

PHARMACEUTICAL BENEFITS
UNDER
STATE MEDICAL ASSISTANCE PROGRAMS

Compiled
by the

NATIONAL PHARMACEUTICAL COUNCIL
1030 Fifteenth Street, N.W.
Washington, D.C. 20005

1975

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The National Pharmaceutical Council is composed of companies engaged principally in the manufacturing of prescription pharmaceutical products. It was organized in 1953 with the objective of promoting optimum professional standards and assuring the public of high quality pharmaceutical products.

NPC recognizes the important place of medical assistance programs in the nation's health care and the significance of the levels of care made available to patients receiving benefits under such programs. The Council shares the prevailing view of public health and public assistance officials that these patients should receive the same quality of medical care as do other patients in the community. It is our view that this quality concept should apply equally to pharmaceutical products prescribed and administered under medical assistance programs.

We believe that we may be of some assistance by providing information and reference material in consolidated form on the existing programs. We also want to be of service to medical assistance program and public health officials in the development, implementation and operation of the soundest possible pharmaceutical programs in each state.

To this end, we continue to make state-by-state reviews of medical assistance programs which are reflected in the current compilation.

This revision of "Pharmaceutical Benefits Under State Medical Assistance Programs" includes many changes made since the implementation of Title XIX of PL 89-97 (enacted as the Social Security Act Amendments of 1965) and the amendments to the Social Security Act relating to Medicaid enacted by PL 92-603 (1972), PL 93-66 (July 1973), PL 93-233 (December 1973), and PL 93-368 (August 1974), as well as changes made in state programs. If any errors or omissions are noted we would appreciate being notified as we want the compilation to be as helpful as possible.

We acknowledge with appreciation the cooperation and assistance of the many state program officials and their staffs, state pharmaceutical associations, medical societies, and others in supplying data on their state programs.

The Council also recognizes the importance of liaison and cooperation among Medicaid program officials and executives of many professional associations, and offers its services in the furtherance of these relationships and our mutual objectives.

NPC PRINCIPLES
on
Utilization of Drugs
under
MEDICAL ASSISTANCE PROGRAMS

The National Pharmaceutical Council supports the position that patients receiving assistance under medical assistance programs should receive the same quality of drug products as other patients.

The Council endorses the following principles as being in the best interest of patients receiving pharmaceutical services under medical assistance programs:

1. Physician's Prerogative. The physician's discretion to prescribe medication for patients under medical assistance programs should be the same as for his other patients. There should be no interference with the physician's professional prerogative to prescribe precise drug products he believes to be in the patients' best interests.
2. Generic Equivalents. Drug products bearing the generic name of the active ingredient are not necessarily equivalent in quality, potency, purity, or therapeutic activity. Compulsory generic prescribing or dispensing of so-called "generic equivalent" drug products may jeopardize the health of patients and result in false economy.
3. Formularies. Formularies or drug lists have not been shown to result in over-all economy or improvement of patient care. When utilized, they should include the provision that specific drug products or products of specific manufacturers as prescribed by the physician shall be dispensed. They should contain a convenient procedure for furnishing, as needed, therapeutic agents not included in the formulary.
4. Prompt Availability of Medication. Customary drug distribution channels for supplying out-of-hospital medication (usually community pharmacies) best assure the availability of the medication when and where needed for patients receiving assistance under medical assistance programs and for other patients alike.

PHARMACEUTICAL BENEFITS

UNDER STATE MEDICAL ASSISTANCE PROGRAMS

(Provided under Title XIX of the Social Security Amendments)

This compilation of data on State Medical Assistance Programs (Title XIX) has been prepared to present a general overview of the characteristics of State programs together with more detailed information on the pharmaceutical benefits provided. This latter body of data is referred to in the compilation as the Medical Assistance Drug Program.

The following information is provided for each State:

1. Recipient groups eligible for benefits.
2. Brief description of the Medicaid Program.
3. Magnitude of the State Drug Program.
4. Existing restrictions or limitations on drugs.
5. Data, when available, on case load or persons eligible to receive health care benefits, including pharmaceutical benefits.
6. Medicaid or Public Health officials.
7. Pharmacy and medical consultants to the State program.
8. Pharmacy and medical advisory committees.
9. State Medical and Pharmaceutical Association executives.

As of July 1, 1975, 53 of the 54 jurisdictions had Title XIX programs in operation, with approved state plans. Three of the 53 jurisdictions with Title XIX programs do not currently provide pharmaceutical benefits through the vendor payment system. (See Chart V, Medicaid Services State by State.)

Medical Care and Services Provided:

The Federal law provides a comprehensive list of services that may be included in a State plan. The reader should refer to each individual State for the program benefits provided. (See Chart V.)

The full list of medical care services that may be provided under the current program is as follows:

- *1. Inpatient Hospital Services (excluded: tuberculosis and mental institutions)
- *2. Outpatient Hospital Services
- *3. Other Laboratory and X-Ray Services
- *4. (A) Skilled Nursing Facility Services
(B) Early and periodic Screening, Diagnosis, and Treatment for physical and mental defects for eligibles under 21
(C) Family Planning Services
- *5. Physicians' Services
6. Medical and Remedial Care recognized under State law and provided by licensed practitioners
7. Home Health Care Services
8. Private Duty Nursing Services
9. Clinic Services
10. Dental Services
11. Physical Therapy and related services
12. Prescribed Drugs, dentures and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or an optometrist - whichever the individual may select
13. Other Diagnostic Screening, Preventive and Rehabilitative Services
14. Inpatient Hospital and Skilled Nursing Home Services for individuals 65 years of age or over in an institution for tuberculosis or mental diseases
15. Intermediate Care Facility Services, effective January 1, 1972
16. Inpatient psychiatric hospital services for individuals under 21
17. Other Medical or Remedial Care recognized under State law

For the Categorically Needy:

States participating in a Title XIX program must provide the basic services 1 through 5, as listed above.

For the Medically Needy (if included in State plan):

The states have choices. They must provide the "basic five" or any 7 of the first 16 services listed in Title XIX, Section 1905(a) of PL 89-97, as amended.

* Basic Service (1-5), minimum or "basic five").

Additional State Plan Requirements:

(which may impact on the utilization of drug products):

1. Utilization Review

Each hospital, mental hospital, skilled nursing facility, and intermediate care facility providing inpatient services must have in effect a written facility utilization review plan for the review of the need for services provided to eligible individuals.

For hospitals and SNFs the standards and procedures must be the same as required under Medicare.

The Social Security Act, Section 1902 (a)(3) states:

A state Medicaid plan must provide such methods and procedures relating to the utilization of, and payment for, covered care and services and to assure that payments, including payments for any drugs provided under the plan, are not in excess of reasonable charges consistent with efficiency, economy and quality of care.

2. Professional Standards Review Organizations (PSROs)

PSROs are a review mechanism established by the Social Security Amendments of 1972 through which physicians will assume the responsibility for reviewing the utilization of services provided under Medicaid (Title XIX) and Medicare (Title XVIII). PSROs will evaluate the appropriateness of medical determinations as they relate only to the medical necessity of the services provided, in accordance with professional standards.

The initial regulations concern themselves with the review of inpatient and outpatient care and services.

It should be noted that under this requirement, as spelled out in the Social Security Act, the Secretary of the Department of Health, Education, and Welfare may waive any or all other utilization requirements under Medicaid and Medicare in order to avoid duplication of functions and unnecessary review and control activities.

Additional State Plan Requirements (continued)

3. Family Planning Services

Any state which does not provide family planning services under the Aid to Families with Dependent Children (AFDC) to eligible persons of child-bearing age, will lose one percent of the Federal financial support available for such services.

4. AFDC Recipients (Aid to Families with Dependent Children)

- a. All individuals receiving aid under the state's AFDC plan
- b. All individuals under 21 who are (or would be, except for age or school attendance requirements) dependent children under the state's AFDC plan
- c. All families that were receiving assistance under the state's AFDC plan in at least three of the six months immediately preceding the month in which the family became ineligible for AFDC.

5. SSI Recipients (Supplemental Security Income - for the Aged, Blind, and Disabled)

A state must cover as a "categorically needy" person and furnish medical assistance to any individual receiving aid as a needy aged, blind or disabled adult if it would have been required to furnish such assistance to such individual under its state plan that was in effect on January 1, 1972.

Eligibles

- a. Essential Persons - any individual eligible as an "essential person" (the "essential spouse" of an aged, blind or disabled recipient) in relation to an eligible cash recipient in December 1973 will continue to be eligible thereafter for each month that he or she continues to meet the eligibility standards in effect in December 1973.

SSI Recipients (continued)

b. Blindness and Disability Standards

Under the new Federal blindness and disability standards, any individual who continues to meet blindness and disability standards in effect under state plans in December 1973, will continue to have Medicaid eligibility under SSI on each successive month, regardless of his conformity with the Federal standards.

c. Persons in Medical Institutions

As determined by eligibility standards.

d. Individuals Eligible for Assistance

Except for any eligibility condition or other requirement that is specifically prohibited under Federal Medicaid law.

Vendor Drug Program (Selected Federal Policy Statements):

1. Freedom of Choice^{1/} (Sec. 249.11, Title 45, Chapter 11, Code of Federal Regulations 6/7/70)

Sec. 1902(a)23, Social Security Act:

State plans for medical assistance under Title XIX "must provide that any individual eligible for medical assistance under the plan may obtain the services available under the plan from any institution, agency, pharmacy, or practitioner.....qualified to perform such services."

This policy includes qualified organizations which provide such services or arrange for their availability on a prepayment basis (e.g., Health Maintenance Organizations, Group Health Organizations, Foundations, etc.).

^{1/} DHEW Medical Assistance Manual 6-160-10.

Freedom of Choice (continued)

"This provision does not require an institution to allow a recipient a choice of drug provider if the institution (e.g., hospital or nursing home) customarily includes pharmaceuticals as part of its total package of services - just as it includes, for example, nursing services."

2. Drug Reimbursement - Upper Limits

- a. Cost as defined by the state agency plus a dispensing fee. In evaluating a dispensing fee by analysis of operational data, as required, the objective of the State agency should be to insure that the average prescription price paid by the state agency does not exceed the average prescription price paid by the general public.
- b. "Customary charges that are reasonable" within the locality for comparable services under comparable circumstances (usual and customary). In the case of drugs this includes the markup system provided the charge does not exceed the amount charged the general public.
- c. Excluded from the above are payments for drugs in institutions and those provided by a public agency which makes bulk purchases of drug products.

Note: Medical Assistance Manual, Part 6, General Administration, Reasonable Charges for Prescribed Drugs, 6-160-20 - Prescription Pricing Methods, states:

"Some state programs reimburse for the drug product on the basis of 'actual acquisition cost' to the dispensing pharmacist. Under the best of circumstances, it is nearly impossible to determine the actual acquisition cost at the time of dispensing. This method is also far more expensive to administer under Title XIX than 'average wholesale price'."

Drug Formularies and Generic Drug Products:

Under existing Federal policy the use of a formulary, or limited drug list, in a Title XIX program is optional with the State, as is the use of generically prescribed drug products. The policy states: "Where either is employed, there must be standards for quality, safety, and effectiveness....."

Implementation guidelines, as stated in the HEW Medical Assistance Manual, state "the list of drugs which may be dispensed to Medicaid patients and paid for by Title XIX is made by selecting through some process under the supervision of professional personnel, from all drugs available, a collection of those drugs that are better, more useful, more widely used, or that have some other comparative advantage over drugs omitted from the formulary.

"There must be standards for quality, safety and effectiveness."

Compilation - State Charts:

1. Vendor System

The state charts in this compilation refer only to vendor services and to drug expenditures under vendor systems/1/.

2. General Assistance

It will be noted only a few state charts reflect general assistance (GA) expenditures. General assistance programs are completely financed by states and lesser government instrumentalities.

Since the states are not required to report GA expenditures to the Federal Government under the DHEW classification system, it is quite possible that some of the states do provide some general assistance services but failed to report them to the National Pharmaceutical Council.

/1/ Exception - Oklahoma. Vendor program to be implemented July 1, 1975.

H.E.W. REGIONAL OFFICE PROFESSIONAL STAFF

REGION #1 - Connecticut, Maine,
Massachusetts, New
Hampshire, Rhode
Island, Vermont
John Fitzgerald Kennedy
Federal Building
Boston, Mass. 02203

S.R.S. Commissioner: Neil P. Fallon

Associate Regional Commissioner for MSA: Alfred G. Fuoroli

REGION #2 - New Jersey, New York,
Puerto Rico, Virgin
Islands
Federal Building
26 Federal Plaza
New York City 10007

S.R.S. Commissioner: Elmer Smith

Associate Regional Commissioner for MSA: William Toby
(Acting)

REGION #3 - Delaware, District of
Columbia, Maryland,
Pennsylvania, Virginia,
West Virginia
36th and Market Streets
(P.O. Box 7760)
Philadelphia, Pa. 19101

S.R.S. Commissioner: Alwyn L. Carty

Associate Regional Commissioner for MSA: Alvin Pearis

REGION #4 - Alabama, Florida,
Georgia, Kentucky,
Mississippi, North
Carolina, South
Carolina, Tennessee
50 Seventh Street, N.E.
Room 404
Atlanta, Ga. 30323

S.R.S. Commissioner: Virginia Smyth (Mrs.)

Associate Regional Commissioner for MSA: Edward Davis

REGION #5 - Illinois, Indiana,
Michigan, Minnesota,
Ohio, Wisconsin
300 South Wacker Drive
Chicago, Ill. 60606

S.R.S. Commissioner: Clyde V. Downing (Acting)

Associate Regional Commissioner for MSA: W. John Dye

H.E.W. Regional Office Professional Staff (continued):

REGION #6 - Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

1114 Commerce Street
Dallas, Texas 75202

S.R.S. Commissioner: Floyd D. Brandon

Associate Regional Commissioner for MSA: James F. Adams
(Acting)

REGION #7 - Iowa, Kansas,
Missouri, Nebraska

601 East 12 Street
Kansas City, Mo. 64106

S.R.S. Commissioner: Robert Davis

Associate Regional Commissioner for MSA: John R. Morefield
(Acting)

REGION #8 - Colorado, Montana,
South Dakota, North
Dakota, Utah, Wyoming

Federal Office Building
19th and Stout Streets
Denver, Colo. 80202

S.R.S. Commissioner: James R. Burress

Associate Regional Commissioner for MSA: Marion E. Skinner (Mr.)

REGION #9 - Arizona, California,
Guam, Hawaii, Nevada,
American Samoa

Federal Office Building
San Francisco, Calif.
94102

S.R.S. Commissioner: Charles W. Goady

Associate Regional Commissioner for MSA: Robert Harberson
(Acting)

REGION #10 - Alaska, Idaho,
Oregon, Washington

Arcade Plaza Building
1319 Second Avenue
Seattle, Wash. 98101

S.R.S. Commissioner: Joseph L. McGavick

Chief Program Representative/MSA: Robert E. Jones

D H E W

PUBLIC HEALTH SERVICE

Regional Pharmacist Consultants

Region I - Boston, Mass.

Felix Conte, R.Ph.

Phone: 617/223-5357

Pharmacist Consultant
Office of Regional Director
Office of Long Term Care
DHEW, Region I
J.F. Kennedy Office Bldg.
Boston, Mass. 02203

Ronald A. Gomes, R.Ph., M.P.H.

Phone: 617/223-5844

Regional Program Director
DHEW/PHS, Region I, HMOs
J.F. Kennedy Office Bldg.
Boston, Mass. 02203

Samuel Merrill, R.Ph., M.P.H.

Phone: 617/223-6898

Pharmacist Consultant
DHEW/PHS, Region I
J.F. Kennedy Office Bldg.
Boston, Mass. 02203

Region II - New York, N.Y.

Louis C. Beshara, R.Ph., M.S.

Phone: 212/264-4680

Pharmacist Consultant
Education Coordinator
DHEW/PHS/DQS, Region II
Federal Building
26 Federal Plaza
New York, N.Y. 10007

Region III - Philadelphia, Pa.

John Gimon, R.Ph., M.P.H.

Phone: 215/597-6687

Pharmacist Consultant
DHEW/PHS/CHS, Region III
3535 Market Street
Philadelphia, Pa. 19101

Region IV - Atlanta, Ga.

Donald Baker, R.Ph.

Phone: 404/526-3636

Pharmacist Director
Pharmacist Consultant
DHEW/PHS, Region IV
50 Seventh Street, N.E.
Atlanta, Ga. 30323

DHEW/PHS Regional Pharmacist Consultants (continued)

Region V - Chicago, Ill.

Richard A. Hall, Pharm.D., M.P.H.	Director, Division of Quality and Standards
Phone: 312/353-1720	DHEW/PHS, Region V 300 South Wacker Drive Chicago, Ill. 60606

Region VI - Dallas, Tex.

Robert W. Brown, R.Ph., M.A.	Pharmacist Consultant Division of Quality and Standards
Phone: 214/749-2043	DHEW/PHS, Region VI 1100 Commerce Street Dallas, Tex. 75202
Santos L. Garza, R.Ph.	Public Health Advisor National Health Service Corps
Phone: 214/749-2891	DHEW/PHS, Region VI 1114 Commerce Street Dallas, Tex. 75202
Juanita P. Horton	Pharmacist Consultant Division of Finance and and Health Economics
Phone: 214/749-7861	DHEW/PHS, Region VI 1100 Commerce Street Dallas, Tex. 75202
Sam G. Wynn, Jr.	Pharmacist Consultant Office of Long Term Care Standards Enforcement
Phone: 214/749-3555	DHEW, Region VI 1114 Commerce Street Dallas, Tex. 75202

Region VII - Kansas City, Mo.

B. L. Wolf, R.Ph.	Pharmacist Consultant
Phone: 816/374-5103	DHEW/PHS/DQS/PCB, Region VII 601 East 12 Street Kansas City, Mo. 64106

DHEW/PHS Regional Pharmacist Consultants (continued)

Region VIII - Denver, Colo.

Paul A. Honda, R.Ph., M.P.H.

Phone: 303/837-4781

Pharmacist Director
Pharmacist Consultant
DHEW/PHS/CHS, Region VIII
9017 Federal Building
19th and Stout Streets
Denver, Colo. 80202

Region IX - San Francisco, Calif.

Richard M. King, R.Ph., M.P.H.

Phone: 415/556-3100

Pharmacist Consultant
DHEW/PHS/DQS, Region IX
Federal Office Building
50 Fulton Street
San Francisco, Calif. 94102

Region X - Seattle, Wash.

Donald H. Williams, R.Ph.

Phone: 206/442-7222

Regional Pharmacy Consultant
DHEW/ORD, Region X
Office of Nursing Home
Certification
1321 Second Avenue
Mail Stop 632
Seattle, Wash. 98101

Michael J. Kopcho, R.Ph., M.S., M.A.B.

Phone: 206/442-0511

Pharmacy Consultant
Hospital Administration
DHEW/PHS/DQS, Region X
1321 Second Avenue
Mail Stop 506
Seattle, Wash. 98101

June 1975

State
(Medicaid)
Drug Program Administrators
and/or
State Agency Contact
for
Drug Program Information*

<u>State</u>	<u>Contact</u>	<u>Telephone Number</u>
Alabama	Sam T. Hardin, R.Ph.	205/277-2710
Alaska	Ronald Sedgwick, R.Ph.	907/465-3360
Arkansas	(Mrs.) Jean Senn, R.Ph.	501/371-2403
California	Jorge Delgado, R.Ph.	916/445-0380
Colorado	Douglas T. Margreiter, R.Ph., M.P.H.	303/892-3253
Connecticut	Meyer Rosenkrantz, R.Ph.	203/566-2747
Delaware	David Krigstein, R.Ph.	302/658-6873
	James Hudiburg c/o Utilization Review, Blue Cross	302/658-6940
Dist. of Columbia	James Harris, R.Ph.	202/629-6771
Florida	(Vacant)	904/725-3080
Georgia	Gilbert H. Buice, R.Ph.	404/894-5167
Idaho	James Collier, R.Ph. (Part-time)	208/342-5691 (Business phone)
Illinois	Douglas H. Clough, R.Ph.	217/782-2966
Indiana	Kenneth Browning, R.Ph. (Part-time)	317/633-4283 (Medicaid office)
Iowa	Ronald J. Mahrenholz, R.Ph.	515/281-5755

* For addresses refer to individual state program information.

Drug Program Administrators and/or State Agency Contacts (continued)

<u>State</u>	<u>Contact</u>	<u>Telephone Number</u>
Kansas	Gene Hotchkiss, R.Ph.	913/296-3981
Kentucky	(Miss) Gene A. Thomas, R.Ph.	502/564-5560
Louisiana	Walter S. McLean, Jr., R.Ph.	504/389-5316
Maine	Michael O'Donnell, R.Ph.	207/289-2311
Maryland	(Mrs.) Sue B. Fine, R.Ph.	301/383-2827
Massachusetts	George Levey, R.Ph.	617/727-6090
Michigan	James L. Hall, R.Ph.	517/373-7623
Minnesota	John T. Bush, R.Ph.	612/296-2363
Mississippi	William R. Allen, R.Ph.	601/354-7464
Missouri	Gerald L. Washburn, R.Ph.	314/751-3399
Montana	Neal Ostby, R.Ph.	406/449-2031
Nebraska	Tom R. Dolan, R.Ph.	402/471-2387
Nevada	Steven P. Bradford, Pharm.D.	702/885-4775
New Hampshire	Maurice E. Goulet, M.S., R.Ph.	603/271-3706
New Jersey	Jess M. Gaynor, R.Ph.	609/292-3756
New Mexico	Lois J. Lauring, R.Ph.	505/827-2401
New York City	Harry Habler, R.Ph.	212/790-3931
New York State	Gerard F. Nelligan, R.Ph.	518/457-5564
North Carolina	Benny Ridout, R.Ph.	919/829-2060
North Dakota	Paul Wermager, R.Ph.	701/224-2321
Ohio	David M. Stuart, R.Ph. c/o Ohio Northern Univ. College of Pharmacy	614/466-6282 419/634-3015 (University)
Oklahoma	W. A. Taylor c/o Oklahoma Pharmaceutical Assoc.	405/528-4108

Drug Program Administrators and/or State Agency Contacts (continued)

<u>State</u>	<u>Contact</u>	<u>Telephone Number</u>
Oregon	George H. Swartsley, R.Ph. (Part-time)	503/585-6524 (Business phone)
Pennsylvania	William G. Shoemaker, R.Ph.	717/787-3455
Rhode Island	John A. Pagliarini, R.Ph.	401/464-2183
South Carolina	John F. Riley, R.Ph.	803/758-2170
	Horace M. Kaiser, R.Ph. (Part-time)	803/758-2170
South Dakota	Willis Hodson, R.Ph.	605/224-3495
Tennessee	Herbert Bates, R.Ph.	615/741-7221
Texas	Roy Wiese, Jr., R.Ph.	512/475-6321
Utah	John D. Hunter, R.Ph.	801/328-6183
Vermont	Raymond Shepard Medical Program Consultant	802/828-3441
	Robert Webster, R.Ph. (Part-time)	802/828-3441
Virginia	(Mrs.) Mary Ann Johnson, R.Ph.	804/770-7935
Washington	William P. Pace, R.Ph.	206/753-7313
West Virginia	Bernard Schlact, R.Ph.	304/348-8990
Wisconsin	W. Allen Daniels, R.Ph. c/o Wisconsin Pharmaceutical Assoc.	608/238-5515
Wyoming	Harold Prah, R.Ph.	307/777-7275

Not included: Arizona, Guam, Hawaii, Puerto Rico, Virgin Islands.

Vendor Payments for Prescribed Drugs
 Under Title XIX of the Social Security Act, Medical Assistance Programs
 for Fiscal Years Ended June 30, 1969-1974^{1/}
 (Amounts in Thousands)

<u>State</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
<u>Total</u>	<u>\$306,754</u>	<u>\$401,128</u>	<u>\$473,020</u>	<u>\$548,764</u>	<u>\$612,326</u>	<u>\$706,746</u>
Alabama	-	4,579	15,213	9,214	10,451	12,123
Arkansas	-	-	-	-	-	6,321
California	49,902	75,198	82,808	76,548	77,308	87,957
Colorado	3,205	5,322	7,045	7,577	7,253	6,856
Connecticut	3,510	4,820	5,410	5,880	6,007	7,124
Delaware	523	563	767	1,006	1,209	1,248
Dist. of Col.	170	1,385	2,423	3,187	3,904 ^{2/}	4,843
Florida	7,206	9,153	11,682	11,143	11,696	11,764
Georgia	6,588	7,653	15,087	14,112	17,795	16,753
Guam	-	-	9	21	45	-
Hawaii ^{3/}	484	628	373	1,560	1,875	2,372
Idaho	-	-	-	724	1,280	1,331
Illinois	17,504	22,175	25,890	34,639	43,656	56,945
Indiana	4,296	5,706	7,858	10,812	12,672	11,416
Iowa	6,026	5,207	5,357	5,225	5,309	5,260
Kansas	4,661	6,459	5,194	8,161	7,183	7,415
Kentucky	12,616	10,917	12,486	11,687	12,129	10,698
Louisiana	14,123	8,166	8,706	9,456	10,199	10,931
Maine	-	218	1,656	2,098	2,626 ^{2/4/}	3,745
Maryland	5,843	9,408	10,119	12,581	14,838	15,869
Massachusetts	20,286	22,743	26,160	27,073	23,989	24,157
Michigan	4,398	12,488	17,611	21,868	30,976	36,933
Minnesota	9,375	10,395	11,503	12,643	13,196	13,160
Mississippi	-	-	8,393	10,790	12,603	16,256
Missouri	8,558	8,993	9,363	9,792	10,572	11,685
Montana	952	1,097	952	964	1,027	1,135
Nebraska	2,896	2,930	3,582	3,870	4,134	4,528
Nevada	450	562	652	751	876	916
New Hampshire	1,093	1,230	1,316	1,582	1,856	2,071
New Jersey	4,807	8,055	10,998	13,925	16,924	19,725
New Mexico	2,660	2,204	2,832	2,544	2,381	2,828
New York	46,946	58,904	56,615	66,330	62,364	86,851
North Carolina	5,182	7,465	14,545	18,093	20,253	16,599
North Dakota	1,055	1,410	1,469	1,712	1,743 ^{2/}	1,766
Ohio	15,244	16,107	17,455	20,929	24,396	38,351

Vendor Payments for Prescribed Drugs
Under Title XIX of the Social Security Act, Medical Assistance Programs
for Fiscal Years Ended June 30, 1969-1974^{1/}

(Amounts in Thousands)

<u>State</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>
Oklahoma ^{5/}	108	99	124	172	168	90
Oregon	1,336	1,953	2,239	2,462	2,797 ^{2/}	3,180
Pennsylvania	13,618	16,969	20,923	24,874	26,358	29,664
Puerto Rico	-	9,718	-	7,036 ^{6/}	15,378	16,884
Rhode Island	3,776	3,699	4,320	4,548	4,586 ^{2/}	4,876
South Carolina	2,076	4,134	3,319	3,804	4,740	4,569
Tennessee	4,058	6,369	9,583	10,557	10,823	12,439
Texas	-	-	-	21,518	30,855	32,224
Utah	814	1,176	1,374	1,677	1,997	2,286
Vermont	985	1,225	1,441	1,713	2,088	2,103
Virgin Islands	26	2	-	239 ^{6/}	325	326
Virginia	887	3,579	7,215	11,451	13,293	14,224
Washington	5,116	5,663	7,671	7,124	8,907	10,448
West Virginia	3,264 ^{7/}	3,700 ^{7/}	2,939 ^{7/}	3,262	3,786	3,256
Wisconsin	9,347	9,717	10,345	9,827	11,501	12,245

^{1/} Source: National Center for Social Statistics, Social and Rehabilitation Service, Department of Health, Education, and Welfare (NCSS/SRS/DHEW).

^{2/} Does not include payment to vendors by health-insuring or health maintenance organizations.

^{3/} Includes general assistance medical vendor payments.

^{4/} Partly estimated.

^{5/} Oklahoma money payments include \$17 per month for drugs for all adult public assistance programs.

^{6/} No data reported.

^{7/} Includes State Pharmacy Program payments made without Federal participation.

Note: No Title XIX drug program in Fiscal Year 1974: Alaska, Arizona, Oklahoma, South Dakota, Wyoming.

Guam figures for Fiscal Year 1974 not reported.

Vendor Payments for Prescribed Drugs
 By Category of Aid
 Under Public Assistance Medical Care, Medical Assistance (Title XIX)
 and General Assistance Programs for
 Fiscal Year Ended June 30, 1974^{1/}
 (Dollars in Thousands)

State	Type of Program						
	OAA	AFDC	AB	APTD	MAA	GA	MN
Total	\$184,469	\$173,203	\$7,024	\$116,972	\$8,473	\$16,497	\$74,579
Alabama	8,330	1,930	132	1,821	-	-	-
Alaska	-	-	-	-	-	306	-
Arkansas ^{2/}	5,173	1,180	108	1,384	-	133 ^{1/}	-
California	27,591	26,548	1,394	27,468	-	-	20,791
Colorado	3,379	1,264	20	2,192	-	33	-
Connecticut	741	2,350	20	1,088	-	-	2,995
Delaware	282	569	29	262	-	-	105
Florida	5,927	3,254	153	2,428	-	-	-
Georgia	8,786	4,572	192	3,958	-	-	-
Hawaii	396	660	12	420	-	516	-
Idaho	248	450	5	304	304	-	-
Illinois	3,953	26,358	170	12,408	-	4,518	13,987
Indiana	4,711	3,576	168	2,580	-	-	-
Iowa	2,715	1,795	126	662	-	-	-
Kansas	1,123	1,756	46	1,161	2,855	474	-
Kentucky	4,058	2,502	110	1,776	-	-	2,281
Louisiana	8,102	462	106	1,857	-	227 ^{4/}	-
Maine	1,037	934	12	626	-	106	-
Maryland	922	4,348	31	2,259	-	3,031	5,031
Michigan	5,257	14,240	135	6,810	-	-	8,508
Minnesota	1,551	2,850	116	1,840	5,288	-	-
Mississippi	9,304	3,320	155	3,606	-	-	-
Missouri	6,496	2,409	273	1,832	-	921	-
Montana	481	309	15	317	-	256	-
Nebraska	564	296	20	696	-	-	2,952 ^{5/}
Nevada	395	332	15	174	-	-	-
New Jersey	5,530	12,270	104	3,748	26	-	1,402 ^{6/}
New Mexico	461	1,044	19	845	-	-	127 ^{1/}
North Dakota	547	283	4	319	-	-	652
Ohio	11,195	10,892	302	7,866	-	-	-
Oregon	1,474	1,099	71	1,162	-	198	543 ^{1/}

Vendor Payments for Prescribed Drugs
By Category of Aid
Under Public Assistance Medical Care, Medical Assistance (Title XIX)
and General Assistance Programs for
Fiscal Year Ended June 30, 1974^{1/}

(Dollars in Thousands)

State	Type of Program						
	OAA	AFDC	AB	APTD	MAA	GA	MN
Pennsylvania	5,733	12,995	1,074	4,999	-	5,253	-
Puerto Rico ^{9/}	-	2,330	1	230	-	-	11,669
Rhode Island	814	1,140	20	754	-	417	2,149 ^{9/}
South Carolina	1,866	1,268	144	1,261	-	-	270 ^{10/}
Tennessee	6,145	2,831	96	3,366	-	-	-
Texas	22,394	7,434	263	3,333	-	-	-
Virgin Islands	14	26	-	3	-	-	283 ^{11/}
Virginia	6,516	4,332	1,219	2,692	-	-	-
Washington	4,020	2,783	44	3,516	-	228	-
West Virginia	970	1,173	31	943	-	-	39 ^{12/}
Wisconsin	5,268	3,039	69	2,006	-	-	1,399

^{1/} Category of Aid data submitted by individual jurisdiction directly to NPC. Jurisdictions not reporting have been omitted: Alaska, Arizona, District of Columbia, Guam, Massachusetts, New Hampshire, New York, North Carolina, Oklahoma, South Dakota, Utah, Vermont, Wyoming. (Underlined states do not have Title XIX drug program as of June 30, 1974.)

^{2/} Drug program implemented September 1, 1973.

^{3/} Foster Care.

^{4/} Includes \$27 for Cuban Refugees (CR).

^{5/} Includes \$496 "Other".

^{6/} Assistance to Families for Working Poor (AFWP) - \$953; Cuban Refugees (CR) - \$209; Bureau of Children's Services (BCS) - \$240.

^{7/} Child Welfare Service (CWS).

^{8/} Does not include circa \$5,000 for OAA and O-Category, ineligibles for Federal monies.

^{9/} Includes \$22 outpatient clinic drugs.

^{10/} Under MN for reporting purposes only - "All Other".

^{11/} Includes \$49 in non-matching category.

^{12/} State Wards, Boarding Care for Children, and Youths.

Amounts of Medical Vendor Payments by Type of Service

Chart III

and by HEW Region and State

Fiscal Year 1974

HEW REGION AND STATE	TOTAL	INPATIENT HOSPITAL SERVICES			SKILLED NURSING FACILITY SERVICES	INTERMEDIATE CARE FACILITY SERVICES IN INSTITUTIONS	
		TOTAL	IN GENERAL HOSPITAL	IN MENTAL HOSPITAL		TOTAL	FOR MENTALLY RETARDED
TOTAL, REPORTING STATES..	\$10,148,722,872	\$3,399,376,123	\$2,987,933,087	\$411,443,036	\$2,027,226,506	\$1,600,908,894	\$228,681,608
REGION I.....	744,413,086	255,875,633	237,971,012	17,904,621	201,314,461	100,360,983	6,151,988
CONNECTICUT 2/.....	129,815,139	30,470,509	29,450,017	1,020,492	66,375,009	3,456,219	---
MAINE.....	49,653,157	12,630,628	12,630,628	---	1,514,924	18,081,580	---
MASSACHUSETTS.....	453,341,244	173,300,898	161,307,363	11,993,535	121,291,694	48,146,174	---
NEW HAMPSHIRE 3/.....	22,132,260	4,311,831	4,306,376	5,455	1,743,675	9,074,428	---
RHODE ISLAND.....	62,144,017	26,809,389	24,084,989	2,724,400	6,669,998	13,790,404	6,113,090
VERMONT.....	27,327,269	8,352,378	6,191,639	2,160,739	3,179,161	7,812,178	38,898
REGION II.....	2,842,944,222	1,121,656,144	866,920,161	254,735,983	603,729,751	323,575,018	50,914,927
NEW JERSEY.....	298,081,007	113,010,605	70,399,697	42,610,908	46,116,266	36,623,931	---
NEW YORK.....	2,442,298,024	975,752,620	763,627,545	212,125,075	557,613,485	286,951,087	50,914,927
PURTO RICO.....	100,295,173	31,757,053	31,757,053	---	---	---	---
VIRGIN ISLANDS.....	2,270,018	1,135,866	1,135,866	---	---	---	---
REGION III.....	925,198,648	332,194,856	323,501,700	8,693,156	221,068,576	112,556,097	27,241,791
DELAWARE.....	12,540,714	4,849,833	4,231,321	618,512	917,902	2,032,982	---
DIST. OF COLUMBIA.....	69,315,782	33,697,164	31,200,712	2,496,452	4,392,993	4,253,755	---
MARYLAND 4/.....	176,511,561	69,888,338	69,888,338	---	22,509,418	19,725,029	---
PENNSYLVANIA.....	510,224,179	171,900,690	171,900,690	---	186,429,475	47,012,358	17,196,351
VIRGINIA.....	127,636,985	39,239,455	33,661,263	5,578,192	3,513,730	36,846,627	10,045,440
WEST VIRGINIA.....	28,969,427	12,619,376	12,619,376	---	3,305,058	2,685,346	---
REGION IV.....	796,062,869	232,048,927	218,311,336	13,737,591	200,543,978	82,617,899	10,518,876
ALABAMA.....	92,113,316	18,719,864	18,719,792	72	28,038,494	12,803,885	---
FLORIDA.....	109,533,123	35,774,922	31,186,638	4,588,284	42,985,460	2,931,783	---
GEORGIA.....	173,715,068	43,535,126	43,535,126	---	53,741,386	12,365,765	2,282,188
KENTUCKY.....	84,275,402	29,189,670	27,007,963	2,181,707	17,306,676	4,477,618	---
MISSISSIPPI.....	76,226,504	18,460,690	18,460,690	---	19,733,447	4,089,767	5,372
NORTH CAROLINA.....	125,410,241	51,911,066	47,113,752	4,797,314	24,773,822	3,854,373	438,280
SOUTH CAROLINA.....	49,683,541	16,643,957	14,493,339	2,150,618	13,321,421	5,109,528	61,528
TENNESSEE.....	85,105,674	17,813,632	17,794,036	19,596	643,272	36,985,180	7,731,508
REGION V.....	2,126,893,520	660,936,481	608,881,326	52,055,155	350,052,274	459,244,458	81,932,013
ILLINOIS.....	650,654,285	264,449,538	248,209,199	16,240,339	35,351,808	133,095,820	---
INDIANA.....	136,190,436	25,808,413	25,808,413	---	17,674,929	53,118,051	4,488,765
MICHIGAN.....	558,036,986	183,305,042	155,508,541	27,796,501	135,994,221	77,448,226	4,781,507
MINNESOTA.....	225,634,536	45,179,761	41,737,216	3,442,545	42,783,333	85,526,070	36,763,226
OHIO.....	312,843,567	102,096,327	99,898,602	2,197,725	48,728,193	38,566,308	---
WISCONSIN.....	243,533,710	40,097,400	37,719,355	2,378,045	69,519,790	71,489,983	35,898,515
REGION VI.....	690,013,787	156,585,080	151,951,498	4,633,582	43,025,792	312,373,233	24,198,288
ARKANSAS.....	62,406,625	9,702,124	9,702,124	49,194	13,619,009	23,774,025	4,447,239
LOUISIANA.....	111,273,585	35,572,336	34,940,482	631,854	2,408,603	47,946,997	8,002,566
NEW MEXICO.....	25,683,356	8,390,898	8,390,898	---	144,816	6,132,270	539,466
OKLAHOMA.....	123,882,674	33,666,661	33,666,661	---	920,097	66,267,995	6,429,278
TEXAS.....	366,767,547	69,203,867	65,251,333	3,952,534	25,933,267	168,251,946	4,779,739
REGION VII.....	258,787,909	69,613,697	65,117,029	4,496,668	19,249,929	83,090,774	11,281,354
IOWA.....	58,125,122	9,044,569	9,044,569	---	272,731	30,818,813	---
KANSAS.....	80,226,062	20,764,533	19,888,278	876,255	4,094,690	30,333,441	7,543,163
MISSOURI.....	74,051,787	31,171,182	27,779,925	3,391,257	11,940,391	31,125	---
NEBRASKA.....	46,384,938	8,633,413	8,404,257	229,156	2,942,117	21,907,395	3,738,191
REGION VIII.....	169,327,062	40,551,179	39,109,977	1,441,202	42,872,158	40,644,373	2,392,891
COLORADO.....	82,138,823	21,024,598	20,696,014	328,584	20,013,493	21,136,080	558,366
MONTANA 3/.....	19,975,421	4,608,928	4,291,002	317,926	4,988,522	4,004,687	878,369
NORTH DAKOTA.....	15,777,295	4,050,510	3,255,818	794,692	5,891,764	1,244,251	1
SOUTH DAKOTA.....	16,307,781	3,158,565	3,158,565	---	4,810,764	5,649,008	---
UTAH 4/.....	30,639,965	6,940,701	6,940,701	---	6,485,399	6,645,482	956,155
WYOMING.....	4,487,777	767,877	767,877	---	682,216	1,964,865	---
REGION IX.....	1,369,788,756	475,501,151	424,829,542	50,671,609	290,999,382	43,109,460	370,463
CALIFORNIA.....	1,323,914,125	462,718,642	412,258,896	50,459,746	278,561,894	41,140,061	---
HAWAII 4/.....	33,438,911	8,573,773	8,573,773	---	9,428,520	1,196,283	370,463
NEVADA.....	12,435,720	4,208,736	3,996,873	211,863	3,008,968	773,116	---
REGION X.....	225,293,013	54,412,975	51,339,506	3,073,469	54,370,205	43,336,599	13,679,017
ALASKA.....	6,360,043	1,434,250	1,434,250	---	1,693,701	1,540,685	---
IDAHO.....	17,211,520	3,582,439	3,582,439	---	5,062,660	3,129,148	1,215,216
OREGON.....	55,197,804	9,942,811	9,088,452	854,359	1,027,986	30,593,492	11,097,134
WASHINGTON.....	146,523,646	39,453,475	37,234,365	2,219,110	46,585,858	8,073,274	1,366,667

See footnote at end of table.

Source: U.S. Department of Health, Education, and Welfare
Social and Rehabilitation Service
Office of Information Sciences
National Center for Social Statistics
May 1975

Amounts of Medical Vendor Payments by Type of Service

Chart III
(continued)

and by HEW Region and State

Fiscal Year 1974

HEW REGION AND STATE	TOTAL	INTERMEDIATE CARE FACILITY SERVICES IN ALL OTHER INSTITUTIONS	PHYSICIANS' SERVICES	DENTAL SERVICES	OTHER PRACTITIONERS' SERVICES	OUTPATIENT HOSPITAL SERVICES	CLINIC SERVICES
TOTAL, REPORTING STATES..	\$10,148,722,872	\$1,372,227,286	\$1,085,912,879	\$265,328,002	\$ 99,172,867	\$290,850,253	\$290,251,112
REGION I.....	744,413,086	94,208,995	61,782,620	28,488,699	8,192,189	20,116,889	6,922,219
CONNECTICUT 2/.....	129,815,139	3,456,219	9,282,321	2,029,232	---	6,634,323	---
MAINE.....	49,653,157	18,081,580	8,959,171	1,282,814	---	2,307,727	---
MASSACHUSETTS.....	453,341,244	48,146,174	33,339,974	21,534,129	7,676,838	7,283,425	6,902,108
NEW HAMPSHIRE 3/.....	22,132,260	9,074,428	2,322,044	1,189,237	233,037	540,761	20,099
RHODE ISLAND.....	62,144,017	7,677,314	4,366,235	1,795,960	207,654	2,630,199	---
VERMONT.....	27,327,269	7,773,280	3,512,875	657,327	74,660	720,454	12
REGION II.....	2,842,944,222	272,660,091	199,524,021	55,131,900	22,117,036	22,362,392	226,778,951
NEW JERSEY.....	298,081,007	36,623,931	38,185,655	14,219,354	1,426,256	20,512,942	1,353,192
NEW YORK.....	2,442,298,024	236,036,160	135,778,831	40,372,979	20,679,978	1,147,153	225,425,759
PUERTO RICO.....	100,295,173	---	25,522,179	534,748	---	---	---
VIRGIN ISLANDS.....	2,270,018	---	37,356	4,819	10,802	702,297	---
REGION III.....	925,198,648	85,314,306	87,885,783	21,051,898	4,501,688	34,196,417	23,623,818
DELAWARE.....	12,540,714	2,032,982	2,207,982	---	22,603	844,157	35,283
DIST. OF COLUMBIA.....	69,315,782	4,253,755	10,064,530	---	1,076,392	7,033,909	1,905,004
MARYLAND 4/.....	176,511,561	19,725,029	15,234,595	9,893,578	15,312	18,308,199	---
PENNSYLVANIA.....	510,224,179	29,816,007	36,621,679	8,634,271	1,368,228	242,465	21,075,539
VIRGINIA.....	127,636,985	26,801,187	19,232,603	1,906,203	1,173,706	7,628,193	607,192
WEST VIRGINIA.....	28,969,427	2,685,346	4,524,394	617,846	845,447	139,494	---
REGION IV.....	796,062,869	72,099,023	112,185,917	15,319,488	2,252,952	29,816,993	3,290,569
ALABAMA.....	92,113,316	12,803,885	12,310,094	1,320,788	524,150	2,736,390	---
FLORIDA.....	109,533,123	2,931,783	9,605,953	787,603	183,337	5,016,396	3,212
GEORGIA.....	173,715,068	10,083,577	28,200,519	5,443,573	---	7,307,334	---
KENTUCKY.....	84,275,402	4,477,618	13,089,305	2,603,927	310,433	3,208,570	2,083,597
MISSISSIPPI.....	76,226,504	4,084,395	14,260,792	937,174	117,279	1,680,282	---
NORTH CAROLINA.....	125,410,241	3,416,093	16,986,756	3,206,755	1,048,487	4,711,715	1,203,760
SOUTH CAROLINA.....	49,683,541	5,048,000	5,942,878	1,019,668	69,266	1,442,943	---
TENNESSEE.....	85,105,674	29,253,672	11,789,620	---	---	3,713,363	---
REGION V.....	2,126,893,520	377,312,445	240,774,782	63,256,864	32,986,223	74,821,722	21,919,262
ILLINOIS.....	650,654,285	133,095,820	72,600,856	20,374,296	11,368,072	18,811,776	19,611,677
INDIANA.....	136,190,436	48,629,286	11,595,798	3,074,485	1,755,105	4,507,842	1,419,487
MICHIGAN.....	558,036,986	72,666,719	79,480,535	11,503,703	6,632,314	19,546,443	---
MINNESOTA.....	225,634,536	48,762,844	17,147,146	5,692,868	1,377,540	4,618,171	---
OHIO.....	312,843,567	38,566,308	35,263,383	15,788,562	5,709,454	22,037,055	888,098
WISCONSIN.....	243,533,710	35,591,468	24,687,064	6,822,950	6,143,738	5,299,935	---
REGION VI.....	690,013,787	288,174,945	84,150,597	3,408,371	2,403,769	12,252,903	3,612,439
ARKANSAS.....	62,406,625	19,326,786	6,366,623	1,545,802	43,198	522,985	---
LOUISIANA.....	111,273,585	39,944,431	6,234,451	5,227	---	2,908,655	2,888,061
NEW MEXICO.....	25,683,356	5,592,804	4,185,521	639,573	339,421	1,083,855	724,378
OKLAHOMA.....	123,882,674	59,838,717	16,519,343	1,217,769	167,475	108,567	---
TEXAS.....	366,767,547	163,472,207	50,844,659	---	1,853,675	7,628,841	---
REGION VII.....	258,787,909	71,809,420	34,832,547	8,403,875	2,358,500	8,162,005	94,077
IOWA.....	58,125,122	30,818,813	6,598,855	2,492,656	901,161	1,430,176	13,335
KANSAS.....	80,226,062	22,790,278	10,764,423	2,714,895	1,060,035	2,316,701	---
MISSOURI.....	74,051,787	31,125	13,625,209	1,932,802	27,150	3,081,991	---
NEBRASKA.....	46,384,938	18,169,204	3,844,060	1,263,522	370,154	1,333,137	80,742
REGION VIII.....	169,327,062	38,251,482	17,761,946	3,287,146	1,537,766	4,943,529	33,893
COLORADO.....	82,138,823	20,577,714	8,002,672	---	---	2,746,715	---
MONTANA 3/.....	19,975,421	3,126,318	2,375,787	867,705	919,697	411,385	33,283
NORTH DAKOTA.....	15,777,295	1,244,250	1,206,096	511,359	280,801	155,726	610
SOUTH DAKOTA.....	16,307,781	5,649,008	1,830,794	181,021	303,682	241,684	---
UTAH 4/.....	30,639,965	5,689,327	3,539,750	1,582,315	---	1,331,912	---
WYOMING.....	4,487,777	1,964,865	806,847	144,746	33,586	56,107	---
REGION IX.....	1,369,788,756	42,738,997	220,031,162	55,852,345	21,166,259	77,481,545	2,503,907
CALIFORNIA.....	1,323,914,125	41,140,061	212,729,918	52,769,170	20,919,523	75,265,652	2,337,512
HAWAII 4/.....	33,438,911	825,820	5,409,935	2,464,488	94,434	1,646,850	161,054
NEVADA.....	12,435,720	773,116	1,891,309	618,687	152,302	569,043	5,341
REGION X.....	225,293,013	29,657,582	26,983,504	11,127,416	1,656,485	6,695,858	1,471,977
ALASKA.....	6,360,043	1,540,685	1,312,460	164,165	---	152,155	---
IDAHO.....	17,211,520	1,913,932	2,816,025	421,668	114,121	519,413	---
OREGON.....	55,197,804	19,496,358	4,583,911	1,319,458	384,591	1,748,135	---
WASHINGTON.....	146,523,646	6,706,607	18,271,108	9,222,125	1,157,773	4,276,155	1,471,977

See footnote at end of table.

