

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
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 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
HAWAII, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	231787 (A)	31553 (E)	200234 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	229783 (B)	29706 (F)	200077 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	96420 (C)	29510 (G)	66910 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	3036 (D)	2809 (H)	227 (L)

Source: Data for this table are from the MAX 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Hawaii in 2005 was \$141,814,428, of which \$310,504 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and N+B18D.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
HAWAII, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	96,420	20,970	23,530	29,205	22,672	43	557,408	219,294	243,414	53,111	41,163	426
Age												
5 and younger	10,599	0	678	0	9,921	0	24,327	0	6,753	0	17,574	0
6-14	9,940	0	1,074	0	8,866	0	28,073	0	11,660	0	16,413	0
15-20	7,689	0	909	2,897	3,883	0	21,305	0	9,111	5,027	7,167	0
21-44	27,933	0	7,618	20,307	2	6	114,378	0	77,656	36,653	9	60
45-64	18,548	0	12,522	5,991	0	35	142,158	0	130,419	11,390	0	349
65-74	8,733	8,246	476	9	0	2	91,919	86,880	4,984	38	0	17
75-84	8,379	8,169	209	1	0	0	89,677	87,334	2,340	3	0	0
85 and older	4,599	4,555	44	0	0	0	45,571	45,080	491	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	51,668	13,897	11,157	15,294	11,277	43	310,149	147,171	115,661	26,337	20,554	426
Male	44,752	7,073	12,373	13,911	11,395	0	247,259	72,123	127,753	26,774	20,609	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	26,355	3,351	8,038	9,677	5,272	17	142,579	33,926	81,188	17,535	9,764	166
African American	1,682	101	499	659	423	0	8,070	1,046	4,876	1,327	821	0
Other/unknown	68,383	17,518	14,993	18,869	16,977	26	406,759	184,322	157,350	34,249	30,578	260
Use of Nursing Facilities^c												
Entire year	3,036	2,690	335	11	0	0	29,904	26,377	3,515	12	0	0
Part year	1,855	1,096	628	110	21	0	16,868	10,185	6,374	260	49	0
None	91,529	17,184	22,567	29,084	22,651	43	510,636	182,732	233,525	52,839	41,114	426
Maintenance Assistance Status												
Cash	41,873	7,834	15,187	8,114	10,738	0	283,514	87,443	163,761	13,856	18,454	0
Medically needy	3,283	2,639	623	19	2	0	28,414	23,237	5,148	27	2	0
Poverty-related	27,381	10,480	7,159	0	9,699	43	199,680	108,411	73,001	0	17,842	426
Other/unknown	23,883	17	561	21,072	2,233	0	45,800	203	1,504	39,228	4,865	0
Dual Medicare Status^d												
Full dual, all year	28,976	19,469	9,380	126	0	1	307,601	205,896	101,349	350	0	6
Full dual, part year	534	327	206	1	0	0	5,268	3,278	1,988	2	0	0
Non-dual, all year	66,910	1,174	13,944	29,078	22,672	42	244,539	10,120	140,077	52,759	41,163	420
Managed Care (MC) Status												
Fee-for-service (FFS) all year	47,308	20,767	21,356	3,228	1,914	43	463,511	218,163	232,528	6,411	5,983	426
FFS part year, with Rx claims	5,999	161	1,402	3,260	1,176	0	18,598	937	8,632	6,644	2,385	0
FFS part year, no Rx claims	43,113	42	772	22,717	19,582	0	75,299	194	2,254	40,056	32,795	0

Source: Data for this table are from the MAX 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
HAWAII, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	44.1	19.0	\$1,468	\$77	\$7,312	20.1	96,420
Age							
5 and younger	10.3	1.2	150	121	3,656	4.1	10,599
6-14	11.9	1.8	264	147	2,376	11.1	9,940
15-20	14.6	1.7	204	119	3,411	6.0	7,689
21-44	28.9	8.5	972	114	5,580	17.4	27,933
45-64	64.4	34.3	2,908	85	10,253	28.4	18,548
65-74	86.3	42.5	2,655	63	7,666	34.6	8,733
75-84	89.2	43.1	2,553	59	11,640	21.9	8,379
85 and older	88.6	39.0	2,190	56	23,030	9.5	4,599
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	87.8	41.6	2,495	60	12,516	19.9	20,970
Disabled	82.5	39.7	3,737	94	14,403	25.9	23,530
Adults	11.6	0.5	23	46	2,268	1.0	29,205
Children	5.4	0.2	21	95	1,634	1.3	22,672
Unknown	90.7	34.1	2,653	78	8,652	30.7	43
Gender							
Female	47.0	21.3	1,478	69	7,408	20.0	51,668
Male	40.7	16.3	1,455	89	7,201	20.2	44,752
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	41.6	19.2	1,638	86	7,386	22.2	26,355
African American	34.5	11.7	1,002	85	4,332	23.1	1,682
Other/unknown	45.2	19.1	1,413	74	7,357	19.2	68,383
Use of Nursing Facilities^f							
Entire year	95.1	52.1	2,941	56	55,489	5.3	3,036
Part year	93.1	46.9	3,167	68	40,345	7.8	1,855
None	41.4	17.3	1,384	80	5,045	27.4	91,529
Maintenance Assistance Status							
Cash	51.1	23.9	1,935	81	7,133	27.1	41,873
Medically needy	82.6	39.9	2,401	60	34,274	7.0	3,283
Poverty related	56.3	24.8	1,886	76	8,565	22.0	27,381
Other/unknown	12.4	0.7	40	58	2,483	1.6	23,883

