,723	55,660	186,273	158	
Managed Care Status																			
FFS all year	47,132	9,225	13,891	4,309	19,656	51	416,945	93,890	150,412	21,847	150,591	205	416,945	93,890	150,412	21,847	150,591	205	
FFS part year, with Rx claims	24,682	102	2,230	11,369	10,981	0	55,546	498	7,737	23,236	24,075	0	55,546	498	7,737	23,236	24,075	0	
FFS part year, no Rx claims	11,037	18	218	5,618	5,183	0	24,110	89	714	11,676	11,631	0	24,110	89	714	11,676	11,631	0	

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C 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. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	65.4 %	14.2	\$638	\$45	\$4,322	14.8 %	\$20	82,851
Age								
5 and younger	57.4	2.5	61	25	1,148	5.3	2	12,040
6-14	51.0	3.1	121	38	2,229	5.4	5	17,985
15-20	56.6	4.3	180	42	3,484	5.2	3	8,792
21-44	66.1	11.9	641	54	3,858	16.6	13	23,001
45-64	80.3	31.5	1,550	49	6,657	23.3	56	10,409
65-74	87.2	41.8	1,795	43	7,406	24.2	75	3,986
75-84	91.3	44.0	1,678	38	10,567	15.9	57	3,799
85 and older	92.9	41.6	1,409	34	16,154	8.7	26	2,839
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	90.4	42.5	1,625	38	11,506	14.1	52	9,345
Disabled	85.1	34.5	1,901	55	10,455	18.2	55	16,339
Adults	60.3	5.7	175	31	1,362	12.8	7	21,296
Children	53.0	2.7	80	30	1,410	5.6	3	35,820
Unknown	88.2	8.7	1,424	164	4,894	29.1	0	51
Gender								
Female	70.4	16.9	715	42	4,467	16.0	24	46,466
Male	59.1	10.8	540	50	4,137	13.1	15	36,385
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	71.4	18.1	825	46	5,201	15.9	26	55,189
African American	54.6	9.7	541	56	3,087	17.5	22	526
Other/unknown	53.5	6.3	261	41	2,559	10.2	7	27,136
Use of Nursing Facilities								
Entire year	96.2	55.6	2,005	36	27,735	7.2	35	2,625
Part year	96.4	52.0	2,002	39	17,667	11.3	58	1,003
None	64.0	12.4	576	47	3,377	17.0	19	79,223
Maintenance Assistance Status								
Cash	76.0	22.3	1,116	50	6,167	18.1	33	24,184
Medically needy	75.9	24.5	1,198	49	3,320	36.1	40	10,089
Poverty related	50.3	2.2	58	27	864	6.7	3	23,568
Other/unknown	65.2	13.6	498	37	6,202	8.0	14	25,010

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VERMONT, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	2.4	\$107	14.8 %	34.6 %	27.5 %	8.7 %	14.6 %	9.0 %	5.6 %	\$721	82,851	496,601
Age												
5 and younger	0.5	12	5.3	42.6	38.1	6.7	7.7	3.4	1.5	233	12,040	59,390
6-14	0.5	21	5.4	49.0	33.7	5.8	6.3	2.9	2.2	390	17,985	102,926
15-20	0.8	35	5.2	43.4	32.5	8.0	8.6	4.6	3.0	679	8,792	45,106
21-44	2.5	137	16.6	33.9	25.2	9.7	14.8	8.8	7.5	825	23,001	107,551
45-64	4.5	220	23.3	19.7	16.5	10.2	23.6	16.7	13.2	945	10,409	73,292
65-74	4.0	173	24.2	12.8	19.1	12.4	29.0	19.6	7.2	716	3,986	41,260
75-84	4.2	161	15.9	8.7	16.3	12.9	31.7	24.2	6.2	1,016	3,799	39,494
85 and older	4.3	145	8.7	7.1	14.3	13.4	35.8	24.0	5.5	1,663	2,839	27,582
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	4.2	161	14.1	9.6	16.4	12.9	32.1	22.6	6.4	1,138	9,345	94,477
Disabled	3.5	196	18.2	14.9	24.9	11.9	24.1	15.4	8.7	1,075	16,339	158,863
Adults	2.1	66	12.8	39.7	22.8	8.7	12.4	7.9	8.5	511	21,296	56,759
Children	0.5	15	5.6	47.0	34.5	6.1	6.9	3.3	2.2	271	35,820	186,297
Unknown	2.2	354	29.1	11.8	17.6	19.6	45.1	5.9	0.0	1,218	51	205
Gender												
Female	2.8	118	16.0	29.6	27.0	9.1	16.7	10.7	6.8	735	46,466	282,570
Male	1.8	92	13.1	40.9	28.2	8.2	11.8	6.9	4.1	703	36,385	214,031
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.9	131	15.9	28.6	26.2	9.8	17.3	11.1	7.1	826	55,189	347,522
African American	2.0	109	17.5	45.4	22.1	7.6	12.0	8.0	4.9	623	526	2,607
Other/unknown	1.2	48	10.2	46.5	30.3	6.6	9.1	4.9	2.6	474	27,136	146,472
Use of Nursing Facilities												
Entire year	5.7	205	7.2	3.8	9.5	9.6	32.9	31.6	12.6	2,841	2,625	25,627
Part year	5.7	219	11.3	3.6	8.3	10.8	32.8	34.3	10.3	1,933	1,003	9,167
None	2.1	99	17.0	36.0	28.4	8.6	13.7	8.0	5.3	579	79,223	461,807
Maintenance Assistance Status												
Cash	3.0	150	18.1	24.0	27.1	10.5	18.9	11.5	8.0	830	24,184	179,793
Medically needy	3.3	162	36.1	24.1	22.9	11.3	22.0	13.7	6.0	450	10,089	74,412
Poverty related	0.4	11	6.7	49.7	35.4	5.4	5.6	2.4	1.4	162	23,568	125,929
Other/unknown	2.9	107	8.0	34.8	22.4	9.0	15.9	11.0	7.0	1,332	25,010	116,467

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 VERMONT, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx
