

## SOUTHERN NEVADA COMMUNITY HEALTH CENTER DISTRICT-WIDE POLICY

|                                       |                                         |                          |                                  |
|---------------------------------------|-----------------------------------------|--------------------------|----------------------------------|
| <b>DIVISION:</b>                      | FQHC                                    | <b>NUMBER(s):</b>        | CHC-044                          |
| <b>PROGRAM:</b>                       | Pharmacy                                | <b>VERSION:</b>          | 1.00                             |
| <b>TITLE:</b>                         | 340B Program Covered Entity Eligibility | <b>PAGE:</b>             | 1 of 4                           |
|                                       |                                         | <b>EFFECTIVE DATE:</b>   | Click or tap here to enter text. |
| <b>DESCRIPTION:</b>                   | Click or tap here to enter text.        | <b>ORIGINATION DATE:</b> | NEW                              |
| <b>APPROVED BY:</b>                   |                                         | <b>REPLACES:</b>         |                                  |
| <b>CHIEF EXECUTIVE OFFICER - FQHC</b> |                                         | P-CHC-028 SOP, V1.01     |                                  |
| Randy Smith, MPA                      |                                         | Date                     |                                  |

### I. PURPOSE

To ensure the continued eligibility of the Southern Nevada Health District (SNHD) and the Southern Nevada Community Health Center (SNCHC) a Federally Qualified Health Center (FQHC) to participate in the 340B Drug Discount Program.

### II. SCOPE

FQHC and Financial Services

### III. POLICY

SNHD/SNCHC must meet the requirements of 42 USC §256b(a)(4)(A) to be eligible for enrollment in, and the purchase of drugs through, the 340B Program. To ensure continued eligibility under the program SNHD/SNCHC, as a covered entity, must adhere to the following procedure.

#### IV. PROCEDURE

- A. SNHD/SNCHC is 340B eligible as a recipient of qualifying grants (e.g., Health Center program, Ryan White, Title X Family Planning)
- B. SNHD/SNCHC registers qualifying grants/sites with HRSA to obtain 340B Identification numbers during designated enrollment periods.
- C. SNHD/SNCHC identifies the following location(s) where it prescribes or dispenses 340B drugs.
  1. 280 S Decatur Blvd, Las Vegas, NV 89107
  2. 2830 E FREMONT ST LAS VEGAS NV 89104
- D. SNHD/SNCHC ensures that the HRSA 340B Database is complete, accurate, and correct for all 340B eligible locations including the parent entity, service sites, and contract pharmacies.
  1. All service sites that use 340B drugs (as identified in #b above) are registered on SNHD/SNCHC's HRSA 340B Database.
  2. All main addresses, billing and shipping addresses, the Authorizing Official, and the primary contact information are maintained correct and up to date.
  3. SNHD/SNCHC regularly reviews its 340B Database records quarterly.
  4. SNHD/SNCHC informs HRSA within five (5) business days of any changes to its information by updating the HRSA 340B Database /Medicaid Exclusion File.
  5. SNHD/SNCHC completes registration on the HRSA 340B Database <https://opanet.hrsa.gov/340B/Default>.
  6. SNHD's Authorizing Official will complete the online change request as soon as a change in eligibility is identified.
- E. SNHD/SNCHC completes the annual recertification by following the directions in the recertification email sent from HRSA to SNHD's Authorizing Official prior to the stated deadline.
- F. Eligible Contract Pharmacies: Enrollment
  1. SNHD/SNCHC may elect to use contract pharmacies to dispense its 340B drugs.
  2. SNHD/SNCHC ensures a signed contract pharmacy services agreement, containing the 12 essential compliance elements in the Contract Pharmacy Guidance, is in place between SNHD/SNCHC and contract pharmacy prior to registration on the HRSA 340B Database.

<https://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf>

3. SNHD's legal counsel reviews the contract and verifies that all federal, state, and local requirements have been met.
4. SNHD/SNCHC ensures contract pharmacy oversight and monitoring policy and procedure is developed, approved, and implemented prior to registration on the HRSA 340B Database.
5. SNHD's Authorizing Official or designee completes the online registration during one of four registration windows.
6. Within 15 days from the date of the online registration, the Authorizing Official certifies online that the contract pharmacy registration request was completed.
7. SNHD/SNCHC begins using the contract pharmacy services arrangement only on or after the effective date shown on the HRSA 340B Database.

## **ACRONYMS/DEFINITIONS**

Not Applicable.

## **REFERENCES**

340B Drug Pricing Program: Eligibility & Registration. HRSA.  
<https://www.hrsa.gov/opa/eligibilityandregistration/index.html>

## **DIRECT RELATED INQUIRIES TO**

Pharmacy Manager

## **ATTACHMENTS-FORMS-TEMPLATES**

Not Applicable.

## **HISTORY TABLE**

**Table 1: History**

| Version No. | Effective Date | Change Made    |
|-------------|----------------|----------------|
| Version 0   |                | First issuance |



## 340B Compliance Monitoring and Reporting

CHC-044  
Version 1.00  
Page 4 of 4

### Standing Operating Procedure History

| Version      | Effective Date | Change Made                                 |
|--------------|----------------|---------------------------------------------|
| Version 1.01 | 06/01/2026     | 1. Periodic review.<br>2. Updated template. |
| Version 1.00 | 12/30/2016     | First issuance                              |