Source: Data for this table are from the MAX 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 HAWAII, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	Number of Rx, Percentage with:						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	Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
All	3.3	\$254	20.1	55.9	12.0	6.4	13.6	9.4	2.7	\$1,265	96,420	557,408
Age												
5 and younger	0.5	65	4.1	89.7	6.4	2.1	1.3	0.3	0.1	1,593	10,599	24,327
6-14	0.6	93	11.1	88.1	7.7	1.9	1.8	0.4	0.1	841	9,940	28,073
15-20	0.6	74	6.0	85.4	8.7	2.8	2.3	0.7	0.1	1,231	7,689	21,305
21-44	2.1	237	17.4	71.1	11.2	5.0	7.7	3.9	1.1	1,363	27,933	114,378
45-64	4.5	379	28.4	35.6	13.4	7.9	19.6	16.7	6.6	1,338	18,548	142,158
65-74	4.0	252	34.6	13.7	18.8	12.3	28.7	20.6	5.9	728	8,733	91,919
75-84	4.0	239	21.9	10.8	17.3	12.0	32.8	22.8	4.2	1,088	8,379	89,677
85 and older	3.9	221	9.5	11.4	16.5	11.9	33.1	23.5	3.5	2,324	4,599	45,571
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	4.0	239	19.9	12.2	17.8	12.2	31.3	21.9	4.6	1,197	20,970	219,294
Disabled	3.8	361	25.9	17.5	22.9	10.7	24.1	18.2	6.7	1,392	23,530	243,414
Adults	0.3	13	1.0	88.4	5.7	2.8	2.3	0.7	0.1	1,247	29,205	53,111
Children	0.1	11	1.3	94.6	3.5	1.2	0.6	0.1	0.0	900	22,672	41,163
Unknown	3.4	268	30.7	9.3	37.2	11.6	25.6	11.6	4.7	873	43	426
Gender												
Female	3.5	246	20.0	53.0	11.8	6.6	14.9	10.5	3.1	1,234	51,668	310,149
Male	2.9	263	20.2	59.3	12.3	6.0	12.0	8.2	2.2	1,303	44,752	247,259
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.5	303	22.2	58.4	11.3	5.7	11.6	9.3	3.8	1,365	26,355	142,579
African American	2.4	209	23.1	65.5	12.2	5.9	9.9	4.5	2.0	903	1,682	8,070
Other/unknown	3.2	238	19.2	54.8	12.3	6.6	14.4	9.6	2.3	1,237	68,383	406,759
Use of Nursing Facilities^f												
Entire year	5.3	299	5.3	4.9	9.8	10.0	33.7	33.0	8.6	5,634	3,036	29,904
Part year	5.2	348	7.8	6.9	12.6	10.9	34.1	26.7	8.8	4,437	1,855	16,868
None	3.1	248	27.4	58.6	12.1	6.1	12.5	8.3	2.4	904	91,529	510,636
Maintenance Assistance Status												
Cash	3.5	286	27.1	48.9	13.7	7.0	15.6	11.3	3.5	1,054	41,873	283,514
Medically needy	4.6	277	7.0	17.4	11.9	9.2	29.9	26.1	5.5	3,960	3,283	28,414
Poverty related	3.4	259	22.0	43.7	14.7	8.1	18.1	12.1	3.3	1,175	27,381	199,680
Other/unknown	0.4	21	1.6	87.6	6.0	2.8	2.5	0.9	0.2	1,295	23,883	45,800

