

**PHARMACEUTICAL BENEFITS  
UNDER  
STATE MEDICAL ASSISTANCE  
PROGRAMS**

Compiled by

**NATIONAL PHARMACEUTICAL COUNCIL, INC.**

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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 Medicaid in the nation's health care and the significance of the levels of care made available to patients receiving benefits under such a program. 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 the Medicaid programs which are reflected in the current compilation.

The revisions of "Pharmaceutical Benefits Under State Medical Assistance Programs" include many changes made since the implemen-

tation of Title XIX of PL 89-97 (enacted as the Social Security Act Amendments of 1965) and subsequent amendments to the Social Security Act relating to Medicaid as well as changes made by an individual state program. 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.

## 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. Scope 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 recipients of 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.

Fifty-three (53) of the fifty-four (54) jurisdictions have 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
16. Inpatient psychiatric hospital services for individuals under 21
17. Other Medical or Remedial Care recognized under State law and specified by Secretary, Department of Health, Education, and Welfare

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 Control and Review and Medical Review

- a. Utilization Control - A state Medicaid plan must require the medical assistance unit of the state Medicaid agency to establish and implement a statewide surveillance and utilization control program. The program must safeguard against unnecessary or inappropriate utilization of covered care and services and excess payments, and must assess the quality of covered services.

Federal financial participation is available for the costs of utilization control in accordance with the conditions and at the rates applicable to Medicaid. There are also penalties that can be imposed by HEW if the state does not satisfy HEW that control of the services have been maintained.

- b. Utilization Review - The Medicaid regulations require that each participating hospital, mental hospital, Skilled Nursing Facility (SNF), and Intermediate Care Facility (ICF) have a written utilization review plan in order to review the need for inpatient care provided to eligible individuals. It can be done by an individual utilization review committee, PSRO, peer review group or public agency. Medicaid plans must meet Medicare requirements. Penalties can be imposed if not in compliance.
- c. Medical Review - Regulation, Section 1902 (a) (26) of Medicaid law required a regular program of medical review, including medical evaluation of each Medicaid SNF patient's need for this care. Penalties are applicable if found out of compliance.

Intermediate Care Facilities (ICFs) have a requirement for a regular program of "independent professional review". Penalties are applicable to these requirements if found out of compliance.

2. Medicaid Management Information Systems

The Division of Information Systems (DIS), Medicaid Bureau, HEW is responsible for direction, system control, policy, planning, development, implementation and approval of Medicaid Information Systems. In order for states to receive federal monies to plan and operate automatic data processing operations their state plans have to be reviewed, evaluated and approved by DIS.

The subsystems, namely Surveillance and Utilization Review (SUR), Management and Administrative Reporting Subsystem (MARS) and Claims Payment involve utilization and provider data vital to effective program management.

As of mid-year 1978 some 16 states have certified systems in operation. Some 27 states are developing systems. The

Medicaid Management Information Systems (continued):

remaining states are either inactive or writing Approved Planning Documents (APDs).

3. 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.

Alternate PSROs

Federal Register, Vol. 42, No. 63, April 1, 1977  
Advance Notice of Proposed Rule Making

As a result of legislative amendments passed on December 31, 1975 (Section 108, of Public Law 94-182), the Secretary may designate alternate PSROs in those areas where, as of January 1, 1976, a poll under section 1152(f) of the Act had been lost or the largest membership association of doctors of medicine or osteopathy in the area of State opposed PSROs prior to December 31, 1975. Regulations establishing the criteria and other requirements are prerequisite to the designation of alternate PSROs under Section 1152 (b)(1) (B).

Background

It is possible that physician organizations will not be established in all 203 designated PSRO areas by January 1, 1978 as required by law. The Senate Finance Committee Report (No. 92-1230, 92nd Congress, 2nd Session, 1972, p. 259) on the PSRO statute declared that:

...only a full implementation effort will provide the impetus needed to establish effective and equitable comprehensive professional review throughout the Nation.

Congress made it clear that other applicant organizations would be considered for PSRO status if the local preferred physician group failed to express interest in performing review activities.

PSROs (continued):

Given the possibility that there may not be qualified physician organizations as specified under section 1152 (b)(1)(A) of the Act in every designated PSRO area by January 1, 1978, the Department must determine eligibility criteria which will be used in designating alternate PSROs.

HEW has established the Office of Professional Standards Review Organizations (OPSR). One of the major concerns is to what extent PSROs will assist in improving state Medicaid programs.

Following is a list that includes ways in which PSROs can serve the Medicaid program:

- a. Increase provider participation by becoming more knowledgeable about Medicaid.
- b. Minimize resistance and create more understanding about data collection for review purposes.
- c. Compile norms for care acceptable to most physicians.
- d. Make available a cadre of professionals that can adequately conduct utilization review and also furnish consultation to the state agency.
- e. Improve medical practice through educational and professional disciplinary means.
- f. Maximize acceptance of reduced or disallowed claims based on medical judgement.
- g. Reduce program costs by eliminating unnecessary care and/or assuring the most economical care is provided.
- h. Relieve the state of responsibility of meeting HEW utilization review requirements, of utilization review activities and the administrative responsibility of conducting utilization review.

Grants to PSROs:

HEW announced in the Federal Register, January 17, 1978 regulations will be developed that will set forth the requirements that must be met by organizations seeking to be designated as PSROs and specific conditions and procedures for grants to conditionally or fully designated PSROs. The purpose is to provide for funding PSROs through grants rather than the current procurement procedures.

4. Family Planning Services

Social Security Amendments of 1972 require that family planning services and supplies must be furnished (including drug products) to individuals of child bearing age, including minors who can be considered to be sexually active, who are eligible under the State plan.

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, in accordance with the provision of Section 402 (a)15 of the Act.

5. 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 3 of the 6 months immediately preceding the month which the family became ineligible for AFDC.

6. Rural Health Clinics (Medicaid and Medicare Programs)

Final Regulations were published in Vol. 43, No. 136, Federal Register, Friday, July 14, 1978. The regulations set forth requirements for the coverage and reimbursement of rural health clinic services under Medicare and Medicaid programs. They implement the Medicaid provisions of the Rural Health Clinic Services Act of 1977 (Public Law 95-210) which are effective July 1, 1978. They also amend regulations on certification of rural health clinics and coverage and reimbursement of rural health clinic services under Medicare. The intent is to increase the availability of primary and emergency care services in medically underserved rural communities by extending reimbursement for services of physician assistants and nurse practitioners who operate through the clinic setting.

Section 481.9 Provision of Services

481.9(b) Patient Care policies:

- a. Clinic's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State law.

- b. Policies are developed with advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners. At least one member is not a member of the clinic staff.
- c. Policies include:
  - i. Description of the services the clinic furnishes directly and those furnished through arrangement or agreement.
  - ii. Guidelines for medical management of health problems.
  - iii. Rules for storage, handling, and administration of drugs and biologicals (underline by NPC)
- d. Policies are reviewed at least annually, etc.

481.9(c) Direct Services:

General diagnostic and therapeutic services and supplies commonly furnished in a physician's office or at the entry point into a health care delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

Vendor Drug Program - (Medicaid Title XIX)

- 1. Freedom of Choice  
Section 1902 (a) (23) Social Security Act:

Any individual eligible for Medicaid may obtain the services available under the State Medicaid plan from any institution, agency, pharmacy or practitioner, including an organization which provides such services or arranges for their availability on a prepayment basis, which is qualified to perform such services.

It is not required an institution has 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  
Title 45 - Subtitle A - Part 19 - Limitations on Payment or Reimbursement for Drugs

Policy

The Maximum Allowable Cost (MAC) regulation establishes a mechanism to limit reimbursement or payment for prescribed

drugs furnished under Federally subsidized health care programs.

Sec. 250.3 (b)(2)(H) - Reasonable Charges

For each multiple source drug designated by the Pharmaceutical Reimbursement Board and published in the Federal Register cost will be limited to the lower of:

- a. the maximum allowable cost (MAC) established by the Board for such drug and published in the Federal Register, or
- b. the estimated acquisition cost (EAC - as defined in regulations).

Limitation to the maximum allowable cost established by the Board shall not apply in any case where a physician certifies in his own handwriting that in his medical judgement a specific brand is medically necessary.

The form and procedure for the certification shall be prescribed by the State. An example of an acceptable certification would be a notation "brand necessary". A procedure for checking a box on a form will not constitute an acceptable certification.

For all prescribed drugs the upper limits for which payment is made shall be based on the lower of the cost of the drug plus a dispensing fee or the provider's usual and customary charge to the general public.

3. HEW - Maximum Allowable Cost (MAC)

As of July 1978 the Pharmaceutical Reimbursement Board (PRB), in accordance with the Department of Health, Education, and Welfare regulations concerning Limitations on Payment or Reimbursement for Drugs (45 CFR Part 19) have published final MAC limits for the following drug product dosage forms:

(1) Ampicillin, 250mg	\$0.725/capsule
(2) Ampicillin, 500mg	0.1390/capsule
(3) Ampicillin, Oral Susp. 125mg/5ml	1.4500/100ml.
(4) Ampicillin, Oral Susp. 250mg/5ml	2.0500/100ml.
(5) Chlordiazepoxide HCl, 5mg	0.0270/capsule
(6) Chlordiazepoxide HCl, 10mg	0.0378/capsule
(7) Chlordiazepoxide HCl, 25mg	0.0640/capsule
(8) Penicillin VK, 250mg	0.0535/tablet
(9) Penicillin VK, 500mg	0.1025/tablet
(10) Penicillin VK, Oral Susp. 125mg/5ml	1.2000/100ml.
(11) Penicillin VK, Oral Susp. 250mg/5ml	1.6000/100ml.
(12) Propoxyphene HCl, 65mg	0.0317/capsule
(13) Propoxyphene HCl w/APC 65mg	0.0830/capsule
(14) Tetracycline HCl, 250mg	0.0250/capsule
(15) Tetracycline HCl, 500mg	0.0465/capsule

4. Pharmaceutical Reimbursement Board (PRB)<sup>1/</sup>  
Medicaid Bureau  
Health Care Financing Administration  
Department of Health, Education, and Welfare

Proposed Rules - DHEW - Office of the Secretary, (45 CFR  
Part 19) - Limitation on Payment<sup>2/</sup> or Reimbursement for Drugs -  
Abolition of Advisory Committee

Summary: This proposed rule would amend the procedures by which the Department sets a maximum allowable cost (MAC) for drugs for which reimbursement is provided under Medicare, Medicaid, and other programs administered by the Department. The proposal would abolish the Pharmaceutical Reimbursement Advisory Committee (PRAC) and substitute routine, informal public hearings and the discretionary use of consultants.

The above proposed rules revise section 19.4 of CFR Part 19 as follows:

19.4 Establishment of pharmaceutical reimbursement board.

- (a) There is established in the Health Care Financing Administration a Pharmaceutical Reimbursement Board consisting of six full time employees of the Department, representing the principal offices and agencies concerned with developing and implementing cost determinations under this part. The Director, Office of Pharmaceutical Reimbursement, shall serve as the Chairman.
- (b) The Board may make use of outside consultants to advise it on any technical or complex issues during its consideration of a proposed MAC.

19.5 (Outline of procedures only - detail omitted)

- (a) Identification of drugs to which MAC may be applied.
- (b) Review by the Food and Drug Administration.
- (c) Initial determination of lowest unit price.
- (d) Proposed MAC.
- (e) Notice of Comment.
- (f) Public Hearing.
- (g) Conduct of hearing.
- (h) Proposed final determination.

<sup>1/</sup> Formerly established in Office of the Assistant Secretary for Health, HEW.

<sup>2/</sup> Federal Register, Vol. 43, No. 114, Tuesday, June 13, 1978.

Section 19.5 (continued)

(i) Administrator's concurrence.

(j) Publication - (Federal Register notice)

5. Estimated Acquisition Cost (EAC)

Estimated Acquisition Cost (EAC) applies to all drug products not reimbursed for as a maximum allowable cost (MAC) drug product established by the HEW-Pharmaceutical Reimbursement Board.

The development of EAC price levels is the responsibility of each state.

However, HEW will periodically provide each state with product cost data as a guideline to assist in establishing the estimated acquisition costs for that particular state.

Medicaid - Formula for Determining EAC for Drugs  
70th Percentile - "bench mark"

HEW Action Transmittal, HCFA-AT-77-113 (MMB), December 13, 1977  
Subject: "Title XIX, Social Security Act: Limitation on Payment or Reimbursement for Drugs: Estimated Acquisition Cost (EAC)."

The intent of the final Medicaid regulations on drug reimbursement is to have each state's estimated acquisition cost as close as feasible to the price generally and currently paid by the provider. The states are, therefore, expected to see that their ingredient cost levels are as close as possible to actual acquisition cost. The Department's analysis of price data over several months indicates that a specific percentile listing - the 70th - might appropriately be used as a bench mark in determining the degree to which the ingredient cost levels established by states approach actual acquisition cost. Any state which is found to be reimbursing at a level above the 70th percentile could be expected to provide evidence to indicate that its reimbursement levels are closer to the providers' AAC than the federal data.

The text of the transmittal also states:

"Each program administrator should evaluate the state's method of setting EAC limits for the drug program to assure that drug reimbursement limits are as close as feasible to Actual Acquisition Cost."



6. 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" (when one is used) 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/ Exceptions: Alaska. In the case of Puerto Rico and Virgin Islands - vendor payments in emergency situations only.

REGIONAL ADMINISTRATORS AND DIRECTORS  
Health, Education and Welfare  
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REGION #1 - Connecticut, Maine,  
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- 25  
1978

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Chart I

Vendor Payments for Prescribed Drugs  
Under Title XIX of the Social Security Act, Medical Assistance Programs  
for Fiscal Years 1972-1977 <sup>1/</sup>  
(Amounts in Thousands)

<u>State</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>
<u>Total</u>	<u>\$548,764</u>	<u>\$612,326</u>	<u>\$706,746</u>	<u>\$816,453</u>	<u>\$959,951</u>	<u>\$1,018,221</u>
Alabama	9,214	10,451	12,123	15,643	15,730	16,694
Arkansas	-	-	6,321	11,960	14,221	14,133
California	76,548	77,308	87,957	96,156	119,881	135,324
Colorado	7,577	7,253	6,856	7,458	8,343	8,790
Connecticut <sup>2/</sup>	5,880	6,007	7,124	9,079	10,864	12,092
Delaware	1,006	1,209	1,248	1,342	1,614	1,518
Dist. of Col.	3,187	3,904	4,843	5,779	6,524	5,170
Florida	11,143	11,696	11,764	18,878	19,604	23,148
Georgia	14,112	17,795	16,753 <sup>3/</sup>	25,929 <sup>3/</sup>	26,771 <sup>3/</sup>	29,449 <sup>3/</sup>
Guam	- 21	- 45	-	-	-	-
Hawaii	1,560	1,875	2,372	2,747	3,999	4,725
Idaho	724	1,280	1,331	1,503	1,762	1,669
Illinois	34,639	43,656	56,945	64,907	66,629	66,353
Indiana	10,812	12,672	11,416	12,505	16,512	19,539
Iowa	5,225	5,309	5,260	6,607	8,547	9,027
Kansas	8,161	7,183	7,415	8,364	10,072	11,307
Kentucky	11,687	12,129	10,698	12,009	12,896	12,041
Louisiana	9,456	10,199	10,931	25,755	34,316	29,417
Maine	2,098	2,626	3,745	3,825	5,762	6,170
Maryland	12,581	14,838	15,869	17,282	17,634	14,102
Massachusetts	27,073	23,989	24,157	28,776	29,750	26,784
Michigan	21,868	30,976	36,933	43,713	50,566	46,611
Minnesota	12,643	13,196	13,160	12,831	16,423	17,031
Mississippi	10,790	12,603	16,256	19,677	23,949	19,611
Missouri	9,792	10,572	11,685	12,923	15,991	17,663
Montana	964	1,027	1,135	1,706	1,723	2,220
Nebraska	3,870	4,134	4,528	4,709	5,496	5,634
Nevada	751	876	916	1,165	1,502	1,008
New Hampshire	1,582	1,856	2,071	2,738	2,489	2,730
New Jersey	13,925	16,924	19,725	24,509	24,865	29,627
New Mexico	2,544	2,381	2,828	3,130	3,805	4,174
New York	66,330	62,364	86,851	86,183	100,242	103,200
North Carolina	18,093	20,253	16,599	18,281	22,604	26,310
North Dakota	1,712	1,743	1,766	2,146	1,955	2,218
Ohio	20,929	24,396	38,351	34,339	38,597	38,445

Chart I  
(Continued)

Vendor Payments for Prescribed Drugs  
Under Title XIX of the Social Security Act, Medical Assistance Programs  
for Fiscal Years 1972-1977 <sup>1/</sup>  
(Amounts in Thousands)

State	1972	1973	1974	1975	1976	1977
Oklahoma	172 <sup>4/</sup>	168 <sup>4/</sup>	90 <sup>4/</sup>	14	3,601	5,730
Oregon	2,462	2,797	3,180	4,174	5,282	6,042
Pennsylvania	24,874	26,358	29,664	24,853	44,716	60,711
Puerto Rico	7,036	15,378	16,884	21,862	21,270	23,270
Rhode Island	4,548	4,586	4,876	5,304	5,878	6,356
South Carolina	3,804	4,740	4,569	7,371	10,419	11,857
South Dakota	-	-	-	1,560	1,247	1,206
Tennessee	10,557	10,823	12,439	17,853	23,789	26,504
Texas	21,518	30,855	32,224	37,468	44,383	48,731
Utah	1,677	1,997	2,286	2,424	2,826	2,985
Vermont	1,713	2,088	2,103	2,414	2,794	2,911
Virgin Islands	239	325	326	301	466	248
Virginia	11,451	13,293	14,224	13,911	12,709	15,032
Washington	7,124	8,907	10,448	11,891	13,021	13,337
West Virginia	3,262	3,786	3,256	3,710	6,482	7,061
Wisconsin	9,827	11,501	12,245	16,788	19,430	22,308

<sup>1/</sup> Source: DHEW Publication No. (HCFA) 78-03154, Research Report B-5 (FY-77) (Preliminary), Office of Policy, Planning and Research, Office of Research, Health Care Financing Administration, Department of Health, Education, and Welfare (OPPR/OR/HCFA/DHEW) April 1978.

<sup>2/</sup> In some states, two or types of services may be grouped under one class, such as Connecticut where other care includes other practitioners' clinic, laboratory and radiological, home health and family planning services, and such as South Carolina, where skilled nursing facility services include payments to state mental institutions.

<sup>3/</sup> No data reported.

<sup>4/</sup> Oklahoma money payments include \$17 per month for drugs for all adult public assistance programs. (Title XIX Vendor Drug Program not implemented until FY-1976 - July 1, 1975.)

Note: No Title XIX vendor drug program as of FY-1977:  
Alaska, Arizona, Wyoming

Totals may not add due to rounding.



## Chart II

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 1977  
(Dollars in Thousands)

State	Type of Program						
	OAA	AFDC	AB	APTD	MAA	GA	MN
Total	\$280,600	\$245,059	\$7,087	\$218,025	\$35,650	\$35,538	\$106,764
Alabama	10,531	2,424	161	4,743	-	-	-
Arkansas	8,132	2,149	149	3,907	-	-	304
California	33,000	33,288	1,404	44,364	-	13,716	21,540
Colorado	4,228	1,810	21	2,375	-	-	-
Connecticut	2,294	3,922	25	2,097	-	-	4,045
Delaware	375	594	24	506	-	-	-
D. C.	602	2,543	15	1,030	-	-	980
Florida	10,352	4,483	211	8,036	-	-	-
Georgia	10,822	3,930	272	9,019	-	-	5,270 <sup>1/</sup>
Hawaii	427	2,234	11	763	356	-	1,206 <sup>1/</sup>
Idaho	136	540	2	182	809	-	-
Illinois	2,618	30,927	132	9,890	478	6,284	23,379
Indiana	9,035	4,586	199	5,720	-	-	-
Iowa	3,428	2,566	115	1,672	1,468	-	-
Kansas	1,731	2,426	48	1,739	5,276	681	-
Kentucky	4,184	3,198	132	3,471	-	-	1,067 <sup>2/</sup>
Louisiana	17,596	3,854	215	7,822	-	-	6 <sup>2/</sup>
Maine	2,600	1,662	24	1,884	-	-	-
Maryland	1,853	4,225	32	2,755	-	1,965	4,387
Massachusetts	7,954	7,873	-	6,098	9,875	-	-
Michigan	6,030	16,521	155	10,038	13,867	-	-
Minnesota	1,776	3,448	82	2,592	-	-	9,133 <sup>3/</sup>
Mississippi	10,943	3,659	164	4,170	-	-	10 <sup>3/</sup>
Missouri	8,180	4,647	341	3,882	-	607 <sup>4/</sup>	-
Montana	324	371	10	521	231	-	885
Nebraska	1,586	941 <sup>5/</sup>	30	1,239	-	-	1,837 <sup>6/</sup>
Nevada	480	277	24	229	-	-	-
New Hampshire	808	804	31	429	-	-	658
New Jersey	7,324	15,201	102	6,365	-	297 <sup>7/</sup>	-
New Mexico	1,170	1,323	28	1,653	-	-	-

Chart II  
(Continued)

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 1977  
(Dollars in Thousands)

State	Type of Program						
	OAA	AFDC	AB	APTD	MAA	GA	MN
North Carolina	10,624	4,083	476	8,220	-	-	3,263 <sup>8/</sup>
North Dakota	687	469	4	469	-	-	1,152 <sup>8/</sup>
Ohio	15,746	13,788	276	8,652	-	-	-
Oklahoma	3,273	812	28	1,159	-	37	-
Oregon	2,361	1,791	97	1,793	-	-	-
Pennsylvania	7,672	21,971	938	10,866	-	11,534	-
Puerto Rico	-	2,468	1	275	-	-	12,767
Rhode Island	1,419	1,459	22	1,363	-	417	1,944 <sup>2/</sup>
South Carolina	5,382	1,934	210	4,036	-	-	54 <sup>9/</sup>
South Dakota	809	162	7	256	-	-	15 <sup>10/</sup>
Tennessee	10,358	4,162	172	8,649	2,795	-	-
Texas	31,152	7,944	370	9,241	-	-	-
Utah	1,078	1,017	16	926	-	-	-
Vermont	679	890	17	844	495	-	-
Virginia	6,926	3,914	160	4,014	-	-	-
Virgin Islands	7	27	-	5	-	-	209 <sup>11/</sup>
Washington	5,555	3,712	54	4,301	-	-	255 <sup>12/</sup>
West Virginia	2,638	3,833	-	-	-	-	842
Wisconsin	3,715	4,197	80	3,765	-	-	11,556 <sup>13/</sup>

- 1/ Reported as "All Other"  
2/ Reported as "Under 21" - not eligible for maintenance assistance  
3/ CWS  
4/ GW and CWS-FC  
5/ AFDC - \$566, Children - \$375  
6/ MN-AFDC - \$22, MN-Children - \$22  
7/ DYFS  
8/ Includes \$11 - Foster Care  
9/ All Other  
10/ Foster Care  
11/ Includes \$66 - non-matching funds for age 21-64  
12/ "Other" - Title XIX used by 11,934 eligibles  
13/ Includes 7,697 Recipients as "Unknown" - \$331 - not elsewhere classified

Note: Jurisdictions not reporting have been omitted: Alaska, Arizona\*, Guam, New York and Wyoming. (Underlined states do not have a vendor drug program.)  
 \*Arizona has not implemented - Title XIX Medicaid program.

Amounts of Medical Vendor Payments by Type of Service  
and by HEW Region and State  
Fiscal Year 1977

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	FCR MENTALLY RETARDED
<b>TOTAL, REPORTING STATES</b> .....	<b>816,300,045,353</b>	<b>85,128,283,693</b>	<b>84,596,925,732</b>	<b>8531,357,961</b>	<b>82,808,317,560</b>	<b>83,584,255,588</b>	<b>8973,842,390</b>
<b>REGION I</b> .....	<b>1,198,188,670</b>	<b>416,578,901</b>	<b>389,661,569</b>	<b>26,917,332</b>	<b>198,891,781</b>	<b>299,454,066</b>	<b>92,635,709</b>
CONNECTICUT 1/.....	212,584,904	56,701,238	55,259,760	1,441,478	92,197,653	11,693,442	7,280,671
MAINE.....	85,112,420	21,125,467	21,129,467	---	1,850,594	36,840,551	---
MASSACHUSETTS.....	707,733,632	274,530,004	255,510,805	19,019,199	91,843,706	179,392,692	64,855,667
NEW HAMPSHIRE.....	43,531,827	8,505,461	8,496,664	8,797	972,715	23,330,564	2,756,350
RHODE ISLAND.....	108,518,017	44,225,644	40,557,383	3,668,261	10,736,630	33,076,102	15,585,356
VERMONT.....	40,707,670	11,467,087	8,707,490	2,759,597	1,290,483	15,120,735	2,157,665
<b>REGION II</b> .....	<b>3,846,027,766</b>	<b>1,309,737,754</b>	<b>1,052,669,822</b>	<b>257,067,932</b>	<b>796,241,359</b>	<b>628,218,839</b>	<b>180,359,275</b>
NEW JERSEY.....	463,718,132	157,869,930	113,372,996	44,496,934	7,553,818	141,857,979	---
NEW YORK.....	3,283,754,768	1,116,117,563	903,546,565	212,570,998	786,687,541	486,360,860	180,359,275
Puerto Rico.....	94,789,302	34,812,500	34,812,500	---	---	---	---
VIRGIN ISLANDS.....	2,365,304	937,761	937,761	---	---	---	---
<b>REGION III</b> .....	<b>1,684,990,320</b>	<b>587,070,035</b>	<b>575,775,237</b>	<b>11,294,798</b>	<b>331,910,156</b>	<b>360,619,356</b>	<b>162,146,348</b>
DELAWARE.....	23,940,660	8,116,255	7,137,941	978,314	294,639	7,600,175	918,789
DIST. OF COLUMBIA.....	117,627,304	62,639,882	62,639,882	---	1,548,509	13,448,222	---
MARYLAND.....	235,217,592	99,413,501	99,413,501	---	32,721,712	34,068,036	2,515,439
PENNSYLVANIA.....	1,001,930,239	318,554,790	318,954,790	---	290,271,458	191,558,040	126,167,044
VIRGINIA.....	245,014,320	70,306,408	59,989,924	10,316,484	6,902,254	101,071,729	32,545,676
WEST VIRGINIA.....	61,055,200	27,639,199	27,639,199	---	171,284	12,873,154	---
<b>REGION IV</b> .....	<b>1,665,019,498</b>	<b>475,993,737</b>	<b>447,753,885</b>	<b>28,239,852</b>	<b>285,644,021</b>	<b>402,720,029</b>	<b>88,709,952</b>
ALABAMA.....	183,010,068	45,663,743	45,663,743	---	54,249,738	30,475,121	---
FLORIDA.....	224,271,243	76,328,315	71,617,411	6,710,904	43,115,404	38,564,375	2,334,661
GEORGIA.....	319,277,256	79,433,509	79,433,509	---	52,983,707	91,156,227	26,866,631
KENTUCKY.....	184,116,912	53,314,453	51,562,253	1,752,200	23,742,773	48,291,728	11,497,165
MISSISSIPPI.....	126,595,723	33,121,756	33,121,756	---	39,076,862	9,548,043	2,203,126
NORTH CAROLINA.....	270,890,558	100,267,774	86,489,104	13,778,670	37,632,185	59,217,493	18,919,906
SOUTH CAROLINA 1/.....	140,506,117	34,980,257	34,216,166	5,764,091	1/ 34,081,607	21,976,588	5,470,534
TENNESSEE.....	216,951,621	45,883,930	45,649,943	233,987	1,181,745	103,476,450	21,415,889
<b>REGION V</b> .....	<b>3,326,969,594</b>	<b>1,018,761,129</b>	<b>929,217,321</b>	<b>89,543,808</b>	<b>567,043,106</b>	<b>776,411,142</b>	<b>195,626,648</b>
ILLINOIS.....	918,697,835	373,480,010	361,473,683	12,006,327	68,634,012	180,792,820	23,258,760
INDIANA.....	233,626,338	50,149,714	48,961,650	1,188,064	29,052,627	52,963,080	---
MICHIGAN.....	792,343,374	269,498,365	217,250,254	52,248,111	144,174,113	138,677,545	40,647,528
MINNESOTA.....	373,623,386	68,621,709	63,910,892	4,710,817	88,378,241	138,549,222	63,260,942
OHIO.....	923,319,682	170,233,371	159,977,233	10,256,138	112,756,536	81,989,428	22,475,576
WISCONSIN.....	485,328,979	86,777,960	77,643,609	9,134,351	124,048,177	143,438,647	45,583,442
<b>REGION VI</b> .....	<b>1,237,714,016</b>	<b>255,469,873</b>	<b>254,832,221</b>	<b>637,652</b>	<b>46,456,724</b>	<b>632,111,440</b>	<b>122,540,403</b>
ARKANSAS.....	142,073,192	25,758,754	25,723,103	35,651	11,715,097	66,571,254	15,621,767
LOUISIANA.....	228,099,791	51,489,164	50,883,163	602,001	4,159,723	111,875,386	35,059,998
NEW MEXICO.....	45,770,869	15,047,831	15,047,831	---	240,153	12,135,278	2,308,653
OKLAHOMA.....	203,234,216	52,195,667	52,195,667	---	77,428	111,100,515	22,857,095
TEXAS.....	618,536,548	110,978,457	110,978,457	---	30,264,323	330,425,007	46,692,886
<b>REGION VII</b> .....	<b>572,337,143</b>	<b>151,054,792</b>	<b>142,473,264</b>	<b>8,581,528</b>	<b>10,719,246</b>	<b>254,048,599</b>	<b>72,812,863</b>
IOWA.....	157,355,426	27,342,123	27,342,123	---	681,937	92,723,958	23,097,661
KANSAS.....	161,584,571	48,394,744	43,640,426	4,754,318	2,880,304	58,880,952	18,170,557
MISSOURI.....	180,993,246	60,164,574	56,809,521	3,355,053	3,952,105	65,565,214	23,171,293
NEBRASKA.....	72,403,600	15,153,351	14,681,194	472,157	3,204,900	36,878,475	8,433,352
<b>REGION VIII</b> .....	<b>273,503,288</b>	<b>56,845,558</b>	<b>50,065,177</b>	<b>6,780,381</b>	<b>50,369,157</b>	<b>92,326,821</b>	<b>21,503,238</b>
COLORADO.....	109,498,034	22,322,060	18,537,358	3,784,702	18,754,327	36,577,417	10,532,875
MONTANA.....	41,945,060	8,011,213	7,732,936	278,277	6,620,338	14,755,190	570,888
NORTH DAKOTA.....	32,228,676	7,551,480	6,062,243	1,489,237	10,714,047	5,826,012	---
SOUTH DAKOTA.....	31,385,709	5,332,899	5,332,899	---	4,734,155	15,945,586	4,155,711
UTAH.....	49,467,116	11,751,768	10,323,603	1,228,165	7,617,374	16,217,229	6,243,744
WYOMING.....	8,448,493	1,876,138	1,876,138	---	1,928,876	3,001,385	---
<b>REGION IX</b> .....	<b>2,093,596,772</b>	<b>766,469,294</b>	<b>671,272,181</b>	<b>95,197,113</b>	<b>444,096,419</b>	<b>34,431,973</b>	<b>---</b>
CALIFORNIA.....	1,998,826,465	743,859,327	648,662,222	95,197,105	422,773,533	22,778,117	---
HAWAII.....	74,236,931	15,776,270	15,776,270	---	15,786,543	8,782,279	---
NEVADA.....	20,531,376	6,833,697	6,833,689	8	5,535,943	2,871,577	---
<b>REGION X</b> .....	<b>400,497,666</b>	<b>90,302,620</b>	<b>83,205,055</b>	<b>7,097,565</b>	<b>76,925,591</b>	<b>103,913,323</b>	<b>37,307,954</b>
ALASKA.....	19,392,132	2,450,330	1,971,144	479,186	2,609,376	11,779,028	6,211,722
IDAHO.....	32,214,559	5,272,423	5,272,423	---	4,945,166	13,621,246	5,352,905
OREGON.....	132,048,928	29,384,823	25,883,150	3,501,633	2,537,901	59,796,865	22,712,501
WASHINGTON.....	216,242,067	53,195,044	50,078,298	3,116,746	66,833,148	18,716,184	3,030,826

SEE FOOTNOTE AT END OF TABLE.

Source: U. S. Department of Health, Education, and Welfare  
Health Care Financing Administration  
Office of Policy Planning and Research  
Office of Research  
April 1978.

Chart III  
(Continued)

Amounts of Medical Vendor Payments by Type of Service  
and by HEW Region and State  
Fiscal Year 1977

HEW REGION AND STATE	TOTAL	INTERMEDIATE CARE FACILITY SERVICES IN ALL OTHER INSTITUTIONS	PHYSICIANS' SERVICES	DENTAL SERVICES	OTHER PRACTITIONERS' SERVICES	CUTPATIENT HOSPITAL SERVICES	CLINIC SERVICES
TOTAL, REPORTING STATES	\$16,300,049,353	\$2,610,413,198	\$1,503,006,900	\$399,587,351	\$147,890,671	\$650,490,093	\$178,087,958
REGION I	1,198,188,070	200,818,357	81,039,890	27,191,581	7,561,654	63,829,865	9,713,597
CONNECTICUT	212,589,904	4,412,771	13,265,739	3,205,128	528,264	12,344,744	1,320,492
MAINE	85,112,420	30,840,591	11,522,824	1,596,307	---	4,065,648	---
MASSACHUSETTS	707,733,032	114,537,025	42,206,267	17,886,461	6,101,204	40,114,945	8,121,107
NEW HAMPSHIRE	43,531,847	20,374,154	3,897,732	767,953	476,470	1,358,528	271,382
RHODE ISLAND	108,518,317	17,490,746	4,747,590	2,640,093	283,482	4,452,138	---
VERMONT	40,707,070	12,963,070	5,395,738	1,095,639	172,472	1,493,858	614
REGION II	3,040,027,706	447,856,564	209,519,363	74,908,592	28,466,532	349,822,468	46,952,904
NEW JERSEY	443,718,132	141,857,979	50,411,715	19,361,142	2,729,015	35,494,571	3,412,332
NEW YORK	3,245,754,766	306,001,585	137,636,187	54,392,015	25,737,317	313,370,595	43,540,572
PUERTO RICO	94,789,362	---	21,414,458	1,140,811	---	---	---
VIRGIN ISLANDS	2,305,304	---	57,003	15,024	---	955,302	---
REGION III	1,684,990,320	198,473,008	121,920,543	29,513,240	11,023,152	48,718,578	49,216,666
DELAWARE	23,940,005	6,081,386	3,652,401	49,150	108,960	1,866,026	193,105
DIST. OF COLUMBIA	117,827,304	13,448,222	12,730,147	1,145,495	1,112,035	9,604,510	5,494,768
MARYLAND	235,217,592	31,552,597	16,471,028	4,618,878	---	24,285,810	---
PENNSYLVANIA	1,001,930,239	65,390,996	53,275,455	18,078,819	6,031,041	269,132	42,149,209
VIRGINIA	245,019,320	68,526,653	26,406,536	4,241,551	1,737,461	12,666,500	1,379,584
WEST VIRGINIA	61,055,200	12,873,154	7,384,576	1,379,347	2,033,451	---	---
REGION IV	1,665,619,498	314,010,077	182,782,612	40,558,761	5,643,734	61,428,845	7,819,846
ALABAMA	143,010,068	30,475,121	20,223,959	3,610,903	1,024,914	5,322,310	1,069
FLORIDA	224,271,243	36,247,698	25,730,244	3,771,253	184,019	8,531,993	11,449
GEORGIA	319,277,250	64,289,594	34,679,329	7,588,439	252,119	14,805,407	333,161
KENTUCKY	184,116,912	36,794,543	24,270,047	5,786,455	842,382	7,510,619	3,460,073
MISSISSIPPI	126,545,723	7,344,917	15,930,572	3,043,817	500,619	4,136,095	---
NORTH CAROLINA	270,890,558	40,297,587	22,088,162	9,994,878	2,257,588	5,380,318	2,906,602
SOUTH CAROLINA	140,506,117	16,506,054	16,135,090	3,661,643	582,093	5,719,613	---
TENNESSEE	219,951,021	42,054,561	23,725,207	3,081,073	---	9,622,830	1,107,075
REGION V	3,320,909,594	580,584,494	348,040,435	87,607,631	43,964,316	148,420,772	33,799,505
ILLINOIS	918,697,432	157,534,060	95,374,030	27,051,694	12,407,265	37,302,565	28,618,261
INDIANA	233,650,338	92,963,080	20,955,047	3,223,772	1,223,573	8,885,596	508,954
MICHIGAN	792,343,374	97,830,417	104,234,533	20,140,471	6,822,070	38,388,573	749,226
MINNESOTA	373,623,380	75,286,260	27,696,423	9,949,236	3,100,641	9,146,134	502,058
OHIO	523,319,082	99,513,452	53,667,358	10,828,123	6,758,226	37,001,945	3,332,095
WISCONSIN	485,328,979	97,455,205	46,108,444	16,394,335	13,653,121	17,501,957	88,909
REGION VI	1,237,716,016	509,571,037	116,332,545	10,725,948	4,863,031	21,882,578	5,849,714
ARKANSAS	142,073,192	50,949,487	12,519,063	3,185,372	257,470	1,752,793	1,634,256
LOUISIANA	228,099,791	76,815,388	16,483,527	602,787	181	5,559,488	3,285,722
NEW MEXICO	45,770,609	9,826,625	4,532,106	1,549,088	472,346	1,857,444	929,736
OKLAHOMA	203,236,216	48,243,416	19,511,123	2,176,424	246,565	477,019	---
TEXAS	618,536,598	283,732,121	61,086,726	3,209,277	3,686,269	12,235,634	---
REGION VII	572,337,143	181,235,736	53,984,041	19,098,150	5,524,688	17,262,091	3,254,765
IOWA	157,355,426	49,626,297	12,873,000	5,516,647	2,037,447	4,335,575	111,801
KANSAS	461,584,571	40,710,388	17,561,434	6,180,026	2,132,227	5,531,564	2,199,908
MISSOURI	180,993,566	42,453,921	19,257,708	5,993,280	671,532	5,644,401	---
NEBRASKA	72,403,000	28,445,123	4,291,919	1,428,197	683,482	1,750,551	943,060
REGION VIII	273,503,284	70,823,583	26,321,992	6,860,974	2,553,710	10,833,884	1,682,304
COLORADO	109,858,034	26,044,542	11,449,790	1,495,987	---	7,101,574	---
MONTANA	41,945,060	14,184,302	5,017,095	1,487,867	1,049,097	1,005,815	---
NORTH DAKOTA	32,258,076	5,828,012	2,408,450	1,222,001	626,283	411,592	---
SOUTH DAKOTA	31,385,709	11,793,877	2,732,376	361,577	256,480	498,536	---
UTAH	49,467,116	9,973,465	3,441,127	2,082,774	593,685	1,566,590	1,682,304
WYOMING	8,446,493	3,001,385	1,033,154	218,168	68,161	245,777	---
REGION IX	2,093,596,772	34,431,973	313,463,192	84,662,763	37,267,211	115,084,367	12,740,505
CALIFORNIA	1,998,828,005	22,778,117	297,177,704	76,934,367	36,441,368	111,435,966	12,715,426
HAWAII	74,236,931	8,782,279	13,521,288	7,423,621	719,577	2,528,115	---
NEVADA	20,531,376	2,871,577	2,784,200	304,775	106,266	720,282	25,079
REGION X	400,497,686	66,605,369	49,582,267	18,456,311	1,022,003	13,204,245	7,058,145
ALASKA	19,392,134	5,567,306	1,371,746	399,401	99,308	324,113	38,743
IDAHO	32,214,559	8,268,341	3,647,381	687,230	166,565	1,065,442	275,557
OREGON	132,009,928	37,084,364	16,546,521	4,142,157	756,126	4,927,456	---
WASHINGTON	216,242,067	15,685,358	28,016,619	13,230,483	---	6,887,234	6,743,845

Source: U. S. Department of Health, Education, and Welfare  
Health Care Financing Administration  
Office of Policy Planning and Research  
Office of Research  
April 1978

Amounts of Medical Vendor Payments by Type of Service  
and by HEW Region and State  
Fiscal Year 1977