All	2.4	\$107	0.9	\$67	0.3	\$19	1.0	\$16
Age								
5 and younger	0.5	12	0.1	7	0.0	1	0.3	3
6-14	0.5	21	0.2	12	0.0	3	0.3	6
15-20	0.8	35	0.3	23	0.1	6	0.4	5
21-44	2.5	137	1.0	92	0.3	24	1.1	16
45-64	4.5	220	1.7	140	0.6	39	1.8	30
65-74	4.0	173	1.5	105	0.6	31	1.7	27
75-84	4.2	161	1.4	94	0.7	30	1.9	28
85 and older	4.3	145	1.3	81	0.7	27	2.0	28
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	4.2	161	1.4	95	0.7	29	1.9	28
Disabled	3.5	196	1.4	126	0.5	35	1.4	25
Adults	2.1	66	0.8	43	0.2	10	1.0	10
Children	0.5	15	0.2	9	0.0	2	0.3	4
Unknown	2.2	354	1.8	344	0.0	3	0.3	7
Gender								
Female	2.8	118	1.0	73	0.4	21	1.2	18
Male	1.8	92	0.7	58	0.3	16	0.8	14
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.9	131	1.0	82	0.4	23	1.3	20
African American	2.0	109	0.8	81	0.3	14	0.8	11
Other/unknown	1.2	48	0.4	31	0.2	8	0.5	8
Use of Nursing Facilities								
Entire year	5.7	205	1.8	123	0.7	31	2.8	41
Part year	5.7	219	1.9	133	0.8	33	2.7	41
None	2.1	99	0.8	62	0.3	18	0.9	14
Maintenance Assistance								
Status								
Cash	3.0	150	1.1	94	0.4	27	1.3	21
Medically needy	3.3	162	1.3	102	0.5	30	1.4	22
Poverty related	0.4	11	0.1	6	0.0	1	0.2	3
Other/unknown	2.9	107	1.0	66	0.4	17	1.4	19

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 5 includes the beneficiaries represented by Cell C 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.

Table 5

All Medicaid Beneficiaries

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Vermont, 5.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 VERMONT, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$13	\$0	\$2	\$39	\$79	\$35	\$11	85,835	\$3,355,457	32,081	38.7 %	220,042
Biologics	0.2	0.1	0.0	0.0	34	20	0	14	214	168	0	359	776	166,265	571	0.7	4,928
Antineoplastic Agents	0.7	0.3	0.1	0.2	122	102	10	11	185	312	110	43	3,758	694,463	640	0.8	5,683
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	28	20	4	4	30	48	22	12	103,306	3,140,367	14,595	17.6	110,963
Cardiovascular Agents	1.6	0.5	0.4	0.7	52	28	15	9	33	54	43	13	209,494	6,821,779	14,338	17.3	130,652
Respiratory Agents	0.8	0.5	0.0	0.3	31	23	1	6	38	51	39	19	99,764	3,760,713	16,677	20.1	123,139
Gastrointestinal Agents	0.7	0.3	0.1	0.2	55	40	9	6	78	115	85	23	64,198	5,011,411	10,068	12.2	90,728
Genitourinary Agents	0.4	0.3	0.0	0.2	15	12	0	3	34	46	37	16	14,026	483,675	4,021	4.9	32,665
CNS Drugs	1.4	0.6	0.2	0.6	91	60	21	9	64	97	101	16	217,572	13,818,900	18,859	22.8	152,471
Stimulants/Anti-obesity/Anorexia	1.2	0.2	0.2	0.8	41	7	6	28	35	42	39	33	13,516	472,053	1,800	2.2	11,454
Miscellaneous Psychological/Neurological Agents	0.5	0.3	0.0	0.1	50	44	5	2	106	128	91	24	3,886	411,700	940	1.1	8,160
Analgesics and Anesthetics	0.9	0.2	0.1	0.6	33	19	8	6	38	89	73	12	121,345	4,613,253	19,236	23.2	139,336
Neuromuscular Agents	1.1	0.4	0.2	0.5	57	39	7	11	52	92	43	21	80,315	4,141,625	8,684	10.5	72,528
Nutritional Products	0.5	0.0	0.2	0.3	8	0	4	4	17	28	24	13	21,804	371,991	5,846	7.1	44,061
Hematological Agents	0.7	0.1	0.3	0.4	44	28	9	6	62	339	35	18	19,602	1,213,241	2,864	3.5	27,580
Topical Products	0.4	0.1	0.1	0.2	10	6	2	3	26	44	33	13	50,612	1,322,940	17,697	21.4	131,486
Miscellaneous Products	0.2	0.2	0.0	0.0	32	22	7	3	128	122	277	67	3,230	413,371	1,679	2.0	12,964
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	23	0	0	0	42	0	0	0	63,987	2,675,095	13,594	16.4	114,924
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,177,026	52,888,299	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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, 5.2 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/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 VERMONT, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$5,972,483	5.815	60,584	0.9	\$114	\$99	
ANTIDEPRESSANTS	4,765,410	13,297	130,051	0.7	54	37	
ULCER DRUGS	3,810,937	7,941	81,989	0.5	90	46	
ANTICONVULSANT	3,214,125	5,867	60,376	0.9	61	53	
ANTIASTHMATIC	2,143,580	11,536	113,560	0.5	40	19	
ANALGESICS - Narcotic	2,120,842	13,496	128,160	0.5	37	17	
ANTIHYPERTENSIVE	1,977,187	3,356	35,526	0.7	80	56	
ANTIDIABETIC	1,708,994	5,150	53,410	0.8	41	32	
ANTIHYPERTENSIVE	1,562,232	5,805	59,776	0.7	37	26	
ANALGESICS - ANTI-INFLAMMATORY	1,453,241	8,509	85,292	0.3	49	17	

