

THE MEETING WILL BE STARTING SHORTLY

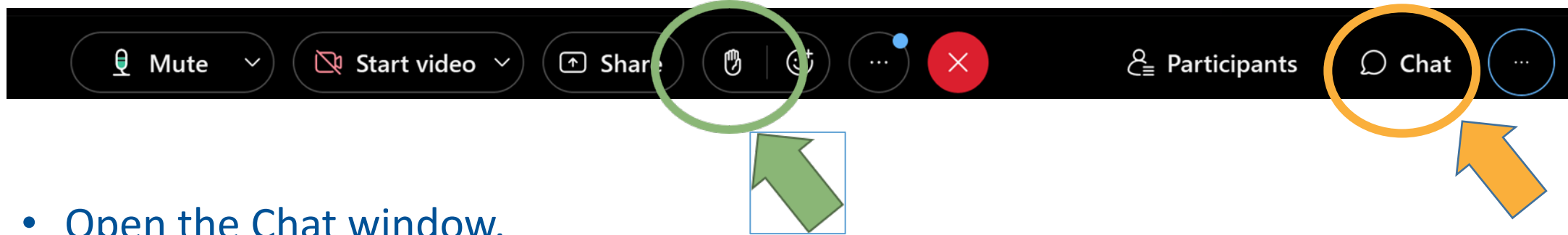
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Any notetakers will be expelled by the host.

All-Employer Member Meeting

August 5, 2026

To Ask a Question During the Webinar



- Open the Chat window.
- Select the tab to send DIRECT to **Ashley Tait-Dinger (Host)**.
- In the window, type your question and send.
- Alternatively, you can raise your hand by clicking on the hand in the menu as shown above and we will call on you.
- We will respond to as many questions as we can during the webinar.

Agenda



- 340B Presentation
- 340B Employer Member Only Discussion – Next Steps
- Surprise Billing IDR Impact
- Upcoming Events and Programs
- Board of Directors Vote

Today's Guest Speaker



Kristin Niakan, MPH, *Senior Pharmacy Management Consultant, Milliman*

- 10 years experience in the pharmacy space
- Areas of expertise include pharmacy benefit design, drug reimbursement, pharmacy pipeline and marketplace, health policy, and broad experience with research and claims-based analyses
- Specializes in analysis of large healthcare claims data – summarizing and interpreting complex data across various disease states
- Proven track record of providing valuable insights that drive strategic decision-making and cost effectiveness

340B: What Self-Funded Employers Need to Know

Considerations for plan sponsors

Kristin Niakan, MPH

August 2026



Why 340B Matters for Employers

Employers can't easily control 340B utilization, but they can control how these claims are treated in their contracts and benefit designs.

THE SCALE OF 340B

\$81.4B¹

in 340B drug purchases in 2024, up from \$6.6B in 2010

~25%

of gross Rx cost comes from rebates — now at risk

+4.2%²

employer drug-cost increase from lost 340B rebates

WHY EMPLOYERS SHOULD CARE

- ✓ **340B claims are usually excluded from rebate guarantees and ineligible for rebates**
- ✓ **Linked to higher-cost drug utilization and higher net plan spend³**
- ✓ **Create audit and claw-back risk on rebates already paid**
- ✓ **Tied to an increase in employer premiums⁴**

The Bottom Line for Plan Sponsors

- **Limited control over utilization.** Employers have little say over prescribing at 340B covered entities.
- **But real control over financial treatment.** They can influence how 340B claims are handled in PBM contracts and benefit designs.

THREE LEVERS EMPLOYERS CAN PULL

- 1 Contract & reporting:** Clearly define and track 340B claims
- 2 Pharmacy network:** Control where specialty scripts are filled
- 3 Benefit design:** Favor low-net-cost, low-rebate-dependent formularies

Sources (as cited in the underlying Milliman paper): ¹ CBO, "The 340B Drug Pricing Program" (2025) — <https://www.cbo.gov/system/files/2025-09/60661-340B-program.pdf>; HRSA, "2024 340B Covered Entity Purchases" — <https://www.hrsa.gov/opa/updates/2024-340b-covered-entity-purchases> ² IQVIA, "The Cost of the 340B Program, Part 1" (2024) — <https://www.iqvia.com/-/media/iqvia/pdfs/us/white-paper/iqvia-cost-of-340b-part-1-white-paper-2024.pdf> ³ Milliman, "Analysis of 340B Commercial & Medicare Outpatient Drug Spend" (2025), commissioned by PhRMA — https://media.milliman.com/v1/media/edge/images/millimaninc5660-milliman6442-prod27d5-0001/media/Milliman/PDFs/2025-Articles/7-31-25_Analysis-340B-commercial-and-Medicare-outpatient-drug-spend.pdf ⁴ Health Capital Group, "340B & State Insurance Premiums" — <https://www.healthcapitalgroup.com/340b-state-insurance-premiums> | Underlying source: Milliman, "340B Considerations for Self-funded Employers" (June 2026), commissioned by Genentech.

