Navigating the 2015 Hospital Recertification Process

July 28, 2015
2:00 – 3:00 PM (Eastern)

SPEAKERS:

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Manager, Policy Development and Education
Housekeeping

• Webinar IT platform technical questions
  ▪ Contact Lee-Anne Gabrielli at (202) 552-5856 or lee-anne.gabrielli@340bhealth.org

• Q&A: Submit questions online anytime during event using the “chat” feature

• Polling feature: interactive audience participation

• Slides: will be sent to attendees 3 business days post webinar
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Agenda

- Recertification background
- Preparing for recertification
- Part 1: verify database info
- Part 2: attestation of compliance
- Questions and Answers
Recertification

Background
Recertification Background

- 340B statute requires HRSA to recertify all covered entities annually
- Failure to recertify leads to removal from program
- Applies to ALL hospitals registered in 340B as of July 1, 2015 without a future termination date, regardless of length of time in program
- Two parts to recertification:
  1. Confirm hospital information in OPA database is correct
  2. Certify hospital is complying with 340B requirements
Recertification Background (cont’d)

• During recertification, hospitals may:
  ▪ Edit database info (within limits)
  ▪ Terminate child sites that no longer participate in, or are not eligible for, 340B
    • NOTE: Hospitals should not wait for annual recertification to decertify sites that lost eligibility or stopped participating

• During recertification, hospitals cannot:
  ▪ Add new child sites
  ▪ Make other changes that require OPA to review separate documentation (e.g., hospital name change)
Changes to Recertification Process

• Can update Authorizing Official (AO) electronically during recertification process
  ▪ Hospitals were previously required to update AO using manual change form

• Certain eligibility criteria will auto-populate with Medicare data and ask for hospital verification
  ▪ DSH adjustment percentage
  ▪ Cost reporting period
Timeline

5 weeks

- **Aug. 3rd**: AO and PC receive advanced notification email
- **Aug. 5th**: AO receives email with username and password and recert. begins
- **Review database, update as necessary**
- **Sept. 9th**: AO certifies 340B compliance
- **Recert. ends**
Preparing for Recertification
Preparing for Recertification

• Verify AO and PC listed correctly with OPA
  ▪ AO name is listed on OPA database but not the email address
  ▪ Hospitals can verify email address by contacting Apexus
    • ApexusAnswers@340bpvp.com
    • 1-888-340-2787

• Make sure e-mail spam filters will not block email from:
  ▪ 340b.recertification@hrsa.gov
  ▪ HRSA@public.govdelivery.com
Helpful Tip

Print out OPA’s Recertification User Guide to review screen shots and instructions

Preparing for Recertification (cont’d)

• Meet with hospital officials (compliance, pharmacy, administration, finance) to review process and assign responsibilities, which may include verifying:
  ▪ Addresses
  ▪ Contact information
  ▪ Medicaid billing information
  ▪ Orphan drug information (if applicable)
  ▪ Hospital eligibility
  ▪ Child site eligibility
  ▪ Compliance with 340B rules
Info to Have on Hand

- Medicare cost report (MCR) worksheets
  - Worksheet E, Part A: DSH adjustment percentage and cost reporting period
  - Worksheet S-2: hospital type
  - Worksheet S-3: data for children’s hospital DSH adjustment percentage (if applicable)
  - Worksheets A and C: outpatient facility eligibility
- Employer Identification Number (EIN)
  - Check with Finance Department
Before Recertification Starts

- Review compliance attestations and confirm hospital is in compliance with 340B rules
  - If hospital is not in compliance, self-disclosure may be necessary
- 340B Health recommends that hospitals prepare for recertification in advance by verifying database info
- If info needs to be updated, submit change request
  - Must submit change request and have AO accept request before Aug. 1 for changes to be made before start of recertification
Helpful Tip

Hospitals should verify that the correct person is listed as the Authorizing Official in the OPA database to ensure the AO receives the username and password.
Recertification Part 1: Verifying Database Info
Verifying Database Info

