



HARDIN COUNTY REGIONAL HEALTH CENTER

Lifespan Health Center Job Posting

POSITION: 340b Program Coordinator

REQUISITION: 1148

LOCATION: Adamsville

Posting Date: 1/11/19

Expiration Date: 1/16/19

Department: Financial Services

Salary Range: dep. on education & exp.

Reports To:

Status: Non-Exempt

Position Hours: 8:00am-5:00pm w/required lunch break

POSITION SUMMARY: The 340B Program Coordinator position is responsible for oversight and coordination of the 340B Program. The 340B Program Coordinator is responsible for designing, implementing, and enforcing policies and procedures, as well as streamlining effective 340B program processes. This individual is responsible to develop and foster working relationships with internal working counterparts (IT, accounting, nursing, and others) to facilitate productive exchanges of information to improve program efficiency and promote program compliance. This position requires a good communicator with the ability to prioritize, plan, and provide data, information, and reports as needed for other business units within the organization.

CORE DUTIES/RESPONSIBILITIES:

1. 340B Program Coordination

- a. Serves as primary internal and external program coordinator and liaison for all 340B-related matters.
- b. Serves as the institutional "compliance expert or authority" on 340B regarding program details, policies, and procedures.
- c. Serves as primary internal liaison to key stakeholders to help ensure appropriate utilization of the 340B Program and compliance with all program requirements and to ensure 340B Program integrity.
- d. Helps lead and assist the organization's 340B oversight team, which includes representation from nursing, compliance, finance, and senior administration.
- e. Provides expertise with the 340B Program to staff and participants regarding ongoing compliance.
- f. Develops and maintains internal relationships (accounting, nursing, senior leadership) and external relationships (wholesalers, manufacturers, contract pharmacies, and third-party administrator (TPA) vendors) as needed.
- g. Actively engages with senior leadership and participates in process improvement efforts related to the 340B program.

2. Policy and Procedure Development

- a. Ensures that policies and procedures are developed and implemented according to organizational, regional, national, state, and federal requirements and guidelines and are approved by the institution's senior leadership team and board of directors.
- b. Assists organizational leadership to develop and maintain a regular compliance audit program.
- c. Contributes processes and materials to promote programs or support the goals of the department and institution.
- d. Establishes consistent policies and procedures for 340B that ensure productivity and efficiency so that long-term management of the program does not hamper operations or create unnecessary costs.
- e. Develops and modifies 340B policies in accordance with state, federal, and system program requirements.

- f. Maintain up-to-date policies and procedures on 340B purchasing processes.
- g. Develop systems and processes to limit program liabilities and provide proper audits to identify risk and prevent duplicate discounts and diversion.
- h. Review 340B Program policies and procedures on an ongoing basis and offer contributions and changes to ensure 340B compliance.

3. Education

- a. Develop proper 340B quality assurance training for employees as appropriate.
- b. Provide proactive education to staff on policies and procedures related to inventory management and 340B procedures.
- c. Expand professional development through related classes and seminars, current publications, and regional/national association membership participation.
- d. Provides ongoing training, education, and communication required for the 340B Program at the organization.
- e. Manages health system education, training, awareness, and customer service for all 340B covered entities.
- f. Develops training and competency materials for all staff and leaders who work with the 340B Program.
- g. Conducts ongoing 340B Program training for staff.
- h. May assist in the development, implementation, or promotion of programmatic resources/tools to support staff.
- i. Regularly communicates with all staff involved with the 340B Program to be sure that processes remain efficient and to address any problems or suggestions for improvement. Establishes a clear way for staff to communicate concerns to the coordinator.
- j. Provides regular education to staff on policies and procedures related to 340B compliance.

