
MDHHS STD 340B WEBINAR

DECEMBER 5, 2019 – 1:00 TO 2:00PM



GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

USING THE BLUEJEANS SYSTEM

- Note the Lag – thank you for your patience
- Toolbar on right-hand side
- Audio and Video will be shut off during webinar
- Polls
 - Pop up on the right-hand side of the screen – look for blue dot!
- Any technical issues? Use the Chat!
- Any questions for the presenters? Use the Chat!

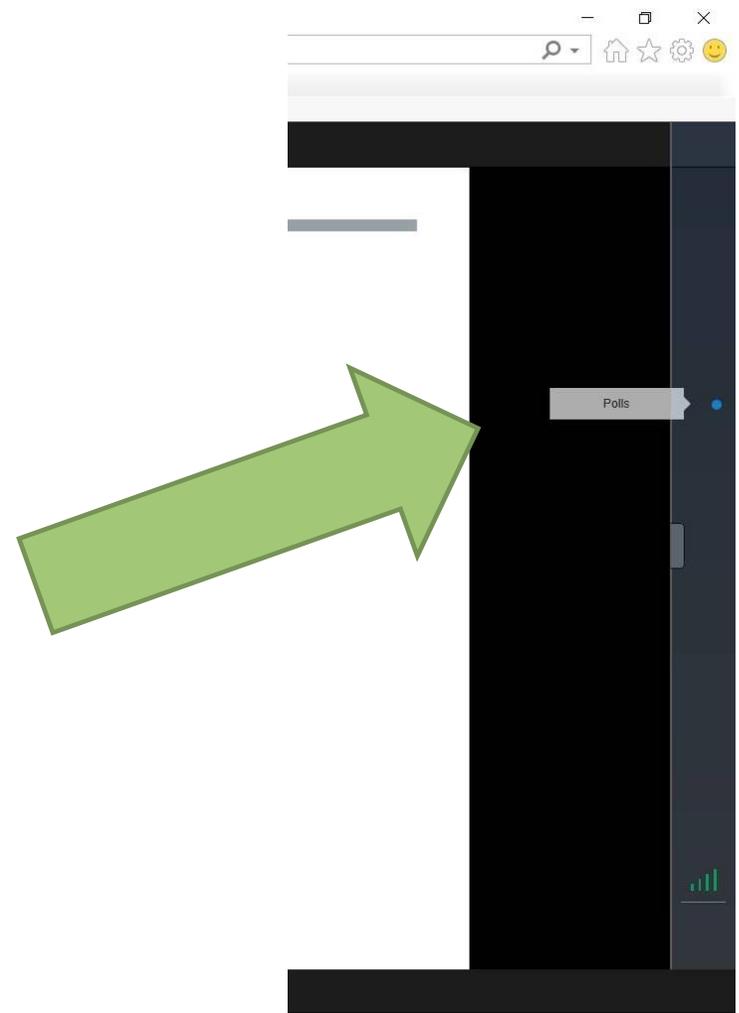
WHO DO WE HAVE AROUND THE TABLE TODAY?

Name	Role
Tom Dunn	Operations, Training, and Data Section Manager
Kris Tuinier	STD Section Manager
Dan Lowery	STD Eastern District Manager
Shawna Brown	Operations Monitoring Unit Manager
Andrew Hoffman	340B Technician
Carla Empson	Business Development Manager - Scriptguide
Irda Dothage	HIV/STD Accreditation Coordinator
Marion Pokrzewinski	Operations, Training, and Data Section Secretary



- All slides and resources will be emailed after the webinar.
- Slides and resources will be posted on website following webinar.
- Questions may be entered in the chat at any time – we will review them at the end of the webinar.







MEDICATION UPDATE

KRIS TUINIER

STD SECTION MANAGER

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MEDICATION UPDATE

- Duplicate discount reminder:
 - **Cannot charge for the medication below that is provided in kind by MDHHS**
- Available to order as of December 2019:
 - Azithromycin
 - Benzathine Penicillin G LA (Bicillin)
 - Ceftriaxone
 - Doxycycline
 - Metronidazole

MEDICATION UPDATE

- Ordering medication on your own:
 - Can use STD 340B Medication
 - Make sure medication is stored separately from any other medication that clinic has on hand
- Can bill for medications outside of the ones provided in kind by MDHHS



ORDERING MEDICATION UPDATE

DAN LOWERY

EAST DISTRICT MANAGER

LOWERYD@MICHIGAN.GOV

ORDERING MEDICATION UPDATE

Submit medication
order form via
email to Carla at
Scriptguide

Carla's email:
cempson@
sgrxhealth.com



Order is prepared
by MDHHS
Warehouse

Email
confirmation sent
back confirming
order



Order is shipped
to address on
ordering form

UPDATES TO PROCESS

- Note these updates:
 - Updated ordering form will be on our website shortly
 - https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982-428735--,00.html#stds
 - Under STDs and in the Michigan 340B Program Resources section
 - Carla is also able to send it via email in a Word document
 - Medication ordering form now going to Carla at Scriptguide
 - MDHHS reviews orders and accounts for usage and inventory
- Future ordering process:
 - Available online – future details to come.