- Hospitals do not need to wait for recertification to start to verify database information
- 340B Health recommends hospitals review the database in advance
- Go to OPA database: [http://opanet.hrsa.gov/opa](http://opanet.hrsa.gov/opa)
- Search in “covered entities” for your hospital
- Print and review hospital’s database record to confirm information
Helpful Tip

As hospitals complete the recertification process, we recommend saving screen shots for your records.
Verifying Contact Info for Hospital and All Registered Child Sites

• Confirm AO and PC information
• Confirm addresses, including main, billing and shipping
• Hospitals can make changes/updates if necessary during recertification or can submit change request prior to Aug. 1 (recommended)
• OPA may ask follow-up questions if hospital makes address changes or adds new addresses
Verifying Hospital Eligibility

• Verify hospital type/ownership status is correct
• To be eligible for 340B, all hospitals must be:
  ▪ Owned or operated by state or local government; or
  ▪ Formally granted governmental powers; or
  ▪ Operated as a private non-profit hospital with a contract with state or local government to provide health care services to low-income individuals
    • Take this opportunity to locate the contract and have it on hand
• Ownership changes are uncommon, and OPA will follow-up if hospital makes changes
• If hospital does not notify OPA of ownership change, hospital could be removed from 340B
How to Verify Hospital Type

- Can compare ownership status with MCR Worksheet S-2
- Numbers in Line 21 correspond to a type of control
- Note that proprietary hospitals are not eligible for 340B

<table>
<thead>
<tr>
<th></th>
<th>Voluntary Nonprofit, Church</th>
<th></th>
<th>Governmental, Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Voluntary Nonprofit, Other</td>
<td>2</td>
<td>Governmental, City-County</td>
</tr>
<tr>
<td>3</td>
<td>Proprietary, Individual</td>
<td>4</td>
<td>Governmental, State</td>
</tr>
<tr>
<td>5</td>
<td>Proprietary, Partnership</td>
<td>6</td>
<td>Governmental, Hospital District</td>
</tr>
<tr>
<td>8</td>
<td>Proprietary, Other</td>
<td>10</td>
<td>Governmental, City</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td>Governmental, Other</td>
</tr>
</tbody>
</table>
Verifying DSH Percentage and Cost Reporting Period

• **New this year:** OPA will pre-load DSH adjustment percentages and cost reporting periods with Medicare data and will ask hospitals to verify (for all hospitals except CAHs)

• OPA previously asked hospitals to manually enter this information

• If the pre-loaded information is incorrect, hospitals will be able to manually correct it with information from their most recently filed cost reports but must provide that documentation to OPA
# DSH Adjustment Percentage Thresholds

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>340B DSH % Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disproportionate share hospital (DSH)</td>
<td>&gt;11.75%</td>
</tr>
<tr>
<td>Free-standing cancer hospital</td>
<td>&gt;11.75%</td>
</tr>
<tr>
<td>Free-standing children’s hospital</td>
<td>&gt;11.75%</td>
</tr>
<tr>
<td>Rural referral center (RRC)</td>
<td>≥ 8%</td>
</tr>
<tr>
<td>Sole community hospital (SCH)</td>
<td>≥ 8%</td>
</tr>
</tbody>
</table>
Verifying DSH Percentage and Cost Reporting Period

- DSH, RRCs, and SCHs: DSH adjustment percentage can be found in MCR Worksheet E, Part A, Line 33
- Children’s and cancer hospitals: use Worksheet S-3 or independent audit to calculate what percentage would be
  - If MCR does not have sufficient information to calculate DSH percentage, see OPA children’s hospital guidance:
- If percentage is below threshold, hospital will be terminated
- Cost reporting period is found in top right corner of all MCR Worksheets
# MCR Worksheet E part A

## Title XVIII

### Part A - INPATIENT HOSPITAL SERVICES UNDER PPS

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DMG Amounts Other Than Outlier Payments</strong></td>
<td>4,852,067</td>
<td><strong>1.00</strong></td>
</tr>
<tr>
<td><strong>Outlier payments for discharges</strong></td>
<td>338,490</td>
<td><strong>2.00</strong></td>
</tr>
<tr>
<td><strong>Managed Care Simulated Payments</strong></td>
<td>0</td>
<td><strong>3.00</strong></td>
</tr>
<tr>
<td><strong>Bed days available divided by number of days in the cost reporting period</strong></td>
<td>46,960</td>
<td><strong>4.00</strong></td>
</tr>
</tbody>
</table>

