



AI-NATIVE 340B DUPLICATE DISCOUNT PREVENTION ACCELERATOR

# HelixIQ<sup>2</sup>

Intelligence, Amplified.

340B Duplicate Discount Prevention, Transformed.

# Duplicate Discounts Cost Manufacturers Billions. Most Go Undetected.

## The Detection Gap

MEF snapshots cover Medicaid FFS only. MCO claims — the fastest-growing segment — fall through entirely. SCC codes go missing from pharmacy claims. TPAs submit outdated data mid-quarter. NPIs change through acquisitions. Contract pharmacies bill under wrong identifiers. Dual-eligible patients get miscoded between Medicare and Medicaid.

Most manufacturers run quarterly batch detection against MEF data alone. That means MCO leaks compound for a full quarter before anyone sees them. By the time a duplicate is flagged, the rebate payment already went out the door.

The OIG found most states use provider-level methods that miss claim-level duplicates. The recommendation for claim-level detection has been open for over a decade.

### Regulatory Foundation

42 U.S.C. § 256b(a)(5)(A) prohibits requiring both a 340B discount and a Medicaid rebate on the same unit. § 256b(a)(4)(L) prohibits DSH hospitals from using GPOs for 340B drugs. § 256b(a)(5)(B) excludes drugs with FDA orphan designation from 340B pricing. CMS CIB 01-08-20 mandates NCPDP codes, BIN/PCN matching, and claim-level data sharing. 42 CFR 447.512 requires states to exclude 340B claims from rebate requests. Ceiling price = AMP – URA, floor at \$0.01 per unit. HRSA patient definition requires an established care relationship with records maintained.

## What HelixIQ<sup>2</sup> Delivers

Conversational duplicate detection across all market segments — FFS, MCO, dual-eligible, and contract pharmacy. Ask a question, get a visual answer. No batch windows. Claim-level detection with confidence scoring from multiple weighted signals. Root cause analysis traces every duplicate to its source.

One-click Good Faith Inquiry issuance. Automatic dispute package generation from match data. ADR escalation with timeline tracking. Self-audit tools modeled on actual HRSA findings. MEF compliance management with quarterly snapshot tracking at per-NPI granularity.

All in a conversational interface. No training. No IT ticket. No waiting for the batch to finish.

### OIG Recommendation — Still Open

OIG Report OEI-05-14-00430 found most states use inaccurate provider-level duplicate detection. The recommendation to adopt claim-level identification across all market segments remains open — with an update expected July 2026. HelixIQ<sup>2</sup> was built to deliver exactly what the OIG asked for: claim-level detection with segment-aware logic across FFS, MCO, dual-eligible, and contract pharmacy.

# Your 340B Operations, Now Conversational.

No training. No IT ticket. No batch run. Ask questions in plain English and get visual answers — alerts, charts, diagnoses, and one-click actions.

## Detection & Analysis

"Check for duplicate discounts this quarter across all segments"

"Show me cash at risk broken down by materiality tier"

"Compare duplicate rates across PBMs by market segment"

## Diagnosis & Investigation

"Why did this duplicate happen? Show me the root cause"

"Are we compliant with MEF for this quarter? Check all entities"

"What about our managed care plans? MEF doesn't cover MCO"

## Action & Resolution

"Issue a GFI for the Cook County DSH Enbrel duplicate"

"Run a self-audit before HRSA comes knocking"

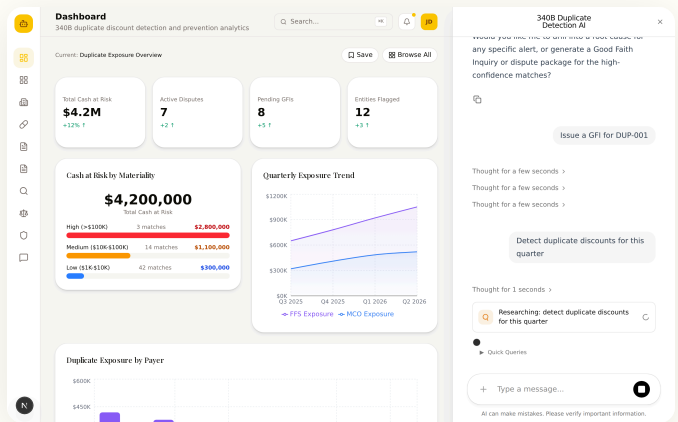
"Show me pending GFIs with deadlines approaching"

## What-If & Projections

"What if we carve out 3 NPIs in California? Show me the exposure impact"

"If GFI confirmations hit 70%, what would our savings look like?"

