

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 HAWAII

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

- TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

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

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	27,914	18,837	8,936	141	0	0	292,997	196,690	95,900	407	0	0
Age												
5 and younger	1	0	1	0	0	3		0	3	0	0	0
6-14	3	0	3	0	0	0	36	0	36	0	0	0
15-20	33	0	31	2	0	0	311	0	307	4	0	0
21-44	3,314	0	3,248	66	0	0	35,119	0	34,909	210	0	0
45-64	4,933	0	4,865	68	0	0	52,086	0	51,900	186	0	0
65-74	7,688	7,125	558	5	0	0	81,418	75,132	6,279	7	0	0
75-84	7,770	7,585	185	0	0	0	82,324	80,322	2,002	0	0	0
85 and older	4,172	4,127	45	0	0	0	41,700	41,236	464	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	16,614	12,415	4,151	48	0	0	176,195	131,209	44,825	161	0	0
Male	11,300	6,422	4,785	93	0	0	116,802	65,481	51,075	246	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	5,979	2,959	2,958	62	0	0	60,874	29,880	30,814	180	0	0
African American	267	90	172	5	0	0	2,618	935	1,670	13	0	0
Other/unknown	21,668	15,788	5,806	74	0	0	229,505	165,875	63,416	214	0	0
Use of Nursing Facilities^c												
Entire year	2,810	2,615	195	0	0	0	27,505	25,343	2,162	0	0	0
Part year	1,197	1,053	143	1	0	0	11,310	9,834	1,471	5	0	0
None	23,907	15,169	8,598	140	0	0	254,182	161,513	92,267	402	0	0
Maintenance Assistance Status												
Cash	11,413	7,192	4,192	29	0	0	127,423	80,712	46,599	112	0	0
Medically needy	2,954	2,470	484	0	0	0	25,440	21,305	4,135	0	0	0
Poverty-related	13,369	9,152	4,217	0	0	0	139,214	94,446	44,768	0	0	0
Other/unknown	178	23	43	112	0	0	920	227	398	295	0	0
Dual Medicare Status^d												
Full dual, all year	27,421	18,515	8,765	141	0	0	288,174	193,478	94,289	407	0	0
Full dual, part year	493	322	171	0	0	0	4,823	3,212	1,611	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	27,395	18,647	8,725	23	0	0	290,326	195,617	94,618	91	0	0
FFS part year, with Rx claims	334	138	164	32	0	0	2,038	842	1,062	134	0	0
FFS part year, no Rx claims	185	52	47	86	0	0	633	231	220	182	0	0

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	88.0 %	34.6	\$2,225	\$64	\$11,328	19.6 %	27,914
Age							
5 and younger	100.0	2.0	116	58	404	28.7	1
6-14	100.0	62.3	9,873	158	19,744	50.0	3
15-20	66.7	15.3	1,691	111	6,647	25.4	33
21-44	83.0	28.8	3,015	105	10,917	27.6	3,314
45-64	87.2	42.6	3,383	79	11,431	29.6	4,933
65-74	87.6	34.7	1,953	56	6,221	31.4	7,688
75-84	90.1	33.9	1,798	53	10,665	16.9	7,770
85 and older	90.1	31.0	1,522	49	22,212	6.9	4,172
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.0	33.2	1,776	54	11,484	15.5	18,837
Disabled	87.0	38.0	3,200	84	11,135	28.7	8,936
Adults	25.5	3.6	273	76	2,709	10.1	141
Children	0.0	0.0	0	0	0	0.0	0
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	90.3	36.4	2,130	59	11,435	18.6	16,614
Male	84.7	32.0	2,364	74	11,171	21.2	11,300
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	84.7	38.1	2,811	74	12,015	23.4	5,979
African American	81.3	34.4	2,760	80	6,693	41.2	267
Other/unknown	89.0	33.6	2,056	61	11,196	18.4	21,668
Use of Nursing Facilities^f							
Entire year	95.8	40.1	1,983	50	50,003	4.0	2,810
Part year	94.6	36.1	1,960	54	29,067	6.7	1,197
None	86.8	33.9	2,266	67	5,894	38.4	23,907
Maintenance Assistance Status							
Cash	91.4	37.4	2,464	66	7,546	32.7	11,413
Medically needy	84.4	32.2	1,715	53	31,583	5.4	2,954
Poverty related	86.5	33.0	2,148	65	10,139	21.2	13,369
Other/unknown	46.6	14.9	1,121	75	6,986	16.0	178

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	3.3	\$212	19.6 %	12.0 %	22.5 %	14.6 %	32.1 %	16.5 %	2.3 %	\$1,079	27,914	292,997
Age												
5 and younger	0.7	39	28.7	0.0	100.0	0.0	0.0	0.0	0.0	135	1	3
6-14	5.2	823	50.0	0.0	0.0	0.0	66.7	33.3	0.0	1,645	3	36
15-20	1.6	179	25.4	33.3	33.3	12.1	15.2	6.1	0.0	705	33	311
21-44	2.7	285	27.6	17.0	29.9	14.0	24.5	12.3	2.3	1,030	3,314	35,119
45-64	4.0	320	29.6	12.8	18.4	12.1	29.8	22.0	5.0	1,083	4,933	52,086
65-74	3.3	184	31.4	12.4	22.6	15.1	31.1	16.3	2.4	587	7,688	81,418
75-84	3.2	170	16.9	9.9	22.2	15.1	35.6	16.0	1.1	1,007	7,770	82,324
85 and older	3.1	152	6.9	9.9	22.0	16.0	36.4	14.7	1.0	2,222	4,172	41,700
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.2	170	15.5	11.0	22.5	15.4	34.0	15.6	1.5	1,100	18,837	196,690
Disabled	3.5	298	28.7	13.0	22.9	13.0	28.6	18.6	3.9	1,038	8,936	95,900
Adults	1.2	95	10.1	74.5	9.9	6.4	7.1	2.1	0.0	939	141	407
