

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 HAWAII

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
HAWAII, 2002

Inclusion Criteria (2002)	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	206,604 (A)	28,102 (E)	178,502 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	205,226 (B)	26,746 (F)	178,480 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	102,841 (C)	26,388 (G)	76,453 (K)
4. Benes who were all-year nursing facility residents ^f	3,482 (D)	3,252 (H)	230 (L)

Source: Data for this table are from the MAX 2002 file for Hawaii, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2002, 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 19 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 19 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.
- The total Medicaid pharmacy reimbursement for Hawaii in 2002 was \$82,060,027, of which \$5,250,356 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.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 0.7 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.

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}
 HAWAII, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	102,841	19,622	21,280	30,448	31,476	15	510,253	187,447	211,523	54,736	56,443	104		
Age														
5 and younger	13,252	0	572	0	12,680	0	27,583	0	5,163	0	22,420	0		
6-14	14,620	0	938	0	13,682	0	34,467	0	9,756	0	24,711	0		
15-20	8,777	0	717	2,946	5,114	0	21,560	0	6,956	5,292	9,312	0		
21-44	29,404	0	7,344	22,056	0	4	112,246	0	72,735	39,496	0	15		
45-64	16,207	1	10,768	5,427	0	11	117,133	9	107,132	9,903	0	89		
65-74	8,455	7,720	716	19	0	0	84,747	77,111	7,591	45	0	0		
75-84	8,001	7,824	177	0	0	0	79,167	77,371	1,796	0	0	0		
85 and older	4,125	4,077	48	0	0	0	33,350	32,956	394	0	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	55,574	12,895	10,057	17,088	15,519	15	283,564	124,890	100,338	30,330	27,902	104		
Male	47,267	6,727	11,223	13,360	15,957	0	226,689	62,557	111,185	24,406	28,541	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	23,978	2,767	7,017	8,189	6,001	4	119,730	25,765	68,431	14,573	10,927	34		
African American	1,684	89	434	618	543	0	7,071	861	4,037	1,148	1,025	0		
Other/unknown	77,179	16,766	13,829	21,641	24,932	11	383,452	160,821	139,055	39,015	44,491	70		
Use of Nursing Facilities^c														
Entire year	3,482	3,002	471	8	1	0	22,839	19,396	3,432	10	1	0		
Part year	8,151	4,921	3,167	57	6	0	88,261	53,130	34,976	140	15	0		
None	91,208	11,699	17,642	30,383	31,469	15	399,153	114,921	173,115	54,586	56,427	104		
Maintenance Assistance Status														
Cash	53,089	8,080	14,185	12,441	18,383	0	287,912	85,385	148,247	22,049	32,231	0		
Medically needy	2,971	2,326	630	14	1	0	20,571	15,916	4,636	18	1	0		
Poverty-related	25,553	9,162	5,888	0	10,488	15	162,347	85,862	57,230	0	19,151	104		
Other/unknown	21,228	54	577	17,993	2,604	0	39,423	284	1,410	32,669	5,060	0		
Dual Medicare Status^d														
Full dual, all year	25,975	17,511	8,348	116	0	0	254,916	167,530	87,068	318	0	0		
Full dual, part year	413	262	150	1	0	0	3,897	2,465	1,424	8	0	0		
Non-dual, all year	76,453	1,849	12,782	30,331	31,476	15	251,440	17,452	123,031	54,410	56,443	104		
Managed Care Status														
FFS all year	44,682	19,397	18,906	3,803	2,562	14	400,691	186,176	199,967	7,805	6,643	100		
FFS part year, with Rx claims	4,270	169	1,559	1,813	728	1	16,164	989	9,255	4,212	1,704	4		
FFS part year, no Rx claims	53,889	56	815	24,832	28,186	0	93,398	282	2,301	42,719	48,096	0		

Source: Data for this table are from the MAX 2002 file for Hawaii, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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, 2002

