340B OPAIS

340B OPAIS User Guide for Covered Entity Users

Office of Pharmacy Affairs 340B OPAIS

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

©2025 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

All screen shots displayed in the user guides were based on public information at a point in time and may no longer be accurate.

CONTENTS

Getting Started **1**

What You Can Do 1

How Do I... 4

Manage an Account? 4

Search for Information? 6

Register a Covered Entity? 8

Reinstate a Covered Entity? 15

Become an Authorizing Official? 16

Recertify an Entity? 17

Access my ADR Petitions? 20

340B Home Page Guided Tour 20

Keyboard Navigation 21

Page Header 21

Navigation Menu 22

"What Would You Like To Do?" 25

Banner Messages 29

Have Questions? 29

Page Footer 30

Your Account 30

Creating an Account 30

Logging into Your Account 33

Logging Out 36

Editing Your Profile 36

Managing Sessions and Passwords 36

Resetting Your Password 37

Expired Passwords 38

Session Timeout Warning 38

Session Expired Message 38

Account Lockout 39

Revision History 39

My Dashboard 45

My Dashboard Tables Actions 46
My Tasks 50
Email Notifications 51
AO Tasks 52
Attesting to CE Registrations and Reinstatements 54
Attesting to CE Change Requests 56
Attesting to CE Terminations 58
Attesting to Contract Pharmacy Registrations 61
Attesting to Contract Pharmacy Representative Changes 62
Attesting to Contract Pharmacy Terminations 63
Attesting to Recertifications 66
Recertification Submitted for Attestation 66
Resubmitting Recertifications 68
Resubmitting CE Registrations, Reinstatements, and Change Requests 70
Termination Submitted for Attestation 73
PC Tasks 76
My Active/Approved Entities 77
My Pending Entities 78
My Terminated Entities 78
Related Terminated Entities 79
Assigned to AO 80

Searching 82

Starting a Search 82
Speeding Up Your Searches 82
Covered Entities 83
Searching for Covered Entities 83
Viewing Covered Entity Search Results 85
Viewing a Covered Entity's Details 86
Exporting Covered Entity Search Results 97
Covered Entity Export Options 98
Contract Pharmacies 102

Searching for Contract Pharmacies 102
Viewing Contract Pharmacy Search Results 104
Exporting Contract Pharmacy Search Results 106
Contract Pharmacy Export Options 107
Manufacturers 109
Searching for Manufacturers 109
Viewing Manufacturer Search Results 111
Exporting Manufacturer Search Results 113
Manufacturer Export Options 114
Data Tables 116
Sorting Data Tables 116
Filtering Data Tables 117
Resizing Data Tables 126
Page Navigation in Data Tables 126

340B Registration 128
Hospital Registration 128
CE Details and Address Information 131
Adding a Billing Address 132
Adding a Shipping Address 133
Editing/Deleting Shipping Addresses 134
AO and PC Contact Information 135
Qualification Information 137
Upload Attachments 161
Hospital Medicaid Billing 165
Statutory Prohibition on Group Purchasing Organization Participation 169
Hospital Registration Submission 169
Submission Confirmation 172
Changing the Hospital Type during Registration 173
Hospital Reinstatements 175
Outpatient Facility Registration 176
Outpatient Facility Search Results 181
Covered Entity Details and Address Information 182
AO and PC Contact Information 185

Qualification Information 187
Cost Center Information 187
Uploading Attachments 190
Outpatient Medicaid Billing 194
Statutory Prohibition on Group Purchasing Organization Participation 194
Outpatient Facility Registration Submission 195
Non-Hospital Registration 197
Covered Entity Details and Address Information 201
AO and PC Contact Information 207
Uploading Attachments 209
Non-Hospital Medicaid Billing 212
Non-Hospital Submission and Confirmation 212
Submission Confirmation 215
Non-Hospital Reinstatements 216
Contract Pharmacies 217
Contract Pharmacy Registration 218
Editing Contract Pharmacy Representative Information 224
Terminating a Contract Pharmacy 227

Manage Covered Entities 230
Requesting Changes to a Covered Entity 230
Mismatch (inconsistency) with Entity Name, Entity Sub-Division Name, and Street Address 251
Mismatch with Grant Number 252
Site ID not found in EHB data 253
Requesting to Become the AO of a Covered Entity 253
Requesting the Termination of a Covered Entity 259
Requesting Changes to a Group of Covered Entities 263
Requesting to Become the PC of a Covered Entity 274

Recertification 278
Recertifying a Covered Entity 278
To delete duplicates 286
To associate one of the duplicates with another State 286

To associate duplicates with different States 288
To delete any NPI Numbers not associated with a State 288
Mismatch (inconsistency) with Entity Name and Entity Sub-Division Name 293
Mismatch with Street Address 293
Mismatch with Grant Number 294
Site ID not found in EHB data 294
Uploading Attachments during Recertification 295
Hospitals 295
Outpatient Facilities 299
Non-Hospital 302
Changing AO during Recertification 305
Terminating a Covered Entity during Recertification 307
Recertification Activity Summary Email 310
Completing Off Cycle Recertification 311

Reports/Files 312
Medicaid Exclusion File(s) 313
Contract Pharmacy Carve-ins 314
Daily Reports 316
Frequently Asked Questions - New CE Daily Report (Excel and JSON Format) 330

ADR Petitions 333
Edit CE Petitions 334
Edit MFR Petitions 348

Email Notifications 368
Account Management 368
Task Notifications 371
Covered Entity Registration 372
Covered Entity Change Requests 375
Covered Entity Terminations 378
Contract Pharmacy Registration 380
Contract Pharmacy Termination 383
Recertification 385

Links and Codes **389**
Contact the Prime Vendor 389
External Links 389
HRSA Frequently Asked Questions (FAQs) 389
340B Eligibility 389
340B Registration 389
340B Program Updates 389
340B Annual Recertification 390
Medicaid Duplicate Discount Prohibition 390
340B Orphan Drugs 390
Hospital Registration Instructions (PDF) 390
Contract Pharmacy Guidelines (PDF) 390
Medicaid Exclusion File 390
AO Task Timeouts 390
340B Termination Codes 391
Active 391
Inactive (included for historical reporting purposes) 392
340B Program Acronyms for Covered Entity Types and/or Grantees 393

340B Glossary **399**

Index **414**

GETTING STARTED

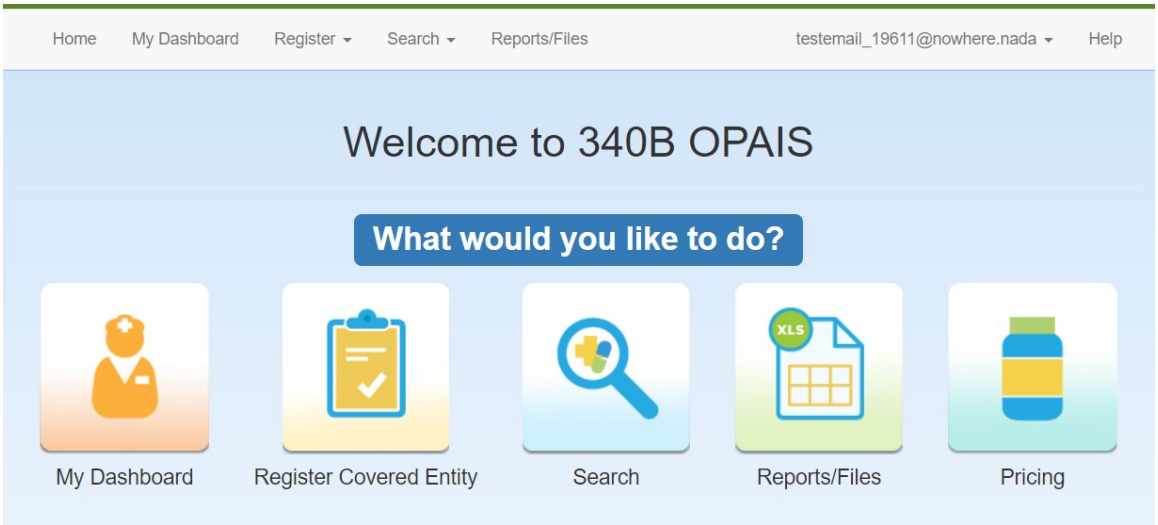
HRSAs Office of Pharmacy Affairs (OPA) administers the 340B Drug Pricing Program established by Section 340B of the Public Health Service Act (PHSA). Manufacturers participating in Medicaid enter into an agreement with Health and Human Services (HHS) under which they cannot charge covered entities a price that exceeds the 340B ceiling price. It also requires that the Government inform drug manufacturers and State Medicaid agencies of the identity of these entities. In addition, it requires that the Government inform drug manufacturers and State Medicaid agencies of the identity of these entities. The 340B registration and pricing databases collectively known as the 340B Office of Pharmacy Affairs Information System (340B OPAIS) has been created to meet these requirements.

The 340B OPAIS public access system allows manufacturers and wholesalers to verify that an organization requesting 340B pricing is an active participant in the 340B program. New registrations from eligible organizations and their contracted pharmacy partners are accepted at published intervals (currently the first two weeks of every quarter). Registration records are reviewed/ validated by OPA staff and approved entities may begin accessing program discounts at the start of the next quarter; once approved participants must recertify their continued eligibility and compliance annually.

Only authorized users can access the internal sites of the Pricing and Registration modules. Public information contained within the registration module is accessible to the public via the application.

What You Can Do

What you can do is determined by your user role when you log in. When you are logged in as an Authorizing Official (AO) or Primary Contact (PC) for a Covered Entity (CE), you will see:



What You Can Do

Capability	Description
View Your *My Dashboard*	Select the **My Dashboard** icon from the home page or select **My Dashboard** in the main menu. ■ The **My Tasks** tab contains the tasks awaiting the AO's or PC's attention. ■ The **My Active** tab contains a list of the Covered Entities for which the AO or PC is responsible and are currently in an *Active* state within 340B OPAIS. ■ The **My Pending** tab contains a list of the Covered Entities for which the AO or PC is responsible and have been submitted to OPA for their review and approval. ■ The **My Terminated** tab contains a list of the Covered Entities for which the AO or PC is associated that are in a *Terminated* state within 340B OPAIS. ■ The **Related Terminated Entities** tab contains a list of terminated entities that have the same MPN as active or terminated entities associated with the AO, even though the AO was not the AO of those terminated entities.
Search	Use a variety of search criteria to search for covered entities, contract pharmacies, and manufacturers.

What You Can Do (continued)

Capability	Description
View Search Results	View a table of results that match your search criteria. Search results data tables can be sorted and filtered as desired. ***More information:*** For more information, refer to "Data Tables" on page 116.
View Details	Select an individual covered entity, contract pharmacy, or manufacturer to view its detailed information.
Export Search Results to Microsoft Excel	Select one or more records from the search results and specify individual fields to export to a Microsoft Excel spreadsheet.

View Reports/Files	Download and view standard 340B OPAIS reports, including:
	■ Medicaid Exclusion Files
	■ Contract Pharmacy Carve-Ins
	■ Daily Reports:
	  ■ Covered Entities
	  ■ Contract Pharmacies
	  ■ Manufacturers

Access my ADR Petitions	Select the ADR Petitions from the top menu. ■ The ADR Petitions tab contains a list of ADR petitions with the logged-in external user listed as the Petitioner or Opposing contact. ■ The External User can edit the ADR Petitions either as a petitioner or Opposing contact and save the information added to the Petition.
Register, Edit, Terminate, and Reinstate Covered Entities	The AO and PC for an entity can perform the following: ■ registrations ■ terminations ■ change requests ■ Contract Pharmacy registrations ■ upload supporting cost report documentation. The AO for an entity will be required to review and attest as the final step of creating, changing, terminating, or reinstating Covered Entity registrations submitted by the associated PC.

What You Can Do (continued)

Capability	Description
Register and Terminate Contract Pharmacies	The AO and PC for an entity can perform the following: ▪ add Contract Pharmacies ▪ terminate Contract Pharmacies The AO for an entity will be required to review and attest all adding or terminating of Contract Pharmacies. ***Tip:*** Adding or terminating Contract Pharmacies are automatically approved by the 340B system when the AO attests to them.
Respond to Recertification Requests	The AO and the PC for an entity are able to complete the annual recertification from the **My Tasks** tab of their **My Dashboard**. Recertifications submitted by the PC must be attested to by the AO for submission to OPA.
Maintain Your Personal Profile Information	From the drop-down menu associated with your user name, you can select **Edit Profile** to maintain the contact information associated with your user account.
Attest to Submissions (AO only)	The AO's attestation to Covered Entity registrations, change requests, and terminations created by delegated PCs is the final step of submitting them to OPA for processing.

How Do I...

Manage an Account?

Create a 340B User Account

1. From the 340B Home Page, either:
   - Click the **I am a Participant** icon ***OR***
   - Click the **Login** link in the top menu.
2. Click the **Create new account** link.
3. On the **Create a New User** email search page, type your email address and click **Search.**
4. On the **Create a New User** registration page, enter your name, title, organization name (employer), and phone number.

Note: If your email address is associated with a covered entity, the system will enter your contact information automatically.

5. Select the your parent entity type (***Covered Entity*** or ***Manufacturer***).
6. Type your password and then type it again to confirm it.
7. Type the CAPTCHA code.
8. Click the **Register** button.
9. The system will display a message that your account was created successfully.
10. Click **Return to Login** to go to the login page.

More information: For complete information, see "Creating an Account" on page 30.

Change My Contact Information

1. Click on your user name on the right side of the 340B top menu and select **Edit Profile.**
2. On the **My Profile** page, make any necessary changes to your first or last name, title, organization, phone number, or phone extension.

   Note: You cannot change your email address because it is also your 340B user name. If you must change your email address, you must create a new account and update any entities with which you are associated.

3. Click the **Update** button. The **My Profile** page will display the message *"User updated successfully."*

More information: For complete information, see "Editing Your Profile" on page 36.

Reset My Password

1. From the 340B Home Page, either:
   - Click the **I am a Participant** icon ***OR***
   - Click the **Login** link in the top menu.
2. On the 340B login page, click the **Recover Your Account** link.
3. On the **Forgot Your Password?** page, enter your email address and click the **Reset Password** button.
4. Check your email for a Reset Password Request email and click the password reset URL.
5. On the **Reset Password** page, enter and confirm your new password.
6. Log in as usual using your new password.

   Note: Passwords may only be changed once within a 24-hour period.

More information: For complete information, see "Resetting Your Password" on page 37.

Search for Information?

