



Maintaining and expanding a patientcentered 340B program in the face of change

September 22, 2023

Goals of Today's Session

Session Description:

The 340B Drug Pricing Program is vital to eligible hospitals and grantees in helping them deliver high-quality, affordable, patient-centered care to all patients. In this session, we will explore how eligible entities have been impacted by events over the last three years and identify how these entities can maintain and expand the program's benefits, allowing them to deliver quality health services to their patient populations.

Learning Objectives:

- 1. Overview of the 340B Program
- 2. Understand changes to the 340B landscape over the last three years
- 3. Identify strategies to maintain and expand your 340B program

What challenges are keeping you and your organization up at night?



Workforce and Change Management

Shortages, resignations, burnout, & equity issues, leading to high costs



Supply Chain & ESG

Strained supply chains with imperative to integrate ESG & sustainability strategies



Different Demand

Fewer IP admits & ED visits, replaced by virtual, at-home & ambulatory visits



Changing Revenue Mix

Traditional crosssubsidization models are strained by growth of government business and price transparency



Consumerism & SDoH

Need for convenience and affordability in preventative services that address whole health



Digital & IT

Need for rapid & cost-effective adoption of easy-to-use and interoperable tools to support transformation & consumerism



Physician Alignment

Insufficient ROI from employment & attrition of physician talent to disruptors

Success in the new post-pandemic healthcare economy isn't about squeezing money from the usual sources.

It's a 360-degree reassessment of everything a hospital does.

One of those areas to reassess is the strategic leverage of the 340B Drug Pricing Program so that your organization can continue to deliver high-quality patient-centered care.



Overview of The 340B Drug Pricing Program?

The main intentions of the 340B program are: (1) to reduce the financial burden of purchasing drugs at GPO or higher cost for hospitals that have a high disproportionate share of patients or are federal grantees, and (2) for the savings and revenue generated by the program to be invested back into their patient communities

What is 340B?¹

- ➤ The 340B Drug Pricing Program was created in 1992 and aimed at enabling certain healthcare providers, known as covered entities, "to stretch scarce federal resources to reach more eligible patients or provide more comprehensive services."
- The 340B Program enables eligible healthcare organizations (referred to as 'Covered Entities') to purchase outpatient drugs from manufacturers participating in Medicaid at a significantly lower price.
- As a condition of participating in the Medicaid Drug Rebate Program (MDRP), drug manufacturers are required to participate in 340B, which provides discounts on outpatient drugs purchased by eligible healthcare organizations, many of which are safety-net providers treating high percentages of uninsured or low-income patients.

Who is eligible for the 340B Drug Pricing Program? ¹ Section 340B(a)(4) of the Public Health Service Act specifies which covered entities are eligible to participate in the 340B Drug Pricing Program. These include qualifying hospitals and Federal grantees

Hospital Types		Federal Grantees	
Dispropor	tionate Share	Federally Qualified Health Center	
Hospital		Federally Qualified Health Center Look-Alikes	
Children's Hospital		Title X Family Planning Grantees	
Critical Access Hospital		State Aids Drugs Assistance Programs	
Free-Standing Cancer Hospital		Ryan White Care Act Grantees (A,B,C,D,F)	
Rural Referral Center		Black Lung Clinics	
Sole Com	munity Hospital	Hemophilia Treatment Centers	
		Native Hawaiian Health Centers	
		Urban Indian Organizations	
		Sexually Transmitted Disease Grantees	
		Tuberculosis Grantees	

How do eligible hospitals qualify?

A hospital must meet one of the following criteria:

- Be Private and non-profit with a valid contract to provide healthcare services to low income individuals
- Be Owned by a state or local government
- Be a public or private non-profit formally granted governmental powers by a state or local government

Covered Entity Type	DSH %	GPO Exclusion	Orphan Drug Exclusion
Disproportionate Share Hospital (DSH)	> 11.75%	Yes	No
Free-Standing Cancer Hospital (CAN)	> 11.75%	Yes	Yes
Children's Hospital (PED)	> 11.75%	Yes	No
Rural Referral Center (RRC)	≥ 8%	No	Yes
Sole Community Hospital (SCH)	≥ 8%	No	Yes
Critical Access Hospital (CAH)	None	No	Yes

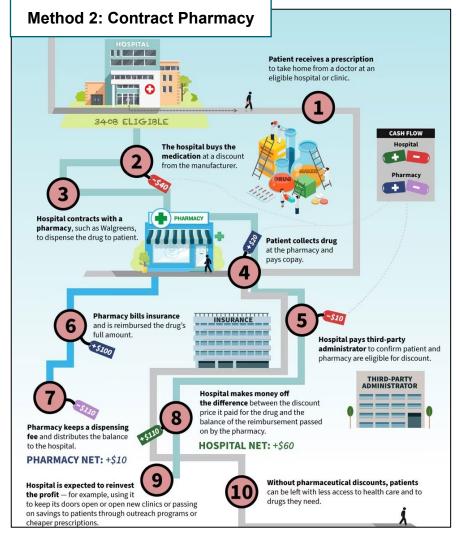
Note: The 340B statute places limitations on covered entities. Covered entities are prohibited from receiving duplicate discounts on 340B drugs from Medicaid rebates and from dispensing or selling covered drugs to non-patients.



