

PHARMACEUTICAL BENEFITS  
UNDER  
STATE MEDICAL ASSISTANCE  
PROGRAMS

**Compiled by**

**NATIONAL PHARMACEUTICAL COUNCIL, INC.**

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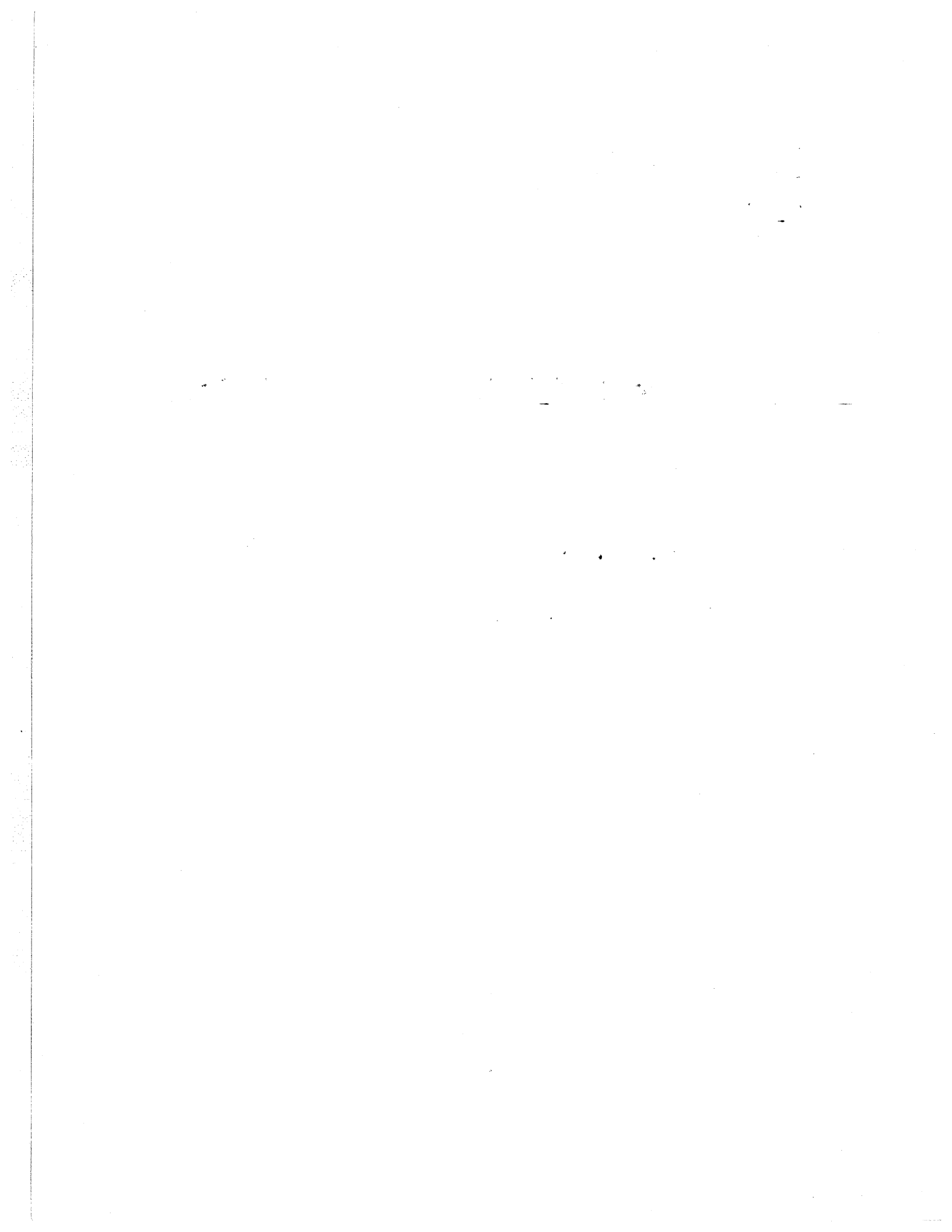


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The National Pharmaceutical Council is composed of companies engaged principally in the manufacturing of prescription pharmaceutical products. It was organized in 1953 with the objective of promoting optimum professional standards and assuring the 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 loads 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 programs.
8. Pharmacy and medical advisory committees.
9. State medical and pharmaceutical association executives.

Fifty-three of the fifty-four 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. (A) Outpatient hospital services  
(B) Rural health clinic services, including ambulatory services offered by a rural health clinic and otherwise included in the state's Medicaid plan.
- \*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, Skilled Nursing and Intermediate Care Facility 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 also are penalties that may be imposed by HEW if the state does not satisfy HEW that control of the services has 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 may be done by an individual utilization review committee, PSRO, peer review group or public agency. Medicaid plans must meet Medicare requirements. Penalties may be imposed if not in compliance.
- c. Medical Review - Regulation, Section 1902 (a) (26) of Medicaid law requires 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 Systems Planning and Development, Bureau of Program Operations, Health Care Financing Administration, DHEW 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 HCFA/DHEW.

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.

Medicaid Management Information Systems (continued):

As of July 1979 some 25 states have certified systems in operation. Another 25 states are developing systems. The remaining states are either inactive or writing Approved Planning Documents (APDs).

3. Professional Standards Review Organizations (PSROs)

Under the 1979 reorganization of the Health Care Financing Administration, DHEW, The Division of Professional Standards Review Organizations Program Operations provides overall programmatic and technical management of Health Standards and Quality Bureau (HSQB) contracts and financial agreements with all categories of PSROs and with State PSR Councils. (Federal Register/Vol. 44, No. 137/July 16, 1979)

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.

Priority PSROs

At the earliest practicable date after designation of an area, the Secretary must enter into an agreement with a qualified organization whereby such an organization shall be conditionally designated as the PSRO for that area. In designating a PSRO for an area, certain organizations of physicians, known as "priority PSROs" take precedence over other types of organizations, known as "alternate PSROs", which may be designated only if there are no priority PSROs available in the area.

Alternate PSROs

Subsequent to January 1, 1978, the Secretary may designate an "alternate PSRO" to serve a PSRO area if there is no "priority PSRO" that qualifies to assume review responsibilities.

Regulations establishing the criteria and other requirements are prerequisite to the designation of both alternate PSROs and priority PSROs. (Fed. Reg. Vol. 43, 32084, 7/24/78)

Conditional PSROs

The Health Care Financing Administration, DHEW will award a grant for conditional designation as a PSRO for up to 48 months, if it determines that the organization is capable of performing the PSRO duties and functions that are necessary so that, by the end of the conditional period, it will be carrying out the functions required for full designation.

Conditional PSROs (continued):

As of early 1979, there were 166 Conditional PSROs nationwide.

PSROs impact on Medicaid

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 judgment.
- 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.

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. Clinics' 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)



Regulations Sec. 405.2413 - Services and supplies incident to a physician's services, Sec. 405.2415 - Services and supplies incident to a nurse practitioner and physician assistant services state: "Only drugs and biologicals which cannot be self-administered are included within the scope of this benefit."  
(Federal Register, Vol. 43, 8258, 3/1/78)

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 that an institution must 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 - PUBLIC WELFARE, Subtitle A - Department of Health, Education and Welfare, Part 19 - Limitations on Payment or Reimbursement for Drugs

Regulation Sec. 19.1. Purpose.<sup>1/</sup> (a) This Part establishes Department of Health, Education, and Welfare procedures for determining drug costs and, where applicable, dispensing fees which the Department will use for the purpose of determining:

(1) Reimbursement to providers and health maintenance organizations under the Medicare program.

(2) Reimbursement to States under State administered health, welfare, and social service programs.

(3) Allowable costs under projects for health services.

(b) Policies and procedures, which will be consistent with the policies and procedures set forth in this Part, will be published in the HEW Procurement Regulations, Title 41, Chapter 3, Code of Federal Regulations, governing the direct purchase of drugs by the Department and the purchase or supply of drugs by contractors of the Department.

(c) This Part does not establish procedures for fixing the actual amount of reimbursement to which providers will be entitled for dispensing drugs. Rather, it establishes procedures for setting a limit on what the individual program regulations and policies might otherwise provide. If the authorizing legislation for a particular program, or the program regulation or policies adopted or issued under that legislation, provides for a lower rate of reimbursement than this regulation permits, then the program reimbursement rate, being lower, will necessarily control the actual payment.

Regulation Sec. 19.3. Cost limitation.<sup>2/</sup> (a) The amount which the Department will recognize for reimbursement or payment purposes for any drug used in the programs or activities described in Sec. 19.1 shall not exceed the lowest of:

(1) The maximum allowable cost (MAC) of the drug, if any, established in accordance with Sec. 19.5 plus a reasonable dispensing fee;

(2) The acquisition cost of the drug plus a reasonable dispensing fee; or

(3) The provider's usual and customary charge to the public for the drug; Provided that: The MAC established for any drug shall not apply to a brand of that drug prescribed for a patient which the prescriber has certified in his own handwriting is medically necessary for that patient; And provided further, That: Where compensation for drug dispensing is included in some other amount payable to the provider by the reimbursing or paying program agency, a separate dispensing fee will not be recognized.

(b) Each program agency shall estimate the acquisition cost of each drug for which it reimburses or pays a provider. Such estimate should be consistent with any drug price information furnished the program agency by the Department.

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<sup>1/</sup> Federal Register, Vol. 40, 32283, July 31, 1975

<sup>2/</sup> Federal Register, Vol. 40, 36342, July 31, 1975, and corrected in Federal Register, Vol. 40, August 20, 1975

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

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

Summary: This amended 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 rule abolished the Pharmaceutical Reimbursement Advisory Committee (PRAC) and substituted routine, informal public hearings and the discretionary use of consultants.

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

19.4 Establishment of pharmaceutical reimbursement board.

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<sup>1/</sup> Formerly established in Office of the Assistant Secretary for Health, HEW.  
<sup>2/</sup> Federal Register, Vol. 43, Wednesday, August 9, 1978.

- (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.
- (i) Administrator's concurrence.
- (j) Publication - (Federal Register notice)

4. 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."

5. 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.

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.

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1/ Exceptions: Alaska. In the case of Puerto Rico and Virgin Islands - vendor payments in emergency situations only.

REGIONAL ADMINISTRATORS AND DIRECTORS  
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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 1973-1978<sup>1/</sup>**

(Amounts in Thousands)

<u>State</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>
<u>Total</u>	<u>\$612,326</u>	<u>\$706,746</u>	<u>\$816,453</u>	<u>\$959,951</u>	<u>\$1,018,221</u>	<u>\$1,088,238</u>
Alabama	10,451	12,123	15,643	15,730	16,694	18,349
Arkansas	—	6,321	41,960	14,221	14,133	15,813
California	77,308	87,957	96,156	119,881	135,324	148,496
Colorado	7,253	6,856	7,458	8,343	8,790	9,684
Connecticut	6,007	7,124	9,079	10,864	12,092	13,420
Delaware	1,209	1,248	1,342	1,614	1,518	1,603
District of Columbia	3,904	4,843	5,779	6,524	5,170	4,428
Florida	11,696	11,764	18,878	19,604	23,148	22,684
Georgia	17,795	16,753	25,929	26,771	29,449	34,074
Guam	45	— <sup>2/</sup>	— <sup>2/</sup>	— <sup>2/</sup>	— <sup>2/</sup>	— <sup>2/</sup>
Hawaii	1,875	2,372	2,747	3,999	4,725	4,469
Idaho	1,280	1,331	1,503	1,762	1,669	1,894
Illinois	43,656	56,945	64,907	66,629	66,353	70,579
Indiana	12,672	11,416	12,505	16,512	19,539	21,189
Iowa	5,309	5,260	6,607	8,547	9,027	11,089
Kansas	7,183	7,415	8,364	10,072	11,307	10,715
Kentucky	12,129	10,698	12,009	12,896	12,041	11,590
Louisiana	10,199	10,931	25,755	34,316	29,417	33,847
Maine	2,626	3,745	3,825	5,762	6,170	7,094
Maryland	14,838	15,869	17,282	17,634	14,102	12,581
Massachusetts	23,989	24,157	28,776	29,750	26,784	27,909
Michigan	30,976	36,933	43,713	50,566	46,611	53,470
Minnesota	13,196	13,160	12,831	16,423	17,031	18,583
Mississippi	12,603	16,256	19,677	23,949	19,611	24,312
Missouri	10,572	11,685	12,923	15,991	17,663	20,282
Montana	1,027	1,135	1,706	1,723	2,220	2,360
Nebraska	4,134	4,528	4,709	5,496	5,634	6,306
Nevada	876	916	1,165	1,502	1,008	1,092
New Hampshire	1,856	2,071	2,738	2,489	2,730	2,791
New Jersey	16,924	19,725	24,509	24,865	29,627	33,913
New Mexico	2,381	2,828	3,130	3,805	4,174	4,163
New York	62,364	86,851	86,183	100,242	103,200	89,882
North Carolina	20,253	16,599	18,281	22,604	26,310	26,695
North Dakota	1,743	1,766	2,146	1,955	2,218	2,397
Ohio	24,396	38,351	34,339	38,597	38,445	38,786

Chart I  
(Continued)

Vendor Payments for Prescribed Drugs  
Under Title XIX of the Social Security Act, Medical Assistance Programs  
for Fiscal Years 1973-1978<sup>1/</sup>

(Amounts in Thousands)

State	1973	1974	1975	1976	1977	1978
Oklahoma	168 <sup>3/</sup>	90 <sup>3/</sup>	14	-3,601	5,730	6,086
Oregon	2,797	3,180	4,174	5,282	6,042	7,360
Pennsylvania	26,358	29,664	24,853	44,716	60,711	70,439
Puerto Rico	15,378	16,884	21,862	21,270	23,270	20,833
Rhode Island	4,586	4,876	5,304	5,878	6,356	6,475
South Carolina	4,740	4,569	7,371	10,419	11,857	11,513
South Dakota	-	-	1,560	1,247	1,206	1,453
Tennessee	10,823	12,439	17,853	23,789	26,504	30,852
Texas	30,855	32,224	37,468	44,383	48,731	52,267
Utah	1,997	2,286	2,424	2,826	2,985	3,494
Vermont	2,088	2,103	2,414	2,794	2,911	2,909
Virgin Islands	325	326	301	466	248	441
Virginia	13,293	14,224	13,911	12,709	15,032	17,479
Washington	8,907	10,448	11,891	13,021	13,337	13,456
West Virginia	3,786	3,256	3,710	6,482	7,061	7,754
Wisconsin	11,501	12,245	16,788	19,430	22,308	28,889

<sup>1/</sup> Source: Research Report B-5 (Prepublished Table Q-3), FY-78 (Preliminary), Office of Research, Demonstrations and Statistics, Office of Research, Medicaid Program Data Branch, Health Care Financing Administration, Department of Health, Education and Welfare. (Data obtained July 1979)

<sup>2/</sup> No data reported

<sup>3/</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-76 - July 1, 1975.)

Note: No Title XIX vendor drug program as of FY-78:  
Alaska, Arizona, Wyoming (Arizona - No Title XIX Medicaid Program)

Totals may not add due to rounding.

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 1978  
(Dollars in Thousands)

State	Type of Program						
	OAA	AFDC	AB	APTD	MAA	GA	MN
Total	\$317,844	\$265,505	\$7,046	\$257,105	\$39,151	\$42,324	\$104,265
Alabama	10,655	2,159	158	4,966	-	-	-
Arkansas	9,587	2,512	191	4,999	-	-	488
California	34,439	36,290	1,474	49,334	-	16,569 <sup>1/</sup>	24,623
Colorado	4,752	1,889	21	2,633	-	391 <sup>1/</sup>	-
Connecticut	3,843	3,870	30	2,979	-	-	1,235
Delaware	382	730	20	471	-	-	-
D. C.	453	2,212	14	928	-	-	821
Florida	13,238	4,844	239	9,709	-	-	-
Georgia	12,261	4,302	310	11,796	-	-	5,858 <sup>2/</sup>
Hawaii	483	2,467	11	845	454	-	1,351 <sup>3/</sup>
Idaho	165	592	2	210	846	-	-
Illinois	1,803	32,295	99	8,111	-	6,466	28,693 <sup>4/</sup>
Indiana	9,568	4,943	197	6,139	-	-	-
Iowa	5,634	3,240	137	2,263	99	-	-
Kansas	1,638	2,194	48	1,660	4,964	632	-
Kentucky	3,927	2,933	139	3,885	-	-	1,403
Louisiana	19,828	4,713	242	9,032	-	32 <sup>3/</sup>	-
Maine	3,061	1,819	27	2,225	-	-	-
Maryland	5,003	4,513	39	3,675	-	2,011	-
Massachusetts	8,279	8,329	-	6,723	10,353	477	-
Michigan	6,597	18,965	182	11,811	15,915	-	-
Minnesota	2,034	3,550	73	2,741	-	-	10,185 <sup>5/</sup>
Mississippi	13,523	4,818	189	5,148	-	-	47 <sup>5/</sup>
Missouri	9,650	4,234	378	5,470	-	550 <sup>6/</sup>	-
Montana	323	362	10	539	183	-	944
Nebraska	1,771	1,103 <sup>7/</sup>	33	1,373	-	-	2,025 <sup>8/</sup>
Nevada	542	245	28	283	-	-	-
New Hampshire	941	746	33	476	-	-	585
New Jersey	8,910	17,047	117	7,374	-	308 <sup>9/</sup>	-
New Mexico	1,191	1,187	7	1,622	-	-	-

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.

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 1978  

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(Dollars in Thousands)

State	Type of Program						
	OAA	AFDC	AB	APTD	MAA	GA	MN
North Carolina	9,184	3,917	394	7,548	-	-	5,651 <sup>10/</sup>
North Dakota	556	412	3	385	-	-	931 <sup>11/</sup>
Ohio	11,588	16,763	443	15,485	-	-	-
Oklahoma	4,115	878	22	1,242	576	-	-
Oregon	3,102	2,353	127	2,356	-	-	-
*Pennsylvania	10,427	25,843	425	15,322	-	14,887	-
Puerto Rico	-	1,969	23	328	-	-	12,732
Rhode Island	1,636	1,555	23	1,543	-	-	1,879 <sup>12/</sup>
South Carolina	5,165	1,821	179	4,269	-	-	79 <sup>13/</sup>
South Dakota	925	182	8	291	-	-	17 <sup>14/</sup>
Tennessee	10,425	3,865	193	10,294	5,237	-	-
Texas	33,795	7,746	401	10,346	-	-	-
Utah	1,356	1,082	13	1,042	-	1	-
Vermont	677	770	2	852	524	-	-
Virginia	8,348	4,268	175	4,699	-	-	-
Virgin Islands	23	53	<sup>15/</sup>	13	-	-	353 <sup>16/</sup>
Washington	5,753	3,138	47	4,363	-	-	-
West Virginia	2,582	4,398 <sup>17/</sup>	-	-	-	-	2,037 <sup>18/</sup>
Wisconsin	13,705	5,389	120	7,307	-	-	2,368 <sup>19/</sup>

- <sup>1/</sup> Reported as Medically Indigent (MI)
- <sup>2/</sup> Georgia Medical Assistance Only (MAO), Ga. does not provide for MN category
- <sup>3/</sup> Includes \$65 Foster Children, \$34 AMI, \$79 Cuba-Viet. Rep., \$244 MN-Foster Children
- <sup>4/</sup> Reported as "All Other"
- <sup>5/</sup> CWS
- <sup>6/</sup> GR and CWS - FC included in "Other"
- <sup>7/</sup> AFDC \$648, Children \$455
- <sup>8/</sup> MN-Children \$18, MN-AFDC \$23
- <sup>9/</sup> BCS
- <sup>10/</sup> Includes MN-AFDC; Children \$159, Adults \$394
- <sup>11/</sup> Includes Foster Care \$11
- <sup>12/</sup> MN-Aged only
- <sup>13/</sup> All Other
- <sup>14/</sup> Foster Care
- <sup>15/</sup> Less than \$1,000 (Total Dollars)
- <sup>16/</sup> Includes 94,516 non-matching category ages 21-64
- <sup>17/</sup> Includes unemployed fathers
- <sup>18/</sup> Includes medically needy (not previously reported), state wards, boarding care, children and youths
- <sup>19/</sup> Includes \$274 Other (under 21, 21-64)

\*Source: HEW-SRS/NCSS 2082 (FY-1978)

## AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF SERVICE AND BY HEW REGION AND STATE, FISCAL YEAR 1978

(DHEW TABLE Q-3)

HEW REGION AND STATE	INPATIENT HOSPITAL SERVICES				SKILLED NURSING FACILITY SERVICES	INTERMEDIATE CARE FACILITY SERVICES IN INSTITUTIONS	
	TOTAL	TOTAL	IN GENERAL HOSPITAL	IN MENTAL HOSPITAL		TOTAL	FOR MENTALLY RETARDED
TOTAL, REPORTING STATES.....	\$18,133,760,343	\$5,580,814,304	\$5,025,667,655	\$555,146,649	\$3,203,345,247	\$4,380,325,260	\$1,337,846,369
REGION I.....	1,379,292,691	468,389,010	433,330,585	35,058,425	203,757,901	369,936,409	118,385,235
CONNECTICUT.....	255,551,243	60,482,844	53,779,269	6,703,575	112,310,285	23,405,852	10,513,953
MAINE.....	101,959,454	24,020,900	24,020,900	---	2,463,812	46,918,880	---
MASSACHUSETTS.....	804,157,361	317,121,531	296,175,646	20,945,885	106,253,600	204,589,274	83,409,956
NEW HAMPSHIRE.....	50,398,408	8,256,703	8,248,907	7,796	1,060,240	30,311,195	2,308,284
RHODE ISLAND.....	119,065,321	46,546,664	42,133,921	4,412,743	7,715,336	43,815,166	16,606,229
VERMONT.....	48,160,904	11,960,368	8,971,942	2,988,426	954,628	20,796,042	5,546,813
REGION II.....	3,994,555,118	1,314,064,753	1,001,306,984	312,757,769	883,178,450	802,672,643	248,474,643
NEW JERSEY.....	533,951,550	179,595,763	126,041,932	53,553,831	8,253,868	186,240,719	34,326,201
NEW YORK.....	3,360,717,473	1,086,591,524	827,387,586	259,203,938	874,924,582	616,431,924	214,148,442
PUERTO RICO.....	97,486,788	46,872,418	46,872,418	---	---	---	---
VIRGIN ISLANDS.....	2,399,307	1,005,048	1,005,048	---	---	---	---
REGION III.....	1,875,698,036	659,183,090	650,782,846	8,400,244	342,296,290	455,241,570	212,939,859
DELAWARE.....	29,443,773	9,558,676	8,372,596	1,186,080	315,160	11,366,947	4,404,981
DIST. OF COLUMBIA.....	117,927,622	62,284,768	62,284,768	---	1,494,239	13,900,062	---
MARYLAND.....	223,246,902	87,115,094	87,115,094	---	29,194,300	47,341,406	---
PENNSYLVANIA.....	1,163,624,609	396,222,737	396,222,737	---	303,828,599	249,858,100	174,449,724
VIRGINIA.....	266,905,336	69,263,390	62,049,226	7,214,164	7,361,334	116,057,761	34,085,154
WEST VIRGINIA.....	74,549,794	34,738,425	34,738,425	---	102,658	16,717,294	---
REGION IV.....	1,886,877,304	529,327,065	503,087,042	26,240,023	305,691,275	506,039,135	120,584,995
ALABAMA.....	203,433,903	50,593,914	50,319,302	274,612	48,153,087	44,878,179	---
FLORIDA.....	244,930,807	83,237,803	76,576,190	6,661,613	45,142,855	53,581,345	4,511,094
GEORGIA.....	348,424,882	91,588,874	91,588,874	104	50,010,226	105,708,569	26,637,268
KENTUCKY.....	205,029,764	57,210,392	55,569,322	1,641,070	25,302,301	60,263,870	13,753,731
MISSISSIPPI.....	160,225,065	40,994,518	40,994,518	---	48,080,706	17,845,842	5,722,067
NORTH CAROLINA.....	296,511,086	97,860,794	87,288,409	10,572,385	44,001,994	74,214,905	27,670,551
SOUTH CAROLINA.....	164,009,098	46,237,143	39,683,929	6,553,214	41,658,215	31,431,647	12,795,462
TENNESSEE.....	264,312,699	61,603,627	61,066,602	537,025	3,341,891	118,114,778	29,494,822
REGION V.....	3,752,261,881	1,133,236,356	1,057,110,073	76,126,283	704,431,262	901,779,438	288,703,029
ILLINOIS.....	1,052,863,192	426,986,394	415,776,244	11,210,150	71,662,428	238,597,812	66,933,107
INDIANA.....	268,215,174	58,689,480	56,630,066	2,059,414	31,772,825	110,818,378	8,871,650
MICHIGAN.....	901,035,338	299,045,568	259,414,087	39,631,481	156,532,960	196,894,149	90,320,670
MINNESOTA.....	424,361,929	70,413,290	63,423,677	6,989,613	110,404,377	161,957,671	78,557,285
OHIO.....	604,417,234	192,776,674	179,035,415	13,741,259	128,973,424	113,285,199	44,018,614
WISCONSIN.....	501,369,014	85,324,950	82,830,584	2,494,366	205,085,258	80,226,229	1,703
REGION VI.....	1,458,979,435	310,546,443	308,233,128	2,313,315	52,429,358	733,922,933	167,671,921
ARKANSAS.....	174,163,124	33,460,292	33,294,000	166,292	13,601,141	83,135,538	27,228,087
LOUISIANA.....	292,214,795	70,536,561	68,389,538	2,147,022	4,076,327	133,110,780	38,302,060
NEW MEXICO.....	51,062,946	15,477,608	15,477,608	---	519,909	15,476,086	3,599,509
OKLAHOMA.....	205,706,084	54,604,273	54,604,273	---	21,712	108,645,785	24,298,868
TEXAS.....	735,832,486	136,467,709	136,467,709	---	34,210,269	393,550,744	74,243,397
REGION VII.....	623,487,369	162,269,550	152,363,619	9,905,931	13,110,407	288,855,328	76,446,934
IOWA.....	180,143,025	31,776,018	31,776,018	---	1,003,403	103,547,555	27,966,612
KANSAS.....	153,444,309	45,544,337	41,382,366	4,161,971	2,144,572	65,722,997	19,575,981
MISSOURI.....	200,301,238	67,381,656	63,027,394	4,353,962	1,665,619	76,126,690	18,566,299
NEBRASKA.....	89,598,797	17,567,839	16,177,841	1,389,998	8,296,813	43,458,086	10,338,042
REGION VIII.....	355,704,620	67,035,313	59,883,443	7,151,870	53,417,344	153,961,401	57,837,240
COLORADO.....	155,636,737	26,469,863	21,958,595	4,511,268	23,205,798	71,020,189	37,003,538
MONTANA.....	50,200,037	9,716,205	9,304,676	411,529	3,234,608	23,906,738	3,067,564
NORTH DAKOTA.....	35,478,300	8,415,001	7,124,452	1,290,549	12,481,679	6,608,446	---
SOUTH DAKOTA.....	39,869,889	6,401,147	6,401,147	---	3,080,332	23,945,811	7,756,482
UTAH.....	64,655,470	13,971,018	13,032,494	938,524	9,561,539	24,362,914	10,009,656
WYOMING.....	9,864,187	2,062,079	2,062,079	---	1,853,388	4,117,303	---
REGION IX.....	2,362,558,722	828,585,996	757,995,504	70,590,492	539,007,911	47,674,779	1,304,320
CALIFORNIA.....	2,260,880,928	808,336,162	737,786,332	70,549,830	514,828,247	25,502,265	---
HAWAII.....	76,722,790	13,388,457	13,388,457	---	18,638,651	14,994,458	---
NEVADA.....	24,955,004	6,861,377	6,820,715	40,662	5,541,013	7,178,056	1,304,320
REGION X.....	444,345,167	108,176,728	101,574,431	6,602,297	79,025,049	120,241,624	45,498,193
ALASKA.....	23,985,153	4,532,263	3,063,402	1,468,861	3,138,858	12,018,007	5,392,498
IDAHO.....	38,255,575	6,631,976	6,631,976	---	6,117,945	15,580,642	6,202,170
OREGON.....	150,003,867	31,346,464	27,492,782	3,853,682	4,465,972	68,840,405	28,877,444
WASHINGTON.....	232,100,572	65,666,025	64,386,271	1,279,754	65,302,274	23,802,570	5,026,081

SOURCE: U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
HEALTH CARE FINANCING ADMINISTRATION  
OFFICE OF RESEARCH, DEMONSTRATIONS AND STATISTICS DIVISION  
BENEFICIARY STUDIES MEDICAL PROGRAM DATA BRANCH  
JULY 1979

AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF SERVICE AND BY HEW REGION AND STATE, FISCAL YEAR 1978

(DHEW TABLE Q-3, CONTINUED)

