



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
340B ADVISORY COMMITTEE ~ MEETING NOTICE**

Members: C. Dean Germano (Chair)
Viola Lujan
Kathryn Powell
Amir Khoyi, PharmD
Daniel Santi

PHC Staff: Elizabeth Gibboney, CEO
Sonja Bjork COO
Wendi West, Northern Executive Director
Michelle Rollins, Director of Legal Affairs
Stan Leung, PharmD, Director of Pharmacy Services

Patti McFarland, CFO
Robert L. Moore, MD, MPH, MBA, CMO
Amy Turnipseed, Senior Director of External and
Regulatory Affairs
Dawn R. Cook, Program Manager II, Quality Improvement

Per Governor Newsom Executive Order, N-25-20 that relates to social distancing measures being taken for COVID-19, the Executive Order authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/or other personnel of the body as a condition of participation for a quorum. However, the Executive Order requires at least one public location consistent with ADA requirements to be made available for members of the public to attend the meeting, so all PHC offices will be available for members of the public to attend the meeting in-person.

FROM: Dawn R. Cook
DATE: September 9, 2021

SUBJECT: 340B ADVISORY COMMITTEE MEETING FOR 2021

The 340B Advisory Committee will meet as follows and will continue to meet biannually. Please review the Meeting Agenda and attached packet, as discussion time is limited.

DATE: Thursday, September 16, 2021 **TIME: 1:00 p.m. – 2:25 p.m.**

LOCATIONS: Video Conferencing and/or Conference Call via Webex

Partnership HealthPlan of CA Napa/Solano Conference Rooms 4665 Business Center Drive Fairfield, CA 94534 <i>*Please park in front of the building. *Please wait for Dawn R. Cook at the reception desk.</i>	PHC Redding Office Trinity Alps Conference Room 2525 Airpark Drive Redding, CA 96001 <i>*Please ask for Chris Triolo.</i>
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Please contact Dawn R. Cook at (707) 419-7979 or e-mail 340BOIP@partnershiphp.org if you are unable to attend.

**REGULAR MEETING OF
PARTNERSHIP HEALTHPLAN OF CALIFORNIA'S
340B ADVISORY COMMITTEE - MEETING AGENDA**

Date: September 16, 2021 Time: 1:00 p.m. – 2:25 p.m. Location: PHC

<i>Welcome / Introductions</i>				
	<i>Topic</i>	<i>Lead</i>	<i>Page #</i>	<i>Time</i>
I.	Public Comments	Speaker	N/A	1:00 p.m.
II.	Opening Comments	Chair	N/A	1:05 p.m.
III.	Approval of Minutes	Chair	3 – 6	1:10 p.m.
IV.	Standing Agenda Items			
1.	Partnership HealthPlan of California (PHC) 340B Compliance Program Update	Dawn R. Cook	9 – 13	1:15 p.m.
V.	Old Business			
1.	Medi-Cal Rx Update	Dawn R. Cook	14	1:25 p.m.
2.	Future of PHC's 340B Compliance Program	Dawn R. Cook	15	1:45 p.m.
3.	Future of the 340B Advisory Committee	Dawn R. Cook	16	2:05 p.m.
VI.	New Business			
1.	N/A	N/A	N/A	N/A
VII.	Additional Items			
1.	N/A	N/A	N/A	N/A
VIII.	Adjournment	Chair	N/A	2:25 p.m.



PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

Minutes of the Meeting

PHC 340B Advisory Committee held at PHC Fairfield Office
4665 Business Center Drive, Fairfield, California 94534

Napa/Solano Room

March 10, 2021 – 1:00 p.m. to 2:25 p.m.

Per Governor Newsom's Executive Order, N-25-20, that relates to social distancing measures being taken for COVID-19, the Executive Order authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/or other personnel of the body as a condition of participation for a quorum. However, the Executive Order requires at least one public location consistent with ADA requirements to be made available for members of the public to attend the meeting, so all PHC offices will be available for members of the public to attend the meeting in-person.

