

# Community Benefit Program Authorization Form

## 1 Entity Information

Entity Name:

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Contact Person (Name, Title):

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Phone Number:

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E-mail Address:

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## 2 Community Benefit Program Overview

Wellpartner recommends that Covered Entities establish a program to provide free or subsidized medications of uninsured or underinsured patients (<https://www.wellpartner.com/resource-center/community-benefit-program>).

**Our Community Benefit Program requires the following procedures:**

1. 340B Qualification is done using a combination of marked prescriptions or flagged e-prescriptions coupled with prescriber verification
  - a. Prescribers must use an approved prescription form, or enter "340B Eligible" in the SIG field of the e-prescription as well as including the appropriate patient group.
  - b. Covered Entities must provide a monthly (or more frequent) full file of approved prescribers to Wellpartner. Lack of an accurate file significantly increases the possibility of ineligible prescriptions being included in the 340B program. If a full prescriber file has not been received for 2 consecutive months (i.e., up to 60 days), Wellpartner can suspend the program until a new file is received.
2. Covered Entities must determine the level(s) of subsidy to be provided. Wellpartner will assign each subsidy level a specific patient group code. Prescribers or staff must indicate the patient group code on the prescription.

Subsidy levels are typically set at **340B Cost + X% of all fees**.

**Wellpartner recommends the following levels:**

- ◆ Patients below 100% of the FPL receives drugs at no cost
- ◆ Patients between 100%-200% of the FPL pay (340B cost + 50% of fees)
- ◆ Patients above 200% of the FPL pay (340B cost + 100% of fees)

- 3. Pharmacies will submit claims, including the applicable patient group code, for community benefit prescriptions to Wellpartner using BIN 017515. Wellpartner will apply the appropriate subsidy and transmit the amount to be collected to the pharmacy.

Covered Entities must indicate which contract pharmacies will be included in the Community Benefit Program. Only claims from those pharmacies will be processed in the 340B program.

Note: Claims processed under the Community Benefit Program are not eligible for reversal.

**3** Procedures to be used for the Community Benefit Program

Prescriptions will be identified as 340B-eligible at the time of the visit by the CE and conveyed to the CP by (please check one):

- Pre-Printed Prescription Form
- Stamp
- E-Prescription Procedure
- Voucher (Samples: <http://www.wellpartner.com/resource-center/community-benefit-program/>)
- Other (Please Specify): \_\_\_\_\_

| Subsidy Level to be Provided (WP will complete this section based on direction from CE) |                       |   |                                      |                   |                 |                |
|---|-----------------------|---|--------------------------------------|-------------------|-----------------|----------------|
| Patient Group (assigned by WP)  | Definition / Coverage | COGS (340B Drug Cost) Subsidized or Paid by Patient | % Co-pay (i.e., 0/50/100) of CBP fee | CBP Collection \$ | WP Admin Fee \$ | CP Disp Fee \$ |
|   |                       |   |                                      |                   |                 |                |
|   |                       |   |                                      |                   |                 |                |
|   |                       |   |                                      |                   |                 |                |
|   |                       |   |                                      |                   |                 |                |

| Pharmacies to be Included in the Community Benefit Program |                  |
|--|------------------|
| Pharmacy Name  | Pharmacy Address |
|  |                  |
|  |                  |
|  |                  |
|  |                  |

**4 Attestation**

I understand and agree to the procedures required for this Community Benefit Program.

**5 Signature**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Date: \_\_\_\_\_