Pharmacy Access Office Hours
May 21, 2020

Focus Topic: Relationship between Affordability Expectations and BPHC SFSD Requirements for Pharmaceuticals

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WEBINAR LOGISTICS

We strongly recommend calling in **on your telephone**

**Phone:** 866-469-3239  
**Access Code:** 632 274 023#

**Your Attendee ID:** Listed below the access code in the box under “Select Audio Connection”.

To ask/answer a question, or share a comment, please use the Chat box on the right hand side of the screen.

You can download these slides on Noodlepod, & from NACHC’s 340B/ Rx webpage:


Or go to NACHC.org and search 340B
America’s Voice for Community Health Care
The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Agenda

• Operational Updates  Tim Mallett, RPh
• Focus Topic:  Relationship between Affordability Expectations and BPHC SFSD Requirements for Pharmaceuticals, Tim Mallett, RPh
• Q&A
Operational Updates

As of 5/20/2020
Site registration in the era of COVID-19

• HRSA has announced that they will allow CEs immediate enrollment “upon request and review”

• For information on how to register your site please see the FAQs here: https://www.hrsa.gov/opa/COVID-19-resources
Telehealth and 340B

• 340B use for Rxs from Telehealth visits is allowed
  • Prescriber employed by or under contract with CE
  • Medical Records of telehealth visit
  • Within scope of CE’s Grant

• From Derek Pihl
  • We just added clarification to our existing "340B Eligible Patient Definition Policy" that "health care services' means in-person or telehealth visits, including either video or telephone, with a health care professional."
Pharmacists response to COVID-19

- APhA offering training for pharmacists on COVID-19 specimen collection. Free to both members and non-members alike.  

- NCPA issued a fact sheet on COVID-19 testing at Community Pharmacies  

- Need to have CLIA certificate of waiver  
Express Scripts DAW 9 program

• Colcrys is added to the DAW 9 program for participating plans
  • The DAW 9 (Substitution Allowed By Prescriber but Plan Requests Brand – Patient’s Plan Requested Brand Product To Be Dispensed) code does need to be added to ensure proper reimbursement

<table>
<thead>
<tr>
<th>Covered brand drug</th>
<th>Excluded generic drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall XR®</td>
<td>dextroamphetamine-amphetamine ER</td>
</tr>
<tr>
<td>Advair Diskus®</td>
<td>Wixela™ Inhub™, fluticasone/salmeterol DISKUS</td>
</tr>
<tr>
<td>Apriso®</td>
<td>mesalamine caps</td>
</tr>
<tr>
<td>Canasa®</td>
<td>mesalamine suppositories</td>
</tr>
<tr>
<td>Carafate®</td>
<td>sucralfate suspension</td>
</tr>
<tr>
<td>Colcrys®</td>
<td>colchicine</td>
</tr>
<tr>
<td>Diclegis®</td>
<td>doxylamine succinate and pyridoxine hydrochloride</td>
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<tr>
<td>Uceris®</td>
<td>budesonide</td>
</tr>
<tr>
<td>Welchol Tablets®</td>
<td>colesevelam HCL</td>
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</tbody>
</table>
Kalderos update

• New platform

• Reviewing CAD claims
  • Uses ICN/CCN
  • Option to respond “Cannot locate ICN/CCN”
  • Per Steve at Kalderos – CHC will not be at greater risk for a manufacturer audit if they select the option above

• See NP for additional info
New Apexus 340B Compliance and Education Support Manager

Michelle Fox, MBA, CGMS
• Yakima Valley Farm Workers Health Center
• 160,000 patient in WA & OR
• Responsible for 10 closed door pharmacies
• High volume central fill/mail order pharmacy
• 19 years experience in compliance and education
  • Healthcare
  • Human Services
  • Community-Support grant programs
Michelle’s duties at Apexus

• Role will be to support:
  • Provide voice of the customer
  • Tool Development
  • Customized trainings for FQHC’s and Grantees
  • Apexus Answers escalation support
One more thing.....

