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POLICY

ELIGIBILITY FOR 340B PHARMACY SERVICES

8006

OBJECTIVE: To provide guidelines in establishing clients' eligibility for the provision of Bullhook Community Health Center (BCHC) 340B pharmacy services.

PROCEDURES:

The BCHC pharmacy is open to the general public. To access the 340B discount, a client must meet the following HRSA guidelines:

1. The covered entity would have to continue to maintain records of health care services for the individual;
2. The covered entity would also have to own, control and possess the records;
3. The records would have to document the health care services that result in the use of, or prescription for, 340B drugs;
4. The prescription or order for a 340B drug would have to result from an outpatient service;
5. The health care provider writing the prescription or ordering the 340B drug would have to be employed by or under contract with the covered entity;
 - a. If a patient has refills on prescription and the original provider is no longer with BCHC, it is acceptable to continue refilling their medication until expiration date of prescription.
 - b. If a patient refill has expired, and provider is no longer employed with BCHC, the patient must establish care with a provider who is currently employed by BCHC or under contract with BCHC and the prescription must be generated from that provider.
6. The outpatient service resulting in the use of or prescription for a 340B drug would have to be provided by the Disproportionate Share Hospital's (DSH) main campus or a provider-based site of the DSH.; and
7. The hospital's provider-based status would have to be reflected in the hospital's Medicare cost report.

340B stock can be used when filling a prescription that is written by someone other than an employee or contractor of the covered entity, if the following requirements are met:

1. A health care provider employed by or under contract with the covered entity would have to refer the patient to the outside prescribing provider;
2. The referral would have to be for follow-up care for the same condition that was treated or examined by the covered entity; and
3. The covered entity would have to retain ongoing responsibility for the patient such that the patient would have to return for care by the entity (or provider-based hospital site) within 12 months after referral.



CHIEF EXECUTIVE OFFICER

Date: 1/14/19



CHAIR, BOARD OF DIRECTORS

Date: 1-14-19

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