Commissioners Present or joining via Teleconference (TC):

C. Dean Germano (Chair); Viola Lujan; Daniel Santi; Amir Khoyi, PharmD; Kathryn Powell

Staff Present or joining via Teleconference (TC):

Patti McFarland, CFO; Michelle Rollins; Stan Leung, PharmD; Tony Hightower, CPhT; Kim Fillette, PharmD; and Dawn R. Cook

PUBLIC COMMENTS

None presented.

WELCOME/INTRODUCTION

Brief introductions were made.

AGENDA ITEM I – PUBLIC COMMENTS

There were no public comments.

AGENDA ITEM II – OPENING COMMENTS

Mr. Germano welcomed the committee to the meeting. He wanted to reinforce how important the 340B Program was to Health Centers. Many of the Health Centers leaned on 340B savings dollars to do a lot of things for their patients and seemed to be fighting this battle on multiple fronts. There was the State battle with what the Governor was doing, and there was what big PHARMA is trying to do on the federal side. HRSA was kind of caught in the middle while between administrations. He really hoped the new HRSA would support the program, as he had expressed an interest in preserving the 340B Program. Mr. Germano noted we would be putting his administration to the test on this, as we hope to salvage the program. PHC continued to be a bright light in all this. The work that had been done over these years had been a template for others. Mr. Germano wished other regions of the state had done as much work in this area as we had done collectively, but nonetheless, PHC and its partners had done their part.

AGENDA ITEM III – APPROVAL OF MINUTES

The minutes from the 340B Advisory Committee Meetings on 9/22/20 were reviewed. A motion to approve the minutes was made by Ms. Powell, and Mr. Santi seconded the motion. The minutes were approved with no changes. All committee members were in favor. No committee members opposed or abstained. The minutes passed unanimously.

AGENDA ITEM IV – STANDING AGENDA ITEMS

PHC 340B Compliance Program Update

340B Compliance Program Update:

Ms. Cook noted that as of 3/1/21, there were 365 340B Sites/IDs within PHC's 14 county service area that were eligible to participate in the 340B Program, of which 167 were hospitals. Those 365 340B Sites/IDs would equate to 86 340B Compliance Program Agreements (of which 29 would be tied to hospitals) if all were participating in PHC's 340B Compliance Program.

PHC had 31 executed 340B Compliance Program Agreements, which covered 220 active 340B Sites/IDs (of which 5 agreements and 78 Sites/IDs were hospitals). At that point in time, about 60 percent of active 340B Sites/IDs in PHC's 14 county service area were participating in PHC's 340B Compliance Program (including 47 percent of active 340B Sites/IDs for hospitals).

Ms. Cook noted that as of 4/1/21, there would be 364 340B Sites/IDs within PHC's 14 county service area that were eligible to participate in the 340B Program, of which 167 would be hospitals. Those 364 340B Sites/IDs would equate to 86 340B Compliance Program Agreements (of which 29 would be tied to hospitals) if all were participating in PHC's 340B Compliance Program.

PHC would still have 31 executed 340B Compliance Program Agreements, which would cover 218 active 340B Sites/IDs (of which 5 agreements and 78 Sites/IDs would be hospitals). At that point in time, about 60 percent of active 340B Sites/IDs in PHC's 14 county service area would be participating in PHC's 340B Compliance Program (including 47 percent of active 340B Sites/IDs for hospitals).

Ms. Cook noted that due to the pending transition to Medi-Cal Rx, no further 340B Covered Entities have contacted PHC regarding participation in the 340B Compliance Program nor has PHC reached out to any 340B Covered Entities regarding participation in the 340B Compliance Program.

With regard to the Claims/Financial Summary (please refer to the next two slides), due to an issue with the claims files PHC received from its Pharmacy Benefit Manager (PBM), MedImpact, the claim counts for December 2020 were much lower than other months. MedImpact has implemented temporary fix for the issue, while they work on the long-term solution. With the temporary fix in place, there will be a higher number of claims submitted to the State in February 2021.

Claims/Financial Summary:

Ms. Cook reviewed the claims and financial information regarding the quarter from 10/1/20 to 12/31/20.