Employer Levers: PBM Contracts

Precise definitions and transparent reporting protect rebate value

Clearly Define 340B Claims

- Use a precise, narrow, **independently auditable** definition
- **Submission clarification code** (e.g., 20)
- **Basis-of-cost determination fields** (e.g., 08)
- **NCPDP pharmacy provider types** (e.g., type 39, type 38)
- Attempt to limit any claims identified as 340B by third party administrator / manufacturer, but if required, ensure appropriate audit trail to document
- Avoid broad definitions: "any claim at a HRSA contract pharmacy" can sweep in non-340B claims at the ~60% of U.S. pharmacies that are contract pharmacies

Reporting & Protections

- **Quarterly, claim-level reporting**: volumes by pharmacy, ID methods, financial impact
- **Audit rights** and claim-level data, including rebate rejections
- **100% pass-through** of manufacturer rebates, regardless of classification
- **Time-limited claw-back protocols** (e.g., no claw backs > 1 year post payout)
- Keep 340B claims inside network discount & dispensing-fee guarantees

1. Definitions.

- 1.1. **"340B Claim"** means a Claim identified by the submission of "20" in any of the Submission Clarification Code fields and/or a Claim submitted by pharmacy owned by a covered entity, as defined in Section 340B(a)(4) of the Public Health Services Act, whose 340B status is coded as "38" or "39" in the NCPDP DataQ database.

340B Claim

"340B Claims" means: (i) Claims submitted by 340B contracted pharmacies that are submitted with a submission clarification code of "20" or basis of cost determination code of "08" or Claims submitted via a 340B N1 transaction; (ii) Claims submitted by a 340B covered entity-owned or 340B contracted pharmacies which are categorized as Type 39 or Type 38 in the NCPDP DataQ database; or (iii) Claims identified as a 340B Claim by a third party administrator.

Sources (as cited in the underlying Milliman paper): ¹ Drug Channels, "The 340B Contract Pharmacy Market in 2025" — <https://www.drugchannels.net/2025/10/the-340b-contract-pharmacy-market-in.html> | Underlying source: Milliman, "340B Considerations for Self-funded Employers" (June 2026), commissioned by Genentech.

Employer Levers: Pharmacy Network

Network design is one tool for plans to control 340B

Design a Narrower Network

- Narrow or exclusive specialty networks control which pharmacies dispense to members
- Limits participation of covered entities and their contract pharmacies
- Note: many of the largest specialty pharmacies are themselves contract pharmacies
- Consult legal counsel — several states restrict 340B network "discrimination"

Ask the PBM Not to Be a Contract Pharmacy

- PBM-owned pharmacies may participate as 340B contract pharmacies
- They can capture 25–35% of the 340B discount²
- 2025 contract-pharmacy relationships: CVS ~77,000 · Express Scripts ~15,000 · Optum Rx ~13,000³
- Raise the request during the RFP / contracting process

PBMs may not be willing to change book of business practices (e.g., contract pharmacy status) for one employer. However, select PBMs and pharmacies may be willing to abide by desired terms, particularly during competitive situations (e.g., RFP).

Sources (as cited in the underlying Milliman paper): ¹ NACHC, "State-Level 340B Laws & Legislation Tracker" — <https://www.nachc.org/issues-advocacy/state-level-340b-laws-and-legislation-tracker/> ² Drug Channels, "The Top Five For-Profit 340B Contract Pharmacies" (2023) — <https://www.drugchannels.net/2023/07/exclusive-for-2023-five-for-profit.html> ³ Drug Channels, "The 340B Contract Pharmacy Market in 2025" — <https://www.drugchannels.net/2025/10/the-340b-contract-pharmacy-market-in.html> | Underlying source: Milliman, "340B Considerations for Self-funded Employers" (June 2026), commissioned by Genentech.

Employer Levers: Benefit Design

Designs that rely less on rebates are less exposed to 340B rebate loss.