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	36.5 %	11.6	\$747	\$64	\$4,966	15.0 %	102,841
Age							
5 and younger	6.0	0.7	42	62	2,491	1.7	13,252
6-14	7.0	0.8	91	111	1,357	6.7	14,620
15-20	8.7	0.9	85	92	1,753	4.8	8,777
21-44	24.1	6.4	608	95	3,648	16.7	29,404
45-64	61.7	25.6	1,772	69	7,405	23.9	16,207
65-74	86.0	29.3	1,502	51	5,674	26.5	8,455
75-84	88.5	28.3	1,360	48	9,983	13.6	8,001
85 and older	85.9	21.9	972	44	21,172	4.6	4,125
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	86.8	27.0	1,319	49	10,571	12.5	19,622
Disabled	83.4	30.8	2,368	77	10,195	23.2	21,280
Adults	6.5	0.3	13	52	1,710	0.8	30,448
Children	2.4	0.1	4	57	1,087	0.4	31,476
Unknown	66.7	11.9	480	40	3,885	12.4	15
Gender							
Female	38.7	13.0	736	57	5,190	14.2	55,574
Male	34.0	10.1	760	76	4,702	16.2	47,267
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	37.5	13.6	1,040	77	5,137	20.2	23,978
African American	28.1	9.1	650	72	3,161	20.6	1,684
Other/unknown	36.4	11.1	658	59	4,952	13.3	77,179
Use of Nursing Facilities^d							
Entire year	90.4	25.6	1,183	46	44,222	2.7	3,482
Part year	96.7	42.5	2,590	61	12,601	20.6	8,151
None	29.1	8.3	566	68	2,785	20.3	91,208

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	38.5	13.3	884	67	4,069	21.7	53,089
Medically needy	80.7	23.3	1,164	50	28,976	4.0	2,971
Poverty related	50.8	16.1	1,014	63	6,706	15.1	25,553
Other/unknown	8.2	0.4	25	57	1,755	1.4	21,228

Source: Data for this table are from the MAX 2002 file for Hawaii, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

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				1.0 %
All	2.3	\$151	15.0 %	63.5 %	11.9 %	6.3 %	11.8 %	5.6 %	1.0 %	\$1,001	102,841	510,253
Age												
5 and younger	0.3	20	1.7	94.0	4.1	1.0	0.8	0.2	0.0	1,197	13,252	27,583
6-14	0.3	38	6.7	93.0	5.0	1.0	0.7	0.2	0.0	576	14,620	34,467
15-20	0.4	34	4.8	91.3	6.0	1.3	1.1	0.2	0.0	714	8,777	21,560
21-44	1.7	159	16.7	75.9	10.3	4.1	6.2	2.8	0.6	956	29,404	112,246
45-64	3.5	245	23.9	38.3	14.9	8.9	21.4	13.1	3.3	1,025	16,207	117,133
65-74	2.9	150	26.5	14.0	25.0	16.2	29.7	13.5	1.7	566	8,455	84,747
75-84	2.9	137	13.6	11.5	24.2	17.1	32.4	13.7	1.1	1,009	8,001	79,167
85 and older	2.7	120	4.6	14.1	21.9	17.4	33.2	12.4	0.9	2,619	4,125	33,350
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	2.8	138	12.5	13.2	24.2	17.0	31.4	13.1	1.2	1,107	19,622	187,447
Disabled	3.1	238	23.2	16.6	26.6	12.4	26.2	14.7	3.5	1,026	21,280	211,523
Adults	0.1	7	0.8	93.5	4.0	1.3	1.0	0.2	0.0	951	30,448	54,736
Children	0.0	2	0.4	97.6	1.9	0.4	0.2	0.0	0.0	606	31,476	56,443
Unknown	1.7	69	12.4	33.3	26.7	13.3	20.0	6.7	0.0	560	15	104
Gender												
Female	2.5	144	14.2	61.3	11.7	6.7	12.9	6.2	1.1	1,017	55,574	283,564
Male	2.1	159	16.2	66.0	12.1	5.9	10.4	4.9	0.8	981	47,267	226,689
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.7	208	20.2	62.5	11.4	5.7	11.3	7.2	1.8	1,029	23,978	119,730
African American	2.2	155	20.6	71.9	10.4	4.3	7.9	4.0	1.5	753	1,684	7,071
Other/unknown	2.2	132	13.3	63.6	12.1	6.6	12.0	5.1	0.7	997	77,179	383,452
Use of Nursing Facilities^d												
Entire year	3.9	180	2.7	9.6	13.5	14.8	36.6	21.9	3.6	6,742	3,482	22,839
Part year	3.9	239	20.6	3.3	19.1	15.5	36.9	21.4	3.9	1,164	8,151	88,261
None	1.9	129	20.3	70.9	11.2	5.2	8.6	3.6	0.6	636	91,208	399,153

