

340B Drug Purchasing Program – APPENDIX A

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ABC 340B Pharmacy Drug Program

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APPENDIX A - MONITORING PLAN SUMMARY

Monitoring	Frequency	Facility	Method	Owner
Review accuracy of OPA Database information	Quarterly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	<p>Confirm presence of all Covered Entities and accuracy of information; verify contact information including phone and e-mail information, Medicaid exclusion information, ship to/bill to information, and contract pharmacy information. This must include signoff by the Authorizing Official with assistance from Pharmacy.</p> <p>www.opanet.hrsa.gov/opa/CESearch.aspx</p>	Authorizing Official(s)/ Corporate 340B Program Manager
Purchasing volume analysis	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	<p>Review purchasing volume for each account at a high level to ensure purchases have been transacted on the correct account. Significant changes in purchase volume are also reviewed for appropriateness. Any variances are corrected, using credit and re-bill if necessary.</p>	Pharmacy Analyst
Review of EPIC department list qualifying for 340B pricing	Annually	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	<p>Review complete EPIC department list qualifying for 340B pricing.</p>	Corporate 340B Program Manager
Review of EPIC patient status indicators stored in the Splitting Software	Quarterly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	<p>Review EPIC inpatient and outpatient status indicators stored in the Splitting Software by selecting "qualification filters" under "administrator settings" in MacroHelix.</p>	Corporate 340B Program Manager
Validation of utilization data and patient status	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	<p>Review 25 patients per Mixed Use Area and AIC which the Splitting Software designated for 340B drug purchase. Validate the patient status in the electronic health record and/or pharmacy management system (PMS) to ensure patient status was an outpatient and eligible for 340B drug purchase. Validate utilizations are accumulating correctly in Splitting Software. CMC will pick a different date for each MRN and focus the sample on targeted areas (e.g. flipper records or high cost medications used in outpatient settings).</p>	Corporate 340B Program Manager

Monitoring	Frequency	Facility	Method	Owner
Eligible drug review	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review 25 340B purchased drugs primarily utilized for inpatient use and validate that these were utilized for Outpatient Status patients and accumulation is accurate.	Corporate 340B Program Manager
Crosswalk accuracy review	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review the accuracy of the drug crosswalk for 25 medications (15 of which are injectables) per Mixed Use Area and AIC.	Corporate 340B Program Manager
Crosswalk maintenance review	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review all crosswalk maintenance that occurred during the previous month with CRMC, CCMC, and AIC pharmacy teams for accuracy. This includes reviewing crosswalk additions and BUPP modifications; matching NDCs, ERXs, package sizes and package units; linkage of each NDC to the corresponding CDM; and validation with corresponding utilization data.	Corporate 340B Program Manager
Drug purchase review	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review 10 drugs per facility and verify correct quantity purchased on the 340B accounts based on quantity processed in the accumulator. Review accumulations for the sample in Splitting Software to ensure that there are no negative 340B accumulations.	Corporate 340B Program Manager
Reconciliation of credits in respective accounts	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review 30 processed credits in Mixed Use Areas and AIC to validate correct medications and amounts have been credited to their respective accounts and are reflected in the accumulation in the Splitting Software.	Pharmacy Analyst
Review quantities in direct purchase log and their accumulations uploaded in Splitting Software	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Compare sample of quantities of medications in Mixed Use Areas and AIC in the direct purchase log against the accumulations of respective medications in the Splitting Software.	Pharmacy Analyst
Provider validation	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review 10 medication orders per facility to validate that orders were written by a contracted/employed provider.	Corporate 340B Program Manager/AIC Manager
Review of Medicaid billing	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review 10 Medicaid outpatient drug claims per facility for accuracy. Ensure that Medicaid plans are correctly identified, UD modifier is attached to Medicaid claims and appropriate price is utilized for billing.	Corporate 340B Program Manager
GPO Exclusion File review	Quarterly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review all drugs listed on the GPO Exclusion File in Splitting Software for accuracy. Review Cardinal non-qualify purchase history to ensure accuracy of drugs ordered. Review non-qualify report in Splitting Software to ensure that GPO exclusion items were ordered under a separate account.	Corporate 340B Program Manager

Monitoring	Frequency	Facility	Method	Owner
Review of eligible 340B prescriptions	Daily	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Pharmacy manager and designees will validate all hard copies of prescriptions against eligible plans and providers manually.	Ambulatory Care Center Pharmacy Manager
Review of Disease Management, Dental and OMFS purchases	Monthly	<ul style="list-style-type: none"> ▪ ABC ▪ DEF ▪ GHI ▪ HIJ 	Review all medications purchased for CRMC Disease Management, CRMC Dental, CRMC OFMS on WAC and to ensure that separate physical inventory is met.	Corporate 340B Program Manager/Ambulatory Care Center Pharmacy Manager
Physician database review	Monthly	<ul style="list-style-type: none"> ▪ Contract Pharmacies ▪ 	Review accuracy of prescriber database per facility to ensure proper designation.	Corporate 340B Program Manager/340B Leadership Group
Review of insurance type on captured claims	Monthly	<ul style="list-style-type: none"> ▪ Contract Pharmacies 	Review insurance information for all 340B captured prescriptions from contract pharmacy location(s) to ensure no Medicaid prescriptions were replenished with 340B medications.	Corporate 340B Program Manager
Patient eligibility review	Monthly	<ul style="list-style-type: none"> ▪ Contract Pharmacies 	Review 30 patients eligible for 340B per facility to validate that an appropriate record of care exists for that patient in the EPIC system.	Corporate 340B Program Manager
Review of pharmacy invoices	Monthly	<ul style="list-style-type: none"> ▪ Contract Pharmacies 	Review of contract pharmacy purchases against pharmacy invoices to validate payments to pharmacy wholesaler.	Ambulatory Care Center Pharmacy Manager