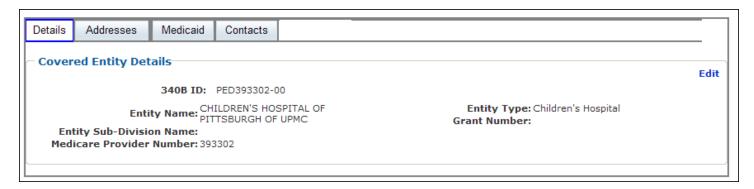# 340B PARTICIPANT CHANGE REQUEST
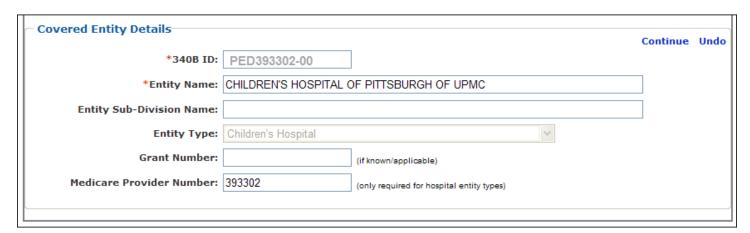
Change Request with tabs for each section that can be modified.
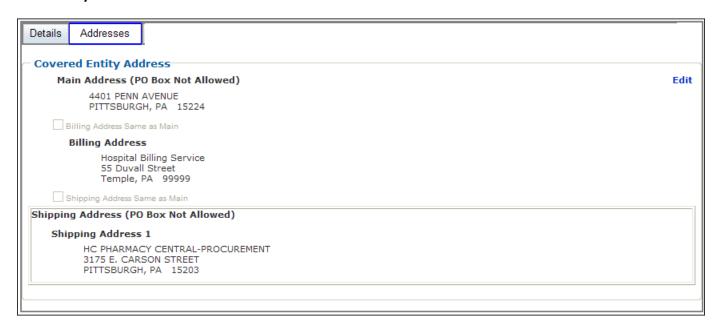

Covered Entity Details section is default view.
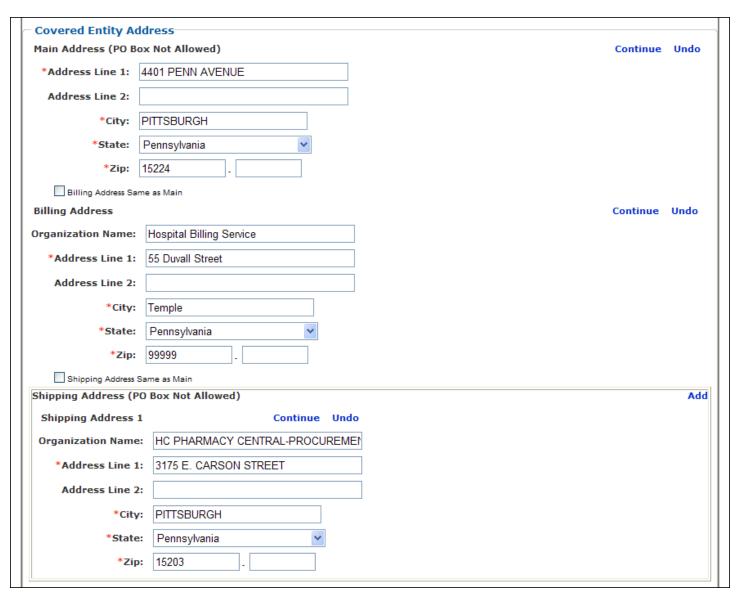

Covered Entity Details section in edit view.

Covered Entity Address section.

Details **Addresses**

Covered Entity Address

Main Address (PO Box Not Allowed)   **Edit**

4401 PENN AVENUE
PITTSBURGH, PA   15224

☐ Billing Address Same as Main

Billing Address

Hospital Billing Service
55 Duvall Street
Temple, PA   99999

☐ Shipping Address Same as Main

Shipping Address (PO Box Not Allowed)

Shipping Address 1

HC PHARMACY CENTRAL-PROCUREMENT
3175 E. CARSON STREET
PITTSBURGH, PA   15203

Covered Entity Address section in edit view.

