



## **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 Regulatory Affairs
	Michelle Rollins, Director of Legal Affairs	Tony Hightower, CPhT, Associate Director of Pharmacy Operations
	Stan Leung, PharmD, Director of Pharmacy Services	
	Dawn R. Cook, Program Manager I, 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 22, 2020

**SUBJECT: 340B ADVISORY COMMITTEE MEETING FOR 2020**

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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: Tuesday, September 22, 2020 TIME: 10:00 a.m. – 11:25 a.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. *Ask the receptionist to call Dawn R. Cook</i>	PHC Redding Office Trinity Alps Conference Room 2525 Airpark Drive Redding, CA 96001 <i>*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: September 22, 2020      Time: 10:00 a.m. – 11:25 a.m.      Location: PHC

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

March 23, 2020 – 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):**

Robert Moore, MD, MPH, MBA, CMO; Liz Gibboney, CEO; Patti McFarland, CFO; Stan Leung, PharmD; Tony Hightower, CPhT; and Dawn R. Cook

### **PUBLIC COMMENTS**

None presented.

### **WELCOME/INTRODUCTION**

Brief introductions were made.

### **AGENDA ITEM I – OPENING COMMENTS**

Mr. Germano welcomed the committee to the meeting. He noted these were unprecedented times. There was still regular business that had to be done in addition to keeping patients and employees in our communities safe.

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

The minutes from the 340B Advisory Committee Meetings on 9/25/19 were approved with no changes. No committee members opposed or abstained. (As Ms. Powell joined the meeting after the minutes were reviewed, she did not vote.)

### **AGENDA ITEM III – STANDING AGENDA ITEMS**

#### **PHC 340B Compliance Program Update**

##### **340B Compliance Program Update:**

Ms. Cook noted that as of 3/18/20, there were 365 340B Sites/IDs within PHC's 14 county service area that were eligible to participate in the 340B Program, of which 182 were hospitals. Those 365 340B Sites/IDs would equate to 80 340B Compliance Program Agreements if all were participating in PHC's 340B Compliance Program.

PHC had 29 executed 340B Compliance Program Agreements, which covered 197 active 340B Sites/IDs, of which 76 Sites/IDs (5 340B Compliance Program Agreements) were hospitals. At that point in time, about 54 percent of active 340B Sites/IDs in PHC's 14 county service area were participating in PHC's 340B Compliance Program (including 42 percent of active 340B Sites/IDs for hospitals).

Ms. Cook noted that as of 4/1/20, there would be 359 340B Sites/IDs within PHC's 14 county service area that were eligible to participate in the 340B Program, of which 179 would be hospitals. PHC would still have 29 executed 340B Compliance Program Agreements, which would cover 196 active 340B Sites/IDs, of which 76 Sites/IDs would be hospitals. At that point in time, about 55 percent of active 340B Sites/IDs in PHC's 14 county service area would be participating in PHC's 340B Compliance Program (including 42 percent of active 340B Sites/IDs for hospitals).

Per Ms. Cook, there were no new 340B Compliance Program Agreements in process or being reviewed. Additional information tied to the Governor's Executive Order (N-01-19) will help determine the future of PHC's 340B Compliance Program.

In mid-December 2019, Ms. Cook contacted Jerold Phelps Community Hospital, as they were interested in the 340B Compliance Program, but wanted to wait to make a decision for 2020. Jerold Phelps Community Hospital wanted to reconsider participation in the 340B Compliance Program for 2020. On 1/29/20, Ms. Cook was informed that Jerold Phelps Community Hospital was not ready to carve-in, but would keep PHC updated.

Ms. Cook noted there was new discussion regarding another 340B Covered Entity wanting to join PHC's 340B Compliance Program Agreement. However, as she had not received communication directly from the 340B Covered Entity itself (the initial communication was from a consultant to the 340B Covered Entity), she had no further details to include.

Mr. Germano stated it appeared there had been no appreciable decline in claims with respect to the Governor's Executive Order and changes he wanted to make. Ms. Cook acknowledged Mr. Germano's observation was correct. PHC had not received any requests from participants to terminate from the 340B Compliance Program nor had she observed a large number of 340B Covered Entities rushing to terminate from the 340B Drug Pricing Program. Mr. Santi noted 340B Covered Entities would probably not leave the program until they have no choice but to do so. Ms. Cook stated 340B Covered Entities will likely try to maximize their 340B savings as long as they can. Related to that, some of the 340B Covered Entities participating in PHC's 340B Compliance Program were trying to ensure they could carve-in their Walgreens claims, while ensuring they can submit data files to 340BX Clearinghouse for CVS claims handled by Wellpartner.