Hundreds of ad-hoc queries. Zero configuration. Every response is visual — alerts with confidence scores, materiality funnels, root cause diagnoses, GFI cards, compliance reports, and projection models. Never raw text.



Duplicate detection results rendered directly in the conversation — confidence scores, materiality breakdown, payer comparison, and root cause diagnosis all generated from a single query.

# Find. Diagnose. Act. In One Conversation.

## 01 / FIND

### Detect Duplicates in Real Time

Ask in plain English. Get alert cards with confidence scores, dollar amounts, segment badges, and root cause labels. High-confidence matches trigger automatic alerts. Low-confidence matches are logged. No batch processing. No waiting for end-of-quarter reports. Results stream into the conversation instantly.

## 02 / DIAGNOSE

### Trace Every Root Cause

Why did this duplicate happen? Structured diagnosis card shows the exact root cause — stale MEF data, missing SCC=20, BIN/PCN mismatch, TPA transition error, contract pharmacy misattribution. Contributing factors. Entity history. TPA change timeline. Specific NPI-level detail. Actionable recommendation included.

## 03 / ACT

### Resolve with One Click

Issue a GFI directly from the chat. Generate a dispute package with auto-compiled evidence. Escalate to ADR when manufacturers won't budge. Every action requires explicit human approval — one click. Record created immediately. Auto-navigates to the relevant page. Full audit trail with timestamp on every decision.

## The Complete Resolution Pipeline

- ▶ Duplicate detected with confidence score and root cause
- ▶ Good Faith Inquiry issued to covered entity
- ▶ Entity confirms or denies 340B purchase within deadline
- ▶ If confirmed: dispute package generated from match evidence
- ▶ If disputed: ADR escalation with complete timeline
- ▶ Every step logged with timestamp — auditor-ready

## Detection Cadence: Always On, Always Current

- ▶ Quarterly batch — aligned to MEF snapshots (Oct 16, Jan 16, Apr 16, Jul 16)
- ▶ Weekly incremental — new claims checked for immediate red flags
- ▶ On-demand — ask "check for duplicates this quarter" anytime

Legacy platforms are batch-only — detection runs quarterly, results delivered as static reports. HelixIQ<sup>2</sup> runs continuously across quarterly, weekly, and on-demand cadences. And the conversational interface makes every mode accessible in plain English — no training, no IT tickets, no waiting.

# Confidence You Can Act On. Evidence Your Auditors Will Trust.

## How Every Match Is Scored

Every duplicate match receives a 0–100% confidence score from multiple weighted signals that sum to 100. Real 340B data is imperfect — missing SCC codes, stale MEF snapshots, BIN/PCN changes, NPI mergers. HelixIQ<sup>2</sup>'s scoring is resilient: a missing SCC code lowers confidence but the match is still investigated via BIN/PCN and carve-in status. You always know how strong the evidence is before taking any action.

<b>30%</b>	<b>MEF Alignment</b> Does the entity's MEF carve-in status conflict with the claim's 340B indicator? Maximum weight because MEF is the authoritative FFS detection method.
<b>25%</b>	<b>SCC Code Presence</b> Is SCC=20 present on the claim? Strong signal the dispensing pharmacy knew it was processing a 340B claim at the point of sale.
<b>15%</b>	<b>BIN/PCN Match</b> Does the claim's BIN/PCN pair match known 340B MCO plan identifiers? Critical for managed care detection where MEF has no jurisdiction.
<b>15%</b>	<b>Entity-NPI Alignment</b> Does the billing NPI match the entity's registered NPIs? Is it carved in or carved out? Catches contract pharmacy misattribution.
<b>10%</b>	<b>Historical Pattern</b> Has this entity-manufacturer-payer combination produced duplicates before? Recurring patterns strengthen the signal considerably.
<b>5%</b>	<b>Date Proximity</b> How close are the claim fill date and rebate billing period? Same quarter = stronger signal. Different quarters weaken confidence.

