STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
HAWAII

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
HAWAII, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	225,248	(A)	30,722	(E)	194,526	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	223,504	(B)	29,041	(F)	194,463	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	103,810	(C)	28,620	(G)	75,190	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	2,934	(D)	2,728	(H)	206	(L)

Source: Data for this table are from the MAX 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Hawaii in 2004 was $109,170,615, of which $926,941 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**103,810**	**20,807**	**22,575**	**32,350**	**28,040**	**38**	**555,158**	**217,028**	**230,902**	**58,028**	**48,889**	**311**
Age												
5 and younger	12,316	0	685	0	11,631	0	26,438	0	6,513	0	19,925	0
6-14	12,779	0	1,017	0	11,762	0	31,164	0	10,495	0	20,669	0
15-20	8,628	0	794	3,189	4,645	0	21,636	0	7,920	5,437	8,279	0
21-44	30,262	0	7,450	22,804	2	6	115,265	0	74,628	40,582	16	39
45-64	18,240	2	11,861	6,345	0	32	135,176	12	122,911	11,981	0	272
65-74	8,772	8,217	543	12	0	0	91,749	85,799	5,922	28	0	0
75-84	8,333	8,142	191	0	0	0	89,089	86,956	2,133	0	0	0
85 and older	4,480	4,446	34	0	0	0	44,641	44,261	380	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	55,491	13,764	10,648	17,125	13,916	38	308,012	144,964	109,204	29,408	24,125	311
Male	48,319	7,043	11,927	15,225	14,124	0	0 247,146	72,064	121,698	28,620	24,764	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	27,496	3,222	7,756	10,290	6,214	14	139,365	32,970	77,156	18,363	10,774	102
African American	1,745	95	455	719	476	0	0 7,701	988	4,479	1,406	828	0
Other/unknown	74,569	17,490	14,364	21,341	21,350	24	408,092	183,070	149,267	38,259	37,287	209
Use of Nursing Facilities[c]												
Entire year	2,934	2,588	339	7	0	0	29,270	25,657	3,603	10	0	0
Part year	2,016	1,247	637	114	17	1	18,302	11,720	6,260	279	34	9
None	98,860	16,972	21,599	32,229	28,023	37	507,586	179,651	221,039	57,739	48,855	302
Maintenance Assistance Status												
Cash	46,893	7,953	14,534	10,176	14,230	0	285,206	88,361	155,695	17,177	23,973	0
Medically needy	3,231	2,578	633	18	2	0	27,989	22,844	5,118	25	2	0
Poverty-related	28,453	10,239	6,771	0	11,405	38	194,411	105,594	68,442	0	20,064	311
Other/unknown	25,233	37	637	22,156	2,403	0	47,552	229	1,647	40,826	4,850	0
Dual Medicare Status[d]												
Full dual, all year	28,077	18,984	8,939	154	0	0	296,495	199,822	96,224	449	0	0
Full dual, part year	543	336	200	7	0	0	5,392	3,400	1,941	51	0	0
Non-dual, all year	75,190	1,487	13,436	32,189	28,040	38	253,271	13,806	132,737	57,528	48,889	311
Managed Care (MC) Status												
Fee-for-service (FFS) all year	46,655	20,589	20,130	3,732	2,167	37	447,708	215,724	218,660	6,998	6,021	305
FFS part year, with Rx claims	5,086	158	1,559	2,580	788	1	18,031	987	9,771	5,629	1,638	6
FFS part year, no Rx claims	52,069	60	886	26,038	25,085	0	89,419	317	2,471	45,401	41,230	0

Source: Data for this table are from the MAX 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes 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. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

HAWAII, 2004

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	**38.9 %**	**13.9**	**$1,043**	**$75**	**$6,127**	**17.0 %**	**103,810**
Age							
5 and younger	7.7	0.9	99	116	3,191	3.1	12,316
6-14	8.0	1.0	131	126	1,672	7.8	12,779
15-20	9.7	1.1	127	114	2,599	4.9	8,628
21-44	24.7	6.5	727	112	4,698	15.5	30,262
45-64	61.7	27.6	2,268	82	8,861	25.6	18,240
65-74	85.4	32.8	1,986	61	6,713	29.6	8,772
75-84	88.3	33.5	1,913	57	10,672	17.9	8,333
85 and older	88.8	30.9	1,682	54	22,631	7.4	4,480
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	87.1	32.4	1,871	58	11,617	16.1	20,807
Disabled	82.4	33.3	3,035	91	12,896	23.5	22,575
Adults	8.5	0.3	17	53	2,035	0.8	32,350
Children	3.0	0.1	7	64	1,323	0.5	28,040
Unknown	84.2	23.7	1,526	65	8,609	17.7	38
Gender							
Female	41.5	15.6	1,045	67	6,279	16.6	55,491
Male	35.9	11.9	1,040	87	5,953	17.5	48,319
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	37.4	14.6	1,255	86	6,226	20.2	27,496
African American	30.6	9.5	857	90	3,647	23.5	1,745
Other/unknown	39.6	13.7	969	71	6,149	15.8	74,569
Use of Nursing Facilities[f]							
Entire year	95.1	41.5	2,374	57	54,168	4.4	2,934
Part year	91.3	40.0	2,631	66	35,389	7.4	2,016
None	36.2	12.5	971	78	4,105	23.7	98,860
Maintenance Assistance Status							
Cash	43.9	16.9	1,334	79	5,694	23.4	46,893
Medically needy	81.8	32.1	2,005	63	32,871	6.1	3,231
Poverty related	51.5	18.6	1,351	73	7,306	18.5	28,453
Other/unknown	9.9	0.5	32	63	2,180	1.5	25,233

