

340B Pharmacy Program Coordinator

Job Summary:

The purpose of this position is to help coordinate and manage the 340B Program for Waco Family Medicine. The 340B Pharmacy Program Coordinator will serve as a subject matter expert and provide oversight and recommendations to the organization regarding the 340B program. Ensuring that Waco Family Medicine is utilizing the 340B program appropriately and that all related records are complete, accurate, auditable, and that the primary objectives as defined by the Director of Pharmacy Services are met. Responsible for day-to-day compliant medication procurement, billing, and inventory management to ensure compliance standards are being upheld and that cost savings are being realized. Assists with implementation of and adherence to 340B-related policies and procedures.

Duties & Responsibilities:

- Provides oversight and leadership for the Waco Family Medicine 340B program. Will help lead and assist the organization's 340B Compliance Committee.
- Shares expertise and assists with training, education, and communication to staff regarding updates to 340B policies and procedures.
- Develops monthly, quarterly, and annual 340B reports to clearly show utilization, savings, and exceptions or discrepancies.
- Audits all points of service where 340B participation occurs to ensure compliance with 340B program requisites, including entity and patient qualifications and ensures consistent processes are followed.
- Audits utilization and 340B purchasing records to ensure software and/or tools are functioning properly.
- Audits 340B formulary pricing, potential alternatives, and possible additional savings as a result of formulary and 340B prime vendor program on a routine basis.
- Performs audits or compliance assessments of specific areas and specific products to assure accuracy of the 340B program.
- Assists with implementation of action plans to correct 340B compliance deficiencies, if indicated.
- Actively collaborates with Waco Family Medicine Information and Technology Team and Finance Team regarding operations that involve or may impact the 340B program.
- Effectively and continually maintains open lines of communication with all staff and management involved with the 340B program. Provides timely communication, both written and verbal as appropriate, regarding changes and continuous quality improvement activities, including goals and objectives of the 340B program. Reports any deficiencies identified during auditing and review for appropriate resolution.
- Responsible for ensuring annual HRSA recertification is completed within the allowable timeframe, registration of child sites is done in allowable time frame, and accuracy of the information supplied to the database is accurate.

- Responsible for accuracy of information supplied to the HRSA 340B Database.
- Evaluates current and future contract pharmacy opportunities, including contract language, fee structure, data setup, and internal and independent external auditing.
- Attend 340B conferences to learn new practices or improvements to enhance 340B program.

Qualifications:

- Bachelor of Science or Bachelor of Arts degree in business or health-related field or current Texas State Board of Pharmacy Technician license (CPhT).
- Excellent computer skills and knowledge of computer software, including program such as Word, Excel, PowerPoint, etc.
- Prior experience working in the 340B Program is preferred.
- Apexus 340B University completion within 6 to 12 months.
- Apexus 340B ACE Certification within 12 to 18 months.