

Leakage Analysis



1	How long does a full analysis take? Response: The overall process takes 8-12 weeks. Up-front data collection from vendors and partners can take 4-6 weeks. After all available data has been collected, the analysis can be completed in about 4-6 weeks.
2	How much does the analysis cost? Response: The cost of the analysis is determined by the level of service and the amount of certified Leakage identified. An estimated cost is provided once a drug fact sheet is submitted for the review.
3	What time period of data is evaluated Response: While more data yields better results, it is strongly suggested that 2 recent consecutive quarters be requested and submitted for analysis. It is important that all vendors and partners submit the same 2 quarters (i.e. 1 st and 2 nd quarter) for the best comparison.
4	What data needs to be provided from vendors and partners? Response: This will be reviewed in the implementation phase, but should be provided from: (1) the top 6-12 commercial payers (2) the top 5-10 state Medicaid agencies (3) the copay card administrator (4) the primary wholesalers (5) the top 2-4 P/A vendors
4	Does the service include any on-site auditing? Response: The service does not include auditing of contracted entities or vendors. Depending on the findings, an audit may be suggest along with qualified auditors' names.
5	Does the service include auditing and reconciliation of wholesaler files? Response: The service does not include auditing of sell-through, inventory or debit/credit files. However, files may be reviewed to validate pharmacy purchases and inventory costs.
6	Can only one service be contracted? Response: At a minimum, prescription claims (typically rebate files) and copay card transaction data must be reviewed. P/A data and wholesaler data can be omitted but it will impact the findings.

Leakage Analysis



7	Are transactions reviewed separately or together? Response: Within the process, prescription claim data (where a prescription or order number has been assigned by the dispensing provider) from the different vendors is concatenated to form a readable activity tracking record. The tracking record is then analyzed and flagged, and then further reviewed for Leakage certification. All tracking records are then combined so that a complete picture of rebate Leakage, copay card buydown Leakage, P/A charge anomalies, and potential wholesaler chargebacks can be evaluated at a higher level.
8	Is there a definitive list of 340B pharmacies that is used? Response: There is no definitive list of 340B contracted pharmacies that links to NCPDP pharmacy IDs or national NPIs. Lists have been built specifically for this process and are continually updated.
9	Can only one service be contracted? Response: At a minimum, prescription claims (typically rebate files) and copay card transaction data must be reviewed as they are the largest potential source of Leakage. P/A data and wholesaler data can be omitted but it will impact the findings.
10	What level of results are provided? Response: Depending of the contracted level of service, the results provided will vary from general reports and high level (category) summary findings to lower level (vendor/partner) summarized data. Claim level detail is not provided due to potential PHI content and confidentiality concerns.
11	Can historical Leakage be recovered or recouped? Response: Generally, it is very difficult to recover historical Leakage unless a full audit is performed. With copay cards, it typically is impossible to recoup the buydown as the money has been applied to a patient markdown causing it to be difficult to collect.