Source: U. S. Department of Health, Education, and Welfare
Social and Rehabilitation Service
Office of Information Sciences
National Center for Social Statistics
May 1975

Amounts of Medical Vendor Payments by Type of Service
and by HEW Region and State

Chart III
(continued)

Fiscal Year 1974

HEW REGION AND STATE	TOTAL	LABORATORY AND RADIOLOGICAL SERVICES	HOME HEALTH SERVICES	PRESCRIBED DRUGS	FAMILY PLANNING SERVICES	OTHER CARE
TOTAL, REPORTING STATES..	\$10,148,722,872	\$ 85,997,321	\$ 31,011,035	\$706,746,283	\$ 48,956,312	\$216,938,674
REGION I.....	744,413,086	1,638,667	3,872,548	44,076,732	399,053	11,338,007
CONNECTICUT 2/.....	129,815,139	---	---	7,124,238	---	2/4,443,290
MAINE.....	49,653,157	---	391,914	3,745,136	222,375	516,890
MASSACHUSETTS.....	453,341,244	1,387,707	2,906,697	24,156,985	129,243	5,285,372
NEW HAMPSHIRE 3/.....	22,132,260	18,358	220,031	2,070,992	---	353,387
RHODE ISLAND.....	62,144,017	170,942	192,270	4,876,196	---	634,760
VERMONT.....	27,327,269	61,660	161,636	2,103,185	47,435	104,308
REGION II.....	2,842,944,222	5,748,642	16,990,738	123,785,748	5,442,247	116,101,634
NEW JERSEY.....	298,081,007	1,606,262	496,848	19,724,536	967,445	3,837,715
NEW YORK.....	2,442,298,024	---	16,493,890	86,851,203	4,474,802	90,756,237
PUERTO RICO.....	100,295,173	4,142,227	---	16,883,754	---	21,455,212
VIRGIN ISLANDS.....	2,270,018	153	---	326,255	---	52,470
REGION III.....	925,198,648	5,465,143	2,618,753	69,102,746	2,201,034	8,731,847
DELAWARE.....	12,540,714	97,548	60,448	1,247,531	215,765	8,680
DIST. OF COLUMBIA.....	69,315,782	417,830	239,587	4,842,935	620,938	769,945
MARYLAND 4/.....	176,511,561	27,118	329,491	15,868,896	872,742	3,838,853
PENNSYLVANIA.....	510,224,179	4,837,418	1,603,924	29,663,516	456,625	377,991
VIRGINIA.....	127,636,985	85,229	385,303	14,223,760	---	2,794,984
WEST VIRGINIA.....	28,969,427	---	---	3,256,108	34,964	941,394
REGION IV.....	796,062,869	3,467,620	1,945,257	101,201,278	3,123,288	8,248,703
ALABAMA.....	92,113,316	1,933,867	241,860	12,122,864	1,227,156	133,904
FLORIDA.....	109,533,123	406,270	42,398	11,764,416	11,745	19,628
GEORGIA.....	173,715,068	246,399	224,721	16,752,620	262,260	5,635,365
KENTUCKY.....	84,275,402	111,688	658,611	10,698,038	417,567	119,702
MISSISSIPPI.....	76,226,504	104,954	93,708	16,255,870	369,814	122,727
NORTH CAROLINA.....	125,410,241	1,773	265,776	16,599,415	743,514	103,029
SOUTH CAROLINA.....	49,683,541	656,191	245,764	4,569,197	91,232	571,496
TENNESSEE.....	85,105,674	6,478	172,419	12,438,858	---	1,542,812
REGION V.....	2,126,893,520	9,980,989	2,935,353	169,050,727	4,412,173	36,522,212
ILLINOIS.....	650,654,285	4,949,827	1,123,515	56,945,434	---	11,971,666
INDIANA.....	136,190,436	1,530,709	649,655	11,415,658	512,596	3,127,708
MICHIGAN.....	558,036,986	1,825,228	513,057	36,933,061	2,975,937	1,879,219
MINNESOTA.....	225,634,536	779,657	155,556	13,160,435	212,070	9,001,429
OHIO.....	312,843,567	799,104	482,060	38,351,120	37,915	4,095,988
WISCONSIN.....	243,533,710	96,464	11,510	12,245,019	673,655	6,446,202
REGION VI.....	690,013,787	9,778,579	212,852	52,394,372	2,613,840	7,201,961
ARKANSAS.....	62,406,625	9,792	12,489	6,320,861	59,468	345,055
LOUISIANA.....	111,273,585	1,234,963	143,628	10,931,089	504	999,072
NEW MEXICO.....	25,683,356	632,962	25,962	2,828,195	52,589	502,916
OKLAHOMA.....	123,882,674	144,169	---	90,259	203,121	4,577,218
TEXAS.....	366,767,547	7,756,693	30,773	32,223,968	2,262,158	777,700
REGION VII.....	258,787,909	953,635	105,668	28,887,802	1,213,172	1,822,228
IOWA.....	58,125,122	28,572	17,657	5,259,570	797,836	449,191
KANSAS.....	80,226,062	---	48,574	7,414,805	---	713,965
MISSOURI.....	74,051,787	42,490	19,469	11,685,408	373,261	121,309
NEBRASKA.....	46,384,938	882,573	19,968	4,528,019	42,075	537,763
REGION VIII.....	169,327,062	1,503,331	223,175	12,042,833	406,114	3,507,387
COLORADO.....	82,138,823	1,231,051	154,152	6,855,586	301,054	673,422
MONTANA 3/.....	19,975,421	8,530	50,436	1,135,290	37,840	521,098
NORTH DAKOTA.....	15,777,295	252,898	9,266	1,765,504	30,089	378,422
SOUTH DAKOTA.....	16,307,781	---	9,321	16,647	---	106,295
UTAH 4/.....	30,639,965	---	---	2,286,453	---	1,827,953
WYOMING.....	4,487,777	10,852	---	---	20,484	197
REGION IX.....	1,369,788,756	41,967,527	1,342,032	91,244,663	27,490,740	21,098,584
CALIFORNIA.....	1,323,914,125	40,875,999	1,218,795	87,957,407	27,288,338	20,131,214
HAWAII 4/.....	33,438,911	1,058,521	84,270	2,371,552	199,163	750,069
NEVADA.....	12,435,720	33,007	38,967	915,704	3,239	217,301
REGION X.....	225,293,013	5,493,188	764,659	14,959,382	1,654,651	2,366,111
ALASKA.....	6,360,043	11,303	2,310	---	---	49,011
IDAHO.....	17,211,520	45,442	28,054	1,330,546	98,637	63,367
OREGON.....	55,197,804	1,108,889	67,506	3,180,475	477,514	763,036
WASHINGTON.....	146,523,646	4,327,554	666,789	10,448,361	1,078,500	1,490,697

1/ Arizona had no title XIX program during fiscal year 1974. Guam is omitted due to incomplete reporting.
2/ In some States, two or more types of services may be grouped under one class, as in Connecticut where other care includes other practitioners, clinic, laboratory and radiological, home health and family planning services.
3/ Totals include \$46,613 not distributed by type of service: Montana, \$12,233; and New Hampshire, \$34,380.
4/ Includes general assistance medical vendor payments.

Source: U.S. Department of Health, Education, and Welfare
Social and Rehabilitation Service
Office of Information Sciences
National Center for Social Statistics
May 1975

Distribution of Amounts of Medical Vendor Payments by Type of Service

And by Region and State

Fiscal Year 1974 1/

HEW REGION AND STATE	TOTAL	INPATIENT HOSPITAL SERVICES		SKILLED NURSING FACILITY SERVICES	INTERMEDIATE CARE FACILITY SERVICES IN INSTITUTIONS		
		TOTAL	IN GENERAL HOSPITAL		IN MENTAL HOSPITAL	TOTAL	FOR MENTALLY RETARDED
TOTAL, REPORTING STATES..							
NUMBER.....	\$10,148,722,872	\$3,399,376,123	\$2,987,933,087	\$411,443,036	\$2,027,226,506	\$1,600,908,894	\$228,681,608
PERCENT.....	100.0	33.5	29.4	4.1	20.0	15.8	2.3
REGION I.....	744,413,086	34.4	32.0	2.4	27.0	13.5	0.8
CONNECTICUT 2/.....	129,815,139	23.5	22.7	0.8	51.1	2.7	---
MAINE.....	49,653,157	25.4	25.4	---	3.1	36.4	---
MASSACHUSETTS.....	453,341,244	38.2	35.6	2.6	26.8	10.6	---
NEW HAMPSHIRE 3/.....	22,132,260	19.5	19.5	(2)	7.9	41.1	---
RHODE ISLAND.....	62,144,017	43.1	38.8	4.4	10.7	22.2	9.8
VERMONT.....	27,327,269	30.6	22.7	7.9	13.6	28.6	0.1
REGION II.....	2,842,944,222	39.5	30.5	9.0	21.2	11.4	1.8
NEW JERSEY.....	298,081,007	37.9	23.6	14.3	15.5	12.3	---
NEW YORK.....	2,442,298,024	40.0	31.3	8.7	22.8	11.7	2.1
PUERTO RICO.....	100,295,173	31.7	31.7	---	---	---	---
VIRGIN ISLANDS.....	2,270,018	50.0	50.0	---	---	---	---
REGION III.....	925,198,648	35.9	35.0	0.9	23.9	12.2	2.9
DELAWARE.....	12,540,714	38.7	33.7	4.9	7.3	16.2	---
DIST. OF COLUMBIA.....	69,315,782	48.6	45.0	3.6	6.3	6.1	---
MARYLAND 4/.....	176,511,561	39.6	39.6	---	12.8	11.2	---
PENNSYLVANIA.....	510,224,179	33.7	33.7	---	36.5	9.2	3.4
VIRGINIA.....	127,636,985	30.7	26.4	4.4	2.8	28.9	7.9
WEST VIRGINIA.....	28,969,427	43.6	43.6	---	11.4	9.3	---
REGION IV.....	796,062,869	29.1	27.4	1.7	25.2	10.4	1.3
ALABAMA.....	92,113,316	20.3	20.3	(2)	30.4	13.9	---
FLORIDA.....	109,533,123	32.7	28.5	4.2	39.2	2.7	---
GEORGIA.....	173,715,068	25.1	25.1	---	30.9	7.1	1.3
KENTUCKY.....	84,275,402	34.6	32.0	2.6	20.5	5.3	---
MISSISSIPPI.....	76,226,504	24.2	24.2	---	25.9	5.4	(2)
NORTH CAROLINA.....	125,410,241	41.4	37.6	3.8	19.8	3.1	0.3
SOUTH CAROLINA.....	49,683,541	33.5	29.2	4.3	26.8	10.3	0.1
TENNESSEE.....	85,105,674	20.9	20.9	(2)	0.8	43.5	9.1
REGION V.....	2,126,893,520	31.1	28.6	2.4	16.5	21.6	3.9
ILLINOIS.....	650,654,285	40.6	38.1	2.5	5.4	20.5	---
INDIANA.....	136,190,436	19.0	19.0	---	13.0	39.0	3.3
MICHIGAN.....	558,036,986	32.8	27.9	5.0	24.4	13.9	0.9
MINNESOTA.....	225,634,536	20.0	13.5	1.5	19.0	37.9	16.3
OHIO.....	312,843,567	32.6	31.9	0.7	15.6	12.3	---
WISCONSIN.....	243,533,710	16.5	15.5	1.0	28.5	29.4	14.7
REGION VI.....	690,013,787	22.7	22.0	0.7	6.2	45.3	3.5
ARKANSAS.....	62,406,625	15.6	15.5	0.1	21.8	38.1	7.1
LOUISIANA.....	111,273,585	32.0	31.4	0.6	2.2	43.1	7.2
NEW MEXICO.....	25,683,356	32.7	32.7	---	0.6	23.9	2.1
OKLAHOMA.....	123,882,674	27.2	27.2	---	0.7	53.5	5.2
TEXAS.....	366,767,547	18.9	17.8	1.1	7.1	45.9	1.3
REGION VII.....	258,787,909	26.9	25.2	1.7	7.4	32.1	4.4
IOWA.....	58,125,122	15.6	15.6	---	0.5	53.0	---
KANSAS.....	80,226,062	25.9	24.8	1.1	5.1	37.8	9.4
MISSOURI.....	74,051,787	42.1	37.5	4.6	16.1	(2)	---
NEBRASKA.....	46,384,938	18.6	18.1	0.5	6.3	47.2	8.1
REGION VIII.....	169,327,062	23.9	23.1	0.9	25.3	24.0	1.4
COLORADO.....	82,138,823	25.6	25.2	0.4	24.4	25.7	0.7
MONTANA 3/.....	19,975,421	23.1	21.5	1.6	25.0	20.1	4.4
NORTH DAKOTA.....	15,777,295	25.7	20.6	5.0	37.3	7.9	(2)
SOUTH DAKOTA.....	16,307,781	19.4	19.4	---	29.5	34.6	---
UTAH 4/.....	30,639,965	22.7	22.7	---	21.2	21.7	3.1
WYOMING.....	4,487,777	17.1	17.1	---	15.2	43.8	---
REGION IX.....	1,369,788,756	34.7	31.0	3.7	21.2	3.1	(2)
CALIFORNIA.....	1,323,914,125						
HAWAII 4/.....	33,438,911	25.6	25.6	---	28.2	3.6	1.1
NEVADA.....	12,435,720	33.8	32.1	1.7	24.2	6.2	---
REGION X.....	225,293,013	24.2	22.8	1.4	24.1	19.2	6.1
ALASKA.....	6,360,043	22.6	22.6	---	26.6	24.2	---
IDAHO.....	17,211,520	20.8	20.8	---	29.4	18.2	7.1
OREGON.....	55,197,804	18.0	16.5	1.5	1.9	55.4	20.1
WASHINGTON.....	146,523,646	26.9	25.4	1.5	31.8	5.5	0.9

See footnote at end of table.

Source: U.S. Department of Health, Education, and Welfare
 Social and Rehabilitation Service
 Office of Information Sciences
 National Center for Social Statistics
 May 1975

Distribution of Amounts of Medical Vendor Payments by Type of Service

And by Region and State

Fiscal Year 1974 1/

HEW REGION AND STATE	TOTAL	INTERMEDIATE CARE FACILITY SERVICES IN ALL OTHER INSTITUTIONS	PHYSICIANS' SERVICES	DENTAL SERVICES	OTHER PRACTITIONERS' SERVICES	OUTPATIENT HOSPITAL SERVICES	CLINIC SERVICES
TOTAL, REPORTING STATES..							
NUMBER.....	\$10,148,722,872	\$1,372,227,286	\$1,085,912,879	\$265,328,002	\$ 99,172,867	\$290,850,253	\$290,251,112
PERCENT.....	100.0	13.5	10.7	2.6	1.0	2.9	2.9
REGION I.....	744,413,086	12.7	8.3	3.8	1.1	2.7	0.9
CONNECTICUT 2/.....	129,815,139	2.7	7.2	1.6	---	5.1	---
MAINE.....	49,653,157	36.4	18.0	2.6	---	4.6	---
MASSACHUSETTS.....	453,341,244	10.6	7.4	4.8	1.7	1.6	1.5
NEW HAMPSHIRE 3/.....	22,132,260	41.1	10.5	5.4	1.1	2.4	0.1
RHODE ISLAND.....	62,144,017	12.4	7.0	2.9	0.3	4.2	---
VERMONT.....	27,327,269	28.4	12.9	2.4	0.3	2.6	(Z)
REGION II.....	2,842,944,222	9.6	7.0	1.9	0.8	0.8	8.0
NEW JERSEY.....	298,081,007	12.3	12.8	4.8	0.5	6.9	0.5
NEW YORK.....	2,442,298,024	9.7	5.6	1.7	0.8	(Z)	9.2
PUERTO RICO.....	100,295,173	---	25.4	0.5	---	---	---
VIRGIN ISLANDS.....	2,270,018	---	1.6	0.2	0.5	30.9	---
REGION III.....	925,198,648	9.2	9.5	2.3	0.5	3.7	2.6
DELAWARE.....	12,540,714	16.2	17.6	---	0.2	6.7	0.3
DIST. OF COLUMBIA.....	69,315,782	6.1	14.5	---	1.6	10.1	2.7
MARYLAND 4/.....	176,511,561	11.2	8.6	5.6	(Z)	10.4	---
PENNSYLVANIA.....	510,224,179	5.8	7.2	1.7	0.3	(Z)	4.1
VIRGINIA.....	127,636,985	21.0	15.1	1.5	0.9	6.0	0.5
WEST VIRGINIA.....	28,969,427	9.3	15.6	2.1	2.9	0.5	---
REGION IV.....	796,062,869	9.1	14.1	1.9	0.3	3.7	0.4
ALABAMA.....	92,113,316	13.9	13.4	1.4	0.6	3.0	---
FLORIDA.....	109,533,123	2.7	8.8	0.7	0.2	4.6	(Z)
GEORGIA.....	173,715,068	5.8	16.2	3.1	---	4.2	---
KENTUCKY.....	84,275,402	5.3	15.5	3.1	0.4	3.8	2.5
MISSISSIPPI.....	76,226,504	5.4	18.7	1.2	0.2	2.2	---
NORTH CAROLINA.....	125,410,241	2.7	13.5	2.6	0.8	3.8	1.0
SOUTH CAROLINA.....	49,683,541	10.2	12.0	2.1	0.1	2.9	---
TENNESSEE.....	85,105,674	34.4	13.9	---	---	4.4	---
REGION V.....	2,126,893,520	17.7	11.3	3.0	1.6	3.5	1.0
ILLINOIS.....	650,654,285	20.5	11.2	3.1	1.7	2.9	3.0
INDIANA.....	136,190,436	35.7	8.5	2.3	1.3	3.3	1.0
MICHIGAN.....	558,036,986	13.0	14.2	2.1	1.2	3.5	---
MINNESOTA.....	225,634,536	21.6	7.6	2.5	0.6	2.0	---
OHIO.....	312,843,567	12.3	11.3	5.0	1.8	7.0	0.3
WISCONSIN.....	243,533,710	14.6	10.1	2.8	2.5	2.2	---
REGION VI.....	690,013,787	41.8	12.2	0.5	0.3	1.3	0.5
ARKANSAS.....	62,406,625	31.0	10.2	2.5	0.1	0.8	---
LOUISIANA.....	111,273,585	35.9	5.6	(Z)	---	2.6	2.6
NEW MEXICO.....	25,683,356	21.8	16.3	2.5	1.3	4.2	2.8
OKLAHOMA.....	123,882,674	48.3	13.3	1.0	0.1	0.1	---
TEXAS.....	366,767,547	44.6	13.9	---	0.5	2.1	---
REGION VII.....	258,787,909	27.7	13.5	3.2	0.9	3.2	(Z)
IOWA.....	58,125,122	53.0	11.4	4.3	1.6	2.5	(Z)
KANSAS.....	80,226,062	28.4	13.4	3.4	1.3	2.9	---
MISSOURI.....	74,051,787	(Z)	18.4	2.6	(Z)	4.2	---
NEBRASKA.....	46,384,938	39.2	8.3	2.7	0.8	2.9	0.2
REGION VIII.....	169,327,062	22.6	10.5	1.9	0.9	2.9	(Z)
COLORADO.....	82,138,823	25.1	9.7	---	---	3.3	---
MONTANA 3/.....	19,975,421	15.7	11.9	4.3	4.6	2.1	0.2
NORTH DAKOTA.....	15,777,295	7.9	7.6	3.2	1.8	1.0	(Z)
SOUTH DAKOTA.....	16,307,781	34.6	11.2	1.1	1.9	1.5	---
UTAH 4/.....	30,639,965	18.6	11.6	5.2	---	4.3	---
WYOMING.....	4,487,777	43.8	18.0	3.2	0.7	1.3	---
REGION IX.....	1,369,788,756	3.1	16.1	4.1	1.5	5.7	0.2
CALIFORNIA.....	1,323,914,125	3.1	16.1	4.0	1.6	5.7	0.2
HAWAII 4/.....	33,438,911	2.5	16.2	7.4	0.3	4.9	0.5
NEVADA.....	12,435,720	6.2	15.2	5.0	1.2	4.6	(Z)
REGION X.....	225,293,013	13.2	12.0	4.9	0.7	3.0	0.7
ALASKA.....	6,360,043	24.2	20.6	2.6	---	2.4	---
IDAHO.....	17,211,520	11.1	16.4	2.4	0.7	3.0	---
OREGON.....	55,197,804	35.3	8.3	2.4	0.7	3.2	---
WASHINGTON.....	146,523,646	4.6	12.5	6.3	0.8	2.9	1.0

See footnote at end of table.

Source: U.S. Department of Health, Education, and Welfare
Social and Rehabilitation Service
Office of Information Sciences
National Center for Social Statistics
May 1975

Distribution of Amounts of Medical Vendor Payments by Type of Service

Chart IV
(continued)

And by Region and State

Fiscal Year 1974 1/

HEW REGION AND STATE	TOTAL	LABORATORY AND RADIOLOGICAL SERVICES	HOME HEALTH SERVICES	PRESCRIBED DRUGS	FAMILY PLANNING SERVICES	OTHER CARE
TOTAL, REPORTING STATES..						
NUMBER.....	\$10,148,722,872	\$ 85,997,321	\$ 31,011,035	\$706,746,283	\$ 48,956,312	\$216,938,674
PERCENT.....	100.0	0.8	0.3	7.0	0.5	2.1
REGION I.....	744,413,086	0.2	0.5	5.9	0.1	1.5
CONNECTICUT 2/.....	129,815,139	---	---	5.5	---	2/ 3.4
MAINE.....	49,653,157	---	0.8	7.5	0.4	1.0
MASSACHUSETTS.....	453,341,244	0.3	0.6	5.3	(Z)	1.2
NEW HAMPSHIRE 3/.....	22,132,260	0.1	1.0	9.4	---	1.6
RHODE ISLAND.....	62,144,017	0.3	0.3	7.8	---	1.0
VERMONT.....	27,327,269	0.2	0.6	7.7	0.2	0.4
REGION II.....	2,842,944,222	0.2	0.6	4.4	0.2	4.1
NEW JERSEY.....	298,081,007	0.5	0.2	6.6	0.3	1.3
NEW YORK.....	2,442,298,024	0.0	0.7	3.6	0.2	3.7
PUERTO RICO.....	100,295,173	4.1	---	16.8	---	21.4
VIRGIN ISLANDS.....	2,270,018	(Z)	---	14.4	---	2.3
REGION III.....	925,198,648	0.6	0.3	7.5	0.2	0.9
DELAWARE.....	12,540,714	0.8	0.5	9.9	1.7	0.1
DIST. OF COLUMBIA.....	69,315,782	0.6	0.3	7.0	0.9	1.1
MARYLAND 4/.....	176,511,561	(Z)	0.2	9.0	0.5	2.2
PENNSYLVANIA.....	510,224,179	0.9	0.3	5.8	0.1	0.1
VIRGINIA.....	127,636,985	0.1	0.3	11.1	---	2.2
WEST VIRGINIA.....	28,969,427	---	---	11.2	0.1	3.2
REGION IV.....	796,062,869	0.4	0.2	12.7	0.4	1.0
ALABAMA.....	92,113,316	2.1	0.3	13.2	1.3	0.1
FLORIDA.....	109,533,123	0.4	(Z)	10.7	(Z)	(Z)
GEORGIA.....	173,715,068	0.1	0.1	9.6	0.2	3.2
KENTUCKY.....	84,275,402	0.1	0.8	12.7	0.5	0.1
MISSISSIPPI.....	76,226,504	0.1	0.1	21.3	0.5	0.2
NORTH CAROLINA.....	125,410,241	(Z)	0.2	13.2	0.6	0.1
SOUTH CAROLINA.....	49,683,541	1.3	0.5	9.2	0.2	1.2
TENNESSEE.....	85,105,674	(Z)	0.2	14.6	---	1.8
REGION V.....	2,126,893,520	0.5	0.1	7.9	0.2	1.7
ILLINOIS.....	650,654,285	0.8	0.2	8.8	---	1.8
INDIANA.....	136,190,436	1.1	0.5	8.4	0.4	2.3
MICHIGAN.....	558,036,986	0.3	0.1	6.6	0.5	0.3
MINNESOTA.....	225,634,536	0.3	0.1	5.8	0.1	4.0
OHIO.....	312,843,567	0.3	0.2	12.3	(Z)	1.3
WISCONSIN.....	243,533,710	(Z)	(Z)	5.0	0.3	2.4
REGION VI.....	690,013,787	1.4	(Z)	7.6	0.4	1.0
ARKANSAS.....	62,406,625	(Z)	(Z)	10.1	0.2	0.6
LOUISIANA.....	111,273,585	1.1	0.1	9.8	(Z)	0.9
NEW MEXICO.....	25,683,356	2.5	0.1	11.0	0.2	2.0
OKLAHOMA.....	123,882,674	0.1	---	0.1	0.2	3.7
TEXAS.....	366,767,547	2.1	(Z)	8.8	0.6	0.2
REGION VII.....	258,787,909	0.4	(Z)	11.2	0.5	0.7
IOWA.....	58,125,122	(Z)	(Z)	9.0	1.4	0.8
KANSAS.....	80,226,062	---	0.1	9.2	---	0.9
MISSOURI.....	74,051,787	0.1	(Z)	15.8	0.5	0.2
NEBRASKA.....	46,384,938	1.9	(Z)	9.8	0.1	1.2
REGION VIII.....	169,327,062	0.9	0.1	7.1	0.2	2.1
COLORADO.....	82,138,823	1.5	0.2	8.3	0.4	0.8
MONTANA 3/.....	19,975,421	(Z)	0.3	5.7	0.2	2.6
NORTH DAKOTA.....	15,777,295	1.6	0.1	11.2	0.2	2.4
SOUTH DAKOTA.....	16,307,781	---	0.1	---	0.1	0.7
UTAH 4/.....	30,639,965	---	---	7.5	---	6.0
WYOMING.....	4,487,777	0.2	---	---	0.5	(Z)
REGION IX.....	1,369,788,756	3.1	0.1	6.7	2.0	1.5
CALIFORNIA.....	1,323,914,125	3.1	0.1	6.6	2.1	1.5
HAWAII 4/.....	33,438,911	3.2	0.3	7.1	0.6	2.2
NEVADA.....	12,435,720	0.3	0.3	7.4	(Z)	1.7
REGION X.....	225,293,013	2.4	0.3	6.6	0.7	1.1
ALASKA.....	6,360,043	0.2	(Z)	---	---	0.8
IDAHO.....	17,211,520	0.3	0.2	7.7	0.6	0.4
OREGON.....	55,197,804	2.0	0.1	5.8	0.9	1.4
WASHINGTON.....	146,523,646	3.0	0.5	7.1	0.7	1.0

1/ Arizona had no title XIX program during fiscal year 1974. Guam is omitted due to incomplete reporting.

2/ In some States, two or more types of services may be grouped under one class, as in Connecticut where other care includes other practitioners, clinic, laboratory and radiological, home health and family planning services.

3/ Totals include \$46,613 not distributed by type of service: Montana, \$12,233; and New Hampshire, \$34,380. These amounts are excluded from the percentage distribution.

4/ Includes general assistance medical vendor payments.

Z Indicates that the percent was less than 0.05.

Source: U.S. Department of Health, Education, and Welfare
Social and Rehabilitation Service
Office of Information Sciences
National Center for Social Statistics
May 1975

MEDICAID SERVICES STATE BY STATE,

* DECEMBER 1, 1974 √

* **BASIC REQUIRED MEDICAID SERVICES:** Every Medicaid program must cover at least these services for at least everyone receiving federally supported financial assistance: inpatient hospital care; outpatient hospital services; other laboratory and X-ray services; skilled nursing facility services and home health services for individuals 21 and older; early and periodic screening, diagnosis, and treatment for individuals under 21; family planning; and physician services. Federal financial participation is also available to States electing to expand their Medicaid programs by covering additional services and/or by including people eligible for medical but not for financial assistance. For the latter group States may offer the services required for financial assistance recipients or may substitute a combination of seven services.

Services provided only under the Medicare buy-in or the screening and treatment program for individuals under 21 are not shown on this chart.

Definitions and limitations on eligibility and services vary from State to State. Details are available from local welfare offices and State Medicaid agencies.

FMAP	State	Additional services for which Federal financial participation is available to States under Medicaid.																	State
		Clinic services	Physician services	Dental services	Podiatric services	Eyeglasses	Private duty nursing	Physical therapy and related services	Other diagnostic, screening, preventive and rehabilitative services	Emergency hospital services	Skilled nursing facility services for patients under 21	Optometric services	Podiatrist services	Chiropractor services	Care for patients 65 or older in institutions for mental illness	Care for patients 65 or older in institutions for tuberculosis	Care for patients 65 or older in intermediate care facilities	Institutional services in intermediate care facilities	
76	Alabama	•																3/	AL
50	Alaska	•																3/	AK
62	Arizona																		AZ
76	Arkansas	•	•	•	•					•	•		•	•	•	•	•	3/	AR
59	California	+	+	+	+	+				+	+	+	+	+	+	+	+	3/	CA
57	Colorado	•								•								3/	CO
60	Connecticut	+	+	+	+	+				+	+	+	+	+	+	+	+	3/	CT
60	Delaware	•																•	DE
60	D.C.	+	+							+	+	+	+	+	+	+	+	3/	DC
61	Florida	•	•	•	•	•				•								3/	FL
67	Georgia	•	•	•	•	•				•								3/	GA
50	Guam	+	+	+	+	+				+	+	+	+	+	+	+	+		GU
50	Hawaii	•	•	•	•	•				•	•	•	•	•	•	•	•		HI
70	Idaho	•								•								3/	ID
50	Illinois	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	IL
57	Indiana	•	•	•	•	•				•	•	•	•	•	•	•	•	•	IN
60	Iowa	•	•	•	•	•				•								•	IA
55	Kansas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	KS
72	Kentucky	+	+	+	+	+				+	+	+	+	+	+	+	+	3/	KY
73	Louisiana	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	LA
70	Maine	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	ME
50	Maryland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	MD
50	Massachusetts	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	MA
50	Michigan	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	MI
57	Minnesota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	MN
81	Mississippi	•	•	•	•	•				•								•	MS
60	Missouri	•	•	•	•	•				•								•	MO
66	Montana	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	MT
58	Nebraska	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	NB
50	Nevada	•	•	•	•	•				•								•	NV
62	New Hampshire	•	•	•	•	•				•	•	•	•	•	•	•	•	•	NH
50	New Jersey	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	NJ
72	New Mexico	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	NM
50	New York	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	NY
70	North Carolina	+	+	+	+	+				+	+	+	+	+	+	+	+	3/	NC
70	North Dakota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ND
64	Ohio	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	OH
68	Oklahoma	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	OK
59	Oregon	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	OR
55	Pennsylvania	+	•	•	•	•				+	+	+	+	+	+	+	+	3/	PA
50	Puerto Rico	+	+	+	+	+				+	+	+	+	+	+	+	+	+	PR
55	Rhode Island	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	RI
75	South Carolina	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	SC
70	South Dakota	•	•	•	•	•				•	•	•	•	•	•	•	•	•	SD
72	Tennessee	+	+	+	+	+				+	+	+	+	+	+	+	+	3/	TN
64	Texas	•	•	•	•	•				•	•	•	•	•	•	•	•	3/	TX
70	Utah	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	UT
65	Vermont	•	•	•	•	•				•	•	•	•	•	•	•	•	•	VT
50	Virgin Islands	+	+	+	+	+				+	+	+	+	+	+	+	+	+	VI
62	Virginia	+	+	+	+	+				+	+	+	+	+	+	+	+	3/	VA
53	Washington	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3/	WA
74	West Virginia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	WV
60	Wisconsin	+	+	+	+	+	•	•	•	•	•	•	•	•	•	•	•	3/	WI
61	Wyoming	•	•	•	•	•				•								•	WY
•	22		13	24	14	17	13	8	11	9	19	17	14	16	10	16	13	10	24
+	31	•	28	29	27	28	26	15	24	16	24	25	23	24	17	26	18	16	25
•	53	•	41	54	41	43	38	21	35	26	43	42	37	39	27	41	31	25	49
			Total																

Intermediate Care Facilities (ICF): P.L. 92-223 transferred the ICF program to Medicaid (Title XIX) as an optional service, effective 1-1-72. States may at their option include institutions for the mentally retarded, both public and private. See footnote five.

1/ Data from Regional Office reports of characteristics to State programs and State plan amendments.
 2/ People qualifying as members of families with dependent children (usually families with at least one parent absent or incapacitated).
 3/ People qualifying as aged, blind, or disabled under the Supplemental Security Income program.
 4/ FMAP - Federal Medicaid Assistance Percentage: Rate of Federal financial participation in a State's medical vendor payment expenditures on behalf of individuals and families eligible under Title XIX of the Social Security Act. Percentages, effective from July 1, 1973, through June 30, 1975, are rounded.
 5/ Including ICF services in Institutions for the mentally retarded.

* Updated by NPC July 1, 1975 - to include Oklahoma.

MEDICAL ASSISTANCE PROGRAMS
 Title XIX
JURISDICTIONAL FEDERAL MEDICAL ASSISTANCE
PERCENTAGE^{1/}

State	Effective	
	<u>7/1/73-6/30/75</u>	<u>7/1/75-6/30/77</u>
Alabama -----	75.93%	73.79%
Alaska -----	50.00	50.00
Arizona -----	61.92	60.48
Arkansas -----	76.31	74.60
California -----	50.00	50.00
Colorado -----	57.22	54.69
Connecticut -----	50.00	50.00
Delaware -----	50.00	50.00
District of Columbia -----	50.00	50.00
Florida -----	60.95	57.34
Georgia -----	66.96	66.10
Guam -----	50.00	50.00
Hawaii -----	50.00	50.00
Idaho -----	69.50	68.18
Illinois -----	50.00	50.00
Indiana -----	57.01	57.47
Iowa -----	59.72	57.13
Kansas -----	55.37	54.02
Kentucky -----	72.12	71.37
Louisiana -----	72.80	72.41
Maine -----	70.03	70.60
Maryland -----	50.00	50.00
Massachusetts -----	50.00	50.00
Michigan -----	50.00	50.00
Minnesota -----	57.37	56.84
Mississippi -----	80.55	78.28
Missouri -----	59.94	58.98
Montana -----	66.08	63.21
Nebraska -----	57.86	55.59
Nevada -----	50.00	50.00
New Hampshire -----	62.05	60.28
New Jersey -----	50.00	50.00
New Mexico -----	72.01	73.29
New York -----	50.00	50.00
North Carolina -----	70.01	68.03
North Dakota -----	70.12	57.59
Ohio -----	53.59	54.39
Oklahoma -----	68.07	67.42
Oregon -----	59.40	59.04
Pennsylvania -----	55.14	55.39
Puerto Rico -----	50.00	50.00
Rhode Island -----	55.37	56.55
South Carolina -----	75.00	73.58
South Dakota -----	70.25	67.23
Tennessee -----	72.28	70.43
Texas -----	63.53	63.59
Utah -----	69.95	70.04

MEDICAL ASSISTANCE PROGRAMS
Title XIX
JURISDICTIONAL FEDERAL MEDICAL ASSISTANCE
PERCENTAGE 1/

<u>State</u>	<u>Effective</u>	
	<u>7/1/73-6/30/75</u>	<u>7/1/75-6/30/77</u>
Vermont -----	65.38%	69.82%
Virgin Islands -----	50.00	50.00
Virginia -----	61.58	58.34
Washington -----	53.13	53.72
West Virginia -----	73.52	71.90
Wisconsin -----	60.02	59.91
Wyoming -----	60.99	60.94

1/ Federal Medical Assistance Percentage (FMAP): States are paid a part of their medical assistance expenditures (called the "Federal medical assistance percentage"). FMAP ranges between a low of 50% and a high of 83%, determined (within these limits) as 100% less the State Percentage.

State Percentage is that percentage which bears the same ratio to 45% as the square of the per capita income of such state bears to the square of the per capita income of the 50 states. (The percentage for the territories of Guam, Puerto Rico and Virgin Islands is set by law at 50%.)

Other Federal Assistance (Percentage Rate)

Supplemental to the above Federal monies each state is eligible for:

1. General administration costs ----- 50%
2. Compensation and training skilled professional medical personnel and staff ----- 75%
3. Inspections of SNFs and ICFs ----- 100%
4. Family planning services, administration costs ----- 90%
- * 5. Development and installation of mechanized claims processing and informational retrieval systems ----- 90%
- * 6. Administrative expenses in operating retrieval systems ----- 75%
7. Supplemental Security Income eligibility costs incurred only with respect to Medicaid eligibility ----- 50%

* Medicaid Management Information System (MMIS) is the general system recommended by the Social and Rehabilitation Service (SRS), Department of Health, Education, and Welfare (DHEW).

ALABAMA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1970

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M. N.)			
	OAA	AB	APTD	AFDC	Category Related	Children Under 21	Other* (SFO)	
Prescribed Drugs	x	x	x	x				
Inpatient Hospital Care	x	x	x	x				
Outpatient Hospital Care	x	x	x	x				
Laboratory & X-ray Service	x	x	x	x				
Skilled Nursing Home Services	x	x	x	x				
Physician Services	x	x	x	x				
Dental Services				x ^{1/}				

Other Benefits:

Optometric services; home health care; screening and diagnosis; family planning; transportation.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	\$ ^{2/}	Persons Eligible	\$ ^{2/}	Persons Eligible	\$ ^{2/}
OAA	119,071	\$6,585	117,713	\$ 7,517	119,100	\$ 8,330
MA						
AB	1,921	97	2,014	109	2,173	132
APTD	18,266	1,197	20,290	1,525	24,609	1,821
AFDC	149,554	1,431	163,327	1,743	156,960	1,930
Total	288,812	\$9,310	303,344	\$10,894	302,842	\$12,213

^{1/} To age 21.^{2/} Monthly average.

ALABAMA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Medical Services Administration of the Alabama Department of Public Health.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
Vitamins and food supplements.
- B. Formulary: Alabama Drug Code Index, which specifies those drugs that may be dispensed on prescription only.
- C. Prescribing or Dispensing Limitations:
1. Terminology: None.
 2. Quantity of Medication: Solid dosage of from one to 90; 100; 150; 200. Liquids in fluid ounces. As authorized by the physician. All maintenance drugs for chronic illnesses or repetitive conditions should be prescribed in quantities sufficient to effect optimum economy in dispensing. In acute illnesses, prescribed drugs should be limited to the quantity needed for treatment.
 3. Refills: When authorized by prescriber, a maximum of 5 refills within a 6-month period.
 4. Dollar Limits: None.
- D. Prescription Charge Formula: Payment for prescriptions dispensed by the Pharmacy will not exceed the Pharmacy's actual cost of drugs plus the professional fee for legend items; and the Pharmacy's actual cost of drugs, plus a dispensing fee not to exceed 50% of such cost or the professional fee, whichever is less (but a minimum charge of \$1 is to be allowed as of October 1, 1974) for non-legend items.

Professional Fee by Type of Drug Provider (as of October 1, 1974):

1. Retail Pharmacies \$1.90

50¢ copayment/Ry.

Exception: family planning items.

Professional Fee (continued):

- | | |
|---|--------|
| 2. Institutional Pharmacies (hospital pharmacies with outpatient prescription services and skilled nursing facilities pharmacies) | \$1.50 |
| 3. Government Pharmacies (county, state or federal pharmacies) | \$.75 |
| 4. Dispensing Physicians | \$.75 |

V. Miscellaneous Remarks:

Alabama uses a two-part claim form (pharmacy draft) on which the pharmacist enters the drug code information utilizing an imprinting machine and an embossed recipients identification card to reimburse the pharmacies.

ALABAMA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Health Department:

1. Officials:

Ira L. Myers, M.D.
State Health Officer

Alabama Department of
Public Health
State Office Building
Montgomery, Alabama 36104

Robert H. Holzworth, M.D.
Director
Medical Services Administration

2500 Fairlane Drive
Montgomery, Alabama 36111

Sam T. Hardin, R.Ph.
Director, Pharmaceutical Services
Medical Services Administration

" "

2. Title XIX Medical Care Advisory Committee:

Dr. Morgan J. Moore, Chairman
P.O. Drawer 370
Andalusia 36420

Alabama Hospital Assoc.
Frank Perryman, Vice-Chmn.
Sylacauga Hospital
and Nursing Home
Sylacauga 35150

Ala. Nursing Home Assoc.
Emma Swindall, M.D.
P.O. Box 97
Dadeville 36853

Alabama Dental Assoc.
A. James Leo, D.M.D.
315 Sage Avenue South
Mobile 36606

Alabama Pharmaceutical
Association
Lloyd Sellers
Dean's Pharmacy
P.O. Box 189
Opp 36467

Alabama State Nurses Assoc.
Kathryn Crossland, Ed.D.
Dean of School of Nursing
University of Alabama
at Huntsville

State Board of Mental
Health
Everett L. Strandell, M.D.
Brewton 36426

Title XIX Medical Care Advisory Committee (continued):

Ala. Optometric Assoc.
Allen C. Rooks, D.O.D.
Box 1427
Decatur 35602

American Association of
Medical Assistants
Brenda Reaves (Mrs.)
c/o D. J. Judge, M.D.
1001 Leighton Avenue
Anniston 36201

Consumer Representatives
John E. Baites
Employment and Labor
Relations Supervisor
Wolverine Tube Division of
Universal Oil Products
Box 2202
Decatur 35602

Rev. Joseph Toomey
4421 Narrow Lane Road
Montgomery 36111

Consumer
Jackie Bass Messick (Mrs.)
Route 5, Box 230-A
Andalusia 36420

Bertha Smith (Mrs.)
1510 Westcott Street
Montgomery 36108

Mrs. Zecozy Williams
2012 Hill Street
Montgomery 36108

Medical Association of
the State of Alabama
Eugene H. Bradley, M.D.
901 Cedar Bluff Road
Centre 35960

Gerald G. Woodruff, Jr., M.D.
721 East 10 Street
Anniston 36201

B. Welfare Department:

Julia Oliver (Mrs.)
Commissioner

State Department of
Pensions and Security
64 North Union Street
Montgomery, Alabama 36104

C. Executive Officers of State Medical and Pharmaceutical Societies:

1. Medical Association:

L. P. Patterson
Executive Director
Medical Association of the
State of Alabama
19 South Jackson Street
Montgomery 36104
Phone: 205/263-6441

2. Pharmaceutical Association:

Launia L. Thagard (Mrs.)
Executive Director
Alabama Pharmaceutical
Association
2217 - 19th Place, S.
Birmingham 35209
Phone: 205/879-4697

ALASKA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began September 1, 1972

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs ^{1/2/}										x
Inpatient Hospital Care	x	x	x	x						x
Outpatient Hospital Care	x	x	x	x						x
Laboratory & X-ray Service	x	x	x	x						x
Skilled Nursing Home Services	x	x	x	x						x
Physician Services	x	x	x	x						x
Dental Services				^{3/}						^{4/}
Other Benefits:	Intermediate care facilities; transportation; home health care; diagnostic screening and dental services for persons under 21 (EPSDT); family planning.									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA	2,007	\$	2,550	\$	2,260	\$
MA						
AB	90		110		100	
APTD	1,310		1,700		1,910	
AFDC	11,021		16,800		17,790	
GA	^{5/} 276		231			
Total	14,428	\$276	26,660	\$231	27,560	^{6/} \$306

- ^{1/} See under IV.
- ^{2/} Family planning drugs available to all; all other drugs only to those with no prior resource.
- ^{3/} Early and periodic screening.
- ^{4/} Emergency only.
- ^{5/} Figure not available since some General Assistance Medical recipients were also recipients of categorical aid.
- ^{6/} Total includes 1,090 non-medically needy who were mandated for Medicaid coverage.

ALASKA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

There is no state Title XIX vendor drug program. The Alaska Medical Assistance Programs, including Medicaid and General Relief Medical, are administered by the Division of Medical Assistance of the Alaska Department of Health and Social Services. Eligibility determinations and casework are performed by the Division of Family and Children Services, which has 23 district offices.

IV. Provisions Relating to Prescribed Drugs:

Drugs are a covered service only under the General Relief Medical Assistance program.

V. Miscellaneous Remarks:*

Effective September 1, 1972, the Division of Medical Assistance was created within the Department of Health and Social Services to administer the Alaska Medicaid and General Relief Medical programs.

Alaska originally included only the minimum services and only the mandated categorically needy because 64% of the Alaskans receiving public assistance were eligible to receive medical care and services AT NO COST TO THE STATE. These persons are eligible for medical care provided directly by the federal government through the Alaska Area Native Health Service, U.S. Public Health Service.

Pharmacist Consultant

The Division's part-time Pharmacy Consultant reviews pharmacy invoices for appropriateness of drugs, drugs not permitted, patterns of drug use and pricing levels. He pinpoints problem areas for examination. Although drugs are not covered under Medicaid in Alaska, prescriptions are paid from the General Relief Medical budget for Medicaid recipients who have no other resource for obtaining prescribed medications.

* From: Alaska - Medicaid Annual Status Report, FY 1973.

ALASKA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Social Services Department Officials:

Dr. Francis S. L. Williamson Commissioner	Department of Health and Social Services Pouch H Juneau, Alaska 99801
Lawrence J. Sullivan Director Division of Medical Assistance	" "
V. L. Iverson, Director Division of Administrative Services	" "
Stanley P. Harris, Director Division of Family and Children Services	" "
Ronald Sedgwick, R.Ph. (Part-time) Pharmacist Consultant	" "

2. Alaska Medical Care Advisory Committee:

Richard Witt, M.D. <u>Chairman</u>	c/o Pouch H Juneau, Alaska 99801
---------------------------------------	-------------------------------------

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:	B. Pharmaceutical Association
J. Rodman Wilson, M.D. President Alaska State Medical Association 3300 Providence Drive Anchorage 99504 Phone: 907/279-0481	George Grimm Secretary Alaska Pharmaceutical Association Box 1185 Anchorage 99510 Phone: 907/337-7894

ARIZONA
WELFARE DRUG PROGRAM

I. Types of medical care programs in effect and services available.

TYPE OF SERVICE (Vendor)	TYPE OF PROGRAM					
	OAA	MAA	AB	APTD	AFDC	GA
Prescribed Drugs						
Inpatient Hospital Care						
Nursing Home Care						
Physicians' Services						
Other Practitioners' Services						
Dental Care						

II. Expenditures for Drugs. Payments to pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972	1973	1974
		Persons Eligible	Persons Eligible
OAA			
MAA			
AB			
APTD			
AFDC			
Total			

ARIZONA
WELFARE DRUG PROGRAM

III. How Administered:

There is no state vendor drug program. The Medical Assistance Program is administered by the Department of Health Services. The Department of Economic Security certifies applicants as eligible for medical assistance.

IV. Provisions Relating to Prescribed Drugs:

No provisions for a vendor drug program.

Public assistance recipients are generally eligible as medical indigents for medical care, including drugs, through the county hospital where available and by physicians, local hospitals and retail pharmacies in counties where county hospital services are not available. The Board of Supervisors in each county is responsible for the medically indigent.

V. Miscellaneous Remarks:

Special Note

Medicaid law enacted.

Effective date: October 1, 1975.

Prescribed drugs will be covered.

ARIZONA

WELFARE DRUG PROGRAM

Officials, Consultants and Committees

1. Health Services Department Officials:

James L. Schamadan, M.D.
Director

Department of Health
Services
1740 West Adams Street
Phoenix, Arizona 85007

Gary L. Hulshoff, Ph.D.
Assistant Director
for Medical Assistance
Program

" "

2. Committee for Liaison between the Medical Profession and
the State on Title XIX planning:

No Committee active now. Can be activated if needed.

3. Executive Officers of State Medical and Pharmaceutical
Societies:

A. Medical Association:

Bruce E. Robinson
Executive Director
Arizona Medical Association, Inc.
810 West Bethany Home Road
Phoenix 85013
Phone: 602/263-8900

B. Pharmaceutical Association:

James A. Toomey
Executive Secretary
Arizona Pharmaceutical Association
2202 North 7 Street
Phoenix 85006
Phone: 602/258-8121

ARKANSAS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1970

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment				Medically Needy (M. N)					
	Recipients				Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services	x	x	x	x						

Other Benefits: Home health care; visual care; transportation services; hearing aid program; chiropractic services; desensitization injections; screening, diagnosis and treatment of children under 21; mental health services; and family planning services.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	Persons 1972	Persons 1973	Persons 1974	
	Eligible	Eligible	Eligible	1/2/3/4/
OAA			69,595	\$5,173
MA				
AB			1,916	108
APTD			18,923	1,384
AFDC			102,212	1,180
FC ^{4/5/}			1,852	13
Total			194,498	\$7,858

1/ Monthly average.

2/ By service date rather than payment date.

3/ Does not include 50¢ co-payment/Rx.

4/ Program was implemented September 1, 1973.

5/ Foster Care.

ARKANSAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Division of Social Services, of the Department of Social and Rehabilitative Services. The prescription drug program was implemented September 1, 1973 with PAID Prescriptions serving as program administrator.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):

All legend drugs are covered with the following exceptions: investigational drugs, I.V. solutions, irrigating solutions, vaccines, and routine immunizing agents.

Pursuant to a prescription the following OTC items are covered: insulin, insulin needles and syringes, acetaminophen, antacids, calcium lactate, contraceptive foams and jellies, dicalcium phosphate, ferrous fumarate, ferrous sulfate, pediatric vitamin drops for children up to three years of age, and sodium salicylate. All other non-legend items are excluded.

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.

2. Quantity of Medication: Pharmacies may receive only one professional fee per month per drug on prescriptions for nursing home patients. This restriction does not apply to antibiotics, anti-infectives, and Schedule II and III analgesics.

3. Refills: In FY-1973-74, 3 refills within 6 months of the date of the original issue of the prescriptions were allowed if authorized by the prescriber. Effective August 1, 1974, 5 refills within 6 months are allowed.

4. Dollar Limits: None.

D. Prescription Charge Formula:

Legend drugs - cost according to Red Book (AWP if listed) plus \$2 professional fee, less 50¢ co-payment. Total charge may not exceed provider's posted or advertised price. Non-legend items - actual cost plus 50% of cost (not to exceed a maximum of \$2) less 50¢ co-payment.

V. Miscellaneous Remarks:

The Act establishing the prescription drug program stipulated that drugs provided under the program should be prescribed and dispensed as generic drugs whenever possible.

ARKANSAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services Officials:

J. B. Cartwright Commissioner	Arkansas Social Services Blue Cross/Blue Shield Building 7th and Gaines Streets (P.O. Box 1437) Little Rock, Arkansas 72203
Jim Clark, Director Administrative Services	" "
Williams S. Andrews, Director Field Operations	" "
Adalene Patterson (Mrs.) Director, Program Development	" "
Allan B. Cooper, Director Medical Services	" "
Ivan H. Smith, Director Legal Services	" "
(Mrs.) Jean Senn, R.Ph. Pharmacist Consultant	" "

2. Social Services Consultants:

Physicians (Part-Time):

W. H. O'Neal, M.D.	Baptist Medical Center Campus 9600 West 12th Kanis Road Little Rock 72205
Roy A. Brinkley, M.D.	"
Robert E. Richardson, M.D.	500 South University Little Rock 72205

CALIFORNIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began March 1, 1966I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related				Children	Other*
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible <u>1/</u>		Persons Eligible <u>1/</u>		Persons Eligible <u>1/</u>	
OAA	319,685	\$23,018	306,105	\$20,942	304,021	\$27,591
MA						
AB	14,313	1,104	14,222	1,041	14,566	1,394
APTD	196,913	18,430	208,394	17,828	231,416	27,468
AFDC	1,640,950	23,764	1,474,254	22,207	1,382,389	26,548
MN Aged	56,634	8,944	53,973	8,914	60,912	10,757
MN Blind	976	176	1,076	223	1,156	212
MN Disabled	14,800	1,461	12,290	1,577	14,786	2,152
MN Children	96,250	1,109	51,236	873	85,049	1,635
MI ^{2/}	77,124	614	129,080	3,527	163,530	6,015
Total	2,417,645	\$78,620	2,250,630	\$77,132	2,257,825	\$103,772

1/ Monthly average.2/ 1972 Medically Indigent figures cover January - June.

CALIFORNIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Health and Welfare Agency with direct supervision by the Department of Health. Payment of bills is through a fiscal intermediary consisting of a consortium of California Blue Shield, Hospital Service of California (Blue Cross, North) and Hospital Service of Southern California (Blue Cross, South). In the counties of Alameda, Contra Costa, San Bernardino, and Riverside, payment is by the fiscal intermediary PAID Prescriptions.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Multivitamins, most OTC items, non-narcotic analgesics except sodium salicylate. Amphetamines and dextro-amphetamines can be used only for specific diagnoses (epilepsy, or hyperkinetic behavior syndrome). Contact laxative suppositories can be used only for specific diagnoses (paraplegia or quadriplegia, multiple sclerosis, poliomyelitis, ganglionic blockade processes occurring in the spinal nerve pathways or affecting the lumbo-sacral autonomic nervous system pathways related to bowel motility).
- B. Formulary: Over 600 drugs (2525 separate codes for differing strengths and dosage form) listed generically in closed-end formulary. Most brand names listed alphabetically as cross-index references. Except on a prior authorization basis, drugs which are not included in the formulary are ineligible for payment. The patient's physician or pharmacist may request authorization from the local Medi-Cal Consultant for approval. Formulary lists price ceilings for 130 drug codes. Pharmacist must enter drug code number on prescription billing form (MC-175).
- C. Prescribing or Dispensing Limitations:
1. Terminology: Formulary basically set up on generic name basis.

Prescribing or Dispensing Limitations (continued):

2. Quantity of Medication: This is flexible, but quantities should be consistent with the medical needs of the patient and may not exceed a 100-day supply. Some drugs are subject to minimum quantity limitations for patients in nursing homes.
 3. Refills: A prescription refill (renewal) can be prepared after authorization by physician.
 4. Number of prescriptions: Two per month without authorization. Additional prescriptions may be authorized by local consultant. Exception: nursing home inpatients are not subject to the two-prescription limit.
 5. Dollar Limits: None.
- D. Prescription Charge Formula: Blue Book or Red Book cost plus ~~\$2.42~~^{\$2.70} professional fee for prescriptions. (The Department is presently considering raising the professional fee.) Maximum allowable ingredient cost for certain drugs is set forth by the Department. Pharmacist required to dispense lowest cost item he has in stock meeting requirements of practitioner and needs of the patient as shown on prescription form. Prescription price must not exceed regular retail price for non-indigent patients' prescriptions.

V. Miscellaneous Remarks:

Revisions to formulary are made periodically in order to update the formulary and also to effect adjustments promulgated by the Department of Health.

Medical Therapeutics and Drug Advisory Committee

The Medical Therapeutics and Drug Advisory Committee has the responsibility to compare the therapeutic effect of drugs and make recommendations as to additions to and/or deletions from the Medi-Cal (Medicaid) Drug Formulary.

Hospital Discharge Medications

1. The quantities furnished as discharge medications shall not exceed a 10-day supply.
2. The charges shall be incorporated in the hospital's claims for inpatient services.

Recent Proposed Drug Program Changes (April 1975):Volume Plan for Prescription Drugs

The State of California is developing a plan to purchase prescription drugs used in the Medi-Cal program directly from manufacturers or wholesalers on a competitive bid basis. Although Medi-Cal now controls prices at the retail level, we have been aware for some time that other government agencies buy drugs in volume at prices substantially lower than Medi-Cal does.

In fiscal 1973-74 the Medi-Cal program paid \$50 million for prescription drugs used by its outpatient beneficiaries, exclusive of pharmacists' service fees. In 1975-76 increased utilization of the program is expected to raise that amount to \$86 million.

The State plans to buy from manufacturers or wholesalers prescription drug items that are commercially available but are specially identified as Medi-Cal products and that meet Medi-Cal quality specifications. The State will resell these drugs to any and all retail pharmacies in California, so that beneficiaries' access to them will be unimpaired. In order to simplify physical distribution the State plans to contract with a limited number of existing wholesale drug outlets in California who will warehouse and ship to the retailer, billing him on the State's behalf. The retail pharmacist's participation will be enlisted by offering him a financial incentive sufficient to offset added handling and inventory costs.

It is the State's intention to make use of volume purchasing practices and terms already in use by other government agencies, and to make maximum use of existing channels of distribution.

Of the 2,800 drug items in the Medi-Cal formulary 150 constitute 70% of the total volume. The proposed volume purchase plan will be limited, at least at the outset, to these 150 items. About half of them are single-source drugs and half multi-source.

The State is now soliciting the help of affected parties in developing equitable and mutually advantageous terms and conditions of the agreements eventually to be entered into between the State of California and the prescription drug trade.

Source: Letter April 16, 1975, Medical Benefits Section,
State of California Health and Welfare Agency,
Department of Health.

CALIFORNIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Health and Welfare Agency:

1. Health and Welfare Agency Officials:

Mario Obledo
SecretaryCALIFORNIA HEALTH AND
WELFARE AGENCY
State Office Building #1
Room 427
Sacramento, Calif. 95814

2. Health Department Officials:

Jerome A. Lackner, M.D.
DirectorCALIFORNIA DEPARTMENT OF
HEALTH
714 P Street
Sacramento, Calif. 95814Health Financing Systems:Richard T. Soderberg
Deputy Director

" "

Davo A. Salmon
Program Manager

Financing Policy Program

Jay A. Gould
Chief

Medi-Cal Benefits Section

Carlo Michelotti, R.Ph.
Assistant Chief

" "

Jorge Delgado, R.Ph.
Pharmaceutical Program
Coordinator

" "

3. Advisory Committee to California Department of Health:

a. Health Care Commission:

James Gentry
Executive SecretaryCALIFORNIA DEPARTMENT OF
HEALTH
714 P Street
Sacramento, Calif. 95814

Advisory Committee (continued):

b. Medical Therapeutics and Drug Advisory Committee:

(Vacant)
Executive Secretary

CALIFORNIA DEPARTMENT OF
HEALTH
714 P Street
Sacramento, Calif. 95814

Paul Hoagland, M.D. <u>Chairman</u>	- Pasadena
James L. Boynton, R.Ph.	- Stockton
David Fung, R.Ph.	- Fresno
James M. Guernsey, M.D.	- Palo Alto
Jerome Kleiman, M.D.	- La Palma
Todd T. Tomihiro, R.Ph.	- San Jose
Richard E. Turk, M.D.	- Berkeley
Wallace D. Winters, M.D., Ph.D.	- Davis
Bruce H. Woolley, Pharm.D.	- Los Angeles

B. Benefit Payments Officials:

Jerald A. Prod
Director

DEPARTMENT OF BENEFIT
PAYMENTS
744 P Street
Sacramento, Calif. 95814

C. Health Protection Officials:

Frederick B. Hodges, M.D.
Deputy Director

HEALTH PROTECTION SYSTEMS
744 P Street
Sacramento, Calif. 95814

D. Health Treatment Officials:

Don Z. Miller
Deputy Director

HEALTH TREATMENT SYSTEMS
744 P Street
Sacramento, Calif. 95814

E. Rehabilitation Officials:

Allan C. Nelson
Director

STATE DEPARTMENT OF
REHABILITATION
714 P Street
Sacramento, Calif. 95814

F. Officers of California Physicians' Service
(the Fiscal Intermediary):

Charles W. Stewart
Vice President

CALIFORNIA MEDICAL ASSISTANCE
PROGRAM
California Blue Shield
720 California Street
San Francisco, Calif. 94108

William Thompson, R.Ph.
Pharmacist Consultant

" "

G. Executive Officers of State Medical and Pharmaceutical
Societies:

1. Medical Association:

Will W. Babb
Executive Director
California Medical Association
693 Sutter Street
San Francisco 94102
Phone: 415/777-2000

2. Pharmaceutical Association:

Robert C. Johnson
Executive Vice President
California Pharmaceutical Association
555 Capitol Mall
Sacramento 95814
Phone: 916/444-7811

COLORADO

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1969

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				
					Category Related		Children	Other*	
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21 (SFO)
Prescribed Drugs	x	x	x	x					x
Inpatient Hospital Care	x	x	x	x					x
Outpatient Hospital Care	x	x	x	x					x
Laboratory & X-ray Service	x	x	x	x					x
Skilled Nursing Home Services	x	x	x	x					x
Physician Services	x	x	x	x					x
Dental Services									
Other Benefits:	Home health care; transportation; glasses following surgery; family planning; prostheses; whole blood; durable medical equipment.								

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/2/</u>	Persons Eligible	<u>1/3/</u>	Persons Eligible	
OAA	40,238	\$3,991	38,262	\$3,700	34,818	\$3,379
MA						
AB	325	20	396	21	413	20
APTD	16,243	1,595	16,063	1,762	17,163	2,192
AFDC	102,720	1,282	103,619	1,376	101,550	1,264
GA				44		33
Total	159,526	\$6,914	158,340	\$6,903	153,944	\$6,888

1/ Average per month.2/ Duplicated number of recipients during FY-1972 was 566,022.3/ Duplicated number of recipients during FY-1973 was 549,786.

COLORADO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Eligibility is determined by 63 County Departments of Social Services, and the drug program is administered by the Colorado Department of Social Services.

IV. Provisions Relating to Prescribed Drugs:

Effective September 1, 1973:

A. General Exclusions (diseases, drug categories, etc.):

Restricted Drug Categories:

1. Dextro-Amphetamine
2. All prescription-legend vitamins, including vitamin B-12 or liver extract injectables
3. Methadone (Dolophine)
4. Prescription-legend drugs not listed in the "Colo^R_x Drug Formulary".

Payment for restricted drugs authorized only in accordance with non-emergency or emergency procedures as set forth in the Department's Manual Regulations, Volume IV, Supplement "A", Section A-4336.53.

5. OTC items are not included; exceptions are: insulin, contraceptive products, aspirin, liquid antacids, and stool softeners in minimum quantities, and with refill limitations as stated in Manual Regulations, Volume IV, Supplement "A", Section A-4336.52.

Payment for these OTC items shall be according to the Maximum Allowable Price.

B. Formulary: Colo^R_x Drug Formulary

Only those drugs presently assigned drug numbers in the Formulary are a benefit. (Refer to Manual Regulation Section A-4336.53 for provisions whereby drugs not listed in the Colo^R_x Drug Formulary may be allowed as a benefit.)

Controlled Drug Formulary

Section I - Alphabetical drug index in brand name order; if no brand name assigned, the generic name is listed.

Section II - Generic drugs are identified as having a Maximum Allowable Price, listed with price information which is updated periodically.

C. Prescribing or Dispensing Limitations:

1. Terminology: None. The Department encourages appropriate consideration of cost in prescribing and dispensing by the selection of the less expensive trade name or generic product when, in the practitioner's professional judgment, the use of such a product is compatible with the best interests of the patient.

The ColoRx Drug Formulary will not be used by clinic and hospital pharmacies for drug pricing - only for drug code number information. Acquisition cost must be used for unit pricing.

2. Quantity of Medication: New prescriptions for chronic or acute conditions, at the discretion of the physician. However, reasonable amounts for more than a 30-day supply for chronic conditions are recommended. Insulin and contraceptive devices for more than 90 days require new prescriptions.

<u>New Prescriptions</u>	<u>Minimum</u>
Aspirin	1,000 tablets
Liquid antacid	60 oz.
Dioctyl Sulfosuccinate 100 mg. (Calcium or Sodium)	100 caps.

<u>Refills</u>	<u>Minimum</u>
Chronic conditions	30 days
Insulin, contraceptive devices	90 "
Aspirin, antacid, stool softener	90 "

Quantity of Medication (continued):

Exceptions to the above are:

- a. Antibiotic medications and drugs for short-term illnesses.
- b. Narcotic prescriptions.
- c. Intravenous and subcutaneous solutions.
- d. Prescribed injectable medications.
- e. Shelf package size oral liquid medications, in pint size only, or smaller package size when not packaged in pint size.
- f. Shelf package size oral tablet and capsule medications in quantities of 100 only or smaller when not available in package size of 100.
- g. Analgesics (prescription-legend)
- h. Cough syrups (prescription-legend)
- i. All cold preparations to include:
Antihistamines and decongestants and/or cold preparation combinations (prescription-legend).
- j. Anti-neoplastics (prescription-legend)
- k. Anthelmintics (prescription-legend)

Prescriptions for less than minimum amounts will be denied reimbursement of the professional fee unless the physician notifies the State Department in writing of the medical need for amounts less than a 30- or 90-day supply. Medical consultation will determine the decision.

3. Dollar Limits: None.

D. Prescription Charge Formula:

1. Community Pharmacist (based on whichever is lower):
 - a. Red Book price of the drug plus \$2 professional fee.
 - b. Maximum Allowable Price plus \$2 professional fee (See A-4336.4 for information regarding MAP).
 - c. The price charged in the ordinary course of business to the general public.

Community Pharmacist (continued):

Colo^R_x price is determined from the most current issue of the Red Book, its Supplements to the Red Book, and current editions of the Drug Topics.

Since the Red Book is not consistent in providing information for all drugs, the order of priority in determining the cost of the drug allowable is as follows:

- (1) Wholesale price.
- (2) AWP.
- (3) Direct price plus 17.6% markup (the price allowed in the Colo^R_x is determined by dividing the manufacturer's direct price by .85).

For drugs not listed in Red Book or its Supplements, but which are contained in the Colo^R_x, the cost of the drug allowed will be determined by using the manufacturer's direct cost to the pharmacy and adding a 17.6% markup.

Current MAP is based on package size of 100 or pint size, or the next smaller size if not marketed in 100's or pints. If packaged in:

<u>Size of Package</u>	<u>Base Price</u>
100's	100's
50's and 500's	50's
5 oz. and 16 oz.	16 oz.
Only in 2 oz.	2 oz.

Special Note:

The Maximum Allowable Price shall be determined by the Division of Medical Assistance, based upon a professional determination of a quality product available at the least expense possible. Recommendations from the Colo^R_x Drug Formulary Advisory Committee and the Pharmacy Advisory Committee of the Medical Advisory Council are considered in determining the MAP.

2. Medical Institution Pharmacists or Clinic Pharmacists:

Actual cost of the drug plus a professional fee of 95¢. (No payment will be made in excess of the MAP set forth in the Colo^R_x.)

Prescription Charge Formula (continued):3. Government-Owned or -Operated Clinics:

Actual cost of the drug only (no professional fee is allowed.) No payment will be made in excess of the MAP set forth in the Colo^Rx. Includes OEO funded Health Centers.

4. Physicians:

Physicians must bill the cost of drugs non-self-administered on "injectables" dispensed by them in their office to the Fiscal Agent (Blue Cross/Blue Shield). Form MED-2 will not be used by physicians for this purpose.

Dispensing physicians will receive the actual cost of the drug, or the lowest price prescribed in A-4336.7. If the physician is 25 miles or beyond from a participating pharmacy, the physician may request consideration to receive cost plus 95¢ per prescription. Physician-owned pharmacies that have a registered pharmacist on duty will receive \$2 professional fee.

V. Miscellaneous Remarks:

From July 1973 through June 1974, total medical expenditures were \$87,485,429, of which the Federal share was \$50,162,449.

Drug Utilization Data - July 1973 through June 1974:

Units of service	1,343,322
Recipients (unduplicated count - actual)	164,941
Units per recipient	8.14
Total dollars (prescriptions only)	\$6,855,584
Average per unit	\$ 5.14
Average per recipient	\$ 41.56

Drug Utilization Review Procedures:

The State Department receives computer processed print-outs designed to discover over-utilization of drugs prescribed by physicians, dispensed by vendors, and received by eligible recipients.

Drug Utilization Review Procedures (continued):"

A Drug Utilization Review Committee composed of two physicians and 14 pharmacists meets monthly to review the printouts and make recommendations to the State regarding corrective action. In most cases, the attending physician is notified of the Drug Utilization Review Committee's recommendations. Caseworkers are also contacted and informed of the over-utilization review on abuse with a request to contact the recipient and take corrective action.

COLORADO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants, and Committees

1. Social Services Department Officials:

Henry A. Foley, Ph.D. Executive Director	Colorado Department of Social Services 1575 Sherman Street Denver, Colorado 80203
---	--

Associate Directors (2) (to be appointed)	" "
--	-----

Division of Medical Assistance:

M. Kirby Ambler, Jr. Director	700 Broadway, Suite 1004 Denver, Colorado 80203
----------------------------------	--

Douglas T. Margreiter, R.Ph., M.P.H. Chief, Pharmacy Section	" "
---	-----

James C. Syner, M.D. Medical Consultant Professional Services Section	" "
---	-----

Gerald A. Fournier, Chief Nursing Home Section	" "
---	-----

2. Social Services Department Consultants:

Marvin J. Lubeck, M.D. Ophthalmology	3865 Cherry Creek North Drive Denver 80210
---	--

Benjamin S. Wood, M.D. Psychiatry	3535 South Lafayette Englewood 80110
--------------------------------------	---

3. Medical Advisory Committees:

A. State Medical Assistance and Services Advisory Council:

Roy M. Hedlund, O.D. <u>Chairman</u>	Jack D. Nassimbene, D.D.S. Vice-Chairman
---	---

State Medical Assistance and Services Advisory Council
(continued):

Harry Asmus	Walter C. Mill, D.O.
Ray H. Black	Donald C. Peebles, R.Ph.
Katherine E. Corbin, D.P.M.	(Chairman, Pharmacy Advisory Committee)
Mildred De Heus	James E. Strain, M.D.
Anne M. Gough, R.N.	John M. Wood, M.D.
Roger C. Johnson	
Ada Kruger	

Ex Officio

Henry A. Foley, Ph.D.	Executive Director Dept. of Social Services
E. G. Dreyfus, M.D., M.P.H.	Director Dept. of Public Health

Note: The Medical Assistance and Services Advisory Council under the Title XIX Medical Assistance Program shall be composed of 15 members. Ex officio members are the administrative heads of the Colorado Department of Social Services, and the Colorado Department of Public Health. The remaining members of the Advisory Council shall be appointed by the governor, to represent the various areas of medical services and the public. Specifically included shall be two members who are doctors of medicine, a doctor of osteopathy, a dentist, an optometrist, an owner or operator of a licensed nursing home in the State, a member representing licensed hospitals in the State, a pharmacist, a registered nurse, and three members to represent the public. The remaining member may represent any other area of medical services not specifically enumerated, but shall not be limited thereto.

B. Pharmacy Advisory Committee of the Medical Assistance
and Services Advisory Council:

Donald C. Peebles, R.Ph. <u>Chairman</u> 9800 West 59 Place Arvada 80004	Charles L. Cummings, R.Ph. Executive Director Colorado Pharmacal Assoc. 5701 East Evans Avenue Denver 80222
---	---

Pharmacy Advisory Committee (continued):

Lillian Bird, R.Ph.
2420 - 71 Avenue
Greeley 80631

Jack Thebus, R.Ph.
2142 East 17 Avenue
Denver 80206

Elton Ferguson, R.Ph.
5991 South Pearl Street
Littleton 80120

James H. Vincent, R.Ph.
320 South Ash Street
Yuma 80659

Stanley Stein, R.Ph.
3535 Cherry Creek Drive North
Denver 80209

Daniel L. Young, R.Ph.
4090 West Dartmouth Avenue
Denver 80236

Tom Stock, R.Ph.
Swedish Hospital Pharmacy
501 East Hampden Avenue
Englewood 80110

C. Colo^R_x Drug Formulary Advisory Committee:

Tom Stock, R.Ph., Chairman
Swedish Hospital Pharmacy
501 East Hampden Avenue
Englewood 80110

James Kobach, R.Ph.
Director of Pharmacy
King Soopers, Inc.
P.O. Box 5567
Denver 80221

Mark F. Blum, M.D.
305 East Espanola
Colorado Springs 80907

Duane H. Lambert, R.Ph.
2857 West Hampden Avenue
Englewood 80110

Franklin L. Connell, R.Ph.
P.O. Box 189
Del Norte 81132

O. D. Marcantonio, R.Ph.
8850 Ralston Road
Arvada 80002

Ernest Gonzales, R.Ph.
4720 Tejon
Denver 80221

Howard E. Netz, M.D.
6900 West Alameda Avenue
Denver 80226

Richard A. Haynes, R.Ph.
1107 - 30 Street Road (38A)
Greeley 80631

Donald Vecchio, R.Ph.
4485 Wadsworth Boulevard
Wheat Ridge 80033

4. Drug Utilization Review Committee:

This Committee operates independently of the Medical Assistance and Services Advisory Council, and meets monthly to review and recommend to State officials corrective procedures regarding individual drug over-utilization recipient cases. The Committee has its own letterhead stationery and sends correspondence directly to physicians and pharmacists.

Drug Utilization Review Committee (continued):

Herbert Beck, R.Ph., Chairman
635 South Clinton Street
Denver 80231

Calvin F. Johnson, R.Ph.
Vice-Chairman
5395 West 38 Avenue
Denver 80212

Lyle A. Campbell, R.Ph.
1055 East LaSalle
Colorado Springs 80907

James Frazier, R.Ph.
1801 - 17 Street
Greeley 80637

Stanley E. Hren, R.Ph.
332 Victor Street
Aurora 80010

John M. James, R.Ph.
601 West 29 Street
Pueblo 80101

Marie Copher, R.Ph.
2837 South Grant Street
Englewood 80110

William L. Lowes, R.Ph.
2209 Robin Drive
Colorado Spring 80909

Lloyd R. Lundsten, M.D.
209 South Nevada Street
Colorado Springs 80902

Douglas T. Margreiter, R.Ph.
M.P.H.
Chief, Pharmacy Section
Div. of Medical Assistance
700 Broadway, Suite 1004
Denver 80203

John T. Morrison, M.D.
2750 Broadway
Boulder 80302

Harry Picht, R.Ph.
6240 East Colfax Avenue
Denver 80220

Thomas G. Starr, R.Ph.
810 - 8 Street
Greeley 80637

Gerald E. Stutz, R.Ph.
11580 East Second
Aurora 80010

Carolyn Zehnle, Pharm.D.
1725 S. Federal Blvd. (202)
Denver 80219

Buell P. Bogan
P.O. Box 386
San Francisco 80443

5. Executive Officers of the State Medical and Pharmaceutical Societies:

A. Medical Society:

Donald G. Derry
Executive Director
Colorado Medical Society
1601 East 19 Avenue
Denver 80218
Phone: 303/534-8580

B. Pharmacal Association:

Charles L. Cummings, R.Ph.
Executive Director
Colorado Pharmacal
Association
5701 East Evans Avenue, #8
Denver 80222
Phone: 303/759-0567

CONNECTICUT

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
	Prescribed Drugs	x	x	x	x	x	x	x	x		
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	
Physician Services	x	x	x	x	x	x	x	x	x	x	
Dental Services											

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	Persons Eligible 1972	Persons Eligible 1973	Persons Eligible 1974
OAA	\$	\$	8,084 \$ 741
MA			
AB			265 20
APTD			12,940 1,088
AFDC			157,120 2,350
MN Aged			
MN Blind			
MN Disabled			
MN Children			
MN			68,895 2,995
Total	\$5,880 ^{2/}	\$6,007 ^{2/}	247,304 \$7,194

1/ Average monthly caseload.

2/ HEW figures.

3/ There were 120,084 recipients of pharmaceutical service.

CONNECTICUT

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Directly by the State Welfare Department through 7 district offices and one town delegated this special authority.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Will not pay for: experimental drugs, maintenance vitamins except during pregnancy and for children up to seventh birthday, anti-obesity drugs, food substitutes or dietary foods, cathartics and laxatives. Therapeutic vitamins require prior authorization.

Special Note: Exception to above is made for fecal-softener and/or combination of fecal softener with a laxative.

- B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: Physicians are encouraged to prescribe 7 specified drugs generically, when possible.
2. Quantity of Medication: 30-day supply with exceptions in nursing facilities which may be prescribed for a period not to exceed 90 days.
3. Refills: No refills except in cases of chronic diseases or deficiency states requiring continuous therapy with the same medications. Refills in chronic conditions may cover period not to exceed 90 days.
4. Dollar Limits: Prescriptions costing more than \$16 require prior authorization from District Office.

D. Prescription Charge Formula: Cost October 1, 1974:
AWP as listed in Red or Blue Book plus fee:

Convalescent and nursing homes - cost plus \$2.00 fee
"Walk-In" patients - cost plus \$2.20 fee

CONNECTICUT

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Edward Maher Commissioner	State Welfare Department 110 Bartholomew Avenue Hartford, Connecticut 06105
Carolyn Perry Deputy Commissioner	" "
James F. Morrison, Director Health Services	" "
Harold McIntosh Assistant Director Health Services	" "
David Galinsky, M.D., Chief Medical Services	" "
Meyer Rosenkrantz Pharmacist Consultant	" "

2. Welfare Department Consultants
(Part-time):

Jack Rosenberg, M.D.	" "
Joseph Rich, M.D.	" "
Milton R. Arons, M.D.	" "
M. D. Lischner, M.D.	" "
Manuel Hirshberg, M.D.	" "
Mark Silk, M.D.	" "
Waldo Martin, M.D.	" "
Bernard Svedlow, M.D.	" "

3. Title XIX Advisory Committees:

A. Pharmacy Advisory Committee:

State Pharmacy Commission
Dr. James O'Brien
Dan Leone

Connecticut State Medical Society
Dr. Elliot R. Mayo

Connecticut Pharmaceutical Association
Francis B. Cole
William Summa
Edward C. Liska

State Welfare Department
James F. Morrison
Raymond Charland
(Pharmacist)
Meyer Rosenkrantz
(Pharmacist)

B. Medical Advisory Committee:

A Medical Advisory Council, as provided under Federal Law, has been appointed by the Commissioner. This consists of 28 members including 10 physicians, the Deans of both Medical Schools, the Commissioner of Health, the Commissioner of Mental Health and the Commissioner of Human Rights. In addition, there are representatives of the Allied Health Professions, AFL-CIO, Ambulance Association, Pharmaceutical Association, State Dental Association, State Medical Society, Podiatry, the National Council of Senior Citizens and representatives of the poor. The function of this Committee, in which the State Health Department is an active participant, is not only to make recommendations on standards, quality and costs of medical services, personnel and facilities, but to help identify unmet needs and to assist in long-range planning, evaluation and utilization. It advises on administrative and financial matters and interprets the program and its goals to professional and consumer groups.

John W. Patterson, M.D., Dean - Univ. of Connecticut
Health Center School of Medicine
Hartford Plaza
Hartford 06105
Chairman

Francis P. Dellafera, President
Connecticut Association of
Extended Care Facilities
565 Vernon Street
Manchester 06040
Vice-Chairman

Medical Advisory Committee (continued):

- | | |
|--|--|
| Dr. Ira V. Hiscock
215 Highland Street
New Haven 06511 | - Dean-Emeritus
Yale School of Public
Health |
| Charles B. Womer, Director
Yale New Haven Hospital
789 Howard Avenue
New Haven 06504 | - Connecticut Hospital
Association |
| Leon Tec, M.D., Director
Mid-Fairfield Child Guidance
Center
74 Newtown Avenue
Norwalk 06851 | - Association of Child
Guidance Clinics |
| Raymond T. McMullen
Johnsonville Road
Moodus 06423 | - Connecticut Pharmaceutical
Association |
| Sidney L. Cramer, M.D.
21 Woodland Street
Hartford 06105 | - Connecticut State Medical
Society - Radiology |
| Leonard Spear, O.D.
195 Montowese Street
Branford 06405 | - President
Connecticut Optometric
Society |
| Charles T. Schechtman, M.D.
Cedar Lake Medical Center
73 Cedar Street
New Britain 06052 | - Section of Ophthalmology
Connecticut State Medical
Society |
| William Mitchard
160 Main Street
Meriden 06450 | - Connecticut Podiatry
Association |
| Charles Polivy, M.D.
60 Gillett Street
Hartford 06105 | - Connecticut State Medical
Society -
General Surgeon |
| Dr. Joseph B. Scully
233 Main Street
New Britain | - President
Connecticut State Dental
Society |

Medical Advisory Committee (continued):

David D. Komisar, Ph.D., Dean School of Arts and Sciences University of Hartford 200 Bloomfield Avenue Hartford 06117	- Connecticut Psychological Association - Past President
Eugene H. Corley, M.D. 1026 Park Avenue Bridgeport 06604	- Practicing Physician
Annette Carter (Mrs.) 39 East Dutch Point Hartford 06114	- President Sheldon Charter Oak Neighborhood Council
Louise Nelson (Mrs.) Emergency Psychiatric Services Merrit Hall Connecticut Valley Hospital Middletown	- Nurse Clinical Instructor
Richard Lewis, Exec. Director Connecticut Council - Agency Executives Planning Group Woodfield 1899 Stratfield Road Bridgeport 06604	Gertrude L. Norcross Executive Director Connecticut Society for Crippled Children & Adults 682 Prospect Avenue Hartford 06105
Harold S. Barrett, M.D., M.P.H. Deputy Commissioner State Health Department 79 Elm Street Hartford 06103	Myron J. Rockmore, Director Psychiatric Social Service State Department of Mental Health 90 Washington Street Hartford 06103
Florence C. Austin Executive Director Visiting Nurse Association of Hartford 40 Woodland Street Hartford 06105	Betty Lang Harris (Mrs.) Commission on Human Rights and Opportunities 92 Farmington Avenue Hartford 06105
Frank Santaguida Field Representative National Council of Senior Citizens UAW Office 30 West Main Street Waterbury 06702	Enroci F. Reale President Connecticut Opticians' Association 18 Asylum Street Hartford 06103

Medical Advisory Committee (continued):

Charles H. Audet, Jr., M.D.
Secretary
Connecticut Academy of
General Practice
3 Second Avenue
Waterbury 06720

Joseph J. Talarski
Conn. Ambulance Associates
P.O. Box 14020
Barry Square Station
Hartford 06114

Dr. George J. Paul, Vice-Pres.
Connecticut Chiropractic Assoc.
914 Main Street
East Hartford 06103

Donald C. McMeans
230 Sylvan Knoll Road
Stamford 06902

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

William R. Richards, M.D.
Executive Director
Connecticut State Medical Society
160 Saint Ronan Street
New Haven 06511
Phone: 203/865-0587

B. Pharmaceutical Association:

Daniel C. Leone, Jr.
Executive Director
Connecticut Pharmaceutical Association
10 Crossroads Plaza
West Hartford 06117
Phone: 203/232-4301

DELAWARE

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began October 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment				Medically Needy ^{1/} (M N)					
	Recipients				Category Related				Children ^{2/} Under 21 ^{2/} (SFO)	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x	x	x	x	x	x	
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	
Physician Services	x	x	x	x	x	x	x	x	x	
Dental Services				x						x

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible ^{4/}		Persons Eligible ^{4/}		Persons Eligible ^{5/}	
OAA	3,437	\$ 238	3,874	\$ 283	3,042	\$ 282
MA						
AB	417	27	428	21	472	29
APTD	2,209	215	2,708	251	2,351	262
AFDC ^{3/}	47,324	470	44,544	505	39,614	569
MN Aged	530	44	695	74	1,310	69
MN Blind					²	
MN Disabled	364	38	412	37	383	25
MN Children	1,252	15	1,761	19	691	11
Total	55,823	\$1,047	54,422	\$1,190	47,933	\$1,247

^{1/} The Medically Needy in Delaware must be eligible for a grant even though not receiving one.^{2/} Foster children only.^{3/} Includes All Others: 2,038 - \$13, FY-1974.^{4/} Calendar year.^{5/} Recipients.

DELAWARE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By Division of Social Services, Department of Health and Social Services, through 3 county offices of the State agency.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):

Only legend item drugs (except for insulin) can be prescribed. Vitamins (except pediatric vitamins), antacids, etc. can not be prescribed unless they are legend items. OTC items can not be prescribed.

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.

2. Quantity: None. Department requests physician to prescribe reasonable amounts.

3. Refills: Prescription blank has space for physician to authorize renewals.

Pharmacist may refill the prescription for 6 months if the physician authorizes renewals without stating the number of renewals.

4. Dollar Limits: None.

D. Prescription Charge Formula:

Wholesale cost plus \$2 professional fee except when the usual charge is less, in which case the smaller amount is paid. Pharmacists asked to pass on savings due to quantity purchases.

V. Miscellaneous Remarks:

Payment to pharmacists - bank draft system.

Miscellaneous Remarks (continued):

Payment is made to the pharmacists by depositing a "bank draft" claim form in the banking system. This system is similar to that utilized by the Alabama Medicaid drug program, often referred to as an "instant pay" system.

Health and Social Services Department Officials:

- | | |
|--|--|
| Department of Health and Social Services
P.O. Box 309
Wilmington, Delaware 19899 | Earl F. McGinnis
Secretary |
| Division of Social Services
(same address as above) | Miklos T. Lazar, Ph.D.
Director |
| " | A. Rose Liberman
Assistant Director
Assistance Payments |
| " | Mary Lee Berry
Chief Consultant
Medical Social Work |
| " | Roger Waters, Assistant
Program Development
Assistance Payments |
| " | Anne Gray
Social Services Administrator
Medical Unit |
| " | Patricia Phillips
Social Services Administrator
Medical Unit |
| 13 Red Oak Road
Wilmington, Delaware 19803 | Edmund G. Laird, M.D.
Medical Consultant |
| 3404 Broom Place
Wilmington, Delaware 19803 | David Kinsale, R.Ph.
(Part-time)
Pharmacist Consultant |
| Health and Social Services Medical Advisory Committee: | |
| Optometric Society
H. Martin Moss, O.D.
702 North Union Street
Wilmington 19805 | Osteopathic Society
A. A. Golden, D.O.
502 Rockwood Road
Wilmington 19805 |

DELAWARE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Social Services Department Officials:

Earl F. McGinness Secretary	Department of Health and Social Services P.O. Box 309 Wilmington, Delaware 19899
Miklos T. Lazar, Ph.D. Director	Division of Social Services (same address as above)
A. Roke Lieberman Assistant Director Assistance Payments	" "
Mary Lee Berry Chief Consultant Medical Social Work	" "
Roger Waters, Assistant Program Development Assistance Payments	" "
Anne Gray Social Services Administrator Medical Unit	" "
Patricia Phillips Social Services Administrator Medical Unit	" "
Edmund G. Laird, M.D. Medical Consultant	13 Red Oak Road Wilmington, Delaware 19806
David Krigstein, R.Ph. (Part-time) Pharmacist Consultant	3404 Broom Place Wilmington, Delaware 19802

2. Health and Social Services Medical Advisory Committee:

<u>Osteopathic Society</u> A. A. Golden, D.O. 502 Rockwood Road Wilmington 19802	<u>Optometric Society</u> H. Martin Moss, O.D. 702 North Union Street Wilmington 19805
---	---

Medical Advisory Committee (continued):

Medical Society of Delaware
(Mrs.) Anne Bader, Ex. Sec.
1925 Lovering Avenue
Wilmington 19806

Rhoslyn J. Bishoff, M.D.
Park Drive & Division Street
Dover 19901

Katherine L. Esterly, M.D.
1410 Delaware Avenue
Wilmington 19806

Richard Morgan, M.D.
Suite 203
Lombardy Foulk Road
Wilmington 19803

Dewey A. Nelson, M.D.
Professional Building
Wilmington

Wilmington Public Schools
Helen Waddell (Mrs.)
1400 Washing Street
Wilmington 19899

Visiting Nurses Association
Dorris C. Schwartz, R.N.
104 Greenhill Avenue
Wilmington 19805

Blue Cross/Blue Shield, Inc.
Leo Long, Manager
Provider Relations Dept.
Blue Cross/Blue Shield of
Delaware
201 West 14 Street
Wilmington 19801

Pharmaceutical Representative
Thomas Campbell
321 Willey Street
Seaford 19973

Division of Social Services
Edmund G. Laird, M.D.
13 Red Oak Road
Wilmington 19806

Consumer Representative
Adele Majka (Mrs.)
336 Fiddlers Green
Dover 19901

Harry McGinnis
1005 Beech Street
Wilmington 19805

Frances White
1330 West 4th Street
Wilmington 19805

Sylvia Williams (Mrs.)
Reed Street
Frankford 19945

Rosemary Twilley (Mrs.)
201 Orchard Avenue
Morris Estate I
Dover 19901

Division of Public Health
Donald R. Cowan, D.D.S.
Chief, Bureau of Special
Health Services
Director of Public Health
Jesse Cooper Building
Dover

Nicholas P. Haritos, M.D.
Deputy Director, Division
of Public Health
Jesse Cooper Building
Dover

Division of Mental Health
Sheldon Schweidel, Director
Community Programs and
Planning

Division of Mental Health
Delaware State Hospital
New Castle 19720

Department of Health
and Social Services
David Krigstein
Pharmaceutical Consultant
1806 North VanBuren Street
Wilmington

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Anne Shane Bader (Mrs.)
Executive Director
Medical Society of Delaware
1925 Lovering Avenue
Wilmington 19806
Phone: 302/658-7596

B. Pharmaceutical Society:

Aaron M. Lauter
Executive Director
Delaware Pharmaceutical Society
716 Philadelphia Pike
Wilmington 19809
Phone: 302/762-6019

DISTRICT OF COLUMBIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began October 1, 1968

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related				Children	Other*
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x	
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	
Physician Services	x	x	x	x	x	x	x	x	x	
Dental Services	x	x	x	x	x	x	x	x	x	

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>	Persons Eligible	
OAA	2,312	\$ 165	2,672	\$ 240		\$
MA						
AB	131	10	135	12		
APTD	6,344	469	7,352	655		
AFDC	45,492	1,186	58,012	1,789		
MN Aged	6,793	503	7,001	632		
MN Blind	42	3	51	4		
MN Disabled	1,186	123	1,565	187		
MN Children	29,974	712	25,536	738		
Other	183	13	247 ^{2/}	21		
Total	92,457	\$3,184	102,571	\$4,278		\$4,843 ^{3/}

1/ Recipients.2/ Includes 9 "All Other MN".3/ HEW figures.

DISTRICT OF COLUMBIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

The D. C. Department of Human Resources (DHR) has been designated as the single State Agency and delegated with the responsibility for developing and administering its Medicaid program. Acting as agent for the Director of DHR, the Assistance Payments Administration administers the State plan and has the responsibility of determining patient eligibility and payment of all bills.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):
None.

B. Formulary: A fairly broad-scoped formulary is used which lists approximately 2,000 drug items by brand names. The drug dispensing unit - i.e., tablet, capsule, ml., ounce, etc. is specified with its wholesale cost. Each drug is coded for computerization purposes in the billing procedure for prescriptions. Periodic formulary changes are made and distributed with a complete revision planned for each year.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.

2. Refills: In general, amounts dispensed are to be limited to quantities sufficient to treat an episode of illness. Maintenance drugs such as thyroid, digitalis, etc. may be dispensed in amounts up to a 30-day supply with 3 refills which must be dispensed within 4 months.

3. Dollar Limits: There is no present dollar limitation. Physicians are requested to prescribe reasonable amounts.

When a prescription charge is \$20 or more, specific telephone authorization to fill it will be required from the Consulting Pharmacist, Medical Assistance Unit.

D. Prescription Charge Formula:

Wholesale cost plus professional fee of \$1.80 for legend drugs and cost plus one-half for non-legend drugs.

DISTRICT OF COLUMBIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Human Resources Department:

1. Officials:

Joseph P. Yeldell Director	Dept. of Human Resources 1350 E Street, N.W. Washington, D.C. 20004
-------------------------------	---

William H. Whitehurst, Jr. Assistant Director for Planning	" "
--	-----

Z. Ozella Webb, M.D. Chief, Medical Assistance Unit	614 H Street, N.W. Washington, D.C. 20001
---	--

James Harris, R.Ph. Pharmacist Consultant Medical Assistance Unit	500 First Street, N.W. Washington, D.C. 20001
---	--

2. Consultants:

William J. Washington, M.D. Deputy Director for Health Services	1350 E Street, N.W. Washington, D.C. 20004
---	---

Robert Gardner, Administrator Payment Assistance Administration	500 First Street, N.W. Washington, D.C. 20001
---	--

Raymond L. Standard, M.D. M.P.H. Administrator Community Health and Hospitals Administration	1875 Connecticut Ave., N.W. Washington, D.C. 20009
--	---

Melvin W. Crotty Chief, Bureau of Pharmacies	1875 Connecticut Ave., N.W. Washington, D.C. 20009
---	---

3. D. C. Health Planning Advisory Committee:

Revised membership list not available at time of publication. There are approximately 47 members.

B. Social Services Administration Officials:

Norman Pierson
Administrator

Social Services
Administration
122 C Street, N.W., Rm. 800
Washington, D.C. 20001

C. Executive Officers of District Medical and Pharmaceutical Societies:

1. Medical Society:

Francisco P. Ferraraccio
Executive Director
Medical Society of the District of Columbia
2007 Eye Street, N.W.
Washington, D.C. 20006
Phone: 202/223-2230

2. Pharmaceutical Association:

Chauncey I. Cooper
Executive Secretary
District of Columbia Pharmaceutical Association
5506 Connecticut Avenue, N.W.
Suite 26
Washington, D.C. 20015
Phone: 202/363-0305

FLORIDA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1970

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
	OAA	AB	APTD	AFDC	Category Related OAA	AB	APTD	AFDC	Children Under 21	Other* (SFO)
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services <u>1/</u>	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services		x	x	x <u>2/</u>						
Other Benefits:	Home health services; State TB and mental hospitals; early periodic screening, diagnosis and treatment; family planning; intermediate care nursing home service; transportation.									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA	86,566	\$ 6,192	66,294	\$ 6,067	60,341	\$ 5,927
MA						
AB	2,846	149	2,294	156	2,308	153
APTD	32,369	2,038	25,654	2,239	28,981	2,428
AFDC	420,836	2,764	453,933	3,234	293,740	3,254
Total	542,617	\$11,143	548,175	\$11,696	385,370	\$11,762

1/ Patients on whose behalf vendor payments only are made for skilled nursing home care or intermediate care are also eligible for the other medical services.2/ Covered under the EPSDT program.

FLORIDA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Department of Health and Rehabilitative Services.
Payment and utilization review by contract with fiscal

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
Drugs provided under Division of Health programs, food supplements, vitamin preparations for tonic or dietary use, and appliances.
- B. Formulary: Legend drugs plus non-legend multiple vitamins, ferrous sulphate and liquid antacids (combinations of aluminum, magnesium hydroxides and tri-silicates) when prescribed for treatment of a specific disease entity.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: None.
 - 2. Quantity of Medication: None.
 - 3. Refills: Up to 5 times, subject to the laws on refills and provided that the refills are indicated on the original prescription or authorized since the original prescription.
 - 4. Eligibility: Each month eligible clients are furnished an identification card, a portion of which is detachable and is used by pharmacies in conjunction with the billing form mailed to PAID Prescriptions, Inc.
- D. Prescription Charge Formula:
(See Form M-3, April 1966, attached.)

Prescription Schedule for Public Assistance Recipients
of the State Department of Public Welfare

Florida - 3
1975

Average Price Includes Costs, Profit, Container (5), Charge and Professional Fee

Volume or Weight	Internal Liquids (Dram or more per dose)	Eye, Ear Nose Drops (Internal Liquids in Drop Doses)	External Liquids (Lotions, Gargles, Injections, etc.)	Hand-made Ointments	Handmade Powders Bulk (Calculate on Volume)	Number	Handmade Capsules, papers, etc.	Handmade Suppositories
	Avg.	Avg.	Avg.	Avg.	Avg.		Avg.	Avg.
1 dr.	1.00	1.00	1.00	1.00	1.00	1-2	1.00	1.00
2 dr.	1.00	1.00	1.00	1.00	1.00	3	1.00	1.00
4 dr.	1.00	1.00	1.00	1.00	1.00	6	1.00	1.50
1 oz.	1.00	1.25	1.00	1.00	1.00	12	1.25	2.75
2 oz.	1.25	1.50	1.00	1.50	1.25	18	1.50	3.00
3 oz.	1.50	2.00	1.25	2.00	1.50	20	1.75	3.25
4 oz.	1.75	2.50	1.50	2.50	1.75	24	2.00	3.75
6 oz.	2.00		1.75	3.00	2.00	36	2.75	4.25
8 oz.	2.50		2.00	3.75	2.25	40	3.00	4.75
12 oz.	2.75		2.25	4.50	2.50	50	3.50	5.00
16 oz.	3.50		2.50	5.00	3.00	100	6.00	8.50

(If exact quantity called for is not listed, charge at rate of the average of the two nearest quantities given.)

I N S T R U C T I O N S

1. Above prices are Average and subject to modification where dose varies or where one or more ingredients are very expensive. In general, when the cost (1) of the amount used of any ingredient (2) equals or exceeds 1/5 of the Schedule price add the cost of the amount used of such ingredient, to the Schedule price.

2. In every case where calculated price is an odd number, adjust price to the nearest number divisible by 5. If more than one calculation is required, adjust number after each calculation.

3. For all proprietaries or other manufactured product in original manufacturer's size or quantity cost (1) plus 66%, or prevailing over counter price, if any, whichever is lower.

4. For less than manufacturer's size (3) of any liquid, solid or powder Proprietary (4) with wholesale cost of \$4.00 or less for the quantity dispensed charge Schedule price, or cost (1) of quantity dispensed plus 75%, whichever is higher. If in combination, follow Schedule (or cost of quantity dispensed plus 75%, whichever is higher) and instruction 1. For less than manufacturer's size (3) of any liquid, solid or powder Proprietary with wholesale cost of more than \$4.00 for the quantity dispensed charge cost of quantity dispensed plus 66%.

5. For less than manufacturer's size (3) of any Tablet, Pill, Capsule, etc. with wholesale cost of \$4.00 or less for the quantity dispensed, charge cost (1) of quantity dispensed plus 150% for all quantities up to and including 1/4 of manufacturer's size; charge cost of quantity dispensed plus 100% for all quantities up to and including 1/2 of manufacturer's size; charge cost of quantity dispensed plus 75% for all quantities greater than 1/2 of manufacturer's size. For less than manufacturer's size (3) of any Tablet, Pill, Capsule, etc. with wholesale cost for the

quantity dispensed of more than \$4.00 charge wholesale cost of quantity dispensed plus 75%.

6. Minimum price for any prescription \$1.00.

7. Prescription prices will not exceed those charged non-recipients for identical prescriptions. If schedule prices exceed those on record in the pharmacy's prescription file for identical prescriptions for persons who are not public assistance recipients, adjust price to lower figure.

- (1) "Cost" means Wholesaler's price.
- (2) "Ingredient" does not include vehicle. No increase in price should be made for cost of vehicle unless such cost equals or exceeds 1/2 of Schedule price. In such cases add 1/2 the cost of the amount (of vehicle) used to the Schedule price.
- (3) "Size". Where more than one size is listed base price on cost of size nearest to quantity dispensed.
- (4) "Proprietary" includes all "Specialties", Trade Marked items, specific manufacturer's product, etc.
- (5) Best Quality and adapted to intended use of medicament, (e.g. dropper bottle, ophthalmic tube, etc.)

FLORIDA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Rehabilitative Services Department Officials:

O. J. Keller Secretary	Department of Health and Rehabilitative Services 1323 Winewood Boulevard Tallahassee, Florida 32301
---------------------------	--

E. Douglas Endsley Director	Division of Family Services P.O. Box 2050 Jacksonville, Florida 32203
--------------------------------	---

Walter B. Conwell Deputy Director	" "
--------------------------------------	-----

C. Wright Hollingsworth, Chief Bureau of Medical Services	" "
--	-----

2. Consultants to Division of Family Services:
(Part-time)

Sam Atkinson, M.D.	" "
A. Lawson Hardie, M.D.	" "
M. E. Morrow, M.D.	" "
Dudley Reep, D.D.S.	" "

3. Medicaid Advisory Committee:

George H. Coupe, D.O., Chairman
James W. Quinn, Co-Chairman

Executive Subcommittee

Clanzel T. Brown	James W. Quinn
Robert Greenberg, O.D., F.A.A.O.	Richard C. Reynolds, M.D.

Administrative Subcommittee

Evaluation of all administrative procedures plus utilization and peer review.

Administrative Subcommittee (continued):

James W. Quinn, Chairman
 Nicholas G. Kayal, D.P.M.
 Sidney Simkowitz, R.Ph.
 Ross Bremer
 Richard Collins

Gilbert Weise, R.Ph.
 Michael J. Wood
 Slayton Matthews
 Donald G. Nikolaus, M.D.
 Staff Member:
 Charles Busby

Planning Subcommittee

Development of program priorities for legislative budget requests and long-range planning.

Richard C. Reynolds, M.D.
Chairman
 Marvin W. Brice
 O. C. Clark, O.D.
 M. Eugene Flipse, M.D.
 Robert Furlough, Ph.D.
 Hartford Granitz

Fred Seligman, M.D.
 Billye Boselli, R.N.
 H. B. Pattishall, Jr., D.D.S.
 Mrs. Ernest J. McLuckie
 Staff Member:
 Sara Kenaston (Miss)

Provider Reimbursement Subcommittee

Consideration of all problems related to payments made to providers for services rendered.