Source: Data for this table are from the MAX 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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. 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 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

HAWAII, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**2.6**	**$195**	**17.0 %**	**61.1 %**	**12.4 %**	**6.4 %**	**12.3 %**	**6.7 %**	**1.2 %**	**$1,146**	**103,810**	**555,158**
Age												
5 and younger	0.4	46	3.1	92.3	5.3	1.2	1.0	0.2	0.1	1,486	12,316	26,438
6-14	0.4	54	7.8	92.0	5.5	1.2	1.0	0.3	0.1	686	12,779	31,164
15-20	0.4	51	4.9	90.3	6.7	1.6	0.9	0.4	0.1	1,037	8,628	21,636
21-44	1.7	191	15.5	75.3	10.5	4.5	6.2	2.9	0.6	1,233	30,262	115,265
45-64	3.7	306	25.6	38.3	15.1	8.7	20.1	14.3	3.6	1,196	18,240	135,176
65-74	3.1	190	29.6	14.6	24.2	14.9	28.7	15.4	2.2	642	8,772	91,749
75-84	3.1	179	17.9	11.7	22.4	15.4	33.4	15.9	1.2	998	8,333	89,089
85 and older	3.1	169	7.4	11.2	21.8	15.4	35.2	15.2	1.2	2,271	4,480	44,641
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	3.1	179	16.1	12.9	23.1	15.3	31.8	15.4	1.5	1,114	20,807	217,028
Disabled	3.3	297	23.5	17.6	25.6	12.0	24.8	16.1	3.9	1,261	22,575	230,902
Adults	0.2	9	0.8	91.5	5.0	1.8	1.4	0.3	0.1	1,135	32,350	58,028
Children	0.1	4	0.5	97.0	2.2	0.5	0.3	0.0	0.0	759	28,040	48,889
Unknown	2.9	186	17.7	15.8	31.6	10.5	34.2	7.9	0.0	1,052	38	311
Gender												
Female	2.8	188	16.6	58.5	12.2	6.9	13.6	7.4	1.3	1,131	55,491	308,012
Male	2.3	203	17.5	64.1	12.5	5.8	10.8	5.8	1.0	1,164	48,319	247,146
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.9	248	20.2	62.6	11.5	5.5	11.0	7.4	2.0	1,228	27,496	139,365
African American	2.2	194	23.5	69.4	12.3	5.7	7.2	4.0	1.4	826	1,745	7,701
Other/unknown	2.5	177	15.8	60.4	12.7	6.8	12.9	6.5	0.9	1,124	74,569	408,092
Use of Nursing Facilities[f]												
Entire year	4.2	238	4.4	4.9	14.9	14.1	38.2	24.4	3.5	5,430	2,934	29,270
Part year	4.4	290	7.4	8.7	15.1	13.7	33.1	23.6	5.8	3,898	2,016	18,302
None	2.4	189	23.7	63.8	12.2	6.0	11.1	5.8	1.0	800	98,860	507,586
Maintenance Assistance Status												
Cash	2.8	219	23.4	56.1	13.7	6.9	13.9	7.8	1.6	936	46,893	285,206
Medically needy	3.7	231	6.1	18.2	15.2	12.9	31.2	19.8	2.7	3,795	3,231	27,989
Poverty related	2.7	198	18.5	48.5	15.8	8.8	16.8	8.9	1.3	1,069	28,453	194,411
Other/unknown	0.3	17	1.5	90.1	5.6	2.1	1.7	0.4	0.1	1,157	25,233	47,552

Source: Data for this table are from the MAX 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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. 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

