

Pharmacy Rebate Tracking: Are All Your Locations Aligned?

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Disclosures

• The presenters have no real or perceived conflicts of interest related to this presentation

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presented in a case study or comparative format using evidence-based research. Such examples are
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of any particular supplier, brand, product, service or drug.



Learning Objectives

At the end of this session, participants should be able to:

- 1. Explain the importance of tracking rebates
- 2. Identify how Health Industry Number (HIN) are allocated within their own health system
- 3. Describe entity and industry steps involved in rebate optimization



Scripps Health At-a-Glance



Who We Are

- Based in San Diego, California
- Founded in 1924
- \$3.5 billion not-for-profit integrated health system
- Treat more than 700,000 patients annually
- Over 3,000 affiliated physicians and 16,000 employees
- 5 acute care hospital campuses
- 32 outpatient clinics





What We Look Like

- Corporate Offices
- Hospitals
- Clinics
 - Ologies (oncology, rheumatology, hematology.....)
 - Other Physician Practices
 - Rehabilitation Center
- Central Pharmacy Productions
- Retail
 - Ambulatory
 - Specialty





Rebates — Love Them Or Hate Them



Typical Rebate Requirements

- Growth Incentives
 - Baseline
 - Percent Growth
 - Units Growth
- Total Purchased Units
- Market Share Based
 - Market Basket of Competitive Products
- Bundled
- Combination of Above





Methods of Delivery

- EFT
 - Tends to get lost in the general hospital funds



- Check
 - Can be directed to a specific person in a specific department

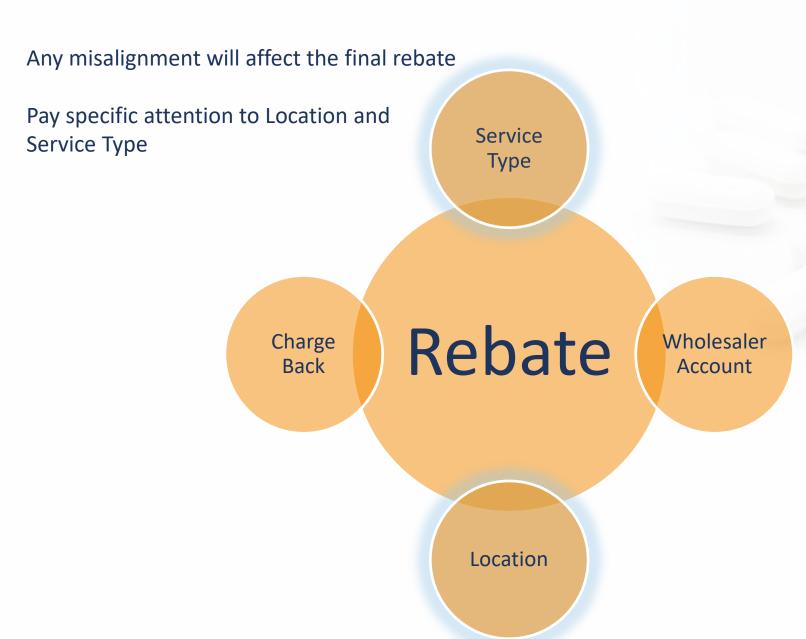


- Direct from the Manufacturer
- Dispersed through the Group Purchasing Organization
 - HealthTrust
 - Clinic GPO (ologies or other)
 - Apexus (340B)
- Dispersed through the wholesaler





Common Factors in Rebate Calculations





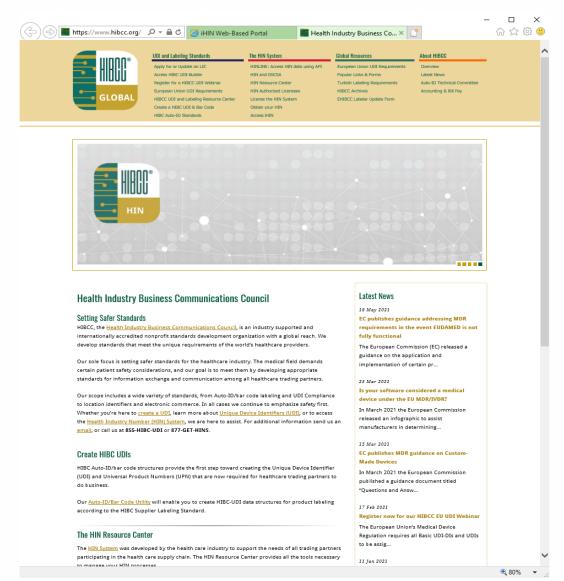


Health Industry Number System

Richard Higgins – Strategic Sourcing Analyst

HIBCC: HEALTH INDUSTRY BUSINESS COMMUNICATIONS COUNCIL

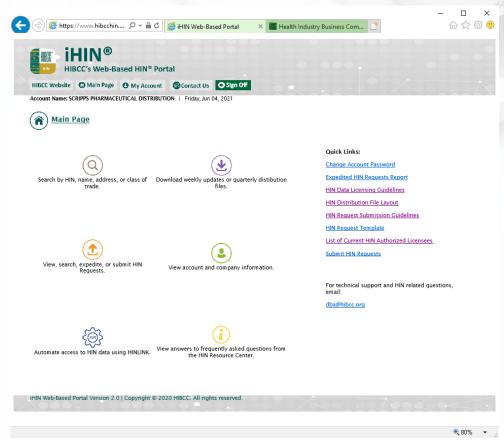
HIBCC (https://www.hibcc.org/)