HEW REGION AND STATE	TOTAL	LABORATORY AND RADIOLOGICAL SERVICES	HOME HEALTH SERVICES	PRESCRIBED DRUGS	FAMILY PLANNING SERVICES	OTHER CARE
<b>TOTAL, REPORTING STATES</b> .....	<b>\$16,300,045,353</b>	<b>\$156,119,230</b>	<b>\$179,491,576</b>	<b>\$1,018,220,991</b>	<b>\$120,021,565</b>	<b>\$226,271,703</b>
<b>REGION I</b> .....	<b>1,198,188,870</b>	<b>4,280,427</b>	<b>8,989,076</b>	<b>57,042,267</b>	<b>3,967,821</b>	<b>19,647,505</b>
CONNECTICUT ✓.....	212,584,904	229,454	535,298	12,091,681	57,259	1,841,513
MAINE.....	85,112,420	—	566,099	6,169,987	545,559	792,344
MASSACHUSETTS.....	707,733,832	3,179,191	6,755,332	26,783,788	2,223,513	8,595,216
NEW HAMPSHIRE.....	43,531,827	96,833	427,945	2,729,558	53,702	642,444
RHODE ISLAND.....	108,518,017	290,843	180,120	6,355,657	541,414	988,304
VERMONT.....	40,707,070	486,106	491,282	2,911,196	545,574	218,484
<b>REGION II</b> .....	<b>3,846,627,766</b>	<b>18,559,467</b>	<b>148,077,296</b>	<b>156,344,936</b>	<b>19,637,104</b>	<b>60,144,343</b>
NEW JERSEY.....	463,718,132	1,667,294	2,357,466	29,627,246	4,082,588	7,290,036
NEW YORK.....	3,245,794,704	12,485,056	145,712,116	103,199,818	13,551,744	42,763,372
PUERTO RICO.....	94,789,362	4,202,858	—	23,270,330	—	9,948,406
VIRGIN ISLANDS.....	2,365,304	259	7,714	247,542	2,370	142,929
<b>REGION III</b> .....	<b>1,684,990,320</b>	<b>8,743,635</b>	<b>4,659,194</b>	<b>103,593,584</b>	<b>7,326,546</b>	<b>20,675,274</b>
DELAWARE.....	23,940,869	261,356	105,242	1,517,567	162,453	10,036
DIST. OF COLUMBIA.....	117,827,304	369,010	1,354,994	5,170,076	1,582,324	1,627,368
MARYLAND.....	235,217,592	—	555,202	14,102,398	3,620,444	3,354,582
PENNSYLVANIA.....	1,001,930,239	7,906,418	1,822,464	60,710,838	430,165	10,472,410
VIRGINIA.....	249,019,320	206,851	821,292	15,031,625	1,430,078	2,796,851
WEST VIRGINIA.....	61,055,200	—	—	7,061,080	101,062	2,412,027
<b>REGION IV</b> .....	<b>1,665,819,498</b>	<b>7,257,061</b>	<b>5,464,565</b>	<b>165,613,892</b>	<b>10,547,554</b>	<b>14,124,835</b>
ALABAMA.....	183,010,068	3,006,353	1,109,057	16,494,265	1,091,298	537,338
FLORIDA.....	224,271,243	402,135	235,139	23,148,121	802,738	825,684
GEORGIA.....	319,277,256	330,143	487,881	29,448,534	2,009,596	6,168,784
KENTUCKY.....	184,116,912	161,365	1,809,096	12,041,190	1,116,659	1,770,339
MISSISSIPPI.....	126,595,723	235,216	260,318	19,410,527	829,555	301,943
NORTH CAROLINA.....	270,890,358	790,531	688,536	26,310,435	2,301,152	1,054,904
SOUTH CAROLINA ✓.....	140,506,117	2,005,000	520,796	11,856,913	1,823,820	2,142,397
TENNESSEE.....	216,951,621	126,318	353,742	26,503,907	571,900	1,323,744
<b>REGION V</b> .....	<b>3,326,969,594</b>	<b>18,500,065</b>	<b>6,401,250</b>	<b>210,285,894</b>	<b>20,847,551</b>	<b>46,886,758</b>
ILLINOIS.....	918,897,835	8,963,372	1,410,182	66,352,830	6,041,071	14,269,723
INDIANA.....	233,956,338	450,639	1,202,818	19,538,543	785,559	4,705,614
MICHIGAN.....	792,343,374	9,159,401	910,171	46,611,200	4,599,961	4,377,345
MINNESOTA.....	373,623,386	190,994	1,323,297	17,030,849	1,621,566	7,498,792
OHIO.....	923,319,882	1,318,848	909,702	38,444,854	1,394,301	4,684,895
WISCONSIN.....	485,328,979	218,811	645,080	22,307,618	2,400,731	11,346,989
<b>REGION VI</b> .....	<b>1,237,714,616</b>	<b>18,621,315</b>	<b>1,357,312</b>	<b>102,185,531</b>	<b>3,913,804</b>	<b>17,944,402</b>
ARKANSAS.....	142,073,192	2,713,445	73,900	14,133,404	173,401	1,584,783
LOUISIANA.....	228,099,791	3,088,718	434,031	29,417,114	521,593	982,157
NEW MEXICO.....	45,770,469	1,148,144	173,033	4,174,417	391,550	915,703
OKLAHOMA.....	203,234,216	2,039,034	—	9,730,196	283,480	9,393,765
TEXAS.....	618,536,948	9,639,974	676,348	48,730,800	2,543,740	5,063,994
<b>REGION VII</b> .....	<b>572,337,143</b>	<b>5,024,402</b>	<b>746,773</b>	<b>43,630,783</b>	<b>4,386,525</b>	<b>3,599,264</b>
IOWA.....	157,355,426	84,150	96,628	9,027,100	1,282,334	1,242,726
KANSAS.....	161,584,571	3,614,314	137,220	11,307,413	1,258,956	1,525,509
MISSOURI.....	180,993,546	133,018	210,654	17,662,733	1,473,510	264,417
NEBRASKA.....	72,403,600	1,192,920	305,271	5,633,537	371,325	586,612
<b>REGION VIII</b> .....	<b>273,503,288</b>	<b>2,704,775</b>	<b>568,344</b>	<b>17,418,465</b>	<b>984,142</b>	<b>4,033,088</b>
COLORADO.....	109,998,034	1,897,782	253,595	4,789,620	371,384	784,498
MONTANA.....	41,945,060	48,103	164,766	2,219,504	222,943	1,339,056
NORTH DAKOTA.....	32,258,876	634,233	34,265	2,218,249	106,034	505,629
SOUTH DAKOTA.....	31,385,709	—	4,914	1,206,373	62,011	246,760
UTAH.....	49,447,116	113,995	95,439	2,984,719	166,557	1,153,551
WYOMING.....	8,448,493	10,662	15,365	—	55,213	3,594
<b>REGION IX</b> .....	<b>2,093,596,772</b>	<b>69,515,319</b>	<b>2,161,710</b>	<b>141,056,949</b>	<b>44,166,109</b>	<b>28,466,961</b>
CALIFORNIA.....	1,998,828,465	67,190,267	1,848,414	135,324,158	42,885,251	27,464,167
HAWAII.....	74,236,931	2,277,455	225,186	4,724,744	1,280,858	786,591
NEVADA.....	20,531,376	47,597	84,110	1,008,047	—	205,803
<b>REGION X</b> .....	<b>400,497,686</b>	<b>2,916,764</b>	<b>1,063,096</b>	<b>21,048,290</b>	<b>4,244,769</b>	<b>10,755,273</b>
ALASKA.....	19,392,132	10,305	13,586	—	106,401	187,605
IDaho.....	32,214,359	177,130	79,303	1,668,937	151,250	456,526
OREGON.....	132,648,928	2,356,493	137,312	6,042,438	2,015,217	4,005,579
WASHINGTON.....	216,242,067	372,836	832,895	13,336,915	1,971,501	6,104,963

✓ IN SOME STATES, TWO OR TYPES OF SERVICES MAY BE GROUPED UNDER ONE CLASS, SUCH AS CONNECTICUT WHERE OTHER CARE INCLUDES OTHER PRACTITIONERS', CLINIC, LABORATORY AND RADIOLOGICAL, HOME HEALTH AND FAMILY PLANNING SERVICES, AND SUCH AS SOUTH CAROLINA, WHERE SKILLED NURSING FACILITY SERVICES INCLUDE PAYMENTS TO STATE MENTAL INSTITUTIONS.

NOTE: TOTALS AND SUBTOTALS MAY NOT ADD DUE TO ROUNDING.



Chart IV

Distribution of Amounts of Medical Vendor Payments by Type of Service  
and by Region and State  
Fiscal Year 1977

NEW 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
<b>TOTAL, REPORTING STATES..</b>							
NUMBER.....	\$10,300,045,353	\$5,126,283,693	\$4,596,925,732	\$531,357,961	\$2,608,317,560	\$2,584,255,568	\$973,842,350
PERCENT.....	100.0	31.5	28.2	3.3	17.2	22.0	6.0
<b>REGION I.....</b>	1,198,188,070	34.8	32.5	2.2	16.4	25.0	7.7
CONNECTICUT 1/.....	212,584,904	26.7	26.0	0.7	43.4	5.5	3.4
MAINE.....	85,112,420	24.8	24.8	—	—	43.3	—
MASSACHUSETTS.....	707,733,832	38.8	36.1	2.7	13.0	25.3	9.2
NEW HAMPSHIRE.....	43,531,427	19.5	19.5	(2)	2.2	53.6	6.3
RHODE ISLAND.....	108,518,017	40.8	37.4	3.4	9.9	30.5	14.4
VERMONT.....	40,707,070	28.2	21.4	6.8	3.2	37.1	5.3
<b>REGION II.....</b>	3,846,027,700	34.0	27.4	6.7	20.7	16.3	4.7
NEW JERSEY.....	463,718,132	34.0	24.4	9.6	1.6	30.6	—
NEW YORK.....	3,285,754,768	34.0	27.5	6.5	24.0	14.8	5.5
PUERTO RICO.....	94,789,302	36.7	36.7	—	—	—	—
VIRGIN ISLANDS.....	2,365,304	39.6	39.6	—	—	—	—
<b>REGION III.....</b>	1,684,990,320	34.8	34.2	0.7	19.7	21.4	9.4
DELAWARE.....	23,940,000	33.9	29.8	4.1	1.2	31.7	3.8
DIST. OF COLUMBIA.....	117,827,304	53.2	53.2	—	1.3	11.4	—
MARYLAND.....	235,217,592	42.3	42.3	—	13.9	14.5	1.1
PENNSYLVANIA.....	1,001,930,239	31.8	31.8	—	25.0	19.1	12.4
VIRGINIA.....	249,019,320	28.7	24.5	4.2	2.8	41.3	13.3
WEST VIRGINIA.....	61,055,200	45.3	45.3	—	0.3	21.1	—
<b>REGION IV.....</b>	1,665,619,498	28.6	26.9	1.7	17.2	24.2	5.3
ALABAMA.....	183,010,068	25.0	25.0	—	—	16.7	—
FLORIDA.....	224,271,243	34.9	31.9	3.0	15.2	17.2	1.0
GEORGIA.....	319,277,256	24.9	24.9	—	—	28.6	8.4
KENTUCKY.....	186,116,912	29.0	28.0	1.0	12.9	26.2	6.2
MISSISSIPPI.....	126,595,723	26.2	26.2	—	30.9	7.5	1.7
NORTH CAROLINA.....	270,690,556	37.0	31.9	5.1	1/13.9	21.9	7.0
SOUTH CAROLINA 1/.....	140,506,117	28.5	24.4	4.1	24.3	15.6	3.9
TENNESSEE.....	216,951,021	21.1	21.0	0.1	0.5	47.7	9.9
<b>REGION V.....</b>	3,326,969,594	30.6	27.9	2.7	17.0	23.3	5.9
ILLINOIS.....	918,697,835	40.7	39.3	1.3	7.5	19.7	2.5
INDIANA.....	233,656,336	21.5	21.0	0.5	12.4	39.8	—
MICHIGAN.....	792,343,374	34.0	27.4	6.6	18.2	17.5	5.2
MINNESOTA.....	373,623,366	18.4	17.1	1.3	23.7	37.1	16.9
OHIO.....	523,319,682	32.5	30.6	2.0	21.5	15.7	4.3
WISCONSIN.....	485,328,979	17.9	16.0	1.9	25.6	29.6	9.5
<b>REGION VI.....</b>	1,237,714,616	20.6	20.6	0.1	3.8	51.1	9.9
ARKANSAS.....	142,073,192	18.1	18.1	(2)	8.2	46.9	11.0
LOUISIANA.....	228,099,791	22.4	22.3	0.3	1.8	49.0	15.4
NEW MEXICO.....	45,770,869	32.9	32.9	—	0.5	26.5	5.0
OKLAHOMA.....	203,234,216	25.7	25.7	—	(2)	54.7	11.2
TEXAS.....	618,536,548	17.9	17.9	—	4.9	53.4	7.5
<b>REGION VII.....</b>	572,337,143	26.4	24.9	1.5	1.9	44.4	12.7
IOWA.....	157,355,426	17.4	17.4	—	0.4	58.9	14.7
KANSAS.....	161,584,371	30.0	27.0	2.9	1.8	36.4	11.2
MISSOURI.....	180,993,346	33.2	31.4	1.9	2.2	36.2	12.8
NEBRASKA.....	72,403,600	20.9	20.3	0.7	4.6	50.9	11.6
<b>REGION VIII.....</b>	273,503,288	20.8	18.3	2.5	18.4	33.8	7.9
COLORADO.....	109,998,034	20.3	14.9	3.4	17.0	33.3	9.6
MONTANA.....	41,945,060	19.1	18.4	0.7	15.8	35.2	1.4
NORTH DAKOTA.....	32,258,676	23.4	18.8	4.6	33.2	18.1	—
SOUTH DAKOTA.....	31,385,709	17.0	17.0	—	15.1	50.8	13.2
UTAH.....	49,467,116	23.8	21.3	2.5	15.4	32.8	12.6
WYOMING.....	8,448,493	22.2	22.2	—	22.8	35.5	—
<b>REGION IX.....</b>	2,093,596,772	36.6	32.1	4.5	21.2	1.6	—
CALIFORNIA.....	1,998,828,465	37.2	32.5	4.8	21.2	1.1	—
HAWAII.....	74,236,931	21.3	21.3	—	21.3	11.8	—
NEVADA.....	20,531,376	33.3	33.3	(2)	27.0	14.0	—
<b>REGION X.....</b>	400,497,086	22.5	20.8	1.8	15.2	25.5	9.3
ALASKA.....	19,392,132	12.6	10.2	2.5	13.5	60.7	32.0
IDAHO.....	32,214,559	16.4	16.4	—	—	42.3	16.6
OREGON.....	142,048,928	22.2	19.5	2.8	1.9	45.1	17.1
WASHINGTON.....	216,242,067	24.6	23.2	1.4	30.9	8.7	1.4

SEE FOOTNOTE AT END OF TABLE.

Source: U. S. Department of Health, Education, and Welfare  
Health Care Financing Administration  
OPPR/OR  
April 1978

Chart IV  
(Continued)

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

Fiscal Year 1977

NEW REGION AND STATE	TOTAL	INTERMEDIATE CARE FACILITY SERVICES IN ALL OTHER INSTITUTIONS	PHYSICIANS' SERVICES	DENTAL SERVICES	OTHER PRACTITIONERS' SERVICES	OUTPATIENT HOSPITAL SERVICES	CLINIC SERVICES
<b>TOTAL REPORTING STATES--</b>							
NUMBER.....	\$16,300,049,353	\$2,610,413,198	\$1,503,006,900	\$399,587,351	\$147,890,671	\$850,490,093	\$178,087,658
PERCENT.....	100.0	16.0	9.2	2.5	0.9	5.2	1.1
<b>REGION I.....</b>	1,198,186,670	17.3	6.8	2.3	0.6	5.3	0.8
CONNECTICUT 1/.....	212,584,904	2.1	6.2	1.5	0.2	5.8	0.6
MAINE.....	85,112,420	43.3	13.5	1.9	—	4.8	—
MASSACHUSETTS.....	707,733,832	16.2	6.0	2.3	0.9	5.7	1.1
NEW HAMPSHIRE.....	43,531,827	47.3	9.0	1.8	1.1	3.1	0.6
RHODE ISLAND.....	108,518,017	16.1	4.4	2.4	0.3	4.1	—
VERMONT.....	40,707,670	31.8	13.3	2.7	0.4	3.7	(2)
<b>REGION II.....</b>	3,846,627,766	11.6	5.4	1.9	0.7	9.1	1.2
NEW JERSEY.....	462,718,132	30.6	10.9	4.2	—	7.0	0.7
NEW YORK.....	3,285,754,768	9.3	4.2	1.7	0.8	9.5	1.3
Puerto Rico.....	96,749,362	—	22.6	1.2	—	—	—
VIRGIN ISLANDS.....	2,365,504	—	2.4	0.6	—	60.4	—
<b>REGION III.....</b>	1,684,990,320	11.8	7.2	1.8	0.7	2.5	2.9
DELAWARE.....	23,940,665	27.9	15.3	0.2	0.5	7.8	0.8
DIST. OF COLUMBIA.....	117,827,304	11.4	10.8	1.0	0.6	8.2	4.7
MARYLAND.....	235,217,592	13.4	7.9	2.0	—	10.3	—
PENNSYLVANIA.....	1,001,430,239	6.5	5.3	1.8	0.6	(2)	4.2
VIRGINIA.....	245,019,320	28.0	10.8	1.7	0.7	5.2	0.6
WEST VIRGINIA.....	61,055,200	21.1	12.1	2.3	3.3	—	—
<b>REGION IV.....</b>	1,665,619,498	18.9	11.0	2.4	0.3	3.7	0.5
ALABAMA.....	183,010,069	16.7	11.1	2.0	0.6	2.9	(2)
FLORIDA.....	224,271,243	16.2	11.5	1.7	0.1	4.0	(2)
GEORGIA.....	319,277,236	20.1	10.9	2.4	0.1	4.6	0.1
KENTUCKY.....	184,116,912	40.0	13.2	3.1	0.5	4.1	1.9
MISSISSIPPI.....	128,595,723	3.8	12.6	2.4	0.4	3.3	—
NORTH CAROLINA.....	270,890,338	14.9	8.2	3.7	0.8	2.0	1.1
SOUTH CAROLINA 1/.....	140,506,117	11.7	11.8	2.6	0.4	4.1	—
TENNESSEE.....	218,951,621	37.8	10.9	1.4	—	4.4	0.5
<b>REGION V.....</b>	3,326,969,394	17.5	10.5	2.6	1.3	4.5	1.0
ILLINOIS.....	918,697,835	17.1	10.4	2.9	1.4	4.1	3.1
INDIANA.....	233,656,358	39.8	9.0	1.6	0.3	3.7	0.2
MICHIGAN.....	792,343,374	12.3	13.2	2.5	0.9	4.8	0.1
MINNESOTA.....	373,623,386	40.2	7.4	2.7	0.3	2.4	0.1
OHIO.....	523,319,662	11.4	10.3	2.1	1.3	7.1	0.4
WISCONSIN.....	485,328,979	20.1	9.5	3.6	2.8	3.7	(2)
<b>REGION VI.....</b>	1,237,714,618	41.2	9.4	0.9	0.4	1.8	0.5
ARKANSAS.....	142,073,192	35.9	8.8	2.2	0.2	1.2	1.2
LOUISIANA.....	228,099,791	33.7	7.3	0.3	(2)	2.4	1.4
NEW MEXICO.....	45,770,869	21.5	14.3	3.4	1.9	4.1	2.0
OKLAHOMA.....	203,234,218	43.4	9.6	1.1	0.1	0.2	—
TEXAS.....	618,536,548	45.9	9.9	0.5	0.6	2.0	—
<b>REGION VII.....</b>	572,337,143	31.7	9.4	3.3	1.8	3.0	0.6
IANA.....	157,355,426	44.2	8.2	3.5	1.3	2.8	0.1
KANSAS.....	161,584,371	25.2	10.9	3.8	1.3	3.4	1.4
MISSOURI.....	180,993,546	23.5	10.6	3.3	0.4	3.1	—
NEBRASKA.....	72,403,600	39.3	5.9	2.0	0.9	2.4	1.3
<b>REGION VIII.....</b>	273,503,288	25.9	9.6	2.5	0.9	4.0	0.6
COLORADO.....	109,998,034	23.7	10.6	1.4	—	6.5	—
MONTANA.....	41,945,060	33.8	12.6	3.5	2.5	2.4	—
NORTH DAKOTA.....	32,258,876	18.1	7.5	3.8	1.9	1.3	—
SOUTH DAKOTA.....	31,385,709	37.6	8.7	1.2	0.8	1.6	—
UTAH.....	49,447,116	20.2	7.0	4.2	1.1	3.2	3.4
WYOMING.....	8,448,493	35.5	12.2	2.5	0.8	2.9	—
<b>REGION IX.....</b>	2,093,596,772	1.6	15.0	4.0	1.8	5.5	0.6
CALIFORNIA.....	1,498,828,463	1.1	14.9	3.8	1.8	5.6	0.6
HAWAII.....	74,236,931	11.8	18.2	10.0	1.0	3.9	—
NEVADA.....	20,531,378	14.0	13.6	1.5	0.5	3.5	0.1
<b>REGION X.....</b>	400,497,686	16.6	12.4	4.6	0.3	3.3	1.8
ALASKA.....	19,392,132	28.7	7.1	2.1	0.5	1.7	0.2
IDaho.....	32,214,559	25.7	11.3	2.1	0.5	3.3	0.9
OREGON.....	132,648,728	28.0	12.5	3.1	0.6	3.7	—
WASHINGTON.....	216,242,067	7.3	13.0	6.1	—	3.2	3.1

Source: U. S. Department of Health, Education, and Welfare  
Health Care Financing Administration  
OPPR/OR  
April 1978



Chart IV  
(Continued)

Distribution of Amounts of Medical Vendor Payments by Type of Service  
and by Region and State  
Fiscal Year 1977

NEW REGION AND STATE	TOTAL	LABORATORY AND RADIOLOGICAL SERVICES	HOME HEALTH SERVICES	PRESCRIBED DRUGS	FAMILY PLANNING SERVICES	OTHER CARE
TOTAL, REPORTING STATES..						
NUMBER.....	816,300,045,353	8156,119,230	8179,491,576	81,018,220,691	8120,021,965	8226,271,703
PERCENT.....	100.0	1.0	1.1	6.2	0.7	1.4
REGION I.....	1,198,188,670	0.4	0.8	4.8	0.3	1.6
CONNECTICUT 1/2.....	212,584,904	0.1	0.3	5.7	(2)	1/4.0
MAINE.....	85,112,420	---	0.7	7.2	0.6	0.9
MASSACHUSETTS.....	707,733,832	0.4	1.0	3.8	0.3	1.2
NEW HAMPSHIRE.....	43,531,827	0.2	1.0	6.3	0.1	1.5
RHODE ISLAND.....	108,518,017	0.3	0.2	5.9	0.5	0.9
VERMONT.....	40,707,670	1.2	1.2	7.2	1.3	0.5
REGION II.....	3,846,627,766	0.9	3.8	4.1	0.9	1.4
NEW JERSEY.....	463,718,132	0.4	0.8	6.4	0.9	1.6
NEW YORK.....	3,245,754,768	0.4	4.4	3.1	0.5	1.3
PUERTO RICO.....	94,789,362	4.4	---	24.5	---	10.5
VIRGIN ISLANDS.....	2,365,504	(2)	0.3	10.5	0.1	6.0
REGION III.....	1,884,990,320	0.9	0.9	6.1	0.4	1.2
DELAWARE.....	23,340,885	1.1	0.4	6.3	0.7	(2)
DIST. OF COLUMBIA.....	117,827,304	0.3	1.1	4.4	1.3	1.4
MARYLAND.....	235,217,592	---	0.2	6.0	1.5	1.4
PENNSYLVANIA.....	1,001,930,239	0.8	0.2	6.1	(2)	1.0
VIRGINIA.....	245,019,320	0.1	0.3	6.1	0.6	1.1
WEST VIRGINIA.....	61,055,200	---	---	11.6	0.2	4.0
REGION IV.....	1,865,819,498	0.4	0.9	9.9	0.4	0.4
ALABAMA.....	183,010,066	1.4	0.6	9.1	0.6	0.3
FLORIDA.....	224,271,243	0.3	0.1	10.3	0.4	0.4
GEORGIA.....	319,277,456	0.1	0.2	9.2	0.6	1.9
KENTUCKY.....	184,116,912	0.1	1.0	6.5	0.6	1.0
MISSISSIPPI.....	126,595,723	0.2	0.2	15.5	0.7	0.2
NORTH CAROLINA.....	270,890,554	0.3	0.3	9.7	0.8	0.4
SOUTH CAROLINA 1/2.....	140,508,117	1.4	0.4	8.4	1.3	1.5
TENNESSEE.....	216,951,821	0.1	0.2	12.2	0.3	0.6
REGION V.....	3,326,969,594	0.4	0.2	6.3	0.6	1.4
ILLINOIS.....	918,497,435	0.8	0.2	7.2	0.7	1.4
INDIANA.....	233,856,338	0.3	0.5	8.4	0.3	2.0
MICHIGAN.....	792,343,374	1.2	0.1	5.9	1.1	0.6
MINNESOTA.....	373,823,388	0.1	0.4	4.6	0.4	2.6
OHIO.....	523,319,682	0.3	0.2	7.3	0.3	0.9
WISCONSIN.....	485,328,979	(2)	0.1	4.6	0.5	2.3
REGION VI.....	1,237,714,816	1.5	0.1	8.3	0.3	1.4
ARKANSAS.....	142,073,192	1.9	0.1	9.9	0.1	1.1
LOUISIANA.....	228,099,791	1.4	0.3	12.9	0.2	0.4
NEW MEXICO.....	45,770,869	2.3	0.4	9.1	0.9	2.0
OKLAHOMA.....	203,234,216	1.0	---	2.8	0.1	4.6
TEXAS.....	618,536,548	1.6	0.1	7.9	0.4	0.8
REGION VII.....	572,337,143	0.9	0.1	7.6	0.8	0.6
IOWA.....	157,359,426	0.1	0.1	5.7	0.8	0.8
KANSAS.....	141,384,571	2.2	0.1	7.0	0.8	0.9
MISSOURI.....	140,993,546	0.1	0.1	9.8	0.8	0.1
NEBRASKA.....	72,403,600	1.6	0.4	7.8	0.5	0.8
REGION VIII.....	273,503,284	1.0	0.2	6.4	0.4	1.5
COLORADO.....	109,998,034	1.7	0.2	8.0	0.3	0.7
MONTANA.....	41,945,060	0.1	0.4	9.3	0.3	3.2
NORTH DAKOTA.....	32,258,876	2.0	0.1	6.9	0.3	1.6
SOUTH DAKOTA.....	31,385,709	---	(2)	3.8	0.2	0.8
UTAH.....	49,467,116	0.2	0.2	6.0	0.3	2.3
WYOMING.....	8,448,493	0.1	0.2	---	0.7	(2)
REGION IX.....	2,093,596,772	3.3	0.1	6.7	2.1	1.4
CALIFORNIA.....	1,998,828,485	3.4	0.1	6.8	2.1	1.4
HAWAII.....	74,236,931	3.1	0.3	6.4	1.7	1.1
NEVADA.....	20,531,356	0.2	0.4	4.9	---	1.0
REGION X.....	400,497,886	0.7	0.3	5.3	1.1	2.7
ALASKA.....	19,392,132	0.1	0.1	---	0.5	1.0
IDAHO.....	32,214,559	0.3	0.2	5.2	0.3	1.4
OREGON.....	132,648,924	1.8	0.1	4.6	1.5	3.0
WASHINGTON.....	216,242,067	0.2	0.4	6.2	0.9	2.8

1/ IN SOME STATES, TWO OR MORE TYPES OF SERVICES MAY BE GROUPED UNDER ONE CLASS, SUCH AS CONNECTICUT WHERE OTHER CARE INCLUDES OTHER PRACTITIONERS', CLINIC, LABORATORY AND RADIOLOGICAL, HOME HEALTH AND FAMILY PLANNING SERVICES, AND SUCH AS SOUTH CAROLINA, WHERE SKILLED NURSING FACILITY SERVICES INCLUDE PAYMENTS TO STATE MENTAL INSTITUTIONS.  
NOTE: TOTALS AND SUBTOTALS MAY NOT ADD DUE TO ROUNDING.

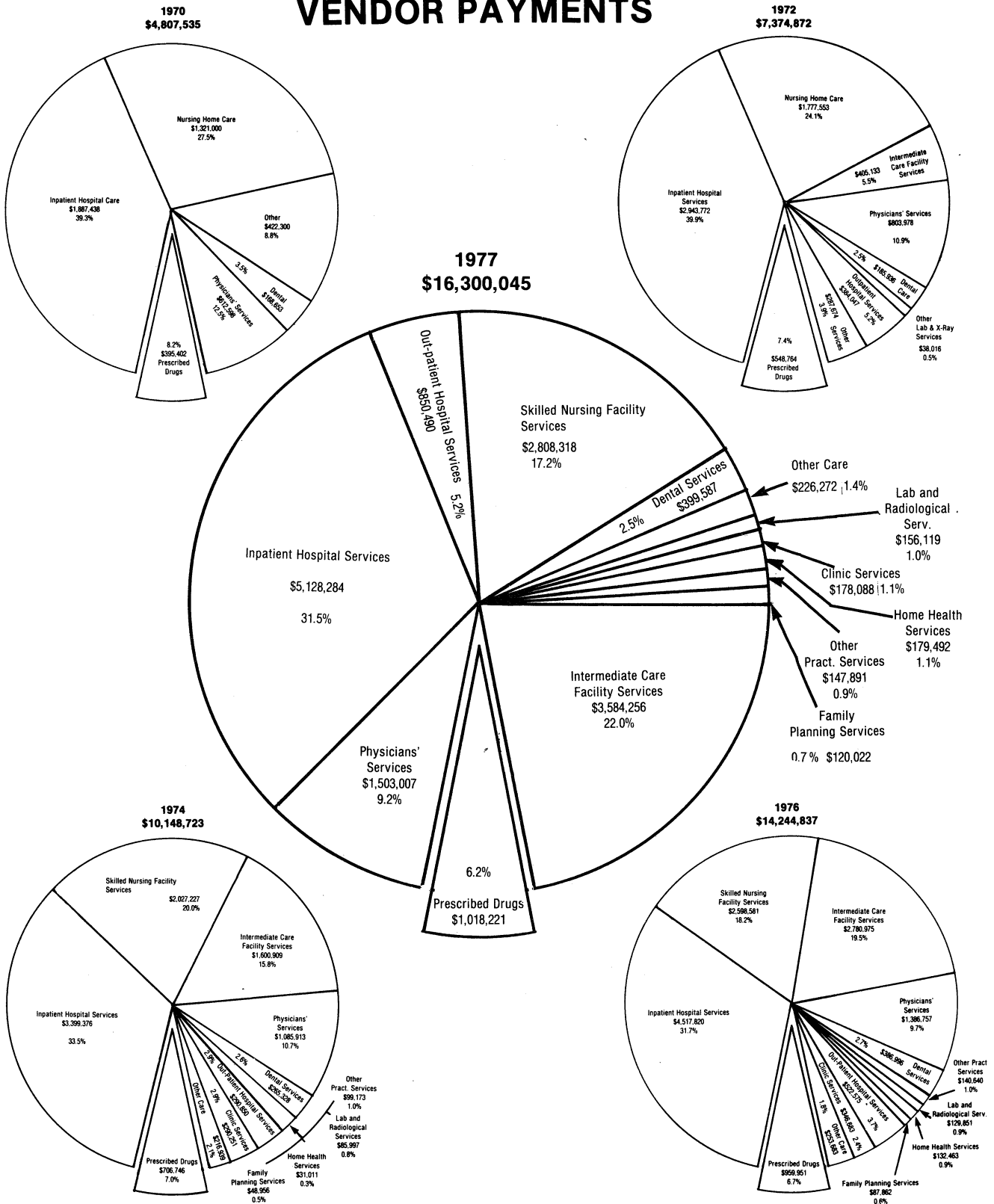






# MEDICAL CARE EXPENDITURES UNDER PUBLIC ASSISTANCE PROGRAMS BY TYPE OF SERVICE (1968-77)

## VENDOR PAYMENTS



(Dollar figures in thousands — 000)

(Pie-charts reflect trends by type of service)

(See centerfold for consecutive year FY 1968-1977)

# MEDICAID STATISTICAL DATA<sup>1/</sup> FY-1977

TOTAL PAYMENTS — \$16.8 Billion

INCREASE OVER FY-1976 — 14.1%

RECIPIENTS (Unduplicated) 23.8 Million  
(Received one or more services)

DECREASE FROM FY-1976 3.2%

AVERAGE MONTHLY RECIPIENT DATA (in 000)					AVERAGE MONTHLY PAYMENTS TO VENDORS (in 000)	
BASIS OF ELIGIBILITY	FY-1976	FY 1977	PERCENTAGE DISTRIBUTION	PERCENTAGE CHANGE	DIRECT OR THROUGH FISCAL AGENTS	PERCENTAGE DISTRIBUTION
Aged 65 and over	2,080	2,042	22.6	- 1.8	\$493,203	36.3
Blindness	45	44	0.5	- 2.2	8,236	0.6
Disabled	1,296	1,377	15.2	+ 6.2	365,400	26.9
Members of Families with Dependent Children	5,075 <sup>2/</sup>	4,994 <sup>3/</sup>	55.3 <sup>4/</sup>	- 1.6	410,150 <sup>5/</sup>	30.2 <sup>6/</sup>
Other Title XIX <sup>7/</sup>	637	581	6.4	*	80,465	5.9
Total	9,133	9,037	100.0	- 1.1	\$1,357,455	100.0

NOTE: Totals may not add due to rounding.

<sup>1/</sup> Data partly estimated; Totals rounded.

<sup>2/</sup> Children 3,126; Adults 1,949.

<sup>3/</sup> Children 3,038; Adults 1,956.

<sup>4/</sup> Children 33.6; Adults: 21.6

<sup>5/</sup> Children \$204,726; Adults \$205,425

<sup>6/</sup> Children 15.1; Adults 15.1.

<sup>7/</sup> Includes Children and Adults up to 64 years of age.

\*Not computed, unequal bases

Source: Department of Health, Education, and Welfare  
Health Care Financing Administration  
Office of Policy Planning and Research  
Office of Research  
Research Report B-5 (FY-77) (Preliminary)

April 1978

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/70

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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 <u>1/</u>						

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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	125,648	93,955	\$ 9,370	119,271	90,711	\$10,531
MA						
AB	2,352	1,549	154	2,228	1,505	161
APTD	60,111	40,104	3,853	63,417	41,456	4,743
AFDC	218,386	98,897	2,034	228,218	103,967	2,424
Total	406,497	234,505	\$15,411	413,134	237,639	\$17,859

1/ To age 21.

## ALABAMA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Medical Services Administration of the State of Alabama.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):  
Vitamins, food supplements, and anti-obesity.
- 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: 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. (Subject to drug surveillance/utilization review, DS/UR)
  3. Refills: When authorized by prescriber, a maximum of five (5) refills within a six month period. (Subject to DS/UR)
  4. Dollar Limits: Subject to DS/UR.
- D. Prescription Charge Formula: Medicaid pays for prescribed legend and non-legend drugs authorized under the program is based upon:
  1. The Maximum Allowable Cost (MAC) of the drug plus a dispensing fee,
  2. The Acquisition Cost (AC) of the drug plus a dispensing fee, or
  3. The providers' Usual and Customary charge to the public for the drug.

\*Professional Fee by Type of Drug Provider (as of October 1, 1977)

1. Retail pharmacies \$2.25



## Professional Fee (continued):

- |   |        |
|---|--------|
| 2. Institutional pharmacies (hospital pharmacies with outpatient prescription services and skilled nursing facilities pharmacies) | \$1.80 |
| 3. Government pharmacies (county, state, or federal pharmacies)   | \$1.20 |
| 4. Dispensing Physicians  | \$ .75 |

50¢ co-payment/Rx

Exception: Family planning items and conditions identified and referred from the Early and Periodic Screening, Diagnosis and Treatment examination.

## V. Miscellaneous Remarks:

From January 1, 1970 through September 30, 1977, the Alabama Pharmaceutical Program utilized a Bank Draft System for paying drug providers within forty-eight (48) hours. The Alabama drug program, since its beginning, provided this immediate payment and also furnished the program with current payment data which could be used to aid the State in drug surveillance/utilization review. In November 1976, the Alabama Medical Services Administration was awarded a citation by the Department of H.E.W. (region four) which stated: "For recognition of demonstrating extraordinary awareness in management in the development and implementation of an innovative bank draft system of drug payment that has significantly reduced many problems experienced by other states."

Effective October 1, 1977, the contract for the Medicaid Program was awarded to the low bidder, Blue Cross/Blue Shield of Alabama and the reimbursement system was changed to a pharmacy claim which is submitted to the fiscal intermediary for payment. Payment to the provider under the present contract, the fiscal intermediary agrees to make payment as prescribed by the State plan: "not less than once every two weeks after receipt of proper evidence establishing validity of the claim". The contractor must process and pay all claims in accordance with the requirements of the claims processing subsystem of MMIS.

## ALABAMA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Officials:

Jack E. Worthington Commissioner	Medical Services Administration of the State of Alabama 2500 Fairlane Drive Montgomery, Alabama 36130
-------------------------------------	--

Clayton H. Schmidt, M.D. Chief of Medical Services	"
---	---

Sam T. Hardin, R.Ph. Pharmaceutical Director	"
---	---

## 2. Title XIX Medical Care Advisory Committee:

Eugene H. Bradley, M.D.  
901 Cedar Bluff Road  
Centre 35960

Permanent Ex Officio Members:

Mr. Guy Burns, Commissioner  
State Department of Pensions  
and Security  
64 North Union Street  
Montgomery 36130

Alabama Hospital Association  
Frank Perryman, Vice-Chrmn.  
Sylacauga Hospital and  
Nursing Home  
Sylacauga 35150

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

Alabama Dental Association  
W. R. Harvey, D.D.S.  
Camden 36726

Alabama State Nurses Assoc.  
Mary Catherine Hale, R.N.  
515 Englewood Drive  
Dothan 36301

Alabama Nursing Home Assoc.  
William E. Hill, Admin.  
Nursing Home of Boaz  
P. O. Box 368  
Boaz 35937

Alabama Optometric Assoc.  
Roy D. Adams, O.D.  
P. O. Box 868  
Monroeville 36460

\*June 1977 Medicaid Program transferred from Health Department  
to Governor's Office as Single State Agency by Executive Order.

American Association of  
Medical Assistants

June Gordon  
P. O. Box 3  
Bynum 36253

Medical Association of the  
State of Alabama

Arthur F. Lincoln, M.D.  
1722 Pine Street, Rm. 401  
Montgomery 36106

Alan R. Dimick, M.D.  
Department of Surgery  
University of Alabama  
University Station  
Birmingham 35294

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

Jackie Bass Messick  
609 South 3 Notch Street  
Andalusia 36420

Johnnie E. Moss  
1823 Range Street  
Selma 36701

Sandra Sexton  
307 Ferry Way  
Montgomery 36109

Annie Mae Washington  
648 Morgan Avenue  
Montgomery 36104

Inez Sellers  
1922 Midway Street  
Montgomery 36110

## 3. Welfare Department:

Mr. Guy Burns  
Commissioner

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

4. Executive Officers of State Medical and Pharmaceutical  
Societies:

## A. Medical Association:

Lon Conner  
Executive Director  
Medical Association of the State of Alabama  
19 South Jackson Street  
Montgomery 36104  
Phone: 205/263-6441

## B. Pharmaceutical Association:

Launia L. Thagard  
Executive Director  
Alabama Pharmaceutical Association  
2217 - 19th Place South  
Birmingham 35209  
Phone: 205/879-4697



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 9/1/72

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		
Prescribed Drugs <u>1/</u>									
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 <u>2/</u>		X	X	X					X

Other Benefits: Intermediate Care Facilities; transportation; home health care; early and periodic screening, diagnosis and treatment for eligibles under 21; family planning; intermediate care for the mentally retarded; inpatient psychiatric care; optometrist services; (continued below)\*

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976		1977	
	Persons Eligible	Drug Recipients	Persons Eligible	Drug Recipients
OAA	2,182			
MA			No data submitted to NPC or published	
AB	86			
APTD	2,022			by HEW
AFDC	17,127			
Others	1,535			
Total	22,952			

1/ Alaska's Medicaid program does not include drugs. Some drugs are covered by Medicaid however. These would be those drugs considered family planning drugs and drugs dispensed to inpatients of hospitals and nursing homes.

2/ Dental services under Medicaid are covered only as required for EPSDT eligible individuals and is not otherwise covered for other Medicaid eligibles.

\*Other benefits: eyeglasses; speech & hearing services; mental health clinic.

## 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 Public Assistance (formerly the Division of Medical Assistance) of the Alaska Department of Health and Social Services. This Division also includes the categorical assistance programs (OAA, AB, APTD, and AFDC) and makes eligibility determinations.

## IV. Provisions Relating to Prescribed Drugs:

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

## V. Miscellaneous Remarks:

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.

## ALASKA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Health and Social Services Department Officials:

Helen Beirne, Ph.D. Commissioner	Department of Health and Social Services Pouch H-01 Juneau, Alaska 99811
Rod Petit Acting Director Division of Public Assistance	(as above) Pouch H-07
V. L. Iverson, Director Division of Administrative Services	Pouch H-02
Vacant Pharmacist Consultant Division of Public Assistance	Pouch H-07
2. Alaska Medical Care Advisory Committee:

Charles Rush <u>Chairman</u>	P. O. Box 3728 Anchorage 99501
---------------------------------	-----------------------------------
3. Executive Officers of State Medical and Pharmaceutical Societies:
  - A. Medical Association:

Martha MacDermaid  
Administrative Secretary  
Alaska State Medical Association  
1135 West 8 Avenue  
Anchorage 99501
  - B. Pharmaceutical Association:

Chuck Decker  
Secretary  
Alaska Pharmaceutical Association  
Box 1185  
Anchorage 99501





## ARIZONA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Medicaid program not implemented.

Historical Background

Medicaid law enacted.

Implementation data: August 15, 1977 by action of 1976  
State Legislature.

1977 Legislative Action

Legislature failed to provide necessary funds. House Resolution 2007 specifically prohibited any Medicaid purpose of appropriations to Department of Security, the Department of Health, Department of Administration or the State Treasurer.

