

Grantee Breakout Session: Essentials for Clinic Administered Drugs

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None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.





**LEARNING
OBJECTIVES**

At the completion of this activity, the participant will be able to:

- Evaluate 340B inventory options, in light of Medicaid billing, 340B savings opportunities, and oversight workload.
- Determine the best mechanism for tracking medication administration, based on available technology.
- Describe the various resources available for 340B purchasing records.
- Design a process for 340B inventory validation and auditing.



Major 340B Compliance Areas

- **Covered Entities**

- Prevent diversion to ineligible patients
- Medicaid duplicate discount prohibition
- Certain hospitals only
 - Group Purchasing Organization (GPO) Prohibition
 - Orphan Drug Exclusion

- **Manufacturers**

- Offer to sell CODs at 340B ceiling price

Diversion



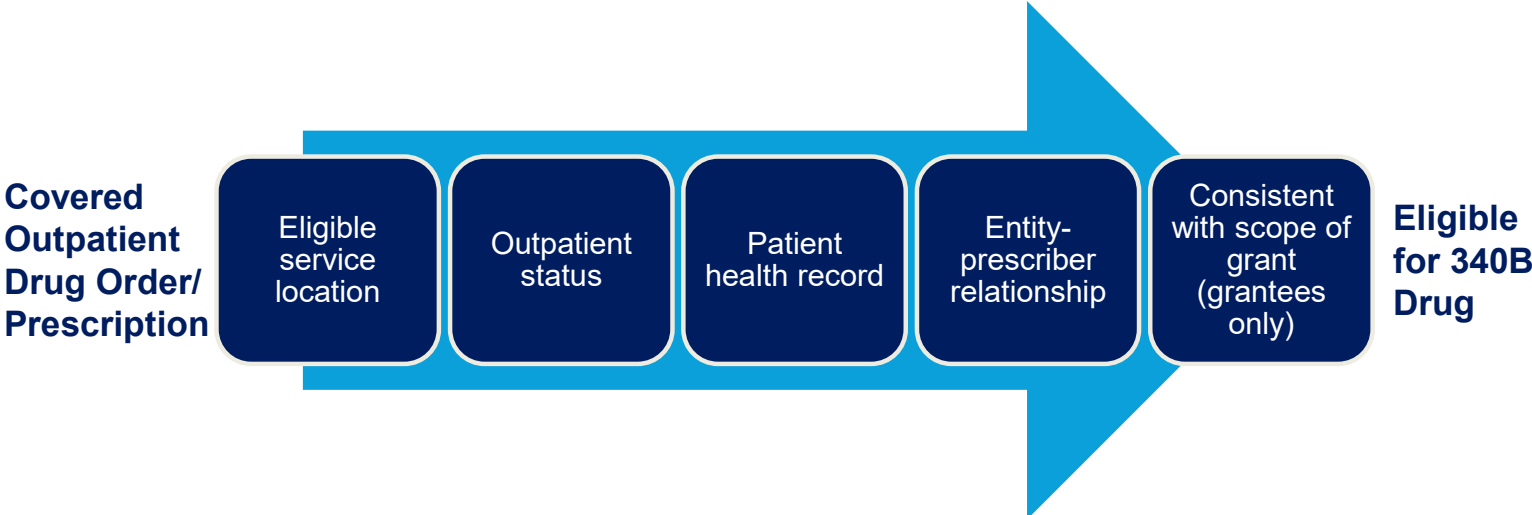
HRSA Requirements

- What is diversion?
 - The reselling or transferring of a 340B drug to a person who is not a patient of the entity
- Covered entities must have processes in place to ensure that only eligible patients receive 340B medications.

Prevent Diversion to Ineligible Patients

- Entities must not resell or transfer 340B drugs to ineligible patients
- Patient Definition:
 - The covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care; and
 - The individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with the covered entity; and
 - The individual receives a health care service or range of services from the covered entity which is consistent with the service or range of services for which grant funding or Federally-qualified health center look-alike status has been provided to the entity. Disproportionate share hospitals are exempt from this requirement.
 - An individual will not be considered a patient of the covered entity if the only health care service received by the individual from the covered entity is the dispensing of a drug or drugs for subsequent self-administration or administration in the home setting.
 - Exception: Individuals registered in a State-operated or funded AIDS Drug Assistance Program (ADAP) that receives Federal Ryan White funding ARE considered patients of the participant ADAP if so registered as eligible by the State program.

Applying Patient Definition in Practice¹



Covered entities carving-out Medicaid must ensure that 340B drugs are not billed to Medicaid

¹ An individual registered in a State operated or funded AIDS drug purchasing assistance program receiving financial assistance under title XXVI of the PHS Act will be considered a “patient” of the covered entity for purposes of this definition if so registered as eligible by the State program.

Operational Considerations for Diversion Prevention

340B-eligible
patient
definition (P&P)

Shared
medical
records

Emergency box
medications



Prevention of Duplicate Discounts



Duplicate Discount Prohibition



Carve-In/Carve-Out Decision at Registration

Medicaid Billing

At this site, will the covered entity bill Medicaid fee-for-service for drugs purchased at 340B prices?

