HRSA Audit Trends & Best Practices

Chelsea Violette
Chief Operating Officer
FQHC 340B Compliance

Heidi Larson
Director of Pharmacy Services
SpendMend Pharmacy

Brenda Reitz
Pharmacy Director
Family Health Pharmacy





None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.





At the completion of this activity, the participant will be able to:

- Review recent audit trends as well as the most recent data request list
- Describe the timeline of an audit and what to expect
- Outline best practices to be prepared before you receive an audit notice





Does the Idea of a HRSA Audit Make You Feel Like This? You're Not (Home) Alone!

- HRSA Audits are stressful for even the most prepared and compliant organizations
- Proactively maintaining the auditable records that will be requested for a HRSA audit can make the preparation much less stressful
- Being prepared for the types of questions that will be asked in an audit can facilitate a smoother and more successful audit



Policies & Procedures



Regularly review P&Ps to ensure they align with present-day practices



Map to DRL elements to save time in HRSA audit prep and streamline Q&A from HRSA auditor



Eligibility Documentation



Collect & highlight eligibility documents



If using the Electronic Handbook (EHB), work with team to obtain view access

https://secure.login.gov/sign_up/enter_email: Create an account, add the entity using the organization's Tax ID, and request permission to view the organization's H80 grant

CEO will receive a message to approve permissions, where they will select only the "View" checkboxes and approve



Collect pharmacy ownership documentation

Satellite, infusion, retail, etc.

Pharmacy license, insurance, etc.



Contract Pharmacies



Provider Documentation

Work with your credentialing team to build user-friendly tools

Residents

Employed vs contracted documentation

Evidence of affiliation with the covered entity



340B Universe (Utilization Data)

Clinic/Physician Administered Drugs

- Utilization data from less robust EHRs
- NCODs, reversals, and prescription assistance medications in data

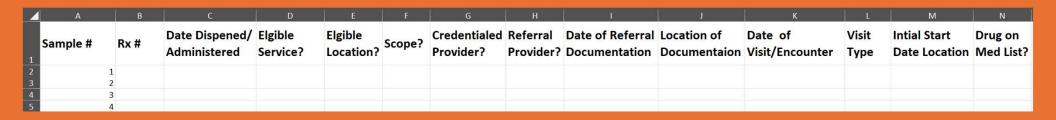
Contract Pharmacy Prescriptions

- Data from multiple TPA platforms
- Uploading only replenishable claims

Audit tips

- Staff adept at EHR and TPA navigation
- Pre-audit samples when received
- Set up team for success even if you can't be present





When pre-auditing selected samples, create a road map for yourself and your team to streamline searching through the medical record on audit day!



