

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](mailto:ORDI_508_Compliance@cms.hhs.gov).

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
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, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	232934 (A)	32080 (E)	200854 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	230601 (B)	29850 (F)	200751 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	100547 (C)	29637 (G)	70910 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	2932 (D)	2760 (H)	172 (L)

Source: Data for this table are from the MAX 2007 file for Hawaii, released by CMS in 6/2010. This table was produced on 10/06/2010.

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 2007 (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 2007, 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 2007 was \$76,671,989, of which \$618,798 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 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

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 2007. 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 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

**TABLE 2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**HAWAII, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>100,547</b>	<b>20,859</b>	<b>23,757</b>	<b>30,044</b>	<b>25,858</b>	<b>29</b>	<b>578,682</b>	<b>218,154</b>	<b>246,321</b>	<b>62,348</b>	<b>51,599</b>	<b>260</b>
<b>Age</b>												
5 and younger	11,981	0	634	0	11,347	0	28,796	0	6,319	0	22,477	0
6-14	11,415	0	1,174	0	10,241	0	33,343	0	12,867	0	20,476	0
15-20	8,218	0	985	2,963	4,270	0	24,913	0	10,169	6,098	8,646	0
21-44	27,481	0	7,245	20,234	0	2	114,957	0	73,565	41,379	0	13
45-64	19,978	0	13,120	6,834	0	24	152,119	0	137,049	14,843	0	227
65-74	8,594	8,245	333	13	0	3	89,666	86,203	3,415	28	0	20
75-84	8,014	7,784	230	0	0	0	85,849	83,265	2,584	0	0	0
85 and older	4,866	4,830	36	0	0	0	49,039	48,686	353	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	54,231	13,833	11,318	16,420	12,631	29	322,587	146,762	117,497	32,785	25,283	260
Male	46,316	7,026	12,439	13,624	13,227	0	256,095	71,392	128,824	29,563	26,316	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	26,228	3,446	8,086	9,391	5,291	14	147,904	35,382	82,027	19,631	10,746	118
African American	1,766	116	514	678	458	0	8,679	1,165	5,058	1,459	997	0
Other/unknown	72,553	17,297	15,157	19,975	20,109	15	422,099	181,607	159,236	41,258	39,856	142
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,932	2,627	295	8	2	0	29,507	26,322	3,170	11	4	0
Part year	1,747	1,048	544	127	28	0	15,587	9,667	5,497	351	72	0
None	95,868	17,184	22,918	29,909	25,828	29	533,588	182,165	237,654	61,986	51,523	260
<b>Maintenance Assistance Status</b>												
Cash	42,362	7,607	15,560	7,536	11,659	0	288,266	84,473	166,774	14,539	22,480	0
Medically needy	3,073	2,587	481	5	0	0	28,240	23,785	4,445	10	0	0
Poverty-related	28,954	10,645	7,202	0	11,078	29	206,037	109,663	73,641	0	22,473	260
Other/unknown	26,158	20	514	22,503	3,121	0	56,139	233	1,461	47,799	6,646	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	29,016	19,663	9,187	163	0	3	307,334	208,131	98,690	493	0	20
Full dual, part year	621	365	256	0	0	0	5,950	3,537	2,413	0	0	0
Non-dual, all year	70,910	831	14,314	29,881	25,858	26	265,398	6,486	145,218	61,855	51,599	240
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	47,441	20,623	21,652	3,371	1,766	29	465,903	216,896	235,501	7,471	5,775	260
FFS part year, with Rx claims	7,598	125	1,370	4,109	1,994	0	23,401	752	8,453	9,778	4,418	0
FFS part year, no Rx claims	45,508	111	735	22,564	22,098	0	89,378	506	2,367	45,099	41,406	0

Source: Data for this table are from the MAX 2007 file for Hawaii, released by CMS in 6/2010. This table was produced on 10/06/2010.

