

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 HAWAII

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
HAWAII, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	192,629 (A)	25,372 (E)	167,257 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	191,729 (B)	24,482 (F)	167,247 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	94,178 (C)	24,174 (G)	70,004 (K)
4. Benes who were all-year nursing facility residents ^f	2,403 (D)	2,185 (H)	218 (L)

Source: Data for this table are from the MAX 2001 file for Hawaii, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Hawaii in 2001 was \$71,463,657, of which \$6,349,105 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. All benefit months of such dual eligible beneficiaries, of which 0.6 percent were restricted benefit months without a pharmacy benefit in Hawaii, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 HAWAII, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	94,178	17,180	20,650	27,633	28,708	7	478,317	171,344	209,586	48,252	49,115	20	478,317	171,344	209,586	48,252	49,115	20	
Age																			
5 and younger	12,026	0	546	0	11,480	0	24,507	0	5,054	0	19,453	0	24,507	0	5,054	0	19,453	0	
6-14	13,395	0	858	0	12,537	0	30,339	0	8,853	0	21,486	0	30,339	0	8,853	0	21,486	0	
15-20	8,193	0	686	2,817	4,690	0	19,487	0	6,419	4,901	8,167	0	19,487	0	6,419	4,901	8,167	0	
21-44	27,060	0	7,142	19,917	1	0	106,632	0	72,489	34,134	9	0	106,632	0	72,489	34,134	9	0	
45-64	14,697	0	9,804	4,886	0	7	109,106	0	99,894	9,192	0	20	109,106	0	99,894	9,192	0	20	
65-74	8,135	6,817	1,305	13	0	0	83,468	69,679	13,764	25	0	0	83,468	69,679	13,764	25	0	0	
75-84	7,343	7,100	243	0	0	0	75,302	72,801	2,501	0	0	0	75,302	72,801	2,501	0	0	0	
85 and older	3,329	3,263	66	0	0	0	29,476	28,864	612	0	0	0	29,476	28,864	612	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender																			
Female	50,864	11,287	9,791	15,575	14,204	7	265,642	114,280	100,470	26,740	24,132	20	265,642	114,280	100,470	26,740	24,132	20	
Male	43,314	5,893	10,859	12,058	14,504	0	212,675	57,064	109,116	21,512	24,983	0	212,675	57,064	109,116	21,512	24,983	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	20,902	2,169	6,575	7,131	5,023	4	108,355	21,111	65,970	12,484	8,779	11	108,355	21,111	65,970	12,484	8,779	11	
African American	1,625	76	399	602	548	0	6,562	761	3,774	1,105	922	0	6,562	761	3,774	1,105	922	0	
Other/unknown	71,651	14,935	13,676	19,900	23,137	3	363,400	149,472	139,842	34,663	39,414	9	363,400	149,472	139,842	34,663	39,414	9	
Use of Nursing Facilities^c																			
Entire year	2,403	1,963	434	6	0	0	19,589	15,197	4,384	8	0	0	19,589	15,197	4,384	8	0	0	
Part year	1,125	652	422	47	4	0	10,515	6,107	4,257	137	14	0	10,515	6,107	4,257	137	14	0	
None	90,650	14,565	19,794	27,580	28,704	7	448,213	150,040	200,945	48,107	49,101	20	448,213	150,040	200,945	48,107	49,101	20	
Maintenance Assistance Status																			
Cash	37,520	7,683	13,746	6,917	9,174	0	253,433	83,004	144,988	11,071	14,370	0	253,433	83,004	144,988	11,071	14,370	0	
Medically needy	2,320	1,780	520	14	6	0	17,240	13,007	4,179	34	20	0	17,240	13,007	4,179	34	20	0	
Poverty-related	30,302	7,688	5,992	0	16,615	7	163,857	75,063	59,334	0	29,440	20	163,857	75,063	59,334	0	29,440	20	
Other/unknown	24,036	29	392	20,702	2,913	0	43,787	270	1,085	37,147	5,285	0	43,787	270	1,085	37,147	5,285	0	
Dual Medicare Status^d																			
Full dual, all year	23,848	15,437	8,295	115	1	0	242,632	154,344	87,960	327	1	0	242,632	154,344	87,960	327	1	0	
Full dual, part year	326	96	230	0	0	0	2,928	872	2,056	0	0	0	2,928	872	2,056	0	0	0	
Non-dual, all year	70,004	1,647	12,125	27,518	28,707	7	232,757	16,128	119,570	47,925	49,114	20	232,757	16,128	119,570	47,925	49,114	20	
Managed Care Status																			
FFS all year	40,352	16,925	18,481	2,839	2,100	7	378,934	169,845	198,139	5,679	5,251	20	378,934	169,845	198,139	5,679	5,251	20	
FFS part year, with Rx claims	3,848	194	1,503	1,518	633	0	15,318	1,241	9,300	3,471	1,306	0	15,318	1,241	9,300	3,471	1,306	0	
FFS part year, no Rx claims	49,978	61	666	23,276	25,975	0	84,065	258	2,147	39,102	42,558	0	84,065	258	2,147	39,102	42,558	0	