### Indirect Medical Education Adjustment

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/2016</strong></td>
<td>0.00</td>
<td><strong>5.00</strong></td>
</tr>
<tr>
<td><strong>FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 433.79(e)</strong></td>
<td>0.00</td>
<td><strong>6.00</strong></td>
</tr>
<tr>
<td><strong>Section 422 reduction amount to the IME cap as specified under 42 CFR 412.105(f)(3)(i)(v)(8)(C)</strong></td>
<td>0.00</td>
<td><strong>7.00</strong></td>
</tr>
<tr>
<td><strong>ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR 412.105(f)(3)(i)(v)(8)(C)</strong></td>
<td>0.00</td>
<td><strong>7.01</strong></td>
</tr>
<tr>
<td><strong>If the cost report straddles July 1, 2013, then see instructions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(c), 413.79(c)(2)(iv) and Vol. 67 Federal Register, May 22, 1998, pages 26340 and 26360, August 1, 2005, Federal Register, Vol. 70, No. 156, August 3, 2005.(See Instructions)</strong></td>
<td>0.00</td>
<td><strong>8.00</strong></td>
</tr>
<tr>
<td><strong>The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2013, see instructions</strong></td>
<td>0.00</td>
<td><strong>8.01</strong></td>
</tr>
<tr>
<td><strong>The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of the ACA. (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>8.02</strong></td>
</tr>
<tr>
<td><strong>Sum of lines 5 plus 6 minus lines (7 and 7.03) plus/minus lines (8, 8.01 and 8.02) (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>9.00</strong></td>
</tr>
<tr>
<td><strong>FTE count for allopathic and osteopathic programs in the current year from your records</strong></td>
<td>0.00</td>
<td><strong>10.00</strong></td>
</tr>
<tr>
<td><strong>Current year allowable FTE (See instructions)</strong></td>
<td>0.00</td>
<td><strong>11.00</strong></td>
</tr>
<tr>
<td><strong>Total allowable FTE count for the prior year</strong></td>
<td>0.00</td>
<td><strong>12.00</strong></td>
</tr>
<tr>
<td><strong>Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero</strong></td>
<td>0.00</td>
<td><strong>13.00</strong></td>
</tr>
<tr>
<td><strong>Sum of lines 12 through 14 divided by 3</strong></td>
<td>0.00</td>
<td><strong>14.00</strong></td>
</tr>
<tr>
<td><strong>Adjustment for residents in initial years of the program</strong></td>
<td>0.00</td>
<td><strong>15.00</strong></td>
</tr>
<tr>
<td><strong>Adjustment for residents displaced by program or hospital closure</strong></td>
<td>0.00</td>
<td><strong>16.00</strong></td>
</tr>
<tr>
<td><strong>Adjusted rolling average FTE count</strong></td>
<td>0.00</td>
<td><strong>17.00</strong></td>
</tr>
<tr>
<td><strong>Current year resident to bed ratio (Line 18 divided by line 4)</strong></td>
<td>0.00</td>
<td><strong>18.00</strong></td>
</tr>
<tr>
<td><strong>Prior year resident to bed ratio (See instructions)</strong></td>
<td>0.00</td>
<td><strong>19.00</strong></td>
</tr>
<tr>
<td><strong>Enter the lesser of lines 19 or 20 (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>20.00</strong></td>
</tr>
<tr>
<td><strong>IME payment adjustment (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>21.00</strong></td>
</tr>
</tbody>
</table>