HEW REGION AND STATE	TOTAL	INTERMEDIATE CARE FACILITY SERVICES IN ALL OTHER INSTITUTIONS	PHYSICIANS' SERVICES	DENTAL SERVICES	OTHER PRACTITIONERS' SERVICES	OUTPATIENT HOSPITAL SERVICES	CLINIC SERVICES
TOTAL, REPORTING STATES.....	\$18,133,760,343	\$3,042,478,891	\$1,595,399,188	\$388,097,304	\$140,253,885	\$821,843,116	\$222,006,344
REGION I.....	1,379,292,691	251,551,174	86,832,124	28,602,711	9,925,450	68,691,895	15,919,062
CONNECTICUT.....	255,551,243	12,891,899	14,313,825	3,177,118	2,328,658	13,972,246	5,417,872
MAINE.....	101,959,454	46,918,880	12,468,359	1,727,764	---	4,950,546	---
MASSACHUSETTS.....	804,157,361	121,279,318	44,150,814	19,422,012	6,628,121	42,378,503	10,006,103
NEW HAMPSHIRE.....	50,398,408	28,002,911	3,730,014	677,830	453,006	1,361,120	494,437
RHODE ISLAND.....	119,065,321	27,208,937	4,892,479	2,679,010	359,422	4,499,807	---
VERMONT.....	48,160,904	15,249,229	7,276,633	918,977	156,243	1,529,673	650
REGION II.....	3,994,555,118	554,198,000	198,958,677	63,930,348	16,605,159	262,685,709	70,056,666
NEW JERSEY.....	533,951,550	151,914,518	49,088,092	19,568,442	2,791,721	34,117,327	3,911,598
NEW YORK.....	3,360,717,473	402,283,482	127,635,540	43,486,110	13,813,438	227,805,291	66,145,068
PUERTO RICO.....	97,486,788	---	22,223,560	859,374	---	---	---
VIRGIN ISLANDS.....	2,399,307	---	33,485	16,422	---	763,091	---
REGION III.....	1,875,698,036	242,301,711	118,738,534	31,255,973	9,620,657	52,529,098	50,853,768
DELAWARE.....	29,443,773	6,961,966	3,616,991	184,032	119,627	1,990,345	75,034
DIST. OF COLUMBIA.....	117,927,622	13,900,062	12,915,603	1,168,678	1,072,903	12,958,706	3,212,996
MARYLAND.....	223,246,902	47,341,406	15,206,478	4,197,670	---	21,330,940	---
PENNSYLVANIA.....	1,163,624,609	75,408,376	51,205,572	19,981,827	4,336,910	399,490	45,711,320
VIRGINIA.....	266,905,336	81,972,607	27,497,649	4,120,495	1,575,668	15,849,617	1,854,438
WEST VIRGINIA.....	74,549,794	16,717,294	8,296,241	1,603,271	2,515,549	---	---
REGION IV.....	1,886,877,304	385,454,140	200,363,275	34,934,173	6,049,985	71,417,794	12,560,722
ALABAMA.....	203,433,903	44,878,179	22,314,342	4,278,722	1,094,302	7,471,421	---
FLORIDA.....	244,930,807	49,070,251	26,292,459	3,169,208	328,440	8,943,188	---
GEORGIA.....	348,424,882	79,071,301	34,454,547	7,453,365	1,055,864	14,575,819	3,275,919
KENTUCKY.....	205,029,764	46,510,139	26,637,714	5,679,743	942,286	8,558,311	3,200,139
MISSISSIPPI.....	160,225,065	12,123,775	16,679,824	4,480,095	571,455	5,244,397	---
NORTH CAROLINA.....	296,511,086	46,544,354	28,823,791	3,219,783	1,385,524	9,947,058	4,673,709
SOUTH CAROLINA.....	164,009,098	18,636,185	16,193,416	3,247,384	672,114	6,050,531	---
TENNESSEE.....	264,312,699	88,619,956	28,967,182	3,405,873	---	10,627,069	1,410,955
REGION V.....	3,752,261,881	613,076,409	359,088,128	84,875,080	39,875,011	163,582,899	39,705,232
ILLINOIS.....	1,052,863,192	171,664,705	90,531,141	24,988,388	11,536,505	59,629,579	31,162,432
INDIANA.....	268,215,174	101,946,728	22,149,644	3,292,121	1,455,305	9,314,576	478,018
MICHIGAN.....	901,035,338	106,573,479	113,178,810	18,709,819	7,494,652	29,470,766	694,581
MINNESOTA.....	424,361,929	83,400,386	27,631,200	10,025,311	3,187,375	9,596,141	460,745
OHIO.....	604,417,234	69,266,585	58,150,580	11,730,465	8,535,576	40,375,095	3,626,405
WISCONSIN.....	501,369,014	80,224,526	47,446,753	16,128,976	7,665,598	15,196,742	3,283,051
REGION VI.....	1,458,979,435	566,251,012	143,293,632	14,826,212	4,863,592	29,069,302	6,298,793
ARKANSAS.....	174,163,124	55,911,451	13,964,657	3,363,205	1,034,689	2,321,868	1,757,481
LOUISIANA.....	292,214,795	94,808,720	27,661,917	4,318,263	---	8,535,540	4,456,154
NEW MEXICO.....	51,062,946	11,876,577	10,492,429	1,515,744	336,617	1,754,251	85,158
OKLAHOMA.....	205,706,084	84,346,917	18,887,723	2,303,963	257,032	475,195	---
TEXAS.....	735,832,486	319,307,347	72,286,906	3,325,037	3,235,254	15,978,448	---
REGION VII.....	623,487,369	212,408,394	57,184,095	15,166,486	4,698,288	18,408,976	3,009,363
IOWA.....	180,143,025	75,580,943	16,958,967	5,235,734	2,068,772	5,147,969	60,999
KANSAS.....	153,444,309	46,147,016	14,363,027	3,103,337	923,716	4,952,809	1,888,635
MISSOURI.....	200,301,238	57,560,391	20,413,109	5,306,422	848,732	6,402,817	---
NEBRASKA.....	89,598,797	33,120,044	5,448,992	1,520,993	857,068	1,905,381	1,059,729
REGION VIII.....	355,704,620	96,124,161	28,252,708	7,446,191	2,987,371	11,509,449	2,251,883
COLORADO.....	155,636,737	34,016,651	12,725,300	1,630,506	---	7,183,489	---
MONTANA.....	50,200,037	20,839,174	5,094,039	1,502,831	1,079,440	1,007,422	---
NORTH DAKOTA.....	35,478,300	6,608,446	2,118,602	1,189,035	583,407	421,461	---
SOUTH DAKOTA.....	39,869,889	16,185,329	3,090,306	594,647	241,580	658,009	12,210
UTAH.....	64,655,470	14,353,258	4,082,454	2,326,212	1,011,853	1,936,861	2,239,673
WYOMING.....	9,864,187	4,117,303	1,142,007	202,960	71,091	301,847	---
REGION IX.....	2,362,658,722	46,370,459	349,425,832	89,583,502	44,027,236	129,439,582	15,645,656
CALIFORNIA.....	2,260,880,928	25,502,265	334,855,201	83,137,597	43,188,682	125,755,230	15,626,941
HAWAII.....	76,722,790	14,994,458	11,988,349	6,072,831	737,368	3,002,029	---
NEVADA.....	24,955,004	5,873,736	2,582,282	373,074	101,186	682,323	18,715
REGION X.....	444,345,167	74,743,431	53,262,183	17,476,628	1,601,136	14,508,412	5,705,199
ALASKA.....	23,985,153	6,625,509	1,898,157	581,100	280,315	508,702	80,778
IDAHO.....	38,255,575	9,378,472	4,115,027	768,176	129,689	1,483,923	---
OREGON.....	150,003,867	39,962,961	18,433,086	4,202,060	1,191,132	5,940,077	---
WASHINGTON.....	232,100,572	18,776,489	28,815,913	11,925,292	---	6,575,710	5,624,421

SOURCE: U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
HEALTH CARE FINANCING ADMINISTRATION  
OFFICE OF RESEARCH, DEMONSTRATIONS AND STATISTICS DIVISION  
BENEFICIARY STUDIES MEDICAL PROGRAM DATA BRANCH  
JULY 1979



DISTRIBUTION OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF SERVICE AND BY HEW REGION AND STATE, FISCAL YEAR 1978

(DHEW TABLE Q-3, CONTINUED)

HEW REGION AND STATE	TOTAL	LABORATORY AND RADIOLOGICAL SERVICES	HOME HEALTH SERVICES	PRESCRIBED DRUGS	FAMILY PLANNING SERVICES	OTHER CARE
TOTAL, REPORTING STATES.....	\$18,133,760,343	\$172,601,785	\$211,344,661	\$1,088,237,822	\$112,882,982	\$216,608,345
REGION I.....	1,379,292,691	5,097,629	13,394,638	60,598,956	5,324,171	15,822,734
CONNECTICUT.....	255,551,243	842,610	2,416,159	13,420,397	113,358	3,350,019
MAINE.....	101,959,454	---	783,336	7,094,144	703,018	828,695
MASSACHUSETTS.....	804,157,361	3,476,218	8,780,888	27,909,167	3,627,424	9,713,706
NEW HAMPSHIRE.....	50,398,408	108,113	519,226	2,791,229	64,054	570,741
RHODE ISLAND.....	119,065,321	315,363	226,930	6,475,258	416,977	1,122,908
VERMONT.....	48,160,904	355,325	667,599	2,908,761	399,340	236,665
REGION II.....	3,994,555,118	15,755,539	168,396,734	145,070,088	14,243,666	38,936,686
NEW JERSEY.....	533,951,550	1,506,330	3,883,757	33,913,462	2,537,742	8,564,729
NEW YORK.....	3,360,717,473	9,957,025	164,503,822	89,882,342	11,546,712	27,994,095
PURTO RICO.....	97,486,788	4,292,065	---	20,833,057	148,382	2,257,928
VIRGIN ISLANDS.....	2,399,307	115	9,155	441,227	10,830	119,934
REGION III.....	1,875,698,036	10,232,421	4,804,490	114,283,382	5,200,417	21,458,339
DELAWARE.....	29,443,773	288,193	102,568	1,603,140	218,649	4,411
DIST. OF COLUMBIA.....	117,927,622	564,554	1,262,795	4,427,797	948,872	1,715,649
MARYLAND.....	223,246,902	---	578,974	12,581,092	2,418,859	3,282,082
PENNSYLVANIA.....	1,163,624,609	9,189,805	1,917,778	70,439,006	211,270	10,322,195
VIRGINIA.....	266,905,336	189,869	942,375	17,478,641	1,261,052	3,453,067
WEST VIRGINIA.....	74,549,794	---	---	7,753,706	141,715	2,680,935
REGION IV.....	1,886,877,304	9,310,809	7,232,672	180,068,109	9,310,184	14,572,104
ALABAMA.....	203,433,903	4,222,594	1,300,682	18,348,991	577,311	200,358
FLORIDA.....	244,930,807	315,675	218,574	22,683,537	720,615	297,108
GEORGIA.....	348,424,882	409,066	756,047	34,073,936	2,040,787	3,021,863
KENTUCKY.....	205,029,764	133,094	2,330,508	11,589,870	1,158,983	2,022,553
MISSISSIPPI.....	160,225,065	273,669	458,410	24,311,812	942,122	342,214
NORTH CAROLINA.....	296,511,086	1,450,822	746,252	26,694,896	1,717,541	1,774,016
SOUTH CAROLINA.....	164,009,098	2,107,334	686,064	11,513,012	1,466,269	2,745,969
TENNESSEE.....	264,312,699	398,555	736,135	30,852,055	686,556	4,168,023
REGION V.....	3,752,261,881	20,282,217	9,866,864	231,495,400	18,912,407	45,131,595
ILLINOIS.....	1,052,863,192	6,741,193	1,653,626	70,579,037	4,755,293	14,039,364
INDIANA.....	268,215,174	647,324	1,624,027	21,188,525	1,563,202	5,221,749
MICHIGAN.....	901,035,338	10,699,563	1,487,642	53,470,049	7,393,116	5,963,683
MINNESOTA.....	424,361,929	174,632	1,459,286	18,582,543	1,577,447	8,891,911
OHIO.....	604,417,234	1,443,604	926,712	38,786,414	695,993	5,111,093
WISCONSIN.....	501,369,014	575,901	2,715,571	28,888,832	2,297,356	5,903,795
REGION VI.....	1,458,979,435	20,946,491	1,700,295	112,176,379	4,755,591	24,150,413
ARKANSAS.....	174,163,124	2,981,012	104,206	15,812,610	160,483	2,461,942
LOUISIANA.....	292,214,795	825,962	526,888	33,846,788	1,421,989	2,897,626
NEW MEXICO.....	51,062,946	312,055	182,119	4,163,498	125,142	622,329
OKLAHOMA.....	205,706,084	2,011,202	1,630	6,086,241	204,092	12,203,236
TEXAS.....	735,832,486	14,816,260	885,452	52,267,242	2,843,885	5,965,280
REGION VII.....	623,487,369	4,954,407	1,192,010	48,391,770	3,332,593	2,914,096
IOWA.....	180,143,025	91,962	303,942	11,088,666	1,373,181	1,485,857
KANSAS.....	153,444,309	2,903,974	99,492	10,714,746	590,923	491,744
MISSOURI.....	200,301,238	204,917	356,577	20,282,427	1,016,215	296,357
NEBRASKA.....	89,598,797	1,753,554	431,999	6,305,931	352,274	640,138
REGION VIII.....	355,704,620	2,924,989	722,978	19,387,378	1,024,947	4,782,568
COLORADO.....	155,636,737	2,020,673	331,987	9,683,746	395,101	969,723
MONTANA.....	50,200,037	103,546	208,128	2,359,840	188,333	1,798,825
NORTH DAKOTA.....	35,478,300	586,492	36,613	2,396,715	119,387	525,464
SOUTH DAKOTA.....	39,869,889	54,554	6,542	1,453,096	85,827	245,828
UTAH.....	64,655,470	138,225	116,886	3,493,981	173,598	1,240,246
WYOMING.....	9,664,187	21,495	22,822	---	66,701	2,482
REGION IX.....	2,362,558,722	78,670,809	2,786,397	154,056,450	47,483,491	36,171,082
CALIFORNIA.....	2,260,880,928	76,756,124	2,393,313	148,495,605	46,951,569	35,053,992
HAWAII.....	76,722,790	1,855,902	256,359	4,468,866	467,057	852,464
NEVADA.....	24,955,004	58,783	136,725	1,091,979	64,865	264,626
REGION X.....	444,345,167	4,426,474	1,247,583	22,709,910	3,295,515	12,668,728
ALASKA.....	23,985,153	13,332	24,771	---	83,885	824,985
IDAHO.....	38,255,575	440,897	100,485	1,893,949	142,325	850,543
OREGON.....	150,003,867	2,961,157	170,188	7,359,557	1,300,519	3,793,250
WASHINGTON.....	232,100,572	1,011,088	952,139	13,456,404	1,768,786	7,199,950

SOURCE: U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
HEALTH CARE FINANCING ADMINISTRATION  
OFFICE OF RESEARCH, DEMONSTRATIONS AND STATISTICS DIVISION  
BENEFICIARY STUDIES MEDICAL PROGRAM DATA BRANCH  
JULY 1979



DISTRIBUTION OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF SERVICE AND BY HEW REGION AND STATE, FISCAL YEAR 1978  
(DHEW TABLE Q-4, CONTINUED)

HEW REGION AND STATE	LABORATORY AND RADIOLOGICAL SERVICES			HOME HEALTH SERVICES	PRESCRIBED DRUGS	FAMILY PLANNING SERVICES	OTHER CARE
	TOTAL						
TOTAL, REPORTING STATES.....	\$18,133,760,343	\$172,601,785		\$211,344,661	\$1,088,237,822	\$112,882,982	\$216,608,345
NUMBER .....					6.0	0.6	1.2
PERCENT.....	100.0	1.0		1.2			
REGION I.....	1,379,292,691	0.4		1.0	4.4	0.4	1.1
CONNECTICUT.....	255,551,243	0.3		0.9	5.3	(z)	1.3
MAINE.....	101,959,454	---		0.8	7.0	0.7	0.8
MASSACHUSETTS.....	804,157,361	0.4		1.1	3.5	0.5	1.2
NEW HAMPSHIRE.....	50,398,408	0.2		1.0	5.5	0.1	1.1
RHODE ISLAND.....	119,065,321	0.3		0.2	5.4	0.4	0.9
VERMONT.....	48,160,904	0.7		1.4	6.0	0.8	0.5
REGION II.....	3,994,555,118	0.4		4.2	3.6	0.4	1.0
NEW JERSEY.....	533,951,550	0.3		0.7	6.4	0.5	1.6
NEW YORK.....	3,360,717,473	0.3		4.9	2.7	0.3	0.8
PURTO RICO.....	97,486,788	4.4		---	21.4	0.2	2.3
VIRGIN ISLANDS.....	2,399,307	(z)		0.4	18.4	0.5	5.0
REGION III.....	1,875,698,036	0.5		0.3	6.1	0.3	1.1
DELAWARE.....	29,443,773	1.0		0.3	5.4	0.7	(z)
DIST. OF COLUMBIA.....	117,927,622	0.5		1.1	3.8	0.8	1.5
MARYLAND.....	223,246,902	---		0.3	5.6	1.1	1.5
PENNSYLVANIA.....	1,163,624,609	0.8		0.2	6.1	(z)	0.9
VIRGINIA.....	266,905,336	0.1		0.4	6.5	0.5	1.3
WEST VIRGINIA.....	74,549,794	---		---	10.4	0.2	3.6
REGION IV.....	1,886,877,304	0.5		0.4	9.5	0.5	0.8
ALABAMA.....	203,433,903	2.1		0.6	9.0	0.3	0.1
FLORIDA.....	244,930,807	0.1		0.1	9.3	0.3	0.1
GEORGIA.....	348,424,882	0.1		0.2	9.8	0.6	0.9
KENTUCKY.....	205,029,764	0.1		1.1	5.7	0.6	1.0
MISSISSIPPI.....	160,225,065	0.2		0.3	15.2	0.6	0.2
NORTH CAROLINA.....	296,511,086	0.5		0.3	9.0	0.6	0.6
SOUTH CAROLINA.....	164,009,098	1.3		0.4	7.0	0.9	1.7
TENNESSEE.....	264,312,699	0.2		0.3	11.7	0.3	1.6
REGION V.....	3,752,261,881	0.5		0.3	6.2	0.5	1.2
ILLINOIS.....	1,052,863,192	0.6		0.2	6.7	0.5	1.3
INDIANA.....	268,215,174	0.2		0.6	7.9	0.6	1.9
MICHIGAN.....	901,035,338	1.2		0.2	5.9	0.8	0.7
MINNESOTA.....	424,361,929	(z)		0.3	4.4	0.4	2.1
OHIO.....	604,417,234	0.2		0.2	6.4	0.1	0.8
WISCONSIN.....	501,369,014	0.1		0.5	5.8	0.6	1.2
REGION VI.....	1,458,979,435	1.4		0.1	7.7	0.3	1.7
ARKANSAS.....	174,163,124	1.7		0.1	9.1	0.1	1.4
LOUISIANA.....	292,214,795	0.3		0.2	11.6	0.5	1.0
NEW MEXICO.....	51,062,946	0.6		0.4	8.2	0.2	1.2
OKLAHOMA.....	205,706,084	1.0		(z)	3.0	0.1	5.9
TEXAS.....	735,832,486	2.0		0.1	7.1	0.4	0.8
REGION VII.....	623,487,369	0.8		0.2	7.8	0.5	0.5
IOWA.....	180,143,025	0.1		0.2	6.2	0.8	0.8
KANSAS.....	153,444,309	1.9		0.1	7.0	0.4	0.3
MISSOURI.....	200,301,238	0.1		0.2	10.1	0.5	0.1
NEBRASKA.....	89,598,797	2.0		0.5	7.0	0.4	0.7
REGION VIII.....	355,704,620	0.8		0.2	5.5	0.3	1.3
COLORADO.....	155,636,737	1.3		0.2	6.2	0.3	0.6
MONTANA.....	50,200,037	0.2		0.4	4.7	0.4	3.6
NORTH DAKOTA.....	35,478,300	1.7		0.1	6.8	0.3	1.5
SOUTH DAKOTA.....	39,869,889	0.1		(z)	3.6	0.2	0.6
UTAH.....	64,655,470	0.2		0.2	5.4	0.3	1.9
WYOMING.....	9,864,187	0.2		0.2	---	0.7	(z)
REGION IX.....	2,362,558,722	3.3		0.1	6.5	2.0	1.5
CALIFORNIA.....	2,260,880,928	3.4		0.1	6.6	2.1	1.6
HAWAII.....	76,722,790	2.4		0.3	5.8	0.6	1.1
NEVADA.....	24,955,004	0.2		0.5	4.4	0.3	1.1
REGION X.....	444,345,167	1.0		0.3	5.1	0.7	2.9
ALASKA.....	23,985,153	0.1		0.1	---	0.3	3.4
IDAHO.....	38,255,575	1.2		0.3	5.0	0.4	2.2
OREGON.....	150,003,867	2.0		0.1	4.9	0.9	2.5
WASHINGTON.....	232,100,572	0.4		0.4	5.8	0.8	3.1

SOURCE: U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
HEALTH CARE FINANCING ADMINISTRATION  
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BENEFICIARY STUDIES MEDICAL PROGRAM DATA BRANCH  
JULY 1979

(z) % is less than 0.05



# MEDICAID SERVICES STATE BY STATE,

JUNE 1, 1978

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

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

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

FMAP <sup>4/</sup>	SEE ABOVE	BASIC* REQUIRED MEDICAID SERVICES	● offered for people receiving federally supported financial assistance	+ offered also for people in public assistance <sup>2/</sup> and SSI <sup>3/</sup> categories who are financially eligible for medical but not for financial assistance	Additional services for which Federal financial participation is available to States under Medicaid																	AL
					Clinic services	Prescription drugs	Dental services	Prosthetic devices	Eyeglasses	Private duty nursing	Physical therapy and related services	Other diagnostic, screening, lab, service and rehabilitation services	Emergency hospital services	Skilled nursing facility services (for patients under 21)	Ophthalmologist services	Podiatrist services	Chiropractor services	Care for patients 65 or older in nursing homes	Care for patients 65 or older in institutions for tuberculous	Care for patients under 21 in intermediate care facilities		
73	●	Alabama	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	3/	AL
50	●	Alaska	●		●																3/	AK
61		Arizona																				AZ
72	+	Arkansas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	AR
50	+	California	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	CA
54	●	Colorado	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	CO
50	+	Connecticut	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	CT
50	●	Delaware	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	DE
50	+	D.C.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	DC
57	●	Florida	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	FL
66	●	Georgia	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	GA
50	+	Guam	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	GU
50	+	Hawaii	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	HI
64	●	Idaho	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	ID
50	+	Illinois	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	IL
58	●	Indiana	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	IN
52	●	Iowa	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	IA
52	+	Kansas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	KS
70	+	Kentucky	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	KY
70	+	Louisiana	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	LA
70	+	Maine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ME
50	+	Maryland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	MD
52	+	Massachusetts	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	MA
50	+	Michigan	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	MI
55	+	Minnesota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	MN
78	●	Mississippi	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	MS
61	●	Missouri	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	MO
61	+	Montana	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	MT
53	+	Nebraska	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	NB
50	●	Nevada	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	NV
63	+	New Hampshire	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	NH
70	●	New Jersey	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	NJ
72	●	New Mexico	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	NM
50	+	New York	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	NY
68	+	North Carolina	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	NC
51	+	North Dakota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ND
55	●	Ohio	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	OH
65	+	Oklahoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	OK
57	●	Oregon	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	OR
55	+	Pennsylvania	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	PA
50	+	Puerto Rico	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	PR
57	+	Rhode Island	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	RI
72	●	South Carolina	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	SC
64	●	South Dakota	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	SD
69	+	Tennessee	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	TN
61	●	Texas	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	TX
69	+	Utah	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	UT
68	+	Vermont	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	VT
50	+	Virgin Islands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	VI
57	+	Virginia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	VA
52	+	Washington	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	WA
70	+	West Virginia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	WV
59	+	Wisconsin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	WI
53	●	Wyoming	●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	WY
●	20	●	13	19	11	15	10	5	9	5	17	18	13	14	9	17	9	11	25			
+	33	+	28	32	22	29	24	14	23	16	26	25	24	24	18	28	18	21	25			
	53	Total	41	51	33	44	34	19	32	21	43	43	37	36	27	46	27	32	50			

1/ Data from Regional Office reports of characteristics to State programs and State plan amendments.  
 2/ People qualifying as members of families with dependent children (usually families with at least one parent absent or incapacitated).  
 3/ People qualifying as aged, blind, or disabled under the Supplemental Security Income program.  
 4/ FMAP - Federal Medicaid Assistance Percentage: Rate of Federal financial participation in a State's medical vendor payment expenditures on behalf of individuals and families eligible under Title XIX of the Social Security Act. Percentages, effective from October 1, 1977, through September 30, 1979, are rounded.  
 5/ Including ICF services in institutions for the mentally retarded.

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

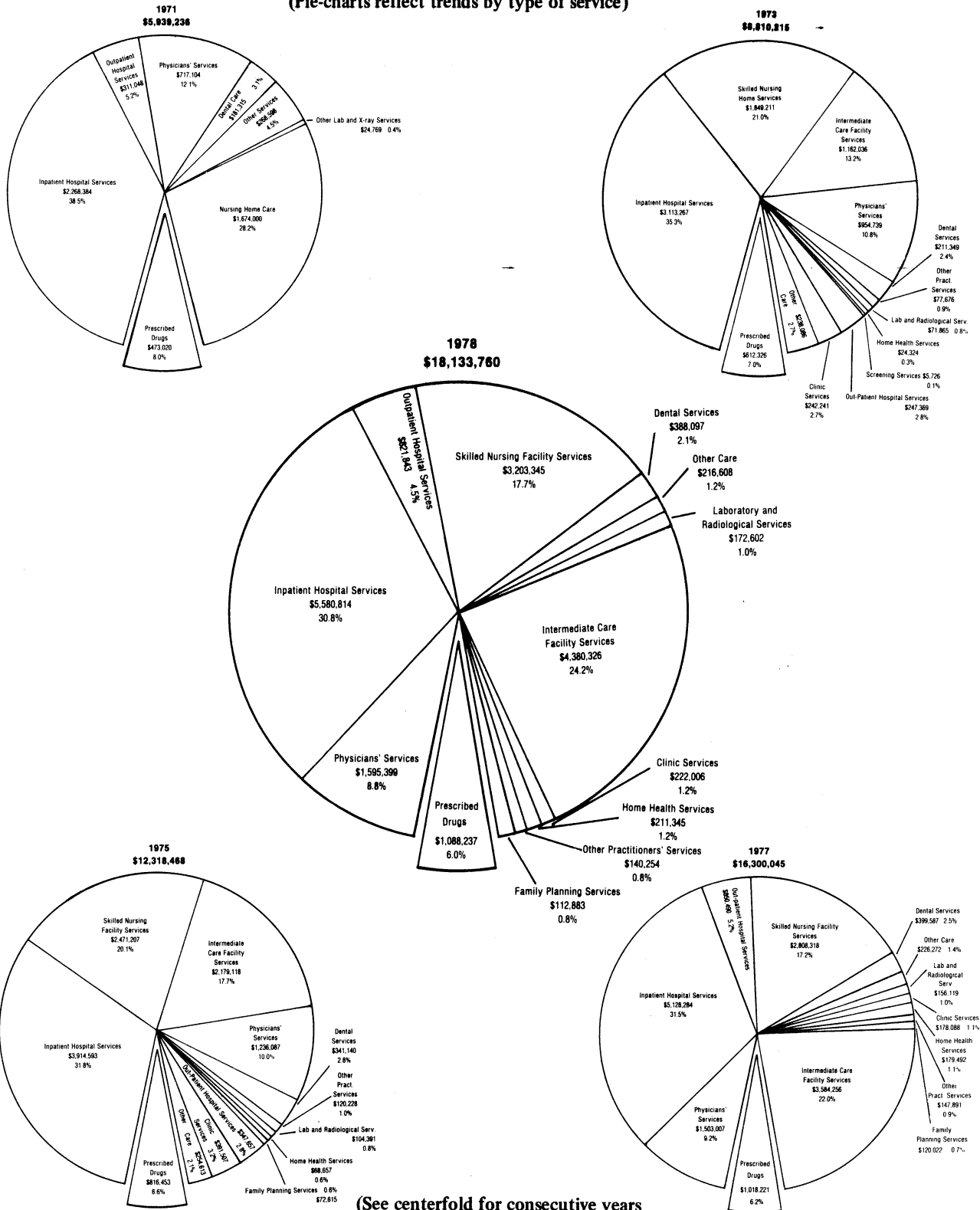


# MEDICAL CARE EXPENDITURES UNDER PUBLIC ASSISTANCE PROGRAMS BY TYPE OF SERVICE (1969-78)

## VENDOR PAYMENTS

(Dollar figures in thousands - 000)

(Pie-charts reflect trends by type of service)



(See centerfold for consecutive years  
Fiscal Years 1969-1978)

## MEDICAL CARE EXPENDITURES UNDER

(DOLLAR FIGURES IN THOUSANDS - 000)

	1969	%	1970	%	1971	%	1972	%
	AMOUNT	INCR. OVER PRIOR YEAR	AMOUNT	INCR. OVER PRIOR YEAR	AMOUNT	INCR. OVER PRIOR YEAR	AMOUNT	INCR. OVER PRIOR YEAR
I. <u>Total Public Assistance Expenditures</u> (2)	\$10,097,463	19.7	\$12,112,866	20.0	\$16,285,000	34.4	\$18,242,169	12.0
II. <u>Total Public Assistance Medical Care Expenditures (vendor payments)</u>								
As % Total Public Assistance Expenditures	\$ 4,273,439	23.8	\$ 4,807,535	12.5	\$ 5,939,236	23.5	\$ 7,374,872	24.2
	42.3%		39.7%		36.3%		40.4%	
III. <u>Public Assistance Medical Care Expenditures by type of Service</u> (4)								
A. <u>Prescribed Drugs</u>	\$ 301,341	28.1	\$ 395,402	31.2	\$ 473,020	19.6	\$ 548,764	16.0
	7.1%		8.2%		8.0%		7.4%	
B. <u>Physicians' Services</u>	\$ 549,524	33.3	\$ 612,598	11.5	\$ 717,104	17.1	\$ 803,978	12.1
	12.8%		12.7%		12.1%		10.9%	
C. <u>Inpatient Hospital Services</u>	\$ 1,586,092	16.6	\$ 1,887,438	19.6	\$ 2,288,384	21.2	\$ 2,943,772	28.6
	37.1%		39.3%		38.5%		39.9%	
*D. <u>Outpatient Hospital Services</u>					\$ 311,084		\$ 384,047	23.5
					5.2%		5.2%	
E. <u>Skilled Nursing Facility Services</u> (5)	\$ 1,291,363	21.4	\$ 1,321,000	2.3	\$ 1,674,000	26.7	\$ 1,777,553	6.1
	30.2%		27.5%		28.2%		24.1%	
F. <u>Dental Services</u>	\$ 208,688	9.8	\$ 168,653	(-19.2)	\$ 181,315	7.5	\$ 185,936	2.5
	4.9%		3.5%		3.5%		2.5%	
G. <u>Other Care</u> (6)	\$ 336,178	78.4	\$ 422,300	25.6	\$ 268,598	(-36.4)	\$ 287,674	7.1
	5.9%		8.8%		4.5%		3.9%	
H. <u>Laboratory and Radiological Services</u>					\$ 24,769		\$ 38,016	53.5
					0.4%		0.5%	
*I. <u>Intermediate Care Facility Services</u> (5)							\$ 405,133	5.5%
J. <u>Clinic Services</u>								
K. <u>Home Health Services</u>								
L. <u>Other Practitioners' Services</u>								
M. <u>Family Planning Services</u>								