Favor Low-Net-Cost Formularies

- Prioritize lowest total cost to the plan, not the highest rebates
- Emphasize lower-WAC drugs, generics, and biosimilars
- Less rebate-dependent means less exposure to 340B rebate loss
- Generally more affordable for members on HDHPs with coinsurance and deductibles

340B Shared Savings Arrangements

- High-WAC, high-rebate formularies carry the most 340B risk
- Understand 340B "shared savings" arrangements offered by providers
- They can raise net costs and shift care to higher-cost sites¹
- One analysis: estimated shared-savings programs raised employer costs by ~14%, on average²

Bottom line: The more a formulary depends on rebates, the more 340B rebate ineligibility can hurt plan financials.

Sources (as cited in the underlying Milliman paper): ¹ National Alliance, "Employer Shared Savings" Action Brief — <https://www.nationalalliancehealth.org/wp-content/uploads/NA-Action-Brief-Employer-Shared-Savings-Final.pdf> ² IQVIA, "The Cost of the 340B Program, Part 2: 340B Revenue Sharing" (2024) — <https://www.iqvia.com/-/media/iqvia/pdfs/us/white-paper/2024/the-cost-of-the-340b-program-part-2-340b-revenue-sharing.pdf> | Underlying source: Milliman, "340B Considerations for Self-funded Employers" (June 2026), commissioned by Genentech.



Thank you

Kristin Niakan, MPH



Scan to read the white paper

Employer Member-Only Discussion



- What's realistic after today's briefing on 340B?
- What feels feasible in the next 12 months?
- What would stop you from acting – PBM, consultant, legal, data, capacity?
- What could we do collectively that you cannot do alone?

Surprise Billing IDR Impact



The Florida Alliance would like to hear from Employer Members about their experience.

Have unexpectedly high payments resulting from the federal IDR process affected your health plan costs?

If so, please let us know, as employer feedback will help inform our advocacy efforts.

Mental Health & Substance Use Learning Series



Thursday, September 3, 3:00PM – 4:00PM ET

The Florida Alliance is launching its new Mental Health & Substance Use Learning Series with a webinar examining the critical role health benefit design plays in supporting recovery from substance use disorders. **Dr. John Dyben, Chief Clinical Officer, and Samuel Bovard, Director of Community Relations at Affiliate Member Hanley Center,** will discuss how benefit design can either support or hinder recovery and highlight key considerations related to Mental Health Parity compliance.



Samuel Bovard



Dr. John Dyben

Registration is not required. Join with the Webex link sent on July 31. | Resend needed? Contact Lisa at lisa@flhealthvalue.org

Mental Health Parity Compliance Toolkit

ACTION REQUIRED: Mental Health Parity Compliance for Employers/Healthcare Purchasers

Information and tools to ensure compliance, reduced costs, and a healthier workforce



Employers/healthcare purchasers have a fiduciary responsibility to participants in their employee benefits plans to require their vendor partners to comply with the [Mental Health Parity and Addiction Equity Act](#) (MHPAEA), which requires that *Mental Health/Substance Use Disorder (MH/SUD) benefits are not more restrictive than Medical/Surgical (M/S) benefits.*

Key Areas of Focus for Employers/Healthcare Purchasers

1

Employers/Healthcare Purchasers Need to Take Action NOW

- Employer/healthcare purchaser fiduciary responsibility
- Department of Labor (DOL)/Centers for Medicare and Medicaid Services (CMS) is escalating enforcement
- DOL/CMS report that most employers/healthcare purchasers are noncompliant in the area of Non-Quantitative Treatment Limits (NQTLs)
- Do you know how to comply?



[LEARN MORE](#)

2

Mental Health Parity Requirements

- Three main areas:
 -  **Financial Requirements (FRs)** – e.g., copayments, deductibles...
 -  **Quantitative Treatment Limits (QTLs)** – e.g., # days or visits...
 -  **NQTLs** – e.g., prior authorization, network adequacy, reimbursement rates, exclusions...

NQTLs are the most complex to analyze and compare. The *Employer/Healthcare Purchaser Toolkit* contains tools for documenting comparative analyses for the most common NQTLs.



[LEARN MORE](#)

3

Employer/Healthcare Purchaser Action Checklist

-  Require your TPAs/service providers to complete the NQTL Multi-Step Comparative Analysis Tools (and embedded MDRF templates) specific to your plan information (**a PDF file in the attachments on [this page](#).**)
-  Document communications with TPAs/service providers when requiring them to perform comparative analyses.
-  Talk to your broker, consultant, and/or legal counsel about their ability to review the responses you receive from TPAs/service providers.
-  Require TPAs/service providers to correct insufficient responses, noncompliant areas, and disparities in outcomes data.
-  Require TPAs/service providers to update and have available these comparative analyses annually, especially if new or different NQTLs or programs are implemented (e.g., value-based purchasing, narrow networks...)