Children	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.4	201	18.6	9.7	21.7	15.0	33.9	17.4	2.4	1,078	16,614	176,195
Male	3.1	229	21.2	15.3	23.8	14.0	29.5	15.2	2.2	1,081	11,300	116,802
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.7	276	23.4	15.3	20.0	12.3	28.5	19.1	4.9	1,180	5,979	60,874
African American	3.5	281	41.2	18.7	25.1	12.0	23.2	15.4	5.6	683	267	2,618
Other/unknown	3.2	194	18.4	11.0	23.2	15.3	33.2	15.8	1.5	1,057	21,668	229,505
use of nursing Facilities^f												
Entire year	4.1	203	4.0	4.2	14.0	14.9	40.3	23.8	2.9	5,108	2,810	27,505
Part year	3.8	208	6.7	5.4	16.1	16.2	39.9	20.2	2.1	3,076	1,197	11,310
None	3.2	213	38.4	13.2	23.9	14.5	30.8	15.5	2.2	554	23,907	254,182
Maintenance Assistance Status												
Cash	3.3	221	32.7	8.6	23.4	15.0	33.7	17.0	2.3	676	11,413	127,423
Medically needy	3.7	199	5.4	15.6	15.1	13.2	33.8	19.8	2.4	3,667	2,954	25,440
Poverty related	3.2	206	21.2	13.5	23.6	14.6	30.6	15.5	2.2	974	13,369	139,214
Other/unknown	2.9	217	16.0	53.4	11.2	8.4	18.5	7.9	0.6	1,352	178	920

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.3	\$212	\$64	1.5	\$164	\$108	0.1	\$3	\$39	1.7	\$44	\$26
Age												
5 and younger	0.7	39	58	0.0	0	0	0.0	0	0	0.7	39	58
6-14	5.2	823	158	2.4	464	190	0.3	247	741	2.4	112	46
15-20	1.6	179	111	0.6	142	231	0.0	1	33	1.0	35	37
21-44	2.7	285	105	1.2	229	190	0.1	5	64	1.4	50	35
45-64	4.0	320	79	1.7	246	144	0.1	6	47	2.2	67	31
65-74	3.3	184	56	1.6	142	90	0.1	2	33	1.6	39	24
75-84	3.2	170	53	1.6	131	83	0.1	2	30	1.5	36	23
85 and older	3.1	152	49	1.3	112	84	0.1	2	27	1.7	38	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.2	170	54	1.5	130	86	0.1	2	31	1.6	37	24
Disabled	3.5	298	84	1.5	233	152	0.1	5	52	1.9	59	31
Adults	1.2	95	76	0.4	70	167	0.0	0	25	0.8	22	28
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.4	201	59	1.6	154	95	0.1	3	36	1.7	43	25
Male	3.1	229	74	1.4	178	129	0.1	3	45	1.6	47	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.7	276	74	1.6	212	136	0.1	5	44	2.1	59	28
African American	3.5	281	80	1.5	224	152	0.1	2	34	2.0	54	28
Other/unknown	3.2	194	61	1.5	150	99	0.1	3	37	1.6	40	26
Use of Nursing Facilities^e												
Entire year	4.1	203	50	1.6	141	87	0.2	6	35	2.3	55	24
Part year	3.8	208	54	1.6	150	94	0.1	5	31	2.1	52	25
None	3.2	213	67	1.5	167	110	0.1	3	41	1.6	43	27
Maintenance Assistance Status												
Cash	3.3	221	66	1.6	173	106	0.1	3	41	1.6	44	27
Medically needy	3.7	199	53	1.5	145	94	0.1	4	33	2.1	50	24
Poverty related	3.2	206	65	1.4	159	112	0.1	3	39	1.7	44	26
Other/unknown	2.9	217	75	1.3	163	126	0.1	3	30	1.5	50	34

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Hawaii, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$29	\$25	\$0	\$5	\$96	\$181	\$129	\$27	48,101	\$4,601,055	14,076	50.4 %	156,924
Biologics	0.1	0.1	0.0	0.0	39	2	11	26	306	27	2,186	580	284	86,773	200	0.7	2,203
Antineoplastic Agents	0.4	0.1	0.0	0.3	80	50	1	29	205	450	144	107	5,489	1,123,430	1,335	4.8	14,091
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	54	44	2	9	59	83	21	27	123,847	7,249,789	12,104	43.4	133,849
Cardiovascular Agents	1.5	0.7	0.0	0.8	68	49	0	19	46	70	25	24	277,006	12,733,367	17,075	61.2	187,114
Respiratory Agents	0.5	0.3	0.0	0.3	27	22	0	5	50	83	57	18	65,817	3,319,867	10,813	38.7	121,284
Gastrointestinal Agents	0.5	0.1	0.0	0.4	31	23	0	8	59	170	78	21	55,148	3,248,417	9,462	33.9	105,157
Genitourinary Agents	0.5	0.4	0.0	0.1	32	30	0	2	67	78	44	21	15,431	1,036,357	2,896	10.4	32,269
CNS Drugs	1.0	0.5	0.0	0.5	106	87	0	18	103	169	81	35	117,022	12,004,363	10,374	37.2	113,776
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.0	0.3	45	22	6	17	92	151	137	56	673	62,226	124	0.4	1,380
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	81	80	0	0	130	132	0	36	9,386	1,221,504	1,413	5.1	15,136
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	43	31	1	11	68	141	109	27	88,637	6,059,273	12,727	45.6	141,017
Neuromuscular Agents	0.9	0.4	0.1	0.4	63	47	5	12	74	123	46	32	52,855	3,889,856	5,534	19.8	61,427
Nutritional Products	0.5	0.0	0.0	0.4	10	0	0	9	21	27	24	21	13,939	290,923	2,773	9.9	29,560
Hematological Agents	0.7	0.4	0.0	0.3	53	46	1	6	74	128	32	19	31,918	2,355,813	4,110	14.7	44,677
Topical Products	0.4	0.2	0.0	0.2	16	11	0	5	40	65	52	22	55,907	2,236,228	12,376	44.3	139,440
Miscellaneous Products	0.4	0.1	0.0	0.2	73	49	2	23	203	454	256	93	1,892	384,932	500	1.8	5,256
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	20	0	0	0	76	0	0	0	2,556	194,548	873	3.1	9,944