Covered Entities

Note: You do not need to be logged into the 340B application to perform searches.

1. From the 340B Home Page, either:
   - Click the **Search Covered Entities** icon.

     OR
   - Click the **Search** link in the top menu and select **Covered Entities.**
2. On the **Search Criteria** page, use the available criteria to narrow your search results to a manageable number of entities.
   - ***Keyword*** – the text for which you want to search
   - ***340B ID*** – only a specified entity and any child entities
   - ***City / State / ZIP Code*** – only entities in a specific location
   - ***Entity Name*** – only entities with a specific sequence of characters in their names
   - ***Advanced Query Options*** – only entities that will be added or terminated this quarter or next quarter.
     - ***Start Date (from/to)*** – limit search to specific date range (automatically populated for the current or next quarter when either *"Entities To Be Added..."* option is selected)
     - ***Termination Date (from/to)*** – limit search to specific date range (automatically populated for the current or next quarter when either *"Entities To Be Added..."* option is selected)
   - ***Entity Classification*** – only hospitals, only non-hospitals, or all entities
   - ***Grant / Provider Number*** – only a specific entity or grant (entering a hospital's Medicare Provider Number will display the parent hospital and all of its outpatient facilities).
   - ***Site ID*** – only specific HRSA Funded Health Center (CH) and Health Center Program Look-Alike (FQHCLA) programs
   - ***Participating*** – only active covered entities, all covered entities, or only terminated entities and approved entities with a future participation date
   - ***Edit Date (from/to)*** – only entities edited during a specific date range
   - ***Registration Date (from/to)*** – only entities edited during a specific date range
3. Click the **Search** button to display the results. The system will display a list of entities that match your search criteria.
   - To view the details for a particular entity, click its link in the **340B ID** column.

More information: For complete information, refer to "Covered Entities" on page 83.

Contract Pharmacies

Note: You do not need to be logged into the 340B application to perform searches.

1. From the 340B Home Page, either:
   - Click the **Search Contract Pharmacies** icon.

     OR
   - Click the **Search** link in the top menu and select **Contract Pharmacies.**
2. On the **Search Criteria** page, use the available criteria to narrow your search results to a manageable number of entities.
   - ***340B ID*** – only a specified entity and any child entities
   - ***Entity Name*** – only entities with a specific sequence of characters in their names
   - ***Entity City / State / Zip*** – only entities in a specific location
   - ***Pharmacy Name*** – only entities with a specific sequence of characters in their names
   - ***Pharmacy City / State / Zip*** – only pharmacies in a specific location
   - ***Advanced Query Options*** – only contracts that will be added or terminated this quarter or next quarter.
     - ***Begin Date From/To)*** – limit search to specific date range (automatically populated for the current or next quarter when either *"Contracts Added..."* option is selected)
     - ***Termination Date From/To)*** – limit search to specific date range (automatically populated for the current or next quarter when either *"Contracts Added..."* option is selected)
   - ***Edit Date (from/to)*** – only pharmacies edited during a specific date range
   - ***Carve-In Date (from/to)*** – specific date range when the associated covered entity informed HRSA of an arrangement with the listed contract pharmacy and respective state Medicaid agency to prevent duplicate discounts
   - ***Search Carve-Ins*** – select checkbox to return only covered entities that have informed HRSA of an arrangement with the listed contract pharmacy and respective state Medicaid agency to prevent duplicate discounts
3. Click the **Search** button to display the results. The system will display a list of contract pharmacies that match your search criteria.
   - Click the link in the ***Contract Detail*** column to view the details for a contract.
   - Click the entity's name in the ***340B ID*** column to view the details for a covered entity.
   - Click the pharmacy's name in the ***Pharmacy Name*** column to view the details for a pharmacy.

More information: For complete information, refer to "Contract Pharmacies" on page 102.

Manufacturers

Note: You do not need to be logged into the 340B application to perform searches.

1. From the 340B Home Page, either:
   - Click the **Search Manufacturers** icon.

     OR
   - Click the **Search** link in the top menu and select **Manufacturers.**
2. On the **Manufacturer Search Criteria** page, use the available criteria to narrow your search results to a manageable number of manufacturers.
   - ***labeler code*** – only the FDA-assigned labeler codes that match the specified sequence of digits
   - ***Status*** – labeler codes that are active, inactive, or both
   - ***Manufacturer Name*** – only manufacturers with a specific sequence of characters in their names
   - ***City / State / Zip*** – only manufacturers in a specific location
   - ***Signed Date (from/to)*** – only manufacturers approved for participation during a specific date range
   - ***EditDate (from/to)*** – only manufacturers whose records were edited during the specified date range
   - ***OPA Termination Date (from/to)*** – only manufacturers terminated from the 340B Program during the specified date range
   - ***OPA Termination Date (From/To)*** – only manufacturers terminated from the CMS Medicaid Drug Rebate Program during the specified date range
3. Click the **Search** button to display the results. The system will display a list of labeler codes that match your search criteria.
   - Click the link in the ***labeler code*** column to view the details for manufacturer.

More information: For complete information, refer to "Manufacturers" on page 109.

Register a Covered Entity?

Hospital Registration

1. From the 340B OPAIS home page, enter select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On the **Covered Entity Registration** page, click the ***"A Hospital"*** button.
3. On the **Search for Hospital** page, enter the MPN for the terminated hospital and click the **Search** button.

4. On the **Register Hospital** page, confirm the hospital name, street address, entity type, and current 340B status.
5. Under ***"What would you like to do?"*** select:
   - ***Register for the 340B program as the entity type listed above*** to register the entity as the same type.
   - ***Register as a different entity type*** to register as a different entity type, and select the new entity type.

   More information: Refer to Changing the Hospital Type during Registration for more information.
6. On the **Covered Entity Details** page:
   - Type a new EIN if one has been assigned by the IRS.
   - Uncheck the *"Billing Address Same as Street Address"* box if you want to have bills for 340B drug purchases sent to a different address than the hospital street address.
   - Uncheck the *"Shipping Address Same as Street Address"* box if you want to have 340B drugs sent to a different address than the hospital street address.

   Note: PO boxes and contract pharmacies are not allowed as shipping addresses.
7. On the **Contact Information** page, confirm and update the AO and PC information for the entity.
   - You must be logged in as either the Authorizing Official or the Primary Contact.
   - The PC may not be the same person as the AO.
8. As appropriate for the hospital type, the **Qualification Information** page will display the most recent data available from CMS data sources and cost reporting period from which that data originated. You may change any data that is incorrect or out of date.
   - You must select the checkbox at the top of the page to that the hospital meets the qualifications for that hospital type as defined by the Social Security Act and that it is recognized by CMS or you will not be able to proceed.
   - If you change the DSH percentage (all hospital types except CAH) or the cost reporting dates, you must submit Medicare cost report worksheets and a working trial balance to OPA for review.
   - The Filing Date/Calculation Date must be greater than the Cost Reporting Period end date and not more than a year in the past.
   - For-profit hospitals are not eligible to participate in the 340B program.
   - If the hospital classification is *"Private, Non-Profit Hospital with State/Local Govt contract,"* the contract dates are required.
9. On the **Medicaid Billing** page, answer whether Medicaid will be billed for 340B purchased drugs (defaults to **No**).
   - If you select **Yes** you must enter at least one Medicaid Provider Number and state or National Provider Identifier (NPI) number.

10. On the **Statutory Prohibition on Group Purchasing Organization Participation** page, select the checkbox to confirm that the hospital will not obtain covered outpatient drugs through a group purchasing organization (GPO).

    Tip: This section only appears for DSH, PED, and CAN hospitals. This section will not appear for CAH, RRC, and SCH hospitals.

11. Confirm and submit the registration.

    Note: If you are the AO, the **Authorizing Official Signature** section will be appended to the bottom of the summary page to allow you to attest to the registration.

More information: For complete information, refer to "Hospital Registration" on page 128.

Outpatient Facility Registration

1. From the 340B OPAIS home page, enter select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On the **Covered Entity Registration** page, click the ***"A Hospital"*** button.
3. On the **Search for Hospital** page, enter the MPN for the terminated hospital and click the **Search** button.
4. On the **Register Hospital** page, confirm the hospital name, street address, entity type, and current 340B status.
5. Under ***"What would you like to do?"*** select the ***Register Outpatient Facilities*** option and click the **Continue** button.

   Note: Outpatient facilities may be registered while the parent hospital is still pending OPA approval.

6. On the **Covered Entity Outpatient Facility Search Results** page, select the checkbox for the outpatient facility to be registered.
   - If the desired facility does not appear in the search results, click the ***Not Found. Add a Facility*** button.
   - Currently registered outpatient facilities and terminated facilities are listed in the table below the **Search Results** table. To reinstate a terminated outpatient facility, click its name in the **Sub Name** column and confirm and update its information as you would for a new registration.
   - Only one cost center line is permitted to be registered by the entity. Each cost center line requires a separate registration.
7. On the **Covered Entity Details** page, record any additional information for the outpatient facility
   - Type a sub-division name for the outpatient facility that closely reflects the services being provided on the cost center line being registered.

- Type a new Outpatient EIN if the IRS has assigned one that is different from the parent hospital.
- Type a new Outpatient Facility Provider Number if different from Medicare Provider Number of the parent hospital.
- Uncheck the *"Billing Address Same as Street Address"* box if you want to have bills for 340B drug purchases sent to a different address than the hospital street address.
- Uncheck the *"Shipping Address Same as Street Address"* box if you want to have 340B drugs sent to a different address than the hospital street address.

Note: PO boxes and contract pharmacies are not allowed as shipping addresses.

8. On the **Contact Information** page, confirm the AO information and add the PC information.
   - You must be logged in as either the Authorizing Official or the Primary Contact.
   - The PC may not be the same person as the AO.
9. The **Qualification Information** page will display the parent hospital's data. You may update the parent entity's DSH %, cost reporting period, and filing dates, if necessary.

   Tip: This information may not be edited if the parent hospital's registration is in "pending" status.
10. In the **Cost Center Information** section, select a specific cost center line for the facility from the organization's most recently filed Medicare cost report and enter the associated financial information.
    - If the desired cost center is not in the list, select ***Not Present – Add*** and enter the required information.
    - If you select a non-patient cost center, you must submit Worksheet A, Worksheet C, and the trial balance from the hospital's latest filed cost report.
    - The Line Number, Subscript, and Description fields are automatically populated based on your selection. Complete the remaining information from your copy of the cost report.
11. On the **Medicaid Billing** page, answer whether Medicaid will be billed for 340B purchased drugs (defaults to **No**).
    - If you select **Yes** you must enter at least one Medicaid Provider Number and state or National Provider Identifier (NPI) number.
12. On the **Statutory Prohibition on Group Purchasing Organization Participation** page, select the checkbox to confirm that the hospital will not obtain covered outpatient drugs through a group purchasing organization (GPO).

    Tip: This section only appears for DSH, PED, and CAN hospitals. This section will not appear for CAH, RRC, and SCH hospitals.
13. Confirm and submit the registration.

    Note: If you are the AO, the **Authorizing Official Signature** section will be appended to the bottom of the summary page to allow you to attest to the registration.

More information: For complete information, refer to "Outpatient Facility Registration" on page 176.

Non-Hospital Registration

1. From the 340B OPAIS home page, enter select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On the **Covered Entity Registration** page, click the ***"A Non-Hospital"*** button.
3. On the **Select Non-Hospital** page, select the type of non-hospital entity you want to register.
   - For STD and TB entities, the system will prompt whether the organization receives direct grant funding and/or "in-kind" products or services purchased with grant funds. If you select **No,** the registration cannot proceed.
   - For CH and FQHCLA entities, the system will prompt whether the site is active in HRSA's Electronic Healthbook (EHB) system. If you select **No,** the registration cannot proceed.
     - On the **Search EHB** page, select a grant number for a CH entity or a designation number for a FQCHLA entity and click the **Search** button.
     - On the EHB search results page, select a site with 340B status of *"Available"* and click the **Continue** button.
4. The system displays the **Covered Entity Details** page.
   - Type the entity name (pre-filled for CH and FQHCLA entities).
   - Type the entity's subdivision name (pre-filled for CH and FQHCLA entities).
   - Type a new EIN if one has been assigned by the IRS.
   - As appropriate, select the check boxes for the nature of direct grant funding -- either Direct Funding or "In-Kind" products or services purchased with direct grant funds or both.

     Tip: Selecting "None" will uncheck the other boxes (if selected) and make the entity ineligible for registration.

   - Uncheck the *"Billing Address Same as Street Address"* box if you want to have bills for 340B drug purchases sent to a different address than the hospital street address.
   - Uncheck the *"Shipping Address Same as Street Address"* box if you want to have 340B drugs sent to a different address than the hospital street address.

     Note: PO boxes and contract pharmacies are not allowed as shipping addresses.

5. On the **Contact Information** page, confirm and update the AO and PC information for the entity.
   - The PC may not be the same person as the AO.
   - You must be logged in as either the Authorizing Official or the Primary Contact.

6. On the **Medicaid Billing** page, answer whether Medicaid will be billed for 340B purchased drugs (defaults to **No**).
   - If you select **Yes** you must enter at least one Medicaid Provider Number and state or National Provider Identifier (NPI) number.
7. Confirm and submit the registration.

Note: If you are the AO, the **Authorizing Official Signature** section will be appended to the bottom of the summary page to allow you to attest to the registration.

More information: For complete information, refer to "Non-Hospital Registration" on page 197.

Contract Pharmacies

1. From the **Covered Entity Details** page for an active entity for which you are the AO or PC, select the ***Contract Pharmacy*** tab and click the **Add** button.
2. Read the contract pharmacy **Instructions** page and click the **Continue** button.
3. On the Covered **Entity Details** page the Associated option is selected by default and the system displays a list of active pharmacy contracts already associated with the entity.

   Tip: If the desired pharmacy is not listed, you can search for it using its DEA Number or location.
4. In the ***Search Results*** section, select the desired pharmacy and click the **Continue** button.
5. Enter the pharmacy representative's email address and contact information and click the **Submit** button.

More information: For complete information, refer to "Contract Pharmacy Registration" on page 218.

Change Requests

1. From the **Covered Entity Details** page for an active entity for which you are responsible as AO or PC, click the **Change Request** button.
   - ***For Outpatient Facilities,*** the ***Outpatient Facility Provider Number*** and **Outpatient EIN** are also shown if they are different from the parent hospital.
   - **For Non-Hospitals,** the Grant Number is shown instead of the Medicare Provider Number, if available.
2. The **Change Request** page will display the entity's entire registration for your review. Click the ***Edit...*** link to edit the information for a particular section.

