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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
HAWAII**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	29,734	20,019	9,572	141	0	2	313,916	211,096	102,412	393	0	15
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	25	0	24	1	0	0	265	0	263	2	0	0
21-44	3,345	0	3,277	68	0	0	35,136	0	34,931	205	0	0
45-64	5,720	0	5,648	71	0	1	60,736	0	60,545	185	0	6
65-74	8,106	7,740	364	1	0	1	86,310	82,506	3,794	1	0	9
75-84	7,973	7,749	224	0	0	0	85,452	82,937	2,515	0	0	0
85 and older	4,563	4,530	33	0	0	0	45,993	45,653	340	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	17,886	13,348	4,486	50	0	2	191,358	142,758	48,466	119	0	15
Male	11,848	6,671	5,086	91	0	0	122,558	68,338	53,946	274	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,648	3,359	3,231	57	0	1	67,786	34,021	33,616	143	0	6
African American	309	95	205	9	0	0	2,959	1,017	1,920	22	0	0
Other/unknown	22,777	16,565	6,136	75	0	1	243,171	176,058	66,876	228	0	9
Use of Nursing Facilities^c												
Entire year	2,780	2,578	202	0	0	0	27,888	25,736	2,152	0	0	0
Part year	1,190	1,068	120	2	0	0	11,064	9,824	1,231	9	0	0
None	25,764	16,373	9,250	139	0	2	274,964	175,536	99,029	384	0	15
Maintenance Assistance Status												
Cash	11,599	7,366	4,216	17	0	0	128,496	82,438	46,011	47	0	0
Medically needy	3,055	2,619	436	0	0	0	27,573	23,467	4,106	0	0	0
Poverty-related	14,900	10,017	4,881	0	0	2	156,956	105,011	51,930	0	0	15
Other/unknown	180	17	39	124	0	0	891	180	365	346	0	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	29,174	19,808	9,332	32	0	2	310,904	209,886	100,899	104	0	15
FFS part year, with Rx claims	309	127	147	35	0	0	1,988	802	1,061	125	0	0
FFS part year, no Rx claims	251	84	93	74	0	0	1,024	408	452	164	0	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 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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx						of All Medicaid FFS \$ ^d	
All	70.3		15.9	\$230	\$14	\$10,788	2.1	29,734
Age								
5 and younger	100.0		4.0	12	3	57,365	0.0	1
6-14	100.0		21.0	139	7	4,378	3.2	1
15-20	72.0		12.3	804	66	16,192	5.0	25
21-44	66.9		13.1	415	32	11,426	3.6	3,345
45-64	76.7		19.8	408	21	10,281	4.0	5,720
65-74	75.3		17.8	232	13	5,292	4.4	8,106
75-84	72.3		15.9	114	7	9,670	1.2	7,973
85 and older	52.3		9.7	65	7	22,632	0.3	4,563
Unknown	0.0		0.0	0	0	0	0.0	0
Basis of Eligibility^e								
Aged	68.7		15.1	143	10	10,928	1.3	20,019
Disabled	74.2		17.8	411	23	10,601	3.9	9,572
Adults	32.6		2.9	151	52	3,740	4.0	141
Children	0.0		0.0	0	0	0	0.0	0
Unknown	100.0		42.5	3,023	71	5,465	55.3	2
Gender								
Female	72.2		16.7	203	12	10,932	1.9	17,886
Male	67.4		14.7	269	18	10,571	2.5	11,848
Unknown	0.0		0.0	0	0	0	0.0	0
Race								
White	65.9		15.4	292	19	11,973	2.4	6,648
African American	65.0		14.3	312	22	5,712	5.5	309
Other/unknown	71.6		16.1	210	13	10,511	2.0	22,777
Use of Nursing Facilities^f								
Entire year	27.8		2.1	56	26	55,416	0.1	2,780
Part year	46.2		7.4	227	31	29,301	0.8	1,190
None	76.0		17.8	248	14	5,117	4.9	25,764
Maintenance Assistance Status								
Cash	82.1		20.6	311	15	7,091	4.4	11,599
Medically needy	30.5		2.9	55	19	36,214	0.2	3,055
Poverty related	69.7		15.0	202	13	8,475	2.4	14,900
Other/unknown	37.8		4.4	226	51	8,946	2.5	180

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 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 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.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
All	1.5	\$22	2.1	29.7	34.1	14.6	18.1	3.4	0.2	\$1,022	29,734	313,916	
Age													
5 and younger	0.3	1	0.0	0.0	100.0	0.0	0.0	0.0	0.0	4,780	1	12	
6-14	1.8	12	3.2	0.0	0.0	100.0	0.0	0.0	0.0	365	1	12	
15-20	1.2	76	5.0	28.0	40.0	16.0	16.0	0.0	0.0	1,528	25	265	
21-44	1.2	40	3.6	33.1	37.5	13.0	13.2	3.0	0.2	1,088	3,345	35,136	
45-64	1.9	38	4.0	23.3	32.9	15.3	22.6	5.4	0.4	968	5,720	60,736	
65-74	1.7	22	4.4	24.7	35.5	15.8	19.7	4.0	0.3	497	8,106	86,310	
75-84	1.5	11	1.2	27.7	34.7	16.1	18.8	2.7	0.0	902	7,973	85,452	
85 and older	1.0	6	0.3	47.7	29.5	9.9	11.8	1.0	0.0	2,245	4,563	45,993	
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	14	1.3	31.3	33.9	14.5	17.5	2.7	0.1	1,036	20,019	211,096	
Disabled	1.7	38	3.9	25.8	34.8	14.9	19.5	4.7	0.4	991	9,572	102,412	
Adults	1.0	54	4.0	67.4	14.2	5.0	9.2	3.5	0.7	1,342	141	393	
Children	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Unknown	5.7	403	55.3	0.0	0.0	0.0	50.0	50.0	0.0	729	2	15	
Gender													
Female	1.6	19	1.9	27.8	34.1	15.5	18.9	3.5	0.2	1,022	17,886	191,358	
Male	1.4	26	2.5	32.6	34.1	13.2	16.7	3.1	0.2	1,022	11,848	122,558	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	1.5	29	2.4	34.1	33.1	11.6	16.5	4.4	0.4	1,174	6,648	67,786	
African American	1.5	33	5.5	35.0	34.0	12.0	14.2	4.5	0.3	596	309	2,959	
Other/unknown	1.5	20	2.0	28.4	34.4	15.5	18.6	3.0	0.1	985	22,777	243,171	
Use of Nursing Facilities^f													
Entire year	0.2	6	0.1	72.2	25.2	1.8	0.5	0.3	0.0	5,524	2,780	27,888	
Part year	0.8	24	0.8	53.8	31.5	5.3	7.7	1.5	0.2	3,152	1,190	11,064	
None	1.7	23	4.9	24.0	35.2	16.4	20.4	3.8	0.2	480	25,764	274,964	
Maintenance Assistance Status													
Cash	1.9	28	4.4	17.9	35.3	18.0	23.8	4.7	0.2	640	11,599	128,496	
Medically needy	0.3	6	0.2	69.5	25.4	2.7	1.9	0.5	0.0	4,012	3,055	27,573	
Poverty related	1.4	19	2.4	30.3	35.1	14.4	17.0	3.0	0.2	805	14,900	156,956	
Other/unknown	0.9	46	2.5	62.2	21.1	5.0	8.9	2.2	0.6	1,807	180	891	

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 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 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.

