

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>28,620</b>	<b>19,320</b>	<b>9,139</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>301,887</b>	<b>203,222</b>	<b>98,165</b>	<b>500</b>	<b>0</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	11	0	11	0	0	0
6-14	2	0	2	0	0	0	24	0	24	0	0	0
15-20	30	0	28	2	0	0	280	0	275	5	0	0
21-44	3,293	0	3,205	88	0	0	34,635	0	34,325	310	0	0
45-64	5,266	0	5,204	62	0	0	55,906	0	55,745	161	0	0
65-74	7,848	7,351	488	9	0	0	83,261	77,836	5,401	24	0	0
75-84	7,862	7,683	179	0	0	0	84,537	82,519	2,018	0	0	0
85 and older	4,318	4,286	32	0	0	0	43,233	42,867	366	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	17,089	12,801	4,218	70	0	0	181,910	135,873	45,784	253	0	0
Male	11,531	6,519	4,921	91	0	0	119,977	67,349	52,381	247	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	6,293	3,120	3,117	56	0	0	64,538	32,032	32,366	140	0	0
African American	278	89	182	7	0	0	2,807	931	1,854	22	0	0
Other/unknown	22,049	16,111	5,840	98	0	0	234,542	170,259	63,945	338	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,728	2,525	203	0	0	0	27,239	25,029	2,210	0	0	0
Part year	1,365	1,200	164	1	0	0	12,920	11,268	1,650	2	0	0
None	24,527	15,595	8,772	160	0	0	261,728	166,925	94,305	498	0	0
<b>Maintenance Assistance Status</b>												
Cash	11,320	7,178	4,114	28	0	0	126,570	80,748	45,707	115	0	0
Medically needy	2,994	2,517	477	0	0	0	26,458	22,308	4,150	0	0	0
Poverty-related	14,105	9,604	4,501	0	0	0	147,896	99,955	47,941	0	0	0
Other/unknown	201	21	47	133	0	0	963	211	367	385	0	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	28,045	19,132	8,874	39	0	0	298,863	202,108	96,599	156	0	0
FFS part year, with Rx claims	376	134	196	46	0	0	2,286	823	1,277	186	0	0
FFS part year, no Rx claims	199	54	69	76	0	0	738	291	289	158	0	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 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 2004. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>87.5 %</b>	<b>34.7</b>	<b>\$2,430</b>	<b>\$70</b>	<b>\$12,211</b>	<b>19.9 %</b>	<b>28,620</b>
<b>Age</b>							
5 and younger	100.0	17.0	1,461	86	337,497	0.4	1
6-14	100.0	49.0	7,437	152	9,188	80.9	2
15-20	70.0	11.3	1,053	93	8,282	12.7	30
21-44	81.9	28.9	3,290	114	13,068	25.2	3,293
45-64	87.3	42.9	3,754	88	12,940	29.0	5,266
65-74	87.2	34.3	2,070	60	6,809	30.4	7,848
75-84	89.1	34.2	1,950	57	10,874	17.9	7,862
85 and older	89.6	31.3	1,698	54	22,871	7.4	4,318
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	88.3	33.3	1,919	58	11,952	16.1	19,320
Disabled	86.5	38.4	3,549	92	12,921	27.5	9,139
Adults	37.9	3.6	282	78	2,969	9.5	161
Children	0.0	0.0	0	0	0	0.0	0
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	89.5	36.3	2,312	64	12,182	19.0	17,089
Male	84.5	32.5	2,606	80	12,252	21.3	11,531
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	84.6	38.3	3,073	80	13,614	22.6	6,293
African American	82.4	32.6	2,948	90	8,255	35.7	278
Other/unknown	88.4	33.8	2,240	66	11,860	18.9	22,049
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	95.3	41.1	2,324	57	52,547	4.4	2,728
Part year	93.0	37.2	2,236	60	29,203	7.7	1,365
None	86.3	33.9	2,453	72	6,779	36.2	24,527
<b>Maintenance Assistance Status</b>							
Cash	90.9	37.5	2,671	71	8,728	30.6	11,320
Medically needy	83.7	32.9	2,026	62	33,948	6.0	2,994
Poverty related	86.1	33.3	2,345	71	10,466	22.4	14,105
Other/unknown	49.3	11.8	909	77	6,964	13.1	201

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 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>3.3</b>	<b>\$230</b>	<b>19.9 %</b>	<b>12.5 %</b>	<b>22.7 %</b>	<b>14.5 %</b>	<b>31.0 %</b>	<b>16.9 %</b>	<b>2.3 %</b>	<b>\$1,158</b>	<b>28,620</b>	<b>301,887</b>
<b>Age</b>												
5 and younger	1.5	133	0.4	0.0	0.0	100.0	0.0	0.0	0.0	30,682	1	11
6-14	4.1	620	80.9	0.0	0.0	0.0	100.0	0.0	0.0	766	2	24
15-20	1.2	113	12.7	30.0	43.3	10.0	16.7	0.0	0.0	887	30	280
21-44	2.7	313	25.2	18.1	29.2	13.9	23.4	13.0	2.4	1,242	3,293	34,635
45-64	4.0	354	29.0	12.7	18.2	12.0	29.7	22.7	4.8	1,219	5,266	55,906
65-74	3.2	195	30.4	12.8	23.9	14.9	29.6	16.3	2.3	642	7,848	83,261
75-84	3.2	181	17.9	10.9	22.2	15.4	33.9	16.4	1.2	1,011	7,862	84,537
85 and older	3.1	170	7.4	10.4	21.9	15.6	35.8	15.3	1.2	2,284	4,318	43,233
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.2	182	16.1	11.7	22.9	15.4	32.5	15.9	1.6	1,136	19,320	203,222
Disabled	3.6	330	27.5	13.5	22.2	12.7	28.2	19.4	3.9	1,203	9,139	98,165
Adults	1.2	91	9.5	62.1	18.6	8.1	9.3	1.9	0.0	956	161	500
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
<b>Gender</b>												
Female	3.4	217	19.0	10.5	21.8	15.1	32.7	17.4	2.4	1,144	17,089	181,910
Male	3.1	251	21.3	15.5	24.0	13.6	28.5	16.3	2.2	1,178	11,531	119,977
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.7	300	22.6	15.4	20.1	11.9	28.0	20.0	4.6	1,328	6,293	64,538
African American	3.2	292	35.7	17.6	27.3	14.4	21.2	15.1	4.3	818	278	2,807
Other/unknown	3.2	211	18.9	11.6	23.4	15.2	32.0	16.1	1.6	1,115	22,049	234,542
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	4.1	233	4.4	4.7	15.2	14.4	38.5	23.8	3.4	5,263	2,728	27,239
Part year	3.9	236	7.7	7.0	16.3	14.8	36.0	22.9	2.9	3,085	1,365	12,920
None	3.2	230	36.2	13.7	23.9	14.5	29.9	15.8	2.2	635	24,527	261,728
<b>Maintenance Assistance Status</b>												
Cash	3.4	239	30.6	9.1	23.2	14.9	32.8	17.7	2.4	781	11,320	126,570
Medically needy	3.7	229	6.0	16.3	15.6	13.3	32.0	20.0	2.7	3,842	2,994	26,458
Poverty related	3.2	224	22.4	13.9	23.8	14.5	29.6	15.8	2.2	998	14,105	147,896
Other/unknown	2.5	190	13.1	50.7	16.9	8.5	15.4	8.5	0.0	1,454	201	963

