



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**DAVE RICHARD** • Deputy Secretary, NC Medicaid

August 27, 2020

Dear County, DSS Director:

Attached is a public notice representing a proposed change for the intent to amend the Medicaid State Plan to revise the pharmacy reimbursement methodology for ingredient drug cost under \$1,000 to be reimbursed at the OMB encounter rate. The OMB encounter rate for covered outpatient prescription drugs is exclusively applicable to the Indian Health / Tribal pharmacies operated by the United States Indian Health Services (IHS).

This amendment will become effective September 1, 2020.

Please post this notice in your facility so that interested parties may be made aware of this proposed change and may comment as necessary. The posting can be removed after ninety days from the date of this letter.

Sincerely,

***Arthur Becton***

Arthur Becton  
SPA Coordinator

Attachment: Public Notice SPA 20-0015 (Pharmacy Point of Service)

**NC MEDICAID**  
**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES. DIVISION OF HEALTH BENEFITS**

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh NC 27603  
MAILING ADDRESS: 2501 Mail Service Center, Raleigh NC 27699-2501  
www.ncdhhs.gov • TEL: 919-855-4100 • FAX: 919-733-6608

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**PUBLIC NOTICE**  
**(SPA 20-0015)**  
**Pharmacy Point of Service**

The Department of Health and Human Services, Division of Health Benefits hereby provides notice of its intent to amend the Medicaid State Plan Attachment. This amendment revises the pharmacy reimbursement methodology for ingredient drug cost under \$1,000 to be reimbursed at the OMB encounter rate. The OMB encounter rate for covered outpatient prescription drugs is exclusively applicable to the Indian Health / Tribal pharmacies operated by the United States Indian Health Services (IHS).

This amendment will become effective September 1, 2020.

The annual estimated State fiscal impact of this change is

- a. SFY 2020 \$0
- b. SFY 2021 \$0
- c. SFY 2022 \$0

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan Amendment should be directed to the Division of Health Benefits at the address listed below.

Dave Richard  
Deputy Secretary for NC Medicaid  
Division of Health Benefits  
2501 Mail Service Center  
Raleigh, NC 27699-2501

Posted on the Division of Health Benefits Website: August 26, 2020  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>