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, 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	1.5	\$22	\$14	0.6	\$14	\$23	0.0	\$1	\$18	0.8	\$7	\$8
Age												
5 and younger	0.3	1	3	0.3	1	3	0.0	0	0	0.0	0	0
6-14	1.8	12	7	0.8	11	13	0.0	0	0	0.9	1	1
15-20	1.2	76	66	0.5	58	117	0.1	6	76	0.6	12	21
21-44	1.2	40	32	0.5	28	60	0.0	1	30	0.7	10	14
45-64	1.9	38	21	0.7	24	37	0.1	1	23	1.2	13	11
65-74	1.7	22	13	0.7	14	20	0.0	1	20	0.9	7	7
75-84	1.5	11	7	0.7	7	10	0.0	0	9	0.7	3	4
85 and older	1.0	6	7	0.4	4	9	0.0	0	9	0.5	2	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	14	10	0.6	9	14	0.0	1	13	0.7	4	6
Disabled	1.7	38	23	0.6	25	42	0.1	1	26	1.0	12	12
Adults	1.0	54	52	0.3	42	134	0.0	1	78	0.7	11	16
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	5.7	403	71	1.6	256	160	0.3	22	81	3.8	126	33
Gender												
Female	1.6	19	12	0.7	12	18	0.0	1	18	0.8	6	7
Male	1.4	26	18	0.6	18	31	0.0	1	18	0.8	7	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.5	29	19	0.5	17	35	0.0	1	26	1.0	10	11
African American	1.5	33	22	0.4	20	46	0.0	1	21	1.0	12	12
Other/unknown	1.5	20	13	0.7	13	20	0.0	1	16	0.8	6	7
Use of Nursing Facilities^e												
Entire year	0.2	6	26	0.0	3	90	0.0	0	59	0.2	3	15
Part year	0.8	24	31	0.3	17	59	0.0	1	32	0.5	6	13
None	1.7	23	14	0.7	15	22	0.1	1	18	0.9	7	8
Maintenance Assistance Status												
Cash	1.9	28	15	0.8	19	23	0.1	1	17	1.0	8	8
Medically needy	0.3	6	19	0.1	3	35	0.0	0	31	0.2	3	12
Poverty related	1.4	19	13	0.6	12	21	0.0	1	19	0.8	6	8
Other/unknown	0.9	46	51	0.3	30	89	0.0	1	49	0.5	16	29

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 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.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.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e					
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name											
Anti-infective Agents	0.2	0.1	0.0	0.2	\$5	\$4	\$0	\$1	\$23	\$74	\$16	\$6	18,200	\$412,109	7,427	25.0	84,945	
Biologicals	0.1	0.1	0.0	0.0	1	1	0	0	11	10	0	31	26	275	18	0.1	208	
Antineoplastic Agents	0.3	0.1	0.0	0.2	27	23	1	3	96	224	549	20	1,803	172,978	583	2.0	6,512	
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	6	5	0	1	10	15	11	4	66,818	693,242	9,584	32.2	109,804	
Cardiovascular Agents	0.9	0.4	0.0	0.5	7	4	1	3	8	10	17	6	143,001	1,149,531	13,622	45.8	155,376	
Respiratory Agents	0.4	0.2	0.0	0.2	7	5	0	2	17	22	12	11	33,689	571,318	7,319	24.6	83,841	
Gastrointestinal Agents	0.3	0.1	0.0	0.2	6	5	0	1	17	43	15	5	22,368	390,727	5,779	19.4	66,214	
Genitourinary Agents	0.4	0.2	0.1	0.1	3	2	1	0	9	10	10	5	8,482	73,985	1,914	6.4	22,017	
CNS Drugs	0.7	0.3	0.0	0.4	18	12	1	5	25	45	18	13	60,108	1,521,019	7,696	25.9	86,573	
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	14	10	1	2	37	63	222	12	532	19,613	125	0.4	1,450	
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	10	10	0	0	22	22	3	6	4,613	100,873	853	2.9	9,675	
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	6	2	0	3	13	23	61	10	37,645	496,042	7,919	26.6	90,172	
Neuromuscular Agents	0.5	0.2	0.0	0.3	11	6	1	5	21	36	24	14	23,964	509,038	3,905	13.1	44,357	
Nutritional Products	0.3	0.0	0.0	0.3	2	0	0	2	7	22	15	7	6,025	42,633	1,582	5.3	17,832	
Hematological Agents	0.5	0.2	0.0	0.3	9	6	0	2	16	27	11	8	20,638	339,474	3,511	11.8	39,662	
Topical Products	0.3	0.1	0.0	0.2	3	2	0	1	11	16	20	7	23,707	255,155	7,160	24.1	82,762	
Miscellaneous Products	0.3	0.1	0.0	0.2	31	23	0	7	96	214	101	35	759	72,570	206	0.7	2,337	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	18	0	0	0	243	4,390	95	0.3	1,104	
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.	472,621	6,824,972	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 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.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.