Table 4

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				
Maintenance Assistance Status												
Cash	2.5	163	21.7	61.5	12.5	6.4	12.3	6.1	1.1	750	53,089	287,912
Medically needy	3.4	168	4.0	19.3	16.2	13.5	32.1	16.6	2.3	4,185	2,971	20,571
Poverty related	2.5	160	15.1	49.2	15.9	9.1	16.9	7.6	1.3	1,056	25,553	162,347
Other/unknown	0.2	13	1.4	91.8	4.8	1.7	1.4	0.3	0.0	945	21,228	39,423

Source: Data for this table are from the MAX 2002 file for Hawaii, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 HAWAII, 2002

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	2.3	\$151	\$64	1.0	\$115	\$113	0.1	\$6	\$50	1.2	\$29	\$24
Age												
5 and younger	0.3	20	62	0.1	15	158	0.0	2	61	0.2	3	17
6-14	0.3	38	111	0.1	30	218	0.0	2	74	0.2	7	38
15-20	0.4	34	92	0.2	27	166	0.0	2	53	0.2	6	34
21-44	1.7	159	95	0.7	128	183	0.1	6	66	0.9	25	28
45-64	3.5	245	69	1.4	184	131	0.2	11	55	1.9	50	26
65-74	2.9	150	51	1.4	114	82	0.1	6	42	1.4	30	22
75-84	2.9	137	48	1.4	103	75	0.1	5	39	1.3	29	21
85 and older	2.7	120	44	1.1	85	75	0.2	5	35	1.4	30	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.8	138	49	1.3	104	78	0.1	6	39	1.3	29	22
Disabled	3.1	238	77	1.3	184	146	0.2	10	58	1.7	44	27
Adults	0.1	7	52	0.0	5	124	0.0	0	54	0.1	2	19
Children	0.0	2	57	0.0	1	113	0.0	0	45	0.0	1	34
Unknown	1.7	69	40	0.7	49	71	0.1	5	71	0.9	15	17
Gender												
Female	2.5	144	57	1.1	108	95	0.1	7	48	1.3	30	24
Male	2.1	159	76	0.9	124	141	0.1	6	55	1.1	29	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.7	208	77	1.1	161	150	0.2	9	57	1.5	39	26
African American	2.2	155	72	0.9	124	139	0.1	5	47	1.2	26	22
Other/unknown	2.2	132	59	1.0	101	100	0.1	6	48	1.1	26	24
Use of Nursing Facilities^e												
Entire year	3.9	180	46	1.5	121	82	0.3	12	41	2.1	47	22
Part year	3.9	239	61	1.7	182	104	0.2	10	47	2.0	48	24
None	1.9	129	68	0.8	100	120	0.1	5	53	1.0	24	25