### Indirect Medical Education Adjustment For the Add-on For Section 422 of the WMA

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105</strong>(P)(E)(V)(4)**</td>
<td>0.00</td>
<td><strong>22.00</strong></td>
</tr>
<tr>
<td><strong>IME FTE Resident Count Over Cap (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>23.00</strong></td>
</tr>
<tr>
<td><strong>If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>24.00</strong></td>
</tr>
<tr>
<td><strong>Resident to bed ratio (Divide line 25 by line 4)</strong></td>
<td>0.00</td>
<td><strong>25.00</strong></td>
</tr>
<tr>
<td><strong>IME payments adjustment (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>26.00</strong></td>
</tr>
<tr>
<td><strong>IME adjustment (See Instructions)</strong></td>
<td>0.00</td>
<td><strong>27.00</strong></td>
</tr>
<tr>
<td><strong>Total IME payments (sum of lines 22 and 28)</strong></td>
<td>0.00</td>
<td><strong>28.00</strong></td>
</tr>
</tbody>
</table>

### Disproportionate share adjustment

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of NFI resident patient days to Medicare Part A patient days (See Instructions)</strong></td>
<td>3.77</td>
<td><strong>30.00</strong></td>
</tr>
<tr>
<td><strong>Percentage of Medicaid patient days to total days reported on worksheet 5-2, Part 1, Line 24 (See Instructions)</strong></td>
<td>24.82</td>
<td><strong>31.00</strong></td>
</tr>
<tr>
<td><strong>Sum of lines 30 and 31</strong></td>
<td>28.59</td>
<td><strong>32.00</strong></td>
</tr>
</tbody>
</table>

### Allowable disproportionate share percentage (See Instructions)

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allowable disproportionate share percentage (See Instructions)</strong></td>
<td>12.00</td>
<td><strong>33.00</strong></td>
</tr>
</tbody>
</table>
Verifying Medicaid Info for Hospital and All Registered Child Sites

- Hospitals that bill Medicaid for 340B drugs (carve-in) must list all Medicaid provider numbers or National Provider Identifiers (NPIs) for parts of the hospital that are using 340B drugs for Medicaid patients.
- During recertification, hospitals can change their carve-in/carve-out decision and update existing billing numbers or add new ones.
- **NOTE:** Medicaid billing changes do not take effect until the next quarter, so hospitals should not change their systems until Oct. 1 (see Medicaid Exclusion File Policy Release).
• If hospital has more than one Medicaid number, it can carve-in for some and carve out for others
• Special attention should be paid when a pharmacy is listed as a ship-to address for a child site and the pharmacy has a different Medicaid number than that child site
• Hospital must make carve-in/carve-out decisions for the clinic and the pharmacy (can carve-in for one and carve-out for the other)
• For example, if both the pharmacy and the child site are using 340B drugs for Medicaid patients (carving in), the hospital must list Medicaid billing numbers for both the pharmacy and the child site in the Medicaid Exclusion File
Verifying Orphan Drug Info for Hospital and All Registered Child Sites

- CAH’s, RRCs, SCHs and cancer hospitals must update their “opt-in” or “opt-out” decision
- Opt-in: if the hospital purchases orphan drugs at 340B prices, it will “maintain auditable records to demonstrate compliance with the orphan drug exclusion”
- Opt-out: the hospital will not purchase any orphan drugs at 340B prices, regardless of use, and cancer hospitals will not use a GPO to purchase these drugs
- **NOTE:** Changes to decision will be effective the first day of the quarter following OPA’s approval of the request, so do not change systems until Oct. 1 (See OPA orphan drug webpage)  
Helpful Tip

Remember that changes to Medicaid billing and orphan drug information do not take effect until the beginning of the next calendar quarter. Hospitals should not change their operations until the changes go into effect.
Verifying Child Site Eligibility

- Hospitals should confirm child site eligibility and must certify or decertify each child site.
- There have been HRSA audit findings related to child sites that were no longer eligible.
- Review OPA’s outpatient facility registration policy:
- Child site costs must appear on a reimbursable line of MCR Worksheet A in an “eligible cost center category”
- Per Apexus, Worksheet A, Lines 50-118 are “potentially reimbursable”
Decertification

• If a hospital wants to decertify a child site (or the hospital itself), the hospital must answer the following:
  • The date on which the reason for termination is effective
  • A brief description of facts surrounding the reason for termination and how the hospital determined the effective date
  • The last day that hospital purchased or will purchase 340B drugs under the hospital’s 340B ID
Recertification Part 2: Attestation of Compliance
The undersigned represents and confirms that he/she is fully authorized to legally bind the covered entity and certifies that the contents of any statement made or reflected in this document are truthful and accurate. Failure to recertify may be grounds for removal from the 340B Program.