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

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$876,684	3,607	12.1	40,967	0.4	\$49	\$21	
ANTHYPERLIPIDEMIC	509,452	8,881	29.9	102,503	0.4	13	5	
ANTICONVULSANT	459,513	3,234	10.9	36,749	0.5	26	13	
ULCER DRUGS	423,871	6,274	21.1	71,538	0.3	18	6	
ANTIDIABETIC	400,693	7,141	24.0	81,643	0.4	12	5	
ANTIHYPERTENSIVE	343,047	10,097	34.0	115,805	0.4	8	3	
ANTIANSXIETY AGENTS	309,477	3,666	12.3	41,186	0.4	17	8	
ANTIASTHMATIC	300,253	5,774	19.4	65,847	0.3	16	5	
COUGH/COLD/ALLERGY	292,464	10,006	33.7	115,076	0.2	15	3	
ANALGESICS - Narcotic	281,942	5,562	18.7	63,242	0.3	16	4	
Total	4,197,396	64,242	n.a.	734,556	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 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 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; n.a. = not applicable.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS						ANTIHYPERTENSIVE					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	253,187	\$4,197,396	3,607	12.1	40,967	0.4	\$21	8,881	29.9	102,503	0.4	\$5							
Female																			
All Females	155,367	2,228,267	1,673	9.4	18,998	0.4	17	5,738	32.1	66,482	0.4	5							
Female, Disabled																			
All Ages	48,744	1,087,442	1,131	25.2	12,886	0.4	20	1,073	23.9	12,377	0.4	7							
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	2	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	76	6,277	5	35.7	60	0.5	72	0	0.0	0	0.0	0							
21-44	10,602	325,312	393	29.2	4,407	0.4	28	128	9.5	1,465	0.3	6							
45-64	33,298	685,038	686	25.1	7,859	0.4	16	776	28.4	8,921	0.4	7							
65-74	2,814	50,032	23	10.1	276	0.3	11	96	42.3	1,130	0.4	10							
75-84	1,695	17,229	21	14.3	248	0.4	9	63	42.9	741	0.4	4							
85 and older	257	3,552	3	12.5	36	0.3	6	10	41.7	120	0.4	10							
Female, Other Eligibles																			
All Ages	106,623	1,140,825	542	4.0	6,112	0.4	9	4,665	34.8	54,105	0.4	4							
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	14	437	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
45-64	52	1,462	5	15.6	20	0.7	32	3	9.4	6	1.2	80							
65-74	48,449	656,848	251	5.1	2,896	0.4	15	2,172	43.9	25,131	0.4	6							
75-84	42,911	351,031	184	3.6	2,086	0.4	3	1,979	39.0	23,051	0.4	3							
85 and older	15,197	131,047	102	3.1	1,110	0.3	4	511	15.3	5,917	0.4	2							
Male																			
All Males	97,820	1,969,129	1,934	16.3	21,969	0.4	26	3,143	26.5	36,021	0.4	6							
Male, Disabled																			
All Ages	47,343	1,261,005	1,676	33.0	19,064	0.4	25	1,140	22.4	13,072	0.4	7							
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	46	3,055	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
21-44	14,450	594,643	758	39.2	8,607	0.4	34	271	14.0	3,111	0.4	7							
45-64	30,286	637,115	878	30.1	10,018	0.5	17	789	27.0	9,034	0.4	7							
65-74	1,673	21,291	23	16.8	245	0.6	6	52	38.0	600	0.4	4							
75-84	797	4,660	15	19.5	170	0.4	1	27	35.1	315	0.3	2							
85 and older	91	241	2	22.2	24	0.3	1	1	11.1	12	0.8	1							

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERTENSIVE				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	50,477	708,124	258	3.8	2,905	0.4	32	2,003	29.6	22,949	0.4	5
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	2	779	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	59	4,977	8	16.3	25	1.2	166	0	0.0	0	0.0	0
45-64	42	3,015	1	2.5	1	1.0	242	3	7.5	23	0.2	7
65-74	24,657	438,788	158	5.7	1,822	0.5	41	1,003	35.9	11,501	0.4	7
75-84	20,103	200,662	63	2.4	731	0.4	15	828	30.9	9,487	0.4	3
85 and older	5,614	59,903	28	2.3	326	0.3	7	169	14.1	1,938	0.4	4
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); 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, 2006

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,234	10.9	36,749	0.5	\$13	6,274	21.1	71,538	0.3	\$6	7,141	24.0	81,643	0.4	\$5
Female															
All Females	1,762	9.9	20,085	0.5	11	4,136	23.1	47,412	0.3	6	4,566	25.5	52,398	0.4	4
Female, Disabled															
All Ages	1,049	23.4	11,925	0.5	15	1,013	22.6	11,480	0.3	7	1,124	25.1	12,805	0.4	7
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	6	42.9	72	0.3	23	5	35.7	59	0.2	2	0	0.0	0	0.0	0
21-44	337	25.1	3,776	0.6	16	192	14.3	2,174	0.3	6	192	14.3	2,191	0.4	7
45-64	669	24.5	7,656	0.5	14	661	24.2	7,466	0.3	7	809	29.6	9,208	0.4	8
65-74	23	10.1	253	0.4	18	90	39.6	1,050	0.3	7	87	38.3	976	0.4	5
75-84	12	8.2	144	0.5	6	56	38.1	623	0.4	6	29	19.7	346	0.5	1
85 and older	2	8.3	24	0.3	1	9	37.5	108	0.4	5	7	29.2	84	0.3	5
Female, Other Eligibles															
All Ages	713	5.3	8,160	0.4	5	3,123	23.3	35,932	0.3	6	3,442	25.7	39,593	0.4	3
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	10.5	7	0.6	49	1	5.3	1	1.0	8	0	0.0	0	0.0	0
45-64	1	3.1	3	1.0	3	3	9.4	10	0.4	4	3	9.4	5	1.0	17
65-74	361	7.3	4,149	0.4	7	1,258	25.4	14,545	0.3	5	1,765	35.7	20,290	0.4	5
75-84	258	5.1	2,969	0.4	3	1,278	25.2	14,866	0.3	5	1,361	26.8	15,714	0.4	2
85 and older	91	2.7	1,032	0.4	3	583	17.5	6,510	0.4	7	313	9.4	3,584	0.4	2
Male															
All Males	1,472	12.4	16,664	0.5	15	2,138	18.0	24,126	0.3	6	2,575	21.7	29,245	0.4	6
Male, Disabled															
All Ages	1,129	22.2	12,739	0.5	17	770	15.1	8,767	0.3	7	1,060	20.8	11,929	0.4	7
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	3	30.0	32	1.0	93	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	441	22.8	4,949	0.5	26	204	10.6	2,346	0.3	8	264	13.7	2,958	0.4	9
45-64	657	22.5	7,438	0.5	11	517	17.7	5,850	0.3	7	723	24.8	8,149	0.4	7
65-74	19	13.9	215	0.5	11	29	21.2	344	0.4	6	48	35.0	522	0.5	9
75-84	8	10.4	93	0.5	5	18	23.4	212	0.4	3	23	29.9	276	0.4	4
85 and older	1	11.1	12	0.7	1	2	22.2	15	0.2	2	2	22.2	24	0.7	2