HAWAII, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	**2.6**	**$195**	**$75**	**1.0**	**$141**	**$141**	**0.1**	**$11**	**$84**	**1.5**	**$43**	**$29**
Age												
5 and younger	0.4	46	116	0.1	40	345	0.0	1	43	0.3	5	19
6-14	0.4	54	126	0.2	43	260	0.0	3	92	0.2	8	36
15-20	0.4	51	114	0.2	37	246	0.0	4	93	0.3	10	39
21-44	1.7	191	112	0.6	147	232	0.1	11	111	1.0	33	34
45-64	3.7	306	82	1.3	213	166	0.2	20	104	2.2	73	33
65-74	3.1	190	61	1.3	137	103	0.1	9	64	1.7	44	26
75-84	3.1	179	57	1.4	131	94	0.1	8	57	1.6	40	25
85 and older	3.1	169	54	1.2	120	97	0.1	8	53	1.7	42	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.1	179	58	1.3	130	98	0.1	8	58	1.6	42	25
Disabled	3.3	297	91	1.2	216	186	0.2	18	103	1.9	63	33
Adults	0.2	9	53	0.0	6	140	0.0	1	80	0.1	3	23
Children	0.1	4	64	0.0	3	163	0.0	0	69	0.0	1	21
Unknown	2.9	186	65	0.7	119	165	0.1	9	76	2.0	58	28
Gender												
Female	2.8	188	67	1.1	134	121	0.1	11	76	1.5	43	28
Male	2.3	203	87	0.9	150	171	0.1	11	97	1.3	42	32
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.9	248	86	1.0	174	179	0.2	17	106	1.7	57	33
African American	2.2	194	90	0.7	144	196	0.1	12	96	1.3	38	29
Other/unknown	2.5	177	71	1.0	130	127	0.1	9	74	1.4	38	28
Use of Nursing Facilities[e]												
Entire year	4.2	238	57	1.5	160	109	0.2	15	63	2.5	63	26
Part year	4.4	290	66	1.5	197	130	0.2	17	74	2.7	76	28
None	2.4	189	78	1.0	138	144	0.1	10	87	1.4	40	30
Maintenance Assistance Status												
Cash	2.8	219	79	1.1	160	147	0.1	12	89	1.6	48	31
Medically needy	3.7	231	63	1.4	162	117	0.2	14	71	2.1	55	26
Poverty related	2.7	198	73	1.1	143	136	0.1	11	80	1.5	44	29
Other/unknown	0.3	17	63	0.1	12	149	0.0	1	79	0.2	4	24

Source: Data for this table are from the MAX 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

HAWAII, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$34	$26	$2	$7	$106	$244	$143	$33	77,119	$8,203,335	22,439	21.6 %	238,132
Biologicals	0.2	0.1	0.0	0.0	82	59	3	20	474	518	221	446	1,012	479,248	546	0.5	5,822
Antineoplastic Agents	0.5	0.1	0.0	0.3	128	88	4	35	271	735	463	102	8,749	2,371,202	1,774	1.7	18,588
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	59	48	2	10	66	109	33	25	169,071	11,221,708	17,545	16.9	190,123
Cardiovascular Agents	1.5	0.6	0.1	0.8	69	44	3	21	47	77	55	26	371,732	17,601,356	23,685	22.8	255,317
Respiratory Agents	0.6	0.3	0.0	0.3	33	27	0	6	58	98	48	19	104,803	6,043,648	16,747	16.1	181,909
Gastrointestinal Agents	0.5	0.1	0.0	0.4	32	23	1	8	64	205	82	21	73,095	4,651,033	13,208	12.7	144,665
Genitourinary Agents	0.5	0.3	0.0	0.1	33	28	1	4	70	83	62	34	20,869	1,464,059	3,997	3.9	44,368
CNS Drugs	1.1	0.5	0.0	0.6	131	106	4	22	118	212	100	37	203,762	23,961,738	17,274	16.6	182,261
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.4	55	33	2	19	80	133	99	46	3,504	279,919	507	0.5	5,130
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	108	107	0	1	160	162	97	54	13,811	2,214,986	1,864	1.8	20,447
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	50	30	2	18	73	176	208	35	150,207	10,944,991	20,793	20.0	218,183
Neuromuscular Agents	0.9	0.2	0.2	0.4	75	38	23	14	85	155	104	34	93,591	7,989,291	9,946	9.6	106,952
Nutritional Products	0.5	0.0	0.0	0.4	9	0	0	8	20	23	25	19	22,504	441,202	4,797	4.6	49,173
Hematological Agents	0.7	0.3	0.0	0.3	96	88	2	6	138	261	57	19	44,287	6,131,514	5,991	5.8	63,828
Topical Products	0.4	0.1	0.0	0.2	17	10	1	6	43	75	63	25	75,677	3,255,099	17,797	17.1	196,459
Miscellaneous Products	0.4	0.1	0.0	0.3	102	66	7	29	233	594	322	96	3,993	931,737	881	0.8	9,165
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	27	0	0	0	2,136	57,608	713	0.7	7,925
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.	1,439,922	108,243,674	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.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 2004.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

HAWAII, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$16,990,700	8,942	8.6 %	97,246	0.7	$241	$175
ANTIHYPERLIPIDEMIC	7,767,945	13,285	12.8	148,377	0.6	89	52
ANALGESICS - Narcotic	7,007,922	18,468	17.8	194,112	0.4	85	36
ANTICONVULSANT	6,671,629	7,983	7.7	87,014	0.7	107	77
ANTIDIABETIC	6,095,255	12,936	12.5	140,898	0.6	68	43
ANTIDEPRESSANTS	5,174,383	12,109	11.7	128,018	0.6	69	40
ANTIHYPERTENSIVE	4,809,271	17,950	17.3	196,952	0.6	43	24
ANTIASTHMATIC	4,642,533	14,525	14.0	157,419	0.4	75	29
MISC. ENDOCRINE	4,591,610	6,702	6.5	75,846	0.5	111	61
ANTIVIRAL	4,580,932	2,449	2.4	26,653	0.4	424	172
Total	68,332,180	115,349		1,252,535	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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.