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 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
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
<b>All</b>	<b>3.3</b>	<b>\$230</b>	<b>\$70</b>	<b>1.3</b>	<b>\$168</b>	<b>\$124</b>	<b>0.2</b>	<b>\$12</b>	<b>\$76</b>	<b>1.8</b>	<b>\$51</b>	<b>\$29</b>
<b>Age</b>												
5 and younger	1.5	133	86	0.5	118	259	0.2	6	32	0.9	10	10
6-14	4.1	620	152	2.0	479	235	0.3	113	340	1.7	28	16
15-20	1.2	113	93	0.3	42	147	0.1	15	133	0.8	57	69
21-44	2.7	313	114	1.1	238	221	0.2	19	121	1.5	56	37
45-64	4.0	354	88	1.5	255	171	0.2	22	98	2.3	77	33
65-74	3.2	195	60	1.4	140	103	0.1	9	64	1.7	45	26
75-84	3.2	181	57	1.4	132	95	0.1	8	57	1.6	41	25
85 and older	3.1	170	54	1.2	120	97	0.1	8	52	1.7	42	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.2	182	58	1.3	132	98	0.1	8	58	1.7	43	25
Disabled	3.6	330	92	1.4	242	179	0.2	20	102	2.0	68	34
Adults	1.2	91	78	0.4	65	167	0.1	5	92	0.7	21	29
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
<b>Gender</b>												
Female	3.4	217	64	1.4	156	110	0.2	12	68	1.8	49	27
Male	3.1	251	80	1.2	185	149	0.1	13	90	1.7	53	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.7	300	80	1.3	211	158	0.2	20	97	2.2	69	31
African American	3.2	292	90	1.1	213	191	0.2	20	96	1.9	59	31
Other/unknown	3.2	211	66	1.4	155	115	0.1	10	67	1.7	46	27
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	4.1	233	57	1.5	156	107	0.2	14	61	2.4	62	26
Part year	3.9	236	60	1.5	161	110	0.2	12	62	2.3	63	28
None	3.2	230	72	1.3	169	127	0.1	12	79	1.7	49	29
<b>Maintenance Assistance Status</b>												
Cash	3.4	239	71	1.5	178	121	0.1	11	73	1.7	50	29
Medically needy	3.7	229	62	1.4	160	115	0.2	14	70	2.1	56	26
Poverty related	3.2	224	71	1.2	160	129	0.2	13	80	1.8	50	29
Other/unknown	2.5	190	77	1.0	133	137	0.1	9	70	1.3	47	35