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 2007. 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<sup>a, b</sup>**  
**HAWAII, 2007**

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>26.3</b>	<b>8.0</b>	<b>\$756</b>	<b>\$95</b>	<b>\$6,983</b>	<b>10.8</b>	<b>100,547</b>
<b>Age</b>							
5 and younger	11.7	1.2	137	111	3,336	4.1	11,981
6-14	13.4	2.1	333	156	2,633	12.6	11,415
15-20	15.8	2.3	343	152	3,822	9.0	8,218
21-44	24.1	6.4	738	116	5,995	12.3	27,481
45-64	49.4	25.5	2,240	88	9,910	22.6	19,978
65-74	30.3	4.7	246	52	5,334	4.6	8,594
75-84	25.2	2.0	60	31	9,781	0.6	8,014
85 and older	21.7	1.5	35	23	23,379	0.1	4,866
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	26.1	2.8	120	43	11,201	1.1	20,859
Disabled	61.8	30.0	2,989	100	14,644	20.4	23,757
Adults	14.4	0.9	51	58	2,644	1.9	30,044
Children	7.5	0.3	28	100	1,572	1.8	25,858
Unknown	82.8	35.4	10,157	287	17,401	58.4	29
<b>Gender</b>							
Female	26.5	8.1	682	84	6,968	9.8	54,231
Male	26.0	7.9	844	107	7,001	12.1	46,316
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	30.7	11.6	1,091	94	7,659	14.2	26,228
African American	28.1	8.4	896	107	4,629	19.4	1,766
Other/unknown	24.6	6.7	632	94	6,796	9.3	72,553
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	29.0	6.0	363	60	61,088	0.6	2,932
Part year	53.3	26.5	2,699	102	42,965	6.3	1,747
None	25.7	7.7	733	95	4,673	15.7	95,868
<b>Maintenance Assistance Status</b>							
Cash	35.9	15.0	1,446	96	7,092	20.4	42,362
Medically needy	23.2	2.9	129	45	39,628	0.3	3,073
Poverty related	23.3	4.7	444	95	7,106	6.3	28,954
Other/unknown	14.4	0.9	59	63	2,836	2.1	26,158

Source: Data for this table are from the MAX 2007 file for Hawaii, released by CMS in 6/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b</sup>**  
HAWAII, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
			Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>1.4</b>	<b>\$131</b>	<b>10.8</b>	<b>73.7</b>	<b>13.0</b>	<b>3.7</b>	<b>4.7</b>	<b>3.0</b>	<b>1.9</b>	<b>\$1,213</b>	<b>100,547</b>	<b>578,682</b>
<b>Age</b>												
5 and younger	0.5	57	4.1	88.3	7.5	1.8	1.7	0.5	0.1	1,388	11,981	28,796
6-14	0.7	114	12.6	86.6	8.1	2.1	2.2	0.7	0.3	901	11,415	33,343
15-20	0.7	113	9.0	84.2	9.0	2.4	2.9	1.0	0.4	1,261	8,218	24,913
21-44	1.5	176	12.3	75.9	10.6	4.0	5.3	2.7	1.5	1,433	27,481	114,957
45-64	3.3	294	22.6	50.6	14.9	6.7	11.1	9.7	6.9	1,302	19,978	152,119
65-74	0.4	24	4.6	69.7	22.5	3.6	2.5	1.2	0.6	511	8,594	89,666
75-84	0.2	6	0.6	74.8	22.0	2.0	0.8	0.3	0.0	913	8,014	85,849
85 and older	0.1	3	0.1	78.3	19.1	2.1	0.4	0.1	0.0	2,320	4,866	49,039
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.3	12	1.1	73.9	21.5	2.6	1.3	0.6	0.2	1,071	20,859	218,154
Disabled	2.9	288	20.4	38.2	22.3	8.3	13.5	10.6	7.0	1,412	23,757	246,321
Adults	0.4	24	1.9	85.6	6.7	2.8	3.0	1.2	0.6	1,274	30,044	62,348
Children	0.1	14	1.8	92.5	4.9	1.2	1.1	0.2	0.1	788	25,858	51,599
Unknown	3.9	1,133	58.4	17.2	17.2	20.7	17.2	17.2	10.3	1,941	29	260
<b>Gender</b>												
Female	1.4	115	9.8	73.5	13.6	3.6	4.4	2.8	2.0	1,171	54,231	322,587
Male	1.4	153	12.1	74.0	12.3	3.8	5.0	3.2	1.8	1,266	46,316	256,095
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.1	194	14.2	69.3	12.9	4.4	6.0	4.4	3.1	1,358	26,228	147,904
African American	1.7	182	19.4	71.9	12.4	4.5	5.9	2.9	2.3	942	1,766	8,679
Other/unknown	1.2	109	9.3	75.4	13.1	3.4	4.2	2.5	1.5	1,168	72,553	422,099
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.6	36	0.6	71.0	20.1	4.0	1.8	1.6	1.4	6,070	2,932	29,507
Part year	3.0	303	6.3	46.7	21.9	4.3	9.2	9.2	8.8	4,816	1,747	15,587
None	1.4	132	15.7	74.3	12.6	3.6	4.7	3.0	1.8	840	95,868	533,588
<b>Maintenance Assistance Status</b>												
Cash	2.2	213	20.4	64.1	15.2	4.6	7.1	5.4	3.5	1,042	42,362	288,266
Medically needy	0.3	14	0.3	76.8	17.8	3.0	1.4	0.5	0.6	4,312	3,073	28,240
Poverty related	0.7	62	6.3	76.7	14.8	3.1	3.0	1.5	0.9	999	28,954	206,037
Other/unknown	0.4	27	2.1	85.6	6.9	2.8	3.0	1.2	0.6	1,322	26,158	56,139