EXPIRING MEDICATION

- For meds that will expire in two months that won't likely be used in time:
 - Notify Carla at ScriptGuideRx
 - Meds that are decided to be returned to the warehouse will be given a shipping label from Mark
 - If meds do expire, dispose of appropriately
 - Record on tracking log



SUBMITTING STD 340B LOGS

CARLA EMPSON

BUSINESS DEVELOPMENT
MANAGER AT SCRIPTGUIDE

CEMPSON@SCRIPTGUIDERX.COM

HOW TO FIND THE LOG

- Finding the log on the website:
 - Michigan.gov/HIVSTD
 - From list of icons, select “Resources”
 - From options, select “Sexually Transmitted Diseases (STDs)”
- 340B STD Drug Reporting Requirements:
 - Find log
 - Past webinars
 - Additional resources!



Sexually Transmitted Diseases (STDs)

340B STD Drug Reporting Requirements

The 340B STD Drug Reporting Requirements tracking protocol for all 340B STD Drug Covered Entities helps ensure compliance with the [340B Drug Pricing Program](#). Below are the training materials for the tracking process, the template for the tracking tool, and links to national programs to inform our partners of the compliance standards.

Michigan 340B Program Resources

- February 2018 MDHHS Training Webinar: "New 340B STD Inventory Reporting Process"
 - [Full webinar presentation](#), including the timeline for implementation, an introduction to the reporting template, and a walk-through of how to use the template to report data. (58:32)
 - [Webinar slides](#)
 - [Written summary of Question-and-Answer Session](#)
- [340B STD Drug Reporting Tool Template](#)

National 340B Program Resources

- [340B Drug Pricing Program \(Health Resources and Services Administration\)](#)
- [Apexus 340B Prime Vendor Program \(Apexus is the HRSA-designated Prime Vendor for the 340B Drug Pricing Program\)](#)

PROCESS FOR SUBMITTING LOGS

Fill out log for each clinic site
(frequency depends on your clinic)



Logs submitted on a quarterly basis by the 10th of the month



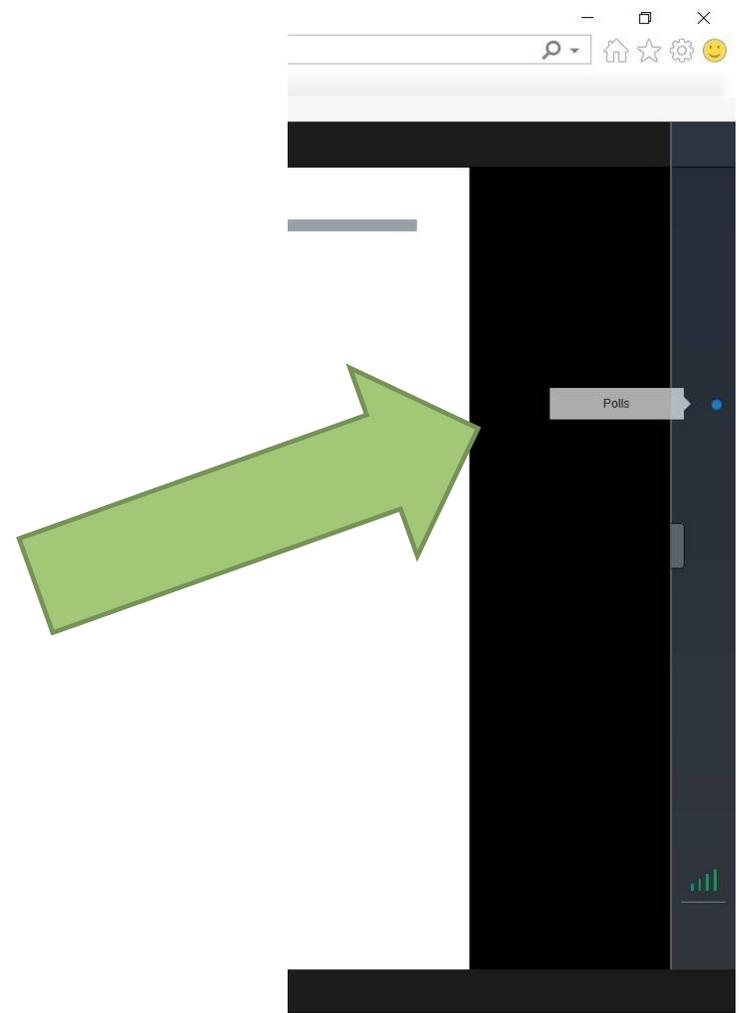
Email to Carla

Note this is a process change

April 10
July 10
October 10
January 10

SUBMITTING LOGS BEST PRACTICES

- Multiple clinic sites should submit a log for each clinic site where medication is distributed
- Due date for the log is the 10th of the month
 - Logs are submitted on a quarterly basis
- If a log is not submitted, Carla will reach out via email first.
 - Follow up phone call
 - Possible termination from 340B program





