

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 2006
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, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ⁹	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	231642 (A)	31978 (E)	199664 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	229454 (B)	29931 (F)	199523 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	91744 (C)	29734 (G)	62010 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	2969 (D)	2780 (H)	189 (L)

Source: Data for this table are from the MAX 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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 2006 (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 2006, 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 2006 was \$51,394,226, of which \$341,715 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 2006. 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 ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the 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 2006. 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.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
HAWAII, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	91,744	20,881	23,760	26,483	20,578	42	548,915	217,872	246,123	47,658	36,880	382
Age												
5 and younger	9,981	0	674	0	9,307	0	23,326	0	6,884	0	16,442	0
6-14	9,021	0	1,154	0	7,867	0	26,815	0	12,585	0	14,230	0
15-20	7,012	0	993	2,618	3,401	0	20,811	0	10,152	4,470	6,189	0
21-44	25,570	0	7,432	18,129	3	6	107,864	0	75,594	32,214	19	37
45-64	18,598	0	12,840	5,724	0	34	145,232	0	133,952	10,951	0	329
65-74	8,588	8,173	401	12	0	2	89,876	85,824	4,013	23	0	16
75-84	8,274	8,043	231	0	0	0	87,865	85,279	2,586	0	0	0
85 and older	4,700	4,665	35	0	0	0	47,126	46,769	357	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	49,324	13,850	11,270	14,006	10,156	42	306,550	146,859	117,219	23,905	18,185	382
Male	42,420	7,031	12,490	12,477	10,422	0	242,365	71,013	128,904	23,753	18,695	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	24,565	3,432	8,042	8,508	4,565	18	139,732	34,655	81,257	15,298	8,375	147
African American	1,703	102	528	628	445	0	7,955	1,046	4,881	1,223	805	0
Other/unknown	65,476	17,347	15,190	17,347	15,568	24	401,228	182,171	159,985	31,137	27,700	235
Use of Nursing Facilities^c												
Entire year	2,969	2,632	328	9	0	0	29,725	26,255	3,458	12	0	0
Part year	1,739	1,095	504	116	24	0	15,398	10,038	5,012	283	65	0
None	87,036	17,154	22,928	26,358	20,554	42	503,792	181,579	237,653	47,363	36,815	382
Maintenance Assistance Status												
Cash	40,097	7,709	15,418	7,089	9,881	0	278,864	85,311	164,813	11,995	16,745	0
Medically needy	3,280	2,677	585	18	0	0	28,878	23,912	4,927	39	0	0
Poverty-related	26,030	10,478	7,280	0	8,230	42	198,867	108,469	74,990	0	15,026	382
Other/unknown	22,337	17	477	19,376	2,467	0	42,306	180	1,393	35,624	5,109	0
Dual Medicare Status^d												
Full dual, all year	29,085	19,656	9,287	140	0	2	307,416	207,468	99,545	388	0	15
Full dual, part year	649	363	285	1	0	0	6,500	3,628	2,867	5	0	0
Non-dual, all year	62,010	862	14,188	26,342	20,578	40	234,999	6,776	143,711	47,265	36,880	367
Managed Care (MC) Status												
Fee-for-service (FFS) all year	46,941	20,646	21,626	2,900	1,728	41	462,470	216,539	234,659	5,687	5,213	372
FFS part year, with Rx claims	5,714	142	1,382	3,016	1,173	1	18,242	879	9,041	6,126	2,186	10
FFS part year, no Rx claims	39,089	93	752	20,567	17,677	0	68,203	454	2,423	35,845	29,481	0

Source: Data for this table are from the MAX 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

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	40.3	10.3	\$557	\$54	\$6,940	8.0	91,744
Age							
5 and younger	11.0	1.1	119	111	3,998	3.0	9,981
6-14	13.6	1.9	258	139	2,827	9.1	9,021
15-20	15.6	1.7	240	143	3,847	6.2	7,012
21-44	28.3	5.9	521	89	5,647	9.2	25,570
45-64	62.5	23.2	1,549	67	9,101	17.0	18,598
65-74	74.2	17.6	272	16	5,388	5.0	8,588
75-84	71.5	15.7	128	8	9,516	1.3	8,274
85 and older	51.8	9.7	71	7	22,487	0.3	4,700
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	68.0	14.9	166	11	10,781	1.5	20,881
Disabled	77.4	26.0	1,956	75	12,929	15.1	23,760
Adults	12.0	0.5	30	60	2,599	1.1	26,483
Children	5.7	0.2	10	60	1,709	0.6	20,578
Unknown	90.5	27.0	2,845	106	9,593	29.7	42
Gender							
Female	42.6	11.3	513	46	7,031	7.3	49,324
Male	37.7	9.2	607	66	6,835	8.9	42,420
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	39.4	11.4	763	67	7,185	10.6	24,565
African American	31.4	7.3	511	70	3,963	12.9	1,703
Other/unknown	40.9	10.0	480	48	6,926	6.9	65,476
Use of Nursing Facilities^f							
Entire year	30.5	4.8	254	54	56,918	0.4	2,969
Part year	56.8	17.8	1,243	70	36,949	3.4	1,739
None	40.3	10.4	553	53	4,636	11.9	87,036
Maintenance Assistance Status							
Cash	50.5	15.8	1,003	64	6,539	15.3	40,097
Medically needy	31.3	3.6	120	34	35,123	0.3	3,280
Poverty related	49.7	11.1	366	33	7,539	4.9	26,030
Other/unknown	12.6	0.6	41	67	2,825	1.4	22,337