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 VERMONT, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	485,942	\$28,729,031	5,815	7.0 %	60,584	0.9	\$99	13,297	16.0 %	130,051	0.7	\$37					
Female																	
Disabled																	
5 and younger	312,240	17,636,665	3,428	7.4	35,625	0.8	78	9,044	19.5	88,738	0.7	37					
6-14	167,886	10,653,063	1,965	23.2	21,294	0.9	100	4,808	56.9	51,089	0.7	40					
15-20	267	14,575	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,455	74,618	8	2.3	77	0.8	50	41	11.7	424	0.5	21					
45-64	1,857	125,348	34	11.7	370	0.7	95	72	24.8	714	0.6	30					
65-74	53,198	3,670,043	875	28.6	9,472	0.9	106	1,943	63.5	20,363	0.6	40					
75-84	93,138	5,773,909	938	24.6	10,163	0.9	99	2,418	63.5	25,798	0.7	43					
85 and older	15,472	876,553	94	14.1	1,052	0.8	86	287	43.1	3,270	0.6	34					
Other Eligibles																	
5 and younger	2,000	93,093	14	11.6	147	0.7	15	33	27.3	378	0.8	39					
6-14	499	24,924	2	4.7	13	0.8	15	14	32.6	142	0.5	17					
15-20	144,354	6,983,602	1,463	3.8	14,331	0.6	46	4,236	11.1	37,649	0.7	33					
21-44	709	14,399	4	0.1	46	0.1	1	5	0.1	45	0.5	13					
45-64	2,819	98,812	29	0.4	201	0.6	38	155	1.9	1,315	0.5	21					
65-74	3,470	128,298	67	1.5	516	0.5	29	300	6.9	2,299	0.5	26					
75-84	9,181	333,586	115	1.1	644	0.7	51	866	8.0	4,340	0.6	32					
85 and older	2,777	107,546	17	0.8	70	0.9	36	182	8.7	708	1.0	41					
Male																	
Disabled																	
5 and younger	173,702	11,092,366	2,387	6.6	24,959	1.0	128	4,253	11.7	41,313	0.7	36					
6-14	115,722	8,283,464	1,755	22.3	19,020	1.1	147	2,647	33.6	28,066	0.6	38					
15-20	285	11,503	0	0.0	0	0.0	0	2	1.2	22	0.5	10					
21-44	3,352	186,069	50	7.7	531	0.7	88	130	20.0	1,338	0.6	31					
45-64	2,549	189,869	59	11.7	581	0.8	100	125	24.7	1,357	0.6	40					
65-74	47,262	3,778,396	942	28.8	10,255	1.1	162	1,220	37.3	12,827	0.6	38					
75-84	54,927	3,678,195	639	22.3	6,942	1.1	136	1,086	37.9	11,579	0.7	38					
85 and older	6,306	389,669	63	17.5	692	1.0	131	69	19.2	768	0.7	32					
Other Eligibles																	
5 and younger	859	39,198	2	3.8	19	0.6	6	14	26.9	163	0.7	23					
6-14	182	10,565	0	0.0	0	0.0	0	1	6.3	12	0.3	3					
15-20	57,980	2,808,902	632	2.2	5,939	0.7	65	1,606	5.6	13,247	0.7	32					
21-44	1,121	23,710	4	0.1	45	0.1	4	6	0.1	60	0.5	14					
45-64	4,659	175,795	64	0.7	535	0.6	53	276	3.2	2,156	0.6	25					
65-74	2,268	96,917	36	1.0	265	0.7	55	197	5.4	1,553	0.6	30					
75-84	3,562	127,472	34	0.6	183	0.6	52	206	3.5	789	0.7	30					
85 and older	1,770	71,099	13	0.8	41	0.8	43	67	4.1	277	0.9	47					
Unknown																	
5 and younger	19,842	1,088,151	160	14.6	1,686	0.9	88	295	26.9	3,084	0.7	35					
6-14	16,288	819,081	190	19.8	1,962	0.7	62	359	37.4	3,454	0.7	35					
15-20	8,470	406,677	131	24.6	1,222	0.6	48	200	37.5	1,874	0.8	32					
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 VERMONT, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	7,941	9.6 %	81,989	\$47	0.5	5,867	7.1 %	60,376	\$53	0.9	11,536	13.9 %	113,560	0.5	\$19
Female	5,329	11.5	55,319	46	0.5	3,436	7.4	35,347	50	0.9	7,033	15.1	69,932	0.5	19
Disabled	2,538	30.0	27,598	47	0.5	2,325	27.5	25,161	56	0.9	3,225	38.1	34,511	0.5	19
5 and younger	9	7.9	96	14	0.2	12	10.5	127	85	1.1	26	22.8	263	0.3	7
6-14	22	6.3	255	28	0.4	62	17.7	682	57	0.8	52	14.9	528	0.5	21
15-20	19	6.6	184	34	0.4	66	22.8	730	67	0.9	57	19.7	615	0.3	7
21-44	740	24.2	7,966	44	0.4	1,062	34.7	11,522	62	0.9	928	30.3	9,971	0.3	14
45-64	1,403	36.8	15,108	49	0.5	1,009	26.5	10,804	52	0.9	1,802	47.3	19,119	0.5	21
65-74	292	43.8	3,380	47	0.5	101	15.2	1,160	34	0.8	322	48.3	3,644	0.6	23
75-84	40	33.1	458	42	0.5	10	8.3	105	25	1.2	31	25.6	314	0.7	27
85 and older	13	30.2	151	43	0.6	3	7.0	31	35	0.7	7	16.3	57	0.5	18
Other Eligibles	2,791	7.3	27,721	46	0.6	1,111	2.9	10,186	33	0.8	3,808	10.0	35,421	0.5	19
5 and younger	17	0.3	108	8	0.3	6	0.1	33	19	0.4	289	5.0	2,268	0.2	5
6-14	42	0.5	350	8	0.2	48	0.6	383	66	0.8	453	5.5	4,209	0.3	7
15-20	79	1.8	543	15	0.3	58	1.3	483	36	0.6	304	7.0	2,404	0.3	7
21-44	243	2.3	1,209	33	0.4	200	1.9	908	31	0.7	439	4.1	2,214	0.4	13
45-64	65	3.1	235	51	0.7	32	1.5	119	36	0.9	109	5.2	396	0.8	21
65-74	632	33.9	6,859	46	0.5	254	13.6	2,800	37	0.9	776	41.6	8,383	0.6	26
75-84	913	34.2	10,027	50	0.6	317	11.9	3,407	29	0.8	925	34.7	10,131	0.6	25
85 and older	800	35.6	8,390	47	0.6	196	8.7	2,053	28	0.9	513	22.8	5,416	0.5	20