Source: Data for this table are from the MAX 2007 file for Hawaii, released by CMS in 6/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b, c</sup>**  
**HAWAII, 2007**

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
<b>All</b>	<b>1.4</b>	<b>\$131</b>	<b>\$95</b>	<b>0.4</b>	<b>\$90</b>	<b>\$229</b>	<b>0.0</b>	<b>\$6</b>	<b>\$168</b>	<b>1.0</b>	<b>\$35</b>	<b>\$37</b>
<b>Age</b>												
5 and younger	0.5	57	111	0.1	47	356	0.0	1	62	0.4	9	24
6-14	0.7	114	156	0.3	95	353	0.0	5	132	0.4	14	34
15-20	0.7	113	152	0.3	95	344	0.0	5	130	0.4	14	32
21-44	1.5	176	116	0.5	131	273	0.0	7	164	1.0	38	38
45-64	3.3	294	88	0.9	186	204	0.1	15	190	2.4	92	39
65-74	0.4	24	52	0.1	14	130	0.0	1	105	0.3	8	26
75-84	0.2	6	31	0.0	3	88	0.0	0	54	0.2	3	19
85 and older	0.1	3	23	0.0	2	100	0.0	0	20	0.1	2	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	12	43	0.1	7	119	0.0	0	80	0.2	5	22
Disabled	2.9	288	100	0.8	197	235	0.1	14	173	2.0	76	39
Adults	0.4	24	58	0.1	15	185	0.0	1	137	0.3	9	27
Children	0.1	14	100	0.0	11	362	0.0	1	197	0.1	2	20
Unknown	3.9	1,133	287	1.1	849	767	0.2	29	143	2.6	132	51
<b>Gender</b>												
Female	1.4	115	84	0.4	75	198	0.0	6	178	0.9	33	35
Male	1.4	153	107	0.4	108	266	0.0	6	157	1.0	38	39
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.1	194	94	0.5	120	233	0.1	12	211	1.5	61	41
African American	1.7	182	107	0.5	135	262	0.0	5	154	1.1	42	37
Other/unknown	1.2	109	94	0.3	78	226	0.0	4	140	0.8	26	34
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.6	36	60	0.1	22	176	0.0	1	48	0.5	13	29
Part year	3.0	303	102	0.8	208	267	0.1	14	151	2.1	72	34
None	1.4	132	95	0.4	90	228	0.0	6	173	1.0	35	37
<b>Maintenance Assistance Status</b>												
Cash	2.2	213	96	0.6	144	224	0.1	11	179	1.5	58	38
Medically needy	0.3	14	45	0.1	8	149	0.0	1	67	0.3	6	23
Poverty related	0.7	62	95	0.2	45	267	0.0	2	124	0.5	15	32
Other/unknown	0.4	27	63	0.1	18	192	0.0	1	139	0.3	9	27

Source: Data for this table are from the MAX 2007 file for Hawaii, released by CMS in 6/2010. This table was produced on 10/06/2010.