## Segment-Aware Detection

Duplicate detection is fundamentally different across market segments. Applying the same method to all claims produces false positives and missed matches. HelixIQ<sup>2</sup> uses the right detection method for each segment.

<b>Medicaid FFS</b> MEF-based detection at the claim level. Entity carves its NPI into the MEF → all claims under that NPI are 340B and must be excluded from the quarterly rebate pool.
<b>Medicaid MCO</b> MEF explicitly does NOT cover managed care. Detection uses SCC=20 codes, BIN/PCN matching to known 340B plan identifiers, and claim-level data sharing between states and manufacturers — per CMS CIB 01-08-20.
<b>Dual-Eligible</b> Patients with both Medicare Part D and Medicaid create Coordination of Benefits overlaps. HelixIQ <sup>2</sup> cross-references Part D claims against Medicaid rebate requests to flag drugs claimed under both programs.
<b>Contract Pharmacy</b> Default carve-out unless a tripartite agreement is in place. HelixIQ <sup>2</sup> validates contract pharmacy arrangements against entity registrations and flags mismatches in billing NPIs.

## Materiality: Only Chase What Matters

<b>&gt;\$100K</b> High Priority Automatic Alert Immediate Dispute	<b>\$10K-\$100K</b> Medium Priority Individual Alert Recommend GFI	<b>\$1K-\$10K</b> Low Priority Batch Review Group by Entity	<b>&lt;\$1K</b> De Minimis Logged Only Not Surfaced
--	---	--	--

The cost of disputing a <\$1,000 match often exceeds the recovery. HelixIQ<sup>2</sup> applies materiality thresholds so your team focuses on matches with genuine financial impact.

# From Inquiry to Resolution. One Connected Workflow.

## Good Faith Inquiries — Managed End-to-End

When a duplicate is confirmed, issue a GFI to the covered entity directly from the chat. Accept or reject with one click. Track responses with deadline calendars. Multi-manufacturer support. Every GFI is logged with full context — entity, manufacturer, drug, amount, confidence, and root cause.

- ▶ Pending queue with deadline tracking and automatic expiry
- ▶ Full details on every card — no need to drill into separate screens
- ▶ Entity confirms or denies 340B purchase within 30-day window
- ▶ Accepted → dispute. Declined → logged. Expired → escalated.

*"Respond before HRSA asks. A self-disclosed GFI is always better than an audit finding."*

GFI ID	MANUFACTURER	ENTITY	DRUG	AMOUNT	DEADLINE	STATUS
GFI-001	AbbVie	St. Mary's DSH	Humira	\$124,000	2026-06-15	Pending
GFI-002	Pfizer	Lake County FQHC	Dupixent	\$46,200	2026-05-30	Accepted
GFI-003	Merck	Bronx FQHC	Keytruda	\$67,200	2026-06-01	Pending
GFI-004	J&J	Miami Children's	Stelara	\$39,900	2026-06-10	Accepted
GFI-005	AbbVie	Harlem Ryan White	Rinvoq	\$32,300	2026-06-20	Pending
GFI-006	Roche	SF Community FQHC	Avastin	\$16,800	2026-05-15	Declined
GFI-007	BMS	Tampa Bay FQHC	Xeljanz	\$41,800	2026-05-20	Expired
GFI-008	Pfizer	LA County DSH	Ozempic	\$76,500	2026-06-25	Pending
GFI-009	Pfizer	Cleveland Children's	Jardiance	\$35,650	2026-06-30	Pending
GFI-010	Roche	Houston Medical	Ocrevus	\$38,400	2026-07-05	Pending
GFI-011	BMS	Cook County DSH	Entyvio	\$23,200	2026-07-10	Accepted
GFI-012	Merck	Orlando Health	Keytruda	\$52,800	2026-07-15	Pending

## Disputes & ADR — Evidence to Resolution

When a GFI confirms the duplicate, generate a dispute package. Evidence is automatically compiled from the match data — claim records, MEF status, SCC codes, BIN/PCN, entity registration. No manual assembly. No hunting through spreadsheets.