For the 10/1/20 to 12/31/20 quarter, there were 4,640 340B Paid Matched Claims, 3,539 Walgreens 340B Paid Match Claims, 893 SunRx Paid Match Claims for Ole Health, and 2,658 Wellpartner 340B Paid Match Claims for the quarter, for a total of 11,730 Matched Claims for the quarter. Those claims only reflect claims for those 340B Covered Entities that participate in PHC's 340B Compliance Program and have claims reclassified by 340BX Clearinghouse. That claim total did not include the claims processed by pharmacies that did point-of-sale (POS) flagging, and it did not include Physician-Administered Drug (PAD) claims.

The Total 340B Compliance Fees were \$32,255.25. Of that total, \$29,322.50 were 340BX Compliance Fees and \$2,932.75 were PHC 340B Compliance Fees.

AGENDA ITEM V – OLD BUSINESS

Medi-Cal Rx:

On February 17, 2021, DHCS announced it would be delaying the planned Go Live date of April 1, 2021 for Medi-Cal Rx because of the need to review new conflict avoidance protocols submitted by Magellan Health, the project's contracted vendor. DHCS anticipates providing further information in May 2021.

Medi-Cal Rx Provider Manual is currently available on the Medi-Cal Rx portal.

Per Medi-Cal Rx Provider Manual, "Providers billing drugs purchased pursuant to the 340B program (covered entities and contracted pharmacies) are required to bill an amount not to exceed the entity's Actual Acquisition Cost (AAC) plus dispensing fee for the drug."

Providers will be reimbursed the lesser of the billed amount (AAC plus Professional Dispensing Fee) or the maximum rate permitted.

Dr. Leung indicated that DHCS continued to be very confident and determined that Medi-Cal Rx will be fully implemented. They continue to send communications through the various subscription services stating the carve-out would happen. In fact, they sent out a communication on March 10, 2021 stating their pharmacy service representatives would be having an outreach program to call up prescribers to encourage them to sign up on the Magellan portal and continue to go to the Medi-Cal Rx site to look up information about dates for the program. Mr. Germano noted the potential conflict issue with Magellan was not a small deal, which might go deeper. Mr. Germano questioned if DHCS was prepared to initiate Medi-Cal Rx on such a large scale without causing havoc. Dr. Moore noted there was more going on with this. Mr. Germano noted his organization, Shasta Community Health Centers (SCHC), was part of a group that was basically suing the State regarding this matter. The other piece of this was they were still operating without CMS approval. Mr. Germano did not think they could move forward without that CMS approval. He found it interesting that CMS had basically carved this piece out when they gave the extension. The extension for State planning was only until the end of this calendar year, so he wondered if they would include this as part of their CalAIM package, as an alternative.

Mr. Germano asked what impact the delay with Medi-Cal Rx had on PHC's infrastructure given the Pharmacy Department staff was still managing the benefit. Mr. Hightower noted PHC had a long lead in for the carve-out, which included preparing staff to transition and looking forward to what the workload would be post transition. They tried to make sure the entire team was safe and accounted for as they prepared move forward with the transition. A lot of time and effort was put into preparations. With the State's decision to delay, the impact is felt as experienced staff had been lost to staff pursuing other positions within and outside of the organization, but the team still found themselves accountable for the same workload they had prior to the planned carve-out. From a human standpoint, it was difficult living under the uncertainty, as it had been pushed out further. Dr. Leung said it wasn't just affecting the Pharmacy Department, but the organization at large. There were certain policy revisions and updates done because of Medi-Cal Rx. They had to think about the member notifications. They went through several cycles of preparing communications for members and then had to pull them back because of the two delays. Contracting with our PBMs and other vendors for the Pharmacy Benefit was impacted. We had to communicate to those vendors that we were going to terminate rather than going through a renewal process, but then had to put that on hold.

Mr. Germano noted that from a provider standpoint, they were concerned about worrying their medical staff before they really need to worry them. The steps they were being asked to take on were more like getting them signed up for the portal for Medi-Cal Rx. They had been trying to reassure providers that with the transition, the issues will not be significant, but that was hard to guarantee. In fact, there would likely be issues that put stress on the providers and the patients.