Source: Data for this table are from the MAX 2001 file for Hawaii, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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. 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 2001. 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}
 HAWAII, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	36.8 %	11.8	\$691	\$59	\$4,434	15.6 %	94,178
Age							
5 and younger	6.2	0.7	51	71	2,172	2.3	12,026
6-14	6.8	0.8	70	87	1,107	6.3	13,395
15-20	8.2	0.8	79	94	1,590	5.0	8,193
21-44	25.0	6.9	611	89	3,521	17.4	27,060
45-64	62.6	26.4	1,612	61	7,096	22.7	14,697
65-74	86.1	28.8	1,320	46	5,123	25.8	8,135
75-84	88.2	27.9	1,225	44	8,516	14.4	7,343
85 and older	86.4	22.5	893	40	17,973	5.0	3,329
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	86.9	26.6	1,171	44	8,844	13.2	17,180
Disabled	84.7	31.4	2,160	69	9,640	22.4	20,650
Adults	5.7	0.3	12	46	1,473	0.8	27,633
Children	2.2	0.1	2	36	900	0.2	28,708
Unknown	57.1	4.4	158	36	2,031	7.8	7
Gender							
Female	38.8	13.2	679	52	4,551	14.9	50,864
Male	34.4	10.3	706	69	4,296	16.4	43,314
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	38.8	14.5	996	69	4,702	21.2	20,902
African American	24.8	8.4	544	65	2,653	20.5	1,625
Other/unknown	36.5	11.1	606	55	4,396	13.8	71,651
Use of Nursing Facilities^d							
Entire year	93.1	30.3	1,321	44	47,036	2.8	2,403
Part year	94.8	40.3	2,171	54	36,512	5.9	1,125
None	34.6	11.0	656	60	2,906	22.6	90,650

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	51.2	17.8	1,067	60	4,631	23.0	37,520
Medically needy	80.9	24.9	1,232	50	26,581	4.6	2,320
Poverty related	39.5	12.5	718	58	4,805	14.9	30,302
Other/unknown	6.7	0.4	19	47	1,520	1.3	24,036

Source: Data for this table are from the MAX 2001 file for Hawaii, released by CMS in 07/2005. This table was produced on 09/19/2006.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 HAWAII, 2001