   Tip: If the entity is under recertification, only the AO may be changed.

3. Select the ***Edit Main Details*** link or the ***Edit Addresses*** link to edit the entity's details and address information.

Hospitals

- You may change the Entity Name, EIN (if a new one has been assigned by the IRS), and Street Address, if necessary.
- Uncheck the *"Billing Address Same as Street Address"* box if you want to have bills for 340B drug purchases sent to a different address than the hospital street address.
- Uncheck the *"Shipping Address Same as Street Address"* box if you want to have 340B drugs sent to a different address than the hospital street address.

Note: PO boxes and contract pharmacies are not allowed as shipping addresses.

Outpatient Facilities

- You may change the Entity Subdivision Name, Outpatient EIN (if a new one has been assigned by the IRS), Outpatient Facility Provider Number (if different from parent hospital), and Street Address, if necessary.
- Uncheck the *"Billing Address Same as Street Address"* box if you want to have bills for 340B drug purchases sent to a different address than the hospital street address.
- Uncheck the *"Shipping Address Same as Street Address"* box if you want to have 340B drugs sent to a different address than the hospital street address.

Note: PO boxes and contract pharmacies are not allowed as shipping addresses.

Non-Hospitals

- Site ID may be added or changed for CH and FQCHLA entities.
- Nature of Support may be added or changed for STD and TB entities.
- You may change the Entity Subdivision Name, EIN (if a new one has been assigned by the IRS), Grant Number, and Street Address, if necessary.
- Uncheck the *"Billing Address Same as Street Address"* box if you want to have bills for 340B drug purchases sent to a different address than the hospital street address.
- Uncheck the *"Shipping Address Same as Street Address"* box if you want to have 340B drugs sent to a different address than the hospital street address.

Note: PO boxes and contract pharmacies are not allowed as shipping addresses.

4. Select the ***Edit Contacts*** link to edit the contact information for the entity's current AO and PC.
   - The Organization name is required. You will not be able to save any changes if it is missing for either the AO or the PC.
   - To change the AO or PC for the entity, click the ***Please Select Contact*** drop-down list to search the system for their email address.

5. On the **Medicaid Billing** page, answer whether Medicaid will be billed for 340B purchased drugs (defaults to **No**).
   - If you select **Yes** you must enter at least one Medicaid Provider Number and state or National Provider Identifier (NPI) number.
6. As you make changes to the registration, they will be summarized at the bottom of the page for review before submission.
7. Confirm and submit the registration.

Note: If you are the AO, the **Authorizing Official Signature** section will be appended to the bottom of the summary page to allow you to attest to the registration.

More information: For complete information, refer to "Requesting Changes to a Covered Entity" on page 230.

Reinstate a Covered Entity?

Hospital Reinstatement

1. From the 340B OPAIS home page, enter select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On **the Covered Entity Registration** page, click the ***"A Hospital"*** button.
3. On the **Search for Hospital** page, enter the MPN for the terminated hospital and click the **Search** button.
4. On the **Register Hospital** page, confirm the hospital name, street address, entity type, and current 340B status.
5. Under ***"What would you like to do?"*** select:
   - **Reinstate the selected entity** to register the entity as the same type.
   - **Register as a different entity type** to reinstate as a different entity type, and select the new entity type.
6. Click **Continue.** The system will display the **Covered Entity Details** page.
7. Continue according to the instructions for Hospital Registration.

Outpatient Facility Reinstatement

Outpatient facility reinstatements are processed as new registrations.

1. From the 340B OPAIS home page, enter select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On **the Covered Entity Registration** page, click the ***"A Hospital"*** button.

3. On the **Search for Hospital** page, enter the MPN for the terminated outpatient facility's parent hospital and click the **Search** button.
4. On the **Register Hospital** page, confirm the hospital name, street address, entity type, and current 340B status.
5. Under ***"What would you like to do?"*** select ***Register Outpatient Facilities*** and click **Continue.**
6. The system will display the **Covered Entity Details** page.
7. Select the outpatient facility from the list in the **Covered Entity Outpatient Facility Search Results** section.
8. Confirm the information for the outpatient facility and update it as appropriate according to the instructions for Outpatient Facility Registration.

Non-Hospital Reinstatement

1. From the 340B OPAIS home page, enter select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On **the Covered Entity Registration** page, click the ***"A Non-Hospital"*** button.
3. On the **Select Non-Hospital** page:
   - Select the covered entity type.
   - Under ***Would you like to reinstate a previously terminated 340B ID?*** select **Yes.**
   - Type the 340B ID for the terminated entity and click the **Search** button.
   - Click the **Continue** button.
4. On the **Covered Entity Details** page, confirm the entity's information update it as appropriate according to the instructions for Non-Hospital Reinstatements.

Become an Authorizing Official?

For a New Entity

1. From the 340B home page, select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On the **Covered Entity Registration** page, click either the **"A Hospital"** button or the **"A Non-Hospital"**button, depending on the type of covered entity you want to register, and proceed with the covered entity registration process.
3. On the ***Contact Information*** page, select your own user name as Authorizing Official.
4. Complete the rest of the registration, attest to it, and submit it to OPA for approval.
   - The new registration will appear on your ***My Dashboard*** under ***My Pending***.
   - You will receive a Registration Confirmation email.

- Upon OPA approval, you and the entity's PC will both receive a *340B Participation Approval* email and the entity's 340B status will be updated to "Approved."

For an Existing Covered Entity

You must be fully authorized to legally bind the covered entity. All AO change requests must be approved by OPA.

1. Use the Covered Entity Search function to locate the desired covered entity
2. View the CE details and click the **Change** button for the Authorizing Official.

   Tip: The entity's details are displayed with your contact information populated in the ***Requestor Information*** section.

3. Attest to the change and submit it to OPA for approval.

More information: For complete information, refer to "Requesting to Become the AO of a Covered Entity" on page 253.

Recertify an Entity?

Recertification Basics

The Office of Pharmacy Affairs (OPA) is required to recertify all participating 340B covered entities annually to ensure that they are eligible to remain in the 340B Drug Pricing Program and that the application is accurate. Recertification also gives OPA an opportunity to verify compliance with the program requirements and update the 340B application.

Both the AO and the PC will receive an *"Advanced Notification"* email when OPA creates a recertification initiative that includes one or more of their active entities. Recertification initiatives will not include terminated entities, entities pending termination, or newly registered entities that have not yet reached their participation start date.

I Am a PC

1. On the recertification start date, tasks for entities that need to be recertified will appear in the ***My Tasks*** tab of ***My Dashboard***. In the **Task** column, click the ***Recertification*** link for the desired entity.
   - If changes are required, the **Recertification Information** page will tell you what information must be updated.
   - If no changes are required, the **Recertification Information** page will display the message *"Your information is up to date. Please proceed to Recertification."*
2. Click the **Continue** button.
3. The **Covered Entity Details** page is displayed.

- If changes are required, the page will display ***"Please update..."*** messages in the headings of sections where information must be updated. You may also update other information in the registration.

  More information: Refer to Change Requests for more information.

- If no changes are required, no messages will be displayed, but you still may make any other changes you need to.

4. To update required information, click the **Edit...** link to open an area where the **"Please update..."** message is displayed. Update the required fields and click the **Continue** button. Repeat this step for each area where updates are required.

   Tip: Before making any changes, click the **Continue** button. The system will display error messages that identify which required fields must be updated.

Submit Recertification

1. Click the **Submit** button to submit the recertification.
2. When the system displays the **Recertification Submission** page, you must click the **OK** button to complete the recertification and return to your ***My Dashboard***.

Terminate Entity

1. Click the **Terminate** button if you want to terminate the entity.
2. The system will display a summary of the **Covered Entity Details** page. In the **Termination Information** section:
   - The requested termination date will default to the first day of the next quarter.
   - Select a ***Termination Reason*** from the drop-down list.
   - Provide the date the entity became ineligible and the last date with drugs were or will be purchased.
   - Type any pertinent comments, if necessary.
3. Click **Submit** to complete the termination.
4. On the **Termination Request Submission** page, click the **OK** button to complete the termination and return to your ***My Dashboard***.

More information: For complete information, refer to "Recertification" on page 278.

I Am the AO

1. On the recertification start date, tasks for entities that need to be recertified will appear in the ***My Tasks*** tab of ***My Dashboard***. In the **Task** column, click the ***Recertification*** link for the desired entity.

- If changes are required, the **Recertification Information** page will tell you what information must be updated.
- If no changes are required, the **Recertification Information** page will display the message *"Your information is up to date. Please proceed to Recertification."*

2. Click the **Continue** button.
3. The **Covered Entity Details** page is displayed.
   - If changes are required, the page will display ***"Please update..."*** messages in the headings of sections where information must be updated. You may also update other information in the registration (refer to Change Requests for more information).
   - If no changes are required, no messages will be displayed, but you still may make any other changes you need to.
4. To update required information, click the ***Edit...*** link to open an area where the ***"Please update..."*** message is displayed. Update the required fields and click the **Continue** button. Repeat this step for each area where updates are required.

   Tip: Before making any changes, click the **Continue** button. The system will display error messages that identify which required fields must be updated.

Submit Recertification

1. In the ***Authorization Official Signature*** area, select the checkbox to confirm that you are authorized to legally bind the covered entity and certify that the registration is truthful and accurate.
2. Click the **Submit** button to submit the recertification.
3. When the system displays the **Recertification Submission** page, you must click the **OK** button to complete the recertification and return to your ***My Dashboard***.

Terminate Entity

1. Click the **Terminate** button if you want to terminate the entity.
2. The system will display a summary of the **Covered Entity Details** page. In the **Termination Information** section:
   - The requested termination date will default to the first day of the next quarter.
   - Select a ***Termination Reason*** from the drop-down list.
   - Provide the date the entity became ineligible and the last date with drugs were or will be purchased.
   - Type any pertinent comments, if necessary.
3. Select the checkbox to confirm that the contents of the termination request are truthful and accurate
4. Click **Submit** to complete the termination.

5. On the **Termination Request Submission** page, click the **OK** button to complete the termination and return to your ***My Dashboard***.

More information: Refer to "Recertification" on page 278 for more information.

Access my ADR Petitions?

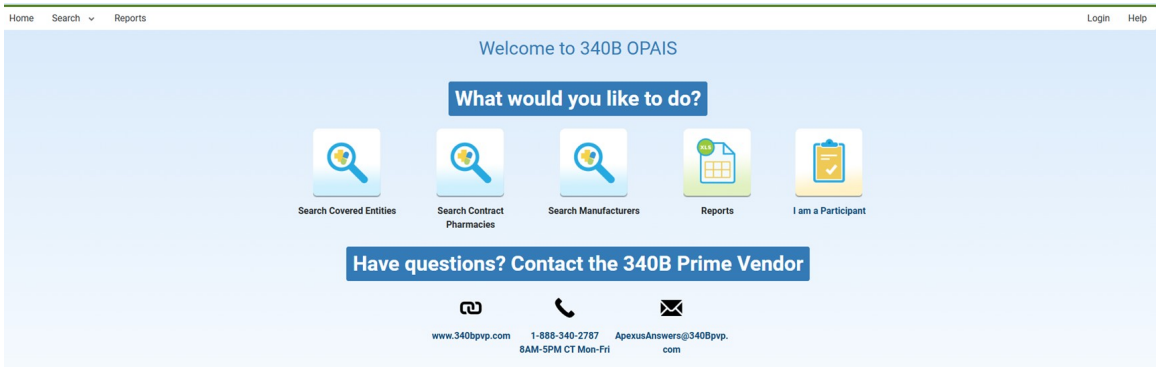
Edit ADR Petitions

1. From the 340B OPAIS home page, select **ADR Petitions** from the top menu.
2. Select *Edit* under the Actions column for the ADR Petition that you want to edit.
3. All sections of the Petition are available for update.
4. Provide the information in the sections as required by HRSA.
5. Click on *Save Changes* to save the petition information.
6. Click on *Submit to HRSA for Review* after all the needed information has been added to the petition.

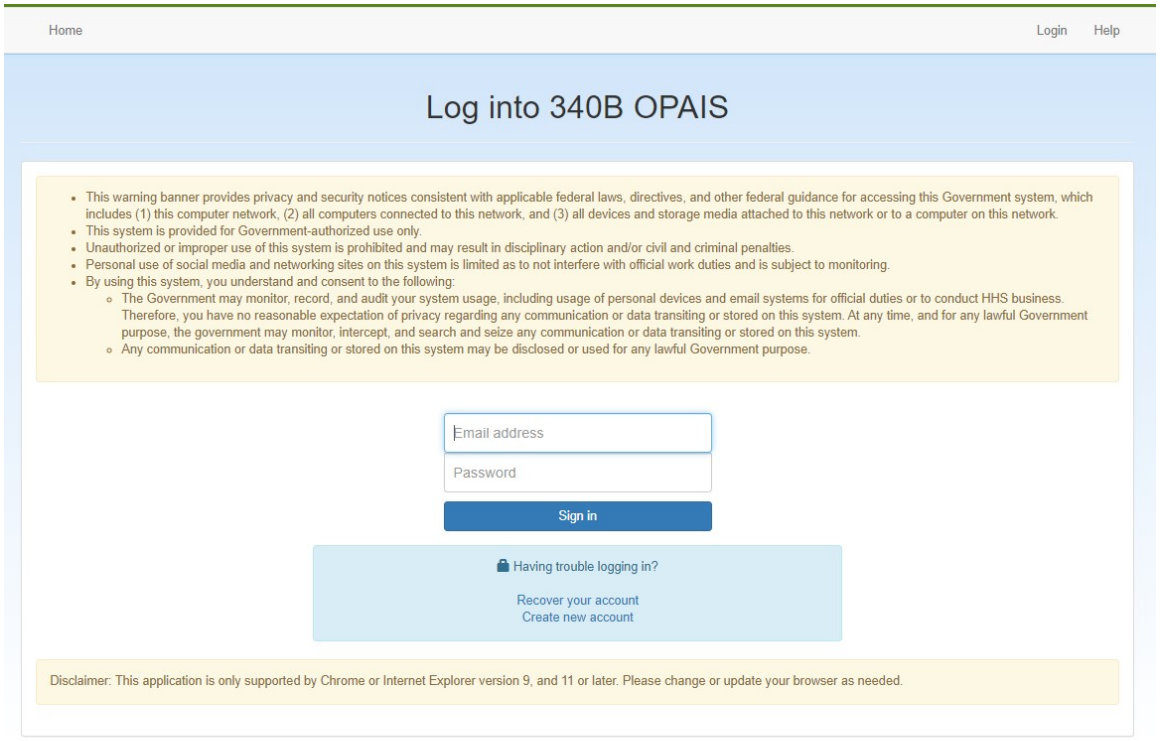
Note: The *Submit to HRSA for Review* button is available **only** when you submit the ADR Petition to HRSA for review **for the first time**. After the first submit, the *Save Changes* button is available to save the updates when you make changes to the ADR Petition. HRSA will be notified automatically of all the changes at the end of the day.