Source: Data for this table are from the MAX 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 HAWAII, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.3	\$254	\$77	1.2	\$181	\$151	0.1	\$8	\$101	2.0	\$64	\$32
Age												
5 and younger	0.5	65	121	0.2	57	357	0.0	1	67	0.4	7	20
6-14	0.6	93	147	0.3	77	307	0.0	3	105	0.4	13	36
15-20	0.6	74	119	0.2	57	277	0.0	2	66	0.4	15	39
21-44	2.1	237	114	0.7	179	246	0.1	9	130	1.3	48	37
45-64	4.5	379	85	1.4	257	179	0.1	15	126	2.9	108	37
65-74	4.0	252	63	1.6	181	113	0.1	6	74	2.3	65	28
75-84	4.0	239	59	1.7	174	103	0.1	5	63	2.3	60	26
85 and older	3.9	221	56	1.5	156	102	0.1	8	76	2.3	58	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.0	239	60	1.6	172	106	0.1	6	70	2.3	61	27
Disabled	3.8	361	94	1.3	257	201	0.1	14	124	2.4	90	37
Adults	0.3	13	46	0.1	8	149	0.0	0	61	0.2	5	22
Children	0.1	11	95	0.0	10	301	0.0	0	73	0.1	2	19
Unknown	3.4	268	78	1.0	182	190	0.1	9	75	2.4	76	32
Gender												
Female	3.5	246	69	1.3	173	132	0.1	8	93	2.1	64	30
Male	2.9	263	89	1.1	191	181	0.1	8	114	1.8	63	35
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.5	303	86	1.1	201	182	0.1	14	140	2.3	88	38
African American	2.4	209	85	0.8	154	193	0.0	4	94	1.6	51	32
Other/unknown	3.2	238	74	1.2	175	140	0.1	6	84	1.9	56	30
Use of Nursing Facilities^e												
Entire year	5.3	299	56	1.8	197	111	0.2	14	81	3.3	87	26
Part year	5.2	348	68	1.7	226	135	0.1	14	96	3.3	99	30
None	3.1	248	80	1.2	179	155	0.1	8	105	1.9	61	33
Maintenance Assistance Status												
Cash	3.5	286	81	1.3	204	156	0.1	10	107	2.1	72	34
Medically needy	4.6	277	60	1.7	192	116	0.1	11	87	2.8	74	26
Poverty related	3.4	259	76	1.3	186	149	0.1	8	97	2.1	65	31
Other/unknown	0.4	21	58	0.1	14	157	0.0	1	70	0.3	6	24

Source: Data for this table are from the MAX 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies

other than the original patent holder. In Hawaii, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 HAWAII, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx			Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months	
Anti-infective Agents	0.4	0.1	0.0	0.3	\$40	\$29	\$2	\$8	\$101	\$312	\$101	\$30	98,748	\$10,020,927	24,236	25.1	252,506	
Biologicals	0.2	0.1	0.0	0.0	146	108	1	36	700	727	88	771	945	661,898	419	0.4	4,547	
Antineoplastic Agents	0.6	0.2	0.0	0.4	159	123	1	36	285	777	286	89	10,483	2,983,078	1,825	1.9	18,715	
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	78	62	4	12	71	122	66	22	226,085	16,043,828	18,984	19.7	206,010	
Cardiovascular Agents	1.8	0.7	0.0	1.1	88	56	0	32	49	83	34	28	479,488	23,428,433	24,782	25.7	267,733	
Respiratory Agents	0.7	0.3	0.0	0.4	43	37	0	6	62	110	74	18	134,083	8,352,483	17,701	18.4	193,592	
Gastrointestinal Agents	0.6	0.1	0.0	0.5	34	26	0	8	56	185	82	18	83,948	4,740,642	12,638	13.1	138,913	
Genitourinary Agents	0.6	0.4	0.0	0.1	41	35	1	5	72	86	75	35	27,488	1,986,977	4,394	4.6	48,493	
CNS Drugs	1.3	0.6	0.0	0.7	170	141	1	29	127	236	139	39	252,470	32,054,524	17,826	18.5	188,537	
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.4	71	50	2	19	93	145	135	47	4,840	450,760	597	0.6	6,336	
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	151	150	0	1	166	168	0	69	20,344	3,384,801	2,084	2.2	22,450	
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	57	19	8	31	68	168	240	44	185,504	12,637,159	21,598	22.4	221,428	
Neuromuscular Agents	1.0	0.3	0.1	0.6	90	48	9	33	87	172	77	52	117,011	10,232,525	10,560	11.0	114,160	
Nutritional Products	0.5	0.0	0.0	0.5	10	0	0	10	19	22	22	19	26,480	508,841	4,942	5.1	49,697	
Hematological Agents	0.8	0.4	0.0	0.4	114	105	1	8	137	241	41	21	56,912	7,775,431	6,378	6.6	68,096	
Topical Products	0.5	0.2	0.0	0.3	23	14	0	8	48	89	62	27	96,176	4,652,428	18,497	19.2	204,635	
Miscellaneous Products	0.5	0.2	0.0	0.3	120	81	2	37	236	508	193	110	5,820	1,375,035	1,083	1.1	11,437	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	24	0	0	0	93	0	0	0	2,315	214,154	804	0.8	8,888	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,829,140	141,503,924	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.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.medispn.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 2005.

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 HAWAII, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$24,024,659	9,529	9.9	104,225	0.9	\$271	\$231
ANTIHYPERLIPIDEMIC	10,502,587	14,848	15.4	166,056	0.7	87	63
ANTICONVULSANT	8,578,026	8,284	8.6	90,536	0.8	112	95
ANTIDIABETIC	8,267,364	13,950	14.5	152,554	0.8	71	54
ANALGESICS - Narcotic	8,225,017	19,676	20.4	208,762	0.5	77	39
MISC. ENDOCRINE	7,027,195	7,588	7.9	86,204	0.7	117	82
ANTIHYPERTENSIVE	6,794,571	18,790	19.5	206,105	0.7	48	33
ANTIASTHMATIC	6,510,094	15,606	16.2	170,097	0.5	81	38
ANTIVIRAL	5,908,218	2,560	2.7	28,360	0.5	445	208
ANTIDEPRESSANTS	5,730,936	12,507	13.0	133,233	0.7	63	43
Total	91,568,667	123,338		1,346,132	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries