

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005 HAWAII

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TABLE D.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}

DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

		N	lumber of E			RIES, HAWAI	1, 2000	Nur	nber of Bei	nefit Mor	iths	
Beneficiary						Other/						Other/
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	29,510	19,796	9,586	127	0	1	312,869	209,174	103,337	352	0	6
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	28	0	28	0	0	0	274	0	274	0	0	0
21-44	3,413	0	3,361	52	0	0	36,218	0	36,077	141	0	0
45-64	5,602	0	5,527	74	0	1	59,842	0	59,627	209	0	6
65-74	8,068	7,640	427	1	0	0	86,326	81,707	4,617	2	0	0
75-84	7,979	7,781	198	0	0	0	86,098	83,859	2,239	0	0	0
85 and older	4,418	4,375	43	0	0	0	44,087	43,608	479	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	17,698	13,192	4,455	50	0	1	189,327	140,857	48,327	137	0	6
Male	11,812	6,604	5,131	77	0	0	123,542	68,317	55,010	215	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,566	3,267	3,254	45	0	0	67,496	33,254	34,125	117	0	0
African American	308	95	206	7	0	0	3,024	992	2,016	16	0	0
Other/unknown	22,636	16,434	6,126	75	0	1	242,349	174,928	67,196	219	0	6
Use of Nursing Facilities ^c												
Entire year	2,809	2,617	192	0	0	0	27,875	25,683	2,192	0	0	0
Part year	1,236	1,064	171	1	0	0	11,692	9,913	1,774	5	0	0
None	25,465	16,115	9,223	126	0	1	273,302	173,578	99,371	347	0	6
Maintenance Assistance Statu	s											
Cash	11,642	7,334	4,288	20	0	0	130,574	82,782	47,712	80	0	0
Medically needy	3,033	2,560	473	0	0	0	27,001	22,676	4,325	0	0	0
Poverty-related	14,664	9,885	4,778	0	0	1	154,396	103,513	50,877	0	0	6
Other/unknown	171	17	47	107	0	0	898	203	423	272	0	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	28,991	19,612	9,352	26	0	1	310,190	208,132	101,943	109	0	6
FFS part year, with Rx claims	359	145	177	37	0	0	2,100	853	1,118	129	0	0
FFS part year, no Rx claims	160	39	57	64	0	0	579	189	276	114	0	0

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 2005. 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 eliability status.

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

TABLE D.3 ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 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	88.2		\$3,180	\$73	\$13,328	23.9	29,510
Age					, ,		•
5 and younger	100.0	62.0	6,452	104	15,679	41.2	1
6-14	100.0	40.0	1,216	30	1,807	67.3	1
15-20	75.0	23.0	1,719	75	9,798	17.5	28
21-44	82.7	34.4	4,154	121	14,685	28.3	3,413
45-64	87.8	52.0	4,779	92	14,513	32.9	5,602
65-74	88.2	44.1	2,748	62	7,838	35.1	8,068
75-84	90.1	44.1	2,613	59	11,950	21.9	7,979
85 and older	89.6	39.6	2,220	56	23,315	9.5	4,418
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility	•						
Aged	89.1	42.8	2,556	60	12,842	19.9	19,796
Disabled	86.9	46.4	4,506	97	14,444	31.2	9,586
Adults	37.8	4.8	286	60	4,920	5.8	127
Children	0.0	0.0	0	0	0	0.0	0
Unknown	100.0	4.0	89	22	1,656	5.4	1
Gender							
Female	90.3	45.8	3,024	66	13,176	22.9	17,698
Male	85.1	40.9	3,414	84	13,555	25.2	11,812
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	85.5	47.1	3,816	81	14,942	25.5	6,566
African American	79.2	35.6	3,091	87	8,455	36.6	308
Other/unknown	89.1	43.0	2,996	70	12,926	23.2	22,636
Use of Nursing Fac	cilities ^f						
Entire year	95.7	52.2	2,911	56	54,454	5.3	2,809
Part year	94.3	44.0	2,687	61	31,109	8.6	1,236
None	87.1	42.9	3,233	75	7,928	40.8	25,465
Maintenance Assis	stance Status						
Cash	91.3	48.1	3,588	75	10,340	34.7	11,642
Medically needy	85.2	41.5	2,472	60	35,544	7.0	3,033
Poverty related	86.8	41.2	3,022	73	11,140	27.1	14,664
Other/unknown	53.2	18.0	1,446	80	10,363	13.9	171

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 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.

TABLE D.4 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC $^{a,\,b}$ DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

			-		Num	ber of Rx, P	ercentage w	ith:			Numbe	er
Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$c	None		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
All	4.1	\$300	23.9	11.8	18.2	11.7	30.2	22.3	5.7	\$1,257	29,510	312,869
Age												
5 and younger	5.2	538	41.2	0.0	0.0	0.0	100.0	0.0	0.0	1,307	1	12
6-14	3.3	101	67.3	0.0	0.0	0.0	100.0	0.0	0.0	151	1	12
15-20	2.3	176	17.5	25.0	32.1	10.7	21.4	7.1	3.6	1,001	28	274
21-44	3.2	392	28.3	17.3	25.5	12.8	25.2	15.0	4.2	1,384	3,413	36,218
45-64	4.9	447	32.9	12.2	16.2	9.6	27.4	25.2	9.5	1,359	5,602	59,842
65-74	4.1	257	35.1	11.8	18.6	12.4	29.5	21.5	6.1	733	8,068	86,326
75-84	4.1	242	21.9	9.9	16.9	12.1	33.2	23.5	4.4	1,107	7,979	86,098
85 and older	4.0	223	9.5	10.4	16.6	11.8	33.8	23.9	3.6	2,336	4,418	44,087
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	4.1	242	19.9	10.9	17.6	12.2	32.0	22.6	4.8	1,215	19,796	209,174
Disabled	4.3	418	31.2	13.1	19.5	10.8	26.9	21.9	7.7	1,340	9,586	103,337
Adults	1.7	103	5.8	62.2	12.6	11.0	8.7	5.5	0.0	1,775	127	352
Children	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Unknown	0.7	15	5.4	0.0	100.0	0.0	0.0	0.0	0.0	276	1	6
Gender												
Female	4.3	283	22.9	9.7	17.2	11.9	32.0	23.2	6.0	1,232	17,698	189,327
Male	3.9	326	25.2	14.9	19.7	11.5	27.6	21.1	5.2	1,296	11,812	123,542
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.6	371	25.5	14.5	17.5	10.1	25.8	22.8	9.3	1,454	6,566	67,496
African American	3.6	315	36.6	20.8	19.8	11.0	28.2	14.3	5.8	861	308	3,024
Other/unknown	4.0	280	23.2	10.9	18.4	12.2	31.6	22.3	4.6	1,207	22,636	242,349
Use of Nursing Fa	icilities ^f											
Entire year	5.3	293	5.3	4.3	9.9	9.9	34.3	33.1	8.4	5,487	2,809	27,875
Part year	4.6	284	8.6	5.7	13.6	10.7	38.0	27.2	4.9	3,289	1,236	11,692
None	4.0	301	40.8	12.9	19.3	12.0	29.4	20.9	5.4	739	25,465	273,302
Maintenance Assi	stance Status	3										
Cash	4.3	320	34.7	8.7	17.9	11.9	31.5	23.9	6.1	922	11,642	130,574
Medically needy	4.7	278	7.0	14.8	12.0	9.3	31.0	27.2	5.6	3,993	3,033	27,001
Poverty related	3.9	287	27.1	13.2	19.7	12.2	29.3	20.2	5.4	1,058	14,664	154,396
Other/unknown	3.4	275	13.9	46.8	14.0	9.4	17.0	9.9	2.9	1,973	171	898

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 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.

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

		All Rx		Patente	d Brand Drugs	d-Name	Off-Pater	nt Bran Drugs	id-Name	Gen	eric Dı	rugs
Beneficiary Characteristics	Number of Rx	Rx\$	\$ per Rx	Number of Rx		\$ per Rx	Number of Rx		\$ per Rx	Number of Rx		\$ per Rx
All	4.1	\$300	\$73	1.6	\$217	\$135	0.1	\$9	\$91	2.4	\$74	\$31
Age												
5 and younger	5.2	538	104	3.1	291	94	0.4	218	524	1.7	28	17
6-14	3.3	101	30	1.3	66	53	0.0	0	0	2.1	35	17
15-20	2.3	176	75	0.6	111	184	0.1	6	72	1.7	59	36
21-44	3.2	392	121	1.2	298	244	0.1	14	140	1.9	79	4
45-64	4.9	447	92	1.7	317	187	0.1	15	115	3.0	115	38
65-74	4.1	257	62	1.6	184	112	0.1	6	74	2.4	67	28
75-84	4.1	242	59	1.7	177	103	0.1	5	63	2.3	61	26
85 and older	4.0	223	56	1.5	157	102	0.1	8	75	2.3	58	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	(
Basis of Eligibility	rd											
Aged	4.1	242	60	1.6	174	106	0.1	6	70	2.3	62	27
Disabled	4.3	418	97	1.5	304	197	0.1	14	121	2.6	100	38
Adults	1.7	103	60	0.6	72	121	0.0	1	53	1.1	29	27
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	(
Unknown	0.7	15	22	0.0	0	0	0.3	3	10	0.3	12	35
Gender												
Female	4.3	283	66	1.7	201	119	0.1	9	83	2.5	73	29
Male	3.9	326	84	1.5	240	162	0.1	9	105	2.3	77	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	(
Race												
White	4.6	371	81	1.5	250	166	0.1	16	125	2.9	105	36
African American	3.6	315	87	1.2	225	184	0.1	7	132	2.3	82	35
Other/unknown	4.0	280	70	1.6	207	126	0.1	7	77	2.3	66	29
Use of Nursing Fa	cilitiese											
Entire year	5.3	293	56	1.8	194	109	0.2	14	81	3.3	85	26
Part year	4.6	284	61	1.7	195	118	0.1	10	80	2.9	79	28
None	4.0	301	75	1.6	220	139	0.1	8	93	2.3	73	32
Maintenance Assi	stance Sta	tus										
Cash	4.3	320	75	1.8	236	133	0.1	8	83	2.4	76	3
Medically needy	4.7	278	60	1.7	192	115	0.1	11	86	2.8	74	26
Poverty related	3.9	287	73	1.5	204	141	0.1	9	98	2.4	74	3
Other/unknown	3.4	275	80	1.4	205	143	0.1	7	77	1.9	63	33

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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9ad778d7b6615 (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 hidness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE D.6

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

			x per Ber nong User		\$ per	Benefit N Us	Month Am ers	ong		\$ per	· Rx	_		-		Users ^e	
Therapeutic	F	Patented Brand-	Off- Patent Brand-		P	atented Brand-	Off- Patent Brand-		Р	atented Brand-	Off- Patent Brand-		Total Number			As a Percentage of Dual	Number of Benefit
Category	Total	Name	Name C	Seneric	Total	Name	Name G	eneric	Total	Name	Name G	Seneric	of Rx	Total Rx \$	Number	Benes	Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$38	\$28	\$2	\$8	\$102	\$301	\$96	\$30	62,312	\$6,324,779	14,844	50.3	166,960
Biologicals	0.1	0.1	0.0	0.1	54	2	0	51	376	39	15	769	225	84,639	143	0.5	1,575
Antineoplastic Agents	0.5	0.1	0.0	0.4	102	66	0	36	199	514	106	95	7,482	1,488,058	1,394	4.7	14,582
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.5	81	66	4	11	72	119	65	22	173,989	12,443,710	13,761	46.6	153,669
Cardiovascular Agents	1.9	0.7	0.0	1.1	92	59	0	33	49	83	37	29	385,579	19,058,044	18,810	63.7	207,996
Respiratory Agents	0.7	0.3	0.0	0.3	42	37	0	5	64	107	69	17	87,462	5,555,781	11,607	39.3	131,212
Gastrointestinal Agents	0.6	0.1	0.0	0.5	33	24	0	8	54	181	62	17	63,432	3,420,585	9,340	31.7	104,484
Genitourinary Agents	0.6	0.5	0.0	0.1	45	40	1	5	74	85	77	37	22,593	1,672,099	3,274	11.1	36,758
CNS Drugs	1.3	0.6	0.0	0.7	157	129	1	28	124	226	113	40	152,754	18,891,735	10,910	37.0	120,319
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.4	77	50	5	22	110	206	173	52	1,478	161,973	190	0.6	2,114
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	141	140	0	1	153	154	0	64	18,382	2,806,419	1,844	6.2	19,926
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	50	21	6	23	66	161	230	39	109,740	7,282,609	13,101	44.4	146,040
Neuromuscular Agents	1.0	0.3	0.1	0.6	83	43	8	33	84	161	71	53	69,142	5,779,210	6,195	21.0	69,248
Nutritional Products	0.6	0.0	0.0	0.5	11	0	0	11	20	22	19	20	17,397	353,982	2,891	9.8	31,106
Hematological Agents	0.8	0.5	0.0	0.4	81	72	1	8	95	158	40	21	44,401	4,237,448	4,781	16.2	52,383
Topical Products	0.5	0.2	0.0	0.3	24	15	0	8	49	86	64	27	71,424	3,493,282	12,958	43.9	146,939
Miscellaneous Products	0.5	0.1	0.0	0.3	98	76	0	22	217	521	40	74	3,362	729,164	687	2.3	7,437
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	29	0	0	0	1,653	48,543	525	1.8	5,861
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.	1,292,807	93,832,060	n.a.	n.a.	n.a.

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.

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Hawaii, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

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

	-		Users		An	nong Usei	rs
Top 10 Drug Groups	Total Medicaid Rx	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	\$13,997,236	5,539	18.8	62,177	0.9	\$261	\$225
ANTIHYPERLIPIDEMIC	8,429,469	11,549	39.1	131,091	0.7	88	64
ANTIDIABETIC	6,175,951	10,230	34.7	114,362	0.8	70	54
MISC. ENDOCRINE	5,808,473	6,564	22.2	74,878	0.7	110	78
ANTIHYPERTENSIVE	5,641,808	14,681	49.7	164,379	0.7	49	34
ANTICONVULSANT	4,730,407	4,780	16.2	53,697	0.8	104	88
ANTIASTHMATIC	4,333,259	9,440	32.0	105,740	0.5	85	41
ANALGESICS - Narcotic	4,096,424	11,429	38.7	127,501	0.4	72	32
ANTIVIRAL	3,952,706	1,704	5.8	19,415	0.5	445	204
ANTIDEPRESSANTS	3,495,616	7,527	25.5	82,405	0.7	61	42
Total	60,661,349	83,443		935,645	n.a.	n.a.	n.a.

= Medicaid reimbursement; n.a. = not applicable.

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 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 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.

b. Medicaid relinious entent amounts presented in this table do not relied receitally equired residates from roug 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.medispan.com/marketing/ContentPage.aspx/2contentId=0980f1ed-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; \$

TABLE D.7A MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

All Top 10 Drug Groups ANTIPSYCHOTICS ANTIHYPERLIPIDEMIC

Beneficiary Characteristics	Number of Rx	Rx\$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	of Rx per F Benefit	Mean Rx \$ per Benefit Month
All	626,022	\$60,661,349	5,539	18.8	62,177	0.9	\$225	11,549	39.1	131,091	0.7	\$64
Female												
All Females	391,368	33,520,937	2,719	15.4	30,476	0.8	188	7,401	41.8	84,254	0.7	65
Female, Disabled												
All Ages	117,675	13,175,763	1,559	35.0	17,734	0.9	239	1,407	31.6	16,001	0.7	63
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	82	5,316	0	0.0	0	0.0	0	1	6.7	12	1.3	53
21-44	26,045	3,564,150	571	42.0	6,394	0.8	253	182	13.4	2,093	0.6	55
45-64	80,100	8,697,399	918	34.6	10,535	0.9	234	1,005	37.9	11,348	0.7	64
65-74	7,607	641,564	48	18.0	542	0.8	216	150	56.2	1,731	0.8	69
75-84	3,057	222,306	18	14.0	216	0.8	121	57	44.2	674	0.7	60
85 and older	783	45,007	4	13.8	47	0.8	54	12	41.4	143	0.8	73
Female, Other Eligibles												
All Ages	273,693	20,345,174	1,160	8.8	12,742	0.7	117	5,994	45.3	68,253	0.7	65
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	34	2,269	1	5.9	2	1.0	207	0	0.0	0	0.0	0
45-64	56	4,029	1	3.0	1	1.0	328	3	9.1	7	0.6	34
65-74	111,731	8,648,136	358	7.3	4,106	0.8	152	2,735	55.7	31,029	0.7	64
75-84	109,439	8,038,814	420	8.2	4,622	0.7	110	2,474	48.6	28,424	0.8	67
85 and older	52,433	3,651,926	380	11.9	4,011	0.6	91	782	24.5	8,793	0.8	66
Male												
All Males	234,654	27,140,412	2,820	23.9	31,701	0.9	261	4,148	35.1	46,837	0.7	64
Male, Disabled												
All Ages	121,517	18,815,159	2,198	42.8	24,994	1.0	299	1,520	29.6	17,393	0.7	62
5 and younger	8	4,006	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	201	26,266	8	61.5	96	0.5	136	0	0.0	0	0.0	0
21-44	40,412	7,424,247	1,023	51.1	11,349	0.9	283	395	19.7	4,516	0.7	56
45-64	75,345	10,914,145	1,119	38.9	12,980	1.0	319	1,010	35.2	11,560	0.8	64
65-74	3,788	288,020	28	17.5	336	1.0	158	73	45.6	823	0.9	75
75-84	1,546	144,709	18	26.1	214	0.7	241	37	53.6	434	0.7	62
85 and older	217	13,766	2	14.3	19	0.4	46	5	35.7	60	0.4	39