[LEARN MORE](#)



ACKNOWLEDGEMENT: This Employer/Purchaser Resource is sponsored by the [National Alliance of Healthcare Purchaser Coalitions](#) and the [Florida Alliance for Healthcare Value](#). Funding for development of the Toolkit was provided to the Community Coalitions Health Institute, which is a 501(c)(3) nonprofit organization, an affiliate of the National Alliance, by the [Mental Health Treatment and Research Institute LLC](#), a tax-exempt subsidiary of The Bowman Family Foundation.

Free Registration to attend the PBMI Annual National Conference



September 11-12, 2026, JW Marriott Orlando Bonnet Creek, Orlando Florida

The **2026 Pharmacy Benefit Management Institute (PBMI) Annual National Conference** will bring together employers, health plans, consultants, pharmacy benefit managers, and other industry leaders to discuss the issues shaping the future of pharmacy benefits. The event will feature sessions on drug pricing transparency, fiduciary oversight, obesity management, oncology, artificial intelligence, and innovative pharmacy benefit strategies.

Scan the code below
to register



As an exclusive Florida Alliance Employer Member benefit, complimentary registration (*a \$1,450 value*) is available using code **KVCA100**. In addition, attendees can earn continuing education (CE) credits.

Prevention Learning Series Webinar



Save the Date! September 16th, 11:00AM – 12PM ET
– calendar invitation coming soon!



Serese Marotta
Deputy Chief Executive Officer
Vaccinate Your Family



Barry Wilhelm
Education Director
Vaccinate Your Family



Diana Yassanye
Communications Director
Vaccinate Your Family

The next webinar in our **Prevention Learning Series** will focus on the upcoming respiratory season, RSV, Flu, and COVID. Attendees will learn what can actively be done to keep employees healthy and productive this upcoming season.

ANNUAL FORUM BEYOND TRANSPARENCY

SEEING CLEARLY, ACTING BOLDLY:
EMPLOYERS' MOMENT OF TRUTH

November 16 - 18, 2026
Crystal Gateway Marriott | ARLINGTON, VA

10 Employer Members are
able to receive
complimentary registration
with this code:
PURCHASERPASS26.

For more information and to register:



Pre-Forum High-Cost Claims Workshop



The National Alliance is also offering a High-Cost Claims Pre-Forum four-hour workshop on Monday, November 16, 12:00PM – 4:00PM (ET) as part of the Annual Forum.

Complimentary registration, *a \$495 value*, is available now to the first 50 coalition employer members who register using the promotional code **2026HCCEMPPASS**.

Please note that registration for the Annual Forum is separate from registration for the High-Cost Claims Workshop and must be completed individually.

Scan the code below to register



Save the Date!



Florida Alliance for Healthcare Value “Best of the Best”



Wednesday, December 9, 2026
Center for Health & Wellbeing in Winter Park, Florida

Registration to open on Tuesday, September 8th!

Save the Date!



Thursday, May 13, 2027

Center for Health & Wellbeing in Winter Park, Florida

Board Nominee Emily Stovall



Emily Stovall

Interim President & CEO

Independent Colleges and Universities
Benefits Association, Inc. (ICUBA)

Emily Stovall joined ICUBA in 2022 as Chief Operating Officer and was promoted to Chief Financial and Operating Officer, overseeing the organization's financial, operational, compliance, and strategic functions. She is currently serving as Interim President and Chief Executive Officer of ICUBA, providing leadership and ensuring continuity during a period of organizational transition. Emily holds a Bachelor of Science in Finance from the University of Florida and a Group Benefits Associate designation from The Wharton School and the International Foundation of Employee Benefit Plans. She has more than 25 years of experience in corporate finance and operations across the public, private, and nonprofit sectors.

Cast Your Vote for Emily Stovall



Roll Call Voting Process

- Each Employer Member organization is entitled to **one vote**.
- The **most senior member present** from each organization will be called upon to cast the vote.
- Other representatives from the same organization should not vote.
- When Ashley calls on you, please unmute and respond with your vote.



Webinar Resources



If you missed anything or want to review any of today's information, a recording, the slide deck, and supporting resources will be in next week's Employer Bulletin.

Board Member Election Results and Wrap-Up