

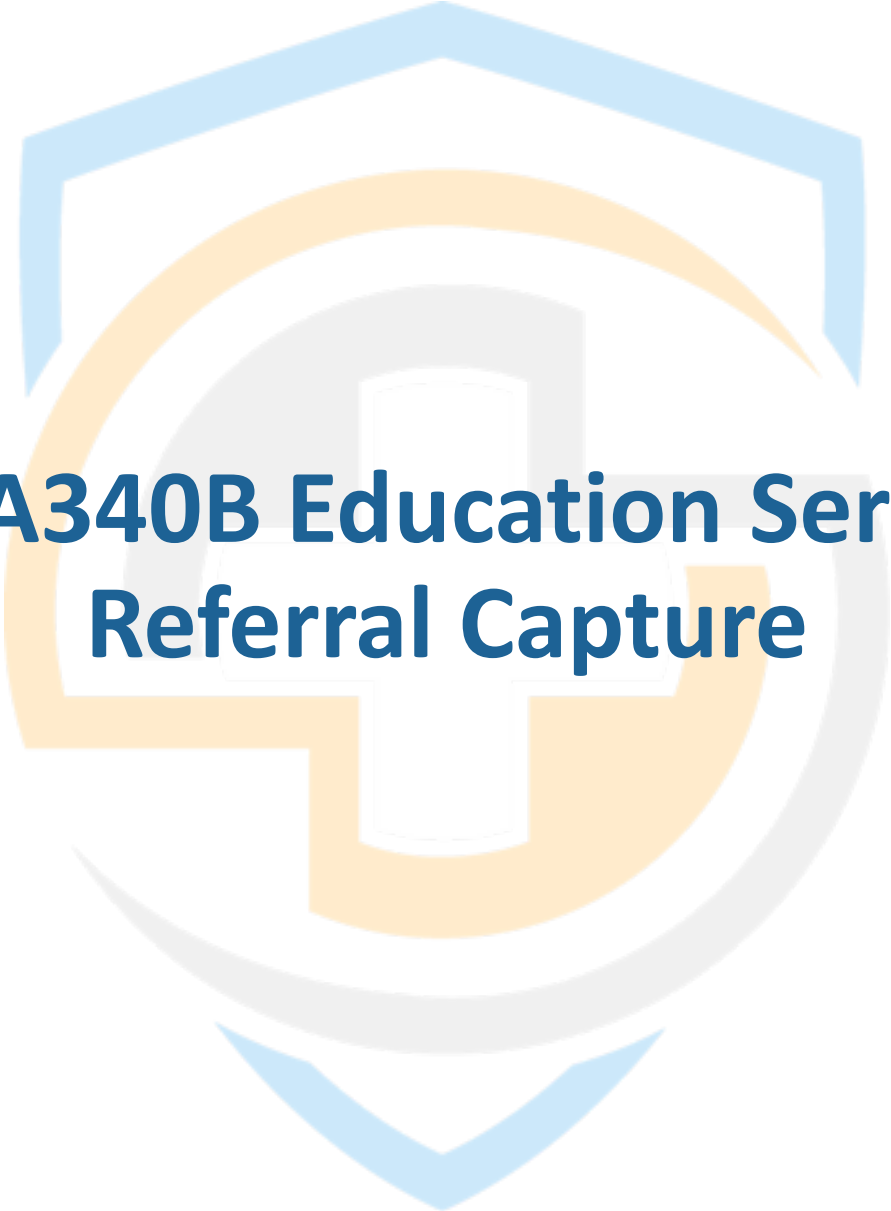


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*"You are never wrong, if you do the right thing."*



**GCA340B Education Series:  
Referral Capture**

04/29/2026

# Overview of Today's Discussion



- ✓ What is Referral Capture?
- ✓ What is KomCare?
- ✓ How Does KomCare's Referral Capture Process Work?
- ✓ Discussion Points:
  - How to Correct Claims that Could Be Captured
  - Manufacturer Restrictions Impact
  - IRA Impact
  - How Does HRSA Audit Referral Capture?
  - HRSA Audit Takeaways
  - Final Thoughts
- ✓ Questions

# What is Referral Capture?

340B referral capture is the process of identifying and documenting prescriptions from patients referred to outside providers, allowing Covered Entities to maximize 340B savings while maintaining compliance.

340B referral capture occurs when a patient of a 340B Covered Entity (CE) is referred to an external specialist or clinic, and any prescriptions written by that outside provider are captured under the CE's 340B program. To qualify, the patient must meet all 340B eligibility criteria and the CE must maintain responsibility for the patient's care. Proper documentation of the referral and follow-up care must be saved within the patient's medical record.

Documentation must include:

- Documentation within the CE's medical record for the patient regarding the referral and associated medication(s) (such as the referral order);
- A summary of the diagnosis and care provided by the referred specialist (such as the specialist's visit note);
- Evidence that the patient meets 340B eligibility criteria.

Well-managed 340B referral capture programs can unlock substantial financial and operational benefits for CEs. Successful programs focus on coordinated workflows, accurate documentation, and compliance with HRSA guidelines.