### FY - 72 - Payments from January-June 1972 only

- (1) Does not include general assistance expenditures by States, only HEW Matching Fund programs included. Source - National Center for Social Statistics. (See source of data listing.)
- (2) Includes vendor medical expenditures and cash grant payments but not the costs of administration and training. Source - SRS/DHEW, Office Financial Management. (1978 - Health Care Financing Administration)
- (3) Source - National Center for Social Statistics, DHEW - Medical Assistance Payments
- (4) Reported as (1) in dollars and (2) as a percentage of the total Public Assistance medical care expenditures in that year.
- (5) Reported as Nursing Home Care prior to January 1972
- (6) Reported as "other medical services" prior to FY-73

Note: Screening Services reported once only in FY-73, now included under "Other Care" beginning FY-74

### FY- 78 Data

Public Assistance Medical Care Expenditures (made available to NPC - July 1979)  
Prepublication data for Research Report B-5 (FY-78)

#### Source:

Office of Research, Demonstrations and Statistics  
Office of Research  
Division of Beneficiary Studies  
Medicaid Program Data Branch  
Health Care Financing Administration  
Department of Health, Education and Welfare



**PUBLIC ASSISTANCE PROGRAMS (1969-78)<sup>1/</sup>**

**(Ending September 30, 1978)**

**Based on Information Available Through United States Department of Health, Education, and Welfare**

1973		1974		1975		1976		1977		1978		1969-78
AMOUNT	% INCR. OVER PRIOR YEAR	AMOUNT	% INCR. OVER PRIOR YEAR	AMOUNT	% INCR. OVER PRIOR YEAR	AMOUNT	% INCR. OVER PRIOR YEAR	AMOUNT	% INCR. OVER PRIOR YEAR	AMOUNT	% INCR. OVER PRIOR YEAR	AVERAGE ANNUAL GROWTH RATE IN %
\$19,851,469	8.8	\$20,984,424	5.7	\$22,167,866	5.6	\$25,435,472	14.7	not available*		not available*	-	-
\$ 8,810,215	19.5	\$10,148,723	15.2	\$12,318,468	21.4	\$14,244,837	15.6	\$16,300,045	14.4	\$18,133,760	11.2	18.1
	44.4%		48.4%		55.6%		56.0%					
\$ 612,326	11.6	\$ 706,746	15.4	\$ 816,453	15.5	\$ 959,951	17.6	\$ 1,018,221	6.1	\$ 1,088,237	6.8	16.8
	7.0%		7.0%		6.6%		6.7%		6.2%		6.0%	
\$ 954,739	18.8	\$ 1,085,913	13.7	\$ 1,236,087	13.8	\$ 1,386,757	12.2	\$ 1,503,007	8.4	\$ 1,595,399	6.1	14.7
	10.8%		10.7%		10.0%		9.7%		9.2%		8.8%	
\$ 3,113,267	5.8	\$ 3,399,376	9.1	\$ 3,914,593	15.2	\$ 4,517,820	15.4	\$ 5,128,284	13.5	\$ 5,580,814	8.8	15.4
	35.3%		33.5%		31.8%		31.7%		31.5%		30.8%	
\$ 247,369	(-35.6)	\$ 290,850	17.5	\$ 347,657	19.5	\$ 522,575	50.3	\$ 850,490	62.7	\$ 821,843	(-3.4)	19.2
	2.8%		2.9%		2.8%		3.7%		5.2%		4.5%	
\$ 1,849,211	4.0	\$ 2,027,227	9.6	\$ 2,471,207	21.9	\$ 2,598,581	5.2	\$ 2,808,318	8.1	\$ 3,203,345	14.1	11.4
	21.0%		20.0%		20.1%		18.2%		17.2%		17.7%	
\$ 211,349	13.7	\$ 265,328	25.6	\$ 341,140	28.6	\$ 386,996	13.4	\$ 399,587	3.3	\$ 388,097	(-2.9)	8.2
	2.4%		2.6%		2.8%		2.7%		2.5%		2.1%	
\$ 238,086	(-17.2)	\$ 216,939	(-9.7)	\$ 254,613	17.4	\$ 253,683	(-0.4)	\$ 226,272	(-10.8)	\$ 216,608	(-4.3)	5.0
	2.7%		2.1%		2.1%		1.8%		1.4%		1.2%	
\$ 71,865	89.0	\$ 85,997	19.6	\$ 104,391	21.4	\$ 129,851	24.4	\$ 156,119	20.2	\$ 172,602	10.6	34.1
	0.8%		0.8%		0.8%		0.9%		1.0%		1.0%	
\$ 1,162,036	186.8	\$ 1,600,909	37.7	\$ 2,179,118	36.1	\$ 2,780,975	27.6	\$ 3,584,256	28.9	\$ 4,380,326	22.2	56.6
	13.2%		15.8%		17.7%		19.5%		22.0%		24.2%	
\$ 242,241		\$ 290,251	19.8	\$ 391,507	34.9	\$ 346,683	(-11.4)	\$ 178,088	(-48.6)	\$ 222,006	24.7	3.9
	2.7%		2.9%		3.2%		2.4%		1.1%		1.2%	
\$ 24,324		\$ 31,011	27.8	\$ 68,657	121.4	\$ 132,463	92.9	\$ 179,492	35.5	\$ 211,345	17.7	59.1
	0.3%		0.3%		0.6%		0.9%		1.1%		1.2%	
\$ 77,676		\$ 99,173	27.7	\$ 120,228	21.2	\$ 140,640	17.0	\$ 147,891	5.2	\$ 140,254	(-5.2)	13.2
	0.9%		1.0%		1.0%		1.0%		0.9%		0.8%	
\$ 5,726		\$ 48,956	755.0	\$ 72,615	48.3	\$ 87,862	21.0	\$ 120,022	36.6	\$ 112,883	(-5.9)	171.0
	0.1%		0.5%		0.6%		0.6%		0.7%		0.8%	

Source of data:

National Center for Social Statistics, DHEW

NCSS Reports B-2 (FY-70)

B-5 (FY-70)

F-1 (FY-70)

F-3 (FY-70)

NCSS Data (FY-71)

(FY-72)

(FY-73)

(FY-74) Single tables

Social Rehabilitation Services, DHEW

Office Financial Management, - State Expenditures

for Public Assistance Programs Approved under

Titles I, IV-A, X, XIV, XVI, and XIX of Soc. Sec.

Act)

SRS 75-04011 FY-74

SRS 76-04023 FY-75

SRS 77-04023 FY-76

NCSS Report B-5 (FY-75) (Preliminary)

NCSS Report B-5 (FY-76) (Preliminary)

OPPR/OR/HCF A/DHEW

Research Report B-5 (FY-77) (Preliminary)

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

\*HCFA/DHEW responsibility for collecting and publishing total amount of the involved agencies is temporarily suspended.

This chart prepared & released by National Pharmaceutical Council, Inc.,

1030 15th Street, N.W., Washington, D.C. 20005 Telephone: 202-659-2121 Additional copies available on request.



## 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 <sup>1/</sup>						

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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	119,271	90,711	\$10,531	111,832	87,503	\$10,655
MA						
AB	2,228	1,505	161	2,180	1,466	158
APTD	63,417	41,456	4,743	62,654	44,268	4,966
AFDC	228,218	103,967	2,424	226,664	95,749	2,159
Total	413,134	237,639	\$17,859	403,330	228,986	\$17,938

<sup>1/</sup> 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:

W. H. Kerns Commissioner Medical Assistance	Medical Services Administration of Alabama 2500 Fairlane Drive Montgomery, Alabama 36130
---	---

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

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

## 2. Title XIX Medical Care Advisory Committee:

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

Permanent Ex Officio Members

Gary Cooper, Commissioner  
State Department of Pensions  
and Security  
64 North Union Street  
Montgomery 36130

Alabama Hospital Association

Frank Perryman, Vice-Chrmn.  
Sylacauga Hospital & Nursing  
Home  
Sylacauga 35150

Alabama Pharmaceutical Assoc.

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

Alabama Nursing Home Assoc.

William E. Hill, Administrator  
Nursing Home of Boaz  
P. O. Box 368  
Boaz 35937

Alabama Optometric Association

John H. Foster  
1124 E. Fairview Avenue  
Montgomery 36106

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

ALASKA

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 Category Related			(M N) Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	
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 & treatment for eligibles under 21; family planning; intermediate care for the mentally retarded; inpatient psychiatric care; optometrist services; eyeglasses; speech & hearing services; mental health clinic.

\*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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA						
MA						
AB						
APTD						
AFDC						
Total						

No figures on drugs

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.

## 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
---------------------------------	-----------------------------------

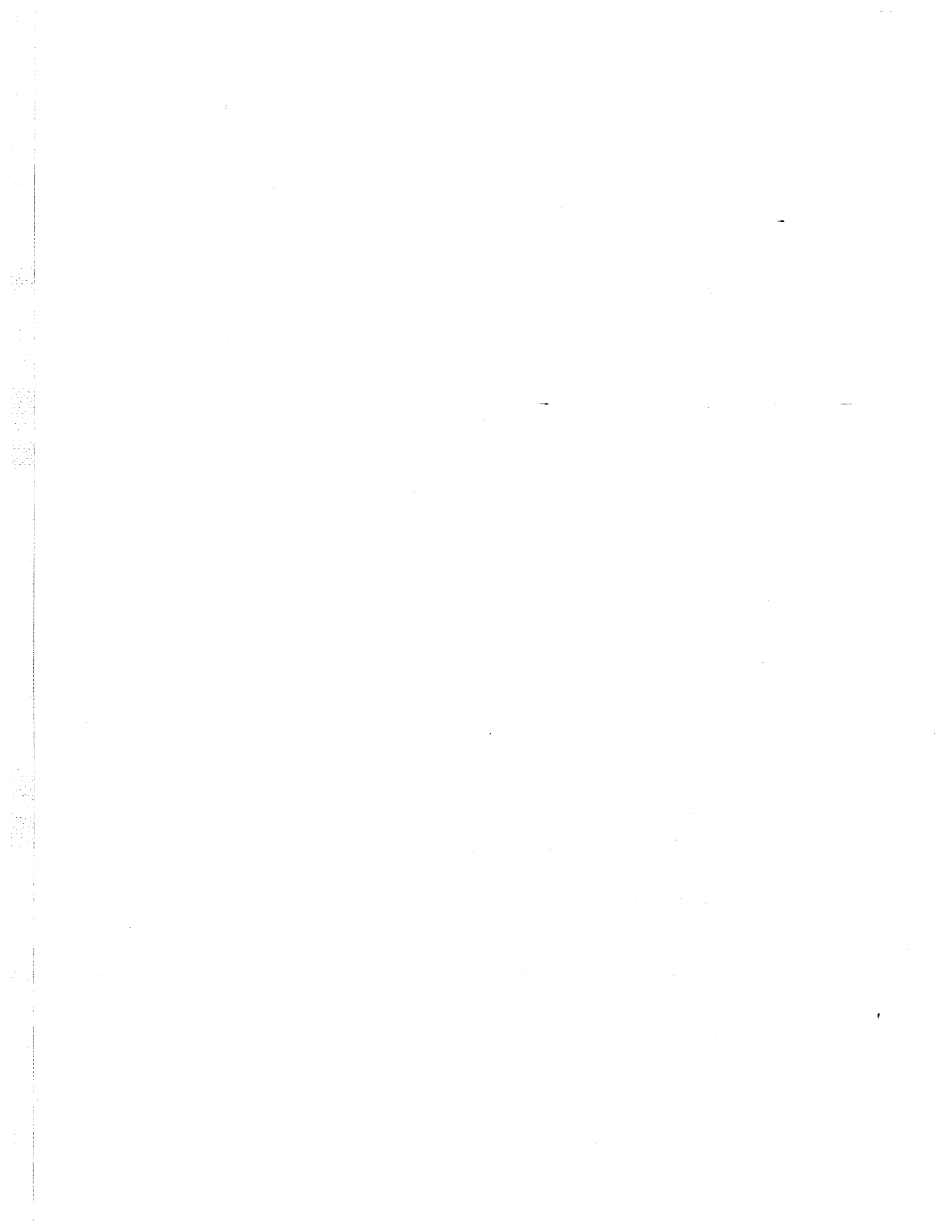
## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## 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.

1978 - No change in status of Medical Assistance Program.

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 Officials:

Suzanne Dandoy, M.D., M.P.H.  
Director

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

Sheldon B. Elman  
Assistant Director  
Division of Administration

"

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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts <sup>1/</sup>	Persons Eligible	Drug Recipients	Amounts <sup>1/</sup>
OAA	67,926	62,427	\$ 8,132	63,845	58,673	\$ 9,587
MA						
AB	1,801	1,410	149	1,750	1,376	191
APTD	33,581	30,554	3,907	35,153	30,489	4,999
AFDC <sup>2/</sup>	113,013	79,430	2,149	106,648	77,310	2,512
MN Aged	742		80 <sup>3/</sup>	1,204	913	110 <sup>3/</sup>
MN Blind	6			7	7	
MN Disabled <sup>2/</sup>	1,034		115	2,096	1,274	171
MN Children-Adults	6,045		109	6,973	2,879	167
Total	224,148	173,821	\$14,641	217,676	172,921	\$17,737

1/ Includes 50¢ copayment/Rx and 3% Arkansas sales tax.

2/ Includes Foster Care & U-21.

3/ Less than One Thousand Dollars.

## 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.

O-T-Cs: Pursuant to a prescription the following OTC items are covered: insulin, insulin needles and syringes, analgesics, antacids, calcium lactate, contraceptive foams and jellies, dicalcium phosphate, ferrous fumarate, ferrous gluconate, ferrous sulfate, ferrous choline, meclizine HCl, pediatric vitamin drops for children up to three years of age, laxatives and stool softeners, nicotinic acid and schedule V narcotics. 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, antiinfectives, and Schedule II and III analgesics. With the exception of Schedule II drugs and nitroglycerin, each prescription can be filled for a maximum of 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 \$3.07 professional fee, less 50¢ copayment. Total charge may not exceed provider's prevailing charge to the self-paying public.

V. Miscellaneous Remarks:

MAC Program - A MAC program was implemented 1/1/76. MAC prices were set on 8 multi-source drugs. The Arkansas MAC program is being phased out since implementation of the Federal program, but Arkansas MAC prices still exist for 3 multi-source drugs.

ARKANSAS

MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

1. Social Services Officials:

Barrett Toan 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	" "
Sam Lamey, Director Office of Financial Management	" "
Ed McMillan, Director Office of Program Operations	" "
Sharon Marcum, Director Office of Medical Services	" "
Ivan H. Smith, Director Office of Legal Services	" "
Debbie Dodson, R.Ph., Admin., Prescription Drug Section	" "

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

## 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	ATD	AFDC	OAA	AB	ATD	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	1977			1978		
	Persons Eligible	1/2/ Drug Recipients	1/ Drug Amounts	Persons Eligible	1/2/ Drug Recipients	1/ Drug Amounts
OAA	321,009	140,859	\$ 33,000	324,837	141,437	\$ 34,439
MA						
AB	12,481	5,279	1,404	12,659	5,277	1,474
ATD	328,293	146,646	44,364	345,004	155,155	49,334
AFDC	1,349,632	246,464	33,288	1,364,642	256,733	36,290
MN Aged	69,273	43,902	13,152	79,027	47,186	14,526
MN Blind	701	522	168	660	490	160
MN Disabled	24,296	11,161	4,056	31,266	13,234	5,003
MN Children	199,345	30,908	4,164	221,395	35,307	4,934
MI	368,486	74,704	13,716	420,276	87,549	16,569
Total	2,673,516	700,445	\$147,312	2,799,766	742,368	\$162,730

1/ Monthly average.

2/ Excludes PHP, Refugees and Renal Dialysis.

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

Source: Dept. of Health Services Medi-Cal Cumulative Certified CID Eligibles July 1977 through Dec. 1978; 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 Services. 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). Conversion to a new fiscal intermediary, Computer Sciences Corporation, is in progress. Completion is expected July 1, 1980.

Under the general direction of the Department of Health Services' Medical Care Standards Division, the Pharmaceutical Services Unit of the Benefits Branch 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 for persons over five years of age; most OTC household remedies; non-legend analgesics except sodium salicylate. CNS stimulants, i.e., amphetamines, dextroamphetamines, and methylphenidate, are generally only available for epilepsy, or Minimal Brain Dysfunction in individuals between 6 and 16 years of age. Availability of sedative/hypnotics, except flurazepam, chloral hydrate, phenobarbital, and seco or pentobarbital suppositories, is restricted to prior authorization by a Medi-Cal consultant. 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 (other clinical conditions require prior authorization). Nutritional supplements or replacements only for therapeutic use to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food-stuffs.

- B. Formulary: Over 600 drugs (approximately 1,700 separate codes for differing strengths and dosage forms) listed generically in closed-end formulary. Many brand names listed alphabetically as cross-index references. Except on prior authorization basis, drugs which are restricted to specific use in the Formulary or 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.
- C. Prescribing or Dispensing Limitations:
1. 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.
  2. Refills: A prescription refill can be dispensed after authorization by prescriber. Exception is allowed for refill of a reasonable quantity when prescriber is unavailable (pursuant to California law). Fee is prorated so that total fee (for unauthorized partial quantity and balance of the prescription after prescriber is contacted) does not exceed fee for same prescription when refilled as routine service.
  3. Number of prescriptions: Number of formulary drugs not limited but overutilization limited by prepayment and postpayment controls. These controls include those mentioned in item 1 supported by onsite audit of provider files and peer review.
  4. Prior Authorization: Approval may be obtained from a Medi-Cal consultant for covered non-formulary items or services (including special circumstance override of MAC type price ceilings or minimum quantity/frequency of billing limitations). Statewide mail and toll free telephone requests are accepted in the San Francisco and Los Angeles Medi-Cal Field Offices. Requests must include adequate information and justification. Authorization may only be granted for the lowest cost item or service that meets the patient's medical needs.
  5. Pharmacist, to the extent permitted by law, is required to dispense lowest cost item in stock meeting medical needs of the patient and requirements of practitioner as shown on prescription form.

6. Beneficiary Prior Authorization: The Department of Health Services restricts, through the requirement of prior authorization, the availability of all prescription drugs to certain beneficiaries found by the Department to be abusing those benefits.

7. Dollar Limits: None.

D. Prescription Charge Formula: Reimbursement is based on the lowest of:

1. Estimated Acquisition Cost (EAC) plus \$3.06 professional fee.
2. Federal Maximum Allowable Cost (MAC) plus \$3.06 professional fee.
3. State Maximum Allowable Ingredient Cost (MAIC) plus \$3.06 professional fee.
4. Pharmacy's usual price to general public.

V. Miscellaneous Remarks:

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

#### Medical Therapeutics and Drug Advisory Committee

Reacting to the lead responsibility of the Pharmaceutical Services Unit in the Benefits Branch, the Medical Therapeutics and Drug Advisory Committee compares the cost, safety 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 are limited to not more than a 10-day supply.
2. The charges are 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. Program staff are in the process of developing procedures which will resolve California legislative concerns and objections. The intended goal is reactivation and implementation of the plan during 1979.

## Miscellaneous Remarks (continued):

Postpayment Controls

Peer Review: A statewide peer review system is authorized by the Department of Health Services. Local peer review committees are responsible for the review of pharmacy practices to determine if the services are appropriate, necessary, and in conformance with standards of local community practice. These committees make recommendations to the Department of Health Services.

Pharmacy Audit

The Department of Health Services conducts on-site pharmacy audits. Recoupment procedures are initiated if it is determined that overpayments have been made by the Program. Pharmacy provider misuse of the Program may result in recovery of funds, removal of the provider from Program participation, or criminal prosecution if fraudulent practices are involved.

## 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
Clifton A. Cole Chief Deputy Director	Medical Care Services 714 "P" Street Sacramento 95814
William D. Dawson Deputy Director	Medi-Cal Division 714 "P" Street Sacramento 95814
Elisabeth H. Lyman Deputy Director	Medical Care Standards Division 714 "P" Street Sacramento 95814
Wade J. Williams Chief	Benefits Branch 714 "P" Street Sacramento 95814
Leonard J. Terra, Pharm. Assistant Chief	"
Milton Kuschnereit, Pharm. Senior Consulting Pharmacist	"

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

## a. Medical Therapeutics and Drug Advisory Committee:

Vacant Executive Secretary	California Department of Health Services 714 "P" Street Sacramento 95814
-------------------------------	---



Medical Therapeutics and Drug Advisory Committee  
(continued):

Paul Hoagland, M.D.                  1068 South Orange Grove Blvd.  
Chairman                                  Pasadena 91105

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

Donald LaNoue                          Medi-Cal Intermediary Operations  
Deputy Executive Director           Blue Shield of California  
2 North Point  
San Francisco 94133

William Thompson, Pharm.                          "  
Manager of Pharmacy Relations

B. Executive Officers of State Medical and Pharmaceutical  
Associations:

## 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 Pharmacists' 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					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	1977			1978		
	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts
OAA	28,994	28,050	\$4,228	28,442	23,917	\$4,752
MA						
AB	277	131	21	244	207	21
APTD	14,176	15,262	2,375	14,298	13,017	2,633
AFDC	91,544	68,530	1,810	80,598	56,813	1,889
Other					3,902	391
Total	134,991	111,973	\$8,434	123,582	97,856	\$9,686

1/ These figures are based upon the average of medical eligibles per month by category. The actual unduplicated number of eligibles for the fiscal year 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 "ColoRx 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: ColoRx 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 ColoRx 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.

<u>New Prescriptions</u>	<u>Minimum</u>
Aspirin	1,000 tablets

<u>Refills</u>	<u>Minimum</u>
Chronic conditions	30 days
Insulin	4 vials
Aspirin	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 \$2.90 professional fee.
  - b. Maximum Allowable Price plus \$2.90 professional fee (See A-4336.4 for information regarding MAP).
  - c. The price charged in the ordinary course of business to the general public.

Community Pharmacist (continued):

Colo<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 \$1.40. (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 ColoRx. Includes City of Denver operated Neighborhood 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 \$1.40 per prescription. Physician-owned pharmacies that have a registered pharmacist on duty will receive \$2.90 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. Case-workers 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
Susan Christy Associate Director for Administration	"
George E. Kawamura Associate Director for Programs	"
Charline J. Birkins Assistant Director for Policy and Office of Intergovernment Coordination	"
Willis H. LaVance Executive Officer for Administration	"
Garry A. Toerber, Ph.D., 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
---	---

## 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 membership)

EX OFFICIO MEMBERS:

Armando R. Atencio Executive Director Colorado Department of Social Services	Frank Traylor, 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.

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	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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	4,265		\$ 2,294	4,377		\$ 3,843
MA						
AB	105		25	100		30
APTD	8,356 <sup>1/</sup>		2,097 <sup>2/</sup>	8,202 <sup>1/</sup>		2,979 <sup>2/</sup>
AFDC	172,977		3,922	170,196		3,870
MN Aged	22,373		2,529	21,606		708
MN Blind	171		16	156		4
MN Disabled	14,659		1,224	14,091		334
MN Children	21,599		276 <sup>3/</sup>	20,232		189 <sup>3/</sup>
Total	244,505 <sup>4/</sup>		\$12,383	238,960 <sup>4/</sup>		\$11,957

<sup>1/</sup> Includes CAMAD eligibles - FY-1977 D-1854, ND-475; FY-1978 D-1766, ND-295.

<sup>2/</sup> Includes CAMAD expenditures.

<sup>3/</sup> State Classification - (NC, NF, NG, Cases)

<sup>4/</sup> Excludes Child Welfare Eligibles.

Note: Eligibility is last one recorded on source tape for computer. Expenditures are total for year without regard to date of service.

## CONNECTICUT

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

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

## IV. Provisions Relating to Prescribed Drugs:

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

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

- B. Formulary: None.

## C. Prescribing or Dispensing Limitations:

1. Terminology: Physicians are encouraged to prescribe 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 \$25 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 \$2.10  
"Walk-In" patients - cost plus \$2.52

## CONNECTICUT

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Income Maintenance Officials:

Edward W. Maher Commissioner	Department of Income Maintenance 110 Bartholomew Avenue Hartford, Connecticut 06105
---------------------------------	---

Carolyn Perry Deputy Commissioner	"
--------------------------------------	---

Thomas Kilcoyne Deputy Commissioner	"
--	---

Stephen H. Press Director Medical Care Administration	"
---	---

Harold McIntosh Assistant Director Medical Care Administration	"
--	---

Clair Callan, M.D. Associate Medical Director	"
--	---

Harry Kiernan, D.D.S. Dental Consultant	"
--	---

Marie C. Misenti, Chief Medical Social Services	"
--	---

Meyer Rosenkrantz, R.Ph. Pharmacist Consultant	"
---	---

## 2. Income Maintenance Consultants (Part-time):

Waldo Martin, M.D.	"
--------------------	---

Milton R. Arons, M.D.	"
-----------------------	---

M. D. Lischner, M.D.	"
----------------------	---

David Galinsky, M.D.	"
----------------------	---

Rubin Fialkoff, M.D.	"
----------------------	---

H. Kallman, D.P.M.	"
--------------------	---

O. B. Hill, O.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

Income Maintenance Dept.  
Stephen H. Press  
Meyer Rosenkrantz  
(Pharmacist)

## B. Medical Advisory Committee:

Charles Polivy, M.D.  
Chairman  
60 Gillett Street  
Hartford 06105

Francis A. Klimas, M.D.  
Park City  
P. O. Box 1172  
Fairfield 06432

Joseph Czarsty, M.D.  
314 Main Street  
Oakville 06779

Marjorie A. Purnell, M.D.  
23 Davis Avenue  
Rockville 06066

Manuel Nunes, M.D.  
10 Second Avenue  
Waterbury

Eugene H. Corley, M.D.  
1026 Park Avenue  
Bridgeport

Bernard Beatman, M.D.  
34 Channing Street  
New London

Roger W. Cyrus, M.D.  
Boston Post Road  
Westbrook

Isaiah Clark, M.D.  
100 Retreat Avenue  
Hartford

Alfonso R. Enriguez, M.D.  
300 Kensington Avenue  
New Britain

Jeffrey V. Rabuffo, M.D.  
770 Saybrook Road  
Middletown

Thomas J. Stevens, M.D.  
60 Gillett Street  
Hartford

Francis G. Sweeney  
Connecticut State  
Medical Society  
160 St. Ronan Street  
New Haven 06511

Juan B. Sosa, M.D.  
109 Borad Street  
Middletown 06457

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Connecticut - 102  
1979

4. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

T. B. Norbeck  
Executive Director  
Connecticut State Medical Society  
160 St. Ronan Street  
New Haven 06511

B. Pharmaceutical Association:

Daniel C. Leone  
Executive Director  
Connecticut Pharmaceutical Association  
936 Silas Deane Highway  
Wethersfield 06109  
Phone: 203/563-4619





## 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						
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	1977			1978		
	Persons <u>1/</u> Eligible	Drug Recipients	Amounts	Persons <u>1/</u> Eligible	Drug Recipients	Amounts
OAA	3,079	3,127	\$ 375	3,095	4,306	\$ 382
MA						
AB	233	215	25	228	184 <sup>4/</sup>	20 <sup>4/</sup>
APTD	3,292	3,542	427	3,648	5,548	471
AFDC	30,649	32,570	691	30,862	36,388	730
Total	37,253	39,454 <sup>2/</sup>	\$1,518 <sup>3/</sup>	37,833	46,426 <sup>2/</sup>	\$1,603 <sup>3/</sup>

<sup>1/</sup> Monthly average.<sup>2/</sup> DHEW-SRS/NCSS 2082 A(2). (Date submitted by Delaware to NPC.)<sup>3/</sup> DHEW-SRS/NCSS 2082 B(3).<sup>4/</sup> AB included in APTD effective July 1978, due to change in fiscal agent.

\*1977 Persons Eligible and Amount columns reflect state submitted changes from that reported in 1978 edition.

## 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 \$2.75 (effective 5/1/79 as interim fee), or usual charge to public.