Mr. Germano noted there was a bill his group had put together that was not quite in file language, but could be a win-win alternative. They acknowledged the State needed to make savings, but by the same token, they wanted to allow Health Centers to continue to use 340B and the Health Plans might retain the benefit, at least for the FQHCs. He didn't know about the hospitals. They would have to wait for the details to come out and whether the bill would have legs and/or whether the Governor would sign it. Mr. Germano thought PHC's interest as a Health Plan was the drug benefit as it was intrinsically tied to the scope of services, benefits, and quality of care. If the Pharmacy Benefit was carved out, it would take a tool out of PHC's toolbox, which was utilization management and care tied to prescriptions. Ms. Turnipseed asked what bill it would be. Mr. Santi noted it was AB-1050. Mr. Germano stated he would be interested in PHC's thoughts on the bill and what complications may arise, so they could be aware of them.

With regard to Medi-Cal Rx, Dr. Leung noted another component that wasn't addressed, even before the announcement of the latest delay, was specialty medications and specialty pharmacies. CMS mandated reimbursement at the acquisition code model, and some of these specialty medications that range from tens to thousands of dollars, the dispensing reimbursement would only be \$10 to \$13. The question was posed to DHCS from the beginning regarding the access to these specialty medications, as some of these pharmacies would not be able afford to dispense these medications at \$10 to \$13 above their costs. With the delay, Dr. Leung noted this was one of the issues they needed. A survey was sent out to some of the specialty providers, and it validated that these specialty pharmacies provided services outside of product fulfillment. Those types of ancillary services were not being reimbursed for Fee-For-Service. In response to a question from Mr. Germano, Dr. Leung noted an example. Of a service would be a specialty pharmacy providing quarterly reports of their services that included adverse effects management including relaying information to a patient's physician's office. There were a lot of services these providers do outside of what you see in community pharmacies. Their model was not being financially recognized. With regard to a question regarding the cost of specialty drugs being considered when the dispensing fee was decided, Dr. Leung stated regardless of the pricing platform used, this would not be sustainable for the non-chain specialty pharmacies.

AGENDA ITEM VI – NEW BUSINESS

Future of PHC's 340B Compliance Program:

Post Medi-Cal Rx, PHC will continue to support 340B Program Compliance for medication services where PHC has financial responsibility.

PHC is reviewing its current fee structure for the reclassification of 340B medication services billed to PHC's medical benefit to determine if modifications will be needed.

The question was asked, "What is the committee's position on our possibly standardizing re-classification and sun-setting the program?"

Ms. Cook noted the question was put forth prior to the last announced delay of Medi-Cal Rx. Looking to the future, if Medi-Cal Rx were to move forward as it stands with a carve-out of the Pharmacy Benefit, including carve-out of the Contract Pharmacy claims, PHC would only see 340B claims for Physician-Administered Drugs (PADs) or that used a certain modifier and were sent to PHC's Claims Department. Hence, the question of sun-setting the 340B Compliance Program was raised as the majority of the program is tied to the Contract Pharmacy claims.

Dr. Moore stated we wanted to keep this on the agenda. Mr. Germano noted did not know how much of the alternative 340B activity existed outside of the Contract Pharmacies. Ms. Cook noted what would be left would be a very small percentage of what we typically see for 340B claims when compared to inclusion of the 340B Contract Pharmacy claims. In response to Mr. Germano, Ms. Cook stated the 340B Compliance Program would continue for a period of time after the start date of the carve-out. The timeframe would likely be at least six months to allow for the three (3) rounds of reclassification 340BX Clearinghouse attempts for all claims, as well as the need for delayed invoicing (per established time table). Ms. Cook stated when more concrete information was available, PHC would start making a final plan. PHC had been keeping 340BX Clearinghouse in the loop about this topic, as they do partner with a few Health Plans in California. Mr. Germano stated this topic would be tabled for now.

