



State of Vermont
 Department of Vermont Health Access
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340B Claims Submission at Point of Sale (POS) for Pharmacies enrolled in the Vermont Medicaid 340B Program

Dear Medicaid Provider,

Effective 4/11/2019, the Department of Vermont Health Access will be accepting 340B designated claims at Point-of-Sale (POS) for any pharmacy enrolled in the Medicaid 340B program. Please note, DVHA is not requiring pharmacies to submit their 340B Acquisition Cost through the POS at this time, but we encourage all pharmacies enrolled in the Medicaid 340B program to submit at POS whenever possible to reduce the burden of manual reconciliation.

Currently, 340B claims are billed through POS with no indicator showing the claim is 340B eligible. To reconcile payment, each provider receives a monthly 340B utilization file of all claims. The provider indicates, by claim, what drugs are eligible for 340B pricing, the acquisition cost for each drug on the Date of Service and returns the file to DXC within 30 calendar days of receipt of the file. DXC calculates the refund due from the provider based on the 340B acquisition cost as compared to the Medicaid paid amount.

Providers who choose to identify 340B claims at the POS should submit those claims with the Submission Clarification Code “20” and Basis of Cost “8”. The “lower of” logic will apply when calculating the price of the claim using current pricing methodology. Claims should pay utilizing the pharmacy’s 340B Acquisition Cost plus a dispensing fee of \$11.13 retail and \$17.03 for specialty drugs.

Below is a chart of the applicable changes to the Medicaid Payer Sheet. The revised Payer Sheets can be found at <http://dvha.vermont.gov/for-providers/medmetrics-health-partners-mhp-billing-information> .

420-DK	SUBMISSION CLARIFICATION CODE	02=LTC 1 DAY SUPPLY 05=THERAPY CHANGE 08=PROCESS COMPOUND FOR APPROVED INGREDIENTS 20=340B CLAIMS	RW <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). Ø5 = The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc. Ø8 = <i>Payer Requirement:</i>
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				Required when provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products. 20 = Indicating that the claim is a 340B claim
409-D9	INGREDIENT COST SUBMITTED		R	340B pharmacies – submit 340B cost here with the Basis of Cost Determination 423-DN indicator of 8
423-DN	BASIS OF COST DETERMINATION		RW	<i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication <i>Payer Requirement:</i> Use indicator(Ø8=34ØB) for 34ØB claims, with the amount being submitted in the Ingredient Cost Submitted (4Ø9-D9) field

**Providers may choose to continue with the manual reconciliation process currently in place. Please note that DVHA policy does not allow contract pharmacies to enroll in the Vermont Medicaid 340B Program.

For questions please contact Change Healthcare Pharmacy Help Desk at 1-844-679-5362 or via email to PBA_VTHelpdesk@changehealthcare.com. Thank you for your continued support.

Nancy J. Hogue, Pharm.D.
Director of Pharmacy Services