## 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
Josephine Finnell Director	Division of Social Services P. O. Box 309 Wilmington 19899
Richard J. Cherrin Administrator Medical Assistance Services	"
Dr. James Salva Medical Consultant	2018 Naamans Road, Suite 1B Wilmington 19810
Roger Andersen (Part-time) Pharmacist Consultant	P. O. Box 309 Wilmington 19899

## 2. Medical Advisory Committee Members:

Robert Abel, M.D. 1300 N. Harrison Street Wilmington 19806	Medical Society of Delaware
Mark Abrams Hillside House 810 N. Broom Street Wilmington	Delaware Pharmaceutical Society
Roger Anderson 613 Foulkstone Road Sharpley Wilmington 19803	Division of Social Services Pharmaceutical Consultant
Mrs. Anne Bader 1925 Lovering Avenue Wilmington 19806	Delaware Medical Society
Rhoslyn J. Bishoff, M.D. Park Drive & Division Street Dover	Delaware Medical Society

## Medical Advisory Committee Members (continued):

Terry A. Bryan, D.D.S. 871 Governors Avenue Dover 19901	Delaware Dental Society
Dale Bunting Director of Social Services Delaware State Hospital New Castle 19720	Division of Mental Health
Jean Colon 113 Allenway, Apt. 21 P. O. Box 64 Milford 19963	Consumer - Kent County
Donald R. Cowan, D.D.S. Jesse Cooper Building Dover	Division of Public Health Bureau of Specialized Health Service
A. A. Golden, D.O. 4310 Washington Blvd. Wilmington 19802	Delaware Osteopathic Society
Jane Abbott c/o Sussex County Home Services Middleford Road Seaford 19973	Consumer - Sussex County
Nancy Davatt C. T. Building Delaware State Hospital New Castle	Division of Aging
David Levitsky, M.D. 1411 N. Van Buren Street Wilmington	Medical Society of Delaware
A. R. Lieberman 2309 Wynnwood Road Wilmington 19810	Consumer - New Castle County
Mrs. Sherita Mahoney 1400 Washington Street Wilmington Public Schools Wilmington 19801	Wilmington Public Schools
H. Martin Moss, O.D. 702 N. Union Street Wilmington 19805	Delaware Optometric Society
Bob Reed Retirement for Living Tigani Building Foulk Road Wilmington 19803	Nursing Home Association

## Medical Advisory Committee Members (continued):

James B. Salva 2018 Naamans Road, Suite 1B Wilmington 19810	Division of Social Services
---	-----------------------------

Dorris C. Schwartz, R.N. 2713 Lancaster Avenue Wilmington 19805	Visiting Nurses Association
---	-----------------------------

Frank J. Shannon, Jr., M.D. Jesse Cooper Building Dover	Division of Public Health
---	---------------------------

Robert Tremain, Asst. Dir. Health Planning Council 2501 Silverside Road Wilmington 19810	Health Planning Council
---	-------------------------

James P. Tyler Director of Fiscal Affairs Delaware Division P. O. Box 1668 Wilmington	Association of Hospitals
---	--------------------------

Pat Voshelle, Outreach Worker 63 Sussex Drive Lewes 19958	Sussex County Home Service (consumer)
---	--

Ellsworth S. Thompson Wilmington Senior Center 1901 Market Street Wilmington 19802	Community Action (consumer)
---	--------------------------------

The Computer Company Stockton Building, Suite 100 University Plaza Newark 19713	Fiscal Agent
--	--------------

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

## A. Medical Society:

Ann Shane Bader (Mrs.)  
Executive Director  
Medical Society of Dela.  
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



## 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 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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		4,883	\$ 602		3,723	\$ 453
MA						
AB		126	15		103	14
APTD		8,053	1,030		6,747	928
DC - Under 21		40,418	821		36,133	669
AFDC		27,647	1,722		24,515	1,543
MN Aged OAA		3,926	452		2,967	365
MN Blind AB		32	5		27	4
MN Disabled APTD		1,859	212		1,599	227
MN Children Under 21		5,153	202		3,569	76
MN-AFDC		3,200	109		2,368	149
Total		95,297	\$5,170		81,751	\$4,428

## 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 whole-sale 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 \$3.80.
- The providers usual Charge to the public.

V. Miscellaneous Remarks:

Drug Utilization Data

Prescribed Drugs

Total ..... \$4,427,797

Age in Years

Under 6 .....	221,832
6-20 .....	522,480
21-64 .....	2,864,785
65 and over .....	818,700

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

## Miscellaneous Remarks (continued):

<u>Total Number of Prescriptions</u> .....	<u>784,203</u>
OA .....	137,713
AB .....	3,088
APTD .....	184,341
AFDC .....	290,664
Children Under 21 .....	165,674
Other .....	2,723
<u>Average Prescription Price</u> .....	<u>\$5.50</u>

## 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	"

## 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 Administration	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. Medical Care Advisory Committee:

Consumers

Maria Cecelia Agostini Acting Dir. of Social Serv. & Mental Health Community Group Health Foundation, Inc.	3020 14th St., NW D. C. 20020	Member-at-Large
Emma D. Brooks Retired-Dept. of Army	204 11th St., NE D. C. 20020	Member-at-Large

## D. C. Medical Care Advisory Committee (continued):

Margaret Bush Retired-D.C. Govt.	806 D St., SE D. C. 20003	Member-at-Large
Roland Dority Self Employed	105 6th St., SE Apt. #108 D. C. 20003	Member-at-Large
Leon Ferguson Deputy Director Office on Aging 1012 14th St., NW D. C. 20005	1653 Fort Davis St., SE D. C. 20020	Member-at-Large
Norbert King Retired-D.C. Fire Dept.	621st St., NE D. C. 20002	Member-at-Large
Casilda Luna Community Organizer CHANGE, Inc.	1763 Columbia Rd., NW, #23 D. C. 20009	Spanish Speaking Community
Evelyn Pettiford Sr. Associate, Nat'l. Institute for Advanced Studies	2021 K St., NW Suite 207 D. C. 20006	Member-at-Large
Herbert Semmel, Atty. Center for Law and Social Policy	1751 N St., NW D. C. 20036	Member-at-Large
Emma Taliaferro Housewife	1120 4th St., NE D. C. 20002	Member-at-Large
<u>Providers</u>		
Dr. William Brown, Jr. Physician	1210 Maple View Place, SE D. C. 20020	Medico-Chirurgical Society of D.C.
Marian S. Cowan Ophthalmic Medical Assistant	1790 Sycamore St., NW D. C. 20012	Visiting Nurses' Association of D. C.
Dr. John Greenwood Optometrist	1212 Wisc. Ave. NW, D.C. 20007	Optometric Society of D.C.
Rena D. Harris Retired-D.C. Govt.	1602 Crittenden St., NW D. C. 20011	D.C. Nurses' Assoc. of D.C.
Dr. Arthur S. Hoyte Dir., Office of Pro- gram for Student Dev. and Community Affairs Dept. Community Medicine Georgetown Univ. Med. School	203 Yoakum Pkwy Alex., Va. 22304	D.C. Medical Society

## D. C. Medical Care Advisory Committee (continued):

Virginia Keane Dir., Dept. of Social Worker, Univ. Hosp.	Howard Univ. 2041 Ga. Ave., NW, D.C. 20060	National Association of Social Workers, DC Chapter
Dr. Harold B. Martin Dentist	1804 N.H. Ave., NW, D.C. 20009	Robert T. Freeman Dental Society
Dale Morton Owner/Operator Morton's Pharmacies	301 Pa. Ave., SE D. C. 20003	D.C. Pharmaceutical Association
Dr. Michael Rahn Podiatrist	5406 Conn. Ave. NW, D.C. 20015	Podiatry Society of D. C.
Dr. Theodore Shell	1931 15th St., NW, D.C. 20009	D. C. Dental Society
Dr. Eddie G. Smith, Jr. Dentist	740 6th St., NW D. C. 20001	Member-at-Large
Dr. James Towns Dentist	6400 Ga. Ave., NW, D.C. 20012	Member-at-Large
Kenneth Wagner Optician	106 Irving St., NW, D.C. 20010	Prescription Optician of D. C.

Ex-Officio Members:

Ulysses Banks Deputy Dir., PAA, DHR	500 First St., NW, D.C. 20001	Payments Assistance Administration
James Carter, Jr. Exec. Asst. to the Admin., SRA, DHR	122 "C" St., NW D. C. 20001	Social Rehabilitation Administration
Dr. Vedat Oner, Chief Bureau of Preventive Services, CHHA, DHR	1875 Conn. Ave., NW, D.C. 20009	Community Health and Hospital Admin.

Executive Secretary

Lois B. Branic  
Executive Secretary  
Medical Care Advisory Committee  
614 H Street, N.W.  
Room 715-A

2. Social Services Administration Officials:

William Barr                          Social Services Administration  
Administrator                      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

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

Other Benefits: Home Health Services; State TB and Mental Hospitals; Family Planning; Intermediate Care Nursing Home Service; Transportation; Rural Health Clinic Services; Certified Nurse Midwife 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	1977*			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	88,935	67,834	\$13,460	87,473	66,719	\$13,238
MA						
AB	2,484	1,922	215	2,540	1,966	239
APTD	67,768	60,288	8,228	73,606	65,482	9,709
AFDC	248,324	160,222	4,906	245,157	158,179	4,844
Total	407,511	290,266	\$26,809	408,776	292,346	\$28,030

<sup>1/</sup> Skilled Nursing Services provided only to recipients over 21 years of age.

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

\*1977 adjusted data submitted with FY-1978 data.

Note: All recipients unduplicated.

## FLORIDA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Department of Health and Rehabilitative Services.  
Claims processing and payment by contract with fiscal agent.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.): Excluded are drugs provided to patients as part of a treatment plan of a program of the Health Program Office or as a part of a treatment plan of a program of the Mental Health Program Office (except those drugs provided to patients in a MH/MR Long-Term Care Facility or Intermediate Care Facility); prosthesis; appliances; devises; 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's 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 of original filling 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 System Development Corporation, Integrated Services, Inc. (SDC).

## D. Prescription Charge Formula:

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

## V. Miscellaneous Remarks:

- All drugs have an EAC (Estimated Acquisition Cost)
- 47 High Volume EACs set at Large package size
- Provisions for medical necessary considerations

## FLORIDA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Department of Health and Rehabilitative Services Officials:

David H. Pingree Secretary	Department of Health and Rehabilitative Services 1323 Winewood Boulevard Tallahassee, Florida 32301
-------------------------------	--

Walter B. Conwell Program Administrator Medical Services Program	- Medical Services Program One Winewood Boulevard Tallahassee 32301
--	---

Robert P. Hurst, R.Ph. Pharmacist Consultant Medical Services Program Program Planning & Development	Medical Services Program 1309 Winewood Boulevard Tallahassee 32301
---	--

## 2. Consultants to Medical Services Program: (Part-time)

James Conn, M.D. Earl Britt, M.D. Irving Fleet, D.D.S. Charles James, M.D. Spurgeon McWilliams, M.D. Roy Young, M.D.	Medical Services Program Surveillance and Utilization Review 1309 Winewood Boulevard Tallahassee 32301
---	--

## 3. Medicaid Advisory Committee:

## a. Medicaid Sub Council:

Nicholas Alexiou, M.D. Program Staff Director Children's Medical Serv. 1311 Winewood Boulevard Building 5, Room 127 Tallahassee 32301	- DHRS Children's Medical Services Program
--	---

Harold J. Angermeier President, Florida Assoc. of County Welfare Execs. 601 Court Street Clearwater 33516	- Florida Association of County Welfare Executives
---	---

Mrs. Billye Boselli, R.N. Executive Director Visiting Nurses Assoc. 2105 Jefferson Street Jacksonville 32204	- Florida Nurses Association
--	------------------------------

## Medicaid Sub Council (continued):

Ross Bremer, President Bremer Brace Company 1107 Margaret Street Jacksonville 32204	- Florida Association of of Orthotists and Prosthetists
George Browning, R.Ph. Browning's Medical Arts Pharmacy 1281 South Hickory St. Melbourne 32901	- Florida Pharmaceutical Assoc.
Peter J. Cakmis, D.D.S. 2135 Blanding Boulevard Jacksonville 32210	- - Florida Dental Association
Benton Clifton Program Supervisor Health, Safety & Physical Education 106 Center Building Tallahassee 32304	- Department of Education
Robert Furlough, Ph.D. Asst. Mental Health Program Staff Director 1323 Winewood Boulevard Tallahassee 32301	- DHRS-Mental Health Program
Mary Glover, Coordinator Florida Statewide Welfare Rights Organization 709 Court J, Blodgett Homes Jacksonville 32209	- Consumer
Herbert D. Gorlin Bell Tone Hearing Aid Serv. 245 Southeast First Street Miami 33139	- Florida Hearing Aid Society
Robert Greenberg, OD, FAAO Drawer 4009 906 Thomasville Road Tallahassee 32303	- Florida Optometric Association
Arthur Harris, Administrator Florida Manor 830 West Michigan Avenue Post Office Box 5577 Orlando 32805	- Florida Health Care Assoc.

## Medicaid Sub Council (continued):

- |  |  |
|--|--|
| H. Phillip Hampton, M.D.<br>One Davis Boulevard<br>Tampa 33606   | - Florida Medical Association<br>(Board Certified Physicians)  |
| E. Charlton Prather, M.D.<br>Program Staff Director<br>Health Program Office<br>1323 Winewood Blvd.<br>Building 1, Room 113<br>Tallahassee 32301 | - DHRS-Health Program  |
| Melvyn Sarnow, D.O.<br>Kendal Medical Center<br>8831 S.W. 107th Avenue<br>Miami 33176  | -- Florida Osteopathic Medical-<br>Association   |
| Will Thornton<br>Post Office Box 152<br>Sparr 32690  | - Consumer   |
| Robert F. Williams<br>Attorney at Law<br>Florida Legal Services, Inc.<br>226 W. Pensacola St.<br>Room 218<br>Tallahassee 32301                   | - Consumer   |
| Leon Zucker<br>Vice President, Finance<br>Public Health Trust<br>Jackson Memorial Hospital<br>1611 Northwest 12th Ave.<br>Miami 33136            | - Florida Hospital Association   |
| b. MAC Advisory Group - February 1979:   |  |
| George Browning, R.Ph.<br>Chairman<br>1281 Hickory Street<br>Melbourne 32901   | Robert Hurst, R.Ph.<br>1309 Winewood Boulevard<br>Tallahassee 32301  |
| Dave Hodge, R.Ph.<br>4706 State Road 13<br>Green Cove Springs 32043  | Jack H. Jones, R.Ph.<br>1323 Winewood Boulevard<br>Tallahassee 32301   |
| William Connors, R.Ph.<br>Route 2, Box 304-F<br>Dade City 33525  | William Mincy, R.Ph.<br>SDC Integrated Services, Inc.<br>2670 Executive Center Circle<br>West<br>Tallahassee 32303 |

## MAC Advisory Group (continued):

Mark Sullivan, R.Ph.  
1330 Miccosukee Road  
Tallahassee 32303

Michael Zagorac, R.Ph.  
c/o Jack Eckerd Corporation  
P. O. Box 4679  
Clearwater 33518

James E. Menefee  
Paramedical Supply  
P. O. Box 2940  
Jacksonville 32203

## 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 Director  
Florida Pharmaceutical Association  
610 North Adams Street  
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 Category Related				(M N) <sup>1/</sup>	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						

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

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

(Dollar Amounts in Thousands)

CATEGORY	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	115,385	81,265	\$10,822	88,629	73,257	\$12,261
MA						
AB	3,009	2,293	272	2,487	2,075	310
APTD	88,205	64,768	9,019	83,270	67,251	11,796
AFDC	255,309	156,925	3,930	220,437	146,291	4,302
MN Aged	37,931	19,580	3,995	33,861	18,028	4,702
MN Blind	176	110	17	147	86	16
MN Disabled	11,475	7,013	1,150	9,917	4,750	1,023
MN Children <sup>2/</sup>	16,330	7,736	108	13,702	7,323	117
Total	527,820	339,690	\$29,313	452,450	319,061	\$34,527

<sup>1/</sup> The Georgia Dept. of Medical Assistance does not provide for a Medically Needy category. Instead benefits are provided to recipients under a Maintenance Assistance Only classification. Maintenance (Medical) Assistance Only is provided to those recipients eligible to receive medical services but who do not, for various reasons, receive money payments. The MAO category differs from the MN in terms of eligibility requirements. MAO covers the same types of benefits for each related category of recipients as those checked for money payments. Also, please note that the expenditures listed for MNs in

1/ (continued from 1st page):

section II are actually those for Georgia's MAO recipients.

2/ For FY-78, these figures are for dependent children under 21 only; they do not include adults in families with dependent children although that category of eligibles is provided for under MAO.

Source:

FY-77 NCSS 2082 Report  
FY-78 NCSS 2082 Report



## GEORGIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Department of Medical Assistance.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):  
Drugs not on the drug list.
- B. Formulary: The Medical Assistance Drug List contains approximately 12,000 drug items listed in package sizes. Exceptions to the drug list can be made.
- C. Prescribing or Dispensing Limitations:
  - 1. Terminology: Drugs are listed alphabetically by Brand and/or Generic name.
  - 2. Quantity of Medication: Physicians are encouraged to prescribe a month's supply.
  - 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:

Charles K. Pierce Commissioner	Department of Medical Assistance 1010 West Peachtree Street Atlanta, Georgia 30309
-----------------------------------	--

Tap Carey Deputy Commissioner	"
----------------------------------	---

Paul F. Bellows, 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  
Home Health  
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 (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	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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts

OAA

MA

AB

APTD

AFDC

No data available

Total

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
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Catherine N. Illarmo Social Services Administrator	"
--	---

Ramon J. Nichols Supervisor Assistance Services Administration	"
---	---

Fely Quimpo Director Medical Care Service	"
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## 2. Executive Officer of Pharmaceutical Association:

Orencia L. Concepcion  
Guam Pharmaceutical Association  
626 Western Boulevard  
Jonestown  
Tamuning, Guam 96911





## 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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA <sup>1/</sup>	3,765		\$ 427	3,862		\$ 483
MA <sup>2/</sup>	3,026		356	3,405		454
AB <sup>3/</sup>	108		11	126		11
APTD <sup>3/</sup>	4,670		763	4,935		845
AFDC <sup>3/</sup>	54,499		2,234	58,215		2,467
All Other	24,497		1,206	35,244		1,351
Total	90,565 <sup>4/</sup>		\$4,997	105,787 <sup>4/</sup>		\$5,611

<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 - includes GA recipients.

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	"
Shigemitsu Nakashima 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	"
Florence Chinn, M.D. Medical Consultant	"
Benjamin Sherman, D.D.S. Dental Consultant (part-time)	"
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. Loo, O.D. Chairman	1441 Kapiolani Blvd., #517 Honolulu 96809
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Social Services and Housing Department Medical Care Advisory  
Committee (continued)

Grover Batten, M.D. Physician	1380 Lusitana Street, #1009 Honolulu 96813
Lee Simmons, M.D. Physician	1380 Lusitana Street, #407 Honolulu 96813
Paul McCallin, 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
(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
John Chalmers, M.D. Department of Health Representative	Department of Health 1250 Punchbowl Street Honolulu 96813
Rev. Gerald Gifford Pastor	St. Elizabeth Episcopal Church 720 N. King Street Honolulu 96817
James Asato, R.Ph. Pharmacist	47-683 Hui Alala Kaneohe 96744
Ned Wiederholt Representative from School of Public Health	c/o Dept. of General Planning 650 South King Street, 8th Floor Honolulu 96813
(Mrs.) Lani Freitas Recipient - Maui	RR 2, Box 239 Kula, Maui 96790
(Mrs.) Dorothy K. Nobriga Recipient - Hawaii	69 Ipuka Street Hilo, Hawaii 96720
Joyce Dahlberg Recipient - Kauai	5338-A Haleililo Kapaa, Kauai 96746
Larry McCarty Recipient - Oahu	51-285 Kekio Road P. O. Box 60 Kaaawa, Hawaii 96730

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

Johanna Mokiao  
Recipient

Welfare Recipient Advisory  
Council  
810 N. Vineyard Boulevard  
Honolulu 96817

Rosie Stone  
Recipient

Welfare Recipient Advisory  
Council  
810 N. Vineyard Boulevard  
Honolulu 96817

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 June 30: (State fiscal year)  
(Dollar Amounts in Thousands)

CATEGORY	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	1,328	694	\$ 136	1,482	823	\$ 165
MA	7,107	4,056	809	6,987	3,918	846
AB	21	10	2	21	10	2
APTD	1,631	891	182	1,772	980	210
AFDC	19,558	4,518	540	6,883	4,787	592
Total	29,645	10,169	\$1,669	17,145	10,518	\$1,815

## IDAHO

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the 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 Prescribed Drugs: (Highlights of 1979 major changes)1/

Effective June 10, 1979 the Department of Health and Welfare implemented several major changes in the Medical Assistance Drug Program. These rules will be effective from June 10 through October 7, pending their permanent adoption.

## ELIGIBILITY

PRESCRIPTION DRUGS. The Department will pay for those prescription drugs not excluded by Manual Section 3-1421.02 which are legally obtainable by the order of a licensed practitioner in an amount not to exceed thirty five (\$35.00) per eligible person per calendar month.

## .01 Financial Obligation of Recipients:

(a) A copayment of fifty cents (50¢) is required from recipients for each prescription filled, with the exception of family planning medication and devices (oral contraceptives and diaphragms).

(b) Recipients who obtain a quantity of medication exceeding that allowed in Manual Section 3-1421.04 are responsible for payment to the pharmacy of all charges applicable to the additional quantities obtained. This recipient responsibility applies whether or not the charges are produced by one (1) or multiple dispensing incidents.

.02 Excluded Drug Products. Nonlegend medications, diet supplements or substitutes, amphetamines and related products, legend vitamins, and multivitamins with or without minerals, will not be purchased unless included in the specific categories specified in Manual Section 3-1421.03. Excluded drug products include, but are not limited to, the following, regardless of brand name:

- |                          |                            |
|--------------------------|----------------------------|
| (a) Amphetamines; and    | (e) Dextroamphetamine; and |
| (b) Benzphetamine; and   | (f) Diethylpropion; and    |
| (c) Chlorphenterine; and | (g) Fenfluramine; and      |
| (d) Clortermine; and     | (h) Maxindol; and          |



- .02 Excluded Drug Products (continued):
- (i) Methamphetamine; and
  - (j) Phendimetrazine Tartrate; and
  - (k) Phenmetrazine; and
  - (l) Phentermine; and
  - (m) Salts, and optical isomers of the above-listed drugs; and
  - (n) Combination products containing any of the above drugs.
- .03 Allowable Drug Products. The following therapeutic vitamins and nonlegend drugs and drug products will be approved for purchase under the MA drug program:
- (a) Therapeutic Vitamins
    - (1) Injectable vitamin B12 (cyanocobalamin and analogues); and
    - (2) Vitamin K and analogues; and
    - (3) Pediatric vitamin-fluoride preparations; and
    - (4) Legend prenatal vitamins for women of child bearing age; and
    - (5) Folic acid; and
    - (6) Oral legend drugs containing folic acid in combination with vitamin B12 and/or Iron Salts, without additional ingredients.
  - (b) Prescriptions for insulin and disposable insulin syringes and needles will be purchased.
- .04 Limitation on Quantities. No more than a thirty-four (34) day supply of continuously required medication will be purchased in a calendar month as a result of a single prescription with the following exceptions:
- (a) Up to one hundred (100) doses of medication may be purchased, regardless of the prescribed dosage schedule, for cardiac glycoside, thyroid replacement hormones, prenatal vitamins, nitroglycerin products, and fluoride and vitamin/fluoride combination product.
- .05 Comparative Cost to be Considered. Whenever possible, physicians and pharmacists are encouraged to utilize less expensive medications. (5-5-79)

## 3-1423 PAYMENT PROCEDURES

- .03 Limitation on Charges. Pharmacists' billed charges are not to exceed the usual and customary charges to the general public for the same product and quantity.
- .04 Limitation on Reimbursement. Reimbursement to pharmacies must be limited to the lowest of the following costs:

- .04 Limitation on Reimbursement (continued):
- (a) Maximum Allowable Cost (MAC), as established by the Pharmaceutical Reimbursement Board, U.S. Department of Health, Education and Welfare, plus the dispensing fee assigned by the Department; or
  - (b) Estimated Acquisition Cost (EAC), as established by the Department, plus the assigned dispensing fee; or
  - (c) The pharmacy's usual and customary charge to the general public.
- .05 Limitations on Dispensing Fee. Only one (1) dispensing fee per month will be allowed for the dispensing of each maintenance drug to any recipient in a long term nursing care facility. More than one (1) dispensing fee will be allowed in a given month for multiple dispensing of topical and injectable medication when dispensed in manufacturer's original package sizes unless evidence indicates that the quantity issued at each dispensing incident does not relate to the patient's known monthly requirements for that specific medication.
- .06 Treatment of Recipient Copayment. The recipient copayment per prescription required under Manual Section 3-1421.01(a) will be deducted from the maximum allowed payment computed by the formula in Manual Section 3-1423.04 to determine the actual payable amount for each prescription service billed. Any provider offering to waive collection of the copayment in whole or part will have their allowed dispensing fee reduced by the amount of the copayment waiver offered. The reduced dispensing fee will remain in force until satisfactory evidence is presented to the Department that the waiver offer has been discontinued and at a minimum will be applied for the same time period that the provider's offer of waiver is known to have existed.

Prescription Charge Formula:

Estimated Acquisition Cost (EAC) plus \$2.25-\$3.30 (variable),  
50¢ copay per prescription.

1/ Direct communication with W. J. Whiteman, D.Ph., Director, Pharmacy Services, 8/8/79. Selected major highlights from The Idaho Pharmacist, July 1979.

## 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.  
Director of Pharmacy Services

"

## 2. Medical Care Advisory Committee:

Ray Winterowd  
P. O. Drawer B, Reg. II  
Lewiston 83501

Department of Health & Welfare  
Regional Directors Rep.

Arlene Warner  
Statehouse  
Boise 83720

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

Steve McCoy  
Nez Perce Co. Courthouse  
Lewiston 83501

Idaho County Commissioner

Colen H. Sweeten  
817 W. Franklin  
Boise 83701

Idaho Association of Counties

## Medical Care Advisory Committee (continued):

Ed Richardson  
Minidoka Memorial Hospital  
Rupert 83350

Idaho Hospital 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  
3105½ State Street  
Boise 83703

Idaho Mental Health Association

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  
P. O. Box 2668  
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 (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	X	X	X	X	X	X	X	X	X	X
Inpatient Hospital Care	X	X	X	X	X	X	X	X	X	X
Outpatient Hospital Care	X	X	X	X	X	X	X	X	X	X
Laboratory & X-ray Service	X	X	X	X	X	X	X	X	X	X
Skilled Nursing Home Services	X	X	X	X	X	X	X	X	X	X
Physician Services	X	X	X	X	X	X	X	X	X	X
Dental Services	X	X	X	X	X	X	X	X	X	X

\*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	1977		1978	
	Persons Eligible	Drug <sup>1/</sup> Recipients Amounts	Persons Eligible	Drug Recipients Amounts
OAA	16,762	\$ 2,618	11,820	\$ 1,803
MA				
AB	1,013	132	754	99
APTD	63,835	9,890	40,226	8,111
AFDC	931,204	30,927	754,402	32,295
Foster Children	5,298	43	3,558	65
MN Aged	64,322	11,520	52,048	12,886
MN Blind	714	94	645	113
MN Disabled	68,276	10,846	64,596	14,244
MN Children	29,512	876	11,518	1,028
MN Foster Chld.	19,551	291	10,770	244
AMI	<sup>1/</sup>	21	<sup>1/</sup>	34
GA	<sup>1/</sup>	6,284	<sup>1/</sup>	6,466
Cuban-Viet. Rep.		166		79
Total	1,200,487*	\$73,708	949,337	\$77,467

<sup>1/</sup> 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	"
Robert G. Wessel Chief of the Office of Personnel and Employee Relations	"
Patrick F. Kain Acting Administrator Medical Assistance Program	931 East Washington Street Springfield 62763
Norman L. Ryan General Services Administrator	316 South Second Street Springfield 62706
Mary Ann Langston Policy & Planning Administrator	"
Mark Camille, Chief Research & Analysis	216 East Monroe Street Springfield 62706
Beverly Knous, Chief Bureau of Information Systems	"
Douglas H. Clough, R.Ph. Pharmacist Consultant	931 East Washington Street Springfield 62763

2. Public Aid Department Advisory Committees:

A. The Department has a State Medical Advisory Committee, composed only of physicians appointed by the Director of Public Aid, often after recommendation by 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	17 West 728 Butterfield Rd., #313 Oakbrook Terrace 60181
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:

Alan L. Granat  
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 June 30:

(Dollar Amounts in Thousands)

CATEGORY	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons <sup>1/</sup> Eligible	Drug <sup>2/</sup> Recipients	Amounts
OAA		27,607	\$ 9,035	31,939	51,593	\$ 9,568
MA						
AB		918	199	1,072	1,448	197
APTD		19,743	5,720	24,789	34,793	6,139
AFDC		130,886	4,586	226,364	184,354	4,943
<b>Total</b>		<b>179,154</b>	<b>\$19,540</b>	<b>284,164</b>	<b>272,188</b>	<b>\$20,847</b>

<sup>1/</sup> 1978 figures includes persons not receiving Social Security and receiving Social Security income.

<sup>2/</sup> Drug Recipients total is number of recipients participating.

## 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.
  - 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 \$2.50.
    - b. EAC (Estimated Acquisition Cost) plus the dispensing fee of \$2.50.

## Prescription Charge Formula (continued):

- 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 \$2.50.
  - 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 \$2.50.

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 - Room 701 Indianapolis, Indiana 46204
Vacant Chief Medical Director	"
Vacant Assistant Administrator- Programs	"
James H. Cook Assistant Administrator- Administration	"
Robert F. Smith Assistant Administrator- Medicaid	"
William Harding Director Division of Administrative Services	"
(Mrs.) Marian Steffy Director Division of Public Assistance	"
William Stafford, M.D. Medical Review Team	"
Melvin Coffel Supervising Ophthalmologist	"



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

- John Cervenka  
R.R. 1, Box 121  
North Judson 46366 - State-wide Taxpayer
- David A. Clark, R.Ph.  
Chairman  
54 Monument Circle  
Indianapolis 46204 - Indiana Pharmaceutical  
Association, Inc.
- Hon. Jeffrey K. Espich  
Box 158  
Uniondale 46791 - House of Representatives
- Demetrius Ewing  
513 South 15th Street  
Terre Haute 47801 - Citizenry of Indiana
- Keith G. Felix  
P. O. Box 396  
Plymouth 46563 - Insurance Interests
- Lowell G. Foster, M.D.  
3500 Lafayette Road  
Suite 103  
Indianapolis 46222 - Indiana Psychiatric  
Association
- Carl D. Hicks  
R.R.  
Perrysville 47974 - Agricultural Interests
- John H. Huber, Administrator  
Sycamore Village Health Care  
Center  
2905 West Sycamore Road  
Kokomo 46901 - Indiana Health Care  
Association
- Edward W. James  
3150 West 19th Place  
Gary 46402 - Labor Interests
- Albert F. Kull, D.O.  
203 South Ironwood Drive  
P. O. Box 6172  
South Bend - Indiana Association of  
Osteopathic Physicians  
and Surgeons
- (Mrs.) Mildred Lawson  
1404 Old Orchard Place  
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 Sagraves, 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
Vacant Indiana Hospital Assoc. 3921 N. Meridian Indianapolis 46208	- Indiana Hospital Association

## Advisory Committee for Medical Assistance (continued):

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

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

Mrs. Joyce Kirk, R.N. - Indiana State Nurses Assoc.  
210 #2 Bercado Place  
Mishawaka 46544

Lee H. Trachtenberg, M.D. - Indiana State Medical Assoc.  
1646 - 45th Avenue  
Munster 46321

## 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				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: 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 June 30:

(Dollar Amounts in Thousands)

CATEGORY	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	25,586	20,424	\$3,428	32,978	27,828	\$ 5,634
MA	17,352	9,965	1,468	4,896	2,534	99
AB	1,097	785	115	1,094	804	137
APTD	16,639	10,532	1,672	18,701	12,196	2,263
AFDC	150,434	79,387	2,566	149,208	84,564	3,240
<b>Total</b>	<b>211,108</b>	<b>121,093</b>	<b>\$9,249</b>	<b>206,877</b>	<b>127,926</b>	<b>\$11,373</b>

## 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. Maintenance drugs may be supplied in 90-day quantities.
  3. Refills: Permitted.
  4. Dollar Limits: None.
- D. Prescription Charge Formula: Payment will be based on the pharmacist's usual, customary and reasonable charge, but payment may not exceed the current wholesale cost of the drug as defined by the Department of Social Services, plus a professional fee of \$2.55.