Purchasing Data



Secondary (and tertiary) wholesalers



PVP purchase history report



Med-surg accounts for grantees



On-going account list maintenance



Sample invoices



Hospital clean site inventory



Review NDCs with utilization without purchases and vice versa



Practice tracing claims through TPA to replenishment



Inventory monitoring/ reconciliation records



gin Date Wholesaler	Address	Account #	GLN#	Vawd Accrediation Te	ermination Date TPA
10/1/2021 McKesson	1995 McKesson St. Suite 101 Aurora, IL 60502	20083	50428480670	5/24/2022	Wellpartner
10/1/2021 McKesson	Tri States Distribution Center 1 John Henry Drive Robbinsville, NJ 08691	20092		3/24/2020	Wellpartner
10/1/2021 Cardinal	71 MIL-Acres Drive , Wheeling, WV 26003-4042	2150410801	78742029925	i	Wellpartner
10/1/2021 McKesson	Tri States Distribution Center 1 John Henry Drive Robbinsville, NJ 08691	20047		3/24/2020	Wellpartner
10/1/2021 McKesson	Clear Lake Distribution Center 2101 12th Ave S, Clear Lake, IA 50428	20041	50428017029	In process	Wellpartner
10/1/2021 McKesson	SoCal Distribution Center 9501 Norwalk Blvd Santa Fe Springs, CA 90670	20042		6/19/2020	Wellpartner
10/1/2021 McKesson	Birmingham DC 6775 Jefferson Metro Parkway, McCalla, AL 35111	20029			Wellpartner
10/1/2021 McKesson	Honolulu Distribution Center 80 Sand Island Access Road Honolulu, HI 96819	20038			Wellpartner
10/1/2021 McKesson	2798 New Butler Rd. New Castle, PA 16101	20101	50 029213	8/15/2020	Wellpartner
10/1/2021 McKesson	Atlanta DC 8148	200. 7			Wellpartner
10/1/2021 McKesson	2975 Evergreen Drive, Duluth, GA 30096	903			Wellpartner
10/1/2021 McKesson	Chicagoland Distribution Center 8144	20 51	50428480311		Wellpartner
10/1/2021 McKesson	1995 McKesson Street, Suite 101	27, 43		5/24/2022	Wellpartner
10/1/2021 McKesson	Mason Rd. Siute 100 LaVergne, TN 37086	20046	50428480403	- 9/17/2021 - 6/15/2021	Wellpartner
10/1/2021 McKesson	Aurora, IL 60502	20048		5/24/2022	Wellpartner
10/1/2021 McKesson	Memphis Distribution Center 4836 Southride Blvd Memphis TN 38 41	20058		1/12/2021	Wellpartner
10/1/2021 McKesson	4012 South Purdue Oklahoma City, OK 731	20093			Wellpartner
10/1/2021 McKesson	4836 Southridge Blvd, Memphis, TN 38141	20098	1100009998441	9/17/2021	Wellpartner
11/10/2021 McKesson	Central Fill Only	Central Fill Location No Acct#			Nuvem
11/10/2021 McKesson	Central Fill Only	Central Fill Location No Acct#			Nuvem
11/10/2021 McKesson	8200 Bluegrass Blvd. Jeffersonville, OH 43128	29574	78742019925		Nuvem
11/10/2021 Cardinal	Central Fill Only	2150411284	840162206588	3	Nuvem
11/10/2021 Cardinal	71 MIL-Acres Dr, Wheeling , WV 26003-5024	2150411278	840162277373	<u>}</u>	Nuvem
11/10/2021 Cardinal	2353 Prospect Dr, Aurora, IL 60502	2150264350			Nuvem
11/10/2021 Cardinal		2150415387			Equiscripts
11/10/2021 Cardinal		2150415384			Equiscripts
11/10/2021 Cardinal	No invoice	2150415385			Equiscripts
11/10/2021 Cardinal	No invoice	2150415386			Equiscripts
11/10/2021 Cardinal	No invoice	2150415333			Equiscripts
11/10/2021 Cardinal	340B250 Commercial St Ste 2012 Manchester, NH, 03101-1118	2150416282			Equiscripts

Self-Audit Templates

Self Audit: Prevention of Diversion

Community Health Centers (CH/FQ/FQHC/FQHCLA/NH)



Self-Audit: Prevention of Duplicate Discounts Community Health Centers (CH/FQ/FQHC/FQHCLA/NH)



Compliance Element: Prevention of Diversion

Table 1

Section 340B of the Public Health Service Act prohibits the resale, or other transfer, of a 340B drug to a person who is not a patient of the entity. Covered entities are responsible for maintaining an accurate patient eligibility determination system, including tracking and accounting all of 340B drugs at the covered entity to ensure that diversion has not occurred

PATIENT ELIGIBILITY VERIFICATION

- For each of the 20 administrations/dispenses selected in step 2c of the instructions (page 1) and for the date
 range selected in step 1 of the instructions, verify patient eligibility by validating the dispense/administration
 record against the entity's health care record
- Validate that the prescription/drug order is the result of a health care service included in the scope of grant and
 was provided to a covered entity patient at an eligible site by an eligible provider such that the covered entity
 documents its responsibility for care in its health care record

