

Covered Entity Details

340B ID:	
Entity Name:	Entity Type:
Entity Sub-Division Name:	Employer Identification Number:
Medicare Provider Number:	Grant Number:

Covered Entity Address

Street Address (PO Box Not Allowed)

[Continue](#) [Undo](#)

***Address Line 1:**

Address Line 2:

***City:**

***State:**

***Zip:** -

Billing Address Same as Street Address

Billing Address

[Continue](#) [Undo](#)

***Organization Name:**

***Address Line 1:**

Address Line 2:

***City:**

***State:**

***Zip:** -

Shipping Address Same as Street Address

Alternative Methods

Shipping Address (PO Box Not Allowed)

[Add](#)

New Shipping Address

[Continue](#) [Undo](#)

***Organization Name:**

***Address Line 1:**

Address Line 2:

***City:**

***State:**

***Zip:** -

Covered Entity Date Information

Registration Date:

Participating Start Date:

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0327. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-031, Rockville, Maryland, 20857.

<p>Participating Approval Date:</p> <p style="text-align: center;">Rural:</p> <p style="text-align: center;">Termination Comments:</p>	<p>Termination Reason:</p> <p style="text-align: center;">Termination Date:</p> <p style="text-align: center;">The date the entity became ineligible:</p> <p style="text-align: center;">Last date that 340B drugs were or will be purchased under this 340B ID:</p>
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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 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 Disproportionate Share Hospital defined by section 1886(d)(1)(B) of the Social Security Act, and this status is recognized by CMS.

Disproportionate Share Adjustment Percentage:

Cost Reporting Period From: to

Hospital Classification:

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

Medicaid Number(s):

Medicaid Number	State

NPI Number(s):

NPI Number

Contact Information

Authorizing Official

Name:

Title:

Phone: **Ext:**

Email:

Make Primary Contact Information same as Authorizing Official

Primary Contact

Name:

Title:

Phone: **Ext:**

Email:

Update Terminate Cancel

February 20, 2015 10:49 AM ET

ApexusAnswers@340bvp.com | 1-888-340-2787

OMB Number: 0915-0327, Expiration: XX/XX/20XX

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**Disproportionate Share Hospital Grantee/ Program Manager
Batch Certification 2015**

NOTE: Recertification is not complete until you check the certification statement below and click the "Attest and Recertify" button.

Covered Entities

The number of rows returned: 1

Rows/Page: 200 Set

340B ID	Batch Name	Entity Name	Subdivision Name	Address	City	State	Zip	Status

Program Manager/Authorizing Official

Name:
Title:
Phone: **Ext:**
Email:

Authorized Signature

The undersigned represents and confirms that he/she is fully authorized to legally bind the covered entity and certifies that the contents of any statement made or reflected in this document are truthful and accurate. Failure to recertify may be grounds for removal from the 340B Program.

The undersigned further acknowledges the 340B covered entity's responsibility to abide by the following:

As an Authorized Official, I certify on behalf of the covered entity that:

- (1) all information listed on the 340B Program database for the covered entity is complete, accurate, and correct;
- (2) the covered entity meets all 340B Program eligibility requirements, including section 340B(a)(4)(L)(iii) of the Public Health Service Act when applicable, regarding the group purchasing organization prohibition - which states that the covered entity hospital does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement;
- (3) the covered entity will comply with all requirements of Section 340B of the Public Health Service Act and any accompanying regulations including, but not limited to, the prohibition against duplicate discounts/rebates and diversion (section 340B(a)(5)(A) and (B) of the Public Health Service Act);
- (4) the covered entity maintains auditable records pertaining to compliance with the requirements described in paragraph (3) above, pursuant to section 340B(a)(5)(C) of the Public Health Service Act;
- (5) if the covered entity uses contract pharmacy services, that the contract pharmacy arrangement will be performed in accordance with OPA requirements and guidelines;
- (6) the covered entity acknowledges its responsibility to contact OPA as soon as possible if there is any change in 340B eligibility and/or breach by the covered entity of any of the foregoing; and
- (7) the covered entity acknowledges that if there is a breach of the requirements described in paragraph (3) that the covered entity may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and, depending upon the circumstances, may be subject to removal from the list of eligible 340B entities.

Attest and Recertify