Yes
 No

If the answer is yes, please provide the state(s) and associated billing number(s) listed on the claims to bill Medicaid fee-for-service for particular states that you plan to bill for 340B drugs in the space(s) below (this could include numbers for the state your hospital is located in and any out-of-state Medicaid agencies your hospital plans to bill for 340B drugs). All numbers you plan to use to bill Medicaid fee-for-service should be provided and may include the billing provider's national provider identifier (NPI) only, state assigned Medicaid number only, or both the NPI and state assigned Medicaid number. Do not list a state for which the covered entity will not bill Medicaid fee-for-service for drugs purchased at 340B prices.

HRSA exports the Medicaid billing information listed in this site's 340B OPAIS record to generate the quarterly Medicaid exclusion file (MEF). HRSA requires the information on the MEF be accurate and complete for every registered site in the 340B OPAIS, and that covered entities follow any additional state Medicaid requirements in order to prevent duplicate discounts.

While this site may request a change to its 340B OPAIS record at any time, the Medicaid fee-for service billing practice at this site, must match the quarterly MEF.

OPAIS & Medicaid Exclusion File

- Covered entities choosing to carve in must inform HRSA of their decision by:
 - Answering “yes” to the Medicaid billing question during registration
 - Provide the billing number(s) and the state(s) that is billed in 340B OPAIS
 - National Provider Identifiers (NPIs) and/or Medicaid Provider Numbers (MPNs)
- Medicaid Exclusion File (MEF)
 - A static report populated with 340B OPAIS information
 - Informs state to exclude all claims from listed billing numbers from the rebate file
 - FFS only (not used for MCO claims)
 - MEF is the source of truth for manufacturers, wholesalers, and others

<https://www.hrsa.gov/sites/default/files/hrsa/opa/clarification-medicaid-exclusion.pdf>

State Requirements

- States often have additional Medicaid carve-in requirements beyond the 340B OPAIS/MEF listing of billing information
- Clinic-administered drug examples can include:

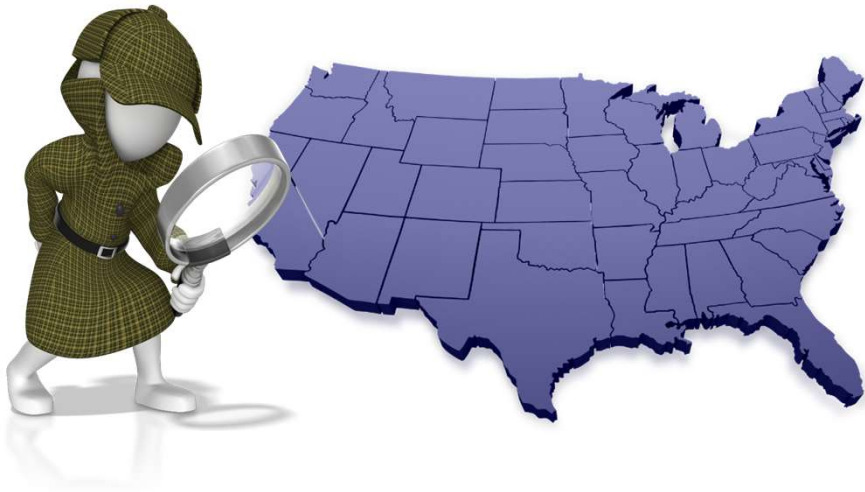
Institutional Claims

Identifiers

- UD modifier
- U6/U8 modifier
- Medicare JG/TB requirements

Drug cost submission

- 340B actual acquisition cost (AAC)
- Usual and customary rate (U&C)



340B
PHARMACY
PROGRAM

MY HOMEPAGE | CATALOG AND PRICING | PURCHASING DECISION RESOURCES | MY PURCHASING ANALYTICS

COVERED ENTITIES | MANUFACTURERS | DISTRIBUTION | 340B UNIVERSITY | HRSA FAQs | [RESOURCE CENTER](#) | ABOUT 340B & PVP | APEXUS ANSWERS

340B Medicaid Profiles by State/Territory

Searchable state-by-state Medicaid 340B requirements

[RESOURCE CENTER: MEDICAID](#)

How to use the Medicaid Profiles tool

This resource has been created by the 340B Prime Vendor Program to assist stakeholders by combining the most recently available, 340B-specific Medicaid data with publicly available federal data. Please note that additional requirements or contractual obligations that may be in place from third-party payors are not included in this resource.

Upon selecting a state in the drop-down menu, the Medicaid State Technical, Rebate and Policy contacts and details on the state's retail prescriptions, provider- or facility-administered drugs, contract pharmacies and Medicaid Managed Care profiles will populate below. Each field is linked to the sourced data where additional information can be found.