Arizona Supreme Court Action - July 14, 1977

Decision - Implementation of program barred. The court held that the state's policy of allowing the program's administrator to set the amount of the Medicaid appropriation with only one standard or limitation -- a \$60 million ceiling -- was an unconstitutional delegation of legislative power to the administrator.

ARIZONA

WELFARE DRUG PROGRAM

I. 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.

II. 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 clinics 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.

ARIZONA

WELFARE DRUG PROGRAM

Officials, Consultants and Committees

1. Health Services Department Official:

Suzanne Dandoy, M.D., M.P.H. Director	Department of Health Services 1740 West Adams Street Phoenix, Arizona 85007
--	--

2. 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:

Warren J. Ellison, R.Ph.  
Executive Director  
Arizona Pharmaceutical Association  
2202 North 7 Street  
Phoenix 85006  
Phone: 602/258-8121



ARKANSAS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/70

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts <sup>1/</sup>	Persons Eligible	Drug Recipients	Amounts <sup>1/</sup>
OAA	73,528	65,984	\$ 7,963	67,926	62,427	\$ 8,132
MA						
AB	1,932	1,416	154	1,801	1,410	149
APTD	35,295	28,403	3,481	33,581	30,554	3,907
AFDC <sup>2/</sup>	126,408	81,473	2,289	113,013	79,430	2,149
MN Aged	879		127	742		80
MN Blind	10		1	6		-- <sup>3/</sup>
MN Disabled <sup>2/</sup>	1,071		127	1,034		115
MN Children - Adults	2,198		29	6,045		109
Total	241,321	177,276	\$14,171	224,148	173,821	\$14,641

- 1/ Includes 50¢ copayment/Rx
- 2/ Includes Foster Care & U-21
- 3/ Less than One Thousand Dollars

Note: 1976 data differs from 1977 NPC Compilation. State submitted the above to NPC in February 1978.

## ARKANSAS

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Division of Social Services, of the Department of Human Services. The prescription drug program was implemented September 1, 1973.

## 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, amphetamines, anti-obesity agents, 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 gluconate, ferrous sulfate, meclizine HCl, 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. With the exception of Schedule II drugs and nitroglycerin, each prescription can be filled for a maximum of a one month's supply. Effective 1/1/76, each recipient was limited to Medicaid coverage for 3 prescriptions per month. Effective 2/1/78, Medicaid coverage allowed for a maximum of four prescriptions per recipient per month.
3. Refills: Effective August 1, 1974, 5 refills within 6 months are allowed, if authorized by prescriber.
4. Dollar Limits: None.

## D. Prescription Charge Formula:

Legend drugs - cost according to local wholesale price plus \$2.87 professional fee, less 50¢ copayment. Total charge may not exceed provider's prevailing charge to the self-paying public.

## V. Miscellaneous Remarks:

- A. MAC program - A MAC program was implemented 1/1/76. MAC prices were set on 8 multi-source drugs. A Medicaid Drug Advisory Committee meets regularly to review and revise this list. The MAC price replaces local wholesale price for these drugs as the maximum cost allowed for reimbursement purposes.

## ARKANSAS

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social Services Officials:

Doyle O. Yarborough Commissioner	Arkansas Social Services Blue Cross/Blue Shield Building 7th and Gaines Streets (P. O. Box 1437) Little Rock, Arkansas 72203
Richard C. Howell, Director Office of Management Services	" "
Jim Hinson, Director Office of Financial Management	" "
Ed McMillan, Director Office of Program Operations	" "
Allan B. Cooper, Director Office of Medical Services	" "
Ivan H. Smith, Director Office of Legal Services	" "
Debbie Dodson, R.Ph. Pharmacist Consultant	" "

## 2. Social Services Consultants:

## Physicians (Part-time):

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



NPC

Arkansas - 101  
1978

Bert L. Phillips, M.D.                      1403 Main  
North Little Rock 72114

D. Lloyd Guerin, O.D.                      823 Parkway  
Conway 72032

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

C. C. Long, M.D.  
Executive Vice-President  
Arkansas Medical Society  
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Fort Smith 72901  
Phone: 501/782-8218

B. Pharmaceutical Association:

Charles West  
Executive Director  
Arkansas Pharmacists Association  
Plaza West, Suite 1020  
McKinley & Lee Streets  
Little Rock 72205  
Phone: 501/664-1902



## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 3/1/66

## I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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 - Medically Indigent Adults

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	1/2/ Drug Recipients	1/ Amounts	Persons Eligible	1/2/ Drug Recipients	1/ Amounts
OAA	325,681	143,866	\$ 32,088	321,009	140,859	\$ 33,000
MA						
AB	12,582	5,325	1,320	12,481	5,279	1,404
APTD	313,832	138,584	39,372	328,293	146,646	44,364
AFDC	1,298,599	239,543	30,012	1,349,632	246,464	33,288
MN Aged	57,722	39,254	11,664	69,273	43,902	13,152
MN Blind	725	578	180	701	522	168
MN Disabled	16,969	7,900	3,000	24,296	11,161	4,056
MN Children	155,658	24,559	3,204	199,345	30,908	4,164
MI	250,458	56,056	9,840	368,486	74,704	13,716
Total	2,432,226 <sup>3/</sup>	655,665 <sup>3/</sup>	\$130,680 <sup>3/</sup>	2,673,516	700,445	\$147,312

1/ Monthly average.

2/ Excludes PHP, Refugees and Renal Dialysis.

3/ Adjusted in 1978 report to NPC. Reported as 2,379,474; 652,260; and \$127,887 in 1977 edition.

Note: Figures are rounded independently and may not add to total.

Source: Dept. of Health, Medi-Cal Cumulative Certified CID Eligibles Jan. 1974 through Dec. 1976 and through Nov. 1977; Fed. report SRS-NCSS-2082.

## 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).

Under the general direction of the Department of Health's Medi-Cal Program Policy Branch, the Pharmaceutical Services Unit of the Medi-Cal Benefits Section monitors the full scope and quality of pharmaceutical benefits covered under the provisions of the California Medical Assistance Program. This Unit, additionally, has the prime responsibility for both the evaluation and formulation of Utilization/Cost Controls and the development and implementation of policies and regulations concerning the full scope of pharmaceutical benefits.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Multivitamins, most OTC items, non-narcotic analgesics except sodium salicylate. CNS stimulants, i.e., amphetamines, dextroamphetamines, and methylphenidate, are generally only available 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 blockage processes occurring in the spinal nerve pathways or affecting the lumbo-sacral autonomic nervous system pathways related to bowel motility). Diazepam restricted to use in cerebral palsy, athetoid states, and spinal cord degeneration.
- B. Formulary: Over 600 drugs (approximately 2,525 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 97 drug and medical supply codes. Pharmacist must enter code number and manufacturer on prescription billing form (MC-175).

## C. Prescribing or Dispensing Limitations:

1. Terminology: Formulary basically set up on generic name basis.
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 except under certain circumstances. Most high volume and/or chronically used oral solid dosage forms of drugs are subject to minimum quantity limitations/or maximum frequency of billing controls.
3. Refills: A prescription refill can be prepared after authorization by prescriber.
4. Number of prescriptions: Number of formulary drugs not limited but overutilization limited by prepayment or postpayment controls. These controls include those mentioned in item 2 supported by onsite audit of provider files and peer review.
5. Beneficiary Prior Authorization: As part of the effort to control Medi-Cal fraud and abuse, the Department of Health is restricting, through the requirement of prior authorization, the availability of prescription drugs to certain beneficiaries found by the Department to be abusing those benefits.

Beginning with the month of September 1977, special Medi-Cal identification cards are issued to certain beneficiaries to indicate the prior authorization restriction on claims for outpatient prescription drugs. Claims for prescription drugs dispensed to these beneficiaries will be paid only when accompanied by an approved Treatment Authorization Request (TAR).

To identify beneficiaries with restricted drug coverage the words "RESTRICTED DRUGS" will be typed or imprinted above the beneficiary identification number on the left-hand side of the Medi-Cal ID card. Each label will also carry the code "R1" preceded by an asterisk on the fourth line of each ID label.

6. Dollar Limits: None.

D. Prescription Charge Formula: Red Book (Blue Book or Supplier's Catalogue if not listed in Red Book) EAC plus \$3.06 professional fee for prescriptions. 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 and applicable regulations are made periodically by the Medi-Cal Benefits Section in order to update the formulary and also to effect adjustments promulgated by the Department of Health.

Medical Therapeutics and Drug Advisory Committee

Reacting to the lead responsibility of the Pharmaceutical Services Unit in the Medi-Cal Benefits Section of the Department of Health, the Medical Therapeutics and Drug Advisory Committee compares the cost and therapeutic effect of drugs and make recommendations as to additions to and/or deletions from the 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.

Volume Purchase Plan for Prescription Drugs

The proposed plan for the volume purchase of drugs under the California Medicaid program has been suspended (indefinitely) as a result of non-support by the California Legislature. Program staff are in the process of developing procedures which will resolve the Legislature's concerns and objections with the intended goal of reactivation and implementation of the plan.

Postpayment Controls

Peer Review: In the interest of improving drug utilization review, local pharmacy peer review committees are involved in drug utilization control. A statewide peer review system is authorized by the Department of Health; MIO maintains the system. Peer review committees are responsible for the

review of pharmacy services to determine if the services are: appropriate; necessary; in conformance with standards of local community practice; in conformance with Medi-Cal regulations. These committees have the authority to recommend corrective or punitive action to the Department of Health.

#### Pharmacy Audit Recoupment Procedures

The Department of Health maintains a system of postpayment (on-site pharmacy audit) utilization controls. Recoupment procedures are initiated if it is determined during an on-site audit that overpayments have been made by the Program. Pharmacy provider misuse of the Program, resulting in overpayments, may result in removal of the provider from Program participation.

## CALIFORNIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## A. Health and Welfare Agency

## 1. Health and Welfare Agency Officials:

Mario G. Obledo Secretary	CALIFORNIA HEALTH AND WELFARE AGENCY State Office Building #1 Room 427 Sacramento, California 95814
------------------------------	---

## 2. Department of Health Services:

Beverlee A. Myers Director	Department of Health Services 714 P Street Sacramento 95814
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Vacant Chief Deputy	"
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Bruce Yarwood Deputy Director	Medi-Cal Division 714 P Street Sacramento 95814
----------------------------------	---

Vacant Deputy Director	Medical Care Standards Division 714 P Street Sacramento 95814
---------------------------	---

Wade J. Williams Chief	Benefits Branch 714 P Street Sacramento 95814
---------------------------	---

Carlo Michelotti, Pharm., M.P.H. Assistant Chief	"
--	---

Milton Kuschnerreit, Pharm. Senior Consulting Pharmacist	"
---	---

Victor A. Boiseree Chief Pilot Projects Alternative Health Systems Branch	Medi-Cal Division 714 P Street Sacramento 95814
---	---



## 3. Advisory Committee to California Department of Health:

## a. Medical Therapeutics and Drug Advisory Committee:

Jorge Delgado, Pharm. Executive Secretary	CALIFORNIA DEPARTMENT OF HEALTH 714 P Street Sacramento 95814
--	---

Paul Hoagland, M.D. <u>Chairman</u>	- Pasadena
--	------------

James L. Boynton, Pharm.	- Stockton
--------------------------	------------

Todd T. Tomihiro, Pharm.	- San Jose
--------------------------	------------

Richard E. Turk, M.D.	- Berkeley
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Wallace D. Winter, M.D., Ph.D.	- Davis
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Peter V. Lee, M.D.	- Los Angeles
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David Fung, Pharm.	- Fresno
--------------------	----------

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

Donald LaNoue Deputy Executive Director	MEDI-CAL INTERMEDIARY OPERATIONS Blue Shield of California 2 North Point San Francisco 94133
--	--

William Thompson, Pharm. Pharmacist Consultant	"
---	---

## B. Executive Officers of State Medical and Pharmaceutical Societies:

## 1. Medical Association:

Will W. Babb  
Executive Director  
California Medical Association  
731 Market Street  
San Francisco 94103  
Phone: 415/777-2000

## 2. Pharmaceutical Association:

Robert C. Johnson  
Executive Vice President  
California Pharmaceutical Association  
555 Capitol Mall, Suite 645  
Sacramento 95814  
Phone: 916/444-7811



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/69

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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					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	

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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts
OAA	32,727	28,976	\$3,911	28,994	28,050	\$4,228
MA						
AB	310	273	22	277	131	21
APTD	14,304	15,549	2,252	14,176	15,262	2,375
AFDC	103,559	71,874	1,750	91,544	68,530	1,810
Other		4,843	408			
<b>Total</b>	<b>150,900</b>	<b>121,515</b>	<b>\$8,343</b>	<b>134,991</b>	<b>111,973</b>	<b>\$8,434</b>

1/ These figures are based upon the average of medical eligibles per month by category. The actual unduplicated number of eligibles for the FY are not available. Hence the values are less than actual because of case turnovers throughout the year.

2/ These figures are unduplicated.

## 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<sup>R</sup>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, 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<sup>R</sup>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<sup>R</sup>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.

Section III - EAC Price list. High volume drugs reimbursed at greater than 100's size or direct manufacturer's price.

## 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 Colo<sup>R</sup>x 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.

New PrescriptionsMinimum

Aspirin	1,000 tablets
Dioctyl Sulfosuccinate 100 mg. (Calcium or Sodium)	100 caps

RefillsMinimum

Chronic conditions	30 days
Insulin, contraceptive devices	90 days
Aspirin, stool softener	90 days

## 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 or EAC price of the drug plus \$2.50 professional fee.
  - b. Maximum Allowable Price plus \$2.50 professional fee (See A-4336.4 for information regarding MAP).
  - c. The price charged in the ordinary course of business to the general public.

Note: Colorado has completed the Fee Survey and will soon implement an increase in the professional fee for community pharmacies and hospital pharmacies.

Community Pharmacist (continued):

Colo<sup>R</sup>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<sup>R</sup>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<sup>R</sup>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<sup>R</sup>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 \$1.20. (No payment will be made in excess of the MAP set forth in the Colo<sup>R</sup>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<sup>R</sup>X. Includes OEO funded Health Centers.

4. Physicians:

Physicians must bill the cost of drugs non-shelf-administered on "injectables" dispensed by them in their office to the Fiscal Agent (Blue Cross/Blue Shield). From 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 Manual Regulation A-4336.7. If the physician is 25 miles or beyond from a participating pharmacy, the physician may request consideration to receive cost plus \$1.20 per prescription. Physician-owned pharmacies that have a registered pharmacist on duty will receive \$2.50 professional fee.

Note: Colorado will probably have another increase in FY 78-79.

## V. Miscellaneous Remarks:

Drug Utilization Review Procedures:

The State Department receives computer processed printouts designed to discover overutilization of drugs prescribed by physicians, dispensed by vendors, and received by eligible recipients.

A Drug Utilization Review Committee composed of two physicians and 12 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 overutilization 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:

Armando R. Atencio Executive Director	Colorado Department of Social Services 1575 Sherman Street Denver, Colorado 80203
Frederick A. Langille Executive Administrator	"
Lemm Allen Associate Director for Programs	"
Charline J. Birkins Assistant Director for Policy and Office of Intergovernment Coordination	"
Gary A. Smith Assistant Director for Program Planning, Evaluation & Budget	"
Willis H. LaVance Executive Officer for Administration	"
Garry A. Toerber, Ph.D., Director Division of Medical Assistance	"
Barbara Allen Ford, Deputy Director Division of Medical Assistance	"
Myrle A. Myers, R.Ph., M.S. Chief, Pharmacy Section Division of Medical Assistance	"
James C. Syner, M.D. Medical Consultant Division of Medical Assistance	"
Gerald A. Fournier, Program Administrator, Program Services, Division of Medical Assistance	"
Jay Peck, Administrative Officer Fiscal Services Division of Medical Assistance	"

## 2. Social Services Department Consultant:

Marvin J. Lubeck, M.D. Ophthalmology	3865 Cherry Creek North Drive Denver, Colorado 80210
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## 3. Medical Advisory Committees:

## A. State Medical Assistance and Services Advisory Council:

Wade Blank	<u>Katherine E. Corbin, D.P.M.</u>
Angeline D. Heaton, M.D.	(Chairman)
Roy M. Hedlund, O.D.	C. Stephen Gill, D.P.M.
Francis Lehr	(Alternate)
Walter C. Mill, D.O.	Marvin E. Johnson, M.D.
Phyllis Schultz, R.N.	Walter Ballard, D.D.S.
Miles Schuman, R.Ph.	Francis P. Weston
Alvin Yordy	(one currently vacant member- ship)

EX OFFICIO MEMBERS:

Armando R. Atencio Executive Director Colorado Department of Social Services	Anthony Robbins, M.D. Executive Director Colorado Department of Health
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The Medical Assistance and Services Advisory Council under the Title XIX Medical Assistance Program shall be composed of fifteen 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:

John A. Thebus, Jr., R.Ph., <u>Chairman</u>	Thomas G. Arthur, R.Ph., MSA
Lillian Bird, R.Ph.	Duane H. Lambert, R.Ph.
Charles L. Cummings, R.Ph.	Stanley Stein, R.Ph.
Elton Ferguson, R.Ph.	James H. Vincent, R.Ph.
	Daniel L. Young, R.Ph.

C. Colo<sup>R</sup>X Drug Formulary Advisory Committee:

Richard A. Haynes, R.Ph., Chairman	James Kobach, R.Ph.
Mark F. Blum, M.D.	Duane H. Lambert, R.Ph.
Franklin L. Connell, R.Ph.	Howard E. Netz, M.D., R.Ph.
Robert E. Doyle, R.Ph.	John A. Thebus, Jr., R.Ph.
Ernest Gonzales, R.Ph.	Donald A. Vecchio, R.Ph.
	Jerry Harvey, R.Ph.

## D. Drug Utilization Review Committee:

Thomas C. Starr, R.Ph., Chairman	John M. James, R.Ph.
William L. Lowes, R.Ph., Vice Chairman	Lloyd R. Lundsten, M.D.
Helen Angel, R.Ph.	John T. Morrison, M.D.
Herbert Beck, R.Ph.	Harry Picht, R.Ph.
James Bradley, R.Ph.	Gerald E. Stutz, R.Ph.
A. Lyle Campbell, R.Ph.	James Tyler, R.Ph.
	Floyd M. Knaus, R.Ph.

## 4. Executive Officers of the State Medical and Pharmaceutical Societies:

## A. Medical Society:

Donald G. Derry  
Executive Director  
Colorado Medical Society  
1601 East Nineteenth Avenue  
Denver 80218  
(303) 534-8580

## B. Pharmacal Association:

Thomas G. Arthur, R.Ph., M.S.A.  
Executive Director  
Colorado Pharmacal Association  
1711 Pennsylvania Street  
Denver 80203  
(303) 861-0328



CONNECTICUT

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

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										

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	3,742		\$ 894	5,036		\$ 2,294
MA						
AB	113		16	122		25
APTD	5,928		1,242	7,542		2,097
AFDC	131,599		3,495	174,622		3,922
MN Aged	17,007		3,374	21,104		2,529
MN Blind	160		21	155		16
MN Disabled	10,581		1,553	12,970		1,224
MN Children	4,898 <sup>1/</sup>		275	19,740		276 <sup>2/</sup>
Total	174,028		\$10,870	241,291		\$12,383

<sup>1/</sup> Average Monthly Cases (NC, NF, NG)

<sup>2/</sup> (NC, NF, NG, Cases)

## 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 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 Central Office.

- D. Prescription Charge Formula: AWP as listed in Red or Blue Book plus fee:

Convalescent and nursing homes - cost plus \$2.00  
"Walk-In" patients - cost plus \$2.40

## CONNECTICUT

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Welfare Department Officials:

Edward Maher Commissioner	Department of Social Services 110 Bartholomew Avenue Hartford, Connecticut 06106
Carolyn Perry Deputy Commissioner	" "
Stephen H. Press, Director Medical Care Administration	" "
Harold McIntosh Assistant Director Health Services	" "
David Galinsky, M.D., Chief Medical Services	" "
Meyer Rosenkrantz, R.Ph. Pharmacist Consultant	" "

2. Welfare Department Consultants  
(Part-time):

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

## 3. Title XIX Advisory Committees:

## A. Pharmacy Advisory Committee:

State Pharmacy Commission  
Dr. James O'Brien  
Mike Williams

Connecticut State Medical  
Society  
Dr. Elliot R. Mayo

Connecticut Pharmaceutical  
Association  
Dan Leone  
William Summa  
Edward C. Liska

State Welfare Department  
Stephen H. Press  
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
Dennis May Executive Vice President 90 Sargent Drive New Haven 06509	- 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  
936 Silas Deane Highway  
Wethersfield 06109  
Phone: 203/563-4619



## DELAWARE

## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 10/1/66

## 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						

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <u>1/</u> Eligible	Drug Recipients	Amounts	Persons <u>1/</u> Eligible	Drug Recipients	Amounts
OAA	3,450	3,402	\$ 412	3,077	3,127	\$ 412
MA						
AB	279	253	32	931	215	32
APTD	2,956	3,178	415	3,341	3,542	415
AFDC	30,930	29,722	755	30,683	32,570	755
MN Aged						
MN Blind						
MN Disabled						
MN Children						
Total	37,615	36,555 <sup>2/</sup>	\$1,614 <sup>2/</sup>	38,032	39,454 <sup>3/</sup>	\$1,614

1/ Monthly average.2/ DHEW-SRS/NCSS 2082 A(2), B(3) (Data submitted by Delaware to NPC).3/ DHEW-SRS/NCSS 2082 A(2) (Reported to DHEW - FY-1977).

## 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. Anorectics are excluded.
- 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.
  - 4. Dollar Limits: None.
- D. Prescription Charge Formula:  
The lesser of actual acquisition cost plus \$2.50 (effective 7/1/78 as interim fee until 1978 fee survey is evaluated), or usual charge to public.

## V. Miscellaneous Remarks:

\*Payment to pharmacists - bank draft system

Payment is made to the pharmacists by depositing a "bank draft" claim form in the banking system, often referred to as an "instant pay" system.

\*To be discontinued effective July 1, 1978; change of Fiscal Agent.

## DELAWARE

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Health and Social Services Department Officials:

Patricia Schramm Secretary	Department of Health and Social Services Delaware State Hospital New Castle, Delaware 19720
Charles E. Smith Director	Division of Social Services P. O. Box 309 Wilmington 19899
Richard J. Cherrin Administrator Medical Assistance Services	" "
Mary Lee Berry Medical Program Consultant	" "
Anne Gray Social Service Administrator Medical Unit	" "
Patricia Phillips Social Service Administrator Medical Unit	" "
Edmund G. Laird, M.D. (Part-time) Medical Consultant	13 Red Oak Road Wilmington 19806
Roger Anderson (Part-time) Pharmacist Consultant	201 West 14th Street Wilmington 19899

## 2. Health and Social Services Medical Advisory Committee:

<u>Osteopathic Society</u> A. A. Golden, D.O. 4310 Washington Boulevard Wilmington 19802	<u>Optometric Society</u> H. Martin Moss, O.D. 702 N. Union Street Wilmington 19805
---	--

NPC

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Medical Advisory Committee (continued):

Medical Society of Delaware

Robert Abel, M.D.  
1300 N. Harrison Street  
Wilmington 19806

Anne Bader (Mrs.)  
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

Pharmaceutical Society

Mark Abrams  
Hillside House  
8th & Broom Streets  
Wilmington 19806

Thomas Campbell  
321 Willey Street  
Seaford 19973

Division of Public Health

Donald R. Cowan, DDS  
Chief, Bureau of Special Health  
Services

Division of Public Health  
Jesse Cooper Building  
Dover 19901

Nicholas P. Haritos, M.D.  
Director  
Division of Public Health  
Jesse Cooper Building  
Dover 19901

Division of Social Services

David Krigstein, R.Ph.  
Pharmaceutical Consultant  
13404 Broom Place  
Wilmington 19802

Edmund G. Laird, M.D.  
13 Red Oak Road  
Wilmington 19806

Consumer Representative

A. R. Lieberman  
2309 Wynnwood Road  
Wilmington 19810

Adele Majka (Mrs.)  
336 Fiddler Green  
Dover 19901

Harry McGinnis  
1005 Beech Street  
Wilmington 19805

Rosemary Twilley  
201 Orchard Avenue  
Morris Estate I  
Dover 19901

Frances White  
1330 W. 4th Street  
Wilmington 19805

Sylvia Williams  
Reed Street  
Frankford 19945

Visiting Nurse Association

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

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

Division of Mental Health  
Delaware State Hospital  
New Castle

Health Planning Council

Robert Tremain  
Assistant Director  
Health Planning Council  
2501 Silverside Road  
Suite 5  
Wilmington 19810



Medical Advisory Committee (continued):

Blue Cross Blue Shield, Inc.  
Norman Tuck  
Provider Relations Department  
Blue Cross Blue Shield of  
Delaware, Inc.  
201 W. 14th Street  
Wilmington 19801

Delaware Hospital Association  
James P. Tyler  
Director of Fiscal Affairs  
Delaware Division  
P. O. Box 1668  
Wilmington Medical Center  
Wilmington

Wilmington Public Schools  
Helen Waddell  
Wilmington Public Schools  
1400 Washington Street  
Wilmington 19801

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:

Maureen M. Fink (Mrs.), R.Ph.  
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 10/1/68

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children					Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		3,181	\$ 381		4,883	\$ 602
MA						
AB		142	17		126	15
APTD		7,777	1,039		8,053	1,030
AFDC		79,120	3,367		68,065	2,543
MN OAA		6,069	752		3,926	452
MN AB		45	8		32	5
MN APTD		2,412	333		1,859	212
MN AFDC		4,992	373		3,200	202
MN--Children Under 21		8,797	223		5,153	109
Other		207	31			
Total		112,742	\$6,524		95,297	\$5,170

## 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 Office of State Agency Affairs administers the State plan and the Payments Assistance 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.): All legend drugs are covered except those drugs that are listed by FDA as ineffective. Pursuant to a prescription the following non-legend items are covered: oral analgesics, oral antacids, insulin, insulin needles and syringes, contraceptive foams and jellies, ferrous sulfate, prenatal vitamin formulations, geriatric vitamin formulations for recipients 65 years of age and over, and multivitamin formulations for children 7 years of age and under. All other non-legend items are excluded.
- B. Formulary: A fairly broad-scoped formulary is used which lists approximately 2,250 drug items predominantly by brand names but includes some Generic Drugs. The drug dispensing unit - i.e., tablet, capsule, ml., ounce, etc. is specified with its wholesale cost. Each drug is coded for computerization purposes. 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.

Refills (continued):

Birth control tablets may be dispensed in 3-cycle units with a maximum of 3 refills within one year.

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

When a prescription charge is \$25 or more, specific telephone authorization to fill it will be required from the Consulting Pharmacist, Medical Assistance Division.

D. Prescription Charge Formula:

The lesser of:

- Maximum allowable charge (MAC) plus \$2.59\* or
- Estimated Acquisition Cost (EAC) plus \$2.59\* or
- The providers usual charge to the public.\*

E. Compounded Prescriptions:

- Lesser of EAC of all Ingredients plus \$3.00.
- The providers usual Charge to the public.

V. Miscellaneous Remarks:

Drug Utilization Data

Prescribed Drugs

Total ..... \$5,170,076

Age in Years

Under 6 .....	224,381
6-20 .....	599,212
21-64 .....	3,022,426
65 and over .....	1,324,057

\*50¢ co-pay by recipient; otherwise no claim is to be submitted for reimbursement. Does not apply to wards of the District.

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Miscellaneous Remarks (continued):

<u>Total Number of Prescriptions</u> .....	1,030,348
OA .....	201,124
AB .....	3,606
APTD .....	224,101
AFDC .....	222,452
Children Under 21 .....	375,974
Other .....	3,091
<u>Average Prescription Price</u> .....	\$5.02

## DISTRICT OF COLUMBIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Human Resources Department:

## A. Officials:

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

Jacqueline E. Johnson Assistant Director for State Agency Affairs	Munsey Building 1329 E Street, N. W. Washington, D. C. 20004
---	--

Peter B. Coppola, Chief Medical Assistance Division	614 H Street, N. W. Washington, D. C. 20001
--	--

James Harris, R.Ph. Pharmacist Consultant Medical Assistance Division	"
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## B. Consultants:

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

Bertrell Hallum Administrator Payments Assistance Admin.	500 First Street, N. W. Washington, D. C. 20001
--	--

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

## C. D. C. Health Planning Advisory Committee:

Consumers

Emma D. Brooks Retired-Dept. of Army	204-11th St., N.E. D. C. 20002	Member-at-Large
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Margaret C. Bush Retired-D.C. Govt.	806 D St., S.E. D. C. 20003	Member-at-Large
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Celestine Caraway Community Organizer Southwest House Assoc.	229 K St., S.W. D. C. 20024	Title XIX Recipient
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D. C. Health Planning Advisory Committee (continued):

Roland Dority Self Employed	105 6th St., S.E. Apt. 108 D. C. 20003	Member-at-Large
Leon Ferguson Exec. Dir., Home for the Aged Stoddard Baptist Home	1653 Fort Davis Street, S.E. D. C. 20020	Member-at-Large
Norbert King Retired-D.C. Fire Department	621-21st St., N.E. D. C. 20002	Member-at-Large
Casilda Luna Community Organizer CHANGE, Inc.	1763 Columbia Rd., N.W., #23 D.C. 20009	Spanish Speaking Community
Bernice Lewis Housewife	1401 Montana Ave., N.E., #5 D. C. 20018	Title XIX Recipient
Herbert Semmel Attorney, Center for Law & Social Policy	2800 Adams Mill Rd., N.W. D. C. 20009	Member-at-Large
Emma Taliaferro Housewife	1120-4th St., N.E. D. C. 20002	Member-at-Large
<u>Providers</u>		
Dr. William Brown, Jr. Physician	1210 Maple View Place, S.E. D. C. 20020	Medico-Chirurgical Society of D.C.
Marian S. Cowan Ophthalmic Medical Assistant	1790 Sycamore St., N.W. D. C. 20012	Visiting Nurses' Assoc. of D.C.
Dr. John Greenwood Optometrist	1212 Wisconsin Ave., N. W. D. C. 20007	Optometric Society of D.C.
Rena D. Harris Retired-D.C. Govt.	1602 Crittenden St., N.W. D. C. 20011	D.C. Nurses' Assoc.
Dr. Arthur S. Hoyte Director, Office of Program for Student Development & Comm. Affairs-Dept. Comm. Med., Georgetown Medical School	203 Yoakum Pkwy. Alexandria, Va. 22304	D.C. Medical Society



## D. C. Health Planning Advisory Committee (continued):

Virginia Keane Director	Howard University 2041 Georgia Ave., N.W. D. C. 20060	National Assoc. of Social Workers, DC Chapter
John Leis, Director Social Services Greater Southeast Community Hospital	Greater Southeast Hospital 1310 Southern Ave. SE D. C. 20032	Member-at-Large
Dr. Harold B. Martin Dentist	1804 New Hampshire Ave., N.W. D. C. 20009	Robert T. Freeman Dental Society
Dale Morton Owner/Operator, Morton's Pharmacies	301 Pennsylvania Ave, S. E. D. C. 20003	D.C. Pharmaceutical Association
Dr. Theodore A. Shell Dentist	1931-15th St., N.W. D. C. 20009	D.C. Dental Society
Dr. Eddie G. Smith, Jr. Dentist	740-6th St., N. W. D. C. 20001	Member-at-Large
Dr. James Towns Dentist	6400 Georgia Ave., NW D. C. 20012	Member-at-Large
<u>Ex-Officio Members</u>		
Dr. I. Blanche Bourne Depty. Admin., CHHA	1875 Conn., Ave., NW D. C. 20009	Community Health & Hosp. Admin.
James Carter, Jr. Exec. Asst. to the Adminis., SRA	122 C St., N. W. D. C. 20001	Social Rehabilitation Administration
Ulysses Banks Deputy Dir., PAA	500 First St., N.W. D. C. 20001	Payments Assistance Administration
<u>Executive Secretary</u>		
Lois B. Branich Chief, Technical Assistance Section	614 H St., N. W. D. C. 20001	Office of State Agency Affairs Medical Assistance Division

2. Social Services Administration Officials:

William Barr Administrator	Social Services Administration 122 C Street, N. W., Room 800 Washington, D. C. 20001
-------------------------------	--

3. Executive Officers of District Medical and Pharmaceutical Societies:

A. Medical Society:

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

B. Pharmaceutical Association:

Chauncey I. Cooper  
Executive Director  
Washington, D. C. 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 1/1/70

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 <sup>1/</sup> Home Services	X	X	X	X						
Physician Services	X	X	X	X						
Dental Services		X	X <sup>2/</sup>	X						

Other Benefits: Home Health Services; State TB and Mental Hospitals; 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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977 <sup>3/</sup>		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	107,957	82,342	\$12,259		81,604	\$10,352
MA				Data		
AB	2,564	1,984	196	not	1,984	212
APTD	67,794	60,311	6,630	Submitted	66,626	8,036
AFDC	266,786	172,134	4,101		177,836	4,483
Total	445,101	316,771	\$23,186		328,050	\$23,083

<sup>1/</sup> 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.

<sup>2/</sup> Covered under the EPSDT program.

<sup>3/</sup> HEW-NCSS-2082, A(2), B(3) FY-77 (Preliminary)

## 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 agent.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Excluded are drugs provided through programs of the Health Program Office, Mental Health Program Office, or other program separately funded by any Federal, State, County or private agency; prosthesis; appliances; devices; personal care items; vitamin preparations prescribed as a tonic or dietary supplement; Spiritus Fermenti; drugs for hospitalized patients; oxygen; blood or blood plasma; non-legend drugs (except for prescribed insulin); anti-obesity drugs unless the medication is prescribed for a purpose other than appetite control (i.e. narcolepsy, hyperkinesis); and drugs in excess of \$22.00 per eligible recipient per month, or \$33.00 per month if the recipient is domiciled in a nursing home (unless there has been an exception granted).
- B. Formulary: No formulary. Reimbursable under the program are legend drugs and insulin prescribed by a doctor of medicine, osteopathy, dentistry, chiropody, or podiatry for the treatment of an illness, disease or injury.
- C. Prescribing or Dispensing Limitations:
1. Terminology: None.
  2. Quantity of Medication:
    - a. Prior authorization required for drugs in excess of \$22.00 per recipient per month or if the recipient is domiciled in a nursing home, \$33.00 per recipient per month.
    - b. Maintenance medication should be dispensed and billed in quantities of not less than one month supply. One-hundred (100) units may be dispensed in lieu of a one month supply if this quantity is greater than a one month supply.

## Prescribing or Dispensing Limitations (continued):

3. Refills: If authorization for refilling the prescription is granted by the prescriber, prescriptions may be refilled not more than five (5) times within six months of the date the prescription is written unless prohibited by law. Refilled prescriptions must be documented. Documentation must be consistent with proper pharmaceutical practices.
4. Eligibility: Recipients who are eligible for the Title XIX (Medicaid) benefits are entitled to prescribed medicine as part of this program. In order to receive these benefits, recipients are required to present to a participating provider their monthly Medicaid eligibility card (Certificate of Eligibility for Prescribed Medicine). This Medicaid eligibility card is the only assurance that the provider will be reimbursed for drugs dispensed within the scope of this program. After presenting this Medicaid eligibility card to a participating provider, the recipient must use this provider for the entire calendar month. The recipient may change providers the following month if desired.

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 Systems Development Corporation, Integrated Services, Inc. (SDC).

## D. Prescription Charge Formula:

Fee - July 1, 1978\*  
Lower of: (1) MAC plus \$2.75  
(2) EAC plus \$2.75  
(3) Usual and Customary

\*In process of permanent approval, at press time.  
(Effective July 1, 1978 under emergency regulation.)

## V. Miscellaneous Remarks:

- All drugs have an EAC (Estimated Acquisition Cost)
- 49 High Volume EACs set at large package size
- Thirteen (13) multisource drug products have a MAC
- Provisions for medical necessary considerations
- Provisions for patient refuses substitution situations

## FLORIDA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Health and Rehabilitative Services Department Officials:

William J. Page, Jr. Secretary	Department of Health and Rehabilitative Services 1323 Winewood Boulevard Tallahassee, Florida 32301
-----------------------------------	--

Charles Hall Staff Director	Social and Economic Services Program Office 1311 Winewood Boulevard Tallahassee 32301
--------------------------------	--

Walter B. Conwell Program Administrator Medical Services Program	"
--	---

Robert P. Hurst, R.Ph. Pharmacist Consultant Utilization Review Section Medical Services Program	"
---	---

## 2. Consultants to Social and Economic Services: (Part-time)

Sam Atkinson, M.D. F. V. Berley, M.D. Dudley Reep, D.D.S.	Social and Economic Services Program Office P. O. Box 2050 Jacksonville 32203
---	--

## 3. Medicaid Advisory Committee:

Below is the list of the newly appointed members of the Medicaid Advisory Committee. No formal meeting has been conducted since assignment for the purpose of establishing the various subcommittees.

County Welfare Executives  
Harold J. Angermeier, Pres.  
Florida Association of  
County Welfare Executives  
601 Court Street  
Clearwater 33516

Nursing  
(Mrs.) Bilye Boselli, R.N.  
Executive Director  
Visiting Nurse Association  
2105 Jefferson Street  
Jacksonville 32206

## Medical Advisory Committee (continued):

Orthotics

Ross Bremer, President  
Bremer Brace Co.  
1107 Margaret Street  
Jacksonville

Pharmacy

George Browning, R.Ph.  
Medical Arts Bldg. Pharmacy  
1281 South Hickory Street  
Melbourne 32901

School Health Programs

Mr. John T. Keller, Jr.  
Florida Department of  
Education  
106 Center Building  
Tallahassee 32304

Mental Health

Robert Furlough, Ph.D.  
Admr., Special Programs and  
Interstate Services  
Division of Mental Health  
1323 Winewood Boulevard  
Tallahassee 32301

Consumer

Mary Glover (Mrs.)  
709 Court J, Blodgett Homes  
Jacksonville 32209

Optometry

Robert Greenberg, O.D., FAAO  
Drawer 4009  
906 Thomasville Road  
Tallahassee 32303

Nursing Home Administrators

Arthur Harris, Admr.  
Florida Manor  
830 West Michigan Avenue  
P. O. Box 5577  
Orlando 32805

Dentistry

Peter J. Cakmis, D.D.S.  
2135 Blanding Boulevard  
Jacksonville 32210

Board Certified Physicians

Donald G. Nikolaus, M.D.  
Mease Hospital and Clinic  
Dunedin 33528

Childrens Medical Services

Julia St. Petery, M.D.  
Program Director  
Office of Children Medical  
Services  
1323 Winewood Boulevard  
Tallahassee 32301

Office of Health

E. Charlton Prather, M.D.  
Program Staff Director of  
Health Program Office  
P. O. Box 210  
Jacksonville 32201

Hospital Administrators

James W. Quinn, Director  
Orange Memorial Hospital  
1416 South Orange Avenue  
Orlando 32806

Community Medicine

Richard C. Reynolds, M.D.  
Assistant Dean  
Dept. of Community Health  
College of Medicine  
Box 712  
J. Hillis Miller Health Ctr.  
University of Florida  
Gainesville 32601

Osteopathy

Melvyn Sarnow, D.O.  
Kendall Medical Center  
8831 S.W. 107 Avenue  
Miami 33156

## Medical Advisory Committee (continued):

Hearing Aid Dealers  
Thomas E. Smith  
Orlando Hearing Aid Center  
35 West Pine Street  
Orlando

Consumer  
Will Thornton  
Post Office Box 152  
Sparr 32690

## 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



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 10/1/67

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						

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976 <sup>1/</sup>			1977 <sup>2/</sup>		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	117,391	109,171	\$10,243	115,385	81,265	\$10,822
MA						
AB	3,369	2,796	247	3,009	2,293	272
APTD	79,104	75,159	7,526	88,205	64,768	9,019
AFDC	345,601	243,202	5,078	255,309	156,925	3,930
MN Aged	23,470	20,218	1,919	37,931	19,580	3,995
MN Blind	170	88	7	176	110	17
MN Disabled	10,859	5,511	540	11,475	7,013	1,150
MN Children	9,317	5,091	61	16,330	7,736	108
Total	589,281	461,236	\$25,621 <sup>3/</sup>	527,820	339,690	\$29,313

1/ FY 76 NCSS 2082 Report.

2/ FY 77 NCSS 2082 Report.

3/ Reported as Total only - \$26,771 - in 1977.

## GEORGIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Department of Human Resources through its Medicaid program.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):  
Drugs not on the drug list, OTC items.
- B. Formulary: The Medical Assistance Drug List contains approximately 9000 drug items listed in package sizes available by brand name. Exceptions to the drug list can be made.
- C. Prescribing or Dispensing Limitations:
  - 1. Terminology: Physicians are encouraged to prescribe a 34-day supply.
  - 2. Quantity of Medication: A 34-day supply or a 100-dose unit, whichever is larger.
  - 3. Refills: According to state and federal law.
  - 4. Dollar Limits: None.
- D. Prescription Charge Formula: Local wholesale cost, plus professional fee of \$2.35 less 50¢ copay.  
Non-profit institutions - \$1.99.