Future of the 340B Advisory Committee:

The following question was posed to the committee members; How are your organizations moving forward toward the carve-out? Mr. Germano stated he had already commented on SCHC. Ms. Powell stated Petaluma and Rohnert Park Health Centers were happy to hear Medi-Cal Rx had been postponed.

With regard to the topic of potential disbanding of the committee in light of Medi-Cal Rx, given the delay, Ms. Cook stated the program would continue with business as usual. This topic would be addressed in the next 340B Advisory Committee Meeting. If there is anything urgent that comes up, an additional committee meeting can be scheduled.

AGENDA ITEM VII – ADDITIONAL ITEMS

Additional comments:

Ms. Cook noted an update letter would be sent to the committee in June 2021. The next 340B Advisory Committee Meeting was scheduled to take place on September 16, 2021, from 1:00 p.m. to 2:25 p.m.

Documents:

No documents were shared.

AGENDA ITEM VIIII – ADJOURNMENT

Meeting Adjourned: 1:30 p.m.
Respectfully submitted: Dawn R. Cook

The foregoing minutes were APPROVED AS PRESENTED on:

C. Dean Germano, Committee Chairman

Date

The foregoing minutes were APPROVED WITH MODIFICATION on:

C. Dean Germano, Committee Chairman

Date



PARTNERSHIP HEALTHPLAN OF CALIFORNIA


PHC 340B Advisory Committee Meeting


9-16-21

Agenda

- 
- 340B Compliance Program Update

- 
- Medi-Cal Rx Update

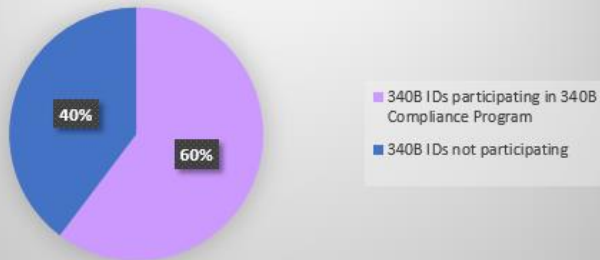
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- Future of PHC's 340B Compliance Program

- 
- Future of the 340B Advisory Committee

340B Compliance Program Update

- As of 9/7/21, there are 367 340B IDs/sites (167 of which are tied to hospitals) in PHC's 14 county service area, which are eligible to participate in the 340B Program. The 367 340B IDs/sites would equate to 86 340B Compliance Program Agreements (of which 29 agreements would be tied to the 178 hospital IDs/sites).
- As of 9/7/21, there are 31 active 340B Compliance Program Agreements, so 31 340B Participating Entities. Those 31 active 340B Compliance Program Agreements cover 221 340B IDs/sites (of which 5 agreements would be tied to the 78 hospital IDs/sites).

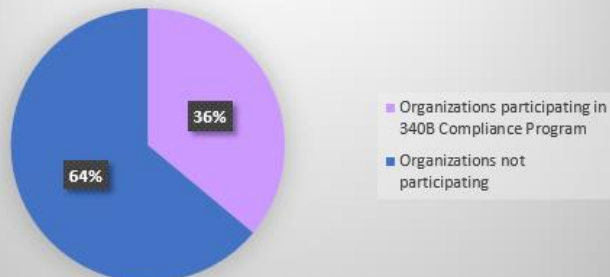
340B Compliance Program - Participation by 340B IDs (all types) in our 14 county service area



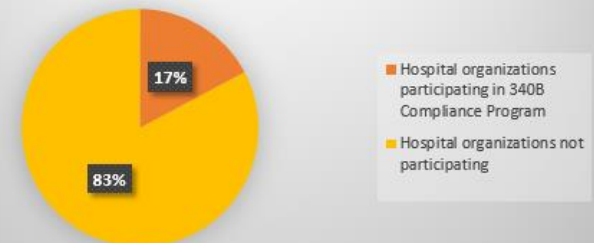
340B Compliance Program - Participation by Hospital 340B IDs in our 14 county service area



340B Compliance Program - Participation by organization (number of agreements we would have) in our 14 county service area