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.	965,908	62,098,721	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 - 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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,253,207	5,168	18.5 %	57,801	0.7	\$201
ANTIHYPERLIPIDEMIC	5,047,603	8,784	31.5	99,055	0.6	85
ANTI-DIABETIC	3,962,592	8,902	31.9	98,615	0.6	62
ANTIHYPERTENSIVE	3,867,872	12,928	46.3	143,700	0.6	45
ANTICONVULSANT	3,108,301	4,321	15.5	48,228	0.7	89
ANALGESICS - Narcotic	2,990,357	10,194	36.5	112,700	0.4	75
MISC. ENDOCRINE	2,897,249	5,428	19.4	61,338	0.5	88
ANTIDEPRESSANTS	2,792,446	6,758	24.2	73,553	0.6	65
ANALGESICS - ANTI-INFLAMMATORY	2,597,117	8,546	30.6	97,383	0.3	77
ANTIASTHMATIC	2,547,186	8,415	30.1	93,259	0.4	68
Total	38,063,930	79,444		885,632	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
All	471,134	\$38,063,930	5,168	18.5 %	57,801	0.7	\$143	8,784	31.5 %	99,055	0.6	\$51				
Female	295,716	22,149,974	2,518	15.2	28,038	0.7	119	5,653	34.0	63,874	0.6	51				
Disabled	91,660	8,404,021	1,444	34.8	16,335	0.8	149	1,157	27.9	13,128	0.6	49				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	29	8,422	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	44	7,083	3	23.1	29	0.4	224	0	0.0	0	0.0	0				
21-44	20,811	2,223,203	551	43.8	6,144	0.7	150	133	10.6	1,515	0.5	44				
45-64	59,580	5,355,608	805	34.0	9,184	0.8	152	794	33.5	8,953	0.6	50				
65-74	8,755	650,986	72	20.3	830	0.7	131	178	50.1	2,050	0.6	52				
75-84	2,104	135,706	9	7.2	105	0.5	85	46	36.8	544	0.5	38				
85 and older	337	23,013	4	14.8	43	0.5	50	6	22.2	66	0.5	56				
Other Eligibles	204,056	13,745,953	1,074	8.6	11,703	0.6	76	4,496	36.1	50,746	0.6	52				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	56	3,849	1	5.9	4	0.3	44	0	0.0	0	0.0	0				
45-64	79	3,175	0	0.0	0	0.0	0	1	3.7	7	0.9	18				
65-74	83,249	5,794,488	317	7.0	3,644	0.6	93	2,092	46.1	23,662	0.6	52				
75-84	82,534	5,549,266	409	8.4	4,449	0.6	75	1,909	39.2	21,619	0.6	52				
85 and older	38,138	2,395,175	347	11.5	3,606	0.5	60	494	16.4	5,458	0.6	52				
Male	175,418	15,913,956	2,650	23.5	29,763	0.7	166	3,131	27.7	35,181	0.6	50				
Disabled	89,784	10,241,254	2,077	43.4	23,780	0.8	189	1,163	24.3	13,232	0.6	50				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	89	8,845	3	16.7	34	0.4	153	1	5.6	12	0.1	6				
21-44	32,307	4,451,728	1,036	52.1	11,828	0.8	189	303	15.2	3,421	0.6	49				
45-64	51,972	5,402,694	984	39.4	11,311	0.8	191	740	29.7	8,408	0.6	50				
65-74	4,313	303,714	38	18.7	433	0.8	133	96	47.3	1,134	0.6	53				
75-84	995	68,568	16	26.7	174	0.6	115	21	35.0	233	0.7	55				
85 and older	108	5,705	0	0.0	0	0.0	0	2	11.1	24	0.1	7				
Other Eligibles	85,634	5,672,702	573	8.8	5,983	0.5	73	1,968	30.2	21,949	0.6	51				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	93	17,960	8	16.3	40	0.8	341	1	2.0	5	0.6	29				
45-64	66	4,031	2	4.9	4	1.0	207	2	4.9	17	0.5	38				
65-74	38,816	2,737,512	212	8.2	2,314	0.6	88	953	36.8	10,575	0.6	50				
75-84	35,042	2,215,539	222	8.2	2,304	0.5	61	833	30.7	9,431	0.6	51				
85 and older	11,617	697,660	129	11.5	1,321	0.5	60	179	16.0	1,921	0.6	52				
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	
All	8,902	31.9 %	98,615	0.6	12,928	46.3 %	143,700	0.6	4,321	15.5 %	48,228	0.7	\$65
Female	5,711	34.4	63,774	0.6	8,100	48.8	90,449	0.6	2,410	14.5	26,740	0.7	58
Disabled	1,350	32.5	15,235	0.6	1,525	36.7	17,238	0.6	1,277	30.8	14,300	0.8	76
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	2	100.0	24	0.8	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	3	23.1	22	0.2	4	30.8	35	0.2	8
21-44	238	18.9	2,712	0.6	216	17.2	2,477	0.5	407	32.3	4,577	0.9	88
45-64	915	38.6	10,295	0.7	1,008	42.5	11,311	0.6	800	33.8	8,907	0.8	71
65-74	150	42.3	1,697	0.7	205	57.7	2,361	0.6	50	14.1	594	0.8	66
75-84	41	32.8	459	0.6	77	61.6	888	0.6	13	10.4	152	0.6	44
85 and older	6	22.2	72	0.6	14	51.9	155	0.7	3	11.1	35	0.3	15
Other Eligibles	4,361	35.0	48,539	0.6	6,575	52.8	73,211	0.6	1,133	9.1	12,440	0.6	38
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	1	5.9	6	0.5	2	11.8	12	0.3	61
45-64	2	7.4	14	1.1	4	14.8	32	0.8	1	3.7	5	0.2	18
65-74	2,029	44.7	22,628	0.6	2,524	55.6	28,320	0.6	430	9.5	4,826	0.6	38
75-84	1,718	35.3	19,279	0.7	2,727	56.0	30,682	0.6	464	9.5	5,181	0.6	40
85 and older	612	20.3	6,618	0.7	1,319	43.8	14,171	0.6	236	7.8	2,416	0.7	36
Male	3,191	28.2	34,841	0.6	4,828	42.7	53,251	0.6	1,911	16.9	21,488	0.7	72
