FEATURED INSIGHT · WHAT WE ARE SEEING

You Are Probably Leaving 340B Money on the Table Right Now

Everyone is talking about the threats to 340B. Almost no one is talking about how much of it you're failing to capture even now, while the program is fully intact.

Cura Consulting Group Analysis · 2026

We understand why. The headlines are about manufacturers restricting contract pharmacies, states moving to cut Medicaid reimbursement, CMS proposing rebate models. Those are real, and your team should be tracking them. But in the centers we work with, the immediate loss is not the policy fight. It's the money the center is entitled to today and simply isn't capturing.

Eligible prescriptions that never get matched to an eligible encounter. Contract pharmacies quietly underperforming their capture rate. Split-billing logic that fails silently. None of it shows up as a problem — which is exactly why it persists.

Here is the part that should bother you: **you likely cannot see this leakage.** Your TPA gives you a report; the report shows what was captured, not what was missed. The gap between "what we captured" and "what we were entitled to capture" is invisible in the tooling most centers rely on — and invisible loss is the most expensive kind, because no one is assigned to stop it.

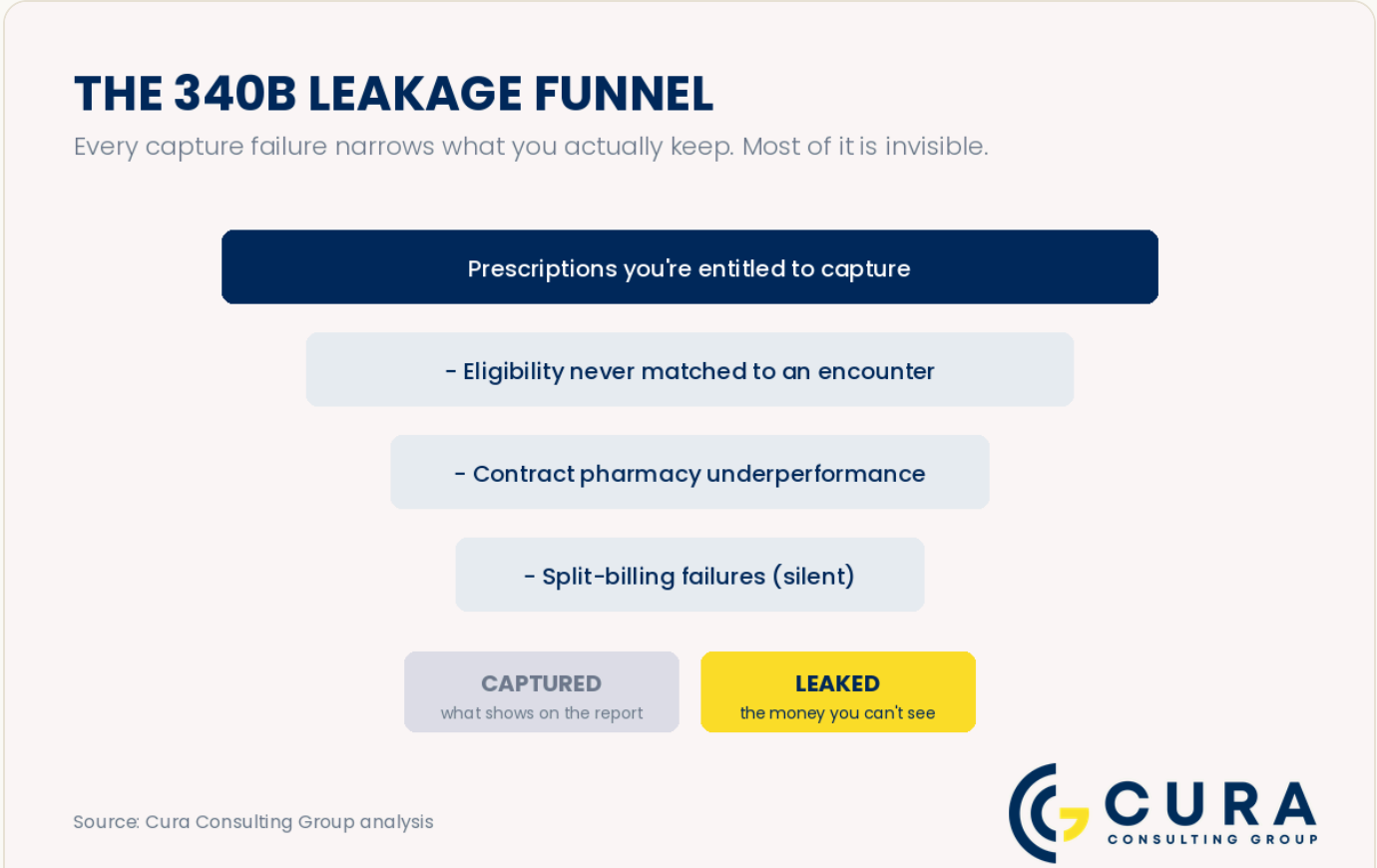

Figure 1 — Each capture failure narrows what you keep. The leaked portion never appears on the standard report.

So while the sector fights to protect the program's future, the more urgent question for your center is simpler: **of the 340B savings you are entitled to right now, what percentage are you actually capturing?** If you can't answer that in a number, you are almost certainly leaving money on the table — and no policy outcome in Washington changes that.

WHERE WE WOULD START

ONE

Reconcile entitlement against capture. Not what your TPA captured. What you were eligible to capture, compared to what actually flowed through. The gap is your number.

TWO

Audit contract-pharmacy performance individually. A blended capture rate hides the underperformer. One pharmacy running 40% while another runs 85% averages to a story that looks fine and isn't.

THREE

Treat 340B capture as the certain money that funds everything else. In a year when every other revenue source is contested, this is money you've already earned the right to. Capture it fully first. It's the least risky dollar in your building.

The centers bracing only for the external 340B fight are defending a program while quietly underusing it. Protect the future — but capture the present first.

We can show you the gap between what you're entitled to and what you're capturing.

See your capture rate →
lighthousehealthai.com/early-warning-check

Figures reflect published 2026 industry benchmarks (NACHC, KFF, CMS, and industry revenue-cycle sources) and Cura Consulting Group analysis. Illustrative; individual center results vary. Not financial or legal advice.