Male	2,612	7.2	26,670	47	0.5	2,431	6.7	25,029	58	0.9	4,503	12.4	43,628	0.5	19
Disabled	1,538	19.5	16,556	48	0.5	1,871	23.7	20,205	62	0.9	1,792	22.7	19,249	0.5	21
5 and younger	10	6.1	101	10	0.3	11	6.7	78	79	1.0	34	20.9	338	0.4	10
6-14	20	3.1	231	32	0.4	115	17.7	1,294	45	0.8	101	15.5	1,145	0.3	10
15-20	17	3.4	173	58	0.5	85	16.8	896	64	0.8	53	10.5	583	0.2	6
21-44	564	17.3	6,004	47	0.5	953	29.2	10,312	69	1.0	427	13.1	4,620	0.4	14
45-64	793	27.6	8,543	51	0.5	653	22.8	7,023	57	0.9	944	32.9	10,089	0.5	25
65-74	117	32.6	1,322	42	0.4	49	13.6	542	41	0.9	198	55.2	2,168	0.6	28
75-84	10	19.2	109	55	0.5	4	7.7	48	14	0.4	32	61.5	270	0.8	29
85 and older	7	43.8	73	65	0.7	1	6.3	12	49	0.6	3	18.8	36	0.3	3
Other Eligibles	1,074	3.8	10,114	45	0.5	560	2.0	4,824	42	0.8	2,711	9.5	24,379	0.5	17
5 and younger	27	0.4	208	12	0.3	9	0.1	55	34	0.8	438	7.3	3,302	0.2	5
6-14	35	0.4	334	20	0.3	76	0.9	696	33	0.6	710	8.1	6,328	0.3	8
15-20	21	0.6	140	16	0.3	66	1.8	475	36	0.6	163	4.5	1,299	0.3	6
21-44	100	1.7	509	33	0.5	86	1.5	380	41	0.8	105	1.8	399	0.7	13
45-64	50	3.1	176	45	0.7	24	1.5	107	69	1.2	66	4.0	321	0.7	19
65-74	353	32.2	3,744	46	0.5	128	11.7	1,393	46	0.8	573	52.2	6,016	0.6	26
75-84	306	31.9	3,280	45	0.6	116	12.1	1,185	42	0.9	425	44.3	4,374	0.6	27
85 and older	182	34.1	1,723	56	0.7	55	10.3	533	42	0.9	231	43.3	2,340	0.6	26
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 VERMONT, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC					ANTIDIABETIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	13,496	16.3 %	128,160	0.5	\$17	3,356	4.1 %	35,526	0.7	\$56	5,150	6.2 %	53,410	0.8	\$32
Female	8,820	19.0	84,870	0.4	16	2,235	4.8	24,047	0.7	55	3,562	7.7	37,433	0.8	32
Disabled	4,316	51.1	46,633	0.4	18	1,097	13.0	11,975	0.7	56	1,577	18.7	17,269	0.8	38
5 and younger	7	6.1	84	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	28	8.0	287	0.1	1	2	0.6	24	0.2	9	5	1.4	60	1.5	46
15-20	43	14.8	460	0.2	11	0	0.0	0	0.0	0	5	1.7	51	1.5	28
21-44	1,779	58.1	19,045	0.4	17	116	3.8	1,237	0.6	46	256	8.4	2,750	0.7	34
45-64	2,093	55.0	22,668	0.5	19	756	19.9	8,102	0.7	58	1,045	27.4	11,366	0.8	39
65-74	298	44.7	3,354	0.4	11	196	29.4	2,297	0.7	57	230	34.5	2,663	0.8	36
75-84	49	40.5	526	0.2	4	24	19.8	280	0.8	48	33	27.3	348	0.7	31
85 and older	19	44.2	209	0.5	26	3	7.0	35	0.6	67	3	7.0	31	0.5	19
Other Eligibles	4,504	11.8	38,237	0.5	13	1,138	3.0	12,072	0.7	54	1,985	5.2	20,164	0.8	27
5 and younger	48	0.8	432	0.1	1	2	0.0	13	0.2	4	2	0.0	19	1.4	37
6-14	133	1.6	1,158	0.1	1	0	0.0	0	0.0	0	7	0.1	70	1.8	36
15-20	381	8.7	2,816	0.2	1	0	0.0	0	0.0	0	10	0.2	59	1.0	26
21-44	1,110	10.3	5,631	0.4	5	28	0.3	111	0.7	36	76	0.7	320	0.9	26
45-64	150	7.2	554	0.6	15	53	2.5	201	1.1	68	91	4.3	252	1.3	48
65-74	740	39.7	7,992	0.4	18	512	27.5	5,658	0.6	53	650	34.9	6,997	0.7	31
75-84	1,028	38.5	10,913	0.5	14	461	17.3	5,186	0.7	56	801	30.0	8,804	0.8	27
85 and older	914	40.7	8,741	0.5	18	82	3.6	903	0.8	50	348	15.5	3,643	0.7	20
Male	4,676	12.9	43,290	0.5	19	1,121	3.1	11,479	0.7	57	1,588	4.4	15,977	0.8	32
Disabled	2,724	34.5	28,566	0.5	22	724	9.2	7,730	0.7	58	878	11.1	9,327	0.8	35
5 and younger	9	5.5	103	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	38	5.8	408	0.1	1	0	0.0	0	0.0	0	4	0.6	48	1.5	46
15-20	66	13.0	708	0.2	4	0	0.0	0	0.0	0	4	0.8	39	0.5	16
21-44	1,261	38.6	13,163	0.5	22	141	4.3	1,484	0.7	47	195	6.0	2,077	0.8	32
45-64	1,214	42.3	12,697	0.5	25	506	17.6	5,385	0.7	61	581	20.3	6,120	0.8	37
65-74	117	32.6	1,290	0.4	15	62	17.3	694	0.6	55	85	23.7	948	0.8	32
75-84	15	28.8	151	0.5	6	13	25.0	143	0.7	67	9	17.3	95	0.5	12
85 and older	4	25.0	46	0.1	1	2	12.5	24	0.3	44	0	0.0	0	0.0	0
Other Eligibles	1,952	6.8	14,724	0.4	12	397	1.4	3,749	0.7	54	710	2.5	6,650	0.8	28
5 and younger	69	1.1	605	0.1	1	2	0.0	20	0.1	2	2	0.0	13	2.6	33
6-14	171	2.0	1,584	0.1	1	0	0.0	0	0.0	0	14	0.2	129	1.1	27
15-20	184	5.1	1,164	0.2	1	1	0.0	10	0.1	3	7	0.2	42	1.4	25
21-44	509	8.7	1,931	0.7	17	29	0.5	117	0.8	48	46	0.8	174	1.1	37
45-64	104	6.3	435	0.8	20	43	2.6	175	0.9	56	52	3.2	194	0.9	35
65-74	407	37.1	4,149	0.4	15	207	18.9	2,181	0.7	57	290	26.4	3,030	0.7	29
75-84	307	32.0	2,998	0.5	14	96	10.0	1,051	0.7	53	204	21.3	2,125	0.7	27
85 and older	201	37.7	1,858	0.5	11	19	3.6	195	0.5	45	95	17.8	943	0.7	22
