



Partnership HealthPlan of California

EDI 340B User Agreement

340B is the section of the Public Health Services Act that allows certain eligible health care entities (Covered Entities) to receive discounted drugs. The law requires that duplicate discounts are not given for 340B medications. Partnership HealthPlan of California (PHC) has developed a 340B Compliance Program to assist 340B Covered Entities to properly identify 340B medications so that the State does not receive discounts on the same medications from the manufacturers. Some providers have previously submitted claims to PHC with Physician Administered Drug (PAD) medications that did not include the 340B modifier of “UD” to identify the drugs as 340B. To assist providers in identifying these claims, PHC has a process that will add the UD modifier to 340B claims for PAD drugs on a claim by claim request basis. Providers will identify the claims that they wish to have the UD modifiers added to and submit their requests to PHC for drug reclassification in the format and with the data elements required by PHC. A sample of the format and required data elements will be provided by PHC once the enrollment process is completed. PHC will apply the requested UD modifiers and report the updated 340B reclassified claims to the State.

The **EDI 340B User Agreement Document** should be completed and signed by the Trading Partner and the Billing Provider. The Trading Partner listed in this agreement will be authorized to submit electronic 340B drug reclassification requests directly to Partnership HealthPlan of California (hereinafter, PHC) on behalf of the Provider. The Trading Partner and Provider may or may not be the same entity. In cases where the Trading Partner and Provider are the same entity, the same information and authorized signature may be listed for both.

The completed **EDI 340B User Agreement Document** should be
emailed to: **EDI-Enrollment-Testing@partnershiphp.org**
or faxed to: **707-863-4390**

After the completed **EDI 340B User Agreement Document** is received, our EDI Team will process it and email instructions to the Trading Partner on connecting to PHC’s sFTP server.



Partnership HealthPlan of California

EDI 340B User Agreement

EDI 340B USER AGREEMENT

This Electronic Data Interchange (EDI) 340B User Service Agreement (the “**Agreement**”) is entered into by and between Partnership HealthPlan of California, a California corporation, with a principal place of business at 4665 Business Center Drive, Fairfield, California 94534 (hereinafter, “**PHC**”), and _____ (hereinafter, “**Trading Partner**”).

The purpose of this Agreement is to memorialize in writing, the existing connection PHC has with the Trading Partner to submit and receive EDI 340B transactions on behalf of the Provider named in this agreement. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, PHC must have Business Associate Agreements in place to assure compliance with the rules and regulations dictated by it.

TRADING PARTNER’S INFORMATION

Submitter Name

Principal Business Address

Mailing Address (if different from principal business address above)

Provider Name

Provider Tax ID#

Provider 340B ID#

Submitter Contact Person

Submitter Telephone Number

Submitter E-Mail Address

Submitter Fax Number



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TRANSMISSION/FORMAT INFORMATION

Trading Partner plans to transmit the following transactions to PHC.

340B Drug Reclassification Requests for Physician Administered Drugs (PAD)

Please check one of the following two boxes to indicate whether or not the Trading Partner has an existing connection to PHC’s sFTP server. If Trading Partner has an existing connection, please list the user name for that connection. If Trading Partner does not have an existing connection, please check the box that indicates there is no existing connection.

Trading Partner has an existing secure FTP connection with PHC. The user name for this connection is:_____.

Trading Partner does not have an existing secure FTP connection with PHC. PHC will create a connection and share access credentials with the submitter.

BILLING PROVIDER AND TRADING PARTNER (SUBMITTER) CONFIRMATION

The Trading Partner representative that signs this document indicates that they are authorized to submit 340B reclassification requests on behalf of the Provider named in this agreement.

The Provider representative that signs this document indicates that the Provider agrees to allow the Trading Partner to submit 340B reclassification requests on the Provider’s behalf.

Provider Name

Trading Partner Name

Signature of Authorized Provider Representative

Signature of Authorized Trading Partner Representative

Printed Name of Provider Representative

Printed Name of Trading Partner Representative

Title

Title

Date

Date

Please return this form to our EDI Team by faxing or emailing a copy to:

E-Mail: EDI-Enrollment-Testing@partnershiphp.org

Fax: 707-863-4390

To inquire about this form, please call 707-863-4527