## V. Miscellaneous Remarks:

FY 1978

Total number Rx	1,750,711
Average cost/Rx for all categories	\$6.44

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Source: Statistics Section, Division of Administration

## IOWA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social Services Department Officials:

Victor Preisser Commissioner	Department of Social Services Hoover State Office Building Des Moines, Iowa 50319
Pennie Bjornstad Chief Bureau of Medical Services	"
Ronald J. Mahrenholz, R.Ph., M.S. Manager Utilization Review Section  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> Dennis J. Walters, M.D. 435 N.W. 60th Avenue Des Moines 50313
Rep. Charles Bruner 209 E. 6th St., Apt. 5 Ames 50010	<u>Iowa Nurses Association</u> Marilyn Russell (Mrs.) Public Health Nursing Assoc. Armory Building East 1st & Des Moines Street Des Moines 50309
<u>Iowa Dental Association</u> C. E. O'Meara 530 39th Street Des Moines 50309	<u>Health Facilities Assoc. of Iowa</u> R. Buckman Brock P. O. Box 677 2137 Sunset Road Des Moines 50315

---

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

## Title XIX Medical Assistance Council (continued):

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 Pharmacists 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 State Dept. of Health

Norman Pawlewski  
Commissioner  
Lucas State Office Bldg.  
Des Moines 50319

Iowa State Board of Chiro-  
practic Examiners

R. O. Masters, D.C.  
938 N. Federal  
Mason City 50401

Opticians Association of  
Iowa, Inc.

R. Wayne Ellis  
849 Marion  
Des Moines 50315

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

Ruth Hannagan (Mrs.)  
214 Country Club Acres  
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:

Richard L. Watkins  
G. Joseph Norwood  
Gene Lutz  
Alan Shepley  
Richard Landess  
Tom Reeder  
Jack Kiburz  
Phil Tuetkin  
Marion Reis

- Independence  
- Iowa City  
- Altoona  
- Cedar Rapids  
- Centerville  
- Marshalltown  
- West Des Moines  
- Monticello  
- Sioux City



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. Pharmacists Association: -

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



KANSAS

MEDICAL ASSISTANCE DRUG PROGRAM (TITLE XIX)

Title XIX Program Began 6/1/67

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	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	1977			1978		
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons 3/ Eligible	Drug 3/ Recipients	Amounts
OAA	10,190	10,088	\$ 1,731	114,445	65,962	\$ 1,638
MA	47,702	45,050	5,276	321,485	188,624	4,964
AB	328	294	48	3,372	1,940	48
APTD	10,332	9,692	1,739	115,965	66,825	1,660
AFDC	82,423	71,576	2,426	863,627	188,397	2,194
GA	12,041	5,794	681	74,182	32,995	632
Total	163,016	142,494	\$11,901	1,493,076	544,743	\$11,136

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

- 1/ Average persons eligible per month.
- 2/ Unduplicated count of recipients for fiscal year.
- 3/ Total persons count

## 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 \$1.41 to \$3.64 for FY-1979, 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."

## 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	"
Elaine Hacker, M.D. Utilization Review Administrator	"
Gene Hotchkiss, R.Ph. Pharmacist Consultant	"

## 2. Governor's Medical Advisory Committee:

Clint Willsie, Director Sedgwick County Department of Mental Health 1801 East Tenth Street Wichita 67214	J. J. Padfield, O.D. P. O. Box 364 Garnett 66032
Harry H. Cook, Sr., D.D.S. Medical Arts Building West Tenth and Garfield Topeka 66604	Theodore Young, M.D. 107 Medical Arts Building Topeka 66604
	Richard Brummett, M.D. 617 East Elm Salina 67401

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

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

Nancy Belohlavek  
1621 Mulvane  
Topeka 66604

Joseph Hollowell, M.D.  
Director of Health  
Department of Health and  
Environment  
6700 South Topeka Blvd.  
Topeka 66620

Helen Jones  
Department of Aging  
2700 West Sixth Street  
Topeka 66606

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

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

Departmental Representatives:

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

Dr. Robert C. Harder

L. Kathryn Klassen, R.N., M.S.

Robert E. Fitch, M.D.

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

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	1977 <sup>3/</sup>			1978		
	Persons <sup>2/</sup> Eligible	Drug <sup>2/</sup> Recipients	Amounts	Persons <sup>2/</sup> Eligible	Drug <sup>2/</sup> Recipients	Amounts
OAA	62,020	24,688	\$ 4,184	53,594	24,678	\$ 3,927
MA						
AB	2,233	740	132	2,198	791	139
APTD	44,370	18,199	3,471	45,292	20,806	3,885
AFDC	207,509	33,580	3,198	172,569	31,606 <sup>4/</sup>	2,933
MN Aged	3,860	1,258	226	8,422	1,265	223
MN Blind	46	21	4	45	18	4
MN Disabled	2,457	1,147	246	3,225	1,231 <sup>4/</sup>	261
MN Children	38,745	6,029	571	53,809	9,553 <sup>4/</sup>	915
Total	361,240	85,662	\$12,032	339,154	89,948	\$12,287

1/ Data is not available using the federal fiscal year ending September 30. Fiscal Year 1977 runs from July 1, 1976 through June 30, 1977, and fiscal year 1978 runs from July 1, 1977 through June 30, 1978.

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.

4/ 11-month average; figures for June 1978 not available.

## 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 for Human Resources.

## IV. Provisions Relating to Prescribed Drugs:

- A. General Exclusions (diseases, drug categories, etc.):  
The following are items which are not covered under the pharmacy benefits 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: None.
  3. Refills: No prescription 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).

Prescription Charge -- Reimbursement Formula (continued):

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 some 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 currently is adjusted monthly with plans for a twice monthly update.

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

	78
Average Monthly Vendor Payment -----	\$11.27**
<u>Categorically Needy</u> -----	11.60**
Aged -----	13.26
Blind -----	14.66
Disabled -----	15.56
Dependent Children -----	7.73**
<u>Medically Needy</u> -----	9.67**
Aged -----	14.70
Blind -----	18.32
Disabled -----	17.65
Dependent Children -----	7.98

\*Dispensing Fee - \$2.22 F.Y. 1979  
                  \$2.35 F.Y. 1980

\*\*11-month average; figures for June 1978 not available

Average Monthly Rate of Drug Program Utilization

Utilization Rate-----	26
(per 100 Eligible Persons)	
<u>Categorically Needy</u> -----	28
Aged-----	45
Blind-----	36
Disabled-----	46
Dependent Children-----	18
<u>Medically Needy</u> -----	19
Aged-----	15
Blind-----	40
Disabled-----	38
Dependent Children-----	18
<u>Average Prescription Cost</u> -----	\$3.63
Aged-----	\$3.54
Blind-----	3.68
Disabled-----	3.86
Dependent Children-----	3.44

---

Source: Public Assistance in Kentucky  
PA-264 Report Series - Fiscal Year 1978

## 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 East Main Street  
Frankfort, Kentucky 40601

Gail S. Huecker (Mrs.)  
Commissioner

Bureau of Social Insurance  
3rd Floor, DHR Building  
275 East 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 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

Larry H. Spears, R.Ph.  
c/o Grant County Drugs  
Dry Ridge 41035

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

John E. Harting, D.M.D.  
3333 Bardstown Road  
Louisville 40218

Leon D. Keene  
Administrator  
Methodist Hospital of Ky.  
U.S. 23, Bypass  
Pikeville 41501

Sandy Benedict  
420 Chestnut Way  
Newport 41071

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

Pat Karr, Ph.D.  
1149 Robinwood Drive  
Paducah 42001

## Advisory Council for Medical Assistance (continued):

Suzanne Vance  
12708 St. Clair Drive  
Middletown 40243

Esther Frockt  
2903 Lightheart Road  
Louisville

Charles D. Lentz  
Regional Director  
United Medco Centers, Inc.  
405 Carpenter Street  
Evansville 47708

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 Dept.  
400 East Gray Street  
Louisville 40202

Formulary Subcommittee:

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

John Anneken, R.Ph.  
Anneken's Pharmacy  
918 Madison Street  
Covington 41011

John M. Baird, M.D.  
216 Maple Avenue  
Danville 40422

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

Regina Mapes, B.S.N.  
Visiting Nurse Association,  
Inc.  
207 West Market 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, 3rd Floor  
Frankfort 40601

Stanley Hammons, M.D.  
Chief Medical Officer  
Health Services Building  
Frankfort 40601

R. N. Smith  
Smith's Pharmacy  
Burkesville 42717

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

Charles Harry Jarboe, Ph.D.  
Dept. of Pharmacology and  
Toxicology  
University of Louisville  
Health Sciences Center  
Post Office Box 35260  
Louisville 40232

James Sieg, Ph.D.  
University of Kentucky  
College of Pharmacy  
Lexington 40506

## B. Pharmacy Technical Advisory Committee:

Dwaine K. Green, R.Ph.  
Chairman  
c/o Sageser Drug  
392 Southland Drive  
Lexington 40503

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

Paul F. Davis, R.Ph.  
Executive Director  
Ky. Pharmaceutical Assoc.  
P. O. Box 715, U.S. 127  
Frankfort 40602

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

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

Milton E. Gardner, Jr., R.Ph.  
2202 Tucker Station Road  
Jeffersontown 40299

## 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, R.Ph.  
Executive Director  
Kentucky Pharmaceutical Association  
P. O. Box 715, U.S. 127  
Frankfort 40602  
Phone: 502/227-2303





LOUISIANA

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				Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	
					Children Under 21				
Prescribed Drugs	X	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	X
Skilled Nursing Home Services	X	X	X	X					X
Physician Services	X	X	X	X	X	X	X	X	X
Dental Services	X <sup>2</sup>	X <sup>2</sup>	X <sup>2</sup>	X <sup>1,2</sup>	X <sup>2</sup>	X <sup>2</sup>	X <sup>2</sup>	X <sup>1,2</sup>	X <sup>2</sup>

Other Benefits:

1. EPSDT - Eligibles Only
2. Adult - Dentures Only

\*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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		95,914	\$17,596		91,902	\$19,828
MA						
AB		1,635	215		1,540	242
APTD		55,113	7,822		50,704	9,032
AFDC		132,190	3,854		134,127	4,713
Others		86	6		1,953	32
Total		284,938	\$29,493		280,226	\$33,847

## 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 \$3.28 dispensing fee. (Effective 7/15/79)
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 Security (same address as above)
John N. Gum Deputy Assistant Secretary	"
Felix Stanley 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	"
Vacant 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 70804

2. Office of Family Security Advisory Committees:

A. Medical Advisory Committee:

(To be appointed)

B. Pharmacy Program Liaison Committee:

Sal J. D'Angelo Chairman	- New Orleans
Nolan J. Babineaux	- River Ridge
Dominick Sciortino	- Arabi
Gerald Dupre	- Ville Platte
Edward Head, Jr.	- Bastrop
Dave Tyndall	- Sulphur
James J. Vanderhoeven, Jr.	- Alexandria
Carolyn Maggio (staff)	- Baton Rouge

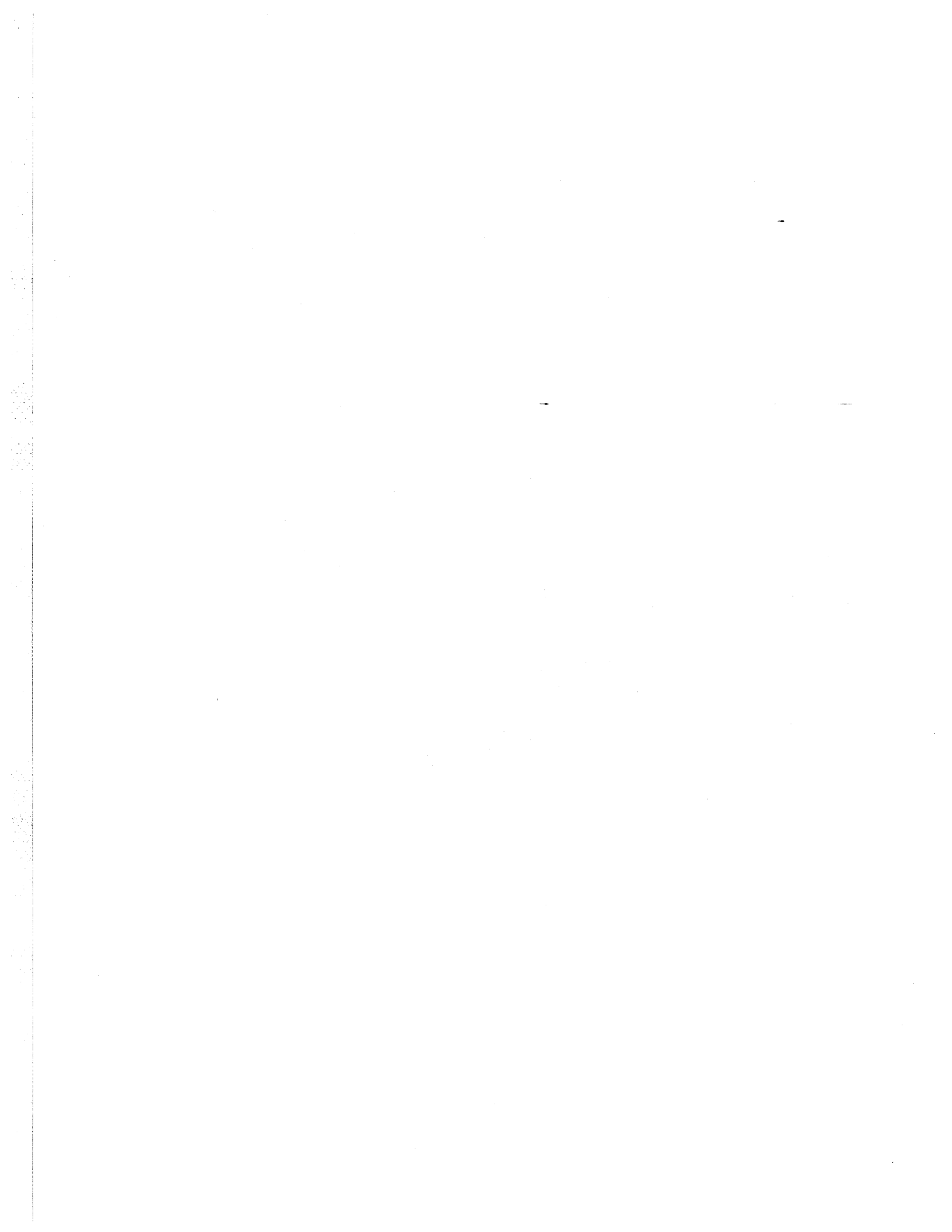
3. Executive Officers of State Medical and Pharmaceutical Societies:

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 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										

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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	19,091	16,953	\$2,600	19,572	18,456	\$3,061
MA						
AB	358	128	24	384	180	27
APTD	17,482	13,680	1,884	18,752	15,703	2,225
AFDC	121,287	55,428	1,662	117,365	57,626	1,819
Total	158,218	86,189	\$6,170	156,073	91,965	\$7,132

\*\*State of Maine Fiscal Year is July through June, however, data above comes from SRS-NCSS 2082 and represents Federal Fiscal Year October through September.

## 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 hyperkinesia 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: Usual and Customary, EAC plus a professional fee of \$2.70 or MAC plus a professional fee of \$2.70, whichever is lower.

## 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 HSI of Maine (Health Systems Institute of Maine) to administer the drug program.

## Miscellaneous Remarks (continued):

Drugs for the Elderly Program (Pharmaceutical Assistance Programs for the Aged - PAA)

Program for eligible persons for drugs specified by state minus \$1 copayment for each prescription, to be paid by recipient.

## Requirements:

1. Legal resident of the state of Maine.
2. 62 Years of age or older, disabled widows or widowers age 55 or older who are not remarried, or are 62 years of age or older and members of a household of an individual who has been determined eligible by the Bureau of Taxation for the Drugs for the Elderly Program and whose name appeared on the applicant's application.
3. Each of the above must be designated by the Bureau of Taxation as meeting the financial guidelines for the Tax and Rent Refund Program.
4. Persons eligible for Medicaid or who receive State Supplemental Income benefits are not eligible for the Drugs for the Elderly Program.

Catastrophic Illness Program  
(Maine Public Law 768 - (1974), eff. 7/1/74)

1. Provides for a catastrophic illness program.
2. Supported by state funds only.
3. Purpose - provide basic but limited health care when individuals cannot pay for such care from their own or other resources.
4. Eligibility: (individual basis - 1 year)
  - a. Individual must apply for all other health benefits.
  - b. 20% of net income before taxes.
  - c. 10% of net worth exceeding \$20,000 and \$1,000 deductible.
  - d. Payments are made only to vendors or providers of care.

Note: This program will be terminated when any similar federal program such as a national health insurance program is enacted.

## 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	"
--	---

David D. Williams Director Bureau of Medical Services	"
---	---

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	"
-----------------------------------	---

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:

<u>A. Dewey Richards, M.D.</u> <u>Chairman</u>	11 Gage Street Bridgton 04009
---	----------------------------------

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Association:

Frank O. Stred  
Executive Director  
Maine Medical Association  
524 Western Avenue  
Augusta 04330  
Phone: (not available until 8/15/79)

B. Pharmaceutical Association:

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

## 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	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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	19,860	15,601	\$ 1,853	19,809	15,397	\$ 1,986
MA						
AB	438	326	32	420	285	32
APTD	30,018	23,401	2,755	29,991	22,752	2,936
AFDC	230,962	147,603	4,225	220,343	142,867	4,276
MN Aged	22,529	21,714	3,248	17,503	19,308	3,017
MN Blind	62	52	7	44	43	7
MN Disabled	6,902	5,625	863	5,335	4,661	739
MN Children	22,777	14,370	269	19,583	11,643	237
GA & Others	72,377	36,018	1,965	67,070	34,072	2,011
Total	405,925	264,710	\$15,217	380,098	251,028	\$15,241

## 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 \$2.55 (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 \$2.55 (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. 1/

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.

---

1/ New York Drug List Adopted June 1979

The Maryland Drug Formulary Council of the State Department of Health adopted the New York Drug List as the Drug Formulary required under the enactment of House Bill 960. The law requires that the formulary be an FDA-approved list of therapeutically equivalent drug products.

## MARYLAND

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Health and Mental Hygiene Department Officials:

Charles R. Buck, Jr., Sc.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	" "
---	-----

Louis Taich, 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  
Hagerstown 21741  
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.  
636 W. Lombard Street  
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301/528-7613  
University of Maryland  
School of Pharmacy

Vera Koonce  
721 Morane Way  
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Lawrence LaMotte  
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301/235-1979  
Maryland Conference of  
Social Concern

Daniel J. O'Neal, III  
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Baltimore 21218  
301/528-7559  
University of Maryland  
School of Nursing

Ethel Pace  
1707 Moreland Avenue  
Baltimore 21216  
301/669-5678

Pasquale Panaggio, Jr.  
11 South Street  
Baltimore 21201  
301/383-3582  
Department of Human Resources

Ronald Peterson  
550 North Broadway  
Baltimore 21205  
301/955-5000  
Johns Hopkins Hospital

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

Stewart Reichart  
11613 Toulone Drive  
Potomac 20854  
1-299-6233

Alice Richman  
5521 Ritter Avenue  
Baltimore 21206  
301/866-4775

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 Janellen Drive  
Baltimore 21208

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

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

David Rombro, R.Ph.  
Institutional Pharmacy  
Services (MacGillivray's  
Pharmacy)  
902 N. Charles Street  
Baltimore 21201  
301/685-5551

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

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

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 (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	
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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts <sup>2/</sup>	Persons Eligible	Drug Recipients	Amounts
OAA	76,078		\$ 8,022			\$ 8,279
MA	118,751		9,802			10,353
AB						
APTD	53,817		6,073			6,723
AFDC	377,563		7,821			8,329
GA			507 <sup>3/</sup>			477 <sup>4/</sup>
Total	626,209		\$32,225			\$34,161

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

<sup>2/</sup> Updated Amounts reported with submission of FY-1978 data.

<sup>3/</sup> Includes Cuban Relief/Emergency Assistance \$20, plus General Relief \$487.

<sup>4/</sup> Includes Cuban Relief/Emergency Assistance \$18, plus General Relief \$459.

## 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.  
\$50 for direct billing of medical supplies and durable goods.
- D. Prescription Charge Formula:
  - 1. Legend Drugs: at cost\* plus \$2.70 dispensing fee.

---

\* Estimated Acquisition Cost

## 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 EAC 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:

Dr. Russell Rowell  
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



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	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	1977			1978		
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons 1/ Eligible	Drug 2/ Recipients	Amounts
OAA		37,842	\$ 6,030	41,821	36,456	\$ 6,597
MA	(not reported)	124,403	13,867	122,117	120,469	15,915
AB		1,184	155	1,673	1,211	182
APTD		56,479	10,038	71,095	59,100	11,811
AFDC		446,791	16,521	599,710	434,896	18,965
Total			666,699	\$46,611	836,416	652,132

1/ Average Monthly Eligibles

2/ Unduplicated Count

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

Report used: Statistical Report on Medical Care Data Reporting Section - MDSS

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: (See V. Miscellaneous Remarks for historical fee adjustments)

1. Actual acquisition cost, plus professional fee not to exceed \$2.75 or
2. The M.A.C.\* rate, plus professional fee not to exceed \$2.75 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

1978-1979 Historical Professional Fee adjustments:

<u>1978</u>	<u>10/1/78</u>	<u>1/15/79</u>	<u>3/1/79</u>
\$2.50	\$2.75	\$2.50	\$2.75

\*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	Michigan Department of Social Services Commerce Center Building Lansing, Michigan 48909
Paul M. Allen Director	Medical Services Administration "
Steven B. Scheer, Director Office of Program Development and Reimbursement	"
Bernard Higgins, Acting Director Medicaid Recovery Division	"
Vernon K. Smith, Ph.D., Director Bureau of Medicaid Information and Policy Development	"
Keith F. Cole, Director Bureau of Medicaid Operations	"
Robert M. Levin, D.D.S., Director Bureau of Health Services Review	"
Glenn Williams, Director Bureau of Medicaid Institutional Review	"
Richard Maharan, Director Bureau of Medicaid Authorization and Program Integrity	"
James L. Hall, R.Ph. Special Policy Consultant Bureau of Medicaid Information and Policy Development	"

## 2. Social Services Department Advisory Committees:

## A. State Medical Care Advisory Council:

Consumer Members

Lauren Swanson  
1514 W. Saginaw  
Lansing 48915

- Citizens for Better Care

Consumer Members (continued):

Edward Johnson 3617 Charlevoix Detroit 48207	- Recipient Representative
Robert L. Thompson 110 N. O'Keefe Street Cassopolis 49031	- American Association of Retired Persons
Clark Shanahan (Attorney) 310 W. Main Street Owosso 48867	- Michigan Society for Mental Health
Dorothy Walker 8731 E. Jefferson Detroit 48214	- UAW Retired Worker's Dept.
Ella Bragg 15411 Wabash Detroit 48238	- Michigan Welfare Rights Organization
Ruth McArthur 1954 Burton Holt 48842	- Michigan 4-C Council
Millie Loveless 119 N. Washington Square Lansing 48933	- Human Resources Department City of Lansing
Joyce Lane 6594 Pine Street Cass City 48726	- Welfare Rights Organization (Recipient Representative)
<u>Provider Members</u>	
William H. Harrison, M.D. 834 W. St. Joseph Lansing 48915	- Michigan State Medical Society
Kirk Herrick, D.O. 515 N. Michigan Saginaw 48602	- Michigan Osteopathic Assoc.
Reginald P. Ayala Executive Director S.W. Detroit Hospital 2401 - 20th Street Detroit 48216	- Michigan Hospital Association
Lanny Dittmer 1529 Gay Lane Lansing 48912	- Health Care Association of Michigan (N.H.s)

Provider Members (continued):

Thomas A. Vuchetich - Michigan Dental Society  
712 Abbott Road  
East Lansing 48823

Janet Ofodice - H.M.O. Provider Group  
Executive Director  
Total Health Care of Detroit  
3455 Woodward Avenue  
Detroit 48201

George Budak, D.P.M. - Michigan Association of  
19011 Ten Mile Podiatry  
Roseville 48066

State Officials

Vernon K. Smith, Ph.D. - Michigan Department of  
Director, Bureau of Medicaid Social Services  
Information & Policy  
Development  
Medical Services Admin.  
Michigan Department of  
Social Services  
300 South Capital Avenue  
Lansing 48926

Maurice Reizen, M.D., Dir. - Michigan Department of  
Michigan Dept. of Public Health  
Health  
3500 N. Logan Street  
Lansing 48909

Victor Sztengel, Exec. Dir. - Michigan Association of Health  
Northern Michigan Health System Agencies  
System Agency  
325 E. Lake Street  
Petoskey 49770

Dominic D'Annunzio - Michigan Department of  
7419 Yorktown - Rte. 2 Commerce, Insurance Bureau  
Lansing 48917

Vicki Hansen  
Ingham County Department  
of Social Services  
930 W. Holmes Road  
Lansing 48910

## 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 E. Grand River Avenue  
Lansing 48906

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

## 3. Executive Officers of State Medical, Pharmaceutical, and Osteopathic Associations:

## A. Medical Society:

Warren 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

MINNESOTA

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	1977			1978		
	Persons* Eligible	Drug Recipients	Amounts	Persons* Eligible	Drug Recipients	Amounts <sup>1/</sup>
OAA	11,546	11,149	\$ 1,776	12,297	15,682	\$ 2,034
MA						
AB	527	485	82	464	565	73
APTD	14,840	13,052	2,592	15,287	18,574	2,741
AFDC	133,507	101,808	3,448	134,173	106,736	3,550
MN Aged	24,855	29,074	6,972	24,256	28,845	7,272
MN Blind	119	124	29	125	149	36
MN Disabled	7,309	7,187	1,641	7,252	7,451	1,708
MN Children	14,072	15,955	491	11,982	26,674	1,169
Total	206,775	178,834	\$17,031	205,836	204,676	\$18,583

\*Eligible Persons - Average Monthly

<sup>1/</sup> Expenditures reflected on DHEW-SRS/NCSS 2082-A(2) (Minnesota Communication - 3/14/79).

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.

V. Miscellaneous Remarks:

Drug utilization data:<sup>1/</sup>

	<u>Drug Expenditures</u>	<u>Rx Claims</u>	<u>Average/Claim</u>
FY 1976	\$16,728,986	2,986,262	\$5.60
FY 1977	\$17,758,369	2,906,627	\$6.11
FY 1978	\$19,063,976	2,971,811	\$6.41

<sup>1/</sup> Minnesota Pharmacist, March 1979

Note: Source of Drug Expenditure data differs from that submitted to NPC and reflected on page 1, Section II, Expenditures for Drugs.



## MINNESOTA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Welfare Department Officials:

Arthur Noot Commissioner	Department of Public Welfare Centennial Office Building St. Paul, Minnesota 55101
-----------------------------	---

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

Robert G. Randle 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 Building 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, Pharm.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. Chairman	- Minneapolis
Kent F. Olson, R.Ph.	- Hopkins
Hugh F. Kabat, R.Ph., Ph.D.	- St. Paul
Barry M. Krelitz, R.Ph.	- Minneapolis
Carl W. Oberg, 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

## 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	1977			1978 <sup>3/</sup>		
	Persons <sup>1/</sup> Eligible	Drug <sup>2/</sup> Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	92,459	78,688	\$10,943	88,387	76,850	\$13,523
MA						
AB	1,918	1,457	164	1,799	1,386	189
APTD	33,454	27,965	4,170	32,295	27,042	5,148
AFDC	231,661	130,050	3,659	219,574	131,989	4,818
CWS	1,208	544	10	1,240	631	47
Total	360,700	238,704	\$18,946	343,295	237,898	\$23,725

<sup>1/</sup> Average Numbers (monthly).<sup>2/</sup> Unduplicated count of total annual recipients.<sup>3/</sup> Source: 9th Annual Report (7-1-77 through 6-30-78), Mississippi Medicaid Commission.

## MISSISSIPPI

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Mississippi Medicaid Commission.

## IV. Provisions Relating 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, certain peripheral vasodilators, and those drugs classified as mild tranquilizers.

B. Formulary: Restricted formulary using National Drug Code, effective September 1, 1971.

## C. Prescribing of 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: Prescription refills are limited to three (3), except for maintenance type prescriptions. Authorization is required in writing by the prescriber. There are no refill restrictions on insulin, and no refills are allowed on telephoned prescriptions.
4. Injections: The Medicaid program will not reimburse drug providers for injectable medications except for Insulin and injectable medications prescribed for residents of nursing homes, and for those in private homes if the individual is receiving Home Health Services under an approved plan of treatment. Injectable Prolixin shall be an exception due to the substantial number of Out-Patients requiring this medication.
5. Dollar Limits: None.