^{1. &}quot;340B Drug Pricing Program." Health Resources & Services Administration, 1 Aug. 2023, www.hrsa.gov/opa. Accessed 10 Sept. 2023.

How does the 340B Program work?





Sources



Guidehouse 2. Tribble, Sarah J. "As Big Pharma and Hospitals Battle Over Drug Discounts, Patients Miss Out on Millions in Benefits." KFF Health News, 16 Nov. 2021, kffhealthnews.org/news/article/340b-big-pharma-hospitals-battle-over-drug-discounts-patients-miss-out-on-millions-in-benefits/. Accessed 10 Sept. 2023.

What Happened Over the last 3 Years September 22, 2023 **outwit** complexity™

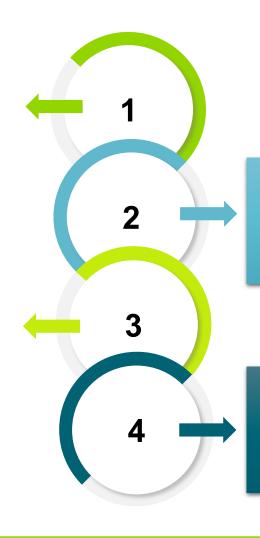
Key changes that impact the 340B Program



Increase in Medicare reimbursement for 340B-acquired drugs back to ASP+106% and CMS Repayment Policy



Ending of PHE Exceptions:
(1)Unwinding of the Medicaid
Continuous Enrollment and its
Impact on the Medicare Cost
Report Allowable DSH%
(2) 340B Specific Exceptions



Inflation Reduction Act:
(1) Inflation Rebate Penalty
(2) Medicare Price
Negotiations



340B Contract Pharmacy
Manufacture Restrictions – as
of 9/14/2023 25 Contract Rx
Manufacture Restrictions





340B Strategic Enhancement Tactics September 22, 2023 10 **outwit** complexity™

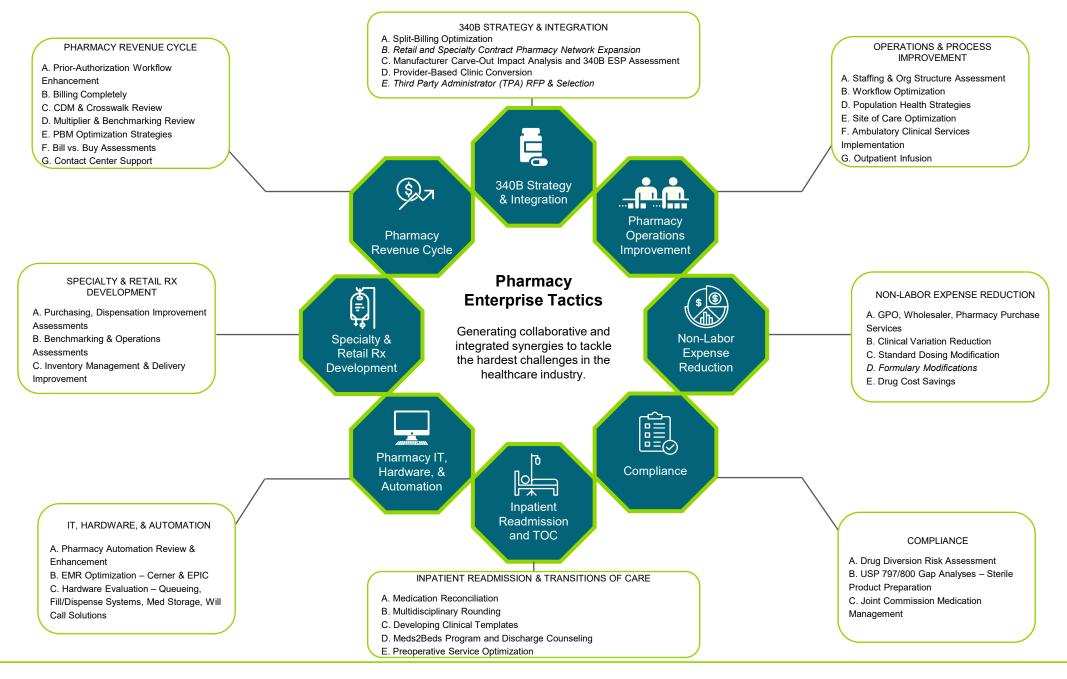
340B Enhancement Strategies and Integration Tactics

An optimal 340B model is utilized as a strategic tool for the whole health system enterprise to reduce cost, increase margin, and support the mission of providing affordable and exceptional health care to patients

Tactics



- ➤ Mergers & Acquisition and Provider-Based Clinic Conversion
- ➤ Targeted Patient Population Service Line Strategy/Community Partnerships and 340B Status Conversion
- On and Off Campus Hospital-Based Infusion Center Realignment and Conversion
- ➤ Manufacturer Carve-Out Impact Analysis and 340B ESP Claims Submission
- Owned Specialty & Retail Pharmacy
- Employee Health Plan and PBM
- Referral Model and Wellness Clinic
- Retail and Specialty Contract Pharmacy Network Expansion
- ➤ Third Party Administrator (TPA) RFP & Selection
- Split-Billing Optimization