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 VERMONT, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Bene Mos		
All	5,805	7.0 %	59,776	0.7	8,509	10.3 %	85,292	0.3	\$17	82,851	496,601
Female	3,641	7.8	37,995	0.7	5,958	12.8	60,137	0.4	18	46,466	282,570
Disabled	1,311	15.5	14,167	0.7	3,071	36.3	33,698	0.3	18	8,454	82,461
5 and younger	1	0.9	12	0.8	0	0.0	0	0.0	0	114	973
6-14	16	4.6	169	0.6	7	2.0	75	0.2	2	350	3,087
15-20	10	3.4	92	0.7	34	11.7	363	0.2	4	290	2,706
21-44	188	6.1	2,017	0.6	1,059	34.6	11,441	0.3	11	3,062	29,388
45-64	840	22.1	8,929	0.7	1,653	43.4	18,109	0.4	22	3,808	37,079
65-74	210	31.5	2,438	0.7	271	40.7	3,165	0.4	21	666	7,473
75-84	37	30.6	410	0.7	34	28.1	396	0.4	18	121	1,315
85 and older	9	20.9	100	1.0	13	30.2	149	0.3	19	43	440
Other Eligibles	2,330	6.1	23,828	0.7	2,887	7.6	26,439	0.4	19	38,012	200,109
5 and younger	5	0.1	39	0.5	9	0.2	81	0.1	1	5,748	27,924
6-14	22	0.3	213	0.6	73	0.9	643	0.2	2	8,246	45,836
15-20	10	0.2	98	0.6	255	5.9	1,871	0.2	3	4,358	20,359
21-44	73	0.7	312	0.6	591	5.5	2,944	0.3	7	10,789	31,619
45-64	85	4.1	248	1.2	121	5.8	439	0.6	19	2,093	4,801
65-74	615	33.0	6,710	0.7	576	30.9	6,447	0.4	24	1,864	19,189
75-84	928	34.8	10,141	0.7	785	29.4	8,819	0.4	22	2,667	28,226
85 and older	592	26.3	6,067	0.8	477	21.2	5,195	0.4	21	2,247	22,155
Male	2,164	5.9	21,781	0.7	2,551	7.0	25,155	0.3	14	36,385	214,031
Disabled	1,094	13.9	11,635	0.7	1,599	20.3	17,271	0.3	14	7,885	76,402
5 and younger	7	4.3	52	0.5	0	0.0	0	0.0	0	163	1,222
6-14	74	11.4	761	0.8	13	2.0	139	0.2	3	651	6,058
15-20	28	5.5	279	0.6	38	7.5	399	0.1	1	506	4,849
21-44	243	7.4	2,572	0.7	680	20.8	7,218	0.3	11	3,269	32,005
45-64	614	21.4	6,540	0.7	780	27.2	8,475	0.4	18	2,869	27,652
65-74	99	27.6	1,097	0.7	77	21.4	913	0.4	19	359	3,916
75-84	21	40.4	238	0.7	8	15.4	91	0.4	15	52	533
85 and older	8	50.0	96	0.7	3	18.8	36	0.7	32	16	167
Other Eligibles	1,070	3.8	10,146	0.7	952	3.3	7,884	0.4	14	28,500	137,629
5 and younger	9	0.1	83	0.8	10	0.2	102	0.1	1	6,015	29,271
6-14	86	1.0	659	0.8	37	0.4	320	0.1	2	8,738	47,945
15-20	20	0.5	149	0.8	108	3.0	769	0.2	2	3,638	17,192
21-44	42	0.7	141	0.9	223	3.8	949	0.4	9	5,881	14,539
45-64	52	3.2	182	1.1	63	3.8	219	0.6	20	1,639	3,760
65-74	385	35.1	4,002	0.7	241	22.0	2,616	0.4	18	1,097	10,682
75-84	319	33.3	3,346	0.7	178	18.6	1,931	0.4	16	959	9,420
85 and older	157	29.5	1,584	0.8	92	17.3	978	0.4	18	533	4,820
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 VERMONT, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$205	5.7	2,625	25,627
Age				
0-64	343	7.5	174	1,794
65-74	274	7.1	319	3,195
75-84	217	6.0	822	8,103
85 and older	161	4.9	1,310	12,535
Unknown	0	0.0	0	0
Gender				
Female	193	5.5	1,919	18,926
Male	240	6.3	706	6,701
Unknown	0	0.0	0	0
Race				
White	212	5.9	2,133	20,911
African American	80	4.4	3	24
Other/unknown	175	5	489	4,692
Basis of Eligibility				
Aged	195	5.6	2,438	23,706
Disabled	330	7.3	187	1,921
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 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 1,003 beneficiaries who were in nursing facilities for part of their enrollment and their 9,167 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 VERMONT, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$13	\$12	\$0	\$2	\$9	\$34	\$58	\$27	\$9	6,821	\$229,371	1,655	63.0 %	17,008
Biologicals	0.1	0.0	0.0	0.1	2	1	0	1	22	20	17	0	22	237	4,684	210	8.0	2,352
Antineoplastic Agents	0.7	0.4	0.1	0.3	166	144	10	12	42	225	407	104	42	378	84,970	53	2.0	513
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.6	26	18	1	6	10	22	44	15	10	10,811	241,015	935	35.6	9,371
Cardiovascular Agents	1.8	0.3	0.4	1.1	38	12	13	13	12	21	38	34	12	29,307	626,968	1,655	63.0	16,334
Respiratory Agents	0.9	0.4	0.0	0.5	35	20	0	15	29	37	48	31	29	7,967	297,187	819	31.2	8,391
Gastrointestinal Agents	1.0	0.5	0.1	0.4	60	44	8	8	22	61	90	66	22	10,782	657,111	1,068	40.7	10,863
Genitourinary Agents	0.6	0.3	0.0	0.3	18	14	0	4	16	33	50	41	16	2,285	75,160	395	15.0	4,096
CNS Drugs	1.6	0.7	0.1	0.7	80	59	11	9	13	50	81	81	13	28,854	1,439,943	1,785	68.0	18,027
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.7	13	0	0	13	18	18	0	0	18	11	195	2	0.1	15
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	93	93	0	0	23	121	123	52	23	917	111,104	118	4.5	1,189
Analgesics and Anesthetics	1.1	0.3	0.1	0.6	35	22	6	7	11	33	72	42	11	12,314	403,691	1,226	46.7	11,668
