



To: Hospitals and Clinics
From: IEHP – Provider Relations
Date: February 23, 2017
Subject: **340B Drug Discount Program Questionnaire**

The 340B Drug Discount Program is a U.S federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices. Inland Empire Health Plan (IEHP) would like to hear from you regarding your 340B participation. Please take a moment to provide us your comments/feedback to help us better serve our Members.

1. What is the name of your corporation? _____
2. Are any of your sites a 340B covered entity? Yes No
If yes, please list your sites: _____
3. If you participate in 340B, does your health center use:
 Contract Pharmacy In-house Pharmacy Both Other (please explain): _____
4. Please state the in-house pharmacy name and NPI:
Pharmacy Name: _____ Pharmacy NPI: _____
5. Please state the 340B contract pharmacy name and NPI: (NPI not necessary if you are contracted with a chain)
Pharmacy Name: _____ Pharmacy NPI: _____
6. Contact name, email and phone number for the person who is responsible for the 340B program compliance:
Contact Name: _____ Contact Number: _____
Contact e-mail: _____
7. How do you audit and ensure compliance of your 340B program?

8. Do you use any 340B compliance solution like Verity? Please provide the name of the compliance solution?

Thank you for taking time to fill out this survey. **Please fax back the completed survey to (909) 891-1577 by Friday, March 3, 2017.** We appreciate your continued support of IEHP and your valuable services to our Members. If you have any additional questions, please contact our Pharmacy Call Center at (909) 890-2049.