

ATTACHMENT C
INSTRUCTIONS
QUARTERLY REPORT FOR 340B COVERED ENTITIES

PURPOSE

340B Covered Entities shall report Non-340B medications paid by Medicaid contracted health plans (e.g. QUEST Integration (QI) health plans) quarterly for the purpose of collection of data to support payment of drug rebates by drug manufacturers.

- Reports shall be submitted by the twenty-first day of the month or next business day following the end of the quarter (i.e., quarter ending December 31, 2017, report submitted no later than January 22, 2018).
- The medication must have a claim payment date by the last day of the quarter. For example, if the quarter ends December, 2017, medications paid before October 1, 2017 or after December 31, 2017 should not be included. However, if a medication was paid before the start of the quarter, but not previously reported, this medication should be submitted. For example, if a medication was dispensed on October 15, 2017, but not included in the quarter ending December 31, 2017 report, it should be included in the quarter ending March 31, 2018 report.
- All 340B entities must submit a report quarterly. If the 340B entity did not dispense any Non-340B medications over the quarter, then a report should be submitted timely with the 1. Reporting Quarter and 2. NPI number completed.

INSTRUCTIONS FOR COMPLETING THE SPREADSHEET

1 Reporting Quarter

Enter the calendar year quarter and calendar year as follows:

- 1 Q 20XX January 1 to March 31
- 2 Q 20XX April 1 to June 30
- 3 Q 20XX July 1 to September 30
- 4 Q 20XX October 1 to December 31

Report only one (1) quarter per spreadsheet

2 Provider_ID

Enter your covered entity's 10 digit NPI number. Must correspond to NPI number provided to the Med-QUEST Division on the 340B Provider Information form.

- 3. Labeler_Code**
Enter the first 5 digits of the NDC number
- 4. Product_Code**
Enter the next 4 digits of the NDC number
- 5. Package_Size**
Enter the last 2 digits of the NDC number
- 6. Last_Name**
Enter the recipient's last name
- 7. Record_number**
The paid claim number provided by the Medicaid contracted health plan. (The claim number on the remittance advise from the Medicaid contracted health plan)
- 8. Payer Plan Name**
Enter the first letter of the name of the health plan that paid and assigned the record number in 7. Enter one of the following:
 - A = AlohaCare
 - H = HMSA
 - K = Kaiser
 - U = United
 - O = Ohana
- 9. Service_Date**
Enter the date the drug was dispensed or administered in the format CCYY-MM-DD
- 10. Paid_Date**
Enter the date that the QUEST/QExA plan paid the drug in the format CCYY-MM-DD
- 11. Number_of_Units**
Enter the NCPDP units (each, ml, gm, etc.) dispensed or administered
- 12. Reimbursement_amount**
Enter the amount paid by the recipient's Medicaid contracted health plan.
- 13. Adjustment_Code**
Enter 0-original, Q-reversal, R-replacement, or V-void

To report changes to an original claim, use the original record number report in 7 as follows:

- If the claim is being reversed and replaced with another paid amount. Report the original (previously paid) claim number with a Q (reversal) adjustment code on one line and report a new claim number with the R (replacement code) on the following line.
- If the claim is being reversed without replace, report the original claim number and use the V (void) adjustment code

14. Patient_ID (HAWI)

Enter the 10 digit Medicaid recipient ID number. Example: 0000012345