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	343	5.1	3,925	0.4	7	1,368	20.2	15,359	0.3	6	1,515	22.4	17,316	0.4	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	2	1.0	390	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	2.0	12	0.1	0	2	4.1	23	0.3	1	1	2.0	2	0.5	13
45-64	1	2.5	4	1.0	356	0	0.0	0	0.0	0	1	2.5	10	0.6	21
65-74	210	7.5	2,417	0.4	8	572	20.5	6,512	0.3	6	871	31.2	9,995	0.4	7
75-84	100	3.7	1,142	0.4	4	570	21.3	6,395	0.3	5	549	20.5	6,261	0.4	3
85 and older	30	2.5	348	0.4	7	224	18.7	2,429	0.4	7	93	7.8	1,048	0.4	3
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIANSXIETY AGENTS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	10,097	34.0	115,805	0.4	\$3	3,666	12.3	41,186	0.4	\$8	5,774	19.4	65,847	0.3	\$5
Female															
All Females	6,489	36.3	74,831	0.4	3	2,326	13.0	26,249	0.4	7	3,443	19.2	39,550	0.3	5
Female, Disabled															
All Ages	1,174	26.2	13,487	0.4	4	964	21.5	10,812	0.5	10	1,246	27.8	14,246	0.3	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	7.1	12	0.2	0	2	14.3	17	0.2	2	1	7.1	12	0.1	9
21-44	176	13.1	1,978	0.4	4	215	16.0	2,376	0.5	12	311	23.1	3,553	0.2	12
45-64	823	30.2	9,456	0.4	4	685	25.1	7,697	0.5	10	839	30.7	9,608	0.3	6
65-74	95	41.9	1,115	0.4	4	37	16.3	439	0.4	5	62	27.3	713	0.3	3
75-84	63	42.9	734	0.4	2	21	14.3	235	0.5	4	32	21.8	348	0.3	1
85 and older	16	66.7	192	0.4	3	4	16.7	48	0.6	5	1	4.2	12	0.1	11
Female, Other Eligibles															
All Ages	5,315	39.7	61,344	0.4	3	1,362	10.2	15,437	0.3	5	2,197	16.4	25,304	0.3	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	1	5.3	1	2.0	12	1	5.3	10	0.1	0
45-64	1	3.1	1	1.0	9	3	9.4	12	0.3	4	1	3.1	6	0.3	4
65-74	2,248	45.4	25,833	0.4	4	553	11.2	6,323	0.4	5	1,050	21.2	12,181	0.3	5
75-84	2,280	45.0	26,442	0.4	2	517	10.2	5,960	0.3	5	847	16.7	9,769	0.3	2
85 and older	786	23.6	9,068	0.4	2	288	8.6	3,141	0.3	5	298	8.9	3,338	0.3	2
Male															
All Males	3,608	30.5	40,974	0.4	3	1,340	11.3	14,937	0.5	8	2,331	19.7	26,297	0.3	4
Male, Disabled															
All Ages	1,119	22.0	12,606	0.4	4	781	15.4	8,716	0.6	11	835	16.4	9,401	0.3	4
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	3	30.0	36	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	267	13.8	3,020	0.4	4	229	11.8	2,550	0.6	12	218	11.3	2,471	0.3	5
45-64	760	26.0	8,527	0.4	4	522	17.9	5,823	0.6	11	556	19.0	6,244	0.3	4
65-74	49	35.8	557	0.4	3	23	16.8	260	0.5	11	36	26.3	401	0.3	2
75-84	34	44.2	394	0.4	1	7	9.1	83	0.3	2	23	29.9	261	0.4	1
85 and older	6	66.7	72	0.5	1	0	0.0	0	0.0	0	2	22.2	24	0.1	0

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIANSXIETY AGENTS					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	2,489	36.8	28,368	0.4	3	559	8.3	6,221	0.3	5	1,496	22.1	16,896	0.3	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	10.2	54	0.2	14
45-64	3	7.5	23	0.7	32	1	2.5	7	0.1	1	1	2.5	12	0.1	15
65-74	1,123	40.2	12,883	0.4	4	240	8.6	2,715	0.4	5	641	23.0	7,219	0.4	6
75-84	1,058	39.5	11,999	0.4	2	211	7.9	2,357	0.3	5	673	25.1	7,591	0.3	4
85 and older	305	25.4	3,463	0.4	2	107	8.9	1,142	0.3	4	176	14.7	2,020	0.3	3
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); 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, 2006

COUGH/COLD/ALLERGY						ANALGESICS - Narcotic						
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Beneficiaries	Number of Benefit Months
				Month	Month				Month	Month		
All	10,006	33.7	115,076	0.2	\$3	5,562	18.7	63,242	0.3	\$5	29,734	313,916
Female												
All Females	6,576	36.8	75,941	0.2	3	3,395	19.0	38,972	0.3	3	17,886	191,358
Female, Disabled												
All Ages	1,515	33.8	17,588	0.2	3	1,506	33.6	17,158	0.3	6	4,486	48,466
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	1	100.0	12	0.2	0	1	12
15-20	2	14.3	24	0.1	1	5	35.7	59	0.1	1	14	145
21-44	375	27.9	4,377	0.1	2	363	27.0	4,135	0.3	4	1,344	14,422
45-64	940	34.4	10,877	0.2	3	1,023	37.5	11,633	0.3	6	2,729	29,555
65-74	116	51.1	1,360	0.2	4	79	34.8	920	0.3	5	227	2,426
75-84	72	49.0	830	0.2	4	33	22.4	375	0.3	3	147	1,650
85 and older	10	41.7	120	0.1	2	2	8.3	24	0.3	1	24	256
Female, Other Eligibles												
All Ages	5,061	37.8	58,353	0.2	2	1,889	14.1	21,814	0.2	1	13,400	142,892
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	1	5.3	10	0.1	1	3	15.8	12	0.4	6	19	50
45-64	2	6.3	4	0.5	5	4	12.5	20	0.5	5	32	75
65-74	2,036	41.1	23,604	0.2	3	957	19.3	11,078	0.2	2	4,949	53,285
75-84	2,015	39.7	23,432	0.2	3	688	13.6	7,980	0.2	1	5,070	55,225
85 and older	1,007	30.2	11,303	0.2	2	237	7.1	2,724	0.2	0	3,330	34,257
Male												
All Males	3,430	29.0	39,135	0.2	3	2,167	18.3	24,270	0.3	7	11,848	122,558
Male, Disabled												
All Ages	1,110	21.8	12,778	0.2	2	1,225	24.1	13,692	0.4	10	5,086	53,946
5 and younger	0	0.0	0	0.0	0	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	1	10.0	10	0.2	3	3	30.0	36	0.1	0	10	118
21-44	357	18.5	4,135	0.2	2	335	17.3	3,742	0.3	11	1,933	20,509
45-64	651	22.3	7,489	0.2	3	839	28.7	9,373	0.4	10	2,919	30,990
65-74	58	42.3	652	0.2	4	36	26.3	397	0.3	3	137	1,368
75-84	38	49.4	432	0.2	2	11	14.3	132	0.2	0	77	865
85 and older	5	55.6	60	0.2	1	1	11.1	12	0.1	0	9	84