## V. Miscellaneous Remarks:

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

## GEORGIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Department of Medical Assistance Officials:

David B. Poythress Commissioner	Department of Medical Assistance 1010 West Peachtree Street Atlanta, Georgia 30308
------------------------------------	--

Tap Carey Executive Assistant	"
----------------------------------	---

C. Thomas Smith, Director Program Management	"
---	---

Gilbert H. Buice, R.Ph. Program Management Officer Medicaid Drug Formulary	"
--	---

(Mrs.) Frances Lipscomb, R.Ph. Program Management Officer Pharmacy Service	"
--	---

## 2. Title XIX (Medicaid) Medical Assistance Advisory Committees:

Ambulance  
Dentists  
DME, Orthotics and Prosthetics  
Hospital  
Nursing Homes  
Optometric  
Pharmacy  
Physicians  
Psychologists

Represented by each of the following groups:

Medical Association of Georgia  
Atlanta Medical Association  
Georgia Hospital Association  
Georgia Pharmaceutical Association  
Georgia Health Care Association  
Georgia Osteopathic Medical Association  
Georgia Dental Association

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:

Larry L. Braden  
Executive Director  
Georgia Pharmaceutical Association  
2520 Carroll Avenue  
Atlanta 30341  
Phone: 404/451-1336

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 11/1/67

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA				602		
MA						
AB				8		
APTD				180		
AFDC				1,108		
Total				1,898		

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:

Joaquin C. Camacho  
Director

Department of Public Health  
and Social Services  
Government of Guam  
Post Office Box 2816  
Agana, Guam 96910

Catherine N. Illarmo  
Social Services  
Administrator

"

Ramon J. Nichols  
Supervisor  
Assistance Services  
Administration

"

Fely Quimpo  
Director  
Medical Care Service

"





HAWAII

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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:

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA <sup>1/</sup>	3,392		\$ 313	3,765		\$ 427
MA <sup>2/</sup>	2,533		286	3,026		356
AB <sup>3/</sup>	107		10	108		11
APTD <sup>3/</sup>	4,145		583	4,670		763
AFDC <sup>3/</sup>	49,703		1,887	54,499		2,234
All other	19,798		919	24,497		1,206
Total	79,678		\$3,998	90,565 <sup>4/</sup>		\$4,997

<sup>1/</sup> Money only.

<sup>2/</sup> Medical only.

<sup>3/</sup> Money, medical.

<sup>4/</sup> Reported as Recipients on DHEW-SRS/NCSS-2082(B)3.

NPC

Hawaii - 2  
1978

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
--------------------------------	---

Larry Koseki 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	"
--	---

Earl Motooka Medical Welfare Specialist	"
--	---

Wayne S. Hansen, M.D. Medical Consultant	"
---	---

John A. Sheedy, M.D. Medical Consultant	"
--	---

Benjamin Sherman, D.D.S. Dental Consultant	"
---	---

Omel L. Turk, R.Ph. Pharmacist Consultant (Part-time)	"
--	---

Douglas Schramel, M.D. Psychiatric Consultant (Part-time)	"
---	---

2. Social Services and Housing Department Medical Care  
Advisory Committee:

Y. K. Look, O.D. Chairman	1441 Kapiolani Blvd., #517 Honolulu 96814
------------------------------	--

NPC.

Hawaii - 101  
1978

Social Services and Housing Department Medical Care  
Advisory Committee (continued):

Grover Batten, M.D. Physician	1380 Lusitana St., #1009 Honolulu 96813
George Bolian, M.D. Physician	Queen Emma Clinic 1301 Punchbowl Street Honolulu 96813
William Dung, M.D. Physician	Kaiser Foundation Health Plan, Inc. 1697 Ala Moana Boulevard Honolulu 96815
Mrs. May Horio Social Worker	Kuakini Medical Center 347 N. Kuakini Street Honolulu 96817
William Gleason Businessman	c/o Johnson & Higgins P. O. Box 4238 Honolulu 96813
Mrs. Donna Maiava Hospital Administrator	P. O. Box 218 Kahuku 96731
Clifford Miller, Jr. Long Term Care Administrator	Ann Pearl Care Home, Inc. 45-181 Waikalua Road Kaneohe 96744
Mrs. Sylvia Sumida Nurse	1130 Wilder Avenue, #1401 Honolulu 96822
John Chalmers, M.D. Department of Health Representative	Department of Health 1250 Punchbowl Street Honolulu 96813
Rev. Richard Wong Pastor	Kaunakapili Church 766 North King Street Honolulu 96817
James Asato, R.Ph. Pharmacist	47-683 Hui Alala Kaneohe 96744
Ned Wiederholt Representative from School of Public Health	School of Public Health University of Hawaii 1960 East-West Road Honolulu 96822

Social Services and Housing Department Medical Care  
Advisory Committee (continued):

Mrs. Lani Freitas Recipient - Maui	RR2, Box 239 Kula, Maui 96790
Mrs. Anna Kekumu Recipient	Welfare Recipient Advisory Council 810 N. Vineyard Boulevard Honolulu 96817
Mrs. Dorothy K. Nobriga Recipient - Hawaii	69 Ipuka Street Hilo 96720
Mrs. Rita Oh Recipient - Oahu	1460 Hala Drive Honolulu 96817
Larry McCarty Recipient - Kauai	P. O. Box 231 Kilauea 96754

3. Executive Officers of State Medical and Pharmaceutical  
Societies:

## A. Medical Association:

Jon Won  
Executive Director  
Hawaii Medical Association  
320 Ward Avenue  
Honolulu 96814  
Phone: 808/536-7702

## B. Pharmaceutical Association

James Asato  
President  
Hawaii Pharmaceutical Association  
P. O. Box 1198  
Honolulu 96807



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related			(M N) 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					

Other Benefits:

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976 <sup>1/</sup>			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	1,338	765	\$ 148	1,328	694	\$ 136
MA	7,148	4,352	883	7,107	4,056	809
AB	24	12	2	21	10	2
APTD	1,604	989	205	1,631	891	182
AFDC	19,245	4,848	570	19,558	4,518	540
<b>Total</b>	<b>29,359</b>	<b>10,966</b>	<b>\$1,808</b>	<b>29,645</b>	<b>10,169</b>	<b>\$1,669</b>

<sup>1/</sup> Figures adjusted by state from 29,230; 10,725; and \$1,762 as reported last year.

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: limited \$20 per person, per month, with no exceptions.

Limitation of prescription quantities:

- a. 34-day supply at prescribed dosage
  1. Legend drugs
  2. Insulin
  
- b. Exceptions - up to 100 doses allowed regardless of dosage schedule prescribed:
  1. Cardiac glycosides
  2. Legend vitamins with fluoride or fluoride products
  3. Nitroglycerin products
  4. Oral Contraceptives (3-cycles allowed)
  5. Prenatal vitamins (legend)
  6. Thyroid replacement hormones



## IDAHO

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Health and Welfare Department:

Milton G. Klein Director	Department of Health and Welfare Statehouse Boise, Idaho 83720
Orvill E. Merrell, M.D. Chief, Bureau of Medical Assistance and Medical Consultant	" "
William J. Whiteman, D.Ph. Pharmacy Services Consultant	" "

## 2. Medical Care Advisory Committee:

Dr. Ralph Garn P. O. Drawer B Lewiston 83501	Department of Health and Welfare Regional Directors Rep.
Duane Higer Bannock Nursing Home 527 Memorial Drive Pocatello 83201	Idaho Health Facilities
Constance Hatch 303 N. Jefferson Moscow 83843	Idaho Advisory Council on Aging
Howard Barton Statehouse Boise 83720	Idaho Commission for the Blind
Dr. Wayne Carte 324 2nd Street East Twin Falls 83301	South Central District Health Department
Robert Berntson, R.Ph. 145 Marjacq Idaho Falls 83401	Idaho State Pharmaceutical Association

## Medical Care Advisory Committee (continued):

Ed Richardson  
Minidoka Memorial Hospital  
Rupert 83350

Idaho Hospital Association

Ruby Crosby, R.N.  
St. Benedicts Hospital  
Jerome 83338

Idaho Nurses Association

Dr. Rodney Heater  
827 Center Avenue  
Payette 83664

Idaho Optometric Association

Dr. Gerald Woodworth  
301 Scott Avenue  
Rupert 83350

Idaho State Dental  
Association

Marilyn Loening  
3105<sup>1</sup>/<sub>2</sub> State Street  
Boise 83703

Idaho Mental Health  
Association

Irene Kanta, R.N.  
618 Main Street, Box 489  
Caldwell 83605

South West District Health  
Department

Dr. Joe E. McCary  
222 E. Logan  
Caldwell 83605

Idaho Medical Association

3. Executive Officers of State Medical and Pharmaceutical  
Societies:

A. Medical Association:

D. Sower  
Executive Director  
Idaho Medical Association  
407 W. Bannock Street  
Boise 83702  
Phone: 208/344-7888

B. Pharmaceutical Association:

Rosemary Wells  
Executive Director  
Idaho State Pharmaceutical Association  
21 North Vinson  
Boise 83704  
Phone: 208/343-1156

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	1976		1977	
	Persons <u>1/</u> Eligible	Drug Recipients Amounts	Persons Eligible	Drug <u>1/</u> Recipients Amounts
OAA		64,507 \$ 3,505	16,762	\$ 2,618
MA				
AB		1,382 156	1,013	132
APTD		95,201 11,901	63,835	9,890
AFDC		532,145 32,510	931,204	30,927
FOSTER CHILDREN			63 5,298	43
MN Aged		9,982	64,322	11,520
MN Blind		62	714	94
MN Disabled		7,590	68,276	10,846
MN Children		756	29,512	876
FOSTER CHILDREN		207	19,551	291
AMI		14	<u>1/</u>	21
GA		6,848		6,284
Cuban-Viet. Rep.				166
TOTAL		693,325 \$73,594	1,200,487 *	\$73,708

1/ Not available

\*Category of Last Status - unduplicated Persons.

## 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: Pharmacies are expected to stock and dispense non-proprietary drugs of recognized quality. If a drug is listed in the Drug Manual by generic name and the identical drug is prescribed by trade name, the pharmacist may dispense the trade name product; however, payment will be based on cost of the generic product. The pharmacist may so advise the practitioner to obtain his permission to dispense the generic product which does not exceed the maximum allowable price.
- 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."

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: The amount dispensed is to be that designated by the prescribing practitioner, not to exceed the maximum quantity designated in the Drug Manual for the specific item. If a maximum is not listed, the quantity may not exceed a one month's supply. Pharmacies may dispense a quantity in excess of this standard only in individual instances in which a physician requested and received Department approval to prescribe a specific drug in a quantity in excess of the standard for a specific recipient for a specific period.

The Department expects practitioners to prescribe and pharmacies to dispense medications in quantities reasonably calculated to meet the predictable needs of the patient as long as this does not exceed the designated maximum quantity. When indicated and appropriate, the pharmacy should call this requirement to the attention of prescribing practitioners. Repeated filling of prescriptions for the same patient on quantities less than the maximum will be considered a deviation from policy which could result in recoupment of any excess professional fees paid and further sanctions as deemed appropriate by the Department.

3. Refills: A prescription may be refilled only if the prescribing practitioner has so authorized on the original prescription. A prescription may be refilled no more than twice and no later than 3 months from the date of the original prescription.
  4. Dollar Limits: None.
  5. Unit Dose Systems: Pharmacies may use a unit dose system in the dispensing of drugs when such a system is in compliance with all applicable State and Federal laws; however, the total quantity dispensed on one prescription cannot exceed the quantity prescribed or the maximum allowable quantity.
- 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. OTC items at prevailing OTC price. Prescription charge formula is actual acquisition cost (AAC) plus \$2.75.

V. Miscellaneous Remarks:

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

## ILLINOIS

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Public Aid Department Officials:

Arthur F. Quern Director	Department of Public Aid 316 South 2nd Street Springfield, Illinois 62706
Jeffrey C. Miller Deputy Director	Division of Medical Program Services (address as above)
Robert G. Wessel Chief Assistant to the Director for Field Operations	" "
Pat Kain Deputy Administrator Medical Assistance Program	931 East Washington Street Springfield 62763
Norman Ryan General Services Administrator	316 South Second Springfield 62706
Jesse Harris Policy & Planning Administrator	" "
Wayne Epperson, Chief Bureau of Statistical Analysis	301 East Monroe Springfield
Beverly Knous, Chief Bureau of Information Systems	State Office Building 400 South Spring Street Springfield 62706
Douglas H. Clough, R.Ph. Pharmacist Consultant	931 East Washington Street Springfield 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 Committee are from different areas of the State and are representative of the different speciality fields.

There are Subcommittees of the State Medical Advisory Committee on Ophthalmology, Radiology, Anesthesiology, Cardiovascular and Renal Diseases.

Frederick B. White                      723 North 2nd Street  
Chairman                                      Chillicothe 61523

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.

Vincent A. Costanzo, Jr.,              7531 S. Stony Island  
R.Ph., M.D., Chairman                  Chicago 60649

Norman J. Ehrlich, M.D.                  111 N. Wabash Avenue  
Chicago 60602

John S. Hyde, M.D.                      603 Forest  
Oak Park 60302

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

Bernard J. Baltes, M.D.                  4751 W. Touhy  
Lincolnwood 60646

Consultant:

Louis Gdalman, R.Ph.                      Versailles Apts.  
17 West 7 - Apt. 313  
728 Butterfield Road  
Oak Brook Terrace 60181

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 statewide drug program for public assistance recipients.

## Drug Advisory Committee (continued):

Dave W. Watt, R.Ph. Watt Brothers Pharmacy <u>Chairman</u>	1106 East Ash Street Springfield 62703
Louis Gdalman, R.Ph. Professor Emeritus	5418 South Eastview Park Chicago 60615
Martin Alderman, R.Ph. Alderman Drugs	22 West 154th Street Harvey 60426
Herbert E. Braun, R.Ph. Braun Pharmacy, Inc.	2075 North Lincoln Avenue Chicago 60614
M. Duane Dean, R.Ph. Ryan Pharmacy	1245 East River Kankakee 60901
Cecil Dillard, R.Ph. Dillard's Pharmacy	67 East 43rd Street Chicago
Bernard W. Evers, R.Ph., F.A.C.A. Evers Pharmacy	417 West Main Collinsville 62234
John K. H. Griffith, B.P.S., R.Ph. Pill Box Pharmacy	1005 West Lawrence Avenue Springfield 62704
Richard Hase, R.Ph. Hase Pharmacy	313 South Main Street Anna 62906
Russell Imbler, Jr., R.Ph. Denton Drug, Inc.	418 Market Street P. O. Box 9 Mt. Carmel 62863
Myron Newman, R.Ph. Newman Pharmacy	36 West 119th Street Chicago 60628
Harold W. Pratt, R.Ph.	3851 N. Mission Hills Road Apt. #108 Northbrook 60062
Harold J. Shinnick, R.Ph.	934 West Armitage Avenue Chicago 60614
Sherwood Thomas, R.Ph.	7137 North Clark Street Chicago 60626
Eugene Ponder, R.Ph.	3408 Milton Drive Alton 62002
Dale Bergstrom, R.Ph.	1215 N. Alpine Road Rockford 61107



Drug Advisory Committee (continued):

John Swain, R.Ph.  
Swain Drugs

1204 E. 53rd Street  
Chicago 60615

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Roger N. White  
Executive Administrator  
Illinois State Medical Society  
55 East Monroe, Suite 3510  
Chicago 60603  
Phone: 312/782-1654

B. Pharmaceutical Association:

Fred E. Schwartz  
Executive Director  
Illinois Pharmaceutical Association  
222 West Adams Street, Suite 546  
Chicago 60606  
Phone: 312/236-1135



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/70

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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		23,855	\$ 7,228		27,607	\$ 9,035
MA						
AB		866	193		918	199
APTD		16,728	4,664		19,743	5,720
AFDC		101,460	4,427		130,886	4,586
Total		142,909	\$16,512		179,154	\$19,540

## 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:

1. For multi-source legend drugs, the lowest of the:
  - a. MAC plus the dispensing fee of \$2.25.
  - b. EAC (Estimated Acquisition Cost) plus the dispensing fee of \$2.25.
  - c. Pharmacy's usual and customary charge to the public (applied against the entire cost of the drug).
2. Single source/non-MAC legend drugs will be reimbursed at the lower of:
  - a. EAC plus dispensing fee of \$2.25.
  - b. Pharmacy's usual and customary charge to the public.

For items that have no Federally designated MAC/EAC price, reimbursement will continue to be based upon the average wholesale price of the product as listed in the Drug Topics Red Book plus dispensing fee of \$2.25.

Non-legend drugs and medical supplies will be based on the usual, customary, and reasonable concept. It is further agreed that payment made by the state agency or its designated contractor constitutes full payment for services rendered to recipients under the Medical Assistance Program.

## 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	"
Vacant Assistant Administrator- Programs	"
James H. Cook Assistant Administrator- Administration	"
Robert F. Smith Assistant Administrator- Medicaid	"
John B. Douglas, Director Div. of Administrative Services	"
(Mrs.) Marian Steffy, Director Division of Public Assistance	"
William Harding, Assistant Director Division of Administrative Services	"
William Stafford, M.D. Medical Review Team	"
Melvin Coffel Supervising Ophthalmologist	"

## 2. Advisory Committee for Medical Assistance (Medicaid):

- |   |  |
|---|--|
| John Cervenka<br>R.R. 1, Box 121<br>North Judson 46366  | - State-wide Taxpayer  |
| David A. Clark, R.Ph.<br>Chairman<br>54 Monument Circle<br>Indianapolis 46204                                     | - Indiana Pharmaceutical<br>Association, Inc.                      |
| Hon. Jeffrey K. Espich<br>Box 158<br>Uniondale 46791  | - House of Representatives   |
| Demetrius Ewing<br>513 South 15th Street<br>Terre Haute 47801   | - Citizenry of Indiana   |
| Keith G. Felix<br>P. O. Box 396<br>Plymouth   | - Insurance Interests  |
| Lowell G. Foster, M.D.<br>3500 Lafayette Road<br>Suite 103<br>Indianapolis 46222                                  | - Indiana Psychiatric<br>Association                               |
| Carl D. Hicks<br>R.R.<br>Perrysville 47974  | - Agricultural Interests   |
| John H. Huber, Administrator<br>Sycamore Village Health Care<br>Center<br>2905 West Sycamore Road<br>Kokomo 46901 | - Indiana Health Care<br>Association                               |
| Edward W. James<br>3150 West 19th Place<br>Gary 46402   | - Labor Interests  |
| Albert F. Kull, D.O.<br>203 South Ironwood Drive<br>P. O. Box 6172<br>South Bend                                  | - Indiana Association of<br>Osteopathic Physicians<br>and Surgeons |
| (Mrs.) Mildred Lawson<br>1404 Old Orchard Place<br>Vincennes 47591  | - Citizenry of Indiana   |

## Advisory Committee for Medical Assistance (Continued):

Reuben Lipman 2425 N. Meridian Street Indianapolis	- Business and Industrial Interests
Hon. Louis J. Mahern, Jr. 846 West Drive Indianapolis	- Indiana State Senate
(Mrs.) Pearl Myers, L.P.N. 318 South Whitlock Bremen 46506	- Indiana State Licensed Practical Nurses' Association, Inc.
George F. Parker, M.D. 1502 North Emerson Avenue Indianapolis 46219	- Indiana Chapter, American Academy of Pediatrics
Joseph E. Palmer, Director Division of Medical Care Administration Indiana State Board of Health 1330 West Michigan Street Indianapolis 46202	- Ex-Officio - Representing the State Health Commissioner
(Mrs.) Marie Peacock, R.N. 612 North Webster Kokomo 46901	- Citizenry of Indiana
James B. Richman Department of Mental Health 5 Indiana Square Indianapolis	- Ex-Officio - Representing the Mental Health Commissioner
Glen Sgraves, D.D.S. Vice Chairman 1121 West Michigan St. Indianapolis 46202	- Indiana Dental Association
Albert B. Stroud, O.D. 400 King Cole Building 7 North Meridian Street Indianapolis	- Indiana Optometric Association
Elton TeKolste President Indiana Hospital Assoc. 38 East 39th Street Indianapolis 46205	- Indiana Hospital Association



## Advisory Committee for Medical Assistance (continued):

Gene K. Thompson, D.P.M.      - Indiana State Podiatry  
5921 East Washington St.  
Indianapolis 46219

Charles Watkins, D.C.      - Indiana State Chiropractic  
5117 E. Washington St.      Association  
Indianapolis

Vacant      - Indiana State Nurses Assoc.

Vacant      - Indiana State Medical Assoc.

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Association:

Donald F. Foy  
Executive Director  
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



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/67

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related				Other* (SFO)	
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		Children
										Under 21
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: Medical equipment and appliances; ambulance; home health; optometrist; optician; podiatrist; chiropractor.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <u>1/</u> Eligible	Drug <u>1/</u> Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	27,720	22,183	\$3,509	25,586	20,424	\$3,428
MA	13,136	8,692	1,137	17,352	9,965	1,468
AB	1,205	900	130	1,097	785	115
APTD	16,201	9,972	1,518	16,639	10,532	1,672
AFDC	143,448	78,158	2,485	150,434	79,387	2,566
Total	201,710	119,905	\$8,779	211,108	121,093	\$9,249

1/ Unduplicated.

## 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 whole-sale cost of the drug as defined by the Department of Social Services, plus a professional fee of \$2.55.

## V. Miscellaneous Remarks:

A written prescription is required for all drugs and supplies.

FY 1977

Total number Rx	1,536,323
Average cost/Rx for all categories	\$6.02

Source: Division of Statistics, Office of Administrative Services.

## IOWA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social Services Department Officials:

Victor Preisser Commissioner	Department of Social Services Lucas State Office Building Des Moines, Iowa 50319
---------------------------------	--

Pennie Bjornstad Administrator Medical Services Section	" "
---	-----

Ronald J. Mahrenholz, R.Ph. Manager Utilization Review Unit	" "
---	-----

Pharmacist Consultant\*

## 2. Social Services Department Advisory Committees:

## A. Title XIX Medical Assistance Council:

<u>College of Medicine</u> Paul Seebohm, M.D. Associate Dean College of Medicine University Hospitals Iowa City 52240	<u>Iowa Hospital Association Inc.</u> Donald Cordes, Administrator Iowa Methodist Hospital 1200 Pleasant Street Des Moines 50309
--	--

<u>House of Representatives</u> Rep. Reid Crawford 1117 Arizona Avenue Ames 50010	<u>Iowa Medical Society</u> A. J. Havlik, M.D. 207 West 3 Street Tama 52339
--	--

<u>Iowa Dental Assoc.</u> C. E. O'Meara 530 39th Street Des Moines 50309	<u>Iowa Nurses Association</u> Marilyn Russell (Mrs.) Public Health Nursing Assoc. Armory Building East 1st and Des Moines Street Des Moines 50309
---	---

---

\*One pharmacist serves as pharmacist consultant for Iowa Blue Cross/Blue Shield, which is the carrier.

## Title XIX Medical Assistance Council (continued):

Health Facilities  
Association of Iowa  
R. Buckman Brock  
P.O. Box 677  
2137 Sunset Road  
Des Moines 50315

Iowa Optometric Association  
Thomas E. Ward, O.D.  
801 Grand Avenue  
Des Moines 50309

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

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

Iowa Podiatry Society  
J. A. Ritchie, D.P.M.  
1314 2nd Avenue, S.E.  
Cedar Rapids 52403

Iowa Senate  
Senator Joseph Coleman  
Clare 50524

Senator Dale L. Tieden  
Elkader 52043

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

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

Iowa State Board of  
Chiropractic Examiners  
R. O. Masters  
938 N. Federal  
Mason City 50401

Iowa Ophthalmic Dis-  
pensers, Inc.  
R. Wayne Ellis  
849 Marion  
Des Moines 50315

Public Representatives  
Mary Ellen Evans (Mrs.)  
2503 Fulton Avenue  
Davenport 52803

Ruth Hannagan (Mrs.)  
R.R. 1, Box 300  
Newton 50208

Don L. McGrath  
600 South Caldwell  
Eagle Grove 50533

Virginia R. Peterson (Mrs.)  
4303 N.W. 46 Place  
Des Moines 50323

## B. Pharmaceutical Advisory Committee:

Dick Smith  
Rex McKee  
Richard L. Watkins  
Carl Johnson  
G. Joseph Norwood  
Gene Lutz  
Alan Shepley

- Grundy Center  
- Traer  
- Independence  
- Denison  
- Iowa City  
- Altoona  
- Cedar Rapids

Pharmaceutical Advisory Committee (continued):

Duane Haberichter

- Oskaloosa

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

Eldon Huston  
Executive Vice-President  
Iowa Medical Society  
1001 Grand Avenue  
West Des Moines 50265  
Phone: 515/223-1401

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 Category Related				(M N) 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: Home Health Care; Clinic Services; Physical Therapy; Prostheses; Preventive Services; Family Planning Services; Chiropractic Services; and Optometric Services.

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

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending September 30: \*

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons 1/ Eligible	Drug 2/ Recipients	Amounts
OAA	9,635	9,687	\$ 1,615	10,190	10,088	\$ 1,731
MA	32,110	38,662	4,574	47,702	45,050	5,276
AB	373	335	56	328	294	48
APTD	9,311	8,963	1,662	10,332	9,692	1,739
AFDC	75,982	64,629	2,320	82,423	71,576	2,426
GA	10,997	14,232	799	12,041	5,794	681
Total	138,408	136,508	\$11,026	163,016	142,494	\$11,901

\*Information as requested is available only for state fiscal year end which is June 30.

1/ Average persons eligible per month.

2/ Unduplicated count of recipients for fiscal year.

## 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. All legend drugs are covered with the exception of specifically listed categories and products. Many OTC products are also covered when prescribed for treatment of certain disease conditions. Common medicine chest items are excluded from coverage.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
  1. Terminology: Maintenance drugs are considered to include the following drug categories:
    - a. Anti-diabetic preparations (oral hypoglycemics)
    - b. Anti-convulsants
    - c. Cardiovascular preps, namely -
      - (1) Anti-anginal drugs
      - (2) Digitalis and cardiac glycosides
      - (3) Anti-hypertensives
    - d. Diuretics
    - e. Thyroid preparations (pure and synthetic)
    - f. Vitamins covered by the program
    - g. Antacids
  2. Quantity of Medication: Maximum of a 100-day supply. Minimum quantities of a 100-dose or 30-day supply should be prescribed and dispensed for maintenance drugs.
  3. Refills: As authorized by the prescriber up to a one-year period from the date of issuance of the prescription.
  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 \$1.30 to \$2.65 for FY 1978, based on analysis of operating data submitted by each pharmacy.

The dispensing fee assigned to a pharmacy is the total of the allocated operating cost plus a 30¢ profit factor. Reimbursement to a pharmacy provider is the total of the dispensing fee plus the allowable drug cost. Effective July 1, 1976, a recipient co-pay charge of 50¢ was applied to each new and refill prescription.

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."

\*Approval Pending - Effective 7/1/78

Maximum Fee - \$3.25 (approximately)

Percentile raised to 85th from 61st.

Based on survey of each pharmacy's cost of filling 300 representative prescriptions and is set at a percentile of those costs plus a 30¢ profit.

50¢ co-pay continues.

(Direct communication with Drug Program Administrator)

## 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	"
Robin Smith, Director Public Assistance Section	"
L. Kathryn Klassen, R.N. Director Medical Services Section	"
James W. Bibb, Budget Director Department of Administration	"
Robert E. Fitch, M.D. Coordinator of Medical Services	"
Position Temporarily Vacant Medical Director	"
Gene Hotchkiss, R.Ph. Pharmacist Consultant	"
  
2. Governor's Medical Advisory Committee:
 

Donna Collins, R.N. Cloud County Home Health Agency Cloud County Courthouse Concordia 66901	Harry H. Cook, Sr., D.D.S. Medical Arts Building West Tenth and Garfield Topeka 66604
Clint Willsie, Director Sedgwick County Department of Mental Health 1801 East Tenth Street Wichita 67214	Derril Gwinner, O.D. P. O. Box 339 Ellsworth 67439
	Theodore Young, M.D. 107 Medical Arts Building Topeka 66604

## Governor's Medical Advisory Committee (continued):

Richard Brummett, M.D.  
617 East Elm  
Salina 67401

Leslie Becker, M.D.  
600 Nebraska  
Kansas City 66101

Edward Counselman, D.C.  
1414 South Topeka  
Topeka 66612

James W. Wilson, M.D.  
Director of Health  
Department of Health and  
Environment  
6700 South Topeka Boulevard  
Topeka 66620

Harley Russell, R.Ph.  
Russell Drugs, Inc.  
3400 South Fourth  
Leavenworth 66048

Robert O'Brien  
Senior Vice-President  
Wesley Medical Center  
550 North Hillside  
Wichita 67214

Robert E. Johnson, Administrator  
Miami County Hospital  
501 South Hospital Drive  
Paola 66071

Edith Simpson, R.N., Admin.  
Hilltop Nursing Home  
131 West 14th Street  
Lyndon 66451

Nancy Belohlavek  
1621 Mulvane  
Topeka 66604

Helen Jones  
Department of Aging  
2700 West Sixth Street  
Topeka 66606

Thomas J. FitzGerald, Ph.D.  
2108 West 75th St., Suite 400  
Prairie Village 66208

Departmental Representatives:

Dr. Robert C. Harder  
L. Kathryn Klassen, R.N., M.S.  
Robert E. Fitch, M.D.  
Gene Hotchkiss, R.Ph.

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Society:

Jerry Slaughter  
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



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	

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

II. EXPENDITURES FOR DRUGS, Payments to Pharmacists by fiscal year ending September 30: 1/

(Dollar Amounts in Thousands)

CATEGORY	1976 <u>2/</u>			1977 <u>3/</u>		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	67,015	31,052	\$ 5,083	62,020	24,688	\$ 4,184
MA						
AB	2,293	826	135	2,233	740	132
APTD	41,546	18,895	3,362	44,370	18,199	3,471
AFDC	195,611	32,923	3,030	207,509	33,580	3,198
MN Aged	3,239	1,571	273	3,860	1,258	226
MN Blind	56	26	4	46	21	4
MN Disabled	2,243	1,135	223	2,457	1,147	246
MN Children	45,899	8,301	785	38,745	6,029	571
Total	357,902	94,729	\$12,895	361,240	85,662	\$12,032

1/ Data is not available using the federal fiscal year ending Sept. 30. Fiscal year 1976 runs from July 1, 1975 through June 30, 1976, and fiscal year 1977 runs from July 1, 1976 through June 30, 1977.

2/ Monthly Average

3/ Beginning with fiscal year 1977, payments for drugs given to intermediate care facility recipients are no longer recorded under the pharmacy program. Rather, the payments are reflected in ICF expenditures.

## KENTUCKY

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Division for Medical Assistance within the Bureau for Social Insurance, within the Department of 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 recommendations of the Formulary Subcommittee and in accordance with available funds.
- 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.
  3. Refills: No prescriptions may be refilled more than 5 times or more than 6 months after the prescription is written.
  4. Dollar Limits: None.



D. Prescription Charge -- Reimbursement Formula:

1. All covered outpatient pharmacy benefits provided to Kentucky Medical Assistance Program recipients are to be billed to the Program at the usual charge to the general public for the same product and service(s). Reimbursement to the pharmacy consists of the lowest of: (1) the usual and customary charge; (2) the MAC, if any, plus dispensing fee\*; or (3) the EAC plus dispensing fee\*.

(Note: A state-established MAC for drug products available from multiple sources will be used until Federal MAC's for the respective products become effective.)

2. The ingredient cost for covered drugs is adjusted monthly.

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".

Drug Utilization Data:

Average Monthly Amount of Payment

Average Monthly Vendor Payment-----	\$11.70
<u>Categorically Needy</u> -----	11.86
Aged-----	14.12
Blind-----	14.91
Disabled-----	15.89
Dependent Children-----	7.94
<u>Medically Needy</u> -----	10.32
Aged-----	14.97
Blind-----	15.29
Disabled-----	17.86
Dependent Children-----	7.89

\*Dispensing Fee - \$1.80

Average Monthly Rate of Drug Program Utilization

Utilization Rate-----	24
(per 100 Eligible Persons)	
<u>Categorically Needy</u> -----	24
Aged-----	40
Blind-----	33
Disabled-----	41
Dependent Children-----	16
<u>Medically Needy</u> -----	19
Aged-----	33
Blind-----	46
Disabled-----	47
Dependent Children-----	16

---

Source: Public Assistance in Kentucky  
PA-264 Report Series - Fiscal Year 1977

## KENTUCKY

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Officials:

Peter D. Conn Secretary	Department for Human Resources 4th Floor, DHR Building 275 E. Main Street Frankfort, Kentucky 40601
Gail S. Huecker (Mrs.) Commissioner	Bureau for Social Insurance 3rd Floor, DHR Building 275 E. Main Street Frankfort 40601
James C. Rogers, Director Division for Medical Assistance	" "
(Miss) Gene A. Thomas, R.Ph. Division for Medical Assistance	" "

## 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, podiatrists; meet quarterly or more often.

## A. Advisory Council for Medical Assistance:

Howard L. Bost, Ph.D. (Chrmn.) Assistant Vice President for Program & Policy Planning University of Kentucky Medical Center Lexington 40506	Earl Linquist 14 West 4th Street Maysville 41056
John E. Harting, D.M.D. 3333 Bardstown Road Louisville 40218	Larry H. Spears, R.Ph. c/o Grant County Drugs Dry Ridge 41035
Sandy Benedict 420 Chestnut Way Newport 41071	Frank Brisley, O.D. 109 East Third Street Maysville 41056
	Sandra Higgins, R.N. Administratrix Senior Citizens Nursing Home Madisonville 42431

## Advisory Council for Medical Assistance (continued):

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

Suzanne Vance  
12708 St. Clair Drive  
Middletown 40243

Esther Frock  
2903 Lighthouse Road  
Louisville 40222

Roger Proffitt  
North Dixie Highway  
Cave City 42127

C. A. Nava, D.P.M.  
Secretary  
Kentucky State Board  
of Podiatry  
110 North Hubbard Lane  
Louisville 40207

Ellen Buchart, R.N.  
Jefferson County Health  
Department  
400 East Gray Street  
Louisville 40202

Peter D. Conn (ex officio)  
Secretary  
Department for Human  
Resources  
DHR Building, 4th Floor  
Frankfort 40601

Gail S. Huecker (ex officio)  
Commissioner  
Bureau for Social  
Insurance  
DHR Building, Third Floor  
Frankfort 40601

Formulary Subcommittee

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

R. N. Smith  
Smith Drug  
Burkesville 42717

Joe D. Taylor  
Box 627  
Taylor Prescription Service  
Glasgow 42141

Carl Cooper, M.D.  
Bedford 40006

Earl G. Linquist  
14 West 4th Street  
Maysville 41056

Lewis W. Dittert, Ph.D.  
University of Kentucky  
College of Pharmacy  
Lexington 40506

Samuel R. Scott, M.D.  
460 West 2nd Street  
Lexington 40508

## B. Pharmacy Technical Advisory Committee:

David C. Hancock, R.Ph.  
Chairman  
401 Park Row  
Bowling Green 42101

R. Stanley Scates, R.Ph.  
Post Office Box 35  
Red Fox 41847

Pharmacy Technical Advisory Committee (continued):

George A. Daniels, R.Ph.  
16 Board Walk  
Fort Thomas 41075

R. N. Smith, R.Ph.  
Smith's Pharmacy  
Burkesville 42717

Ralph Deitemeyer, R.Ph.  
109 Meadow Lane  
Cynthiana 41031

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: 502/459-9790

B. Pharmaceutical Association:

Paul Davis  
Executive Director  
Kentucky Pharmaceutical Association  
P. O. Box 715  
Highway 127, South  
Frankfort 40601  
Phone: 502/227-2303



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

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					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						

Other Benefits:

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977*		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	110,637	117,681	\$14,024		95,914	\$17,596
MA						
AB	2,280	1,858	188		1,635	215
APTD	55,599	54,044	6,054		55,113	7,822
AFDC	232,228	131,573	3,888		132,190	3,854
Others	670	324	10		86	6
GA	4,525	5,718	431			
Total	405,939	311,198	\$24,595		284,938	\$29,493

\*SRS-NCSS 2082-A (2), B (3) - FY-1977

## 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. Certain legend drugs and specified non-legend drugs (OTC) are reimbursed.

Exclusions: (Effective August 1, 1976)

1. Anorexics, such as Amphetamines
2. Multiple ingredient anti-anemia preparations. (Ferrous Sulfate, Ferrous Gluconate, Folic Acid and Injectable Vitamin B<sub>12</sub>, will be payable)
3. Cough and cold preparations
4. Certain gastro-intestinal drugs such as Antacids and Digestants
5. Minor Tranquilizers, such as Valium, Librium and Meproamate
6. Vitamins or vitamin containing products. (B<sub>12</sub> Injection, Folic Acid, D, K, and Nicotinic Acid are payable)
7. Enzymes and miscellaneous

Specified non-legend drugs on prescription:

Calcium Gluconate, Calcium Lactate, Calcium Phosphate, Contraceptive Supplies, Ferrous Gluconate, Ferrous Sulfate, Nicotinic Acid, Insulin, Benedict's Solution, Clinistix, Clinitest, Tes Tape, Insulin Syringes (not disposable). Indwelling Catheters and Catheterization Trays.



## 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 \$2.80 dispensing fee. (Effective 7/15/78 pending Governor's signature, at press time)
2. The average price of prescriptions, insulin, and diabetic testing agents for welfare recipients is not to exceed price paid by others.
3. The state establishes maximum price per item for a 5cc and 30cc dwelling catheter and catheterization tray.

Note: Maximum payment formula will be evaluated annually.

## LOUISIANA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Health and Human Resources Administration Officials:

William A. Cherry, M.D. Secretary	Health and Human Resources Administration P. O. Box 44065 Baton Rouge, Louisiana 70804
H. K. Sweeney Deputy Commissioner	"
Alvis D. Roberts Assistant Secretary	Office of Family <del>Services</del> <i>Security</i> (same address as above)
John N. Gum Deputy Assistant Secretary	"
William Hightower Executive Officer	"
Max Murphy Director, Field Operations	"
Olive H. Randall (Mrs.) Director, Special Services	"
Bonnie W. Smith Director, Medical Assistance Programs	"
Walter S. McLean, Jr. Assistant Director Medical Assistance Programs	"
Neal D. Blanchard, M.D. Medical Director Medical Assistance Programs	"
Carolyn Maggio Pharmacist Consultant Medical Assistance Programs	"

Mamie Losavio  
Pharmacist Consultant  
Division of Management

Health and Human Resources  
Administration  
P. O. Box 44065  
Baton Rouge, Louisiana 70804

2. Office of Family ~~Services~~ <sup>Security</sup> Advisory Committees:

A. Medical Advisory Committee:

(To be appointed)

B. Pharmacy Program Liaison Committee:

- |                            |               |
|----------------------------|---------------|
| Sal J. D'Angelo            | - New Orleans |
| Co-Chairman                |               |
| Nolan J. Babineaux         | - River Ridge |
| Co-Chairman                |               |
| Frank B. Bankston          | - Arabi       |
| Ralph J. Guerra            | -             |
| Edward Head, Jr.           | -             |
| Dave Tyndall               | - Sulphur     |
| James J. Vanderhoeven, Jr. | - Alexandria  |
| Carolyn Maggio (Staff)     | - Baton Rouge |

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: 504/561-1033

B. Pharmaceutical Association:

Peter Caldwell  
Executive Secretary  
Louisiana State Pharmaceutical Association  
2337 St. Claude Avenue  
New Orleans 70117  
Phone: 504/949-7545



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

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		
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976 <sup>1/</sup>			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	21,185	17,096	\$2,319	23,578	16,953	\$2,600
MA						
AB	387	175	23	414	128	24
APTD	15,580	11,950	1,612	20,210	13,680	1,884
AFDC	112,631	58,005	1,700	118,189	55,428	1,662
<b>Total</b>	<b>149,783</b>	<b>87,226</b>	<b>\$5,654</b>	<b>162,391</b>	<b>86,189</b>	<b>\$6,170</b>

<sup>1/</sup> Totals reported as 153,540; 88,895; and \$5,762 respectively in 1977 edition.

## MAINE

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By State Department of Human Services 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 5 refills allowed if so ordered by the prescriber, but total supply of the prescription is not to exceed 90 days' supply and refills should not 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 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.

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 Human Services strongly urges participating practitioners to prescribe drugs in generic terms whenever possible. The 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 Human Services 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-month's supply of medication. The prescription should be for at least a 30-day supply for chronic illnesses when medically feasible; refillable 5 times.

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. Human Services Department Officials:

David E. Smith Commissioner	Department of Human Services State House Augusta, Maine 04333
--------------------------------	---

William J. Carney Deputy Commissioner	"
--	---

Michael O'Donnell, R.Ph. Drug Program Coordinator Bureau of Medical Services	"
--	---

## Medical Consultants:

George Sullivan, M.D. General Medical	"
--	---

Allen Elkins, M.D. Psychiatric	"
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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. <u>Chairman</u>	11 Gage Street Bridgton 04009
--	----------------------------------

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Association:                      B. Pharmaceutical Association:

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

Rocco Maffei  
Executive Secretary  
Maine Pharmaceutical Assoc.  
69 Adelbert Street (Home)  
South Portland 04106  
Phone: 207/799-6125



MARYLAND

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts
OAA	18,820	13,642	\$ 1,733	19,860	15,601	\$ 1,853
MA						
AB	478	342	36	438	326	32
APTD	30,136	24,022	2,957	30,018	23,401	2,755
AFDC	240,346	167,950	5,239	230,962	147,603	4,225
MN Aged	26,048	24,831	3,916	22,529	21,714	3,248
MN Blind	77	71	10	62	52	7
MN Disabled	8,143	7,171	1,147	6,902	5,625	863
MN Children	29,087	20,646	415	22,777	14,370	269
GA & Others	71,471	42,451	2,385	72,377	36,018	1,965
Total	424,606	301,126	\$17,838	405,925	264,710	\$15,217

1/ Average per month.