TABLE D.7A MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

All Top 10 Drug Groups **ANTIPSYCHOTICS ANTIHYPERLIPIDEMIC** Mean Mean Number of Number Number of Number Users Benefit Mean Users Benefit of Rx Mean of Rx per Rx \$ per as % Months per Rx \$ per as % Months Benefit of Dual Benefit Benefit Number of Among Benefit Beneficiary Number of Among of Dual Rx\$ Month Month Characteristics Number of Rx Users Benes Users Month Month Users Benes Users Male, Other Eligibles All Ages 113,137 8,325,253 622 9.3 6,707 0.7 120 2,628 39.3 29,444 0.7 64 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 0 0 0 0 0 0 0 15-20 0.0 0 0.0 0.0 0.0 38 9 88 2 2 108 21-44 2,176 3 8.6 8.0 5.7 1.0 45-64 166 12,636 3 7.1 10 156 3 7.1 22 0.7 82 8.0 65-74 52.003 4,127,886 234 8.6 2.675 0.8 172 1.248 45.7 14.024 0.7 64 75-84 45,545 3,198,386 229 8.5 2,468 0.6 92 41.3 12,568 0.7 64 1,111 85 and older 15,385 984,169 153 12.9 1,545 0.6 75 264 22.3 2,828 8.0 65

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.

Unknown

0

0.0

0

0.0

0

0

0.0

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0

0

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 2005. 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 2005. 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^{a, b, c} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

		AN [*]	TIDIABETIC	-	-	E BENEFION		C. ENDOCRIN	ΝE			ANTIF	HYPERTENSI'	VE	
Beneficiary Characteristics	Number of Users	Users as % of Dual	Number of Benefit N Months Among Users	Mean Number of Rx per F Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit N Months Among Users			Number of Users	Users as % of Dual Benes	Number of Benefit N Months Among Users	Rx per	Mean Rx \$ per Benefit Month
All	10,230	34.7	114,362	0.8	\$54	6,564	22.2	74,878	0.7	\$78	14,681	49.7	164,379	0.7	\$34
Female															
All Females	6,492	36.7	72,752	0.8	54	5,848	33.0	66,807	0.7	72	9,338	52.8	104,972	0.7	36
Female, Disabled															
All Ages	1,494	33.5	16,822	0.8	57	717	16.1	8,234	0.7	91	1,658	37.2	18,761	0.7	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
15-20	1	6.7	12	1.3	74	0	0.0	0	0.0	0	3	20.0	30	0.6	28
21-44	260	19.1	2,982	0.7	55	80	5.9	928	0.6	143	251	18.5	2,868	0.6	27
45-64	1,029	38.8	11,555	0.8	59	465	17.5	5,317	0.7	89	1,139	42.9	12,815	0.7	32
65-74	149	55.8	1,667	0.8	54	117	43.8	1,351	0.7	74	156	58.4	1,762	0.8	39
75-84	46	35.7	522	0.7	48	46	35.7	539	0.8	71	84	65.1	988	0.7	34
85 and older	9	31.0	84	0.9	37	9	31.0	99	0.9	69	25	86.2	298	0.8	34
Female, Other Eligibles															
All Ages	4,998	37.7	55,930	0.8	52	5,131	38.7	58,573	0.7	69	7,680	58.0	86,211	0.7	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
21-44	0	0.0	0	0.0	0	1	5.9	12	0.5	51	2	11.8	17	0.9	28
45-64	2	6.1	4	1.0	211	1	3.0	3	1.0	77	2	6.1	3	1.0	53
65-74	2,331	47.5	26,178	0.8	53	1,789	36.5	20,558	0.7	68	2,946	60.0	33,186	0.7	37
75-84	1,966	38.6	22,214	0.8	54	2,115	41.5	24,403	0.7	67	3,194	62.7	36,315	0.7	37
85 and older	699	21.9	7,534	0.8	44	1,225	38.4	13,597	0.7	72	1,536	48.1	16,690	0.8	35
Male															
All Males	3,738	31.6	41,610	0.8	55	716	6.1	8,071	0.6	128	5,343	45.2	59,407	0.7	32
Male, Disabled															
All Ages	1,402	27.3	15,876	0.8	59	219	4.3	2,459	0.6	283	1,619	31.6	18,224	0.7	30
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.2	105	0	0.0	0	0.0	C
6-14	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	2	15.4	24	0.1	118	7	53.8	84	0.3	21
21-44	380	19.0	4,305	0.8	67	67	3.3	728	0.7	452	390	19.5	4,391	0.7	30
45-64	921	32.1	10,479	0.8	56	125	4.4	1,425	0.7	242	1,074	37.4	12,057	0.7	30
65-74	68	42.5	716	0.8	60	10	6.3	111	0.8	122	91	56.9	1,021	0.7	28
75-84	27	39.1	304	0.9	79	10	14.5	111	0.3	20	45	65.2	532	0.6	31
85 and older	6	42.9	72	0.7	46	4	28.6	48	0.5	37	12	85.7	139	0.5	28

TABLE D.7B MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

		AN'	TIDIABETIC				MISC	. ENDOCRIN	IE			ANTI	HYPERTENSI	VE	
			Number of	Mean				Number of	Mean				Number of	Mean	
		Users	Benefit N	lumber of	Mean		Users	Benefit N	lumber of	Mean		Users	Benefit N	Number of	Mean
		as %	Months		Rx \$ per		as %	Months		Rx \$ per		as %	Months		Rx \$ per
Dan efficient Observatoriation	Number of	of Dual	Among	Benefit			of Dual	Among				of Dual	Among		Benefit
Beneficiary Characteristics	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month
Male, Other Eligibles															
All Ages	2,336	35.0	25,734	0.8	52	497	7.4	5,612	0.6	60	3,724	55.7	41,183	0.7	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	3	8.6	3	1.0	82	0	0.0	0	0.0	0	1	2.9	1	1.0	24
45-64	3	7.1	26	0.8	103	1	2.4	11	0.6	39	4	9.5	38	0.4	17
65-74	1,179	43.1	13,242	0.8	56	140	5.1	1,599	0.7	69	1,529	55.9	17,122	0.7	34
75-84	908	33.8	10,083	0.7	49	233	8.7	2,680	0.6	54	1,646	61.2	18,377	0.7	32
85 and older	243	20.5	2,380	0.8	47	123	10.4	1,322	0.6	59	544	46.0	5,645	0.7	31
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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.

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 2005. 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 2005. 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).