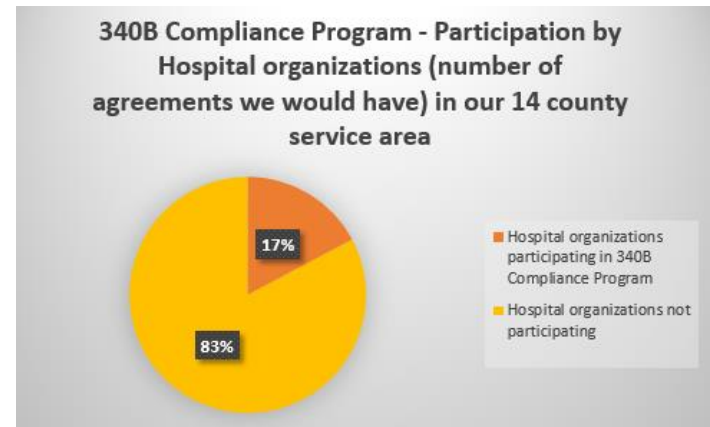
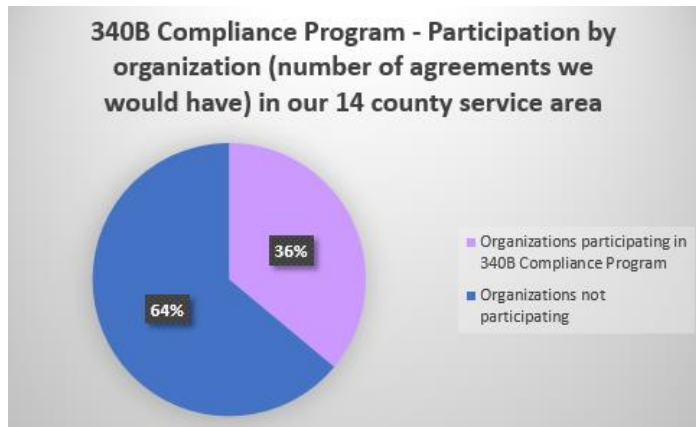
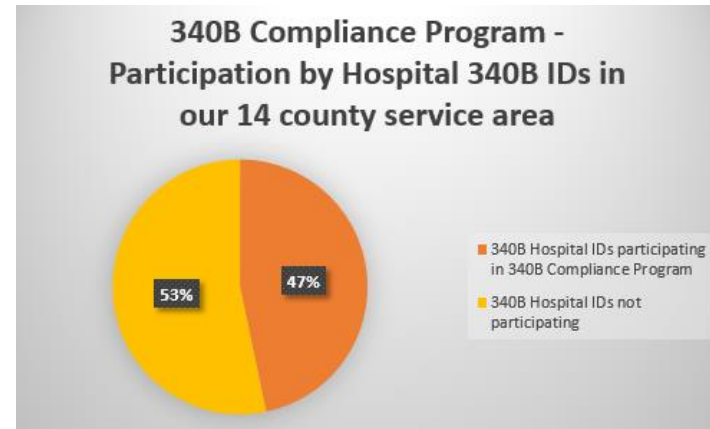
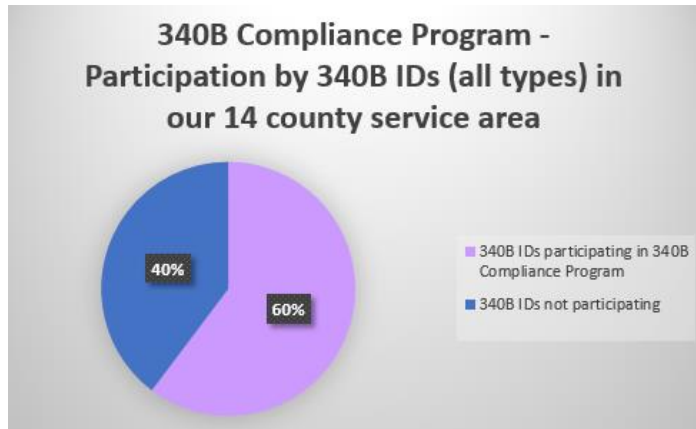


