



## **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	Patti McFarland, CFO
	Sonja Bjork COO	Robert L. Moore, MD, MPH, MBA, CMO
	Wendi West, Northern Executive Director	Amy Turnipseed, Senior Director of External and
	Michelle Rollins, Director of Legal Affairs	Regulatory Affairs
	Stan Leung, PharmD, Director of Pharmacy Services	Dawn R. Cook, Program Manager II, Quality Improvement

*As signed by the Governor on September 16, 2021, AB 361, allows for Brown Act teleconferencing flexibilities during a state of emergency. AB 361 authorizes public meetings with Brown Act requirements to be held via teleconference or video during a proclaimed state of emergency. 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, due to the state of emergency caused by the spread of COVID-19 and the risk to the health or safety of attendees meeting in person would present.*

FROM: Dawn R. Cook  
DATE: February 28, 2022

**SUBJECT: 340B ADVISORY COMMITTEE MEETING FOR 2022**

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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, March 10, 2022** **TIME: 2 p.m. – 3:25 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.</i> <i>*Please wait for Dawn R. Cook at the reception desk.</i>	PHC Redding Office Huddle Room 1 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 [340BQIP@partnershiphp.org](mailto:340BQIP@partnershiphp.org) if you are unable to attend.

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

Date: March 10, 2022      Time: 2 p.m. – 3:25 p.m.      Location: PHC

<b>Welcome / Introductions</b>				
	<i>Topic</i>	<i>Lead</i>	<i>Page #</i>	<i>Time</i>
<b>I.</b>	<b>Public Comments</b>	<b>Speaker</b>	N/A	<b>2:00 p.m.</b>
<b>II.</b>	<b>Opening Comments</b>	<b>Chair</b>	N/A	<b>2:05 p.m.</b>
<b>III.</b>	<b>Approval of Minutes</b>	<b>Chair</b>	<b>3 – 7</b>	<b>2:10 p.m.</b>
<b>IV.</b>	<b>Standing Agenda Items</b>			
1.	Partnership HealthPlan of California (PHC) 340B Compliance Program Update	Dawn R. Cook	10 – 13	2:15 p.m.
<b>V.</b>	<b>Old Business</b>			
1.	Medi-Cal Rx Update	Dawn R. Cook	14	2:25 p.m.
2.	Future of PHC's 340B Compliance Program	Dawn R. Cook	15	2:35 p.m.
3.	Future of the 340B Advisory Committee	Dawn R. Cook	16	2:55 p.m.
<b>VI.</b>	<b>New Business</b>			
1.	N/A	N/A	N/A	N/A
<b>VII.</b>	<b>Additional Items</b>			
1.	N/A	N/A	N/A	N/A
<b>VIII.</b>	<b>Adjournment</b>	<b>Chair</b>	N/A	<b>3:25 p.m.</b>



## **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

September 16, 2021 – 1:00 p.m. to 2:25 p.m.

**\*\*\* As signed by the Governor on September 16, 2021, AB 361, allows for Brown Act teleconferencing flexibilities during a state of emergency \*\*\***

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#### **Commissioners Present or joining via Teleconference (TC):**

Daniel Santi (Acting Chair); Viola Lujan; Amir Khoyi, PharmD; Kathryn Powell

#### **Staff Present or joining via Teleconference (TC):**

Robert Moore MD MPH MBA; Stan Leung, PharmD; and Dawn R. Cook

#### **PUBLIC COMMENTS**

None presented.

#### **WELCOME/INTRODUCTION**

Brief introductions were made. Mr. Santi called the meeting to order.

#### **AGENDA ITEM I – PUBLIC COMMENTS**

There were no public comments.

#### **AGENDA ITEM II – OPENING COMMENTS**

Mr. Santi welcomed everyone. Mr. Santi noted it was September, and Medi-Cal Rx appeared to be moving forward at that point. As such 340B, as far as it relates to Medi-Cal and Managed Care Medi-Cal, may be going away. It was going to be an interesting time in the 340B space moving forward.

#### **AGENDA ITEM III – APPROVAL OF MINUTES**

The minutes from the 340B Advisory Committee Meeting on March 10, 2021 were reviewed. A motion to approve the minutes was made by Ms. Powell, and Ms. Lujan seconded the motion. The minutes were approved with no changes. Mr. Germano was absent. All committee members who attended 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 9/7/21, there were 367 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 367 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 221 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 10/1/21, there would be 367 340B Sites/IDs within PHC's 14 county service area that were eligible to participate in the 340B Program, of which 166 would be hospitals. Those 367 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 340B Covered Entities are allowed to register or terminate 340B IDs on a quarterly basis, which is why we see the changes in 340B ID counts each quarter.

