SOUTHERN NEVADA COMMUNITY HEALTH CENTER
DISTRICT-WIDE POLICY

DIVISION:	FQHC	**NUMBER(s):**	CHCA-041
PROGRAM:	Pharmacy	**VERSION:**	1.00
TITLE:	340B Program Duplicate Discounts	**PAGE:**	1 of 3
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION:	Click or tap here to enter text.	**ORIGINATION DATE:** NEW	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		**REPLACES:** P-CHC-025 SOP, V1.03	

I. PURPOSE

To comply with 42 USC §256b(a)(5)(A)(i) that specifies manufacturers are not required to provide a discounted 340B price and a Medicaid rebate on the same drug.

II. SCOPE

FQHC and Financial Services.

III. POLICY

The Southern Nevada Community Health Center (SNCHC) has a mechanism and procedures to notify Nevada Medicaid of claims for 340B-purchased medications to prevent duplicate discounts.

IV. PROCEDURE

A. SNCHC may dispense or administer 340B purchased drugs to Medicaid patients, and SNCHC may subsequently bill Medicaid for those 340B drugs (carve-in).

B. SNCHC has answered "yes" to the question, "Will the covered entity dispense 340B purchased drugs to Medicaid patients?" on the Health Resources and Services Administration (HRSA) 340B Database.

C. SNHD contacts Nevada Medicaid annually to verify the billing requirements for 340B drugs (carve-in).

D. SNCHC bills Medicaid per Nevada Medicaid reimbursement requirements and Nevada AIDS Drug Assistance Program requirements.

1. List all applicable Medicaid billing number (including Medicaid provider numbers and/or National Provider Identifier (NPI) for all Nevada Medicaid agencies billed) on the HRSA 340B Database and the Medicaid Exclusion File (MEF) for the parent and each registered service site dispensing/administering/prescribing 340B drugs to Medicaid patients.

2. Medicaid agency 340B policy, if applicable, is followed, specifically including the agency's requirements for identifying 340B transactions for both medications administered during services (e.g., UD modifier) and the 340B drugs dispensed from a retail pharmacy and billed to Medicaid (e.g., specific code in the cost basis determination field).

3. SNCHC informs HRSA immediately of any changes in its MEF information by updating the HRSA 340B Database before the 15th of the month prior to the quarter when the changes take effect.

E. SNCHC regularly reviews its 340B Database MEF records.

F. SNCHC contract pharmacies are required to use non-340B medications (carve-out) for Medicaid-insured clients as specified in the operating agreement.

G. Medicaid reimburses SNCHC for 340B drugs per Nevada policy and does not seek rebates on drug claims submitted by SNCHC.

ACRONYMS/DEFINITIONS

Not Applicable

REFERENCES

340B Drug Pricing Program: Duplicate Discount Prohibition. HRSA.
https://www.hrsa.gov/opa/programrequirements/medicaidexclusion/index.html

Nevada Medicaid Announcement 771, July 14, 2014.

DIRECT RELATED INQUIRIES TO

Pharmacy Manager

ATTACHMENTS-FORMS-TEMPLATES

Attachment 1, CHCA-041-ATT-1, Nevada Medicaid Announcement 771, July 14,2014.

HISTORY TABLE

Table 1: History

Version No.	Effective Date	Change Made
Version 1.00	xx/xx/xxxx	First issuance

Standing Operating Procedure History

Version	Effective Date	Change Made
Version 1.03	06/01/2026	1. Periodic review 2. Changed SNHD to SNCHC
Version 1.02	03/04/2023	3. Periodic review
Version 1.01	03/23/2021	4. Periodic review
Version 1.00	12/30/2016	First issuance