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 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, 0.2 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.medispain.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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users <sup>e</sup>		
	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			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$32	\$24	\$2	\$6	\$104	\$229	\$140	\$33	48,253	\$5,028,313	14,084	49.2 %	157,468
Biologicals	0.1	0.1	0.0	0.0	17	2	7	8	137	44	248	168	264	36,145	189	0.7	2,073
Antineoplastic Agents	0.4	0.1	0.0	0.3	86	51	1	34	201	543	210	103	6,289	1,264,254	1,388	4.8	14,738
Endocrine/Metabolic Drugs	0.9	0.5	0.0	0.4	60	49	1	9	65	103	30	24	127,500	8,329,495	12,480	43.6	139,308
Cardiovascular Agents	1.5	0.6	0.1	0.8	71	46	4	22	48	77	55	26	292,249	13,972,275	17,749	62.0	195,846
Respiratory Agents	0.5	0.3	0.0	0.3	32	27	0	5	59	96	46	18	65,344	3,837,421	10,758	37.6	121,227
Gastrointestinal Agents	0.5	0.1	0.0	0.4	29	21	1	8	58	191	77	21	54,196	3,147,845	9,556	33.4	106,734
Genitourinary Agents	0.5	0.4	0.0	0.1	36	31	1	4	72	82	64	36	16,890	1,208,006	2,992	10.5	33,750
CNS Drugs	1.0	0.5	0.0	0.5	121	97	3	21	116	205	95	39	120,550	13,967,113	10,465	36.6	115,023
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	56	33	3	19	94	173	96	53	988	92,753	150	0.5	1,669
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	98	98	0	0	144	145	99	52	12,485	1,798,396	1,671	5.8	18,306
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	44	30	2	13	72	158	238	31	88,517	6,415,503	13,018	45.5	144,442
Neuromuscular Agents	0.9	0.2	0.2	0.4	70	33	23	14	82	145	98	36	54,004	4,420,728	5,689	19.9	63,095
Nutritional Products	0.5	0.0	0.0	0.4	10	0	0	9	21	24	22	21	14,492	305,991	2,832	9.9	30,586
Hematological Agents	0.7	0.4	0.0	0.3	60	52	2	6	86	148	57	19	33,869	2,909,334	4,459	15.6	48,657
Topical Products	0.4	0.1	0.0	0.2	17	10	1	6	44	73	64	25	55,043	2,398,646	12,228	42.7	138,280
Miscellaneous Products	0.3	0.1	0.0	0.3	66	45	1	20	193	614	216	75	1,968	379,115	540	1.9	5,730
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	27	0	0	0	1,537	41,404	475	1.7	5,404
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.	994,438	69,552,737	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 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.medispain.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.medispain.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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$9,888,090	5,171	18.1 %	57,746	0.7	\$233	\$171
ANTIHYPERTENSIVE	6,101,659	10,135	35.4	114,934	0.6	89	53
ANTIDIABETIC	4,426,791	9,326	32.6	104,241	0.6	66	42
ANTIHYPERTENSIVE	3,892,881	13,829	48.3	154,675	0.6	44	25
ANTICONVULSANT	3,581,746	4,514	15.8	50,242	0.7	101	71
MISC. ENDOCRINE	3,562,243	5,639	19.7	64,102	0.6	101	56
ANALGESICS - Narcotic	3,549,675	10,461	36.6	115,650	0.4	84	31
ANTIDEPRESSANTS	3,070,928	7,078	24.7	77,363	0.6	67	40
ANTIASTHMATIC	2,961,244	8,520	29.8	95,519	0.4	78	31
ANTIVIRAL	2,846,477	1,601	5.6	17,986	0.4	409	158
Total	43,881,734	76,274		852,458	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 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 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.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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>469,313</b>	<b>\$43,881,734</b>	<b>5,171</b>	<b>18.1 %</b>	<b>57,746</b>	<b>0.7</b>	<b>\$171</b>	<b>10,135</b>	<b>35.4 %</b>	<b>114,934</b>	<b>0.6</b>	<b>\$53</b>
<b>Female</b>	290,944	24,009,906	2,515	14.7	28,194	0.7	144	6,487	38.0	73,880	0.6	53
<b>Disabled</b>	92,379	9,850,027	1,426	33.8	16,284	0.8	183	1,258	29.8	14,416	0.6	54
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	56	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	29	1,100	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	20,793	2,626,883	524	41.7	5,923	0.7	191	159	12.6	1,842	0.6	49
45-64	62,374	6,512,465	832	33.3	9,540	0.8	182	886	35.4	10,088	0.6	54
65-74	6,810	548,102	47	15.3	555	0.7	163	162	52.8	1,891	0.6	55
75-84	1,949	135,519	19	16.5	228	0.6	96	44	38.3	513	0.7	55
85 and older	420	25,902	4	18.2	38	0.8	81	7	31.8	82	0.7	69
<b>Other Eligibles</b>	198,565	14,159,879	1,089	8.5	11,910	0.6	91	5,229	40.6	59,464	0.6	53
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	157	18,089	11	28.9	54	0.7	188	2	5.3	10	0.8	57
45-64	9	635	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	79,967	5,909,739	329	7.0	3,728	0.6	111	2,392	50.6	27,048	0.6	53
75-84	79,529	5,628,710	389	7.9	4,369	0.6	86	2,191	44.2	25,202	0.6	54
85 and older	38,903	2,602,706	360	11.5	3,759	0.6	75	644	20.6	7,204	0.6	51
<b>Male</b>	178,369	19,871,828	2,656	23.0	29,552	0.8	197	3,648	31.6	41,054	0.6	53
<b>Disabled</b>	94,372	13,855,683	2,056	41.8	23,237	0.8	227	1,327	27.0	15,114	0.6	53
5 and younger	8	1,310	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	16	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	79	8,916	1	7.1	12	0.1	2	2	14.3	22	0.3	29
21-44	32,463	5,735,599	962	49.4	10,809	0.8	220	321	16.5	3,701	0.6	51
45-64	57,049	7,720,896	1,045	38.7	11,864	0.8	235	889	32.9	10,061	0.6	53
65-74	3,539	290,485	37	20.4	427	0.8	178	84	46.4	961	0.7	58
75-84	1,134	94,418	10	15.6	113	1.0	270	28	43.8	333	0.6	51
85 and older	99	4,043	1	10.0	12	0.2	2	3	30.0	36	0.4	30
<b>Other Eligibles</b>	83,997	6,016,145	600	9.1	6,315	0.6	88	2,321	35.1	25,940	0.6	53
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	64	10,566	7	14.0	26	0.7	211	2	4.0	11	0.5	35
45-64	55	4,179	5	13.2	13	0.7	58	3	7.9	14	0.3	28
65-74	38,323	2,995,732	209	7.9	2,289	0.7	118	1,107	42.1	12,390	0.6	54
75-84	34,064	2,270,165	227	8.3	2,477	0.5	69	978	35.9	11,122	0.6	52
85 and older	11,491	735,503	152	13.1	1,510	0.6	73	231	19.8	2,403	0.6	55
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>9,326</b>	<b>32.6 %</b>	<b>104,241</b>	<b>0.6</b>	<b>\$43</b>	<b>13,829</b>	<b>48.3 %</b>	<b>154,675</b>	<b>0.6</b>	<b>\$25</b>	<b>4,514</b>	<b>15.8 %</b>	<b>50,242</b>	<b>0.7</b>	<b>\$71</b>
<b>Female</b>	5,923	34.7	66,280	0.6	42	8,682	50.8	97,643	0.6	26	2,506	14.7	28,078	0.7	65
<b>Disabled</b>	1,395	33.1	15,638	0.6	49	1,573	37.3	17,691	0.6	24	1,326	31.4	15,044	0.8	86
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	1	7.1	12	0.1	1	5	35.7	39	0.3	8	0	0.0	0	0.0	0
21-44	228	18.1	2,602	0.6	45	234	18.6	2,630	0.5	21	429	34.1	4,858	0.8	97
45-64	970	38.8	10,757	0.7	51	1,057	42.2	11,817	0.6	25	834	33.3	9,464	0.8	83
65-74	148	48.2	1,730	0.6	46	182	59.3	2,112	0.6	26	51	16.6	592	0.7	64
75-84	41	35.7	453	0.6	31	76	66.1	867	0.6	23	10	8.7	110	0.4	49