340B Home Page Guided Tour

The 340B OPAIS Home page is displayed when you first access the 340B OPAIS Public site. Initially, the only system capabilities available to you are the **Search Covered Entities**, **Search Contract Pharmacies**, **Search Manufacturers**, **Reports/Files** and "**I am a Participant**" link.



To perform any additional functionality, the user will be required to log into the sites. To log in or create a new account, select the *I am a Participant* icon or select *Login* from the menu. If you do not yet have an account to log in with you will be able to "Creating an Account" on page 30 from the presented log in page.



Keyboard Navigation

When you first access a page in the 340B OPAIS, the focus will be on the URL of the home page. As an alternative to pointing and clicking using a mouse:

- Use the **Tab** key to navigate through the items on the page and press the **Enter** key to select an item.
- On the top menu bar, use the arrow keys to select a tab and display its options and the **Enter** key to select an option.

Page Header

The page header contains links to other HHS sites.

Page Header Links

Link	Description
U.S. Department of Health & Human Services	Select this link to go to the HHS home page at http://www.hhs.gov.
HRSA	Select this link to go to the main Health Resources and Services Administration site at http://www.hrsa.gov.
OPA	Select this link to go to the HRSA 340B Drug Pricing Program home page at http://www.hrsa.gov/opa/.
HRSA OPA 340B Logo	Click the 340B OPAIS logo from any page to return to the home page.

Navigation Menu

The Navigation Menu is the row below the header containing the HRSA logo.

Not Logged In (Public Users)

When a user is **not** logged into 340B OPAIS, the Navigation Menu is limited to only providing access to the following functionality:

Search

Search for active:

- Covered Entities
- Contract Pharmacies
- Manufacturers

Search results can be sorted, filtered, and exported to Excel. You can select an entity, pharmacy, or manufacturer to view its details.

Reports / Files

Download, view, and save 340B OPAIS reports in Microsoft Excel format. Available reports include:

- Medicaid Exclusion Files
- Contract Pharmacy Carve-Ins
- Daily Covered Entity, Contract Pharmacy, and Manufacturer activity reports

Logging In

Log into an existing 340B OPAIS participant account, create a new account, or reset your password.

Online Help

Opens up the associated Help in another browser.

Logged In (Participants)

When a user is logged into 340B OPAIS, the Navigation Menu will expand to provide access to the following additional functionality:

My Dashboard

This opens the *My Dashboard* page that provides the user the following:

- The tasks assigned to the user
- Their active / approved / to be terminated Covered Entities
- Their registration submissions pending OPA approval
- Their terminated Covered Entities
- The users related terminated entities, if any exist

Register

The drop-down menu of **Register Covered Entity and/or Outpatient Facility**, provides the ability to:

- Register and reinstate hospital covered entities and outpatient facilities
- Register and reinstate non-hospital covered entities
- Add and terminate contract pharmacies associated with a covered entity

Edit Profile

From the drop-down menu associated with your user name you can select **Edit Profile** to update your contact information.

When a read-only user logs in their functionality is limited to:

Search

The user will be able to search for:

- Covered Entities
- Contract Pharmacies
- Manufacturers
- Email Logs
- Participants

Search results can be sorted, filtered, and exported to Excel. You can select an entity, pharmacy, or manufacturer to view its details.

Reports / Files

The user will be able to download, view, and save 340B OPAIS reports in Microsoft Excel format.

Available reports include:

- Medicaid Exclusion Files
- Contract Pharmacy Carve-Ins

- Daily Covered Entity, Contract Pharmacy, and Manufacturer activity reports
- Prime Vendor Downloads

Edit Profile

From the drop-down menu associated with your user name you can select **Edit Profile** to update your contact information.

Impersonate User

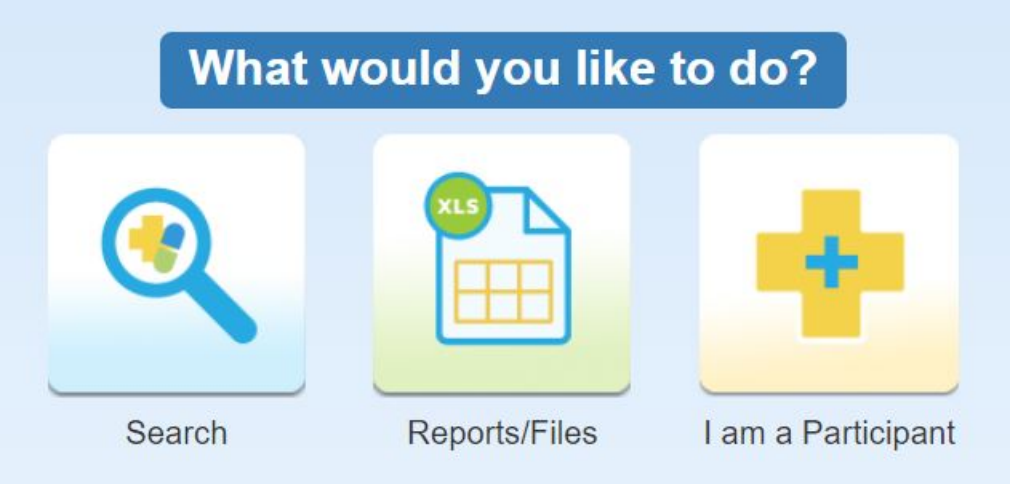
From the drop-down menu associated with your user name, you can enter a user's email address in the ***Impersonate external user*** text box to do and see everything they can, except submit any changes.

Online Help

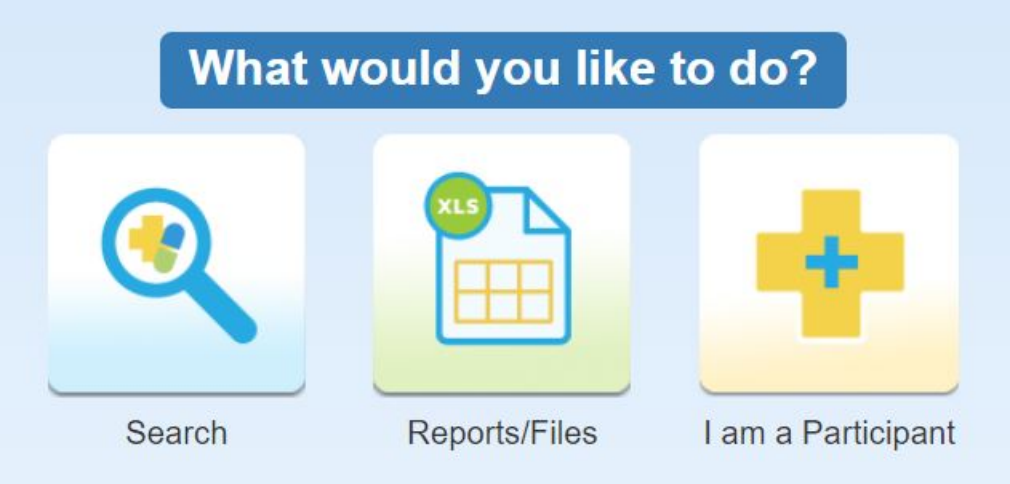
Because a Read-Only user can impersonate both Covered Entity and Manufacturer users, the Online Help associated with both are made available.

"What Would You Like To Do?"

The **What would you like to do** icons provide similar access to functionality as the Navigation Menu.



Not Logged In (Public Users)



When a user is **not** logged into 340B OPAIS, the icons are limited to only providing access to the following functionality:

Search

Selecting this icon will open another page where the user will be able to search for:

- Covered Entities
- Contract Pharmacies
- Manufacturers

Search results can be sorted, filtered, and exported to Excel. You can select an entity, pharmacy, or manufacturer to view its details.

Reports / Files

Selecting this icon will open another page where the user will be able to download, view, and save 340B OPAIS reports in Microsoft Excel format.

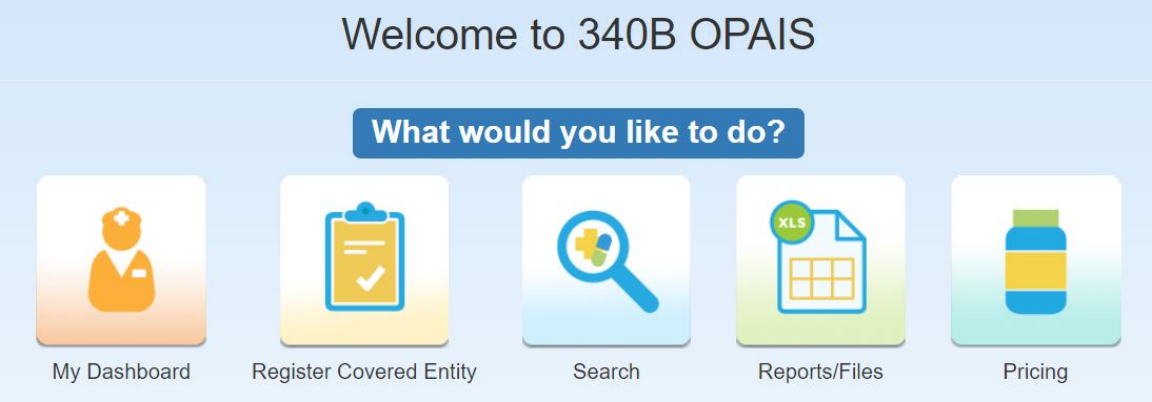
Available reports include:

- Medicaid Exclusion Files
- Contract Pharmacy Carve-Ins
- Daily Covered Entity, Contract Pharmacy, and Manufacturer activity reports

I am a Participant

Selecting this icon will open the Participant log in page where the user will be able to log into an existing 340B OPAIS participant account, create a new account, or reset your password.

Logged In (Participants)



When a user is logged into 340B OPAIS, the **What would you like to do** icons will expand to provide access to the following additional functionality:

My Dashboard

This opens the *My Dashboard* page that provides the user the following:

- The tasks assigned to the user
- Their active / approved / to be terminated Covered Entities
- Their registration submissions pending OPA approval
- Their terminated Covered Entities
- The users related terminated entities, if any exist

Register

The Register Covered Entity icon provides access to:

- Register and reinstate hospital covered entities and outpatient facilities
- Register and reinstate non-hospital covered entities
- Add and terminate contract pharmacies associated with a covered entity

When a read-only user logs in their functionality is limited to:

Search

Selecting this icon will open another page where the user will be able to search for:

- Covered Entities
- Contract Pharmacies
- Manufacturers
- Email Logs
- Participants

Search results can be sorted, filtered, and exported to Excel. You can select an entity, pharmacy, or manufacturer to view its details.

Reports / Files

The user will be able to download, view, and save 340B OPAIS reports in Microsoft Excel format.

Available reports include:

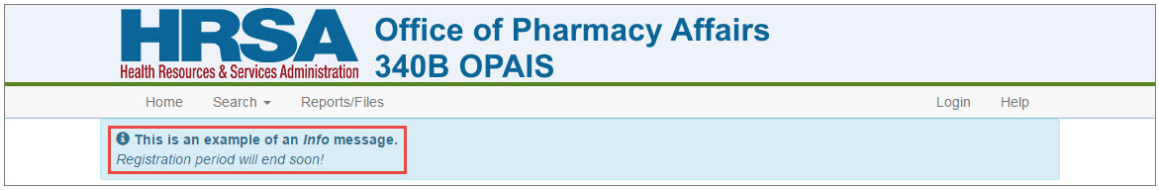
- Medicaid Exclusion Files
- Contract Pharmacy Carve-Ins
- Daily Covered Entity, Contract Pharmacy, and Manufacturer activity reports
- Prime Vendor Downloads

Banner Messages

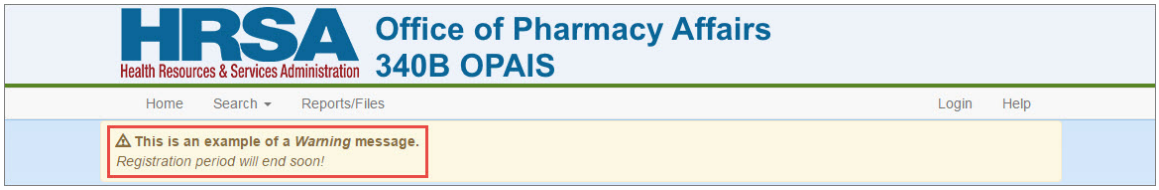
A banner message may appear beneath the navigation menu on the home page to inform you of important information from the OPA System Administrator.

Note: These messages only appear on the home page.

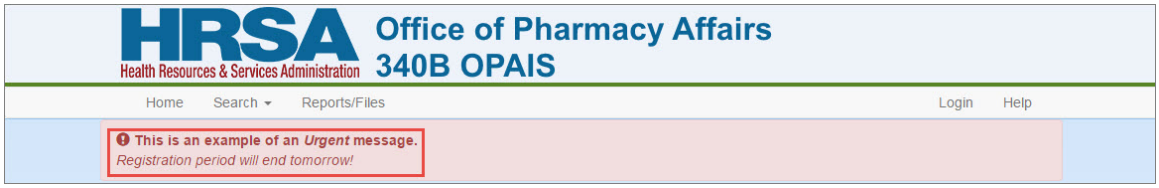
- **Info** messages are displayed in blue text on a blue background.



- **Warning** messages are displayed in brown text on a yellow background.

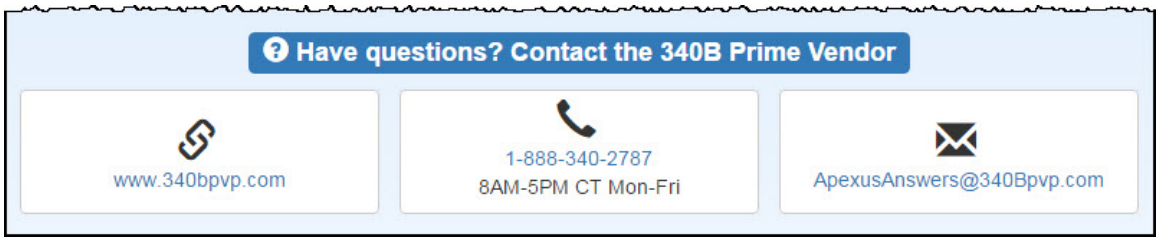


- **Urgent** messages are displayed in red text on a pink background.