		Time p	period	tested:	begin d	nation \ ate	erificati to endibility for	date)			
(1) Sample ID	(2) Date	(3) Dru	g	D	(4) rug	D	(5) rug	ı		(6) E Provide	er		G and
(prescription number or dispense tracking number)	dispensed/ administered	dispen adminis prescr based eligible service	tered/ ibed i on e CE	admin pres from I wi	ensed/ listered/ cribed ocation th a B ID?	admir as a re se includ	ensed/ nistered esult of a rvice ed in the of grant?	Emp	A) loyed/ acted?	Docum refer	ented	docume cove entity's care re	ered health
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

CARVE-IN BILLING VERIFICATION

- For each of the 20 340B drug administration/dispenses selected in step 2b of the instructions (page 1) and for the date range selected, verify that the covered entity's carve-in practice is consistent with its listing in the MEF and state Medicaid agency's billing requirements to complete columns 1-5
 - Verify that the MPNs and NPIs used to bill Medicaid are those listed in the Medicaid Exclusion File (MEF) to complete column 6
 - Review mechanisms required by each state Medicaid agency to identify a drug as 340B when it is billed as
 part of an outpatient medical encounter (e.g. UD modifier on UB-04 claim form) and from a retail pharmacy
 (e.g. defined NCPDE code)
 - Verify that the state Medicaid billing practice is being followed, and complete column 7
 - Attach actual data to substantiate Medicaid billing for each 340B drug administration/dispense

			Table 3 ve-In Billing Verification sted: begin datet	n Table to end date	_			
(1) Sample ID (prescription number or dispense tracking number)	(2) Date of dispense	(3) Name of 340B drug dispensed or administered	(4) Name of main or associated site(s) that administered/dispensed the drug, or entity owned retail pharmacy that dispensed the drug	(5) Medicaid provider number (MPN) and National Provider Identifier (NPI) number(s) used to bill Medicaid	Are MF NPIs us Med consist those I	6) PNs and ed to bill icaid ent with isted on	(7) State Medicaid 340B billing requirements followed?	
					YES	NO	YES	NO

	Clinic Inventory Re	concilliation.	Audit Log					Cli	nic Name:										
	Start Date:								End Date:										
Sample	Item Description	NDC	Starting Count	+	Quantity Recieved	-	Quantity Expired	+	Quantity Wasted	+	Ultilzations	=	Calculated End Count	-	Actual End Count	=	Variance	Reconcilliation Notes:	Auditing Personnel
1	Mirena 52mg IUD	50419-0412-01	5	+		-		+		+	3	=	4	-	3	=	1	Sample: Example note - "Identified a wasted drug that wasn't documented in log. Corrected in log."	Pharmacy Tech Bob
2				+		-		+		+		=	0	-		=	0		
3				+		-		+		+		=	0	-		=	0		



Medicaid Billing



FFS vs MCO



Billing forms from each site and each state



FFS BINs & PCNs carved out at each entity-owned and contract retail pharmacy



Embedded document functionality



State billing requirements and source documents





Preparing for the Day of the Audit

Know your team!

- Identify partners and helpers and foster those relationships ahead of time
- Establish expectation with C-suite that a HRSA audit will trump other priorities

Practice auditor interview questions with relevant staff

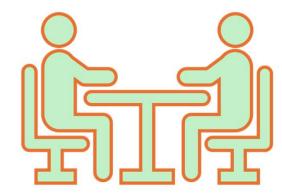
Practice sample navigation

- Back-up person and device for sample navigation
- Non-sampling individual who can dig for additional information while sampling proceeds

Essential participants in the room or on the call

DO NOT plan on being done the day after the audit

• Plan for additional 3 days for any necessary follow-up





Most Important!







WATER!



CAFFEINE!





NEED MORE INFORMATION?

- Chelsea Violette
 - Chelsea@fqhc340b.com
- Heidi Larson
 - hlarson@spendmend.com
- Brenda Reitz
 - breitz@familyhealthservices.org