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

DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005 ANTICONVULSANT ANALGESICS - Narcotic ANTIASTHMATIC Number of Mean Number of Mean Number of Mean Users Benefit Number of Mean Users Benefit Number of Mean Users Benefit Number of Mean Rx per Rx \$ per Rx per Rx \$ per Rx per Rx \$ per as % Months as % Months as % Months Benefit Benefit Benefit Beneficiary Number of of Dual Among Benefit Number of of Dual Among Benefit Benefit Number of of Dual Among Users Benes Users Benes Month Month Characteristics Users Benes Users Month Month Users Month Month Users ΑII 4.780 16.2 53.697 0.8 \$88 9.440 32.0 105,740 0.5 \$41 11.429 38.7 127,501 0.4 \$32 Female All Females 2,656 15.0 29,861 0.8 81 5,677 32.1 63,629 0.5 41 6,982 39.5 78,140 0.4 26 Female, Disabled All Ages 1,372 30.8 15,690 0.9 109 1,909 42.9 21,579 0.5 40 2,522 56.6 28,414 0.6 48 0 5 and younger 0 0.0 0 0.0 0 0 0.0 0 0.0 0 0 0.0 0 0.0 0 0 12 2 0 6-14 0 0.0 0.0 100.0 0.1 0.0 0 0.0 0 15-20 0 0.0 0 0.0 0 6 40.0 51 0.3 25 5 33.3 44 0.2 1 448 47.4 7,292 30 21-44 32.9 5,106 1.0 126 454 33.4 5,146 0.4 30 645 0.5 45-64 868 32.7 9,933 0.9 103 1,277 48.1 14,414 0.5 44 1,645 62.0 18,522 0.6 58 40 37 65-74 15.0 459 0.8 67 112 41.9 1,269 0.5 147 55.1 1,641 0.5 24 71 713 75-84 13 10.1 156 0.8 53 615 0.5 42 63 48.8 0.5 21 41.1 3 36 70 20.7 72 32 8 85 and older 10.3 8.0 0.3 17 58.6 202 0.3 Female, Other Eligibles All Ages 1,284 9.7 14,171 0.7 50 3,768 28.5 42,050 0.5 41 4,460 33.7 49,726 0.3 13 0.0 0 0.0 0 0 0.0 0 0.0 0 0 0.0 0 0.0 0 0 5 and younger 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 5.9 2 1.0 121 3 17.6 15 0.3 11 1 5.9 5 0.2 1 2 3 3 9 45-64 6.1 1.0 45 9.1 12 0.4 53 27.3 60 0.4 6 65-74 519 10.6 5.870 0.7 54 1.608 32.8 18.294 0.5 46 1,979 40.3 22.501 0.4 14 75-84 487 9.6 5,381 0.7 48 1,416 27.8 15,929 0.4 38 1,668 32.8 18,866 0.3 11 85 and older 275 8.6 2.915 0.7 43 738 23.1 7,800 0.4 35 803 25.2 8,294 0.3 13 Male All Males 2,124 18.0 23.836 0.9 97 3.763 31.9 42,111 0.5 42 4,447 37.6 49,361 0.5 43 Male, Disabled All Ages 1,452 28.3 16,535 113 1,322 15,094 0.5 37 2,286 25,693 0.6 64 0.9 25.8 44.6 0 0.0 0 0 0.0 0 0 0.0 0 0.0 0 5 and younger 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 5 73 5 0.3 8 9 15-20 38.5 60 0.6 38.5 60 69.2 105 0.5 22 21-44 590 29.5 6.600 126 426 21.3 4,835 0.4 27 699 34.9 7.781 0.6 71 1.0 45-64 819 28.5 9,438 0.9 107 791 27.5 9,074 0.5 42 1,476 51.4 16,606 0.6 65 65-74 31 19.4 353 0.9 53 66 41.3 728 0.6 51 67 41.9 785 0.4 14 75-84 5 7.2 60 0.6 20 29 42.0 342 0.5 41 29 42.0 344 0.3 5

55

0.3

15

6

42.9

72

0.2

3

14.3

2

85 and older

24

0.6

15

5

35.7

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

DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

		ANTI	CONVULSAN	ΙΤ			ANT	IASTHMATIC				ANALO	SESICS - Nard	otic	
			Number of	Mean				Number of	Mean				Number of	Mean	
		Users	Benefit N		Mean		Users	Benefit N		Mean		Users		lumber of	Mean
		as %	Months		Rx \$ per		as %	Months		Rx \$ per		as %			Rx \$ per
Beneficiary	Number of		Among	Benefit		Number of	of Dual	Among				of Dual	Among	Benefit	Benefit
Characteristics	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month
Male, Other Elig	ibles														
All Ages	672	10.1	7,301	0.7	62	2,441	36.5	27,017	0.5	44	2,161	32.3	23,668	0.3	20
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	2	5.7	8	0.9	54	1	2.9	5	0.6	10	6	17.1	24	0.5	11
45-64	1	2.4	7	1.0	19	2	4.8	24	1.1	143	14	33.3	101	0.5	8
65-74	300	11.0	3,387	0.8	75	956	35.0	10,854	0.5	45	1,041	38.1	11,673	0.4	29
75-84	266	9.9	2,922	0.7	54	1,031	38.4	11,594	0.5	45	808	30.1	9,026	0.3	10
85 and older	103	8.7	977	0.8	40	451	38.1	4,540	0.5	39	292	24.7	2,844	0.3	12
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2005. 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 2005. 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) = Deneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

		,	ANTIVIRAL				ANTI	DEPRESSAN	TS			
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit N Months Among Users	Mean Iumber of Rx per F Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit N Months Among Users	Mean Iumber of Rx per F Benefit Month		Number of Beneficiaries I	Number of Benefit Months
All	1,704	5.8	19,415	0.5	\$204	7,527	25.5	82,405	0.7	\$42	29,510	312,869
Female												
All Females	763	4.3	8,719	0.3	85	4,746	26.8	51,925	0.7	43	17,698	189,327
Female, Disable	d											
All Ages	267	6.0	3,066	0.4	170	2,000	44.9	22,515	0.7	53	4,455	48,327
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	12
15-20	0	0.0	0	0.0	0	1	6.7	11	1.1	147	15	139
21-44	80	5.9	922	0.4	160	543	39.9	6,061	0.7	48	1,360	14,767
45-64	166	6.3	1,906	0.5	194	1,364	51.4	15,357	0.8	55	2,654	28,738
65-74	16	6.0	178	0.1	16	58	21.7	685	0.7	39	267	2,886
75-84	3	2.3	36	0.1	15	21	16.3	249	0.6	31	129	1,454
85 and older	2	6.9	24	0.1	6	13	44.8	152	0.9	35	29	331
Female, Other E	ligibles											
All Ages	496	3.7	5,653	0.2	39	2,746	20.7	29,410	0.7	35	13,243	141,000
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	0	0.0	0	0.0	0	1	5.9	5	0.8	73	17	58
45-64	0	0.0	0	0.0	0	4	12.1	20	0.4	57	33	83
65-74	199	4.1	2,299	0.2	78	969	19.7	10,932	0.7	37	4,908	53,018
75-84	169	3.3	1,952	0.1	16	941	18.5	10,177	0.7	33	5,093	55,408
85 and older	128	4.0	1,402	0.1	7	831	26.0	8,276	0.7	34	3,192	32,433
Male												
All Males	941	8.0	10,696	0.6	300	2,781	23.5	30,480	0.7	42	11,812	123,542
Male, Disabled												
All Ages	691	13.5	7,838	0.8	394	1,645	32.1	18,558	0.7	49	5,131	55,010
5 and younger	1	100.0	12	0.5	229	0	0.0	0	0.0	0	1	12
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	4	30.8	48	0.6	30	13	135
21-44	284	14.2	3,155	0.8	438	585	29.2	6,469	0.7	50	2,001	21,310
45-64	395	13.7	4,544	0.8	374	1,009	35.1	11,504	0.7	49	2,873	30,889
65-74	7	4.4	79	0.3	66	35	21.9	393	0.8	43	160	1,731
75-84	4	5.8	48	0.4	6	9	13.0	108	0.8	62	69	785
85 and older	0	0.0	0	0.0	0	3	21.4	36	0.1	3	14	148

TABLE D.7D MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

		,	ANTIVIRAL				ANTII	DEPRESSAN	TS			
			Number of	Mean				Number of	Mean			
		Users	Benefit N	lumber of	Mean		Users	Benefit N	lumber of	Mean		
		as %	Months	Rx per l	Rx \$ per		as %	Months	Rx per f			
Beneficiary	Number of	of Dual	Among	Benefit	Benefit	Number of	of Dual	Among	Benefit	Benefit	Number of	Number of
Characteristics	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month	Beneficiaries E	Benefit Months
Male, Other Elig	ibles											
All Ages	250	3.7	2,858	0.2	42	1,136	17.0	11,922	0.6	32	6,681	68,532
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	0	0.0	0	0.0	0	3	8.6	8	0.5	20	35	83
45-64	0	0.0	0	0.0	0	4	9.5	16	0.9	77	42	132
65-74	109	4.0	1,245	0.3	81	424	15.5	4,747	0.7	33	2,733	28,691
75-84	89	3.3	1,038	0.2	15	438	16.3	4,638	0.6	32	2,688	28,451
85 and older	52	4.4	575	0.1	8	267	22.6	2,513	0.6	28	1,183	11,175
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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 2005. 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 2005. 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) = Deneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

