SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE

DIVISION:	FQHC	**NUMBER(s):**	CHCA-039
PROGRAM:	Pharmacy	**VERSION:**	1.00
TITLE:	TITLE: Insulin/Epinephrine Fee Structure	**PAGE:**	1 of 3
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Fee structure for insulin and epinephrine for patients of the FQHC.		**ORIGINATION DATE:** NEW	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		**REPLACES:** NEW	

I. PURPOSE

To ensure SNCHC fee structure is compliant with Executive Order 14273 and associated HRSA grant requirements for Federally Qualified Health Centers (FQHC).

II. SCOPE

This policy applies to all workforce members involved in the delivery of Southern Nevada Community Health Center services.

III. POLICY

SNHD Pharmacy and any FQHC-associated contract pharmacies are required to make insulin and injectable epinephrine available to individuals with low incomes at fees specified in the FQHC grant.

IV. PROCEDURE

A. Low Income Individuals

1. Definition: Individual living in a household with income level at or below 200 percent of the Federal Poverty Guidelines (see 42 CFR 51c.303(f)
2. The insulin/epinephrine fee schedule applies to low-income individuals with the following.
   a. No health care insurance: Not covered by a federal, state, or commercial insurance plan that includes coverage of outpatient prescription medications.
   b. High unmet deductible: Insured individuals that have a high-deductible health plan as defined by the Internal Revenue Service (IRS) with deductibles that meet or exceed the annual minimums published by the IRS that have not been satisfied at the time of service.
   c. High cost-sharing requirement: Individuals covered by health insurance plans with deductible, copayment, and coinsurance requirements that exceed an individual's ability to pay for insulin/epinephrine and prevent access to treatment.

B. Fee Structure

1. The fee schedule applies to insulin/epinephrine purchased by the SNCHC under 340B Drug Pricing Program.
2. Fees for insulin/epinephrine are calculated as the medication acquisition cost plus an administrative dispensing fee. ($ACQ + DF = Price)
3. The maximum dispensing fee is equivalent to the current Nevada Medicaid dispensing fee paid to participating pharmacies.
4. SNCHC may apply a dispensing fee lower than Nevada Medicaid rate
5. The SNCHC Sliding Fee Scale (SFS) for medications does not apply to insulin/epinephrine. All qualifying individuals are charged a flat fee as specified in B.2.
6. SNCHC regularly reviews insulin/epinephrine costs and adjusts the fee schedule accordingly.

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Pharmacy Service Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Not Applicable