- June Office Hours Focused Topic – TBD

- COVID-19 Nodulepod – Please contact me tmallett@340Basics.com or Susan Hansen shansen@NACHC.COM if you would like to have access to this information.


- 340B Health Summer Conference – Sue Veer
Please do the one-minute evaluation

https://www.surveymonkey.com/r/Z2JMRQ2

(Your responses help us demonstrate to BPHC that these sessions are a valuable use of their funding.)
Relationship between Affordability Expectations and BPHC SFSD Requirements for Pharmaceuticals

Date: May 21, 2020

Tim Mallett, RPh, 340B ACE
340B Teaching and Technical Assistance Consultant, NACHC
VP of Pharmacy Services, 340Basics
Affordability Expectations

- FQHCs are expected to provide patients access to affordable medications by:
  - BPHC
    - 330 Grant
  - The 340B program
  - Their mission

- “Affordability Expectations” apply to the total amount charged to an uninsured or underinsured patient
Compliance Manual requirements

• Chapter 16 of the Compliance Manual requires that all FQHCs have a:
  – “a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation”
  AND
  – “a corresponding schedule of discounts [sliding fee discount schedule (SFDS)] to be applied to the payment of such fees”

SO

• If a PDF for pharmaceuticals is listed on the schedule of fees, then the SFDS must be applied to the PDF portion of a pharmaceutical’s cost

• If a PDF is not listed on the schedule of fees, then SFDS rules do not apply to pharmaceuticals

Important
Compliance Manual requirements  continued

- Per the Compliance Manual, SFSD applies to **services**, but **NOT** to **supplies**
  - Dispensing is considered a service; the drug itself is considered a supply.
- But.. SFDS rules apply to dispensed prescriptions **ONLY** if the eligible patient is charged an explicit/separate/distinct dispensing fee.
- Note: As a rule, there is not a locally prevailing fee associated with pharmacy dispensing.

*Health Center Program Site Visit Protocol
Sliding Fee Discount Program*

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**Demonstrating Compliance**

**Element a: Applicability to In-Scope Services**

The health center has a sliding fee discount program\(^1\) that applies to all required and additional **services**\(^2\) within the HRSA-approved scope of project for which there are **distinct fees**.\(^3\)
BPHC SFS Requirements continued

- A FQHC is permitted -- but not required -- to charge an explicit pharmacy professional dispensing fee (PDF) on the Schedule of Fees (PDF amount a patient over 200% FPL will pay)
- **If** an explicit pharmacy PDF is listed on the Schedule of Fees, then there must be an associated Sliding Fee Discount Schedule (SFDS)

<table>
<thead>
<tr>
<th>Percentage of Federal Poverty Level</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Level D</th>
<th>Level E</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>At or Below 100%</td>
<td>Above 100% and At or Below 125%</td>
<td>Above 125% and At or Below 150%</td>
<td>Above 150% and At or Below 200%</td>
<td>Above 200%</td>
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<td>45,331</td>
<td>3,619</td>
<td>5,125</td>
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</tbody>
</table>

| Amount Per Additional Family Member | 4,420  | 368    | 5,525  | 468    | 6,630  | 553    | 8,840  | 737    |

<table>
<thead>
<tr>
<th>Medical Visits</th>
<th>Level A Nominal Charge</th>
<th>Level B</th>
<th>Level C</th>
<th>Level D</th>
<th>Level E</th>
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<tbody>
<tr>
<td>Copay</td>
<td>$20</td>
<td>$25</td>
<td>$35</td>
<td>$45</td>
<td>Full Charges</td>
</tr>
</tbody>
</table>
Compliance Manual requirements  continued

- If there is not a pharmacy PDF included on the FQHC’s Schedule of Fees, the OSV reviewers will not look to see how the SFS rules were applied to pharmaceuticals
- This applies to both in-house and contract pharmacies
  - Note: Per BPHC, Contract Pharmacy is to be listed in column 2 on form 5A

