

Reimbursement for TB Medication

The local health department (LHD) will order and purchase TB medication utilizing 340B or MMCAP pricing. An invoice will be submitted to Oregon Health Authority, TB Program (OHA-TB) for reimbursement on a monthly basis. OHA-TB will then reimburse LHDs.

The LHD is responsible for:

1. Ensuring medications ordered are needed to treat latent TB infection or TB disease and are on the TB drug formulary.
2. Ordering and purchasing TB medications at the lowest cost available.
3. Requesting prior written approval from OHA-TB if “special order” drugs are required.
4. Ensuring rules related to the 340B drug pricing program are followed as outlined at: <http://www.hrsa.gov/opa/>
5. Submitting the invoice for reimbursement to OHA-TB within 60 days of date of purchase. If the submission is delayed, payment may not occur.

What to submit for reimbursement:

- 1) Copy of the invoice from the drug wholesale company (example Cardinal);
- 2) County Invoice and
- 3) Copy of “Authorization for Special Order Drugs” form (if needed)

1. Invoice

If you do not have a standard county invoice, our invoice template can be used. A word document of the invoice template is available on the web site under *TB Program Forms* for easier formatting. The invoice must contain the following information:

- A) Description of service (*See invoice template*)
- B) Reimbursement amount
- C) Signature of LHD representative authorizing the request
- D) Invoice number

Creating an invoice number will help us track the reimbursement in our accounting system. If you don't have an invoice numbering system, create an invoice number by using the first four letters of the county name and the reimbursement submission date. Example: **MULT 010814**. (*For Multnomah County: MULT; two digit month: 01; two digit day: 08; two digit year: 14*)

2. “Authorization for Special Order Drugs” form if needed.

Within 60 days of date of service, mail a paper copy or e-mail a secure electronic copy of the above to:

Barbara Keepes
Oregon Health Authority
Tuberculosis Control Program
800 NE Oregon Street, Suite 1105
Portland, OR 97232
barbara.j.keepes@state.or.us

From:

Local Health Department Name

Remit to:

Local Health Department Address

Email to TBSTD.Faxes@dhsosha.state.or.us

If mailing a paper copy send to:

Oregon Health Authority
Tuberculosis Control Program
800 NE Oregon Street, Suite 1105
Portland, OR 97232

TUBERCULOSIS DRUG REIMBURSEMENT INVOICE

Submit with Vendor Invoice copies

Date:

Invoice#:

Drug Name	Qty	Dose	Unit of Measure	Cost / Unit	Total Amount
			Invoice Total:		\$

Authorization for purchase given by: _____
Local Health Dept. Representative Signature

Type or print name of authorizing individual

OHA-PHD fiscal program use only - do not write below this line