## D. Prescription Charge Formula:

1. Legend Drugs - Actual Acquisition Cost (Net - "Bottom Line") plus \$2.50 fee, or the provider's usual/customary retail charge, whichever is lower. Dispensing Physicians - \$1.50 per Rx.

Note: Effective August 1, 1979

2. Non-legend drugs, insulin, birth control pills, and injections - AAC price plus \$2.50 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 3,758,069 prescriptions during Fiscal Year 1978. This represents an increase of 134,769 prescriptions or 3.7% from Fiscal Year 1977.

Drug recipients numbered 237,898, representing a utilization rate of 69.3%. The average number of prescriptions per recipient was 15.8 and the average number of prescriptions per eligible was 10.9.

Drug Utilization Data (FY 1978)

<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	3,758,069	343,295	10.9	237,898	15.8
OAA	2,069,013	88,387	23.4	76,850	26.9
AB	30,183	1,799	16.8	1,386	21.8
APTD	745,250	32,295	23.1	27,042	27.6
AFDC Children	485,291	169,182	2.9	95,391	5.1
AFDC Adults	425,363	50,392	8.4	36,598	11.6
Other (CWS-FC)	2,969	1,240	2.4	631	4.7

Miscellaneous Remarks (continued):

Expenditure Data for Drugs

<u>Total Amount</u>	<u>% Total Expenditures</u>	<u>Average per Eligible</u>	<u>Average per Recipient</u>
\$23,724,564	13.8	\$69.11	\$99.73
Average Prescription Price . . . . .			\$ 6.31

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Source: Ninth Annual Report, Mississippi Medicaid Commission,  
7-1-77 through 6-30-78.

## 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 16786) 4785 I-55 Frontage Road Jackson, Mississippi 39206
---------------------------	---

Will Lowery Associate Director	"
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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
George S. Smith	- Jackson
Jimmie U. Crane	- Fulton
Sen. John G. Corlew	- Pascagoula
Rep. Charles M. Deaton	- Greenwood
Rep. Don W. Richardson	- Jackson
Sen. Theodore Smith	- Corinth

## 2. Title XIX Technical Advisory Committees:

There are six (6) technical advisory committees. Each committee consists of individuals who are health care professionals identified with the responsibility of the committee to which they are appointed. The committees are (number on committee for 1978 in parenthesis):

Technical Advisory Committee on Physicians' Services (6)

Technical Advisory Committee on Drugs (7)

Technical Advisory Committee on Hospital Services (5)

Technical Advisory Committee on Nursing Home Services (5)

Technical Advisory Committee on Dental Services (6)

Technical Advisory Committee on Optometric Services (4)

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  
735 Riverside Drive  
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 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
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 September 30:

(Dollar Amounts in Thousands)

CATEGORY	1977			1978*		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	82,090	66,079	\$ 8,180	76,968	61,580	\$ 9,650
MA						
AB & (BP)	3,957	2,869	341	3,416	2,399	378
APTD	37,637	29,337	3,882	42,285	32,617	5,470
AFDC&(AFDC-FC)	366,006	175,797	4,647	338,989	147,403	4,234
(GR & CWS-FC)	20,020	11,337	607			
Other				17,016	8,311	550
Total	509,710	285,419	\$17,657	478,674	252,310	\$20,282

\*Our fiscal year is from July 1 to June 30; however, the 1978 figures are taken from our Federal report for fiscal year ending September 30.

Categories in parenthesis are included in Category "Other" for 1978.

## 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 1,017 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.

Medicaid Management Information System (MMIS) will be implemented August 1, 1979.

## MISSOURI

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Social Services Department Officials:

David R. Freeman Director	Department of Social Services Broadway State Office Building Jefferson City, Missouri 65101
John Zumwalt Director	Division of Family Services
John Hall Director, Medical Services	"
John Charles Administrator Surveillance/Utilization Review Systems (SURS)	"
Gerald L. Washburn, R.Ph. Richard A. Riley, R.Ph. Pharmacist Consultants II	"
Earl A. Watkins, R.Ph. Program Compliance Auditor	"
Don R. Wunderlich, R.Ph. Pharmacist Analyst	"
Richard L. Eidson Research Analyst (SURS)	"
Sharon K. Walkenbach Analyst (SURS)	"
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 Services Employees International Local No. 96 4526 Paseo Kansas City 64110	Sen. Joseph Frappier 625 Glenco St. Charles 63301
Sen. Harry Wiggins 7520 Main Kansas City 64114	Audrey M. Thaman, Ph.D. Director of Social Work City of St. Louis Dept. of Health & Hospitals 1625 South 14th Street St. Louis 63104

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

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. William Raisch  
House of Representatives  
State Capitol Building  
Jefferson City 65101

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., FFAO  
205 Executive Building  
601 East Broadway  
Columbia 65201

Johnie Mae Gibson  
711 East Miller  
Jefferson City 65101

3. Executive Officers of State Medical, Pharmaceutical, and  
Osteopathic 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, Pharmaceutical, and  
Osteopathic 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

MONTANA

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	
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	1977 <sup>1/</sup>			1978 <sup>2/</sup>		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		2,357	\$ 324		2,201	\$ 323
MA		3,597	195 <sup>3/</sup>		3,816	183
AB		86	10		83	10
APTD		3,632	521		3,559	539
AFDC		13,171	371		13,292	362
MN Aged		3,107	693		3,321	753
MN Blind		12 <sup>3/</sup>	4		13	4
MN Disabled		816	171		831	170
MN Children		308	17		262	17
Total		27,086 <sup>3/</sup>	\$2,306 <sup>3/</sup>		27,378	\$2,361

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

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

3/ Corrected from last year's report.

## 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:

Keith Colbo Director	Department of Social and Rehabilitation Services P. O. Box 4210 Helena, Montana 59601
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Jack R. Carlson Administrator Division of Economic Assistance	"
---	---

William F. Ikard, Chief Bureau of Medical Assistance	"
---	---

Neal Ostby, R.Ph. Consultant, Medical Services	"
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Phil Gouveia, Chief Fiscal Bureau	"
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Vacant Medical Consultant	"
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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:

William F. Ikard, Chairman

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

Consumer Interests  
Vacant

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  
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

Nursing Home Association

Vacant

Department of Health and  
Environmental Sciences

A. C. Knight, M.D.  
Director  
Helena 59601

3. Social and Rehabilitation Services Economic Assistance  
Division:

Keith Colbo  
Director

John Madsen, D.D.S.  
Dental Consultant

Jack R. Carlson  
Administrator

John Kall, D.D.S.  
Dental Consultant

Vacant  
Medical Consultant

Neal Ostby  
Pharmacy Consultant

Vacant  
Optometric Consultant

Karl Banschbach  
Medical Care Specialist

Jack Dorner  
Medical Care Specialist

Marie Brazier, R.N.  
Nurse Consultant

Gary Blewett  
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 11th 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 (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	X	X	X	X	X	X	X	X	X	X
Inpatient Hospital Care	X	X	X	X	X	X	X	X	X	X
Outpatient Hospital Care	X	X	X	X	X	X	X	X	X	X
Laboratory & X-ray Service	X	X	X	X	X	X	X	X	X	X
Skilled Nursing Home Services	X	X	X	X	X	X	X	X	X	X
Physician Services	X	X	X	X	X	X	X	X	X	X
Dental Services	X	X	X	X	X	X	X	X	X	X

\*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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	7,752	7,207	\$1,586	8,065	7,344	\$1,771
MA						
AB	195	150	30	197	152	33
APTD	6,659	5,497	1,239	7,143	5,764	1,373
AFDC	11,477	9,854	566	12,471	10,686	648
CHILDREN	26,089	17,184	375	28,246	18,960	455
MN Aged	7,216	6,250	1,559	7,253	6,400	1,729
MN Blind	43	32	8	38	29	8
MN Disabled	1,562	918	226	1,448	908	247
MN Children	4,139	1,388	22	3,624	1,081	18
MN AFDC	2,071	735	22	1,679	588	23
Total	67,203 <sup>1/</sup>	49,215	\$5,633 <sup>2/</sup>	70,164 <sup>1/</sup>	51,912	\$6,306 <sup>2/</sup>

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

2/ 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 . . . . .	\$2.33-\$2.79
b. Maintenance Drug-Month Supply . . . . .	\$3.33-\$3.79

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, DHEW/HCFB, 6401 Security Blvd., Rm. 1-D-5 East Low Rise Bldg., Baltimore, Maryland 21235.

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

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.

## 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

## Drugs Requiring Prior Approval (continued):

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

(PHARMACISTS 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.

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.

## NEBRASKA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX .

Officials, Consultants and Committees

## 1. Welfare Department Officials:

E. D. Warnsholz 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:

E. D. Warnsholz 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  
Lincoln

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  
4th and Park Avenue  
Hebron 68370

3. Executive Officers of State Medical and Pharmaceutical  
Societies:

## A. Medical Association:

Kenneth Neff  
Executive Secretary  
Nebraska Medical Association  
1902 First National Bank Building  
Lincoln 68508  
Phone: 402/432-7585

## B. Pharmaceutical Association:

Cora Mae Briggs  
Executive Secretary  
Nebraska Pharmaceutical Association  
1001 Anderson Building  
Lincoln 68508  
Phone: 402/475-4274

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 (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: 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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	4,366	3,438	\$ 480	4,420	3,661	\$ 542
MA						
AB	256	208	24	275	240	28
APTD	2,172	1,610	229	2,463	1,999	283
AFDC	15,898	10,635	277	15,053	9,369	245
Total	22,692	15,891	\$1,010	22,211	15,269	\$1,098

## 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 Prescribed Drugs:

A. General Exclusions (diseases, drug categories, etc.):  
(Section 1202.2 - Medicaid Manual)

1. Specific Exclusions: The Title XIX drug program will not pay for the following:
  - a. Vitamins, vitamin/mineral combinations or hematinics
  - 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 1202.4
  - 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 1202.4
  - 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 FDA.

Exceptions to the lists above may be prior-authorized by the Medical Care Section on form SAMI-3; see 1203.3.



## 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.

The Nevada Title XIX drug program will pay for the following prescribed pharmaceuticals:

- a. Legend pharmaceuticals
  - b. Insulin
  - c. Diabetic test tablets and test tapes
  - d. Prenatal vitamin/mineral supplements, legend or non-legend, intended for prenatal care.
  - e. Nicotinic acid in oral or injectable form appropriately prescribed for FDA-approved indication.
  - f. Methylphenidate HCl when prescribed for minimal brain dysfunction in children or for narcolepsy.
  - g. Pemoline when prescribed for minimal brain dysfunction in children.
  - h. Family planning items such as diaphragms, oral contraceptives, foams and jellies.
  - i. Compounded prescriptions, providing that at least one legend pharmaceutical is included in therapeutic quantity.
  - j. Those vaccines not readily available free of charge.
  - k. Schedule V antidiarrheal preparations.
- B. Formulary: None.
- C. Prescribing or Dispensing Limitations:
1. Prescriptions: Eligible Title XIX recipients may receive three prescriptions per month plus (1) those designated "emergency" by the prescriber and (2) those issued for EITHER prenatal OR family planning purposes. For a medically essential drug regimen in excess of this limit, see 1203.3.

## Prescribing or Dispensing Limitations (continued):

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.
  - c. Refill intervals must be consistent with the dosage schedule indicated on the SAMI-5.
3. Quantity of medication: The quantity to be dispensed is as prescribed by the physician, not to exceed a month's supply or a quantity of 100, whichever is greater. The minimum quantity of maintenance pharmaceuticals for chronic conditions is a month's supply.
  - a. A maintenance drug is defined in 1201.2. The definition is considered to include the following drug categories:
    - (1) Anti-anginals
    - (2) Anti-arrhythmics
    - (3) Anti-arthritis
    - (4) Anti-asthmatics
    - (5) Anti-convulsants
    - (6) Anti-diabetics
    - (7) Anti-hypertensives
    - (8) Cardiac glycosides
    - (9) Diuretics
    - (10) Hormones
    - (11) Thyroid preparations
    - (12) Vitamins covered by the program
  - b. In long-term-care facilities, if the prescriber fails to indicate the duration of therapy for a maintenance drug, the pharmacy must provide at least a 30-day supply. (For oral liquid medications only, a 16-fluid-ounce quantity will be considered sufficient to fulfill the 30-day-supply requirement.)
  - c. Prescription quantities will be reviewed by the Drug Utilization Review Committee; justification of less than minimum amounts may be requested from the prescribing physician and/or pharmacy.

## Quantity of medication (continued):

In those cases where less than a 30-day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee will be disallowed.

4. Time limits: SAMI-5s should be received for payment within 90 days of date of service. Claims submitted after two years will not be considered for payment.
- D. Prescription Charge Formula: (Section 1204.3 - 1204.7)
1. Reimbursement: Legend Drugs  

Reimbursement for legend pharmaceuticals is the lowest of (1) maximum allowable cost (MAC) plus the professional fee, (2) estimated acquisition cost (EAC) plus the professional fee, or (3) that pharmacy's usual charge to the general public. The professional fee is currently \$3.10 per prescription.

For prescriptions with ingredient costs exceeding \$30, the SAMI program will pay actual acquisition cost (AAC) instead of EAC, plus the professional fee. AAC will be determined by the Drug Utilization Review Committee.
  2. Reimbursement: Non-Legend Drugs  

Reimbursement for non-legend pharmaceuticals is the lower of (1) the pharmacy's usual charge to the general public, or (2) EAC plus the professional fee.
  3. Reimbursement: Compounded Drugs  

Reimbursement for compounded pharmaceuticals, providing at least one legend drug is included in therapeutic quantity, is as stated for legend drugs in section 1. above. However, in addition to the professional fee, compounding time may be reimbursed at the rate of 20¢ per minute, subject to review by the Drug Utilization Review Committee.
  4. Reimbursement: Unit Dose  

Due to increased costs involved in supplying medications in unit dose form, a higher professional fee (an additional \$0.30 per prescription per month) will be paid. Only those pharmacies supplying long-term-care inpatients with acceptable unit dose delivery systems may qualify.

Reimbursement: Unit Dose (continued):

For SAMI reimbursement purposes, an acceptable - unit dose system is one in which:

- a. Pharmacists maintain medication profiles on each patient and refer to these profiles each time a medication order is filled. The profiles must indicate drug allergies and current diagnoses.
- b. Each patient's prescription requirements are individually packaged and labeled. The physical appearance of the unit dose package will vary according to the system, but always includes a clear product identification, clear patient identification, and instructions for administration of the medication. (Liquids need not be dispensed in unit-of-use packaging, but pharmacists are encouraged to do so.)
- c. Doses of medications for individual patients are placed into an individual patient container, bin, compartment or drawer and whenever possible, are subdivided by dose and administration time.

To secure this higher reimbursement for unit dose, pharmacies must request and receive approval from the Medical Care Section. Such approval is subject to immediate cancellation at any time if the criteria above are not maintained.

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 AWP list)	Cost	\$000.00
<u>LESS</u> 5%	(Minus)	<u>0.00</u>
	Balance	000.00
<u>PLUS</u> Professional Fee		<u>3.10</u>
	Balance	<u>000.00*</u>
<u>LESS</u> Co-pay	(Minus)	<u>0.00</u>
	Amount paid by State	<u>\$000.00**</u>

## Miscellaneous Remarks (continued):

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

\$0.50	for	prescriptions	costing	\$10	or	less.
\$1.00	"	"	"	\$10.01	through	\$25.
\$2.00	"	"	"	\$25.01	through	\$50.
\$3.00	"	"	"	\$50.01	or	more.

(Outpatients and vendor drug recipients)

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From preceding page:

\*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.

## NEVADA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Human Resources Department Officials:

Ralph DiSibio 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
Fred Hillerby	- Chairman, Hospital Committee
Joseph Turmes	- 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
George Bennett, R.Ph. Reno	- 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:

Marie E. Arnold  
President and Acting Executive Director  
Nevada Pharmaceutical Association  
1239 Las Vegas Boulevard, South  
Las Vegas, Nevada 89104  
Phone: 702/382-1659





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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	6,236	4,309	\$ 808	1,704	4,579	\$ 951
MA						
AB	289	201	31	170	204	33
APTD	3,224	2,467	429	2,234	2,547	476
AFDC	36,222	21,534	804	32,364	19,689	746
MN Aged	3,019	2,484	371	7,433	2,262	334
MN Blind	78	59	9	199	54	7
MN Disabled	1,163	995	195	2,317	871	178
MN Children	3,594	1,867	83	4,723	1,522	66
Total	53,825	33,916	\$2,730	51,144	31,728	\$2,791

Persons eligible are an unduplicated estimate of eligibles for state fiscal year ending June 30, 1978. All other data are actual figures for federal fiscal year ending September 30, 1978.

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. Maintenance Medication: 30-90 day supply.
  - 4. Refills: No more than 5 refills during a 6-month period.
  - 5. Dollar Limits: None.

V. Miscellaneous Remarks:

The federal concept of the Medicaid Management Information System has been implemented for pharmaceutical services since November 1, 1973.

Drug Utilization Data: (July 1, 1977 - June 30, 1978)

Total - \$2,799,649 = 5.63% of Total All Vendor Services

	<u>Units of Service</u>		
	<u>1977</u>	<u>1978</u>	<u>% Change</u>
Prescribed Drugs	497,005	493,815	-0.6
	<u>Units/Recipient</u>		
Prescribed Drugs	14.6	15.0	+2.6

NPC

New Hampshire - 3  
1979

Miscellaneous Remarks (continued):

		<u>Unit Cost</u>	
Prescribed Drugs	<u>1977</u> \$5.35	<u>1978</u> \$5.66	<u>% Change</u> +5.8
		<u>% of Vendor Payments</u>	
Prescribed Drugs	6.27	5.63	-0.9

Prescription Charge Formula:

Estimated Acquisition Cost (EAC) plus \$2.70

## 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  
**Hazen Drive**  
Concord, New Hampshire 03301

Richard G. Lacombe  
Director  
Division of Welfare

"

Lawrence Ford  
Deputy Director  
Office of Medical Services  
Division of Welfare

"

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

Edward J. Pierce, R.Ph.  
Pharmacist Service Specialist  
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

William Lentende  
Acting Executive Secretary  
New Hampshire Pharmaceutical  
Association  
Hospital Pharmacy  
Derry 03038  
Phone: 603/432-5768

NEW JERSEY

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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	62,460	49,449	\$ 7,324	60,930	49,370	\$ 8,910
MA						
AB	1,270	849	102	1,232	851	117
APTD	61,997	43,598	6,365	62,644	44,679	7,374
AFDC	449,012	395,411	15,201	448,154	403,852	17,047
BCS	19,944	10,005	297	18,362	9,838	308
Total	594,683	499,312	\$29,289	591,322	508,590	\$33,756

## 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 prescribing but preference is asked for the following:
    - a. Drugs listed in the latest edition of the U.S. Pharmacopoeia (U.S.P.), National Formulary (N.F.), New Drugs, and Accepted Dental Therapeutics.
    - b. Oral medication when as effective as injectable preparations.
    - c. Non-proprietary or generic drugs of equal therapeutic effectiveness if available at a lower cost than proprietary or brand name drugs. If a generic drug is prescribed the basis of payment to the pharmacists will be the average price for the generic drug prescribed.
  - 2. Quantity of Medication: The quantity of medication prescribed should provide a sufficient amount of medication necessary for the duration of the illness or an amount sufficient to cover the interval between visits, but may not exceed a 60-day supply.

Exceptions:

- a. Oral contraceptives may be prescribed for up to a 3-month supply.
- b. Vitamins and vitamin-mineral combinations may be dispensed for up to a 100-day supply.

3. Refills: Prescription refills will be limited to 2 times within a 6-month period if so indicated by the prescriber on the original prescription.

Exceptions:

- a. Oral contraceptives originally prescribed for a 3-month supply may be refilled 2 times within a 9-month period.
- b. Vitamins and vitamin-mineral combinations may be refilled 2 times within one year.

4. Dollar Limitations: None.

D. Prescription Charge Formula:

- 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-1976</u>	<u>CY-1977</u>	<u>CY-1976</u>	<u>CY-1977</u>
All categories	\$55.17	\$62.93	\$119.75	\$134.79

Drug Program Utilization Data - (Prescribed Drugs)

(Ave. monthly utilization)

	No. of Providers	Payments (000)	No. of Recipients	No. of Rx	<u>Payment per Recipient</u>		
					Rx	Eligible	
CY							
1976	1,403	\$2,325	190,004	463,856	\$12.24	\$5.01	\$3.64
1977	1,435	\$2,687	200,883	494,169	\$13.38	\$5.44	\$4.22

Source: 1977 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



NEW MEXICO

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 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: 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	1977			1978 <sup>3/</sup>		
	Persons <sup>1/</sup> Eligible	Drug <sup>2/</sup> Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	12,957	8,994	\$1,170	9,893		\$1,191
MA						
AB	415	267	28	66		7
APTD	13,874	11,047	1,653	12,430		1,622
AFDC	55,852	36,515	1,323	36,088		1,187
Total	83,098	56,823	\$4,174	58,477		\$4,007

<sup>1/</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).

<sup>2/</sup> DHEW-SRS 2082A FY 1977 (10/76 - 9/77).

<sup>3/</sup> Source: DHEW-SRS/NCSS 2082 (FY 1978).

## 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 (\$2.65) 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

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	X
Inpatient Hospital Care	X	X	X	X	X	X	X	X	X	X	X
Outpatient Hospital Care	X	X	X	X	X	X	X	X	X	X	X
Laboratory & X-ray Service	X	X	X	X	X	X	X	X	X	X	X
Skilled Nursing Home Services	X	X	X	X	X	X	X	X	X	X	X
Physician Services	X	X	X	X	X	X	X	X	X	X	X
Dental Services	X	X	X	X	X	X	X	X	X	X	X

Other Benefits: Prosthesis; home care; transportation; eye 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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts

OAA

MA

AB

APTD

(Totals - only data submitted to NPC)

AFDC

Total

\$104,805

\$90,661

These figures represent expenditures for the fiscal years ending September 30, 1977 and 1978. 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 three 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.

The Medicaid Management Information System (MMIS) began processing drug claims for New York City recipients in April 1978. Implementation of this system will continue in upstate counties.

## 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: (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 consistent with the health needs of the patient and sound medical practice.
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. 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; 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.
- 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 counties which administer programs may initiate certain restrictions for their area as 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 Drugs  
(Paragraphs 1, 6, & 7 of General Information and Instructions  
for Use)

- This list applies only to prescription and/or fiscal orders filled in community pharmacies.
- Based on mandated payment criteria for prescription drugs, many non-essential and high priced drug products are excluded - e.g., those not essential to sustain life, relieve or prevent severe pain, or prevent disease or continuing disability; sustained release medications; anti-flatulence products; cough and cold preparations; hypnotic sedatives; oral enzymes; muscle relaxants; vitamins and vitamin/mineral preparations; and dermatologicals. Many combination drugs and comfort products are also excluded.
- The Commissioner, with the advice of the Ad Hoc Technical Pharmacy Advisory Committee and other consultants as appropriate, shall consider amendments to the lists that are proposed via written petition. Address all inquiries concerning changes to the list to the following address:

Michael R. McGarvey, M.D.

Chief Medical Officer  
and Deputy Director  
Office of Health Systems  
Management  
NYS Department of Health,  
Medicaid  
Reimbursable Drug Lists  
Room 2019  
Empire State Plaza  
Tower Building  
Albany, New York 12237

## 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
Philip Gartenberg Executive Deputy Commissioner	"
Robert Skerrett Acting Deputy Commissioner 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 and Construction Trades Council	AFL-CIO 17 Jewett Place Utica 13501
Virginia W. Gallagher Director	Office of Consumer Affairs Oneida County Office Building 800 Park Avenue Utica 13501

## Medical Advisory Committee (continued):

Peggy Hanson, M.D.	Associate Professor of Neurology & Pediatrics Albany Medical Center Hospital Albany 12208
Robert P. Whalen, M.D.	Vice Chairman State Health Planning Commission 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 Interdisci- 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	Research Director 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 Department State University College Brookport 14420
Mrs. Gleniss Schonholz	Administrator Nassau County Medical Center 2201 Hempstead Turnpike East Meadow 11554
Edward Siegel, M.D.	Deputy Executive Vice President 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
William Rabbitt <u>Secretary</u>	Coordinator for Home Health Services Division of Medical Assistance 40 North Pearl Street Albany 12243
Alphonsus Whelan	28 4th Avenue Huntington Station 11746

- b. A pharmaceutical Advisory Committee, appointed by the Commissioner of Social Services, meets on a monthly schedule to discuss subjects pertaining to the drug program.

## B. Public Health Department:

David Axelrod Commissioner	Department of Health Tower Building Empire State Plaza Albany 12237
-------------------------------	--

Richard A. Berman Director, Office of Health Systems Management	"
---	---

C. Executive Officers of State Medical and Pharmaceutical Societies:

1. Medical Society:

Henry I. Fineberg, M.D.  
Executive Vice President  
Medical Society of the 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	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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	58,124		\$10,624	46,918		\$ 9,184
MA						
AB	3,430		476	2,821		394
APTD	48,883		8,220	40,853		7,548
AFDC	211,341		4,083	188,475		3,917
MN Aged	7,941		1,982	11,861		3,715
MN Blind	141		32	203		57
MN Disabled	3,493		858	4,116		1,274
MN Children	10,217		391	3,577		52
MN AFDC <sup>1/</sup>				13,946		553
Total	343,570		\$26,666	312,770		\$26,694

<sup>1/</sup> MN AFDC expenditures include \$159,000 for MN AFDC children and \$394,000 for MN AFDC adults.

## 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.
  - 5. Generic Substitution: You must substitute generically if you have a generically equivalent product available in stock. The substituted product must be a lower cost product than the one originally written for.
- D. Prescription Charge Formula:

Estimated Acquisition Cost (EAC) plus \$2.68 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/Rx (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. Director	Division of Medical Assistance Insurance Building 336 Fayetteville Street Mall Raleigh 27601
Barbara Matula Deputy Director	"
George E. Watson, M.D. Medical Consultant	"
Benny Ridout, R.Ph. Pharmacist Consultant	"
Lillian J. Todd, R.N. Nurse Consultant	"
Betty Sutton, D.D.S. Dental Consultant	"

## 2. Social Services Division Advisory Committees:

## A. Medical Society Committee on Social Service Programs:

E. Stephen Edwards, M.D. Chairman 1300 St. Mary's Street Raleigh 27605	Thomas N. Massey, Jr., M.D. 217 Travis Avenue Charlotte 28204
Thomas B. Barnett, M.D. UNC School of Medicine Department of Medicine Chapel Hill 27514	Campbell W. McMillan, M.D. N.C. Memorial Hospital Chapel Hill 27514
Richard W. Furman, M.D. State Farm Road Boone 28607	James S. Mitchener, Jr., M.D. P. O. Box 1599 Laurinburg 28352

Medical Society Committee on Social Service Programs  
(continued):

Thomas W. Nicholson, M.D.  
615 E. 12th Street  
Washington 27889

Samuel E. Scott, M.D.  
Route 2  
Burlington 27215

Jasper B. Perdue, Jr., MD  
111 Jolly Street  
Louisburg 27549

G. Reginald Tucker, Jr., M.D.  
Ruin Creek Road  
Vance Medical Arts Building  
Suite A  
Henderson 27536

Emery L. Rann, M.D.  
1001 Beatties Ford Rd.  
Charlotte 28216

B. Pharmaceutical Association Committee on Public Health  
and Welfare:

Ralph H. Ashworth  
P. O. Box 98  
Cary 27511

Truman Hudson  
637 Downey Place  
Gastonia 28052

Wayne Avery  
1725 Westwood Avenue  
Wilson 27893

Robert W. Kiger  
P. O. Box 1739  
Shelby 28150

Norman Carroll  
211 W. Rockway Street  
Durham 27704

Frank A. Measamer  
P. O. Box 1087  
Robersonville 27871

Dallas M. Evans  
324 Forest Road  
Oxford 27565

Larry W. Nichols  
224 Eastview Street  
Taylorsville 28681

W. R. Futrell, Jr.  
P. O. Box 768  
Jackson 27845

Tom L. Nicholson, Jr.  
3114-A Turtlepoint Drive  
Fayetteville 28304

Jean Paul Gagnon  
2441 Springview Trail  
Chapel Hill 27514

C. Louis Shields  
P. O. Box 250  
Jacksonville 28540

Hunter Gammon  
1222 Fillman Drive  
Reidsville 27320

Alfred Gene Smith  
P. O. Box 426  
Elizabethtown 28337

Prentiss L. George, Jr.  
614 Leander Street  
Shelby 28150

William E. Vaughn  
103 Roundtree Road  
Chapel Hill 27514

Julius Howard  
Seashore Drugs  
2059 Carolina Beach Rd.  
Wilmington 28401

Barney Paul Woodard, CONSULTANT  
Box 5  
Princeton 27569

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

William N. Hilliard  
Executive Director  
North Carolina Medical Society  
222 North Person Street  
Raleigh 27611  
Phone: 919/833-3836

B. Pharmaceutical Association:

A. H. Mebane, III  
Executive Director  
North Carolina Pharmaceutical  
Association  
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 (M N) Category Related				Children Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		
Prescribed Drugs	X	X	X	X	X	X	X	X	X	
Inpatient Hospital Care	X	X	X	X	X	X	X	X	X	
Outpatient Hospital Care	X	X	X	X	X	X	X	X	X	
Laboratory & X-ray Service	X	X	X	X	X	X	X	X	X	
Skilled Nursing Home Services	X	X	X	X	X	X	X	X	X	
Physician Services	X	X	X	X	X	X	X	X	X	
Dental Services	X	X	X	X	X	X	X	X	X	

\*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	1977			1978		
	Persons Eligible	Drug Recipients	Drug Amounts	Persons Eligible	Drug Recipients	Drug Amounts
OAA	)	1,635	\$ 687	)	1,515	\$ 556
MA	5,915)	)	)	5,702)	)	)
AB	)	10	4	)	7	3
APTD	)	976	500	)	877	385
AFDC	13,629	2,409	469	14,716	2,328	412
MN Aged	)	1,694	925	)	1,665	740
MN Blind	4,382)	2	2	4,889)	1	1
MN Disabled	)	283	185	)	275	140
MN Children	)	103	29	)	129	39
Foster Care	623	76	11	623	85	11
Total	24,549	7,188	\$2,812	25,930	6,882	\$2,287

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.): Anorexiants, 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.