4. Audits

- a. Conducts monthly audits of all 340B-eligible locations to verify adherence with the 340B Program guidelines and policies .Develops, executes, and documents self-audits of the 340B process and coordinates and ensures remediation of findings to Quality Improvement Committee.
- b. Serves as the point person and coordinator for all external audits. Coordinates all requests and responses. Maintains a current state of "audit readiness." Provides oversight for all audits performed by independent external auditors.
- c. Reviews and monitors all points of service where 340B participation occurs to ensure policy and procedure compliance, covered entity eligibility, and "covered patient" eligibility.
- b. Responsible for managing and troubleshooting pharmacy billing issues and ensuring that adequate systems checks are reviewed to prevent billing issues.
- c. Monitors utilization records and 340B purchasing accounts to ensure that software or tools are working properly and accurately, performing audits or compliance assessments internally as needed; coordinates external compliance assessments with outside firms, where appropriate, to validate internal processes.
- d. Evaluates patient eligibility for qualified and non-qualified patients in hospital-based mixed-use areas and clinics by reviewing patient medical records, insurance plans, and center status.
- e. Monitors 340B compliance within workflow processes.
- f. Responsible for the day-to-day management, compliance review, and operations of clinic administered medications in eligible locations.
- g. Ensures compliance with all aspects of the 340B Program and implements all applicable aspects of HRSA's Office of Pharmacy Affairs guidance, as well as organizational policies and procedures.
- h. Ensures that audits follow current regulatory compliance recommendations and are completed at the facility level.
- i. Evaluates covered entity compliance at the contract pharmacy, covered entity, and wholesaler levels.

5. Reporting

- a. Tracks and reports program savings on a regular basis; communicates to the CFO on an ongoing basis.
- b. Routinely monitors monthly and annual reports on 340B participation that clearly document utilization, savings, problem areas, and exceptions or discrepancies, to be passed on to CFO.
- c. Develops routine reports that are a by-product of the inventory process and software, allowing for concise information to be communicated to the leadership responsible for 340B inventory management.
- d. Works with CFO to construct appropriate financial metrics to assess areas of improvement.
- e. Prepares and assists in the monitoring and various tracking and reporting measurements to ensure compliance with the program.
- f. Reviews and refines 340B cost savings reports detailing purchasing and replacement practices, as well as dispensing patterns and reports to CFO.
- g. Coordinates monthly financial reporting and analysis, including, but not limited to, metric reporting, scorecards, and variance analysis and reporting and reports to CFO.
- h. Ensures that reporting meets organizational, regional, national, state, and federal requirements/guidelines.
- i. Maintains records related to job function and contributes to reports.
- j. Routinely communicates any questions, issues, or discrepancies with the appropriate authority.
- k. Communicates key metrics and improvement actions to management.
- l. Ensures appropriate documentation and audit trail across areas of responsibility.

6. Purchasing/Inventory Oversight

- a. Monitors for 340B pricing exclusions or shortages and establishes appropriate alternative products that are included when possible, including work with medical staff and formulary to ensure proper position and related use.
- b. Manages purchasing, receiving, and inventory control processes.
- c. Ensures compliance with regulations related to 340B purchasing.
- d. Routinely monitors utilization records and 340B purchasing accounts to ensure that software or tools are working properly.
- e. Performs thorough quarterly reviews of the new 340B pricing list to search for and quickly address costly changes.

EDUCATION/EXPERIENCE:

1. High school diploma or equivalent required.
2. Associated or Bachelor's Degree preferred; or equivalent combination of education and/or experience may substitute when experiences are closely related to the duties of the job
3. 1 – 3 Years of pharmacy or health care related experience
4. Apexus 340B University Certification required upon or within 6 months of hire
5. Financial operations and/or pharmacy operations experience in healthcare environment preferred
6. Prior working experience in pharmacy purchasing or inventory management in a community health setting preferred.
7. Experience with 340B program regulatory and billing/coding compliance preferred.
8. Project management or prior experience in auditing and accounting is preferred.
9. Advanced analytical, critical thinking, and oral, written communication skills.
10. Advanced skills in Microsoft Word, Excel, Access, Outlook, and the like.
11. Current, valid driver's license and proof of auto insurance.

TO APPLY:

Internal Applicants: Please complete a transfer form and send to Human Resources.

External Applicants: Please submit a current resume to any Lifespan location.

EQUAL OPPORTUNITY EMPLOYEE

It is the policy of HCRHC not to discriminate against any employee or applicant for employment because he or she is an individual with a disability or a protected veteran, (i.e., disabled veteran, Armed Forces service medal veteran, recently separated veteran, or other veteran who served during a war, or in a campaign or expedition for which a campaign badge has been authorized). It is also the policy of HCRHC to take affirmative action to employ and to advance in employment, all persons regardless of their status as individuals with disabilities or protected veterans, and to base all employment decisions only on valid job requirements. This policy shall apply to all employment actions, including but not limited to recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation and selection for training, including apprenticeship, at all levels of employment.