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

DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

Beneficiary		Number of By per Benefit	Number of All-Year Nursing	Benefit Months Among All- Year Nursing Facility
Characteristics	Rx \$ per Benefit Month	Month	•	Residents
All	\$293	5.3		27,875
Age				
0-64	378	5.8	167	1,931
65-74	379	6.6	287	2,955
75-84	310	5.5	888	9,042
85 and older	253	4.8	1,467	13,947
Unknown	0	0.0	0	0
Gender				
Female	284	5.2	1,883	18,943
Male	313	5.5	926	8,932
Unknown	0	0.0	0	0
Race				
White	322	6	667	6,435
African American	450	7.3	5	57
Other/unknown	284	5	2,137	21,383
Basis of Eligibility	:			
Aged	287	5.2	2,617	25,683
Disabled	366	5.7	192	2,192
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 2005 file for Hawaii, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,236 beneficiaries who were in nursing facilities for part of their enrollment and their 11,692 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 ebecause of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE D.9 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY^a, b, c, d, e DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

Number of Rx per Benefit \$ per Benefit Month Among

Month Among Users Users \$ per Rx Users

Therapeutic Category	F Total	atented Brand- Name		Generic		Patented Brand- Name	Off- Patent Brand- Name G	eneric	•	Patented Brand- Name	Brand-	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$19	\$8	\$5	\$6	\$50	\$103	\$136	\$22	6,464	\$321,738	1,631	58.1	16,886
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	24	0	11	28	42	1,000	28	1.0	305
Antineoplastic Agents	0.6	0.1	0.0	0.5	95	35	0	60	167	338	0	128	1,356	225,956	264	9.4	2,387
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.6	71	52	9	10	56	99	80	16	18,169	1,024,949	1,387	49.4	14,374
Cardiovascular Agents	2.0	0.4	0.0	1.6	65	30	0	35	32	71	40	22	39,302	1,252,048	1,901	67.7	19,235
Respiratory Agents	0.5	0.3	0.0	0.2	35	30	0	5	67	108	64	19	4,574	307,431	845	30.1	8,840
Gastrointestinal Agents	0.9	0.2	0.0	0.7	39	26	0	13	44	142	129	18	9,256	404,225	1,006	35.8	10,416
Genitourinary Agents	0.8	0.6	0.0	0.2	55	42	0	12	68	74	89	52	3,458	234,704	417	14.8	4,300
CNS Drugs	1.3	0.6	0.0	0.7	95	72	0	22	72	116	44	32	19,521	1,404,827	1,458	51.9	14,833
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	36	31	0	5	80	177	0	18	72	5,736	15	0.5	160
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	137	137	0	0	134	134	0	0	5,957	795,314	563	20.0	5,802
Analgesics and Anesthetics	0.7	0.1	0.0	0.5	29	11	6	12	43	109	126	23	6,461	279,887	972	34.6	9,572
Neuromuscular Agents	1.1	0.3	0.2	0.7	74	29	10	35	67	116	56	52	10,070	677,256	859	30.6	9,104
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	16	34	25	15	4,219	66,467	646	23.0	6,297
Hematological Agents	1.0	0.6	0.0	0.5	94	87	0	6	90	156	22	13	7,587	683,881	726	25.8	7,278
Topical Products	0.5	0.2	0.0	0.4	26	14	1	11	49	83	110	32	9,173	446,797	1,623	57.8	17,303
Miscellaneous Products	0.3	0.0	0.0	0.2	17	8	0	8	64	305	0	36	475	30,365	187	6.7	1,821
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	23	0	0	0	555	13,003	144	5.1	1,567
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.	146,711	8,175,584	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.

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 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.

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 2005. A total of 1,236 beneficiaries who were in nursing facilities for part of their enrollment and their 11,692 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 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

BY TOP-10 DRUG GROUP^{a, b, c, d} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

			Users				Among Users
			As a Percentage of All-Year				
T 40 D 0 N E	T / 114 11 115 A	Number of	Nursing Facility	Number of	Number of Rx	Φ Β	Rx \$ per Benefit
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users	Residents	Benefit Monthsp	er Benefit Month	\$ per Rx	Month
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	\$795,314	648	23.1	6,742	0.9	\$134	\$118
ANTIPSYCHOTICS	762,599	636	22.6	6,798	0.7	151	112
MISC. ENDOCRINE	577,862	663	23.6	7,129	0.8	102	81
ANTIDEPRESSANTS	559,950	1,343	47.8	13,668	0.8	50	41
ANTIDIABETIC	474,971	997	35.5	10,326	1.0	47	46
ANTICONVULSANT	430,144	592	21.1	6,333	1.0	70	68
ANTIHYPERLIPIDEMIC	407,051	553	19.7	5,851	0.9	75	70
MISC. HEMATOLOGICAL	397,326	372	13.2	3,750	1.0	110	106
ANTIHYPERTENSIVE	377,879	1,181	42.0	12,189	0.9	35	31
ULCER DRUGS	328,301	976	34.7	10,198	0.8	39	32
Total	5,111,397	7,961		82,984	n.a.	n.a.	n.a.

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.

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,236 beneficiaries who were in nursing facilities for part of their enrollment and their 11,692 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 2005. 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.

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TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

				GIBLE BENEFIC C PSYCHOTH)					
AII ¯	Top 10 Drug Groups			NEURO	LOGICAL				ANTIPS	CHOTICS		
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months Among			Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months	Mean Number of Rx	
All	72,344	\$5,111,397	648	23.1	6,742	0.9	\$118	636	22.6	6,798	0.7	\$112
Female												
All Females	48,825	3,491,373	456	24.2	4,889	0.9	122	401	21.3	4,303	0.7	109
Female, Disabled												
All Ages	2,933	246,278	5	5.5	54	1.2	404	29	31.9	343	0.8	166
64 or younger	2,564	215,950	3	3.8	32	1.2	551	25	32.1	296	0.8	153
65-74	165	15,540	0	0.0	C	0.0	0	2	33.3	24	0.8	406
75-84	63	4,779	0	0.0	C	0.0	0	0	0.0	0	0.0	0
85 and older	141	10,009	2	66.7	22	1.3	190	2	66.7	23	1.0	78
Female, Other Eligible	s											
All Ages	45,892	3,245,095	451	25.2	4,835	0.9	118	372	20.8	3,960	0.7	105
64 or younger	0	0	0	0.0	C	0.0	0	0	0.0	0	0.0	0
65-74	5,759	410,906	22	14.7	244	0.8	116	41	27.3	436	0.9	145
75-84	16,373	1,154,968	150	27.1	1,615	0.9	123	140	25.3	1,554	0.8	110
85 and older	23,760	1,679,221	279	25.6	2,976	0.9	116	191	17.6	1,970	0.7	91
Male												
All Males	23,519	1,620,024	192	20.7	1,853	0.9	108	235	25.4	2,495	0.7	117
Male, Disabled												
All Ages	3,271	270,436	6	5.9	72	0.6	103	29	28.7	348	0.9	157
64 or younger	2,966	253,131	5	5.6	60	0.7	108	27	30.3	324	0.8	159
65-74	290	15,124	1	9.1	12	0.4	81	2	18.2	24	1.8	127
75-84	15	2,181	0	0.0	C			0	0.0	0	0.0	0
85 and older	0	0	0	0.0	C	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	20,248	1,349,588	186	22.5	,			206	25.0	2,147	0.7	
64 or younger	0	0	0	0.0	C	0.0	0	0	0.0		0.0	0
65-74	3,977	277,190	14	11.7	124	1.0	133	30	25.0	345	0.8	153
75-84	8,773	590,471	76	23.1	744	0.8	107	92	28.0	969	0.7	110
85 and older	7,498	481,927	96	25.5	913	0.9	106	84	22.3	833	0.7	94

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.

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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.

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 2005. A total of 1,236 beneficiaries who were in nursing facilities for part of their enrollment and their 11,692 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 2005. 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 2005 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).