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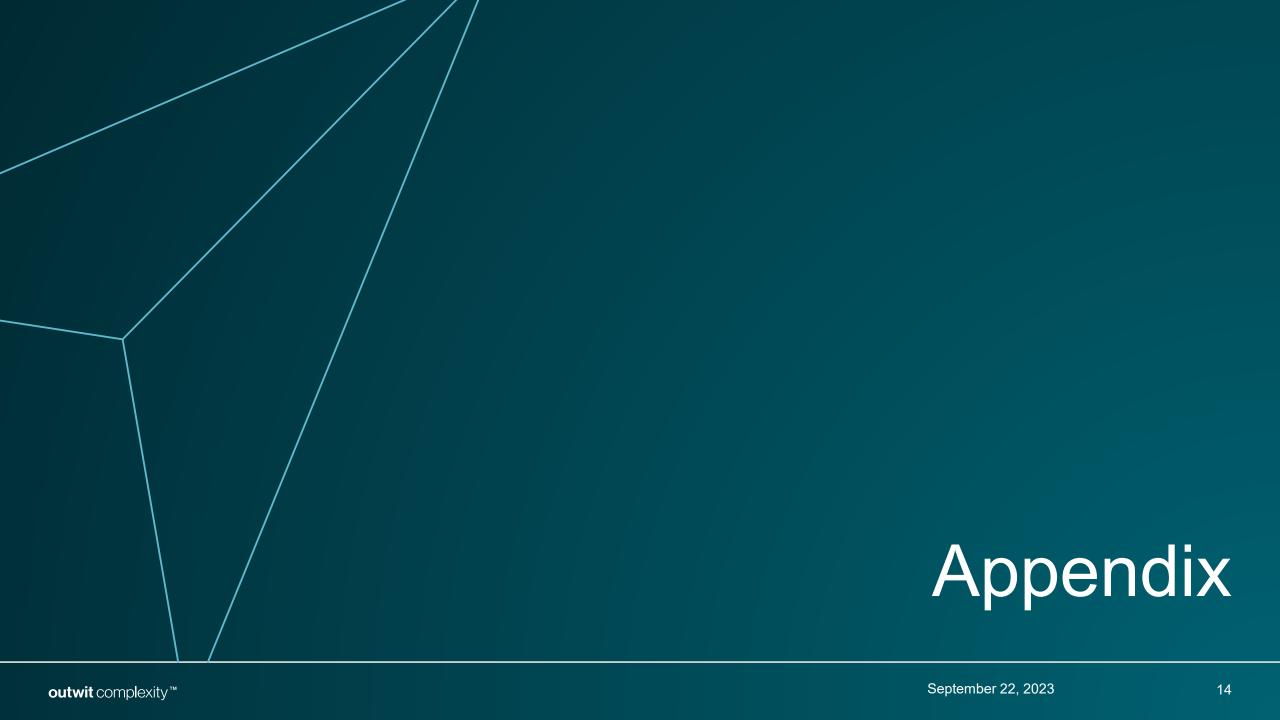
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Thank You

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Guidehouse-At-a-Glance

Our Company



16,500+



50+ locations globally



Our Communities

7,000+ pro bono and volunteer hours



Purchased 100% Renewable Electricity for most of our global offices



4 consecutive years on Forbes Top Employers



Our People

GovCon 2020 Contractor of the Year. Over \$300 Million



33 languages

fluently spoken

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5% Veteran and **Active Duty**



11 consecutive

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DIVERSITY

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\$1,400,000+ in employee and corporate donations



Committed to Science Based Targets to reduce our greenhouse gas emissions

Commitment to Inclusion, **Diversity and Belonging**



37% racially diverse



6 generations of professionals



49% female **51%** male



7 employee affinity groups



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State & Local Government:

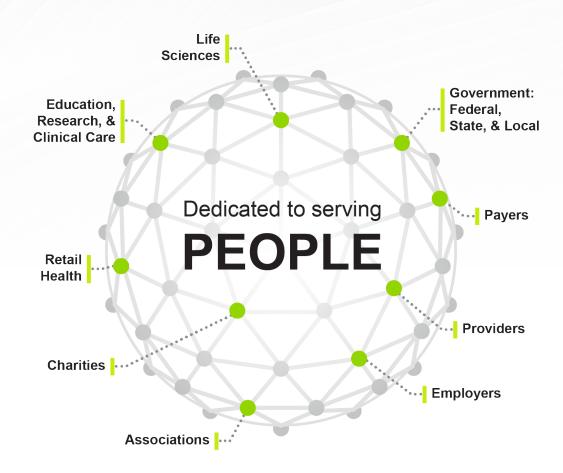
30 out of 50 States

- * Data Source: Definitive Healthcare
- ** Data Source: based on 2019 data from PharmExec
- *** Data Source: 2019 S&P Global Platts Top 250 Global Energy Company Rankings®

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