2/ DHEW - SRS/NCSS A(2).

## 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 to the State for payment.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions: OTC drugs other than insulin, needles and syringes, and family planning products other than condoms.
- B. Prescribing or Dispensing Limitations:
  - 1. Terminology: The licensed practitioner is urged to prescribe low cost brand name products or prescribe drugs by generic name.
  - 2. Quantity of Medication: The prescriber may order up to a 100-day supply of medication on a single prescription, except for birth control pills which are limited to a 6-cycle supply (180 days).
  - 3. Refills:
    - a. Maximum number of refills authorized on a prescription is two.
    - b. Refills may not be dispensed after 100 days of date of original prescription, except for birth control pills which may be refilled up to 2 times within 180 days.
  - 4. Dollar Limits: Prior authorization required from local Health Departments when usual and customary charge exceeds \$20.
- C. Prescription Charge Formula:

Legend drugs - An upper price limit has been established, known as the Estimated Acquisition Cost (EAC) for single source drugs or the Maximum Allowable Cost (MAC) for multiple source drugs.

## Prescription Charge Formula (continued):

Pharmacies are to bill the Program at their usual and customary charge to the general public.

Reimbursement will be at the lower of:

- Allowable cost plus \$2.45 (less 50¢ co-pay)
- Usual and customary (less 50¢ co-pay)

O-T-C drugs - reimbursed at the lowest of:

- Usual and customary (less 50¢ co-pay)
- Allowable cost plus 50% (less 50¢ co-pay) or
- Allowable cost plus \$2.45 (less 50¢ co-pay)

## V. Miscellaneous Remarks:

During the 1977 Legislative session a new drug product selection law was introduced. The new law, effective July 1, 1977, provides for the establishment of a list of drugs for which substitution will be prohibited or restricted to select manufacturer's products. The official list is under development and due for final approval within the very near future.

The law provides that the pharmacist may substitute unless prohibited by the prescribing physician. The pharmacist shall pass on the cost savings to the patient and notify him in writing of the substitution.

## 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 201 W. Preston Street Baltimore, Maryland 21201
--	--

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

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

Madlyn Fass Kruh, R.Ph. Staff Specialist Pharmacy Services	" "
--	-----

## 2. Medical Assistance Advisory Committee:

Elaine Albrecht 1615 Frenchs Avenue Baltimore 21221 301/687-3431	Paul D. Cooper, Ph.D. P. O. Box 55 White Hall 21161 1-357-8130
---	---

Margaret Alexander 116 Brookbury Drive Apartment C-1 Reisterstown 21136 301/833-5282	Jean M. Dockhorn, M.S.W. 22 S. Greene Street Baltimore 21201 301/528-6700 <u>University of Maryland Hospital</u>
--	--

John F. Birkmeyer, Jr., M.S.W. 4940 Eastern Avenue Baltimore 21224 301/396-8433 <u>Baltimore City Hospitals</u>	Kathleen Ellis City Hall Baltimore 21202 301/396-4055 <u>Mayor's Office</u>
---	---

Lee Elizabeth Britton 11141 Georgia Avenue Suite 202 Wheaton 20902 1-942-0900 <u>Montgomery County Medical Care Foundation</u>	Earlie H. Francis, Jr., M.D. 3607 Rosedale Road Baltimore 21215 301/947-5900
---	---

## Medical Assistance Advisory Committee (continued):

James C. Harvey  
4940 Eastern Avenue  
Baltimore 21224  
301/342-5700  
Chesapeake Physicians

Gwendolyn Johnson  
3458 Spellman Road  
Baltimore 21225  
301/396-8244  
Baltimore Council of Elders

Paul V. Joliet, M.D., M.P.H.  
1302 Pennsylvania Avenue  
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1-791-3260  
Washington County Health  
Department

Harry Klinefelter, M.D.  
550 North Broadway  
Baltimore 21205  
301/675-3620  
Johns Hopkins Hospital

John J. Kent, Jr.  
201 W. Preston Street  
Baltimore 21201  
301/383-6327  
Department of Health and  
Mental Hygiene

David A. Knapp, Ph.D.  
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301/528-7613  
University of Maryland  
School of Pharmacy

Vera Koonce  
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Baltimore 21220

Lawrence LaMotte  
22 West 25th Street  
Baltimore 21218  
301/235-1979  
Maryland Conference of  
Social Concern

Daniel J. O'Neal, III  
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301/528-7559  
University of Maryland  
School of Nursing

Ethel Pace  
1707 Moreland Avenue  
Baltimore 21216  
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Pasquale Panaggio, Jr.  
11 South Street  
Baltimore 21201  
301/383-3582  
Department of Human Resources

Ronald Peterson  
550 North Broadway  
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301/955-5000  
Johns Hopkins Hospital

Philip Piasecki  
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Baltimore 21224  
301/285-2110  
Eastpoint Medical Center

Stewart Reichart  
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Potomac 20854  
1-299-6233

Alice Richman  
5521 Ritter Avenue  
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Elizabeth Schenning  
2233 Graythorn Road  
Baltimore 21220  
301/574-1181

Steven Summer  
1301 York Road  
Baltimore 21093  
301/321-6200  
Maryland Hospital Association

## Medical Assistance Advisory Committee (continued):

Ivan Tellis, O.D.  
7835 Wise Avenue  
Baltimore 21222  
301/284-0680

Adele Wilzack  
11 N. Calvert Street  
Baltimore 21202  
301/396-4393  
Baltimore City Health  
Department

Thomas J. S. Waxter, Jr.  
10 Light Street  
Baltimore 21202  
301/539-5040  
Baltimore City Council

3. Pharmacy Liaison Committee and Pharmacy Nursing Home  
Sub-Committee:

Marvin A. Friedman, R.Ph.  
3 Burr Oak Court  
Randallstown 21133

Robert Leventhal, R.Ph.  
Giant Institutional  
Pharmacy Services, Inc.  
8740 Arliss Street  
Silver Spring 20901  
301/565-2230

Donald A. Schumer, R.Ph.  
3401 Janelen Drive  
Baltimore 21208

Murray Polonsky, R.Ph.  
Accredited Surgical Co.  
(ASCO)  
301/585-7711

Ronald Sanford, R.Ph.  
1336 Denbright Road  
Baltimore 21228

Adolph Baer, R.Ph.  
1835 Woodburn Drive  
Hagerstown 21740

David Rombro, R.Ph.  
Institutional Pharmacy  
Services (MacGillivray's  
Pharmacy)

Murray Polonsky, R.Ph.  
415 E. Wayne Avenue  
Silver Spring 20901

902 N. Charles Street  
Baltimore 21201  
301/685-5551

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

Martin Mintz, R.Ph.  
Northern Pharmacy  
6701 Harford Road  
Baltimore 21234  
301/254-2055

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

4. Executive Officers of State Medical and Pharmaceutical  
Societies:

## A. Medical Faculty:

John Sargeant  
Executive Director  
Medical & Chirurgical  
Faculty of Maryland  
1121 Cathedral Street  
Baltimore 21201  
301/539-0872

## B. Pharmaceutical Association:

David A. Banta  
Executive Director  
Maryland Pharmaceutical Assoc.  
650 W. Lombard Street  
Baltimore 21201  
301/727-0746

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 10/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	
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 <sup>1/</sup>									X	

Other Benefits: Blood; special duty nursing in home; ambulance and other medically necessary transportation.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	71,138		\$ 7,419	76,078		\$ 7,954
MA	149,562		8,847	118,751		9,875
AB						
APTD	45,807		4,956	53,817		6,098
AFDC	385,405		7,771	377,563		7,873
GA	25,415		916			
Total	677,327		\$29,909	626,209		\$31,800

<sup>1/</sup> Under 21 only.

## MASSACHUSETTS

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

Administered by the State Department of Public Welfare through 5 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. Restrictions on certain therapeutic classes, such as laxatives and antacids. Legend cough and cold medications excluded.
- B. Formulary: No. 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.  
\$35 for direct billing of medical supplies and durable goods.
- D. Prescription Charge Formula:
  - 1. Legend Drugs: at cost\* plus \$2.10 dispensing fee.

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\* Average Red 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 for general public.
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., whichever is the greater)
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:

Alexander E. Sharp, II Commissioner	Department of Public Welfare 600 Washington Street Boston, Massachusetts 02111
Peter Bloomsburgh Assistant Commissioner Medical Assistance Division	" "
(Vacant) Assistant Director Medical Assistance Program	" "
(Vacant) Chief, Medical Assistance Program Coordinator	" "
Beth Warren Assistant Commissioner Social Services	" "
Sumner Hoisington Assistant Commissioner Assistance Payments	" "
Loran Bittman Assistant Commissioner Research and Planning	" "
Janice Levy 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 39 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.  
Executive Vice-President  
Massachusetts Medical Society  
22 The Fenway  
Boston 02215  
Phone: 617/536-8812

2. Pharmaceutical Association:

James H. Stewart  
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 10/1/66\*\*

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	
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	( ----- Limited ----- )								X	

Other Benefits: Transportation, Limited Vision & Hearing; limited medical supplies and equipment, family planning, alcoholism & Drug Withdrawal, Psychiatric Services. Spec. NOTE: There are exclusions and limitations applicable to all services, and prior-authorization is required for some.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	49,552	43,299	\$ 7,019	37,842		\$ 6,030
MA	107,591	79,639	12,902	124,403		13,867
AB	1,487	1,259	161	1,184		155
APTD	66,171	57,334	10,281	56,479		10,038
AFDC	754,158	545,243	20,203	446,791		16,521
<b>Total</b>	<b>978,959</b>	<b>726,774</b>	<b>\$50,566</b>	<b>666,699</b>		<b>\$46,611</b>

1/ Average Monthly Eligibles.

2/ Unduplicated Count.

\*\* Pharm. Services began 1/1/67.

Report Used: Statistical Report on Medical Care - Data Reporting Section DSS.

## 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.):  
Non-Legend (OTC) Drugs: Anorectics.

B. Formulary: None. There are no restrictions on the physician's or other licensed practitioner's prerogative to prescribe, within the framework of covered services. M.A.C.\* limits are applicable to a limited list of multiple-source generic drugs. In these instances a prescribing physician may, in accordance with Federal and State regulations, restrict the filling of his prescription to the brand prescribed.

C. Prescription Charge Formula: Reimbursement is limited to the Lower of:

1. Actual acquisition cost, plus professional fee not to exceed \$2.40, or
2. The M.A.C.\* rate, plus professional fee not to exceed \$2.40, or
3. The provider's usual and customary charge to the general public.

## V. Miscellaneous Remarks:

Medicaid drug program emphasis will include utilization review (under the "surveillance" operations).

50¢ co-pay rescinded - 7/1/77

\*Maximum Allowable Costs

## MICHIGAN

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social Services Department Officials:

John T. Dempsey, Ph.D. Director	Department of Social Services Commerce Center Building Lansing, Michigan 48926
Paul M. Allen Chief Deputy Director	"
Robert C. Bonhag, D.M.D., M.H.A. Director Bureau of Medical Assistance	"
Keith F. Cole Director Medicaid Operations Division Bureau of Medical Assistance	"
James L. Hall, R.Ph. Special Policy Consultant to the Director Bureau of Medical Assistance	"
Robert M. Levin, D.D.S. Acting Chief Bureau of Health Care Administration	Department of Public Health (same address as above)

## 2. Social Services Department Advisory Committees:

## A. State Medical Care Advisory Council:

Consumer Representatives

Ella Bragg 15411 Wabash Detroit 48238	- Michigan Welfare Rights Organization
J. Howard Edwards 1914 Sunset Court St. Joseph 49085	- Michigan Chamber of Commerce
Helmut Haefke 1514 W. Saginaw Lansing	- Citizens for Better Care

## State Medical Care Advisory Council (continued):

Edward Johnson 3617 Charlevoix Detroit 48207	- Recipients
Millie Loveless 1046 North Cedar St. Lansing 48906	- Human Services
Sue Sattler Michigan Legal Services 900 Michigan Building 220 Bagley Avenue Detroit 48216	- Michigan Legal Services
Clark Shanahan 624 N. Ball Owosso 48867	- Michigan Society for Mental Health, Inc.
Robert L. Thompson 110 North O'Keefe St. Cassopolis 49031	- American Association of Retired Persons (AARP)
Dorothy Walker U.A.W. Retired Worker's Department 8731 E. Jefferson Detroit 48214	- U.A.W.
Mary Wandschneider 1515 C Spartan Village East Lansing 48823	- Michigan Child Care Council
<u>Provider Representatives</u>	
Lanny Dittmer 1929 Gay Lane Lansing 48912	- Health Care Association of Michigan
William H. Harrison, M.D. 834 W. St. Joseph Lansing 48915	- Michigan State Medical Society
James Hayden, M.P.H. Group Health Service of Michigan, Inc. 3150 Enterprise Drive Saginaw 48603	- Group Health Service of of Michigan
Kirk H. Herrick, D.O. 611 W. Belle St. Charles 48655	- Michigan Association of Osteopaths, Physicians and Surgeons



Provider Representatives (continued):

- Elizabeth McLister - Michigan Association of  
2730 E. Jefferson Ave. Independent Clinical  
Detroit 48207 Laboratories
- James Putvin, R.Ph. - Michigan Pharmacists Assoc.  
3095 N. Genesee Road  
Flint 48506
- Patricia Siebert, R.N. - Michigan Nurses Association  
19888 Cranbrook, #104  
Detroit 48221
- Symuel H. Smith - Michigan Hospital Association  
Wayne County General  
Hospital  
Eloise 48132
- James H. Tonn, D.D.S. - Michigan Dental Association  
325 Centre Avenue  
Portage 49081

Government Representatives

- Robert C. Bonhag, D.M.D., - Department of Social Services  
M.H.A.  
Director, Bureau of  
Medical Assistance  
Dept. of Social Services  
300 S. Capitol Avenue  
P. O. Box 30037  
Lansing 48909
- Dominic A. D'Annunzio - Michigan Insurance Bureau  
7419 Yorktown Rte. #2  
Lansing 48917
- Linda R. Ratz - AP Intake Worker  
Lenawee County Dept.  
of Social Services  
1301 N. Main Street  
Adrian 49221
- Maurice Reizen, M.D. - Public Health  
Director  
Dept. of Public Health  
3500 N. Logan  
Lansing 48909

Government Representatives (continued):

Victor Sztengel   - Michigan Association of  
Executive Director   Health Systems Agencies  
North Michigan Health  
Systems Agency  
325 E. Lake Street  
Petoskey 49770

## B. State Pharmaceutical Medicaid Liaison Committee:

Louis Sesti, R.Ph. 815 N. Washington Avenue Lansing 48906	Ray Whaley, R.Ph. 756 W. Fulton Grand Rapids 49301
R. Thomas Cook, R.Ph. 4505 Westlawn Parkway Pontiac 48057	Robert Ludlum, R.Ph. 226 East Grand River Avenue Lansing 48906

Robert Shapiro, R.Ph.  
3720 Lapeer Road  
Pontiac 48057

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Society:

Warren F. Tryloff  
Director  
Michigan State Medical Society  
120 W. Saginaw  
East Lansing 48823  
Phone: 517/337-1351

## B. Pharmaceutical Association:

Louis Sesti, R.Ph.  
Executive Director  
Michigan Pharmacists Association  
815 N. Washington Avenue  
Lansing 48906  
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  
Phone: 313/476-2800

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons* Eligible	Drug Recipients	Amounts	Persons* Eligible	Drug Recipients	Amounts
OAA	11,519	13,363	\$ 2,383	11,546	11,149	\$ 1,776
MA						
AB	428	300	45	527	485	82
APTD	12,124	8,997	1,791	14,840	13,052	2,592
AFDC	134,339	100,496	3,503	133,507	101,808	3,448
MN Aged	26,447	30,642	6,975	24,855	29,074	6,972
MN Blind	108	97	19	119	124	29
MN Disabled	8,267	6,044	1,253	7,309	7,187	1,641
MN Children	21,645	15,567	454	14,072	15,955	491
Total	214,877 <sup>1/</sup>	175,506	\$16,423	206,775	178,834	\$17,031

\*Eligible Persons - Average Monthly.

<sup>1/</sup> Reported as 330,531 in 1977 edition (all categories reflect a downward adjustment).

## 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. Variable reimbursement, \$1.20-\$5.00. State is considering a single fee sometime in 1978.

## MINNESOTA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Welfare Department Officials:

Edward J. Dirkswager, Jr. Commissioner	Department of Public Welfare Centennial Office Building St. Paul, Minnesota 55101
---	---

James J. Hiniker, Jr. Deputy Commissioner	"
--	---

Robert C. Baird Assistant Commissioner Bureau of Income Maintenance	"
---	---

Robert G. Randall Director Medical Assistance Program	690 North Robert Street St. Paul 55117
---	---

John T. Bush, R.Ph. Pharmacist Consultant	"
--	---

## 2. Welfare Department Advisory Committees:

## A. Professional Medical Advisory Committee:

Irving C. Bernstein, M.D. 1011 Medical Arts Bldg. Minneapolis 55402	Lyle Hay, M.D. V.A. Hospital Room A120 East 54th & Hiawatha Avenue Minneapolis 55417
---	--

Henry Horecki, M.D.  
4704 Upper Terrace  
Minneapolis 55435

Jesse Yap, M.D.  
155 W. 96th Street  
Minneapolis 55420

Alex Barno, M.D.  
St. Louis Park Medical  
Center  
St. Louis Park 55426

Alexander Lucas, M.D.  
Mayo Clinic  
Rochester 55901

Kathleen Simo, M.D.  
South Medical Clinic  
4310 Nicollet Avenue  
Minneapolis 55408

John J. Reagan, M.D.  
1431 Medical Arts Bldg.  
Minneapolis 55402

## Professional Medical Advisory Committee (continued):

Merrill Chesler, M.D. Physicians and Surgeons Bldg. 63 S. Ninth Street Minneapolis 55402	John McNeil, M.D. 1224 Lowry Building St. Paul 55102
---	--

Henry Blissenbach, Ph.D. 2119 Aztec Mendota Heights 55120	Shirley Mink, Ph.D. 110 E. 18th Street Minneapolis 55403
---	--

## B. Minnesota State Pharmaceutical Association Welfare Task Force:

Michael E. O'Toole, R.Ph.	- Minneapolis
Roger Vadheim, R.Ph.	- Tyler
William F. Appel, R.Ph.	- Minneapolis
<u>Chairman</u>	
Norman M. Carlson, R.Ph.	- White Bear Lake
Hugh F. Kabat, R.Ph., Ph.D.	- St. Paul
Barry M. Krelitz, R.Ph.	- Minneapolis
Carl W. Obeng, R.Ph.	- Duluth

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Association:

Harold W. Brunn  
Executive Vice-President  
Minnesota State Medical Association  
American National Bank Building  
101 E. 5th Street, Suite 900  
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 1/1/70

## 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		
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977 3/		
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	84,576	80,124	\$12,996	92,459	78,688	\$10,943
MA						
AB	1,978	1,456	203	1,918	1,457	164
APTD	28,686	28,941	5,008	33,454	27,965	4,170
AFDC	195,831	133,970	4,612	231,661	130,050	3,659
CWS	605	554	11	1,208	544	10
Total	311,676	245,045	\$22,830	360,700	238,704	\$18,946

1/ Average Numbers (monthly).

2/ Unduplicated count of total annual recipients.

3/ Source: 8th Annual Report (7/1/76 - 6/30/77), Mississippi Medicaid Commission.

## 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, peripheral vasodilators, certain anti-arthritic products, 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: Up to 5 refills per prescription are allowed when authorized in writing by the prescriber. There are no refill restrictions on insulin, and no refills are allowed on telephoned prescriptions.
4. Dollar Limits: None.

## D. Prescription Charge Formula:

1. Legend drugs - EAC prices adjusted to current data plus \$2.25 fee, or the provider's usual/customary retail charge, whichever is lower. Price based on 100 (or size nearest), 16-ounce, 12's (suppositories and single tubes (ointments)). Drugs listed by generic name are limited to maximum EAC price as shown in the drug list.



## Prescription Charge Formula (continued):

Note: Effective January 1, 1978: 50¢ copay rescinded.

2. Non-legend drugs, insulin, birth control pills, and injections - EAC price plus \$2.25 fee or the usual and customary retail price, whichever is lower.
3. Compounded prescriptions for topical use are covered if at least one legend drug (in therapeutic amounts) is included in the ingredients.
4. Compounded oral medications when all ingredients are covered separately under their own drug codes in the formulary.

## V. Miscellaneous Remarks:

Medicaid eligible persons received 3,623,300 prescriptions during Fiscal Year 1977. This represents a decrease of 908,749 prescriptions or 20.1 percent from Fiscal Year 1976. The large decrease becomes even more significant with the simultaneous increase of 1,116 persons eligible to receive drug prescriptions in Mississippi. The \$0.50 co-payment for each prescription begun July 1, 1976 and continued throughout the year is considered the primary factor in the reduction.

Drug recipients numbered 238,704, representing a utilization rate of 66.2 percent. The average number of prescriptions per recipient was 15.2 and the average number of prescriptions per eligible was 10.0. Among the eligibility categories, the Aged Category had the highest utilization rate with 85.1 percent while the Disabled Category had the largest average number of prescriptions, 26.3 per recipient.

Drug Utilization Data (FY 1977)

<u>Program Category</u>	<u>Number of Rx</u>	<u>Number of Eligibles</u>	<u>Avg. Rx per Eligible</u>	<u>Number of Recipients</u>	<u>Avg. Rx per Recipient</u>
Total	3,623,300	360,700	10.0	238,704	15.2
OAA	2,019,728	92,459	21.8	78,688	25.7
AB	30,990	1,918	16.2	1,457	21.3
APTD	734,637	33,454	22.0	27,965	26.3
AFDC Children	428,323	179,367	2.4	93,330	4.6
AFDC Adults	407,122	52,294	7.8	36,720	11.1
Other (CWS-FC)	2,500	1,208	2.1	544	4.6

## Miscellaneous Remarks (continued):

Expenditure Data for Drugs

<u>Total Amount</u>	<u>% Total Expenditures</u>	<u>Avg. per Eligible</u>	<u>Avg. per Recipient</u>
\$18,946,135	14.1%	\$52.53	\$79.37
Average Prescription Price .....			\$ 5.23

Source: Eighth Annual Report, Mississippi Medicaid Commission,  
7/1/76 - 6/30/77

## MISSISSIPPI

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Mississippi Medicaid Commission Officials:

## A. Medicaid - Administration:

B. F. Simmons Director	Mississippi Medicaid Commission (P.O. Box 5160) 2906 North State Street Jackson, Miss. 39216
Will Lowery Associate Director	" "
W. Jack Estes Assistant Director Administration	" "
William R. Allen, R.Ph. Deputy Director	" "
James T. Steele, R.Ph. Pharmacist	" "

## B. Commission Members (7):

Jesse O. Adcock, <u>Chairman</u>	- Biloxi
D. W. Williamson	- Meridian
Lunsford Casey	- Laurel
Sen. Wm. G. Burgin, Jr.	- Columbus
Sen. Nap L. Cassibry	- Gulfport
Rep. Milton Case	- Canton
Rep. Charles M. Deaton	- Greenwood

## 2. Title XIX Technical Advisory Committee:

## A. Technical Advisory Committee on Physicians' Services:

Joe S. Covington, M.D. Meridian <u>Chairman</u>	Louis C. Lehmann, M.D. Natchez
---	-----------------------------------

Technical Advisory Committee on Physicians' Services  
(continued):

Thomas W. Wesson, M.D.  
Tupelo

James C. Bass, M.D.  
Laurel

Ralph L. Brock  
McComb

Matthew J. Page, M.D.  
Greenville

B. Technical Advisory Committee on Drugs:

Cecil Allred, R.Ph.  
Hazlehurst  
Chairman

William J. Mosby, III, R.Ph.  
Canton

George Abdo, Jr., R.Ph.  
Greenville

Mr. Gary Wilkerson  
Jackson (Sec. State  
Pharmaceutical Assoc.)

William E. Farlow, R.Ph.  
Jackson

Dr. Dewey Garner  
University

Eugene B. Polk, R.Ph.  
Magee

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:

Edgar H. Overstreet  
Gracelands Convalescent  
Center  
Oxford

Charles T. Smith  
Ellisville

Edgar W. Santa Cruz, Jr.  
Gulf View Haven, Inc.  
Bay St. Louis

Michael W. Howard  
Queen City Nursing Center

J. C. Smith  
Monell Rest Home  
Brookhaven

## E. Technical Advisory Committee on Dental Services:

Russell Burns, D.D.S.  
Brookhaven  
Chairman

James Goldman, D.D.S.  
Marks

Robert W. Harrison, Jr., D.D.S.  
Yazoo City

James Russell Dumas, D.D.S.  
Prentiss

Phillip Weaver, D.D.S.  
Laurel

Sam Hall, D.D.S.

Granada

## F. Technical Advisory Committee on Optometric Services:

William A. Williamson, O.D.  
Greenville  
Chairman

R. R. Lacey, O.D.  
Aberdeen

Carl Von Seutter, O.D.  
Magee

Nell Edgar Niles, O.D.  
Kosciusko

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Association:

Charles L. Mathews  
Executive Secretary  
Mississippi State Medical Association  
P. O. Box 5229  
Jackson 39216  
Phone: 601/354-5433

## B. Pharmaceutical Association:

Emmett A. Berry, Jr., R.Ph.  
Executive Director  
Mississippi State Pharmaceutical Association  
Suite 204 - Barnett Building  
Jackson 39216  
Phone: 601/944-0416



MISSOURI

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 10/13/67

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: Foster care; general relief; and blind pension.

\*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	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	84,000	68,638	\$ 7,880	82,090	66,079	\$ 8,180
MA						
AB & BP	3,864	2,922	322	3,957	2,869	341
APTD	31,501	25,070	3,199	37,637	29,337	3,882
AFDC & AFDC-FC	376,286	171,070	4,189	366,006	175,797	4,647
GR & CWS-FC	23,212	12,873	813	20,020	11,337	607
Total	518,863	280,573	\$16,403	509,710	285,419	\$17,657

## 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 285 drugs in 972 dosage forms by generic names and trade names (for identification purposes only) and specified maximum prices allowable.

State allows payment for only the drugs in the formulary.

## C. Prescribing or Dispensing Limitations:

1. Terminology: 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: The lowest of the following: Formulary base price plus \$2.25 professional fee. Actual acquisition cost plus \$2.25 professional fee. Usual and customary charge to private paying patients.



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:

James F. Walsh Director	Department of Social Services Broadway State Office Bldg. Jefferson City, Mo. 65101
Phyllis J. Reser Director	Division of Family Services
Thomas E. Singleton Deputy Director Medical Services	Medical Services Section
Gerald L. Washburn, R.Ph.	" "
Richard A. Riley, R.Ph.	" "
Earl A. Watkins, R.Ph. Pharmaceutical Consultants II	" "
Richard L. Eidson Drug Claims Payment Supervisor	" "
Everett Harris, D.O.	" "
Michael Wilson, D.O.	" "

## 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
Robert E. Eisler Service Employees International Local No. 96 4526 Paseo Kansas City 64110	Herbert R. Domke, M.D. Director Missouri Division of Health Broadway State Office Bldg. Jefferson City 65101
Sen. Harry Wiggins 7520 Main Kansas City 64114	Sen. Joseph Frappier 625 Glenco St. Charles 63301

Medical Advisory Committee to the State Division of Family  
Services (continued):

Audrey M. Thaman, Ph.D.  
Director of Social Work  
City of St. Louis  
Department of Health  
and Hospitals  
1625 South 14th Street  
St. Louis 63104

B. David Hartwig, R.Ph.  
Red Cross Pharmacy  
52 Arrow Street  
Marshall 65340

Richard Haffner, D.D.S.  
Missouri Dental Association  
6979 Chippewa  
St. Louis 63109

Max A. Heeb, M.D.  
Missouri State Medical  
Association  
Sikeston 63801

Neal D. Colby, Jr., ACSW  
Adm.-Home Health Care  
Department  
Catholic Charities of Kansas  
City-St. Joseph, Inc.  
527 West 39th Street  
Kansas City 64111

Norman McCann  
Missouri Hospital Assoc.  
3015 North Ballas Road  
St. Louis 63131

Rep. Stephen C. Banton  
172 Forest Brook Lane  
Creve Coeur 63141

Claus A. Rohweder, D.O.  
Missouri Association of  
Osteopathic Physicians  
and Surgeons  
800 West Jefferson  
Kirksville 63501

Sen. 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

William 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

Royal Cooper  
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

Executive Officers of State Medical and Pharmaceutical  
Societies (continued):

C. Osteopathic Association:

Edward Borman  
Executive Director  
Missouri Association of Osteopathic  
Physicians and Surgeons  
325 East McCarty  
Jefferson City 65101  
Phone: 314/634-3415

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/67

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children					Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Under 21	
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug 1/ Recipients	Amounts	Persons Eligible	Drug 2/ Recipients	Amounts
OAA		2,514	\$ 290		2,357	\$ 324
MA					3,597	231
AB		91	10		86	10
APTD		3,402	385		3,632	521
AFDC		13,383	347		13,171	371
MN Aged		3,269	480		3,107	693
MN Blind		71	4		223	4
MN Disabled		1,280	156		816	171
MN Children		2,496	67		308	17
Total		26,506	\$1,739		27,297	\$2,342

1/ DHEW - SRS/NCSS 2082A(3), B(3) - FY-1976.  
2/ DHEW - SRS/NCSS 2082A(3), B(3) - FY-1977.

## MONTANA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

Administered in 56 counties by the State Department of Social and Rehabilitation Services.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Provided are all legend drugs and those non-legend drugs in the following classes: insulin, laxatives, antacids. They must be prescribed by a licensed practitioner (physician, 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: No limit, effective May 1, 1976. Copayment of 50¢/R by recipient on any prescription over 2/month.
- D. Prescription Charge Formula: Drugs will be paid at the usual retail rate or estimated acquisition cost or maximum allowable cost, plus a dispensing fee - whichever is lower. Dispensing fees range from \$2.00 to \$3.25. Additional 50¢ per R allowed for unit dose systems.

## V. Miscellaneous Remarks:

Pharmacists are asked to enter NDC numeric code to identify drug.

## MONTANA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social and Rehabilitation Services Department Officials:

Patrick Melby Director	Department of Social and Rehabilitation Services P. O. Box 4210 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	"
--	---

Phil Gouveia, Chief Fiscal Bureau	"
--------------------------------------	---

E. C. Maronick, M.D. Medical Consultant	"
--	---

R. C. Whitesitt, M.D. Medical Consultant	"
---	---

John Madsen, D.D.S. Dental Consultant	"
--	---

John Kall, D.D.S. Dental Consultant	"
--	---

## 2. Medical Assistance Advisory Council:

Jack R. Carlson, Chairman

Montana Dental Association  
Henry B. Lorentz, D.D.S.  
501 First Avenue North  
Great Falls 59401

Consumer Interests  
Margaret Raihl  
120 South G Street  
Livingston 59047

Montana Nurses Association  
Mrs. Henrietta Brandon, R.N.  
Box 321C  
Hamilton 59840

Montana Medical Association  
E. W. Gibbs, M.D.  
2802 Ninth Avenue North  
Billings 59101

## Medical Assistance Advisory Council (continued):

Montana Commissioners  
Association  
(Vacant) - Commissioner  
Court House  
Great Falls 59401

Montana Optometric  
Association  
A. S. Kautz, O.D.  
1212 Grand Avenue  
Billings 59103

Montana Pharmaceutical  
Association  
Ed Doig, R.Ph.  
Box 663  
Livingston 59047

Montana Hospital Association  
Sister Mary Clarice Lousberg  
St. James Community Hospital  
400 South Clark Street  
Butte 59701

Glendive Community Hospital  
Nursing Home  
Philip M. Auble  
Administrator  
Glendive 59330

Department of Health and  
Environmental Sciences  
A. C. Knight, M.D.  
Acting Director  
Helena 59601

3. Social and Rehabilitation Services Economic Assistance  
Division:

Patrick Melby  
Director

John Madsen, D.D.S.  
Dental Consultant

Jack R. Carlson  
Administrator

John Kall, D.D.S.  
Dental Consultant

E. C. Maronick, M.D.  
Medical Consultant

Neal Ostby  
Pharmacy Consultant

James Wilkens  
Optometric Consultant

John Brown  
Medical Care Specialist

Jack Dorner  
Medical Care Specialist

Marie Brazier, R.N.  
Nurse Consultant

Vacant  
Fiscal Analyst

Paul Miller  
Medical Care Specialist

W. F. Ikard, Chief  
Medical Assistance Bureau



4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

G. Brian Zins  
Executive Director  
Montana Medical Association  
2021 - 11 Avenue  
Helena 59601  
Phone: 406/443-4000

B. Pharmaceutical Association:

Frank Davis  
Executive Secretary  
Montana State Pharmaceutical  
Association  
Room 218, Rocky Mountain Building  
6th Street and Central Avenue  
Great Falls 59406  
Phone: 406/452-3201



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				Children	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	(M N)	
									Under 21	
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <u>1/</u> Eligible	Drug Recipients	Amounts	Persons <u>2/</u> Eligible	Drug Recipients	Amounts
OAA	6,870	6,164	\$1,165	7,752	7,207	\$1,586
MA						
AB	207	165	30	195	150	30
APTD	6,333	5,155	1,045	6,659	5,497	1,239
AFDC	12,297	10,330	612	11,477	9,854	566
Children	29,160	17,757	354	26,089	17,184	375
MN Aged	8,306	7,554	1,800	7,216	6,250	1,559
MN Blind	47	42	10	43	32	8
MN Disabled	2,204	1,546	370	1,562	918	226
MN Children	3,874	2,253	40	4,139	1,388	22
MN AFDC	2,166	1,582	69	2,071	735	22
Total	71,464 <sup>1/</sup>	52,548	\$5,496 <sup>2/</sup>	67,203 <sup>1/</sup>	49,215	\$5,633 <sup>2/</sup>

<sup>1/</sup> Unduplicated annual total number of recipients of medical services, including drugs.

<sup>2/</sup> Difference between total given and adding the figures in this column is due to rounding.

## 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.

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\* Medical Services, Department of Public Welfare, State of Nebraska. Guidelines to the policies and procedures issued November 1, 1973, as amended.

## 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. Schedule II drugs are exceptions for recipients in a nursing home.
- e. Schedules II, III, and IV are exceptions for recipients not residing in a nursing home.
- f. 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,

## Original shelf packages (1) (continued):

will be sufficient for our quantity limitations requirement for liquids, but will not be sufficient, for the supplemental dispensing fee unless it is a full month's supply. (See Section 6000, DISPENSING FEES, for details)

- (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 our quantity limitations 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 for SELDOM prescribed solid dosage drugs will be sufficient for our quantity limitations requirement, but will not be sufficient for the supplemental dispensing fee unless it is a full month's supply. (See Section 6000, DISPENSING FEES, for details)
- (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 our regulations or not, would, by necessity, have to be made by the Department of Public Welfare's professional staff. Any claim deemed to be in violation or not an exception to our rulings, will not be compensated with the dispensing fee.

Any disagreement with our 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. Retail Pharmacies

Retail Pharmacies (continued):

a. "Assigned" Dispensing fee.

A dispensing fee will be assigned by the Nebraska Department of Public Welfare, to each individual retail pharmacy. The fee will be calculated from the information obtained through the Department's Prescription Survey. Each Pharmacy will be notified of its dispensing fee.

b. "Maintenance Drug-Month Supply" Supplemental fee.

In addition to the "assigned" dispensing fee for each pharmacy, there is a maintenance drug-month supply supplemental fee of \$1.00. This additional fee may be charged provided that a MAINTENANCE DRUG or drug used in a chronic manner is dispensed in a quantity sufficient to provide an entire month's therapy.

Variable Pharmacy Fee for individual pharmacy determined from survey data submitted to state:

	<u>Range</u>
a. Normal Prescriptions . . . . .	\$2.20-\$2.60
b. Maintenance Drug-Month Supply . . . . .	\$3.20-\$3.60

or usual and customary, whichever is lower.

2. Hospital Pharmacies

Hospital Pharmacies are assigned a "fixed" fee of \$0.80 per prescription.

3. DETERMINING DRUG OR INGREDIENT COST

a. General Information

(1) Maximum Allowable Cost (M.A.C.)

Certain multiple source products will have a maximum allowable cost designated by the Federal Pharmaceutical Reimbursement Board, Department of Health, Education, and Welfare. The M.A.C. value will be the lowest cost at which the drug is widely and consistently available. The determination of which products will be designated M.A.C. items will be the direct responsibility of the Reimbursement Board. The Nebraska Department of Public Welfare will NOT have the authority to adjust

the M.A.C. of any product. Any individual or organization may at any time request that a M.A.C. determination be revised or withdrawn. All requests must be submitted directly to the Pharmaceutical Reimbursement Board, Department of H.E.W., 300 C Street, S.W., Room 5077 North, Washington, D.C. 20201.

All pharmacies will be notified by the Nebraska Department of Public Welfare as to which items have been designated as M.A.C. products and what their respective M.A.C. values are.

(2) Estimated Acquisition Cost (E.A.C.)

All drug products, including the Federally designated M.A.C. drugs, will be assigned an estimated acquisition cost. The E.A.C. of any product will be the cost at which most providers may obtain the item. The Nebraska Department of Public Welfare will be responsible for assigning the E.A.C. values to all drugs. Any individual or organization may at any time request a revision in an E.A.C. value directly from the Nebraska Department of Public Welfare.

b. Cost Limitations

The Nebraska Medicaid Drug Program is required to reimburse product cost at the LOWEST of:

1. the M.A.C. of the drug; if one has been established, or,
2. the E.A.C. for that drug.

The M.A.C. limitation will not apply in any case where the prescribing physician certifies that a specific brand is medically necessary. In these cases, the E.A.C. will be the maximum allowable cost.

4. PHYSICIAN CERTIFICATION

a. General Information.

If a physician believes that a certain brand name product of a M.A.C. designated drug or class of drug is medically necessary for the proper treatment of the patient, the practitioner may prescribe



## General Information (continued):

as his judgment dictates; but the physician must complete the Nebraska Department of Public Welfare's MC-6 certification form. If this form (MC-6) is NOT completed, the Nebraska Department of Public Welfare MUST (By Federal Regulation) compensate the Pharmacy at the M.A.C. value for that drug.

## 5. PRICING INSTRUCTIONS (DRUGS)

UNDER NO CIRCUMSTANCES, MAY ANY CHARGE EXCEED THE USUAL AND CUSTOMARY CHARGE TO THE GENERAL PUBLIC.

- a. Compounded Prescriptions and Legend Drugs (except Birth Control Tablets).

These drugs will be reimbursed at the lesser value of either:

1. Product Cost (M.A.C. or E.A.C.) plus the appropriate dispensing fee(s), or
2. The usual and customary charge to the general public.

- b. Over-the-Counter Drugs

These items will be reimbursed at the lesser value of either:

1. Product Cost (M.A.C. or E.A.C.) plus the appropriate dispensing fee(s), or
2. The usual and customary shelf price to the general public.

- c. Birth Control Products

These products will be reimbursed at the lesser value of either:

1. Product Cost (M.A.C. or E.A.C.) plus appropriate dispensing fee(s), or
2. Usual and customary charge to the general public.

## 6. DRUGS REQUIRING PRIOR APPROVAL

Certain drugs require that approval be granted PRIOR to their dispensing.

PHYSICIANS wishing to prescribe these drugs MUST obtain approval from:

The Director of Utilization Review  
Medical Services Division  
Nebraska Department of Public Welfare  
301 Centennial Mall South  
Fifth Floor  
Lincoln, Nebraska 68509

The Department of Public Welfare will notify the prescribing physician and the pharmacy of the recipient's choice, whenever these requests are approved.

(PHARMACIST ARE CAUTIONED,) "If you have not received an authorization from the Nebraska Department of Public Welfare to dispense these prior approval drugs, you may not be reimbursed for their dispensing."

The following drugs require PRIOR APPROVAL:

1. Anti-obesity (anorexic) agents. Certain use of these agents requires prior authorization.

Payment through Medical Assistance funds will NOT be approved for any drug or item prescribed or recommended for weight control and/or appetite depression.

Payment through Medical Assistance funds MAY be approved for this type of drug when prescribed for Hyperkinesis in children, and for Narcolepsy, provided:

- a. That the name of the condition for which the drug has been prescribed, (Narcolepsy or Hyperkinesis) is clearly indicated on the face of the MC-3 claim form.
- b. That Narcolepsy or Hyperkinesis is an approved medical indication for the drug prescribed.

Abuse of this policy by practitioners and/or pharmacists will result in their being removed from the eligible provider list.

## DRUGS REQUIRING PRIOR APPROVAL (continued):

Payment through Medical Assistance funds for anorexic drugs for any medical indication or disease other than Narcolepsy or Hyperkinesis, may be authorized ONLY when the prescribing physician has obtained prior approval from the Director of Utilization Review (see Nebraska - 8 for address).