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	2.3	\$136	15.6 %	63.2 %	12.5 %	6.3 %	11.8 %	5.3 %	0.9 %	\$873	94,178	478,317
Age												
5 and younger	0.3	25	2.3	93.8	4.1	1.0	0.9	0.2	0.0	1,066	12,026	24,507
6-14	0.4	31	6.3	93.2	4.9	0.9	0.8	0.1	0.0	489	13,395	30,339
15-20	0.4	33	5.0	91.8	5.7	1.3	1.1	0.1	0.0	668	8,193	19,487
21-44	1.7	155	17.4	75.0	10.5	4.4	6.7	3.0	0.5	893	27,060	106,632
45-64	3.6	217	22.7	37.4	15.4	9.4	21.3	13.2	3.3	956	14,697	109,106
65-74	2.8	129	25.8	13.9	26.7	16.0	29.8	12.2	1.4	499	8,135	83,468
75-84	2.7	119	14.4	11.8	27.4	16.4	32.0	11.5	0.9	830	7,343	75,302
85 and older	2.5	101	5.0	13.6	26.6	16.4	32.7	9.9	0.8	2,030	3,329	29,476
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	2.7	117	13.2	13.1	27.5	16.5	31.1	10.9	0.9	887	17,180	171,344
Disabled	3.1	213	22.4	15.3	27.3	13.1	26.5	14.6	3.3	950	20,650	209,586
Adults	0.1	7	0.8	94.3	3.3	1.2	0.9	0.2	0.0	844	27,633	48,252
Children	0.0	1	0.2	97.8	1.7	0.3	0.2	0.0	0.0	526	28,708	49,115
Unknown	1.6	55	7.8	42.9	28.6	0.0	28.6	0.0	0.0	711	7	20
Gender												
Female	2.5	130	14.9	61.2	12.3	6.7	13.0	5.8	1.0	872	50,864	265,642
Male	2.1	144	16.4	65.6	12.8	5.9	10.4	4.7	0.7	875	43,314	212,675
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.8	192	21.2	61.2	12.1	5.8	11.9	7.1	1.9	907	20,902	108,355
African American	2.1	135	20.5	75.2	8.3	4.1	7.4	3.5	1.5	657	1,625	6,562
Other/unknown	2.2	120	13.8	63.5	12.7	6.6	11.9	4.8	0.6	867	71,651	363,400
Use of Nursing Facilities^d												
Entire year	3.7	162	2.8	6.9	18.6	13.4	38.8	18.9	3.4	5,770	2,403	19,589
Part year	4.3	232	5.9	5.2	17.3	14.3	35.3	22.6	5.3	3,906	1,125	10,515
None	2.2	133	22.6	65.4	12.3	6.1	10.8	4.7	0.8	588	90,650	448,213

Table 4

All Medicaid Beneficiaries

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 or Less			
Maintenance												
Assistance Status												
Cash	2.6	158	23.0	48.8	17.1	8.7	16.4	7.6	1.4	686	37,520	253,433
Medically needy	3.3	166	4.6	19.1	19.0	12.8	31.5	15.0	2.6	3,577	2,320	17,240
Poverty related	2.3	133	14.9	60.5	13.3	6.8	13.0	5.6	0.8	889	30,302	163,857
Other/unknown	0.2	11	1.3	93.3	3.8	1.4	1.1	0.3	0.0	834	24,036	43,787

Source: Data for this table are from the MAX 2001 file for Hawaii, released by CMS in 07/2005. This table was produced on 09/19/2006.

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.

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 of Table 1 for methodology used to determine nursing facility residence.

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}
 HAWAII, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	2.3	\$136	1.0	\$104	0.2	\$51	1.1	\$25
Age								
5 and younger	0.3	25	0.1	20	0.0	39	0.2	4
6-14	0.4	31	0.1	21	0.0	48	0.2	9
15-20	0.4	33	0.1	25	0.0	44	0.2	7
21-44	1.7	155	0.7	124	0.1	72	0.9	23
45-64	3.6	217	1.5	162	0.2	61	1.8	41
65-74	2.8	129	1.4	99	0.2	37	1.2	24
75-84	2.7	119	1.3	90	0.2	35	1.2	23
85 and older	2.5	101	1.1	70	0.2	38	1.2	23
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	2.7	117	1.3	88	0.2	36	1.2	23
Disabled	3.1	213	1.3	163	0.2	62	1.6	37
Adults	0.1	7	0.0	5	0.0	58	0.1	2
Children	0.0	1	0.0	1	0.0	44	0.0	0
Unknown	1.6	55	0.6	44	0.1	18	0.8	9
Gender								
Female	2.5	130	1.1	97	0.2	47	1.2	25
Male	2.1	144	0.9	112	0.1	58	1.1	25
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.8	192	1.1	147	0.2	68	1.5	33
African American	2.1	135	0.9	108	0.1	50	1.1	21
Other/unknown	2.2	120	1.0	91	0.1	45	1.0	23
Use of Nursing Facilities^e								
Entire year	3.7	162	1.4	107	0.4	42	1.8	37
Part year	4.3	232	1.7	170	0.4	42	2.1	45
None	2.2	133	1.0	102	0.1	53	1.1	24

