



- [Home](#)
- [Covered Entities ▼](#)
- [Contract Pharmacies ▼](#)
- [Manufacturers ▼](#)
- [Reports](#)

**Covered Entity Details**

**340B ID:** CAH999999-99

**Entity Name:** TEST MEDICAL CENTER      **Entity Type:** Critical Access Hospital

**Entity Sub-Division Name:**      **Grant Number:**

**Medicare Provider Number:** 999999

**Covered Entity Address**

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

1 HOSPITAL DRIVE  
TEST, AL 99999

Billing Address Same as Main

Shipping Address Same as Main

**Covered Entity Date Information**

[Continue](#)   [Undo](#)

**Registration Date:** 6/27/2012

**Participating Approval Date:** 8/17/2012

**Participating Start Date:** 10/1/2012

**Termination Reason:** Select a Termination Reason

**Termination Date:**

**The date the entity became ineligible:**

**Last date that 340B drugs were or will be purchased under this 340B ID:**

**Termination Comments:**

**Qualification Information**

Qualifying information for outpatient facilities (child sites) will be automatically carried over from the main hospital record; please email us at [340B.recertification@hrsa.gov](mailto:340B.recertification@hrsa.gov) if you need to report an independent DSH adjustment percentage, cost reporting period or ownership classification for a particular site. Organizations with DSH percentages below applicable thresholds must decertify the parent hospital and ALL associated outpatient facilities.

**Entity is a Critical Access Hospital defined by section 1820(c)(2) of the Social Security Act, and this status is recognized by CMS.**

**Hospital Classification:** Owned or Operated by State or Local Government

**Medicaid Billing****Medicaid Billing Information**

You must answer the following question regarding Medicaid Billing:

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

**Orphan Drug Exclusion**

340B hospitals subject to the orphan drug exclusion (i.e., critical access hospitals, free-standing cancer hospitals, sole community hospitals and rural referral centers) are responsible for ensuring that any orphan drugs purchased through the 340B Program are not transferred, prescribed, sold, or otherwise used for the rare condition or disease for which the orphan drugs are designated under section 526 of the Federal Food, Drug, and Cosmetic Act. Please choose one of the following:

- The hospital will purchase orphan drugs under the 340B Program and maintain auditable records to demonstrate compliance with the orphan drug exclusion.
- The hospital cannot or does not wish to maintain auditable records regarding compliance with the orphan drugs exclusion and will purchase all orphan drugs outside of the 340B Program regardless of the indication for which the drug is used and will not use a Group Purchasing Organization (GPO) to purchase those drugs if the hospital is a free-standing cancer hospital.

Note: Any change to your selection will be effective on the first day of the quarter following approval by OPA.

**Contact Information****Authorizing Official**

**Name:** Test User  
**Title:** Chief Executive Officer  
**Phone:** 999-999-9999 **Ext:**  
**Email:** test@hrsa.gov

Make Primary Contact Information same as Authorizing Official

**Primary Contact**

**Name:** Test User  
**Title:** Chief Executive Officer  
**Phone:** 999-999-9999 **Ext:**  
**Email:** test@hrsa.gov




HHS Privacy Policy Notice

OMB Number: 0915-0327, Expiration: 10/31/2015



**U.S. Department of Health and Human Services (HHS)**  
**Health Resources and Services Administration (HRSA)**  
**Office of Pharmacy Affairs (OPA) - 340B Program**

August 22, 2013  
 7:19 AM ET

**Questions, Comments, or Suggestions**  
 Email Us: [ApexusAnswers@340bpvp.com](mailto:ApexusAnswers@340bpvp.com)  
 Call Us: 1 - 888 - 340 - 2787

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