Disabled	1,195	25.0	13,406	0.6	1,445	30.2	16,234	0.6	1,341	28.0	15,381	0.8	82
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	7	38.9	84	0.4	2	11.1	24	0.5	16
21-44	303	15.2	3,438	0.6	377	19.0	4,215	0.6	592	29.8	6,784	0.8	87
45-64	788	31.6	8,803	0.6	903	36.2	10,108	0.6	705	28.3	8,106	0.8	80
65-74	82	40.4	937	0.7	121	59.6	1,407	0.6	36	17.7	409	0.8	43
75-84	20	33.3	209	0.9	32	53.3	365	0.7	3	5.0	36	0.8	23
85 and older	2	11.1	19	1.0	5	27.8	55	0.8	3	16.7	22	1.0	122
Other Eligibles	1,996	30.6	21,435	0.6	3,383	51.9	37,017	0.6	570	8.7	6,107	0.6	47
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	2	4.1	7	1.4	3	6.1	13	0.6	2	4.1	11	0.6	106
45-64	9	22.0	75	0.3	3	7.3	27	0.3	0	0.0	0	0.0	0
65-74	1,054	40.7	11,492	0.6	1,383	53.4	15,238	0.6	256	9.9	2,887	0.7	54
75-84	711	26.2	7,667	0.6	1,526	56.3	16,818	0.6	219	8.1	2,251	0.6	39
85 and older	220	19.7	2,194	0.7	468	41.8	4,921	0.6	93	8.3	958	0.7	44
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. ENDOCRINE					ANTI-DEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	10,194	36.5%	112,700	\$27	0.4	5,428	19.4%	61,338	\$47	0.5	6,758	24.2%	73,553	\$38	0.6
Female	6,279	37.8	69,673	21	0.3	4,891	29.4	55,331	43	0.5	4,200	25.3	45,705	38	0.6
Disabled	2,314	55.7	25,869	38	0.4	618	14.9	7,055	45	0.5	1,805	43.5	19,813	45	0.6
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	1	50.0	12	661	0.7	0	0.0	0	0	0.0
15-20	4	30.8	48	1	0.1	0	0.0	0	0	0.0	4	30.8	22	0.3	4
21-44	607	48.2	6,835	33	0.4	62	4.9	675	55	0.5	507	40.3	5,448	0.6	47
45-64	1,432	60.4	15,914	46	0.5	377	15.9	4,335	43	0.5	1,187	50.1	13,111	0.6	46
65-74	217	61.1	2,451	11	0.3	130	36.6	1,496	44	0.5	87	24.5	1,006	0.5	32
75-84	44	35.2	510	12	0.3	41	32.8	465	44	0.6	16	12.8	186	0.5	18
85 and older	10	37.0	111	3	0.1	7	25.9	72	33	0.3	4	14.8	40	0.7	28
Other Eligibles	3,965	31.8	43,804	11	0.3	4,273	34.3	48,276	42	0.5	2,395	19.2	25,892	0.6	33
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	4	23.5	36	19	0.6	0	0.0	0	0	0.0	6	35.3	35	0.4	51
45-64	5	18.5	37	2	0.2	0	0.0	0	0	0.0	3	11.1	24	0.4	25
65-74	1,679	37.0	19,130	10	0.3	1,544	34.0	17,573	43	0.5	807	17.8	9,005	0.6	33
75-84	1,461	30.0	16,271	10	0.2	1,764	36.2	20,160	41	0.5	904	18.6	9,844	0.5	33
85 and older	816	27.1	8,330	16	0.3	965	32.1	10,543	43	0.6	675	22.4	6,984	0.6	32
Male	3,915	34.6	43,027	35	0.4	537	4.8	6,007	91	0.5	2,558	22.6	27,848	0.6	38
Disabled	2,113	44.2	23,736	49	0.5	136	2.8	1,580	232	0.6	1,606	33.6	17,975	0.6	43
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	6	33.3	66	4	0.3	1	5.6	10	83	0.3	3	16.7	36	0.1	4
21-44	743	37.4	8,328	63	0.4	44	2.2	515	444	0.5	646	32.5	7,271	0.6	44
45-64	1,268	50.8	14,278	44	0.5	77	3.1	890	149	0.6	908	36.4	10,099	0.6	43
65-74	77	37.9	872	17	0.3	8	3.9	94	40	0.6	41	20.2	476	0.6	37
75-84	17	28.3	186	8	0.3	6	10.0	71	23	0.3	7	11.7	81	0.7	41
85 and older	2	11.1	6	18	1.2	0	0.0	0	0	0.0	1	5.6	12	0.2	1
Other Eligibles	1,802	27.7	19,291	18	0.3	401	6.2	4,427	40	0.5	952	14.6	9,873	0.5	29
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	9	18.4	39	34	0.4	0	0.0	0	0	0.0	3	6.1	17	0.8	57
45-64	3	7.3	17	23	0.5	0	0.0	0	0	0.0	2	4.9	14	0.1	6
65-74	851	32.8	9,370	26	0.3	118	4.6	1,338	52	0.5	394	15.2	4,285	0.5	31
75-84	683	25.2	7,313	10	0.2	189	7.0	2,120	35	0.5	333	12.3	3,388	0.5	26
85 and older	256	22.9	2,552	14	0.3	94	8.4	969	35	0.5	220	19.7	2,169	0.6	30
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTI-ASTHMATIC							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months		
All	8,546	30.6 %	97,383	0.3	8,415	30.1 %	93,259	0.4	\$27	\$27	27,914	292,997
Female	5,553	33.4	63,482	0.4	4,993	30.1	55,622	0.4	27	27	16,614	176,195
Disabled	1,301	31.3	14,833	0.3	1,665	40.1	18,763	0.4	27	27	4,151	44,825
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
6-14	0	0.0	0	0.0	1	50.0	12	0.3	4	4	2	24
15-20	4	30.8	48	0.2	0	0.0	0	0.0	0	0	13	135
21-44	318	25.3	3,589	0.2	383	30.4	4,332	0.3	20	20	1,259	13,579
45-64	748	31.6	8,497	0.3	1,066	45.0	11,949	0.4	29	29	2,370	25,378
65-74	181	51.0	2,116	0.4	170	47.9	1,937	0.5	32	32	355	4,047
75-84	43	34.4	506	0.4	40	32.0	474	0.5	33	33	125	1,365
85 and older	7	25.9	77	0.5	5	18.5	59	0.2	15	15	27	297
Other Eligibles	4,252	34.1	48,649	0.4	3,328	26.7	36,859	0.4	26	26	12,463	131,370
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
21-44	2	11.8	20	0.1	4	23.5	20	0.5	17	17	17	76
45-64	2	7.4	17	0.7	2	7.4	17	0.1	3	3	27	79
65-74	1,838	40.5	21,103	0.3	1,362	30.0	15,297	0.4	28	28	4,538	48,234