The undersigned further acknowledges the 340B covered entity’s responsibility to abide by the following:

As an Authorized Official, I certify on behalf of the covered entity that:

(1) all information listed on the 340B Program database for the covered entity is complete, accurate, and correct;
(2) the covered entity meets all 340B Program eligibility requirements, including (if applicable) section 340B(a)(4)(L)(iii) and the Statutory Prohibition on Group Purchasing Organization Participation Policy Release 2013-1, which ensures that the covered entity hospital does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement;

(3) the covered entity will comply with all requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity, and the exclusion of orphan drugs for critical access hospitals, free-standing cancer hospitals, sole community hospitals and rural referral centers.
Attestations (cont’d)

(4) the covered entity maintains auditable records demonstrating compliance with the requirements described above;

(5) the covered entity has systems/mechanisms in place to ensure ongoing compliance with the requirements described above;

(6) if the covered entity uses contract pharmacy services, that the contract pharmacy arrangement is being performed in accordance with OPA requirements and guidelines including, but not limited to, that the covered entity obtains sufficient information from the contractor to ensure compliance with applicable policy and legal requirements, and the hospital has utilized an appropriate methodology to ensure compliance (e.g., through an independent audit or other mechanism);
(7) the covered entity acknowledges its responsibility to contact OPA as soon as reasonably possible if there is any material change in 340B eligibility and/or material breach by the covered entity of any of the foregoing; and

(8) the covered entity acknowledges that if there is a breach of the requirements described above that the covered entity may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and, depending upon the circumstances, may be subject to the payment of interest and/or removal from the list of eligible 340B entities.
Attesting to Compliance

• Before attesting, make sure you have:
  ▪ Policies and procedures to address key areas
  ▪ Systems to ensure policies and procedures are being followed (e.g. self-audits)
  ▪ Systems in place to address findings of non-compliance

• Note that hospitals must attest to contract pharmacy compliance
  ▪ Make sure contracts are in place for each active arrangement and each is registered correctly
  ▪ Hospitals are not required to recertify each arrangement, but may be required in future years
Attesting to Compliance (cont’d)

• Consider implications of attesting to compliance if the hospital is not in compliance
  - Is AO personally liable if hospital fails to comply with any of the attestations or submits incorrect or inaccurate information on HRSA’s database?
  - There is no precedent or HRSA guidance on this point
  - Theoretically, there could be legal liability if the attestation is knowingly false or is the result of reckless disregard

• Hospitals should consult legal counsel if they are unsure whether they can attest to compliance
Self-Disclosure

- Hospitals must attest that they “will comply with all requirements and restrictions”
- Hospitals must report “material” changes in 340B eligibility and/or “material” breaches by the hospital of program rules
- If a hospital discovers a material change or breach, it should self-disclose to OPA before recertifying so it can attest to program compliance accurately
- Member hospitals can contact 340B Health for technical assistance in this area
- If a hospital has a compliance problem and/or is concerned it is not in compliance, the hospital should consult legal counsel to determine whether to self-disclose
Self-Disclosure (cont’d)

- Apexus best practices on when to self-disclose a “material breach”
  - Establish a threshold for what is a “material breach” such as more than 5% based on:
    - Percentage of total 340B purchases, or
    - Percentage of total 340B volume
  - Document in standard operating procedures

Source: Apexus Pharmacy Flash Oct. 2014
Helpful Tips

• Verify your info is correct after recertification and print screen shots
• Take screen shots as you move through recertification
• Review this information in advance
• Complete recertification early
Change Requests


• Change request process:
  - Hospital submits change request online to OPA
  - OPA contacts AO for acceptance of changes
  - AO must accept change request within 15 days
  - If AO does not accept in 15 days, OPA will delete request
  - If AO accepts, OPA will approve changes and email AO and PC with notification of approval