Neuromuscular Agents	1.3	0.4	0.3	0.7	54	27	10	16	22	40	77	40	22	9,999	401,219	718	27.4	7,469
Nutritional Products	0.8	0.0	0.2	0.5	15	0	6	9	16	18	19	23	16	4,616	84,613	588	22.4	5,779
Hematological Agents	0.9	0.1	0.3	0.5	28	14	7	7	13	32	229	24	13	4,453	142,164	505	19.2	5,078
Topical Products	0.5	0.2	0.1	0.3	14	7	3	4	14	26	42	38	14	7,684	198,485	1,345	51.2	14,281
Miscellaneous Products	0.2	0.1	0.0	0.0	6	4	0	2	42	31	26	178	42	257	7,873	128	4.9	1,342
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	20	0	0	0	0	31	0	0	0	8,240	258,029	1,266	48.2	12,974
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	145,933	5,263,782	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,003 beneficiaries who were in nursing facilities for part of their enrollment and their 9,167 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 1999. 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/products/product_mddb.asp (May 13 2003).
- 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/products/product_mddb.asp (May 13 2003). In Vermont, 5.2 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 VERMONT, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$642,606	1,579	60.2 %	16,188	0.9	\$45	\$40
ANTIPSYCHOTICS	627,597	991	37.8	10,318	0.7	84	61
ULCER DRUGS	524,214	920	35.0	9,319	0.8	74	56
ANALGESICS - Narcotic	284,592	1,246	47.5	11,680	0.8	32	24
ANTICONVULSANT	275,252	563	21.4	5,995	1.1	43	46
ANTIASTHMATIC	245,253	880	33.5	9,142	0.7	41	27
ANTIHYPERTENSIVE	169,167	624	23.8	6,097	0.9	31	28
ANTIIDIABETIC	164,178	622	23.7	6,338	0.8	31	26
ANTIANSIETY AGENTS	147,985	768	29.3	7,812	0.8	25	19
CALCIUM BLOCKERS	130,272	377	14.4	3,753	0.9	38	35

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,003 beneficiaries who were in nursing facilities for part of their enrollment and their 9,167 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 VERMONT, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTI-PSYCHOTICS						
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$
All	70,268	\$3,211,116	1,579	60.2 %	0.9	16,188	0.9	\$40		991	37.8 %	0.7	\$61	10,318	0.7		
Female	48,770	2,171,426	1,145	59.7	0.9	11,895	0.9	39		700	36.5	0.7	57	7,332	0.7		
Disabled	3,410	192,999	69	69.7	0.9	736	0.9	50		44	44.4	1.0	127	465	1.0		
64 or younger	3,286	190,202	65	72.2	0.9	712	0.9	50		42	46.7	1.0	128	461	1.0		
65-74	120	2,564	3	37.5	1.0	20	1.0	23		2	25.0	0.5	38	4	0.5		
75-84	0	0	0	0.0	0	0	0	0		0	0.0	0	0	0	0.0		
85 and older	4	233	1	100.0	1.0	4	1.0	58		0	0.0	0	0	0	0.0		
Other Eligibles	45,360	1,978,427	1,076	59.1	0.9	11,159	0.9	39		656	36.0	0.7	52	6,867	0.7		
64 or younger	0	0	0	0.0	0	0	0	0		0	0.0	0	0	0	0.0		
65-74	6,284	288,383	128	80.5	0.9	1,397	0.9	36		82	51.6	0.9	68	911	0.9		
75-84	16,897	755,503	387	66.3	0.9	4,007	0.9	40		231	39.6	0.7	66	2,376	0.7		
85 and older	22,179	934,541	561	52.1	0.9	5,755	0.9	38		343	31.8	0.6	38	3,580	0.6		
Male	21,498	1,039,690	434	61.5	0.9	4,293	0.9	41		291	41.2	0.8	71	2,986	0.8		
Disabled	4,018	191,205	58	65.9	1.1	613	1.1	57		37	42.0	0.8	70	393	0.8		
64 or younger	3,867	185,095	57	67.9	1.1	602	1.1	58		36	42.9	0.7	69	382	0.7		
65-74	139	5,727	1	33.3	0.3	11	0.3	2		1	33.3	1.5	104	11	1.5		
75-84	0	0	0	0.0	0	0	0	0		0	0.0	0	0	0	0.0		
85 and older	12	383	0	0.0	0	0	0	0		0	0.0	0	0	0	0.0		
Other Eligibles	17,480	848,485	376	60.8	0.9	3,680	0.9	39		254	41.1	0.8	71	2,593	0.8		
64 or younger	0	0	0	0.0	0	0	0	0		0	0.0	0	0	0	0.0		
65-74	5,072	267,595	92	61.7	0.9	953	0.9	42		70	47.0	0.9	98	733	0.9		
75-84	7,091	348,749	162	68.1	0.8	1,576	0.8	41		100	42.0	0.9	68	1,054	0.9		
85 and older	5,317	232,141	122	52.8	0.9	1,151	0.9	32		84	36.4	0.6	51	806	0.6		
Unknown	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 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,003 beneficiaries who were in nursing facilities for part of their enrollment and their 9,167 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 VERMONT, 1999

Beneficiary Characteristics	ULCER DRUGS										ANTICONVULSANT									
	Users as %					ANALGESICS - Narcotic					Users as %					ANTICONVULSANT				
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Residents	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Residents	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	920	35.0 %	0.8	\$56	0.8	1,246	47.5 %	11,680	0.8	\$24	563	21.4 %	5,995	1.1	\$46					
