**Purpose:** The purpose of this tool is to provide covered entities with a framework for monitoring and communicating 340B oversight based on best practices. The audience for this tool is intended to be the 340B steering committee. This template is based on best practices shared by covered entities; it is not an exhaustive list and should be customized according to the entity’s specific policies and procedures. Historical time periods may be incorporated to provide benchmarking and trends. Frequency of items may vary among entities based on program complexity and resources available. Rows and columns can be changed to address entity-specific needs.

**Compliance Oversight**: Use this table to track measurement of key compliance areas at a high level. 340B Program compliance staff will likely have more detailed tracking documents, but sharing a high-level snapshot with the 340B steering committee improves accountability. The information reported in the results and follow-up sections do not need to include individual audit results, but instead should focus on key compliance areas identified during audits and the anticipated actions to correct any compliance concerns.

|  |  |  |  |
| --- | --- | --- | --- |
| COMPLIANCE OVERSIGHT | | | |
| MONTHLY | **COMPLETION DATE** | **RESULTS** | **FOLLOW-UP** |
| Self-audit transaction sampling to identify diversion |  |  |  |
| Self-audit transaction sampling to identify duplicate discounts *(if applicable)* |  |  |  |
| Purchasing review to identify GPO Prohibition violations *(if applicable)* |  |  |  |
| Split-billing software review to identify compliance or financial risks *(if applicable)* |  |  |  |
| QUARTERLY | **COMPLETION DATE** | **RESULTS** | **FOLLOW-UP** |
| HRSA 340B OPAIS review |  |  |  |
| Medicaid Exclusion File (MEF) accuracy review |  |  |  |
| Account load pricing spot check |  |  |  |
| DSH% tracking in preparation for Medicare cost report filing *(if applicable)* |  |  |  |
| ANNUALLY | **COMPLETION DATE** | **RESULTS** | **FOLLOW-UP** |
| Independent contract pharmacy audit. |  |  |  |
| Grantees: Review scope of grant, grant number, and notice of award; for subgrantees, also ensure a current and active agreement |  |  |  |
| 340B policy and procedure review |  |  |  |
| Staff completion of 340B education requirements |  |  |  |

**340B Savings Stewardship:** Use the values from the [Calculating 340B Net Financial Impact and Use of Savings](https://www.340bpvp.com/Documents/Public/340B%20Tools/calculating-340b-net-financial-impact-and-use-of-savings.docx) tool to provide a high-level snapshot of the total value of the program and how those savings are used to align to program intent. The table numbers below relate to the table numbers in that tool. Note that HRSA policy does not address these topics; this information is shared for oversight purposes only.

|  |  |
| --- | --- |
| FINANCIAL OVERSIGHT | |
| 340B Program Net Financial Impact  (Table 1) | **Total Expenses Aligned with 340B Program Intent**  (Table 2) |
| $XXXXXX | $XXXXXX |

*This tool is written to align with Health Resources and Services Administration (HRSA) policy, and is provided only as an example for the purpose of encouraging 340B Program integrity. This information has not been endorsed by HRSA and is not dispositive in determining compliance with or participatory status in the 340B Drug Pricing Program. 340B stakeholders are ultimately responsible for 340B Program compliance and compliance with all other applicable laws and regulations. Apexus encourages all stakeholders to include legal counsel as part of their program integrity efforts.*

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