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 AGEa, b, c, d

DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

		MISC. E	NDOCRINE		20712	ELIGIBLE BE		PRESSANTS				ANTIDIABETIC			
Beneficiary Characteristics	Number of Users	Year Nursing Facility				Number of Users	Year Nursing Facility	Number of Benefit Months Among Users	Mean Number of Rx		Number of Users	Users as % of All- Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	
All	663	23.6		0.8			47.8	13,668			997	35.5	10,326	1.0	
Female			-,		***	1,010		10,000		***			,		*
All Females	582	30.9	6,302	0.8	84	916	48.6	9,423	0.8	40	632	33.6	6,561	1.0	47
Female, Disable			*,***					-,					-,		
All Ages	- 11	12.1	127	0.9	128	55	60.4	645	0.8	44	31	34.1	359	1.2	60
64 or younger	10	12.8	116	0.9			62.8	576	0.8	46	26	33.3	307	1.2	61
65-74	0	0.0	0	0.0	0	1	16.7	12	0.1	1	4	66.7	48	1.3	43
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	4	1.3	210
85 and older	1	33.3	11	1.2	102	5	166.7	57	0.8	33	0	0.0	0	0.0	0
Female, Other E	ligibles														
All Ages	571	31.9	6,175	0.8	83	861	48.0	8,778	0.8	40	601	33.5	6,202	1.0	46
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	28	18.7	316	0.8	91	105	70.0	1,091	0.9	45	89	59.3	921	1.1	50
75-84	161	29.1	1,771	0.8	80	284	51.3	2,998	0.8	43	254	45.8	2,667	1.0	48
85 and older	382	35.1	4,088	0.8	84	472	43.4	4,689	0.8	36	258	23.7	2,614	1.0	43
Male															
All Males	81	8.7	827	0.7	59	427	46.1	4,245	0.8	43	365	39.4	3,765	0.9	44
Male, Disabled															
All Ages	9	8.9	98	0.9	87	46	45.5	532	0.9	60	35	34.7	410	1.0	68
64 or younger	8	9.0	86	0.9	88	43	48.3	503	0.9	58	32	36.0	374	1.1	71
65-74	1	9.1	12	1.2	78	2	18.2	17	0.5	13	3	27.3	36	0.9	37
75-84	0	0.0	0	0.0	0	1	100.0	12	1.3	182	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
Male, Other Elig	ibles														
All Ages	72	8.7	729	0.7	55	381	46.2	3,713	0.8	41	330	40.0	3,355	0.9	41
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	C
65-74	12	10.0	117	0.6	56	54	45.0	578	0.9	51	68	56.7	757	1.0	41
75-84	20	6.1	225	0.6	42	174	52.9	1,756	0.8	43	147	44.7	1,537	0.9	39
85 and older	40	10.6		0.7			40.7	1,379			115	30.6	1,061	0.9	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 2005. A total of 1,236 beneficiaries who were in nursing facilities for part of their enrollment and their 11,692 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

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

DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

	ANTICONVULSANT			ANTIHYPERLIPIDEMIC								MISC. HEMATOLOGICAL			
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months Among			Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months Among			Number of Users	Users as % of All-Year Nursing Facility Residents	Benefit Months Among	Mean Number of Rx	
All	592	21.1	6,333	1.0	\$68	553	19.7	5,851	0.9	\$70	372	13.2	3,750	1.0	\$106
Female															
All Females	351	18.6	3,819	0.9	62	360	19.1	3,826	0.9	68	225	11.9	2,270	1.0	112
Female, Disable	d														
All Ages	47	51.6	552	1.0	76	13	14.3	151	1.0	80	7	7.7	84	1.2	156
64 or younger	46	59.0	540	1.0	78	12	15.4	139	1.0	79	6	7.7	72	1.2	155
65-74	1	16.7	12	0.9	15	0	0.0	0	0.0	0	1	16.7	12	1.3	163
75-84	0	0.0	0	0.0	0	1	25.0	12	1.2	91	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other E	ligibles														
All Ages	304	17.0	3,267	0.9	60	347	19.4	3,675	0.9	68	218	12.2	2,186	1.0	110
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	67	44.7	744	1.0	89	46	30.7	492	0.9	71	19	12.7	211	0.9	111
75-84	128	23.1	1,382	0.9	56	148	26.7	1,526	0.9	70	73	13.2	723	0.9	102
85 and older	109	10.0	1,141	0.9	46	153	14.1	1,657	0.9	65	126	11.6	1,252	1.0	115
Male															
All Males	241	26.0	2,514	1.0	77	193	20.8	2,025	0.9	72	147	15.9	1,480	0.9	97
Male, Disabled															
All Ages	56	55.4	638	1.2	110	26	25.7	301	1.0	80	3	3.0	36	1.0	62
64 or younger	51	57.3	588	1.1	115	22	24.7	260	1.0	79	2	2.2	24	1.3	69
65-74	5	45.5	50	1.6	46	4	36.4	41	1.1	86	1	9.1	12	0.5	46
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Elig	ibles														
All Ages	185	22.4	1,876	0.9	65	167	20.2	1,724	0.9	70	144	17.5	1,444	0.9	98
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	43	35.8	471	1.0	69	38	31.7	421	0.9	70	28	23.3	302	0.9	112
75-84	89	27.1	927	0.9	73	64	19.5	668	1.0	77	63	19.1	663	0.9	95
85 and older	53	14.1	478	0.9	48	65	17.3	635	0.9	64	53	14.1	479	0.9	92
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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.

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 2005. A total of 1,236 beneficiaries who were in nursing facilities for part of their enrollment and their 11,692 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 2005. 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.

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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 AGEa, b, c, d

DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005 ULCER DRUGS ANTIHYPERTENSIVE

Beneficiary Characteristics	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	Benefit Months Among	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
All	1,181	42.0	12,189	0.9	\$31	976	34.7	10,198	0.8	\$32	2,809	27,875
Female												
All Females	761	40.4	7,945	0.9	32	630	33.5	6,634	0.8	31	1,883	18,943
Female, Disable	ed											
All Ages	32	35.2	379	0.8	31	38	41.8	438	0.9	52	91	1,045
64 or younger	26	33.3	307	0.8	32	34	43.6	390	0.8	49	78	908
65-74	3	50.0	36	1.1	36	1	16.7	12	1.3	25	6	62
75-84	1	25.0	12	1.2	34	2	50.0	24	1.3	102	4	40
85 and older	2	66.7	24	1.0	15	1	33.3	12	0.8	58	3	35
Female, Other E	Eligibles											
All Ages	729	40.7	7,566	0.9	32	592	33.0	6,196	0.8	30	1,792	17,898
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	87	58.0	951	0.9	38	73	48.7	771	0.9	45	150	1,563
75-84	232	41.9	2,458	0.9	32	178	32.1	1,897	0.8	28	554	5,732
85 and older	410	37.7	4,157	0.9	30	341	31.3	3,528	0.8	28	1,088	10,603
Male												
All Males	420	45.4	4,244	0.9	30	346	37.4	3,564	0.8	34	926	8,932
Male, Disabled												
All Ages	47	46.5	556	0.9	33	37	36.6	427	0.8	60	101	1,147
64 or younger	41	46.1	484	0.9	33	36	40.4	415	0.8	62	89	1,023
65-74	6	54.5	72	0.8	30	1	9.1	12	0.1	3	11	112
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Elig	jibles											
All Ages	373	45.2	3,688	0.9	29	309	37.5	3,137	0.8	30	825	7,785
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	74	61.7	795	0.9	33	42	35.0	463	0.9	41	120	1,218
75-84	155	47.1	1,525	0.9	29	123	37.4	1,310	0.8	26	329	3,258
85 and older	144	38.3	1,368	0.9	29	144	38.3	1,364	0.9	31	376	3,309
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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.

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 1,236 beneficiaries who were in nursing facilities for part of their enrollment and their 11,692 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 2005. 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 2005 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).

