

## Make Managing your 340B Compliance a Four-letter Word: **EASY**



### **What clients tell us:**

*"Compliance Tool: 340B has allowed us to quickly identify and fix potential compliance issues. The top benefits are:*

- *The central data repository allows for a single location of all self-audit documents*
- *Audit tasks are pre-built and in line with current HRSA/OPA audit area standards*
- *Task assignments and status are visible from one screen and can be accessed from anywhere."*

— Gavin Magaha,  
Pharmacy Manager-Medication  
Control and Compliance,  
Wake Forest Baptist Health

*"Within the first day, Compliance Tool: 340B showed me three areas that were not part of our compliance program. I was able to assess and correct them, immediately improving my program."*

— Gail Kuwahara,  
Pharmacy Coordinator,  
Open Door Community  
Health Center

**Making sure your 340B program stays compliant with all rules and regulations can be difficult. You must know which areas of compliance are most at risk, be able to uncover and examine issues, and know when to perform audits. You also need to make sure your program is run efficiently in order to maximize use of staff time and system resources.**

### **Fortunately, there's a new way to make this process easy**

**Compliance Tool: 340B** from Pharmacy Stars was built specifically to help 340B covered entities manage and review compliance requirements. Our Web-based application guides users to perform a series of tasks that evaluate and score your program's compliance risk. Tasks are presented on a user-defined schedule, usually monthly or quarterly, with defined assessment steps and evaluation criteria. Each task is then scored, helping you identify areas that require more attention. And, **Compliance Tool: 340B** offers a cloud-based, HIPAA-compliant document storage system so that ALL of your 340B-related information can be kept in one spot and accessed by any approved user.

**Compliance Tool: 340B** uses expert content created by Visante, a pharmacy business consulting firm with more than 120 340B Program audit and compliance review engagements. Visante has translated its experience and best practices into the tasks, assessments and reviews used in **Compliance Tool: 340B**. The application complements your existing split-billing and contract pharmacy programs, providing functionality not available from other vendors.

### **Compliance Tool: 340B** provides 340B covered entities with the following benefits:

- Web-based technology allows for access and use anywhere, anytime, on virtually any connected device (smartphone, tablet, laptop, desktop)
- HIPAA-compliant document library allows for storage of all 340B-related materials, including policies and procedures; contract pharmacy agreements and transaction audit spreadsheets
- Expert-defined tasks and assessment steps cover every aspect of 340B programs, including governance, eligibility, documentation and transactional audits
- Unique risk scoring helps quickly identify areas for improvement
- Role-based separation of duties ensures that proper oversight occurs
- Dashboards show all scheduled and works-in-progress, with real-time notifications of assigned and completed tasks
- Incredibly quick and simple set-up and training, with most users performing tasks within one business day
- No need for interfaces or data feeds, allowing for quick implementations
- Very affordable, with standard pricing equivalent to less than 25% of a pharmacy technician salary

## Compliance Tool: 340B — Dashboard Captures

Compliance Tool: 340B by Visante

Dashboard Task Reports Admin

City General 2

2016

All Quarters

340B ID	Audit	Rev	App	Done	Due Date	Status	Reviewer	Approver
CAH700091	Q1	1	4	5		In Progress	Tony-REVIEWER Zappa	Tony Zappa
CAH700091	Q2	5	1	5		In Progress	Tony-REVIEWER Zappa	Tony Zappa
CAH700091	Q3	3	1	6		In Progress	Tony-REVIEWER Zappa	Tony Zappa
CAH700091	Q4	10	0	0		Not Started	Tony-REVIEWER Zappa	Tony Zappa

Notifications

High Risk CAH700091 Q1-2016 Disproportionate Share Adjustment Percentage Threshold (DSH/CAN/PED)

High Risk CAH700091 Q2-2016 340B Policies and Procedures

Approval Required

Task	340B ID	Audit	Due Date
Database Review: Provider File	CAH700091	Q1-2016	
Disproportionate Share Adjustment Percentage Threshold (DSH/CAN/PED)	CAH700091	Q1-2016	
Transaction Review: Employee Prescriptions	CAH700091	Q1-2016	
Transaction Review: Mixed-use Environment	CAH700091	Q1-2016	
340B Policies and Procedures	CAH700091	Q2-2016	
Transaction Review: Contract Pharmacy Program	CAH700091	Q3-2016	

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Dashboard Task Reports Admin

City General 2

2016 Q1

Disproportionate Share Adjustment Percentage Threshold (DSH/CAN/PED)

Description: Ensures that Entity meets the DS%-based qualification criteria for 340B

Assessment Steps:

1. Get copies of the most recently filed and previously filed Medicare Cost Reports
2. Find Worksheet E, Part A
3. Find Line 33
4. Enter the DS% into the grid below
5. Choose Yes or No where indicated

Information Resource: Chief Financial Office

Approval Required

Disproportionate Share Adjustment Percentage Threshold (DSH/CAN/PED)

Database Review: Provider File

Transaction Review: Employee Prescriptions

Transaction Review: Mixed-use Environment

Approval Completed

HRSA/GPA-Database-Accuracy

Transaction Review: Non-Covered Outpatient Drug

Transaction Review: Contract Pharmacy Program

Transaction Review: GPO Exclusion

Medicare-Cost-Report-Accuracy

Review

Review Criteria	Answer (Yes or No)	Current Value	Previous Value
DS% >11.75%	no <b>yes</b>	12.5	13.3

Approval

Reviewed by: [User] 2016-02-18 Note: Enter Message...

Approved by: [User]

Approve Disapprove

Let us show you how **Compliance Tool: 340B** can help your 340B program be more compliant.

» For more information or to schedule a 30-minute demo, contact Pharmacy Stars at (608) 351-2664 or sales@pharmacystars.com



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