Choose your state from the dropdown

Please note: The data presented on this page are compiled from various sources; however, the information is not endorsed by HRSA and not dispositive with the 340B Drug Pricing Program. 340B stakeholders are ultimately responsible for 340B Program compliance and compliance with all applicable state and federal laws and regulations. Stakeholders are encouraged to contact the states to verify current policy requirements.

Duplicate Discount Considerations

- Medicaid billing requirements
 - Does the entity carve-in or carve-out Medicaid?
 - Does the entity bill multiple states' Medicaid plans?
 - Does the state require claim-level modifiers?



CAD Duplicate Discount Considerations

State excludes claims from rebates solely based off the Medicaid Exclusion File (MEF)

- Consistently billing CADs under the Medicaid Billing Numbers (MBNs) and National Provider Identifiers (NPIs) listed in the MEF
- Can be difficult to only carve in select CADs, if all bills are submitted under the same MBN/NPI

State excludes claims from rebates based off claim-level modifiers

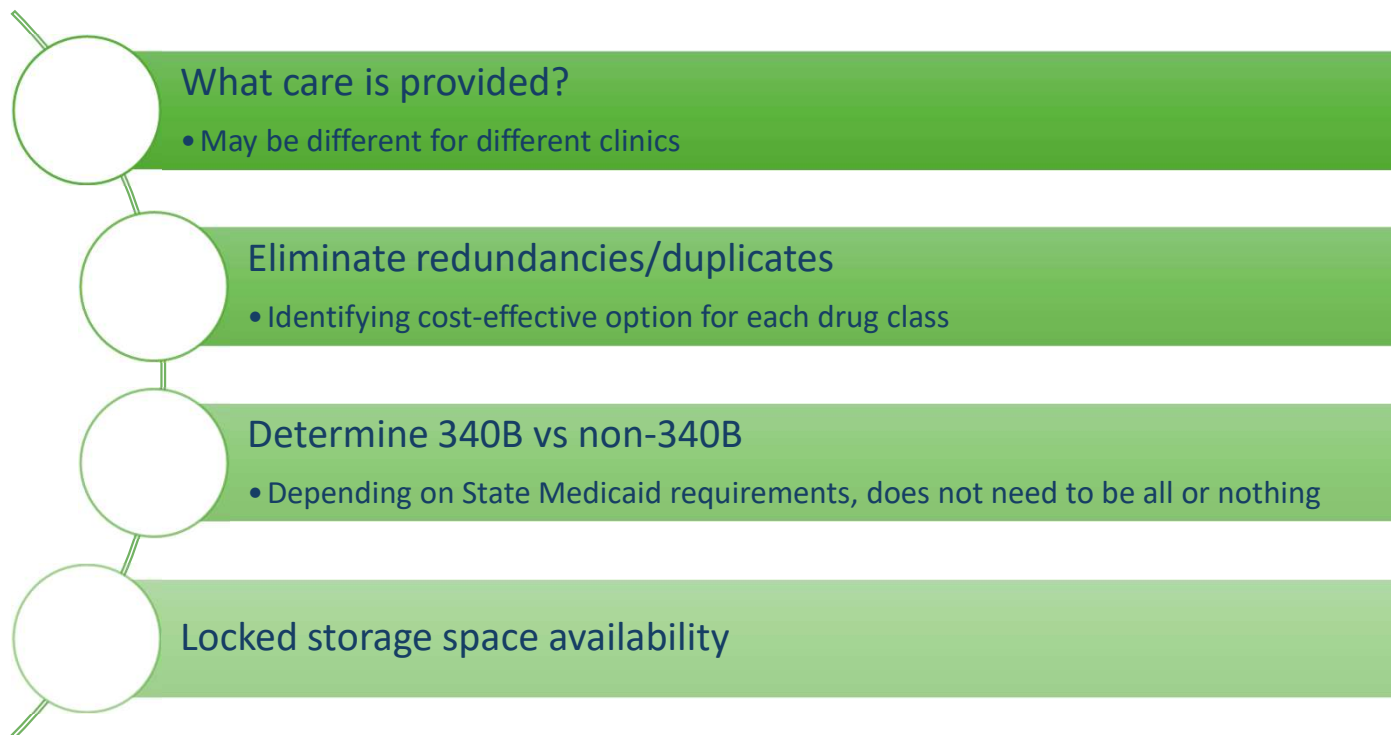
- Important to review if NDC-level data is assigned to the final bill to Medicaid