Source: Data for this table are from the MAX 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 Medicaid FFS \$ ^d	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.7	\$93	8.0	59.7	18.3	7.6	10.1	3.6	0.8	\$1,160	91,744	548,915
Age												
5 and younger	0.5	51	3.0	89.0	7.7	1.8	1.2	0.3	0.1	1,711	9,981	23,326
6-14	0.6	87	9.1	86.4	9.0	2.1	1.9	0.5	0.1	951	9,021	26,815
15-20	0.6	81	6.2	84.4	10.2	2.6	2.2	0.6	0.1	1,296	7,012	20,811
21-44	1.4	123	9.2	71.7	13.9	5.3	6.1	2.4	0.5	1,339	25,570	107,864
45-64	3.0	198	17.0	37.5	19.9	10.4	18.8	10.3	3.1	1,165	18,598	145,232
65-74	1.7	26	5.0	25.8	34.8	15.5	19.5	4.1	0.3	515	8,588	89,876
75-84	1.5	12	1.3	28.5	34.3	15.9	18.6	2.7	0.0	896	8,274	87,865
85 and older	1.0	7	0.3	48.2	29.2	9.8	11.7	1.1	0.0	2,243	4,700	47,126
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	1.4	16	1.5	32.0	33.5	14.4	17.3	2.7	0.1	1,033	20,881	217,872
Disabled	2.5	189	15.1	22.6	30.8	12.7	20.7	10.4	2.9	1,248	23,760	246,123
Adults	0.3	17	1.1	88.0	6.1	2.8	2.2	0.7	0.2	1,445	26,483	47,658
Children	0.1	5	0.6	94.3	4.1	1.0	0.6	0.1	0.0	954	20,578	36,880
Unknown	3.0	313	29.7	9.5	38.1	21.4	16.7	11.9	2.4	1,055	42	382
Gender												
Female	1.8	83	7.3	57.4	18.8	8.3	10.8	3.7	0.9	1,131	49,324	306,550
Male	1.6	106	8.9	62.3	17.6	6.8	9.3	3.3	0.7	1,196	42,420	242,365
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.0	134	10.6	60.6	16.8	6.4	9.8	4.8	1.4	1,263	24,565	139,732
African American	1.6	110	12.9	68.6	14.9	5.5	7.5	2.6	0.9	848	1,703	7,955
Other/unknown	1.6	78	6.9	59.1	18.9	8.1	10.3	3.1	0.6	1,130	65,476	401,228
Use of Nursing Facilities^f												
Entire year	0.5	25	0.4	69.5	24.1	2.0	1.8	1.9	0.6	5,685	2,969	29,725
Part year	2.0	140	3.4	43.2	26.3	6.9	12.4	8.8	2.5	4,173	1,739	15,398
None	1.8	96	11.9	59.7	17.9	7.8	10.3	3.5	0.8	801	87,036	503,792
Maintenance Assistance Status												
Cash	2.3	144	15.3	49.5	20.1	9.2	13.9	5.8	1.5	940	40,097	278,864
Medically needy	0.4	14	0.3	68.8	24.6	2.8	2.5	1.1	0.2	3,989	3,280	28,878
Poverty related	1.4	48	4.9	50.3	24.8	9.8	11.8	2.9	0.4	987	26,030	198,867
Other/unknown	0.3	21	1.4	87.4	6.5	2.7	2.4	0.7	0.2	1,491	22,337	42,306

Source: Data for this table are from the MAX 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