85 and older	7	31.8	84	0.8	39	19	86.4	226	0.6	26	2	9.1	20	0.1	6
<b>Other Eligibles</b>	4,528	35.2	50,642	0.6	40	7,109	55.2	79,952	0.6	26	1,180	9.2	13,034	0.6	41
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	15.8	35	0.5	74
45-64	1	4.2	2	0.5	17	0	0.0	0	0.0	0	2	8.3	24	0.2	17
65-74	2,082	44.0	23,342	0.6	43	2,744	58.0	30,972	0.6	26	465	9.8	5,271	0.5	41
75-84	1,768	35.7	20,019	0.7	40	2,913	58.8	33,233	0.6	27	462	9.3	5,114	0.6	42
85 and older	677	21.7	7,279	0.7	34	1,452	46.5	15,747	0.6	25	245	7.8	2,590	0.7	40
<b>Male</b>	3,403	29.5	37,961	0.6	43	5,147	44.6	57,032	0.6	24	2,008	17.4	22,164	0.7	79
<b>Disabled</b>	1,263	25.7	14,139	0.6	48	1,560	31.7	17,277	0.6	24	1,384	28.1	15,471	0.8	92
5 and younger	0	0.0	0	0.0	0	1	100.0	11	0.5	4	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	6	42.9	68	0.1	10	3	21.4	36	0.7	87
21-44	323	16.6	3,677	0.7	53	375	19.3	4,188	0.6	26	567	29.1	6,248	0.8	99
45-64	847	31.3	9,395	0.6	46	1,034	38.3	11,377	0.6	23	765	28.3	8,616	0.8	90
65-74	69	38.1	792	0.6	53	95	52.5	1,053	0.6	26	42	23.2	487	0.7	48
75-84	23	35.9	263	0.7	47	40	62.5	473	0.6	26	6	9.4	72	0.5	14
85 and older	1	10.0	12	1.0	14	9	90.0	107	0.5	18	1	10.0	12	1.0	21
<b>Other Eligibles</b>	2,140	32.4	23,822	0.6	40	3,587	54.3	39,755	0.5	24	624	9.4	6,693	0.6	49
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	4	8.0	27	0.3	12	6	12.0	22	0.5	127
21-44	2	5.3	3	0.7	18	5	13.2	13	0.5	20	2	5.3	8	0.5	65
45-64	1,116	42.4	12,503	0.6	43	1,466	55.8	16,401	0.5	24	259	9.9	2,882	0.6	57
65-74	779	28.6	8,820	0.6	37	1,610	59.0	18,012	0.5	24	248	9.1	2,723	0.6	41
75-84	243	20.9	2,496	0.7	33	502	43.1	5,302	0.6	22	109	9.4	1,058	0.6	41
85 and older															
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	MISC. ENDOCRINE					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>5,639</b>	<b>19.7 %</b>	<b>64,102</b>	<b>0.6</b>	<b>\$56</b>	<b>10,461</b>	<b>36.6 %</b>	<b>115,650</b>	<b>0.4</b>	<b>\$31</b>	<b>7,078</b>	<b>24.7 %</b>	<b>77,363</b>	<b>0.6</b>	<b>\$40</b>
<b>Female</b>	5,079	29.7	57,771	0.6	50	6,331	37.0	70,636	0.3	25	4,427	25.9	48,754	0.6	40
<b>Disabled</b>	635	15.1	7,288	0.6	54	2,368	56.1	26,853	0.5	42	1,905	45.2	21,361	0.6	49
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	100.0	12	0.1	1	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	7	50.0	82	0.1	1	1	7.1	12	0.1	2
21-44	75	6.0	872	0.6	65	614	48.8	6,926	0.4	26	518	41.2	5,768	0.6	48
45-64	404	16.1	4,583	0.6	53	1,541	61.6	17,470	0.5	53	1,294	51.7	14,552	0.7	50
65-74	120	39.1	1,424	0.5	48	164	53.4	1,893	0.3	14	67	21.8	751	0.5	33
75-84	31	27.0	356	0.6	54	34	29.6	386	0.4	18	15	13.0	162	0.6	29
85 and older	5	22.7	53	0.7	54	7	31.8	84	0.2	3	10	45.5	116	0.5	28
<b>Other Eligibles</b>	4,444	34.5	50,483	0.6	50	3,963	30.8	43,783	0.3	14	2,522	19.6	27,393	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	0	0.0	0	0.0	0	8	21.1	66	0.9	23	12	31.6	78	0.3	37
45-64	0	0.0	0	0.0	0	1	4.2	2	0.5	17	1	4.2	3	0.3	32
65-74	1,557	32.9	17,888	0.5	50	1,645	34.8	18,705	0.3	13	869	18.4	9,803	0.5	33
75-84	1,848	37.3	21,191	0.6	50	1,512	30.5	16,921	0.3	11	890	18.0	9,700	0.5	32
85 and older	1,039	33.3	11,404	0.6	50	797	25.5	8,089	0.3	22	750	24.0	7,809	0.6	33
<b>Male</b>	560	4.9	6,331	0.5	104	4,130	35.8	45,014	0.4	40	2,651	23.0	28,609	0.6	40
<b>Disabled</b>	160	3.3	1,823	0.5	248	2,207	44.8	24,150	0.5	57	1,615	32.8	17,754	0.6	45
5 and younger	1	100.0	11	0.3	115	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	2	14.3	20	0.2	85	6	42.9	64	0.4	41	1	7.1	6	0.2	1
21-44	60	3.1	674	0.5	386	715	36.7	7,699	0.5	67	597	30.6	6,450	0.6	45
45-64	87	3.2	999	0.6	183	1,385	51.3	15,255	0.5	55	966	35.8	10,719	0.6	45
65-74	7	3.9	83	0.8	59	76	42.0	841	0.3	12	44	24.3	502	0.6	37
75-84	3	4.7	36	0.1	17	24	37.5	279	0.3	15	7	10.9	77	0.6	48
85 and older	0	0.0	0	0.0	0	1	10.0	12	0.1	1	0	0.0	0	0.0	0
<b>Other Eligibles</b>	400	6.1	4,508	0.5	45	1,923	29.1	20,864	0.3	21	1,036	15.7	10,855	0.6	31
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	1	2.0	2	0.5	256	2	4.0	14	0.6	4	7	14.0	22	0.5	46
45-64	0	0.0	0	0.0	0	6	15.8	22	0.5	19	7	18.4	20	0.5	20
65-74	111	4.2	1,284	0.6	60	929	35.3	10,321	0.3	32	391	14.9	4,373	0.6	33
75-84	202	7.4	2,325	0.4	38	712	26.1	7,772	0.2	9	381	14.0	4,029	0.5	29
85 and older	86	7.4	897	0.5	44	274	23.5	2,735	0.2	13	250	21.5	2,411	0.6	30
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIVIRAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>8,520</b>	<b>29.8 %</b>	<b>95,519</b>	<b>0.4</b>	<b>\$31</b>	<b>1,601</b>	<b>5.6 %</b>	<b>17,986</b>	<b>0.4</b>	<b>\$158</b>	<b>28,620</b>	<b>301,887</b>
<b>Female</b>	5,126	30.0	57,942	0.4	30	769	4.5	8,682	0.2	59	17,089	181,910
<b>Disabled</b>	1,654	39.2	18,863	0.4	32	264	6.3	2,991	0.4	149	4,218	45,784
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	1	100.0	12	0.3	4	0	0.0	0	0.0	0	1	12
6-14	5	35.7	60	0.1	12	0	0.0	0	0.0	0	14	132
15-20	370	29.4	4,192	0.4	25	87	6.9	963	0.4	149	1,257	13,643
21-44	1,083	43.3	12,313	0.4	35	151	6.0	1,718	0.4	170	2,502	27,046
45-64	149	48.5	1,768	0.4	31	19	6.2	228	0.2	33	307	3,413
65-74	41	35.7	458	0.4	31	5	4.3	58	0.1	10	115	1,288
75-84	5	22.7	60	0.4	26	2	9.1	24	0.1	9	22	250
85 and older	3,472	27.0	39,079	0.4	29	505	3.9	5,691	0.1	12	12,871	136,126
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	1	3
15-20	3	7.9	18	0.4	8	2	5.3	17	0.1	15	38	159
21-44	1	4.2	3	0.3	21	0	0.0	0	0.0	0	24	70
45-64	1,432	30.3	16,225	0.4	34	174	3.7	2,017	0.1	20	4,731	50,347
65-74	1,335	26.9	15,252	0.3	27	184	3.7	2,099	0.1	10	4,955	53,830
75-84	701	22.5	7,581	0.3	26	145	4.6	1,558	0.1	6	3,122	31,717
85 and older												
<b>Male</b>	3,394	29.4	37,577	0.4	32	832	7.2	9,304	0.6	251	11,531	119,977
<b>Disabled</b>	1,173	23.8	13,206	0.4	31	650	13.2	7,231	0.7	311	4,921	52,381
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
5 and younger	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	12
6-14	2	14.3	22	0.1	3	0	0.0	0	0.0	0	14	143
15-20	355	18.2	3,990	0.4	25	292	15.0	3,264	0.6	334	1,948	20,682
21-44	710	26.3	7,977	0.4	33	349	12.9	3,864	0.7	300	2,702	28,699
45-64	72	39.8	811	0.5	35	5	2.8	55	0.5	85	181	1,988
65-74	30	46.9	358	0.4	34	4	6.3	48	0.3	9	64	730
75-84	3	30.0	36	0.3	17	0	0.0	0	0.0	0	10	116
85 and older	2,221	33.6	24,371	0.4	33	182	2.8	2,073	0.2	40	6,610	67,596
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	1	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	50	151
21-44	5	13.2	24	0.4	58	0	0.0	0	0.0	0	38	91
45-64	856	32.6	9,594	0.5	35	85	3.2	968	0.3	75	2,629	27,513
65-74	997	36.5	11,018	0.4	34	63	2.3	727	0.1	11	2,728	28,689
75-84	363	31.2	3,735	0.4	26	34	2.9	378	0.1	5	1,164	11,150
85 and older												
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