#### Claims/Financial Summary:

Ms. Cook reviewed the claims and financial information regarding the quarter from 10/1/19 to 12/31/19.

For the 10/1/19 to 12/31/19 quarter, there were 4,394 340B Paid Matched Claims, 12,562 Walgreens 340B Paid Match Claims, 7,195 SunRx Paid Match Claims for Ole Health, and 5,813 Wellpartner 340B Paid Match Claims for the quarter, for a total of 29,964 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. In response to a question from Mr. Germano, Ms. Cook explained that the claims from Wellpartner were for CVS pharmacies.

The committee discussed the low number of drug claims listed for some of the 340B Participating Entities. Mr. Germano felt it reflected the possibility that many 340B Covered Entities may not fully understand how to maximize usage of the 340B Drug Pricing Program. Mr. Germano stated that depending on the future of the 340B Compliance Program, providing information regarding how to best work with the 340B Drug Pricing Program would be a good educational campaign. He noted the revenue from 340B savings was valuable income given the major drop off in visits for the Health Centers. Ms. Cook stated that in the early years of the 340B Compliance Program, from 2014 through early 2016, PHC completed mass communication to all the 340B-eligible Covered Entities in its 14 county service area. The information provided outlined the service available that would make things easy for the 340B Covered Entities to carve-in and get these savings. However, she thought it was the complexity, as well as the worry about their own in-house programs and who would manage them, which made them reluctant.

The Total 340B Compliance Fees were \$82,398.25. Of that total, \$74,907.50 were 340BX Compliance Fees and \$7,490.75 were PHC 340B Compliance Fees.

## **AGENDA ITEM IV – OLD BUSINESS**

### **340B Compliance Program Agreement and DHCS:**

As outlined in the 340B Advisory Committee Update Letter for December 2019, PHC submitted the updated 340B Compliance Program Agreement to DHCS for review and approval on April 25, 2019. PHC requested additional time from DHCS to complete their request.

On September 20, 2019, PHC was granted a 120-day extension to complete the request, which made the due date approximately January 17, 2020. PHC submitted the information requested by DHCS on December 20, 2019.

On December 24, 2019, Dr. Nguyen e-mailed Dr. Leung indicating his team had completed review of PHC's policy and procedures and found them to be in compliance with 42 U.S. Code § 256b and the requirements in the proposed 340B All Plan Letter (APL). PHC could anticipate receipt of a formal approval from its Contract Manager. To date, PHC has not received the formal approval, as confirmed by Dr. Leung. The Regulatory Affairs and Compliance (RAC) team would receive any response to PHC.

The updated 340B Compliance Program Agreement and 340B Compliance Program Policy were reviewed and approved by all required committees at PHC.

- Internal Quality Improvement (IQI) Committee – November 2019
- Pharmacy & Therapeutics (P&T) Committee – January 2020
- Physician Advisory Committee – February 2020

Ms. Cook noted the updated 340B Compliance Program Policy was uploaded to PHC's external website.

In response to a question from Mr. Germano, Ms. Cook stated PHC had not received any formal acknowledgment. Mr. Germano noted PHC's 340B Compliance Program had been operating based on e-mail approvals for a long time with which Ms. Cook agreed. Dr. Moore stated the e-mails from DHCS were sufficient, and PHC would likely not see any other acknowledgment. Mr. Germano noted PHC was one of, if not the only, Health Plan to receive that level of approval for a compliance program. Ms. Cook and Dr. Moore stated that was correct.

### **Governor's Executive Order:**

On January 7, 2019, Governor Gavin Newsom issued an Executive Order (N-01-19) ordering that DHCS take all necessary steps to transition all pharmacy services from Medi-Cal Managed Care to a Fee-For Service (FFS) benefit by January 2021 in order to create significant negotiating leverage on behalf of over 13 million Californians and generate substantial annual savings.