# What is KomCare?

Referral prescriptions can account for a substantial portion – sometimes up to 25-35% – of a Covered Entity’s total contract pharmacy opportunity. Effectively capturing these prescriptions can unlock significant revenue potential for your 340B program, enabling reinvestment into expanded patient services, improved access to care, and enhanced clinical offerings.

**GCA340B’s KomCare Referral Capture Program** is designed to help CEs harness referral capture opportunities with precision and compliance. Our team proactively identifies prescriptions written by external providers that meet 340B eligibility criteria, even when care is delivered outside of your organization. We manage the full documentation process, including obtaining visit notes and supporting documentation from the prescriber, ensuring alignment with your internal policies and HRSA audit standards.



# How Does the KomCare Referral Process Work?

CE is approved by HRSA and registered on OPAIS and has a registered clinic site

CP dispenses drugs to CE patients

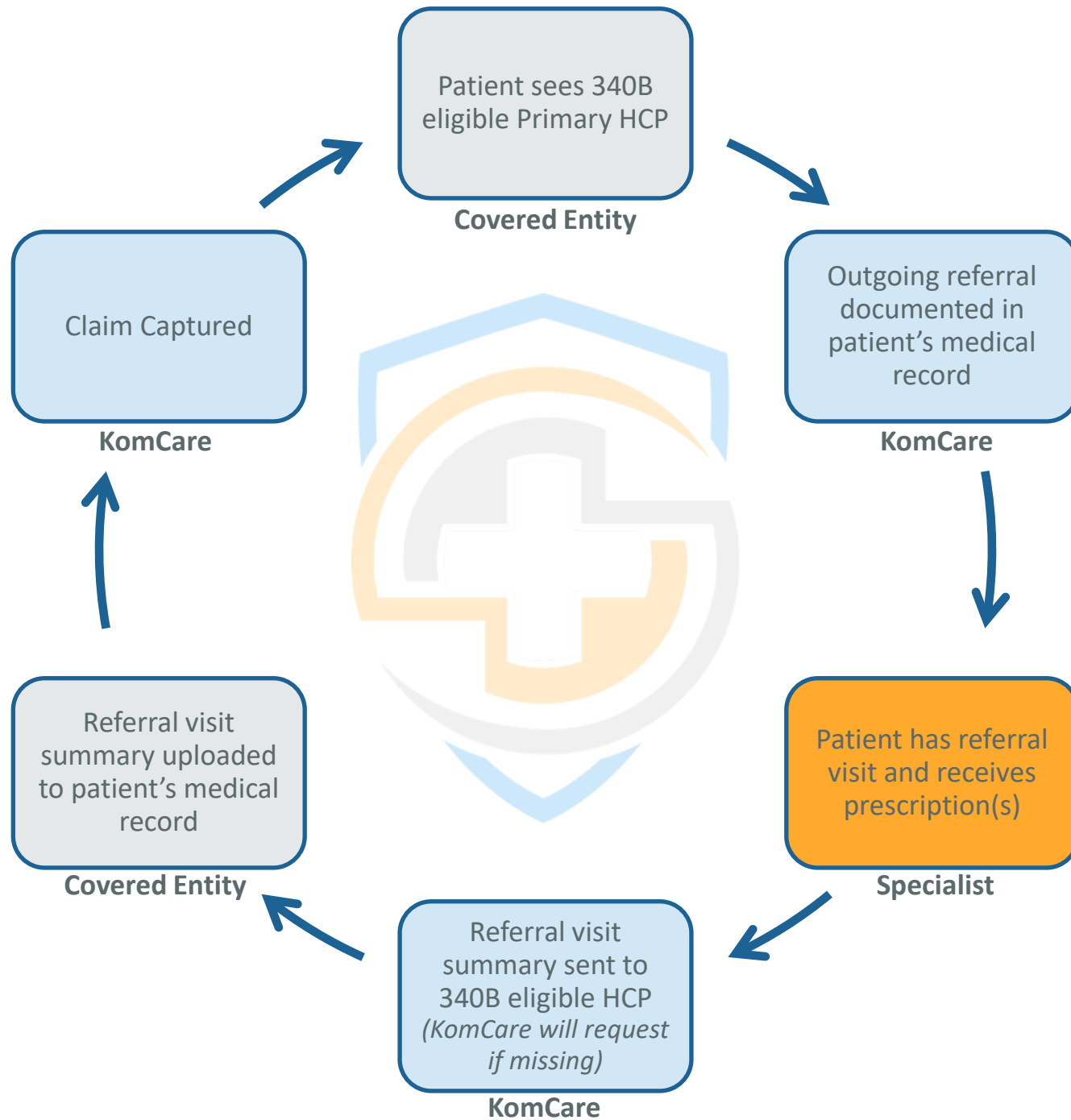
KomCare submits applicable claims for TPA qualification

KomCare pulls monthly reports to identify all captured referral claims; CE is invoiced for a % of the *net* revenue generated (*gross revenue less dispense fees less COGS*) from **replenished** claims

CE contracts with a pharmacy (Contract Pharmacy / CP) and registers CP on OPAIS

KomCare reviews dispenses prescribed by non-CE providers  
→ Pulls non-qualified reports from TPA portals  
→ Obtains required notes and documentation from prescriber to meet CEs P&Ps

Qualified drugs are replenished by wholesaler, shipped to CP, billed to CE



# How to Correct Claims that Could be Captured

For a referral claim to be compliant, documentation of the referral **must** be present in the patient's medical record.