• Must submit and AO must accept before Aug. 1 for change to be made before recertification starts
  - 340B Health recommends you alert the AO to ensure he or she is prepared to receive the email to approve the change
Change Requests (cont’d)

- **Note**: changes to Medicaid billing and orphan drug info may be reflected in the database in time for recertification, but these changes take effect quarterly, so hospitals should not change their systems until the next quarter (See Medicaid Exclusion Policy Release and OPA orphan drug webpage)
Termination Requests

- AO must be available to accept termination request within 15 days
- Generally go into effect first day of quarter after OPA review and acceptance, but hospital can request alternate date in comment section
- Reason for termination required
- Hospitals must also state:
  - Date hospital or site became ineligible
  - Last date that 340B drugs were or will be purchased
Recertification Questions?

- **HRSA:** [340B.recertification@hrsa.gov](mailto:340B.recertification@hrsa.gov)
  - Submit name of entity and 340B ID on all inquiries
- **Apexus:** [ApexusAnswers@340BPVP.com](mailto:ApexusAnswers@340BPVP.com), 888-340-2787
- **340B Health:** Contact Charles Hayes at [charles.hayes@340bhealth.org](mailto:charles.hayes@340bhealth.org) or (202)536-2288 to schedule a technical consultation call
340B Health Compliance Resources

http://www.340bhealth.org/340b-resources/compliance-resources/

- 340B Compliance Outline and Checklist
- Policy Guides
- Audit Tools
- Registration and Recertification Information
- 11-Digit NDC Replenishment Case Studies
Membership
Why Join 340B Health?

- Over 120 years of collective attorney and health care leader expertise, specializing in 340B for hospitals
- Independent from the government, government contractor(s) and the drug industry
- Multiple advocacy partnerships and alliances
- Constructive Congressional/government relationships
Membership

• Member dues for 2015 range from $600 to $8,600 ($50-$717/month) depending on bed size and desired level of service
• Unlimited access to benefits by all hospital employees
• Group/system discounts available
• A valuable investment in the future of 340B – and more than pays for itself!
• For more information, contact Shane Kelley at shane.kelley@340bhealth.org or (202)552-5864
Overview of Member Benefits

- Free technical consultation calls with 340B experts
- Comprehensive compliance and audit preparation resources
- Regional roundtables
- Just-in-time updates via electronic bulletin
- State and federal policy updates
- Free subscription to the Drug Discount Monitor
- Inventory management information
- Case studies on best practices to improve care with 340B savings
- Member only listserv
Join the Alliance to Protect 340B

- Special initiative to protect against unreasonable 340B restrictions
- Significant progress so far – but more work is needed to counter critics!
- Over 100 member hospitals have joined – we need your help!
- For more details contact Anna Mangum at anna.mangum@340bhealth.org or (202) 552-5863
Upcoming Events

Regional Roundtables

340B Roundtable in Washington State
Tuesday, August 11 – 10:00 AM – 3:00 PM
St. Joseph Medical Center
Tacoma, WA
http://tinyurl.com/oksqvxx

340B Roundtable in Oregon
Thursday, August 13 – 10:00 AM – 3:00 PM
Residence Inn Portland Downtown/Pearl District
Portland, OR
http://tinyurl.com/o23tt9y

340B Roundtable in Wisconsin
Tuesday, August 18 – 10:00 AM – 3:00 PM
Meriter Business Center
Madison, WI
http://tinyurl.com/pazmmww

340B Roundtable in Ohio
Wednesday, October 14 – 10:00 AM – 3:00 PM
The MetroHealth System
Cleveland, OH
http://tinyurl.com/p64mlg3

340B Roundtable in Pennsylvania
October 2015 - Time and Date TBD
Stay tuned for more details!
Pittsburgh, PA

For registration details, please contact Lee-Anne Gabrielli at lee-anne.gabrielli@340bhealth.org or 202-522-5856.
Upcoming Webinars

Audit Findings and Implications for Patient Definition
Thursday, August 20 - 1:00 - 2:00 PM Eastern

340B Health Mega-Guidance Webinar(s)
August/September
Date(s) and time(s) to be announced soon

Stay tuned for registration details!
Additional Questions?

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