Inventory Models



Selecting Your CAD Formulary



Sample Formulary List

Drug Name	J Code
etonogestrel SUBDERM IMPLANT 68 mg (NEXPLANON)	J7307
copper (PARAGARD) IUD KIT	J7300
levonorgestrel MIRENA IUD KIT 52 mg	J7298
levonorgestrel LILETTA IUD KIT 52 mg	J7297
medroxyprogesterone acetate (Depo Provera)	J1050
Skyla IUD	J7301
Kyleena IUD	J7296
penicillin G benzathine INJ 1,200,000 Units / 2 mL	J0561
Ceftriaxone Sodium 250 mg	J0696
KETOROLAC (TORADOL) INJ 60MG/ML	J1885
cyanocobalamin (vitamin B-12) To 1000 MCG	J3420
denosumab SubQ SYRINGE 60 mg/mL (PROLIA)	J0897
penicillin G benzathine INJ 600,000 Units / 1 mL	J0561
EPINEPHrine AUTO-INJ 0.3 mg	J0171
methylPREDNISolone succinate INJ AOV 125 mg/2 mL	J2930
methylPREDNISolone acetate INJ SDV 40 mg/1 mL	J1030
EPINEPHrine JR AUTO-INJ 0.15 mg	J0171
diphenhydramine HCl	J1200
ketorolac tromethamine	J1885
albuterol sulfate	J7611
Injection, Penicillin g benzathine, 100,	J0561
PPD APLISOL, VL 5TU/0.1ML 1ML(10TEST/VL)/TUBERCULIN PUR PRO D(TUBERSOL) 0.1ML	86580
DEXAMETHASONE(DECADRON)INJ MDV 4MG/ML	J1100
METHYLPRED (SOLU-MEDROL)IN	J2920
LIDOCAINE HCL 1%(XYLOCAINE)MDV	J2001
GLUCAGON HUMAN EMERGENCY KIT 1MG	J1610
DEXAMETHASONE(DECADRON)INJ MDV 4MG/ML	J1100
Levalbuterol Hydrochloride Inhalation Solution (Xopenex®)	J7614
Albuterol sulfate .083%/ml	J7620
ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	J7620
INJ MEDRXYPRGESTRON CNTRACPT 150 MG (SubCut)	J1055



Physical Inventory

- **Physically separate inventory**
 - 340B and/or non-340B inventory kept physically separate
 - More common in 340B-only areas
 - Example 340B-only area: “closed-door” retail pharmacies, grantee clinic carving in Medicaid
- **HRSA expects covered entities to describe how 340B inventory is accounted for to**
 - Maintain auditable records
 - Prevent diversion
- **Inventory adjustments (purchases, administrations, waste, etc.)**
- **Medicaid carve-in/carve-out decision impact**

Virtual Replenishment Inventory Process

- One neutral inventory used for both 340B eligible and ineligible patients
- New 11-digit NDCs are first purchased on the non-340B account to establish the neutral inventory
- Product is administered to patient, 11-digit NDC captured
 - Patient eligibility verified and tallied as an accumulation in the appropriate bucket (340B or non-340B)

Non-340B

340B

Virtual Replenishment Inventory Process

- Purchase order generated to replace product taken off the shelf
 - Product ordered on 340B or non-340B account based on accumulations
 - Non-340B is used whenever the quantity needed exceeds the 340B accruals available
- Replenishment product arrives and is placed on shelf, re-establishing the neutral inventory

Non-340B

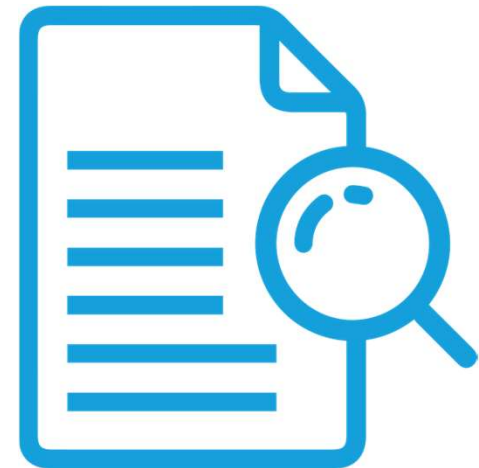
340B

Auditable Records



Auditable Records

- Maintaining auditable records is a requirement of covered entities participating in the 340B Program to ensure compliance with the 340B requirements
- Covered entities should consider how they may maintain inventory records in such a way that they can be retrieved in the event of an audit



HRSA Covered Entity Data Request List

Sample HRSA 340B Audit Data Request List (DRL)
for Covered Entities



Purpose: This tool provides an example data request list (DRL) for a HRSA 340B audit. This is only a sample and may differ from an actual HRSA data request.

Covered Entity Data Request



340B Tools

HRSA Covered Entity Data Request—Inventory

Policies and procedures

- Description of purchasing process (including all pharmacies, if applicable) (1D)
- How the covered entity accounts for 340B inventory or accumulation in a physical or virtual replenishment inventory (1H)
- Prevention of diversion at covered entity and all pharmacies (1I, J)
 - Site eligibility location
 - Referral/responsibility of care remained with covered entity
 - Medical/patient health record
 - Patient eligibility (including status change)
 - Provider eligibility (relationship)
 - Service in the scope of grant (if applicable/non-hospital)
 - Documenting and accounting for wastage of a drug not administered

HRSA Covered Entity Data Request—Inventory

Documentation

- Provide a listing of all 340B drugs that were administered or prescribed to patients from the parent site, offsite facilities/child sites, and pharmacies(contracting or entity-owned) during the sample period (3C)
- List all accounts (wholesaler, direct, and consignment) used to purchase drugs for the parent, off-site facilities/grant-associated sites, and all pharmacies (entity-owned and contracting) (5A)
- Provide a copy of one invoice for each account (5B)