## NEBRASKA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Welfare Department Officials:

Eldin J. Ehrlich Director	Department of Public Welfare 301 Centennial Mall South 5th Floor Lincoln, Nebraska 68509
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:

Eldin J. Ehrlich (Chairman) State Director Department of Public Welfare 301 Centennial Mall South 5th Floor Lincoln 68509	Paul Balerude, Administrator Great Plains Medical Center 601 West Leota North Platte 69101
Dr. Henry Smith, Director Department of Health 301 Centennial Mall South 3rd Floor Lincoln 68509	Ben James, III, D.D.S. 1640 "L" Street, Suite B Lincoln 68508
Mary Dils (consumer) 1412 North 45th Lincoln	Earl Person, D.D.S. 3707 North 24th Street Omaha
	Robert Osborne, M.D. 2221 South 17th Lincoln 68508

Welfare Department Medical Care Advisory Committee  
(continued):

William Johnson, M.D.  
2912 Manderson  
Omaha

Charles Coren, O.D.  
5640 South Street  
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Warren Bosley, M.D.  
418 West Division  
Grand Island 68801

Mrs. Alma Foggo-York  
Director of Nursing  
Union College  
3800 South 48th  
Lincoln 68506

Norman Leuthauser, R.P.  
6121 Sumner  
Lincoln 68506

LaVern Poppe, Administrator  
Blue Valley Lutheran Home  
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3. Executive Officers of State Medical and Pharmaceutical  
Societies:

## A. Medical Association:

Kenneth Neff  
Executive Secretary  
Nebraska Medical Association  
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## B. Pharmaceutical Association:

Cora Mae Briggs  
Executive Secretary  
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Lincoln 68508  
Phone: 402/475-4274

Robert Marshall  
Executive Director  
Nebraska Pharmaceutical Association  
(address as above)



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/67

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related			(M N) 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: Prostheses; home health care; family planning services; physical therapy; podiatry; durable and disposable medical supplies.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	3,834	3,737	\$ 617	4,366	3,438	\$ 480
MA						
AB	195	152	19	256	208	24
APTD	1,627	1,779	383	2,172	1,610	229
AFDC	14,640	12,971	483	15,898	10,635	277
<b>Total</b>	<b>20,296</b>	<b>18,639</b>	<b>\$1,502</b>	<b>22,692</b>	<b>15,891</b>	<b>\$1,010</b>

## 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 individual contracts with pharmacies and physicians. Nevada Blue Shield is the fiscal intermediary.

## IV. Provisions Relating to Prescription Drugs:

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

1. Specific Exclusions. The Title XIX drug program will not pay for the following:
  - a. Vitamins and vitamin combinations.
  - b. Obesity control pharmaceuticals:
    - (1) Anorectics;
    - (2) Amphetamines;
    - (3) Central nervous system stimulants.
  - c. Amphetamine combinations.
  - d. Non-legend pharmaceuticals.
  - e. Appliances, sundries and supplies; see 1202.5.
  - f. Any pharmaceutical, biological, appliance or equipment supplied as an integral part of a program activity of other public agencies or other Title XIX programs, such as immunizations, dressings, oxygen or canes; see 1202.5.
  - g. Pharmaceuticals designated "ineffective" by the FDA as to substance or diagnosis for which prescribed.
  - h. Pharmaceuticals considered "experimental" as to substance or diagnosis for which prescribed.
  - i. Pharmaceuticals not approved for use by the Food and Drug Administration.



## General Exclusions (continued):

2. Exclusion Exceptions. All pharmaceuticals must be prescribed by a licensed physician, podiatrist, osteopath or dentist. They may be dispensed directly by the prescriber or pharmacist, or indirectly by means of an inpatient pharmaceutical chart order, in compliance with federal and state laws and regulations.
  - a. The Nevada Title XIX drug program will pay for the following prescribed pharmaceuticals:
    1. Legend pharmaceuticals.
    2. Insulin.
    3. Diabetic test tablets and test tapes, and diabetic syringes and needles (permanent or disposable).
    4. Prenatal vitamin/mineral supplements, legend or non-legend, WRITTEN for prenatal care.
    5. Nicotinic acid in oral or injectable form.
    6. Methylphenidate (Ritalin).
    7. Birth control items such as diaphragms and fertility-suppressant pills.
    8. Compounded prescriptions, providing that at least one legend pharmaceutical is included in therapeutic quantity.
  - b. The Nevada Title XIX drug program will pay for certain other pharmaceuticals which have received prior authorization from the Medical Care Section on form SAMI-3. These would include:
    1. Pharmaceuticals which, because of their peculiar characteristics, become the only pharmaceutical of choice to the prescribing practitioner.
    2. Medications over and above program limitations specified in 1202.4 that can be considered medically essential.

## Exclusion Exceptions (continued):

3. Tedral (plain).
4. Children's multiple vitamins with flouride.
5. Single entity oral or injectable vitamins or iron appropriately prescribed for FDA-approved treatment.

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Prescriptions. Eligible Title XIX recipients may receive three prescriptions per month plus those designated "emergency" by the prescriber plus those issued for EITHER prenatal OR family planning purposes. Any prescription above and beyond this limitation is reimbursable only if prior-authorized by the Medical Care Section on form SAMI-3.
2. Refills. A refill is a prescription subject to the limitations in paragraph 1 above.
  - a. Authorized refills are valid only to the pharmaceutical provider dispensing the original prescription.
  - b. All prescriptions containing a class II controlled pharmaceutical or pharmaceuticals requiring prior approval, will be considered non-refillable.
3. Quantities and Days Supplied.
  - a. The quantities to be dispensed on original prescription for chronic or acute conditions are at the discretion of the physician and without regard to future eligibility of the recipient. However, reasonable amounts of maintenance pharmaceuticals for chronic conditions are recommended in order to maintain consistency with the Title XIX legislative requirements of efficiency and economy.
  - b. MINIMUM quantities of perpetual and maintenance pharmaceuticals for chronic conditions are normally considered to be a 30-day supply or an original package (if less than a 30-day supply). More may be dispensed on physician's request.

## Quantities and Days Supplied (continued):

- c. Prescriptions for less than minimum amounts of maintenance pharmaceuticals will be reviewed by the Pharmacy Peer Review Committee; justification of less than minimum amounts may be requested from the prescribing physician and/or pharmacy provider. In those cases where less than a 30-day supply of maintenance drug is dispensed without reasonable medical justification, no reimbursement will be allowed.

## D. Prescription Charge Formula:

1. Reimbursement for prescriptions will be at EAC (defined as AWP -5%) plus \$2.90 professional fee for all prescriptions. (See V. Miscellaneous Remarks)

## 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.

Prescription Charge Formula for Estimated Acquisition Cost (EAC) concept: (Implemented May 10, 1976)

<u>AWP</u> (latest microphase list)	Cost	\$000.00
		-
<u>LESS</u> 5%	(Minus)	0.00
	Balance	000.00
<u>PLUS</u> Professional Fee		2.90
	Balance	000.00*
		-
<u>LESS</u> Co-pay	(Minus)	0.00

Amount paid by State \$000.00\*\*

\* The lesser of this amount or usual and customary amount billed to the state.

\*\* Amount reimbursed by state after the state deducts the applicable copay.

Miscellaneous Remarks (continued):

Co-pay Schedule (effective May 10, 1976):

\$ .50	for	prescriptions	costing	\$10	or	less.	
\$1.00	"	"	"	"	"	"	\$10.01 through \$25
\$2.00	"	"	"	"	"	"	\$25.01 " \$50
\$3.00	"	"	"	"	"	"	\$50.01 or more

(Outpatients and vendor drug recipients)

## NEVADA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Human Resources Department Officials:

Michael L. Melner 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	" "
Jeffrey L. Monaghan, Pharm.D. Pharmaceutical Consultant Medical Care Section	" "

## 2. Advisory Committees of the Welfare Division:

## A. Medical Care Advisory Group:

William G. Findorff	- Chairman, Executive Committee
A. J. Sthultz	- Chairman, Hospital Committee
John Feinberg, M.D.	- Chairman, Long Term Care Comm.
William G. Findorff, M.D.	- Chairman, Physicians Comm.
Harry P. Massoth, D.D.S.	- Chairman, Dental Committee
John Aberastur	- Chairman, Consumer Recipient Committee
Stewart Paquette, R.Ph. Las Vegas	- Chairman, Pharmacy Committee

B. Drug Utilization Review Committee:

Ben Timberlake, R.Ph., Chairman  
Milo Banovich, R.Ph.  
Joe Williams, R.Ph.  
Wayne Kilpatrick, R.Ph.  
John White, 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:

Amy Veotch  
Acting Executive Director  
Nevada State Pharmaceutical Association  
~~1113 South 15 Street~~ 1239 Las Vegas Blvd. South  
Las Vegas 89104  
Phone: 702/~~384-7943~~ 382-1659

NEW HAMPSHIRE

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/67

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976 <sup>1/</sup>			1977 <sup>2/</sup>		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	6,377	5,569	\$ 781	6,236	4,309	\$ 808
MA						
AB	271	242	31	289	201	31
APTD	2,902	2,278	334	3,224	2,467	429
AFDC	38,400	21,571	762	36,222	21,534	804
MN Aged	3,097	2,399	325	3,019	2,484	371
MN Blind	101	74	8	78	59	9
MN Disabled	1,336	975	168	1,163	995	195
MN AFDC	4,392	1,797	80	3,594	1,867	83
Total	56,876	34,905	\$2,489	53,825 <sup>3/</sup>	33,916	\$2,730

1/ July 1, 1975 - June 30, 1976

2/ October 1, 1976 - September 30, 1977

3/ FY '77 data matches Federal FY except this column which covers July 1, 1976 - June 30, 1977.

## 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 M.M.I.S. Program through Division of Welfare.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Anorexiant (stimulants); and vitamins for patients over 7 years of age.
- 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 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:

Robert Whalen Commissioner	Dept. of Health and Welfare 8 Loudon Road Concord, New Hampshire 03301
-------------------------------	--

Richard G. Lacombe Acting Director Division of Welfare	" "
--	-----

Calvin A. Wentworth Acting Deputy Director Office of Medical Services Division of Welfare	" "
--	-----

Clifford A. Zilch, R.Ph. Chief, Bureau of Health Care Medical Services, Div. of Welfare	" "
---	-----

## 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.

## 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



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/70

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		
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	65,087	51,394	\$ 6,657	62,460	49,449	\$ 7,324
MA						
AB	1,335	927	102	1,270	849	102
APTD	57,926	42,123	5,007	61,997	43,598	6,365
AFDC	449,164	384,955	12,760	449,012	395,411	15,201
DYFS	21,326	9,952	270	19,944	10,005	297
Total	594,838	489,351	\$24,796	594,683	499,312	\$29,289

## 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: Limited generic.

C. Prescribing or Dispensing Limitations:

1. Terminology: None. No insistence on generic pre-  
scribing 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:

- A. Direct (vendor) payment will be made to participating pharmacies by Blue Cross of New Jersey on behalf of the New Jersey Health Services Program upon receipt of a properly completed Prescription Claim Form (MC-6).
- B. Only one prescription may be submitted on each Prescription Claim Form (MC-6).

208.1 Legend Drugs

1. Payment for "legend" drugs (those drugs bearing the legend "Federal Law Prohibits Dispensing Without a Prescription"), and contraceptive diaphragms will be based upon "Maximum Allowable Cost" as herein defined.
2. "Maximum Allowable Cost" is defined as:
  - A. The "Maximum Allowable Cost" (MAC) price published by the Pharmaceutical Reimbursement Board of the Department of Health, Education and Welfare for listed "multi-source" drugs, or
  - B. The listed Average Wholesale Price (AWP), as so designated for the most frequently purchased package size in the current Drug Topics Red Book (published by Medical Economics Co., Oradell, N.J. 07649), and supplements and price changes listed by the same publisher in Drug Topics Magazine or the designated prices

listed in Section 203. In the case of unlisted or undesignated AWP "costs" or typographical errors, the known correct price will be used as maximum cost....\*whichever is lower.

- (1) Maximum cost for each eligible prescription claim not covered by Section 208.1 (A), shall be subject to the following fiscal conditions based upon six (6) categories determined by the Division, for each participating pharmacy. The categories shall be adjusted annually.
- (2) In order to determine a provider's total prescription volume, which shall include all prescriptions filled, both new and refill, for private, Medicaid and other third party recipients, for the previous calendar year; pharmacies will be required to submit in writing, a report certifying to their prescription volume, annually. Failure to meet this requirement will result in the provider being placed in the maximum discount category (Category VI), for the period of non-compliance.

NOTE: Those pharmacy providers who have been in business for less than one (1) calendar year will have their volume projected over the entire calendar year to determine the approximate category.

Category I - Pharmacies whose total prescription volume in the previous calendar year was not more than 14,999 prescriptions.

Pharmacies placed in this category will receive maximum cost reimbursement for Legend Prescription Claims at Average Wholesale Price (AWP) as defined above.

Category II - Pharmacies whose total prescription volume in the previous year was in excess of 15,000 prescriptions but did not exceed 19,999 prescriptions.

Pharmacies placed in this category will receive maximum cost reimbursement for Legend Prescription Claims at Average Wholesale Price (AWP) as defined above LESS 2% of such cost.

The calculated amount will be automatically deducted from each prescription claim in the reimbursement processing procedure.

Category III - Pharmacies whose total prescription volume in the previous calendar year was 20,000 prescriptions but did not exceed 29,999 prescriptions.

Pharmacies placed in this category will receive maximum cost reimbursement for Legend Prescription Claims at Average Wholesale Price (AWP) as defined above LESS 3% of such cost.

The calculated amount will be automatically deducted from each prescription claim in the reimbursement processing procedure.

Category IV - Pharmacies whose total prescription volume in the previous calendar year was 30,000 prescriptions but did not exceed 39,999 prescriptions.

Pharmacies placed in this category will receive maximum cost reimbursement for Legend Prescription Claims at Average Wholesale Price (AWP) as defined above LESS 4% of such cost.

The calculated amount will be automatically deducted from each prescription claim in the reimbursement processing procedure.

Category V - Pharmacies whose total prescription volume for the previous calendar year was 40,000 prescriptions but did not exceed 49,999 prescriptions.

Pharmacies placed in this category will receive maximum cost reimbursement for Legend Prescription Claims at Average Wholesale Price (AWP) as defined above LESS 5% of such cost.

The calculated amount will automatically be deducted from each prescription claim in the reimbursement processing procedure.

Category VI - Pharmacies whose total prescription volume in the previous calendar year was 50,000 prescriptions or more.

Pharmacies placed in this category will receive maximum cost reimbursement for Legend Prescription Claims at Average Wholesale Price (AWP) as defined above LESS 6% of such cost.

The calculated amount will automatically be deducted from each prescription claim in the reimbursement processing procedure.

\*NOTE: If the published MAC price as defined in Section 208.1(1) A is higher than the price which would be paid under Section 208.1(2)B, then Section 208.1(2)B will apply.

#### Dispensing Fee

Effective February 1, 1978, in accordance with Pharmacy Provider Service Agreement (Form-D-70-Rev. 12/77), (Does not apply to participating pharmacies servicing Medicaid recipients in Long Term Care Facilities).

The dispensing and services fee may vary from \$2.20 to a maximum of \$2.50 depending upon the number and types of services agreed to by the provider.

#### Service

	<u>INCREMENT</u>
1. 24 hour emergency service availability	\$0.05
2. Regular Delivery Service	\$0.08
3. Patient Consultation	\$0.08
4. Impact Allowance	\$0.09

Any provider who fails to return the completed Form FD-70 by January 23, 1978 will receive a fee of \$2.20 for claims submitted with a date of service on or after February 1, 1978, until a properly completed Form FD-70 (Rev. 12/77) is received and processed. There will not be any retroactive adjustment.

In completing the attached Pharmacy Provider Service Agreement (Form FD-70-Rev. 12/77) the provider agrees to provide all services at no additional charge to the Medicaid or PAA recipient. Under no circumstances are any additional administrative charges allowed.

Reimbursement for pharmaceutical services for recipients in Medicaid approved Long Term Care Facilities are defined in Chapter IV, Pharmacy Manual, conventional systems, unit dose and capitation.

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.



- c. 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.

Hypodermic syringes and needles are reimbursed as drug products (1/1/76). Usual and customary price prevails.

Utilization Data: (Health Services)

Ave. monthly expenditures Per Eligible and Per Recipient

	<u>Eligibles</u>		<u>Recipients</u>	
	<u>CY-1975</u>	<u>CY-1976</u>	<u>CY-1975</u>	<u>CY-1976</u>
All categories	\$53.42	\$55.17	\$116.81	\$119.75

Drug Program Utilization Data - (Prescribed Drugs)

(Ave. monthly utilization)

	No. of Providers	Payments (000)	No. of Recipients	No. of Rx	Payment per Recipient Rx Eligible		
CY							
1976	1,403	\$2,325	190,004	463,856	\$12.24	\$5.01	\$3.64
1975	1,481	\$2,279	192,980	470,628	\$11.81	\$4.84	\$3.61

Source: 1976 Medicaid Annual Report, State of New Jersey Department of Human Services, Div. of Medical Assistance & Health Services.

## NEW JERSEY

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Department of Human Resources Officials:

Ann Klein Commissioner	State Department of Institutions and Agencies 324 East State Street P. O. Box 2486 Trenton, New Jersey 08625
---------------------------	--

Thomas M. Russo Director (Acting)	Division of Medical Assistance and Health Services (same address as above)
--------------------------------------	--

Deputy Director (Vacant)	"
-----------------------------	---

J. Charles Breme, M.D. Medical Director	"
--	---

Sanford Luger, R.Ph., Chief Pharmaceutical Services	"
--	---

## 2. Medical Assistance Advisory Council:

Edward V. Lipman <u>Chairman</u>	<u>Providers</u>
Eugene Friedman <u>Vice Chairman</u>	A. Guy Campo, M.D., F.A.A.F.P. Anthony P. De Spirito, M.D., F.A.A.P. Robert Kaplan, D.D.S. William K. Hogan Herbert E. Horwitz, R.P.
<u>Consumers</u>	

Howard Langan Betty J. Phillips William F. Ward Juanita Joiner Louis Weissman	<u>Ex-Officio</u> Joanne Finley, M.D., Commissioner State Dept. of Health
---	--

Doris Dealaman, Chairman  
Board of Public Welfare

G. Thomas Riti, Director  
Division of Public Welfare

3. 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 08618  
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



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 12/1/66

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: Private duty nursing; home health services; orthotic appliances and prostheses; family planning services; transportation and maintenance; psychiatric and psychological services; optometry; podiatry.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976 <sup>1/</sup>			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons <sup>3/</sup> Eligible	Drug <sup>2/</sup> Recipients	Amounts
OAA		9,190	\$1,041	12,957	8,994	\$1,170
MA						
AB		270	27	415	267	28
APTD		10,590	1,411	13,874	11,047	1,653
AFDC		39,908	1,326	55,852	36,515	1,323
Total		59,958	\$3,805	83,098	56,823	\$4,174

<sup>1/</sup> DHEW-SRS 2082A FY 1976 (7/75 - 6/76).

<sup>2/</sup> DHEW-SRS 2082A FY 1977 (10/76 - 9/77).

<sup>3/</sup> Monthly average number of eligibles FY 77 for AFDC, AFDC foster care, SSI (OAA, ANB, ATPD) Special needs (OAA, ANB, ATPD) and Institutional care (OAA, ANB, ATPD).

## NEW MEXICO

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Department of Human Services 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 non-sustained release forms of 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. Hypnotic drugs.
9. OTC items with the following exceptions (the exceptions are covered by the program):
  - a. Insulin.
  - b. Antacids for active gastric and duodenal ulcers.

- c. Infant vitamin drops for children up to one year of age.
  - d. Salicylates and acetaminophen.
  - e. Non-sustained release forms of 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: 1 year
  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 less a 25¢ co-payment from recipient:
    - a. Cost (as indicated in Coded Drug Manual) x units dispensed plus fee (\$2.50) or
    - b. The usual and customary charge by the pharmacy to the general public.
  2. Medical supplies are reimbursed at the lesser of the following:
    - a. Cost plus  $\frac{1}{2}$  cost.
    - b. Usual and customary charge by the pharmacy to the general public.
    - c. Manufacturer's suggested retail price.

## NEW MEXICO

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Department of Human Services:

Fernando E. C. De Baca Secretary	Department of Human Services P. O. Box 2348 Santa Fe, New Mexico 87503
Charles Lopez Acting Deputy Director Income Support Division	"
Joseph P. Flynn, Bureau Chief Medical Assistance Bureau	"
F. Richard Atkinson Administrator Medical Assistance Bureau	"
Robert J. Stevens, R.Ph. Drug Program Administrator Medical Assistance Bureau	"

## 2. Drug Utilization Review Committee:

(Consists of 6 members - 2 permanent and 4 rotating biannually)

Drug Program Administrator	Medical Assistance Bureau
Dennis J. Lucero, R.Ph. Chairman	1708 Columbia SE Albuquerque 87106
Lowell Irby, R.Ph.	1807 Ray Artesia 88210
Joseph George, R.Ph.	12513 Sierra Grande N.E. Albuquerque 87112
Rebecca Stransburg	1307 12th Street Alamogordo 88310
Physician Consultant	



## 3. Medical Care Advisory Committee:

Lynda Vaskov, R.N.  
Director of Nursing  
Las Cruces Manor  
2905 E. Missouri  
Las Cruces 88001

Judith Walden, R.N.  
Hospital-Home Health Care  
Medical Towers  
500 Walter, N.E.  
Albuquerque 87102

Ronald J. Wilner, D.P.M.  
Northern New Mexico  
Podiatry Assoc. P.A.  
565 St. Michael's Drive  
Santa Fe 87501

Ruth Shurter  
375 Armenta  
Santa Fe 87501

J. Lester Rigby, Director  
SRG/COG Area Agency on Aging  
P. O. Box 216  
Socorro 87801

Milton O. Johnson, Chief  
Area Health Education Branch  
Department of HEW  
Public Health Service  
Federal Office Building &  
U. S. Courthouse  
500 Gold Avenue  
Albuquerque 87102

(Mrs.) Lula Kirk, R.N., P.N.A.  
Maternal and Child Health  
Nurse  
Department of HEW  
Public Health Service  
Federal Office Building &  
U. S. Courthouse  
500 Gold Avenue  
Albuquerque 87102

Muriel R. James  
Executive Director  
The Visiting Nursing  
Service, Inc. of the  
Bernalillo County Area  
Suite C  
1200 University Blvd., N.E.  
Albuquerque 87102

Barba Dunsmore  
Box 81  
Questa 87556

(Mrs.) Lila A. Embury  
Executive Director  
Associated Home Health  
Services, Inc.  
960 N. Main  
Las Cruces 88001

Sarah Rochester, Director  
Los Alamos Visiting Nurse  
Services, Inc.  
P. O. Box 692  
Los Alamos 87544

(Mrs.) Vesta Starkey, ACSW  
Chief, Area Social Service  
Branch  
Albuquerque Area Indian  
Health Service  
Federal Office Building  
& U. S. Courthouse  
500 Gold Avenue, S.W.  
Room 4005  
Albuquerque 87101

Henry Hatcher  
General Manager  
Medical Personnel Pool  
Suite B  
1415 University Blvd., N.E.  
Albuquerque 87102

George Johnson (CHAIRMAN)  
Assistant Administrator  
St. Joseph Hospital  
400 Walter Avenue, S.E.  
Albuquerque 87102

## Medical Care Advisory Committee (continued):

Roy Soto  
Del Pueblo Life Insurance  
200 Lomas Blvd., N.W.  
Albuquerque 87101

W. K. Graham, D.D.S.  
7810 Menaul Blvd. N.E.  
Albuquerque 87110

Gerald J. Boyle, Ph.D.  
7800 Hendrix Avenue, N.E.  
Albuquerque 87110

Sister Marie Patrice  
Nazareth Psychiatric Hospital  
501 Richfield Avenue N.E.  
Albuquerque 87113

## 4. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Society:

Ralph R. Marshall  
Executive Director  
New Mexico Medical Society  
2650 Yale Boulevard, S.E.  
Albuquerque 87106  
Phone: 505/247-0530

## 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 5/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children				Other* (SFO)	
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		Under 21
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: Prothesis; home care, transportation and optometrist.

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

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending September 30: \*

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA						
MA						
AB						
APTD						
AFDC						
Total			\$102,890			\$104,805

\*These figures represent expenditures for the fiscal years ending September 30, 1976 and 1977. They include vendor payments for drugs and sickroom supplies.

## 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 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: (See V. - Miscellaneous Remarks)
1. Coverage of prescription drugs is limited to list of Medicaid Reimbursable Prescription Drugs.
  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.
  5. Limited coverage of non-prescription drugs.
- B. Formulary: New York State - None. (See IV., A., 1.)
- 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.

## Prescribing or Dispensing Limitations (continued):

3. Refills: Regulations now provide that refills can not exceed 5 and the life of a prescription can not exceed 6 months.
4. Dollar Limits: None.

## D. Prescription Charge Formula:

1. Maximum Reimbursable Pricing Schedule

Maximum reimbursement for each drug claim effective August 26, 1976, shall be based on the lowest of -

- a. the maximum allowable cost (MAC) established by a federal board for selected multiple source drugs and published in the Federal Register, plus applicable dispensing fee; or
- b. for prescribed drugs, the estimated acquisition cost (EAC) established by the State, plus applicable dispensing fee; or
- c. for infrequently prescribed drugs not covered in a. above, the average wholesale price (AWP) as recorded in the Red Book, less two percent (2%), plus applicable dispensing fee; or
- d. the usual and customary price charged by the pharmacy provider to the general public, including any sale price which may be in effect on the date of service.

2. Application of Drug Dispensing Fee, effective July 1, 1978

- a. Add \$2.60 dispensing fee to the federally-established maximum allowable cost (MAC) price or State-established estimated acquisition cost (EAC) price of legend or prescription drug.
- b. For a compounded prescription, add an additional \$0.75 compounding fee to the applicable dispensing fee in a. and b. above.
- c. The applicable dispensing fee may be added to the allowable non-prescription drug ingredient cost, to be used for purposes of determining the lowest non-prescription drug price.

## Prescription Charge Formula (continued):

3. Medical Equipment and Supplies

Reimbursement is the lower of the price normally charged to the general public or 50% over the actual acquisition cost (invoice cost to the provider) of the medical equipment or supply.

4. Maximum Reimbursable Price Schedule for Non-Prescription Drugs

- a. The maximum reimbursable payment for an allowable non-prescription drug shall be the lowest of -
  - (1) the usual and customary price charged by the provider to the general public on the date of service, but not to exceed the lower sale price, if any, in effect on that date; or
  - (2) the maximum reimbursable stipulated price established by the Commissioner of Health and approved by the State Director of the Budget; or
  - (3) the estimated acquisition cost (EAC) which shall be either the price shown on the State EAC list, plus applicable dispensing fee or for those drugs not covered on such list, the Red Book price minus 2%, plus applicable dispensing fee.
- b. The maximum reimbursable payment shall be for the available manufacturer's package or unit size of drugs most frequently purchased by providers which most closely corresponds to the quantity requested on the written order.
- c. Payment for non-prescription drugs as a reimbursable item in the Medical Assistance Program shall be limited to products in those therapeutic categories of Allowable Non-Prescription Drugs established by the Commissioner of Health.

## 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.

## Miscellaneous Remarks (continued):

Note: List of Medicaid Reimbursable Prescription Drugs  
(Paragraphs 6, 7, & 8 of General Information and Instructions  
for Use)

- This list includes those drugs which may be covered as a Medicaid benefit (rather than excluded) and was compiled with input from the State Departments of Health, Social Services and Mental Hygiene and this Department's Ad Hoc Technical Pharmacy Advisory Committee. Cross reference was also made to the drug list prepared by the State Legislative Assembly Committee on Consumer Affairs and Protection.
- Based on review by the Department's Ad Hoc Technical Pharmacy Advisory Committee, non-essential and high priced drugs are excluded - e.g., those not essential to sustain life, relieve or prevent severe pain, or prevent disease or continuing disability: all sustained release medications; anti-flatulence products; many cough and cold preparations, hypnotic-sedatives, oral enzymes, vitamin and vitamin-mineral preparations, muscle relaxants and dermatologicals. Many combination drugs and comfort products are also excluded.
- Available multiple source brand name drug products which do not appear on the list may be reimbursed at a charge not to exceed the highest price listed in the State Estimated Acquisition Cost (EAC) list of all products in each allowed drug grouping.

## NEW YORK

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## A. Social Services Department:

## 1. Officials:

Barbara B. Blum Commissioner	Department of Social Services 40 North Pearl Street Albany, New York 12243
Hugh O'Neill Executive Deputy Commissioner	"
William Steibel, D.D.S. Deputy Commissioner Division of Medical Assistance	"
Robert Skerrett Associate Commissioner, Policy and Resources Division of Medical Assistance	"
Shirley Harvey Associate Commissioner for Operations Division of Medical Assistance	"
Gerard F. Nelligan, R.Ph. Senior Consulting Pharmacist	"

## 2. Social Services Advisory Committees:

## a. Medical Advisory Committee:

Gordon E. Brown <u>Chairman</u>	72 Pondfield Road West Bronkville 10708 (effective 9/1/78)
Willie L. Bryant, D.D.S.	119 McNamara Road Spring Valley 10977
M. T. Amirana, M.D., P.C.	2416 21st Street Troy 12180
Arcy Degni, Sec.-Treas. N.Y.S. Building & Con- struction Trades Council	AFL-CIO 17 Jewett Place Utica 13501



## Medical Advisory Committee (continued):

Virginia W. Gallagher Director	Office of Consumer Affairs Oneida County Office Bldg. 800 Park Avenue Utica 13501
Peggy Hanson, M.D.	Associate Professor of Neurology & Pediatrics Albany Medical Center Hospital Albany 12208
Robert P. Whalen, M.D.	Commissioner N.Y. State Department of Health Tower Building Empire State Plaza Albany 12237
Dr. Eleanor C. Lambersten	Dean, Cornell University New York Hospital Medical Center School of Nursing 525 East 68 Street Room Whitney 104 New York 10021
Beverly Hart	Child Development Associate Comprehensive Inter disci- plinary Developmental Ser. 318 Madison Elmira 14901
S. David Pomrinse, M.D.	President GYN Hospital Association 3 East 54th Street New York 10022
Ludwig Jaffee	c/o NYS AFL-CIO 451 Park Avenue South New York 10016
Beatrice Kresky, M.D., MPH	Chairman Department of Ambulatory Care Jamaica Hospital Jamaica 11418
Vincent P. Mazzola, M.D.	133 Clinton Street Brooklyn 11201
Margaret L. McClure, R.N., Ed.D.	Director of Nursing Maimonides Medical Center 4802 10th Avenue Brooklyn 11219

## Medical Advisory Committee (continued):

Elena Padilla, Ph.D.	Health Policy Planning and Administration Program Tisch Room 738 New York University 40 West 4th Street New York 10003
Harold Rakov, Ph.D.	Political Science Dept. State University College Brockport 14420
Robert H. Randles, M.D.	Medical Director St. Peter's Hospital 315 S. Manning Boulevard Albany 12208
Mrs. Gleniss Schonholz	Administrator Nassau County Medical Center 2201 Hempstead Turnpike East Meadow 11554
Edward Siegel, M.D.	Deputy Executive Vice Pres. Medical Society of the State of New York 420 Lakeville Road Lake Success 11040
Gilbert J. Simon	Director of Pharmacy Lenox Hill Hospital 100 East 77 Street New York 10021
Mary Mitchell (Pending Senate Approval)	President of Client Advisory Committee 2009 Mapes Avenue #2B Bronx 10460
John C. Barth (Medical Advisory Cmte. Secretary)	Special Assistant to the Deputy Commissioner Division of Medical Assistance 40 North Pearl Street Albany 12243

- 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.  
Commissioner

Department of Health  
Tower Building, Empire State  
Plaza  
Albany 12237

Richard A. Berman  
Director, Office of Health  
Systems Management

"

C. NEW YORK CITY:

1. Health Services Administration:

Dr. Ferrara (M.D.)  
Administrator

Health Services Administration  
City of New York  
125 Worth Street  
New York 10013

2. Social Services Department:

Blanche Bernstein, Ph.D.  
Commissioner

New York City Department of  
Social Services  
250 Church Street  
New York 10013

Max Waldgier  
First Deputy Commissioner

"

3. Health Department:

Pasqual Imperato, M.D.  
Commissioner

New York City Department  
of Health  
125 Worth Street  
New York 10013

L. Neugeborn  
First Deputy Commissioner  
of Health

"

Edmund S. Hurdle, M.D., MPH  
Executive Medical Director  
Bureau of Health Care  
Services (Medicaid)

New York City Department  
of Health  
330 West 34 Street  
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  
925 Westchester Avenue  
White Plains 10604  
Phone: 914/428-2626

NORTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/70

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	59,056		\$ 6,916	58,124		\$10,624
MA						
AB	3,780		450	3,430		476
APTD	50,309		6,702	48,883		8,220
AFDC	204,323		3,568	211,341		4,083
MN Aged	7,708		4,265	7,941		1,982
MN Blind	168		76	141		32
MN Disabled	3,876		1,651	3,493		858
MN Children	12,913		661	10,217		391
Total	342,133		\$24,289	343,570		\$26,666

## 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 (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¢ copayment/R (includes refills).

## NORTH CAROLINA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Department of Human Resources Officials:

Robert H. Ward Director	Division of Social Services Albemarle Building 325 North Salisbury Street Raleigh, North Carolina 27611
Emmett L. Sellers Deputy Director	"
James E. Gibson, Jr. Deputy Director	Medical Services Division (same address as above)
Robert E. Watkins Assistant Director	"
George E. Watson, M.D. Medical Consultant	"
Benny Ridout, R.Ph. Pharmacist Consultant	"
Lillian J. Todd, R.N. Nurse Consultant	"
Norma W. Grady, R.N. Nurse Consultant	"

## 2. Social Services Division Advisory Committees:

## A. Medical Society Committee on Social Service Programs:

E. Stephen Edwards, M.D. <u>Chairman</u> 1300 St. Mary's Street Raleigh 27605	David J. Burke, M.D. 11 Ardsley Avenue Concord 28025
Richard W. Furman, M.D. State Farm Road Boone 28607	Larry P. Jenkins, M.D. 121 Yadkin Street Albemarle 28001
Thomas W. Kitchen, Jr., M.D. 510 College Street Jacksonville 28540	Thomas N. Massey, Jr., M.D. 217 Travis Avenue Charlotte 28204

Medical Society Committee on Social Services Programs  
(continued):

Campbell White McMillan, M.D.  
N.C. Memorial Hospital  
Chapel Hill 27514

Otis B. Michael, M.D.  
208 Doctors Building  
Asheville 28801

James S. Mitchener, Jr., M.D.  
Box 1599  
Laurinburg 28352

Jasper B. Perdue, Jr., M.D.  
111 Jolly Street  
Louisburg 27549

Emery L. Rann, M.D.  
1001 Beatties Ford Road  
Charlotte 28216

Donald R. Reibel, M.D.  
P. O. Box 10707  
Raleigh 27605

G. Reginald Tucker, M.D.  
Vance Medical Arts Building  
Suite A  
Henderson 27536

B. Pharmaceutical Association Committee on Public Health  
and Welfare:

Kenneth Edwards  
Chairman  
Stantonsburg Drug Company  
Stantonsburg 27883

Jean P. Gagnon  
School of Pharmacy  
Beard Hall 200-H  
Chapel Hill 27514

Julius Howard  
Seashore Drug  
2059 Carolina Beach Road  
Wilmington 28401

William Wilson, Consultant  
Hayes Barton Pharmacy  
2000 Fairview Road  
Raleigh 27608

Evans Jackson  
804 Cutlar Street  
St. Paul's 28384

Barney Paul Woodard  
Woodard's Pharmacy  
Princeton 27569

William D. Smith  
P. O. Box 1091  
Elizabethton 28337

Leon Irvin Graham  
403 E. Westbrook Street  
Wallace 28466

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

William N. Hilliard  
Executive Director  
N. C. Medical Society  
222 North Person Street  
Raleigh 27611  
Phone: 919/833-3836

B. Pharmaceutical Association:

A. H. Mebane, III  
Executive Director  
N. C. Pharmaceutical Assoc.  
Box 151  
Chapel Hill 27514  
Phone: 919/967-2237



NORTH DAKOTA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	

\*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	1976			1977		
	Persons Eligible	1/ Drug Recipients	1/ Amounts	Persons Eligible	1/ Drug Recipients	1/ Amounts
OAA	)	1,346	\$ 491	)	1,635	\$ 687
MA	5,953)	)	)	5,915)	)	)
AB	)	10	3	)	10	4
APTD	)	829	365	)	976	500
AFDC	14,186	1,893	328	13,629	2,409	469
MN Aged	)	1,370	641	)	1,694	925
MN Blind	4,159)	3	2	4,382)	2	2
MN Disabled	)	219	124	)	283	185
MN Children	)	68	17	)	103	29
Foster Care	663	61	8	623	76	11
Total	24,961	5,799	\$1,979	24,549	7,188	\$2,812

1/ Monthly average.

## 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.): Anorexiant, Liqueurs.
- 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: Acquisition Cost plus \$2.75 dispensing fee per prescription or usual and customary retail charge, whichever is lower.  
  
Acquisition Cost: EAC or MAC. EAC at AWP. MAC at federal levels.

## 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 58505
LeRoy Bollinger, Administrator Research and Statistics	"
Richard Myatt, Director Medical Services	"
Chuck Gress, R.Ph. Coordinator Pharmacy Services	"

## 2. Social Services Department Advisory Committees:

A. Physicians' Advisory Committee: 26 members - M.D.'s  
(Same as North Dakota Medical Association's Socio-Economic Committee):

J. M. Little, M.D. <u>Chairman</u> Mayville Clinic Mayville 58257	R. V. Crisera, M.D. 315 South Main Minot 58701
D. L. Lamb, M.D. <u>Vice-Chairman</u> #504 Professional Bldg. Fargo 58102	M. M. Fiechtner, M.D. Quain & Ramstad Clinic Bismarck 58501
R. D. Anderson, M.D. 810 E. Rosser Avenue Bismarck 58501	V. H. Fitchett, M.D. Jamestown Clinic Ltd. Jamestown 58401
C. A. Arneson, M.D. P. O. Box 754 Bismarck 58501	D. B. Flickinger, M.D. Medical Arts Clinic Minot 58701
N. E. Bystol, M.D. Dakota Clinic Fargo 58102	C. S. Hamilton, Jr., M.D. Fargo Clinic Fargo 58102

## Physicians' Advisory Committee (continued):

W. C. Hanewald, M.D. Rodgers & Gumper Clinic Dickinson 58601	M. G. Machayya, M.D. Valley City Clinic Valley City 58072
B. Jayapathy, M.D. Minot EENT Clinic Minot 58701	H. M. Mann, M.D. 1600 University Avenue Grand Forks 58201
R. M. Johnson, M.D. 700 1st Avenue, So. Fargo 58102	R. F. Morgan, M.D. St. Alexius Hospital Bismarck 58501
J. A. Lambie, M.D. Grand Forks Clinic Ltd. Grand Forks 58201	R. J. Olson, M.D. P. O. Box 1148 Williston 58801
R. H. Larson, M.D. Dakota Clinic Fargo 58102	D. M. Pfeifle, M.D. Quain & Ramstad Clinic Bismarck 58501
R. S. Larson, M.D. Velva Medical Center Velva 58790	D. A. Rinn, M.D. Cando 58324
O. V. Lindelow, M.D. Mid Dakota Clinic Bismarck 58501	R. W. Schauer, M.D. United Clinics, P.C. Hettinger 58639
R. D. McBane, M.D. Lake Region Clinic Devils Lake 58301	M. V. Traynor, M.D. Fargo Clinic Fargo 58102

B. Nursing Home Administrators' Advisory Committee:  
10 members.

C. Pharmacy: A committee of nine.

Pharmaceutical Association Advisory Committee:

J. Lyle Lamoureux 3649 Evergreen Road Fargo 58102	Glenn Dehlin P. O. Box 1489 Minot 58701
Jack Bernardy Box 1491 Fargo 58102	James Irsfeld 1042 4th Avenue, West Dickinson 58601
Roberta Southam 316 4th Avenue, S.E. Mohall 58761	Gordon Mayer, Chairperson 708 Birch Avenue Harvey 58341

Pharmaceutical Association Advisory Committee:  
(continued)

Marv Tokach  
#1 Riverview Lane  
Jamestown 58401

Howard Anderson  
President (Exofficio)  
Turtle Lake 58575

Ervin Reuther  
701 3rd Street  
Langdon 58249

John Schuld, Secretary  
Box 148  
Dickinson 58601

William Grosz  
508 Dakota Avenue  
Wahpeton 58075

Peer Review Committees: (Review all questionable  
aspects of pharmacy practice relating to Medicaid)NORTHEAST DISTRICT

Paul Bilden  
Jack Kramer  
Jim Rystedt  
Betty Odegaard  
Merlen Clemenson

Northwood  
Grand Forks  
Grafton  
Grafton  
Devils Lake

NORTH CENTRAL DISTRICT

Bruce Rodenhizer  
Jim Irgens  
Duane Baillie  
Odell Krohn  
Gene Neal

Stanley  
Williston  
Rugby  
Harvey  
Minot

SOUTHEAST DISTRICT

John Lee  
Jack Bernardy  
J. Lyle Lamoureux  
Reese Hawkins  
Dave Doerr

Forman  
Fargo  
Fargo  
Jamestown  
Fargo

SOUTHWEST DISTRICT

Patricia Kramer  
Dick McElmury  
Ed Plowman  
Emil Zueger  
Jim Irsfeld

Dickinson  
Bowman  
Killdeer  
New England  
Dickinson

FIFTH DISTRICT

Jerry Robinson  
Harlan Junker  
Duane Reister  
Larry Moser  
Howard Anderson, Jr.