- ▶ Draft → Evidence Collection → Submitted → ADR-Escalated → Resolved
- ▶ Evidence package auto-compiled: claim + MEF + SCC + BIN/PCN + entity history
- ▶ ADR escalation with complete timeline and cash impact tracking
- ▶ 3-year statute window tracked for every dispute

ID	ENTITY	MANUFACTURER	DRUG	AMOUNT	STAGE	ADR	CREATED
DSP-001	Bronx Community Health Center FQHC	Merck & Co.	Dupixent (dupilumab)	\$33,000	Draft	No	2026-02-03
DSP-002	Los Angeles County DSH Medical Center	Pfizer	Skyrizi (risankizumab)	\$51,000	Evidence Collection	No	2026-03-05
DSP-003	Lake County FQHC	J&J	Entyvio (vedolizumab)	\$69,000	Submitted	No	2026-01-07
DSP-004	Miami Children's Hospital	Roche	Avastin (bevacizumab)	\$87,000	ADR Escalated	Yes	2026-02-09
DSP-005	NY Presbyterian DSH	Amgen	Mounjaro (tirzepatide)	\$105,000	Resolved	No	2026-03-11
DSP-006	Cook County DSH — Chicago	BMS	Opdivo (nivolumab)	\$123,000	Submitted	No	2026-01-13
DSP-007	Houston Medical Center DSH	Novartis	Elquis (apixaban)	\$141,000	ADR Escalated	Yes	2026-02-15
DSP-008	San Francisco Community Clinic FQHC	AbbVie	Imbruvica (ibrutinib)	\$159,000	Evidence Collection	No	2026-03-17
DSP-009	Rush University Medical Center DSH	Merck & Co.	Darzalex (daratumumab)	\$177,000	Draft	No	2026-01-19
DSP-010	Orlando Health DSH	Pfizer	Cosentyx (secukinumab)	\$195,000	Submitted	No	2026-02-01

### The GFI → Dispute → ADR Pipeline

Duplicate detected with confidence score → GFI issued to entity → Entity confirms 340B purchase → Dispute package auto-generated from match evidence → Submitted to manufacturer → If unresolved: ADR escalation with full timeline and cash impact. Every step requires explicit human approval. Every decision logged. Auditor-ready at all times.

# Stay Audit-Ready. Before HRSA Knocks.

## MEF Compliance Management

HRSA audits in FY25 found entities billing Medicaid FFS while not listed on the MEF — the exact scenario that produces duplicate discounts. HelixIQ<sup>2</sup> tracks quarterly MEF snapshots at per-NPI granularity with timing aligned to HRSA deadlines (16th of the month before each quarter).

- ▶ Quarterly snapshot tracking — Oct 16, Jan 16, Apr 16, Jul 16
- ▶ Per-NPI carve-in/out status for every covered entity
- ▶ MEF timeline showing changes across quarters
- ▶ Audit findings modeled on actual FY25 HRSA citations
- ▶ Compliance score per entity with at-risk flagging

*"Run a self-audit before HRSA comes knocking. Catch your own issues before they become citations."*

## Self-Audit & Corrective Action Plans

One-click self-audit scans for missing SCC codes, stale MEF data, BIN/PCN conflicts, NPI misalignments, contract pharmacy errors, and GPO prohibition violations. Each finding generates a Corrective Action Plan with specific remediation steps, snapshot deadlines, and self-disclosure templates for HRSA.

- ▶ CAP with MEF update instructions and snapshot deadlines
- ▶ Self-disclosure template — [340bselfdisclosure@hrsa.gov](mailto:340bselfdisclosure@hrsa.gov)
- ▶ TPA data feed validation across all connected administrators
- ▶ GPO prohibition check for DSH hospitals (42 U.S.C. § 256b(a)(4)(L))
- ▶ Orphan drug exclusion validation (42 U.S.C. § 256b(a)(5)(B))