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
<b>All</b>	<b>\$233</b>	<b>4.1</b>	<b>2,728</b>	<b>27,239</b>
<b>Age</b>				
0-64	314	4.8	180	1,968
65-74	298	5.1	243	2,529
75-84	242	4.3	846	8,666
85 and older	204	3.8	1,459	14,076
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	228	4.1	1,841	18,705
Male	242	4.1	887	8,534
Unknown	0	0.0	0	0
<b>Race</b>				
White	276	4.8	615	6,250
African American	423	6.7	7	56
Other/unknown	219	3.9	2,106	20,933
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	227	4.1	2,525	25,029
Disabled	301	4.7	203	2,210
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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,365 beneficiaries who were in nursing facilities for part of their enrollment and their 12,920 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$12	\$2	\$5	\$61	\$103	\$100	\$30	5,437	\$330,822	1,650	60.5 %	17,218
Biologicals	0.1	0.0	0.1	0.0	2	0	1	1	15	0	12	23	28	426	24	0.9	246
Antineoplastic Agents	0.4	0.1	0.0	0.4	71	22	0	49	164	348	0	132	1,205	197,107	290	10.6	2,757
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.5	52	43	1	8	50	88	17	17	13,359	673,740	1,249	45.8	13,005
Cardiovascular Agents	1.6	0.3	0.1	1.2	48	21	3	24	31	65	48	21	28,684	884,135	1,783	65.4	18,268
Respiratory Agents	0.4	0.2	0.0	0.2	25	21	0	5	59	98	29	21	3,579	211,099	783	28.7	8,290
Gastrointestinal Agents	0.7	0.1	0.0	0.6	32	18	1	13	42	136	64	21	8,397	353,186	1,067	39.1	11,209
Genitourinary Agents	0.7	0.4	0.0	0.2	45	34	1	10	69	76	87	52	2,823	194,304	396	14.5	4,278
CNS Drugs	1.1	0.5	0.0	0.5	84	64	3	17	77	117	78	34	14,851	1,149,785	1,323	48.5	13,755
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	66	61	0	5	133	268	0	20	55	7,289	10	0.4	110
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	105	105	0	0	131	131	0	0	3,934	514,244	468	17.2	4,892
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	43	37	1	5	70	150	93	14	5,850	408,153	952	34.9	9,500
Neuromuscular Agents	1.0	0.2	0.3	0.4	69	25	24	21	71	119	71	47	7,520	531,299	726	26.6	7,683
Nutritional Products	0.5	0.0	0.0	0.5	9	0	0	9	17	24	38	17	3,228	54,825	597	21.9	5,912
Hematological Agents	0.8	0.4	0.0	0.4	74	66	2	5	88	159	100	13	5,532	486,791	651	23.9	6,620
Topical Products	0.4	0.1	0.0	0.3	20	9	1	10	45	75	82	32	7,253	326,198	1,534	56.2	16,530
Miscellaneous Products	0.2	0.0	0.0	0.2	9	1	0	8	43	212	0	38	308	13,359	151	5.5	1,485
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	15	0	0	0	165	2,483	50	1.8	550
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.	112,208	6,339,245	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,365 beneficiaries who were in nursing facilities for part of their enrollment and their 12,920 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 2004. 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.medspan.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, 0.2 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.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$586,912	571	20.9 %	6,125	0.6	\$151	\$96
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	514,244	534	19.6	5,615	0.7	131	92
ANTIDEPRESSANTS	494,998	1,139	41.8	11,942	0.7	59	41
MISC. ENDOCRINE	352,000	555	20.3	5,917	0.6	95	59
ANTIDIABETIC	340,603	891	32.7	9,566	0.8	44	36
ANTICONVULSANT	337,257	516	18.9	5,570	0.8	74	61
MISC. HEMATOLOGICAL	285,263	339	12.4	3,569	0.7	108	80
ANTIHYPERTENSIVE	270,024	1,064	39.0	11,182	0.7	33	24
ANALGESICS - Narcotic	259,888	728	26.7	7,076	0.4	89	37
ULCER DRUGS	253,664	903	33.1	9,450	0.7	40	27
Total	3,694,853	7,240		76,012	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,365 beneficiaries who were in nursing facilities for part of their enrollment and their 12,920 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
<b>All</b>	<b>52,159</b>	<b>\$3,694,853</b>	<b>571</b>	<b>20.9 %</b>	<b>6,125</b>	<b>0.6</b>	<b>\$96</b>	<b>534</b>	<b>19.6 %</b>	<b>5,615</b>	<b>0.7</b>	<b>\$92</b>
<b>Female</b>	36,154	2,546,177	353	19.2	3,871	0.6	93	371	20.2	3,966	0.7	93
<b>Disabled</b>	2,597	218,327	27	28.1	312	0.7	158	4	4.2	48	0.7	332
64 or younge <sup>r</sup>	2,399	206,679	25	29.4	290	0.8	166	2	2.4	24	0.5	549
65-74	87	3,873	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	83	6,407	1	20.0	12	0.2	33	2	40.0	24	0.8	115
85 and older	28	1,368	1	33.3	10	0.8	64	0	0.0	0	0.0	0
<b>Other Eligibles</b>	33,557	2,327,850	326	18.7	3,559	0.6	88	367	21.0	3,918	0.7	90
64 or younge <sup>r</sup>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,642	254,045	29	23.0	323	0.6	109	13	10.3	124	0.8	113
75-84	12,228	846,443	125	22.8	1,390	0.6	86	138	25.1	1,488	0.7	84
85 and older	17,687	1,227,362	172	16.1	1,846	0.6	85	216	20.2	2,306	0.7	93
<b>Male</b>	16,005	1,148,676	218	24.6	2,254	0.6	100	163	18.4	1,649	0.7	87
<b>Disabled</b>	2,123	175,635	24	22.4	251	0.8	156	3	2.8	34	0.8	79
64 or younge <sup>r</sup>	1,937	163,648	20	21.1	223	0.8	166	2	2.1	23	0.7	58
65-74	106	4,719	2	28.6	11	0.9	91	0	0.0	0	0.0	0
75-84	57	5,839	2	50.0	17	0.5	74	0	0.0	0	0.0	0
85 and older	23	1,429	0	0.0	0	0.0	0	1	100.0	11	1.0	121
<b>Other Eligibles</b>	13,882	973,041	194	24.9	2,003	0.6	93	160	20.5	1,615	0.7	88
64 or younge <sup>r</sup>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,731	195,013	33	30.8	348	0.6	91	14	13.1	158	0.8	109
75-84	5,666	395,116	74	25.7	789	0.6	94	66	22.9	688	0.7	84
85 and older	5,485	382,912	87	22.6	866	0.6	94	80	20.8	769	0.7	86
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 1,365 beneficiaries who were in nursing facilities for part of their enrollment and their 12,920 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 2004. 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 2004 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.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC. ENDOCRINE					ANTIDIABETIC				
	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 \$
<b>All</b>	<b>1,139</b>	<b>41.8 %</b>	<b>11,942</b>	<b>0.7</b>	<b>\$42</b>	<b>555</b>	<b>20.3 %</b>	<b>5,917</b>	<b>0.6</b>	<b>\$60</b>	<b>891</b>	<b>32.7 %</b>	<b>9,566</b>	<b>0.8</b>	<b>\$36</b>
<b>Female</b>	786	42.7	8,347	0.7	40	490	26.6	5,258	0.6	61	600	32.6	6,466	0.8	36
<b>Disabled</b>	49	51.0	551	0.8	48	11	11.5	124	0.6	47	42	43.8	489	0.9	45
64 or younger	48	56.5	539	0.8	49	9	10.6	103	0.6	44	39	45.9	453	0.8	43
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	1.5	34
75-84	1	20.0	12	0.9	7	1	20.0	12	0.8	68	1	20.0	12	0.9	155
85 and older	0	0.0	0	0.0	0	1	33.3	9	0.7	57	0	0.0	0	0.0	0
<b>Other Eligibles</b>	737	42.2	7,796	0.7	40	479	27.4	5,134	0.6	61	558	32.0	5,977	0.8	35
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	74	58.7	799	0.7	42	20	15.9	211	0.7	57	84	66.7	918	0.8	35
75-84	267	48.6	2,847	0.7	44	151	27.5	1,584	0.6	71	230	41.9	2,524	0.8	38
85 and older	396	37.0	4,150	0.7	37	308	28.8	3,339	0.6	57	244	22.8	2,535	0.8	31
<b>Male</b>	353	39.8	3,595	0.7	44	65	7.3	659	0.6	48	291	32.8	3,100	0.8	36
<b>Disabled</b>	35	32.7	386	0.8	63	6	5.6	63	0.7	58	33	30.8	345	0.8	45
64 or younger	31	32.6	352	0.8	63	5	5.3	51	0.8	65	31	32.6	334	0.8	45
65-74	1	14.3	5	0.2	5	1	14.3	12	0.5	28	1	14.3	6	0.2	1
75-84	3	75.0	29	0.7	81	0	0.0	0	0.0	0	1	25.0	5	1.4	72
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	318	40.8	3,209	0.7	42	59	7.6	596	0.6	47	258	33.1	2,755	0.8	35
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	53	49.5	580	0.8	50	8	7.5	96	0.6	44	62	57.9	674	0.8	35
75-84	126	43.8	1,320	0.7	41	18	6.3	188	0.5	40	88	30.6	982	0.8	36
85 and older	139	36.1	1,309	0.7	38	33	8.6	312	0.6	52	108	28.1	1,099	0.7	34
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 1,365 beneficiaries who were in nursing facilities for part of their enrollment and their 12,920 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 2004. 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 2004 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); 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	ANTICONVULSANT					MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE				
	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 \$
<b>All</b>	<b>516</b>	<b>18.9 %</b>	<b>5,570</b>	<b>0.8</b>	<b>\$61</b>	<b>339</b>	<b>12.4 %</b>	<b>3,569</b>	<b>0.7</b>	<b>\$80</b>	<b>1,064</b>	<b>39.0 %</b>	<b>11,182</b>	<b>0.7</b>	<b>\$24</b>
<b>Female</b>	315	17.1	3,460	0.8	59	225	12.2	2,352	0.7	80	716	38.9	7,566	0.7	25
<b>Disabled</b>	46	47.9	531	1.0	77	10	10.4	120	0.8	98	38	39.6	431	0.7	26
64 or younger	46	54.1	531	1.0	77	8	9.4	96	0.8	98	34	40.0	385	0.7	27
65-74	0	0.0	0	0.0	0	2	66.7	24	1.0	99	2	66.7	24	1.1	28
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.9	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	10	0.7	16
<b>Other Eligibles</b>	269	15.4	2,929	0.8	56	215	12.3	2,232	0.7	79	678	38.9	7,135	0.7	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	51	40.5	587	0.8	67	22	17.5	229	0.8	103	73	57.9	807	0.7	31
75-84	118	21.5	1,314	0.8	56	77	14.0	797	0.7	74	217	39.5	2,303	0.8	25
85 and older	100	9.3	1,028	0.8	49	116	10.8	1,206	0.7	79	388	36.3	4,025	0.7	23
<b>Male</b>	201	22.7	2,110	0.8	64	114	12.9	1,217	0.7	79	348	39.2	3,616	0.7	23
<b>Disabled</b>	49	45.8	539	0.9	89	8	7.5	66	0.5	53	45	42.1	482	0.7	20
64 or younger	45	47.4	497	0.9	93	6	6.3	49	0.5	48	42	44.2	453	0.7	20
65-74	3	42.9	30	1.5	41	1	14.3	5	0.6	76	2	28.6	18	0.7	10
75-84	1	25.0	12	0.8	37	1	25.0	12	0.5	63	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	11	1.1	9
<b>Other Eligibles</b>	152	19.5	1,571	0.8	55	106	13.6	1,151	0.8	81	303	38.8	3,134	0.7	23
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	34	31.8	352	0.9	56	18	16.8	207	0.8	89	52	48.6	538	0.8	24
75-84	64	22.2	700	0.8	61	45	15.6	498	0.8	79	130	45.1	1,375	0.7	22
85 and older	54	14.0	519	0.7	46	43	11.2	446	0.7	78	121	31.4	1,221	0.7	25
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 1,365 beneficiaries who were in nursing facilities for part of their enrollment and their 12,920 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					Benefit Months Among All-Year Nursing Facility Residents	
	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 \$		
<b>All</b>	<b>728</b>	<b>26.7 %</b>	<b>7,076</b>	<b>0.4</b>	<b>\$37</b>	<b>903</b>	<b>33.1 %</b>	<b>9,450</b>	<b>0.7</b>	<b>\$27</b>	<b>2,728</b>	<b>27,239</b>
<b>Female</b>	501	27.2	5,026	0.4	37	603	32.8	6,378	0.7	26	1,841	18,705
<b>Disabled</b>	28	29.2	317	0.5	71	35	36.5	395	0.7	32	96	1,078
64 or younger	28	32.9	317	0.5	71	32	37.6	361	0.7	34	85	956
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
75-84	0	0.0	0	0.0	0	2	40.0	24	0.8	17	5	60
85 and older	0	0.0	0	0.0	0	1	33.3	10	0.7	6	3	26
<b>Other Eligibles</b>	473	27.1	4,709	0.4	35	568	32.6	5,983	0.7	25	1,745	17,627
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	43	34.1	479	0.5	41	56	44.4	636	0.6	31	126	1,340
75-84	139	25.3	1,451	0.4	26	176	32.1	1,878	0.7	22	549	5,695
85 and older	291	27.2	2,779	0.4	38	336	31.4	3,469	0.7	26	1,070	10,592
<b>Male</b>	227	25.6	2,050	0.4	37	300	33.8	3,072	0.7	29	887	8,534
<b>Disabled</b>	31	29.0	269	0.5	38	37	34.6	396	0.7	48	107	1,132
64 or younger	25	26.3	231	0.5	38	33	34.7	369	0.7	49	95	1,012
65-74	4	57.1	21	0.7	59	2	28.6	17	0.7	19	7	68
75-84	2	50.0	17	0.2	19	2	50.0	10	0.4	37	4	41
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
<b>Other Eligibles</b>	196	25.1	1,781	0.4	36	263	33.7	2,676	0.7	27	780	7,402
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	27	25.2	254	0.5	102	45	42.1	478	0.7	26	107	1,085
75-84	80	27.8	738	0.4	35	97	33.7	1,051	0.7	28	288	2,870
85 and older	89	23.1	789	0.3	17	121	31.4	1,147	0.6	26	385	3,447
<b>Unknown</b>	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 2004 file for Hawaii, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 1,365 beneficiaries who were in nursing facilities for part of their enrollment and their 12,920 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 2004. 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 2004 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); 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<sup>a,b</sup>  
HAWAII, 2004