Considerations for Operationalizing HRSA's Expectations



Drug Purchase Records

PVP purchase history reports
Secondary and tertiary
wholesalers or distributors



Drug Utilization Records

Medical record reports
Manual logs (paper or
electronic)
Drug waste (patient-specific or
expired stock)
Barcode scanning



Inventory Reconciliation Records

Cycle counts
Monthly or quarterly purchase
vs utilization analysis

Tracking Dispensations

- Determine method for ensuring only eligible patients receive 340B medications
- Must be able to provide records of all dispensations
- Maintain tracking system that captures all HRSA-required data elements
- Must be able to account for all 340B purchased inventory

340B Manual Dispense Tracking Log

Apexus 340B Prime Vendor PROGRAM

Medication Tracking Log
 Entity Name or Clinical Site of Care: _____
 Medication Name/NDC: _____

Date of Transaction	Description of Transaction: -When adding medication to inventory, record invoice number -When removing medication from inventory, include patient ID/chart # or documentation of waste	Quantity Drug Received (+)	Quantity Dispensed / Wasted (-)	Ending amount on-hand	Lot # of Medication	Expiration Date	Staff Documenting Transaction	Prescriber's Name	On-Hand Reconciliation Date and Initials

340B Manual Dispense Tracking Log

Apexus 340B Prime Vendor PROGRAM

Purpose: The purpose of this tool is to provide a sample 340B dispense tracking log for clinic and/or physician administered 340B drugs in a physical inventory when an electronic tracking option is not available to maintain auditable records.

Instructions: This tool includes data points needed to document key aspects of 340B Program compliance related to inventory management. It can be used to help document the 11-digit NDC record from point of purchase to point of use, including documentation of loss or waste. Covered entities who utilize this tool should tailor the log to meet their own unique needs for maintaining auditable records.

- Each row of this log represents a single inventory transaction (either product received and added to inventory or product removed from inventory for either patient use or expired/wasted items). Users should document as much information as possible about the source or use of the medication in order to accurately tie it to purchasing records or patient medical records.
- After each transaction, the amount remaining on the shelf is recorded. The last column is offered as an opportunity to document periodic verification of this process through inspection of the ledger captured within this document and the inventory remaining on the shelf. The timeframe for how often this task is completed is at the discretion of the site, but should be documented within policies and procedures.

Tracking CAD Inventory: Drug Utilization Records



Medical Record Reports

- Discrete fields for drug administrations



Manual Logs

- Paper or electronic



Drug Waste

- Patient-specific or expired stock



Barcode Scanning

- Management of missed scans

340B Manual Dispense Tracking Log

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Apexus Prime Vendor PROGRAM 340B

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- Single NDC per page
- Includes additions and reductions to inventory
- Identifies individuals who have handled the product
- Product count is reconciled at each transaction

Sample Medication Log

Drug Name:		Mirena 52mg IUD			11-Digit NDC:		50419-0412-01		Inventory Type:		340B
	Date	Inventory Received	Expired/Wasted Inventory	Patient First and Last Name	DOB	Lot	Exp Date	Qty Administered	Ending Balance	Staff Name	Notes
1	6/26/2023	10				TU01BPE	8/31/2025			Pharmacy Tech Bob	Starting Inventory
2	6/28/2023			Helen Parr	2/5/1998	TU01BPE	8/31/2025	1	9	Dr. Stephen Strange	
3	7/1/2023			Princess Jasmine	7/16/2004	TU01BPE	8/31/2025	1	8	Dr. Christina Yang	
4	7/1/2023			Elsa of Arendelle	3/3/1993	TU01BPE	8/31/2025	1	7	Dr. Stephen Strange	
5	7/6/2023							0	7	Nurse Carla Espinosa	Inventory Audit
6	7/9/2023			Cat Woman	11/15/1996	TU01BPE	8/31/2025	1	6	Nurse Anne Perkins	
7	7/10/2023			Lola Bunny	4/30/2001	TU01BPE	8/31/2025	1	5	Dr. Christina Yang	
8	7/15/2023			Snow White	9/20/2003	TU01BPE	8/31/2025	1	4	Dr. Christina Yang	
9	7/16/2023		1	Fiona Shrek	1/1/1999	TU01BPE	8/31/2025		3	Dr. Stephen Strange	Failed Insertion
10	7/17/2023			Kim Possible	5/27/2005	TU01BPE	8/31/2025	1	2	Nurse Anne Perkins	
11	7/22/2023	10				LG64TRA	10/31/2025		12	Pharmacy Tech Bob	McKesson Invoice #12345
12	7/23/2023			Carmen SanDiego	4/7/2000	TU01BPE	8/31/2025	1	11	Nurse Anne Perkins	
13	7/25/2023			Sandy Cheeks	7/3/1997	TU01BPE	8/31/2025	1	10	Dr. Stephen Strange	
14	7/27/2023			Edna Mode	12/22/1994	LG64TRA	10/31/2025	1	9	Dr. Christina Yang	
15	7/30/2023			Wonder Woman	5/9/1998	LG64TRA	10/31/2025	1	8	Dr. Stephen Strange	
16	8/2/2023			Penny Lane	6/29/2001	LG64TRA	10/31/2025	1	7	Nurse Anne Perkins	
17	8/4/2023			Eleanor Rigby	10/3/1995	LG64TRA	10/31/2025	1	6	Dr. Christina Yang	
18	8/5/2023								6	Nurse Carla Espinosa	Inventory Audit
19	8/8/2023			Velma Dinkley	2/16/1992	LG64TRA	10/31/2025	1	5	Nurse Anne Perkins	
20	8/9/2023			Hannah Banana	1/28/2003	LG64TRA	10/31/2025	1	4	Dr. Stephen Strange	
21											
22											
23											
24											
25											