## 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 84110
Norman G. Angus Deputy Director - Entitlements	"
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. Physicians:

Harold E. Merkley, M.D.	2020 South 13th East Salt Lake City 84105
Rees Anderson, M.D.	60 South 4th East #29 Salt Lake City 84111
Carlos Madsen, M.D.	1445 East 33rd South Salt Lake City 84106

## B. Pharmacist Consultants:

Edward V. Furia, R.Ph.	Department of Social Services 150 West North Temple Salt Lake City 84110
Rae Dell Ashley, R.Ph.	"

## 3. Social Services Department Medical Care Advisory Committee:

In final stages of re-organization

## 4. Pharmacy Advisory Board of the Department of Social Services:

<u>Lynn Sartor, R.Ph., Chairman</u> 1981 Boardmoor Salt Lake City 84108	Chesley H. Wintch, R.Ph. 6129 Highland Drive Salt Lake City 84121
<u>Monty Gully, R.Ph., Vice-Chrmn.</u> 4737 Fairfield Circle Salt Lake City 84107	Clyde Nielsen, R.Ph. City Drug Spanish Fork 84600
<u>Fred Petersen, R.Ph., Secretary</u> 1275 North University Provo 84601	Lavar J. Moffitt, R.Ph. 2180 East 4500 South Salt Lake City 84117
Tommie Sotiriou, R.Ph. 242 East 3rd South Salt Lake City 84111	Charles Ed McFall, R.Ph. 4067 West 5415 South Kearns 84118
William Trowbridge, R.Ph. Box 238 Roosevelt 84066	Dean Sedgwick, R.Ph. 1238 Island Drive Logan 84321
Hartley E. Olson, R.Ph. 4175 Jefferson Ogden 84403	Owen E. Wood, R.Ph. #5 Old Oak Lane Sandy 84070
Bronston Greenwood, R.Ph. 1451 29th Street Ogden 84403	Alfred V. Bateman, R.Ph. 58 East 700 South St. George 84770
Clyde Meadows, R.Ph. 3280 Coronet Drive Salt Lake City 84117	Paul Muller, R.Ph. (Liaison Member) Executive Secretary c/o UPHA 1062 East 21st South Suite 212 Salt Lake City 84106
James Petersen, R.Ph. 245 West 5th South Ferron 84532	

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

## A. Medical Association:

Hoyt W. Brewster  
Executive Director  
Utah State Medical Assoc.  
540 East 5th South  
Salt Lake City 84111  
Phone: 801/355-7477

## B. Pharmaceutical Association:

Paul Muller, R.Ph.  
Executive Secretary  
Utah Pharmaceutical Assoc.  
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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		4,371	\$ 679		4,265	\$ 677
MA		2,765	495		2,906	524
AB		559	17		477	2
APTD		4,898	844		4,887	852
AFDC		25,675	890		22,922	770
Total		38,268	\$2,925		35,457	\$2,825

## 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 input from local wholesalers, plus professional fee of \$2.00. Charge must not exceed usual and customary charges.

## 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.

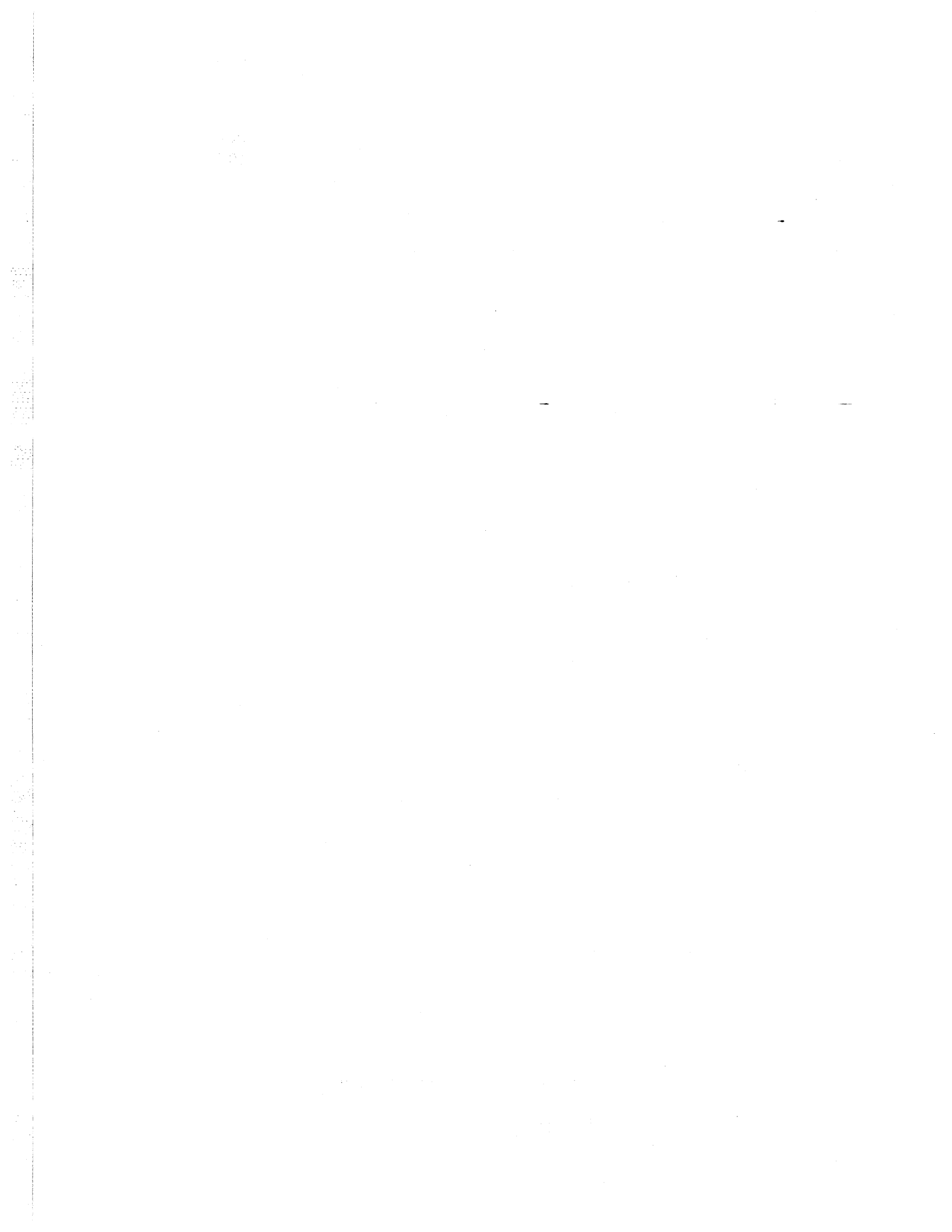
## 3. Executive Officers of State Medical and Pharmaceutical Societies:

## 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



## 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 (same as North Dakota Medical Association's Socio-Economic Committee):

J. M. Little, M.D. <u>Chairman</u> Mayville Clinic Mayville 58257	M. M. Fiechtner, M.D. Quain & Ramstad Clinic Bismarck 58501
D. L. Lamb, M.D. <u>Vice-Chairman</u> #504 Professional Bldg. Fargo 58102	V. H. Fitchett, M.D. Jamestown Clinic Ltd. Jamestown 58401
R. D. Anderson, M.D. 810 E. Rosser Avenue Bismarck 58501	D. B. Flickinger, M.D. Medical Arts Clinic Minto 58701
N. E. Bystol, M.D. Dakota Clinic Fargo 58102	C. S. Hamilton, Jr., M.D. Fargo Clinic Fargo 58102
R. V. Crisera, M.D. 315 South Main Minto 58701	

## 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 eleven.

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
Robertta Southham 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	Clarence George President (Ex Officio) George Pharmacy Wahpeton 58075
Richmond H. Lapp 501 Hill Avenue Grafton 58237	John Schuld Secretary (Ex Officio) Box 148 Dickinson 58601
James Churchill Box 1353 Bismarck 58501	

Peer Review Committees (Review all questionable aspects of pharmacy practice relating to Medicaid):NORTHEAST DISTRICT

Paul Bilden	Northwood
Jack Kramer	Grand Forks
Jim Rystedt	Grafton
Betty Odegaard	Grafton
Merlen Clemenson	Devils Lake

NORTH CENTRAL DISTRICT

Bruce Rodenhizer	Stanley
Jim Irgens	Williston
Duane Baillie	Rugby
Odell Krohn	Harvey
Gene Neal	Minot

SOUTHEAST DISTRICT

John Lee	Forman
Jack Bernardy	Fargo
J. Lyle Lamoureux	Fargo
Reese Hawkins	Jamestown

SOUTHWEST DISTRICT

Dick McElmury	Bowman
Ed Plowman	Killdeer
Emil Zueger	New England
Jim Irsfeld	Dickinson

SIXTH DISTRICT

Jerry Robinson	Bismarck
Harlan Junker	Mandan
Duane Reister	Bismarck
Larry Moser	Napoleon
Howard Anderson, Jr.	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



OHIO

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						
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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		69,880	\$15,746		66,258	\$11,588
MA						
AB		2,338	276		2,100	443
APTD		67,007	8,652		68,811	15,485
AFDC		427,172	13,788		406,724	16,763
Total		566,397	\$38,462		543,893	\$44,279

## 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  
1979

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	" "
---------------------------	-----

ViJay Jain Deputy Director	" "
-------------------------------	-----

Kathryn Taylor 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



OKLAHOMA

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 (M N) Category Related					Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC	Children	
									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: 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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	52,944	11,055	\$3,273	45,866	10,562	\$4,115
MA	1,199	1,199	37	1,268	1,268	576
AB	754	57	28	549	15	22
APTD	25,229	972	1,159	23,070	933	1,242
AFDC	124,444	12,067	812	121,945	10,658	878
<b>Total</b>	<b>204,570</b>	<b>25,350</b>	<b>\$5,309</b>	<b>192,698</b>	<b>23,436</b>	<b>\$6,833</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 \$2.80 effective 1/1/79. 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
- L. Specialized Preparations:
  - (1) Tagamet
  - (2) Glaucoma Medications

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

Dale Mitchell, 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.  
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Jearl Smart  
Box 1413  
Wewoka 74884

Jenell Hubbard, R.N.  
P. O. Box 387  
Nicoma Park 73066

Rep. Wiley Sparkman  
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1930 North Broadway  
Moore 73060

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Suite 530  
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Monsignor A. A. Isenbart  
P. O. Box 97  
Oklahoma City 73101

Robert Sukman, M.D.  
3141 N.W. Expressway  
Oklahoma City 73112

Joan K. Leavitt, M.D.  
10th & Stonewall  
Oklahoma City 73117

W. A. Tate Taylor, R.Ph.  
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Box 18731  
Oklahoma City 73118

Richard Luttrell  
P. O. Box 1308  
Norman 73069

Otho R. Whiteneck, D.D.S.  
401 Broadway Tower  
Enid 73701

Senator Ernest Martin  
Hoxbar Route  
Ardmore 73401

G. Rainey Williams, M.D.  
P. O. Box 25606  
Oklahoma City 73125

Charles Mattox  
104 W. Cherokee  
Sallisaw 74955

James A. Young, D.O.  
108 S. 4th Street  
Box 397  
Sayre 73662

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:

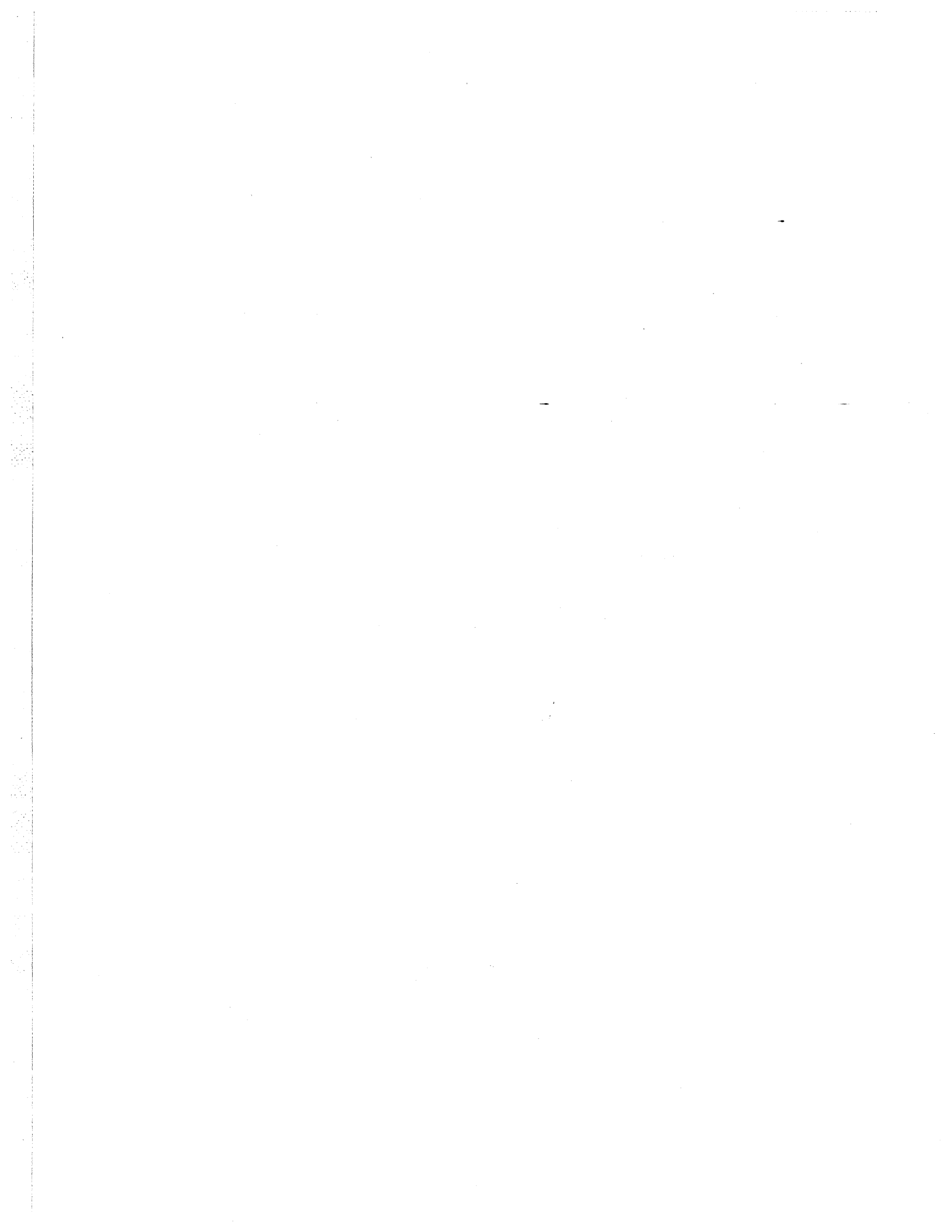
David Bickham  
Executive Director  
Oklahoma State Medical Association  
601 N. W. Expressway  
Oklahoma City 73118  
Phone: 405/842-3361

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	1977			1978		
	Persons <u>1/</u> Eligible	Drug Recipients	Amounts	Persons Eligible	Drug <u>2/</u> Recipients	Amounts
OAA	14,436	17,960	\$2,361	14,589	19,077	\$3,102
MA						
AB	925	966	97	924	1,061	127
APTD <sup>3/</sup>	13,770	14,688	1,793	13,933	15,371	2,356
AFDC <sup>4/</sup>	128,578	95,225	1,791	119,742	106,241	2,353
Total	157,709	128,839	\$6,042	149,188	141,750	\$7,938

1/ Average per month

2/ Unduplicated number (DHEW SRS/NCSS 2082-A(2) FY 1978

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 Adult and Family Services Division. All drug funds are centralized at state level 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 minor tranquilizers other than (generic) meprobamate or chlordiazepoxide, and amphetamines and amphetamine derivatives, and for certain non legend items the cost of which would cause a significant hardship on the client.
- C. Prescribing or Dispensing Limitations:
  1. Terminology: Generic prescribing is specifically encouraged for formulary but is not mandatory. Payment is based on generic dispensing unless the prescriber certifies in his/her own handwriting that there is "no substitute".
  2. Quantity of Medication: The prescription charge schedule applicable to drugs is geared to 5 refills or 6-month supply of the prescribed item, whichever is the lesser, but physicians prescribe quantities needed.
  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 or Federal MAC cost, plus professional dispensing fee (\$2.70).



Prescription Charge Formula (continued):

Reimbursement for drug products of nine manufacturers are based on direct acquisition cost:

Abbott Laboratories  
Merck, Sharp & Dohme  
Parke, Davis  
Pfizer  
E. R. Squibb  
Wyeth  
Ross Laboratories  
Upjohn  
Roerig

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 dispensaries.



Consultants to Health and Social Services Section -

Richard J. Cook, D.D.S.  
Robinhood Prof. Bldg.  
18603 Pacific Highway  
West Linn 97068

Barbara J. Radmore, M.D.  
(Psychiatric)  
132 E. Broadway, #215  
Eugene 97401

William Dettwyler, M.T.  
5555 Sunnyview Road, NE  
Salem 97303

Otto F. Kraushaar, M.D.  
(Chief Medical Advisor)  
203 Public Service Bldg.  
Salem 97310

Raymond W. Hart, D.M.D.  
(Dental)  
1113 Liberty Street, SE  
Salem 97302

Robert W. Staley, D.D.S.  
1075 Hansen Avenue S.  
Salem 97302

Merle Berry, O.D.  
(Optometric)  
Albany Optometric Center  
225 W. 2nd  
Albany 97321

Ranvir Sinanan, M.D.  
203 Public Service Bldg.  
Salem 97310

Ralph Hill, D.C. (Chiropractor)  
6026 NE Sandy Boulevard  
Portland 97213

## B. Pharmacist (Part-time):

George H. Swartsley, R.Ph.  
520 Howard Street, SE  
Salem 97302

## 3. Division Advisory Committees:

## A. Governor's Advisory Committee on Medical Assistance for the Underprivileged:

Dr. Rhese Penn  
Maternal & Child Health  
Section  
State Health Division  
P. O. Box 231  
Portland 97207

- Chairman

Larrie Noble, R.N.  
Community Health Nursing  
2nd Floor  
426 SW Stark  
Portland 97204

- Public Health Nurse

Terry Mack  
P. O. Box 718  
Gresham 97030

- Hospital Administrator

## Governor's Advisory Committee (continued):

Dr. Barbara Wood Lincoln County Health Dept. Courthouse 225 West Olive Newport	- Physician
Dale Brinkhous 215 Rosemary Eugene 97404	- Pharmacist
Dr. James Cresswell 711 E. Main Klamath Falls 97601	- Dentist
Judge Paul W. Jones Box 818 Heppner 97863	- Public
Cordella Gilbert 652 SE 217th Gresham 97030	- Welfare Recipient
Dr. Ralph Crawshaw 2525 NW Lovejoy Portland 97210	- Physician (Psychiatrist)
Clea Niedert 4617 SW 47th Portland 97221	- Labor
Roderick Bunnell P. O. Box 1071 Portland 97207	- Industry
Ruth Slick 221 Quarrie Street Oregon City 97045	- Nursing Home Administrator
Dr. Daniel Billmeyer 406 7th Street Oregon City 97045	- Pediatrician

## B. County Medical Advisors:

Local medical consultants are available in several branch offices.

4. Executive Officers of State Medical, Pharmaceutical and Osteopathic Associations:

A. Medical Association:

Robert L. Dervedde  
Executive Director  
Oregon Medical Association  
5210 SW Corbett 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

C. Osteopathic Association:

Jeff Heatherington  
Executive Director  
Oregon Osteopathic Association  
2828 Corbett, Suite 210  
Portland 97201  
Phone: 503/243-2672



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	1977 1/			1978 2/		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		70,424	\$ 7,672		66,762	\$10,517
MA						
AB		3,177	938		3,215	1,199
APTD		77,195	10,866		124,554	15,256
AFDC		757,830	21,971		937,591	22,277
GA		195,405	11,534		240,119	12,418
OTHER 3/						201
Total	1,121,713	1,104,031	\$52,981	1,102,307	1,372,241 4/	\$61,922

1/ Indicates Fiscal Year 7/1/77 to 6/30/78.

2/ Indicates Fiscal Year 7/1/78 to 6/30/79.

3/ Vietnamese Refugees, etc.

4/ Source: HEW-SRS/NCSS 2082 (based on 5% sample).

## PENNSYLVANIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Office of Medical Assistance 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.
- 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:
1. A licensed community pharmacy's maximum reimbursement for prescribed medications is the cost of the drug, plus a \$2.00 dispensing fee or the pharmacy's usual and customary charge to the general public, whichever is lower.
  2. A hospital pharmacy's maximum reimbursement is the cost of the drug plus a dispensing fee of \$1.35 or the price charged the general public, whichever is lower.



## Prescription Charge Formula (continued):

3. For prescribed over-the-counter drugs, a pharmacy will be paid the cost of the drug plus a 50% mark-up or the price charged the general public, whichever is lower. Note: The cost of a drug is defined as either the Average Wholesale Price (A.W.P.) as listed in the Drug Topics Red Book or the manufacturer's direct price.
4. At present there is a 2% and 4% discount off the A.W.P. for pharmacies grossing between \$25,000 + \$50,000 and over \$50,000, respectively, per year under the Medical Assistance Program.
5. The Maximum Allowable Cost (M.A.C.) Program has been in effect since September 1, 1978.
6. An Estimated Acquisition Cost (E.A.C.) Program has been proposed and is currently under consideration by the Department of Public Welfare.
7. A 50¢ recipient co-pay has also been proposed and is being evaluated by the Department of Public Welfare.

## V. Drug Program Statistics

Approximately 10,000,000 claims paid - Fiscal Year 78-79  
(July 1, 1978 to June 30, 1979)

A. Average Claim Price	\$6.12
B. Average Prescription Price	\$6.50
C. Average Over-the-Counter Price	\$3.79
D. Over-the-Counter Drug Utilization	7.2% of total claims volume

## VI. Lock-In Program

- A. Approximately 900 cases are locked-in as of July 30, 1979.
- B. Savings per case is \$115.00/month.
- C. Parameters used for the profiles are:
  1. \$250 a month
  2. 25 Prescriptions in 3 months
  3. 6 or more pharmacies

## VII. Medical Supplies Program

## A. Durable Medical Equipment

Purchase	\$1,526,724	
Rental	<u>332,477</u>	
Total		\$1,859,201

## B. Orthotics and Prosthetics

Orthopedic Shoes	\$2,595,453	
All Others	<u>973,172</u>	
Total		\$3,568,625

C. Medical Supplies	\$1,534,023	
D. Vision Care	\$1,407,139	
E. Hemophilia	194,716	

Total Medical Supplies Program		<u>\$8,563,704</u>
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## PENNSYLVANIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

Officials, Consultants and Committees

## 1. Welfare Department Officials:

Helen B. O'Bannon Secretary	Department of Public Welfare Health and Welfare Building Harrisburg, Pennsylvania 17120
John Cuddy Executive Deputy Secretary	"
*Gerald F. Radke Deputy Secretary for Social Services	"
Glenn Johnson Director Bureau of Utilization Review	"
**Maurice E. Goulet, M.S., R.Ph. Chief Division of Pharmaceutical Services	Department of Public Welfare P. O. Box 2675 Harrisburg 17120

## 2. Title XIX Advisory Committees:

## A. Pharmaceutical Advisory Committee:

John Letizia, R.Ph. Chairman Venco Pharmacy Venco R.D. #1 Conemaugh 15909	Thomas R. Kim, Jr., R.Ph. Secretary Amsler Pharmacy 818 Warrington Avenue Pittsburgh 15210
Monroe Lipman, R.Ph. 4611 Union Deposit Road Harrisburg 17111	Edward Popielarski, R.Ph. 422 Anthwyn Road Narberth 19072
Charles Ditchfield, R.Ph. Williamsport Hospital 777 Rural Avenue Williamsport 17701	

\* Office includes Medical Assistance

\*\* Office location: 25 N. 32nd Street, Camp Hill 17011

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

John F. Rineman  
Executive Vice President  
Pennsylvania Medical Society  
20 Erford Road  
Lemoyne 17043  
Phone: 717/763-7151

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.  
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Pennsylvania Podiatry Association  
737 Poplar Church Road  
Camp Hill 17011  
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D. Osteopathic Medical Association:

Edward A. Uzemack  
Executive Director  
Pennsylvania Osteopathic Medical  
Association  
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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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA						
MA						
AB	146	98	\$ 1	959	957	\$ 23
APTD	13,372	12,723	275	13,398	9,092	328
AFDC	147,200	137,839	2,468	160,298	112,926	1,969
MN Aged						
MN Blind	321	198	3	952	639	21
MN Disabled	40,165	39,031	363	26,318	18,662	636
MN Children	937,454	792,712	12,401	773,895	525,394	12,075
Total	1,138,658	982,601	\$15,511	975,820	667,670	\$15,052

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





RHODE ISLAND

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	
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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	6,455		\$1,419	6,300		\$1,636
MA						
AB	173		22	177		23
APTD	8,754		1,363	8,838		1,543
AFDC	51,285		1,459	48,807		1,555
MN Aged	11,190		1,944	10,863		1,879
MN Blind	93			92		
MN Disabled	3,464			3,875		
MN Children	5,015			5,353		
Total	86,429 <sup>1/</sup>		\$6,207 <sup>2/</sup>	84,305		\$6,636

<sup>1/</sup> GA Category - 9,315 Eligibles reported in 1977; not included with FY-1978 submitted data.

<sup>2/</sup> GA Category - \$417 reported in FY-1977; not included with FY-1978 submitted data.

## 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 Fitzpatrick, 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:

Louis Jeffrey, President  
William Garland, Chairman

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. Medical Society:

James Clarkin  
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

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 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

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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	46,246	44,501	\$ 5,382	56,473	42,327	\$ 5,165
MA						
AB	2,045)	1,651	210	1,942	1,472	179
APTD	37,140)	33,461	4,036	44,123	35,568	4,269
AFDC	132,009	82,769	1,934	142,085	83,318	1,821
All Other	10,017	2,099	54	4,589	2,405	79
Total	227,457	164,481	\$11,616	249,212	165,090	\$11,513

## 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, one prescription per month for a month's supply, or justification given for drug response evaluation.

## 3. Refills:

Five (5) authorized refills allowed or six months, 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	" "
Robert T. Manning, 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., MPH  
Commissioner  
J. Marion Sims Building  
2600 Bull Street  
Columbia 29201

S.C. Department of Mental  
Health  
Mrs. Donna P. Thompson  
Patient Personal Affairs Office  
2414 Bull Street  
Columbia 29201

S.C. Department of Mental  
Retardation  
James M. Kirby  
S.C. Dept. of Mental  
Retardation  
P. O. Box 4706  
Columbia 29240

S.C. Department of Vocational  
Rehabilitation  
Raynold Stoudemayer  
P. O. Box 4945  
Columbia 29240

S.C. Human Affairs Commission  
Kathy L. Edwards  
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  
Dr. William J. Westerkam  
Chief  
Bureau of Maternal & Child Care  
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  
Vacant

Practicing Pediatrician  
William F. Young, M.D.  
237 Church Street  
Sumter 29150

## Medical Advisory Committee to Title XIX (continued):

Health and MedicalEducation

William H. Knisely, Ph.D.  
President  
Medical University of S.C.  
80 Barre Street  
Charleston 29401

Practicing Physician

James C. Thrailkill, M.D.  
34 Foundry Hill Road  
Cheraw 29520

John H. Cathcart, Jr., M.D.  
North Limestone Street  
Gaffney 29340

Practicing Pharmacist

H. O. Taylor  
Byerly Hospital  
Hartsville

Practicing Dentist

Dr. John O. Bumgardner  
1513 Hampton Street  
Spartanburg 29304

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

Mrs. Deloris Zeigler, DHEC, Chief  
Bureau of Home Health Services  
2600 Bull Street  
Columbia 29201

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

## Medical Care Advisory Committee to Title XIX (continued):

S.C. Department of Social  
ServicesVirgil L. Conrad  
CommissionerRobert D. Floyd, ACSW  
Executive Assistant for SupportBlanche G. McCullough (Mrs.)  
Executive Assistant  
Office of Health Care FinancingVice-Chairman of the State  
BoardC. L. Oswald, Director  
Div. of Planning & OperationsWilliam E. Smith, Director  
Div. of Recipient & Provider  
ManagementJohn T. Molan, Director  
Division of Medical CareStaff, Office of Health Care  
Financing, as requiredOffice of the Governor of S.C.  
Director, Div. of Health and  
Social DevelopmentS.C. SenateHarry M. Johnson, Jr., Director  
Research and Administration  
Senate Finance Committee  
P. O. Box 142  
Columbia 29202Harry W. Hiott, Director  
Research and Administration  
S.C. State Senate  
P. O. Box 142  
Columbia 29202S.C. State House of  
RepresentativesRobert C. Toomey, Director  
Research and Administration  
House Ways & Means Committee  
P. O. Box 11867  
Columbia 29211Inez Moore, Director  
Research and Administration  
House Medical, Military, Public  
and Municipal Affairs Committee  
P. O. Box 11867  
Columbia 29211

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

## A. Medical Association:

Charles Johnson  
Executive Director  
South Carolina Medical Association  
3325 Medical Park Road  
Columbia 29203  
Phone: 803/252-6311

## B. Pharmaceutical Association:

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				Other* (SFO)	
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		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 <sup>1/</sup>	X	X	X							
Physician Services	X	X	X	X						
Dental Services <sup>2/</sup>	X	X	X	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	1977			1978		
	Persons Eligible	Drug <sup>3/</sup> Recipients	Amounts	Persons Eligible	Drug <sup>3/</sup> Recipients	Amounts
OAA	7,726	3,650	\$ 809	7,435	3,700	\$ 925
MA						
AB	125	34	7	125	33	8
APTD	3,728	1,113	256	4,128	1,330	291
AFDC	23,658	1,561	162	22,200	1,558	182
Foster Care	933	116	15	842	110	17
Total	36,170	6,474	\$1,249	34,730	6,731	\$1,423

<sup>1/</sup> Over 21 only.<sup>2/</sup> Over 21, service limited to prior authorization.<sup>3/</sup> 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:

E. J. Colleran  
Acting State 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):

Committee inactive

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

Other Benefits: Home Health Services, Community Health Clinics, Nursing Home Care, Family Planning Services, Rural Health Clinics.