75-84	1,770	36.3	20,418	0.4	1,314	27.0	14,749	0.4	26	26	4,873	52,393
85 and older	640	21.3	7,091	0.4	646	21.5	6,776	0.3	23	23	3,008	30,588
Male	2,993	26.5	33,901	0.3	3,422	30.3	37,637	0.4	28	28	11,300	116,802
Disabled	1,079	22.5	12,286	0.3	1,168	24.4	13,200	0.4	27	27	4,785	51,075
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	1	3
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	1	12
15-20	0	0.0	0	0.0	2	11.1	24	0.2	4	4	18	172
21-44	376	18.9	4,235	0.3	358	18.0	4,126	0.4	24	24	1,989	21,330
45-64	605	24.2	6,901	0.3	696	27.9	7,770	0.4	28	28	2,495	26,522
65-74	75	36.9	888	0.3	90	44.3	1,023	0.5	30	30	203	2,232
75-84	19	31.7	219	0.2	21	35.0	245	0.4	21	21	60	637
85 and older	4	22.2	43	0.2	1	5.6	12	0.1	5	5	18	167
Other Eligibles	1,914	29.4	21,615	0.3	2,254	34.6	24,437	0.4	29	29	6,515	65,727
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0	2	4
21-44	3	6.1	22	0.1	0	0.0	0	0.0	0	0	49	134
45-64	3	7.3	10	0.4	5	12.2	44	0.3	10	10	41	107
65-74	816	31.5	9,299	0.3	871	33.6	9,559	0.5	32	32	2,592	26,905
75-84	859	31.7	9,738	0.4	1,030	38.0	11,242	0.4	28	28	2,712	27,929
85 and older	233	20.8	2,546	0.4	348	31.1	3,592	0.4	23	23	1,119	10,648
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				4.1	2,810
All	\$203		2,810		27,505
Age					
0-64	255	4.8	159		1,807
65-74	240	4.8	251		2,479
75-84	220	4.3	943		9,242
85 and older	178	3.7	1,457		13,977
Unknown	0	0.0	0		0
Gender					
Female	200	4.1	1,847		18,476
Male	208	4.1	963		9,029
Unknown	0	0.0	0		0
Race					
White	242	4.6	600		5,902
African American	260	5.8	8		64
Other/unknown	192	3.9	2,202		21,539
Basis of Eligibility^c					
Aged	200	4.1	2,615		25,343
Disabled	238	4.5	195		2,162
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 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,197 beneficiaries who were in nursing facilities for part of their enrollment and their 11,310 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.3	0.2	0.0	0.1	\$19	\$15	\$0	\$4	\$61	\$91	\$215	\$25	5,724	\$348,874	1,761	62.7 %	18,255
Biologicals	0.1	0.0	0.0	0.1	3	0	0	2	23	13	0	27	28	639	24	0.9	239
Antineoplastic Agents	0.4	0.1	0.0	0.4	76	21	1	54	177	349	238	148	1,277	225,998	305	10.9	2,971
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	42	33	2	7	42	69	15	19	12,939	543,070	1,256	44.7	12,799
Cardiovascular Agents	1.6	0.4	0.0	1.2	46	23	1	23	29	56	27	19	28,787	830,404	1,799	64.0	17,961
Respiratory Agents	0.4	0.2	0.0	0.2	22	15	0	6	51	86	41	27	3,719	191,490	868	30.9	8,855
Gastrointestinal Agents	0.7	0.1	0.0	0.6	29	15	0	13	38	125	55	21	8,490	324,135	1,096	39.0	11,368
Genitourinary Agents	0.7	0.5	0.0	0.2	41	36	0	5	61	76	21	25	2,768	167,627	397	14.1	4,072
CNS Drugs	1.1	0.6	0.0	0.4	71	59	1	11	67	96	70	25	14,425	966,260	1,351	48.1	13,681
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	29	26	0	3	78	134	0	17	21	1,639	7	0.2	57
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	91	91	0	0	117	117	0	6	3,055	357,355	392	14.0	3,935
Analgesics and Anesthetics	0.6	0.3	0.0	0.3	38	34	0	4	61	120	24	12	6,258	381,536	1,016	36.2	9,945
Neuromuscular Agents	1.1	0.4	0.2	0.4	66	36	11	19	61	84	51	42	8,092	490,338	722	25.7	7,452
Nutritional Products	0.5	0.0	0.0	0.5	9	0	0	8	17	24	57	16	3,124	53,686	605	21.5	5,908
Hematological Agents	0.9	0.5	0.0	0.5	60	53	0	6	64	114	23	13	5,438	345,901	576	20.5	5,813
Topical Products	0.5	0.2	0.0	0.3	18	10	0	8	40	64	55	26	8,001	319,473	1,664	59.2	17,539
Miscellaneous Products	0.2	0.0	0.0	0.2	12	1	0	11	50	91	0	49	333	16,805	144	5.1	1,415
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	15	0	0	0	43	0	0	0	190	8,120	53	1.9	542
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.	112,669	5,573,350	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,197 beneficiaries who were in nursing facilities for part of their enrollment and their 11,310 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$447,567	586	20.9 %	6,013	0.6	\$127	\$74
ANTIDEPRESSANTS	441,666	1,041	37.0	10,767	0.7	57	41
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	357,355	384	13.7	3,881	0.8	117	92
ANTICONVULSANT	314,264	539	19.2	5,691	0.9	64	55
ANTIDIABETIC	291,237	875	31.1	8,962	0.8	41	32
ANTIHYPERTENSIVE	277,450	1,046	37.2	10,685	0.8	34	26
DERMATOLOGICAL	257,033	3,322	118.2	36,115	0.2	33	7
MISC. ENDOCRINE	255,709	536	19.1	5,633	0.6	74	45
MISC. HEMATOLOGICAL	247,341	303	10.8	3,160	0.8	95	78
ANTINEOPLASTICS	225,998	311	11.1	3,024	0.4	177	75