On November 7, 2019, a Notice of Intent to Award (NOIA) was released. Per that NOIA, DHCS announced its intent to award the contract to Magellan Medicaid Administration, Inc., based in San Diego, CA. The last day to appeal the award was November 15, 2019 by 4:00 PM PST.

On December 12, 2019, the contract was officially awarded to Magellan Medicaid Administration, Inc.

PHC is waiting on formal documentation outlining what its responsibilities will be following the go live date for the carve-out of the pharmacy benefit (still set for January 1, 2021).

Per DHCS, they are proposing a new supplemental payment pool of \$105 million Total Fund (TF) (\$52.5 million GF) annually for non-hospital 340B clinics as part of the Budget. This program would become effective with the Medi-Cal Pharmacy transition of January 1, 2021.

The \$105 million is an aggregate total based on the self-reported data collected from non-hospital 340B clinics (based on Revenue – Total Reported Expenses).

Mr. Germano noted California was in a state of ongoing crisis. He questioned if the State would have the bench strength to carry out their carve-out plan for the pharmacy benefit. As seconded by Ms. Gibboney, Ms. Cook said PHC had only heard that the State planned to stick to the proposed start date of January 1, 2021. Dr. Moore stated he had not heard anything new in the last two weeks. He felt more information might be available a month after that day's 340B Advisory Committee Meeting when the State had not had staff at work for a month. Ms. Gibboney agreed. Mr. Germano noted the State had a contract out with Magellan, so they had some obligations to move forward due to that. However, there would be a large number of details tied to the States carve-out plan, and he did not think they could afford to have the whole pharmacy program collapse. Ms.

Gibboney agreed with Mr. Germano stating she thought this would actually give the Governor a great exit strategy if he felt the plan needed to be delayed.

With regard to the proposed \$105 million supplement fund for non-hospitals, Mr. Germano stated there was a flurry of activity with CPCA around that just prior to the crisis outbreak, but it had since been quiet. Mr. Santi noted he had not heard anything more. Mr. Germano felt the allotted \$105 million was too low. Confusion regarding which sites would be allowed to draw from that fund could be an issue. Per Mr. Germano, the State could not use the pharmacy billing process to figure how to get the money out to the eligible 340B Covered Entities, so they were trying to figure out a way to use another methodology to help distribute money. There was a concern that if it was open-ended or if there were health centers that have not been a part of this, because of the way the system was built, they would be able to get this payment, and the proposed fund would be depleted prematurely. Mr. Germano attended a meeting with CPCA about a month prior. He had conveyed that the proposed fund would not make the Health Centers whole with regard to lost funds. He expected there would be losers amongst the Health Centers who had been making the most of the 340B Drug Pricing Program for their patients, as this would only help with one-half or perhaps two-thirds of lost funds.

Ms. Cook stated the \$105 million was an extremely small figure based on numbers from when PHC started its 340B Compliance Program with six (6) 340B Covered Entities as part of the pilot. At that time, PHC was granted access to 340B savings data for those 340B Participating Entities. Based on the amount of 340B savings seen by just the initial six (6) 340B Covered Entities any given quarter, it was unlikely that the proposed \$105 million fund would make 340B Covered Entities whole financially when split throughout all of California. Mr. Germano indicated California would be depending on the Federal government to provide half of that fund, which was why they would have to make distribution of funds more global, not just active 340B participants. Mr. Germano stated another issue in terms of the net return was that Pharmacy Benefit Managers (PBMs) and pharmacy groups were trying to increase their piece of the Health Centers' funds. Mr. Germano stated they had seen a notable decrease in net income from their program with Medicaid claims, as well as on to the private side. Mr. Santi stated pharmacies were not taking nearly the cut they were at present with dispenses five or six years ago. Third Party Administrators were increasing fees, as the 340B Program was seen as a "cash cow." Mr. Germano had seen a turn in the last year. There were some states with legislation to prevent the kind of activity by PBMs and others described previously, but it was only in a couple states. Health Centers in California had hoped the State would launch something this year or next year to keep that contained, but it had been put on hold due to the current COVID-19 pandemic.

#### **AGENDA ITEM V – NEW BUSINESS**

There was no new business to discuss.

#### **AGENDA ITEM VI – ADDITIONAL ITEMS**

##### Additional comments:

Ms. Cook noted the next 340B Advisory Committee Meeting was scheduled for September 22, 2020, from 10:00 a.m. to 11:25 a.m.

