340B and Telemedicine Visits

We appreciate your support as we work together to ensure the safety of our patients, and community at large. HRSA understands that many 340B stakeholders are concerned about the evolving impact of the COVID-19 pandemic. The circumstances surrounding this public health emergency may warrant additional flexibilities, especially to affected 340B covered entities. To the extent a 340B stakeholder has a specific circumstance where they believe their COVID-19 response may affect their compliance or eligibility in the 340B Program, the stakeholder should contact the 340B Prime Vendor at 1-888-340-2787 (Monday – Friday, 9 a.m. – 6 p.m. ET) or apexusanswers@340bpvp.com.

Additionally, HRSA has provided 340B Covid-19 Resources, including some new FAQs here.

One FAQ specifically addresses telehealth services provided during the coronavirus 19 pandemic:

Given the coronavirus 2019 pandemic, what flexibilities are available to entities to allow a provider to offer telehealth services?

HRSA understands that the use of technology in health care delivery during this time is critical, and that telemedicine is merely a mode by which the health care service is delivered. For the 340B Program, HRSA recommends that covered entities outline the use of these modalities in their policies and procedures and continue to ensure auditable records are maintained for each eligible patient dispensed a 340B drug.

To assist Trinity Health 340B programs, we are providing additional guidance to our covered entities as they consider how they include telehealth visits in their 340B programs. Outpatient prescriptions generated from telehealth visits should be considered for inclusion as 340B eligible when:

- The telehealth visit occurred in place of an in-person visit in a registered 340B location of the CE (i.e. visit would have occurred in a 340B eligible location but for the pandemic); and
- All elements of the patient definition are met:
  - the covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care; and
  - the individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with the covered entity; and
  - the individual receives a health care service or range of services from the covered entity which is consistent with the service or range of services for which grant funding or Federally-qualified health center look-alike status has been provided to the entity. Disproportionate share hospitals are exempt from this requirement.