Robert Greenberg, O.D.
Chairman
 George Browning, R.Ph.
 Leo Keating
 H. Raymond Klein, D.D.S.
 Reed Bell, M.D.

Thomas S. Smith
 Arthur Harris
 Earl R. Horowitz, D.P.M.
 Charles McCrory, M.D.
 Melvyn Sarnow, D.O.
 Staff Member:
 John Tucker

Services Subcommittee

Evaluation of the services rendered as related to such factors as the availability and effectiveness.

Clanzel T. Brown, Chairman
 Alice Baber (Mrs.)
 Benton Clifton
 Mary Glover (Mrs.)
 Barbara Finger, R.N., M.P.H.
 Mrs. Jimmy Simmons Fant, ACSW

Gerald Schiebler, M.D.
 Edd T. Hitt
 Dewey W. Knight, Jr.
 Barbara Thomas (Mrs.)
 Willie Thornton
 Staff Member:
 Mary J. Bowen (Mrs.)

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

W. Harold Parham
Executive Vice-President
Florida Medical Association, Inc.
P.O. Box 2411
Jacksonville 32203
Phone: 904/356-1571

B. Pharmaceutical Association:

James B. Powers
Executive Secretary
Florida Pharmaceutical Association
P.O. Box 960
Tallahassee 32302
Phone: 904/222-2400

GEORGIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began October 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				
	OAA	AB	APTD	AFDC	Category Related				Children Other*
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21 (SFO)
Prescribed Drugs	X	X	X	X					
Inpatient Hospital Care	X	X	X	X					
Outpatient Hospital Care	X	X	X	X					
Laboratory & X-ray Service	X	X	X	X					
Skilled Nursing Home Services	X	X	X	X					
Physician Services	X	X	X	X					
Dental Services	X	X	X	X					
Other Benefits:	Durable medical equipment; home health care; prosthetics; ambulance.								

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA		\$ 7,487		\$ 9,564		\$ 8,786
MA						
AB		178		226		192
APTD		3,256		4,236		3,958
AFDC		3,560		4,704		4,572
Total		\$14,481		\$18,730		\$17,508

GEORGIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Department of Human Resources through its Division of Benefits Payments.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
Drugs not on the drug list, OTC items, vitamins, minor tranquilizers, etc.
- B. Formulary: The Medical Assistance Drug List contains 1213 drug items listed generically with a cross-reference to brand name drugs. Exceptions to the drug list can be made by the Medical Director.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: Physicians are encouraged to prescribe by generic name.
 - 2. Quantity of Medication: A 34-day supply or a 100-dose unit, whichever is the larger.
 - 3. Refills: The original prescription plus 5 refills are authorized.
 - 4. Dollar Limits: None.
- D. Prescription Charge Formula: Local wholesale cost, plus professional fee of \$2.

V. Miscellaneous Remarks:

Physicians use their regular prescription blanks. Physicians wishing to dispense drugs under the program must apply to the Director, Division of Medical Care and submit evidence that pharmacy facilities are not available within 20 miles of his office.

Average prescription cost in FY 1974 was \$5.087.

454,397 persons were eligible for Medicaid during FY 1974, at a total cost of \$182,890,635.

GEORGIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Department of Human Resources Officials:

T.M. (Jim) Parham Acting Commissioner	Dept. of Human Resources State Office Building 47 Trinity Avenue, S.W. Atlanta, Georgia 30334
Sam T. Thurmond Acting Director - Medicaid	" "
James Alley, M.D. Director	Division of Physical Health (same address as above)
C. W. Sargent, M.D., Supervisor Facilities and Institutions Section	" "
Jack L. Moore, Chief Medicaid Management Unit	" "
Gilbert H. Buice, R.Ph. Program Management Officer Pharmaceutical Service	Office of Medicaid Services 618 Ponce de Leon Ave. N.E. Atlanta, Georgia 30308
(Mrs.) Frances Lipscomb, R.Ph. Chief Pharmaceutical Service	" "

2. Division of Physical Health Advisory Committees:

A. Title XIX Advisory Committee:

Composed of one representative from each of the following groups:

Health Professionals:

Medical Association of Georgia
Georgia State Medical Association
Georgia Osteopathic Medical Association
Georgia Chapter, American Academy of Pediatrics
Georgia State Nurses Association

Health Professionals (continued):

Georgia Pharmaceutical Association
Georgia Hospital Association
Georgia Nursing Home Association
Georgia Dental Association

Government:

Association of County Commissioners of Georgia

Social Work and Consumers:

Director, local Department of Family and Children
Services
Caseworker at local level (e.g., Children's Center
of Metropolitan Atlanta, Inc.)
Consumer representative (e.g., suggested by local
OEO agency)

B. Pharmacy Advisory Council:

(To be re-appointed.)

3. Executive Officers of State Medical and Pharmaceutical
Societies:

A. Medical Association:

James M. Moffett
Executive Director
Medical Association of Georgia
938 Peachtree Street, N.E.
Atlanta 30309
Phone: 404/876-7535

B. Pharmaceutical Association:

Rogert T. Lane
Executive Director
Georgia Pharmaceutical Association
One LaVista-Perimeter Office Park
Suite 108
Tucker 30084
Phone: 404/934-5340

GUAM

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began November 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				Other* (SFO)
					Category Related				
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	
Prescribed Drugs	X	X	X	X	X	X	X	X	
Inpatient Hospital Care	X	X	X	X	X	X	X	X	
Outpatient Hospital Care	X	X	X	X	X	X	X	X	
Laboratory & X-ray Service	X	X	X	X	X	X	X	X	
Skilled Nursing Home Services	X	X	X	X	X	X	X	X	
Physician Services	X	X	X	X	X	X	X	X	
Dental Services	X	X	X	X	X	X	X	X	

Other Benefits:

Transportation; prostheses.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	$\frac{1}{}$	Persons Eligible		Persons Eligible	
OAA	500	\$ 5		\$		
MA						
AB						
APTD	100	4				
AFDC	2,500	11				
MN	500	4				
Total	3,500	\$24		\$45 ^{2/}		

 $\frac{1}{}$ Recipients. $\frac{2}{}$ HEW figures.

GUAM

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Department of Public Health and Social Services.

IV. Provisions Relating to Prescribed Drugs:

Prescribed drugs are provided to needy persons eligible for services under Title XIX. Providers include the Guam Memorial Hospital pharmacy as well as other privately operated pharmacies.

GUAM

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Social Services Department Officials:

Franklin S. Cruz Director	Department of Public Health and Social Services Government of Guam P.O. Box 2816 Agana, Guam 96910
Pedro L.G. Santos, ACSW Social Services Administrator Division of Social Services	" "
Don Miller, Director Medical Care Service	P.O. Box 2719 Agana, Guam 96910
Eugene G. Hammond Acting Medicaid Program Supervisor Division of Social Services	P.O. Box 2816 Agana, Guam 96910

HAWAII

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x
Other Benefits:	Prostheses; home health care; eyeglasses; medical appliances; transportation.									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA		\$ 224		\$ 266		\$ 396
MA		80				
AB		5		6		12
APTD		183		277		420
AFDC		353		458		660
GA		281		424		516
Total		\$1,126		\$1,431		\$2,004

HAWAII

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the State Department of Social Services and Housing through its Public Welfare Division and four county branch offices.

HAWAII

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services and Housing Department Officials:

Andrew I. T. Chang Director	Department of Social Services and Housing P.O. Box 339 Honolulu, Hawaii 96809
Masaru Oshiro Deputy Director	" "
Raymond Sato Administrative Services Officer	" "
Edwin Tam Public Welfare Administrator	Public Welfare Division (same address as above)
Robert W. Millar Medical Care Administrator	" "
Edward Yoshimura Medical Welfare Specialist	" "
Wayne S. Hansen, M.D. Medical Consultant	" "
John Sheedy, M.D. Medical Consultant	" "
Benjamin Sherman, D.D.S. Dental Consultant	" "
Omel L. Turk, R.Ph. Pharmacist Consultant (Part-time)	" "

2. Social Services and Housing Department Advisory Committee:

Patrick Walsh, M.D.	550 South Beretania Street Honolulu 96813
---------------------	--

Social Services and Housing Department Advisory Committee
(continued):

Grover H. Batten, M.D.

264 Alexander Young Building
Honolulu 96813

Jacob Kim, R.Ph.

314 Lewers Street
Honolulu 96815

3. Executive Officers of State Medical and Pharmaceutical
Societies:

A. Medical Association:

H. Tom Thorson
Executive Director
Hawaii Medical Association
510 South Beretania Street
Honolulu 96813
Phone: 808/536-7702

B. Pharmaceutical Association:

Thomas Okimoto
President
Hawaii Pharmaceutical Association
P.O. Box 1198
Honolulu 96807

IDAHO

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	Category Related	OAA	AB	APTD		
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services				x						
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	\$ ^{1/}	Persons Eligible	\$	Persons Eligible	\$
OAA	3,096	\$302		\$ 247		\$ 248
MA				298		304
AB	90	4		5		5
APTD	3,311	166		304		304
AFDC	20,024	252		425		450
Total	26,521	\$724		\$1,279		\$1,311

^{1/} Vendor drug program established October 1971.

IDAHO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By State Department of Health and Welfare through seven regional offices, each serving five or more of the state's 44 counties.

IV. Provisions Relating to Drugs:

Vendor drug program; limit \$20 per person per month, with no exceptions.

IDAHO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Welfare Department:

James A. Bax
Administrator

Department of Health
and Welfare
Statehouse
Boise, Idaho 83720

Kenneth V. Thomas, Director
Medical Assistance

" "

O. E. Merrell, M.D.
Medical Consultant

" "

James Collier, R.Ph.
Pharmacist Consultant
(Part-time)

Lemps Apothecary
201 East Bannock
Boise 83702

2. Medical Care Advisory Committee:

Clarence Thompson, M.D.
920 Ironwood Drive
Coeur d'Alene 83814

- Region I

Mrs. Mac Schultz
Box 208
Orofino 83544

- Region II

Ruth Carroll (Mrs.)
313 Sunset Drive
Payette 83661

- Region III

Barbara Wescott (Mrs.)
3937 West Clement Road
Boise 83704

- Region IV

Mrs. Donald Rehwalt
Route 2
Paul 83347

- Region V

Alice Wilson (Mrs.)
60 West Second South
Soda Springs 83276

- Region VI

Medical Care Advisory Committee (continued):

William Jones - Member-at-Large
Box 956
Twin Falls

Ruby Crosby (Mrs.) - Idaho Nurses Association
Route 2
Wendell 83355

Roy Watson - A.A.R.P.
1200 Maple Grove, #2
Boise 83706

Marcelino Gonzales - Member-at-Large
103 - 16 Avenue South
Nampa 83651

Samuel R. Winn, D.M.D. - Idaho Dental Association
1410 North 28th
Boise 83703

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Armand L. Bird
Executive Director
Idaho Medical Association
407 West Bannock Street
Boise 83702
Phone: 208/344-7888

B. Pharmaceutical Association:

Clifford E. Barnett
Executive Director
Idaho State Pharmaceutical Association
#3 Imperial Plaza
200 North Third Street
Boise 83702
Phone: 208/343-1156

ILLINOIS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x	x

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/3/</u>	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>
OAA	34,105	\$ 3,466	33,367	\$ 3,588	30,568	\$ 3,953
MA						
AB	1,712	132	1,728	144	1,634	170
APTD	70,910	7,313	85,177	9,505	82,929	12,408
AFDC	674,839	14,463	763,639	18,330	778,576	26,358
MN Aged	37,891	5,882	42,570	6,830	44,332	8,466
MN Blind	314	45	320	49	338	50
MN Disabled	16,693	2,560	21,577	3,296	23,950	4,447
MN Children		778	47,137	895	39,785	1,024
MN GA ^{2/}			48,374	2,099	54,698	4,518
Total	836,464	\$34,639	1,043,889	\$44,736	1,056,810	\$61,394

1/ Average per month.

2/ Includes only those GA units receiving supplemental State funds.

3/ These data include both prescribed drugs and drugs dispensed by physicians.

ILLINOIS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the state through 102 county departments of public aid offices of the Illinois Department of Public Aid.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Biologicals and drugs available from State Department of Health or other agencies. Do not provide for preventive medicine.
- B. Formulary: Drug manual prepared by a committee of the Illinois State Medical Society issued July 1971 lists approximately 1200 items and maximum amount of each that may be prescribed. Has sections listing allowable "prescription items", "over-the-counter items", and a "Therapeutic and Pharmacologic Index". Payment authorized for listed items only. Item number must be entered on prescription by pharmacist.

In "very unusual circumstances" the physician may request prior authorization to prescribe a drug not in the Manual.

Manual provides also for drugs listed in USP and NF.

C. Prescribing or Dispensing Limitations:

1. Terminology: "When a drug is manufactured by several companies, the non-proprietary name is listed along with some of the trade names most commonly used in the State of Illinois, in parenthesis, for purposes of cross-index reference and identification only. Such items are to be prescribed or ordered by the non-proprietary name.

"The pharmacy shall dispense non-proprietary products of quality. Maximum reimbursement to the pharmacy will be based on the price of a non-proprietary item of recognized quality."

Terminology (continued):

If the pharmacist dispenses a trade name product, the charge to the Department of Public Aid can not exceed that charge based on the maximum allowable charge or cost indicated in the Drug Manual.

2. Quantity of Medication: Payment shall not be made for quantities in excess of the maximum amounts designated in the Drug Manual. If no maximum is designated, the quantity must not exceed one month's supply.
 3. Refills: Prescriber must specify refills, not to exceed two refills.
 4. Dollar Limits: None.
- D. Prescription Charge Formula: Prices shall be either those charged to the general public or those based on the Department's published Fee Schedule, whichever is lower. Name of the manufacturer of a non-proprietary drug supplied must be shown on the prescription form. OTC items at prevailing OTC price. Prescription charge formula is cost plus 30% markup plus a professional fee of \$1.35. A minimum fee of \$1.35 will be allowed.

V. Miscellaneous Remarks:

Payments are made only to participating pharmacies which must meet Department requirements.

The Department requires that prescriptions written in clinics or emergency rooms of participating hospitals be filled by the hospital pharmacy.

ILLINOIS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Public Aid Department Officials:

James L. Trainor Acting Director	Department of Public Aid 222 South College Springfield, Illinois 62706
Robert G. Wessel Chief Assistant to the Director	" "
Thomas P. Storer Deputy Director Medical Programs	623 East Adams Springfield, Illinois
Norman Ryan Deputy Director Finance	222 South College Springfield, Illinois
Jesse Harris Deputy Director Programs and Operations	" "
Wayne Epperson, Chief Bureau of Research and Statistics	301 East Monroe Springfield, Illinois
Garry E. Paddick, Chief Bureau of Information Systems	State Office Building 400 South Spring Street Springfield, Illinois 62706
Douglas H. Clough, R.Ph. Pharmacist Consultant	618 East Washington Street Springfield, Illinois 62708

2. Public Aid Department Advisory Committees:

A. Medical Advisory Committee:

The Department has a State Medical Advisory Committee, composed only of physicians appointed yearly by the Illinois State Medical Society. The members of this

Medical Advisory Committee (continued):

Committee are from different areas of the State and are representative of the different specialty fields. There are Subcommittees of the State Medical Advisory Committee on Ophthalmology, Radiology, Anesthesiology, Cardiovascular and Renal Diseases.

Fred A. Tworoger, M.D. 4753 North Broadway
Chairman Chicago 60640

B. Committee on Drugs and Therapeutics:

A Committee on Drugs and Therapeutics, a standing committee appointed by the Illinois State Medical Society, serves in an advisory capacity to the Department of Public Aid on drug policy and the Drug Manual.

It is composed of physicians and consultants from the field of pharmacy.

Arthur R. Marks, M.D. 101 East Center Street
Chairman Fairfield 62837

Richard L. Landau, M.D. 950 East 59 Street
Chicago 60637

Andrew Krajec, M.D. 108 West South Street
West Salem 62476

Richard H. Suhs, M.D. 1409 Stevenson Drive
Springfield 62703

William T. Gogan, M.D. 7623 West 63 Street
Summit 60501

Charles Salesman, M.D. Box 426
Paris 61944

Vincent A. Costanzo, Jr., 7531 South Stony Island
M.D. Chicago 60649

Thomas William Lester, M.D. 2017 West 107 Street
Chicago 60643

Consultant:

Louis Gdalman, R.Ph. 1753 West Congress Parkway
Chicago 60612

C. Drug Advisory Committee:

A State Drug Advisory Committee, appointed by the Director of the Department of Public Aid to advise on general policies necessary to the operation of a state-wide drug program for public assistance recipients.

Harold J. Shinnick, R.Ph. H. J. Shinnick Drugs <u>Chairman</u>	934 West Armitage Avenue Chicago 60614
W. Edwin Brown Brown Drug Company	720 State Street Quincy
Carl V. Daschka, R.Ph. Victor Drugs	611 State Street Chester
H. M. F. Doden, Sr., R.Ph. Doden Drug Stores, Inc. #1	1625 - 11 Street Rock Island
Justin Eisele, R.Ph. Eisele Pharmacy	3520 Caseyville East St. Louis
Louis Gdalmann, R.Ph. Director of Pharmacy Services	Presbyterian - St. Luke's Hospital 1753 West Congress Street Chicago 60612
John T. Gulick, R.Ph. Woodbury Drug Company, Inc.	403 West North Avenue Danville
John F. Koller, R.Ph. Koller Pharmacy	1547 Oak Park Avenue Berwyn
Harold W. Pratt, R.Ph.	3480 Brittany Road Northbrook 60062
Theodore R. Sherrod, Ph.D., M.D. Professor of Pharmacology	University of Illinois College of Medicine 1853 West Polk Street Chicago 60612
Charles P. Skaggs Skaggs Pharmacy	9 East Poplar Street Harrisburg
Roy B. Maher, R.Ph.	12 Sunnyside Springfield 62702

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Roger N. White
Executive Administrator
Illinois State Medical Society
360 North Michigan Avenue
Chicago 60601
Phone: 312/782-1654

B. Pharmaceutical Association:

Alan Granat
Acting Executive Director
Illinois Pharmaceutical Association
222 West Adams Street, Suite 546
Chicago 60606
Phone: 312/236-1135

INDIANA

Home Services				
Physician Services	X	X	X	X
Dental Services	X	X	X	X

Other Benefits: Clinic; home health, private duty nursing and family planning services; eyeglasses; prosthetics; transportation; Christian Science nurses and sanatoria; chiropractic services and ICF services; EPSDT.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible <u>1/</u>		Persons Eligible <u>1/</u>		Persons Eligible <u>1/</u>	
OAA	25,900	\$ 5,061	25,800	\$ 5,647	34,384	\$ 4,711
MA						
AB	1,500	199	1,400	214	1,629	168
APTD	11,600	2,044	13,600	2,595	18,942	2,580
AFDC	172,400	3,508	183,100	4,216	222,846	3,576
MN Aged						
MN Blind						
MN Disabled						
MN Children						
Total	211,400	\$10,812	223,900	\$12,672	277,801	\$11,035

1/ Approximate number of persons eligible as of June 30.

INDIANA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Indiana State Department of Public Welfare with the 92 county departments of public welfare acting as agents of the State Department. The State Plan for carrying out the program was developed under the guidance of the Medical Advisory Committee of the State Department of Public Welfare as mandated by law.

Under the provisions of the law which authorizes the Indiana Department of Public Welfare to contract with the fiscal agent to assist in the administration of the medical assistance program, the State Department contracted with Blue Cross of Indiana and Blue Shield of Indiana. The Fiscal Agent receives, audits, and pays claims submitted by the providers of health care for benefits rendered to eligible patients.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
None. All prescriptions filled as written, by pharmacists who have signed provider agreements with the Fiscal Agent.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: No statewide requirements for generic prescribing.
 - 2. Quantity of Medication: None. However, for purchases of non-legend drugs of over \$20, a prior approval form must be obtained from the County Department of Public Welfare and it must be signed by the Director of that Department.
 - 3. Refills: Allowed as authorized by physician.
 - 4. Dollar Limits: None.

D. Prescription Charge Formula:

Payment to the pharmacist will be based on acquisition cost of the legend drug, plus a flat professional fee of \$1.85 which has been established by the State Department of Public Welfare. Non-legend drugs and medical supplies payment is made to the pharmacist based on the amount of the usual and customary charge.

V. Miscellaneous Remarks:

Expenditures for medical care furnished under Indiana's Medicaid program for the period July 1, 1973 to June 30, 1974 amounted to \$136,280,910. About 277,800 persons were eligible for Medicaid as of June 30, 1974. A total of approximately 227,900 recipients received Medicaid services at least once during FY 1974.

INDIANA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Wayne A. Stanton Administrator	Department of Public Welfare 100 N. Senate Avenue, Rm. 701 Indianapolis, Indiana 46204
James O. Price, M.D. Chief Medical Director	" "
Evelyn G. Bell Assistant Administrator - Programs	" "
James L. John Assistant Administrator - Administration	" "
George N. Nichols Assistant Administrator - Medicaid	" "
John B. Douglas, Director Div. of Administrative Services	" "
(Mrs.) Marian Steffy, Director Division of Public Assistance	" "
William Harding Chief Accountant	" "
Loren Schmidt Supervisor Medical Review Team	" "
E. W. Dyar, M.D. Supervising Ophthalmologist (Part-time)	" "

2. Welfare Department Advisory Committee:

- David A. Clark, R.Ph.
Chairman
54 Monument Circle
Indianapolis 46204 - Indiana Pharmaceutical
Association, Inc.
- Glen Sagraves, D.D.S.
Vice-Chairman
1121 West Michigan Street
Indianapolis 46202 - Indiana Dental Association
- Elton TeKolste
Executive Director
Indiana Hospital Assoc.
38 East 39 Street
Indianapolis 46205 - Indiana Hospital Association
- Charlotte Akins (Mrs.)
Visiting Nurses Assoc.
615 North Alabama Street
Indianapolis 46204 - Indiana State Nurses
Association
- Ronald Anjard
906 Bellevue Place
Kokomo 46901 - Citizenry of Indiana
- John Cervenka
R.R. 1, Box 121
North Judson 46366 - State-wide Taxpayer
Association
- Louis Congdon
3353 Woodland Parkway
Columbia 47201 - Business and Industrial
Interests
- John H. Huber, Admr.
Sycamore Village Health
Care Center
2905 West Sycamore Road
Kokomo 46901 - Indiana Association of
Licensed Nursing Homes
- Hon. James L. Drews
R.R. 1, Box 285-B
Knox 46534 - Indiana House of
Representatives
- Demetrius Ewing
513 South 15 Street
Terre Haute 47801 - Citizenry of Indiana
- Keith G. Felix
P.O. Box 396
Plymouth 46563 - Insurance Interests

Welfare Department Advisory Committee (continued):

- | | |
|--|--|
| Jack B. Glick, D.P.M.
3119 West 30 Street
Indianapolis 46222 | - Indiana State Podiatry
Association |
| Maurice E. Glock, M.D.
229 Medical Center Building
Fort Wayne 46802 | - Indiana State Medical
Association |
| Carl D. Hicks
R.R.
Perrysville 47974 | - Agricultural Interests |
| Albert F. Kull, D.O.
2515 East Jefferson Blvd.
South Bend 46615 | - Indiana Association of
Osteopathic Physicians
and Surgeons |
| Lowell G. Foster, M.D.
3500 Lafayette Road
Indianapolis 46222 | - Indiana Psychiatric
Association |
| Pearl Myers (Mrs.)
R.R. 3, Box 159
Bremen 46506 | - Indiana State Licensed
Practical Nurses
Association, Inc. |
| George F. Parker, M.D.
Community Hospital
1500 North Ritter Avenue
Indianapolis 46219 | - Indiana Chapter, American
Academy of Pediatrics |
| (Mrs.) Marie Peacock, R.N.
612 North Webster
Kokomo 46901 | - Citizenry of Indiana |
| Albert B. Stroud, O.D.
7 North Meridian Street
Indianapolis 46204 | - Indiana Optometric
Association |
| Hon. Leo Sullivan
Indiana State Senator
529 West Fifth Street
Peru 46970 | - Indiana State Senate |
| Charles Watkins, D.C.
5117 East Washington Street
Indianapolis 46219 | - Indiana State Chiropractic
Association |

Welfare Department Advisory Committee (continued):

Ex Officio:

James B. Richman - Representing the Mental
Patient Accounts Officer Health Commissioner
1315 West 10th
Indianapolis

Louis W. Spolyar, M.D. - Representing the State
Asst. State Health Health Commissioner
Commissioner for
Medical Operations
Indiana State Board of Health
1330 West Michigan Street
Indianapolis 46202

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

James A. Waggener
Executive Secretary
Indiana State Medical Association
3935 North Meridian
Indianapolis 46208
Phone: 317/925-7545

B. Pharmaceutical Association:

David A. Clark
Executive Director
Indiana Pharmaceutical Association
54 Monument Circle
Indianapolis 46204
Phone: 317/634-4968

IOWA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment				Medically Needy (M N)					
	Recipients				Category Related		Children	Other*		
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services	x	x	x	x						
Other Benefits:	Prostheses; ambulance; visiting nurse; optometrist, optician, podiatrist and chiropractor.									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA	264,078	\$2,888	243,555	\$2,765	230,366	\$2,715
MA						
AB	14,710	100	14,295	124	14,064	126
APTD	40,733	522	43,783	563	48,234	662
AFDC	976,897	1,609	993,827	1,744	960,185	1,795
Total	1,296,418	\$5,119	1,295,460	\$5,193	1,252,849	\$5,298

IOWA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Central administration by the State Department of Social Services.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Non-legend drugs, amphetamine products, and legend multiple vitamins.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
1. Terminology: None.
 2. Quantity of Medication: Prescriptions should be limited to a 30-day supply, except for prescriptions calling for unit packaging (e.g., quantities of 50 or 100 that could run up to a 100-day supply). Maintenance drugs may be supplied in 90-day quantities.
 3. Refills: Not permitted.
 4. Dollar Limits: None.
- D. Prescription Charge Formula: Payment will be based on the pharmacist's usual, customary and reasonable charge, but payment may not exceed the current wholesale cost of the drug as defined by the Department of Social Services, plus a professional fee of \$2.15.

V. Miscellaneous Remarks:

A written prescription is required for all drugs and supplies.

Drug Utilization Data - Recipients (FY 1974)

	<u>OAA</u>	<u>AFDC</u>	<u>AB</u>	<u>APTD</u>
Total	129,515	187,254	6,365	25,709
Avg./Month	10,793	15,605	530	2,142

Miscellaneous Remarks (continued):

FY 1974:

Total number prescriptions	1,104,340
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Average cost per prescription for all categories	\$4.94
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Source: Report Number 1014, August 1974. Division
of Statistics, Office of Administrative
Services August 1974.

IOWA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services Department Officials:

Kevin Burns Commissioner	Department of Social Services Lucas State Office Building Des Moines, Iowa 50319
Elmer M. Smith, M.D. Director Bureau of Medical Services	" "
Ronald J. Mahrenholz, R.Ph. Director Utilization Review Section Pharmacist Consultant*	" "

2. Social Services Department Advisory Committees:

A. Title XIX Medical Assistance Council:

<u>College of Medicine</u> Paul M. Seebohm, M.D. Associate Dean College of Medicine University Hospitals Iowa City 52240	<u>Iowa State Board of Chiropractic Examiners</u> E. C. Vorland, D.C. 102 Main Street Cedar Falls 50613
<u>Iowa Dental Association</u> A. G. Kegler, D.D.S. 206 - 3rd Avenue N.E. Independence 50644	<u>Iowa Hospital Association Inc.</u> Donald Cordes, Administrator Iowa Methodist Hospital 1200 Pleasant Street Des Moines 50309
<u>Iowa Medical Society</u> A. J. Havlik, M.D. 207 West Third Street Tama 52339	<u>Iowa Podiatry Society</u> Wilbur L. Franson, D.P.M. 1302 Warford Street Perry 50220

* Two pharmacists serve as pharmacist consultants for Iowa Blue Cross/Blue Shield, which is the carrier.

Title XIX Medical Assistance Council (continued):

Iowa Nurses Association
Marian A. Van Fossen (Miss)
Executive Director
Public Health Nursing
Association of Linn Co.
400 Third Avenue, S.E.
Cedar Rapids 52401

Health Facilities
Association of Iowa
Max Shook
Pleasant Care
State Street
Pleasantville 50225

Iowa Optometric Association
Thomas E. Ward, O.D.
810 Fleming Building
Des Moines 50309

Iowa Osteopathic Hospital
Association
Dwight G. Reigert
1111 West Kimberly Road
Davenport 52806

Iowa Pharmaceutical
Association
Robert G. Gibbs
Iowa Pharmaceutical Assoc.
302 Shops Building
Des Moines 50309

Iowa Society of Osteopathic
Physicians and Surgeons
Gerald Leuty, D.O.
1001 Chestnut Street
Earlham 50072

Iowa State Department of
Health
Norman Pawlewski
Commissioner
Iowa State Dept. of Health
Lucas State Office Building
Des Moines 50319

Iowa Ophthalmic Dispensers
R. Wayne Ellis
849 Marion
Des Moines 50315

B. Pharmaceutical Advisory Committee:

William Winckler	- Sioux City
Jean P. Gagnon	- Iowa City
Thomas H. Jones	- Chariton
Landon C. Larsh	- Mt. Pleasant
Richard L. Watkins	- Independence
John Carr	- Des Moines
Steve Baschnagel	- Ottumwa
Gus Erickson	- Garner

2. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Donald L. Taylor
Executive Vice-President
Iowa Medical Society
1001 Grand Avenue
West Des Moines 50265
Phone: 515/255-2105

B. Pharmaceutical Association:

Robert G. Gibbs
Executive Director
Iowa Pharmaceutical Association
302 Shops Building
Des Moines 50309
Phone: 515/283-0169

KANSAS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began June 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children Other*					
					OAA AB APTD AFDC				Under 21	(SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x
Other Benefits:	Home health care; clinic; physical therapy; prostheses; preventive services; family planning supplies; chiropractor and optometrist.									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	$\frac{1}{2}$	Persons Eligible	$\frac{1}{1}$	Persons Eligible	$\frac{1}{3}$
OAA	15,370	\$2,908	16,210	\$2,088	9,452	\$1,123
MA		1,280	21,614	1,625	23,479	2,855
AB	494	70	511	60	394	46
APTD	7,380	1,422	8,303	1,261	7,556	1,161
AFDC	74,065	1,819	59,634	1,631	57,745	1,756
GA		662	12,243	497	10,360	474
Total	97,309	\$8,161	118,515	\$7,162	108,986	\$7,415

 $\frac{1}{1}$ Average number of recipients per month. $\frac{2}{2}$ There were 115,085 recipients. $\frac{3}{3}$ There were 163,218 total persons eligible for drug services.

KANSAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

State administered effective January 1, 1974. (Formerly by county boards of social welfare, units of county government, under the supervision of State Department of Social and Rehabilitation Services.)

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.): Program covers prescriptions for legend items and, as of April 1, 1968, for certain non-legend drugs to treat disease entities and conditions, as shown below. Common medicine chest items are excluded.

1. Chronic arthritis
2. Chronic ulcers
3. Diabetes
4. Certain contraceptives
5. Asthma and emphysema
(Bronchodilators to be used orally, rectally or by inhalation)
6. Acute or subacute bronchitis and rhinitis
(Antitussives, expectorants and decongestants)

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.
2. Quantity of Medication: Not more than 100-day supply.
3. Refills: As authorized by physician for up to a one-year period.
4. Dollar Limits: A prescription claim in excess of \$25 is reviewed prior to payment.

- D. Prescription Charge Formula: Variable-Fee schedule effective August 1970. Fee per prescription established for each individual participating pharmacy within the range of \$1.19 to \$2.25 for FY 1975, based on analysis of operating data submitted by each pharmacy.

Maximum fee assigned to the pharmacist is the total of allowable ingredient cost plus operating costs plus 30¢. The maximum professional fee assigned is based on the 90th percentile, i.e., the highest fee determined from the pharmacists who account for 90% of the volume.

V. Miscellaneous Remarks:

"Claims for pharmaceuticals will be paid only to licensed pharmacies, except in instances where a physician is issued a dispensing permit. Such permits will be issued wherever there is no licensed pharmacy in the town or community, upon request by a physician. Applications for such permits will be passed on by a medical review committee."

*1973 Revisions of Reimbursement Policies (August 13, 1973)

1. Actual acquisition cost no longer in effect.
2. Establishment of allowable cost prices listed in Kansas Title XIX Drug Listing (at request of and in conjunction with Kansas Pharmaceutical Association).
3. Generally, allowable cost of most drugs is AWP of 100-unit or pint size of product.
4. Seven manufacturers' products generally have as their average allowable price the direct price of smallest package size of drug product.

Exception to 3 and 4 is that group of products enjoying a high volume of usage in the Title XIX program. The allowable cost price of such products is that of the most commonly purchased size of the product, whether purchased direct from manufacturer or from the wholesaler.

* Source: State Department of Social Welfare Memorandum dated August 10, 1973.

KANSAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social and Rehabilitation Services Department Officials:

Dr. Robert C. Harder Secretary	Department of Social and Rehabilitation Services State Office Building Topeka, Kansas 66612
William E. Richards, Director Division of Social Services	" "
Sally Anderson, Chief Income Maintenance	" "
Ruth Elsenraat, Director Public Assistance Section	" "
William A. Newman, Director Medical Services Section	" "
James W. Bibb, Budget Director Department of Administration	" "
P. L. Beiderwell, M.D. Coordinator of Medical Services	" "
Gene Hotchkiss, R.Ph. Pharmacist Consultant	" "

2. Governor's Advisory Committee:

(The membership of this committee is currently under revision.)

Kent Atkins
201 East 7 Street
Hays 67601

Frank Donovan, D.S.C.
111 North 5 Street
Atchison 66002

Dr. Merle Bolton
415 West 8 Street
Topeka 66603

Robert E. Eisler
3221 Troost
Kansas City 64109

Governor's Advisory Committee (continued):

J. H. French, O.D.
613 Market Street
Osage City 66523

Evalyn Gendel, M.D.
Division of Maternal
and Child Health
535 Kansas Avenue
Topeka 66603

Dr. Robert Harder
Secretary, Dept. of
Social and Rehabilitation
Services
State Office Building
Topeka 66612

Hilda LeCuer (Mrs.)
Butler-Greenwood County
Health Department
El Dorado 67042

Edwin D. Lyman, M.D.
Ex. Sec. and Director
of Health
State Department of Health
535 Kansas Avenue
Topeka 66612

Rowe Meats
1518 North Hershey
Beloit 67420

F. P. Wolff, M.D.
106 East 2 Street
Pratt 67124

Russell Miller
Univ. of Kansas Medical
Center
Kansas City 66103

Burton W. Osborn, D.D.S.
643 South Ohio
Salina 67401

Ona Mae Price (Mrs.)
705 North Brady
Abilene 67410

Mrs. Henry Schwaller
2200 Pershing Drive
Hays 67601

Loren Shaw
3236 East Douglas
Wichita 67208

Harvey Steffen, D.O.
2307 East First
Wichita 67214

Betty Talliaferro (Mrs.)
2600 North 52 Street
Kansas City 66104

Ron Wiebe, ACSW
501 $\frac{1}{2}$ Commercial Street
Emporia 66801

Calvert J. Winter, M.D.
155 South 18 Street
Kansas City 66102

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Oliver E. Ebel
Executive Director
Kansas Medical Society
1300 Topeka Boulevard
Topeka 66612
Phone: 913/235-2383

B. Pharmaceutical Association:

Douglas Johnson, R.Ph.
Executive Director
Kansas Pharmaceutical
Association
1308 West 10th Street
Topeka 66604
Phone: 913/232-0439

KENTUCKY

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children, Other*				
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21 ^{1/} (SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible ^{2/}		Persons Eligible ^{2/}		Persons Eligible ^{2/3/}	
OAA	58,177	\$ 4,102	55,268	\$ 4,294	56,058	\$ 4,058
MA						
AB	2,096	117	2,059	118	2,120	110
APTD	17,638	1,452	18,766	1,628	21,224	1,776
AFDC	142,644	2,655	150,588	2,778	151,907	2,502
MN Aged	21,527	1,457	18,323	1,305	13,432	865
MN Blind	226	15	226	15	174	11
MN Disabled	3,756	415	3,595	416	3,499	335
MN Children	70,363	1,526	71,245	1,574	55,038	1,070
Total	316,427	\$11,739	320,070	\$12,128	303,452	\$10,727

^{1/} Under the care of an authorized public child welfare agency.^{2/} Monthly average.^{3/} Average monthly number of drug program recipients was 83,519.

KENTUCKY

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Division for Medical Assistance and Disability Determinations within the Bureau for Social Insurance, within the Department for Human Resources.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
The following are items which are not covered under the pharmacy benefit area of the Program:
1. Medical supply items such as syringes, bedpans, urinals, ice bags, etc.
 2. Medicine cabinet supplies and drug staples.
 3. Drugs available through other programs or agencies.
 4. Drugs not included on the Kentucky Medical Assistance Program Drug List.
 5. Medications and supplies used or dispensed by physicians or dentists during home or office calls.
- B. Formulary: Yes. In the form of a drug list containing items listed by generic name. This list may be revised in accordance with requests by participating physicians and dentists, in accordance with funds available, and in accordance with the interests and needs of Program beneficiaries. Included on the Drug List are 7 broad therapeutic entities which cover multiple drug products. Therefore, Program payment actually covers a wide range of drugs although only 192 entities appear on the drug list.
- C. Prescribing or Dispensing Limitations:
1. Terminology: None.
 2. Quantity of Medication: Maximum quantities/R approximate a 30-day supply on maintenance medications and a shorter course of therapy for drugs used in acute conditions.

Prescribing or Dispensing Limitations (continued):

3. Refills: No prescription may be refilled more than five times or more than six months after the prescription is written.
4. Dollar Limits: None.

D. Prescription Charge Formula:

Ingredient cost plus professional fee (\$1.80/R).

In determining the ingredient cost, consideration is given to the number of suppliers of a product as listed in the current issue of the Drug Topics Red Book. A "median" price is generally used when patent rights pertaining to a given product have expired; a "major-brand" price is used when such patent rights are in effect.

V. Miscellaneous Remarks:

Payment for drugs is limited to those pharmacies which affiliate themselves with the Medical Assistance Program by completing the "Agreement of Participating Pharmacies".

KENTUCKY

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

BUREAU FOR SOCIAL INSURANCE - DEPARTMENT FOR HUMAN RESOURCES
Officials, Consultants and Committees

1. Officials:

Leslie Dawson Secretary	Dept. for Human Resources Capitol Annex Frankfort, Kentucky 40601
Gail S. Huecker (Mrs.) Commissioner	Bureau for Social Insurance Capitol Annex Frankfort, Kentucky 40601
Rick Crawford, Director Division for Medical Assistance and Disability Determinations	Bureau for Social Insurance Health Services Building Frankfort, Kentucky 40601
James C. Rogers, Asst. Director Division for Medical Assistance and Disability Determinations	" "
(Miss) Gene A. Thomas, R.Ph. Division for Medical Assistance and Disability Determinations	" "

2. State Advisory Committees for Medical Assistance:

Advisory Council on Medical Assistance appointed by the Governor, is composed of members representing pharmacy, hospitals, registered nurses, medical doctors, dentists, nursing homes, optometrists; meet quarterly or more often.

A. Advisory Council for Medical Assistance:

Howard L. Bost, Ph.D. Asst. Vice President for Program and Policy Planning University of Kentucky Medical Center Lexington 40506 <u>Chairman</u>	W. H. Weddington, D.M.D. 5031 Preston Highway Louisville 40213 Roger Proffitt North Dixie Highway Cave City 42127
--	--

Advisory Council for Medical Assistance (continued):

Robert N. McLeod, M.D.
500 Bourne Avenue
Somerset 4250

Samuel R. Scott, M.D.
521 East Main Street
Lexington 40508

Mrs. Archie Craft
1645 Linstead Drive
Lexington 40504

John B. Anneken
Anneken's Pharmacy
918 Madison Street
Covington 41011

Gail S. Huecker (Mrs.)
Commissioner
Bureau for Social Insurance
Capitol Annex
Frankfort 40601

Frank Brisley, O.D.
109 East 3 Street
Maysville 41056

William T. Williamson
138 Seneca Trail
Louisville 40214

Sandra Higgins (Mrs.)
Administrator
Senior Citizens Nursing
Home
Madisonville 42431

(Mrs.) Martha Russell, R.N.
Special Assistant
Kentucky Nurses Association
P.O. Box 8342 - Station E
1400 South First Street
Louisville 40208

Earl Linqvist, Admr.
Hayswood Hospital
Maysville 41056

(Mrs.) Ellen Buchart, R.N.
Jefferson Co. Health Dept.
Louisville 40202

Formulary Subcommittee:

Robert N. McLeod, M.D.
500 Bourne Avenue
Somerset 42501
Chairman

R. N. Smith
Smith Drug
Burkesville 42717

Ronald Hamilton, M.D.
University of Kentucky
Lexington 40506

Lewis W. Dittert, Ph.D.
University of Kentucky
College of Pharmacy
Lexington

Carl Cooper, M.D.
Bedford 40006

John A. Nicholson, Ph.D.
Assistant Professor
Dept. of Pharmacology
Health Sciences Center
University of Louisville
Louisville

Earl Linqvist, Administrator
Hayswood Hospital
Maysville 41056

Joe D. Taylor
Glasgow 42141

State Advisory Committee for Medical Assistance (continued):

There are also 7 Technical Advisory Committees consisting of members appointed by a professional association, that advise the Advisory Council in their respective fields: Medicine, Pharmacy, Hospital Administration, Nursing, Nursing Home Administration, Dentistry and Optometry:

B. Technical Advisory Committees:

(1) Physician Technical Advisory Committee:

H. Burl Mack, M.D.
304 Mt. Mercy Drive
Louisville 40216

Robert T. Longshore, M.D.
909 Scott Street
Covington 41011

Robert M. Blake, M.D.
611 Forrest Drive
Maysville 41056

Wallas Bell, M.D.
Sturgis 42459

Homer B. Martin, M.D.
3443 Medical Arts Bldg.
1169 Eastern Parkway
Louisville 40217

H. Burl Mack, M.D.
Pewee Valley 40056

Richard B. McElvein, M.D.
2121 Nicholasville Road
Lexington 40503

(2) Hospital Technical Advisory Committee:

Leon Hisle, Admr.
Pineville Community
Hospital Association
Pineville 40977

H. Earl Feezor
Assistant Administrator
Western Baptist Hospital
2501 Kentucky Avenue
Paducah 42001

George Hancock
Norton's Infirmary
231 West Oak Street
Louisville 40203

Eugene Watson, Admr.
John Graves Ford
Memorial Hospital
427 West Main Street
Georgetown 40324

A. G. Dierks, Admr.
Louisville General
Hospital
323 East Chestnut Street
Louisville 40202

(3) Pharmacy Technical Advisory Committee:

R. N. Smith
Smith Drug
Burkesville 42717
Chairman

Arnold J. Zegart
Zegart Drugs
7th and Oak Streets
Louisville 40203

Pharmacy Technical Advisory Committee (continued):

Dean L. Henderson
Arnold Drug Co.
Franklin 42134

Vernon Hager
Hamphill Pharmacy
Maple and Main
Nicholasville 40356

Joe D. Taylor
Glasgow 42141

(4) Nursing Home Technical Advisory Committee:

Ken Rice, Administrator
Sunrise Manor Nursing Home
Phillips Lane
Hodgenville 42748

Sandra Bulgrin
Ann Lynn Manor
1101 Lyndon Lane
Louisville 40222

James Wilson, Admr.
Fort Logan Hospital E.C.F.
Portman Avenue
Stanford

Sandra Higgins, Admr.
Senior Citizens Nursing
Home
Madisonville 42431

John Swann
Excepticon, Inc.
1321 Trent Boulevard
Lexington 40502

(5) Dental Technical Advisory Committee:

J. G. Green, D.M.D.
Owens Medical Center
4122 Shelbyville Road
Louisville 40207
Chairman

L. Robey Crowe, D.M.D.
1700 Frederica Drive
Owensboro 42301

J. E. Croley, D.M.D.
108½ Kentucky Avenue
Pineville 40977

C. V. Henry, D.M.D.
Box 232
Russell Springs 42642

M. J. Gross, D.M.D.
Hazard 41701

(6) Nursing Services Technical Advisory Committee:

Bess E. Witt (Mrs.)
1277 Meadow Lane
Frankfort 40601

Ruth Stoll, R.N.
2119-B Georgian Way
Lexington 40504

(Mrs.) Gayle Marrs, R.N.
511 Jackson Street
Tompkinsville 42167

Nursing Services Technical Advisory Committee
(continued):

(Mrs.) Ellen Buchart, R.N.	Jean Keating, R.N.
Jefferson County	Department #35
Health Department	3525 Tates Creek Road
400 East Gray Street	Lexington 40502
Louisville 40202	

(7) Optometric Technical Advisory Committee:

James M. Byrn, O.D.	Leonard Klein, O.D.
106 North 6 Street	678 West Hill Street
Murray 42071	Louisville 40210
Richard B. Rolfes, O.D.	Ramona P. Clifton, O.D.
123 East 7 Street	311 North 3 Street
Newport 41071	Bardstown 40004
Rolland H. Myers, O.D.	
103 $\frac{1}{2}$ Caroline Avenue	
Pikeville 41501	

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Robert G. Cox
Executive Director
Kentucky Medical Association
3532 Ephraim McDowell Drive
Louisville 40205
Phone: 502/452-6324

B. Pharmaceutical Association:

Robert J. Lichtefeld
Executive Director
Kentucky Pharmaceutical Association
P.O. Box 715, Highway 127
Frankfort 40601
Phone: 502/227-2303

LOUISIANA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				Other* (SFO)	
	OAA	AB	APTD	AFDC	Category Related OAA	AB	APTD	AFDC		Children Under 21
Prescribed Drugs	x	x	x	x						x
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						x
Laboratory & X-ray Service	x	x	x	x						x
Skilled Nursing Home Services	x	x	x	x						x
Physician Services	x	x	x	x						x
Dental Services										
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972	1973		1974	
	Persons Eligible	Persons Eligible	^{2/}	Persons Eligible	
OAA	\$7,359	73,941	\$ 8,230	72,865	\$ 8,102
MA					
AB	94	967	108	977	106
APTD	1,514	15,948	1,815	16,593	1,857
AFDC	553	13,290	857	13,251	462
CRA		135	14	28	8
GA	365 ^{1/}	4,854	405	4,935	219
Total	\$9,885 ^{3/}	109,135	\$11,429 ^{3/}	108,649	\$10,754

^{1/} Includes \$11 Cuban Refugees.^{2/} October 1973.^{3/} Calendar year.

LOUISIANA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Public assistance programs are administered by the State Division of Family Services directly through its 62 parish (county) family services divisions.

Vendor drug program for all categories.

IV. Provisions Relating to Prescribed Drugs:

A. All legend drugs and specified non-legend drugs (OTC) are reimbursed.

B. Prescribing or Dispensing Limitations:

1. Quantity of Medication: New prescription must be issued for drugs given on a continuing basis, after 5 refills or after 6 months.

Maximum payment quantity for prescriptions shall be either one month's treatment or 100 unit doses.

2. Refills: Permitted as indicated by physician within 6 months and not to exceed 5 refills.

3. Dollar Limits: None.

C. Prescription Charge Formula:

1. The maximum payment for a prescription is wholesale cost plus \$2.10 dispensing fee, effective September 1, 1974.
2. The average price of prescriptions, insulin, and diabetic testing agents for welfare recipients is not to exceed price paid by others.
3. The maximum for a 5cc and 30cc indwelling catheter and catheterization tray will continue to be \$5, \$5.55 and \$1.88 respectively, effective September 1, 1974.

Note: Maximum payment formula will be evaluated at the end of a 6-month period and at least annually thereafter.

V. Miscellaneous Remarks:

Special Report:

On April 22, 1974 the Pharmacy Policy and Advisory Committee presented the First Comprehensive Report to the Commissioner of the Louisiana Health and Social Rehabilitation Services Administration.

The committee was charged with reviewing all the pharmaceutical programs in the agency and to make recommendations for the implementation of a well-conceived, well-managed and fiscally sound pharmaceutical delivery system in order to meet the requirements of the needy citizens of the State.

Two major recommendations -

1. The establishment of the Office of Pharmaceutical Services;
2. Implementation of a total drug vendor system similar to the one presently operating under Medicaid.

Also under C. Medicaid (part of the Report) -

1. The present Medicaid drug program should be expanded and developed into a total and complete drug system which allows outpatient drug services for all eligible recipients.
2. The present limited list of available drugs under the Medicaid program should be changed to provide for all legend drugs and approved selected group of non-legend drugs, accompanied by utilization review and peer review. (Has been implemented; see IV-A.)
3. The present fee of \$1.80 allowed pharmacists for each drug service should be changed to allow for a \$2.25 maximum fee which would include a 25¢ fee for the administrative costs in the completion of the pharmaceutical billing form, plus a \$2 professional fee. (See C. Prescription Charge Formula - for fee approved September 1, 1974.)