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

With regard to the Claims/Financial Summary, due to an issue 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:**

Ms. Cook reviewed the claims and financial information regarding the quarter from 4/1/21 to 6/30/21.

For the 4/1/21 to 6/30/21 quarter, there were 8,025 340B Paid Matched Claims, 2,680 Walgreens 340B Paid Match Claims, 746 SunRx Paid Match Claims for Ole Health, and 3,327 Wellpartner 340B Paid Match Claims for the quarter, for a total of 14,778 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 \$40,63950. Of that total, \$36,945.00 were 340BX Compliance Fees and \$3,694.50 were PHC 340B Compliance Fees.

Per her previous comments, Ms. Cook explained how delayed responses from the State following claim submission by PHC affects the timing of reclassification by 340BX Clearinghouse.

## **AGENDA ITEM V – OLD BUSINESS**

### **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.

Ms. Cook noted that all business tied to 340B was based on the go-live date for Medi-Cal Rx of January 1, 2022.

Mr. Santi noted that per the meeting packet, there would still be drugs that PHC would cover. He asked which drugs would still be billed to PHC. Dr. Leung stated Medi-Cal Rx is assuming responsibility for any medication billed through the Pharmacy benefit. Any medications are processed through the medical benefit will remain the responsibility of PHC. If a medication is billed through the medical benefit and is a 340B medication, we will continue to bill it via our current process and the 340B Compliance would still apply.

With regard to 340B, Ms. Cook stated PHC would be seeing Physician-Administered Drug (PAD) claims submitted through PHC's Claims Department for processing. Those claims would be identified as 340B by use of the modifier of "UD."

#### Future of PHC's 340B Compliance Program:

Post Medi-Cal Rx, PHC will continue to support 340B Compliance Program 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. Ms. Cook noted that with regard to the services currently provided, when a provider submits their 340B claims, they submit them to 340BX Clearinghouse by the 10<sup>th</sup> of each month. Next, 340BX Clearinghouse completes their process by comparing the lists of 340B claims from 340B Covered Entities to the list of paid claims from PHC. It then added the "20" in the Submission Clarification Code field for each matched claim. They then send the list of matched claims to PHC, and PHC submits the updated claims data to the State. The State can then alert the drug manufacturers when they do their rebates. The State issued credits on their rebate request to the drug manufacturers, as needed, based on the updated 340B drug information. Ms. Cook stated PHC would continue to follow that process. With regard to the process, Ms. Cook noted 340BX Clearinghouse attempted to match submitted 340B claims data to PHC's paid claims data through a couple cycles. Ms. Cook noted those cycles would continue through April 2022, with the final invoicing occurring in May 2022. Ms. Cook noted that per conversations with 340BX Clearinghouse, this line of business for them was only in the State of California.

What is the committee's position on our possibly standardizing re-classification and sun-setting the program? Ms. Cook noted 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.

As had been presented to the committee a couple years ago, Ms. Cook noted there had been issues with providers submitting large numbers of claims to PHC's Claims Department that needed to have the modifier of "UD" added to the claims after the claim had already been processed. In 2019, PHC's 340B Team worked with PHC's Finance, Claims, and Provider Relations (PR) departments to come up with a payment tier system. This change would help offset the FTE hours required for the Claims department to handle any large reclassification requests submitted. When it was presented to the committee previously, it was reviewed and approved, and it was put into place. PHC's external website was updated to make the information available to providers. The 340B Compliance Program Agreements were updated as well. Over the last two years, PHC had seen only a handful of requests for the addition of the modifier of "UD" to any claim. Most of the requests tied to the modifier of "UD" were for the removal of the modifier, which was not a billable service. Based on that information, the current system was really not needed, plus it was not the revenue stream it could have been for the organization. Oversight of the process required time that was not in sync with any possible monetary benefits. The recommendation, and likely course of action, would be to revert back to allowing requests tied to the modifier of "UD" to be handled via the established process used by PHC's Claims Department for other requests, which was the submission of Electronic Claims Inquiry Forms (eCIFs).