##### Documents:

No documents were shared.

#### **AGENDA ITEM VII – ADJOURNMENT**

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

The foregoing minutes were APPROVED AS PRESENTED on:

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C. Dean Germano, Committee Chairman

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Date

The foregoing minutes were APPROVED WITH MODIFICATION on:

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C. Dean Germano, Committee Chairman

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Date




# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

**PHC 340B Advisory Committee Meeting**

**9-22-20**

# Agenda

- 
- 340B Compliance Program Update

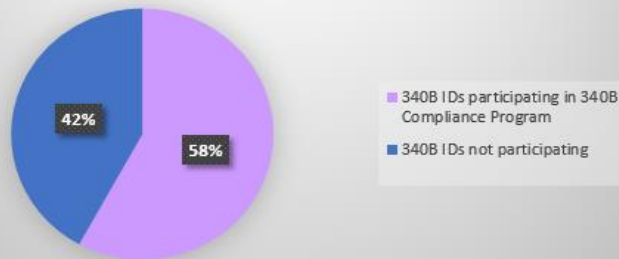
- 
- Medi-Cal Rx



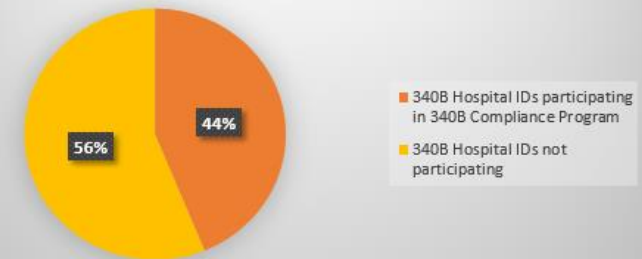
# 340B Compliance Program Update

- As of 9/15/20, there are 362 340B IDs/sites (178 of which are tied to hospitals) in PHC's 14 county service area, which are eligible to participate in the 340B Program. The 362 340B IDs/sites would equate to 80 340B Compliance Program Agreements (of which 28 agreements would be tied to the 178 hospital IDs/sites).
- As of 9/15/20, there are 31 active 340B Compliance Program Agreements, so 31 340B Participating Entities. Those 31 active 340B Compliance Program Agreements cover 210 340B IDs/sites (of which 5 agreements would be tied to the 78 hospital IDs/sites).

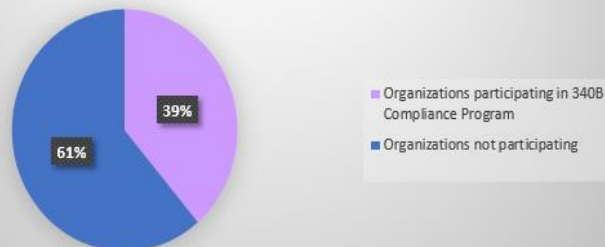
**340B Compliance Program -  
Participation by 340B IDs in our 14  
county service area**



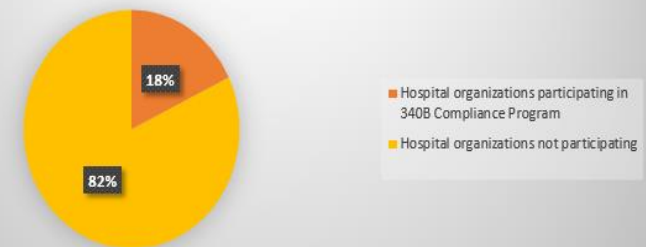
**340B Compliance Program -  
Participation by Hospital 340B IDs in  
our 14 county service area**



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



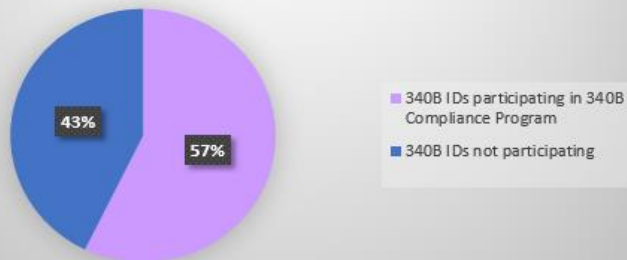
**340B Compliance Program - Participation by  
Hospital organizations (number of agreements  
we would have) in our 14 county service area**