Miscellaneous Remarks (continued):

Additional Data (CY 1974):Drug Expenditures:

OAA	-	\$11,222,000
AFDC	-	2,031,000
AB	-	147,000
APTD	-	2,719
CRA	-	6,000
GA	-	598,000

Increase in Eligibility as of:

OAA	-	72,865	SSI	-	150,001
ANB	-	977	ADC	-	226,116
APTD	-	16,593	GA	-	7,781
GA	-	4,935	CRA	-	487
CRA	-	<u>28</u>			<u> </u>
		108,649			387,385

LOUISIANA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Human Resources Administration Officials:

Dr. William H. Stewart Commissioner	Health and Human Resources Administration P.O. Box 44065 Baton Rouge, Louisiana 70804
H. K. Sweeney Deputy Commissioner	" "
Garland L. Bonin Assistant Commissioner for Federal Programs	" "
Roy Westerfield Director	Division of Family Services (same address as above)
Alvis D. Roberts Assistant Director for Operations	" "
Max Murphy Assistant Director for Research and Development	" "
Felix E. Stanley Assistant Director for Administrative Services	" "
Olive H. Randall (Mrs.) Welfare Administrative Coordinator	" "
Neal D. Blanchard, M.D. Medical Director	" "
Pharmacist Consultants:	
Walter S. McLean, Jr.	" "
Charles Favaro	" "
Carolyn Maggio	" "

2. Income Maintenance Division Advisory Committees:

A. Medical Advisory Committee:

(To be appointed.)

B. Pharmacy Policy and Advisory Committee:

Sal D-Angelo - New Orleans
Chairman

Ralph P. Guerra - Arabi

Edward S. Bopp - Arabi

Fenwick J. Laborde - Marksville

Walter S. McLean, Jr. - Baton Rouge
(Staff)

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

H. A. Thomas, M.D.
Secretary-Treasurer
Louisiana State Medical Society
1700 Josephine Street
New Orleans 70113
Phone: 504/522-9513

B. Pharmaceutical Association:

James F. Hunnicutt
Executive Officer
Louisiana State Pharmaceutical Association
2337 St. Claude Avenue
New Orleans 70117
Phone: 504/949-7545

MAINE

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)			
	OAA	AB	APTD	AFDC	Category Related	Children Under 21	Other* (SFO)	
Prescribed Drugs	x	x	x	x		x		
Inpatient Hospital Care	x	x	x	x		x		
Outpatient Hospital Care	x	x	x	x		x		
Laboratory & X-ray Service	x	x	x	x		x		
Skilled Nursing Home Services	x	x	x	x		x		
Physician Services	x	x	x	x		x		
Dental Services								
Other Benefits:	Scope commensurate with Title XVIII, includes rental of durable equipment; prostheses; ambulance; mental health clinics; podiatrist.							

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA	14,142	\$ 984	16,912	\$1,005	17,113	\$1,037
MA						
AB	275	20	314	12	312	12
APTD	5,205	368	7,814	451	9,466	626
AFDC	70,824	635	85,490	834	98,090	934
GA				94		106
Total	90,446	\$2,007	110,530	\$2,396	124,981	\$2,715

MAINE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By State Department of Health and Welfare through its 11 district offices.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):

1. OTC drugs, except insulin and artificial tears.
2. Combination antibiotics.
3. Symptomatic remedies for common colds and coughs resulting from common colds.
4. All vitamins and vitamin preparations.
5. All amphetamines, straight or in combination, and all obesity control drugs. (Authorization for amphetamines or methylphenidate in documented cases of narcolepsy or hyperkinesis may be obtained upon request.)
6. Injectables when oral medication is available for equally effective treatment.

Prior authorization may be obtained in case of necessary exceptions to the exclusions.

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: Every prescription written by the physician must carry specific directions for the patient. None are to be indicated "as directed" only.
2. Quantity of Medication: Not to exceed 90 days' supply - but prescriptions for unusually large quantities of drugs which are not consistent with the dosage directions required for the period covered by the prescription are not acceptable for payment.

Prescribing or Dispensing Limitations (continued):

3. Refills: Up to 2 refills allowed if so ordered by the prescriber, but total supply of the prescription is not to exceed 90 days' supply and refills should be for not less than 30 days' supply, unless prescriber specifically directs otherwise or if the quantity to be dispensed will create difficulty in package size or handling.
 4. Dollar Limits: None.
- D. Prescription Charge Formula: Red Book AWP, plus a professional fee of \$2.00, but in no case should the average charge to the State be higher than the average charge made to the general public.

V. Miscellaneous:

No medication is to be dispensed by a physician to a welfare patient with expectation of payment from the State. The privilege to dispense in remote areas may be applied for.

All licensed pharmacies are eligible to participate in this program.

Prescriptions must be billed to the State on a G-46 form provided by the State and submitted no later than 30 days following the end of the month in which the prescription is dispensed. Daily or weekly billing is recommended.

The G-46 form must be signed by the patient or an authorized agent indicating receipt of the prescription and will present proper State authorization to identify their eligibility for coverage under the Drug Program. When signed by an agent it must indicate the name of the patient and the word "by" preceding the agent's name. Initials are not acceptable.

Preferably, prescriptions shall be in writing from the prescribing physician. However, telephone prescriptions from the prescriber may be accepted where not contrary to State and Federal laws and regulations; the pharmacist shall promptly reduce the prescription to writing.

In the interest of economy, the Department of Health and Welfare strongly urges participating practitioners to prescribe drugs in generic terms whenever possible. The

Miscellaneous (continued):

pharmacist is expected to supply such generic preparations at a reasonable cost which does not sacrifice quality. A drug dispensed by a pharmacist on prescription and billed to the Department of Health and Welfare by its non-proprietary name must be equal in pharmacologic and therapeutic qualities to its trade name counterpart.

It is permissible to dispense up to a 6-months' supply of medication. The prescription should be for at least a 30-day supply for chronic illnesses when medically feasible - refillable 5 times.

As of August 1, 1974, the State has a contract with PAID Prescriptions to administer the drug program.

MAINE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Welfare Department Officials:

David E. Smith
CommissionerDepartment of Health
and Welfare
State House
Augusta, Maine 04330Robert O. Wyllie, Director
DirectorBureau of
Social Welfare
(same address as above)John Fickett, Manager
Medical Assistance Unit

" "

Michael O'Donnell, R.Ph.
Drug Program Coordinator
Medical Assistance Unit

" "

Medical Consultants:

George Sullivan, M.D.
General Medical

" "

Allen Elkins, M.D.
Psychiatric

" "

D. K. McFadden, D.O.
Osteopathic

" "

Donald Ellis, O.D.
Optometric

" "

Kevin Hill, M.D.
Ophthalmologist

" "

J. D. Reeder, D.C.
Chiropractic

" "

2. Medical Assistance Advisory Committee:

A. Dewey Richards, M.D.
Chairman
11 Gage Street
Bridgton 04009

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Daniel F. Hanley, M.D.
Executive Director
Maine Medical Association
P.O. Box 250
Brunswick 04011
Phone: 207/725-6414

B. Pharmaceutical Association:

John Burrill, R.Ph.
Executive Secretary
Maine Pharmaceutical Association
1098 Brighton Avenue
Portland 04102
Phone: 207/892-9334

MARYLAND

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x	x

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	1/ \$	Persons Eligible	1/ \$	Persons Eligible	1/2/ \$
OAA	11,590	\$ 1,133	10,281	\$ 969	10,575	\$ 922
MA						
AB	403		434	34	442	31
APTD	19,960	29	20,459	2,034	24,714	2,259
AFDC	208,145	1,605	233,801	4,426	233,361	4,348
MN Aged	27,571	3,107	29,654	3,918	29,424	3,736
MN Blind	89		93	11	91	10
MN Disabled	7,123		7,036	910	7,335	868
MN Children	44,749		43,682	509	34,353	417
MN GA & Others ^{3/}	66,351	5,630 703	69,275	3,756	62,511	3,031
Total	385,981	\$12,207	414,715	\$16,567	402,806	\$15,622

1/ Average per month.

2/ There were 299,505 recipients of pharmacy services.

3/ Includes the following: General Public Assistance; Essential Persons; Medically Needy Adults in families with children; Medically Indigent Standards I and II.

MARYLAND

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the State Department of Health and Mental Hygiene. The local Department of Social Services determines eligibility of applicants for assistance. Participating vendor pharmacies send claims direct to the State Health Department.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
None.
- B. Formulary: Maryland State Formulary and Maryland Medical Assistance Formulary, 3rd Edition, March 15, 1974 (see under Miscellaneous Remarks).
- C. Prescribing or Dispensing Limitations:
 1. Terminology: The licensed practitioner is urged to prescribe one of the lower cost brand name products or prescribe the listed drugs by generic name.
 2. Quantity of Medication: The prescriber may order up to a 90-day supply of medication on a single prescription.
 3. Refills:
 - a. Maximum number of refills authorized on a prescription is two.
 - b. Refills may not be dispensed after 90 days of date of original prescription.
 - c. No refills allowed on antibiotics.
 4. Dollar Limits: Prior authorization required from local Health Departments when ingredient cost exceeds \$10.

D. Prescription Charge Formula:

Effective July 1, 1975 the pharmacy is reimbursed whole-sale cost plus \$2.00 professional fee per prescription for legend drugs. Payment for non-legend medication ordered by the physician or dentist on the proper form remains cost plus 50% markup or the pharmacy's usual price, whichever is lower. For internal OTC medications, the pharmacy is allowed a minimum of \$1 reimbursement. No allowance for labeling or broken packages.

V. Miscellaneous Remarks:

Maryland State Formulary
and
Maryland Medical Assistance Formulary

Third Edition
Published March 15, 1974

*Anti-Infective Drugs:

6 drugs - 22 dosage forms

Note: Replacement of products allowable for identical salts only.

The products of all suppliers of the antibiotics listed are suitable for use.

*Fecal Softeners (Dioctyl Sodium Sulfosuccinate):

1 drug - 2 dosage forms

Note: There are 5 distributors listed. The dosage forms listed are manufactured by one manufacturer.

Only those drug products listed can be interchanged under the "Drug Product Selection Law".

*Sedatives and Hypnotics

A. Chloral Hydrate

1 dosage form

Note: 5 distributors - 1 manufacturer

* Names of manufacturers and distributors have been omitted.

Sedatives and Hypnotics (continued):

B. Meprobamate

2 dosage forms

Note: 8 distributors - 7 manufacturersRemarks:

Following are the conditions under which a pharmacist may dispense a different drug product under the Drug Product Selection Law (quoted from the Formulary):

"Only those products of the firms whose names appear in the Maryland State Formulary are acceptable for use in accordance with the conditions of the Drug Product Selection Law.:

Note, however, in the case of Anti-Infectives, products of all suppliers of the antibiotics listed are suitable for use.

Conditions:

1. Such action is not authorized when the prescriber explicitly states otherwise when transmitting an oral prescription or in the instance of a written prescription, indicates in his own writing or by initialing an appropriate imprinted statement.
2. Such action taken by the pharmacist is authorized only if in each case the pharmacist immediately transmits notice in writing to the prescriber specifying the drug product actually dispensed and includes the name of the manufacturer or distributor.
3. Such action is authorized only for those drug products included in the Maryland State Formulary.
4. In any instance in which the pharmacist dispenses a different drug product from that prescribed, the pharmacist shall pass on the full savings in cost, being the difference between the wholesale price of the two drug products, to the consumer.

For information purposes:

The Formulary (3rd Edition - March 15, 1974) consists of:

- 9 Drugs
- 27 Dosage forms
- 9 Drug manufacturers (excluding Anti-Infectives:
"all suppliers are suitable for use")
- 18 Drug product distributors (excluding Anti-Infectives)

MARYLAND

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Mental Hygiene Department Officials:

Neil Solomon, M.D., Ph.D. Secretary	Department of Health and Mental Hygiene 301 West Preston Street Baltimore, Maryland 21201
--	--

John J. Kent, Jr. Assistant Secretary for Medical Care Programs	" "
---	-----

James C. Eshelman, Director Division of Medical Care Programs Administration	" "
--	-----

Harry Bass, R.Ph., M.P.H. Chief Division of Professional Care Programs	" "
---	-----

Sue B. Fine, R.Ph. Staff Specialist Pharmacy Services	" "
---	-----

2. Medical Assistance Advisory Committee:

Jean Galkin, Dr. P.H.
Director, Instructive
Visiting Nurses Association
5 East Read Street
Baltimore 21202

Robert Fisher, M.D.
Taylor Manor Hospital
Ellicott City 21043

(Mrs.) Joan Gershberg, MSW
Coordinator
Home Health Services
The Jewish Family and
Childrens' Service
5750 Park Heights Avenue
Baltimore 21215

Martin H. Diamond
Special Assistant to Executive
Vice-Pres. and Director
Johns Hopkins Hospital
601 North Broadway Street
Baltimore 21205

Arnold Richman
Vice-President, Operations
Medical Services Corporation
409 Washington Avenue
Towson 21204

Medical Assistance Advisory Committee (continued)

Richard S. Berger, Admr.
Valley View Nursing Home
8720 Emge Road
Baltimore 21234

Paul V. Joliet, M.D., M.P.H.
Deputy State Health Officer
Washington County Health Dept.
1302 Pennsylvania Avenue
Hagerstown 21741

James C. Harvey
Assistant Administrator
Bon Secours Hospital
2025 West Fayette Street
Baltimore 21223

Raymond J. Donovan, Jr., M.D.
3350 Wilkins Avenue
Baltimore 21229

Stuart Reichart, Esquire
11613 Toulone Drive
Potomac 20854

Ethel Pace (Mrs.)
1707 Moreland Avenue
Baltimore 21216

Alice Richman (Mrs.)
5521 Ritter Avenue
Baltimore 21206

Philip W. Mercer, M.D.
150 West Main Street
Westminster 21157

Ann Norman
708 Richwood Avenue
Baltimore 21212

Vera Koonce (Mrs.)
721 Morane Way
Baltimore 21220

Elaine Albrecht (Mrs.)
1615 Frenchs Avenue
Baltimore 21221

Margaret Alexander (Mrs.)
116 Brookbury Drive
Apartment C-1
Reisterstown 21136

Alice B. Tobler, M.D.
#608 State Office Building
301 West Preston Street
Baltimore 21201

Benjamin D. White, M.D.
Asst. Sec'y for Programs
Department of Health
and Mental Hygiene
301 West Preston Street
Baltimore 21201

Bernard B. Lachman
5 Thornbaugh Court
Baltimore 21208

Earlie H. Francis, Jr., M.D.
3607 Rosedale Road
Baltimore 21215

J. Emmett Queen, M.D.
Medical Director
Blue Cross
700 East Joppa Road
Baltimore 21204

William J. Kinnard, Jr., Ph.D.
Dean, School of Pharmacy
University of Maryland
636 West Lombard Street
Baltimore 21202

Harriett P. Kalisch
3709 Clarks Lane
Baltimore 21215

Medical Assistance Advisory Committee (continued):

(Miss) Jean M. Dockhorn, MSW
Director of Social Work
Univ. of Maryland Hospital
22 S. Greene Street
Baltimore 21201

Earl West
Chairman of the Board
O'Donnell Heights Medical Center
1200 Gusryan Street
Baltimore 21224

Mary O. Klein, R.N.
Nursing Director
Ivy Hall, Inc.
19 Harrison Avenue
Middle River 21220

James P. Cragg, Jr.
Irvington Pharmacy
1126 Harwall Road
Baltimore 21207

John F. Birkmeyer, Jr., MSW
Director, Department of
Medical Social Work
Baltimore City Hospitals
4940 Eastern Avenue
Baltimore 21224

Ivan Tellis, O.D.
7835 Wise Avenue
Baltimore 21222

David T. Mason, Secretary
Department of Employment
and Social Services
1100 North Eutaw Street
Baltimore 21201

Robert W. Gibson, M.D.
Medical Director
The Sheppard and
Enoch Pratt Hospital
6501 North Charles Street
Baltimore 21204

Eugenia Harris (Mrs.)
Social Services Administration
Department of Employment
and Social Services
1315 St. Paul Street
Baltimore 21202

Mary Agnes Crump (Mrs.)
3814 Greenmount Avenue
Baltimore 21218

Nicholas F. Desien
Maryland Hospital Association
1301 York Road
Lutherville 21093

Pharmacy Subcommittee:

Dean William Kinnard
School of Pharmacy
University of Maryland
636 West Lombard Street
Baltimore 21201

Alfred Lawson, R.Ph.
13813 Mills Avenue
Silver Spring 20904

James P. Cragg, Jr., R.Ph.
1126 Harwall Road
Baltimore 21207

Gordon Mouat, R.Ph.
106 Yorkleigh Road
Towson 21204

Dr. Wilmer Gallager
2000 Helmsby Road
Baltimore

Wesley Shelton, R.Ph.
1916 Cedrick Road
Baltimore 21216

Milton Sappe, R.Ph.
2 New Forrest Court
Towson 21204

Pharmacy Subcommittee (continued)

Sue B. Fine, R.Ph.
Staff Specialist -
Pharmacy Services
Department of Health and
Mental Hygiene
301 West Preston Street
Baltimore 21201

Harry Bass, R.Ph., M.P.H.
Chief, Professional Care
Programs
Department of Health and
Mental Hygiene
301 West Preston Street
Baltimore 21201

David Rombro, R.Ph.
3907 Rayton Road
Randallstown 21133

Gerald Freedenberg, R.Ph.
Caveswood Lane
Owings Mills 21117

Michael Luzuriaga, R.Ph.
5702, C-1, Radecke Avenue
Baltimore 21206

John R. Kenny, Jr., Director
Professional Services
Read's Incorporated
2523 Gwynns Falls Parkway
Baltimore 21216

Melvin N. Rubin, R.Ph.
8512 Green Lane
Baltimore 21207

David A. Knapp, M.D.
University of Maryland
School of Pharmacy
636 West Lombard Street
Baltimore 21201

Paul Goldstein, R.Ph.
RR 3 Kenmott Court
Owings Mills 21117

3. Executive Officers of State Medical and Pharmaceutical
Societies:

A. Medical Faculty:

John Sargeant
Executive Director
Medical & Chirurgical Faculty of Maryland
1211 Cathedral Street
Baltimore 21201
Phone: 301/539-0872

B. Pharmaceutical Association:

Nathan I. Gruz
Executive Director
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 21201
Phone: 301/727-0746

MASSACHUSETTS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began September 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Children Under 21	Other* (SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x

Other Benefits: Blood; special duty nurses; ambulance and other medically necessary transportation; appliances; prosthetics; preventive, consultation and diagnostic services.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	$\frac{1}{}$	Persons Eligible	$\frac{1}{}$	Persons Eligible	$\frac{1}{}$
OAA	62,028	\$	57,148	\$	58,081	\$
MA ^{2/}	150,000		125,953		113,152	
AB						
APTD	22,162		25,252		29,654	
AFDC ^{2/}	278,663		293,832		310,855	
GA ^{2/}	42,888		29,000		31,860	
Total	555,741	\$28,896	531,185	\$24,402	543,602	\$25,804

^{1/} Average monthly caseload.

^{2/} Estimated.

MASSACHUSETTS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Administered by the State Department of Public Welfare through 7 State regional offices. Welfare services are rendered locally through Welfare Service Offices and Community Service Centers with the exception of services to the blind, which are administered by the Commission for the Blind without local offices.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Amphetamines, immunizing biologicals available from DPH, legend vitamins not on Drug List, non-legend drugs not on Drug List.
- B. Formulary: Drug List and legend drugs not on list with above exceptions.
- C. Prescribing or Dispensing Limitations:
 1. Terminology: None.
 2. Quantity of Medication: Not more than a 6-months' supply may be prescribed.
 3. Refills: Prescription may be refilled, as long as total authorization does not exceed a 6-months' or 5-refills supply from time of original prescription.
 4. Dollar Limits: None, for drugs.
\$20 for medical supplies and durable goods.
- D. Prescription Charge Formula:
 1. Legend Drugs: at cost* plus \$2.10 dispensing fee.

* Average Red or Blue Book wholesale price.

Prescription Charge Formula (continued):

2. Compounded prescriptions (extemporaneous)
 - a. Legend and non-legend compounded prescriptions - \$3 fee.
 - b. Suppositories, tablet triturates, capsules - \$4 fee.
 - c. Cough preparations excluded
3. Payment shall be for the lower of the usual and customary charge or AWP cost plus dispensing fee.
4. After 5 authorized refills within a 6-month period the pharmacist must receive authorization, if continued therapy is indicated by physician, to provide long-term (maintenance) medication in a minimum of a 30-day supply or a "reasonable size" stock package. (100's for tab and caps; 16 oz. for liquids; 2 oz., 4 oz., 1 lb. for creams and ointments, etc.) The pharmacist may supply whichever is the lesser quantity (30-day supply or 100's.
5. Non-Legend Drugs: Customary shelf price not to exceed usual and customary charge to the general public, or 50% markup.

V. Miscellaneous Remarks:

For AB drugs, supplier bills State Commission for the Blind directly, which pays vendor pharmacy through intermediary.

Nursing home prescriptions are handled in the same way as other prescriptions - through local pharmacies.

MASSACHUSETTS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Welfare Department:

1. Officials:

Gerald L. Stevens Commissioner	Department of Public Welfare 600 Washington Street Boston, Massachusetts 02111
Robert P. Curran Deputy Commissioner	" "
Melvin Scovell Assistant Commissioner Medical Assistance	" "
Jack Guveyan, Director Medical Assistance Program	" "
Vincent Esposito Assistant Director Medical Assistance Program	" "
Sarah A. Parker, Chief Medical Assistance Program Coordinator	" "
Martha Davis Dunn Assistant Commissioner Social Services	" "
James B. Carson Assistant Commissioner Assistance Payments	" "
Sumner Hoisington Assistant Commissioner Research and Planning	" "
Leon Satenstein Assistant Commissioner Administration	" "

Officials (continued):

Herbert B. Hechtman, M.D. Medical Director	Department of Public Welfare 600 Washington Street Boston, Massachusetts 02111
---	--

George Levey, R.Ph. Director Medicaid Pharmacy Program	" "
--	-----

David Rosenberg, R.Ph. Staff Pharmacist	" "
--	-----

2. Advisory Committees:

a. Medical Assistance Advisory Council:

Consists of Commissioner of Public Health, Mental Health, of the Blind, Chairman of Consumers' Council, Commissioner of Rehabilitation Commission, and 14 persons appointed by the Governor. Appointees shall include one representative of each of the following professions and groups: nursing homes, hospitals, social work, industry and organized labor.

b. State Advisory Board:

Consists of 15 members, 5 of whom shall be members of college or university faculties and shall include a public administration specialist, a regional planning specialist, a community organization specialist, a social worker, and an economist.

B. Commission for the Blind Officials:

John F. Mungovan Commissioner	Commission for the Blind 30 Boylston Street Boston, Massachusetts 02116
----------------------------------	---

George T. Curtin, Director Medical Assistance Unit	" "
---	-----

John A. McGowan, M.D. Medical Consultant	" "
---	-----

Christine McLaughlin Medical Social Worker	" "
---	-----

C. Executive Officers of State Medical and Pharmaceutical Societies:

1. Medical Society:

Thomas W. Gephart, M.D.
Secretary
Massachusetts Medical Society
22 The Fenway
Boston 02215
Phone: 617/536-8812

2. Pharmaceutical Association:

Leonard L. Permut
Executive Secretary
Massachusetts State Pharmaceutical Association
8 Beacon Street
Boston 02108
Phone: 617/723-3155

MICHIGAN

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began October 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				
	OAA	AB	APTD	AFDC	Category Related				Children Other*
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21 (SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x ^{1/}	x ^{1/}	x ^{1/}	x ^{1/}	x
Dental Services	x ^{2/}	x ^{2/}	x ^{2/}	x ^{2/}	x ^{2/3/}	x ^{2/3/}	x ^{2/3/}	x ^{2/3/}	x

Other Benefits: Vision, medical supplies; ambulance; family planning; psychiatric care; methadone maintenance. All such coverages are limited and vary according to program, including Physician Services (MN) and Dental Services (all categories).

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30: 4/

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible ^{5/}	
OAA	49,756	\$ 5,003	60,284	\$ 7,391	49,664	\$ 5,257
MA	46,025	1,733	78,525	2,558	85,663	8,508
AB	1,715	116	1,792	158	1,713	135
APTD	50,062	4,358	63,490	6,444	64,637	6,810
AFDC	621,726	10,181	544,771	15,035	702,251	14,240
Total	769,284	\$21,391	748,862	\$31,586	903,928	\$34,950

- 1/ Inpatient hospital and nursing home visits only.
- 2/ Limited to dentures and necessary preparatory.
- 3/ Group I only.
- 4/ Data based on 5% sample.
- 5/ Total number of recipients who became eligible during 1974.
The average number of eligible recipients during 1974 was 820,000.

MICHIGAN

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the State Department of Social Services.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):

Simple analgesics	Oral antiseptics
Simple laxatives	Dentrifices
Common cold remedies	All Anorectics
Simple first-aid supplies	

B. Formulary: None. There are no restrictions on the physician's or other licensed practitioner's prerogative to prescribe. (Medical necessity must be evident.)

C. Prescription Charge Formula:

Acquisition cost plus professional fee not to exceed \$2.19 or charges in the private sector.

V. Miscellaneous Remarks:

Medicaid drug program emphasis will include utilization review (under the "surveillance" operations).

MICHIGAN

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services Department Officials:

John T. Dempsey, Ph.D. Director	Dept. of Social Services Commerce Center Building Lansing, Michigan 48926
------------------------------------	---

Paul Allen Acting Deputy Director Medical and Management Information Systems and Chief Medical Assistance Program	" "
---	-----

B. Higgins, Director Invoice Processing Division Bureau of Medical Assistance	" "
---	-----

James L. Hall, R.Ph., Manager Technical Services and Support Invoice Processing Division Bureau of Medical Assistance	" "
--	-----

William B. Barr, M.D., Chief Division of Health Services Review Bureau of Health Care Administration	Dept. of Public Health (same address as above)
--	---

2. Social Services Department Advisory Committees:

A. State Medical Care Advisory Committee:

Alice Sonnenburg 10600 Puritan Avenue Detroit 48238 <u>Chair person</u>	- Citizens for Better Care
Kevin Seitz 200 Mill Street Lansing 48933	- Michigan Welfare Reform Coalition

State Medical Care Advisory Committee (continued):

Millie Loveless Lansing Model Cities Program 206½ East Michigan Avenue Lansing 48926	- Lansing Model Cities
Evelyn Simms Michigan Welfare Rights Organization 460 Overbrook Drive Muskegon Heights 49444	- Michigan Welfare Rights Organization - AFDC Recipients
Mary Love Clavon Wayne County DSS Client Advisory Council 16515 Delton Detroit 48228	- Wayne County DSS Client Advisory Council - AFDC Recipient
Winifred Fisher, R.N. Washtenaw County Health Department County Building Ann Arbor 48106	- Michigan Nurses Association
Marion C. McCall, Jr., M.D. 8401 Woodward Detroit 48202	- Wolverine State Medical Society
Kirk H. Herrick, D.O. 611 West Belle Avenue St. Charles 48655	- Michigan State Osteopathic Association
Maurice S. Reizen, M.D. Department of Public Health 3500 North Logan Lansing 48906	- State Health Department Director

B. State Pharmaceutical Advisory Committee:

Louis Sesti, R.Ph. Michigan National Tower Lansing	Maurice Bechtel, R.Ph. 1671 West Sherman Blvd. Muskegon
Robert Ludlum, R.Ph. 226 East Grand River Lansing	C. Douglas Acord, R.Ph. 1517 Lochmoor Blvd. Grosse Pointe

State Pharmaceutical Advisory Committee (continued):

Jack Fountain, R.Ph.
1956 Birchwood
Mount Pleasant

B. Terence Reagan, R.Ph.
301 Michigan North East
Grand Rapids

Arthur Koorhan, R.Ph.
21699 Glenmorra
Southfield

DeWaine Robinson, R.Ph.
G-1122 West Cook Road
Grand Blanc

3. Executive Officer of State Medical and Pharmaceutical Societies:

A. Medical Society:

Warren F. Tryloff
Director
Michigan State Medical Society
120 West Saginaw
East Lansing 48823
Phone: 517/337-1351

B. Pharmaceutical Association:

Louis Sesti, R.Ph.
Executive Director
Michigan Pharmaceutical Association
1812 Michigan National Tower
Lansing 48933
Phone: 517/484-1466

C. Osteopathic Association:

J. George Abdilla
Executive Director
Michigan Association of Osteopathic Physicians
and Surgeons, Inc.
33100 Freedom Road
Farmington 48024

MINNESOTA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment				Medically Needy (M N)					
	Recipients				Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	X	X	X	X	X	X	X	X	X	X
Inpatient Hospital Care	X	X	X	X	X	X	X	X	X	X
Outpatient Hospital Care	X	X	X	X	X	X	X	X	X	X
Laboratory & X-ray Service	X	X	X	X	X	X	X	X	X	X
Skilled Nursing Home Services	X	X	X	X	X	X	X	X	X	X
Physician Services	X	X	X	X	X	X	X	X	X	X
Dental Services	X	X	X	X	X	X	X	X	X	X

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible <u>2/</u>		Persons Eligible <u>3/</u>	
OAA <u>1/</u>	33,073	\$ 4,213	25,588	\$ 2,977	16,431	\$ 1,551
MA	75,679	3,722	32,215	4,511	34,989	5,288
AB	704	106	830	115	728	116
APTD	18,502	1,794	14,962	1,496	14,904	1,840
AFDC	177,886	2,610	185,528	2,706	182,529	2,850
MN Aged						
MN Blind						
MN Disabled						
MN Children						
MN			50,026	904	45,978	1,132
Total	305,844	\$12,445	309,149	\$12,709	295,559	\$12,777

1/ Includes persons over 65 who are eligible through the AB and AD programs.2/ There were 161,197 recipients in FY-1973.3/ " " 161,857 " " FY-1974.

MINNESOTA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Minnesota Department of Public Welfare, Income Maintenance Division, Medical Assistance Program.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
Nutritional supplements, salt and sugar substitutes, oral antiseptics, dry skin and chapping aids, non-medicated soaps, medicated rubs, throat lozenges.
- B. Formulary: Legend drug - none.
OTC - in development stage.
- C. Prescribing or Dispensing Limitations:
 - 1. Prescribers are requested to limit quantities to a 30-day supply for acute conditions, and 100-day supply for maintenance medications.
 - 2. Refills are limited to 5 times or 6 months, whichever comes first. Contraceptives may be filled to provide a 12-month supply.
- D. Prescription Charge Formula: Reimbursement is based on the pharmacist's submitted charge or the State Department of Public Welfare's maximum price, whichever is lower.

MINNESOTA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Vera J. Likins Commissioner	Department of Public Welfare Centennial Office Building St. Paul, Minnesota 55101
James J. Hiniker, Jr. Deputy Commissioner	" "
Merle V. Stone Assistant Commissioner Bureau of Support Services	" "
Robert C. Baird, Director Income Maintenance Division	" "
Dr. Roger Johnston, Director Medical Assistance	" "
David R. Van Wyk, Supervisor Medical Assistance Program	690 North Robert Street St. Paul, Minnesota 55117
John T. Bush, R.Ph. Pharmacist Consultant	" "

2. Welfare Department Advisory Committees:

A. Title XIX Advisory Committee:

Sherman Child, M.D. 2645 - 1st Avenue South Minneapolis 55408	Thomas Olson, Commissioner Hennepin Co. Welfare Board 400 South 5 Street Minneapolis 55409
Ellen Z. Fifer Assistant Commissioner Department of Health 717 Delaware Street S.E. Minneapolis 55440	John M. Barker 6409 Willow Woods Road Minneapolis 55436
	Gary Appel, Ph.D. 24 East Rustic Lodge Minneapolis 55409

Title XIX Advisory Committee (continued):

James Glaser
Minnesota Recipients Alliance
116 East 32 Street
Minneapolis 55408

Kenneth Wenzel
St. Paul Jaycees
2727 Marion
St. Paul 55113

Ralph Bearman
Senior Citizens Center, Inc.
3819 Abbott Avenue South
Minneapolis 55410

Mrs. Thomas Piggott
Crow Wing County
Welfare Board
721 S.W. 4 Street
Brainerd 56401

David Rowe
Minnesota AFL-CIO
175 Aurora Avenue
St. Paul 55103

Steve Rogness
Minnesota Hospital
Association
2333 University Avenue, S.E.
Minneapolis 55414

Quentin Dexter
5411 Circle Downs
Minneapolis 55416

B. Minnesota State Pharmaceutical Association Welfare
Task Force

Roger Vadheim, R.Ph.
Chairman

- Tyler

William F. Appel, R.Ph.

- Minneapolis

Norman M. Carlson, R.Ph.

- White Bear Lake

Hugh F. Kabat, R.Ph., Ph.D.

- St. Paul

Barry M. Krsnitz, R.Ph.

- Minneapolis

3. Executive Officers of State Medical and Pharmaceutical
Societies:

A. Medical Association:

Harold W. Brunn
Executive Secretary
Minnesota State Medical Association
375 Jackson Street
St. Paul 55101
Phone: 612/222-6366

B. Pharmaceutical Association:

Donald A. Dee, R.Ph.
Executive Director
Minnesota State Pharmaceutical Association
2469 University Avenue
St. Paul 55114
Phone: 612/646-4088

MISSISSIPPI

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1970

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)			
	OAA	AB	APTD	AFDC	Category Related	Children Under 21	Other* (SFO)	
Prescribed Drugs	x	x	x	x				
Inpatient Hospital Care	x	x	x	x				
Outpatient Hospital Care	x	x	x	x				
Laboratory & X-ray Service	x	x	x	x				
Skilled Nursing Home Services	x	x	x	x				
Physician Services	x	x	x	x				
Dental Services	x	x	x	x				
Other Benefits:	Christian Science sanatoria; ambulance and home health services; screening and diagnostic services for children under 21; eyeglasses following eye surgery.							

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible <u>1/</u>		Persons Eligible <u>1/</u>		Persons Eligible <u>1/</u>	
OAA	79,657	\$ 6,405	82,879	\$ 7,156	85,146	\$ 9,304
MA						
AB	2,208	131	2,188	134	2,084	155
APTD	26,905	2,537	28,325	2,886	29,265	3,606
AFDC	157,820 ^{2/}	1,694	177,080	2,432	195,069	3,320
MN Aged						
MN Blind						
MN Disabled						
MN Children						
Total	261,775	\$10,767	290,472	\$12,608	311,564	\$16,385

1/ Average number.2/ First AFDC adults were added September 1, 1971; therefore, column does not add to the total shown.

MISSISSIPPI

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Mississippi Medicaid Commission.

IV. Provisions Related to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
1. Reimbursement is limited to drugs listed in the formulary.
 2. Exclusions are directed particularly at amphetamines, obesity control drugs, vitamins, and those drugs classified as mild-tranquilizers.
- B. Formulary: Restricted formulary using National Drug Code, effective September 1, 1971.
- C. Prescribing or Dispensing Limitations:
1. Terminology: None.
 2. Quantity of Medication: Prescription or refill quantities should not exceed the amount shown in the "maximum units" column of formulary.
 3. Refills: 5 refill prescriptions are allowed when authorized by the prescriber. There are no refill restrictions on insulin.
 4. Dollar Limits: None.
- D. Prescription Charge Formula:
1. Legend drugs - average wholesale price (Red Book and supplements and Drug Topics) plus \$1.75 fee. Price based on 100 (or size nearest), 16-ounce, 12's (suppositories and single tubes (ointments)). Drugs listed by generic name are limited to a maximum wholesale price as shown in the drug list.

Prescription Charge Formula (continued):

2. Non-legend drugs, insulin, birth control pills, and injections - average wholesale price plus 50% or the usual and customary retail price, whichever is lower. No professional fee is allowed.
3. Compounded prescriptions for topical use are covered if at least one legend drug (in therapeutic amounts) is included in the ingredients.

V. Miscellaneous Remarks:

During FY 1974, 232,389 of those eligible (approximately 75%) received one or more prescriptions, showing this service to be the one used by the largest number of eligibles in the Mississippi Medicaid Program.

Drug Utilization Data (FY 1974)

<u>Program Category</u>	<u>Number of R</u>	<u>Number of Eligibles</u>	<u>Avg. R per Eligible</u>	<u>Number of Recipients</u>	<u>Avg. R per Recipient</u>
Total	3,745,355	311,564	12.0	232,389	16.1
OAA	2,051,843	85,146	24.1	76,268	26.9
AB	36,297	2,084	17.4	1,605	22.6
APTD	786,466	29,265	26.9	27,098	29.0
AFDC Children	459,779	153,668	3.0	93,515	4.9
AFDC Adults	410,970	41,401	9.9	33,903	12.1

Source: Fifth Annual Report, Mississippi Medicaid Commission, 1974.

MISSISSIPPI

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Mississippi Medicaid Commission Officials:

A. Medicaid - Administration:

W. B. Holliday Director	Mississippi Medicaid Commission (P.O. Box 5197) 2906 North State Street Jackson, Miss. 39216
Will Lowery Associate Director	" "
W. Jack Estes Assistant Director Administration	" "
William R. Allen, R.Ph. Assistant Director Professional Services	" "
Emmett A. Berry, Jr., R.Ph. Pharmacist	" "
James T. Steele, R.Ph. Pharmacist	" "

B. Commission Members (7):

S. E. Kossman, <u>Chairman</u>	- Cleveland
D. W. Williamson	- Meridian
Jessee O. Adcock	- Biloxi
Senator William G. Burgin, Jr.	- Columbus
Rep. Edgar J. Stephens, Jr.	- New Albany
Rep. Milton Case	- Canton
Robert M. Logan	- Lake

2. Title XIX Technical Advisory Committees:

A. Technical Advisory Committee on Physicians' Services:

Joe S. Covington, M.D. Meridian <u>Chairman</u>	Tom H. Mitchell, M.D. Street Clinic Vicksburg
---	---

Technical Advisory Committee on Physicians' Services
(continued):

Louis C. Lehmann, M.D.
Natchez

James C. Bass, M.D.
Laurel

Thomas W. Wesson, M.D.
Tupelo

B. Technical Advisory Committee on Drugs:

Cecil Allred, R.Ph.
Hazlehurst
Chairman

Josephine Suber (Mrs.)
(Secretary of Assoc.)
University

George Abdo, Jr., R.Ph.
Greenville

Dr. Dewey Garner
University

William E. Farlow, R.Ph.
Jackson

C. Technical Advisory Committee on Hospital Services:

James Townsend, Admr.
East Bolivar Co. Hospital
Cleveland
Chairman

Robert L. Lingle, Admr.
Singing River Hospital
Pascagoula

Thomas O. Logue, Jr., Admr.
Southwest Mississippi
Regional Medical Center
McComb

Robert M. Castle
Administrator
Methodist Hospital
Hattiesburg

Clifford L. Johnson, Admr.
Grenada County Hospital
Grenada

D. Technical Advisory Committee on Nursing Home Services:

Hal G. Fiser
Greenbough Nursing Center
Clarksdale
Chairman

Maurice Hill
Tippah County Nursing
Home
Ripley

Edgar H. Overstreet
Gracelands Convalescent
Center
Oxford

Edgar W. Santa Cruz, Jr.
Gulf View Haven, Inc.
Bay St. Louis

Michael W. Howard
Queen City Nursing Center
Meridian

O. W. Thompson
Sydney Convalescent Home
Vicksburg

Technical Advisory Committee on Nursing Home Services
(continued):

W. C. Smith
Monell Rest Home
Brookhaven

E. Technical Advisory Committee on Dental Services:

W. F. Hand, Jr., D.D.S.
Jackson
Chairman

Conway Bates, D.D.S.
Mendenhall

James Russell Dumas, D.D.S.
Prentiss

Kirby P. Walker, Jr., D.D.S.
Jackson

George Reynolds, D.D.S.
Jackson

Mitchell Wells, D.D.S.
Canton

F. Technical Advisory Committee on Optometric Services:

William A. Williamson, O.D.
Greenville
Chairman

James C. Hamilton, O.D.
Jackson

R. R. Lacey, O.D.
Aberdeen

Nell Edgar Niles, O.D.
Kosciusko

Carl Von Seutter, O.D.
Magee

James Grace, Sr., O.D.
Canton

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Charles L. Mathews
Executive Secretary
Mississippi State Medical Association
P.O. Box 5207
Jackson 39216
Phone: 601/354-5433

B. Pharmaceutical Association:

Josephine Suber (Mrs.)
Executive Secretary
Mississippi Pharmaceutical Association
Box 246
University 38677
Phone: 601/234-0575

MISSOURI

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began October 13, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x						x
Inpatient Hospital Care	x	x	x	x						x
Outpatient Hospital Care	x	x	x	x						x
Laboratory & X-ray Service	x	x	x	x						x
Skilled Nursing Home Services	x	x	x	x						x
Physician Services	x	x	x	x						x
Dental Services	x	x	x	x						x
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	Persons Eligible 1972	Persons Eligible 1973	Persons Eligible 1974
OAA	\$5,761	\$ 6,024	\$ 6,496
MA			
AB	210	255	273
APTD	1,380	1,526	1,832
AFDC	1,638	1,969	2,409
GA	790	857	921
Total	\$9,779	\$10,631	\$11,931

MISSOURI

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Public assistance programs administered by the Division of Family Services of the State Department of Social Services through 115 county family services offices.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.): Exclusions governed by Formulary.

B. Formulary: Formulary lists 214 drugs in 645 dosage forms by generic names and trade names (for identification purposes only) and specified maximum prices allowable. The formulary also has a 33-page cross-reference section listing generic and trade names (for identification purposes only).

State allows payment for only the drugs in the formulary.

C. Prescribing or Dispensing Limitations:

1. Terminology: The recent addition of the Formulary allows for payment for brand name drugs or generic, whichever is prescribed or dispensed on specified drugs.

2. Quantity of Medication: Physician encouraged to prescribe 30-day supply but may, at his own discretion, prescribe up to a maximum 90-day supply.

3. Refills: Federal regulations must be observed for all drugs on the formulary which are listed in BNDD Schedules 2, 3, 4, and 5. All other prescriptions refilled should be in accordance with the directions given by the prescribing physician.

D. Prescription Charge Formula:

Formulary base price plus \$1.50 professional fee.

V. Miscellaneous Remarks:

All prescriptions must be filled with drugs that meet USP standards. Participating pharmacies sign a participation agreement with the State Department. All dispensing physicians participating in the program are required to keep prescription files the same as pharmacists.

MISSOURI

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services Department Officials:

Lawrence L. Graham
Director

Department of Social
Services
Broadway State Office Bldg.
Jefferson City, Mo. 65101

Ewing B. Gourley
Director

Division of Family Services

Thomas E. Singleton
Deputy Director
Medical Services

Medical Services Section

Gerald L. Washburn, R.Ph.
Earl Watkins, Jr., R.Ph.
Roy C. Atwater, D.O.

" "
" "
" "

Richard Eidson
Assistant Drug Claims Payment Supr.

2. Medical Advisory Committee to the State Division of Family Services:

Leslie F. Bond, M.D.
5583 Lindell Boulevard
St. Louis 63112

Rep. Russell Goward
4015 Fair Avenue
St. Louis 63115

Senator William J. Cason
215 East Franklin
Clinton 64735

Herbert R. Domke, M.D.
Director
Missouri Division of Health
Broadway State Office Bldg.
Jefferson City 65101

Ann Dandurant, ACSW
Social Services Department
Cardinal Glennon Memorial
Hospital for Children
1465 South Grand Boulevard
St. Louis 63104

Robert E. Eisler
Service Employees
International
Local No. 96
4526 Paseo
Kansas City 64110

Medical Advisory Committee (continued):

Harlan Ferguson
Missouri Pharmaceutical
Association
1105 Vegas Drive
Columbia 65201

Richard Haffner, D.D.S.
Missouri Dental Association
6979 Chippewa
St. Louis 63109

Max A. Heeb, M.D.
Missouri State Medical Assoc.
Sikeston 63801

John Lally
Missouri Association of
Home Health Agencies
4532 Lindell Boulevard
St. Louis 63108

Norman McCann
Missouri Hospital Association
3015 North Ballas Road
St. Louis 63131

Senator James A. Noland, Jr.
Route 1
Osage Beach 65065

Claus A. Rohweder, D.O.
Missouri Association of
Osteopathic Physicians
and Surgeons
800 West Jefferson
Kirksville 63501

Rep. John T. Russell
P.O. Box 93
Lebanon 65536

Jerome T. Y. Shen, M.D.
1695 South Brentwood Blvd.
St. Louis 63144

Homer Spiers
Missouri Nursing Home
Association
1500 West Truman Road
Independence 64050

Rev. Seanes Boyce
7118 Blue Spruce Drive
St. Louis 63121

Wm. D. Dellande, O.D.,
F.A.A.O.
205 Executive Building
601 East Broadway
Columbia 65201

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Raymond McIntyre
Executive Secretary
Missouri State Medical
Association
P.O. Box 1028
Jefferson City 65101
Phone: 314/636-5151

B. Pharmaceutical Association:

Cora D. Cox (Mrs.)
Executive Secretary
Missouri Pharmaceutical
Association
410 Madison Street
Jefferson City 65101
Phone: 314/636-7522

HAWAII

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services and Housing Department Officials:

Andrew I. T. Chang Director	Department of Social Services and Housing P.O. Box 339 Honolulu, Hawaii 96809
Masaru Oshiro Deputy Director	" "
Raymond Sato Administrative Services Officer	" "
Edwin Tam Public Welfare Administrator	Public Welfare Division (same address as above)
Robert W. Millar Medical Care Administrator	" "
Edward Yoshimura Medical Welfare Specialist	" "
Wayne S. Hansen, M.D. Medical Consultant	" "
John Sheedy, M.D. Medical Consultant	" "
Benjamin Sherman, D.D.S. Dental Consultant	" "
Omel L. Turk, R.Ph. Pharmacist Consultant (Part-time)	" "

2. Social Services and Housing Department Advisory Committee:

Patrick Walsh, M.D.	550 South Beretania Street Honolulu 96813
---------------------	--

MONTANA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
	Prescribed Drugs	x	x	x	x	x	x	x	x		
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	
Physician Services	x	x	x	x	x	x	x	x	x	x	
Dental Services	x	x	x	x	x	x	x	x	x	x	

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible	<u>1/</u>	Persons Eligible	
OAA	2,816	\$207	4,500	\$ 375		\$ 481
MA						
AB	152	10	300	13		15
APTD	2,692	182	5,400	230		317
AFDC	14,308	346	47,500	409		309
MN Aged	1,870	173	5,400			
MN Blind	26	2	100			
MN Disabled	335	26	1,700			
MN Children	921	18	4,900			
GA				372		256
Total	23,120	\$964	69,800	\$1,399		\$1,378 ^{2/}

1/ Recipients - 35,918.

2/ MN are included in Money Payment Recipient categories.

MONTANA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Administered by the County Department of Social and Rehabilitation Services in 56 counties under the supervision of the State Department of Social and Rehabilitation Services.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Provided are legend drugs and non-legend drugs in the following classes: insulin, laxatives, antacids. They must be prescribed by a licensed practitioner (physician, osteopath, dentist, or podiatrist).
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
 - 1. Quantity of Medication: None.
 - 2. Refills: As directed by licensed practitioner.
 - 3. Dollar Limits: \$35 per recipient per month. Co-payment of 50¢/R by recipient on any prescriptions over 2/month.
- D. Prescription Charge Formula: Drugs will be paid at the usual retail rate.

V. Miscellaneous Remarks:

Pharmacists are asked to enter NDC numeric code to identify drug.

The Medically Needy are covered also as of July 1, 1973.

MONTANA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social and Rehabilitation Services Department Officials:

Theodore Carkulis Director	Department of Social and Rehabilitation Services P.O. Box 1723 Helena, Montana 59601
Jack R. Carlson, Administrator Division of Economic Assistance	" "
William F. Ikard, Chief Bureau of Medical Assistance	" "
Neal Ostby, R.Ph. Pharmacist Consultant	" "
Ron Brown, Chief Fiscal Bureau	" "
E. C. Maronick, M.D. Medical Consultant	" "
R. C. Whitesitt, M.D. Medical Consultant	" "
R. O. Betzner, D.D.S. Dental Consultant	" "

2. Medical Assistance Advisory Council:

Jack R. Carlson, Chairman

Montana Medical Association
Allan L. Goulding, M.D.
P.O. Box 2555
Billings

Consumer Interests
Irene C. Houle (Mrs.)
1823 - 2 Avenue South
Great Falls

Montana Dental Association
(Vacant)

Montana Optometry
Association
Dr. Alverne S. Kautz
The Mall - 1212 Grand Ave.
Billings

Medical Assistance Advisory Council (continued):

Montana Pharmaceutical
Association
(Vacant)

Roderic Gudgel (Alternate)
Box 908
Helena

Montana Nursing Home
Association

A. C. Bromgard
St. John's Lutheran Nursing
Home
3940 Rimrock Road
Billings

Montana Association of
County Commissioner

Edward Shubat
Cascade County Courthouse
Great Falls

Montana Hospital Association

Russell Steen
Shodair Childrens Hospital
Helena

William E. Leary (Alternate)
1330 - 9 Avenue
Helena

Montana Nurses' Association

Henrietta Brandon (Mrs.)
Box 321-C
Hamilton

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

G. Brian Zins
Executive Director
Montana Medical Association
2021 - 11 Avenue
Helena 59601

B. Pharmaceutical Association:

Roderic R. Gudgel
Executive Secretary
Montana State Pharmaceutical Association
P.O. Box 908
Helena 59601
Phone: 406/442-1432

NEBRASKA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					
									Children	Other*
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	X	X	X	X	X	X	X	X		
Inpatient Hospital Care	X	X	X	X	X	X	X	X		
Outpatient Hospital Care	X	X	X	X	X	X	X	X		
Laboratory & X-ray Service	X	X	X	X	X	X	X	X		
Skilled Nursing Home Services	X	X	X	X	X	X	X	X		
Physician Services	X	X	X	X	X	X	X	X		
Dental Services	X	X	X	X	X	X	X	X		

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	1/ \$	Persons Eligible	1/ \$	Persons Eligible	3/ \$
OAA	5,250	\$ 771	11,073	\$ 896	4,566	\$ 564
MA						
AB	170	24	232	28	204	20
APTD	3,667	661	5,576	848	5,640	696
AFDC	13,110	662	14,313	777	27,176	296
MN Aged	5,937	1,060		1,357	10,666	1,830
MN Blind	73	10		12	140	21
MN Disabled	1,454	198		257	3,793	555
MN Children	236	2		7	3,564	17
MN Others ^{2/}					2,112	33
Others ^{2/}		5		9	11,415	496
Total	29,897	\$3,383	31,194 ^{4/}	\$4,191 ^{5/}	69,276	\$4,528 ^{5/}

- 1/ Average per month receiving medical care, including drugs.
- 2/ Adults in families with dependent children.
- 3/ Unduplicated annual total receiving medical care, including drugs.
- 4/ Includes Medically Needy.
- 5/ Includes OTC with prescribed drugs.