Dual Medicaid Beneficiaries

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, 2006

COUGH/COLD/ALLERGY						ANALGESICS - Narcotic						
Beneficiary Characteristics	Number of Users	Users		Mean		Number of Users	Users		Mean		Number of Beneficiaries	Number of Benefit Months
		as % of Dual Benes	Number of Benefit Months Among Users	Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes	Number of Benefit Months Among Users	Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	2,320	34.3	26,357	0.2	3	942	13.9	10,578	0.2	2	6,762	68,612
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	1	2
21-44	0	0.0	0	0.0	0	2	4.1	24	0.3	0	49	155
45-64	5	12.5	58	0.1	1	2	5.0	3	0.7	5	40	116
65-74	882	31.6	10,142	0.2	3	532	19.0	5,987	0.3	3	2,793	29,231
75-84	1,020	38.1	11,610	0.2	3	323	12.1	3,622	0.2	1	2,679	27,712
85 and older	413	34.4	4,547	0.2	3	83	6.9	942	0.2	2	1,200	11,396
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); 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, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$6	0.2	2,780	27,888
Age				
0-64	21	0.5	179	1,934
65-74	12	0.4	274	2,879
75-84	5	0.2	871	8,659
85 and older	2	0.2	1,456	14,416
Unknown	0	0.0	0	0
Gender				
Female	4	0.2	1,860	19,108
Male	9	0.2	920	8,780
Unknown	0	0.0	0	0
Race				
White	5	0.3	654	6,474
African American	0	0	7	67
Other/unknown	6	0.2	2,119	21,347
Basis of Eligibility^c				
Aged	4	0.2	2,578	25,736
Disabled	22	0.5	202	2,152
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 1,190 beneficiaries who were in nursing facilities for part of their enrollment and their 11,064 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	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	0.2	0.1	0.0	0.1	\$17	\$12	\$0	\$4	\$70	\$127	\$74	\$29	109	\$7,599	44	1.6	447
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	31	0	0	31	1	31	1	0.0	12
Antineoplastic Agents	0.1	0.0	0.0	0.1	22	0	0	22	235	0	0	235	2	469	2	0.1	21
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	10	5	1	4	26	48	100	14	121	3,118	31	1.1	327
Cardiovascular Agents	0.6	0.1	0.0	0.4	19	7	2	10	31	53	114	22	356	11,203	58	2.1	602
Respiratory Agents	0.2	0.0	0.0	0.1	6	3	0	2	32	93	0	16	100	3,213	54	1.9	582
Gastrointestinal Agents	0.4	0.1	0.0	0.3	19	13	0	6	55	190	0	22	132	7,228	35	1.3	371
Genitourinary Agents	0.2	0.1	0.1	0.0	14	9	2	2	62	82	41	42	31	1,926	13	0.5	142
CNS Drugs	0.4	0.1	0.0	0.4	15	7	0	8	34	130	0	21	1,717	58,188	358	12.9	3,832
Stimulants/Anti-obesity/Anorexia	0.1	0.1	0.0	0.0	20	20	0	0	234	234	0	0	1	234	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	26	26	0	0	140	140	0	0	31	4,346	16	0.6	166
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	35	23	0	11	77	124	91	43	89	6,872	20	0.7	196
Neuromuscular Agents	0.7	0.1	0.0	0.5	26	13	2	11	39	142	109	20	452	17,809	64	2.3	688
Nutritional Products	0.5	0.0	0.0	0.5	6	0	0	5	11	37	6	11	529	5,992	101	3.6	1,071
Hematological Agents	0.7	0.1	0.0	0.6	7	3	0	4	10	38	19	6	2,060	20,203	273	9.8	2,997
Topical Products	0.2	0.1	0.0	0.1	8	3	1	4	37	42	85	32	159	5,907	70	2.5	748
Miscellaneous Products	0.2	0.0	0.0	0.2	5	0	0	5	31	0	0	31	14	435	7	0.3	82
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	0	0	0	0	5	0	0	0	1	5	1	0.0	12
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.	5,905	154,778	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,190 beneficiaries who were in nursing facilities for part of their enrollment and their 11,064 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 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.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2006

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Number of Users	Users		Among Users			
			As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
LAXATIVES	\$115,831	3,443	123.8	37,173	0.5	\$6	\$3	
ANALGESICS - NonNarcotic	67,370	2,160	77.7	23,075	0.5	6	3	
ULCER DRUGS	57,216	345	12.4	3,782	0.5	29	15	
MULTIVITAMINS	45,152	934	33.6	10,123	0.8	6	4	
MINERALS & ELECTROLYTES	40,136	716	25.8	7,881	0.8	6	5	
DERMATOLOGICAL	31,435	1,065	38.3	11,772	0.2	15	3	
HEMATOPOIETIC AGENTS	29,962	604	21.7	6,552	0.6	7	5	
ANTIPSYCHOTICS	23,196	19	0.7	211	0.3	336	110	
ANTIANSXIETY AGENTS	22,884	300	10.8	3,209	0.3	22	7	
ANTACIDS	14,668	387	13.9	4,203	0.6	5	3	
Total	447,850	9,973	n.a.	107,981	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,190 beneficiaries who were in nursing facilities for part of their enrollment and their 11,064 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		LAXATIVES					ANALGESICS - NonNarcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	57,173	\$447,850	3,443	123.8	37,173	0.5	\$3	2,160	77.7	23,075	0.5	\$3
Female												
All Females	41,195	306,509	2,372	127.5	25,917	0.5	3	1,456	78.3	15,710	0.5	3
Female, Disabled												
All Ages	2,354	21,648	135	132.4	1,476	0.6	4	69	67.6	750	0.5	3
64 or younger	2,054	18,660	117	131.5	1,269	0.6	4	58	65.2	636	0.5	3
65-74	90	1,529	5	100.0	60	0.5	5	3	60.0	36	0.3	1
75-84	88	593	7	140.0	75	0.5	3	4	80.0	30	0.4	2
85 and older	122	866	6	200.0	72	0.6	4	4	133.3	48	0.7	4
Female, Other Eligibles												
All Ages	38,841	284,861	2,237	127.2	24,441	0.5	3	1,387	78.9	14,960	0.5	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,587	36,564	210	146.9	2,360	0.5	3	124	86.7	1,361	0.5	3
75-84	11,435	83,989	636	119.5	7,072	0.5	3	418	78.6	4,608	0.5	3
85 and older	23,819	164,308	1,391	128.4	15,009	0.5	3	845	78.0	8,991	0.5	3
Male												
All Males	15,978	141,341	1,071	116.4	11,256	0.5	3	704	76.5	7,365	0.5	3
Male, Disabled												
All Ages	2,119	24,808	150	150.0	1,688	0.6	4	77	77.0	869	0.4	2
64 or younger	1,981	23,971	135	150.0	1,535	0.6	4	69	76.7	790	0.4	2
65-74	112	680	11	137.5	105	0.5	3	6	75.0	55	0.5	3
75-84	26	157	4	200.0	48	0.3	2	2	100.0	24	0.5	3
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	13,859	116,533	921	112.3	9,568	0.5	3	627	76.5	6,496	0.5	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,387	18,475	169	143.2	1,821	0.5	3	96	81.4	1,041	0.5	3
75-84	5,284	51,230	354	106.6	3,708	0.5	3	249	75.0	2,573	0.5	3
85 and older	6,188	46,828	398	107.6	4,039	0.5	3	282	76.2	2,882	0.5	3
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,190 beneficiaries who were in nursing facilities for part of their enrollment and their 11,064 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2006