TABLE D.11 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b} HAWAII, 2005

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	\$ per	Total Part D Excluded Rx \$		Part D Excluded Rx \$ as a ercentage of All Dual Rx \$	Total Number of Beneficiaries
All	20,810	70.5	10.9	321,233	\$114	\$3,364,323	\$10	3.6	29,510
Age									
5 and younger	1	100.0	8.0	8	81	81	10	1.3	1
6-14	1	100.0	1.0	1	3	3	3	0.2	1
15-20	15	53.6	5.3	149	113	3,169	21	6.6	28
21-44	1,828	53.6	5.8	19,700	90	308,482	16	2.2	3,413
45-64	3,744	66.8	10.2	56,916	126	707,123	12	2.6	5,602
65-74	5,673	70.3	9.7	78,204	107	861,160	11	3.9	8,068
75-84	6,084	76.3	11.8	94,067	112	892,513	9	4.3	7,979
85 and older	3,464	78.4	16.3	72,188	134	591,792	8	6.0	4,418
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility	С								
Aged	14,697	74.2	11.9	235,120	113	2,241,301	10	4.4	19,796
Disabled	6,088	63.5	9.0	86,019	117	1,120,927	13	2.6	9,586
Adults	25	19.7	0.7	94	16	2,095	22	5.8	127
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	1
Gender									
Female	13,219	74.7	12.1	214,808	124	2,195,691	10	4.1	17,698
Male	7,591	64.3	9.0	106,425	99	1,168,632	11	2.9	11,812
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	4,195	63.9	10.6	69,725	125	821,326	12	3.3	6,566
African American	167	54.2	6.8	2,108	83	25,602	12	2.7	308
Other/unknown	16,448	72.7	11.0	249,400	111	2,517,395	10	3.7	22,636
Use of Nursing Fa	cilities ^d								
Entire year	2,623	93.4	28.5	79,950	224	629,259	8	7.7	2,809
Part year	1,111	89.9	16.8	20,746	143	176,189	8	5.3	1,236
None	17,076	67.1	8.7	220,537	100	2,558,875	12	3.1	25,465
Maintenance Assis	stance Status								
Cash	8,779	75.4	11.3	130,975	127	1,477,432	11	3.5	11,642
Medically needy	2,403	79.2	19.1	58,045	156	472,209	8	6.3	3,033
Poverty related	9,566	65.2	9.0	131,428	96	1,407,103	11	3.2	14,664
Other/unknown	62	36.3	4.6	785	44	7,579	10	3.1	171

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.

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.

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 2005.

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 they barbiturates; nonprescription (OTC) medications; prescription (states are medications; prescription (states are medications; prescription); 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.

TABLE D.12 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b} HAWAII, 2005

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
All	1.0	\$11	\$10	\$0	\$2	312,869
Age						
5 and younger	0.7	7	10	0	0	12
6-14	0.1	0	3	0	0	12
15-20	0.5	12	21	0	3	274
21-44	0.5	9	16	0	3	36,218
45-64	1.0	12	12	0	4	59,842
65-74	0.9	10	11	0	1	86,326
75-84	1.1	10	9	0	1	86,098
85 and older	1.6	13	8	0	1	44,087
Unknown	0.0	0	0	0	0	0
Basis of Eligibility	/ ^c					
Aged	1.1	11	10	0	1	209,174
Disabled	0.8	11	13	0	4	103,337
Adults	0.3	6	22	0	1	352
Children	0.0	0	0	0	0	0
Unknown	0.0	0	0	0	0	6
Gender						
Female	1.1	12	10	0	2	189,327
Male	0.9	9	11	0	2	123,542
Unknown	0.0	0	0	0	0	0
Race						
White	1.0	12	12	0	4	67,496
African American	0.7	8	12	0	3	3,024
Other/unknown	1.0	10	10	0	1	242,349
Use of Nursing Fa	acilitiesd					
Entire year	2.9	23	8	0	1	27,875
Part year	1.8	15	8	0	1	11,692
None	0.8	9	12	0	2	273,302
Maintenance Assi	istance Status					
Cash	1.0	11	11	0	2	130,574
Medically needy	2.1	17	8	0	1	27,001
Poverty related	0.9	9	11	0	2	154,396
Other/unknown	0.9	8	10	0	2	898

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.

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.

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 2005.

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; parbiturates; 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 beneficaries 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.

TABLE D.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
HAWAII, 2005

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
All	32,467	\$104	\$3,364,323	100.0	321,233	\$10	100.0
Anorexia or weight loss/gain	5	254	1,269	0.0	25	51	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	21	62	0.0	5	12	0.0
Cough and cold medications	6,592	77	506,923	15.1	21,749	23	6.8
Vitamins and minerals	2,794	123	344,635	10.2	16,799	21	5.2
Non-prescription drugs	18,179	102	1,862,980	55.4	247,474	8	77.0
Barbiturates	223	91	20,298	0.6	2,693	8	0.8
Benzodiazepines	3,870	137	530,874	15.8	29,635	18	9.2
Other Part D Excl Rx Drugs	801	121	97,282	2.9	2,853	34	0.9

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.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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 strains 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.

SUPPLEMENTAL TABLE 1 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b} HAWAII, 2005

Total Number of Dual Eligible Beneficiaries: 29,510
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$93,832,060
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,179

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,481	11.8	\$0	0.0
1-500	5,139	17.4	1,033,857	1.1
501-1,000	2,933	9.9	2,171,333	2.3
1,001-1,500	2,450	8.3	3,042,198	3.2
1,501-2,000	2,098	7.1	3,667,021	3.9
2,001-2,500	1,736	5.9	3,898,041	4.2
2,501-3,000	1,500	5.1	4,109,205	4.4
3,001-3,500	1,349	4.6	4,370,841	4.7
3,501-4,000	1,106	3.7	4,135,987	4.4
4,001-4,500	1,008	3.4	4,282,962	4.6
4,501-5,000	830	2.8	3,939,697	4.2
5,001-5,500	707	2.4	3,714,301	4.0
5,501-6,000	642	2.2	3,688,521	3.9
6,001-6,500	526	1.8	3,289,295	3.5
6,501-7,000	453	1.5	3,057,018	3.3
7,001-7,500	390	1.3	2,832,423	3.0
7,501-8,000	353	1.2	2,734,695	2.9
8,001-8,500	304	1.0	2,505,132	2.7
8,501-9,000	257	0.9	2,247,287	2.4
9,001-9,500	244	0.8	2,255,526	2.4
9,501-10,000	194	0.7	1,886,772	2.0
10,001+	1,810	6.1	30,969,948	33.0

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. 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

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 $65^{\rm a},\,{\rm b},\,{\rm c}$ HAWAII, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 8,918

Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$40,970,253

Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,594

		Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy
Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Age < 65	Pharmacy Reimbursement	Reimbursement
\$0	1,201	13.5	0	0.0
1-500	1,555	17.4	281,515	0.7
501-1,000	774	8.7	566,178	1.4
1,001-1,500	578	6.5	716,723	1.7
1,501-2,000	462	5.2	807,496	2.0
2,001-2,500	378	4.2	848,524	2.1
2,501-3,000	322	3.6	881,725	2.2
3,001-3,500	281	3.2	909,591	2.2
3,501-4,000	264	3.0	987,281	2.4
4,001-4,500	261	2.9	1,104,303	2.7
4,501-5,000	217	2.4	1,031,013	2.5
5,001-5,500	189	2.1	991,424	2.4
5,501-6,000	182	2.0	1,044,976	2.6
6,001-6,500	155	1.7	971,448	2.4
6,501-7,000	159	1.8	1,071,394	2.6
7,001-7,500	140	1.6	1,018,041	2.5
7,501-8,000	135	1.5	1,048,454	2.6
8,001-8,500	124	1.4	1,020,884	2.5
8,501-9,000	118	1.3	1,032,946	2.5
9,001-9,500	102	1.1	942,123	2.3
9,501-10,000	106	1.2	1,033,310	2.5
10,001+	1,215	13.6	22,660,904	55.3

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

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^{A, b} HAWAII, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 20,465
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$52,825,432
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,581

	P	ercent of Dual Beneficiaries, Age 65		Percent of Total Pharmacy
Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	+	Pharmacy Reimbursement	Reimbursement
\$0	2,202	10.8	0	0.0
1-500	3,552	17.4	746,995	1.4
501-1,000	2,152	10.5	1,600,757	3.0
1,001-1,500	1,869	9.1	2,322,172	4.4
1,501-2,000	1,635	8.0	2,857,720	5.4
2,001-2,500	1,356	6.6	3,045,019	5.8
2,501-3,000	1,177	5.8	3,224,764	6.1
3,001-3,500	1,067	5.2	3,457,815	6.5
3,501-4,000	842	4.1	3,148,706	6.0
4,001-4,500	746	3.6	3,174,601	6.0
4,501-5,000	613	3.0	2,908,684	5.5
5,001-5,500	518	2.5	2,722,877	5.2
5,501-6,000	460	2.2	2,643,545	5.0
6,001-6,500	371	1.8	2,317,847	4.4
6,501-7,000	293	1.4	1,978,809	3.7
7,001-7,500	250	1.2	1,814,382	3.4
7,501-8,000	218	1.1	1,686,241	3.2
8,001-8,500	180	0.9	1,484,248	2.8
8,501-9,000	139	0.7	1,214,341	2.3
9,001-9,500	142	0.7	1,313,403	2.5
9,501-10,000	88	0.4	853,462	1.6
10,001+	595	2.9	8,309,044	15.7

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 2005.

