

# SpendMend Pharmacy - 340B Compliance

*340B program participation comes with complex regulatory and audit requirements that must be managed carefully to maintain compliance*

## SpendMend By The Numbers

**600+**

Current  
Clients

**2,000+**

Audits  
Completed

**35+**

ACE Certified  
Team Members

**150+**

HRSA Audits  
Supported

## SpendMend Pharmacy 340B Compliance



SpendMend Pharmacy provides external 340B Program auditing while also assisting with regulatory oversight. We help your Covered Entity (CE) remain compliant with HRSA through annual reviews of your 340B programs.

We encourage you to let our expert team support you with mock HRSA audits and assist you with notices from CMS and manufacturers, while also providing you with corrective action planning. As part of our process, we mimic a HRSA audit to see how you'd do if you were facing an actual audit while also performing a comprehensive gap analysis of your 340B program.

## The 340B Compliance Program

What We Do:	What Your Covered Entity Will Receive:
<b>340B Annual Audit</b>	A comprehensive 340B program review including SME insights on compliance risk and gap analysis.
<b>340B Maintenance Services</b>	A 340B annual audit with monthly 340B program compliance support from a 340B SME.
<b>HRSA Audit Support</b>	One-on-one navigation and support during the HRSA audit. Post HRSA audit support including a corrective action plan for any HRSA findings.
<b>340B Management Services</b>	Remote program administration and guidance for sites who do not have 340B staff at their CE.
<b>340B Staff Augmentation</b>	Temporarily add 340B experts to your staff to help manage routine compliance tasks.
<b>340B Consultation</b>	Provide a 340B subject matter expertise for any 340B related needs.



## Why Is 340B Compliance Important?

The 340B Program requires drug manufacturers to sell outpatient drugs at a discount to CEs. OPA and HRSA administer the program and oversee program compliance through annual audits, among other efforts.

If audits identify noncompliance issues, HRSA presents findings to CEs and requires corrective action to continue in the 340B Program. Failure to maintain participation in the program can cost pharmacies a range of 20-50% on annual drug costs.

**The new HRSA Data Request List (DRL) requires that CEs must upload contract pharmacy self-audit information as well as evidence of an external audit:**



Per HRSA's DRL: "Provide the cover page or a statement on letterhead from the organization that conducted the last independent audit of the entity's contract pharmacy(ies)."

## Why Should You Choose SpendMend Pharmacy?

	SpendMend Pharmacy	Other Consulting Firms
<b>EXPERIENCE:</b> <ul style="list-style-type: none"> <li>• 2000+ client audits and 150+ HRSA audits</li> <li>• 600+ CEs across 48 states of every CE type</li> </ul>	✓	?
<b>QUALITY:</b> <ul style="list-style-type: none"> <li>• The only 2-time contributor to Apexus ACE Certificate Program content</li> <li>• 98% of clients continue to use our services year after year</li> </ul>	✓	?
<b>EXPERT:</b> <ul style="list-style-type: none"> <li>• Staff who are former HRSA peer mentors and Apexus 340B University faculty</li> <li>• 40+ 340B staff members with 350+ combined years of pharmacy &amp; 340B experience</li> <li>• ACE certified 340B staff with actual 340B program management experience and pharmacy training</li> </ul>	✓	?
<b>DIVERSE SERVICES:</b> <ul style="list-style-type: none"> <li>• Experience helping CEs from day to day Program Administration, External Compliance support, and Program Optimization</li> </ul>	✓	?
<b>RESPONSIVE:</b> <ul style="list-style-type: none"> <li>• Full audit report provided in &lt; 1 month</li> <li>• Client engagement throughout the year, not just yearly</li> </ul>	✓	?

## SpendMend Mission

At SpendMend, we strive to help hospitals and clinics improve patient care through the delivery of innovative cost savings solutions, insightful transaction analysis, and improved visibility across business relationships.