NEBRASKA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the State Department of Public Welfare.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.): Experimental drugs; liquors; weight control and appetite depressant drugs, except for use in Narcolepsy or Hyperkineses in children, unless granted prior approval; OTC drugs that have not been prescribed by a licensed practitioner; OTC drugs determined by Medical and Pharmacy Review Team to be not "a real medical need" or considered not effective; medicine chest supplies.

B. Formulary: The "Drug Prescription Policy" implemented August 1, 1968 initiated the use of an "Official Drug Guide" which lends itself to computer controls over drug charges and serves as a reference for identification numbers.

The Official Drug Guide includes both legend drugs and OTC drugs most frequently prescribed.

The identification code number for each drug consists of 6 numeric digits. The identification code number is based on the pharmacology of the drug.

C. Prescribing or Dispensing Limitations:*

1. Terminology: None.

2. Quantity of Medication: Maintenance-type drugs limited to purchases of at least a 30-day supply, unless an exception is specifically allowed. Cardiac glycosides, thyroid, vitamins and Dilantin will be limited to purchases of not less than 100's.

* Medical Services, Department of Public Welfare, State of Nebraska. Guidelines to the policies and procedures issued November 1, 1973.

Quantity of Medication (continued):

The Department of Public Welfare further requires that any other maintenance drug or any drug used in a chronic manner be PRESCRIBED and DISPENSED in a minimum of a one-month supply.

(Note: Prescriptions which are written for quantities larger than a month's supply are not to be reduced to a month's supply. The Nebraska Department of Public Welfare will consider any form of prescription splitting as fraudulent.)

Exceptions to the Quantity Limitations:

- a. When the prescribing physician first introduces a maintenance drug to a patient's course of therapy, the physician is allowed to prescribe as his judgment dictates. Physicians and Pharmacists MUST indicate on the claim form that this is the initial filling of the medication.

Any subsequent dispensing of this maintenance drug must be prescribed and dispensed in at least a month's supply or the required 100 doses.

- b. When the prescribing physician's professional judgment indicates that these quantities of medication would not be in the patient's best medical interest, the physician may prescribe as his judgment directs; but the claim form MUST clearly indicate that an exception to the requirement is being made.
- c. If, in the Pharmacist's professional judgment, an exception to the requirements must be made, the Pharmacist also MUST clearly indicate this on the claim form.
- d. Schedules II, III, and IV drugs are exceptions.
- e. Original shelf packages: The Department of Public Welfare will accept CERTAIN original shelf package sizes of medication.
 - (1) An original shelf package of 16 fluid ounces, or less when not packaged in the pint size will be sufficient for the month's requirement for liquids.

Original shelf packages (continued):

- (2) Original shelf packages of 100 tablets or capsules of ROUTINELY prescribed drugs such as Darvon, Librium, Valium, Mellaril, etc., will NOT be acceptable as sufficient for fulfillment of the one-month supply requirement. The full month's supply must be prescribed and dispensed.
- (3) An original shelf package of 100 tablets or capsules, or less when not available in the 100 size will be sufficient for the month's supply requirement for SELDOM prescribed solid dosage drugs.
- (4) Ready-made ointments, creams, etc., when used in a chronic or maintenance manner, may be dispensed in an original shelf package size provided it is the original size closest to the needed amount of medication.
- (5) The determination of whether a claim violates the regulations or not, would, by necessity, have to be made by the Department of Public Welfare's professional staff. Any claim judged to be in violation or not an exception to the rulings, will not be compensated with the dispensing fee.

Any disagreement with the Department's decision may be arbitrated through the Nebraska Pharmaceutical Association's Welfare Advisory Committee.

3. Refills: As authorized by the prescribing physician.
4. Dollar Limits: None.

D. Prescription Charge Formula:

1. Legend drugs, except birth control tablets, and compounded prescriptions may be priced on a cost plus a dispensing fee basis:

a. Cost:

Cost for all vendors may be based on the smallest quantity price as charged by a Nebraska Drug Wholesaler. The Department of Public Welfare does not use the Average Wholesale Price as indicated in the RED or BLUE BOOKS

Prescription Charge Formula (continued):

b. Retail Pharmacy Dispensing Fee:

The dispensing fee for RETAIL PHARMACIES is a "sliding fee". The "sliding fee" will vary according to the cost of the amount of drug dispensed.

If the amount of drug dispensed costs between:	The dispensing fee would be:
\$0.01 and \$3.49 -----	\$1.75
\$3.50 and \$7.99 -----	\$2.10
\$8.00 and above -----	\$2.45

The procedure for determining the cost of the drug and the proper dispensing fee is as follows:

Ascertain from the Official Drug Guide how the drug has been programmed to be paid. (By the tablet, capsule, fluid ounce, bottle, tube, etc.)

Determine the cost for "one" of whatever it has been programmed to be paid. (One tablet, one capsule, one fluid ounce, one bottle, one tube, etc.)

Multiply the cost of this one by the number that you have dispensed.

This gives the total cost of the drug. You are then to determine which dispensing fee is appropriate.

Example: Darvon Compound, 65 mg.-#20.

The Official Drug Guide shows Darvon Compound, 65 mg. is programmed to be paid by the capsule. Determine the cost of one capsule. One Hundred capsules cost \$7.34; therefore, one capsule costs \$.0734. Since the computer uses only 3 decimal places and the last digit is less than 5, it is dropped. (If it were 5 or above, the third decimal place would be raised to the next highest number.) This price, \$.073, is then multiplied by the number of capsules dispensed (20). This gives the wholesale price that is allowed by the computer - \$1.46. The cost of this amount of drug is in the \$0.01 to \$3.49 range which allows a dispensing fee of \$1.75. The total charge allowable is \$3.21.

Prescription Charge Formula (continued):

c. Hospital Pharmacy Dispensing Fee:

The dispensing fee for Hospital Pharmacies is a "fixed" fee of \$0.80 per prescription.

2. Over-The-Counter Drugs (All Vendors):

OTC Drugs are to be priced on the basis of the wholesale cost plus a 50% mark-up. No dispensing fee is allowed for OTC Drugs.

Example: The wholesale cost of an item is \$2. The maximum allowable total charge, therefore, is \$3.

3. Birth Control Tablets (All Vendors):

Birth Control Tablets are to be priced on the basis of the wholesale cost plus a 50% mark-up. No dispensing fee is allowed for birth control tablets regardless of intended use.

(Note: The Department of Public Welfare will NOT approve payment for more than 3 cycles of birth control tablets.)

4. Payments for Medical Supplies are not to exceed the usual and customary charges in the community.

5. The State of Nebraska is tax exempt. Therefore, no sales tax is to be charged.

V. Miscellaneous Remarks:

The Advisory Committee, Nebraska Pharmaceutical Association, to the State Department of Public Assistance has been re-titled Peer Review Group For Pharmacy.

The committee consists of 10 pharmacists selected by the NPA from the Association's state-districts.

Source of information: Mortar and Pestle, official publication of N.P.A. - July 1974.

NEBRASKA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Alan H. Ihms Director	Department of Public Welfare 1526 K Street, 4th Floor Lincoln, Nebraska 68508
Donald F. Hogg, Chief Medical Services Division	" "
Samuel F. Moessner, M.D. Medical Consultant	" "
E. J. Smith, M.D., Director Utilization Review	" "
Tom R. Dolan, R.Ph. Pharmacist Consultant	" "
Gary J. Cheloha, R.Ph. Assistant Pharmacist Consultant	" "

2. Welfare Department Medical Care Advisory Committee:

Major Vendor Groups:

H. C. Stewart, M.D. Pawnee City 68420	Leo P. Bolin, Director Executive Vice-President Nebraska Blue Cross-Blue Shield P.O. Box 3248, Main Post Office Omaha 68103
Helen Becker Health Education Specialist University of Nebraska Extension Service 201 Home Economics Building East Campus Lincoln 68503	Calista Cooper Hughes (Mrs.) Director of Comprehensive Health Planning 231 South 14 Street Lincoln 68509
Emil Beyer Lutheran Old Peoples' Home 520 South 26 Street Omaha 68105	Louis J. Piccolo, R.Ph. 7318 Grover Omaha 68043

Major Vendor Groups (continued):

Terry Kuenning (Mr.)
Mid-Nebraska Community Mental
Health Center
P.O. Box 61
Grand Island 68801

Henry Smith, M.D., M.P.H.
Director of Dept. of Health
Lincoln Building
10th and O Streets
Lincoln 68508

B. T. Christensen, Admr.
Franklin Senior Citizens Home
Franklin 68939

Henry T. Reimer, Jr., Admr.
Mennonite Deaconess Home
and Hospital
1110 North 10 Street
Beatrice 68310

Bruce Ackerman, O.D.
Fairbury 68352

Riley Green
Associate Executive Director
Immanuel Hospital
36th and Meredith
Omaha 68111

Harold M. Nordlund, M.D.
York 68467

Ben Patterson, Vice-President
Health Insurance Benefits
Mutual of Omaha
Box 456, Downtown Station
Omaha 68101

Paul Klawitter, D.P.M.
4418 Farnam Street
Omaha 68131

John Thomas, M.D.
8601 West Dodge Road
Omaha 68114

Gordon G. Pejsar, D.D.S.
5440 South Street
Lincoln

Delanne Simmons, R.N., M.P.H.
Chief in Charge of Nursing
Service
Omaha-Douglas Co. Dept. of
Health
1201 South 42nd
Omaha 68105

Consumers:

Cherita Richardson (Mrs.)
4602 North 37 Street
Omaha 68111

Gene Lewallen, M.D.
Box 2636, Station B
Lincoln 68502

Mary Lou Taylor (Mrs.)
4626 Gladstone Street
Lincoln 68504

(Mrs.) Patricia Bott, P.T.
Bryan Memorial Hospital
4848 Sumner
Lincoln 68506

Ralph Marshall
Tabitha Home
4720 Randolph Street
Lincoln 68510

Don Weber
Director of Social Services
Boys' Town 68010

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Kenneth Neff
Executive Secretary
Nebraska Medical Association
1902 First National Bank Building
Lincoln 68508
Phone: 402/432-7585

B. Pharmaceutical Association:

Cora Mae Briggs
Executive Secretary
Nebraska Pharmaceutical Association
1001 Anderson Building
Lincoln 68508
Phone: 402/475-4274



NEVADA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related		Children	Other*		
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services	x	x	x	x						
Other Benefits:	Prostheses; home health care; family planning supplies; physical therapy.									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>2/</u>	Persons Eligible	<u>2/</u>	Persons Eligible	<u>2/</u>
OAA	3,554	\$367	3,530	\$390	3,521	\$395
MA						
AB	154	13	137	12	138	15
APTD	462	97	832	146	1,105	174
AFDC ^{1/}	16,470	275	15,984	328	14,518	332
Total	20,640	\$752	20,483	\$876	19,282	\$916

^{1/} Includes Indian Foster Care, CWS, FC.

2/ Average per month.

NEVADA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the State Division of Welfare of the Department of Human Resources through its district offices. Provider payments are made through contract with the State Medical Association and individual contracts with pharmacies. Nevada Blue Shield is the fiscal intermediary.

IV. Provisions Relating to Prescription Drugs:

A. General Exclusions (diseases, drug categories, etc.):

1. Specific Exclusions:

- a. All vitamins and minerals; in single or multiple form or any combination thereof with any other drug, including Central Nervous System stimulants and hormones.
- b. All anorexiant, CNS stimulants and combinations thereof classified as anorexiant.
- c. Libido stimulants.
- d. All OTC drugs, or pharmaceutical supplies, not bearing the legend "Federal law prohibits dispensing without a prescription".
- e. "Non-effective" drugs listed by FDA.
- f. All sundries, appliances, and supplies.

2. Exclusion Exceptions:

- a. Insulin shall be reimbursed at usual retail price when on written prescription of physician.
- b. Test tablets (Clinitest) and tapes (Testape) shall be reimbursed at usual retail price when on written prescription of a physician.

Exclusion Exceptions (continued):

- c. Insulin syringes, disposable or permanent, and needles shall be reimbursed at usual retail price when on written prescription of physician.
 - d. Prenatal vitamins used only during pregnancy when prescribed by a physician, shall be reimbursed at AWP plus a professional fee for legend items, and at usual retail price for non-legend items.
 - e. Vitamin injections for acute vitamin deficiencies given in a physician's office or for recipients in inpatient care facilities shall be reimbursed at AWP plus a professional fee.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
1. Terminology: None.
 2. Quantity of Medication: 30-days' supply.
 3. Refills: As determined by the prescribing physician, but not to exceed one year.
 4. Dollar Limit: None.
- D. Prescription Charge Formula:
1. Reimbursement for prescriptions will be at cost (defined as AWP) plus \$2.40 professional fee for all prescriptions.

V. Miscellaneous Remarks:

Direct payment shall be made to all Nevada providers who have signed participating agreements. Out-of-state providers, if any, shall be paid on the same fee schedule as participating physicians and other Nevada providers.

NEVADA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Human Resources Department Officials:

Roger Trounday Director	Department of Human Resources State Capital Complex Carson City, Nevada 89701
George Miller, Administrator State Welfare Division	" "
Minor L. Kelso, Chief Medical Services	" "
Earl Yamashita State Plan Coordinator	" "
Ira E. Gunn, Chief Research and Statistics	" "
James I. Laird, M.D. Medical Consultant Medical Care Section	" "
Steven P. Bradford, Pharm.D. Pharmacist Consultant Medical Care Section	" "

2. Advisory Committees of the Welfare Division:

A. Medical Care Advisory Group:

Thomas K. Hood, M.D.	- Chairman, Executive Committee
A. J. Sthultz	- Chairman, Hospital Committee
F. L. Hillerby	- Chairman, Nursing Home Comm.
Robert W. Clark, M.D.	- Chairman, Physicians Comm.
Harry P. Massoth, D.D.S.	- Chairman, Dental Committee
John Aberastur	- Chairman, Consumer Recipient Committee
George R. Tucker, R.Ph. Fallon	- Chairman, Pharmacy Committee

B. Drug Review Committee:

Ben Timberlake, R.Ph., Chairman
Phil Crowder, R.Ph.
Milo Banovich, R.Ph.
Joe Williams, R.Ph.
Wayne Kilpatrick, R.Ph.

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Richard C. Pugh
Executive Director
Nevada State Medical Association
3660 Baker Lane
Reno 89502
Phone: 702/825-6788

B. Pharmaceutical Association:

Stewart E. Paquette, R.Ph.
Executive Secretary
Nevada State Pharmaceutical Association
1113 South 15 Street
Las Vegas 89104
Phone: 702/384-7943

NEW HAMPSHIRE

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x	x
Other Benefits:	Eye care; clinic; skilled nursing home services with prior approval.										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible <u>1/</u>		Persons Eligible <u>2/</u>		Persons Eligible <u>3/</u>	
OAA	5,599	\$ 492	5,642	\$ 495		\$
MA						
AB	308	21	313	20		
APTD	1,457	140	1,868	166		
AFDC	27,609	369	33,301	504		
MN Aged	3,865	311	4,245	341		
MN Blind	93	5	116	9		
MN Disabled	1,069	98	1,334	130		
MN Children	5,808	55	4,505	46		
Total	45,808	\$1,491	51,324	\$1,711	49,883	\$2,072

1/ There were 23,501 recipients in FY 1972.

2/ " " 26,896 " " FY 1973.

3/ Approximate number of drug recipients was 28,205.

NEW HAMPSHIRE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Directly by the Division of Welfare, Department of Health and Welfare, through its 11 District Offices. Billing and payment procedures centralized in accounting unit or Office of Commissioner.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): None.
- B. Formulary: None. Most common medications listed in computer drug file. All other drugs are for individual consideration.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: None.
 - 2. Quantity of Medication: As prescribed by physician.
 - 3. Refills: No more than 5 refills during a 6-month period.
 - 4. Dollar Limit: Legend - average wholesale (Red Book) plus \$2.20 professional fee. OTC - usual charge to general public.

V. Miscellaneous Remarks:

The Department of Health and Welfare now administers the processing of drug claims.

The federal concept of the Medicaid Management Information System has been implemented for pharmaceutical services since November 1, 1973.

NEW HAMPSHIRE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Welfare Department Officials:

(Vacant) Commissioner	Dept. of Health and Welfare 8 Loudon Road Concord, New Hampshire 03301
Thomas L. Hooker, Director Division of Welfare	" "
Dr. Robert W. Kaschub, M.D. Assistant Director Medical Services Division of Welfare	" "
Maurice E. Goulet, M.S., R.Ph. Administrator, Pharmacy Services Bureau of Medical Services	" "

2. Medical Care Advisory Committee:

This committee consists of 22 members representing providers and consumers of health care, as well as the various agencies interested in health care in the state. The Chairman is Dr. Jesse Gault, Dover, New Hampshire, Past President of the New Hampshire Medical Society. The Committee meets monthly and has various subcommittees which will be active in advice and consultation with respect to specific aspects of the program.

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Hamilton S. Putnam
Executive Director
New Hampshire Medical
Society
4 Park Street
Concord 03301
Phone: 603/224-1909

B. Pharmaceutical Association:

Grace E. Hannan (Mrs.)
Executive Secretary
New Hampshire
Pharmaceutical Association
36 Warren Street
Concord 03301
Phone: 603/225-2231

NEW JERSEY

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1970

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related		Children	Other*		
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services	x	x	x	x						
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by calendar year:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	\$	Persons Eligible	\$	Persons Eligible	\$
OAA	36,324	\$ 3,519	38,789	\$ 4,209	50,496	\$ 5,530
MA	2,266	314	2,586	401	219	26
AB	1,166	83	1,161	102	1,184	104
APTD	31,702	2,304	34,784	3,042	40,416	3,748
AFDC	409,818	8,499	428,019	10,507	427,459	12,270
AFWP ^{1/}	47,511	915	39,809	866	36,914	953
CR ^{2/}	11,407	724	7,971	680	3,602	209
BCS ^{3/}	19,666	147	20,843	186	18,862	240
Total	559,860	\$16,507	573,962	\$19,993	579,152	\$23,080

^{1/} Assistance to Families of Working Poor.^{2/} Cuban Refugees.^{3/} Bureau of Children's Services.^{4/} Monthly average.

NEW JERSEY

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By Division of Medical Assistance and Health Services,
supervising 17 local Medical Assistance Units.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (disease, drug category, etc.): None.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: None. No insistence on generic prescribing but preference is asked for the following:
 - a. Drugs listed in the latest edition of the U.S. Pharmacopoeia (U.S.P.), National Formulary (N.F.), New Drugs, and Accepted Dental Therapeutics.
 - b. Oral medication when as effective as injectable preparations.
 - c. Non-proprietary or generic drugs of equal therapeutic effectiveness if available at a lower cost than proprietary or brand name drugs. If a generic drug is prescribed the basis of payment to the pharmacists will be the average price for the generic drug prescribed.
 - 2. Quantity of Medication: The quantity of medication prescribed should provide a sufficient amount of medication necessary for the duration of the illness or an amount sufficient to cover the interval between visits, but may not exceed a 60-day supply.

Exceptions:

- a. Oral contraceptives may be prescribed for up to a 3-month supply.
- b. Vitamins and vitamin-mineral combinations may be dispensed for up to a 100-day supply.

3. Refills: Prescription refills will be limited to 2 times within a 6-month period if so indicated by the prescriber on the original prescription.

Exceptions:

- a. Oral contraceptives originally prescribed for a 3-month supply may be refilled 2 times within a 9-month period.
- b. Vitamins and vitamin-mineral combinations may be refilled 2 times within one year.

4. Dollar Limitations: None.

- D. Prescription Charge Formula: Payment for legend drugs is based on maximum cost plus a dispensing fee.

Maximum cost is defined as:

1. Pharmacies whose Medicaid legend drug volume for the previous calendar year was less than \$25,000 - Average Wholesale Price (AWP).
2. Pharmacies whose volume was between \$25,000 and \$50,000 - AWP minus 3%.
3. Pharmacies whose volume was over \$50,000 - AWP minus 6%.

The dispensing fee for pharmacies with retail permits is \$2.05. In addition, if the pharmacy maintains a 24-hour prescription service, an additional 10¢ may be added, making the dispensing fee \$2.15.

For pharmacies with institutional permits, the dispensing fee is \$1.50 (July 1, 1975).

The Pharmacy Manual further states the following: The maximum charge to the New Jersey Health Services Program for a legend drug may not exceed the lowest of the following:

- a. Cost plus dispensing fee as outlined herein.
- b. Usual and customary charges and/or posted or advertised charges.

Prescription Charge Formula (continued):

- c. Charges made to medical facilities or agencies through contracts or other agreements.

Note: Where such contracts or other agreements with a medical facility or agency exist, this rule shall apply to claims submitted on behalf of Medicaid recipients in said facility or receiving services by said agency.

- d. Other third party prescription plan charges, when contracts or agreements to participate have been entered into subsequent to the adoption of this regulation.

Non-Legend Drugs: The maximum payment for all prescribed non-legend drugs listed in Appendix B of the National Drug Code listings will be the usual retail price charged for the same item to other persons in the community.

When the quantity of medication prescribed exceeds a manufacturer's largest retail package size, the maximum allowable payment will be the usual retail price charged for the manufacturer's largest retail package size.

V. Miscellaneous Remarks:

Hospital Service Plan of New Jersey (Blue Cross) serves as the fiscal intermediary for payment of drug claims and the Prudential Insurance Company is fiscal intermediary for payment of medical supplies under Title XIX.

Recipients are supplied with plastic (Credit Card type) identification cards which are used in an imprinter machine for processing prescription claim forms.

NEW JERSEY

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Institutions and Agencies Department Officials:

Ann Klein
Commissioner

State Department of Institutions
and Agencies
P.O. Box 1237
Trenton, New Jersey 08625

Gerald J. Reilly
Director

Division of Medical Assistance
and Health Services
324 East State Street
Trenton, New Jersey 08608

William H. Metcalf
Deputy Director

" "

J. Charles Breme, M.D.
Medical Director

" "

Jess M. Gaynor, R.Ph., Chief
Pharmaceutical Services

" "

2. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Vincent A. Maressa
Executive Director
Medical Society of New Jersey
P.O. Box 904
315 West State Street
Trenton 08605
Phone: 609/394-3154

B. Pharmaceutical Association:

Alvin N. Geser
Executive Officer
New Jersey Pharmaceutical Association
118 West State Street
Trenton 08608
Phone: 609/394-5596

NEW MEXICO

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began December 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				
					Category Related			Children	Other*
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21 (SFO)
Prescribed Drugs	x	x	x	x					
Inpatient Hospital Care	x	x	x	x					
Outpatient Hospital Care	x	x	x	x					
Laboratory & X-ray Service	x	x	x	x					
Skilled Nursing Home Services	x	x	x	x					
Physician Services	x	x	x	x					
Dental Services	x	x	x	x					
Other Benefits:									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible <u>1/2/</u>	
OAA	10,316	\$ 638	9,988	\$ 576	10,641	\$ 461
MA						
AB	413	19	420	17	426	19
APTD	11,262	826	11,847	779	12,272	845
AFDC	75,269	1,009	79,354	976	86,257	1,044
CWS	2,317	10	1,500	9	639	12
Total	99,577	\$2,502	103,109	\$2,357	110,235	\$2,381

1/ Further data under Miscellaneous.

2/ Drug program recipients - 53,872.

NEW MEXICO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Health and Social Services Department through its 29 welfare offices, each of which serves one or more counties.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):

1. Drugs for treatment of tuberculosis are not included.
2. Medications supplied by the New Mexico State Hospital to clients on convalescent leave from hospital are not included.
3. Drugs and immunizations available from any other source are not included.
4. Legend multiple vitamins, tonic preparations and combinations thereof with minerals, hormones, stimulants or other compounds which are available as separate entities for treatment of specific conditions.
5. Hematinics except Ferrous Sulfate, Ferrous Gluconate, Ferrous Fumarate.
6. Amphetamines and combinations of amphetamines with other therapeutic agents; amphetamine-like sympathomimetic compounds used for obesity control including any combination of such compounds with other therapeutic agents.
7. Drugs classified by FDA as "Ineffective" or "Possibly Effective".
8. OTC items are provided only with prior approval, with the following exceptions:

General Exclusions (8) (continued):

- a. Insulin.
 - b. Antacids for active gastric and duodenal ulcers.
 - c. Infant vitamin drops for children up to one year of age.
 - d. Salicylates for treatment of arthritis and mild to moderate pain.
 - e. Ferrous Sulfate, Ferrous Gluconate, Ferrous Fumarate.
- B. Formulary: Open formulary with use of National Drug Code Directory, subject to above-stated limitations.
- C. Prescribing or Dispensing Limitations:
1. Terminology: No restriction.
 2. Quantity of Medication: No restriction.
 3. Refills:
 - a. Payment will be made to a particular pharmacy only three times for the same drug for the same client in any 90-day period.
 - b. Refills must be consistent with dosage schedule prescribed and all existing Federal and State laws.
- D. Prescription Charge Formula:
1. Prescriptions reimbursed at the lesser of the following:
 - a. Cost (as indicated in Coded Drug Manual) x units dispensed plus \$2 fee, or
 - b. The usual and customary charge by the pharmacy to the general public.
 2. Medical supplies priced at cost plus 1/2 cost or manufacturer's suggested list - whichever is less.

V. Miscellaneous Remarks:

In FY 1974 there were 110,253 eligible persons, for whom 53,872 (or 4.9% of a population of 1,090,000) received drug program services.

Utilization rates for pharmaceutical services - 48.9%.

Average prescription cost - \$5.29

Cost/eligible person/year - \$21.60

Cost/recipient/year - \$44.10

Utilization Review is done by the State's Drug Utilization Review Committee which consists of four pharmacists and one physician who are providers in the drug program. The committee meets once a month to review selected cases.

NEW MEXICO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Social Services Department Officials:

R. W. Heim Executive Director	Health and Social Services Department P.O. Box 2348 Santa Fe, New Mexico 87501
Charles Lopez, Director State Welfare Agency	" "
M. Glenn Lockhart, Controller Controller Division	" "
B. B. Patten, Ph.D., Director Medical Assistance Division	" "
Mark Lane, M.D. Medical Consultant	1009 Bradbury Drive, S.E. Albuquerque, New Mexico 87106
F. Richard Atkinson, R.Ph. Medical Assistance Division	P.O. Box 2348 Santa Fe, New Mexico 87503
Lois J. Lauring, R.Ph. Drug Program Administrator Medical Assistance Division	" "

2. Drug Utilization Review Committee:

(Five members - 3 permanent, 2 rotating quarterly)

John J. Urbane, R.Ph. Pharmacist Chairman	1122 San Mateo, S.E. Albuquerque 87108
Raphael J. DeHoratius, M.D. Physician Chairman	8910 Princess Jeanne, N.E. Albuquerque 87112
Diana Calvert, Pharm.D. Clinical Pharmacy Consultant	College of Pharmacy University of New Mexico Albuquerque

3. Medical Advisory Committee:

Three-Year (Five Members)

Gerald J. Boyle, Ph.D. Albuquerque	- University of New Mexico Instructor
O. D. Johnson, M.D. Albuquerque	- Medical Doctor
Joseph Helak, D.O. Albuquerque	- Osteopathic Doctor
Robert B. Katz, D.D.S. Albuquerque	- Dentist
Sr. Marie Patrice Albuquerque	- Hospital Administrator

Two-Year (Five Members)

(Vacant)	- Public Consumer
Leo Huppert, Assoc. Admn. Albuquerque	- Hospital Administrator
W. T. Wieland, O.D. Albuquerque	- Optometrist
Virginia McSorley St. Joseph's Hospital Albuquerque	- Social Worker
(Vacant)	- Drug Store Owner

One-Year (Six Members)

La Vone Burrell Albuquerque	- Health Insurance Field
Kenneth C. Brandenburg Albuquerque	- Welfare and Title XIX Client
State Rep. John Mershon Cloudcroft	- Legislator
Mrs. Charles DeLisio Raton	- Public Consumer
Leon Cohen, D.P.M. Carlsbad	- Podiatrist
Jean Cluck, R.N. Albuquerque	- Nurse

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Ralph R. Marshall
Executive Director
New Mexico Medical Society
3010 Monte Vista Blvd., N.E.
Albuquerque 87106
Phone: 505/265-8494

B. Pharmaceutical Association:

Jack E. Hilligoss
Executive Director
New Mexico Pharmaceutical
Association
4800 Zuni, S.E.
Albuquerque 87108
Phone: 505/265-8729

NEW YORK

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began May 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
Prescribed Drugs	x	x	x	x	x	x	x	x		x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x		x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x		x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x		x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x		x	x
Physician Services	x	x	x	x	x	x	x	x		x	x
Dental Services	x	x	x	x	x	x	x	x		x	x
Other Benefits:	Prostheses; home care; transportation; optometrist and podiatrist.										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30: ^{1/}

(Dollar Amounts in Thousands)

CATEGORY	Persons Eligible 1972	Persons Eligible 1973	Persons Eligible 1974
OAA	\$	\$	\$
MA			
AB			
APTD			
AFDC			
Total	\$66,267	\$69,800	\$90,312 ^{2/}

^{1/} See Miscellaneous Remarks.

^{2/} Includes \$434 in drugs and supplies for Family Planning - in rest of State only (excludes New York City).

NEW YORK

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

The program has gone through two phases. From May 1 to October 31, 1966 it was operated (as it still is) at the local level by 65 county or city public welfare districts and administered and supervised by the State Department of Social Services.

On October 31, 1966 the Health Department assumed responsibility for the administration and professional supervision (by a local medical director) of the medical care aspects of the Medical Assistance Program. This involves establishing medical care standards in both the institutional and non-institutional parts of the program, development of fee schedules and auditing of quality and availability of care. Social Services remains the single State agency and retains responsibility for establishment of financial eligibility standards, for supervision of the implementation of such standards and for payment of bills for medical service.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):
No restrictions except:

1. Household and medicine chest items not related to a specific diagnosis
2. Prescribed vitamins and minerals not prescribed for medical necessity
3. Sickroom supplies costing in excess of \$40 unless given prior approval
4. Amphetamines and other drugs whose sole clinical use is for reduction of weight

B. Formulary: New York State - None.
New York City - Non-restrictive formulary intended for use as an aid to computer pricing of drugs (state approved).

C. Prescribing or Dispensing Limitations:

1. Terminology: None.
2. Quantity of Medication: Drugs and sickroom supplies shall be prescribed in sufficient quantity to cover the intervals between physicians' visits.

New York City REQUIRES PRIOR APPROVAL ON (1) prescriptions of any single item for more than \$20; (2) narcotics (except codeine) in excess of 30 doses; (3) Doriden; amphetamines and amphetamine-like drugs.

Note: In general, New York City allows medication for an acute illness not to exceed a 10-day supply and for a chronic illness not to exceed a 30-day supply. Certain chronic drugs, however, may be dispensed in 100-unit dose quantities, even if dosage is one a day.

3. Refills: Regulations now provide that refills can not exceed 5 and the life of a prescription can not exceed 6 months.

New York City allows original prescription and up to 2 refills if doctor so designates on original prescription. No refill allowed after 90 days from date of original prescription.

4. Dollar Limits: None.

D. Prescription Charge Formula:

Effective October 1, 1974, except on non-legend (OTC) drugs, where pricing schedule is effective December 1, 1974.

1. Legend drugs: \$2 dispensing fee plus actual acquisition cost in those districts utilizing a state-approved local formulary. (New York City is the only such district at this time.) \$1.80 dispensing fee plus actual acquisition cost for other local districts.
2. Compounded prescriptions: An additional charge of 75¢ is authorized.

Prescription Charge Formula (continued):

3. Sickroom supplies: 50% markup on actual acquisition cost or the price normally charged the general public, whichever is lower.
4. Non-legend drugs: Reimbursed at local prevailing prices charged the general public. No dispensing fee allowed.

Note: Unless specifically prohibited by the prescribing practitioner, the pharmacist may dispense the package size that most closely corresponds to the quantity on the prescriber's order.

Acquisition cost: Acquisition costs are interpreted to be the invoice cost of the drugs. For billing purposes, the cost of the drug will be reimbursed at actual acquisition cost, to include any documented administrative charges wholesalers have imposed in connection with additional processing for controlled substances. Cash discounts are not to be deducted from the invoice price.

V. Miscellaneous Remarks:

Individual cities and counties which administer programs may initiate certain restrictions for their area so long as they do not conflict with state regulations.

The vendor pharmacists bill and are reimbursed by the 58 local social services districts. The county agencies bill and are reimbursed by the State Social Services Department.

State Medical Assistance Program Data:

Of each \$100 spent for Medicaid in New York State

	<u>CY-1973</u>	<u>CY-1972</u>
Inpatient hospital care	\$41.50	\$43.10
Nursing home services	29.40	29.90
Physicians' services	6.50	5.90
Dental services	2.20	2.10
Prescribed drugs	3.90	3.50
Clinic care	10.40	10.00
Other care	6.10	5.50

Medical Advisory Committee (continued):

Dr. Willie Bryant	President NAACP - Ossining 30 State Street Ossining 10562
Richard E. Carnival, D.C.	141 East 55 Street New York 10022
Nicholas Demisay	N.Y. State Nursing Home Association 25 Fanning Street Staten Island 10314
Seymour C. Frank, D.P.M.	Podiatry Society of the State of New York 199 North Wellwood Avenue Lindenhurst, L.I. 11590
Morton I. Gold, D.D.S.	Dental Society of the State of New York 1006 Union Street Schenectady 12308
E. Wayne Harbinger, D.O.	N.Y. State Osteopathic Soc. 87 South Lake Avenue Albany 12203
Robert P. Whalen, M.D.	Acting Commissioner N.Y. State Dept. of Health 84 Holland Avenue Albany 12208
Dr. Ludwig Jaffee	Research Director New York State AFL-CIO 30 East 29 Street New York 10016
Dr. Eleanor C. Lambersten	Dean, Cornell University - New York University School of Nursing 1320 York Avenue New York 10021
Michael M. Perhach, R.Ph.	Pharmaceutical Society of the State of New York 187 Robinson Street Binghamton 13904

NEW YORK

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Social Services Department:

1. Officials:

Abe Lavine Commissioner	Department of Social Services 1450 Western Avenue Albany, New York 12203
Stephen Berger Exec. Deputy Commissioner	" "
Beverlee A. Myers (Mrs.) Deputy Commissioner Div. of Medical Assistance	" "
J. Raymond Diehl, Jr. Associate Commissioner Div. of Medical Assistance	" "
Neil Hollander, Director Bureau of Program Development	" "
(Vacant) Medical Consultant	" "
Gerard F. Nelligan, R.Ph. Senior Consultant Pharmacist	" "

2. Social Services Advisory Committees:

a. Medical Advisory Committee:

<u>Gordon E. Brown</u> <u>Chairman</u>	Executive Director State Communities Aid Assoc. 105 East 22 Street New York 10010
Carmen Arroyo (Mrs.)	2971 - 8 Avenue, #15-B New York 10039

Medical Advisory Committee (continued):

S. David Pomrinse, M.D. Director, Mt. Sinai Hospital
5th Avenue and 100th Street
New York 10029

Karl Schoonover, O.D. N.Y. State Optometric Assoc.
Medical Arts Building
Oneonta 13820

Edward Siegel, M.D. President, Medical Society
of the State of New York
420 Lakeville Road
Lake Success 11040

Stanley Siegelman Director, Physical Therapy
Program
Methodist Hospital
2350 East 29 Street
Brooklyn 11229

Stewart C. Wagoner, M.D. District Chairman
American Academy of
Pediatrics
124 Rosa Road
Schenectady 12308

Dr. M. Zaphiropoulos American Psychiatric Assoc.
One Lincoln Plaza
New York 10023

- b. The Pharmaceutical Society of the State of New York appoints a committee as needed, in accordance with the particular subject to be discussed, to meet with the State Department of Social Services.

B. Public Health Department:

Robert P. Whalen, M.D., M.P.H.
Acting Commissioner Department of Health
84 Holland Avenue
Albany, New York 12208

(Vacant) " "

First Deputy Commissioner

James Wharton, M.D.
Assistant Commissioner
Medical Services Department of Health
28 Essex Street
Albany, New York 12204

C. NEW YORK CITY:

1. Health Services Administration:

Lowell E. Bellin, M.D.
Acting Administrator

Health Services Administration
City of New York
125 Worth Street
New York, New York 10013

2. Social Services Department:

James Dumpson
Commissioner

New York City Department
of Social Services
250 Church Street
New York, New York 10013

Max Waldgier
First Deputy Commissioner

" "

3. Health Department:

Lowell E. Bellin, M.D.
Commissioner

New York City Department
of Health
125 Worth Street
New York, New York 10013

Pasqual Imperato, M.D.
First Deputy Commissioner
of Health

" "

Morton Fisher, D.D.S.
Deputy Commissioner -
Health

" "

John Gentry, M.D.
Executive Medical Director
(Medicaid)

New York City Department
of Health
330 West 34 Street
New York, New York 10001

Harry Habler, R.Ph.
Director of Pharmacy

" "

D. Executive Officers of State Medical and Pharmaceutical Societies:

1. Medical Society:

Henry I. Fineberg, M.D.
Executive Vice President
Medical Society of
State of New York
420 Lakeville Road
Lake Success 11040
Phone: 516/488-6100

2. Pharmaceutical Association:

Salvatore J. Rubino, R.Ph.
Executive Secretary
Pharmaceutical Society
of the State of New York
117 East 69 Street
New York 10021
Phone: 212/879-5100

NORTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1970

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x	x	x	x	x	x	
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	
Physician Services	x	x	x	x	x	x	x	x	x	
Dental Services	x	x	x	x	x	x	x	x	x	

Other Benefits: Early and periodic screening, diagnosis, and treatment; hearing aid services; home health care; eyeglasses; ambulance; family planning; optometrists; chiropractors; osteopaths; podiatrists; services to aged patients in mental hospitals.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by calendar year:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>
OAA	\$ 4,352		34,323	\$ 3,639	41,818	\$ 4,419
MA						
AB	517		4,671	456	4,808	463
APTD	4,370		34,476	4,726	42,613	5,030
AFDC	3,111		154,525	2,607	159,711	2,449
MN Aged	4,484		24,765	4,038	17,713	4,372
MN Blind	82		531	72	325	79
MN Disabled	2,278		10,333	1,974	5,358	1,754
MN Children	846		22,537	586	12,634	598
Total	296,699	\$20,040	286,161	\$18,098	284,980	\$19,164

1/ Average number of recipients per month.

NORTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

The county social services division continues to determine eligibility of applicants for assistance. All eligible recipients receive a Medical Services Authorization card each month from the State Office; counties may issue emergency authorization cards to eligible recipients at any time.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): No payment made for non-legend drugs, except insulin. Payments made for all legend drugs. Non-legend vitamins are excluded.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: None.
 - 2. Quantity of Medication: None.
 - 3. Refills: A physician authorizes the number of refills.
 - 4. Dollar Limits: None.
- D. Prescription Charge Formula: Red Book cost (using AWP cost where both direct and AWP cost are listed) plus \$2 dispensing fee for each drug dispensed during a calendar month. This also includes a \$2 fee for all authorized refills.

Approved Fee Change (effective July 1, 1975):

Red Book cost plus \$2.50 dispensing fee for each different drug dispensed during a month. The pharmacist filling the original prescription will not be reimbursed for refills for the same drug within a calendar month. 50¢ co-payment *&. (includes refills).*

NORTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Department of Human Resources Officials:

Renee P. Hill Director	Division of Social Services Albemarle Building 325 North Salisbury Street Raleigh, North Carolina 27611
Fred D. Lockhart Deputy Director	" "
Emmett L. Sellers Chief	Medical Services Section (same address as above)
Lillian L. Gaskill (Mrs.) Assistant Chief Programs	" "
Robert E. Watkins Assistant Chief Administration	" "
Robert L. Milks Accounts Auditor	" "
George E. Watson, M.D. Medical Consultant	" "
Alexander Webb, Jr., M.D. Medical Consultant	" "
James Galloway, M.D. Medical Consultant	" "
Charles Llewellyn, M.D. Psychiatric Consultant	" "
Samuel Elliott, D.D.S. Dental Consultant	" "
Bobby Gibbs, D.D.S. Dental Consultant	" "
Benny Ridout, R.Ph. Pharmacist Consultant	" "

2. Social Services Division Advisory Committees:

A. Medical Society Committee on Social Service Programs:

James S. Mitchener, M.D.
Chairman
Box 1599
Laurinburg 28352

E. T. Beddingfield, Jr., M.D.
Wilson Clinic
Wilson 27893

Bruce B. Blackmon, M.D.
P.O. Box 8
Buies Creek 27506

Thomas W. Kitchen, Jr., M.D.
510 College Street
Jacksonville 28540

William T. MacLauchlin, M.D.
Box 774
Conover 28614

J. Elliott Dixon, M.D.
215 East Second Street
Ayden 28513

Albin W. Johnson, M.D.
1300 St. Mary's Street
Raleigh 27605

John T. Gentry, M.D.
Univ. of North Carolina
School of Public Health
Chapel Hill 27514

Ralph V. Kidd, M.D.
1928 Randolph Road
Charlotte 28207

John R. Kernodle, M.D.
Kernodle Clinic
Burlington 27215

Emery L. Rann, M.D.
1001 Beatties Ford Road
Charlotte 28204

Russell L. Smith, M.D.
114 East 3 Street
Winston-Salem 27101

Campbell W. McMillan, M.D.
N. C. Memorial Hospital
Chapel Hill 27514

Otis B. Michael, M.D.
208 Doctors Building
Asheville 28801

Leslie M. Morris, M.D.
P.O. Box 1495
Gastonia 28052

George W. Paschal, Jr., M.D.
1110 Wake Forest Road
Raleigh 27604

Donald B. Reibel, M.D.
P.O. Box 10707
Raleigh 27605

B. Pharmaceutical Association Committee on Public Health
and Welfare:

Kenneth Edwards
Chairman
Stantonsburg Drug Company
Stantonsburg 27883

B. Paul Woodward
Woodard's Pharmacy
Princeton 27569

Pharmaceutical Association Committee (continued):

Thomas E. Holding, III
P.O. Box 548
Wake Forest 27587

W. Grover Creech
105 Longview Drive
Smithfield 27577

Larry Lazarus
Route 3, Box 143
Sanford 27330

G. Haywood Jones
Zebulon Drug Company
P.O. Box 338
Zebulon 27597

W. R. Viall, Jr.
Carolina Pharmacy, Inc.
P.O. Box 25
Pinehurst 28374

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

William N. Hilliard
Executive Director
North Carolina Medical Society
222 North Person Street
Raleigh 27611
Phone: 919/833-3836

B. Pharmaceutical Association

William J. Smith
Executive Secretary
North Carolina Pharmaceutical
Association
Box 151
Chapel Hill 27514
Phone: 919/967-2237

Pharmaceutical Association Committee (continued):

W. Grover Grech
105 Longview Drive
Smithfield 27577

Thomas E. Holding, III
P.O. Box 548
Wake Forest 27587

G. Haywood Jones
Nebulon Drug Company
P.O. Box 338
Nebulon 27597

Larry Jassars
Route 3, Box 145
Saraford 27330

W. R. Viall, Jr.
Carolina Pharmacy, Inc.
P.O. Box 55
Pinehurst 28374

Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

William W. Willard
Executive Director
North Carolina Medical Society
222 North Person Street
Raleigh 27611
Phone: 319-33-3836

B. Pharmaceutical Association

William J. Smith
Executive Secretary
North Carolina Pharmaceutical
Association
Box 151
Chapel Hill 27514
Phone: 319-967-2237

NORTH DAKOTA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
	OAA	AB	APTD	AFDC	Category Related				Children Under 21 <u>1/</u>	Other* <u>(SFO)</u>
					OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x

Other Benefits: Chiropractors; licensed practical nurses; optometrists; osteopaths; physical therapists; podiatrists; registered nurses; home health care; private duty nursing; clinic; occupational and speech therapy; prosthetics; transportation; whole blood; adult day care.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible <u>2/</u>		Persons Eligible		Persons Eligible	
OAA	18,000	\$ 450		\$ 531		\$ 547
MA						
AB	200	9		5		4
APTD	12,000	384		301		319
AFDC	20,000	280		279		283
MN Aged	13,000	425		455		478
MN Blind	50	1		1		1
MN Disabled	3,000	127		135		139
MN Children	1,000	25		26		23
Foster Care	800	7		10		11
Total	68,050	\$1,708		\$1,743		\$1,805

1/ Foster care children.
2/ Approximate number of recipients.

NORTH DAKOTA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By 53 county departments, units of county government, under the supervision of the Social Service Board of North Dakota.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
None.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: None.
 - 2. Quantity of Medication: None.
 - 3. Refills: A prescription drug may be refilled up to 5 times or for 6 months after the date of the original prescription, whichever occurs first, and provided that such refills have been authorized by the physician.
 - 4. Dollar Limits: None.
- D. Prescription Charge Formula: Prescriptions are paid based on charges to the general public documented by on-site audits.

V. Miscellaneous Remarks:

Retail pharmacists send billings to the state office for audit and payment.

NORTH DAKOTA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Service Board Officials:

T. N. Tangedahl Executive Director	Social Service Board of North Dakota Capitol Building Bismarck, North Dakota 58501
LeRoy Bollinger, Administrator Research and Statistics	" "
Richard Myatt, Director Medical Services	" "
Paul N. Wermager, R.Ph. Coordinator Pharmacy Services	" "

2. Social Services Department Advisory Committees:

A. Medical Care Advisory Committee:

(Eleven members - interdisciplinary)

James R. Amos, M.D. State Health Officer State Health Department Capitol Building Bismarck 58501	Ben Gullickson Roseglen 58775
William J. Grosz, R.Ph. Wahpeton Drug Company Wahpeton 58075	W. A. Van Vleet Lahr and Lahr Insurance 316 North 5 Street Bismarck 58501
Henry H. Kramer, M.D. 203 Main Medical Building Minot 58701	Neil D. Cummings, M.D. Foss Building Valley City 58072
Henry Bowker Unit Service Director Indian Health Service Fort Yates 58538	Robert G. Monson Central Dakota Nursing Home 5th Avenue & 18th Street, N.E. Jamestown 58401
	Thomas E. Jacobson, M.D. Hettinger Clinic Hettinger 58639

Medical Care Advisory Committee (continued):

NORTH DAKOTA

Namomi Modrow (Mrs.)
1209 5th Avenue
Devils Lake 58301

Jean Hust
1212 2nd Street West, #12-1
West Fargo 58078

B. Physicians' Advisory Committee: 12 members M.D.'s.

C. Nursing Home Administrators' Advisory Committee: 10 members.

D. Pharmacy: A committee of eight: the President of the State Pharmaceutical Association shall be one of the

8 R.Ph.'s

E. Dentistry: A committee of seven.

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Lyle A. Limond
Executive Secretary
North Dakota Medical Association
307 M.D.U. Office Building
(Box 1198)
Bismarck 58501
Phone: 701/223-9475

Paul N. Wermager, R.Ph.
Coordinator
Pharmacy Services

B. Pharmaceutical Association:

Ben Gullikson
Al Doerr
Secretary-Treasurer
North Dakota Pharmaceutical Association
1208 South Highland Road
Bismarck 58501
Phone: 701/225-1715

James R. Amos, M.D.
State Health Officer
State Health Department
Capitol Building
Bismarck 58501

Neil D. Cummings, M.D.
Foss Building
Valley City 58075

William J. Gross, R.Ph.
Wahpeton Drug Company
Wahpeton 58075

Robert G. Monson
Central Dakota Nursing Home
5th Avenue & 18th Street, N.E.
Jamestown 58401

Henry H. Kramer, M.D.
503 Main Medical Building
Minot 58701

Thomas E. Jacobson, M.D.
Hettinger Clinic
Hettinger 58639

Henry Bowker
Unit Service Director
Indian Health Service
Fort Yates 58538

OHIO

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related					
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x					Children Under 21	Other* (SFO)
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services	x	x	x	x						

Other Benefits: Home health care; prostheses; physical therapy; rental-purchase of durable medical equipment; private duty nursing; oxygen; medical supplies and equipment; transportation.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	1/ \$	Persons Eligible	\$	Persons Eligible	\$
OAA	51,345	\$ 8,837	46,476	\$ 6,899	43,230	\$11,195
MA						
AB	2,635	284	2,505	211	2,365	302
APTD	40,297	5,102	45,529	4,453	50,092	7,866
AFDC	437,200	6,706	483,070	4,660	492,607	10,892
Total	531,477	\$20,929 ^{2/}	577,580	\$16,223 ^{3/4/}	588,294	\$30,255

1/ Average number of recipients per month was 117,186.

2/ Does not include \$1,371 General Assistance.

3/ " " " \$1,835 " "

4/ From October 1, 1972-June 1973 based on date of payment as of December 31, 1973.

OHIO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Effective July 1, 1966 administration of the Drug Program was centralized at the State level under the State Department of Public Welfare.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): For prescription legend and/or OTC drugs not listed in the formulary, pharmacist should obtain authorization before filing claim for payment.
- B. Formulary: Yes. 4500 drug products.

To promote economies in the drug program, practitioners are encouraged to prescribe by generic name those drugs which consistently demonstrate therapeutic effectiveness and are produced by pharmaceutical manufacturers with strict quality controls. In filling such generic prescriptions the pharmacist is expected to dispense the least expensive drug available in his stock. The maximum price allowed for such generics will be an amount closely related to items obtained from generic manufacturers usually associated with wholesale drug houses.