Electronic Log?

Turn It Into An Inventory Snapshot!

Drug Name	NDC	Current Qty On Hand	Min Stock Threshold	Qty to Order
IUD	11111-1111-88	4	10	6
Drug 2	22222-2222-01	4	5	1
Drug 3	33333-3333-33	0		0
Drug 4	44444-4444-44	0		0
Drug 5	55555-5555-55	0		0
Drug 6	66666-6666-66	0		0
Drug 7	77777-7777-77	0		0
Drug 8	88888-8888-88	0		0
Drug 9	99999-9999-99	0		0
Drug 10	10101-0101-01	0		0
Drug 1 Overstock	11111-1111-11	0		0
Drug 7 Overstock	77777-7777-77	0		0





Quality of Medical Record Documentation

- Evaluation of current state can help identify items with accurate and reliable EMR documentation, and thus more readily pulled into reports
- EMR documentation is often more robust for:
 - Drugs administered (Depo, Bicillin, etc.)
 - Single-dose vials (easier to track than MDV waste)
 - Drugs documented by a nurse or medical assistant (as opposed to a medical provider)

Considerations for CAD Purchasing Auditable Records

- PVP purchase history reports
- Secondary and tertiary wholesalers or distributors

340B[®]
Prime Vendor
PROGRAM
Managed by Apexus

Historical Purchases

Download historical purchasing information at the invoice level for products purchased on 340B or WAC accounts through PVP contracted distributors. This report may not include information for products purchased directly from a manufacturer or through non-contracted distributors. Run this report for specific drug labeler codes, manufacturer names, NDCs, or a date range.

Entity:

Select One: By NDC By Labeler Code By Manufacturer By Date

NDC: *

Labeler Code:

Manufacturer:

Date Range:

The data provided were purchases reported to Apexus by our Authorized Distributors. The data may not reflect all purchases for any given search due to factors such as manufacturer direct purchases or utilization of a non-contracted distributor.

For assistance, contact Apexus Answers by calling (888) 340-2787 or email apexusanswers@340Bpvp.com.



Tracking Inventory Adjustments

- Must be able to identify and track all inventory adjustments that affect 340B inventory
 - Purchases
 - Administrations
 - Administration waste
 - Expired medications
 - Broken pills
 - Employee use
 - Samples
- Must be able to account for all inventory changes in an inventory reconciliation process



Oversight of your Clinical Administered Drug Inventory




Policies and Procedures

- Your policies and procedures are expected to describe your process for purchasing, tracking, and managing 340B inventory
- Carving in or carving out Medicaid?
 - If carving out, your policies and procedures should also address the process for ensuring that 340B drugs are not dispensed or administered to Medicaid patients
- Policies and procedures should be maintained regularly

Sample Policies and Procedures Manual

Sample Policy and Procedure Manual
Community Health Centers (CH/FQ/FQHC/FQHCLA/NH)



Purpose: This document contains the written policies and procedures that [Entity] uses to oversee 340B Program operations, provide oversight of contract pharmacies, and maintain a compliant 340B Program.

Background: Section 340B of the Public Health Service Act (1992) requires drug manufacturers participating in the 340B program to provide a list of covered entities for the Secretary of Health and Human Services (HHS) to determine which entities are eligible for the 340B program (HRSA) in accordance with the Public Health Service Act (PHSA), Medicaid, and the Federal Acquisition Regulation (FAR) (48 CFR 101-11.602-2 (Releases)).

Inventory Management		Revision History	
Departments Affected:		Effective Date:	xx-xx-xx
		Original Issue Date:	xx-xx-xx
		Last Reviewed:	xx-xx-xx
		Last Revision:	xx-xx-xx

Policy: Covered entities must be able to track and account for all 340B drugs to ensure the prevention of diversion.

Purpose: Ensure the proper procurement and inventory management of 340B drugs.

Background: 340B inventory is procured and managed in the following settings:

- Clinic site administration
- In-house pharmacy
- Contract pharmacy

Inventory methods for each of the above areas within the entity shall be described within the inventory management policy and procedure.

