

## Supplemental Payment Program for Non-Hospital 340B Clinics

### Application for Participation

The purpose of the Supplemental Payment Program (SPP) for non-hospital based clinics is to secure, strengthen, and support the community clinic and health center delivery system for Medi-Cal beneficiaries. The increased pressure on the delivery system to integrate and coordinate health care and manage the array of beneficiary health complexities requires additional levels of engagement and providers delivering these added services must be compensated.

It is important to ensure the added services enabled through 340B in the Medi-Cal Program continue for beneficiaries across California. As such only 340B covered entities may participate in this SPP. Eligible applicants must have active and validated 340B identifier, a 340B primary contact and authorizing official. Please list all site names and their related NPI numbers, including for intermittent clinics.

Applications must be submitted via email to [SPPapplication@dhcs.ca.gov](mailto:SPPapplication@dhcs.ca.gov) no later than 5:00 P.M. Pacific Time on September 16, 2022 to be considered for participation in Program Period 1 and Program Period 2.

Applicant Information			
Organization Name:			
CEO Name			
	<i>First</i>	<i>Last</i>	<i>Email</i>
Secondary Contact:			
	<i>First</i>	<i>Last</i>	<i>Email</i>
Site Name(s)/NPI(s):			
	<i>Site Name(s)/NPI(s)</i>		
Do you operate an in-house pharmacy, have contract pharmacy 340B arrangement or both?			

To participate applicants must be a Medi-Cal 340B covered entity. Provide the following substantiation:

<ul style="list-style-type: none"> <li>• 340B primary contact and authorizing official:</li> </ul>	
<i>340 B Primary Contact</i>	<i>Authorizing Official</i>
<ul style="list-style-type: none"> <li>• Unique 340B identifier per site (will be validated on OPA website):</li> </ul>	
<i>340B Identifiers</i>	

Organization Name:

Must be a non-hospital based clinic that meets one the following criteria:  
(Please check which your organization meets)

- Licensed under subdivision (a) of Section 1204 of the Health and Safety Code with less than twenty percent (20%) commercial insurance patients according to Department of Health Care Access and Information 2019 utilization reports by NPI(s)
- Licensed under subdivision (a) of Section 1204 that operate in a designated HRSA rural area
- Exempt from licensure under subdivision (b) or (c) of Section 1206 of the Health and Safety Code

Please select at least three (3) services you actively provide for the Medi-Cal population that will be supported by the SPP. If you will be providing the same services at each site please only submit one narrative for all sites and indicate this preference in your narrative. If you will be providing different services at each site please provide a narrative for each site and indicate the services that will be provided in each.

List of Services:

- All Sites
- Site Specific: Please indicate site name/location:

Pharmacy:

- Medication management
- Clinical pharmacy services
- Immunizations/ vaccines
- Improving medication compliance
- Opioid remediation
- Patient Assistance Program

Patient support services:

- Case management/Care Coordination
- Health education
- Unreimbursed Addiction Support/Service Costs
- Hard to recruit specialties such as Orthopedics, Urology, Gastroenterology;
- Disease -state programs, such as Infectious Disease, HIV/AIDS;

Narrative Description:

Organization Name:

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

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