A drug code is listed in the Ohio Welfare Drug Formulary for each form of generic drug. Trade names for these 30 drug items are also contained in the formulary.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.
2. Quantity of Medication:
 - a. 34-day supply or 100-dosage units (whichever is greater).

Quantity of Medication (continued):

b. Oral Antibiotics:

Liquids up to 6 oz. or 200 cc
Capsules - 40
Ointment - 4 oz.

3. Refills: Up to 5 refills. After 5 refills or 6 months (whichever is first) a new prescription is necessary.

D. Prescription Charge Formula:

Generic Drugs: AWP plus \$2.

Legend Drugs: AWP plus \$2. (The average wholesale price is based on Red Book, or a suitable reference source agreed upon by the Advisory Committee.) The total billed cost should not exceed the limits.

Non-Legend (OTC) Drugs: AWP plus \$2
AWP plus 50% markup -
or pharmacist's billed charge, whichever is lesser amount. Discounted non-legend OTC drugs may be billed up to 50¢ in addition to the usual and customary charges. However, total billed charge should not exceed AWP plus \$2.

Compounded Drugs: 2 or more liquids - AWP plus \$2.
Ointments (liquids which incorporate solids) - cost of ingredients plus cost of labor plus cost of professional fee (AWP plus \$10 per hour plus \$2).

Reimbursement to other than community pharmacies (hospitals, private health care centers, etc. - private, public, licensed):

Reasonable and customary fee
Invoice cost plus \$2 (whichever is lesser)
OTC - reasonable and customary fee

Invoice cost plus 50%
Invoice cost plus \$2 (whichever is lesser)

Reimbursement to physicians, private, public health care agencies not a licensed pharmacy:

Reasonable/customary fee but can never exceed AWP. Professional fee or percentage markup is not authorized.

Prescription Charge Formula: (continued):

Diet Drugs: Drugs for reducing are controlled. They must be authorized. Authorization is limited to children between the age of 3 to 12. Authorizations are limited to 3 months' supply or less. A new prior authorization must be submitted for renewal. Prior authorized drugs must be billed on the medical supply invoice form 2443.

Dispensing Fee (Unit Dose): There is one dispensing fee per month on unit dose.

V. Miscellaneous Remarks:

The Medicaid Management Information Service (MMIS) developed by HEW has been fully implemented.

OHIO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Denver L. White Director	Department of Public Welfare 30 East Broad Street Columbus, Ohio 43215
Robert B. Canary Assistant Director	" "

Division of Medical Assistance

Dr. Joseph Hoffer Director	30 East Broad Street Columbus, Ohio 43215
Godfrey Ibom Deputy Director	" "
(Vacant) Chief Bureau of Medical Program Development	" "
David M. Stuart, Ph.D. Pharmacist Consultant Bureau of Medical Operations	" "

2. Welfare Department Medical Assistance Advisory Committee:

(Not organized.)

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Hart F. Page
Executive Director
Ohio State Medical
Association
600 South High Street
Columbus 43215
Phone: 614/228-6971

B. Pharmaceutical Association:

Cameron M. Close
Executive Secretary
Ohio State Pharmaceutical
Association
41 South High Street
Columbus 43215
Phone: 614/221-2391

OKLAHOMA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children Other*					
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs										
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services <u>1/</u>	x	x	x	x	x	x	x	x	x	x
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	Persons 1972	Persons 1973	Persons 1974
	Eligible	Eligible	Eligible
OAA			
MA			
AB			
APTD			
AFDC			
Total			

1/ For emergency care only in adults.

OKLAHOMA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Drug Program to be instituted July 1, 1975 under the Oklahoma Department of Institutions, Social and Rehabilitative Services (DISRS). The drug program is to be administered under regulations adopted by the Oklahoma Public Welfare Commission.

IV. Provisions Relating to Prescribed Drugs: *

Budgetary Limitations:

The state assistance fund to be used is in an amount to be determined to be needed and available up to, but not more than \$3 million during the fiscal year ending June 30, 1976.

Provider Participation:1. Pharmacy or Pharmacist:

Any pharmacy or pharmacist who has current license with the Oklahoma State Board of Pharmacy and is free from any Pharmacy Board restrictions shall be entitled to be a participating provider under this program.

2. Prescribing Practitioners:

Prescribing practitioners, authorized and licensed to practice the healing art as defined and limited by Federal and state laws who choose to provide their own pharmaceuticals, may not be participating providers at the present time.

3. Reimbursement Fee:

Average Wholesale Price (AWP) plus \$2.50. In no event shall charges to the Welfare Department exceed charges made to the general public for the same prescription or item.

* Source of information: The Oklahoma Pharmacist
(June 1975)

Provider Participation (continued):4. Categories of Drug Coverage (limited initially):

- A. Antiinfectives
- B. Antibiotics
- C. Antibacterials
- D. Bacteriostatic agents
- E. Analgesics
 - (1) Narcotic
 - (2) Nonnarcotic
- F. Cardiovascular (Including antihypertensives)
 - (1) Antianginals
 - (2) Antiarrhythmics
 - (3) Digitalis preps
 - (4) Hypotensives
 - (5) Hypotensives with diuretic combination
 - (6) Diuretics
 - (7) Vasodilators and combinations
 - (8) Anticoagulants
 - (9) Coagulants
- G. Antineoplastics
- H. Insulin
- I. Birth control drugs

5. Prescription Limitations:

Three prescriptions per month/eligible.

6. Quantities:

34-day supply or 100 dosage units, whichever is greater.

7. Legend, Non-Legend and Generic Drugs:

That only legend drugs in the designated categories and insulin be covered in the program, and that physicians and other prescribers are encouraged to write prescriptions for generic drugs consistent with quality standards, but may write for trade name if they prefer.

Provider Participation (continued):8. Refills:

Refills shall be provided only if authorized by the prescriber or his authorized agent no more than five times within a 6-month period.

9. Claim Forms:

Utilize the National Pharmacy Insurance Council code (NPIC) for all participating pharmacies.

OKLAHOMA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees1. Institutions, Social and Rehabilitative Services Department
Officials:

L. E. Rader Director	Department of Institutions, Social and Rehabilitative Services Sequoyah Memorial Office Bldg. (P.O. Box 25352) Oklahoma City, Okla. 73125
James R. Overfelt Administrative Asst., Supervisor Div. of State Homes and Schools	" "
Vera J. Davis (Mrs.) Medical Social Services and Coordinator of Extra Dept. Training Activities	" "
Roy Keen, Supervisor Special Unit on Aging	" "
N. R. Timmons, Supervisor Division of Finance	" "
Bertha M. Levy, M.D., Director Medical Units Division	" "
Paul A. Reed, M.D., Supervisor Medical Evaluation Unit	" "
George F. McDonnold, M.D. Chief Consultant Medical Services and/or Supervisor Onsite Patient Review Unit	" "

(Department employs both full-time and part-time physicians.)

2. Institutions, Social and Rehabilitative Services Department
Advisory Committee on Medical Care for Public Assistance
Recipients:

Walter E. Brown, M.D.
Chairman
P.O. Box 3718
2020 South Xanthus
Tulsa 74104

L. C. Baxter
Vice-Chairman
Administrator
Okla. Osteopathic Hospital
744 West 9th
Tulsa 74127

Jesse J. Caldwell
Labor Representative
Southwestern Oklahoma
Building Trade Council
922 N.E. 18th
Oklahoma City 73105

R. LeRoy Carpenter, M.D.
Commissioner
Okla. State Dept. of Health
N.E. 10th and Stonewall
Oklahoma City 73117

Lois Chadrick (Mrs.)
General Delivery
Carnegie 73015

Jeptha W. Dalston, Ph.D.
Hospital Administrator
University of Oklahoma
Health Sciences Center
P.O. Box 26901
Oklahoma City 73190

Clayton Farmer
205 East Quesenbury
Sallisaw 74955

James Henry
Administrator
Baptist Medical Center
5800 N.W. Grand Boulevard
Oklahoma City 73112

Don Hewett, O.D.
5201 South Western
Oklahoma City 73109

Riley A. Hill, M.D.
P.O. Box 19396
Oklahoma City 73119

Rev. Msgr. A. A. Isenbart
Director
Associated Catholic Charities
425 N.W. 7th
Oklahoma City 73102

Howard B. Keith, M.D.
Newman Clinic
Shattuck 73858

Richard Luttrell
Administrator
Norman Municipal Hospital
P.O. Box 1308
Norman 73069

Clifford McEntire, D.P.M.
2412 Geraldine
Oklahoma City 73107

Honorable George A. Miller
State Senator
1021 East 6th
Ada 74820

Cleveland Rodgers
Executive Director
Oklahoma Hospital Association
1145 South Utica Avenue
Tulsa 74114

Eugene F. Ross, D.O.
17 West Chickasaw
Lindsay 73052

W. A. Taylor
Box 18731
Oklahoma City 73118

Advisory Committee on Medical Care (continued):

G. Rainey Williams, M.D.
Department of Surgery
University of Oklahoma
Health Sciences Center
800 N.E. 13th
Oklahoma City 73190

Jearl Smart
P.O. Box 1413
Wewoka 74884

Honorable Wiley Sparkman
State Representative
P.O. Box 426
Grove 74344

Richard D. Stansberry, M.D.
5700 North Portland
Oklahoma City 73112

Robert Sukman, M.D.
3141 N.W. Expressway
Oklahoma City 73112

Frances Waddle, R.N.
Lincoln Plaza
76 Lincoln Level
Oklahoma City 73105

George R. Russell, M.D.
3143 East 58 Place
Tulsa 74105

Otho R. Whiteneck, D.D.S.
401 Broadway Tower
Enid 73701

James A. Young, D.O.
P.O. Box 278
Vici 73859

Bob Barnard, President
Oklahoma State Nursing
Home Association
1701 East 6 Street
Okmulgee 74447

David Browning, Jr., M.D.
1705 East 19 Street
Tulsa 74104

Charles Mattox
104 West Cherokee
Sallisaw 74955

3. Executive Officers of State Medical, Pharmaceutical and
Osteopathic Societies:

A. Medical Association:

Don Blair
Executive Director
Oklahoma State Medical Association
601 N.W. Expressway
Oklahoma City 73118
Phone: 405/842-3361

Executive Officers of State Medical, Pharmaceutical and
Osteopathic Societies (continued):

B. Pharmaceutical Association:

Wallace A. Taylor
Executive Secretary
Oklahoma Pharmaceutical Association
Box 18731
Oklahoma City 73118
Phone: 405/528-3338

C. Osteopathic Association:

Bob E. Jones
Executive Director
Oklahoma Osteopathic Association
Citizens Bank Tower Building
2200 Classen Boulevard
Oklahoma City 73106
Phone: 405/528-7095

OREGON

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1967I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment				Medically Needy (M N)					
	Recipients				Category Related					
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Children Under 21	Other* (SFO)
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services	x	x	x	x						
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by calendar year:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>
OAA	12,650	\$1,013	12,316	\$1,142	12,958	\$1,474
MA						
AB	766	40	860	52	941	71
APTD	9,395	639	10,819	825	11,927	1,162
AFDC	86,903	742	79,374	792	93,698	1,099
Foster Care	5,099	29	5,180	40	4,948	54
GA	5,733	99	4,379	108	6,249	198
Total	120,546	\$2,562	112,928	\$2,959	130,721	\$4,058

1/ Average per month.

OREGON

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By 48 branches managed by 8 regional offices in 36 counties of Public Welfare under the supervision of the State Public Welfare Division. All drug funds are centralized at state levels and pharmacists send bills to state office.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Drugs for treatment of psychoses and tuberculosis which are obtainable through State Health Division.
- B. Formulary: A formulary of approximately 537 basic line item drugs established for welfare medical care. A drug with multiple strengths is published in multiple line items. Revisions issued as drugs are added or deleted from basic drug list or prices change. Formulary written in generic terminology.
- C. Non-Formulary: Prior approval from state reviewing physician must be obtained for exceptional drugs not included in the formulary.
- D. Prescribing or Dispensing Limitations:
 1. Terminology: Generic prescribing is specifically encouraged by formulary but is not mandatory.
 2. Quantity of Medication: The prescription charge schedule applicable to formulary drugs is geared to 5 refills or 6-month supply of the prescribed item, whichever is the lesser, but physicians prescribe quantities needed. Formulary drugs are not prior authorized. Non-formulary authorization is limited to 6-month supply or 5 refills, whichever is the lesser, and requires prior authorization at the state level. One 5-day supply of a non-formulary drug may be prescribed without prior authorization.
 3. Refills - Formulary and Exceptional Drugs: Provision of a drug is billed under a single prescription number with appropriate suffix letters to indicate sequence of dispensings.

Prescribing or Dispensing Limitations (continued):

4. Dollar Limits: None.

E. Prescription Charge Formula:

Schedule is based on wholesale cost plus 50%, plus 85¢ professional fee. The pharmacist is instructed to use a medication agent which complies with the formulary ceiling prices. Pharmacist to charge lesser of (1) ceiling price quoted in formulary, or (2) usual charge to the general public.

V. Miscellaneous Remarks:

Public Welfare Division supports policy that welfare drugs, to be paid by welfare, should be dispensed by community pharmacies and not handled by state-owned dispensaries.

OREGON

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Division Officials:

J. Nick Peet Administrator	Public Welfare Division 422 Public Service Building Salem, Oregon 97310
James Landis, M.D. Medical Director Medical Assistance Section	" "
Leo T. Hegstrom Assistant Administrator Field Operations	" "
William Todd Assistant Administrator Social and Staff Services	" "
Keith Putman Assistant Administrator Assistance Department	" "
Vern Fisher Assistant Administrator Business Services Department	" "

2. Welfare Division Consultants:

A. Physicians (Part-time):

Consultants to State Review Team -

Charles Gray, M.D.	940 Downs Street, South Salem 97301
Walter Fairfax, M.D. (Ophthalmology)	645 Medical Center Drive N.E. Salem
James Hogue, M.D.	740 Winter Street, S.E. Salem 97301

Consultants to State Review Team (continued):

Charles W. Morris, M.D. 141 Lancaster Drive, N.E.
Salem 97301

John B. Burr, M.D. 873 Medical Center Drive, N.E.
Salem 97301

Consultants to Medical Assistance Section -

Raymond W. Hart, D.M.D. 1113 Liberty, S.E.
(Dental) Salem 97302

Reid R. Kimball, M.D. Lovejoy Medical Center
(Psychiatric) 1920 Johnson, N.W.
Portland 97210

B. Pharmacist (Part-time):

George H. Swartsley, R.Ph. South Salem Pharmacy
1120 Commercial Street, S.E.
Salem 97302

3. Welfare Division Advisory Committees:

A. Governor's Advisory Committee on Medical Assistance for
the Underprivileged:

Rhesa L. Penn, M.D.	- Portland
<u>Chairman</u>	
John Arnett	- Redmond
Robert V. King, Ph.D.	- Corvallis
Carla Chamberlain	- The Dalles
Judge Paul W. Jones	- Heppner
Daniel Billmeyer, M.D.	- Oregon City
Donald D. Parker, Ph.D.	- Lake Oswego
Irwin F. Wedel	- Salem
Ann Webb	- Eugene
John Kaegi	- Portland
Charles Wold D.D.S.	- Salem
W. E. VanOrman	- Eugene
Ernie Savage	- Salem
James B. Landis, M.D.	- Salem

B. Drug and Pharmacy Review Committee:

Physicians:

Robert J. Condon, M.D.	419 N.W. 23rd Portland
Ralph P. Harpole, M.D.	1920 N.W. Johnson Portland
George C. Kjaw, M.D.	132 East Broadway Eugene

Pharmacists:

Dareld Brown, R.Ph.	4425 McKenzie Highway Springfield
Lynn Wolf, R.Ph.	4800 North Lombard Portland
Howard D. Steinbach, R.P.M.	565 S.E. Allen Beaverton
Elton McCawley, Ph.D. Professor of Pharmacology	University of Oregon Medical School 3181 S.W. Sam Jackson Park Road Portland

C. County Medical Advisors:

Local medical consultants are available in several branch offices.

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Robert L. Dervedde
Executive Director
Oregon Medical Association
2164 S.W. Park Place
Portland 97205
Phone: 503/226-1555

B. Pharmaceutical Association:

Henry A. Speckman
Executive Secretary
Oregon State Pharmaceutical
Association
795 Winter Street, N.E.
Five Oaks Building
Salem 97301
Phone: 503/585-4887

PENNSYLVANIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
	OAA	AB	APTD	AFDC	Category Related				Children Under 21	Other* (SFO)
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x						
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	Persons Eligible 1972	Persons Eligible 1973	Persons Eligible 1974 ^{1/}
OAA	\$ 4,563	\$ 4,614	\$ 5,733
MA			
AB	528	514	1,074
APTD	2,979	3,274	4,999
AFDC	10,602	11,047	12,995
MN	889	1,059	<u>2/</u>
GA	4,487	5,700	5,253
Total	\$24,048	\$26,208	\$30,054

^{1/} Eligibles not available at time of data submission by state.^{2/} Discontinued

PENNSYLVANIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Directly by the Bureau of Medical Assistance, Office of Medical Services and Facilities; indirectly by the Office of Family Services of the State Department of Public Welfare through County Boards of Assistance in 67 counties.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Pulmonary tuberculosis. Lozenges, troches, personal care items, medicine chest supplies, and drugs available through state and local health departments. Medication used for anti-obesity and appetite control (note): Amphetamine and amphetamine-like drugs are compensable only for patients with established diagnoses of hyperkinesis in children as well as primary and secondary Narcolepsy, due to structural damage to the brain.

Prior approval required for vitamin preparations, liver extracts, and medications costing over \$10 and exceeding a 45-day supply and specified non-drug items.

- B. Formulary: Noncompulsory Drug Formulary was introduced July 1966. It is estimated that this is used by 90% of the participating vendors of health service. It lists 2469 items.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.
2. Quantity of Medication: Maximum allowed is a 45-day supply.
3. Refills: Do not allow refills, but physicians can authorize renewals.
4. Dollar Limits: Prescriptions costing more than \$10 require prior authorization from the county assistance office. Those over \$100 require prior authorization of State Office of Public Assistance.

D. Prescription Charge Formula:

Drug Formulary cost plus \$1.85 fee.

PENNSYLVANIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Frank S. Beal Secretary	Dept. of Public Welfare Health and Welfare Bldg. Harrisburg, Pa. 17120
Gregory L. Coleman Executive Deputy Secretary for Operations	" "
Jeffrey N. Ball Deputy Secretary for Social Services	" "
James R. Harris, M.D. Acting Deputy Secretary for Mental Health and Medical Services	" "
Roger A. Cutt, Ph.D. Commissioner for Medical Programs	" "
Stanley Myers Deputy Secretary for Mental Retardation	" "
Glenn Johnson Director Bureau of Medical Assistance	" "
William G. Shoemaker, Chief Division of Pharmaceutical Services	* Dept. of Public Welfare P.O. Box 2675 Harrisburg, Pa. 17120
Paul D. Burkholder, R.Ph.	" "

* Office: 25 North 32 Street
Camp Hill, Pa. 17011

2. Title XIX Advisory Committees:

A. Medical Assistance Advisory Council:

Frank S. Beal #333 Health and Welfare Bldg. Harrisburg 17120	- Secretary of Public Welfare
Roger A. Cutt, Ph.D. #532 Health and Welfare Bldg. Harrisburg 17120	- Commissioner Office of Medical Programs
Waldo G. Gamba, D.D.S. 2311 South 21 Street Philadelphia 19145	- Pennsylvania Dental Association
Samuel E. Antrim, Jr., Pres. 612 Smith Street Corry 16407	- Hospital Association of Pennsylvania
G. Winfield Yarnall, M.D. 125 State Street Harrisburg 17101	- Pennsylvania Medical Society
(Miss) Brooke Branon, R.N. 815 Union Place Pittsburgh 15212	- Pennsylvania Nurses Association
George D. Weaver, O.D. 36 North Beaver Street York 17401	- Pennsylvania Optometric Association
Alexander W. Mazerski, D.O. 36 Jackson Drive Lancaster 17603	- Pennsylvania Osteopathic Association
Vance Eppely, Jr. R.D. 1 Dallastown 17313	- Pennsylvania Pharmaceutical Assoc.
Daniel L. Carroll, D.P.M. 317 Highland Avenue Hanover 17331	- Pennsylvania Podiatry Association
Hon. Charles F. Dougherty 535 Main Capitol Building Harrisburg 17120	- The Senate of Pennsylvania

Medical Assistance Advisory Council (continued):

- | | |
|--|---|
| J. Thomas Millington, M.D.
Director, Bureau of
Special Health Services
407 South Cameron Street
Harrisburg 17120 | - Department of Health |
| Joseph O. Strite, M.D.
118 Cumberland Avenue
Shippensburg 17257 | - Commission on Mental
Health/Mental
Retardation
Pennsylvania Medical Soc.
Psychiatric Discipline |
| Milton Jacobs
American Medical Affiliates
Benjamin Fox Pavilion
Foxcraft Square
Jenkintown 19046 | - Health Care Facilities
Association |
| Irene Rochelle
451 Century Building
Pittsburgh 15222 | - Welfare Rights
Organization of
Allegheny County |
| Viola Sanders (Mrs.)
1233 North Franklin Street
Philadelphia 19122 | - Welfare Rights
Organization for
Philadelphia |

Ex Officio

- | | |
|--|--|
| James R. Harris, M.D.
#308 Health and Welfare Bldg.
Harrisburg 17120 | - Acting Deputy Secretary
for Mental Health and
Medical Services |
| Glenn Johnson
#523 Health and Welfare Bldg.
Harrisburg 17120 | - Director, Bureau of
Medical Assistance
Dept. of Public Welfare |
| Leonard Bachman, M.D.
Director of Health Services
#238 Main Capitol Building
Harrisburg 17120 | - The Governor's Health
Services Director |

B. Pharmaceutical Advisory Committee:

- | | |
|---|--|
| Sydney Abrams, R.Ph.
66 Brookline Boulevard
Havertown 19083 | Armand Angelucci, R.Ph.
837 DeKalb Street
Norristown 19401 |
|---|--|

Pharmaceutical Advisory Committee (continued):

Daniel A. Hussar, Ph.D.
Pa. College of Pharmacy
and Science
43rd and Kingsessing Streets
Philadelphia 19104

Monroe Lipman, R.Ph.
4611 Union Deposit Road
Harrisburg 17111

Steven Loevner, R.Ph.
2752 North Kent Road
Broomall 19008

Thomas Mattei, Pharm.D.
Mercy Hospital
1400 Locust Street
Pittsburgh 15219

Robert Paul, R.Ph.
534 West Girard Avenue
Philadelphia 19123

Edward Popielarski, R.Ph.
4000 Gypsy Lane
Philadelphia 19144

A. P. Sorrentino, Pharm.D.
Presbyterian-University
of Pennsylvania
Medical Center
51 North 39 Street
Philadelphia 19104

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

John F. Rineman
Executive Vice President
Pennsylvania Medical Society
20 Erford Road
Lemoyne 17043
Phone: 717/238-1635

B. Pharmaceutical Association

Arnon Lear
Executive Director
Pennsylvania Pharmaceutical Association
508 North Third Street
Harrisburg 17101
Phone: 717/234-6151



PUERTO RICO

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began January 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x	x

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by calendar year:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA	15,397	\$ 273	12,238	\$ 192		\$
MA						
AB	177	2	122	1	51	1
APTD	13,014	289	9,791	151	11,799	230
AFDC	141,189	2,166	133,030	2,060	158,292	2,330
MN Aged	71,006		56,174	870		
MN Blind	512		367	5	255	4
MN Disabled	31,509		23,742	367	18,447	571
MN Children	865,124	8,904	621,212	9,616	710,032	11,094
Total	1,137,928	\$11,634	856,676	\$13,262	898,876	\$14,230 ^{1/}

^{1/} Does not include approximately \$5,000 for Puerto Rico O-Category and OAA, both ineligible for Federal monies.

PUERTO RICO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Department of Health through the existing regionalized health care system operated by the Commonwealth and municipal government.

IV. Provisions Relating to Prescribed Drugs:

Prescribed drugs and biologicals are provided to both inpatients and outpatients in municipal hospitals, health centers, regional hospitals, special hospitals, and rehabilitation centers. All drugs and biologicals provided are approved by the medical staff and included in a regional hospital formulary. In some small municipal hospitals and health centers drugs are prescribed by general practitioners without a formulary.

Designated hospital pharmacies are the primary source of all prescription drugs. Retail pharmacies are used only when necessary.

PUERTO RICO

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health Department Officials:

Dr. José A. Alvarez de Choudens Secretary	Department of Health Stop 19 P.O. Box 9342 Santurce, Puerto Rico 00908
--	---

Medical Assistance Program:

Emilia Hoyos Rucabado, M.S. Pharmacist Consultant	"	"
Randolfo Rivera, M.S. Pharmacist Consultant	"	"
José Brigman Díaz, B.S. Pharmacist Consultant	"	"
Luis A. Cruz Cuevas, M.H.A. Coordinator	P.O. Box 10037 Caparra Heights Station Rio Piedras, P.R. 00922	
Juan Nazario Alemañy Director	"	"

2. Medical Assistance Advisory Committee:

There is an advisory committee which consists of 11 members, appointed by the Governor. These members represent different sectors in the community, as follows:

Hon. Ramón García Santiago	- Secretary Dept. of Social Services
Arq. Joaquín Benítez	- Consumer
Dr. José A. Lomba	- Dentist
Sra. Angela Díaz de Gutiérrez	- Nurse

Medical Assistance Advisory Committee (continued):

Lcda. Adelaida Vicente de Souffront	- Consumer
Sor Isolina Ferré	- Consumer
Sr. Ruben Eli Matos	- Hospital Administration
Dr. Angel Rodríguez Rodríguez	- Pediatrician
Sra. Carmen Seda Vda. de Sepúlveda	- Consumer
Lcda. María D. García de Pacheco	- Consumer
Sr. Rubén Malaret Soto	- Consumer

3. Executive Officers of Puerto Rico Medical and Pharmaceutical Societies:

A. Medical Association:

Jorge A. Ramirez
Executive Secretary
Puero Rico Medical Association
P.O. Box 9387
Santurce 00908
Phone: 809/725-6969

B. Pharmaceutical Association:

Lydia A. Rivera (Mrs.)
Executive Secretary
Colegio de Farmaceuticos de Puerto Rico
Box 206, G.P.O.
San Juan 00936
Phone: 809/766-2753

RHODE ISLAND

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)					
					Category Related				Children	Other*
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x	
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	
Physician Services	x	x	x	x	x	x	x	x	x	
Dental Services	x	x	x	x	x	x	x	x	x	

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>
OAA	4,021	\$ 798	3,770	\$ 784	6,826	\$ 814
MA						
AB	133	11	152	16	188	20
APTD	5,008	591	5,714	656	7,741	754
AFDC	49,863	1,052	48,111	1,106	50,949	1,140
MN Aged	19,273	2,094	18,748	2,025 ^{3/}	15,670	2,127 ^{3/}
MN Blind	101		111		96	
MN Disabled	2,827		3,184		3,126	
MN Children	7,187		7,494		6,704	
Other Drugs ^{2/}		27				22
GA	13,340	370	14,041	386	13,938	417
Total	101,753	\$4,943	101,325	\$4,973	105,238	\$5,294

1/ For the month of December.

2/ Outpatient clinic drugs.

3/ All group care clients with no money payment counted as medically needy.

RHODE ISLAND

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Directly by the State Department of Social and Rehabilitative Services.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):
OTC and Medicine Chest Items and Injectables:

Prior authorization is required for all injectables (excluding insulin and adrenalin), appetite depressant drugs, central nervous system stimulants, expensive vitamins, hematinics and lipotropic preparations (selling for over \$5 per 100 or pint), expensive preparations.

Prescribed drugs requiring prior authorization may be refilled if requested by the attending physician and approved by the Office of Medical Standards and Review.

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.
2. Quantity of Medication: One month's supply of drugs.
3. Maintenance Medication: The attending physician may prescribe certain maintenance drugs up to a maximum of 100 tablets, capsules or equivalent, or a 30-days' supply of these drugs - whichever is greater.

4. Refills:

Refills are allowed for specified drugs: anti-hypertensives, diuretics, anti-convulsants, coronary vasodilators, tranquilizers, antidepressants and hormones (inexpensive).

Refills (continued):

Refills are not allowed for specified drugs, e.g. antibiotics, central nervous system stimulants, narcotics (Schedules I, II, III), expensive corticosteroids and appetite depressants.

5. Dollar Limits: None.

D. Prescription Charge Formula:

1. Prescription Drugs Dispensed to Eligible Recipients Not Residing in Nursing, Convalescent or Rest Homes:

A professional fee for service of \$2.00 will be allowed for all prescriptions in addition to the cost of the drug.

N.B. For those items which are not usually prescription items (OTC items) for which there is a differential between the usual prevailing charge to the private consumer versus the charge for the same drug on the basis of the established professional fee for Medical Assistance, the lesser charge will be allowed in such cases.

2. Prescription Drugs Dispensed to Recipients Residing in Nursing, Convalescent or Rest Homes:

A special Professional fee for service of \$1.55 will be allowed for these prescriptions in addition to the cost of the drug to the pharmacist.

N.B. For those items which are not usually prescription items (OTC) for which there is a differential between the usual prevailing charge to the private consumer versus the charge for the same drug on the basis of the established Special Professional Fee for Medical Assistance, the lesser charge will be allowed in such cases.

3. The cost of the drug to the pharmacist in this professional fee-for-service method of payment will be based upon the direct price listings in the Red Book.

Prescription Charge Formula (continued)

4. The quantity of the drug dispensed on the original prescription would be determined on the basis of a 30-day supply to the patient. A maximum of 3 refills in addition to the original prescription will be allowed when so indicated by the physician.
5. The attending physician may prescribe certain maintenance drugs up to a maximum of 100 tablets, capsules or equivalent, or a 30-days' supply of these drugs - whichever is greater.

The following classes of drugs are considered as maintenance drugs:

- a. Anti-diabetic preparations
- b. Anticonvulsants
- c. Cardiovascular preparations, namely:
 - (1) Anti-anginal
 - (2) Digitalis and the cardiac glycosides
- d. Diuretics
- e. Hormones, including thyroid preparations
- f. Vitamins, hematinics and lipotropic preparations for which the total charge to the Medical Assistance Program does not exceed \$5 per pint of liquid or 100 tablets or capsules.

V. Miscellaneous Remarks:

The State considers the Medical Advisory Committee on Pharmacy one of the most active and important advisory committees to the Rhode Island Medical Assistance Program. It consists of outstanding members of medicine and pharmacy.

RHODE ISLAND

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social and Rehabilitative Services Department Officials:

John J. Affleck, M.S.S.W. Director	Department of Social and Rehabilitative Services 600 New London Avenue Cranston, Rhode Island 02920
Anthony Ricci, M.S.S.W. Assistant Director Community Services	" "
P. Joseph Pesare, Dr. P.H., M.D. Medical Care Program Director	" "
Anthony Barile, M.P.A. Assistant Medical Care Program Director	" "
John A. Pagliarini, R.Ph. Senior Medical Care Specialist	" "
Albert LaMarra, R.Ph. Medical Care Program Pharmacist	" "
Cosmo Franchetti, R.Ph. Senior Pharmacist	" "

2. Social and Rehabilitative Services Department Advisory
Committees:

A. Committee on Social Welfare (Rhode Island Medical Society):

Peter L. Mathieu, Jr., M.D., Chairman

Orlando Armada, M.D.	Martin P. Feldman, M.D.
Andrew S. Blazar, M.D.	Donald Fitzpatrick, M.D.
Robert E. DeForest	Russell Hager, M.D.
John A. Dillon, M.D.	John A. Melchionna, M.D.
Joseph L. Dowling, M.D.	John S. Montgomery, M.D.

B. Medical Assistance Committees:

(1) Medical Advisory Committee on Pharmacy:

Dr. Heber W. Youngken, Jr., Chairman

Vincent Alianiello	Louis Jeffrey
Nicola Bilotti	Peter Mathieu, M.D.
Walter Carnevale	Joseph Navach
John DeFeo, Ph.D.	Anthony Solomon (Rep.)
John DePasquale	Ira Wellins
Joseph Galina, Pharm.D.	Richard Yacino
Russell Hager, M.D.	

(2) Rhode Island Pharmaceutical Association:

Joseph L. Casinelli, Chairman
William Garland, Assistant Chairman

Aldo Albanese	Anthony Vitale
John Albanese	Vincent Volpe
Norman Cabral	Richard Yacino
John Goodwin	

(3) Rhode Island Apothecary Society, Inc.

Nicola Bilotti, Phc., Dr. So. (H.C.)

Marcil Charlette	Estael Marks
Ettore Picerne	Norman Saute

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Timothy B. Norbeck
Executive Director
Rhode Island Medical Society
106 Francis Street
Providence 02903
Phone: 401/331-3207

B. Pharmaceutical Association:

Sen. J.S. Gendron (R.Ph.)
Executive Director
Rhode Island
Pharmaceutical Association
301 Main Street
Pawtucket 02860
Phone: 401/725-4141

SOUTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1968

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)				Other* (SFO)
	OAA	AB	APTD	AFDC	Category Related OAA	AB	APTD	AFDC	
Prescribed Drugs	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x
Other Benefits:	Prostheses; home health care; whole blood; X-ray and radium treatments; rental of durable medical equipment; transportation and purchase of durable medical equipment.								

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	\$	Persons Eligible	\$	Persons Eligible	\$
OAA	18,959	\$1,177	20,923	\$1,380	72,000	\$1,866
MA		610	7,448	643		
AB	2,243	122	2,614	161	2,646	144
APTD	14,495	921	19,117	1,228	38,000	1,261
AFDC	100,811	270	111,231	1,226	122,000	1,268
All Other			3,187	28	646	270
Total	136,508	\$3,100	164,520	\$4,666	235,292	\$4,809

1/ Estimated.

SOUTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the South Carolina State Department of Social Services.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Drugs available through local and state health departments for treatment of tuberculosis, venereal disease, prophylactic treatment for rheumatic fever, immunizations, tuberculin tests and oral contraceptives will not be covered at present.
- B. Formulary: Circa 225 drugs in closed-end formulary with drug code, strength, quantity and cost per unit. For drugs not on the formulary, special authorization on individual basis when requested by attending physician with medical justification.

Where a drug is listed by generic name it is followed by a parenthetical listing of brand names acceptable for dispensing in the Program. Only those brands listed will be paid for. There is no prejudice intended against brands not listed; experience in prescribing and dispensing by members of the selection committee, and the cost basis of brand names influenced the choice of brands designated as acceptable. The cost basis for each item listed by generic name is the lowest cost of the competitive brands. Research was conducted by the Drug Evaluation and Selection Committee to assure that all listed brands are therapeutically equivalent and are made available for prescribing and dispensing under strict quality controls. PHYSICIANS ARE ADVISED THAT, AS IS TRUE WITH HOSPITAL FORMULARIES, PRESCRIBING DRUGS IN THE MEDICAID PROGRAM CONSTITUTES PRIOR CONSENT FOR THE DISPENSING OF EITHER OF THE BRANDS LISTED, FOR ANY OF THE ITEMS LISTED GENERICALLY.

C. Prescribing or Dispensing Limitations:

1. Terminology: If a drug is prescribed by brand name and is not included in the formulary the prescriber can be called by the pharmacist with a suggested

Terminology (continued):

change. If he refuses to change to a listed product, the patient is responsible for payment. If the drug product is prescribed by generic terminology, the pharmacist is free to select the product and must note the established name of the product and the manufacturer on the prescription.

2. Quantity of Medication: In acute conditions, physician requested to limit supply to a minimum of 10 days. In chronic conditions and for maintenance drugs (designated on formulary by "m"), one prescription per month for a month's supply, or justification given for drug response evaluation.
 3. Refills: Only 3 authorized refills allowed, at which time a newly accomplished prescription is required.
 4. Dollar Limits: None.
- D. Prescription Charge Formula: Cost plus \$1.90 dispensing fee per prescription and sales tax. Fees to extended care facilities and nursing homes shall be \$1 per prescription. Exception to the remunerative schedule as established will be the remuneration for OTC, at wholesale cost plus 50%.

Upon advice of the Title XIX (Medicaid) Advisory Committee and in consideration of HEW Guidelines SRS-MSA-196-1971, MSA-PRG-8, entitled "Methods of Reimbursement to Physicians", quote: "It is recommended that payment for drugs dispensed by physicians be limited to not more than the cost of the drug" you are advised that, effective January 1, 1973, you will be paid only for the cost of drugs dispensed to Medicaid patients and without additional fee. Medications which cannot be self-administered and given by the physician as part of the clinic visit are reimbursable on the 1490-W and 1490-SSA form.

V. Miscellaneous Remarks:

It is required that each recipient choose one physician and one pharmacist for a month. If referral to a second physician is required, explanation must be furnished on physician's claim form.

Miscellaneous Remarks (continued):

Revisions in the formulary will occur periodically with no designated time element. The Drug Evaluation and Selection Committee, composed of members appointed by the State Department of Social Services upon recommendation of the President of the South Carolina Medical Association and the South Carolina Pharmaceutical Association, is responsible for any revisions.

SOUTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services Department Officials:

Dr. R. Archie Ellis Commissioner	Department of Social Services P.O. Box 1520 Columbia, South Carolina 29202
Robert D. Floyd Deputy Commissioner Administration	" "
Horace F. Jackson Deputy Commissioner Bureau of Finance & Management	" "
Blanche G. McCullough Deputy Commissioner Bureau of Assistance and Field Operations	" "
William T. Leslie, M.D., Chief Medical Assistance Division	" "
Roy T. Lloyd, Director Public Assistance Division	" "
John F. Riley, R.Ph. Medical Assistance Division	" "
Herbert Martinsen, Chief Data Processing Division	" "

2. Social Services Department Consultants:

A. Physicians (Part-time):

Harold E. Jervey, Jr., M.D. 1515 Bull Street
Columbia 29201

John H. Young, M.D. 2800 Celtic Road
Columbia 29210

Physicians (continued):

George M. Whitaker, M.D. 3125 Grace Hill Road
Columbia 29204

B. Pharmacists (Part-time):

Horace M. Kaiser, R.Ph. 1447 Hampton Street
Columbia 29201

3. Advisory Committee to Title XIX:

Dr. William McCord, <u>Chairman</u>	- President
	S. C. Medical University
Harry R. Bryan, Vice-Chairman	- Executive Director
	Council on Aging
Dr. E. Kenneth Aycock	- State Health Officer
Mrs. John C. Bouvette	- S. C. Nurses Association
Dr. Charles D. Barnett	- State Commission
	Mental Retardation
Dr. Dill D. Beckman	- Director, State Department
	Vocational Rehabilitation
(Vacant)	- S. C. Medical Association
Dr. Thomas A. Collings	- The Pediatric Clinic
	Greenville
Dr. R. Archie Ellis	- Commissioner
	State Department of
	Social Services
Dr. William S. Hall	- Commissioner
	Mental Health
Dr. A. C. Johnson	- Consumer Representative
	Spartanburg
Horace M. Kaiser	- S. C. Pharmaceutical
	Association
Brady Lee Mootz	- S. C. Hospital
	Administration Assoc.
Rev. I. DeQuincey Newman	- Consumer Representative
Dr. James E. Padgett	- Bureau Crippled Children;
	Maternal and Child
Dr. J. Kenneth Webb	- S. C. Nursing Home
	Association
Dr. Eugen Proctor	- S. C. Dental Association
Dr. Hunter Rentz	- Chairman
	Drug Evaluation and
	Selection Committee
Sinway Young	- Consumer Representative

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Charles Johnson
Executive Director
South Carolina Medical
Association
1508 Washington Street
Suite 201
Columbia 29211
Phone: 803/252-6313

B. Pharmaceutical Association:

Coleman Daniel, Jr.
Executive Director
South Carolina
Pharmaceutical Association
2817 Millwood Avenue, Suite 105
Columbia 29205
Phone: 803/254-1065



SOUTH DAKOTA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began October 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs										
Inpatient Hospital Care	X	X	X	X						
Outpatient Hospital Care	X	X	X	X						
Laboratory & X-ray Service	X	X	X	X						
Skilled Nursing Home Services ^{1/}	X	X	X	X						
Physician Services	X	X	X	X						
Dental Services	X	X	X	X						

Other Benefits:

Prostheses; home health care; rental of durable medical equipment; ambulance service; optometrist.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by calendar year:^{2/}

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible ^{2/}		Persons Eligible ^{2/}		Persons Eligible ^{3/}	
OAA						\$
MA						
AB						
APTD						
AFDC						
Total						\$614

^{1/} Adults only.^{2/} State expenditures not reported. See under III - How Administered.^{3/} Drug program implemented July 1, 1974. Drug expenditures from July-December 1974 only. (Source: SRS/DHEW)

SOUTH DAKOTA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

IV. Provisions Relating to Prescribed Drugs:

Drug coverage is the responsibility of the county commissioner, who may or may not provide for drugs. Where provided, the commissioners pay the local pharmacist for the drugs dispensed.

In counties that do provide drugs there are no prescribing or dispensing limitations.

V. Miscellaneous Remarks:

Drug program was implemented July 1, 1974.

1. \$1.5 million earmarked for vendor drug program.
2. No formulary.
3. Reimbursement: "usual and customary" prevailing charge.
4. Program covers approximately 40,000 eligibles.
5. 1975 Program changes under consideration to comply with proposed HEW regulations.

SOUTH DAKOTA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Welfare Division Officials:

Vern Woodward Director	Department of Social Services Division of Social Welfare Pierre, South Dakota 57501
Ervin Schumacher Senior Program Specialist Medical Services	" "
Jack T. Cowan, M.D. Consultant Medical Services	" "
Willis Hodson, R.Ph. Pharmacist Consultant	" "

2. Social Welfare Division Medical Advisory Committee:

James Melgaard 802 West 11 Street Yankton 57078	- South Dakota County Commissioners Association
Robert S. Westaby, M.D. Asst. State Health Officer State Department of Health Pierre 57501	- South Dakota State Department of Health
H. Russell Brown, M.D. Watertown 57201	- South Dakota State Medical Association
Ralph Arneson, Attorney Hayti 57241	- South Dakota Bar Association
Art Thomas Brookings 57006	- South Dakota Hospital Association
Earle T. Crissman, Pharmacist Ipswich 57451	- South Dakota Pharmaceutical Association

Medical Advisory Committee (continued):

Charles Ray, D.D.S. Rapid City 57701	- South Dakota Dental Association
Clayton Mullen Good Samaritan Village Sioux Falls 57101	- South Dakota Nursing Home Association
Bert Corwin, O.D., President Rapid City	- South Dakota Vision Services Corporation
Susie Doren (Mrs.) Pierre 57501	- Recipient Group

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Robert D. Johnson
Executive Secretary
South Dakota State Medical Association
608 West Avenue, N.
Sioux Falls 57104
Phone: 605/336-1965

B. Pharmaceutical Association:

Harold H. Schuler
Secretary
South Dakota Pharmaceutical Association
222 East Capitol
(Box 518)
Pierre 57501
Phone: 605/224-2338

TENNESSEE

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began October 1, 1969

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment				Medically Needy ^{1/} (M N)					
	Recipients				Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x	x	x	x	x		
Inpatient Hospital Care	x	x	x	x	x	x	x	x		
Outpatient Hospital Care	x	x	x	x	x	x	x	x		
Laboratory & X-ray Service	x	x	x	x	x	x	x	x		
Skilled Nursing Home Services	x	x	x	x	x	x	x	x		
Physician Services	x	x	x	x	x	x	x	x		
Dental Services ^{2/}				x				x		
Other Benefits:										

Home health care; Christian Science sanatoria.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible ^{3/}		Persons Eligible ^{4/}		Persons Eligible	
OAA	51,233	\$ 5,422	53,395	\$ 5,453	58,893	\$ 6,145
MA						
AB	1,803	92	1,646	95	1,594	96
APTD	26,723	2,528	30,417	2,790	33,250	3,366
AFDC	186,475	2,521	187,168	2,484	191,672	2,831
Total	266,234	\$10,563	272,626	\$10,822	285,409	\$12,438

^{1/} Effective January 1, 1974.^{2/} Age under 21.^{3/} There were 168,697 recipients.^{4/} " " 171,016 " .

TENNESSEE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Tennessee Department of Public Health.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
OTC drugs (except insulin), anorectic drugs (except for amphetamines and derivatives for only specific indications of narcolepsy and the hyperkinetic child), and non-narcotic analgesic compounds.
- B. Formulary: Most legend drugs and insulin (see V - Miscellaneous Remarks, re Pharmacy Manual).
- C. Prescribing or Dispensing Limitations:
 1. Terminology: None. May prescribe and dispense brand name drugs but encourage usage of generic drugs for potential cost savings.
 2. Quantity of Medication:
 - a. Limit psychotropic drugs (tranquilizers, hypnotics, sedatives).
 - b. Original prescription quantities (10-, 20-, or 30-day limitations).
 3. Refills: Covered only if specifically authorized by the prescribing physician on the original prescription. A maximum of 5 refills on maintenance medications over a period of 180 consecutive days.
 4. Dollar Limits: None.
- D. Prescription Charge Formula: Acquisition cost plus professional fee of \$2.10 (see V - Miscellaneous Remarks).

V. Miscellaneous Remarks:

Pharmacy Manual (Revision May 1972):

Payment for covered legend drugs continues to be on the basis of net acquisition cost - the actual cost of a covered drug (considering quantity discount but not reduced by time or cash discounts) to the pharmacy, except in those instances where up to maximum reimbursement rates have been established (listing appears in the Pharmacy Manual). Insulin and contraceptive drugs are covered at OTC price to general public for a 30-day supply without a professional fee.

Drug Utilization Data:

The drug program claims accounted for 89% of the Medicaid claims processed.

	<u>FY-1973</u>	<u>FY-1974</u>
Prescription claims	2,704,853	2,959,708
Claims/recipient	15.82	15.97

Number of claims processed per employee
(Fiscal Intermediary)

27,522/mo.

Time required to process claim
(receipt to payment)

12.7 days

Total number of claims processed since beginning of
Medicaid program

12,377,296

DRUG PROGRAM ADMINISTRATIVE COSTS

In January 1972 the drug program implemented changes which limited the use of certain drugs; established lower prescription quantities; and instituted maximum allowable prices for certain drugs.

Drug Program Administrative Costs (continued):

The average payment per prescription drug claim increased 5.00% over 1973, and monthly benefit payments averaged \$134,600 more in 1974 than in 1973. Benefit payments totaled \$12,438,171, an increase of \$1,615,179 over 1973. The average amount paid per prescription during the year was \$4.20 - 20¢ more than in 1973.

Prescription drugs, which represent 33.0% of the benefit cost and 88% of the claims processed, account for 51% of the total Blue Cross-Blue Shield of Tennessee administrative costs under the program.

The administrative cost ratio for handling prescription drug claims was 4.8% in FY 1974. This figure does not reflect refunds that will be made to the State after the end of the fiscal year.

TENNESSEE

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Health Department:

1. Officials:

Eugene W. Fowinkle, M.D., M.P.H. Commissioner	State Department of Public Health Nashville, Tenn. 37219
E. Conrad Shackelford, Jr., M.D. Deputy Commissioner Bureau of Medical Care Services	" "
Frank L. Jones, Jr., Director Division of Medical Assistance - Medicaid	" "
S. S. Shannon Chief, Research and Statistics	" "
Ray C. Hall Assistant Director	" "
James N. Calway Administrator Middle Tennessee Region	" "
Dan H. Johnson Administrator East Tennessee Region	" "
Robert R. Bane Administrator West Tennessee Region	" "
Herbert Bates, R.Ph. Pharmacist Consultant	" "
Mary E. Downing Medical-Social Consultant	" "

Officials (continued):

Charles L. Yoakum Supervisor Medical Claims Investigation	State Department of Public Health Nashville, Tenn. 37219
---	--

H. C. Haynie, M.D. Medical Consultant	" " "
--	-------

2. Medical Advisory Committee for Medicaid:

Dr. Eugene W. Fowinkle Commissioner	- Dept. of Public Health
Dr. Harold W. Jordan	- Dept. of Mental Health
Horace Bass, Commissioner	- Dept. of Public Welfare
Benjamin E. Carmichael, Com.	- Department of Education
Judge John S. Stanton Court House, Columbia	- Tennessee County Judges Association
Dr. Roy Elam, Jr. 2102 West End Ave., Nashville	- Tenn. Dental Association
Dr. Luther Beazley 2614 Lebanon Road, Donelson	- Tenn. Pediatric Society
Dr. Julian C. Lentz Doctor's Building, Maryville	- Tenn. Medical Association Upper East Tennessee
Dr. M. F. Langston 103 Palisades	- Signal Mountain
Dr. Oscar M. McCallum Box 128, Henderson	- West Tennessee
Dr. Tom E. Nesbitt 1921 Hayes Street, Nashville	- Middle Tennessee
Louis Zumstein Imperial Manor Nursing Home Madison	- Tennessee Nursing Home Association
Dr. Colin H. Threlkeld, Jr. 2400 Poplar Avenue, Memphis	- Tennessee Osteopath Society
Jim Hampton University Hospital, Knoxville	- Tennessee Hospital Association

Medical Advisory Committee (continued):

Dr. Sarah K. Archer, Dean School of Nursing Vanderbilt Univ., Nashville	- Tennessee Nurses' Association
Horton A. Jones, Jr. 1403 Buchanan St., Nashville	- Tennessee Pharmaceutical Association
Dr. Morse Kochtitzky, Pres. 2104 West End Avenue	- Tennessee Medical Association
George Chrite, Chairman 314 Fifth Avenue, North Nashville	- Model Cities Citizens Coordinating Committee
Rosie Price (Mrs.) 229 Vaal Street, Memphis	- Welfare Recipient

B. Welfare Department

1. Officials:

Horace Bass Commissioner	State Dept. of Public Welfare State Office Building Nashville, Tennessee 37219
Edith Elmore, Director Public Assistance	" "
Louis Harris Fiscal Officer	" "

2. Consultants (Part-time):

Dr. Aubrey B. Harwell Medical Consultant	108 Louise Avenue Nashville
John Lee, R.Ph. Pharmacist Consultant	3203 Belmont Boulevard Nashville

3. Welfare Department Advisory Committee:

a. Physicians:

(Appointed by Tennessee Medical Association)

Dr. K. M. Kressenberg	215 Cedar Lane, Pulaski
Dr. J. N. Thomasson	1916 Hayes Street, Nashville
Dr. Robert P. McBurney	899 Madison Avenue, Memphis
Dr. J. W. Johnson, Jr.	Interstate Bldg., Chattanooga
Dr. Lamb B. Myhr	Jackson Clinic, Jackson
Dr. Aubrey B. Harwell	108 Louise Avenue, Nashville

Welfare Department Advisory Committee (continued):

b. Pharmacists:

(Department has used Tennessee Pharmaceutical Association in developing standards, policies and procedures.)