- Policy and Procedure Manuals customized for each covered entity type
- Covered entity must customize the manual to match their actual operations
- Inventory section covers all three practice settings:
 - Clinic site administrations
 - In-house pharmacy
 - Contract Pharmacy



340B Tools

Self-Auditing

Best Practices

- Inventory process is outlined from the receipt of the medication to the dispensation/administration of the medication
- Routine inventory counts
- Reconcile inventory counts with inventory system
- Adjusting and reconciling variances (including documentation of outcome)

Self Audit: Prevention of Diversion
Community Health Centers (CH/FQ/FQHC/FQHCLA/NH)

Apexus Prime Vendor PROGRAM 340B

INVENTORY PURCHASE AND DISPENSE RECONCILIATION

Table 2

- As a best practice, this table can be used for both **physically separate inventory** and **virtual inventory models**. The covered entity should have inventory management procedures in place to prevent diversion of 340B drugs to ineligible patients, which may involve a different process than this table based on the entity.
 - Best Practices
 - Inventory process is outlined from the receipt of the medication to the dispensation/administration of the medication
 - Routine inventory counts
 - Reconcile inventory counts with inventory system
 - Adjusting and reconciling variances (including documentation of outcome)
- In this example, for each of the 20 drug audit samples selected in step 2b of the instructions (page 1) and for the date range in step 1 of the instructions, use purchasing, dispensing, and inventory records to reconcile inventory units
 - Note that "dispensed units" refers to either dispensed units (if entity charges upon dispense) or administered units (if entity charges upon administration)
 - For physically separate inventory: Note that "inventory units" refers to the number of units in stock (actually on the shelves)
 - For virtual inventory: Note that "inventory units" refers to the number of units in the accumulator
 - Any identified variance will need to be resolved and documented to demonstrate that the 340B drug was not diverted

(1) 340B drug name and strength	(2) NDC	(3) Date range selected through today's date	(4) Beginning inventory (units)	(5) (-) Dispensed (units)	(6) (+) Purchased (units)	(7) (=) Ending inventory (units)	(8) Inventory Units Reconciled?		(9) Variance Resolved?	
							Yes	No	Yes	No



340B Tools

Self Auditing: Administration Records

Auditing samples of administration documentation within the EMR or manual logs

- Often health centers incorrectly assume that their clinic inventories need not be audited

Sample Audit Procedure

- On a monthly basis, select X medication admins and assess:
 - Associated with an eligible patient
 - Associated with an eligible location and provider
 - Does not present a duplicate discount risk



Self Auditing: Duplicate Discounts

- Download the MEF from OPAIS
- For a sample of your Medicaid CAD records, request the billing form (HCFA-1500 or UB-04) from your billing dept
- Confirm that all CADs were billed to Medicaid under billing numbers listed in the active MEF, with the necessary modifiers (if required)



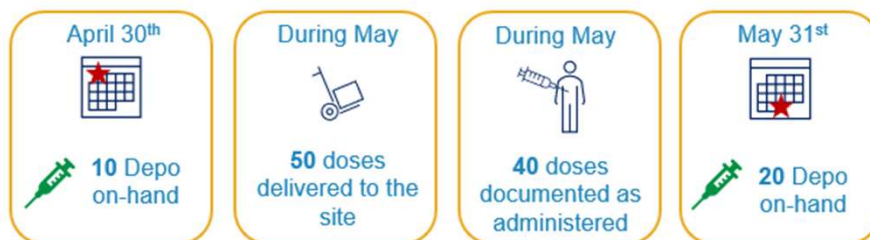
Inventory Management Self-Auditing

- Have process in place to reconcile inventory on a routine basis
 - Cycle counting
 - Spot audits
- Have policies in place regarding adjustments of inventory
- Look at records of inventory adjustments
- Document your inventory reconciliation processes and frequency



Self Auditing: Inventory Reconciliation

- Cycle counts
- Monthly or quarterly purchase vs utilization analysis
 - Patient administration/dispense records coming directly from EMR data often provide great evidence of eligible and compliant use of 340B
 - Beyond just having EMR records (not always an easy task), you are also responsible for monitoring that there are an appropriate quantity of patient records to match the quantity of drug purchased