Ms. Cook stated that because the main focus of PHC's 340B Compliance Program has been on the reclassification of 340B drugs dispensed by Contract Pharmacies, there was no reason to continue the program.

Ms. Lujan asked for an update on the impact Medi-Cal Rx would have on PHC staffing. Ms. Cook noted she could speak to the impact from the 340B Compliance Program side, and Dr. Leung could speak to the impact on the Pharmacy Department. For 340B, Ms. Cook was the only employee specifically assigned to 340B. She left the Pharmacy Department in July 2020, but she maintained oversight of the program per a decision made by PHC leadership. There were members of PHC's IT staff that assisted with the 340B Compliance Program and worked with 340BX Clearinghouse, but that was only as small part of their jobs, so they were not impacted.

Dr. Leung noted that although Medi-Cal Rx would eliminate the need for the current 340B Compliance Program as it related to the pharmacy benefit side, PHC would still have the tools and infrastructure in place to support the medical benefit side of 340B. If something were to happen, and the State returned the pharmacy benefit back to PHC because it could not handle it, he felt PHC would not have an issue getting the 340B Compliance Program back up and running again (on its side) to support our 340B Covered Entities.

With regard to staffing in the Pharmacy Department, Dr. Leung reminded the committee the initial announcement regarding Medi-Cal Rx was made over two years ago, when it was stated it would launch on January 1, 2021. With the first and second delays, the Pharmacy Department experienced quite a few staff transitions with some staffing moving to other departments and others leaving the organization. He stated close 35 to 40 percent of their workforce had transitioned out of the Pharmacy Department. Although there was a decrease in staffing, the workload remained the same, again due to the delays. If the carve-out moves forward on January 1, 2022, the Pharmacy Department would no longer have the responsibilities tied to prior authorization (PA) processing or formulary oversight for the pharmacy benefit. PHC would continue to need staff to support the pharmacy claims tied to the medical benefit. Dr. Leung noted there was new work for the Pharmacy Department tied to PHC's NCQA Accreditation (January 2021) and future renewal survey, as well as work tied to HEDIS® measures.

Ms. Lujan stated she appreciated the update and getting insight on how PHC staff had been affected. She stated Ms. Cook and Dr. Leung done an excellent job of overseeing the 340B Compliance Program, and she wouldn't want the organization to lose them as assets. She noted PHC and the Health Centers were really concerned about the successful sustainability of this big change happening with Medi-Cal Rx.

Per Dr. Moore, it seemed legislative and executive branch options have been mostly exhausted with regard to stopping Medi-Cal Rx. Dr. Moore asked the committee if they were aware of any legal options that could be pending or even under consideration? The committee knew of no such activity. Dr. Moore had noticed that when it came to policy at the State, they often responded to just the threat of legal action by grinding programs to a halt, which was the reason for his question.

#### Future of the 340B Advisory Committee:

Ms. Cook asked the committee how their organizations were moving forward toward the carve-out. She also mentioned the disbanding of the 340B Advisory Committee in light of Medi-Cal Rx.

Ms. Lujan stated at La Clinica de la Raza, this change would mean a financial loss of over \$1 million. They did not think this change would be good for their patients. They were involved in lots of advocacy to try and stop Medi-Cal Rx, but it was happening. La Clinica de la Raza had two (2) pharmacies housed out of Oakland. They would maintain those pharmacies for services for the large uninsured population they served. They would continue to work with the contracted pharmacies to provide the discounted medications for their uninsured population, of which they had large percentages in Solano, Contra Costa, and Alameda Counties. They were not cutting any staff at that point. They would continue to try and do the best they could for their patients even with the changes.

Ms. Powell stated Petaluma and Rohnert Park Health Centers were doing the same things being done by La Clinica de la Raza. They were just hoping to break even. If they could break even, then they would still be bringing a great service to their uninsured patients.

Mr. Santi stated the biggest concern for Shasta Community Health Centers, other than the monetary loss, was the impact to their patients. Any transition like this taken on by the State would be always be difficult at the start. They were just trying to make sure they would be in a position to help patients who needed to navigate this change. That's what they were doing to gear up for the launch of Medi-Cal Rx. They were keeping their fingers crossed that it would go, as smoothly as possible for their patients.