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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>19,764</b>	<b>69.1 %</b>	<b>8.3</b>	<b>238,879</b>	<b>\$82</b>	<b>\$2,345,954</b>	<b>\$10</b>	<b>3.4 %</b>	<b>28,620</b>
<b>Age</b>									
5 and younger	1	100.0	5.0	5	82	82	16	5.6	1
6-14	2	100.0	10.5	21	63	126	6	0.8	2
15-20	14	46.7	2.8	83	36	1,073	13	3.4	30
21-44	1,717	52.1	4.7	15,393	67	220,410	14	2.0	3,293
45-64	3,456	65.6	8.0	42,056	97	508,376	12	2.6	5,266
65-74	5,303	67.6	7.3	57,217	76	594,183	10	3.7	7,848
75-84	5,869	74.7	8.7	68,540	76	597,806	9	3.9	7,862
85 and older	3,402	78.8	12.9	55,564	98	423,898	8	5.8	4,318
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	14,026	72.6	9.0	174,111	80	1,539,126	9	4.2	19,320
Disabled	5,710	62.5	7.1	64,668	88	805,522	12	2.5	9,139
Adults	28	17.4	0.6	100	8	1,306	13	2.9	161
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
<b>Gender</b>									
Female	12,455	72.9	9.3	159,481	89	1,525,458	10	3.9	17,089
Male	7,309	63.4	6.9	79,398	71	820,496	10	2.7	11,531
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	3,940	62.6	8.3	52,278	94	592,170	11	3.1	6,293
African American	158	56.8	6.0	1,665	67	18,492	11	2.3	278
Other/unknown	15,666	71.1	8.4	184,936	79	1,735,292	9	3.5	22,049
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	2,584	94.7	22.4	61,063	170	462,404	8	7.3	2,728
Part year	1,232	90.3	14.2	19,420	120	163,655	8	5.4	1,365
None	15,948	65.0	6.5	158,396	70	1,719,895	11	2.9	24,527
<b>Maintenance Assistance Status</b>									
Cash	8,338	73.7	8.2	92,809	85	961,626	10	3.2	11,320
Medically needy	2,381	79.5	15.1	45,278	119	356,805	8	5.9	2,994
Poverty related	8,989	63.7	7.1	100,176	72	1,020,971	10	3.1	14,105
Other/unknown	56	27.9	3.1	616	33	6,552	11	3.6	201