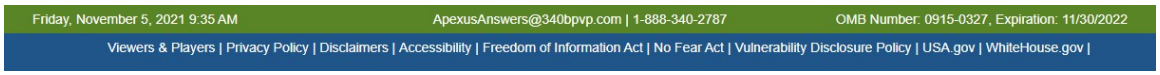
Have Questions?

The **"Have Questions?"** section provides a link to the 340B Prime Vendor Program website, an email link to the 340B Prime Vendor *(Apexus Answers)*, and their telephone contact information.



Page Footer

The footer on each web page provides the current date and time, the 340B Prime Vendor Program contact information (email address and phone number) and the Office of Management and Budget (OMB) form control number and its expiration date.



There are additional links to:

- Viewers & Players (HHS plug-ins page)
- HHS privacy policy notice
- HHS website disclaimers
- HRSA website accessibility page
- HRSA Freedom of Information Act page
- HRSA No Fear Act page
- Vulnerability Disclosure Policy
- USA.gov
- Whitehouse.gov

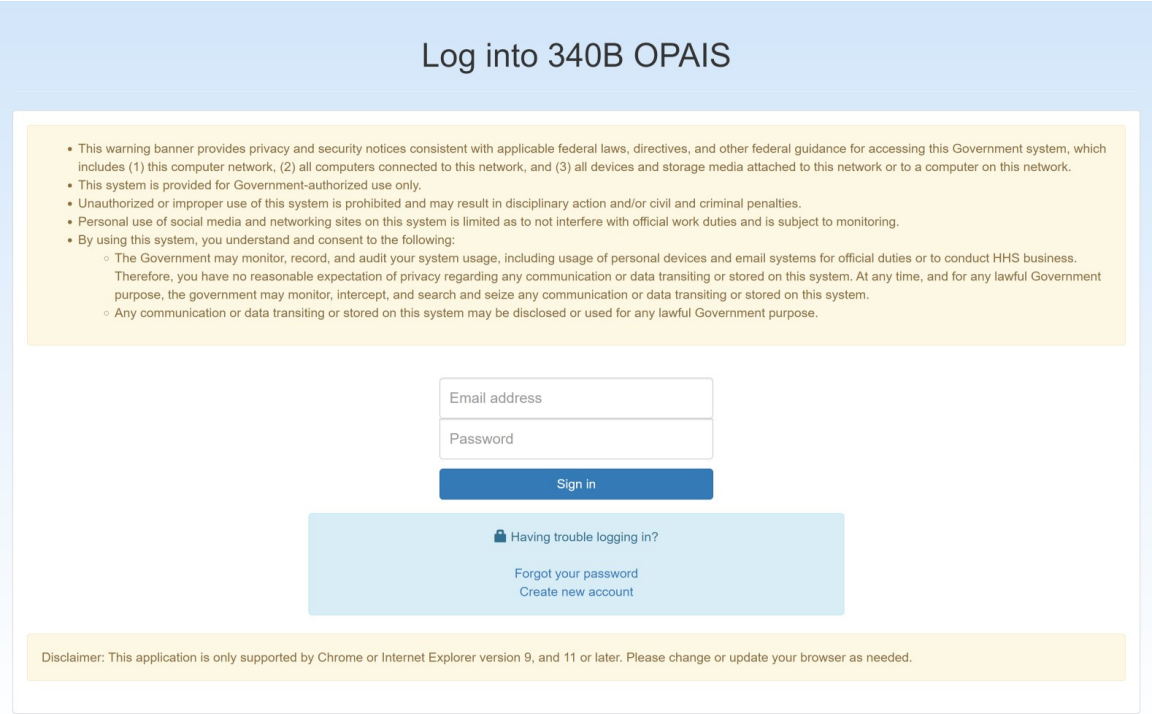
Your Account

The following topics explain how to create and manage an account, as well as how to reset your password.

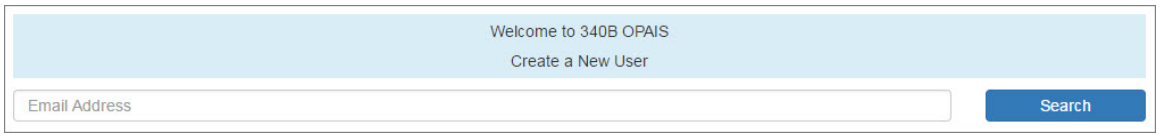
Creating an Account

Users must be an Authorizing Official (AO) or Primary Contact (PC) in order to initiate registrations, submit change requests, submit termination requests, or respond to annual recertification requests. Users may create an account as follows.

1. From the 340B OPAIS home page, click the **"I am a Participant"** icon or click the **Login** link in the top menu. The 340B login screen is displayed.



2. Click the **Create new account** link. The **Create a New User** page is displayed.



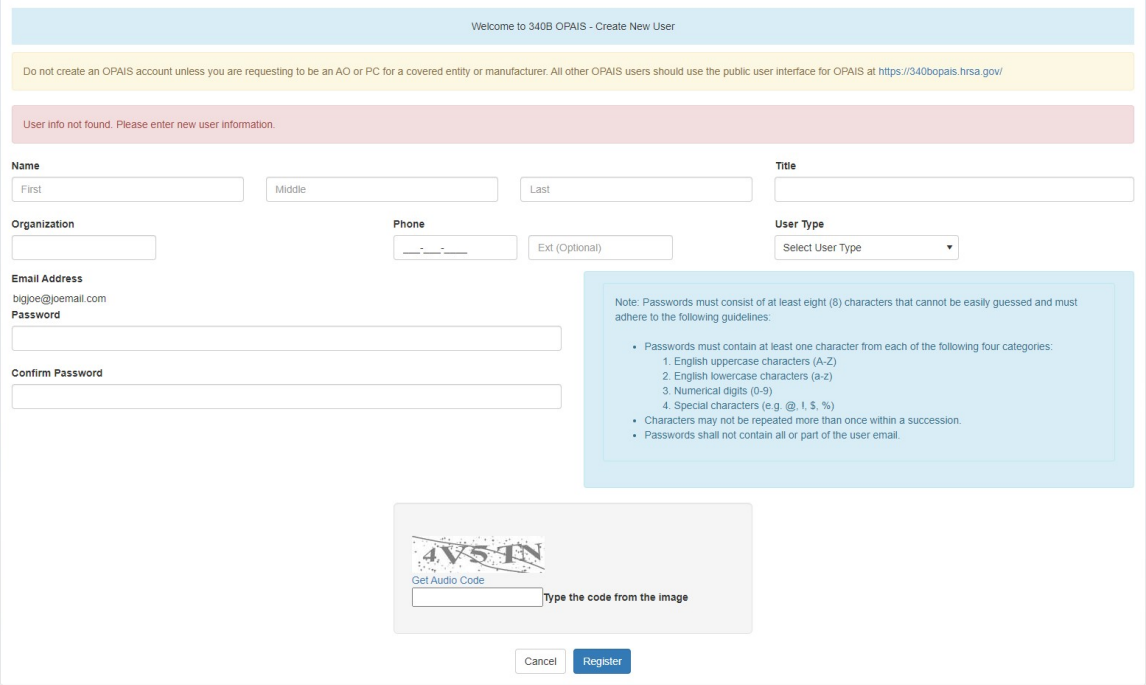
3. Type your email address in the space provided and click the **Search** button.

   Important: Your email address will be used as your user ID for accessing the 340B OPAIS and for all system-generated emails, including two-step authentication codes needed to log in, password reset messages, pending task notifications, and confirmation of user actions when using the system. It cannot be changed without creating a new user account.

   Tip: To ensure that you receive 340B OPAIS email notifications, update your email program's spam filter to allow the "no-reply" email from HRSA's .gov email.

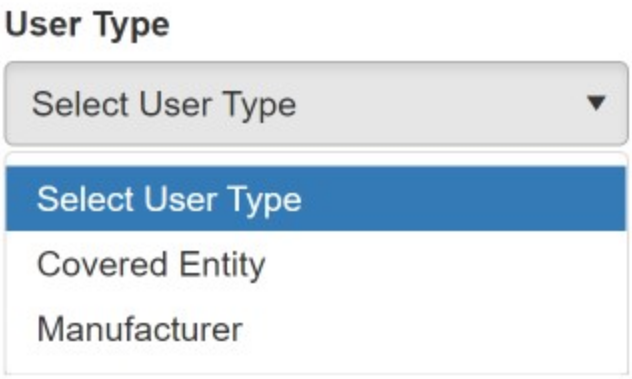
4. The **Create a New User** registration page is displayed.
   - If your email address is currently associated with an active or approved covered entity or manufacturer record as the AO or PC, your email address, name, title, organization (if available), phone number and extension will be filled automatically.
   - If the email address has not been previously associated with a covered entity or manufacturer, enter your name, title, organization name (employer), phone number, and extension in the spaces provided before proceeding. ***All fields are required except phone extension.***

Important: Email addresses must not be associated with an unmonitored or group email account (e.g., info@CHC.org or 340B@CHC.org).



Note: The **Telephone Extension** field allows numeric values only. If a 340B OPAIS account is already associated with the email address and the extension field contains an alpha character (e.g., x305) from an existing registration, you will be prompted to correct it.

5. For **User Type**, select *Covered Entity* or *Manufacturer*, depending on the type of entity with which you are associated.



Note: If you are trying to register an account for accessing ADR Petitions, then the User Type is already selected, because the system sets the User Type for the ADR Petitions based on Petition Type (CE or MFR) and Contact Type (Petitioner or Opposing).

6. Type a password and then type it again to confirm it.

   Passwords must be at least fifteen characters that cannot be easily guessed and must be a combination of alphanumeric characters containing at least one character from each of the following categories:

   - English uppercase characters (A-Z)
   - English lowercase characters (a-z)
   - Numerical digits (0-9)
   - Special characters (e.g., @, !, $, %)

7. Type the CAPTCHA code displayed in the image in the text box.
8. Click the **Register** button.
9. The system will check for an existing account associated with your email address.

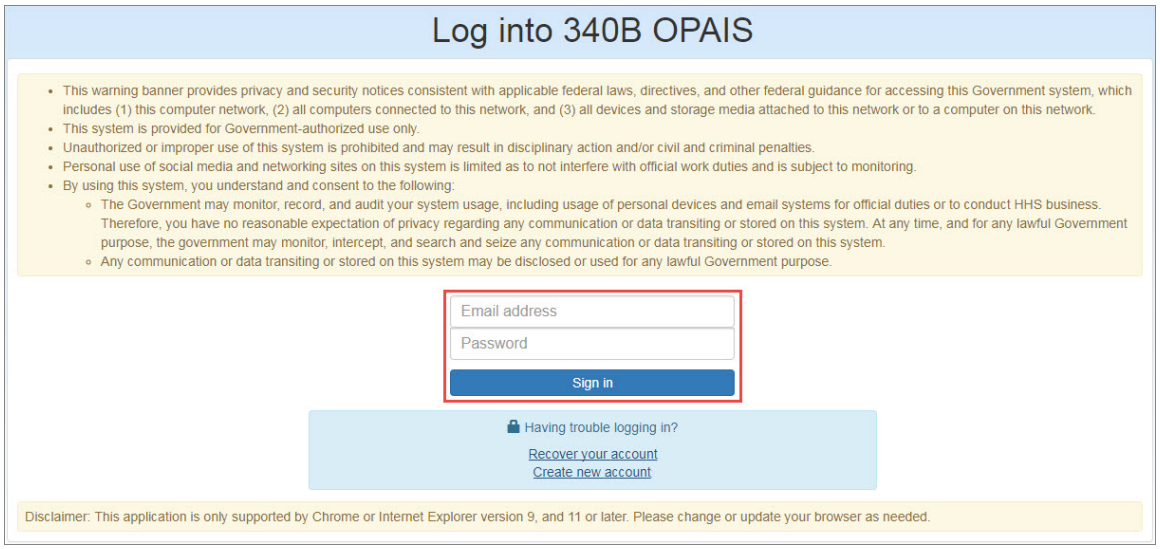
   Note: Only one account may be associated with an email address. If the email address has already been used to create an account, the system will display an error notification with a link to the 340B home page.

10. If the account request is valid, the system will:
    - Activate the account and associate it with any entity registrations in which your email is used as a contact.
    - Add any assigned tasks to your work.
    - Send a *New Account Confirmation* notification to the email address you used to create your account.
    - Display a message that the account was created successfully with a **Return to Login** button:

11. Click the **Return to Login** button to go to the login page.
12. Log into the 340B OPAIS using the email address and password for your new account.

Logging into Your Account

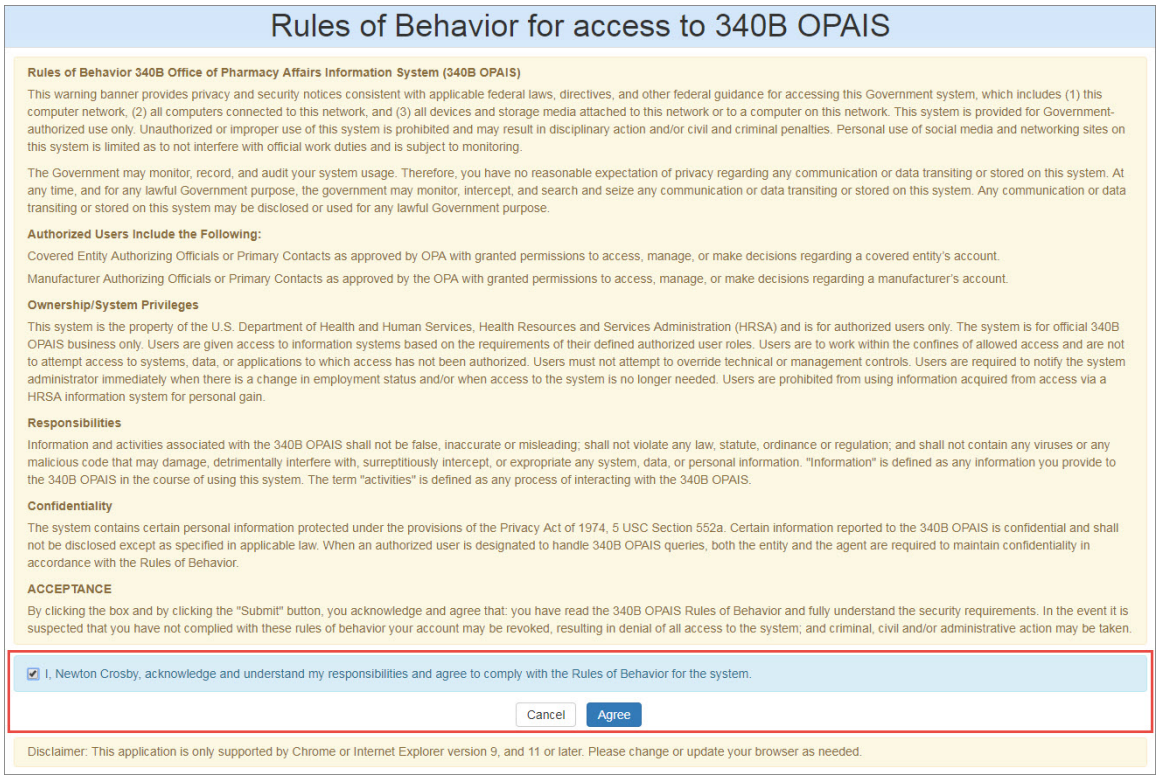
1. The login page is displayed when you click the **Login** option in the top menu of the 340B Home page or the **I am a Participant** icon.