RECERTIFICATION PROCESS

TOM DUNN

OPERATIONS SECTION MANAGER

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RECERTIFICATION

- Required by Statute.
- Ensures program integrity, compliance, transparency and accountability.
- Ensures accuracy of covered entity information in the 340B OPAIS.
- Ensures the accuracy of contract pharmacies listed in 340B OPAIS.

AUTHORIZING OFFICIAL

Who can or should be listed as the Authorizing Official?

- The AO is someone who is authorized to legally bind the covered entity into a relationship with the Federal Government and has knowledge of the practices and eligible programs at the covered entity sites.
- This would be the person responsible and to whom the Federal Government would contact with requests about compliance and HRSA audits.
- It is recommended that someone at the CEO/CFO/President/Vice President level perform this role.

340B REGISTRATION/RECERTIFICATION

Overview:

Registration:

Registration is the process of adding a covered entity, outpatient facility, or contract pharmacy to the 340B program that is not already participating. A new site can only be added to the [HRSA 340B OPAIS](#) during the following quarterly open registration windows:

Register	Start Date
January 1-15	April 1
April 1-15	July 1
July 1-15	October 1
October 1-15	January 1

The steps in the enrollment process are:



KEYS TO SUCCESSFUL RECERTIFICATION

- Verify and update necessary contact information (AO/PC) for **ALL** associated sites in the 340B OPAIS prior to recertification.
- Monitor 340B Program webpage and email messages prior to recertification.
- Do not mistake submission of a 340B OPAIS online change request for performing recertification.
- Review and print out the OPAIS recertification users guide which is available in the “Help” menu.

340B RECERTIFICATION STEPS

1. All entities currently listed in 340B OPAIS will be required to recertify annually (except those sites with a pending termination date).

2. AO/PC will recertify using normal log in credentials. Recertification tasks will appear in the AO and PC “My Tasks” list. OPA will only receive recertification requests that have been attested to by the AO.

3. The AO will be required to recertify the covered entity and verify that contract pharmacy information associated with the covered entity is accurate.

RECERTIFICATION LESSONS LEARNED/HELPFUL HINTS

- The purpose of recertification is to verify and update CE information listed in OPAIS and attest to compliance.
- PO Boxes are only authorized for an entity's billing address.
- It is highly recommended that CEs print the recertification user guide for assistance (available in the "Help" menu when logged in).

RECERTIFICATION LESSONS LEARNED/HELPFUL HINTS CONTINUED

- Entities that wait until the last days of recertification may experience delays in technical assistance.
- Once a CE certifies all of its sites, the entity loses the ability to adjust its record unless the record is returned by OPA for correction.
- If the PC performs a recertification task, the AO must attest to the task before it is sent to HRSA/OPA.
- HRSA/OPA will only receive recertification tasks once the AO attests to them.

RECERTIFICATION LESSONS LEARNED/ HELPFUL HINTS CONTINUED

- Once recertification has started, only change requests for AOs shall be processed.
- Make sure Federal Grant Numbers are updated on all records. Contact your State Program Manager if you are unsure of this number.
- Grant number formats:
 - STD-IH25PSxxxxxx
 - TB-IU52PSxxxxxx
 - FP- FPHPAxxxxxx
- Grant numbers that do not follow these formats will not be accepted and must be corrected for sites to be certified.

RECERTIFICATION LESSONS LEARNED/HELPFUL HINTS CONTINUED

- Verify your “Nature of Support,” whether “Direct” or “In-Kind.”
- If an entity determines a site requires decertification- it should be prepared to answer the following questions:
 - The date that the reason for termination was effective.
 - A brief description of the facts surrounding the reason for termination and how the effective date was determined; and
 - The last day that 340B drugs were or will be purchased under the 340BID.



RESOURCES & POLICIES

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HIV/STD ACCREDITATION
COORDINATOR

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ANDREW HOFFMAN

340B PROGRAM TECHNICIAN

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RESOURCES & POLICIES

- Policies and procedures for the MDHHS 340B Program are being developed internally
 - Should be finalized early 2020
 - Encourage all health departments to develop their own 340B policies to have on hand in case of an audit
- Resources
 - Training resources available
 - Will be posted on website and emailed following webinar



ANY QUESTIONS?