HIN — Health Industry Number

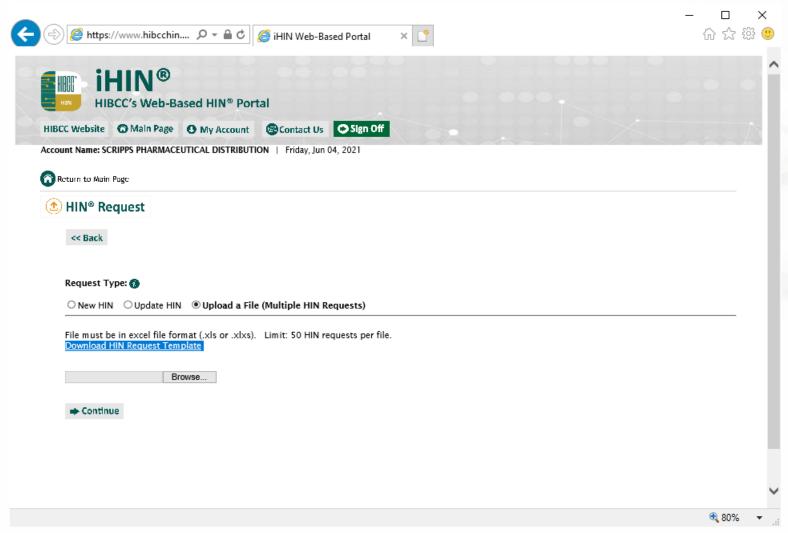
- A unique ID for identifying all trading partners
- Created by the healthcare industry as a universal identifier that would support the business needs of all trading partners in the supply chain during their electronic communications and transactions
- A randomly assigned, nine-character, alpha-numeric identifier
- HIN is user driven; the data originates from information supplied by health care locations and facilities.
- Guidelines
- HIN Data Licensing Guidelines
- HIN Distribution File Layout
- HIN Request Submission Guidelines





HIN Request Submission

Download HIN Request Template





Lessons Learned



Lessons Learned

- Understand who your internal contacts are when establishing a new location or department (PM, logistics, leadership)
- New location timeline to go-live
- 4–6 week minimum for HIN assignments with HIBCC
 - Check status of work order online
 - Be persistent in following-up with HIBCC
 - There is an expediting HIN request option (\$25 fee per HIN)
 - Allow for additional time for GPO contract alignment and wholesaler / manufacturer account setup once HIN is assigned



Examples of Clean-Ups & Monitoring

Per our conversation, can you please confirm you would like these below HIN locations added to your agreement:

Thank you for the confirmation. We'll plan to remove them from your contract as soon as possible. Talk with you soon!

under paid. See addition below.

Alignment end date 4.30.18; not eligible for a rebate Alignment end date 4.30.18; not eligible for a rebate Alignment end date 4.30.18; not eligible for a rebate Alignment end date 4.30.18; not eligible for a rebate Alignment end date 4.30.18; not eligible for a rebate



* still in dispute w/

AXNON IFF)	SCRIPPS CLINIC RANCHO BERNARDO	15004 INNOVATION DR FL 4 RHEUMATOLOGY LAB	SAN DIEGO	CA	92128	LABORATORY	нн	Active Add To View
48N9NJEFG	SCRIPPS CLINIC RANCHO BERNARDO	15004 INNOVATION DR FL 4 RHEUMATOLOGY	SAN DIEGO	CA	92128	MEDICAL SERVICES	нн	Active Add To View