**Compliance**  
MEF Management: FY25 audit-style compliance review, and self-audit tools

High Medium Low

**Audit Findings & Compliance Status (8)**

ID	ENTITY	FINDING	SEVERITY	FY25 PATTERN	STATUS
AF-001	Bronx Community Health Center FQHC	NPIs not on MEF but billing Medicaid FFS	High	Yes	Open
AF-002	St. Mary's DSH — San Antonio	Missing SCC=20 on 15 carved-in claims	Medium	Yes	Resolved
AF-003	Lake County FQHC	Contract pharmacy using wrong billing NPI	High	Yes	Open
AF-004	NY Presbyterian DSH	Dual-eligible claims not coded to correct segment	Medium	No	Open
AF-005	San Francisco Community Clinic FQHC	MEF listing not updated for Q1 2026 snapshot	High	Yes	Open
AF-006	Harlem Ryan White Clinic	Orphan drug exclusion not applied to claim	Medium	No	Resolved
AF-007	Miami Children's Hospital	GPO prohibition violation detected	High	Yes	Open
AF-008	LA Ryan White Care Center	MEF carve-in status inconsistent with patient volume	Low	No	Resolved

**Covered Entities**  
Entity registry with per-NPI carve-in/out status and MEF listing

CA TX NY FL IL OH

**All Covered Entities (6)**

ENTITY	TYPE	STATE	NPIs	TPA	MEF	COMPLIANCE
St. Mary's DSH — San Antonio	DSH Hospital	TX	2/3 carved in	Sentry Data Systems	Active	At Risk
Bronx Community Health Center FQHC	FQHC	NY	2/3 carved in	Macro Helix	Active	At Risk
Los Angeles County DSH Medical Center	DSH Hospital	CA	3/4 carved in	Reputation	Active	At Risk
Lake County FQHC	FQHC	IL	1/2 carved in	RuSense	State	At Risk
Miami Children's Hospital	Children's Hospital	FL	1/2 carved in	Lyfegen	Active	At Risk
NY Presbyterian DSH	DSH Hospital	NY	1/2 carved in	Sentry Data Systems	Active	At Risk
Cook County DSH — Chicago	DSH Hospital	IL	1/2 carved in	Macro Helix	Active	At Risk
Houston Medical Center DSH	DSH Hospital	TX	2/2 carved in	Reputation	Active	Compliant
San Francisco Community Clinic FQHC	FQHC	CA	1/2 carved in	RuSense	Active	At Risk
Rush University Medical Center DSH	DSH Hospital	IL	1/2 carved in	Lyfegen	Active	At Risk
Orlando Health DSH	DSH Hospital	FL	1/2 carved in	Sentry Data Systems	State	At Risk
Harlem Ryan White Clinic	Ryan White Clinic	NY	1/2 carved in	Macro Helix	Active	At Risk
Palix County FQHC	FQHC	TX	1/2 carved in	Reputation	Active	At Risk

## Per-NPI Entity Registry

A single covered entity can have some NPIs carved into MEF and others carved out. HelixIQ<sup>2</sup> tracks every NPI individually — DSH hospitals, FQHCs, Ryan White clinics, children's hospitals — with contract pharmacy arrangements, TPA affiliations, and state-level filtering across any jurisdiction.

### Why Per-NPI Matters

A hospital with 4 NPIs may have 3 carved in and 1 carved out. If an auditor checks the entity as a whole, the carve-out NPI's claims look clean. But the 3 carved-in NPIs may have generated duplicates. HelixIQ<sup>2</sup> tracks at the NPI level — the exact granularity HRSA auditors check.

# Every Module. Every Workflow.

## Dashboard

Cash-at-risk KPI. Exposure heatmap by payer and segment. Quarterly trend with FFS/MCO overlay. Recent alerts. Materiality filter.

## Covered Entities

Per-NPI carve-in/out registry. MEF listing. Contract pharmacies. TPA affiliations. State-level filtering across any jurisdiction.

## Claims

SCC code filtering (20=340B, 00=non-340B). FFS/MCO toggle. Data quality badges. Claim-level visibility with entity attribution.

## Duplicate Detection

Confidence-scored matches. Signal contribution breakdown. Root cause analysis. GFI issuance and dispute initiation from the match.

## Compliance

MEF management with quarterly snapshots. FY25 audit review. Self-audit with CAP generation. Contract pharmacy monitoring.

## Dashboards

Pre-built templates for every workflow: Duplicate Exposure, MEF Compliance, Dispute Pipeline, Payer Analysis. Save, clone, share.

## Manufacturers

Drug portfolio registry. Dispute history. Active GFIs. ADR cases. Revenue tracking. Know which manufacturers carry the most exposure.