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, 1.3 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<sup>a, b, c, d</sup>  
HAWAII, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.0	0.4	\$70	\$52	\$3	\$14	\$132	\$538	\$250	\$34	48,197	\$6,341,218	10,216	10.2	90,566
Biologicals	0.2	0.2	0.0	0.0	113	113	0	0	638	638	0	0	508	323,973	277	0.3	2,861
Antineoplastic Agents	1.0	0.4	0.0	0.6	498	454	2	42	523	1,288	319	70	3,798	1,986,233	413	0.4	3,989
Endocrine/Metabolic Drugs	1.2	0.5	0.0	0.7	94	76	2	16	78	157	78	23	68,778	5,359,425	5,843	5.8	56,853
Cardiovascular Agents	2.0	0.4	0.1	1.5	100	46	6	49	51	102	117	33	132,049	6,757,210	6,794	6.8	67,301
Respiratory Agents	0.8	0.3	0.0	0.4	53	42	1	10	69	119	110	24	70,958	4,916,202	9,101	9.1	93,586
Gastrointestinal Agents	0.7	0.2	0.0	0.5	66	39	11	17	90	206	410	32	27,618	2,495,210	3,674	3.7	37,808
Genitourinary Agents	0.5	0.3	0.0	0.3	40	28	1	11	74	106	127	40	7,055	519,275	1,279	1.3	13,085
CNS Drugs	1.5	0.5	0.0	1.0	201	167	1	32	130	304	166	33	169,651	22,070,265	10,900	10.8	109,873
Stimulants/Anti-obesity/Anorexia	1.1	0.6	0.0	0.5	125	96	1	28	115	158	265	59	4,755	548,373	455	0.5	4,383
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	114	112	0	2	209	213	0	109	2,663	557,097	450	0.4	4,878
Analgesics and Anesthetics	1.2	0.1	0.0	1.1	97	20	13	64	78	322	332	56	107,212	8,406,955	9,762	9.7	86,298
Neuromuscular Agents	1.4	0.4	0.1	0.8	140	88	13	40	102	208	122	47	82,715	8,458,761	5,836	5.8	60,445
Nutritional Products	0.6	0.0	0.0	0.5	13	3	1	9	22	77	31	18	14,456	314,773	2,785	2.8	24,802
Hematological Agents	0.9	0.3	0.0	0.5	128	120	0	8	150	395	27	15	26,233	3,941,228	2,976	3.0	30,807
Topical Products	0.5	0.1	0.0	0.4	30	16	2	12	55	147	80	29	33,480	1,837,699	6,249	6.2	61,680
Miscellaneous Products	0.7	0.3	0.0	0.4	200	153	3	44	275	556	275	100	3,017	828,461	397	0.4	4,136
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	84	0	0	0	287	0	0	0	1,363	390,833	436	0.4	4,658
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	804,506	76,053,191	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Hawaii, released by CMS in 6/2010. This table was produced on 10/06/2010.

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, 1.3 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 2007.

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<sup>a, b, c</sup>  
 HAWAII, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$16,986,140	4,618	4.6	47,960	1.1	\$326	\$354
ANTICONVULSANT	7,464,084	4,982	5.0	53,407	1.1	128	140
ANALGESICS - Narcotic	6,622,137	9,536	9.5	92,270	0.8	90	72
ANTIASTHMATIC	3,757,031	6,861	6.8	69,697	0.6	92	54
ANTIVIRAL	3,524,631	862	0.9	8,838	0.7	587	399
ANTIDEPRESSANTS	3,479,484	5,607	5.6	57,367	0.9	70	61
ANTIDIABETIC	3,327,554	4,078	4.1	42,038	0.9	90	79
ANTIHYPERLIPIDEMIC	2,926,638	3,780	3.8	40,254	0.9	84	73
MISC. HEMATOLOGICAL	2,347,050	674	0.7	6,891	0.8	404	341
ANTINEOPLASTICS	1,983,738	547	0.5	5,343	0.7	525	371
Total	52,418,487	41,545	n.a.	424,065	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Hawaii, released by CMS in 6/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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