Rebate Tracking

	Q1 2020	Q1 Verified Date		Q2 2020	Q2 Verified Date		Q3 2020	Q3 Verified Date	Q4 2020	Q4 Verified Date
S	22,266.00	6/11/2020	S	35,214.00	10/8/2020	S	34,425.00	2/17/2021	\$24,187.91	3/5/2021
\$	1,124.08	7/9/2020	\$	1,607.14	10/21/2020	\$	6,038.90	12/22/2020		
\$	-		\$	5,406.00	10/28/2020					
S	19,127.00	7/9/2020	\$	24,824.68	10/15/2020	\$	15,062.16	2/17/2021	\$45,824.05	5/24/2021
S	32,173.00	7/27/2020	\$	26,430.00	11/12/2020	\$	11,407.00	2/17/2021		
\$	-		\$	-						
S	15,184.00	6/28/2020	S	15,745.00	10/28/2020	\$	15,840.00	1/28/2021	\$14,921.44	4/27/2021
\$	-		\$	2,081.00	10/28/2020					
S	46,959.00	8/17/2020	\$	44,818.00	11/12/2020				\$27,779.90	5/28/2021
S	675.00	7/20/2020	\$	1,316.28	10/8/2020	\$	1,283.00	3/10/2021	\$1,350.03	4/27/2021
S	1,376.00	7/27/2020	\$	2,324.00	11/12/2020	\$	2,415.00	2/17/2021	\$1,524.20	4/27/2021
S	7,209.00	\$ 2,009.28	S	3,969.00	10/8/2020	S	103.00			
S	9,575.00	7/9/2020	S	4,787.00	10/26/2020	\$	1,063.88	2/17/2021		
\$	-		\$	279.00	9/15/2020	\$	3,626.00	3/10/2021	\$6,043.96	3/5/2021
S	59,656.00	7/9/2020	\$	79,526.00	10/15/2020	\$	58,160.23	2/17/2021	\$89,827.33	5/28/2021
\perp			\$	-						
S	3,525.00	7/9/2020	\$	3,619.00	10/15/2020	\$	2,444.00	3/10/2021	\$1,363.00	3/5/2021
\$	-		\$	1,739.00	10/26/2020	\$	1,925.00	2/17/2021	\$1,755.96	4/13/2021
									\$36,651.70	4/13/2021
S	1,142.00	7/9/2020	\$	921.00	10/8/2020	\$	585.16	2/17/2021		
\perp						\$	3,596.99	1/14/2021	\$23,158.95	4/13/2021
\$	214,414.00	6/28/2020	\$	179,358.00	10/15/2020	\$	100,549.83	1/4/2021	\$95,962.08	4/7/2021
			\$	2,939.27	11/25/2020	\$	10,742.58	3/26/2021		
\$	2,011.00	7/9/2020	\$	2,395.00	10/8/2020	\$	2,037.42	2/17/2021	\$1,733.13	5/28/2021
\perp			\$	31,111.00	11/12/2020	\$	29,429.00	2/17/2021	\$26,836.52	5/24/2021
\$	31,996.00	7/14/2020	\$	31,025.00	10/28/2020	\$	34,763.00	3/10/2021		
S	85.00	7/9/2020	\$	-					\$124.05	6/2/2021
S	72,971.24	7/9/2020	\$	62,459.29	10/15/2020	\$	19,433.95	2/17/2021	\$106,574.40	5/24/2021
\$	1,363.57	7/9/2020	\$	789.00	10/15/2020	\$	1,513.00	2/17/2021		
			\$	524.00		\$	877.00		\$29,611.01	5/28/2021
S	16,633.00	8/17/2020	\$	18,199.00	11/12/2020	\$	16,825.00	2/17/2021	\$10,377.43	5/24/2021
S	45,624.00	9/17/2020	S	64,117.00	10/28/2020	\$	74,414.28	2/17/2021		
S	7,318.00	7/9/2020	S	12,872.00	10/26/2020	\$	12,025.79	2/17/2021		
\perp			\$	-						
\perp						\$	4,021.00		\$6,110.03	5/28/2001
\$	-		S	2,501.00	10/15/2020	\$	2,501.00	1/14/2021		
S	17,986.00	8/17/2020	S	24,125.00	11/12/2020	\$	22,121.00	1/28/2021	\$21,159.60	4/27/2021
S	13,530.00	6/28/2020	S	10,780.00	10/15/2020	\$	8,965.00	1/14/2021		
			\$	562.60	11/29/2020	\$	4,163.28	3/5/2020		
S	4,548.44	7/9/2020	\$	3,852.00	10/15/2020	\$	3,167.25	2/17/2021		

- Review contracts for rebates prior to quarter end.
- Incorrectly calculated rebates can affect the bottom-line significantly.





Assessment Question #1 of 3

The importance of tracking rebates includes:

- a. Identifying contract misalignments
- b. Financial benefits
- c. B and C
- d. None of the above



Assessment Question #1 of 3: Correct Response

The importance of tracking rebates includes:

- a. Identifying contract misalignments
- b. Financial benefits
- c. B and C
- d. None of the above



Assessment Question #2 of 3

Where does the data originate from that is used to assign Healthcare Industry Numbers (HINs)?

- a. HIBCC
- b. Health care locations and facilities
- c. GPO
- d. None of the above



Assessment Question #2 of 3: Correct Response

Where does the data originate from that is used to assign Healthcare Industry Numbers (HINs)?

- a. HIBCC
- b. Health care locations and facilities
- c. GPO
- d. None of the above



Assessment Question #3 of 3

Which of the following is a step to optimize rebates in health systems?

- a. Routinely review contracts for missing locations
- b. Review contract compliance prior to rebate term
- c. Request and review for accuracy data used for contract calculations
- d. Maintain a tracking document and follow up on missing rebates
- e. All of the above



Assessment Question #3 of 3: Correct Response

Which of the following is a step to optimize rebates in health systems?

- a. Routinely review contracts for missing locations
- b. Review contract compliance prior to rebate term
- c. Request and review for accuracy data used for contract calculations
- d. Maintain a tracking document and follow up on missing rebates
- e. All of the above



References

- HIBCC (https://www.hibcc.org/)
- The core content of this presentation reflects the internal workflow and thought processes of Scripps Health





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