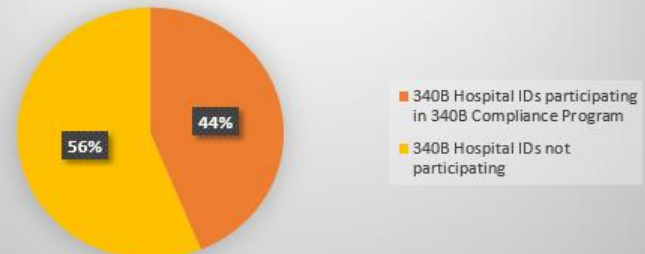
# 340B Compliance Program Update

- As of 10/1/20, there will be 367 340B IDs/sites (177 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 28 agreements would be tied to the 177 hospitals IDs/sites).
- As of 10/1/20, there will still be 31 active 340B Compliance Program Agreements, so 31 340B Participating Entities. Those 31 active 340B Compliance Program Agreements will cover 210 340B IDs/sites (of which 5 agreements would be tied to the 78 hospital IDs/sites).

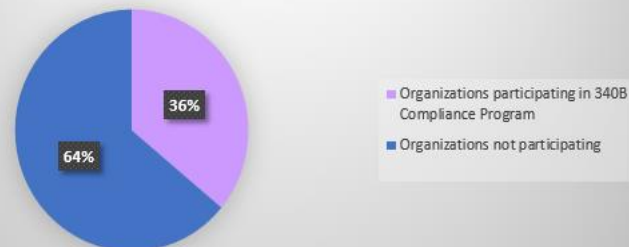
**340B Compliance Program -  
Participation by 340B IDs in our 14  
county service area**



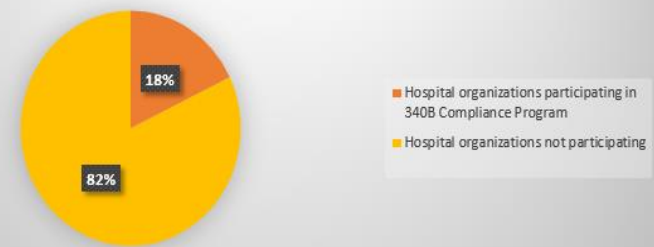
**340B Compliance Program -  
Participation by Hospital 340B IDs in  
our 14 county service area**



**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)

- A new 340B Compliance Program Agreement between PHC and West County Health Centers was executed with an effective date of 7/1/20.
- In August 2020, Ms. Cook had a conference call with the 340B consultants working with Jerold Phelps Community Hospital, as the hospital noted possible interest in joining the 340B Compliance Program. The hospital is currently determining if they should move forward in light of the pending pharmacy benefit carve-out.