The following items meet the 'record of referral' requirement:

- PCP documentation in the visit note that references the referral prescriber and related medication; or
- A phone note documenting verification with the patient of the referral provider and associated medication; or
- An addendum to the PCP visit note that includes the necessary referral information.

If all other items are met and the **only** missing component is the referral provider visit notes, KomCare will reach out to the referral provider's office to have the necessary visit notes sent / faxed to the PCP office to be uploaded to the patient chart.

# Manufacturer Restrictions Impact

- Manufacturer Restrictions impact referral capture programs and can reduce 340B savings.
  - Claims-level submission data requirements
  - Pharmacy designation requirements may not include where patients actually fill their referral prescriptions (ex: designation allowed for in-house pharmacies only or for one contract pharmacy location only)
- Even in referral capture programs, every pharmacy is filtered against Pharmacy Designations put in place due to Manufacturer restrictions.
- IRA (Inflation Reduction Act 2022) restrictions that Walmart has implemented also impact referral capture programs. NO rebate meds getting captured.

# IRA Impact

- The Inflation Reduction Act (IRA) also impacts referral capture programs.
  - Walmart is blocking all IRA drugs from qualifying for 340B programs.
  - Walgreens is blocking all IRA drugs from qualifying for 340B programs.

2026 IRA Drugs	
Manufacturer	Selected Drug
Abbvie	Imbruvica
Amgen	Enbrel
AstraZeneca	Farxiga
Bristol Myers Squibb	Eliquis
Boehringer Ingelheim	Jardiance
Johnson & Johnson	Stelara Xarelto
Merck	Januvia
*Novartis	*Entresto
Novo Nordisk	Novolog / Novolog Flexpen / Novolog Penfill Fiasp / Fiasp Flextouch / Fiasp Penfill

\*Entresto has not yet been approved by HRSA, but approval is expected in the coming weeks.

2027 IRA Drugs	
Manufacturer	Selected Drug
Abbvie	Linzess Vraylar
Amgen	Otezla
Astellas	Xtandi
AstraZeneca	Calquence
Bausch	Xifaxan
Bristol Myers Squibb	Pomalyst
Boehringer Ingelheim	Ofev Tradjenta
GlaxoSmithKlein	Breo Ellipta Trelegy Ellipta
Merck	Janumet / Janumet XR
Novo Nordisk	Ozempic Rybelsus Wegovy
Pfizer	Ibrance
Teva	Austedo / Austedo XR

# How Does HRSA Audit Referral Capture?

HRSA does not audit referral capture as a *standalone concept*. Instead, auditors evaluate whether referral patterns result in compliant or non-compliant use of 340B drugs.

## What HRSA Is Evaluating

- 340B drugs were dispensed only to eligible patients
- Record of referral located within patient medical record
- Prescriptions were written by provider type for which patient was referred (ex: if patient referred to endocrinology, prescription written by endocrinologist)
- Meds were tied to qualifying outpatient encounters
- Covered Entity maintains responsibility for patient care
- No drug diversion or duplicate discounts occurred

## What HRSA Is Not Evaluating

- Whether referrals maximize revenue
- Whether referrals are “strategic” or “efficient”
- Whether an entity “should” refer internally vs externally

# HRSA Audit Takeaways

- In speaking with our Director of Compliance, Apexus has advised that HRSA doesn't look at the *specifics* of the referral.
  - HRSA wants to verify a referral took place and record of the referral is captured in the patient medical record.
  - Example: if a referral states endocrinology, that referral would cover *any* endocrinologist, even if it is not the specific provider listed on the referral order.
- Each HRSA auditor has their own audit process.
  - Some auditors may check the date a referral prescription was written vs the date of a referral visit note discussing prescribed medication.
  - Some auditors may check the date a referral prescription was written vs the date of the PCP referral order.
  - Auditors may accept varying forms of how the referral is captured within the patient medical record:
    - Actual referral order
    - PCP verbiage in visit note referencing need for a referral
    - Addendum to PCP visit note including necessary information
    - EHR phone note verifying with patient what medication is taken and who is the prescriber

# Final Thoughts

- Referral Capture is a viable, HRSA-accepted method of capturing additional 340B Revenues, *as long as it is handled in a compliant manner!*
- If including referral capture in a 340B program, ensure a Referral Capture Policy is included in 340B Policies and Procedures.
- Compliance is key!
  - KomCare does not operate in a “grey area” – if a claim does not meet our defined process requirements, it will not capture.
  - For example, if the documentation loop is not closed, the claim will not capture.
- KomCare has achieved 100% compliance in every GCA340B client HRSA audit to date.

# We're Here to Help!

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