Total	3,115,620	8,943		93,931	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,197 beneficiaries who were in nursing facilities for part of their enrollment and their 11,310 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	49,833	\$3,115,620	586	20.9 %	6,013	0.6	\$74	1,041	37.0 %	10,767	0.7	\$41					
Female	33,401	2,123,303	361	19.5	3,726	0.6	77	704	38.1	7,402	0.7	42					
Disabled	2,444	177,312	23	25.0	256	0.6	108	47	51.1	542	0.8	50					
64 or younger	2,059	151,369	21	28.4	237	0.6	115	45	60.8	518	0.7	51					
65-74	261	17,873	1	14.3	12	0.1	3	1	14.3	12	0.9	75					
75-84	64	4,699	0	0.0	0	0.0	0	1	16.7	12	1.1	9					
85 and older	60	3,371	1	20.0	7	0.4	41	0	0.0	0	0.0	0					
Other Eligibles	30,957	1,945,991	338	19.3	3,470	0.6	74	657	37.4	6,860	0.7	41					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	2,655	153,649	20	17.4	200	0.7	115	55	47.8	553	0.8	41					
75-84	12,464	810,808	137	23.3	1,443	0.6	72	271	46.2	2,882	0.7	44					
85 and older	15,838	981,534	181	17.2	1,827	0.6	72	331	31.4	3,425	0.7	38					
Male	16,432	992,317	225	23.4	2,287	0.6	71	337	35.0	3,365	0.7	40					
Disabled	2,154	135,645	20	19.4	234	0.9	113	31	30.1	350	0.7	37					
64 or younger	1,970	127,149	19	22.4	222	0.9	118	29	34.1	326	0.7	38					
65-74	80	2,355	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	48	1,446	1	25.0	12	0.2	6	2	50.0	24	0.8	30					
85 and older	56	4,695	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	14,278	856,672	205	23.8	2,053	0.5	66	306	35.6	3,015	0.7	40					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	2,732	155,094	44	36.7	473	0.5	54	50	41.7	512	0.8	48					
75-84	6,112	375,517	95	27.5	949	0.5	67	132	38.2	1,279	0.7	42					
85 and older	5,434	326,061	66	16.8	631	0.6	73	124	31.5	1,224	0.7	35					
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 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,197 beneficiaries who were in nursing facilities for part of their enrollment and their 1,310 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users
All	384	13.7 %	0.8	\$92	3,881	539	19.2 %	0.9	\$55	875	31.1 %	0.8	\$33	8,962	
Female	252	13.6	0.8	97	2,652	326	17.7	0.9	52	558	30.2	0.8	32	5,841	
Disabled	4	4.3	0.9	324	48	48	52.2	1.0	75	38	41.3	0.9	42	449	
64 or younger	2	2.7	0.8	507	24	45	60.8	1.0	69	33	44.6	0.8	38	389	
65-74	1	14.3	1.0	142	12	3	42.9	1.3	164	4	57.1	1.4	47	48	
75-84	1	16.7	1.0	138	12	0	0.0	0.0	0	1	16.7	1.0	159	12	
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
Other Eligibles	248	14.1	0.8	93	2,604	278	15.8	0.8	47	520	29.6	0.8	31	5,392	
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
65-74	6	5.2	1.0	130	58	46	40.0	1.0	61	61	53.0	0.9	30	563	
75-84	100	17.0	0.8	90	1,062	133	22.7	0.8	46	246	41.9	0.8	33	2,591	
85 and older	142	13.5	0.8	94	1,484	99	9.4	0.8	42	213	20.2	0.8	28	2,238	
Male	132	13.7	0.8	81	1,229	213	22.1	0.9	61	317	32.9	0.8	34	3,121	
Disabled	5	4.9	0.6	68	47	44	42.7	0.9	89	37	35.9	0.8	47	420	
64 or younger	3	3.5	0.5	74	30	40	47.1	0.9	89	36	42.4	0.8	46	413	
65-74	0	0.0	0.0	0	0	2	22.2	1.5	38	0	0.0	0.0	0	0	
75-84	0	0.0	0.0	0	0	1	25.0	0.7	33	0	0.0	0.0	0	0	
85 and older	2	40.0	0.6	57	17	1	20.0	1.0	470	1	20.0	0.9	72	7	
Other Eligibles	127	14.8	0.8	81	1,182	169	19.7	0.9	53	280	32.6	0.8	32	2,701	
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
65-74	14	11.7	0.8	80	126	41	34.2	1.0	56	62	51.7	0.7	34	617	
75-84	56	16.2	0.8	84	534	83	24.0	0.8	48	108	31.2	0.8	31	1,050	
85 and older	57	14.5	0.7	79	522	45	11.4	0.9	59	110	27.9	0.8	33	1,034	
Unknown	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 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,197 beneficiaries who were in nursing facilities for part of their enrollment and their 11,310 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL					MISC. ENDOCRINE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Mean Number of Rx
All	1,046	37.2 %	10,685	\$26	0.8	3,322	118.2 %	36,115	\$7	0.2	536	19.1 %	5,633	\$45	0.6
Female	685	37.1	7,102	27	0.8	2,104	113.9	23,170	7	0.2	473	25.6	5,013	45	0.6
Disabled	42	45.7	478	35	0.8	118	128.3	1,379	9	0.2	8	8.7	93	48	0.6
64 or younger	35	47.3	403	36	0.8	101	136.5	1,181	9	0.2	2	2.7	24	49	0.9
65-74	3	42.9	36	33	0.9	11	157.1	132	10	0.3	3	42.9	36	31	0.4
75-84	1	16.7	12	9	1.0	2	33.3	24	1	0.1	1	16.7	12	75	1.0
85 and older	3	60.0	27	31	0.9	4	80.0	42	7	0.4	2	40.0	21	59	0.5
Other Eligibles	643	36.6	6,624	26	0.8	1,986	113.2	21,791	7	0.2	465	26.5	4,920	45	0.6
64 or younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