# Claims/Financial Summary

## Claims/Financial summary for 4/1/20 to 6/30/20

4/1/20 TO 6/30/20											
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
Alliance Medical Center	144	10	27	0	69	0	0	0	\$ 600.00	\$ 60.00	\$ 660.00
CommuniCare Health Centers	611	32	240	0	0	0	0	0	\$ 2,127.50	\$ 212.75	\$ 2,340.25
Fairchild Medical Center	1,571	140	0	0	0	0	0	0	\$ 3,927.50	\$ 392.75	\$ 4,320.25
Hill Country Community Clinic	230	24	0	0	0	0	0	0	\$ 575.00	\$ 57.50	\$ 632.50
La Clinica De La Raza	0	0	1,558	17	0	0	0	0	\$ 3,895.00	\$ 389.50	\$ 4,284.50
Lake County Tribal Health Consortium, Inc.	675	0	0	0	0	0	0	0	\$ 1,687.50	\$ 168.75	\$ 1,856.25
Long Valley Health Center	43	3	0	0	0	0	0	0	\$ 107.50	\$ 10.75	\$ 118.25
Marin Community Clinic Inc.	370	42	2,568	4	0	0	0	0	\$ 7,345.00	\$ 734.50	\$ 8,079.50
McCloud Healthcare Clinic	106	1	0	0	0	0	0	0	\$ 265.00	\$ 26.50	\$ 291.50
Mendocino Coast Clinics, Inc.	352	66	0	0	0	0	0	0	\$ 880.00	\$ 88.00	\$ 968.00
Mendocino Coast District Hospital	120	9	0	0	0	0	0	0	\$ 300.00	\$ 30.00	\$ 330.00
Mendocino Community Health Clinics, Inc.	1,235	196	375	1	158	0	0	0	\$ 4,420.00	\$ 442.00	\$ 4,862.00
Modoc Medical Center	191	0	0	0	0	0	0	0	\$ 477.50	\$ 47.75	\$ 525.25
Mountain Valleys Health Centers, Inc.	312	45	0	0	0	0	0	0	\$ 780.00	\$ 78.00	\$ 858.00
NorthBay Healthcare Group	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ 1,061.50
Northeastern Rural Health Clinics, Inc.	33	0	0	0	0	0	0	0	\$ 82.50	\$ 8.25	\$ 90.75
Ole Health	0	0	0	0	1,180	1	1,499	16	\$ 6,697.50	\$ 669.75	\$ 7,367.25
Open Door Community Health Centers	0	0	2,927	6	2,141	14	0	0	\$ 12,670.00	\$ 1,267.00	\$ 13,937.00
Redwoods Rural Health Center	93	10	47	0	0	0	0	0	\$ 350.00	\$ 35.00	\$ 385.00
Shasta Community Health Centers	1,659	212	2,485	6	1,653	12	0	0	\$ 14,480.00	\$ 1,448.00	\$ 15,928.00
Shingletown Medical Center	9	0	28	0	0	0	0	0	\$ 92.50	\$ 9.25	\$ 101.75
Sonoma Valley Community Health Center	128	16	0	0	0	0	0	0	\$ 320.00	\$ 32.00	\$ 352.00
Winters Healthcare Foundation	151	25	0	0	0	0	0	0	\$ 377.50	\$ 37.75	\$ 415.25
<b>QUARTER TOTALS:</b>	<b>8,033</b>	<b>831</b>	<b>10,528</b>	<b>35</b>	<b>5,314</b>	<b>38</b>	<b>1,499</b>	<b>16</b>	<b>\$ 63,422.50</b>	<b>\$ 6,342.25</b>	<b>\$ 69,764.75</b>

**TOTAL 340B CLAIMS RECLASSIFIED BY 340BX CLEARINGHOUSE THIS QUARTER:**

**25,374**

# Claims/Financial Summary (cont'd)

## Claims/Financial summary for 4/1/20 to 6/30/20

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-20	4148	304	2763	20	2400	12	659	13	\$24,917.50	\$2,491.75	\$27,409.25
May-20	1998	263	3496	7	1465	16	446	0	\$18,512.50	\$1,851.25	\$20,363.75
June-20	1887	264	4269	8	1449	10	394	3	\$19,992.50	\$1,999.25	\$21,991.75
<b>TOTAL:</b>	8,033	831	10,528	35	5,314	38	1,499	16	\$63,422.50	\$ 6,342.25	\$ 69,764.75

**TOTAL 340B CLAIMS RECLASSIFIED BY 340BX CLEARINGHOUSE THIS QUARTER:**

**25,374**

# Medi-Cal Rx

- On January 7, 2019, Governor Gavin Newsom issued an Executive Order (N-01-19) ordering that DHCS take all necessary steps to transition all pharmacy services from Medi-Cal Managed Care to a Fee-For Service (FFS) benefit by January 2021 in order to create significant negotiating leverage on behalf of over 13 million Californians and generate substantial annual savings.
- DHCS remains confident Medi-Cal Rx will go live on January 1, 2021.
- DHCS will begin member and provider outreach campaign starting October 1, 2020.
  - Members and pharmacies will receive 90 day, 60 day, and 30 day notices regarding pharmacy benefit change.
  - The 90 day notice will be a critical milestone for Medi-Cal Rx implementation and “point of no return.”
- Regardless of a medication dispensed in the pharmacy or administered by a physician, all medications billed through **pharmacy benefit** will belong to Medi-Cal Rx. All medications billed through **medical benefits** will belong to the Managed Care Plan (MCP).

## **340B Advisory Committee Schedule**

**2020 - 2021**

- Update Letters:
  - December 2020
  - June 2021
- Meetings:
  - March 10, 2021, 1:00 PM to 2:25 PM
  - September 16, 2021, 1:00 PM to 2:25 PM



**Questions?**





**Thank You**