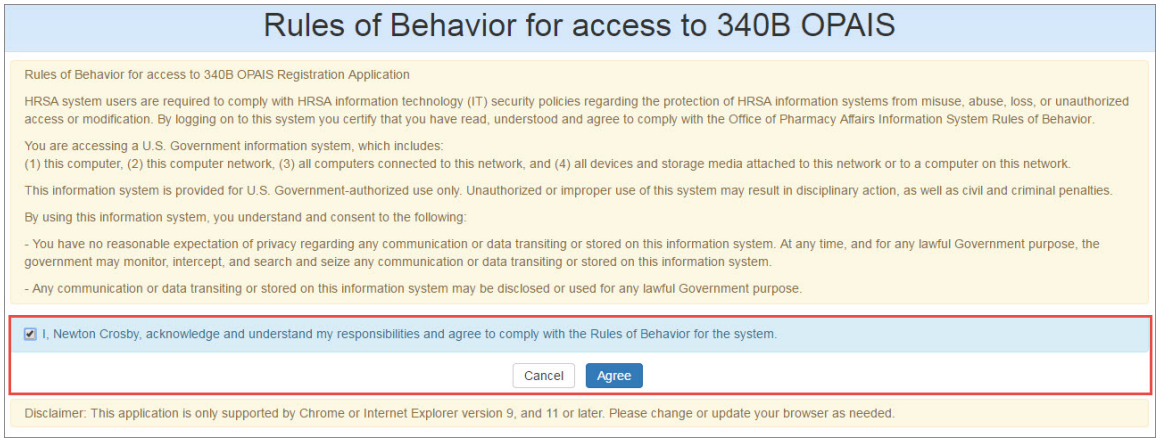
2. Type your email address and password in the spaces provided and click the **Sign In** button.
3. If the login credentials are correct and you have an active account, the system will display the **Two-Step Authentication** page and send an email containing a six-digit authorization code to the email address you used as your user name.

4. Check for an email with the subject line *"340B OPAIS Registration & Pricing Application Login User Authentication Code for [your name]."* Copy the authentication code from the email, paste it in the **Code** text box on the Two-Step Authentication page, and click the **Submit Code** button.
   - The 340B OPAIS will generate a new authentication code and send it to you via email every time you log in. The code is only valid for limited time, as configured by the OPA system administrator. A code from a previous session may not be used.
   - The system will count incorrect entry of the authentication code as a failed login attempt.
   - If the system detects five failed login attempts within 5 minutes, the account will be locked for 15 minutes.
5. The system will prompt you to agree to the **340B OPAIS Rules of Behavior.**

- The first time you log in after creating an account, the long-form version of the Rules of Behavior will be displayed.



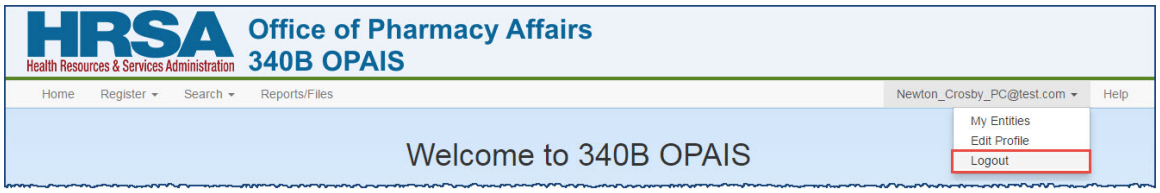
- For all subsequent logins after you have agreed to the long-form Rules of Behavior, the short-form version of the Rules of Behavior will be displayed.



6. Select the checkbox next to the acknowledgment of responsibilities statement.
   - Click the **Agree** button to go to the 340B OPAIS home page for your user role.
   - If you click the **Cancel** button, you will be returned to the login page.

Logging Out

1. Select ***Logout*** from the drop-down menu associated with your user name.

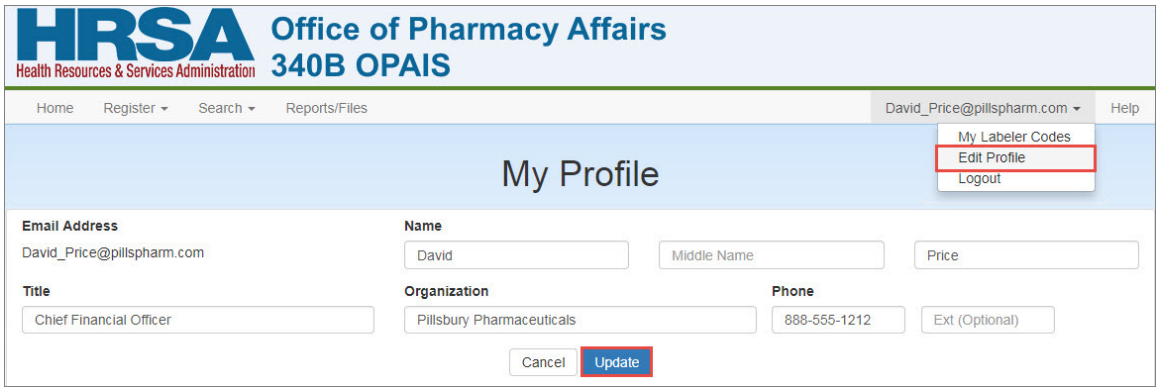


2. The system will return to the login page.

Editing Your Profile

Use the **My Profile** page to keep your personal and contact information up to date.

1. Select ***Edit Profile*** from the drop-down menu associated with the user name.



2. Make any necessary changes to the user name, organization, title, and phone number.
   - Your email address cannot be changed because it is also your 340B user name. If your email address must be changed, you must create a new account and update any entities where it is used.
   - AO name, title, and organization changes are subject to OPA review.

   Note: The **Telephone Extension** field only allows numeric values. If the extension field contains an alpha character (e.g., x305), you will be prompted to correct it.

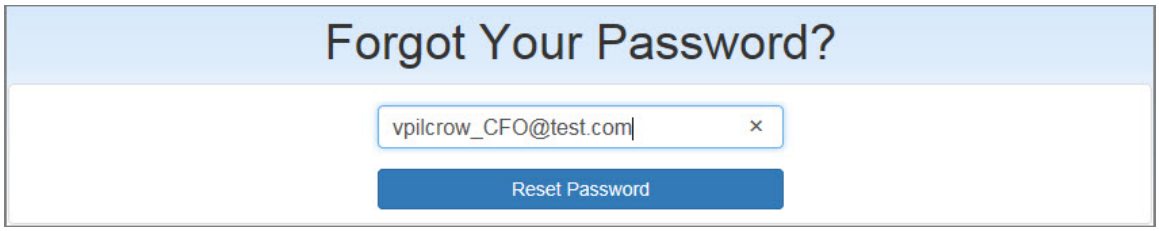
3. Click the ***Update*** button. The **My Profile** page will display the message *"User updated successfully."*

Managing Sessions and Passwords

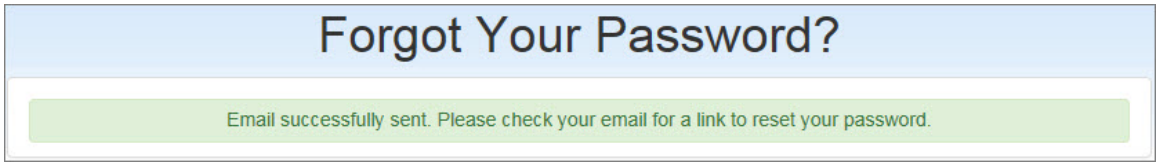
Refer to the following subtopics for information about session timeouts, password resets, and locked accounts.

Resetting Your Password

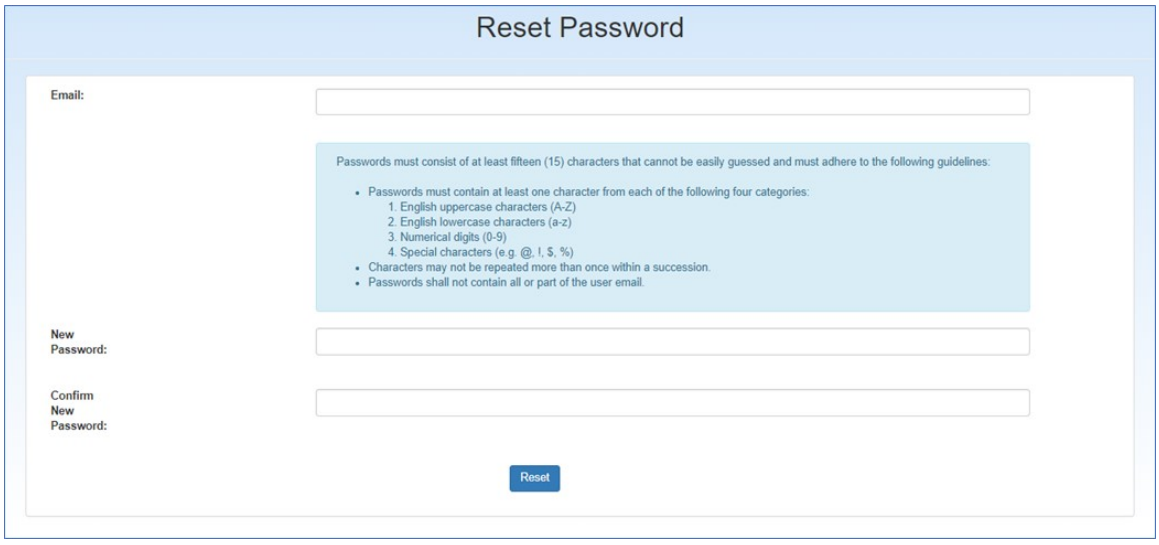
1. If you have forgotten your password or need to reset it, click the **Recover Your Account** link on the login page. The system will prompt for your email address.



2. Type the email address and click the **Reset Password** button.
3. The system will send an email containing a password reset URL to the email address and prompt to check email for the reset message.



4. The system will send a Reset Password Request email containing a password reset URL to your email address.
5. Upon clicking the URL in the email, the system will display the **Reset Password** screen and prompt for your email address and for entry and confirmation of a new password.

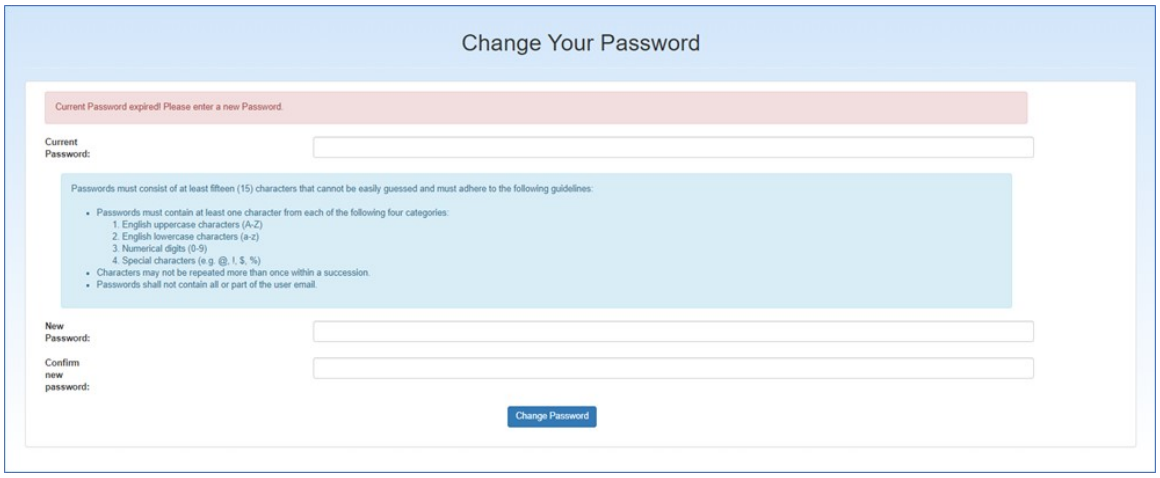


6. After resetting the password, you may log into the system as usual.

Note: Passwords may only be changed once within a 24-hour period.

Expired Passwords

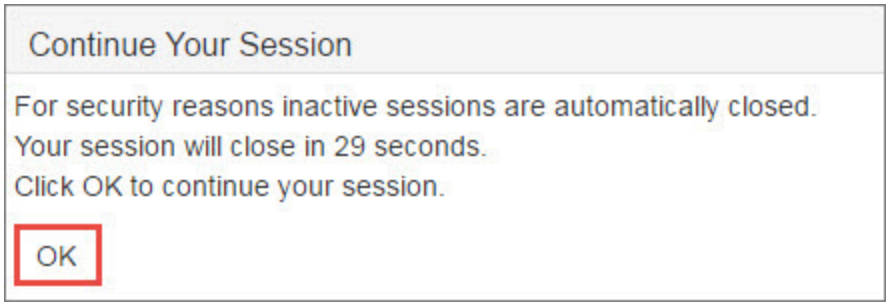
1. Your password will expire every 55 days, and the system will prompt you to change it.



2. Type the old password in the space provided.
3. Type the new password and confirm it in the spaces provided and click the **Change Password** button. The system will allow you to log in as usual.

