

Know For Sure



Making sure your 340B program stays compliant with all rules and regulations can be difficult. You must know which areas of compliance are most at risk, be able to uncover and examine issues, and know when to perform audits. You also need to make sure your program is run efficiently in order to maximize use of staff time and system resources.

What clients tell us:

"Compliance Tool: 340B has allowed us to quickly identify and fix potential compliance issues. The top benefits are:

- *The central data repository allows for a single location of all self-audit documents*
- *Audit tasks are pre-built and in line with current HRSA/OPA audit area standards*
- *Task assignments and status are visible from one screen and can be accessed from anywhere."*

— Gavin Magaha,
Pharmacy Manager-Medication
Control and Compliance,
Wake Forest Baptist Health

"Within the first day, Compliance Tool: 340B showed me three areas that were not part of our compliance program. I was able to assess and correct them, immediately improving my program."

— Gail Kuwahara,
Pharmacy Coordinator,
Open Door Community
Health Center

Fortunately, there's a new way to make this process easy

Compliance Tool: 340B from Pharmacy Stars was built specifically to help 340B covered entities manage and review compliance requirements. Our Web-based application guides users to perform a series of tasks that evaluate and score your program's compliance risk. Tasks are presented on a user-defined schedule, usually monthly or quarterly, with defined assessment steps and evaluation criteria. Each task is then scored, helping you identify areas that require more attention. And, **Compliance Tool: 340B** offers a cloud-based, HIPAA-compliant document storage system so that ALL of your 340B-related information can be kept in one spot and accessed by any approved user.

Compliance Tool: 340B uses expert content created by Visante, a pharmacy business consulting firm with more than 120 340B Program audit and compliance review engagements. Visante has translated its experience and best practices into the tasks, assessments and reviews used in **Compliance Tool: 340B**. The application complements your existing split-billing and contract pharmacy programs, providing functionality not available from other vendors.

Compliance Tool: 340B provides 340B covered entities with the following benefits:

- Web-based technology allows for access and use anywhere, anytime, on virtually any connected device (smartphone, tablet, laptop, desktop)
- HIPAA-compliant document library allows for storage of all 340B-related materials, including policies and procedures; contract pharmacy agreements and transaction audit spreadsheets
- Expert-defined tasks and assessment steps cover every aspect of 340B programs, including governance, eligibility, documentation and transactional audits
- Unique risk scoring helps quickly identify areas for improvement
- Role-based separation of duties ensures that proper oversight occurs
- Dashboards show all scheduled and works-in-progress, with real-time notifications of assigned and completed tasks
- Incredibly quick and simple set-up and training, with most users performing tasks within one business day
- No need for interfaces or data feeds, allowing for quick implementations
- Very affordable, with standard pricing equivalent to less than 25% of a pharmacy technician salary

Compliance Tool: 340B — Dashboard Captures

2017 CHC 1 **Compliance Tool: 340B** by Visante Tasks Report Admin 2 Keith A.

January 29, 2017 to February 04, 2017

Today < > Day **Week** Month Quarter Close

To-Do

Transaction Review: Contract Pharmacy Program 01/31/2017

Needing Revisions

Needing Your Approval

Awaiting Other's Review

Awaiting Other's Approval

Done

Transaction Review: Contract Pharmacy Program

Description: Using a sample population, ensures that prescriptions filled by Contract Pharmacies meet regulatory requirements for 340B inclusion

Assessment Steps:

1. Obtain at least 30 random qualified prescriptions from Contract Pharmacies or their agent. Ideally, at least 3 prescriptions will be reviewed from each Contract Pharmacy. Prescription data should include patient, drug, NDC, quantity dispensed, prescriber name, prescriber NPI, pharmacy name, pharmacy NPI, date written, date filled and qualification reason
2. Review the prescriptions against the patients' medical records to determine the provider and site of care
3. Obtain a copy of the most recently filed Medicare Cost Report
4. Review HRSA database entries for Entity and child sites at <https://openet.hrsa.gov/OPA/CeSearch.aspx>
5. Obtain invoices for drugs replenished to Contract Pharmacies covering the audit period
6. Obtain access to the product accumulator for the Contract Pharmacies being reviewed
7. Confirm your entity's allowed error rate for this review (recommended at 3% or less per review)
8. Complete the Contract Pharmacy Transaction Review spreadsheet located in Library

Information Resource: Information Services, 340B Manager, Chief Financial Officer

Review	Answer (Yes or No)	Notes
Review Criteria Detail		
Patients' care was provided by a health care professional who employed by or under contract with Entity	No	Yes
Entity has a record of care for Patients	No	Yes
Patients received care in a site registered with HRSA	No	Yes
Patients received care in a site that appears on the most recent Medicare Cost Report as reimbursable	No	Yes
Medications were replenished using the 11-digit NDC, or are in the product accumulator awaiting replenishment	No	Yes
Error rate of transactional review is less than approved error rate threshold	No	Yes

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2017

Q1 Q2 Q3 Q4 All Tasks

- 340B Policies and Procedures
- Medicaid Status Validation
- Transaction Review: Contract Pharmacy Program
- Purchasing Audit
- Program Requirement 3: STAFFING
- Notification Test

Unscored Task

In Process Done

Scored Task In Process

● Low ● Medium ● High

Scored Task Done

● Low ● Medium ● High

The risk levels noted on this report are estimates only and do not guarantee compliance with rules and regulations governing 340B programs. Users of Compliance Tool: 340B should consult with legal counsel regarding actual risk associated with their 340B program.

Summary **Attestation**

Calendar

● Q1 2017 Transaction Review: Contract Pharmacy Program

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																
Feb																																
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Let us show you how **Compliance Tool: 340B** can help you know for sure that your 340B program is compliant.

» For more information or to schedule a 30-minute demo, contact Pharmacy Stars at (608) 351-2664 or sales@pharmacystars.com



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