Table D11

Dual Eligible Beneficiaries

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 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 2004.

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<sup>a,b</sup>  
HAWAII, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.8</b>	<b>\$8</b>	<b>\$10</b>	<b>\$0</b>	<b>\$1</b>	<b>301,887</b>
<b>Age</b>						
5 and younger	0.5	7	16	0	0	11
6-14	0.9	5	6	0	0	24
15-20	0.3	4	13	0	1	280
21-44	0.4	6	14	0	3	34,635
45-64	0.8	9	12	0	3	55,906
65-74	0.7	7	10	0	1	83,261
75-84	0.8	7	9	0	0	84,537
85 and older	1.3	10	8	0	0	43,233
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.9	8	9	0	1	203,222
Disabled	0.7	8	12	0	3	98,165
Adults	0.2	3	13	0	1	500
Children	0.0	0	0	0	0	0
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.9	8	10	0	1	181,910
Male	0.7	7	10	0	1	119,977
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.8	9	11	0	3	64,538
African American	0.6	7	11	0	3	2,807
Other/unknown	0.8	7	9	0	1	234,542
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	2.2	17	8	0	1	27,239
Part year	1.5	13	8	0	1	12,920
None	0.6	7	11	0	1	261,728
<b>Maintenance Assistance Status</b>						
Cash	0.7	8	10	0	1	126,570
Medically needy	1.7	13	8	0	1	26,458
Poverty related	0.7	7	10	0	1	147,896
Other/unknown	0.6	7	11	0	3	963

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 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 2004.

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<sup>a,b,c</sup>  
HAWAII, 2004

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
<b>All</b>	<b>30,792</b>	<b>\$76</b>	<b>\$2,345,954</b>	<b>100.0 %</b>	<b>238,879</b>	<b>\$10</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	7	298	2,088	0.1	31	67	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	4	16	63	0.0	5	13	0.0
Cough and cold medications	5,967	59	354,951	15.1	15,934	22	6.7
Vitamins and minerals	2,783	109	303,476	12.9	14,306	21	6.0
Non-prescription drugs	17,096	69	1,181,285	50.4	180,779	7	75.7
Barbiturates	225	73	16,363	0.7	2,221	7	0.9
Benzodiazepines	3,755	110	412,796	17.6	22,631	18	9.5
Other Part D Excl Rx Drugs	955	78	74,932	3.2	2,972	25	1.2

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 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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 HAWAII, 2004

Total Number of Dual Eligible Beneficiaries	28,620
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$69,552,737
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,430

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,583	12.5 %	\$0	0.0 %
1-500	5,708	19.9	1,162,656	1.7
501-1,000	3,450	12.1	2,547,780	3.7
1,001-1,500	2,755	9.6	3,433,046	4.9
1,501-2,000	2,228	7.8	3,880,816	5.6
2,001-2,500	1,830	6.4	4,103,664	5.9
2,501-3,000	1,486	5.2	4,082,018	5.9
3,001-3,500	1,227	4.3	3,982,141	5.7
3,501-4,000	1,063	3.7	3,982,384	5.7
4,001-4,500	825	2.9	3,499,540	5.0
4,501-5,000	674	2.4	3,195,738	4.6
5,001-5,500	560	2.0	2,935,333	4.2
5,501-6,000	426	1.5	2,446,036	3.5
6,001-6,500	397	1.4	2,481,727	3.6
6,501-7,000	322	1.1	2,170,352	3.1
7,001-7,500	284	1.0	2,055,398	3.0
7,501-8,000	225	0.8	1,741,074	2.5
8,001-8,500	192	0.7	1,582,395	2.3
8,501-9,000	168	0.6	1,468,797	2.1
9,001-9,500	144	0.5	1,330,948	1.9
9,501-10,000	104	0.4	1,014,710	1.5
10,001+	969	3.4	16,456,184	23.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 HAWAII, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	8,440
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$30,607,036
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,626

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,178	14.0 %	0	0.0 %
1-500	1,631	19.3	300,673	1.0
501-1,000	798	9.5	583,081	1.9
1,001-1,500	595	7.0	743,547	2.4
1,501-2,000	496	5.9	862,378	2.8
2,001-2,500	384	4.5	862,754	2.8
2,501-3,000	321	3.8	880,789	2.9
3,001-3,500	315	3.7	1,025,617	3.4
3,501-4,000	282	3.3	1,056,636	3.5
4,001-4,500	245	2.9	1,039,426	3.4
4,501-5,000	201	2.4	954,840	3.1
5,001-5,500	174	2.1	909,274	3.0
5,501-6,000	150	1.8	860,220	2.8
6,001-6,500	154	1.8	963,858	3.1
6,501-7,000	154	1.8	1,036,275	3.4
7,001-7,500	138	1.6	1,000,311	3.3
7,501-8,000	115	1.4	891,534	2.9
8,001-8,500	85	1.0	699,041	2.3
8,501-9,000	89	1.1	778,158	2.5
9,001-9,500	88	1.0	813,456	2.7
9,501-10,000	71	0.8	692,177	2.3
10,001+	776	9.2	13,652,991	44.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 HAWAII, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	20,028
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$38,901,211
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,942

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,312	11.5 %	0	0.0 %
1-500	4,041	20.2	856,694	2.2
501-1,000	2,644	13.2	1,959,070	5.0
1,001-1,500	2,154	10.8	2,682,651	6.9
1,501-2,000	1,728	8.6	3,011,306	7.7
2,001-2,500	1,445	7.2	3,238,598	8.3
2,501-3,000	1,165	5.8	3,201,229	8.2
3,001-3,500	912	4.6	2,956,524	7.6
3,501-4,000	779	3.9	2,918,301	7.5
4,001-4,500	580	2.9	2,460,114	6.3
4,501-5,000	472	2.4	2,236,330	5.7
5,001-5,500	385	1.9	2,020,794	5.2
5,501-6,000	276	1.4	1,585,816	4.1
6,001-6,500	243	1.2	1,517,869	3.9
6,501-7,000	168	0.8	1,134,077	2.9
7,001-7,500	146	0.7	1,055,087	2.7
7,501-8,000	110	0.5	849,540	2.2
8,001-8,500	107	0.5	883,354	2.3
8,501-9,000	79	0.4	690,639	1.8
9,001-9,500	56	0.3	517,492	1.3
9,501-10,000	33	0.2	322,533	0.8
10,001+	193	1.0	2,803,193	7.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 HAWAII, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	7,848
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$16,242,946
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,070