Bismarck  
Mandan  
Bismarck  
Napoleon  
Turtle Lake

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Vern Wagner  
Executive Secretary  
North Dakota Medical Association  
420 North 4 Street  
Box 1198  
Bismarck 58501  
Phone: 701/223-9485

B. Pharmaceutical Association:

John Schuld  
Secretary-Treasurer  
North Dakota Pharmaceutical Association  
P. O. Box 148  
Dickinson 58601  
Phone: 701/225-8650

## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

## 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		
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976 <sup>1/</sup>			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		102,114	\$18,753		69,880	\$15,746
MA						
AB		1,195	190		2,338	276
APTD		29,335	4,783		67,007	8,652
AFDC		445,261	15,863		427,172	13,788
Total		577,905	\$39,589		566,397	\$38,462

<sup>1/</sup> Based on fiscal year July 1, 1975, through June 30, 1976. Figures are not available for October 1, 1975 through September 30, 1976. The shift in OAA, AB, and APTD is due to a computer coding modification to more correctly identify the blind and disabled.

## 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. 3958 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 332 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).
  - b. Amount designated in Ohio Welfare Formulary.



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 \$2.60.

Legend Drugs: AWP plus \$2.60. (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.

Compounded Prescriptions: Only compounded prescriptions which are used for oral inhalation devices and allergic extracts are covered.

OTC's: None covered except contraceptive creams, jellies and supps required in family planning program.

Reimbursement to other than community pharmacies (hospitals, private health care centers, etc. - private, public, licensed):

Reasonable and customary fee  
Invoice cost plus \$2.60 (whichever is lesser)  
OTC - reasonable and customary fee

Invoice cost plus 50%  
Invoice cost plus \$2.60 (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.

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 month's 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: Dispensing fee is defined as the lesser of the provider's usual dispensing fee (or mark-up) or the maximum dispensing fee established by the department as a result of periodic surveys.

NPC

Ohio - 4  
1978

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:

Kenneth B. Creasy Director	Department of Public Welfare 30 East Broad Street Columbus, Ohio 43215
-------------------------------	--

Charles E. Noggle Assistant Director	" "
---	-----

Division of Medical Assistance

Stanley Sells Director	" "
---------------------------	-----

(Vacant) Deputy Director	" "
-----------------------------	-----

(Vacant) Division of Medical Assistance Bureau of Medical Program Development	" "
--	-----

(Vacant) Pharmacist Consultant Bureau of Medical Operations	" "
---	-----

Richard Glecker, R.Ph. Chief of Provider Assistance Division of Data Services	" "
---	-----

## 2. Welfare Department Medical Assistance Advisory Committee:

(Not organized)

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Association:      B. Pharmaceutical Association

Hart F. Page  
Executive Director  
Ohio State Medical  
Association  
600 South High Street  
Columbus 43215  
Phone: 614/228-6971

Gerard W. C. Fee  
Executive Director  
Ohio State Pharmaceutical  
Association  
41 South High Street  
Columbus 43215  
Phone: 614/221-2391



## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/75

## I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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: Medically Needy are eligible if within catastrophic illness determination according to Department definition and if otherwise eligible.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	55,414	12,357	\$2,339	52,944	11,055	\$3,273
MA	1,090	1,090	15	1,199	1,199	37
AB	821	71	21	754	57	28
APTD	25,285	846	718	25,229	972	1,159
AFDC	126,523	13,424	507	124,444	12,067	812
<b>Total</b>	<b>209,133</b>	<b>27,788</b>	<b>\$3,600</b>	<b>204,570</b>	<b>25,350</b>	<b>\$5,309</b>

## OKLAHOMA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

Drug Program instituted July 1, 1975 under the Oklahoma Department of Institutions, Social and Rehabilitation Services (DIRS). The drug program is 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:

Estimated Acquisition Cost (EAC) plus maximum dispensing fee of \$2.50. In no event shall charges to the Welfare Department exceed charges made to the general public for the same prescription or item.

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\*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 (Broad - Potassium Preparations-  
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 (not included in prescription  
limitation)
  - J. New Categories (effective February 1, 1977):
    - (1) Broncho-Dilators and Antiasthmatics
    - (2) Antiarthritics
    - (3) Antigout
    - (4) Anticonvulsants
  - K: New Category (effective March 1, 1978):
    - (1) Cimetidine
5. Prescription Limitations:  
Three prescriptions per month/recipient
6. Quantities:  
34-day supply or 100 dosage units, whichever is  
greater.

Provider Participation (continued):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.

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:

Computerized claims are continuously validated for eligibility to assure coverage of the patient, the prescriber, the pharmacist, the drug, the proper cost of the drug and the limit of 3 prescriptions per month.



## 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 Building (P. O. Box 25352) Oklahoma City, Oklahoma 73125
N. R. Timmons, Supervisor Division of Finance	"
Bertha M. Levy, M.D. Administrative Assistant Supervisor, Medical Units	"
Wes Whittlesey, M.D. Administrative Assistant Assistant Supervisor, Medical Units	"
J. C. Cobb, R.Ph. Pharmacist Consultant	"
Howard Stansberry Medical Services Assistant Medicaid Coordinator	"

2. Advisory Committee on Medical Care for Public Assistance  
Recipients:

Walter E. Brown, M.D. Chairman 4439 S. Birmingham Tulsa 74105	David Browning, Jr., M.D. 810 Kelly Building 6565 S. Yale Tulsa 74136
L. C. Baxter Vice Chairman Star Route West Checotah 74426	Jesse J. Caldwell 922 N. E. 18th Oklahoma City 73105

Advisory Committee on Medical Care for Public Assistance  
Recipients (continued):

Mrs. Lois Chadrick  
General Delivery  
Gracemont 73042

Bruce M. Perry  
P. O. Box 25606  
Oklahoma City 73125

Clayton Farmer  
205 E. Quesenbury  
Sallisaw 74955

Eugene F. Ross, D.O.  
17 West Chickasaw  
Lindsay 73052

James Henry  
3300 N.W. Expressway  
Oklahoma City 73112

George R. Russell, M.D.  
3143 E. 58th Place  
Tulsa 74105

Don Q. Hewett, O.D.  
5201 S. Western  
Oklahoma City 73109

Jearl Smart  
Box 1413  
Wewoka 74884

Riley A. Hill, M.D.  
P. O. Box 19396  
Oklahoma City 73119

Rep. Wiley Sparkman  
Box 426  
Grove 74344

Jenell Hubbard, R.N.  
P. O. Box 387  
Nicoma Park 73066

Richard D. Stansberry, M.D.  
5100 N. Brookline  
Suite 530  
Oklahoma City 73112

Joe H. Huffmyer, D.P.M.  
1930 North Broadway  
Moore 73060

Robert Sukman, M.D.  
3141 N.W. Expressway  
Oklahoma City 73112

Monsignor A. A. Isenbart  
P. O. Box 97  
Oklahoma City 73101

W. A. Tate Taylor, R.Ph.  
45 N.E. 52nd Street  
Box 18731  
Oklahoma City 73118

Joan K. Leavitt, M.D.  
10th & Stonewall  
Oklahoma City 73117

Otho R. Whiteneck, D.D.S.  
401 Broadway Tower  
Enid 73701

Richard Luttrell  
P. O. Box 1308  
Norman 73069

G. Rainey Williams, M.D.  
P. O. Box 25606  
Oklahoma City 73125

Senator Ernest Martin  
Hoxbar Route  
Ardmore 73401

James A. Young, D.O.  
108 S. 4th Street  
Box 397  
Sayre 73662

Charles Mattox  
104 W. Cherokee  
Sallisaw 74955

Advisory Committee on Medical Care for Public Assistance  
Recipients (continued):

Gary Reed, President  
Oklahoma State Nursing Home  
Association  
2121 Woodland Drive  
Ada 74820

Orange M. Welborn, M.D.  
Liaison  
Oklahoma State Medical  
Association/DISRS  
1401 Arlington  
Ada 74820

Cleveland Rodgers  
Executive Director  
Oklahoma Hospital Association  
1145 S. Utica Avenue  
Suite 115  
Tulsa 74114

David Bickham  
Executive Director  
Oklahoma State Medical  
Association  
601 N.W. Expressway  
Oklahoma City 73118

C. S. Lewis, Jr., M.D.  
President  
Oklahoma State Medical Assoc.  
1923 S. Utica  
Tulsa 74104

3. Executive Officers of State Medical, Pharmaceutical and  
Osteopathic Societies:

## A. Medical Association:

David Bickham  
Executive Director  
Oklahoma State Medical Association  
601 N. W. Expressway  
Oklahoma City 73118  
Phone: 405/842-3361

## 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



MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/67

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: Visual care; transportation; private duty nurse; physical therapy; chiropractor, podiatrist; home health services; glasses; medical supplies/equipment; intermediate care facility services.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <u>1/</u> Eligible	Drug Recipients	Amounts	Persons Eligible	Drug <u>2/</u> Recipients	Amounts
OAA	14,399	15,134	\$2,126	14,436	17,960	\$2,361
MA						
AB	936	813	87	925	966	97
APTD <u>3/</u>	13,210	12,375	1,629	13,770	14,688	1,793
AFDC <u>4/</u>	122,022	80,244	1,865	128,578	95,225	1,791
Total	150,567	108,566	\$5,707	157,709	128,839	\$6,042

1/ Average per month.

2/ Unduplicated number (DHEW SRS/NCSS 2082-A(2) FY-1977.

3/ AD

4/ ADC plus FC.

## OREGON

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By 50 branches managed by 8 regional offices in 36 counties under the supervision of the Department of Human Resources. All drug funds are centralized at state levels and pharmacists send bills to state office.

## IV. Provisions Relating to Prescribed Drugs:

- A. Formulary: A relatively open formulary implemented January 1, 1978 by State legislative action, established for welfare medical care. Exceptions: minor tranquilizers and amphetamines.
- B. Non-Formulary: Prior approval from state reviewing physician must be obtained for exceptional drugs not included in the formulary.
- C. Prescribing or Dispensing Limitations:
  - 1. Terminology: Generic prescribing is specifically encouraged for 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.
  - 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.
  - 4. Dollar Limits: None.
- D. Prescription Charge Formula:

Schedule is based on estimated acquisition cost plus professional dispensing fee (\$2.70).

Prescription Charge Formula (continued):

Reimbursement for drug products of eight manufacturers  
are based on direct acquisition cost:

Abbott Laboratories  
Merck, Sharp & Dohme  
Parke, Davis  
Pfizer  
E. R. Squibb  
Wyeth  
Ross Laboratories  
Upjohn

V. Miscellaneous Remarks:

Adult and Family Services Division supports policy that  
drugs, to be paid by Medicaid, should be dispensed by  
community pharmacies and not handled by state-owned dis-  
pensaries.





## Physicians (Part-time) (continued):

John B. Burr, M.D. 873 Medical Center Dr., N.E.  
Salem 97301

Consultants to Medical Assistance Section -

Steve Campbell, D.D.S. 412 Lancaster Drive, N.E.  
Suite A  
Salem 97301

William Dettwyler, M.T. 5555 Sunnyview Road, N.E.  
Salem

Raymond W. Hart, D.M.D. 1113 Liberty, S.E.  
(Dental) Salem 97302

Sam K. Hughes, O.D. 1128 Center Street, N.E.  
Salem 97301

Reid R. Kimball, M.D. 2222 N.W. Lovejoy, #222  
(Psychiatric) Portland 97210

James B. Landis, M.D. Route 1, Box 2073  
(Chief Medical Consultant) Sweet Home 97386

Robert W. Staley, D.D.S. 1075 Hansen Avenue, S.  
Salem 97302

## B. Pharmacist (Part-time):

George H. Swartsley, R.Ph. 520 Howard Street, S.E.  
Salem 97302

## 3. Division Advisory Committees:

A. Governor's Advisory Committee on Medical Assistance  
for the Underprivileged:

Rhesa L. Penn, M.D.	- Portland
<u>Chairman</u>	
Charla Chamberlain (nurse)	- The Dalles
Judge Paul W. Jones	- Heppner
Daniel Billmeyer, M.D.	- Oregon City
Donald D. Parker, Ph.D.	- Lake Oswego
John Kaegi	- Eugene
James B. Landis, M.D.	- Salem
John McBee, D.M.D.	- Pendleton
Edward Van Orman (opt.)	- Eugene

## Governor's Advisory Committee (continued):

Irwin F. Wedel (Administrator, Memorial Hosp.)	- Salem
*Carol Batson-Gerious	- Portland
*Edsel Goldson	- Portland
Ralph Crawshaw, M.D.	- Portland

---

\*Awaiting appointment.

## B. Drug and Pharmacy Review Committee:

Physicians:

Robert J. Condon, M.D.	419 N.W. 23rd Portland
Bernard P. Harpole, M.D.	1920 N.W. Johnson Portland
George C. Kjaer, 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.	12020 S.W. Allen Blvd. 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  
5210 S.W. Corbott Street  
Portland 97201  
Phone: 503/226-1555

B. Pharmaceutical Association:

Henry A. Speckman  
Executive Secretary  
Oregon State Pharmaceutical Association  
1460 State Street  
Salem 97301  
Phone: 503/585-4887



PENNSYLVANIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	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

Other Benefits: Family Planning, Home Health Care, Remedial Eye Care, Ambulance, Clinics, ICF Service, Hospital Home Care, Durable Medical Equipment, Prosthetics, Inpatient Psychiatric Care, School Medical.

\*SFO - State Funds Only - Federal matching for administrative costs.  
- General Assistance (GA)

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

(Dollar Amounts in Thousands)

CATEGORY	1976		1977	
	Persons * Eligible	Drug * Recipients	Persons * Eligible	Drug * Recipients
OAA				
		\$11,805	70,424	\$ 7,672
MA				
AB		1,460	3,177	938
APTD		10,614	77,195	10,866
AFDC		16,480	757,830	21,971
GA		11,238	195,405	11,534
Total		\$51,597 <sup>1/</sup>	1,104,031 <sup>2/</sup>	\$52,981

\*Not available for Fiscal Year.

\*\*Data is for Fiscal Year July 1, 1976 through June 30, 1977.

<sup>1/</sup> Reported as \$44,360 in 1976.

<sup>2/</sup> DHEW-HCFA-SRS-NCSS 2082A (2).

## PENNSYLVANIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Bureau of Medical Assistance, Office of Medical Programs, and indirectly through Department of Public Welfare 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 multivitamin preparations, liver extracts, and all medications costing over \$15.00 and exceeding a 45-day supply.

- B. Formulary: None.

## C. Prescribing or Dispensing Limitations:

1. Terminology: None.
2. Quantity of Medication: Maximum allowed is a 45-day supply. Exception: oral anovulatory drugs are compensable up to a maximum three-cycle but not to exceed \$15.00 limit.
3. Refills: Two refills are permitted.
4. Dollar Limits: Prescriptions for medications costing more than \$15.00 require prior authorization from the county assistance office.

## D. Prescription Charge Formula:

Payment for the cost of compensable prescribed medications and OTC items is based on the current average wholesale price (AWP) appearing in the Drug Topics Red Book (bi-monthly and quarterly supplements). If the AWP for a medication does not appear in the Redbook, then the cost shall be based on the manufacturer's direct price listed in the Red Book or the price listed in a publication supplied by the manufacturer.

1. A community pharmacy is reimbursed the price of the item dispensed as described above plus a dispensing fee of \$2.00 for legend items.
2. A hospital pharmacy is reimbursed the price of the item dispensed as described above plus a dispensing fee of \$1.35 for legend items.
3. For a compound prescription, an additional fee of \$1.00 is allowed.
4. For an OTC item, all pharmacies are reimbursed the price of the item dispensed as described above plus a 50% markup, or the price charged the general public, whichever is lower.

Reimbursement Categories:

1. Pharmacies' dollar volume up to \$25,000, Medicaid Rs:  
AWP plus \$2.00
2. Pharmacies' dollar volume greater than \$25,000  
AWP plus \$2.00 less 2%
3. Pharmacies' dollar volume greater than \$50,000  
AWP plus \$2.00 less 4%

## PENNSYLVANIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Welfare Department Officials:

Aldo Colautti Acting Secretary	Department of Public Welfare Health and Welfare Building Harrisburg, Pennsylvania 17120
Vacant Executive Deputy Secretary	" "
Norman Lourie Deputy Secretary for Federal Policies and Programs	" "
Thomas L. Hooker Deputy Secretary for Family Assistance	" "
Jeffrey N. Ball Deputy Secretary for Social Services	" "
Robert M. Daly, M.D. Deputy Secretary and Commissioner for Mental Health	" "
Roger A. Cutt, Ph.D. Commissioner for Medical Programs	" "
Stanley Myers Deputy Secretary for Mental Retardation	" "
Glenn Johnson Director Bureau of Medical Assistance	" "
Maurice E. Goulet, M.S., R.Ph. Chief, Division of Pharmaceutical Services	Department of Public Welfare* P. O. Box 2675 Harrisburg 17120
Lloyd A. Kreider, R.Ph. Assistant Chief, Operations	" "

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\*Office: 25 North 32nd Street  
Camp Hill, Pennsylvania 17011



Paul Burkholder, R.Ph. Supervisor, Supplies Program	Department of Public Welfare P. O. Box 2675 Harrisburg 17120*
Julius Katzman, R.Ph.	"
Robert Dissinger, R.Ph.	"
John Spagnola, R.Ph.	"
Dolores Robinson, R.Ph.	"
Frank Cwynar, R.Ph.	"

## 2. Title XIX Advisory Committees:

## A. Medical Assistance Advisory Council:

Aldo Colautti #333 Health & Welfare Bldg. Harrisburg 17120	- Acting Secretary, Public Welfare
Roger A. Cutt, Ph.D. #532 Health & Welfare Bldg. Harrisburg 17120	- Commissioner, Office of Medical Programs
Mohammad Mazaheri, D.D.S. 24 North Lime Street Lancaster 17602	- Pennsylvania Dental Association
John B. Neff Frankford Hospital Frankford Ave. & Wakeling St. Philadelphia 19124	- Hospital Association of Pennsylvania
G. Winfield Yarnall, M.D. 1192 Lowther Road Camp Hill 17011	- Pennsylvania Medical Society
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
James C. Miller, D.O. 120 Muench Street Harrisburg 17102	- Pennsylvania Osteopathic Association

## Medical Assistance Advisory Council (continued):

Monroe D. Lipman, R.Ph. 4611 Union Deposit Road Harrisburg 17111	- Pennsylvania Pharma- ceutical Association
Daniel L. Carroll, D.P.M. 317 Highland Avenue Hanover 17331	- Pennsylvania Podiatry Association
Hon. Charles F. Dougherty 535 Main Capital Building Harrisburg 17120	- The Senate of Pennsylvania
Walter J. Lear, M.D. Assistant to the Commissioner of Planning & Development #1023 Health & Welfare Bldg. Harrisburg 17120	- Department of Health
Vacant	- School of Medicine University of Pittsburgh
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
Mattie McDaniels 2739 North Taylor Street Philadelphia 19132	- Welfare Rights Organization for Philadelphia
Linda Winn 119 South Fraser Street State College 16801	- Welfare Rights Organization for Centre County
The Reverend Harvey Kline Brethren Home New Oxford 17350	- Non-Profit Nursing Home

Ex Officio

Thomas L. Hooker #405 Health & Welfare Bldg. Harrisburg 17120	- Deputy Secretary for Family Assistance
---	---

Ex Officio members of Medical Assistance Advisory  
Council (continued):

Glenn Johnson #523 Health & Welfare Bldg. Harrisburg 17120	- Director, Bureau of Medical Assistance Dept. of Public Welfare
Leonard Bachman, M.D. #802 Health & Welfare Bldg. Harrisburg 17120	- Secretary of Health and The Governor's Health Service Director

## B. Pharmaceutical Advisory Committee:

John Letizia, R.Ph. Chairman Vincio Pharmacy - Vinco, R.D. #1 Conemaugh 15909	Monroe Lipman, R.Ph. 4611 Union Deposit Road Harrisburg 17111
Thomas R. Kim, Jr., R.Ph. Amsler Pharmacy 818 Warrington Avenue Pittsburgh 15210	Edward Popielarski, R.Ph. 422 Anthwyn Road Narberth 19072
	Irwin Reich, R.Ph. 1314 Easton Road Roslyn 19001

3. Executive Officers of State Medical Society, Pharmaceutical,  
Podiatric and Osteopathic Associations:

## A. Medical Society:

John F. Rineman  
Executive Vice President  
Pennsylvania Medical Society  
20 Erford Road  
Lemoyne 17043  
Phone: 717/238-1635

## B. Pharmaceutical Association:

Stanley Singer  
Executive Director  
Pennsylvania Pharmaceutical Association  
508 North Third Street  
Harrisburg 17101  
Phone: 717/234-6151

## C. Podiatry Association:

Matthew M. Shook, Jr.  
Executive Director  
Pennsylvania Podiatry Association  
737 Poplar Church Road  
Camp Hill 17011  
Phone: 717/232-7531

Executive Officers of State Associations (continued):

D. Osteopathic Medical Association:

Edward A. Uzemack  
Executive Director  
Pennsylvania Osteopathic Medical  
Association  
1330 Eisenhower Boulevard  
Harrisburg 17111  
Phone: 717/939-9318

## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 1/1/66

## I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA						
MA						
AB				146	98	1
APTD	5,833	3,551	58	13,372	12,723	275
AFDC	122,785	80,320	1,591	147,200	137,839	2,468
MN Aged						
MN Blind	.221	147	15	321	198	3
MN Disabled	19,570	12,081	297	40,165	39,031	363
MN Children	934,490	628,531	13,094	937,454	792,712	12,401
Total	1,082,899	724,630	\$15,055	1,138,658	982,601	\$15,511

\*Does not include Puerto Rico O-category and OAA, both ineligible for Federal monies. Hence, these two groups reflect a difference of approximately \$5 million between Puerto Rico data and that reflected in DHEW reportable data. (HCFA publication 78-03154, Research Report B-5 (FY-1977) Preliminary)

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. Jaime Rivera Dueño  
Secretary

Department of Health  
Stop 19  
P. O. Box 9342  
Santurce, Puerto Rico 00908

Medical Assistance Program:

Emilia Hoyos Rucabado, M.S.  
Pharmacist Consultant

"

Concepción Pérez Pérez  
Director  
Health Economy Office

P. O. Box 10037  
Caparra Height Station  
Rio Piedras 00920

Irma Revilla de Ferrer, M.S.W.  
Director  
Medical Assistance Program

"

## 2. Medical Assistance Advisory Committee:

The advisory committee consists of eleven members appointed by the Governor. At present new members are being selected, therefore, no names are included here; they will be forwarded later.

## 3. Executive Officers of Puerto Rico Medical and Pharmaceutical Societies:

## A. Medical Association:

Jorge A. Ramírez  
Executive Secretary  
Puerto Rico Medical Association  
P. O. Box 9387  
Santurce 00908  
Phone: 809/725-6969

## B. Pharmaceutical Association:

Lydia A. Rivera  
Executive Secretary  
Colegio de Farmacéuticos de Puerto Rico  
Box 206, G.P.O.  
San Juan 00936  
Phone: 809/765-9177





MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

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		
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	6,691		\$1,338	6,455		\$1,419
MA						
AB	181		24	173		22
APTD	8,634		1,255	8,754		1,363
AFDC	52,498		1,442	51,285		1,459
MN Aged	12,936)			11,190		
MN Blind	86)			93		
MN Disabled	3,381)		1,880	3,464		1,944
MN Children	5,585) <u>1/</u>			5,015 <u>1/</u>		
GA	9,315 <u>2/</u>		470	7,251 <u>2/</u>		417
Total	99,307		\$6,409	93,680		\$6,624

1/ Includes estimate.

2/ November 1976 (December's estimated).

## 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 II, III), expensive costeroids 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 \$2.20 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 \$1.80 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 AWP listings in the Red Book, except for direct purchases from the following manufacturers:

Abbott-Ross	Pfipharmics
Lederle	Pfizer-Roerig
Merck, Sharp & Dohme	Squibb
Parke Davis & Co.	Upjohn
	Wyeth

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.
  - g. Prenatal vitamins

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 Director	Department of Social and Rehabilitative Services 600 New London Avenue Cranston, Rhode Island 02920
P. Joseph Pesare, Dr. P.H., M.D. Director, Div. of Medicaid Services	" "
Anthony Barile, M.P.A. Administrator, Medical Services	" "
John A. Pagliarini, R.Ph. Chief 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 Feldman, M.D.
Andrew S. Blazar, M.D.	Donald Fitzpatric, M.D.
Robert E. DeForest	Russell Hager, M.D.
John A. Dillon, M.D.	Henry F. Izeman, M.D.
Joseph L. Dowling, M.D.	John S. Montgomery, M.D.

B. Medical Assistance Committees:

(1) Medical Advisory Committee on Pharmacy:

Dr. Herber W. Youngken, Jr., Chairman

Vincent Alianiello	Louis Jeffrey
Walter Carnevale	Peter Mathieu, M.D.
John DeFeo, Ph.D.	Joseph Navach
John DePasquale	Anthony Solomon
Joseph Galina, Pharm.D.	Ira Wellins
Russell Hager, M.D.	Richard Yacino

(2) Rhode Island Pharmaceutical Association:

George Ferri, President  
Joseph L. Casinelli, Chairman  
William Garland, Assistant Chairman

Aldo Albanese	Anthony Vitale
John Albanese	Vincent Volpe
Norman Cabral	Richard Yacino
John Goodwin	

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: 401/331-3208

B. Pharmaceutical Association:

Senator J. S. Gendron (R.Ph.)  
Executive Director  
Rhode Island Pharmaceutical Association  
23 Broad Street  
Pawtucket 02860  
Phone: 401/725-4141

SOUTH CAROLINA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/68

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children				Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC Under 21	
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: Prosthesis, home health care; whole blood; x-ray and radium treatment; rental of durable medical equipment; transportation; 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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977			
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons 1/ Eligible	Drug 3/ Recipients	Amounts	
OAA	47,241	50,015	\$ 4,900	46,246	44,501	\$ 5,382	
MA							
AB		) 2,018	210	2,045	) 1,651	210	
APTD	34,880	)	31,456	3,262	37,140	) 33,461	4,036
AFDC	139,357	83,439	2,005	132,009	82,769	1,934	
All Other	2,462	1,788	42	10,017	2,099	54	
<b>Total</b>	<b>233,940</b>	<b>168,716</b>	<b>\$10,419</b>	<b>227,457</b>	<b>164,481</b>	<b>\$11,616</b>	

1/ Estimated Monthly Average

2/ DHEW, SRS/NCSS 2082 (A-2 and B-3) - FY 1976

3/ DHEW, SRS/NCSS 2082 (A-2 and B-3) - FY 1977

## SOUTH CAROLINA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the South Carolina Department of Social Services.

## IV. Provisions Relating to Prescribed Drugs:

## A. CO-PAY:

Providers are authorized to collect a CO-PAY of fifty cents (.50) per prescription from the client. Since the CO-PAY is instituted to augment the provider's fee toward the level established as equitable, waiver of CO-PAY shall be limited to an individual situation on a compassionate basis. An established policy of waiver of CO-PAY by a provider will indicate a lack of need for an augmented fee, and his reimbursement formula will be subject to adjustment based on an individual audit of his cost of dispensing.

## B. Formulary:

A closed-end formulary is used 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.

## 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 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



## Quantity of Medication (continued):

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: (see IV. A. CO-PAY)

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.

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:

Virgil L. Conrad Commissioner	Department of Social Services P. O. Box 1520 Columbia, South Carolina 29202
Robert D. Floyd, ACSW Deputy Commissioner Support Services	" "
Horace F. Jackson Deputy Commissioner Bureau of Finance and Management	" "
Blanche G. McCullough Deputy Commissioner Bureau of Public and Medical Assistance	" "
Charles L. Oswald, Chief Medical Assistance Division	" "
Roy T. Lloyd, Director Public Assistance Division	" "
John F. Riley, R.Ph. Medical Assistance Division	" "
Vacant, Chief Data Processing Division	" "

## 2. Social Services Department Consultants:

## A. Physicians (Part-time):

Robert A. Fredericks, M.D.	2719 Middleburg Drive Columbia 29204
Bernard Frank, O.D.	1615 Pickens Street Columbia 29201

## Physicians (Part-time) (continued):

Arthur J. Dean, M.D.	6600 Longbrood Road Columbia 29206
Ian S. Gale, M.D.	1712 St. Julian Place Columbia 29204

## B. Pharmacists (Part-time):

Horace M. Kaiser, R.Ph.	1447 Hampton Street Columbia 29201
-------------------------	---------------------------------------

## 3. Medical Care Advisory Committee to Title XIX:

S.C. Department of Health  
and Environmental Control  
Albert G. Randall, M.D., M.P.H.  
Commissioner  
J. Marion Sims Building  
2600 Bull Street  
Columbia 29201

S.C. Department of Mental  
Health  
William S. Hall, M.D.  
Commissioner  
2414 Bull Street  
Columbia 29201

S.C. Department of Mental  
Retardation  
Richard N. Henderson  
Asst. Deputy Commissioner  
for Residential Services  
P. O. Box 4706  
Columbia 29240

S.C. Department of Vocational  
Rehabilitation  
Joe Dusenbury  
Commissioner  
P. O. Box 4945  
Columbia 29240

S.C. Human Affairs Commission  
Sandy Damon  
P. O. Drawer 11528  
Columbia 29211

S.C. Commission on Aging  
Harry R. Bryan, Director  
915 Main Street  
Columbia 29201

S.C. Department of Health  
and Environmental Control  
James E. Padgett, Jr., M.D.,  
M.P.H.  
Deputy Commissioner  
J. Marion Sims Building  
2600 Bull Street  
Columbia 29201

S.C. State Senate  
Senator John Drummond  
The State House  
Columbia 29202  
or  
P. O. Box 748  
Greenwood 29646

S.C. State House of  
Representatives  
Rep. Benjamin J. Gordon, Jr.  
c/o The Clerk of the House  
of Representatives  
P. O. Box 11867  
Columbia 29211  
or  
Box 751  
Kingstree 29556

## Medical Advisory Committee to Title XIX (continued):

Health and Medical  
Education

William H. Knisely, Ph.D.  
President  
Medical University of S.C.  
80 Barre Street  
Charleston 29401

Practicing Physician

J. Gavin Appleby, M.D.  
202 Gavin Street  
St. George 29477

John H. Cathcart, Jr., M.D.  
North Limestone Street  
Gaffney 29340

Practicing Pharmacist

H. O. Taylor  
Byerly Hospital  
Hartsville

Practicing Dentist

Dr. Eugene C. Proctor  
1603 - 10 Avenue  
Conway 29526

Dr. Fred N. Simmons  
P. O. Box 5752  
Spartanburg 29304

Practicing Optometrist

Dr. Wayne M. Cannon  
3519 Medical Drive  
Columbia 29203

Hospital Administrator

W. H. Hudson, Admr.  
Oconee Memorial Hospital  
P. O. Box 857  
Seneca 29678

Nursing Facility Administrator

(Mrs.) Ethel L. Hughes, Admr.  
Abbeville Nursing Home, Inc.  
Abbeville 29620

Practicing Podiatrist

Edward W. Warcholak, DPM  
6334 St. Andrews Road  
Columbia 29210

Civil Rights Organization

Alberta Rowe (Mrs.)  
1506 Holmes Street  
West Columbia 29169

Health Insurance Field

J. B. Johnson, Jr.  
Liberty Life Insurance Co.  
2000 Wade Hampton Boulevard  
Greenville 29602

Home Health Nurse

Mary Suther (Mrs.)  
Greenville Health Department  
P. O. Box 2507  
Greenville 29602

Consumer

Robert Jackson  
Route 1, Box 50  
Blair 29015

Mrs. Tolar Lee Gibbs  
340 Kershaw Street, N.E.  
Aiken 29801

Arizona Harrington (Mrs.)  
422 Council Street  
Sumter 29150

Izda Chandler (Mrs.)

Route 2  
Salley 29137

Consumer Representative

R. J. Grimshaw  
S.C. Labor Council  
P. O. Box 1411  
Columbia 29202

Roy C. Harms  
Deputy Administrator  
S.C. Dept. of Consumer  
Affairs

P. O. Box 11739  
Columbia 29211

## Advisory Committee to Title XIX (continued):

Ex Officio Members

<u>S.C. Department of Social Services</u> Virgil L. Conrad Commissioner	<u>Office of the Governor State of South Carolina</u> Director, Division of Health and Social Development
Robert D. Floyd, ACSW Chief Deputy Commissioner	<u>S.C. Senate</u> Director, Research and Administration to Finance
Blanche G. McCullough (Mrs.) Deputy Commissioner Bureau of Public and Medical Assistance	Director, Research and Administration to Standing Committees Generally
Vice-Chairman of the State Board	<u>S.C. State House of Representatives</u> Director, Research and Administration to Ways and Means Committee
Robert A. Frederick, M.D. Medical Consultant	Director, Research and Administration to Medical, Military, Public and Municipal Affairs Committee
Horace M. Kaiser Pharmaceutical Consultant	
C. L. Oswald Chief, Medical Assistance Division	
Staff, Medical Assistance Division, as required	
4. Executive Officers of State Medical and Pharmaceutical Societies:	
A. Medical Association:	B. Pharmaceutical Association:
Charles Johnson Executive Director South Carolina Medical Association 3325 Medical Park Road Columbia 29203 Phone: 803/252-6311	J. Coleman Daniel, Jr. Executive Director South Carolina Pharmaceutical Association 2817 Millwood Avenue, Suite 105 Columbia 29205 Phone: 803/254-1065



## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 10/1/67

## 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 <u>1/</u>	X	X	X							
Physician Services	X	X	X	X						
Dental Services <u>2/ 3/</u>				X						

Other Benefits: Prothesis; home health care; rental of durable medical equipment; ambulance; EPSDT.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug <u>4/</u> Recipients	Amounts	Persons Eligible	Drug <u>4/</u> Recipients	Amounts
OAA	8,328	3,755	\$ 839	7,726	3,650	\$ 809
MA						
AB	119	36	9	125	34	7
APTD	3,468	1,092	254	3,728	1,113	256
AFDC	24,740	1,668	156	23,658	1,561	162
Foster Care	975	108	7	933	116	15
<b>Total</b>	<b>37,630</b>	<b>6,659</b>	<b>\$1,265</b>	<b>36,170</b>	<b>6,474</b>	<b>\$1,249</b>

1/ Over 21 only.

2/ Under 21 only except dental surgery available to all recipients.

3/ \$400,000 authorized for an adult program; expended in 4 months.

4/ Monthly average recipient counts.

## SOUTH DAKOTA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the state Department of Social Services, Department of Social Welfare.

## IV. Provisions Relating to Prescribed Drugs:

Program changes were made in June 1975 to maintain expenses at 1.2 million dollars. Savings were effected by restricting payment in 8 categories of drugs, changing basis of payment to cost-plus-fee basis and asking a 50¢ recipient copayment.

The following restrictions apply to the program in FY 1977:

Payment is allowed for legend drugs and insulin, except payment is not allowed for vitamins, hematinics, cough remedies, decongestants, most tranquilizers, trademarked antibiotics unless prescribed for urinary tract infection, legend pain compounds except propoxyphene (generic) and controlled drugs, all items for external use, OTC items, non-legend drugs and medical supplies.

A professional fee of \$2.50/R is allowed and refills of maintenance drugs are limited to not less than a 30-day supply. (Fee effective 7/1/78)

Unit dose providers are limited to one fee per month per drug and may include in their billing total the container costs. AWP is used as basis of cost on all claims.

A copayment of 50¢/R is required except for prescriptions for children or for family planning drugs.



## 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 Program Administrator Medical Services	" "
Willis Hodson, R.Ph. Pharmacist Consultant	" "

## 2. Social Welfare Division Medical Advisory Committee (MAC):

Bert C. Corwin, O.D. Chairman MAC SD Vision Services Corporation Box 3006 810 Mountain View Rapid City 57701	Herb Cowhick SD County Commissioners Association Foulk County Commissioners Cresbard 57435
Clayton Mullen Vice-Chairman MAC SD Nursing Home Association Good Samaritan Center Centerville 57014	Paul Hohm, M.D. SD State Medical Association Tschetter-Hohm Clinic Huron 57350
Ervin Schumacher Secretary MAC Program Administration II Medical Services Department of Social Services New State Office Building Pierre 57501	Charles Ray, D.D.S. SD Dental Association Box 446 Rapid City 57701
Ralph Arneson, Attorney SD Bar Association Hayti 57241	Wayne Carr, D.C. SD Chiropractor's Association 127 East 3 Street Miller 57326

## Medical Advisory Committee (MAC) (continued):

Wiley Vogt, Pharmacist  
SD Pharmaceutical Association  
1410 Bridle Drive  
Mitchell 57301

Arthur Thomas, Administrator  
SD Hospital Association  
St. Mary's Hospital  
803 Dakota, East  
Pierre 57501

Phebejean Mills  
Recipient Group  
844 Wisconsin, S.W.  
Huron 57350

Susie Doren (Mrs.)  
Recipient Group  
2102 East Park  
Pierre 57501

## 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

## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 10/1/69

## I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	X	X	X	X	X	X	X	X	X	

Other Benefits: Home Health Services; Christian Science sanatoria.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <sup>1/</sup> Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	87,380	78,095	\$11,844	82,370	67,493	\$10,358
MA		123	2		12,360	2,795
AB	1,801	1,262	150	1,757	1,298	172
APTD	58,623	51,734	7,695	61,207	52,552	8,649
AFDC	212,385	134,502	4,098	201,026	130,589	4,162
Total	360,189	265,716	\$23,789	346,360	264,292	\$26,136

<sup>1/</sup> Figures for 1976 Persons Eligible were not reported in the 1977 edition.

## 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 \$2.30, or usual and customary - whichever is lower.

## 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 a 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.

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.

## 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, Tennessee 37219
Ben C. Crim Director	Bureau of Medicaid Administration and Coordination 283 Plus Park Boulevard Nashville 37217
Ray C. Hall Director Division of Medical Assistance - Medicaid	"
Robert M. Finks Chief, Research & Statistics	"
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	"
Charles L. Yoakum Supervisor Medical Claims Investigation	"
H. C. Haynie, M.D. Medical Consultant	"

## 2. Medicaid Medical Advisory Committee:

Twenty members appointed by the Governor for three year terms. Ex-officio members: Commissioner of the Department of Public Welfare; Commissioner of the Department of Mental Health; Commissioner of the Department of Education; Commissioner of the Department of Public Health; President of the Tennessee Medical Association. One member from the County Judges Association; one member from T.N.A.; one member from the Tennessee Pharmaceutical Association; one member from Model Cities Citizens Coordination Committee; and one member a welfare recipient.

## EX-OFFICIO

	<u>REPRESENTATION</u>
Reverend Horace Bass	Human Services
Dr. Harold Jordan	Mental Health
Dr. Sam Ingram	Education
Dr. Eugene W. Fowinkle	Public Health
Edward K. Carter, M.D. Holston Valley Comm. Hospital Kingsport 37660	President, T.M.A.
Unidentified	TN County Judges Assoc.
Unidentified	T.N.A.
Horton A. Jones, Jr. 1403 Buchanan Street Nashville 37208	Pharmacist, T.P.A.
Unidentified	Model Cities Citizens Coordination Committee
Rosie Price (Mrs.) 129 Vaal Street Memphis	Welfare Recipient

## BOARD MEMBERS

Dr. Sara K. Archer Tennessee Nurses Association Assistant Dean School of Nursing Vanderbilt University 4704 Villa Green Drive Nashville 37203	R.N. Nursing
---	--------------

## Board Members (continued):

Carl E. Adams, M.D. P. O. Box 1398 Murfreesboro 37130	T.M.A. (Middle TN)
William Busse 1717 West End Avenue Nashville 37206	Unidentified
Roy Elam, Jr., D.D.S. 2125 Blakemore Avenue Nashville 37212	Tennessee Dental Assoc.
Robert H. Haralson, Jr., M.D. 821 Tuckaleechee Road Maryville 37801	T.M.A. (Upper East TN)
James Johnson, Jr. Administrator Johnson's Health Care Center Rt. #3, Box 97 Harriman 37748	T.H.C.A.
M. F. Langston, M.D. 103 Palisades Signal Mountain 37377	T.M.A. (Upper East)
Oscar McCallum, M.D. Box 128 Henderson 38340	T.M.A. (West TN)
Hays Mitchell, M.D. Bradley Medical Center Cleveland 37311	T.M.A. (Lower East TN)
Tom Nesbitt, M.D. 1921 Hayes Street Nashville 37203	Physician (Middle TN)
Stanley C. Pettit, D.O. Box 370 Cleveland 37311	T.O.M.A.
Harold F. Vann, M.D. 1760 Madison Street Clarksville 37040	TN Pediatric Society
Unidentified	TN Association of Osteopathic Physicians



## B. Welfare Department

## 1. Officials:

Horace Bass Commissioner	State Department of Public Welfare State Office Building Nashville, Tennessee 37219
-----------------------------	--

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	1961 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

## 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:

L. H. Williams  
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  
226 Capitol Boulevard, Suite 308  
Nashville 37219  
Phone: 615/256-3023

## MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 9/1/76

## 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; 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	1976-FY July-June			1977-FY Sept.-Aug.		
	Persons <u>2/</u> Eligible	Drug Recipients	Amounts	Persons <u>2/</u> Eligible	Drug <u>3/</u> Recipients	Amounts
OAA	237,476*	132,233	\$28,465	229,078	133,573	\$31,152
MA						
AB	4,119*	1,740	341	4,087	1,749	370
APTD	86,480*	35,244	7,649	90,441	39,653	9,241
AFDC	356,900*	69,978	8,207	321,928	63,964	7,944
Total	684,975*	239,195	\$44,663	645,534	238,939	\$48,707

1/ Limited to oral surgery and dentures.

2/ Average number of eligibles per month.