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	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.5	163	1.1	125	0.1	6	1.3	31
Medically needy	3.4	168	1.3	119	0.2	9	1.8	40
Poverty related	2.5	160	1.1	122	0.1	7	1.3	31
Other/unknown	0.2	13	0.1	9	0.0	1	0.1	3

Source: Data for this table are from the MAX 2002 file for Hawaii, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
																Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$30	\$26	\$1	\$3	\$92	\$177	\$91	\$17	68,493	\$6,330,639	20,393	19.8 %	211,532	
Biologics	0.2	0.1	0.0	0.0	76	31	5	39	499	302	1,662	864	992	494,682	608	0.6	6,539	
Antineoplastic Agents	0.5	0.2	0.0	0.3	119	91	2	26	235	439	113	92	6,785	1,594,321	1,446	1.4	13,409	
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	48	37	3	8	55	79	30	27	144,291	7,967,322	16,013	15.6	165,717	
Cardiovascular Agents	1.4	0.6	0.1	0.7	60	41	3	15	44	66	39	23	292,731	12,880,267	21,148	20.6	215,514	
Respiratory Agents	0.6	0.3	0.0	0.3	25	19	1	6	44	73	53	18	92,411	4,040,992	15,478	15.1	163,530	
Gastrointestinal Agents	0.5	0.1	0.0	0.4	27	20	1	6	55	166	77	17	58,906	3,258,978	11,706	11.4	122,519	
Genitourinary Agents	0.4	0.3	0.0	0.1	23	22	0	2	58	71	44	17	15,748	906,356	3,643	3.5	38,595	
CNS Drugs	1.1	0.5	0.0	0.5	106	85	2	19	97	162	89	35	174,878	17,016,946	15,732	15.3	161,163	
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.4	34	12	5	17	65	109	86	48	2,148	138,593	391	0.4	4,101	
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	65	64	0	1	119	122	0	39	6,916	823,376	1,275	1.2	12,657	
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	44	33	2	9	68	175	83	21	125,610	8,494,842	18,759	18.2	191,044	
Neuromuscular Agents	0.9	0.4	0.1	0.4	58	42	6	9	66	114	51	24	82,444	5,426,484	8,990	8.7	93,819	
Nutritional Products	0.4	0.0	0.0	0.4	8	0	1	7	19	38	25	18	18,104	346,440	4,382	4.3	41,999	
Hematological Agents	0.7	0.3	0.0	0.3	81	74	1	7	125	239	29	21	32,035	3,995,631	4,945	4.8	49,118	
Topical Products	0.4	0.1	0.0	0.2	13	8	1	4	35	58	58	19	68,272	2,377,412	16,758	16.3	179,563	
Miscellaneous Products	0.5	0.2	0.0	0.3	95	67	12	17	199	401	266	63	3,394	676,713	753	0.7	7,089	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	26	0	0	0	1,537	39,677	771	0.7	8,257	
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.	1,195,695	76,809,671	n.a.	n.a.	0.7	n.a.

Source: Data for this table are from the MAX 2002 file for Hawaii, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/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, 2002

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	\$11,524,618	7.671	83,552	0.7	\$188	\$138
ANALGESICS - Narcotic	5,265,308	15.3	162,572	0.4	80	32
ANTHYPERLIPIDEMIC	4,852,855	9.0	102,401	0.6	82	47
ANTICONVULSANT	4,485,155	6.7	74,358	0.7	83	60
ANTI-DIABETIC	4,280,390	10.4	113,855	0.6	60	38
ANTIDEPRESSANTS	4,079,617	10.1	108,777	0.6	66	38
ANTIHYPERTENSIVE	3,958,246	14.3	157,534	0.6	44	25
ANTIVIRAL	3,513,713	2.1	23,227	0.4	368	151
ANTI-ASTHMATIC	3,085,818	12.5	137,397	0.4	57	22
MISC. ENDOCRINE	3,052,437	5.5	62,967	0.5	98	48
Total	48,098,157	96.101	1,026,640	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Hawaii, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.