Female	648	33.8	0.8	56	0.8	915	47.7	8,672	0.8	24	368	19.2	3,928	1.0	39					
Disabled	25	25.3	0.7	60	0.8	42	42.4	406	0.8	17	54	54.5	590	1.4	63					
64 or younger	24	26.7	0.7	61	0.8	39	43.3	392	0.8	16	51	56.7	554	1.4	66					
65-74	1	12.5	0.8	42	1.1	3	37.5	14	1.1	22	3	37.5	36	1.2	19					
75-84	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	623	34.2	0.8	56	0.8	873	48.0	8,266	0.8	25	314	17.3	3,338	1.0	35					
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	61	38.4	0.7	51	0.8	89	56.0	919	0.8	25	66	41.5	736	1.1	47					
75-84	194	33.2	0.8	61	0.9	278	47.6	2,677	0.9	27	124	21.2	1,313	1.0	36					
85 and older	368	34.2	0.8	54	0.8	506	47.0	4,670	0.7	24	124	11.5	1,289	0.9	27					
Male	272	38.5	0.7	57	0.7	331	46.9	3,008	0.7	24	195	27.6	2,067	1.1	59					
Disabled	32	36.4	0.8	57	0.8	43	48.9	468	1.1	46	63	71.6	688	1.3	65					
64 or younger	30	35.7	0.8	57	0.8	42	50.0	460	1.1	47	63	75.0	688	1.3	65					
65-74	2	66.7	0.5	52	0.5	1	33.3	8	0.5	5	0	0.0	0	0.0	0					
75-84	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	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	0					
Other Eligibles	240	38.8	0.7	57	0.7	288	46.6	2,540	0.6	20	132	21.4	1,379	1.0	56					
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	62	41.6	0.8	61	0.6	67	45.0	576	0.6	24	44	29.5	478	0.9	64					
75-84	91	38.2	0.7	55	0.7	107	45.0	947	0.7	24	54	22.7	557	1.1	53					
85 and older	87	37.7	0.7	56	0.7	114	49.4	1,017	0.5	14	34	14.7	344	1.0	49					
Unknown	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,003 beneficiaries who were in nursing facilities for part of their enrollment and their 9,167 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 VERMONT, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-HYPERTENSIVE					ANTI-DIABETIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	880	33.5 %	9,142	0.7	\$27	624	23.8 %	6,097	0.9	\$28	622	23.7 %	6,338	0.8	\$26
Female	520	27.1	5,520	0.6	24	405	21.1	3,967	0.9	28	434	22.6	4,471	0.8	26
Disabled	19	19.2	198	0.7	32	16	16.2	185	0.8	23	22	22.2	236	1.0	49
64 or younger	19	21.1	198	0.7	32	15	16.7	173	0.8	24	21	23.3	224	1.0	51
65-74	0	0.0	0	0.0	0	1	12.5	12	0.6	13	1	12.5	12	1.1	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	501	27.5	5,322	0.6	23	389	21.4	3,782	0.9	28	412	22.6	4,235	0.8	25
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	71	44.7	756	0.7	35	34	21.4	333	0.9	28	77	48.4	798	0.9	33
75-84	194	33.2	2,063	0.7	26	144	24.7	1,389	0.9	26	158	27.1	1,648	0.9	26
85 and older	236	21.9	2,503	0.5	18	211	19.6	2,060	0.9	29	177	16.4	1,789	0.8	20
Male	360	51.0	3,622	0.8	32	219	31.0	2,130	0.9	28	188	26.6	1,867	0.8	25
Disabled	36	40.9	385	1.3	46	17	19.3	171	0.9	34	15	17.0	145	1.0	39
64 or younger	31	36.9	330	1.3	47	15	17.9	148	0.9	32	14	16.7	134	0.9	41
65-74	5	166.7	55	0.9	38	1	33.3	11	1.7	58	1	33.3	11	1.1	27
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	1	100.0	12	1.0	32	0	0.0	0	0.0	0
Other Eligibles	324	52.4	3,237	0.7	30	202	32.7	1,959	0.9	28	173	28.0	1,722	0.8	24
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	89	59.7	884	0.7	31	57	38.3	533	0.9	33	51	34.2	502	0.8	26
75-84	120	50.4	1,204	0.7	32	79	33.2	780	0.9	27	70	29.4	684	0.8	23
85 and older	115	49.8	1,149	0.7	27	66	28.6	646	0.9	25	52	22.5	536	0.8	23
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,003 beneficiaries who were in nursing facilities for part of their enrollment and their 9,167 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 VERMONT, 1999

Beneficiary Characteristics	ANTIANXIETY AGENTS					CALCIUM BLOCKERS					Mean Rx \$	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		No. of Bene		Mean No. of Rx	Users as %		No. of Bene		Mean No. of Rx			
	No. of Users	Residents	NF Residents	All-Year NF Residents		No. of Users	Residents	NF Residents	All-Year NF Residents				
All	768	29.3 %	7,812	0.8	\$19	377	14.4 %	3,753	0.9	\$35	2,625	25,627	
Female	539	28.1	5,484	0.8	19	266	13.9	2,659	0.9	36	1,919	18,926	
Disabled	27	27.3	281	1.3	39	10	10.1	103	1.0	47	99	1,026	
64 or younger	25	27.8	273	1.3	40	9	10.0	91	1.0	51	90	942	
65-74	2	25.0	8	0.4	21	1	12.5	12	1.0	15	8	80	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4	