340B Compliance Program - Participation by Hospital organizations (number of agreements we would have) in our 14 county service area



340B Compliance Program Update

- As of 10/1/21, there will be 367 340B IDs/sites (166 of which will be tied to hospitals) in PHC's 14 county service area, which will be eligible to participate in the 340B Program. The 367 340B IDs/sites would equate to 86 340B Compliance Program Agreement (of which 29 agreements would be tied to the 166 hospitals IDs/sites).
- As of 10/1/21, there will be 31 active 340B Compliance Program Agreements, so 31 340B Participating Entities. Those 31 active 340B Compliance Program Agreements will cover 218 340B IDs/sites (of which 5 agreements would be tied to the 78 hospital IDs/sites).



340B Compliance Program Update (cont'd)

- Due to the pending transition to Medi-Cal Rx, no further 340B Covered Entities have contacted PHC regarding participation in the 340B Compliance Program nor has PHC reached out to any 340B Covered Entities regarding participation in the 340B Compliance Program.
- With regard to the Claims/Financial Summary (please refer to the next two slides), due to an issue with the delayed response from the State to PHC, the claim counts for June 2021 were much lower than other months.
 - Due to this delay, there will be a higher number of claims noted for July 2021.

Claims/Financial Summary

Claims/Financial summary for 4/1/21 to 6/30/21

4/1/21 TO 6/30/21												
Entity	340B Paid Match Claim Count	340B Reversal Claim Count	Walgreens 340B Paid Match Claim Count	Walgreens 340B Reversal Match Claim Count	Wellpartner 340B Paid Match Claim Count	Wellpartner 340B Reversal Match Claim Count	SunRx 340B Paid Match Claim Count	SunRx 340B Paid Reversal Claim Count	340BX Compliance Fee	PHC 340B Compliance Fee	Total 340B Compliance Fees	
Adventist Health Mendocino Coast	76	5	0	0	0	0	0	0	\$ 190.00	\$ 19.00	\$ 209.00	
Alliance Medical Center	226	8	0	0	0	0	0	0	\$ 565.00	\$ 56.50	\$ 621.50	
CommuniCare Health Centers	129	5	11	0	0	0	0	0	\$ 350.00	\$ 35.00	\$ 385.00	
Fairchild Medical Center	653	53	0	0	0	0	0	0	\$ 1,632.50	\$ 163.25	\$ 1,795.75	
Hill Country Community Clinic	510	13	0	0	0	0	0	0	\$ 1,275.00	\$ 127.50	\$ 1,402.50	
La Clinica De La Raza	0	0	408	0	0	0	0	0	\$ 1,020.00	\$ 102.00	\$ 1,122.00	
Lake County Tribal Health Consortium, Inc.	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	
Long Valley Health Center	93	3	0	0	0	0	0	0	\$ 232.50	\$ 23.25	\$ 255.75	
Marin Community Clinic Inc.	363	12	0	0	0	0	0	0	\$ 907.50	\$ 90.75	\$ 998.25	
McCloud Healthcare Clinic	31	0	0	0	0	0	0	0	\$ 77.50	\$ 7.75	\$ 85.25	
Mendocino Coast Clinics, Inc.	1,321	32	0	0	0	0	0	0	\$ 3,302.50	\$ 330.25	\$ 3,632.75	
Mendocino Community Health Clinics, Inc.	1,842	72	92	0	25	0	0	0	\$ 4,897.50	\$ 489.75	\$ 5,387.25	
Modoc Medical Center	39	0	0	0	0	0	0	0	\$ 97.50	\$ 9.75	\$ 107.25	
Mountain Valleys Health Centers, Inc.	500	9	0	0	0	0	0	0	\$ 1,250.00	\$ 125.00	\$ 1,375.00	
NorthBay Healthcare Group	0	0	63	0	236	0	0	0	\$ 747.50	\$ 74.75	\$ 822.25	
Northeastern Rural Health Clinics, Inc.	142	13	0	0	0	0	0	0	\$ 355.00	\$ 35.50	\$ 390.50	
Ole Health	0	0	0	0	383	0	746	2	\$ 2,822.50	\$ 282.25	\$ 3,104.75	
Open Door Community Health Centers	0	0	1,046	1	2,111	13	0	0	\$ 7,892.50	\$ 789.25	\$ 8,681.75	
Redwoods Rural Health Center	154	9	49	0	11	0	0	0	\$ 535.00	\$ 53.50	\$ 588.50	
Shasta Community Health Centers	1,724	72	1,011	2	561	3	0	0	\$ 8,240.00	\$ 824.00	\$ 9,064.00	
Shingletown Medical Center	8	0	0	0	0	0	0	0	\$ 20.00	\$ 2.00	\$ 22.00	
Sonoma Valley Community Health Center	214	6	0	0	0	0	0	0	\$ 535.00	\$ 53.50	\$ 588.50	
Winters Healthcare Foundation	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	
QUARTER TOTALS:	8,025	312	2,680	3	3,327	16	746	2	\$ 36,945.00	\$ 3,694.50	\$ 40,639.50	
TOTAL 340B CLAIMS RECLASSIFIED BY 340BX CLEARINGHOUSE THIS QUARTER:									14,778			