With regard to PHC, Ms. Cook stated there had been some cross training between Member Services and Pharmacy staff in anticipation of incoming calls regarding the transition. There could be a lot of confusion, as people make the adjustment especially for those members who have been with PHC for years. PHC's Pharmacy Department had a very smooth process and it was clear, but now PHC members would be dealing with another organization. The pharmacy benefit was an integral part of overall patient care. The concern was how will this affect patient care as a whole when such an integral part would be handled by the State, while PHC oversaw the other areas. What would the disconnects be with data and information or how utilization management was handled by PHC when it had to be coordinated with the pharmacy benefit. She stated PHC hoped there would only be a minimal impact on its members.

Ms. Cook noted the next topic was disbanding the 340B Advisory Committee. She would move forward with scheduling a committee meeting in March 2022. If any other meetings are needed, an ad hoc meeting could be scheduled. If Medi-Cal Rx went live, the 340B Compliance Program will be terminated, and, as such, there would be no need for the 340B Advisory

Committee. The next few months leading to the tentative go-live for Medi-Cal Rx could change things, but at that time, Ms. Cook would move forward with scheduling a meeting in March 2022.

Dr. Leung indicated the State was going to continue to have work group meetings tied to Medi-Cal Rx that would take place after the go-live date. Those meetings would be an opportunity to find out what was actually happening in the pharmacies and with patients. Dr. Leung indicated he was part of some of the work groups, so having a committee meeting in March would allow him to share some feedback and experiences shared regarding the impact of the carve-out.

Dr. Moore stated that as the 340B Advisory Committee was a Board subcommittee, when it was time to disband, a resolution to disband would have to be brought to the Board. If there was a March 2022 meeting for the 340B Advisory Committee, that would work well for the timeline. A resolution to disband would be submitted for the Board Meeting in April 2022.

Mr. Santi had a final question. He asked if the pharmacy benefit reverted back to the Health Plans, and PHC could revitalize the 340B Compliance Program, would 340BX Clearinghouse still be operating to provide the vital service they were providing at that time. Ms. Cook stated the Health Plans with which 340BX Clearinghouse worked were all in California. At that point, she noted 340BX Clearinghouse had not indicated whether or not they would be closing the business down. She stated it would be something she would be discussing with 340BX Clearinghouse in the forthcoming months. She stated that although PHC would have the ability to revive its 340B Compliance Program, she was not sure 340BX Clearinghouse would still be in business and able to provide that required reclassification service.

#### **AGENDA ITEM VI – NEW BUSINESS**

There was no new business discussed.

#### **AGENDA ITEM VII – ADDITIONAL ITEMS**

##### Additional comments:

Ms. Cook noted an update letter would be sent to the committee in December 2021. The next 340B Advisory Committee Meeting date and time were to be determined.

##### Documents:

No documents were shared.

#### **AGENDA ITEM VIII – ADJOURNMENT**

Meeting Adjourned: 1:45 p.m.

Respectfully submitted: Dawn R. Cook

The foregoing minutes were APPROVED AS PRESENTED on:

\_\_\_\_\_  
Dan Santi, Acting Committee Chairman

\_\_\_\_\_  
Date

The foregoing minutes were APPROVED WITH MODIFICATION on:

\_\_\_\_\_  
Dan Santi, Acting Committee Chairman

\_\_\_\_\_  
Date





PARTNERSHIP

# PHC 340B Advisory Committee Meeting

HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*





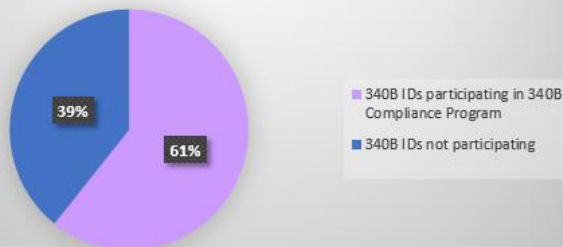
# AGENDA

- 340B Compliance Program Update
- Medi-Cal Rx Update
- Future of PHC's 340B Compliance Program
- Future of the 340B Advisory Committee

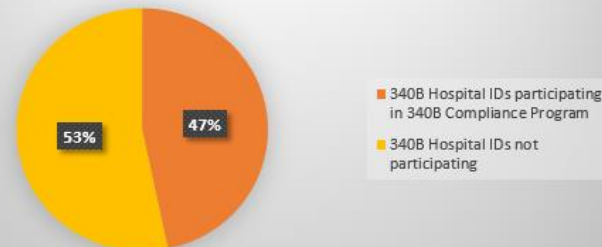
# 340B Compliance Program Update

- **As of December 31, 2021**, there were 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 Agreement (of which 29 agreements would be tied to the 167 hospital IDs/sites).
- **As of December 31, 2021**, there were 32 active 340B Compliance Program Agreements (five of which were tied to hospitals), so 32 340B Participating Entities. Those 32 active 340B Compliance Program Agreements covered 223 340B IDs/sites (78 of which were tied to hospitals).