Other Eligibles	512	28.1	5,203	0.7	17	256	14.1	2,556	0.9	35	1,820	17,900	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	50	31.4	525	0.9	25	24	15.1	254	0.9	46	159	1,674	
75-84	189	32.4	1,941	0.8	17	90	15.4	863	0.9	38	584	5,789	
85 and older	273	25.3	2,737	0.7	16	142	13.2	1,439	0.9	31	1,077	10,437	
Male	229	32.4	2,328	0.8	20	111	15.7	1,094	0.9	33	706	6,701	
Disabled	45	51.1	481	1.1	21	9	10.2	97	0.9	37	88	895	
64 or younger	44	52.4	469	1.0	20	9	10.7	97	0.9	37	84	852	
65-74	1	33.3	12	2.0	40	0	0.0	0	0.0	0	3	31	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
Other Eligibles	184	29.8	1,847	0.7	20	102	16.5	997	0.9	33	618	5,806	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	49	32.9	485	1.0	18	22	14.8	236	1.0	37	149	1,410	
75-84	82	34.5	844	0.5	23	41	17.2	395	0.9	32	238	2,314	
85 and older	53	22.9	518	0.6	17	39	16.9	366	0.9	31	231	2,082	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,003 beneficiaries who were in nursing facilities for part of their enrollment and their 9,167 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
VERMONT, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries with Pharmacy Benefit Coverage					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	129,933	9,350	16,497	40,502	63,533	1,162,174	95,187	178,076	311,649	577,057	205
Age											
5 and younger	21,181	0	285	37	20,858	182,788	0	2,976	165	179,644	3
6-14	31,225	1	1,005	60	30,159	298,748	12	11,220	275	287,241	0
15-20	14,678	0	813	1,891	11,974	127,220	0	8,756	12,750	105,714	0
21-44	37,864	4	6,397	30,902	526	309,250	48	68,673	236,120	4,266	143
45-64	14,318	9	6,739	7,540	15	134,458	77	72,362	61,780	180	59
65-74	4,022	2,932	1,026	63	1	42,519	30,387	11,634	486	12	0
75-84	3,806	3,625	173	8	0	39,576	37,664	1,848	64	0	0
85 and older	2,839	2,779	59	1	0	27,615	26,999	607	9	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	72,405	6,770	8,529	25,512	31,589	655,562	70,054	93,095	204,620	287,780	13
Male	57,528	2,580	7,968	14,990	31,944	506,612	25,133	84,981	107,029	289,277	192
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	87,145	7,754	13,929	29,539	35,907	806,575	80,255	151,993	233,663	340,610	54
African American	837	13	95	284	445	7,000	140	978	2,015	3,867	0
Other/unknown	41,951	1,583	2,473	10,679	27,181	348,599	14,792	25,105	75,971	232,580	151
Use of Nursing Facilities											
All year	2,626	2,438	188	0	0	25,633	23,706	1,927	0	0	0
Part year	1,004	856	146	2	0	9,242	7,827	1,404	11	0	0
None	126,303	6,056	16,163	40,500	63,533	1,127,299	63,654	174,745	311,638	577,057	205
Maintenance Assistance Status											
Cash	35,625	2,192	12,017	6,719	14,697	363,247	24,725	134,363	62,726	141,433	0
Medically needy	13,221	3,182	3,062	3,659	3,318	116,181	33,080	29,217	28,407	25,477	0
Poverty related	39,810	0	0	1,989	37,821	348,236	0	0	11,697	336,539	0
Other/unknown	41,277	3,976	1,418	28,135	7,697	334,510	37,382	14,496	208,819	73,608	205
Dual Status^c											
Full dual, all year	17,754	9,063	8,343	335	4	185,802	92,428	90,517	2,766	44	47
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
Non-dual, all year	112,179	287	8,154	40,167	63,529	976,372	2,759	87,559	308,883	577,013	158
Managed Care Status											
FFS all year	47,132	9,225	13,891	4,309	19,656	416,945	93,890	150,412	21,847	150,591	205
FFS part year, with Rx claims	24,682	102	2,230	11,369	10,981	234,860	1,102	24,345	99,270	110,143	0
FFS part year, no Rx claims	11,037	18	218	5,618	5,183	90,962	186	2,335	39,912	48,529	0
MC all year, with Rx claims	31,556	0	113	12,884	18,559	302,467	0	801	112,417	189,249	0
MC all year, no Rx claims	15,526	5	45	6,322	9,154	116,940	9	183	38,203	78,545	0

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 VERMONT, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	129,933	1,162,174	82,851	496,601	47,082	665,573
FFS all year	47,132	416,945	47,132	416,945	0	0
FFS part year, with Rx claims	24,682	234,860	24,682	55,546	0	179,314
FFS part year, with no Rx claims	11,037	90,962	11,037	24,110	0	66,852
MC all year, with Rx claims	31,556	302,467	0	0	31,556	302,467
MC all year, with no Rx claims	15,526	116,940	0	0	15,526	116,940

Source: Data for this table are from the MAX 1999 file for Vermont, released by CMS in 12/2003. This table was produced on 06/25/2004.

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