

Institutional Handbook of Operating Procedures Policy 09.14.03	
Section: Clinical Policies	Responsible Vice President: EVP & COO Clinical Enterprise
Subject: Pharmacy	Responsible Entity: Pharmacy Services

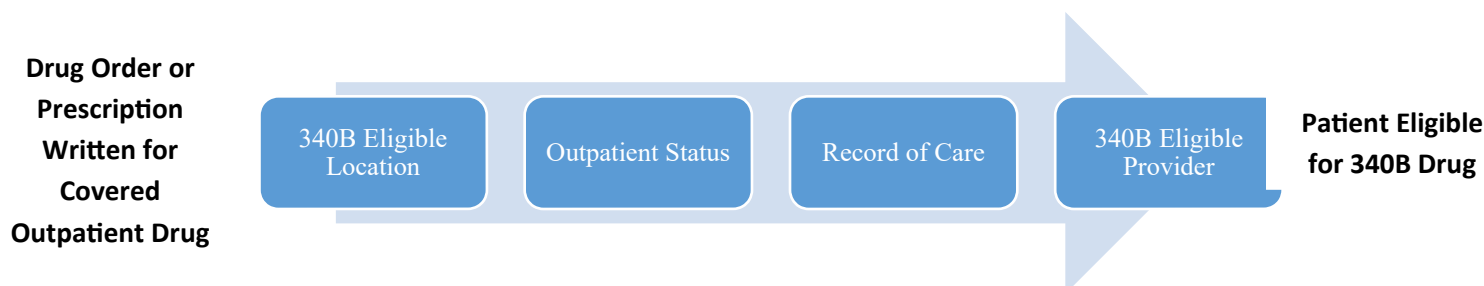
## I. Title

*Patient Eligibility for the 340B Drug Pricing Program*

## II. Policy

Per the Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Patient and Entity Eligibility, 340B drugs are to be provided only to individuals eligible to receive 340B drugs from covered entities.

UTMB ensures that 340B drugs are only [dispensed](#), [administered](#), and [prescribed](#) to eligible patients.



## III. Procedures

- A. UTMB validates site eligibility by cross referencing Medicare Cost Report information with PeopleSoft departments, EPIC departments, and [340B Office of Pharmacy Affairs Information System \(OPAIS\)](#).
- B. UTMB determines patient status.
  1. A patient must be in an [outpatient status](#) at the time a drug is administered at UTMB or one of its 340B eligible locations to be considered eligible. A retroactive change in status by case management, revenue cycle, or the provider will not affect the patient's historical eligibility at the time the drug was administered and will not result in a reversal to accumulations in the split-billing software.
  2. Patient status is tracked in EPIC. Patient status is assigned to a base class of inpatient or outpatient for billing and 340B purposes.
  3. An individual is not considered a patient for purposes of 340B if the only health care service received by the individual is the dispensing of a drug for subsequent self-administration or administration in a home setting.
- C. UTMB maintains records of an individual's health care.
  1. UTMB maintains records of care in an electronic health record, EPIC. It allows for one chart to follow patients throughout the continuum of care at UTMB and for patients to access their health records through MyChart.

2. EPIC is used primarily to store, organize, access and share electronic medical records. However, a number of specialty modules including Beacon, Cadence, Radiant, and Beaker are also used. UTMB utilizes the PEARL electronic medical record to track services rendered to UTMB Correctional Managed Care patients.
- D. UTMB determines provider eligibility
1. Providers are eligible if employed by UTMB, under contractual or other arrangements with UTMB, or granted privileges by UTMB, and a patient receives a health care service from this professional such that the responsibility of care remains with UTMB.
  2. The UTMB Medical Staff Services Team is responsible for all aspects of credentialing and privileging for medical staff members. This information is maintained electronically in the current credentialing database.
    - a. Once credentialed, medical staff members are given access to the EPIC medical record for the purposes of patient care by the Provider Enrollment Department.
    - b. Medical staff members who leave employment at UTMB must obtain sign-off from the UTMB Medical Staff Services Team. The Provider Enrollment Department deactivates the provider's access to EPIC upon notification from the UTMB Medical Staff Services Team.
  3. The Graduate Medical Education Committee is responsible for outlining the process of Resident/Fellow appointments as published in Graduate Medical Education Institutional Handbook.
    - a. Resident/Fellow appointments and renewals are recommended by the Program Director and are subject to review and acceptance by the Associate Dean for Graduate Medical Education.
    - b. Appointments are formalized through a UTMB Resident/Fellow Work Agreement and are for one year.
    - c. Annual reappointment through the conclusion of the Resident/Fellow's program will be based on the Resident/Fellow's acceptable academic and professional performance.
    - d. Once appointed, Residents/Fellows are given access to the EPIC medical record for the purposes of patient care by their assigned Trusted Requestor. Access is removed upon separation from UTMB.
  4. For contract pharmacies, provider eligibility is determined from ePrescribing (eRX) data or an eligible provider file sent to UTMB's contract pharmacy vendor.
    - a. The system preferentially uses ePrescribing (eRx) data to verify provider eligibility. Providers included in the eRx file are added to the Provider Database and given one day of eligibility to match against any filled prescriptions. This information is then used to verify provider eligibility when prescriptions are subsequently filled by a contract pharmacy. An explicit match on both the date written and the provider will be attempted between the eRx event received in the