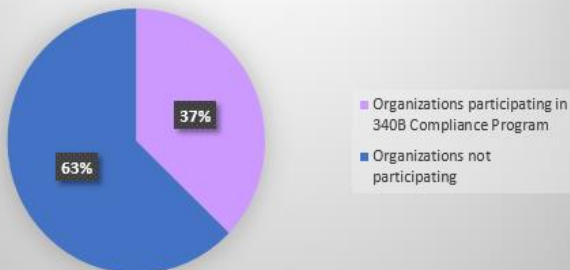
**340B Compliance Program - Participation by 340B IDs (all types) in our 14 county service area**



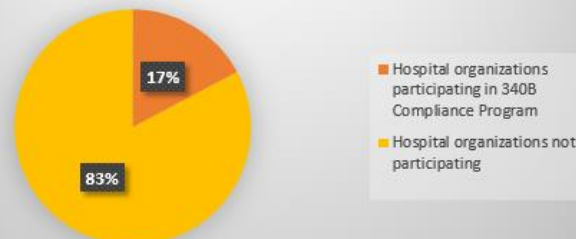
**340B Compliance Program - Participation by Hospital 340B IDs in our 14 county service area**



**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 (cont'd)

- As Medi-Cal Rx launched on January 1, 2022, no further 340B Covered Entities will be contracted for participation in PHC's 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, which led to a delay in PHC sending files to 340BX Clearinghouse, there were no claims reclassified as 340B in November 2021. Due to that delay, there was a higher number of claims noted for December 2021.
  - There was a very high 340B Claim Reversal Count in December 2021. This was tied to an issue identified by one (1) of PHC's 340B Participating Entities. It seems there were some Safeway claims that were mistakenly flagged as 340B when they were not. In order to rectify the situation, 340BX Clearinghouse issued credits to the affected 340B Participating Entities with their invoices sent in December 2021.

# Claims/Financial Summary

## Claims/Financial summary for 10/1/21 TO 12/31/21

Entity	340B Paid Match Claim Count	340B Reversal Claim Count	Equiscript 340B Paid Match Claim Count	Equiscript 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	69	3	0	0	0	0	0	0	0	0	\$ 172.50	\$ 17.25	\$ 189.75
Alliance Medical Center	322	10	0	0	0	0	0	0	0	0	\$ 805.00	\$ 80.50	\$ 885.50
CommuniCare Health Centers	26	2	0	0	0	0	0	0	0	0	\$ 65.00	\$ 6.50	\$ 71.50
Fairchild Medical Center	1,029	121	0	0	0	0	0	0	0	0	\$ 2,572.50	\$ 257.25	\$ 2,829.75
Hill Country Community Clinic	606	231	0	0	0	0	0	0	0	0	\$ 1,515.00	\$ 151.50	\$ 1,666.50
La Clinica De La Raza	0	0	0	0	289	2	0	0	0	0	\$ 722.50	\$ 72.25	\$ 794.75
Lake County Tribal Health Consortium, Inc.	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -
Long Valley Health Center	86	7	0	0	0	0	0	0	0	0	\$ 215.00	\$ 21.50	\$ 236.50
Marin Community Clinic Inc.	510	54	0	0	0	0	0	0	0	0	\$ 1,275.00	\$ 127.50	\$ 1,402.50
McCloud Healthcare Clinic	14	1	0	0	0	0	0	0	0	0	\$ 35.00	\$ 3.50	\$ 38.50
Mendocino Coast Clinics, Inc.	1,120	577	0	0	0	0	0	0	0	0	\$ 2,800.00	\$ 280.00	\$ 3,080.00
Mendocino Community Health Clinics, Inc.	2,642	191	112	0	39	0	71	3	0	0	\$ 7,160.00	\$ 716.00	\$ 7,876.00
Modoc Medical Center	30	0	0	0	0	0	0	0	0	0	\$ 75.00	\$ 7.50	\$ 82.50
Mountain Valleys Health Centers, Inc.	574	183	0	0	0	0	0	0	0	0	\$ 1,435.00	\$ 143.50	\$ 1,578.50
NorthBay Healthcare Group	0	0	0	0	200	0	622	3	0	0	\$ 2,055.00	\$ 205.50	\$ 2,260.50
Northeastern Rural Health Clinics, Inc.	310	19	0	0	0	0	0	0	0	0	\$ 775.00	\$ 77.50	\$ 852.50
Ole Health	0	0	0	0	0	0	552	3	1,079	1	\$ 4,077.50	\$ 407.75	\$ 4,485.25
Open Door Community Health Centers	0	0	0	0	1,074	2	3,677	27	0	0	\$ 11,877.50	\$ 1,187.75	\$ 13,065.25
Redwoods Rural Health Center	402	38	0	0	0	0	0	0	0	0	\$ 1,005.00	\$ 100.50	\$ 1,105.50
Shasta Community Health Centers	3,475	176	0	0	535	10	868	78	0	0	\$ 12,195.00	\$ 1,219.50	\$ 13,414.50
Shingletown Medical Center	10	0	0	0	0	0	0	0	0	0	\$ 25.00	\$ 2.50	\$ 27.50
Sonoma Valley Community Health Center	193	80	0	0	0	0	0	0	0	0	\$ 482.50	\$ 48.25	\$ 530.75
Winters Healthcare Foundation	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -
<b>QUARTER TOTALS:</b>	<b>11,418</b>	<b>1,693</b>	<b>112</b>	<b>0</b>	<b>2,137</b>	<b>14</b>	<b>5,790</b>	<b>114</b>	<b>1,079</b>	<b>1</b>	<b>\$ 51,340.00</b>	<b>\$ 5,134.00</b>	<b>\$ 56,474.00</b>
<b>TOTAL 340B CLAIMS RECLASSIFIED BY 340BX CLEARINGHOUSE THIS QUARTER:</b>											<b>20,536</b>		

