

SAMPLE JOB DESCRIPTION

340B Compliance Program Manager

I. JOB SUMMARY

The 340B Compliance Program Manager is responsible for managing registration and participation in the 340B Program for all 340B Covered Entities and ensuring that all use of 340B throughout the organization is fully compliant. Responsible for achieving maximum utilization of 340B pricing through full 340B Program participation in all areas of qualified use meeting objectives defined by hospital leadership. Responsible for ensuring participation qualifications are met and maintained. Responsible for compliant medication procurement, billing and inventory management, and for prevention of diversion of 340B drugs. Responsible for monitoring, and assessing the potential institutional impact, of new and proposed 340B regulations and changes to 340B rulings and interpretations. Responsible for adherence to and maintenance of 340B related policies and procedures. Responsible for providing 340B Compliance Program updates.

II. DUTIES AND RESPONSIBILITIES

- Assures annual HRSA recertification completion for all covered entities and appropriately register any new sites.
- Maintains knowledge and expertise on Section 340B rulings and related interpretations, including new and proposed regulations, current trends and issues. Assesses potential organizational impact of 340B changes and ensures 340B program is continuously compliant with federal regulations.
- Develops and/or updates 340B policies and procedures whenever there is clarification to interpretation, or change in the rules, regulations, or guidelines to 340B requirements. Reviews 340B policies and procedures annually.
- Shares expertise and provides training, education, and communication to staff and Program participants regarding 340B Program compliance.
- Establishes understanding and relationships with Finance and Information Services departments to monitor changes that could affect 340B qualification including changes in the points of service position on the Medicare cost report, changes in institutional ownership or related relationships (i.e. joint ventures, etc.) and changes or negative trends in disproportionate patient percentage under the Medicare Disproportionate Share Hospital adjustment.
- Ensures that written agreements between covered entities and contract pharmacy are in accordance with HRSA's Contract Pharmacy Services Guidelines and that records are maintained to demonstrate compliance.
- Oversees all points of service related to 340B participation occurs to ensure policies and procedures are followed, entities qualify, and patients qualify as covered patients. Recommends and implements action plans to correct 340B compliance deficiencies, if indicated.
- Oversees utilization and 340B purchasing records to ensure software and/or tools are functioning properly.
- Oversees the 340B Coordinator staff; including reviewing self-audits, establishing priorities, validating recommendations, and optimizing resource allocation.
- Oversees all areas of 340B outpatient use, collaborates with key stakeholders to insure maximum participation regarding use of 340B priced products in all qualified outpatient settings.
- Develops quarterly and annual 340B participation reports and dashboards to clearly document utilization, savings, exceptions, or discrepancies.

- Collaborates with pharmacy leadership to routinely review 340B formulary pricing, potential alternatives, and potential additional savings as a result of GPO formulary and 340B prime vendor program.
- Collaborates with the Information Technology Team on charge description master (CDM) changes for new products, product changes, etc., that ensures the efficiency and accuracy of the charge process.
- Oversees audits or compliance assessments of specific areas and specific products to assure the CDM is accurate.
- Oversees audit data and related reports from each participating area or covered entity to assure consistent processes are followed and to continually improve related policies and procedures for 340B throughout the institution.
- Collaborates to maintain computerized systems, split-billing software programs and specialized equipment and technologies utilized in operations related to the 340B Program.
- Designs, implements, and participates in continuous quality improvement activities and initiatives. Leads and participates in various committees, and performance improvement teams as assigned.

III. QUALIFICATIONS

- Bachelor of Science or Bachelor of Arts degree in business or health related field required. A Master's degree in Business Administration, Hospital Administration or Pharmacy, or Doctorate of Pharmacy degree highly preferred.
- 3-5 years of 340B Compliance Program experience in healthcare and/or with a healthcare provider is preferred.