Session Timeout Warning

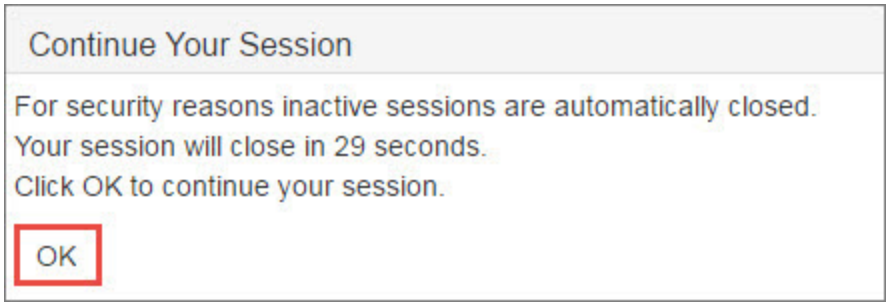
Your login session will time out after 30 minutes of inactivity. A reminder pop-up window displays a message that the session is about to time out.



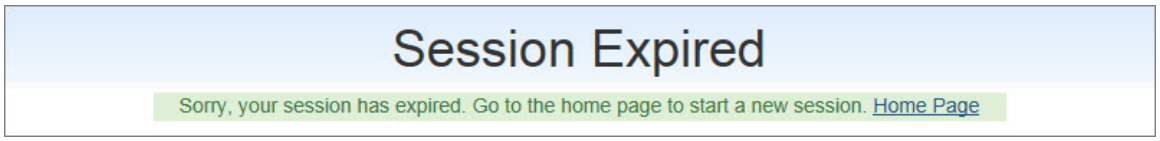
Click the **OK** button to continue your session.

Session Expired Message

Your 340B session will time out after 30 minutes of inactivity. The system will display a warning message that the session is about to expire. Click the **OK** button to continue your current session.



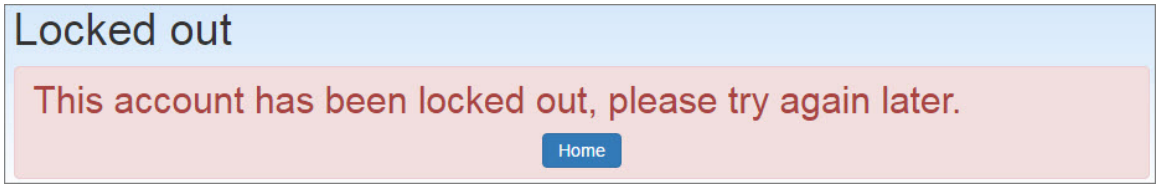
If your session expires, the system will display a pop-up window with a link to return to the home page.



Account Lockout

User accounts are locked for 15 minutes after three consecutive failed login attempts. Entering an incorrect password is considered to be a failed login attempt. Submitting an incorrect authentication code is also considered to be a failed login attempt.

Note: OPAIS will lock the user account after three consecutive failed login attempts regardless of the amount of time between the failed login attempts.



The system will send an ***Account Locked Out*** email advising you to wait for 15 minutes before attempting to log in.

Revision History

Below is a table documenting the revision history of OPAIS Registration Online Help for Covered Entity Users.

The Revision History includes the release number, release date, and summary of changes made.

Online Help / User Guide	Release #	Release Date	Summary of Changes
340B OPAIS Online Help for Covered Entity Users	11.3	08/30/2025	■ Additional note under Recert > "Recertification Activity Summary Email" on page 310 for Recertification Daily Summary Notices ■ Notes under Recert > "Recertifying a Covered Entity" on page 278 of OPAIS ability to handle change requests that are still in process when recertification starts ■ Update > "Requesting Changes to a Covered Entity" on page 230, updates to note OPAIS ability to support increased utilization of the CE group change request functionality ■ Register > Outpatient Facility Registration > "Cost Center Information" on page 187, added Hospital Trial Balance (TB) Instructions ■ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	11.2	06/28/2025	■ Edits to note PC ability to pull back recerts from AO ■ Minor text and screenshot updates

Online Help / User Guide	Release #	Release Date	Summary of Changes
340B OPAIS Online Help for Covered Entity Users	11.1	03/22/2025	■ Group AO Change Request details added to "Requesting to Become the AO of a Covered Entity" on page 253 ■ New subsection under Update > "Requesting Changes to a Covered Entity" on page 230, *EHB Data for CH and FQHCLA entity types*, for OPAIS checks for non EHB uploaded match changes by the CE ■ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	11.0	12/14/2024	■ New topic under Recert > "Completing Off Cycle Recertification" on page 311 ■ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	10.3	08/31/2024	■ "Potential Registration Duplicates" sub-item added to Outpatient Facility Registration > "Covered Entity Details and Address Information" on page 182, and Non-Hospital Registration > "Covered Entity Details and Address Information" on page 201 ■ File type and file size information notes included under "ADR Petitions" on page 333 ■ Minor text and screenshot updates

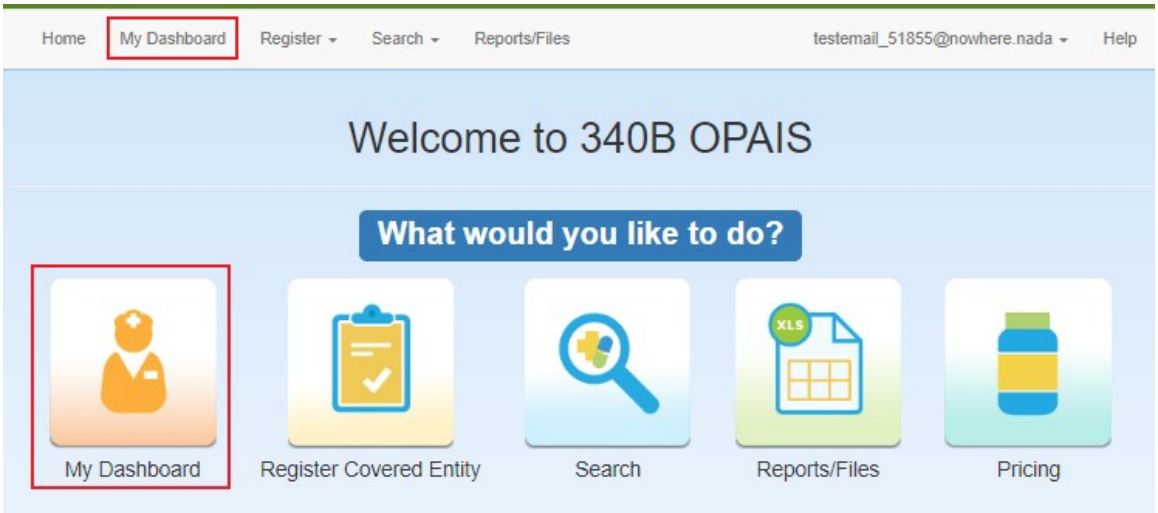
Online Help / User Guide	Release #	Release Date	Summary of Changes
340B OPAIS Online Help for Covered Entity Users	10.2	06/15/2024	▪ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	10.1	03/30/2024	▪ New topic, CP Integrity Check* ▪ **Topic removed in Release 11.0* ▪ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	10.0	12/16/2023	▪ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	9.3	09/07/2023	▪ New top-menu section, "ADR Petitions" on page 333, granting capability for external users to submit claims through the ADR process in OPAIS ▪ "Daily Reports" on page 316 revised, Legacy Reports page added ▪ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	9.2	06/17/2023	▪ No Changes

Online Help / User Guide	Release #	Release Date	Summary of Changes
340B OPAIS Online Help for Covered Entity Users	9.1	03/18/2023	■ Ryan White has been removed from Notice of Funding Opportunity (NOFO) Number ■ Updated "340B Program Acronyms for Covered Entity Types and/or Grantees" on page 393: ■ Consolidated Health Center Program (CH) is now **CH - HRSA-Funded Health Center** ■ Federally Qualified Health Center Look-Alikes (FQHCLA) is now **FQHCLA - Health Center Program Look Alike** ■ "Qualification Information" on page 137 for Rural Referral Center and Sole Community Hospital fields have been updated ■ Updates to Entity Main Details / Edit Addresses for Hospitals, Update Qualification Information, in "Requesting Changes to a Covered Entity" on page 230 ■ "Covered Entity Details and Address Information" on page 201 and "Requesting Changes to a Covered Entity" on page 230 updated to include Grant Number format and guidance for Non-Hospital

Online Help / User Guide	Release #	Release Date	Summary of Changes
			Entities ■ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	9.0	12/17/2022	■ Minor text changes to "Hospital Registration Submission" on page 169 ■ Revision to "Account Lockout" on page 39 text ■ Minor text and screenshot updates
340B OPAIS Online Help for Covered Entity Users	8.3	08/20/2022	■ Minor screenshot updates
340B OPAIS Online Help for Covered Entity Users	8.2	05/21/2022	■ Minor text changes to "Resubmitting CE Registrations, Reinstatements, and Change Requests" on page 70
340B OPAIS Online Help for Covered Entity Users	8.1	02/19/2022	■ Ability to submit Primary Contact Change Request and pullback/discard tasks submitted for AO attestation ■ Added a version and release identifier to online help, this can be located under Getting Started > Revision History

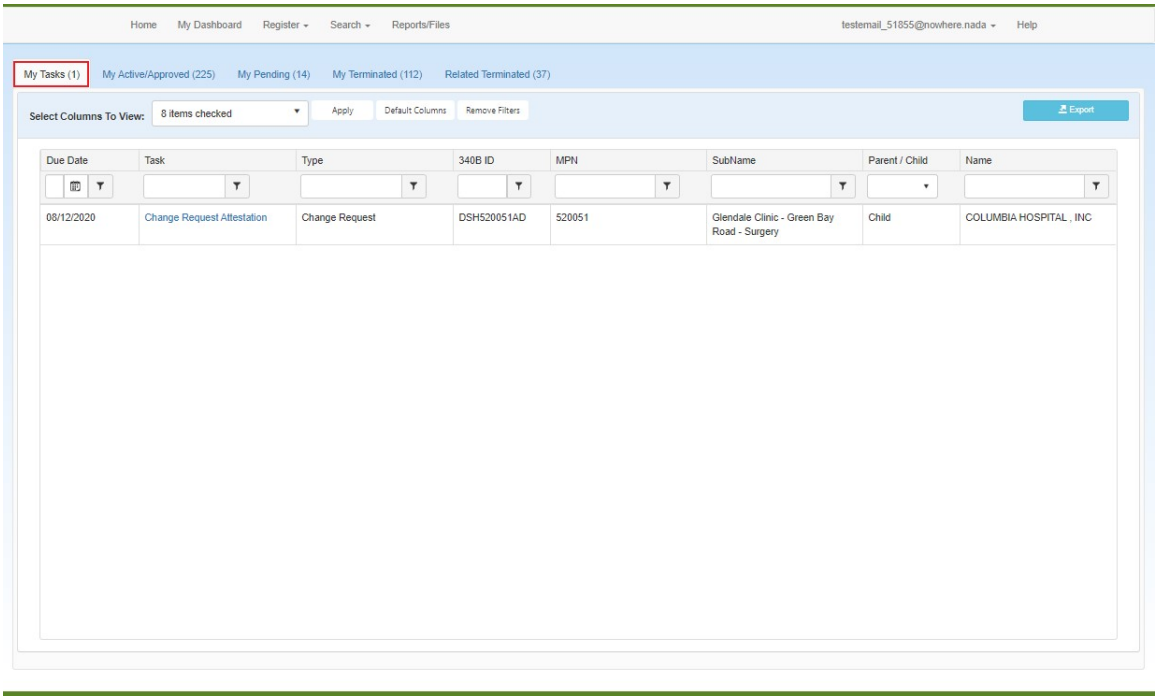
MY DASHBOARD

To access ***My Dashboard***, the user can either select the ***My Dashboard*** icon or the ***My Dashboard*** menu item on the ***Home*** page.



My Dashboard provides the user the ability to see and access:

- The tasks assigned to them
- Their active / approved / to be terminated entities
- Their entities pending OPA approval
- Their terminated entities
- Their related terminated entities, if any exist

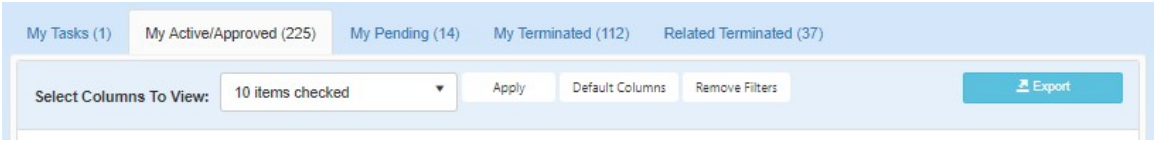


More information: If there are no tasks awaiting the user's attention, the ***My Active/Approved*** tab will the selected tab instead of ***My Tasks***.

My Dashboard Tables Actions

Every tab on My Dashboard has a set of actions that provide the user the ability to:

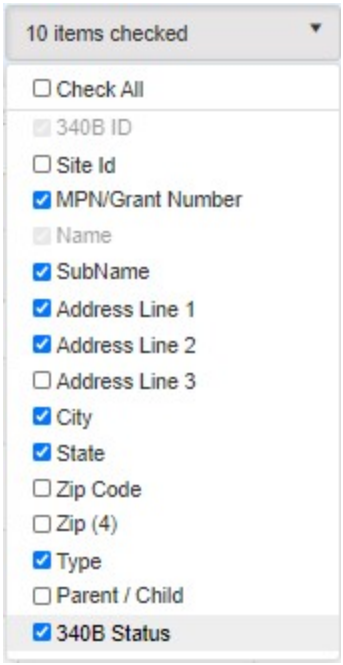
- Select the columns to include in the table
- Reset the columns to the default columns
- Clear all the filters set in the table
- Export the data in the table



Select Columns to Include in the Table

There may be more columns of data that the user might want to see in the data table than are currently being shown. The *Select Columns* functionality provides the user the ability to select any columns associated with Covered Entities.

Selecting the drop-down will show all the columns available to be displayed.



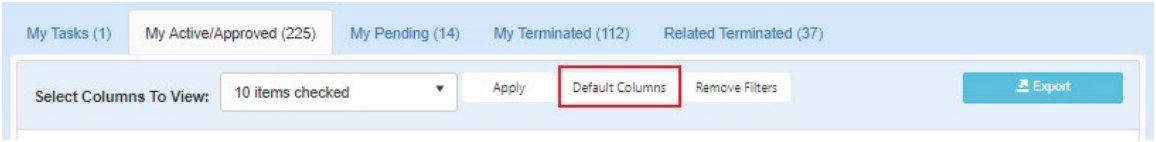
Check columns to have them be shown and uncheck columns to have them not be shown.