Beneficiary Characteristics	ULCER DRUGS					MULTIVITAMINS					MINERALS & ELECTROLYTES				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	345	12.4	3,782	0.5	\$15	934	33.6	10,123	0.8	\$5	716	25.8	7,881	0.8	\$5
Female															
All Females	227	12.2	2,503	0.5	16	662	35.6	7,265	0.8	5	593	31.9	6,570	0.8	5
Female, Disabled															
All Ages	17	16.7	180	0.5	21	34	33.3	381	0.8	5	31	30.4	341	0.8	5
64 or younger	16	18.0	168	0.6	22	30	33.7	333	0.7	4	30	33.7	329	0.8	5
65-74	1	20.0	12	0.1	2	1	20.0	12	1.3	7	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	20.0	12	1.4	7	1	20.0	12	0.7	3
85 and older	0	0.0	0	0.0	0	2	66.7	24	1.3	8	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	210	11.9	2,323	0.5	15	628	35.7	6,884	0.8	5	562	32.0	6,229	0.8	5
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	32	22.4	370	0.5	18	48	33.6	576	0.8	5	40	28.0	463	0.7	5
75-84	66	12.4	735	0.5	13	170	32.0	1,877	0.8	5	154	28.9	1,709	0.8	6
85 and older	112	10.3	1,218	0.5	16	410	37.9	4,431	0.8	4	368	34.0	4,057	0.8	5
Male															
All Males	118	12.8	1,279	0.5	14	272	29.6	2,858	0.7	4	123	13.4	1,311	0.7	5
Male, Disabled															
All Ages	13	13.0	151	0.5	13	32	32.0	369	0.8	5	11	11.0	132	0.7	5
64 or younger	13	14.4	151	0.5	13	29	32.2	344	0.8	5	11	12.2	132	0.7	5
65-74	0	0.0	0	0.0	0	3	37.5	25	0.8	4	0	0.0	0	0.0	0
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 Eligibles															
All Ages	105	12.8	1,128	0.5	14	240	29.3	2,489	0.7	4	112	13.7	1,179	0.7	5
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	19	16.1	217	0.5	11	35	29.7	396	0.7	4	18	15.3	214	0.7	4
75-84	38	11.4	397	0.5	14	90	27.1	944	0.7	4	38	11.4	406	0.6	6
85 and older	48	13.0	514	0.6	16	115	31.1	1,149	0.7	4	56	15.1	559	0.7	4
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,190 beneficiaries who were in nursing facilities for part of their enrollment and their 11,064 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	DERMATOLOGICAL					HEMATOPOIETIC AGENTS					ANTIPSYCHOTICS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,065	38.3	11,772	0.2	\$3	604	21.7	6,552	0.6	\$5	19	0.7	211	0.3	\$110
Female															
All Females	693	37.3	7,707	0.2	3	412	22.2	4,538	0.6	5	9	0.5	95	0.3	60
Female, Disabled															
All Ages	48	47.1	531	0.2	4	18	17.6	206	0.6	5	1	1.0	12	0.1	10
64 or younger	41	46.1	447	0.2	2	16	18.0	182	0.7	5	0	0.0	0	0.0	0
65-74	5	100.0	60	0.3	11	0	0.0	0	0.0	0	1	20.0	12	0.1	10
75-84	1	20.0	12	0.4	9	1	20.0	12	0.5	4	0	0.0	0	0.0	0
85 and older	1	33.3	12	0.3	2	1	33.3	12	0.2	2	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	645	36.7	7,176	0.2	3	394	22.4	4,332	0.6	5	8	0.5	83	0.3	67
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	69	48.3	809	0.2	4	42	29.4	462	0.5	4	4	2.8	48	0.4	102
75-84	169	31.8	1,877	0.2	3	125	23.5	1,352	0.6	5	1	0.2	3	0.7	79
85 and older	407	37.6	4,490	0.2	2	227	21.0	2,518	0.7	4	3	0.3	32	0.3	14
Male															
All Males	372	40.4	4,065	0.2	3	192	20.9	2,014	0.6	5	10	1.1	116	0.3	151
Male, Disabled															
All Ages	55	55.0	642	0.1	2	18	18.0	208	0.6	5	5	5.0	60	0.2	117
64 or younger	50	55.6	591	0.1	2	15	16.7	178	0.6	6	5	5.6	60	0.2	117
65-74	4	50.0	39	0.2	2	3	37.5	30	0.3	2	0	0.0	0	0.0	0
75-84	1	50.0	12	0.1	1	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 Eligibles															
All Ages	317	38.7	3,423	0.2	3	174	21.2	1,806	0.6	5	5	0.6	56	0.4	187
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	59	50.0	690	0.2	3	28	23.7	268	0.5	4	0	0.0	0	0.0	0
75-84	124	37.3	1,280	0.2	3	70	21.1	721	0.6	5	4	1.2	44	0.5	219
85 and older	134	36.2	1,453	0.2	2	76	20.5	817	0.6	4	1	0.3	12	0.3	71
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,190 beneficiaries who were in nursing facilities for part of their enrollment and their 11,064 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, HAWAII, 2006

