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| HEALTH SYSTEMS DIVISIONIntegrated Health Programs | oregon_health_authority_final |
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# Retroactive 340B Claims File Instructions

## Purpose

These instructions apply only to pharmacy claims covered by a Coordinated Care Organization (CCO). 340B contract pharmacies are not permitted to bill the Oregon Health Authority (OHA) fee-for-service (FFS) for 340B drugs.

Oregon’s retroactive 340B claims file process allows 340B covered entities (CEs) to avoid duplicate discounts when contracting with one or more retail pharmacies to dispense 340B-stocked drugs to CE patients. Through this process, CEs retroactively identify which CCO pharmacy encounter claims were filled with 340B drugs so OHA, through its vendor Gainwell Technologies, can exclude those claims from the Medicaid Drug Rebate process. CEs that work with contract pharmacies are obligated to follow the process described here and in supplemental materials.

## Method

1. All CCO pharmacy encounter claims are submitted to MMIS using the usual process. OHA does not require special handling at the point of sale for 340B contract pharmacy claims. Note, CCOs may have their own requirements.
2. CCOs, their PBMs, PHS entities, or their 340B vendors submit subsequent claims files using the design layout described below to identify encounter pharmacy claims filled with 340B purchased drugs.
3. Each agency or provider submitting a 340B claims file must have a Trading partner ID and an EDI mailbox set up with the State. If they do not currently have a Trading Partner ID or EDI mailbox, they can request one by emailing dmap.rxquestions@odhsoha.oregon.gov (in the subject line please type “**340B MAILBOX REQUEST**”).
4. 340B claims files can be submitted as often as the agency or provider chooses, but all 340B claims must be identified and sent for each calendar quarter **within 30 days after the end of that quarter**. For example, all encounter pharmacy claims submitted between January 1 and March 31 will be pulled into the first quarter rebate cycle. The 340B claims from January 1 to March 31 must be identified and submitted on the 340B claims file no later than April 30. **Late filing may result in sanctions.**
5. The State rebate vendor uses the 340B claims files to match up the original paid encounter claim and exclude that claim from the quarterly drug rebate process.
6. Any validations that fail due to an error in the file layout, unmatched record count, invalid data fields, or no matching encounter found are reported back to the Trading Partner for correction. It is the Trading Partner’s responsibility to review and correct any records or files that did not process successfully.

## 340B Claims File Layout

| Mstr Seq Nbr | Name of Field | Field Format | Field Length | Field Location From-To | Definition of Field Value/Comments | Notes |
| --- | --- | --- | --- | --- | --- | --- |
| HEADER RECORD |
| 1 | Record ID | A/N | 1 | 1 | Identification used to specify the type of record. | H = Header Record |
| 2 | Transaction ID | A/N | 9 | 2-10 | Identifies file as an NCPDP 340B Claim File.  | ID Should always be "NCPDP340B" |
| 3 | Trading Partner ID | A/N | 8 | 11-18 | Sender Trading Partner ID.  | (e.g. "MB123456") |
| 4 | Receiver ID | A/N | 5 | 19-23 | ORXIX Trading Partner ID. | "ORDHS" |
| 5 | Transaction Date | DT | 8 | 24-31 | Date file was created. | Format=CCYYMMDD |
| 6 | Transaction Time | TM | 6 | 32-37 | Time file was created. | Format=HHMMSS |
| 7 | Record Count | N | 6 | 38-43 | Number of 340B claim detail records in file |  |
| 8 | Filler | A/N | 32 | 44-75 | Filler Spaces. |  |
| 9 | CRLF | A/N | 1 | 76 | Carriage Return Line Feed | ^M |
| DETAIL RECORD |
| 1 | Record ID | A/N | 1 | 1 | Identification used to specify the type of record. | D = Detail Record |
| 2 | Medicaid ID | A/N | 12 | 2-13 | Unique identifier for the recipient.  | Recipient ID |
| 3 | Dispense Date | DT | 8 | 14-21 | The date on which the pharmacy dispensed the drug to the recipient. | Format=CCYYMMDD |
| 4 | NDC Number | A/N | 11 | 22-32 | National Drug Code identifying drug product | National Drug Code is comprised of a 5 byte numeric labeler code, 4 byte numeric product code and a 2 byte numeric package code. Used to uniquely identify a drug, it's labeler & package size of a product for pricing and service/prior authorization. |
| 5 | Prescription Number  | A/N | 12 | 33-44 | The number assigned by the pharmacy for the prescription. |  |
| 6 | Billing Provider Identifier | A/N | 15 | 45-59  | NPI Billing Pharmacy Provider ID when supplied |  |
| 7 | Prescribing Provider Identifier | A/N | 15 | 60-74  | NPI Prescriber ID when supplied |  |
| 8 | Claim Indicator | A/N | 1 | 75 | CCO Claim Indicator that indicates the course of action taken on the claim. | A = “Add” (Default Value)R = “Remove” (To be used if a record was submitted in error) |
| 9 | CRLF | A/N | 1 | 76 | Carriage Return Line Feed | ^M |