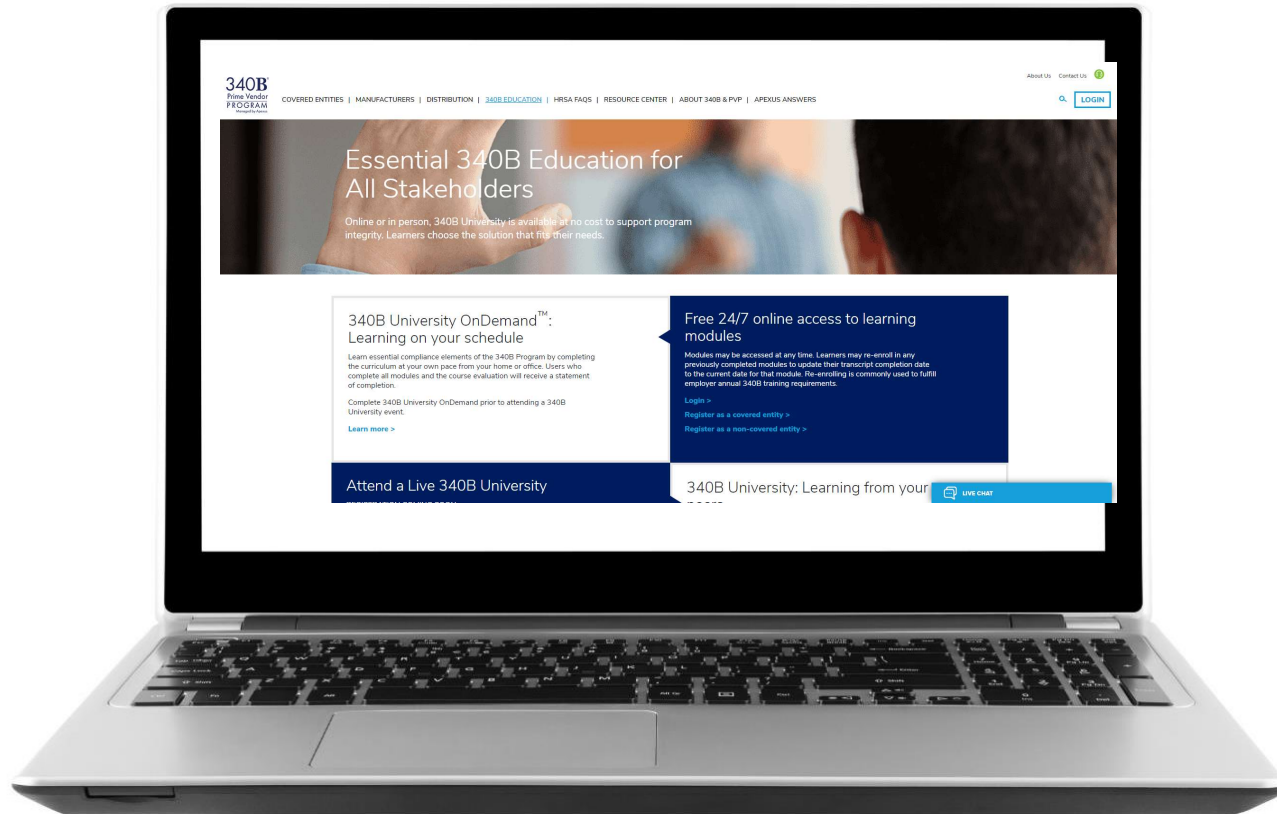
Clinic Inventory Reconciliation Audit Log										Clinic Name:											
Start Date:			End Date:																		
Sample	Item Description	NDC	Starting Count	+	Quantity Received	-	Quantity Expired	+	Quantity Wasted	+	Utilizations	=	Calculated End Count	-	Actual End Count	=	Variance	Reconciliation Notes:	Auditing Personnel		
1	Mirena 52mg IUD	50419-0412-01	5	+	2	-		+		+	3	=	4	-	3	=	1	Sample: Example note - "Identified a wasted drug that wasn't documented in log. Corrected in log."	Pharmacy Tech Bob		
2				+		-		+		+		=	0	-		=	0				
3				+		-		+		+		=	0	-		=	0				



Next Steps



Where to Find Help – 340Bpvp.com



OnDemand Training Module

340B Prime Vendor PROGRAM

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PVP LOGIN

Managing Physical Clinic Inventory

START DETAILS

340B Prime Vendor PROGRAM

Welcome to "Managing Physical Clinic Inventory." This course explores key 340B compliance considerations and best practices when setting up and maintaining inventory in a clinic setting. Click "start" to begin.

Supplemental Courses >

Self-paced, interactive online learning courses customized for 340B stakeholders.

Buyers >

Basics of Compliant Purchasing and the Prime Vendor's Role in Purchasing >

Managing Physical Clinic Inventory >

OnDemand Training Module (Cont'd)

Managing Physical Clinic Inventory
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INTRODUCTION

- Course Instructions
- Objectives
- Program Requirements
- Sample HRSA 340B Audit Data Request for Covered Entities
- Inventory Management Considerations
- Tracking Inventory Adjustments

Lesson 1 of 12

Course Instructions

How to view the course

The course navigation moves in a vertical direction. Select the gray scroll bar on the right and move it down so the "continue" button is visible to advance to the next section. You can also click the navigation menu bar on the left to move forward or back to view a particular topic. If you are ready, click the continue button below to advance to the next section in the course.

Managing Physical Clinic Inventory
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- Program Requirements
- Sample HRSA 340B Audit Data Request for Covered Entities
- Inventory Management Considerations
- Tracking Inventory Adjustments
- Inventory Management Self-Auditing
- Inventory Reconciliation
- Inventory Auditing Resources
- Takeaways
- Knowledge Check

Questions?



NEED MORE INFORMATION?

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