Beneficiary Characteristics	ANTIANSXIETY AGENTS					ANTACIDS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	300	10.8	3,209	0.3	\$7	387	13.9	4,203	0.6	\$4	2,780	27,888
Female												
All Females	203	10.9	2,195	0.3	7	308	16.6	3,361	0.6	4	1,860	19,108
Female, Disabled												
All Ages	29	28.4	332	0.4	10	12	11.8	126	0.5	3	102	1,088
64 or younger	27	30.3	308	0.4	10	12	13.5	126	0.5	3	89	953
65-74	1	20.0	12	0.8	20	0	0.0	0	0.0	0	5	59
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	40
85 and older	1	33.3	12	0.6	9	0	0.0	0	0.0	0	3	36
Female, Other Eligibles												
All Ages	174	9.9	1,863	0.3	7	296	16.8	3,235	0.6	4	1,758	18,020
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	28	19.6	309	0.3	7	27	18.9	286	0.7	4	143	1,575
75-84	54	10.2	592	0.3	8	88	16.5	989	0.6	4	532	5,480
85 and older	92	8.5	962	0.3	6	181	16.7	1,960	0.6	3	1,083	10,965
Male												
All Males	97	10.5	1,014	0.3	7	79	8.6	842	0.6	4	920	8,780
Male, Disabled												
All Ages	13	13.0	156	0.5	11	10	10.0	120	0.5	3	100	1,064
64 or younger	13	14.4	156	0.5	11	10	11.1	120	0.5	3	90	981
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	59
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	84	10.2	858	0.3	7	69	8.4	722	0.6	4	820	7,716
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	16	13.6	170	0.4	8	13	11.0	140	0.7	4	118	1,186
75-84	36	10.8	382	0.3	7	31	9.3	328	0.6	3	332	3,115
85 and older	32	8.6	306	0.3	6	25	6.8	254	0.6	4	370	3,415
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 2006 file for Hawaii, released by CMS in 11/2009. This table was produced on 02/11/2010.
 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 2006. A total of 1,190 beneficiaries who were in nursing facilities for part of their enrollment and their 11,064 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
HAWAII, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	19,571	65.8	8.0	237,397	\$71	\$2,101,675	\$9	30.8	29,734
Age									
5 and younger	1	100.0	15.0	15	97	97	6	808.3	1
6-14	0	0.0	0.0	0	0	0	0	0.0	1
15-20	13	52.0	2.9	73	35	871	12	4.3	25
21-44	1,600	47.8	4.0	13,417	50	166,799	12	12.0	3,345
45-64	3,647	63.8	7.3	41,741	80	457,410	11	19.6	5,720
65-74	5,268	65.0	7.0	57,051	64	515,744	9	27.4	8,106
75-84	5,632	70.6	8.6	68,761	69	553,033	8	61.1	7,973
85 and older	3,410	74.7	12.3	56,339	89	407,721	7	137.8	4,563
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	13,850	69.2	8.8	175,607	71	1,413,376	8	49.4	20,019
Disabled	5,699	59.5	6.4	61,729	72	687,954	11	17.5	9,572
Adults	21	14.9	0.4	59	2	329	6	1.5	141
Children	0	0.0	0.0	0	0	0	0	0.0	0
Unknown	1	50.0	1.0	2	8	16	8	0.3	2
Gender									
Female	12,567	70.3	9.0	161,189	77	1,372,703	9	37.7	17,886
Male	7,004	59.1	6.4	76,208	62	728,972	10	22.9	11,848
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	3,922	59.0	7.7	50,930	78	517,544	10	26.7	6,648
African American	161	52.1	5.2	1,593	58	17,991	11	18.7	309
Other/unknown	15,488	68.0	8.1	184,874	69	1,566,140	8	32.7	22,777
Use of Nursing Facilities^d									
Entire year	2,512	90.4	22.3	62,103	165	457,344	7	295.5	2,780
Part year	1,000	84.0	12.1	14,401	88	104,800	7	38.9	1,190
None	16,059	62.3	6.2	160,893	60	1,539,531	10	24.1	25,764
Maintenance Assistance Status									
Cash	8,264	71.2	8.2	94,655	75	872,364	9	24.2	11,599
Medically needy	2,260	74.0	14.6	44,701	109	332,395	7	198.9	3,055
Poverty related	8,993	60.4	6.5	97,411	60	891,973	9	29.7	14,900
Other/unknown	54	30.0	3.5	630	27	4,943	8	12.1	180

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 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 2006.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
HAWAII, 2006

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	0.8	\$7	\$9	\$0	\$1	313,916
Age						
5 and younger	1.3	8	6	0	0	12
6-14	0.0	0	0	0	0	12
15-20	0.3	3	12	0	0	265
21-44	0.4	5	12	0	2	35,136
45-64	0.7	8	11	0	3	60,736
65-74	0.7	6	9	0	1	86,310
75-84	0.8	6	8	0	1	85,452
85 and older	1.2	9	7	0	0	45,993
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.8	7	8	0	1	211,096
Disabled	0.6	7	11	0	3	102,412
Adults	0.2	1	6	0	0	393
Children	0.0	0	0	0	0	0
Unknown	0.1	1	8	0	1	15
Gender						
Female	0.8	7	9	0	1	191,358
Male	0.6	6	10	0	1	122,558
Unknown	0.0	0	0	0	0	0
Race						
White	0.8	8	10	0	3	67,786
African American	0.5	6	11	0	2	2,959
Other/unknown	0.8	6	8	0	1	243,171
Use of Nursing Facilities^d						
Entire year	2.2	16	7	0	1	27,888
Part year	1.3	9	7	0	1	11,064
None	0.6	6	10	0	1	274,964
Maintenance Assistance Status						
Cash	0.7	7	9	0	1	128,496
Medically needy	1.6	12	7	0	1	27,573
Poverty related	0.6	6	9	0	1	156,956
Other/unknown	0.7	6	8	0	1	891

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 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 2006.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
HAWAII, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	27,051	\$78	\$2,101,675	100.0	237,397	\$9	100.0
Anorexia or weight loss/gain	4	177	709	0.0	23	31	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	3,828	58	220,908	10.5	8,680	25	3.7
Vitamins and minerals	1,535	27	40,764	1.9	5,873	7	2.5
Non-prescription drugs	17,497	80	1,401,303	66.7	197,233	7	83.1
Barbiturates	209	73	15,303	0.7	2,060	7	0.9
Benzodiazepines	3,650	112	407,947	19.4	22,705	18	9.6
Other Part D Excl Rx Drugs	328	45	14,741	0.7	823	18	0.3

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 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 2006.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 HAWAII, 2006

Total Number of Dual Eligible Beneficiaries: 29,734
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$6,824,972
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$229

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,836	29.7	\$0	0.0
1-500	18,645	62.7	1,732,601	25.4
501-1,000	982	3.3	686,443	10.1
1,001-1,500	399	1.3	489,783	7.2
1,501-2,000	230	0.8	397,976	5.8
2,001-2,500	149	0.5	332,728	4.9
2,501-3,000	95	0.3	261,977	3.8
3,001-3,500	77	0.3	249,331	3.7
3,501-4,000	44	0.1	165,354	2.4
4,001-4,500	37	0.1	157,011	2.3
4,501-5,000	39	0.1	185,130	2.7
5,001-5,500	19	0.1	98,384	1.4
5,501-6,000	21	0.1	120,893	1.8
6,001-6,500	24	0.1	150,572	2.2
6,501-7,000	14	0.0	94,599	1.4
7,001-7,500	13	0.0	94,577	1.4
7,501-8,000	9	0.0	68,773	1.0
8,001-8,500	11	0.0	90,181	1.3
8,501-9,000	8	0.0	69,669	1.0
9,001-9,500	11	0.0	101,999	1.5
9,501-10,000	6	0.0	58,688	0.9
10,001+	65	0.2	1,218,303	17.9

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 HAWAII, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 8,951
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$3,718,681
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$415

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	2,353	26.3		\$0	0.0
1-500	5,504	61.5		565,038	15.2
501-1,000	390	4.4		275,438	7.4
1,001-1,500	185	2.1		228,579	6.1
1,501-2,000	116	1.3		201,687	5.4
2,001-2,500	74	0.8		164,794	4.4
2,501-3,000	60	0.7		165,841	4.5
3,001-3,500	43	0.5		139,269	3.7
3,501-4,000	22	0.2		83,385	2.2
4,001-4,500	22	0.2		93,791	2.5
4,501-5,000	25	0.3		119,190	3.2
5,001-5,500	15	0.2		77,803	2.1
5,501-6,000	18	0.2		103,644	2.8
6,001-6,500	15	0.2		94,568	2.5
6,501-7,000	10	0.1		67,401	1.8
7,001-7,500	9	0.1		65,738	1.8
7,501-8,000	5	0.1		37,735	1.0
8,001-8,500	11	0.1		90,181	2.4
8,501-9,000	7	0.1		60,969	1.6
9,001-9,500	11	0.1		101,999	2.7
9,501-10,000	5	0.1		48,825	1.3
10,001+	51	0.6		932,806	25.1