# Claims/Financial Summary (cont'd)

## Claims/Financial summary for 10/1/21 to 12/31/21

Month	CRX 340B Paid Match Claim Count	CRX 340B Reversal Claim Count	Equiscript 340B Paid Match Claim Count	Equiscript 340B Reversal Match 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
October-21	3778	380	0	0	695	5	2043	45	345	0	\$17,152.50	\$1,715.25	\$18,867.75
November-21	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
December-21	7640	1313	112	0	1442	9	3747	69	734	1	\$34,187.50	\$3,418.75	\$37,606.25
<b>TOTAL:</b>	11,418	1,693	112	0	2,137	14	5,790	114	1,079	1	\$51,340.00	\$ 5,134.00	\$ 56,474.00
<b>TOTAL 340B CLAIMS RECLASSIFIED BY 340BX CLEARINGHOUSE THIS QUARTER:</b>											<b>20,536</b>		



# Medi-Cal Rx Update

- After two (2) prior delays, Medi-Cal Rx was launched on January 1, 2022.



# Future of PHC's 340B Compliance Program

- Following the launch of Medi-Cal Rx, PHC continues to support 340B Compliance Program for medication services where PHC has financial responsibility.
- PHC has continued to support the claim reclassification services provided through 340BX Clearinghouse for 340B Contract Pharmacy claims into 2022.
  - Those services will be supported and provided through March 2022 to allow for reclassification of retroactive 340B claims with a date of service of December 31, 2021 or earlier.
- The current 340B Compliance Program will end effective June 30, 2022.
  - All executed 340B Compliance Program Agreements with 340B Participating Entities will be terminated, as will the agreement with 340BX Clearinghouse.
    - Per 340BX Clearinghouse, NEC Networks, LLC, will be closing down the 340BX Clearinghouse following completion of their final reclassifications for the 90-day look back period.
- PHC's oversight of 340B Physician-Administered Drugs (PADs)
  - PHC will 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 handled by PHC's Claims Department.

# Future of the 340B Advisory Committee

- As Medi-Cal Rx launched on January 1, 2022, the primary function of the 340B Advisory Committee is no longer present.
- Since the 340B Advisory Committee is an official committee of the PHC Board of Commissioners, the Board will consider the status of the 340B Advisory Committee at a future meeting.

# Updates and Meetings

- 340B Advisory Committee Schedule
  - Pending Board consideration
- Update Letters:
  - June 2022

# Questions