65-74	55	47.8	549	26	0.7	144	125.2	1,635	7	0.3	12	10.4	127	39	0.5
75-84	223	38.0	2,335	26	0.8	695	118.4	7,676	6	0.2	161	27.4	1,715	46	0.6
85 and older	365	34.7	3,740	26	0.8	1,147	108.9	12,480	7	0.2	292	27.7	3,078	45	0.6
Male	361	37.5	3,583	24	0.8	1,218	126.5	12,945	8	0.2	63	6.5	620	46	0.7
Disabled	39	37.9	440	21	0.7	190	184.5	2,211	7	0.2	6	5.8	70	51	0.8
64 or younger	36	42.4	418	20	0.7	165	194.1	1,932	7	0.2	5	5.9	60	58	0.9
65-74	0	0.0	0	0	0.0	10	111.1	118	11	0.4	1	11.1	10	12	0.3
75-84	1	25.0	3	25	0.7	8	200.0	96	2	0.2	0	0.0	0	0	0.0
85 and older	2	40.0	19	22	0.9	7	140.0	65	7	0.3	0	0.0	0	0	0.0
Other Eligibles	322	37.4	3,143	25	0.8	1,028	119.5	10,734	8	0.2	57	6.6	550	45	0.6
64 or younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
65-74	58	48.3	613	27	0.8	161	134.2	1,788	8	0.2	8	6.7	88	33	0.6
75-84	137	39.6	1,301	23	0.8	428	123.7	4,514	7	0.2	16	4.6	161	48	0.7
85 and older	127	32.2	1,229	26	0.8	439	111.4	4,432	8	0.2	33	8.4	301	48	0.6
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,197 beneficiaries who were in nursing facilities for part of their enrollment and their 11,310 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL				ANTINEOPLASTICS				Benefit Months Among All-Year			
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Nursing Facility Residents	Nursing Facility Residents
All	303	10.8 %	3,160	0.8	\$78	311	11.1 %	3,024	0.4	\$75	2,810	27,505
Female	188	10.2	2,010	0.8	81	230	12.5	2,315	0.4	72	1,847	18,476
Disabled	11	12.0	130	0.8	88	5	5.4	49	0.3	28	92	1,046
64 or younger	8	10.8	94	0.7	85	3	4.1	33	0.3	20	74	847
65-74	3	42.9	36	0.9	96	0	0.0	0	0.0	0	7	84
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	64
85 and older	0	0.0	0	0.0	0	2	40.0	16	0.3	44	5	51
Other Eligibles	177	10.1	1,880	0.8	80	225	12.8	2,266	0.4	73	1,755	17,430
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	13	11.3	131	1.0	108	10	8.7	100	0.8	89	115	1,130
75-84	76	12.9	835	0.8	84	83	14.1	878	0.5	81	587	5,884
85 and older	88	8.4	914	0.8	73	132	12.5	1,288	0.4	67	1,053	10,416
Male	115	11.9	1,150	0.8	74	81	8.4	709	0.4	82	963	9,029
Disabled	2	1.9	22	0.1	8	4	3.9	47	0.1	19	103	1,116
64 or younger	2	2.4	22	0.1	8	4	4.7	47	0.1	19	85	960
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	79
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	38
Other Eligibles	113	13.1	1,128	0.8	75	77	9.0	662	0.4	87	860	7,913
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	17	14.2	177	0.9	90	4	3.3	27	0.4	13	120	1,186
75-84	54	15.6	537	0.8	74	33	9.5	308	0.4	103	346	3,255
85 and older	42	10.7	414	0.9	71	40	10.2	327	0.3	78	394	3,472
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 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,197 beneficiaries who were in nursing facilities for part of their enrollment and their 11,310 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 HAWAII, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Dual Rx \$	%
All	19,376	69.4 %	8.2	228,381	\$78	\$2,170,196	\$10	3.5 %	27,914	
Age										
5 and younger	1	100.0	1.0	1	62	62	62	53.4	1	
6-14	2	66.7	12.3	37	78	235	6	0.8	3	
15-20	16	48.5	3.1	103	67	2,195	21	3.9	33	
21-44	1,803	54.4	4.8	15,973	75	249,097	16	2.5	3,314	
45-64	3,209	65.1	7.9	39,113	94	465,867	12	2.8	4,933	
65-74	5,274	68.6	7.0	53,762	67	515,322	10	3.4	7,688	
75-84	5,777	74.4	8.6	66,438	70	546,554	8	3.9	7,770	
85 and older	3,294	79.0	12.7	52,954	94	390,864	7	6.2	4,172	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	13,720	72.8	8.8	165,517	73	1,377,144	8	4.1	18,837	
Disabled	5,641	63.1	7.0	62,801	89	792,095	13	2.8	8,936	
Adults	15	10.6	0.4	63	7	957	15	2.5	141	
Children	0	0.0	0.0	0	0	0	0	0.0	0	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	12,195	73.4	9.2	152,388	84	1,393,544	9	3.9	16,614	
Male	7,181	63.5	6.7	75,993	69	776,652	10	2.9	11,300	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	3,664	61.3	8.0	47,842	88	528,592	11	3.1	5,979	
African American	148	55.4	5.5	1,457	52	13,990	10	1.9	267	
Other/unknown	15,564	71.8	8.3	179,082	75	1,627,614	9	3.7	21,668	
Use of Nursing Facilities^d										
Entire year	2,674	95.2	21.8	61,269	163	456,877	7	8.2	2,810	
Part year	1,073	89.6	13.4	15,997	109	130,107	8	5.5	1,197	
None	15,629	65.4	6.3	151,115	66	1,583,212	10	2.9	23,907	
Maintenance Assistance Status										
Cash	8,443	74.0	8.0	91,392	80	914,416	10	3.3	11,413	
Medically needy	2,348	79.5	14.5	42,713	112	332,322	8	6.6	2,954	
