

Q&A from NACHC Webinar (06/02/2025) on Inflation Reduction Act (IRA) Technical Assistance for Entity-Owned Pharmacies

Question	Answer
Who will be invoiced for the penalties? How will that cost be funded?	The manufacturers will be responsible for the inflationary rebates.
Is there a way to project health center financial impact of IRA/year?	Previous webinars have provided a calculation methodology to help estimate the financial impact. See additional resources emailed out, and we will do a deep dive in future session.
Will covered entities be reimbursed at the 340B rate or the negotiated price rate by Medicare? And will there be modifiers to submit like we do for Medicaid FFS?	All dispensers will be reimbursed at Maximum Fair Price Plus Dispensing Fee.
What happens if 340B is moved from HRSA to CMS?	As this is still a proposed change, we do not know what will change. The information in this webinar will likely still be in effect.
Do you have any resources/suggestions if our billing department is hesitant to attach the TB modifier to Medicare claims? They are stating that we don't get reimbursed for these drugs as we get a bundled payment, so we don't need to apply the modifier.	TB modifiers do not impact payment rate, they simply identify claims as 340B. But they should only be used for Medicare or Medicare/Medicaid claims.
It is very difficult to identify which claims are what (Part D, MCO, Commercial, etc.). How does CMS propose we identify specifically Part D claims?	CMS publishes a list of BIN and PCN numbers annually. I would recommend using the next 6 months to clean up your PBM listings in your pharmacy management software.
Will the Janumet 340B price be greater than MFP? What is the reimbursement implication at that point?	The manufacturer decreased the list price on January 1st which will change the 340B price 2 quarters later. Since the list price has decreased, it will likely no longer be subject to Penny Pricing. The 340B pricing will be higher (like insulin last summer) and will result in lower reimbursement.
If an FQHC has no entity-owned pharmacies, then don they need to utilize the MTF modules?	Not yet. It may become relevant in 2028.
Where can we get the CMS plan identifier for Medicare plans?	We will share more details on this in the next TA webinar session.
Do you know if there could be more than one Access Manager?	Correct, there could be 3 authorized signatory officials, 3 access managers, and 10 staff end users
Our entity-owned pharmacies do not have any Medicare contracts, but our contract pharmacies do. Will we need to register?	No, you only need to register if you bill the prescriptions yourself.
I am confused as to the timing of the submission of part d claim data and the 340B claim data. What is the flow for pharmacies that conduct retrospective 340B claim determination?	Outside of prospectively identifying 340B claims with a 20 Code, there are no other mechanisms established yet. We are waiting to see the MFR effectuation plans and any further guidance from CMS.
To meet the DPPS window of 7 days, should we shorten our Return To Stocks to a maximum of 7 days since filling?	Recommend maintaining as is.
Are we enrolling our entity-owned pharmacy for 2026 and our entity for 2028?	You will enroll this year. If you have new pharmacies, you will enroll them as they open

<p>What would the benefit be to notify CMS that we are using 340b medications?</p>	<p>Notifying CMS is necessary to remain compliant with the law.</p>
<p>The Bin/PCN list that CMS posts do not include the group number. Using this list to identify claims could capture scripts that are NOT billed under Medicare part D. Will CMS release a master list of bin/pcn/group numbers?</p>	<p>Not that I am aware of. I think that the group number should be unique.</p>
<p>What are 340B entities' roles and responsibilities with their contract pharmacies in helping resolve MFP rebate disputes?</p>	<p>We will have this as an item in the contract pharmacy webinar.</p>