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From: OBourke, Phillip (IHS/OKC/LAW) <Phillip.OBourke@ihs.gov>
Sent: Tuesday, January 5, 2021 8:57 AM
To: Belanger, Theresa, HSD <Theresa.Belanger@state.nm.us>
Subject: [EXT] Re: OMB rate for Pharmacy

can you please include what we came up with back then in the comments you're eliciting?

"Since we are so close to Arizona, we hear a lot of discussion about how things have worked for them. One of their biggest problem was the Hepatitis C medications which can cost upwards of $25k for 1 months' worth. All medications costing over the AIR/OMB rate are paid for at cost. Basically the AZ IHS sites were sending all of those to outside pharmacies because of how expensive they were. We see a large number of HIV patients, and their medications add up quickly. Some sites were able to provide the meds and others were not, creating issues for continuity of care. We are hoping there is a way to create an exception for high dollar drugs.

AZ Access also ran into a problem where NDCs were not covered because they were not necessarily "drugs". There are things like test strips, lancets, glucose monitors, Vitamin D that are prescribed to our population that does not fall under the "drug" category. There are also repacked NDCs which is something you may not be familiar with. Basically expired or close to expired medications get repackaged, tested, given a longer expiration date, and then sold to VA/IHS at a reduced price. They are not however recognized as legitimate NDCs. Would you be able to include supplies or do we need to just stick to known NDCs for medications?

I am also concerned about the sentence that says, "OMB rate for pharmacy services may be billed in addition to the OMB rate for other outpatient facility medical or behavioral health services that are provided on the same day." We currently get the OMB rate for clinic visits that pharmacists have with patients. Often medications are not given out, but we are paid as providers for those services. We want to make sure we can still bill for this--as providers, not just dispensers of medication. Along those lines, would there be a limit to the number of visits per year or per week? Sometimes patients call in for refills, we fill them and then they have an appointment with their provider who then adds a new medication. Would we still be able to bill those visits later in the week?"

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