3/ Average number of recipients was 238,939/month.

\*Extrapolated figures based on Actual percentages derived from FY Sept. - Aug. Data.

Based on MH491. All Paid Data.

## 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 Texas Department Human Resources through 12 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.

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 \$2.75 per prescription (range \$2.25 - \$2.75, 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 \$1.37 or usual and customary price, whichever is lower.

Acquisition Cost: MAC or EAC on the package size used in dispensing. EAC based on wholesale or direct cost as indicated by the provider.

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; 50% of cost not to exceed assigned variable dispensing fee.

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.

The State assisted an average of about 238,939/month.

TEXAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Human Resources Department Officials:

Jerome Chapman Commissioner	Texas Department of Human Resources John H. Reagan Building Austin, Texas 78701
--------------------------------	--

Executive Assistant:

Jack Blanton	"
--------------	---

Associate Commissioners:

Hazel Baylor Policy Planning	"
---------------------------------	---

Marlin W. Johnston Administration	"
--------------------------------------	---

Deputy Commissioners:

Emmett W. Greif, M.D. Medical Programs	"
---	---

Merle E. Springer Financial and Social Programs	"
--	---

L. David England Information Systems	"
---	---

Wesley Hjernevik Management Services	"
---	---

Homer Rodriguez Operations	"
-------------------------------	---

Assistant Commissioners:

D. W. Bond Personnel Administration	"
--	---

C. L. Friou Fiscal Affairs	"
-------------------------------	---

John Townsend Coordination	"
-------------------------------	---

## Human Resources Department Officials (continued):

Assistant Commissioners (continued):

Burton F. Raiford Financial Management	Texas Department of Human Resources John H. Reagan Building Austin 78701
---	---

Medical Programs:

Robert P. Harriss Operations	"
---------------------------------	---

John Frannea Development	"
-----------------------------	---

John Boff, Coordinator Medical Care Advisory Committee	"
---	---

Medical Services Division:

Terry Covey Director	"
-------------------------	---

Medical Specialties Division:

Robert J. Smith Program Manager	"
------------------------------------	---

Long Term Care Division:

Larry Tonn Program Manager	"
-------------------------------	---

Pharmacy Services Division:

Roy Wiese, Jr., R.Ph. Program Manager	"
--	---

Joseph F. Renfro, R.Ph. Director, Pharmacy Claims	"
--	---

W. Blount Barner, R.Ph. Director, Pharmacy Services	"
--	---

Surveillance/Utilization  
Control Division:

David P. Hansford, M.D. Director	"
-------------------------------------	---

Regional Medical Services:

Daniel Kuss, R.D. Regional Director	Region 01 & 02 P. O. Box 10528 800 Broadway, First Floor Lubbock 79408
Leaton Clark, R.Ph. Pharmacist	P. O. Box 3700 2407 West I. 40 Amarillo 79106
Thomas L. Williams, R.Ph. Pharmacist	Lubbock Office
Jerry Richardson, R.D. Regional Director	Region 03 & 12 5150 El Paso Drive P. O. Box 10276 El Paso 79994
Bobby L. Payne, R.Ph. Pharmacist	2301 North Big Spring P. O. Box 2880 Midland 79702
Bobby Thompson, R.D. Regional Director	Region 04 1049 North 3rd Abilene 79601
Louis Allison, R.Ph. Pharmacist	4113 Jacksboro Highway Wichita Falls 76302
Richard D. Thompson, R.Ph. Pharmacist	Abilene Office
Ethel Crear, R.D. Regional Director	Region 05 714 N. Watson Road Arlington 76011
Robert H. Sedwick, R.Ph. Pharmacist	2526 Jacksboro Highway P. O. Box 17129 Fort Worth 76102
Jan Scott, R.Ph. Pharmacist	"
Howard R. Parker, R.D. Regional Director	3300 W. Mockingbird Suite B-106 Dallas 75235
Betty Schwegman, R.Ph. Pharmacist	"



Regional Medical Services (continued):

Judy Rouse, R.D. Regional Director	Region 06 1106 Clayton Lane Twin Towers Building Austin 78723
Frank Reese, R.Ph. Pharmacist	"
Woody Shultz, R.Ph. Pharmacist	P. O. Box 977 Waco 76703
Jonnell McKee, R.D. Regional Director	Region 07 1005 Gilmer Street P. O. Box 484 Sulphur Springs 75482
Verdon Graves, R.Ph. Pharmacist	"
Wayne Gentsch, R.Ph. Pharmacist	309 Pine Tree Road Longview 75601
Adolfo Reyes, R.D. Regional Director	Region 08 815 N. Closner Edinburg 78539
Jeff Coats, R.Ph. Pharmacist	4410 Dillon Lane, #52 Corpus Christi 78404
Raul Martinez, R.Ph. Pharmacist	"
Jerome Lindsay, R.D. Regional Director	Region 09 700 Steves San Antonio 78210
James T. Richards, R.Ph. Pharmacist	"
Jim Barber, R.Ph. Pharmacist	"
J. Michael Mason, R.D. Regional Director	Region 10 1310 Pennsylvania Beaumont 77701
Howard L. Gentry, R.Ph. Pharmacist	"

Regional Medical Services (continued):

Beverly Otto, R.D.  
Regional Director

Region 11  
2913 Louisiana  
Houston 77006

Edward L. Hunter, R.Ph.  
Pharmacist

"

2. Medical Care Advisory Committee:

The Committee is composed of physicians, dentists, hospital administrators and representatives of the nursing professional and allied fields.

Texas Medical Association

Milton V. Davis, M.D.  
Pleasant Grove Medical Center  
9200 Elm Road  
Dallas 75217  
214/398-1531

Jim Bob Brame, M.D.  
P. O. Box Y  
Eldorado 78936  
915/853-2547

Cayetano E. Barrera, M.D.  
606 South Broadway  
McAllen 78501  
512/682-4515

Raymond Cohen, M.D.  
1003 Medical Towers Building  
Houston 77030  
713/797-0647

Luis A. Davila, M.D.  
112 East 11th  
Mission 78752  
512/585-2451

Texas Osteopathic Medical Association

Luz A. Candalaria, D.O.  
7722 North Loop Drive  
El Paso 79915  
915/729-2424

Texas Osteopathic Medical Association (continued)

Roy C. Mathews, D.O.  
2105 North Center  
Bonham 75418  
214/583-3191

Jimmy D. Johnson, D.O.  
2317 Mountain Lake Road  
Dallas 75224  
214/330-9201

Texas Dental Association

Alton L. Flynn, Jr., D.D.S.  
651 Randol Mill Road  
Arlington 76010  
817/275-2013

Texas Hospital Association

William K. Brown, FACHA  
6215 Highland Hills Drive  
Austin 78731  
512/345-4403

Boone Powell, Jr., FACHA  
Administrator  
Hendrick Memorial Hospital  
19th and Hickory  
Abilene 79601  
915/677-3551

Medical Care Advisory Committee (continued):Texas Osteopathic Hospital  
Association

Patty Borden  
2729 Grove  
Irving 75060  
214/253-1673

Texas Nursing Home Assoc.

Thomas N. Taylor, FACNHA  
Austin Nursing & Conva-  
lescent Center  
110 East Live Oak  
Austin 78704  
512/444-3511

Texas Association of Homes  
for the Aging

Tom Drewett, Administrator  
Buckner Haven  
12601 Memorial Drive  
Houston 77024

Texas Pharmaceutical Assoc.

Lonnie J. Yarbrough, R.Ph.  
117 Piner Street  
Denton 76201  
817/382-5033

Texas Optometric Association

John L. Hester, O.D.  
P. O. Box 1180  
Beeville 78102  
512/358-3218

Texas Podiatry Association

Douglas Guthrie, Jr., D.P.M.  
5200 Meadowood  
Waco 76710  
817/772-1536

Texas Chiropractic Assoc.

Bob Glaze, D.C.  
P. O. Box 959  
Gilmer 75644  
214/843-2011

Social Work Profession

Rosalie Mollenhauer  
2862 Ripplewood  
Dallas 75228  
817/273-3181

Texas Nurses Association

Betty Dunn, R.N.  
Route 5, Box 77  
Austin 78704  
512/892-1155

Consumer Representatives

Melba Alardin  
1405 San Dario Avenue  
Laredo 78040  
512/724-5864

Walter C. Coers  
4801 Sanger #59  
Waco 76710  
817/772-6837

Texas Speech and Hearing  
Association

Richard Stream, Ph.D.  
Center for Audiology and  
Speech Pathology  
University of Texas Medical  
Branch  
Galveston 77550  
713/765-2711

Texas Hearing Aid Assoc.

Ted Lucenay, M.A.  
1725 West Waco Drive  
Waco 76707  
817/752-3315

Certified Ophthalmic  
Dispenser's Association

Bill Van Cleave  
222 Westwood Drive  
Abilene 79607  
915/673-4934

Medical Care Advisory Committee (continued):Texas Association of Optometrist

Irwin Raff, O.D.  
4008-A South Freeway  
Ft. Worth 76110  
817/921-2862

EX-OFFICIO MEMBERS

Ex-Officio Members serve until they resign or are replaced by the Commissioner.

Medical Schools

William C. Levin, M.D.  
President  
University of Texas Medical  
Branch  
Galveston 77550  
713/675-1902 TexAn 858-1582

Texas State Department of  
Health Resources

Fratris Duff, M.D.  
Commissioner  
1100 West 49th Street  
Austin 78756  
512/454-3781

Health Services Contractors

Fred Rogers  
Blue Cross-Blue Shield  
Main at North Central  
Expressway  
P. O. Box 5730  
Dallas 75222  
214/741-8221

Health Services Contractors

Fred Lucas, M.D.  
National Health Insurance  
7800 Shoal Creek Blvd.  
Suite 230-S  
Austin 78757  
512/458-5111

Rural and Migrant Health  
Services

Mary Ann Vara, R.N.  
Rural Route #15, Box 206  
San Antonio 78228  
512/695-8930

Texas Medical Foundation

A. Rex Kirkley, M.D.  
President  
Texas Medical Foundation  
7800 Shoal Creek Blvd.  
Suite 390-W  
Austin 78757  
512/459-3341

3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Association:

C. Lincoln Williston  
Executive Secretary  
Texas Medical Assoc.  
1801 N. Lamar Blvd.  
Austin 78701  
Phone: 512/477-6704

## B. Pharmaceutical Association

Luther R. Parker  
Executive Director  
Texas Pharmaceutical Assoc.  
~~916 Southwest Towers~~  
~~211 East 7th Street~~  
~~Austin 78701~~  
Phone: 512/836-8350

P.O. Box 14706  
Austin, 78761

by letter  
3/9/79

UTAH

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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
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; eyeglasses; services of podiatrist, osteopath, chiropractor, naturopath; audiology; physican 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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976		1977	
	Persons Eligible	Drug <u>1/</u> Recipients Amounts	Persons Eligible	Drug <u>1/</u> Recipients Amounts
OAA		2,872 \$ 971		3,074 \$1,078
MA				
AB		55 19		47 16
APTD		2,731 852		2,852 926
AFDC		8,115 1,008		8,088 1,017
Total		13,773 \$2,850		14,061 \$3,037

1/ Average recipients per month.

## UTAH

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Office of Health Care Financing under the supervision of the State Department of Social Services.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Household remedies, oral antiseptics, multiple vitamins, anorectics (except for amphetamines and derivatives for only specific indications of narcolepsy and the hyperkinetic child).
- B. Formulary: None. There are no restrictions on the physician or other licensed practitioners to prescribe; however, the Utah 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. May prescribe and dispense brand name drugs, but encourage usage of generic drugs for potential cost savings.
  2. 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.
- D. Prescription Charge Formula:
  1. EAC/MAC Cost plus professional fee of \$2.40 not to exceed charges in the private sector.
  2. Reduced Fee: For birth control pills and insulin the pharmacist will be reimbursed at the MAC/EAC price plus \$1.00 professional fee not to exceed charges in the private sector. Liquid Antacids at cost plus \$.50 per bottle.
  3. MAC Drugs: A selection of approximately 75 drugs brand name for which a maximum allowable cost will be paid is included in the Utah Drug Code Index.

Prescription Charge Formula (continued):

4. Generic Drugs: A selected generic listing of approximately 150 dosage forms of drugs for which the program has set the reimbursable price is included in the Utah Drug Code Index.
5. Selected OTC Drugs: These drugs will be reimbursed by a predetermined formula or by the usual and customary charge whichever is lower.

## UTAH

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social Services Department Officials:

Anthony W. Mitchell, Ph.D. Executive Director	Department of Social Services 150 West North Temple Salt Lake City, Utah 84103
Norman Angus Deputy Director	"
Neal F. Christensen, Director Office of Health Care Financing	"
Keith Oram, Director Office of Assistance Payments	"
Melvin M. Owens, Director Office of Administrative Services	"

## 2. Social Services Department Consultants:

## A. Physician:

Harold E. Merkley, M.D.	2020 South 13th East Salt Lake City 84105
-------------------------	--

## B. Pharmacist Consultants:

Edward V. Furia, R.Ph.	Department of Social Services 150 West North Temple Salt Lake City 84103
------------------------	---

Mrs. Rae Dell Ashley, R.Ph. (Part-time)	"
--	---

## 3. Social Services Department Medical Care Advisory Committee:

<u>Utah State Health Division</u> Lyman J. Olsen, M.D. Director of Public Health State Division of Health 150 West North Temple Salt Lake City 84103	<u>Utah State Medical Assoc.</u> Thomas L. Jones, M.D. 166 East 5900 South Salt Lake City 84107
---	--



Social Services Department Medical Care Advisory Committee  
(continued):Utah State Pharmaceutical  
AssociationLynn H. Sartor, Chairman  
1981 Broadmoor  
Salt Lake City 84108Utah Women's Legislative  
CouncilCorine Bridgewater  
921 South 200 West  
Salt Lake City 84101Family Health ProgramReid Holbrook  
Box 15629  
Salt Lake City 84115Office of Planning and  
ResearchStewart Smith  
Office of Planning and  
Research  
150 West North Temple  
Salt Lake City 84103Utah Chapter NASWVernon Nielsen  
4789 South 1815 West  
Salt Lake City 84118Utah State Association  
of CountiesCommissioner Keith G. Jensen  
Weber County Commission  
Municipal Building  
Ogden 84401Member-at-LargeBruce A. Walter, M.D., M.P.H.  
Deputy Director  
State Division of Health  
150 West North Temple  
Salt Lake City 84103Utah State Dental Assoc.Charles E. Parkin, D.D.S.  
President  
Delta Dental Plan of Utah  
65 West Louise Avenue  
Salt Lake City 84115Utah State Department of  
Public InstructionPhillip Clinger  
Coordinator of Case Services  
Utah State Board of Education  
University Club Building  
136 East South Temple  
Salt Lake City 84111Utah State Nurses' Assoc.Carol Malbone  
2215 East 2100 South  
Salt Lake City 84109  
Vice-ChairmanUniversity of Utah College  
of MedicineB. Saunders Medyette  
Associate Administrator  
University of Utah Medical  
Center  
50 North Medical Drive  
Salt Lake City 84112

## 4. Pharmacy Advisory Board of the Department of Social Services:

Lynn Sartor, R.Ph., Chrmn.  
1981 Broadmoor  
Salt Lake City 84108Monty Gully, R.Ph.  
4737 Fairfield Circle  
Salt Lake City 84107Raymond Richens, R.Ph.  
867 North 6th East  
Price 84501Hartley E. Olsen, R.Ph.  
4175 Jefferson  
Ogden 84403Tom Sotiriou, R.Ph.  
242 East 3rd South  
Salt Lake City 84111Lavar J. Moffitt, R.Ph.  
2180 East 4500 South  
Salt Lake City 84117

Pharmacy Advisory Board of the Department of Social  
Services (continued):

Owen Wood, R.Ph.  
#5 Old Oak Lane  
Sandy 84070

Chesley Wintch, R.Ph.  
6219 Hyland Drive  
Salt Lake City 84121

Clarence B. Peterson, R.Ph.  
160 East 2nd North  
Logan 84321

Fred Peterson, R.Ph.  
1275 North University  
Provo 84601

Daniel F. Parker, R.Ph.  
83 North 200 West  
Heber City 84032

Rex Anderson, R.Ph.  
298 West Utah Avenue  
Payson 84651

William Trowbridge, R.Ph.  
Box 128  
Roosevelt 84066

Paul Muller, R.Ph., Exec. Sec.  
(Liaison Member)  
c/o UPHA  
1062 East 21st South  
Suite 212  
Salt Lake City 84106

Charles E. McFall, R.Ph.  
3189 Wasatch Oaks Circle  
Salt Lake City 84117

Keith Macmillan, R.Ph.  
4715 Harmon Drive  
Salt Lake City 84120

Alfred Van Orden Bateman,  
R.Ph.  
58 East 700 South  
St. George 84770

5. Executive Officers of State Medical and Pharmaceutical  
Societies:

## A. Medical Association:

Hoyt W. Brewster  
Executive Director  
Utah State Medical Association  
42 South 500 East  
Salt Lake City 84102  
Phone: 801/355-7477

## B. Pharmaceutical Association:

Paul Muller, R.Ph.  
Executive Secretary  
Utah Pharmaceutical Association  
1062 East 2100 South  
Salt Lake City 84106  
Phone: 801/484-9141

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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	

Other Benefits:

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		4,784	\$ 647		4,371	\$ 679
MA		2,982	502		2,765	495
AB		610	13 <sup>1/</sup>		559	17
APTD		5,240	804		4,898	844
AFDC		26,756	829		25,675	890
Total		40,372	\$2,795		38,268	\$2,925

<sup>1/</sup> Reported to NPC as "All Other" for FY-1976 in 1977 edition.

## 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 recipient 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 should be sufficient to allow for the determination of the patient's tolerance of the medication without creating unnecessary waste (expense) to the program. This quantity could be up to a 60-day supply on all maintenance medication prescriptions.

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 \$2.00. 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:

David Wilson Commissioner	Department of Social Welfare 4 East State Street Montpelier, Vermont 05602
James O'Rourke Deputy Commissioner	"
Elmo A. Sassorossi Director Division of Medical Services	"
Robert Aiken Assistant Medical Director Division of Medical Services	"
James Barre Utilization Control Manager	"

## 2. Vermont Advisory Council on Medical Programs:

The Council is being reorganized to a 9-member council. Confirmation of the appointees were not available at press time, July 1, 1978.

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Society:

Robert Vautier  
Executive Director  
Vermont Medical Society  
136 Main Street  
Montpelier 05602  
Phone: 802/223-7898

## 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 7/1/66

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										
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 services; EPSDT; clinic services; prosthetic devices and dentures; eyeglasses; ambulance and other transportation.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976		1977	
	Persons Eligible	Drug Recipients	Persons Eligible	Drug Recipients
OAA				191
MA				
AB <sup>1/</sup>				2
APTD				90
AFDC				836
MN				9,994
Total			\$466 <sup>2/</sup>	11,013

<sup>1/</sup> Miniscule sum only.

<sup>2/</sup> DHEW-SRS/NCSS Report B-5 (FY-1975) Preliminary.

<sup>3/</sup> Includes \$65,608 non-matching category - age 21-64.

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:

Roy L. Schneider, M.D., F,A,C,S,, F,I,C,S, Commissioner	Department of Health P. O. Box 1442 Charlotte Amalie St. Thomas Virgin Islands 00801
---	--

Jeannette A. Mahoney, A,C,S,W, M,P,H, <i>Bureau of</i> Director, Health Insurance and Medical Assistance	"
---	---

2. Medical Care Advisory Committee:

✓ Roy L. Schneider, M.D., F,A,C,S,, F,I,C,S,	- Commissioner of Health (ex officio)
Jeannette A. Mahoney, A,C,S,W, M,P,H,	- Director, <i>Bureau of</i> Health Insurance and Medical Assistance (ex officio)

REPRESENTING:

✓ Frances Armstrong	- Nursing
✓ Alla Rie Cass	- Social Worker
✓ Catherine Farrelly	- Social Worker
✓ Janet Foster	- Consumer
✓ Aracelis Francis	- Department of Welfare
✓ Edith Galiber	- Home Care
✓ Phillip Gerard	- Businessman
✓ Dr. James Glenn, <u>Chairman</u>	- Medical Society
✓ Elaine Heyliger	- Medicaid Recipient
✓ Luz James	- Senator, V.I. Legislature
✓ Beryl Kean, <u>Vice Chairman</u>	- Government Health Ins.

## Medical Care Advisory Committee (continued):

- ✓ Dr. Peter Kumpitch - Provider
- ✓ Jean Larson - Department of Labor
- ✓ Juanita Lopez - Medicaid Recipient
- ✓ Alden Martinez - Child and Family Services
- ✓ Edmund Penn - Department of Labor
- ✓ Elliott Thomas - Provider
- ✓ Liz Wilson - Public Relations

## 1 B. Social Welfare Department Official:

Gwendolyn C. Blake (Mrs.)  
Commissioner

Department of Social Welfare  
Charlotte Amalie  
St. Thomas 00801

## 2 C. Executive Officer of Virgin Islands Medical Society:

Cora Le Ethel Christian, M.D.  
Secretary  
Virgin Islands Medical Society  
P. O. Box 520  
Christiansted  
St. Croix 00840  
Phone: 809/773-1311

VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/69

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		
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		

Other Benefits: Home health care; clinics, transportation; family planning; limited medical supplies; whole blood; optometrist; podiatrist; EPSDT.

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts
OAA	67,982	49,345	\$ 5,580	66,256	50,193	\$ 6,926
MA						
AB	1,965	1,383	148	2,061	1,308	160
APTD	41,528	27,467	3,155	41,042	29,453	4,014
AFDC	270,095	141,347	3,721	258,729	134,270	3,914
<b>Total</b>	<b>381,570</b>	<b>219,542</b>	<b>\$12,604</b>	<b>368,088</b>	<b>215,224</b>	<b>\$15,014</b>

1/ Total eligible during fiscal year.

2/ Unduplicated count.

## VIRGINIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Bureau of Medical Assistance of 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: (see V. Miscellaneous Remarks for 1978 changes.)

## V. Miscellaneous Remarks:

Effective July 1, 1978:

1. Pharmacy professional fee increase to \$2.70.
2. \*50¢ per patient per day for daily unit dose nursing home providers.
3. Actual acquisition cost reimbursement for unit dose only.
4. Improvement of claim form.

\*Cost of covering unit dose packaging effective 9/1/78.

## Miscellaneous Remarks (continued):

5. Billing to continue to be the usual and customary charge and cost. The present estimated cost reimbursement system to remain except for unit dose.
6. 50¢ co-pay to be unchanged.
7. Propoxyphene HCL products to be reintroduced to the eligible drug list in community practice.

The inadequate treatment of Virginia Medical Assistance Program pharmacy participants has been a major concern for the Health Department officials for some time.

The program deserves your close cooperation to avoid costly errors and careful attention to the conditions of your agreement to avoid abuse or fraud.

Source: Virginia Pharmaceutical News Bulletin, May 1978

## VIRGINIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## A. Health Department:

## 1. Officials:

James B. Kenley, M.D. Commissioner	State Department of Health Richmond, Virginia 23219
---------------------------------------	--

Edwin M. Brown, M.D. Deputy Commissioner	" "
---	-----

Freeman C. Hays, M.D. Director Medical Assistance Program	" "
---	-----

Mary Ann Johnson, R.Ph. (Mrs.) Pharmaceutical Consultant	109 Governor Street, Rm. 820 Richmond 23219
---	--

Malcolm O. Perkins Administrator Professional Services Medical Assistance Program	State Department of Health Richmond 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.  
Byard S. Deputy, D.D.S.

Private Insurance Carriers

John L. Tuttle

## 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 Association

Hunter A. Grumbles

Virginia Pharmaceutical Association

Thomas A. Abbott, R.Ph.

Harvey Morgan, R.Ph.

Participants Advisory Council

Mamie King

Ex Officio

William L. Lukhard

Commissioner  
State Department of Welfare

Leo E. Kirven, Jr., M.D.

Commissioner  
State Department of Mental  
Health and Mental  
Retardation

James B. Kenley, M.D.

Commissioner  
State Department of Health

## B. Welfare Department Officials:

William L. Lukhard  
CommissionerState Department of Welfare  
8007 Discovery Drive  
Blair Building  
Richmond 23288

## C. Executive Officers of State Medical and Pharmaceutical Societies:

## 1. Medical Society:

Robert I. Howard  
Executive Vice President  
Medical Society of Virginia  
4205 Dover Road  
Richmond 23221  
Phone: 804/343-2721

## 2. Pharmaceutical Association:

Sam W. Crickenberger  
Executive Director  
Virginia Pharmaceutical Assoc.  
3119 West Clay Street  
Richmond 23230  
Phone: 804/355-7942





MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy Category Related				(M N) 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:

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

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

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <sup>1/</sup> Eligible	Drug Recipients	Amounts	Persons <sup>1/</sup> Eligible	Drug Recipients	Amounts
OAA	36,930	Not	\$ 5,188	36,059	Not	\$ 5,555
MA		Available			Available	
AB	676	at	54	613	at	54
APTD	37,150	This	4,094	34,746	This	4,301
AFDC	152,338	Time	3,239	148,248	Time	3,172
Other-TitleXIX	13,742		303	11,934		255
Other (SOF)			481			
<b>Total</b>	<b>240,836</b>		<b>\$13,359<sup>2/</sup></b>	<b>231,600</b>		<b>\$13,337</b>

<sup>1/</sup> Average monthly.

<sup>2/</sup> NPC Compilation - 1977.

## 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 40 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: Includes 2,800 listings by drug product name, quantity, dosage form and strength. Formulary is revised 2 or 3 times annually.
- C. Prescribing or Dispensing Limitations:
  - 1. Terminology: None.
  - 2. Quantity of Medication: All prescriptions in excess of \$25 must be approved by the Medical Consultant before payment can be made.
  - 3. Refills: Allowed on formulary drugs only.
  - 4. Dollar Limits: None.
- D. Prescription Charge Formula: The amount shall not exceed the average customary and reasonable charge to the general public.

The maximum charge to the department is to be actual acquisition cost (retailer invoice cost or latest Red Book or Blue Book or listed median cost generic, whichever is lower) plus a dispensing fee for service.

- \$2.19 Nursing Home patients
- 2.60 Unit dose systems
- 2.60 Retail Pharmacies - if they submitted a Burden Rate Study and fill less than 35,000 Rx's annually.
- 2.48 All others  
(Note: If pharmacy completes the B.R. Study and submits it by August they will get a fee raise in September from \$2.48 to \$2.60.)

NPC

Washington - 3  
1978

V. Miscellaneous Remarks:

Medical care program is a limited program to meet essential, chronic, emergent and acute conditions - not intended to provide all drugs.

## WASHINGTON

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social and Health Services Department Officials:

Gerald J. Thompson Secretary	Department of Social and Health Services OB-44 Olympia, Washington 98504
John A. Beare, M.D., M.P.H. Director Health Services Division	Health Services Division OB-44J Olympia 98504
Robert P. Hall, M.D., Chief Office of Medical Assistance	Health Services Division LK-11 Olympia 98504
William P. Pace, R.Ph. Pharmacist Consultant Office of Medical Assistance	"

2. Social and Health Services Department Medical Consultants  
(at county level):

A. Full-Time:	<u>Local Office</u>
Alvin Carlson, M.D.	King
Norman Meckstroth, M.D.	Spokane
Edward P. Palmason, M.D.	Seattle
Robert A. Reynolds, M.D.	Tacoma - Bremerton
B. Part-Time:	
J. Morrison Brady, M.D.	Olympia
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
John W. Erickson, M.D.	Vancouver
Lawrence Ettelson, M.D.	Seattle
Burton A. Foote, M.D.	Ellensburg
Mark L. Gabrielson, M.D.	Oak Harbor - Bellingham
Kenneth H. Kinard, M.D.	Everett
Albert V. Mills, M.D.	Pasco
Clarence Olson, M.D.	Seattle
John Richards, M.D.	Longview
Jerman Rose, M.D.	Tacoma
Carl C. Walters, M.D.	Yakima
Harry C. Watkins, Jr., M.D.	Aberdeen

3. Department of Social and Health Services Title XIX Advisory  
Committee:

Paul R. Lauer (Chairman)  
Colby at 39th  
Everett 98201  
Term Expires July 1, 1978

Elaine Burkhead  
22406 - 37th Place West  
Mountlake Terrace 98403  
Term Expires July 1, 1979

Robert Day, M.D., Dean  
School of Public Health  
and Community Medicine  
University of Washington  
Seattle 98195  
Term Expires July 1, 1979

Hal King, Administrator  
Riverwood Care Center  
114 Fourth Avenue N.W.  
Puyallup 98371  
Term Expires July 1, 1978

John S. Larsen, D.D.S.  
1126 - 156th Avenue N.E.  
Bellevue 98008  
Term Expires July 1, 1979

Donald W. Murray, R.Ph.  
Wenatchee Clinic Pharmacy  
9th at Chelan  
Wenatchee 98801  
Term Expires July 1, 1979

Alice W. Sandstrom  
Associate Administrator -  
Finance  
Children's Orthopedic Hospital  
and Medical Center  
4800 Sand Point Way N.E.  
Seattle 98105  
Term Expires July 1, 1978

Cleo Sandwick  
923 - 96th Place S.W.  
Seattle 98106  
Term Expires July 1, 1978

Anne Larson  
4131 South Yakima  
Tacoma 98408  
Term Expires July 1, 1979

Ludwig Lobe  
Plaza 600 Building  
Suite 1200  
Seattle 98101  
Term Expires July 1, 1979

-----  
Robert P. Hall M.D., Chief  
Office of Medical Assistance LK-11  
Department of Social and Health Services  
Olympia 98504

Vonnie King, Administrative Assistant  
Office of Medical Assistance LK-11  
Department of Social and Health Services  
Olympia 98504

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

H. R. Knudson  
Executive Director  
Washington State Medical Association  
900 United Airlines Building  
2033 Sixth Avenue  
Seattle 98121  
Phone: 206/623-4801

B. Pharmaceutical Association:

Raymond A. Olson  
Executive Director  
Washington State Pharmaceutical Association  
1402 Third Avenue, Suite 517  
Seattle 98101  
Phone: 206/624-4818

WEST VIRGINIA

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/66

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children				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	X	X	X	X	X	X	X	X	
Other Benefits: Intermediate care facility services for all categories above.									

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

II. EXPENDITURES FOR DRUGS. Payments to Pharmacists by fiscal year ending September 30: 1/

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons <u>2/</u> Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	(			(		
MA	( 48,223	42,157	\$2,231	( 44,321	44,568	\$2,638
AB	(			(		
APTD	(			(		
AFDC	( 79,082	71,858	3,802	( 64,389	69,174	3,833
UF <u>3/</u>	(			(		
Others <u>4/</u>	33,267	3,283	1,761	14,156	3,052	842
Total	160,572	117,298	\$7,794	122,866	116,794	\$7,313

1/ Excludes State Pharmacy Program (SFO) which is circa \$591,000 for FY 1977 and includes drugs to approximately 7,600 elderly persons.

2/ June 1977 eligibles count.

3/ Unemployed Fathers.

4/ Includes medically needy (not previously reported), 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:

Leon H. Ginsberg, Ph.D. Commissioner	West Virginia Department of Welfare 1900 Washington Street, East Charleston, W. Va. 25305
David W. Forinash Assistant Commissioner Medical Services	" "
J. L. Mangus, M.D. Medical Director (Half-time) Division of Medical Care	" "
(Mrs.) Helen M. Condry, Director Division of Medical Care	" "
Charles W. Dawkins Assistant Director Division of Medical Care	" "
William B. Rossman, M.D. Psychiatrist Consultant	" "
Bernard Schlact, R.Ph. Pharmaceutical Coordinator	" "
Ralph H. Nestmann, M.D. Medical Consultant (Part-time)	" "
Bert Bradford, Jr., M.D. Medical Consultant (Part-time)	" "
Robert Crawford, M.D. Medical Consultant (Part-time)	" "
F. A. Sines, D.D.S. Dental Consultant (Part-time)	" "
Robert Cline, Director Division of Research and Project Development	" "

## 2. Welfare Department Medical Services Advisory Council:

- A. Nine members from fields of medicine, dentistry, hospital administration, pharmacy, nursing and public - appointed by Commissioner, with Director of Health ex officio.

Robert L. Leadbetter, M.D.	-Physician Representative
James G. Anderson, Jr., D.D.S.	-Dentist Representative
Jack E. Fruth, R.Ph.	-Pharmacist Representative
Fred Blair	-Hospital Administrator Representative
Alice Couch	-Nursing Home Administrator Representative
Lois C. Williams, R.N.	-Nurse Representative
Joseph Powell, Pres., AFL-CIO	-Consumer Representative
Haven T. Rollins, C.P.A.	-Consumer Representative
George E. Pickett, M.D., M.P.H.	-Ex Officio Representative

- B. Welfare Committee Members of the West Virginia Pharmaceutical Association:

John Baldwin, Ph.D. West Virginia University Morgantown 26505	Gabriel Kalifat 304 Cottage Avenue Weston 26452
William G. Cooper 1502 Village Drive South Charleston 25309	Robert Pierce 590 Willey Street Morgantown 26505
John D. Demary 68 Ferguson Street Shinnston 26431	Edward Toompas 1105 Briercliff Road Bridgeport 26330
Jack Fruth 2501 Jackson Avenue Point Pleasant 25550	Ronald V. Wood 705 Elk Street Gassaway 26624

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Association

Charles R. Lewis  
Executive Secretary  
West Virginia State  
Medical Association  
Box 1031  
Charleston 25324  
Phone: 304/346-0551

## B. Pharmaceutical Association:

*E. B. (Bud) Stanley*  
~~Jack S. Huggins~~  
President  
West Virginia Pharmaceutical  
Association  
P. O. Box ~~6328~~ 1836  
~~Wheeling 26003~~  
Phone: ~~304/845-8595~~?

*Clarksburg 26301*  
*304/622-4190*

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/66

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		
Inpatient Hospital Care <sup>1/</sup>	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	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	54,495	28,199	\$ 3,327	40,662	29,278	\$ 3,715
MA						
AB	1,841	613	68	1,019	629	80
APTD	42,219	27,785	2,958	37,437	23,881	3,765
AFDC	221,229	137,631	3,100	286,049	146,819	4,197
MN Aged <sup>2/</sup>	57,241	45,189	5,649	58,266	46,684	7,093
MN Blind <sup>2/</sup>	205	103	15	84	84	12
MN Disabled <sup>2/</sup>	12,520	10,261	1,500	11,840	9,855 <sup>4/</sup>	1,782
MN Children <sup>2/</sup>	91,843	43,116	890	87,533 <sup>3/</sup>	40,320 <sup>4/</sup>	1,038
Unknown					7,697 <sup>5/</sup>	331 <sup>5/</sup>
Total	481,593	286,897	\$17,507	522,890	305,247	\$22,013

1/ Does not include mental.

2/ Includes Categorically Related cases not receiving a money payment.

3/ Includes 14,374 adults C.R. to AFDC.

4/ Includes 7,353 adults who received \$218,000.

5/ Not elsewhere classified.

## 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.):  
None.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
  - 1. Terminology: None.
  - 2. Quantity of Medication: Physicians encouraged to prescribe in economical manner. Pharmacists cannot dispense more than 34-day supply.
  - 3. Refills: Physicians required to specify number of refills authorized for definite period within requirements of State and Federal law.
  - 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 \$2.65<sup>1/</sup>.

## V. Miscellaneous Remarks:

The recipients have free choice of pharmacy under MAP Title XIX in Wisconsin.

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<sup>1/</sup> Effective July 1, 1978

Drug Program Policy Clarifications - Effective May 1, 1977I. Usual and Customary Charge

. . . in no case shall charges to the Wisconsin Medical Assistance Program exceed the provider's usual and customary charge to the general public for similar services. This rule is mandated by Federal regulation:

45 C.F.R. 250.30 (b) (2)

"The upper limit for payment for prescribed drugs - whether legend items . . . or non-legend items - shall be based on the lower of the cost of the drug . . . plus a dispensing fee established by the State, or the provider's usual and customary charge to the public . . . "

II. Over-the-Counter Products

Beginning May 1, 1977, payment for non-legend drugs dispensed on prescription of a licensed practitioner will be as follows:

Cost of the product plus the dispensing fee or the provider's usual and customary charge, whichever is lower.

". . . Reimbursement for non-legend drugs shall be set at the lower of shelf price or the estimated acquisition cost of the product plus a dispensing fee."

III. Unit Dose Reimbursement

Beginning May 1, 1977, drugs which have a federally-set EAC, and which are available in unit dose, will be reimbursed as follows:

1. Drugs made by Abbott; Lederle; Merck Sharp & Dohme; Parke, Davis; Pfizer; Roerig; Squibb; Upjohn and Wyeth and purchased in unit dose packages will be assigned a Wisconsin EAC based on 100% of the direct price for unit dose packages in 100's.
2. Drugs made by all other drug companies and purchased in unit dose packages will be assigned a Wisconsin EAC based on AWP for unit dose packages of 100's.

## WISCONSIN

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Health and Social Services Department Officials:

Donald Percy Secretary	Department of Health and Social Services State Office Building One West Wilson Street Madison, Wisconsin 53702
---------------------------	--

Robert Durkin Acting Administrator Division of Health	"
---	---

Deputy Administrator Vacant	"
--------------------------------	---

Martin A. Preizler Director Bureau of Health Care Financing (Medicaid)	"
---	---

John Allen, M.D. Physician Consultant (Part-time)	"
---	---

Margaret B. Card, R.Ph. Pharmacy Practices Consultant	"
--	---

## 2. Health and Social Services Department Advisory Committee:

## A. Medical Assistance Advisory Committee:

Arnulfo Chapa Deputy Director La Clinica P. O. Box 191 Wild Rose 54984	Susan Hahn Consumer Health Consultants 1420 West Lincoln Avenue Milwaukee 53215
--	--

Mary Goode Welfare Advocacy Center 4964 North Woodburn Whitefish Bay 53217	Mardi Jensen 87 Riverside Drive Racine 53404
---	--

Dan Johnson Society's Assets 800 Center Street, Rm. 15 Racine 53403
--

## Medical Assistance Advisory Committee (continued):

Judy Jones  
Director of Human Resources  
Development  
Milwaukee Urban League  
936 West Center Street  
Milwaukee 53206

Marcia Satter  
Staff  
Dane County Welfare Rights  
Alliance  
953 Jenifer Street  
Madison 53703

Jack Taylor  
Northview Home  
25042 West Northview  
Waukesha 53186

Peter Morton, R.Ph.  
Morton Drug Company  
108 West Wisconsin Avenue  
Neenah 54956

Margaret Novak  
Staff Attorney  
Legal Action  
31 South Mills Street  
Madison 53705

Dr. John Oliver  
Assistant Dean  
School of Social Welfare  
University of Wisconsin  
Milwaukee 53201

William Petasnick  
Associate Superintendant  
University of Wisconsin  
Hospitals  
1300 University Avenue  
Madison 53706

Dr. John Peters  
Associated Physicians  
505 East Division  
Fond du lac 54935

Dr. Walter Rattan  
6530 Sheridan Road  
Kenosha 53140

Dr. Carl Shuler  
714 Milwaukee  
Clinton 53525

Hillory Waukau  
County Administrator  
Menominee County Courthouse  
Box 428  
Keshena 54135

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## A. Medical Society:

Earl Thayer  
Secretary-General Manager  
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





MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 7/1/67

I. BENEFITS PROVIDED AND GROUPS ELIGIBLE

Type of Benefit	Money Payment Recipients				Medically Needy (M N) Category Related Children				Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC Under 21	
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1976			1977		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA						
MA						
AB						No Vendor Drug Program
APTD						
AFDC						
Total						

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:

W. Don Nelson Director	Department of Health and Social Services Hathaway Building Cheyenne, Wyoming 82002
Lawrence J. Cohen, M.D., M.P.H. Administrator	Division of Health and Medical Services
Ernest A. Rumpf, Jr., Dir. Medical Assistance Services	" "
George P. Potekhen, M.D. Medical Consultant	" "
Harold Prahl, R.Ph. Assistant Chief of Medical Facilities	" "
Jermy B. Wight Administrator	Division of Public Assistance and Social Services

## 2. Medical Advisory Committee:

John Yale	- Hospital Administrator
Donald Hunton, M.D.	- Physician
Lawrence J. Cohen, M.D.	- Administrator, Division of Health and Medical Services
John J. Corbett, M.D.	- Physician
Joan Beachler	- County Director of Public Assistance and Social Services
Gerald Palmer	- Pharmacist
Howard Megorden	- Nursing Home Administrator
James Norris	- State Senator
Warren J. Hickman, D.D.S., Chairman	- Dentist
Jermy B. Wight	- Administrator, Div. of Public Assistance & Social Services
Mrs. J. J. Hickey	- County Commissioner
Steve Cranfill	- State Representative
John Vinich	- State Representative

## Medical Advisory Committee (continued):

Ray Ring	- County Director of Public Assistance and Social Services
Henry Stephenson, M.D.	- Physician
Joyce Fitzhugh (Mrs.)	- Consumer

## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## 1. Medical Society:

Robert G. Smith  
Executive Secretary  
Wyoming State Medical Society  
2727 O'Neil Avenue  
P. O. Drawer 4009  
Cheyenne 82001  
Phone: 307/635-2424

## 2. Pharmaceutical Association:

Oscar M. Ray  
Secretary-Treasurer  
Wyoming Pharmaceutical Association  
1812 South Mitchell (Residence)  
Casper 82601  
Phone: 307/237-9393 (Store)  
(4080 South Poplar Street)