\*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	1977			1978		
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons 1/ Eligible	Drug 2/ Recipients	Amounts
OAA	82,370	67,493	\$10,358	79,581	60,821	\$10,425
MA		12,360	2,795	14,689	35,200	5,237
AB	1,757	1,298	172	1,116	1,341	193
APTD	61,207	52,552	8,649	64,847	54,968	10,294
AFDC	201,026	130,589	4,162	177,760	108,234	3,865
Total	346,360	264,292	\$26,136	337,993	260,564	\$30,014

1/ Monthly average

2/ Unduplicated count - annual

## 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: 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 \$2.60 maximum, 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
Boris Georgeff Director Division of Medical Assistance - Medicaid	"
Robert M. Finks, Jr. 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	"
Peggy A. Alsup 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

REPRESENTATION

Reverend Horace Bass	Human Services
Dr. Richard Treadway	Mental Health
Dr. Ed Cox	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 Human  
Services  
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

TEXAS

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				Other* (SFO)	
	OAA	AB	APTD	AFDC	OAA	AB	APTD	AFDC		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 <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	1977			1978		
	Persons <u>2/</u> Eligible	Drug <u>3/</u> Recipients	Amounts	Persons <u>2/</u> Eligible	Drug <u>3/</u> Recipients	Amounts
OAA	229,078	133,573	\$31,152	227,091	134,160	\$33,795
MA						
AB	4,087	1,749	370	4,136	1,781	401
APTD	90,441	39,653	9,241	95,993	41,484	10,346
AFDC	321,928	63,964	7,944	305,842	57,654	7,746
<b>Total</b>	<b>645,534</b>	<b>238,939</b>	<b>\$48,707</b>	<b>633,062</b>	<b>235,079</b>	<b>\$52,288</b>

- 1/ Limited to oral surgery and dentures.
- 2/ Average number of eligibles per month.
- 3/ Average number of utilizers per month.

Based on MI 652 and MI 452. 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 \$3.01 per prescription (range \$2.40 - \$3.01\*) 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.

\*Plus 5¢ if on tape.

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 Special Medical Services	"
---	---

James Tennison	"
Larry Corley	"
Larry Tonn	"
Long Term Care	

Arnold Ashburn Purchased Health Services	"
---	---

John Boff, Coordinator Medical Care Advisory Committee	"
---	---

Medical Services Division:

Terry Covey Director	"
-------------------------	---

Medical Specialties Division:

Robert J. Smith Program Manager	"
------------------------------------	---

Pharmacy Services Division:

Roy Wiese, Jr., R.Ph. Program Manager	"
--	---

Thomas McClinton Asst. Program Manager	"
---	---

W. Blount Barner, R.Ph. Director, Pharmacy Services	"
--	---

Surveillance/Utilization Control Div.

Alford R. Hazzard, M.D. Administrator	"
--	---

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	600 Scott Wichita Falls 76307
Richard D. Thompson, R.Ph. Pharmacist	P. O. Box 3235 Abilene 79604
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 Morton, R.Ph. Pharmacist	"
Howard R. Parker, R.D. Regional Director	3300 W. Mockingbird Suite B-106 Dallas 75235
Betty Schwegman, R.Ph. Pharmacist	2727 Inwood Dallas 75235
Elizabeth Ricketts, 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	3312 Franklin Avenue 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	603 N. St. Mary San Antonio 78205
Robert P. McMahon, 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):

Mary Shiflett, R.D. Regional Director	Region 11 2913 Louisiana Houston 77006
Edward L. Hunter, R.Ph. Pharmacist	1300 East 40th Houston 77022
Alton Tucker, R.Ph. Pharmacist	"
Robert Nash, R.Ph. Pharmacist	110 E. Burleson Wharton 77488

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

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 Bldg.  
Houston 77030  
713/797-0647

Luis A. Davila, M.D.  
112 East 11th  
Mission 78752  
512/585-2451

John P. Coughlin, M.D.  
P. O. Box 1702  
San Angelo 76902  
905/653-4206

John Montgomery, M.D.  
Scott & White Clinic  
Temple 76501  
817/778-4451

Texas Osteopathic Medical Assoc.

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 Hospital Association

Richard L. Epperson  
Administrator  
King's Daughters Hospital  
2201 S. Loop 363  
Temple 76501  
817/778-5501

C. Jack Price, FACHA  
Administrator  
Dallas County Hospital District  
5201 Harry Hines Boulevard  
Dallas 75235  
214/638-1800

## Medical Care Advisory Committee (continued):

Texas Osteopathic Hospital  
Association

Olie E. Clem  
Administrator  
Doctors Memorial Hospital  
1400 West S.W. Loop 323  
Tyler 75701  
214/561-3771

Texas Nursing Home Assoc.

Bob Gay  
9219 Katy Freeway  
Houston 77024  
713/467-2213

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

Sylvester Bradford, O.D.  
2113 Martin Luther King Blvd.  
Austin 78702  
512/476-9907

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

Walter C. Coers  
4801 Sanger #59  
Waco 76710  
817/772-6837

Texas Speech & Hearing Assoc.

Richard Stream, Ph.D.  
Center for Audiology and  
Speech Pathology  
University of Texas Medical Branch  
Galveston 77550  
713/765-2711

Texas Hearing Aid Association

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

Texas Association of Optometrist

Irwin Raff, O.D.  
4008-A South Freeway  
Ft. Worth 76110  
817/921-2862

## Medical Care Advisory Committee (continued):

Association of Home Health Agencies

Mrs. Marie Milliken, R.N.  
Briercroft #4, Office Park  
Lubbock 79412  
806/747-2814

EX-OFFICIO MEMBERS

Ex-Officio Members serve until they resign or are replaced by the Commissioner.

Texas State Dept. of  
Health Resources

Raymond T. Moore, M.D.  
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

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

Phil Dunne  
Texas Medical Foundation  
7800 Shoal Creek Blvd.  
Suite 390-W  
Austin 78757  
512/459-3341

Rex Kirkle, M.D.  
P. O. Box 538  
Belton 76513

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

## A. Medical Association:

C. Lincoln Williston  
Executive Secretary  
Texas Medical Association  
1801 N. Lamar Boulevard  
Austin 78701  
Phone: 512/477-6704

## B. Pharmaceutical Association:

Luther R. Parker  
Executive Director  
Texas Pharmaceutical Association  
\*P. O. Box 14706  
Austin 78761  
Phone: 512/836-8350

\*Office location:  
1624 East Anderson Lane  
Austin 78752

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

Other Benefits: Home health; clinic services; transportation; family planning; medical supplies; Early Periodic Screening for children; services of psychologists, physical therapists, speech therapists, podiatrists, osteopaths, optometrists and audiologists.

\*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	1977		1978	
	Persons Eligible	Drug <sup>1/</sup> Recipients Amounts	Persons Eligible	Drug <sup>2/</sup> Recipients Amounts
OAA		3,074 \$1,078		5,532 \$1,356
GA <sup>3/</sup>				9 1
AB		47 16		63 13
APTD		2,852 926		4,677 1,042
AFDC		8,088 1,017		31,949 1,082
Total		14,061 \$3,037		42,230 \$3,494

1/ Average recipients per month.

2/ Annual unduplicated recipient count.

3/ General assistance (excludes county indigent) - state funds only.

## 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, non-legend oral antiseptics, multiple vitamins, acne preparations, external ointments/creams, medicated shampoos and rinses; 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 Total Drug 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 variable professional fee of \$2.40 to \$2.75<sup>1/</sup> 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 \$0.50 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 Total Drug Index.

<sup>1/</sup> Under a Medicaid incentive fee program pharmacists are provided with a \$2.75 dispensing fee instead of \$2.40 (see V, Miscellaneous).

## 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 Total Drug Index.
5. Selected OTC Drugs: These drugs will be reimbursed at the usual and customary charge.

## V. Miscellaneous Remarks:

Voluntary Incentive Program

This voluntary incentive fee program was implemented in February 1979 as an incentive-based approach to encourage dispensing of lower cost generic equivalent drugs by pharmacists. This approach was selected rather than mandating generic drug use in the Medicaid pharmacy program.<sup>1/</sup>

The Generic Equivalent Drug List has been divided into three sections:

Section A - Federal Maximum Allowable Cost Drug List

Section A of this listing contains the Federal Mandated Maximum Allowable Cost Pharmaceuticals effective as of February 15, 1979. Prescriptions for these medications must be reported under these codes regardless of what brand name product is prescribed or dispensed, unless brand name certified by the prescriber according to established policy. The current federal maximum allowable cost for these drugs is listed in this section.

Section B - Legend Generic Equivalent Drug List

Section B of this list contains commonly prescribed, dispensed and/or available generic equivalent drugs. The list of Legend Generic Equivalent Drugs has been greatly expanded to provide drug codes for which an incentive fee will be paid. The list identifies those generic drug codes for which:

- An incentive fee will be paid (275 Fee Code)
- No incentive fee will be paid (240 Fee Code)

The revised maximum allowable cost for birth control pills is \$4.00/unit.

<sup>1/</sup> Memorandum to all pharmacists from Office of Health Care Financing, Social Services, State of Utah, dated Feb. 13, 1979.

Section C - Non-Legend Generic Equivalent Drug List

Section C of this list contains general codes for selected, multi source over-the-counter drugs. Note: For aspirin, acetaminophen and contraceptive (creams, foams, vaginal inserts, prophylactics) products, use the general GEN or OTC code regardless of the brand name product dispensed.

The Generic Equivalent Drug Codes are cross-referenced in the Total Drug Index List and identified as follows:

Example:	GEN-AMPX-25	Ampicillin 250 mg.	MAC-FED	.0595 ea.
	GEN-AMXL-25	Amoxicillin 250 mg.	275 Fee	
	GEN-THYR-30	Thyroid 30 mg.	240 Fee	
	GEN-ACET-00	Acetaminophen 5 gr.	Any Brand	OTC

Note: Legend Generic Equivalent Drug List

The Utah Generic Drug Substitution Act contains a "negative list" of drugs for which substitution must be authorized by prescriber. The Medicaid Generic Equivalent Drug List contains some drug codes that are on the "negative list".  
(underline by NPC)

NPC Comment

Concerns about the legality of this program were expressed by the Utah Board of Pharmacy, the Pharmacy Advisory Board of the Department of Social Services, and the Utah Pharmaceutical Association.

As of July 1979, the Department of Social Services was continuing the program while awaiting an opinion from the Attorney General on the possibility of legal conflict between the incentive fee program and the Utah Generic Substitution Law.



## 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 84110
Norman G. Angus Deputy Director - Entitlements	"
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. Physicians:

Harold E. Merkley, M.D.	2020 South 13th East Salt Lake City 84105
Rees Anderson, M.D.	60 South 4th East #29 Salt Lake City 84111
Carlos Madsen, M.D.	1445 East 33rd South Salt Lake City 84106

## B. Pharmacist Consultants:

Edward V. Furia, R.Ph.	Department of Social Services 150 West North Temple Salt Lake City 84110
Rae Dell Ashley, R.Ph.	"

## 3. Social Services Department Medical Care Advisory Committee:

In final stages of re-organization

## 4. Pharmacy Advisory Board of the Department of Social Services:

<u>Lynn Sartor, R.Ph., Chairman</u> 1981 Boardmoor Salt Lake City 84108	Chesley H. Wintch, R.Ph. 6129 Highland Drive Salt Lake City 84121
<u>Monty Gully, R.Ph., Vice-Chrmn.</u> 4737 Fairfield Circle Salt Lake City 84107	Clyde Nielsen, R.Ph. City Drug Spanish Fork 84600
<u>Fred Petersen, R.Ph., Secretary</u> 1275 North University Provo 84601	Lavar J. Moffitt, R.Ph. 2180 East 4500 South Salt Lake City 84117
Tommie Sotiriou, R.Ph. 242 East 3rd South Salt Lake City 84111	Charles Ed McFall, R.Ph. 4067 West 5415 South Kearns 84118
William Trowbridge, R.Ph. Box 238 Roosevelt 84066	Dean Sedgwick, R.Ph. 1238 Island Drive Logan 84321
Hartley E. Olson, R.Ph. 4175 Jefferson Ogden 84403	Owen E. Wood, R.Ph. #5 Old Oak Lane Sandy 84070
Bronston Greenwood, R.Ph. 1451 29th Street Ogden 84403	Alfred V. Bateman, R.Ph. 58 East 700 South St. George 84770
Clyde Meadows, R.Ph. 3280 Coronet Drive Salt Lake City 84117	Paul Muller, R.Ph. (Liaison Member) Executive Secretary c/o UPHA 1062 East 21st South Suite 212 Salt Lake City 84106
James Petersen, R.Ph. 245 West 5th South Ferron 84532	

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

## A. Medical Association:

Hoyt W. Brewster  
Executive Director  
Utah State Medical Assoc.  
540 East 5th South  
Salt Lake City 84111  
Phone: 801/355-7477

## B. Pharmaceutical Association:

Paul Muller, R.Ph.  
Executive Secretary  
Utah Pharmaceutical Assoc.  
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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		4,371	\$ 679		4,265	\$ 677
MA		2,765	495		2,906	524
AB		559	17		477	2
APTD		4,898	844		4,887	852
AFDC		25,675	890		22,922	770
Total		38,268	\$2,925		35,457	\$2,825

## 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 input from local wholesalers, plus professional fee of \$2.00. Charge must not exceed usual and customary charges.

## 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.

## 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



## 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										
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 service and other transportation.

\*SFO - State Funds Only

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

(Dollar Amounts in Thousands)

CATEGORY	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA		191	\$ 7	425	170	\$ 23
MA						
AB		2		10	2	1/
APTD		90	5	160	159	13
AFDC		836	27	7,045	2,063	53
MN		9,994	209 <sup>2/</sup>	27,073	10,139	353 <sup>2/</sup>
Total		11,013	\$248	34,713	12,533	\$442

1/ Less than \$1,000.

2/ Includes 94,516 Non-Matching Category ages 21 through 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. 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, 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

## B. Social Welfare Department Official:

Gwendolyn C. Blake (Mrs.) Commissioner	Department of Social Welfare Charlotte Amalie St. Thomas 00801
---	--

## C. Executive Officer of Virgin Islands Medical Society:

## Information;

H. Hanno, M.D.  
Virgin Islands Medical Society  
P. O. Box 1442  
Charlotte Amalie  
St. Thomas, Virgin Islands 00801

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 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			
Outpatient Hospital Care	X	X	X	X	X	X	X			
Laboratory & X-ray Service	X	X	X	X	X	X	X			
Skilled Nursing Home Services	X	X	X	X	X	X	X			
Physician Services	X	X	X	X	X	X	X			
Dental Services	X	X	X	X	X	X	X	X		

Other Benefits:

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

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

(Dollar Amounts in Thousands)

CATEGORY	1977			1978		
	Persons 1/ Eligible	Drug 2/ Recipients	Amounts	Persons 1/ Eligible	Drug 2/ Recipients	Amounts
OAA	66,256	50,193	\$ 6,926	70,952	49,851	\$ 8,348
MA						
AB	2,061	1,308	160	2,002	1,255	175
APTD	41,042	29,453	4,014	46,516	30,296	4,699
AFDC	258,729	134,270	3,914	253,382	134,125	4,268
Total	368,088	215,224	\$15,014	372,852	215,527	\$17,490

1/ Total eligible during fiscal year.

2/ Unduplicated count.

## VIRGINIA

## MEDICAL ASSISTANCE DRUG PROGRAM UNDER TITLE XIX

## III. How Administered:

By the Division of Medical Assistance of the Office of Health Care Programs, 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. (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.

D. Prescription Charge Formula:

State Reimbursement

Estimated Acquisition Cost (EAC) plus \$2.70 minus 50¢  
copay/Rx

Maximum Allowable Cost (MAC) plus \$2.70 minus 50¢  
copay/Rx (MACed multiple source only)

Unit-Dose

Usual and customary not to exceed acquisition cost  
plus \$2.70 fee.

- Note:
1. All providers of unit-dose must be certified by Medicaid program - for computer purposes.
  2. Unit-dose applies only to tablets and capsules dosage forms. (State allows 2¢/dose)

Nursing Homes

EAC/MAC plus \$2.70 fee (Copay does not apply)

## 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

C. Barrie Cook, M.D.  
Frank S. Royal, M.D.  
Carl E. Stark, M.D.

Virginia Medical Service Association

Ronald H. Bargatze

Virginia State Dental Association

Jason R. Lewis, D.D.S.  
Byard S. Deputy, D.D.S.

Private Insurance Carriers

John L. Tuttle

Medical School Representative

Gerald H. Holman, M.D.

## Governor's Advisory Committee on Medicaid (continued):

Virginia Nursing Home Association

James K. Meharg, Jr.

Virginia Academy of General Practice

A. Epes Harris, Jr., M.D.

Virginia State Hospital Association

Hunter A. Grumbles

Charles S. Elliott

Virginia Pharmaceutical Association

Thomas A. Abbott, R.Ph.

Harvey Morgan, R.Ph.

Participants Advisory Council

Estelle Gore

Mamie King

Winona Vaught, PHN

Ex OfficioWilliam L. Lukhard  
Commissioner

State Department of Welfare

Leo E. Kirven, Jr., M.D.  
CommissionerState Department of Mental Health  
and Mental RetardationJames 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 Va.  
4205 Dover Road  
Richmond 23221  
Phone: 804/343-2721

## 2. Pharmaceutical Association:

Kenneth W. Schafermeyer  
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	1977			1978		
	Persons <u>1/</u> Eligible	Drug Recipients	Amounts	Persons <u>1/</u> Eligible	Drug <u>2/</u> Recipients	Amounts
OAA	36,059		\$ 5,555	35,718	28,828	\$ 5,753
MA						
AB	613		54	554	482	47
APTD	34,746		4,301	34,133	29,627	4,363
AFDC	148,248		3,172	146,382	117,159	3,138
Total	219,666 <sup>3/</sup>		\$13,082 <sup>4/</sup>	216,787	176,096	\$13,301

1/ Average monthly.

2/ Unduplicated count of different persons using service during the fiscal year.

3/ Revised submission from 240,836 in 1978 edition -- "Other Title XIX" category omitted.

4/ \$255 deleted from 1979 submitted data as "Other Title XIX" category.

## 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: Some minimums and maximums stipulated.
  - 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.

- \$2.37 - Nursing home patients
- 2.81 - Unit dose systems (Nursing Home Rx's)
- 2.68 - Retail pharmacies, if they fill less than 35,000 Rx's annually.
- 2.81 - Retail pharmacies, if they fill more than 35,000 annually.



## 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:

Local Office

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.	Omak - Okanogan
Walter P. H. deGroot, M.D.	King
Mary J. Dexter, M.D.	Olympia
Lawrence Ettelson, M.D.	Seattle
Burton A. Foote, M.D.	Ellensburg
Mark L. Gabrielson, M.D.	Oak Harbor - Bellingham
Edward C. Heyde, M.D.	Vancouver
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  
259-0966

Term Expires July 1, 1980

Terms Expire July 1, 1979:

Elaine Burkhead  
Mountlake Terrace 98403

Robert Day, M.D., Dean  
School of Public Health  
and Community Medicine  
University of Washington  
Seattle 98195

Hal King, Administrator  
Riverwood Care Center  
Puyallup 98371

Anne Larson  
Tacoma 98408

Ludwig Lobe  
Seattle 98101

Donald W. Murray, R.Ph.  
Wenatchee 98801

Gerald A. Nielsen, D.D.S.  
Wenatchee 98801

Alice W. Sandstrom  
Associate Administrator,  
Finance  
Children's Orthopedic Hospital  
Seattle 98105

Term Expires July 1, 1980:

Cleo Sandwick  
923 - 96th Place S.W.  
Seattle 98106  
(206) 762-0489

Permanent Members:

Robert P. Hall, M.D., Chief  
Office of Medical Assistance  
LK-11  
Department of Social and  
Health Services  
Olympia 98504  
(206) 753-5839

Vonnie King, Administrative  
Assistant  
Office of Medical Assistance  
LK-11  
Department of Social and  
Health Services  
Olympia 98504  
(206) 753-5852

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

## A. Medical Association:

H. R. Knudson  
Executive Director  
Washington State Medical  
Association  
900 United Airlines Bldg.  
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

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		
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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	(			(		
MA	( 44,321	44,568	\$2,638	( 58,188	69,502	\$2,582
AB	(			(		
APTD	(			(		
AFDC	( 64,389	69,174	3,833	( 63,653	39,256	4,398
UF <u>3/</u>	(			(		
Others <u>4/</u>	14,156	3,052	842	12,388	79,884	2,037
Total	122,866	116,794	\$7,313	134,229	188,642	\$9,017

1/ Excludes State Pharmacy Program (SFO) which is circa \$440,000 for FY 1978 and includes drugs to approximately 3700 elderly persons.

2/ June 1978 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.

The Department of Welfare processes all claims for reimbursement to providers participating in the program which are reviewed and approved by the State Auditor prior to payment as required by State statute.

## IV. Provisions Relating to Prescribed Drugs:

Medicaid Program Regulation MA-79-2 - May 1, 1979

- A. General Exclusions (diseases, drug categories, etc.): All covered drugs, whether legend or non-legend, must be prescribed by a physician, or other practitioner qualified under State law. Applicable State and Federal law governing dispensing of drugs and biologicals must be followed and are not further specified in these regulations.

Legend drugs are covered except for the following:

- (1) Appetite depressants and/or drug products for weight control.
- (2) Fecal softening agents, laxatives.
- (3) Injectable drugs (see prior authorization).
- (4) Food, food products - as labeled by the F.D.A.
- (5) Drugs available through Public Health; i.e., for treatment of tuberculosis, venereal diseases, prophylaxis for rheumatic fever, etc.
- (6) Experimental drugs; i.e., drugs under development, in clinical testing, or other processes short of being fully approved by the F.D.A.
- (7) Oral vitamins, vitamin and mineral combinations, geriatric tonics.

Exceptions:

- (a) Vitamin K
- (b) Vitamins/vitamin and mineral preparations for End Stage Renal Disease patients.  
(see prior authorization)

## Legend/or non-legend:

- (c) Prenatal vitamins/vitamin and mineral preparations.
- (d) Pediatric vitamins (any form to 12 years of age).
- (e) Iron products in pure or chelated form.

Covered Non-Legend Drugs

The following non-legend drugs are covered:

- (1) Pediatric usage (birth to 12 years):
  - (a) cough syrups -
  - (b) expectorants
  - (c) nasal solutions
- (2) Other:
  - (a) Antacid gels up to 2160 cc per month.
  - (b) Family planning supplies.
  - (c) Insulin.
  - (d) Diabetic syringes, needles, testing kits and refills.

Exception: Non-legend drug coverage does not apply for clients residing in long term care facilities (SNF/ICF).

Coverage with Prior Authorization

Consideration may be given to special drug needs of a client by the Medical Director on an individual basis based on medical information supplied by the attending physician.

Specific items covered by prior authorization are:

- (1) Injectables (excluding insulin). Injectables are not self-administered, therefore, a treatment plan for the client must be developed and approved.
- (2) Antibiotics for chronic usage; i.e., over ten days.
- (3) Medical supplies and equipment. Medical supplies; i.e., bandages, colostomy bags, underpads, and other items required for home care, are covered when ordered by a physician and approved by the Department based on a treatment plan developed for the individual client.
- (4) Vitamin/vitamin mineral preparation for ESRD patients.

Crippled Childrens Services Program

## (1) Pharmacy Services

Services are available for certain children under twenty-one years of age receiving medical care within the Division of Crippled Children's Services Program. These services are not limited to children of families receiving public assistance grants.

## (2) Scope of Services

Prescriptions written on the DWM-14 are limited to a one month supply with a maximum of five monthly refills in any six month period. OTHERWISE QUANTITY OF DRUG AND TYPE OF DRUG ON DWM-14 IS NEVER TO BE LOWERED AND/OR QUESTIONED unless in conflict with federal or state laws.

B. Formulary: None.

C. Prescribing or Dispensing Limitations:

1. Terminology: None.

2. Quantity of Medication: Up to a 30 day supply. Exceptions: Antibiotics are limited to a maximum of ten days (see prior authorization). Excluding phenobarbital, all sedatives are limited to a maximum of 30 days.

3. Refills: Legend and non-legend drugs, maximum of 5 refills. Exceptions: Antibiotics - no refills (see prior authorization). Excluding phenobarbital all sedatives - no refills.

4. Dollar Limits: None.

D. Prescription Charge Formula:

Federal regulation governing the Department's medical programs establish upper limits for payment of prescribed drugs; i.e., payment shall be based on the lower of the allowable cost of the drug plus a dispensing fee established by the Medicaid agency or the provider's usual and customary charge to the general public.

1. Prescription Charge Formula:

Maximum reimbursement for each drug claim processed effective November 1, 1978 will be based on the lowest of:

- a. The maximum allowable cost (MAC) for each multiple-source drug as defined by the Pharmaceutical Reimbursement Board and published in the Federal Register plus a dispensing fee, or
  - b. The acquisition cost or average wholesale price (AWP) for all other prescribed drugs plus a dispensing fee, or
  - c. The usual and customary price charged by the pharmacy to the general public including any sale price which may be in effect on the date of service.
2. Application of Dispensing Fee:
- a. For covered legend drugs, \$2.25 will be added to the Federally established MAC or State established acquisition cost price of each prescribed drug.
  - b. For a compounded prescription, an additional \$1.00 will be added to the dispensing fee. A compounded prescription is defined as any legend medicament requiring a combination of any two or more substances to exclude normal reconstitution operations.
3. Reimbursement for Non-Legend Items:
- For any covered item, reimbursement is the same as for legend drugs -- prescription charge formula.

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	" "
Auburn A. Cooper Administrative Assistant 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:

Robert W. Johnson  
President  
West Virginia Pharmaceutical  
Association  
V.A. Hospital  
Huntington 25701  
Phone: 304/429-6741

Home: 136 West 11th Avenue  
Huntington 25701  
304/525-2493



## WISCONSIN

## 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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA	99,985	69,143	\$ 9,888	70,597	55,652	\$13,705
MA						
AB	1,127	696	91	1,155	694	120
APTD	49,306	31,225	5,188	47,372	32,508	7,307
AFDC	317,817	163,191	4,641	331,539	162,137	5,389
MN Aged	9,394	6,719	919	6,776	5,939	1,302
MN Blind	31	17	2	18	15	2
MN Disabled	4,157	2,511	359	2,948	2,282	482
MN Children	49,844	22,722	565	34,964	13,241	308
Other	29,699	9,023	361	9,365	7,723	274
Total	561,360	305,247	\$22,014	504,734	280,191	\$28,889

Source - 1977 SRS/NCSS 2082  
1978 HMGR021; HMGR501

## 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 \$2.85<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 August 1, 1979.

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
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Robert Durkin Acting Administrator Division of Health	"
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Vacant Deputy Administrator	"
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Martin A. Preizler Director Bureau of Health Care Financing (Medicaid)	"
---	---

Alfred Dally, M.D. Physician Consultant	"
--	---

Ted Collins Pharmacy Practices Consultant	"
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## 2. Health and Social Services Department Advisory Committee:

## A. Medical Assistance Advisory Committee:

Arnulfo Chapa 125 East Racine Street Jefferson 53549	Judy Jones 4337 North 19th Street Milwaukee 53209
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Mary Goode Welfare Advocacy Center 4964 North Woodburn Whitefish Bay 53217	Peter Morton, R.Ph. Morton Drug Company 108 West Wisconsin Avenue Neenah 54956
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Mardi Jensen 87 Riverside Drive Racine 53404	Dr. John Oliver Assistant Dean School of Social Welfare University of Wisconsin Milwaukee 53211
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Dan Johnson Society's Assets 800 Center Street, Rm. 15 Racine 53403	
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## Medical Assistance Advisory Committee (continued):

William Petasnick  
Associate Superintendent  
University of WI Hospitals  
1300 University Avenue  
Madison 53706

Margaret Vergeront - Chair  
Staff Attorney - Legal Action  
31 South Mills Street  
Madison 53705

Dr. John Peters - Chair  
Associated Physicians  
505 East Division  
Fond du Lac 54935

Hillory Waukau  
County Administrator  
Menominee County Courthouse  
Box 428  
Keshena 54135

Dr. Walter Rattan  
6530 Sheridan Road  
Kenosha 53140

Gregory Zalesak  
INDEPARTMENTAL  
Staff - Office of the Nursing  
Home Ombudsman

Marcia Satter  
2815 West Wright Street  
Milwaukee 53210

Tenney Building, Room 302  
110 East Main Street  
Madison 53702

Dr. Carl Shuler  
714 Milwaukee  
Clinton 53525

Roy Froemming  
Staff Attorney  
Center for Public Repre-  
sentation

Jack Taylor, Administrator  
Northview Home  
25042 West Northview Road  
Waukesha 53186

520 University Avenue  
Madison 53703

## 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 Under 21	Other* (SFO)
	OAA	AB	APTD	AFDC	OAA	AB	APTD		
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	1977			1978		
	Persons Eligible	Drug Recipients	Amounts	Persons Eligible	Drug Recipients	Amounts
OAA						
MA						
AB						
APTD						
AFDC						
Total						

No Vendor Drug Program

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	"
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 & Medical Services
John J. Corbett, M.D.	- Physician
Joan Beachler	- County Director of Public Assistance & Social Services
Gerald Palmer	- Pharmacist
Frank Shaw	- 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
Ray Ring	- County Director of Public Assistance & Social Services
Henry Stephenson, M.D.	- Physician
Mrs. Joyce Fitzhugh	- Consumer

3. Executive Officers of State Medical and Pharmaceutical Societies:

A. 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

B. 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)