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,007	12.8 %	0	0.0 %
1-500	1,549	19.7	326,139	2.0
501-1,000	1,008	12.8	746,086	4.6
1,001-1,500	805	10.3	1,002,437	6.2
1,501-2,000	640	8.2	1,114,213	6.9
2,001-2,500	494	6.3	1,108,687	6.8
2,501-3,000	430	5.5	1,179,321	7.3
3,001-3,500	357	4.5	1,156,965	7.1
3,501-4,000	299	3.8	1,121,128	6.9
4,001-4,500	238	3.0	1,008,999	6.2
4,501-5,000	183	2.3	867,647	5.3
5,001-5,500	154	2.0	808,962	5.0
5,501-6,000	125	1.6	716,938	4.4
6,001-6,500	117	1.5	732,020	4.5
6,501-7,000	78	1.0	526,478	3.2
7,001-7,500	63	0.8	455,078	2.8
7,501-8,000	52	0.7	401,523	2.5
8,001-8,500	47	0.6	388,841	2.4
8,501-9,000	39	0.5	342,182	2.1
9,001-9,500	34	0.4	313,941	1.9
9,501-10,000	18	0.2	176,172	1.1
10,001+	111	1.4	1,749,189	10.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 HAWAII, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	7,862
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$15,327,748
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$1,950

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	858	10.9 %	0	0.0 %
1-500	1,475	18.8	311,013	2.0
501-1,000	992	12.6	739,577	4.8
1,001-1,500	870	11.1	1,082,743	7.1
1,501-2,000	723	9.2	1,259,716	8.2
2,001-2,500	641	8.2	1,434,198	9.4
2,501-3,000	485	6.2	1,332,995	8.7
3,001-3,500	373	4.7	1,210,952	7.9
3,501-4,000	335	4.3	1,251,848	8.2
4,001-4,500	226	2.9	957,034	6.2
4,501-5,000	198	2.5	937,470	6.1
5,001-5,500	170	2.2	890,395	5.8
5,501-6,000	112	1.4	644,749	4.2
6,001-6,500	93	1.2	580,193	3.8
6,501-7,000	61	0.8	412,603	2.7
7,001-7,500	62	0.8	449,043	2.9
7,501-8,000	44	0.6	339,926	2.2
8,001-8,500	34	0.4	280,649	1.8
8,501-9,000	25	0.3	217,978	1.4
9,001-9,500	17	0.2	156,948	1.0
9,501-10,000	11	0.1	107,224	0.7
10,001+	57	0.7	730,494	4.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 HAWAII, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	4,318
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$7,330,517
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,698

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	447	10.4 %	0	0.0 %
1-500	1,017	23.6	219,542	3.0
501-1,000	644	14.9	473,407	6.5
1,001-1,500	479	11.1	597,471	8.2
1,501-2,000	365	8.5	637,377	8.7
2,001-2,500	310	7.2	695,713	9.5
2,501-3,000	250	5.8	688,913	9.4
3,001-3,500	182	4.2	588,607	8.0
3,501-4,000	145	3.4	545,325	7.4
4,001-4,500	116	2.7	494,081	6.7
4,501-5,000	91	2.1	431,213	5.9
5,001-5,500	61	1.4	321,437	4.4
5,501-6,000	39	0.9	224,129	3.1
6,001-6,500	33	0.8	205,656	2.8
6,501-7,000	29	0.7	194,996	2.7
7,001-7,500	21	0.5	150,966	2.1
7,501-8,000	14	0.3	108,091	1.5
8,001-8,500	26	0.6	213,864	2.9
8,501-9,000	15	0.3	130,479	1.8
9,001-9,500	5	0.1	46,603	0.6
9,501-10,000	4	0.1	39,137	0.5
10,001+	25	0.6	323,510	4.4

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>29,041</b>	<b>19,333</b>	<b>9,381</b>	<b>327</b>	<b>0</b>	<b>0</b>	<b>309,179</b>	<b>204,350</b>	<b>102,147</b>	<b>2,682</b>	<b>0</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	11	0	11	0	0	0
6-14	2	0	2	0	0	0	24	0	24	0	0	0
15-20	31	0	28	3	0	0	328	0	314	14	0	0
21-44	3,487	0	3,331	156	0	0	37,599	0	36,313	1,286	0	0
45-64	5,453	0	5,315	138	0	0	58,798	0	57,625	1,173	0	0
65-74	7,887	7,364	493	30	0	0	84,620	78,935	5,476	209	0	0
75-84	7,862	7,683	179	0	0	0	84,559	82,541	2,018	0	0	0
85 and older	4,318	4,286	32	0	0	0	43,240	42,874	366	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	17,276	12,810	4,335	131	0	0	185,488	136,701	47,644	1,143	0	0
Male	11,765	6,523	5,046	196	0	0	123,691	67,649	54,503	1,539	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	6,466	3,126	3,213	127	0	0	67,252	32,297	33,933	1,022	0	0
African American	285	89	186	10	0	0	2,925	931	1,925	69	0	0
Other/unknown	22,290	16,118	5,982	190	0	0	239,002	171,122	66,289	1,591	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,728	2,525	203	0	0	0	27,253	25,038	2,215	0	0	0
Part year	1,366	1,200	165	1	0	0	12,984	11,288	1,694	2	0	0
None	24,947	15,608	9,013	326	0	0	268,942	168,024	98,238	2,680	0	0
<b>Maintenance Assistance Status</b>												
Cash	11,465	7,185	4,216	64	0	0	128,999	81,032	47,404	563	0	0
Medically needy	2,997	2,518	479	0	0	0	26,589	22,339	4,250	0	0	0
Poverty related	14,211	9,609	4,602	0	0	0	150,509	100,768	49,741	0	0	0
Other/unknown	368	21	84	263	0	0	3,082	211	752	2,119	0	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	28,497	18,997	9,180	320	0	0	303,581	200,890	100,079	2,612	0	0
Full dual, part year	544	336	201	7	0	0	5,598	3,460	2,068	70	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	28,045	19,132	8,874	39	0	0	298,971	202,155	96,659	157	0	0
FFS part year, with Rx claims	376	134	196	46	0	0	4,054	1,449	2,189	416	0	0
FFS part year, no Rx claims	199	54	69	76	0	0	1,901	590	679	632	0	0
MC all year, with Rx claims	180	13	163	4	0	0	2,089	156	1,898	35	0	0
MC all year, no Rx claims	241	0	79	162	0	0	2,164	0	722	1,442	0	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 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 2004. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>29,041</b>	<b>309,179</b>	<b>28,620</b>	<b>301,887</b>	<b>0</b>	<b>7,292</b>
Fee-for-service (FFS) all year	28,045	298,971	28,045	298,863	0	108
FFS part year, with Rx claims	376	4,054	376	2,286	0	1,768
FFS part year, with no Rx claims	199	1,901	199	738	0	1,163
Managed care (MC) all year, with Rx claims	180	2,089	0	0	0	2,089
MC all year, with no Rx claims	241	2,164	0	0	0	2,164

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. 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.