Document Checklist for Health Center Staff

Documents Provided Prior to Site Visit:

- Sliding Fee Discount Program (SFDP) policy(ies)
- SFDP procedure(s)
- Sliding Fee Discount Schedule (SFDS), including SFDSs that differ by service or service delivery method (if applicable)
- Any related policies, procedures, forms and materials that support the SFDP (e.g., registration and scheduling, financial eligibility, screening, enrollment, patient notifications, billing and collections)
SFDS Rules Apply to what the FQHC Charges Patients

• This discussion relates to what an FQHC charges an uninsured/eligible patient.

• Some contract pharmacies charge an administrative fee/PDF to the FQHC.
  – SFDS requirements do not apply to these fees (unless the FQHC has listed the PDF on their Schedule of Fees)
  – Even if a contract pharmacy charges an explicit administrative fee/PDF to the FQHC, there are no requirement that the FQHC charge an explicit PDF to the patient at their in-house pharmacy
So now what?
The Basics and an intro to EPPAP

1. We still are obligated by our mission to ensure patients have access to affordable medications
2. We do not want to run afoul of our PBM contracts which require that we submit our lowest cash price

• Eligible Patient Pharmacy Assistance Program (EPPAP)
  – Not a “sliding scale” as defined by BPHC, so a new term is needed
  – EPPAP spells out the important points of the program
  – Continue to use 200% Federal Poverty Level (FPL) as your cut off for the Eligible Patient Pharmacy Assistance Program (EPPAP)
Recommendations for assisting uninsured or underinsured qualified patients

• For in-house pharmacies:
  – Write a policy to defend discounting your Usual and Customary (U&C) or Cash price for eligible patients
    • Income verification under 200% of FPL
    • Annual reverification
    • Expectation of BPHC, the 340B program, and the mission of your FQHC to ensure that eligible patients have access to affordable prescriptions
  – This could be used to justify your EPPAP should you be questioned by a PBM
Recommendations for assisting uninsured or underinsured qualified patients - Continued

- For Contract Pharmacies (CPs)
  - Work with CPs to provide some level of your Eligible Patient Pharmacy Assistance Program (EPPAP)
    - Not all CPs are willing or able to do this
    - Often independent CPs are more willing to help with this
    - Many chain CPs will also work with you
  - You are **not** required to offer EPPAP at every CP
    - Do your very best to ensure patients have access to affordable prescriptions
Final Takeaways

• Affordability Expectations described earlier apply to prescriptions
  – Even if you do not have a PDF or pharmacy Sliding Fee Discount Schedule (SFDS)
  – Determining how much to charge for EPPAP is a careful balance of patient affordability and financial viability for the FQHC
• Example of an EPPAP arrangement.....
Example of EPPAP for an in-house pharmacy

- Patient is deemed eligible by your registration department and is documented in practice management
  - Eligibility expires in 1 year
- Eligible patient pays the greater of:
  - $5 (minimum)
  - Actual acquisition cost (AAC) + $1.00
- This process allows the CHC to cover AAC with a minimal administration fee
- Advantages
  - No need for multiple levels
    - “If you are 200% of FPL or under you are poor, period”
  - Simplifies your prescription discount program for staff and patients
  - Provides a small amount of 340B savings for your clinic
Example of EPPAP for a Contract Pharmacy

- Patient is deemed eligible by your registration department and is documented in practice management
  - Eligibility expires in 1 year

- Patient is provided an “EPPAP” card to take to the CP or the CP has access through the TPA to determine if patient is eligible (or whatever other process your CHC has set up)

- Patient pays AAC for the prescription plus any administration fees
  - Likely only used for higher cost or brand name medications
  - Generics are likely less expensive through the CP’s discount program
• What do we still need to talk about?
• Hot topics?
• Questions?
Please do the one-minute evaluation

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