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. 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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 HAWAII, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 20,642
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$3,083,457
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$149

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,388	30.9	\$0	0.0
1-500	13,107	63.5	1,163,024	37.7
501-1,000	587	2.8	407,071	13.2
1,001-1,500	211	1.0	256,814	8.3
1,501-2,000	113	0.5	194,612	6.3
2,001-2,500	73	0.4	163,402	5.3
2,501-3,000	35	0.2	96,136	3.1
3,001-3,500	34	0.2	110,062	3.6
3,501-4,000	21	0.1	78,207	2.5
4,001-4,500	15	0.1	63,220	2.1
4,501-5,000	14	0.1	65,940	2.1
5,001-5,500	4	0.0	20,581	0.7
5,501-6,000	3	0.0	17,249	0.6
6,001-6,500	9	0.0	56,004	1.8
6,501-7,000	4	0.0	27,198	0.9
7,001-7,500	4	0.0	28,839	0.9
7,501-8,000	4	0.0	31,038	1.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,700	0.3
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,863	0.3
10,001+	14	0.1	285,497	9.3

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 HAWAII, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 8,106
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,883,094
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$232

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,000	24.7	\$0	0.0
1-500	5,375	66.3	508,900	27.0
501-1,000	332	4.1	233,072	12.4
1,001-1,500	143	1.8	174,660	9.3
1,501-2,000	76	0.9	131,500	7.0
2,001-2,500	51	0.6	114,496	6.1
2,501-3,000	24	0.3	65,397	3.5
3,001-3,500	26	0.3	84,596	4.5
3,501-4,000	18	0.2	67,046	3.6
4,001-4,500	13	0.2	54,876	2.9
4,501-5,000	11	0.1	51,680	2.7
5,001-5,500	4	0.0	20,581	1.1
5,501-6,000	3	0.0	17,249	0.9
6,001-6,500	5	0.1	31,197	1.7
6,501-7,000	4	0.0	27,198	1.4
7,001-7,500	4	0.0	28,839	1.5
7,501-8,000	3	0.0	23,273	1.2
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,700	0.5
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,863	0.5
10,001+	12	0.1	229,971	12.2

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 HAWAII, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,973
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$904,546
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$113

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,210	27.7	\$0	0.0
1-500	5,433	68.1	464,151	51.3
501-1,000	201	2.5	137,457	15.2
1,001-1,500	58	0.7	69,579	7.7
1,501-2,000	28	0.4	47,638	5.3
2,001-2,500	16	0.2	35,669	3.9
2,501-3,000	10	0.1	27,776	3.1
3,001-3,500	4	0.1	12,770	1.4
3,501-4,000	3	0.0	11,161	1.2
4,001-4,500	2	0.0	8,344	0.9
4,501-5,000	2	0.0	9,668	1.1
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	4	0.1	24,807	2.7
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	55,526	6.1

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 HAWAII, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,563
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$295,817
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$64

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,178	47.7	\$0	0.0
1-500	2,299	50.4	189,973	64.2
501-1,000	54	1.2	36,542	12.4
1,001-1,500	10	0.2	12,575	4.3
1,501-2,000	9	0.2	15,474	5.2
2,001-2,500	6	0.1	13,237	4.5
2,501-3,000	1	0.0	2,963	1.0
3,001-3,500	4	0.1	12,696	4.3
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,592	1.6
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,765	2.6
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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. 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 2006.

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

Dual Medicaid Beneficiaries

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, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	29,931	20,019	9,600	310	0	2	318,787	212,305	103,782	2,685	0	15
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	25	0	24	1	0	0	282	0	272	10	0	0
21-44	3,423	0	3,283	140	0	0	36,580	0	35,392	1,188	0	0
45-64	5,831	0	5,665	165	0	1	62,806	0	61,337	1,463	0	6
65-74	8,114	7,740	369	4	0	1	87,575	83,642	3,900	24	0	9
75-84	7,973	7,749	224	0	0	0	85,501	82,984	2,517	0	0	0
85 and older	4,563	4,530	33	0	0	0	46,019	45,679	340	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	17,983	13,348	4,500	133	0	2	193,935	143,535	49,129	1,256	0	15
Male	11,948	6,671	5,100	177	0	0	124,852	68,770	54,653	1,429	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,724	3,359	3,240	124	0	1	69,433	34,293	34,090	1,044	0	6
African American	316	95	205	16	0	0	3,087	1,017	1,948	122	0	0
Other/unknown	22,891	16,565	6,155	170	0	1	246,267	176,995	67,744	1,519	0	9
Use of Nursing Facilities^c												
Entire year	2,780	2,578	202	0	0	0	27,924	25,768	2,156	0	0	0
Part year	1,190	1,068	120	2	0	0	11,092	9,841	1,236	15	0	0
None	25,961	16,373	9,278	308	0	2	279,771	176,696	100,390	2,670	0	15
Maintenance Assistance Status												
Cash	11,652	7,366	4,216	70	0	0	129,809	82,607	46,469	733	0	0
Medically needy	3,055	2,619	436	0	0	0	27,673	23,522	4,151	0	0	0
Poverty related	14,901	10,017	4,882	0	0	2	158,560	105,995	52,550	0	0	15
Other/unknown	323	17	66	240	0	0	2,745	181	612	1,952	0	0
Dual Status^d												
Full dual, all year	29,282	19,656	9,315	309	0	2	312,061	208,621	100,752	2,673	0	15
Full dual, part year	649	363	285	1	0	0	6,726	3,684	3,030	12	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	29,174	19,808	9,332	32	0	2	311,087	210,004	100,964	104	0	15
FFS part year, with Rx claims	309	127	147	35	0	0	3,394	1,401	1,663	330	0	0
FFS part year, no Rx claims	251	84	93	74	0	0	2,426	900	952	574	0	0
MC all year, with Rx claims	18	0	0	18	0	0	209	0	0	209	0	0
MC all year, no Rx claims	179	0	28	151	0	0	1,671	0	203	1,468	0	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	29,931	318,787	29,734	313,916	0	4,871
Fee-for-service (FFS) all year	29,174	311,087	29,174	310,904	0	183
FFS part year, with Rx claims	309	3,394	309	1,988	0	1,406
FFS part year, with no Rx claims	251	2,426	251	1,024	0	1,402
Managed care (MC) all year, with Rx claims	18	209	0	0	0	209
MC all year, with no Rx claims	179	1,671	0	0	0	1,671

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

Dual Medicaid Beneficiaries