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^{a, b} HAWAII, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 8,068

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$22,169,363

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,747

		Percent of Dual Beneficiaries, Age		Percent of Total Pharmacy	
Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	65-74	Pharmacy Reimbursement	Reimbursement	
\$0	955	11.8	0	0.0	
1-500	1,422	17.6	298,211	1.3	
501-1,000	794	9.8	592,209	2.7	
1,001-1,500	707	8.8	881,163	4.0	
1,501-2,000	606	7.5	1,055,115	4.8	
2,001-2,500	505	6.3	1,135,105	5.1	
2,501-3,000	442	5.5	1,209,966	5.5	
3,001-3,500	369	4.6	1,193,666	5.4	
3,501-4,000	325	4.0	1,217,836	5.5	
4,001-4,500	284	3.5	1,211,087	5.5	
4,501-5,000	255	3.2	1,209,995	5.5	
5,001-5,500	200	2.5	1,051,217	4.7	
5,501-6,000	189	2.3	1,087,622	4.9	
6,001-6,500	154	1.9	961,885	4.3	
6,501-7,000	110	1.4	743,792	3.4	
7,001-7,500	93	1.2	674,452	3.0	
7,501-8,000	97	1.2	750,762	3.4	
8,001-8,500	81	1.0	668,778	3.0	
8,501-9,000	58	0.7	507,940	2.3	
9,001-9,500	53	0.7	490,387	2.2	
9,501-10,000	37	0.5	359,974	1.6	
10,001+	332	4.1	4,868,201	22.0	

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. 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

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 $84^{\rm A,\ b}$ HAWAII, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,979

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$20,847,114

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,612

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries Percent of Dual Ber	eficiaries Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	787	9.9	0	0.0
1-500	1,235	15.5	262,640	1.3
501-1,000	827	10.4	620,548	3.0
1,001-1,500	740	9.3	917,901	4.4
1,501-2,000	667	8.4	1,167,707	5.6
2,001-2,500	579	7.3	1,297,003	6.2
2,501-3,000	480	6.0	1,315,392	6.3
3,001-3,500	475	6.0	1,540,917	7.4
3,501-4,000	340	4.3	1,270,910	6.1
4,001-4,500	310	3.9	1,319,060	6.3
4,501-5,000	242	3.0	1,146,952	5.5
5,001-5,500	208	2.6	1,095,090	5.3
5,501-6,000	195	2.4	1,118,833	5.4
6,001-6,500	144	1.8	899,155	4.3
6,501-7,000	136	1.7	918,196	4.4
7,001-7,500	116	1.5	842,706	4.0
7,501-8,000	85	1.1	657,249	3.2
8,001-8,500	69	0.9	569,003	2.7
8,501-9,000	55	0.7	479,612	2.3
9,001-9,500	62	0.8	574,072	2.8
9,501-10,000	38	0.5	367,386	1.8
10,001+	189	2.4	2,466,782	11.8

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 2005.

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^{a, b} HAWAII, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,418

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$9,808,955

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,220

	F	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy
Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	+	Pharmacy Reimbursement	Reimbursement
\$0	460	10.4	0	0.0
1-500	895	20.3	186,144	1.9
501-1,000	531	12.0	388,000	4.0
1,001-1,500	422	9.6	523,108	5.3
1,501-2,000	362	8.2	634,898	6.5
2,001-2,500	272	6.2	612,911	6.2
2,501-3,000	255	5.8	699,406	7.1
3,001-3,500	223	5.0	723,232	7.4
3,501-4,000	177	4.0	659,960	6.7
4,001-4,500	152	3.4	644,454	6.6
4,501-5,000	116	2.6	551,737	5.6
5,001-5,500	110	2.5	576,570	5.9
5,501-6,000	76	1.7	437,090	4.5
6,001-6,500	73	1.7	456,807	4.7
6,501-7,000	47	1.1	316,821	3.2
7,001-7,500	41	0.9	297,224	3.0
7,501-8,000	36	0.8	278,230	2.8
8,001-8,500	30	0.7	246,467	2.5
8,501-9,000	26	0.6	226,789	2.3
9,001-9,500	27	0.6	248,944	2.5
9,501-10,000	13	0.3	126,102	1.3
10,001+	74	1.7	974,061	9.9

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. 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 2005.

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^{a, b} DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

	Number of Beneficiaries						Number of Benefit Months					
Beneficiary Characteristics	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	29,706	19,797	9,614	294	0	1	317,634	210,234	104,768	2,626	0	6
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	30	0	28	2	0	0	304	0	284	20	0	0
21-44	3,501	0	3,364	137	0	0	37,818	0	36,569	1,249	0	0
45-64	5,702	0	5,547	154	0	1	61,848	0	60,487	1,355	0	6
65-74	8,074	7,641	432	1	0	0	87,421	82,734	4,685	2	0	0
75-84	7,979	7,781	198	0	0	0	86,120	83,880	2,240	0	0	0
85 and older	4,418	4,375	43	0	0	0	44,099	43,620	479	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	17,783	13,193	4,468	121	0	1	191,719	141,592	49,000	1,121	0	6
Male	11,923	6,604	5,146	173	0	0	125,915	68,642	55,768	1,505	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,638	3,267	3,260	111	0	0	68,988	33,446	34,584	958	0	0
African American	317	95	206	16	0	0	3,189	1,005	2,040	144	0	0
Other/unknown	22,751	16,435	6,148	167	0	1	245,457	175,783	68,144	1,524	0	6
Use of Nursing Facilities ^c												
Entire year	2,809	2,617	192	0	0	0	27,887	25,695	2,192	0	0	0
Part year	1,236	1,064	171	1	0	0	11,710	9,922	1,783	5	0	0
None	25,661	16,116	9,251	293	0	1	278,037	174,617	100,793	2,621	0	6
Maintenance Assistance Statu	ıs											
Cash	11,693	7,335	4,288	70	0	0	131,833	82,962	48,139	732	0	0
Medically needy	3,034	2,560	474	0	0	0	27,061	22,707	4,354	0	0	0
Poverty related	14,664	9,885	4,778	0	0	1	155,874	104,362	51,506	0	0	6
Other/unknown	315	17	74	224	0	0	2,866	203	769	1,894	0	0
Dual Status ^d												
Full dual, all year	29,172	19,470	9,408	293	0	1	312,210	206,894	102,692	2,618	0	6
Full dual, part year	534	327	206	1	0	0	5,424	3,340	2,076	8	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	28,991	19,612	9,352	26	0	1	310,307	208,191	102,001	109	0	6
FFS part year, with Rx claims	359	145	177	37	0	0	3,869	1,609	1,923	337	0	0
FFS part year, no Rx claims	160	39	57	64	0	0	1,528	422	591	515	0	0
MC all year, with Rx claims	8	0	0	8	0	0	90	0	0	90	0	0
MC all year, no Rx claims	188	1	28	159	0	0	1,840	12	253	1,575	0	0

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.

are not consistent with basis or engionity.

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 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2005

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 Number of Number of Number of Number of Number of **Beneficiary Characteristics** Beneficiaries Benefit Months Beneficiaries Benefit Months Beneficiaries Benefit Months 29,510 ΑII 29,706 317,634 312,869 0 4,765 28,991 310,307 28,991 310,190 0 117 Fee-for-service (FFS) all year FFS part year, with Rx claims 359 3,869 2,100 359 0 1,769 FFS part year, with no Rx claims 160 949 1,528 160 579 Managed care (MC) all year, with Rx claims 8 90 0 0 0 90 188 1,840 0 0 MC all year, with no Rx claims 0 1,840

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. 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 Medicard Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.