Poverty related	8,531	63.8	7.0	93,563	68	914,806	10	3.2	13,369	
Other/unknown	54	30.3	4.0	713	49	8,652	12	4.3	178	

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 HAWAII, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$7	\$10	\$0	\$1	Number of Benefit Months
All	0.8		\$7	\$10	\$0	\$1	292,997
Age							
5 and younger	0.3		21	62	0	0	3
6-14	1.0		7	6	0	0	36
15-20	0.3		7	21	0	0	311
21-44	0.5		7	16	0	3	35,119
45-64	0.8		9	12	0	4	52,086
65-74	0.7		6	10	0	1	81,418
75-84	0.8		7	8	0	1	82,324
85 and older	1.3		9	7	0	1	41,700
Unknown	0.0		0	0	0	0	0
Basis of Eligibility^c							
Aged	0.8		7	8	0	1	196,690
Disabled	0.7		8	13	0	3	95,900
Adults	0.2		2	15	0	1	407
Children	0.0		0	0	0	0	0
Unknown	0.0		0	0	0	0	0
Gender							
Female	0.9		8	9	0	1	176,195
Male	0.7		7	10	0	2	116,802
Unknown	0.0		0	0	0	0	0
Race							
White	0.8		9	11	0	3	60,874
African American	0.6		5	10	0	1	2,618
Other/unknown	0.8		7	9	0	1	229,505
Use of Nursing Facilities^d							
Entire year	2.2		17	7	0	1	27,505
Part year	1.4		12	8	0	1	11,310
None	0.6		6	10	0	1	254,182
Maintenance Assistance Status							
Cash	0.7		7	10	0	2	127,423
Medically needy	1.7		13	8	0	1	25,440
Poverty related	0.7		7	10	0	1	139,214
Other/unknown	0.8		9	12	0	3	920

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 HAWAII, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	30,621	\$71	\$2,170,196	100.0 %	228,381	\$10	100.0 %		
Anorexia or weight loss/gain	9	284	2,552	0.1	29	88	0.0		
Fertility drugs	0	0	0	0.0	0	0	0.0		
Drugs for cosmetic purposes	2	12	24	0.0	2	12	0.0		
Cough and cold medications	6,289	53	335,114	15.4	16,899	20	7.4		
Vitamins and minerals	2,735	105	288,214	13.3	13,732	21	6.0		
Non-prescription drugs	16,586	61	1,009,338	46.5	169,742	6	74.3		
Barbiturates	232	71	16,426	0.8	2,343	7	1.0		
Benzodiazepines	3,678	113	415,439	19.1	22,174	19	9.7		
Other Part D Excl Rx Drugs	1,090	95	103,089	4.8	3,460	30	1.5		

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	28,314	18,849	9,164	301	0	299,754	197,895	99,423	2,436	0
Age										
5 and younger	1	0	1	0	3	0	0	3	0	0
6-14	3	0	3	0	0	36	0	36	0	0
15-20	33	0	31	2	0	337	0	320	17	0
21-44	3,502	0	3,376	126	0	37,769	0	36,731	1,038	0
45-64	5,095	0	4,950	145	0	54,623	0	53,474	1,149	0
65-74	7,737	7,136	573	28	0	82,913	76,289	6,392	232	0
75-84	7,771	7,586	185	0	0	82,358	80,356	2,002	0	0
85 and older	4,172	4,127	45	0	0	41,715	41,250	465	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	16,808	12,423	4,260	125	0	179,572	131,995	46,478	1,099	0
Male	11,506	6,426	4,904	176	0	120,182	65,900	52,945	1,337	0
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	6,137	2,967	3,047	123	0	63,426	30,232	32,252	942	0
African American	275	90	175	10	0	2,705	935	1,720	50	0
Other/unknown	21,902	15,792	5,942	168	0	233,623	166,728	65,451	1,444	0
Use of Nursing Facilities^c										
Entire year	2,810	2,615	195	0	0	27,519	25,354	2,165	0	0
Part year	1,200	1,053	145	2	0	11,368	9,844	1,512	12	0
None	24,304	15,181	8,824	299	0	260,867	162,697	95,746	2,424	0
Maintenance Assistance Status										
Cash	11,540	7,200	4,292	48	0	129,544	80,980	48,113	451	0
Medically needy	2,957	2,471	486	0	0	25,557	21,341	4,216	0	0
Poverty related	13,466	9,155	4,311	0	0	141,773	95,347	46,426	0	0
Other/unknown	351	23	75	253	0	2,880	227	668	1,985	0
Dual Status^d										
Full dual, all year	27,819	18,527	8,991	301	0	294,777	194,638	97,703	2,436	0
Full dual, part year	495	322	173	0	0	4,977	3,257	1,720	0	0
Managed Care (MC) Status										
Fee-for-service (FFS) all year	27,395	18,647	8,725	23	0	290,436	195,669	94,675	92	0
FFS part year, with Rx claims	334	138	164	32	0	3,622	1,533	1,788	301	0
FFS part year, no Rx claims	185	52	47	86	0	1,722	550	478	694	0
MC all year, with Rx claims	174	12	161	1	0	2,041	143	1,887	11	0
MC all year, no Rx claims	226	0	67	159	0	1,933	0	595	1,338	0

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries	Benefit Months in Cell J of Table 1 Number of Beneficiaries
All	28,314	299,754	27,914	292,997	6,757
Fee-for-service (FFS) all year	27,395	290,436	27,395	290,326	110
FFS part year, with Rx claims	334	3,622	334	2,038	1,584
FFS part year, with no Rx claims	185	1,722	185	633	1,089
Managed care (MC) all year, with Rx claims	174	2,041	0	0	2,041
MC all year, with no Rx claims	226	1,933	0	0	1,933

Source: Data for this table are from the MAX 2003 file for Hawaii, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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