file from UTMB and the filled prescription from the pharmacy. If there is a direct match on both, the provider's eligibility will be considered confirmed.

- b. If there is not an explicit match to the eRx event, screening for provider eligibility is based on the provider file sent to UTMB's contract pharmacy vendor. Provider eligibility is verified by a combination of information obtained from PeopleSoft Human Capital Management (HCM) system, Clarity, and the EPIC medical record.
  - c. Providers with a status of Without Salary (PAYGROUP NPD) in PeopleSoft HCM system are excluded from the electronic provider file sent to contract pharmacies. These providers may be community teaching physicians that host UTMB students in their non-UTMB offices as a community-based educator or community-based physicians that have privileges at UTMB
  - d. Providers who are listed in CBC (Community Based Clinic) and the Teen Health identified departments are excluded from the electronic provider file unless they have multiple appointments at UTMB, and at least one appointment is in a paid position. The CBC departments included are: 141181. The Teen Health departments are 604030, 161310, and 144514.
  - e. Providers that meet any of the EPIC filters below are excluded from the electronic file sent to contract pharmacies.
    - i. Provider is a 'PERSON'
    - ii. Provider name is not like 'BLOCKED FOR SIGNATURE'
    - iii. Provider name is not like 'NO PROVIDER NAME IN FILE'
    - iv. Provider identifier (ID) is not '0000000'
    - v. Provider identifier (ID) is not like '08%' (an indicator for Cadence scheduling "generic providers")
    - vi. Provider type is one of these: 'STAFF', 'ANESTHESIOLOGIST', 'FELLOW', 'RESIDENT', or 'MIDLEVEL PROVIDER'
    - vii. Provider city address is not 'AUSTIN' and NPI ID is blank
    - viii. Provider record doesn't have a value in the status (typically stores deleted or inactivated)
  - f. The electronic provider file is sent daily to the contract pharmacy vendor. The filepath of the current provider file is \\BIDA15\InformaticaArchive\$\SentryProd\Outbound\Files.
- E. UTMB determines patient's Medicaid status to avoid duplicate discounts.
- 1. UTMB uses a carve-in model for mixed-use settings, clinics, and UTMB-owned pharmacies. Carve-in means that UTMB has decided to use 340B drugs for its Medicaid patients.
  - 2. UTMB uses a carve-out model for contract pharmacies. Carve-out means that UTMB will not use 340B drugs for its Medicaid patients.

F. Out-of-State Medicaid:

1. UTMB does not use 340B drugs for out-of-state Medicaid programs. Drug administrations and dispensations do not accumulate to 340B accounts.
2. Out-of-state Medicaid claims will be monitored periodically to ensure 340B accumulations do not occur.
  - a. Twice yearly reviews of retail dispenses versus OOS Medicaid payors will be performed.
  - b. Hospital and clinic claims will be reviewed monthly to ensure 340B accumulations did not occur.

**IV. Related UTMB Policies and Procedures**

[IHOP - 05.05.06 - Faculty Credentials and Faculty Files](#)

**V. Dates Approved or Amended**

<i>Originated: 04/09/2019</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
10/15/2020	
02/07/2023	
01/28/25	

**VI. Contact Information**

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 340Bteam@utmb.edu