Claims/Financial Summary (cont'd)

Claims/Financial summary for 4/1/21 to 6/30/21

Month	CRX 340B Paid Match Claim Count	CRX 340B Reversal Claim Count	Walgreens 340B Paid Match Claim Count	Walgreens 340B Reversal Match Claim Count	Wellpartner 340B Paid Match Claim Count	Wellpartner 340B Reversal Match Claim Count	SunRx 340B Paid Match Claim Count	SunRx 340B Paid Reversal Claim Count	340BX Compliance Fee	PHC 340B Compliance Fee	Total 340B Compliance Fees
April-21	5727	0	2149	0	2242	0	530	0	\$26,620.00	\$2,662.00	\$29,282.00
May-21	2275	312	527	3	1074	16	216	2	\$10,230.00	\$1,023.00	\$11,253.00
June-21	23	0	4	0	11	0	0	0	\$95.00	\$9.50	\$104.50
TOTAL:	8,025	312	2,680	3	3,327	16	746	2	\$36,945.00	\$ 3,694.50	\$ 40,639.50
TOTAL 340B CLAIMS RECLASSIFIED BY 340BX CLEARINGHOUSE THIS QUARTER:									14,778		

Medi-Cal Rx Update

- On February 17, 2021, DHCS announced it would be delaying the planned Go Live date of April 1, 2021 for Medi-Cal Rx because of the need to review new conflict avoidance protocols submitted by Magellan Health, the project's contracted vendor. DHCS anticipates providing further information in May 2021.
- On July 27, 2021, DHCS announced it had completed its review of the Conflict Avoidance Plan (CAP) submitted by Magellan Medicaid Administration (MMA). It was announced that Medi-Cal Rx would be implemented on January 1, 2022.

Future of PHC's 340B Compliance Program

- Post Medi-Cal Rx, PHC will continue to support 340B Program Compliance for medication services where PHC has financial responsibility.
- The 340B Compliance Program will continue to support the claim reclassification services provided through 340BX Clearinghouse for 340B Contract Pharmacy claims at the current time. Those services will be supported and provided until completion of the 90 day timeframe allowed for submission of retroactive claims with a date of service of December 31, 2021 or earlier.
- What is the committee's position on our possibly standardizing re-classification and sun-setting the program?
 - All executed 340B Compliance Program Agreements would be terminated, as would the agreement with 340BX Clearinghouse.
 - With regard to PHC's oversight of 340B Physician-Administered Drugs (PADs), the recommendation is to terminate the current reclassification system and payment tiers. Any requests tied to use of the UD modifier would revert back to inclusion in standard eCIF requests.

Future of the 340B Advisory Committee

- How are your organizations moving forward toward the carve-out?
- Potential disbanding of the committee in light of Medi-Cal Rx.

340B Advisory Committee Schedule

- Update Letters:
 - December 2021
- Meetings (looking towards 2022):
 - TBD (based on input from the Committee)

Questions?

Thank You