## Rebate Requests

PBM and Medicaid invoices with line-level detail. Matched vs. unmatched view. Quarterly state Medicaid filter.

## Disputes

Full lifecycle: draft through ADR-escalated. Evidence auto-compilation. Cash impact tracking. Stage-gated escalation controls.

## Good Faith Inquiries

GFI queue. Response deadline calendar. Accept/reject workflow. Multi-manufacturer. Automatic expiry. Full audit trail.

## Built for the 340B Ecosystem

- ▶ Rebate analysts at pharmaceutical manufacturers — detect duplicates before paying rebates
- ▶ 340B program managers at covered entities — respond to GFIs, manage MEF listings
- ▶ Rebate operations at PBMs — validate MEF data before submitting rebate requests
- ▶ Compliance officers at state Medicaid agencies — exclude 340B claims from FFS rebate pool
- ▶ Auditors at HRSA and independent firms — cross-check MEF compliance, identify patterns

## Deploys Immediately. Runs Anywhere.

- ▶ No integration required — runs as a standalone accelerator
- ▶ Load your data or start with demo data for evaluation
- ▶ Conversational interface — zero training required
- ▶ Works with your preferred AI provider
- ▶ Out-of-the-box regulatory context — statutes, CMS guidance, OIG findings built in
- ▶ Cloud or on-premise — your choice

# Streamlined Approvals. Complete Audit Trail.

## Approve with Full Confidence

When a GFI is ready to issue or a dispute needs approval, HelixIQ<sup>2</sup> presents every relevant detail on one screen — no hunting through menus, no separate windows.

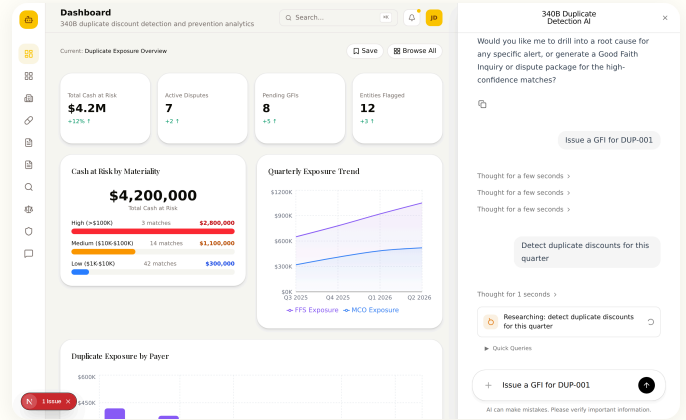
- ▶ Covered entity, manufacturer, drug, and dollar amount — all visible
- ▶ Confidence score with contributing signal breakdown
- ▶ Root cause diagnosis — exactly why this duplicate happened
- ▶ Recommended action based on materiality tier and historical patterns
- ▶ No prior GFIs or disputes on this match — first-time review indicator

*"One click to approve. One click to reject. Every decision logged with timestamp and user. Auditor-ready."*

**Automatic Navigation After Approval**  
 GFI approved → navigates to the Good Faith Inquiries page. Dispute approved → navigates to Disputes. The new record is visible immediately — no manual refresh, no hunting through pages. Your team sees the result the moment it's created.

**One Click**  
 Approve or Reject — Every Decision Logged

**Auditor-Ready**  
 Every GFI, Dispute, and ADR Timestamped



**The Three-Stage Approval Model**

**Stage 1 — GFI Approval:** Human confirms the GFI before it's sent to the covered entity. Sets the 30-day response clock.

**Stage 2 — Dispute Approval:** Human reviews the auto-compiled evidence package before the dispute is filed. Confirms manufacturer, drug, amount, and root cause.

**Stage 3 — ADR Escalation:** Human approves escalation to Administrative Dispute Resolution when the manufacturer won't resolve. 3-year statute window tracked.



# HelixIQ<sup>2</sup>

Intelligence, Amplified.  
340B Duplicate Discount Prevention, Transformed.

[www.helixstrategygroup.com](http://www.helixstrategygroup.com)  
[contact@helixstrategygroup.com](mailto:contact@helixstrategygroup.com)

© 2026 HelixIQ<sup>2</sup>. All rights reserved.