Horton A. Jones, Jr.	J. B. McCaleb
J. C. Freels, Jr.	Joe M. Luton
R. C. Hoskins	Dean Pettigrew
Tom P. Smith	Sam Coward, Jr.
Ernest Crouch	Jimmy McDonald
Blevins Rittenberry	John Smith
Charles Warren, Jr.	

C. Executive Officers of State Medical and Pharmaceutical Societies:

1. Medical Association:

J. E. Ballentine
Executive Director
Tennessee Medical Association
112 Louise Avenue
Nashville 37203
Phone: 615/327-1451

2. Pharmaceutical Association:

Tom C. Sharp, Jr.
Executive Secretary
Tennessee Pharmaceutical Association
228 Capitol Boulevard
Nashville 37219
Phone: 615/256-3023

TEXAS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began September 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services <u>1/</u>	x	x	x	x						
Other Benefits:	Eye refractions; prosthetic lens; home health services; ambulance services; chiropractor; podiatrist; eye glasses; hearing aids.									

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending August 31:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>2/</u>	Persons Eligible	<u>2/</u>	Persons Eligible	<u>2/3/</u>
OAA	239,988	\$19,377	230,851	\$20,782	224,686	\$22,394
MA						
AB	3,843	208	3,843	235	3,847	263
APTD	27,953	2,098	31,064	2,564	39,830	3,333
AFDC	431,993	4,918	444,978	6,436	431,175	7,434
Total	703,777	\$26,601	710,736	\$30,017	699,538	\$33,424

1/ Limited to oral surgery.2/ Average number of eligibles per month.3/ Average number of recipients was 211,470 per month.

TEXAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Vendor drug program was implemented September 1, 1971.

The Title XIX program is administered by the State Department of Public Welfare through 10 regional offices, which include unit supervisory offices covering county offices in each of the 254 counties.

IV. Provisions Relating to Prescribed Drugs:

Pharmacy services under the vendor drug program include the dispensing of most legend drugs and certain non-legend drugs to eligible recipients. Only pharmaceuticals which meet the FDA requirements, are approved for marketing and are approved by the Texas Department of Public Welfare for use in the vendor drug program, may be supplied.

Certain OTC drugs are covered on a prescription basis except as otherwise provided in the reimbursement formula and vendor payment to hospital, nursing homes and institutions.

- A. General Exclusions (diseases, drug categories, etc.):
Adult vitamins and adult vitamin combinations, amphetamines and obesity control drugs, appliances, durable medical equipment (bedpans, etc. - either rental or purchase), elastic stockings, experimental drugs, fertility agents, first aid supplies, foods, food supplements or additives, immunizing agents, medical supplies, oxygen, supports and suspensories, syringes, needles and trusses.
- B. Formulary: None. However, the Texas Drug Code Index is utilized for product identification and claims processing and contains those drugs which are covered under the program.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: None.

Prescribing or Dispensing Limitations (continued):

2. Quantity of Medication: Usual prescribing practice of the treating physician, not to exceed 3 prescriptions per month, per eligible recipient, including new and refilled prescriptions.
3. Refills: Five refills, but total amount may not exceed 6 months' supply.

D. Prescription Charge Formula:

1. For prescription legend medication (except insulin), non-legend drugs and birth control tablets:
 - a. Acquisition cost plus a variable dispensing fee up to a maximum of \$2.21 per prescription (range \$1.82-\$2.21, determined on furnished data based on a point system of services rendered) or usual and customary total price, whichever is lower. (See V - Miscellaneous Remarks.)
 - b. Dispensing physicians and non-tax supported hospitals with outpatient pharmacies: acquisition cost plus a maximum dispensing fee of \$1.05 or usual and customary price, whichever is lower.

Acquisition Cost: Red Book AWP price on the quantity usually purchased by the pharmacy. This must be verifiable by audit.

2. Insulin, approved non-legend drugs and birth control tablets on prescription: pharmacists and dispensing physicians will be reimbursed on the basis of usual charges to non-welfare citizens or cost plus 50% of cost, whichever is lower. No dispensing fee will be added to these items.

V. Miscellaneous Remarks:

The dispensing fee, which includes all costs of filling a prescription, was established by cost accounting and service evaluation of the expenses involved in dispensing a prescription. Therefore, fees paid to providers who do not experience all cost and service factors considered in arriving at the fee, may be less than the maximum allowable fee.

Miscellaneous Remarks (continued):

The State assisted an average of about 700,000 eligible persons (or 5.8% of the State population) under the Title XIX program. During that time, the U.S. Government paid approximately \$260 million. The Federal Medical Assistance percentage was 63.53.

TEXAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Raymond W. Vowell Commissioner	Department of Public Welfare John H. Reagan Building Austin, Texas 78701
Jerome D. Chapman Deputy Commissioner	" "
<u>Executive Assistant:</u>	
Randell G. Pendleton	" "
<u>Deputy Commissioners:</u>	
Philip A. Gates, M.D. Medical Programs	" "
Merle E. Springer Financial and Social Programs	" "
Wesley Hjernevik Management	" "
Robert Nakamoto Planning and Management Systems	" "
<u>Assistant Commissioners:</u>	
William G. Gibbs Personnel Administration	" "
C. L. Friou Fiscal Affairs	" "
John Townsend Coordination	" "
<u>Assistant Deputy Commissioner:</u>	
Burton F. Raiford	" "

Welfare Department Officials (continued):

Medical Programs:Marlin W. Johnston
Executive DirectorDepartment of Public Welfare
John H. Reagan Building
Austin, Texas 78701Dennis W. Short, M.D.
Program Manager
Medical Liaison

" "

John Boff, Coordinator
Medical Care Advisory Committee

" "

Medical Services Division:Andrew J. Magliolo, M.D.
Director

" "

Medical Specialties Division:Clyde Benke
Program Manager

" "

Nursing Home Services Division:Harold Raines
Program Manager

" "

Pharmacy Services Division:Roy Wiese, Jr., R.Ph.
Program Manager

" "

Joseph F. Renfro, R.Ph.
Assistant Director

" "

John P. Ziesch, R.Ph.
Consultant Pharmacist

" "

Surveillance and Utilization
Review Division:Ervin E. Baden, M.D.
Program Manager

" "

Welfare Department Officials (continued):

Regional Medical Assistance Units:

L. G. Johnson, M.D. Program Director	Medical Assistance Unit 664 2404 West 6 Street Amarillo 29101
Thomas L. Williams, R.Ph. Pharmacist Consultant	" "
Edwin S. Chapman, M.D. Program Director	Medical Assistance Unit 665 603 North St. Mary's Street San Antonio 78205
James T. Richards, R.Ph. Pharmacist Consultant	" "
E. W. Greif, M.D. Program Director	Medical Assistance Unit 666 3000 South Interregional Hwy. Austin 78704
Frank H. Reese, R.Ph. Pharmacist Consultant	" "
John E. Worthen, M.D. Program Director	Medical Assistance Unit 667 4113 Jacksboro Highway Wichita Falls 76302
Louis Allison, R.Ph. Pharmacist Consultant	" "
Harold Shilling, M.D. Program Director	Medical Assistance Unit 668 711 West 7 Street Fort Worth 76102
Robert H. Sedwick, R.Ph. Pharmacist Consultant	" "
John H. Hardy Program Director	Medical Assistance Unit 669 912 Commerce Street Dallas 75202
(Vacant) Pharmacist Consultant	" "
(Vacant) Program Director	Medical Assistance Unit 670 228 Hinnant Street Sulphur Springs 75482

Regional Medical Assistance Units (continued):

Verdon R. Graves, R.Ph. Pharmacist Consultant	Medical Assistance Unit 670 228 Hinnant Street Sulphur Springs 75482
Russell K. Horsman, M.D. Program Director	Medical Assistance Unit 671 550 Fannin, Petroleum Bldg. Beaumont 77701
Howard Lee Gentry, R.Ph. Pharmacist Consultant	" "
Edward E. Jenkins, M.D. Program Director	Medical Assistance Unit 672 3137 Old Spanish Trail Houston 77054
Lincoln C. Scheh, R.Ph. Pharmacist Consultant	" "
David B. Connery, M.D. Program Director	Medical Assistance Unit 673 2301 North Big Spring Midland 79701
Bobby L. Payne, R.Ph. Pharmacist Consultant	" "
G. J. Reyna, M.D. Program Director	Medical Assistance Unit 674 1220 South Staples Street Corpus Christi 78404
Terry Thomas, R.Ph. Pharmacist Consultant	" "

2. Medical Care Advisory Committee:

The Committee is composed of physicians, dentists, hospital administrators and representatives of the nursing professional and allied fields.

Texas Dental Association

Alton L. Flynn, Jr., D.D.S.
Texas Dental Association
4920 North Interregional
Austin 78751

Texas Chiropractic Association

Bob Glaze, D.C.
Texas Chiropractic Association
P.O. Box 959
Gilmer 75644

Medical Care Advisory Committee (continued):

Texas Medical Association

Fred Roberson, M.D.
P.O. Box 780
Linden 75563

A. Rex Kirkley, M.D.
P.O. Box 538
Belton 76513

Sterling H. Fly, Jr., M.D.
1042 Garner Field
Uvalde 78801

Milton V. Davis, M.D.
P.O. Box 64569
Dallas 75206

Caytano E. Barrera, M.D.
Family Physicians Clinic
606 South Broadway
McAllen 78501

Texas Nursing Home Assoc.

Thomas N. Taylor
6225 U.S. Highway 290 East
Austin 78723

Texas Hospital Association

Wm. K. Brown, FACHA, Adm.
Texas Hospital Association
P.O. Box 4553
Austin 78765

Boone Powell, Jr., FACHA, Adm.
President
Hendrick Memorial Hospital
19th and Hickory
Abilene 79601

Texas Nurses Association

Alta Forrister, R.N.
2221 West Rosedale
Fort Worth

Texas Pharmaceutical Association

Lonnie J. Yarbrough
117 Tiner Street
Denton 76201

Social Work Profession

Charlotte Clarke, A.C.S.W.
3301 Aldwyche Drive
Austin

Texas Podiatry Association

Herman G. Miller, D.P.M.
11303 Chimney Rock
Houston 77035

Texas Optometric Association

John L. Hester, O.D.
502 International Life Bldg.
Austin 78701

Texas Osteopathic Medical Assoc.

Roy C. Mathews, D.O.
2105 North Anlin
Bonham 75418

Jimmy D. Johnson, D.O.
2317 Mountain Lake Road
Dallas 75224

Luz A. Candelaria, D.O.
7722 North Loop Drive
El Paso 79915

Texas Osteopathic Hospital Association

Charles H. Smith
Southwest Osteopathic Hospital
2828 Southwest 27 Street
Amarillo 79109

Medical Care Advisory Committee (continued):

Texas Association of Homes
for the Aging

Tom Drewett, Administrator
Buckner Siesta Retirement
Homes
P.O. Box 3810
Austin 78764

Ex Officio MembersMedical Schools

William Knisely, Ph.D.
Asst. to the Chancellor
for Health Affairs
The Univ. of Texas System
P.O. Box 7878
Austin 78712

Truman Blocker, M.D.
President
Medical Branch
University of Texas
Galveston

Charles Max Cole, M.D.
Clinical Professor of
Surgery
Southwestern Medical School
1421 Medical Arts Building
Dallas 75201

Texas State Department of
Health

James E. Peavy, M.D.
Commissioner
1100 West 49 Street
Austin 78756

Texas Dept. of Mental Health
and Mental Retardation

Kenneth D. Gaver, M.D.
Commissioner
Box 12668, Capitol Station
Austin 78711

Health Services Contractors

Eugene W. Aune
Vice-Pres. of Govt. Relations
Blue Cross/Blue Shield of
Texas
Main at North Central Expressway
Dallas 75222

Fred W. Rodgers
Vice-President of
Medicare Programs
Blue Cross/Blue Shield of
Texas
Main at North Central Expressway
Dallas 75222

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

C. Lincoln Williston
Executive Secretary
Texas Medical Association
1801 North Lamar Boulevard
Austin 78701
Phone: 512/477-6704

B. Pharmaceutical Association:

Luther R. Parker
Executive Director
Texas Pharmaceutical Association
P.O. Box 14706
Austin 78761
Phone: 512/836-8350

UTAH

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)						
					Category Related				Children	Other*	
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	(SFO)	
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x	
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	
Physician Services	x	x	x	x	x	x	x	x	x	x	
Dental Services	x	x	x	x	x	x	x	x	x	x	

Other Benefits: Home health and clinic services; transportation; eye-glasses; services of podiatrist, osteopath, chiropractor, naturopath; audiology; physical and speech therapy; prosthetics; psychological testing; family planning.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible <u>2/</u>		Persons Eligible <u>3/4/</u>		Persons Eligible	
OAA		\$ 524		\$ 533		\$ 654
MA						
AB		16		17		20
APTD		455		539		720
AFDC		673		757		829
MN		<u>1/</u>		2		1
GA		1		1		
Other		10				
Total		\$1,679	58,717	\$1,869		\$2,224

1/ Included in total - no breakout.

2/ Average number of monthly drug recipients was 13,560.

3/ " " " eligibles per month.

4/ " " " monthly drug recipients was 13,258.

UTAH

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Office of Medical Services under the supervision of the State Department of Social Services.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
Injections (other than insulin), vitamins, appetite depressants, household remedies.
- B. Formulary: Formulary was discontinued July 1966.
- C. Prescribing or Dispensing Limitations:
 1. Quantity of Medication: In general, the quantity of medication shall be limited to a supply not to exceed 30 days except for "sustaining" drugs, for which a 100-day supply is authorized.
 2. Refills: Should not be authorized without written, oral, or telephone confirmation by the attending physician. Refills for sustaining drugs not in excess of a 100-day supply may be authorized by the attending physician.
 3. Dollar Limits: No limit is in effect now. Post audit and utilization review have been established.
- D. Prescription Charge Formula: Payment by the Department for prescriptions for Public Assistance recipients and recipients of Medical Assistance Only (MAO) shall be based upon the following formula:
 1. \$2.10 professional fee.
 2. Minimum payment by the Department shall be \$1, even though application of the formula may result in an amount less than \$1.

Prescription Charge Formula (continued):

3. The current AWP is based on package size of 100 or pint size, or the next smaller size whenever the pint or 100 size is not marketed. When a drug comes in a package size of 100 the pharmacist may bill the Division at the cost based on the 100 shelf price. If the product is available only in package size of 50 tabs and 500 tabs, the pharmacist may bill the Division at the 50-tab price.
4. Only one professional fee per prescription is allowed. A prescription written for 200 tablets or 12 ampules, for example, must be billed on one 270-D. Splitting the quantity and filling on more than one 270-D is not allowed. Recovery of the professional fee and necessary corrective action will be taken in such cases.
5. Pharmacists are not required to add the sales tax on claims submitted to the Division.
6. When minor medical requisites are prescribed by a doctor, they shall be paid for at the regular price charged the general public.

V. Miscellaneous Remarks:

A methodology for utilization review of the drug program is also being developed. All pharmacy vendors will be advised of the form this review will take, and the process of pursuing any inadequacies found therein. Some of the areas to be covered in the review will relate to accurate costing of ingredients; 30-day supply of medication, where possible; over-utilization of similar drug entities; and billing the Division at higher prices than advertised for the general public.

Miscellaneous Remarks (continued):

Program Data (FY 1974):

<u>Total Welfare Expenditures</u>	\$68,324,572*
<u>Administration Costs (6.1%)</u>	4,179,872*
<u>Assistance Payments (47.9%)</u>	32,705,915

Average persons/month	-	58,717
Average payment/month	-	\$57.11/month

<u>Medical Assistance (46%)</u>	31,438,785
---------------------------------	------------

Average persons/month	-	24,259
Average payment/person	-	\$95.54/month

		<u>% of Total Budget</u>
Average doctor payment	- \$ 28.20	10.1
" inpatient hospital payment	- 533.86	20.5
" outpatient	- 26.97	4.7
" drug payment	- 11.97/mo.	7.0
" nursing home payment	- 277.72/mo.	40.9
" eye care and other	- 22.55	5.4
" dental insurance premium	- 2.58/mo.	10.0

Source of funds: Federal, 68%; State, 32%.

* Does not include Family Services administration

UTAH

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services Department Officials:

Paul S. Rose Executive Director	Dept. of Social Services 211 State Capitol Bldg. Salt Lake City, Utah 84114
Evan E. Jones, Jr., Director Division of Family Services	333 South 2nd East Salt Lake City 84111
James P. Wheeler, Director Office of Research and Planning	243 East 4th South Salt Lake City 84111
Frank Dix, Director Office of Medical Services	231 East 4th South Salt Lake City 84111
John D. Hunter, R.Ph. Chief Bureau of Medical Review Services Division of Health	44 Medical Drive Salt Lake City 84113
Lloyd Nelson, Deputy Director Social Services Branch	333 South 2nd East Salt Lake City 84111
Roy Cooper, Director Office of Assistance Payments	231 East 4th South Salt Lake City 84111
Melvin Owens, Director Administrative Services	" "

2. Social Services Department Consultants:

A. Physician:

Harold E. Merkeley, M.D.	2020 South 13th, East
--------------------------	-----------------------

B. Pharmacist (Part-time):

(Mrs.) Rae Dell Ashley, R.Ph.	5797 Park View Drive Salt Lake City 84117
-------------------------------	--

3. Social Services Department Medical Care Advisory Committee:

Utah State Health Division
Lyman J. Olsen, M.D.
Director of Public Health
State Division of Health
44 Medical Drive
Salt Lake City 84113

Utah State Hospital Association
C. E. Wonnacott, Ex. Director
LDS Church Health Services Corp.
General Church Office Building
Salt Lake City 84103

Utah State Medical Association
Scott M. Smith, M.D.
43 South 5th East
Salt Lake City 84102

Utah State Nurses Association
**(Mrs.) Maxine Thomas, Director
Community Nursing Service
1370 South West Temple
Salt Lake City 84115

Utah State Pharmaceutical Assoc.
Glade R. Stone
Stone Drug
159 North Main
Spanish Fork 84660

Utah Women's Legislative Council
Margaret Terrell (Mrs.)
1748 Oneida
Salt Lake City 84108

Welfare Board
Bruce J. Parsons, O.D.
120 East 4800 South
Salt Lake City 84107

Medicaid Recipient
Barbara Oakley
676 East 750 North
Ogden 84403

Utah Nursing Home Association
Ben G. Midgley, Jr.
Midgley Medical Center
2330 South Main, #2
Salt Lake City 84115

Central Cap
Reid Holbrook
Neighborhood Health Center
127 East 33rd South
Salt Lake City 84115

Comprehensive Health Planning
Stewart Smith
Office of CHP
243 East 400 South
Salt Lake City 84111

Lay
Carol Ashworth (Mrs.)
P.O. Box 822
Provo 84601

Member-at-Large
Bruce A. Walter, M.D., M.P.H.
Deputy Director
State Division of Health
44 Medical Drive
Salt Lake City 84113

Salt Lake County Legal Services
David S. Dolowitz
Attorney at Law
SL Co. Bar Legal Services
216 East 5th South
Salt Lake City 84111

University of Utah College of Medicine
*Ray Bowden, Asst. Admr.
Division of Financial Services
University of Utah Hospital
50 North Medical Drive
Salt Lake City 84112

* Chairman

** Vice-Chairman

Medical Advisory Committee (continued):

Utah Chapter NASW

Vernon Nielsen
4789 South 1815 West
Salt Lake City 84118

Utah State Assoc. of Counties

Ralph McClure, Chairman
Salt Lake County Commission
City and County Building
Salt Lake City 84111

Utah State Dental Association

Charles E. Parkin, D.D.S.
President
Delta Dental Plan of Utah
65 West Louise Avenue
Salt Lake City 84115

Utah State Department of
Public Instruction

Phillip Clinger
Coordinator of Case Services
Utah State Board of Education
University Club Building
136 East South Temple
Salt Lake City 84111

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Hoyt W. Brewster
Executive Director
Utah State Medical Association
42 South 5th East Street
Salt Lake City 84102
Phone: 801/355-7477

B. Pharmaceutical Association:

Morris C. Stout
Executive Secretary
Utah Pharmaceutical Association
1062 East 21st Street, South
Salt Lake City 84106
Phone: 801/484-9141

VERMONT

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC			
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x	x
Dental Services										x	
Other Benefits:											

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	Persons Eligible 1972	Persons Eligible 1973	Persons Eligible 1974
OAA	\$	\$	\$
MA			
AB			
APTD			
AFDC			
Total	\$1,708	\$2,039	\$2,134

VERMONT

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the State Department of Social Welfare through its 12 district offices.

IV. Provisions Relating to Prescribed Drugs:

Program allows the welfare recipients to have free choice of physicians and pharmacists.

- A. General Exclusions (diseases, drug categories, etc.): Supplemental vitamins. Prior authorization is required for therapeutic vitamins, cathartics, analgesics and fecal softeners.
- B. Formulary: None, provided drug is included in the U.S. Pharmacopoeia, National Formulary, U.S. Homeopathic Pharmacopoeia, New Drugs or in Accepted Dental Remedies.

The National Drug Code Directory is now being used as a drug manual for coding purposes.

C. Prescribing or Dispensing Limitations:

- 1. Terminology: Generic prescribing is encouraged.
- 2. Quantity of Medication: Initial prescription is limited to 30 days' supply.
- 3. Refills: Up to 5 refills may be authorized by physician.

- D. Prescription Charge Formula: For prescribed legend or non-legend drugs: Average wholesale price, based on Blue Book or Red Book, plus professional fee of \$1.85. Charge must not exceed that for private sector.

VERMONT

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Welfare Department Officials:

Paul R. Philbrook Commissioner	Dept. of Social Welfare 87 Main Street Montpelier, Vermont 05602
Elmo A. Sassorossi Director Division of Medical Services	" "
Carl E. Wilbur, M.D.	" "
Shelley Weiner, M.D.	" "
Raymond Shepard Medicaid Program Consultant (Drugs)	" "
Robert Webster, R.Ph. (Part-time)	" "

2. Vermont Advisory Council on Medical Programs:

Edward E. Friedman, M.D. <u>Chairman</u> Assistant Commissioner Department of Health 115 Colchester Avenue Burlington 05401	Ralph Sussman, M.D. Department of Pediatrics University of Vermont College of Medicine Burlington 05401
(Mrs.) Ruby Carr, R.N. Vermont State Nurses Assoc. 140 Bellevue Avenue Rutland 05701	Dr. Edward Andrews Dean University of Vermont College of Medicine Burlington 05401
Alvin L. Schein, D.D.S. 256 Pearl Street Burlington 05401	Frederick A. Hale Medical Center Hospital of Vermont Burlington 05401
Paul Eastman, R.Ph. 101 Maple Street Newport 05855	David Gray, M.D., Director Medical Care Facilities Department of Health 115 Colchester Avenue Burlington 05401
Francis S. Irons 70 Clarendon Street Montpelier 05602	

Vermont Advisory Council on Medical Programs (continued):

James J. Lowe
Town Manager
Colchester 05446

Roy V. Buttles, M.D.
1 Clarendon Avenue
Montpelier 05602

Ralph Jardine, M.D.
Lyndonville 05851

Terrance D. O'Brien, O.D.
152 Main Street
Montpelier 05602

Raymond Gobeil
c/o Patenaude Rest Home
Derby 05829

Joyce O. Stickney, R.N.
Department of Health
115 Colchester Avenue
Burlington 05401

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Getty Page (Mr.)
Executive Director
Vermont State Medical Society
128 Merchants Row
Rutland 05701
Phone: 802/773-2933

B. Pharmaceutical Association:

Philip J. O'Neill
Executive Secretary
Vermont Pharmaceutical Association
P.O. Box 926
Bennington 05201
Phone: 802/442-5943

VIRGIN ISLANDS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N)						
	OAA	AB	APTD	AFDC	Category Related				Children Under 21	Other* (SFO)	
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x	x
Other Benefits:											

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>2/</u>	Persons Eligible	<u>2/</u>	Persons Eligible	<u>2/</u>
OAA		\$ 12		\$ 13		\$ 14
MA						
AB ^{1/}						
APTD		2		3		3
AFDC		17		24		26
MN		117		292 ^{4/}		283 ^{5/}
Total	14,993	\$148 ^{3/}	19,380	\$332	21,006	\$326

^{1/} Miniscule sum only.^{2/} Recipients.^{3/} Does not include \$82 General Assistance.^{4/} Includes \$112 in the non-matching category.^{5/} Includes \$49 in the non-matching category.

VIRGIN ISLANDS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

Department of Health through a network of public medical facilities.

IV. Provisions Relating to Prescribed Drugs:

Broad coverage as provided by public medical facilities.

Private facilities are used when the prescribed drug is not available at the public medical facility or designated hospital pharmacy. However, such private pharmacies used must have signed a provider's agreement with the agency.

VIRGIN ISLANDS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Health Department:

1. Officials:

Alfred O. Heath, M.D., F.A.C.S. Commissioner	Department of Health P.O. Box 1442 Charlotte Amalie St. Thomas Virgin Islands 00801
---	---

Irma Revilla Ferrer (Mrs.) Director Health Insurance and Medical Assistance	" "
--	-----

2. Medical Care Advisory Committee

Alfred O. Heath, M.D., F.A.C.S.	- Commissioner of Health (ex officio)
Irma Revilla Ferrer (Mrs.)	- Director Health Insurance and Medical Assistance (ex officio)
Joanna Lindquist (Mrs.)	- Representative Consumer Services Administration
Dr. Herbert Michelman	- Provider of MAP
Hermaine Capdeville (Mrs.)	- Social Worker St. Croix
Alla Rie Cass (Mrs.)	- Social Worker St. Thomas
Beryl Kean Vice Chairman	- Representative Government Health Insurance

Medical Care Advisory Committee (continued):

Gerald Christian	- Representative Business Community
Edith Galiber (Mrs.)	- Representative Home Care Program
Senator Eric Dawson	- Representative State Legislature
Dr. James Glenn Chairman	- Representative Medical Society
Ana Illarraza (Mrs.)	- Representative State Welfare Department
Jean Larson (Mr.)	- Representative State Labor Dept.
Elaine Heyliger (Mrs.)	- Medicaid Recipient St. Thomas
John Phaire	- Medicaid Recipient St. Croix
Edmund Penn	- Representative State Dept. of Labor
America Thompson (Mrs.)	- Representative Child and Family Services
Gwendolyn Dench (Mrs.)	- Representative Consumer
Frances Armstrong (Mrs.)	- Representative V.I. Nursing Assoc.
Rita M. Watley (Mrs.) Secretary	- Medical Assistance Program

B. Social Welfare Department Official:

Gwendolyn C. Blake (Mrs.) Commissioner	Department of Social Welfare Charlotte Amalie St. Thomas Virgin Islands 00801
---	---

C. Executive Officer of Virgin Islands Medical Society:

Dr. James Glenn
Chairman
Virgin Islands Medical Society
P.O. Box 520
Christiansted, St. Croix 00820
Phone: 809/773-1311

VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1969

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M.N) Category Related Children Other*				
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21 (SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x
Dental Services				x					x
Other Benefits:	Home health care; clinic; prostheses; transportation; family planning; medical supplies; whole blood; optometrist and podiatrist; screening.								

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	1/ \$	Persons Eligible	1/3/ \$	Persons Eligible	1/ 4/ \$
OAA	47,259	\$ 5,661	48,528	\$ 5,745	50,538	\$ 6,516
MA						
AB	1,878	133	1,963	153	1,970	1,219
APTD	22,630	2,048	23,505	2,450	25,566	2,692
AFDC	183,908	3,409	190,870	4,093	194,629	4,332
Total	255,675 ^{2/}	\$11,251	264,866	\$12,441	272,703	\$14,759

1/ Recipients.

2/ Does not include 8,991 FC/CUB.

3/ " " " FC/CUB 9,042 eligibles and \$739 expenditures.

4/ " " " 8,863 FC and 86 CUB.

VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

By the Division of Medical and Hospital Services, State Health Department. Eligibility determination by the Department of Welfare.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
Non-legend drugs except family planning drugs and supplies, insulin, and insulin syringes and needles.
Anorectic drugs
Propoxyphene drugs
(All drugs covered for nursing home recipients.)
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
1. Terminology: None.
 2. Quantity of Medication: Physicians requested to prescribe maintenance drugs in quantities reflecting a 30-day supply, or 100 units or doses.
 3. Refills: Physicians may authorize refills according to legal requirements.
 4. Dollar Limits: None.
- D. Prescription Charge Formula:
- Legend drugs: Acquisition cost plus \$1.95.*
Oral contraceptives: Usual and customary charge.*
Non-legend drugs covered: Usual and customary charge.*
Unit-dose: Acquisition cost plus one fee* per drug per month.
Dispensing physicians: Reimbursement same as that for pharmacies.

*50¢ co-pay by recipient; otherwise, no claim is to be submitted for reimbursement. Nursing home facilities reimburse 50¢ to pharmacies. Co-pay and non-legend drug charges submitted in cost report by facilities for reimbursement.

V. Miscellaneous Remarks:

Drug Utilization Data (FY 1974):

Average monthly number of users	-	88,916
" " " " prescriptions	-	271,740
" number of prescriptions/user	-	3.06

VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

A. Health Department:

1. Officials:

Mack I. Shanholtz, M.D. State Department of Health
Commissioner Richmond, Virginia 23219

Edwin M. Brown, M.D. " "
Director
Division of Medical and
Hospital Services

Freeman C. Hays, M.D. " "
Medical Director
Medical Assistance Program

Mary Ann Johnson, R.Ph. (Mrs.) 109 Governor Street, Rm. 820
Pharmaceutical Consultant Richmond, Virginia 23219

2. Governor's Advisory Committee on Medicaid:

Medical Society of Virginia
William Grossman, M.D., Chairman
Frank S. Royal, M.D.
Carl E. Stark, M.D.

Virginia Medical Service Association
William H. King, Sr.

Virginia State Dental Association
Jason R. Lewis, D.D.S.
Hugh O. Wrenn, D.D.S.

Private Insurance Carriers
Harley Duane
John L. Tuttle

Medical School Representative
Kinloch Nelson, M.D.

Governor's Advisory Committee on Medicaid (continued):

Virginia Nursing Home Association

James K. Meharg, Jr.

Virginia Academy of General Practice

A. Epes, Harris, Jr., M.D.

Virginia State Hospital AssociationCharles P. Cardwell, Jr.
Harold PratherVirginia Pharmaceutical Association

J. Curtis Nottingham

Participants Advisory CouncilMamie King
Gracie H. Hamilton (Mrs.)Ex Officio

William L. Lukhard	- Director State Department of Welfare
William S. Allerton, M.D.	- Commissioner State Department of Mental Hygiene and Hospitals
Mack I. Shanholtz, M.D.	- Commissioner State Department of Health

B. Welfare Department Officials:

William L. Lukhard Director	State Department of Welfare 201 East Cary Street Richmond, Virginia 23219
Herbert A. Krueger, Director Division of General Welfare	" "

C. Executive Officers of State Medical and Pharmaceutical Societies:

1. Medical Society:	2. Pharmaceutical Association:
Robert I. Howard Executive Vice-Pres. Medical Society of Virginia 4205 Dover Road Richmond, Va. 23221 Phone: 804/353-2721	Keith D. Kellum Executive Director Virginia Pharmaceutical Association 3119 West Clay Street Richmond, Va. 23230 Phone: 804/355-7942

WASHINGTON

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M.N)					
	OAA	AB	APTD	AFDC	Category Related				Children Under 21	Other* (SFO)
Prescribed Drugs	x	x	x	x	x	x	x	x	x	x
Inpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Outpatient Hospital Care	x	x	x	x	x	x	x	x	x	x
Laboratory & X-ray Service	x	x	x	x	x	x	x	x	x	x
Skilled Nursing Home Services	x	x	x	x	x	x	x	x	x	x
Physician Services	x	x	x	x	x	x	x	x	x	x
Dental Services	x	x	x	x	x	x	x	x	x	x
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u> <u>2/</u>	Persons Eligible	<u>1/</u> <u>3/</u>
OAA	34,248	\$3,201	32,781	\$3,403	32,295	\$ 4,020
MA						
AB	572	36	581	37	660	44
APTD	28,473	2,051	31,395	2,476	36,902	3,516
AFDC	157,930	2,093	163,394	2,329	158,521	2,783
GA	2,240	86	2,920	137	5,344	228
Total	223,463	\$7,467	231,071	\$8,382	233,722	\$10,591

1/ Average per month.2/ Number of drug recipients during year - 197,340.3/ " " " " " " - 191,360.

WASHINGTON

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

State Vendor Drug Program administered by the State Department of Social and Health Services through its 49 local offices, some of which serve more than one area.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):
Medicine chest drugs are not provided. Non-formulary drugs are provided in an emergent life-endangering situation and/or medically mandatory.
- B. Formulary: Yes. Formulary includes 2,800 listings by drug product name, quantity, dosage form and strength. Formulary is revised annually.
- C. Prescribing or Dispensing Limitations:
 - 1. Terminology: None.
 - 2. Quantity of Medication: All prescriptions in excess of \$15 must be approved by the Medical Consultant before payment can be made.
 - 3. Refills: Allowed on formulary drugs only.
 - 4. Dollar Limits: No limits.
- D. Prescription Charge Formula: Red Book, Blue Book, or acquisition cost, whichever is lower, cost plus professional fee of \$1.95. Charge for a welfare prescription must not exceed charge to the general public.

V. Miscellaneous Remarks:

Medical Care Program is a limited program to meet essential, chronic, emergent and acute conditions - not intended to provide all drugs.

Miscellaneous Remarks (continued):

Drug Utilization Data (FY 1974):

Number of recipients

OAA	35,100
AB	700
APTD	33,840
AFDC	116,820
GA	4,900
Total	191,360

WASHINGTON

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social and Health Services Department Officials:

Charles R. Morris Secretary	Department of Social and Health Services P.O. Box 1788 Olympia, Washington 98504
John A. Beare, M.D. Director Health Services Division	" "
Robert P. Hall, M.D., Chief Office of Personal Health Services	" "
William P. Pace, R.Ph. Pharmacist Consultant Office of Personal Health Services	" "

2. Social and Health Services Department Medical Consultants
(at county level):

A. Full-time:

Local Office

Paul Ferse, M.D.	- King
Harry P. Harper, M.D.	- Spokane
Eugene C. Hermanson, M.D.	- Seattle
Glenn W. McKinlay, M.D.	- Spokane
Robert A. Reynolds, M.D.	- Port Angeles-Port Townsend
Albert E. Weber, M.D.	- Chehalis

B. Part-time:

Raymond J. Bunker, M.D.	- Wenatchee
Lyle J. Cowan, M.D.	- Okanogan
Walter P. H. deGroot, M.D.	- King
Mary J. Dexter, M.D.	- Olympia
Burton A. Foote, M.D.	- Ellensburg
Kenneth H. Kinard, M.D.	- Everett
Albert V. Mills, M.D.	- Pasco
John J. Roach, M.D.	- Bellingham
Carl C. Walters, M.D.	- Yakima
Harry C. Watkins, Jr., M.D.	- Aberdeen

3. Health Services Division Advisory Committee:

Robert Day, M.D., Chairman
Department of Health Services
Dean, School of Public Health
University of Washington
Seattle 98105

Claris Hyatt, M.D., M.P.H.
Snohomish Health District
County Court House
Everett 98201

Dale Carlson, Chairman
Dept. of Civil Engineering
University of Washington
Seattle 98105

Ludwig Lobe
Laventhol, Krekstein,
Horwath & Horwath
Plaza 600 Building
Suite 1200
Seattle 98101

Ruth Fratt
(Katherine Wise)
KOMO Radio and TV
100 Fourth Avenue, North
Seattle 98109

Betty Ohrt
Eastern State College
Cheney 99004

Paul Lauer, M.D.
Colby at 39th
Everett 98201

Luana Reyes
Seattle Indian Health
Clinic
1131 - 14th, South
Seattle 98144

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Richard F. Gorman
Executive Secretary
Washington State Medical Association
444 Northeast Ravenna Boulevard
Seattle 98115
Phone: 206/523-9110

B. Pharmaceutical Association:

Richard W. Fowler
Executive Director
Washington State Pharmaceutical Association
1305 Third Avenue, Suite 204
Seattle 98101
Phone: 206/624-4818



WEST VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	x	x	x	x						
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services	x	x	x	x						
Other Benefits:										

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30: 1/

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible <u>2/</u>		Persons Eligible <u>2/</u>		Persons Eligible <u>2/</u>	
OAA	14,330	\$ 931	14,333	\$1,226	13,290	\$ 970
MA						
AB	555	34	558	43	529	31
APTD	13,734	867	13,514	1,042	12,937	943
AFDC <u>3/</u>	68,279	1,428	58,702	1,432	52,862	1,173
Others <u>4/</u>	3,392	45	2,776	47	2,699	39
Total	100,290	\$3,305	89,883	\$3,790	82,317	\$3,156

1/ Excludes State Pharmacy Program (SFO) which is circa \$1.5 million for FY 1974 and includes drugs to approximately 15,000 elderly persons.2/ Average number for the year.3/ Includes Unemployed category.4/ State Wards, Boarding Care Children, and Youths.

WEST VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

The Division of Medical Care, Department of Welfare, is the medical assistance unit responsible for the administration of the Title XIX program. Eligibility for program benefits is determined by the local Welfare offices for AFDC and medically needy individuals. Individuals eligible for SSI benefits are covered for Medicaid as categorically needy, aged and disabled.

IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Eligible drug categories are listed for chronic illnesses. Department will not pay for medicine chest items, vitamins (except for prenatal use and pediatric vitamin drops), and appetite depressants. Tranquilizers and barbiturates in combination with program drugs are approved. Psychotherapeutic drugs are covered for emotional illness, with prior approval - limited to addictive types. Special consideration may also be given on an individual basis for any special drug needs by the Medical Director.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
 1. Terminology: None.
 2. Quantity of Medication: 30-day supply can be prescribed for chronic conditions. 10-day supply may be prescribed in acute conditions.
 3. Refills: Physician may authorize 5 refills in chronic conditions. No refills permitted in acute conditions.
 4. Dollar Limits: None.
- D. Prescription Charge Formula: Acquisition cost plus percentage markup. Add 66-2/3% if cost under \$3. Add 50% if cost \$3 to \$7.99. Add 33-1/3% if cost \$8 or more. Red Book or Blue Book basis for acquisition cost. Minimum price \$1.50.

WEST VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Welfare Department Officials:

Thomas R. Tinder Commissioner	West Virginia Department of Welfare 1900 Washington Street, East Charleston, W. Va. 25305
Robert Cline, Director Division of Research and Project Development	" "
(Mrs.) Helen M. Condry, Director Division of Medical Care	" "
J. L. Mangus, M.D. Medical Director (Half-time)	" "
William B. Rossman, M.D. Psychiatric Consultant	" "
Bernard Schlact, R.Ph. Pharmacist Consultant	" "
Ralph H. Nestmann, M.D. Medical Consultant (Part-time)	" "
Bert Bradford, Jr., M.D. Medical Consultant (Part-time)	" "
Samuel L. Henson, M.D. Medical Consultant (Part-time)	" "
Charles Dawkins Administrative Assistant	" "

2. Welfare Department Medical Services Advisory Council:

- A. Five members from fields of medicine, dentistry, hospital administration, pharmacy, nursing and public - appointed by Commissioner, with Director of Health ex officio.

Medical Services Advisory Council (A) (continued):

Steve Soltis, Hospital Administrator

Chairman

James D. Faber, D.D.S.

Stephen Walker, Pharmacist

Seigle Parks, M.D.

Fred Otto, Layman

N. H. Dyer, M.D., M.P.H. (ex officio)

B. Welfare Committee Members of the West Virginia
Pharmaceutical Association:D. Stephen Crawford, Chairman
226 Ferndale Drive
Elkins 26241Benton B. Smith
39 West 6 Avenue
Williamson 25661J. Joe Johnson, Co-Chairman
400 Parkway Street
Beckley 25801Harold Sherman
Family Health Services
Elkins 26241David Paige Bell
4500 Tenth Avenue
Vienna 26101Robert Podbesek
1407 Quarrier Street
Charleston 25301Paul R. Trumbo
1417 Nottingham Road
Charleston 25314Robert H. Shirey
P.O. Box 1029
Beckley 258013. Executive Officers of State Medical and Pharmaceutical
Societies:

A. Medical Association:

William H. Lively
Executive Secretary
West Virginia State
Medical Association
Box 1031
Charleston 25324
Phone: 304/346-0551

B. Pharmaceutical Association:

Samuel W. Channell
Executive Director
West Virginia Pharmaceutical Association
P.O. Box 1871
Charleston 25327
Phone: 304/344-8348

WISCONSIN

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1966

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related					
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Children Under 21	Other* (SFO)
Prescribed Drugs	X	X	X	X	X	X	X	X	X	
Inpatient Hospital Care	X	X	X	X	X	X	X	X	X	
Outpatient Hospital Care	X	X	X	X	X	X	X	X	X	
Laboratory & X-ray Service	X	X	X	X	X	X	X	X	X	
Skilled Nursing Home Services	X	X	X	X	X	X	X	X	X	
Physician Services	X	X	X	X	X	X	X	X	X	
Dental Services	X	X	X	X	X	X	X	X	X	

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible		Persons Eligible		Persons Eligible	
OAA	26,514	\$4,648	27,265	\$ 5,080	108,446	\$ 5,268
MA						
AB	840	67	1,046	71	1,509	69
APTD	11,385	1,483	13,794	1,736	24,896	2,006
AFDC	192,758	2,476	217,977	2,985	270,591	3,039
MN Aged	42,193	717	39,661	712	13,877	767
MN Blind	249	6	281	5	181	5
MN Disabled	9,343	210	9,985	256	4,562	324
MN Children	94,791	220	82,885	227	46,898	303
MN Other	5,657					
Other	2,289					
Total	386,019	\$9,827 ^{1/}	392,894	\$11,072 ^{1/}	470,960	\$11,781

^{1/} Distribution partially estimated.

WISCONSIN

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

The Medical Assistance Program is administered by the State Department of Health and Social Services, with certain responsibilities delegated to 72 local agencies.

IV. Provisions Relating to Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):

No exclusions. Drugs for medically needy patients limited to legend items and injectable insulin.

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.

2. Quantity of Medication: None. Physicians encouraged to prescribe in economical manner. Pharmacists can not dispense more than a 34-day supply.

3. Refills: Physicians encouraged to specify number of refills authorized for definite period. If no specification on original prescription, pharmacist must get authorization from physician for each refill.

4. Dollar Limits: None. Physicians encouraged to prescribe in most economical manner.

D. Prescription Charge Formula: Usual prescription charges are authorized subject to guidelines established by the State Department of Health and Social Services, with maximum professional charge of \$2 for General Service Pharmacies; \$2.20 for Special Service Pharmacies.

V. Miscellaneous Remarks:

The recipients have free choice of pharmacy under MAP Title XIX in Wisconsin.

WISCONSIN

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Social Services Department Officials:

Wilbur J. Schmidt Secretary	Department of Health and Social Services State Office Building One West Wilson Street Madison, Wisconsin 53702
Frank Newgent, Administrator Division of Family Services	" "
Robert Lizon Deputy Administrator Operations	" "
Bernard Stumbras Deputy Administrator Planning and Development Division of Family Services	" "
John J. Murphy, Director Medical Services	" "
John Allen, M.D. Physician Consultant (Part-time)	" "

2. Health and Social Services Department Advisory Committees:

A. Medical Assistance Advisory Committee:

Sherman Anderson, Dir. Long Term Care Treatment Dodge Co. Community Mental Health Center Juneau 53039	- County Hospital Assoc.
Arlin Barden, Commandant Grand Army Home King 54946	- Department of Veterans Affairs

Medical Assistance Advisory Committee (continued):

D. J. Bergenske, O.D. 30 West Mifflin Madison 53703	- Optometry
Elaine Ellibee (Mrs.) Division of Nurses 201 East Washington, Room 252 Madison	- Nursing
(Vacant)	- Wisconsin Hospital Association
Roman Galasinski, M.D. 3371 South Princeton Avenue Milwaukee 53215	- State Medical Society
Earl Hall, R.Ph. Hall's Drug Store Sauk City 53583	- Pharmacy
Edward R. Hommel, D.P.M. 127 East Mifflin Madison 53703	- Wisconsin State Podiatry Society
George MacKenzie Lorraine Hotel, Room 139-A Madison 53701	- Wisconsin Nursing Home Assoc.
James F. McDonald Maddison Association for Retarded Children 315 North Sherman Avenue Madison 53704	- Wisconsin Association for Retarded Children
Harry Metten, Administrator Kenosha County Institutions 3506 Washington Road Kenosha 53140	- Wisconsin Association of Municipal Homes
Henry Posyniak, Administrator Villa Clement 9047 West Greenfield West Allis 53214	- Wisconsin Council of Homes for the Aging

Medical Assistance Advisory Committee (continued):

Irwin Probst
Bureau for Handicapped
Children
126 Langdon Street
Madison 53703

- Bureau for Handicapped
Children

Carl B. Shuler, D.D.S.
714 Milwaukee Road
Clinton 53525

- Wisconsin Dental Assoc.

Julian Modjeski
Communication Workers of
America
9733 West Greenfield Avenue
West Allis

- Wisconsin State AFL-CIO

B. Health and Social Services Board:

Board is advisory, recommends policy, and is not administrative or executive. Two physicians serve on the Board of 9 members:

Paul Glunz, M.D.
Beaver Dam

Per Helliesen, M.D.
La Crosse

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Earl Thayer
Secretary
State Medical Society
of Wisconsin
330 East Lakeside
Box 1109
Madison 53701
Phone: 608/257-6781

B. Pharmaceutical Association:

W. Allen Daniels, R.Ph.
Executive Director
Wisconsin Pharmaceutical
Association
202 Price Place
Madison 53705
Phone: 608/238-5515



WYOMING

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began July 1, 1967

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs										
Inpatient Hospital Care	x	x	x	x						
Outpatient Hospital Care	x	x	x	x						
Laboratory & X-ray Service	x	x	x	x						
Skilled Nursing Home Services	x	x	x	x						
Physician Services	x	x	x	x						
Dental Services										

Other Benefits:

Dental and optometric services, eyeglasses and hearing aids for eligible patients under 21 years of age; home health service.

*SFO - State Funds Only - Federal matching for administrative costs.

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending June 30:

(Dollar Amounts in Thousands)

CATEGORY	1972		1973		1974	
	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>	Persons Eligible	<u>1/</u>
OAA						
MA						
AB						
APTD						
AFDC						
Total						

1/ See under III - How Administered.

WYOMING

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

III. How Administered:

There is no state vendor drug program. The Medical Assistance Program is administered by the Division of Health and Medical Services of the Department of Health and Social Services.

IV. Provisions Relating to Prescribed Drugs:

No state vendor drug program.

The cost of prescription drugs is the responsibility of County Division of Public Assistance and Social Services and payment is made from county funds.

WYOMING

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Social Services Department Officials:

Terry Hanley Coordinator	Department of Health and Social Services State Office Building Cheyenne, Wyoming 82001
Lawrence J. Cohen, M.D., M.P.H. Administrator	Division of Health and Medical Services
Ernest A. Rumpf, Jr., Director Medical Assistance	" "
Donald Joder, M.D. Medical Consultant	" "
Harold Prahl, R.Ph. Pharmacist Consultant	" "
John H. Marros Administrator	Division of Public Assistance and Social Services
Harvey Peterson Assistant Administrator	" "

2. Medical Advisory Committee:

John Yale, <u>Chairman</u>	- Hospital Administration
Donald Hunton, M.D.	- Medical Society
Lawrence J. Cohen, M.D.	- Administrator, Div. of Health and Medical Services
John Corbett, M.D.	- Medical Society
Edith Ellis (Mrs.)	- County Welfare Director
Gerald Palmer	- Pharmacist
Howard Megordon	- Nursing Homes
Harold Hellbaum	- Representative State Legislature
Warren Hickman, D.D.S.	- Dental Society
John Marros	- Administrator, Division of Public Assistance and Social Services
Ivan Millon	- County Commissioner

Medical Advisory Committee (continued):

Joseph Nies	- County Welfare Director
Eric Ohman	- County Commissioner
Henry Stephenson, M.D.	- Medical Society
Joyce Fitzhugh (Mrs.)	- Consumer

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Robert Smith
Executive Secretary
Wyoming State Medical Society
2727 O'Neil Avenue
P.O. Drawer 4009
Cheyenne 82001
Phone: 307/635-2424

B. Pharmaceutical Association:

Oscar M. Ray
Secretary-Treasurer
Wyoming Pharmaceutical Association
1710 South Poplar Street
Casper 82601
Phone: 307/237-9393