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	2.6	158	1.2	120	102	9	54	29
Medically needy	3.3	166	1.4	117	85	15	48	34
Poverty related	2.3	133	1.0	102	98	7	47	23
Other/unknown	0.2	11	0.1	7	90	1	46	2

Source: Data for this table are from the MAX 2001 file for Hawaii, released by CMS in 07/2005. This table was produced on 09/19/2006.

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.

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 Hawaii, 1.0 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_mdmb.asp (May 13 2003).

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 = 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}
 HAWAII, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos	
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic						
Anti-infective Agents	0.3	0.2	0.0	0.2	\$26	\$23	\$0	\$81	\$154	\$69	\$15	65,366	19,376	20.6%	204,659
Biologics	0.2	0.1	0.0	0.0	110	50	4	695	452	1,240	1,256	903	520	0.6	5,711
Antineoplastic Agents	0.5	0.2	0.1	0.2	98	64	21	194	325	185	67	5,928	1,198	1.3	11,779
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.2	44	38	2	4	50	70	21	133,325	14,385	15.3	152,641
Cardiovascular Agents	1.3	0.7	0.1	0.6	55	39	3	41	58	28	24	270,232	19,101	20.3	200,736
Respiratory Agents	0.6	0.2	0.0	0.3	21	16	0	5	37	63	33	88,680	14,489	15.4	155,982
Gastrointestinal Agents	0.5	0.1	0.0	0.3	21	15	1	46	144	76	15	52,195	10,467	11.1	113,025
Genitourinary Agents	0.4	0.3	0.0	0.1	20	17	0	53	67	45	19	13,734	3,397	3.6	36,810
CNS Drugs	1.1	0.5	0.1	0.5	100	77	6	92	157	115	31	167,233	14,642	15.5	153,777
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	29	13	3	58	84	72	43	2,003	380	0.4	3,995
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	56	54	0	111	117	39	34	4,585	866	0.9	9,126
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	37	27	3	57	141	126	16	118,082	17,371	18.4	181,634
Neuromuscular Agents	0.9	0.4	0.1	0.4	52	37	6	58	104	43	23	78,808	8,247	8.8	87,673
Nutritional Products	0.4	0.0	0.1	0.3	9	1	4	21	41	29	16	16,223	3,832	4.1	38,199
Hematological Agents	0.7	0.3	0.1	0.3	79	71	2	6	122	252	24	27,773	3,383,751	4.4	42,656
Topical Products	0.4	0.1	0.0	0.2	12	7	0	4	32	53	41	62,883	2,030,641	16.6	170,585
Miscellaneous Products	0.3	0.1	0.0	0.2	48	29	12	7	159	284	252	3,659	581,094	1.3	12,105
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	29	0	0	0	1,901	847	0.9	8,918
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.	1,113,513	65,114,552	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Hawaii, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 Hawaii, 1.0 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}
 HAWAII, 2001

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	\$10,310,767	7.7 %	78,882	0.8	\$172	\$131
ANALGESICS - Narcotic	4,061,674	15.4	151,952	0.4	65	27
ANTIHYPERTENSIVE	3,948,282	8.4	87,084	0.6	77	45
ANTICONVULSANT	3,809,326	6.8	69,425	0.7	74	55
ANTI-DIABETIC	3,759,108	10.5	106,361	0.6	57	35
ANTIDEPRESSANTS	3,674,088	9.9	98,774	0.6	65	37
ANTIHYPERTENSIVE	3,387,991	13.9	141,400	0.6	41	24
ANTIVIRAL	2,804,762	2.2	23,036	0.4	310	122
ANTIASTHMATIC	2,534,423	12.7	128,767	0.4	49	20
MISC. HEMATOLOGICAL	2,524,246	2.1	20,946	0.6	216	121
Total	40,814,667	84,274	906,627	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Hawaii, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.