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	1.7	\$93	\$54	0.6	\$64	\$105	0.0	\$3	\$66	1.1	\$26	\$24
Age												
5 and younger	0.5	51	111	0.1	43	358	0.0	1	76	0.3	7	21
6-14	0.6	87	139	0.2	73	313	0.0	3	101	0.4	11	30
15-20	0.6	81	143	0.2	69	326	0.0	2	88	0.3	10	31
21-44	1.4	123	89	0.5	92	199	0.0	4	87	0.9	28	32
45-64	3.0	198	67	0.9	125	144	0.1	7	95	2.0	65	32
65-74	1.7	26	16	0.7	17	24	0.0	1	22	0.9	8	8
75-84	1.5	12	8	0.7	8	12	0.0	1	11	0.7	4	5
85 and older	1.0	7	7	0.4	4	10	0.0	0	9	0.5	3	5
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.4	16	11	0.6	11	16	0.0	1	15	0.8	5	6
Disabled	2.5	189	75	0.8	130	167	0.1	7	91	1.7	52	32
Adults	0.3	17	60	0.1	11	206	0.0	0	64	0.2	6	25
Children	0.1	5	60	0.0	4	201	0.0	0	73	0.1	1	17
Unknown	3.0	313	106	0.9	236	269	0.2	17	109	1.9	60	31
Gender												
Female	1.8	83	46	0.7	55	83	0.1	3	64	1.1	25	22
Male	1.6	106	66	0.6	75	137	0.0	3	67	1.0	28	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.0	134	67	0.6	84	148	0.1	5	91	1.4	44	32
African American	1.6	110	70	0.5	79	173	0.0	3	64	1.1	28	27
Other/unknown	1.6	78	48	0.6	56	90	0.0	3	55	1.0	20	21
Use of Nursing Facilities^e												
Entire year	0.5	25	54	0.1	15	149	0.0	1	81	0.4	10	27
Part year	2.0	140	70	0.6	94	166	0.1	4	73	1.4	42	31
None	1.8	96	53	0.6	66	102	0.1	3	65	1.1	27	24
Maintenance Assistance Status												
Cash	2.3	144	64	0.8	98	125	0.1	5	80	1.4	41	29
Medically needy	0.4	14	34	0.1	8	69	0.0	1	68	0.3	5	18
Poverty related	1.4	48	33	0.5	34	62	0.0	1	34	0.9	12	14
Other/unknown	0.3	21	67	0.1	15	204	0.0	0	76	0.2	6	27

Source: Data for this table are from the MAX 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>

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, 2006

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	0.3	0.1	0.0	0.2	\$25	\$20	\$0	\$5	\$85	\$297	\$68	\$24	49,111	\$4,188,913	16,233	17.7	165,991
Biologicals	0.2	0.2	0.0	0.0	103	103	0	0	659	684	0	30	448	295,203	260	0.3	2,866
Antineoplastic Agents	0.4	0.1	0.0	0.3	120	106	1	13	297	733	480	52	4,035	1,199,868	929	1.0	10,003
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.3	24	19	1	5	34	54	42	14	112,649	3,882,627	14,568	15.9	160,043
Cardiovascular Agents	1.1	0.4	0.0	0.6	24	12	2	11	23	30	53	17	227,822	5,220,080	19,395	21.1	213,366
Respiratory Agents	0.5	0.2	0.0	0.3	23	19	0	5	44	75	52	17	74,973	3,330,700	13,153	14.3	143,140
Gastrointestinal Agents	0.4	0.1	0.0	0.3	18	14	0	3	45	119	106	12	40,290	1,823,559	8,967	9.8	99,656
Genitourinary Agents	0.4	0.2	0.0	0.1	11	8	1	3	30	34	25	22	12,942	382,679	2,997	3.3	33,442
CNS Drugs	1.0	0.4	0.0	0.6	90	72	2	15	94	198	74	27	146,582	13,795,258	14,445	15.7	153,452
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	54	42	0	12	88	133	209	40	3,389	296,958	505	0.6	5,449
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	56	55	0	1	108	108	3	84	6,036	649,396	1,037	1.1	11,672
Analgesics and Anesthetics	0.6	0.1	0.0	0.6	34	9	2	23	53	107	217	42	106,226	5,638,992	16,150	17.6	164,177
Neuromuscular Agents	0.8	0.2	0.1	0.5	56	34	4	19	74	148	63	39	68,950	5,111,199	8,339	9.1	90,631
Nutritional Products	0.4	0.0	0.0	0.4	6	1	0	5	14	36	22	13	13,816	195,974	3,476	3.8	35,264
Hematological Agents	0.6	0.3	0.0	0.3	56	50	0	5	97	198	26	17	31,258	3,017,440	4,948	5.4	54,204
Topical Products	0.3	0.1	0.0	0.2	9	5	0	4	28	49	46	17	44,449	1,256,077	12,487	13.6	137,945
Miscellaneous Products	0.5	0.2	0.0	0.3	112	76	2	34	235	471	340	110	2,842	666,659	553	0.6	5,974
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	29	0	0	0	129	0	0	0	783	100,929	325	0.4	3,506
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.	946,601	51,052,511	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Hawaii, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 HAWAII, 2006

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	\$10,479,825	7,599	8.3	83,362	0.6	\$214	\$126
ANTICONVULSANT	4,479,480	6,840	7.5	75,351	0.6	94	59
ANALGESICS - Narcotic	4,098,486	13,578	14.8	143,112	0.4	65	29
ANTIASTHMATIC	2,523,683	11,885	13.0	130,103	0.4	54	19
ANTIVIRAL	2,503,127	1,649	1.8	18,051	0.4	381	139
ANTHYPERLIPIDEMIC	2,445,465	12,080	13.2	136,837	0.5	39	18
ANTIDIABETIC	2,384,597	10,612	11.6	117,481	0.5	42	20
ANTIDEPRESSANTS	2,186,999	8,905	9.7	96,129	0.5	46	23
MISC. HEMATOLOGICAL	1,900,291	2,382	2.6	26,682	0.5	153	71
ANTIHYPERTENSIVE	1,371,430	13,962	15.2	155,736	0.5	20	9
Total	34,373,383	89,492	n.a.	982,844	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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