Covered Entity Address

Main Address (PO Box Not Allowed)   **Continue   Undo**

*Address Line 1: `4401 PENN AVENUE`

Address Line 2: `            `

*City: `PITTSBURGH`

*State: `Pennsylvania ▾`

*Zip: `15224` - `      `

☐ Billing Address Same as Main

Billing Address   **Continue   Undo**

Organization Name: `Hospital Billing Service`

*Address Line 1: `55 Duvall Street`

Address Line 2: `            `

*City: `Temple`

*State: `Pennsylvania ▾`

*Zip: `99999` - `      `

☐ Shipping Address Same as Main

Shipping Address (PO Box Not Allowed)   **Add**

Shipping Address 1   **Continue   Undo**

Organization Name: `HC PHARMACY CENTRAL-PROCUREMEN`

*Address Line 1: `3175 E. CARSON STREET`

Address Line 2: `            `

*City: `PITTSBURGH`

*State: `Pennsylvania ▾`

*Zip: `15203` - `      `

Medicaid Billing Information section in view.

| Details | Addresses | Medicaid | Contacts | |

Medicaid Billing Information

Edit

You must answer the following question regarding Medicaid Billing:

Will you bill Medicaid for drugs purchased at 340B drug price? ⦿ Yes ○ No

Medicaid Number(s):

Medicaid Number	State
1007347990059	PA

NPI Number(s):

NPI Number
1164426896

Medicaid Billing Information in edit view.

Medicaid Billing Information

Continue Undo

You must answer the following question regarding Medicaid Billing:

Will you bill Medicaid for drugs purchased at 340B drug price? ⦿ Yes ○ No

Medicaid Exclusion Tutorial

Medicaid Number(s):

Add

Medicaid Number	State		
1007347990059	PA	Edit	Delete

NPI Number(s):

Add

NPI Number		
1164426896	Edit	Delete

Contact Information section in view.

| Details | Addresses | Medicaid | Contacts |

Contact Information

Authorizing Official   Edit
        Name: LAUREL RAGLAND
        Title: CFO
        Phone: 412-692-3152   **Ext:**
        Email:

☐ Make Primary Contact Information same as Authorizing Official

Primary Contact   Edit
        Name: JEFFREY GOFF
        Title: DIRECTOR OF PHARMACY
        Phone: 412-692-6242   **Ext:**
        Email:

Signed By Official
        Name:
        Title:
        Phone: **Ext:**
        Email:
    Signed By Date: 11/13/2009

Contact Information section in edit view.

| Details | Addresses | Medicaid | Contacts |

Contact Information

Authorizing Official   Continue   Undo
    *Name: [LAUREL RAGLAND]
    *Title: [CFO]
    *Phone: [412-692-3152]   Ext:[ ]
    Email: [ ]

☐ Make Primary Contact Information same as Authorizing Official

Primary Contact   Continue   Undo
    *Name: [JEFFREY GOFF]
    *Title: [DIRECTOR OF PHARMACY]
    *Phone: [412-692-6242]   Ext:[ ]
    Email: [ ]

Signed By Official
        Name:
        Title:
        Phone: **Ext:**
        Email:
    Signed By Date: 11/13/2009

Comments textbox (Optional)

Comments:	

Continue   Cancel

Authorize and Submit screen – verbiage to be provided by OPA.

HRSA Office of **Pharmacy Affairs**

Home   Covered Entities ▼   Contract Pharmacies ▼   Manufacturers ▼   Reports

Requestor **Signature**

☐ By checking this box, I represent and confirm that I am fully authorized to bind the covered entity and certify that the contents of any statement made or reflected in this document are truthful and accurate. The covered entity will comply with all of the requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulatations or guidelines including, but not limited to, the prohibition on duplicate discounts/rebates, and drug diversion. The covered entity acknowledges its responsibility to contact OPA as soon as reasonable possible if there is any material chagne in the 340B eligibility and/or material breach by the covered entity.

Requestor

*Name: [   ]

*Title: [   ]

*Organization: [   ]

*Phone: [   ]   Ext [   ]

*Email: [   ]

Remarks: [   ]

To apply these exact changes to more Outpatient sites, enter the 340B IDs of all the sites in the Remarks field. Also, include other relevant comments for OPA to review

Back   Cancel   Authorize and Submit