Select the *Apply* button to have your choices be displayed.

Grayed out columns will always be shown.

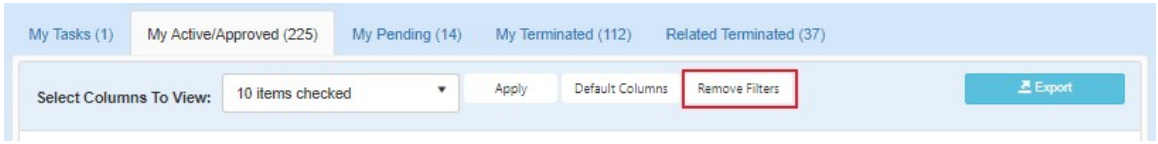
Reset Columns to Default Columns

After the columns being displayed have been changed, to reset them to the default columns, select the *Default Columns* button.



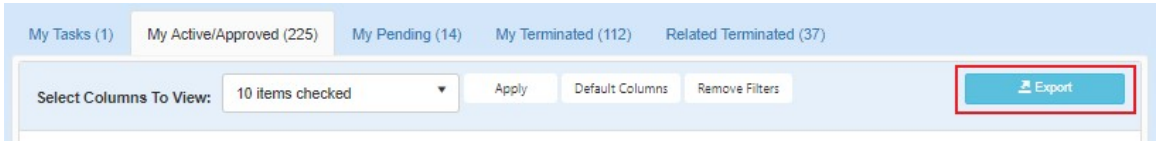
Clear Table Filters

In each table, each column has the ability to be used to filter the data. To clear all of the column filters, select the *Remove Filters* button.



Export Table Data

On each tab the data in the table can be exported. To perform the export select the *Export* button.

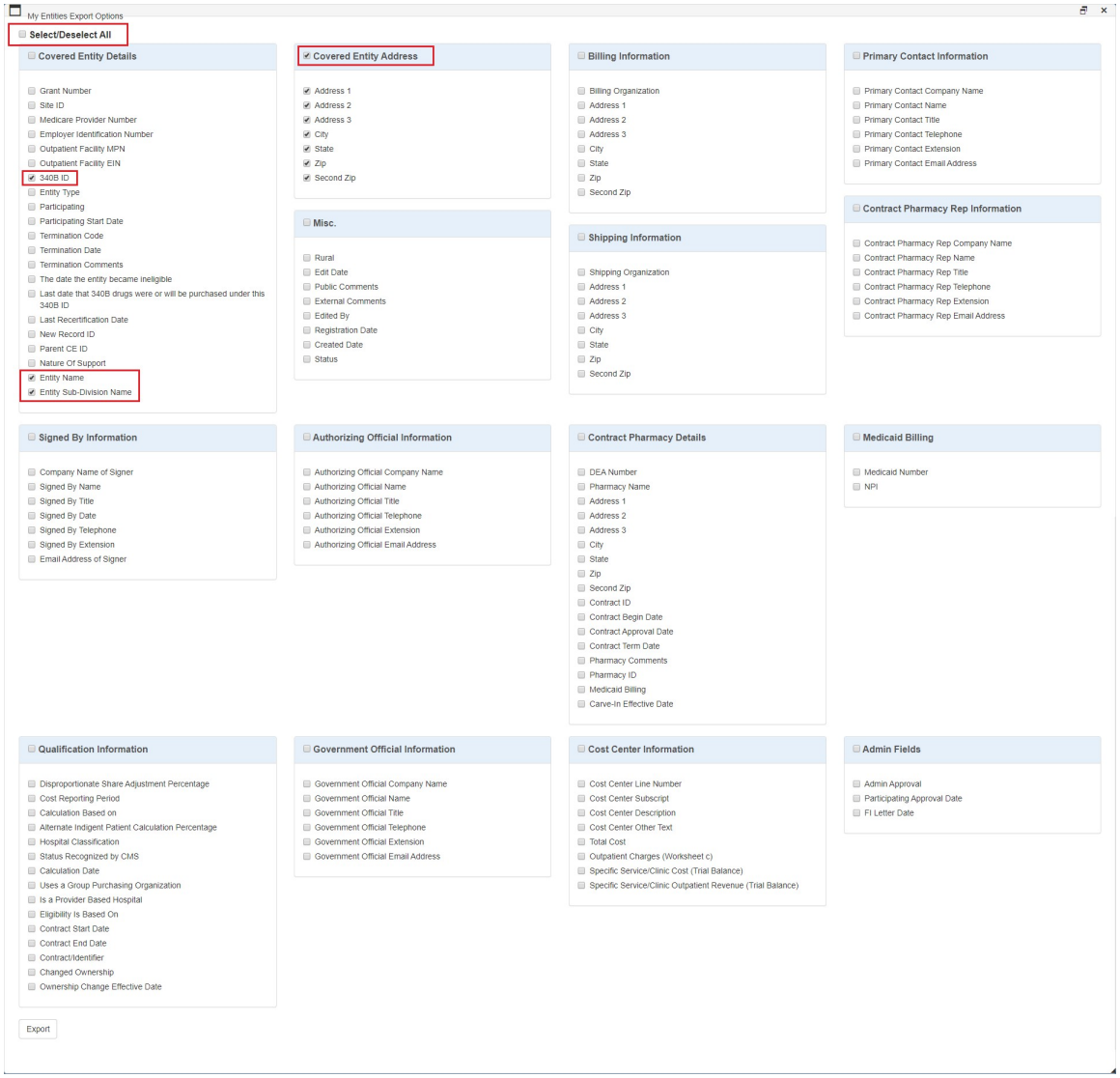


When selecting the *Export* button on the My Tasks tab, the export will be generated for a predefined set of columns.

When selecting the *Export* button on all the other tabs, the ***Export Options*** page will be displayed for the user to select the columns to include in the export. The export will be for all of the data within the table.

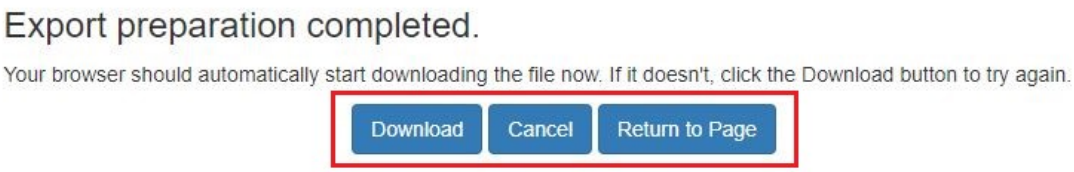
Export Options

The ***Export Options*** page enables the user to specify only the data that they want to include in the exported spreadsheet.



1. Check the boxes in each section to select the data to be exported.
   - Check the ***Select/Deselect All*** box if you want all fields listed on the page to appear on the spreadsheet. Uncheck boxes to deselect individual fields.
   - Check the box next to a section heading to export all data in that section.
   - Check individual boxes to select only specific items for export.
2. When finished selecting data for export, click the **Export** button.
3. A progress window is displayed while the export is being prepared. Click the **Cancel** button if you want to cancel the export before it finishes.

4. A message window displays when the export is completed and a dialog box will prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.



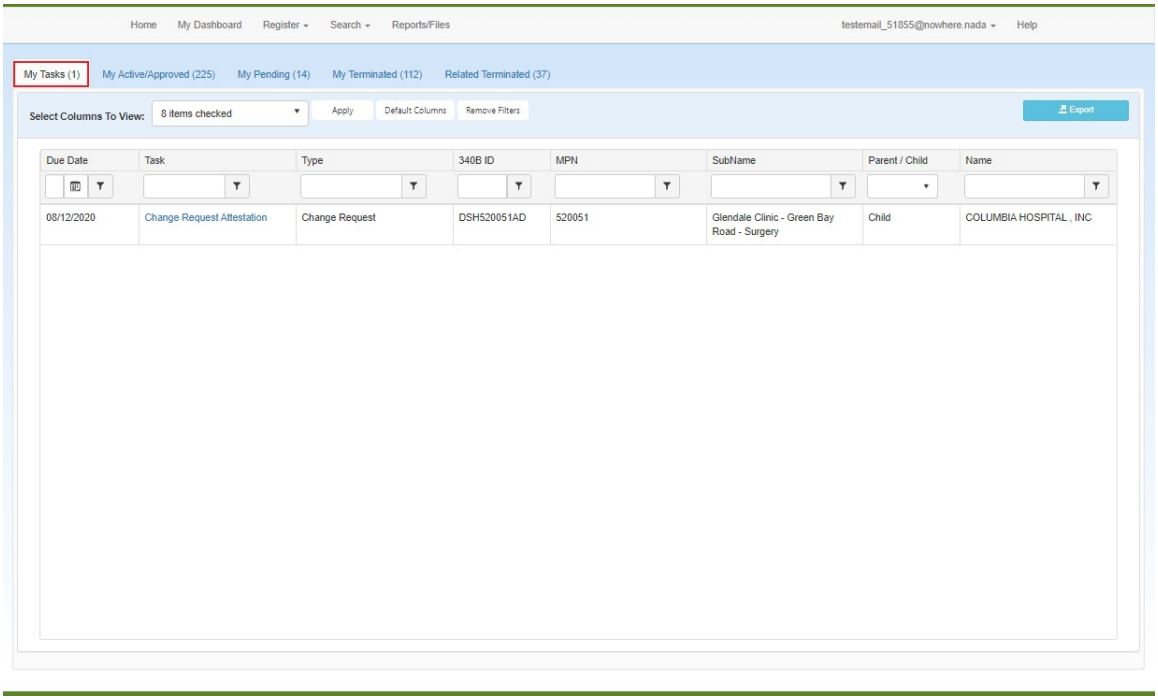
   - Click the **Download** button if you need to download the file again
   - Click the **Cancel** button to cancel the download and return to your ***My Dashboard***
   - Click the **Return to Page** button to return to your ***My Dashboard***

5. A message window displays when the export is completed and your browser will display a dialog box to prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.

   Tip: For covered entities with multiple shipping addresses and contracts with multiple pharmacies, there will be a separate row for each address and pharmacy. For example, for an entity with a mailing address, a billing address, two shipping addresses, and five contract pharmacies, there will be nine data rows.

My Tasks

The ***My Tasks*** tab of ***My Dashboard*** displays a list of the tasks that require the user's attention. Only incomplete tasks will be listed in the ***My Tasks*** tab.



More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

Tip: Click on the hyperlink in the *Task* column to open the associated task detail page.

Note: The completion of any task will return the user to the ***My Tasks*** tab of ***My Dashboard***.

Key My Tasks Columns

Columns	Description
Due Date	The date by which the task must be completed.
Task	A short name for the task to be completed that is a hyperlink that will open the associated Task page.
Type	Identifies the type of task awaiting attention.

Email Notifications

The system will send an AO Task Notification email if:

1. A task is added to the task list and there are no other pending tasks (e.g., a registration or change request created by a Primary Contact or a registration or change request returned by

OPA for updates); or

2. The user has more than one pending task and have not logged in for the past 24 hours.

AO Tasks

The following are the tasks that an AO may see in their My Tasks list:

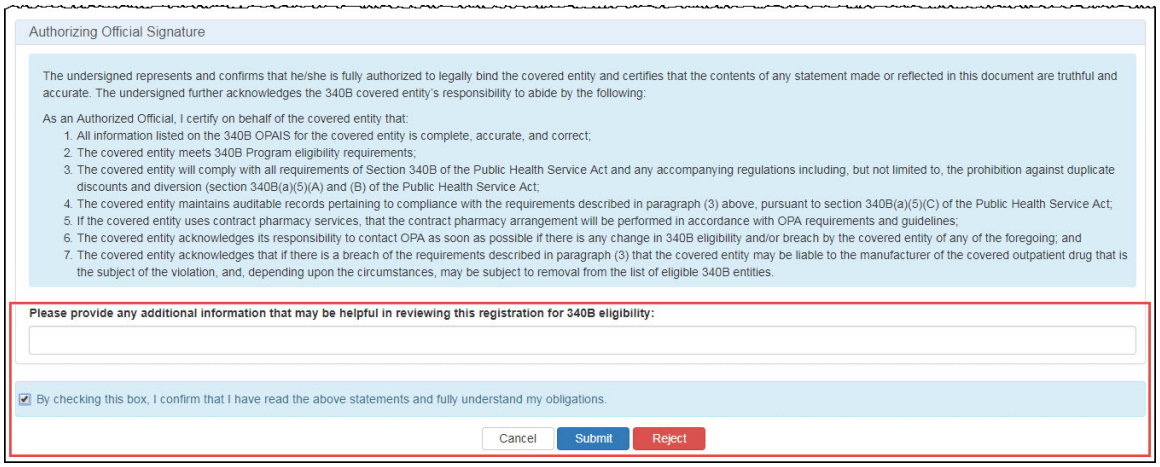
Task	Description
Registration Attestation	The AO should review the registration submission made by the PC and attest to submit the registration to OPA for their consideration.
Registration Resubmission	OPA has sent the registration submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Registration Resubmission Attestation	The AO should review the registration resubmission made by the PC and attest to resubmit the registration to OPA for their further consideration.
Change Request Attestation	The AO should review the change request submission made by the PC and attest to submit the change request to OPA for their consideration.
AO Change Request Resubmission	OPA has sent the AO change request submission back to the proposed AO for updates. See the review comments for why the submission was sent back for resubmission.
Change Request Resubmission Attestation	The AO should review the change request resubmission made by the PC and attest to resubmit the change request to OPA for their further consideration.
Reinstatement Attestation	The AO should review the reinstatement submission made by the PC and attest to submit the reinstatement to OPA for their consideration.
Reinstatement Resubmission	OPA has sent the reinstatement submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Reinstatement Resubmission Attestation	The AO should review the reinstatement resubmission made by the PC and attest to resubmit the reinstatement to OPA for their further consideration.
Termination Attestation	The AO should review the termination submission made by the PC and attest to submit the contract pharmacy to OPA for their consideration.

Task	Description
Termination Resubmission	OPA has sent the termination submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Termination Resubmission Attestation	The AO should review the termination resubmission made by the PC and attest to resubmit the contract pharmacy to OPA for their further consideration.
Contract Pharmacy Attestation	The AO should review the contract pharmacy submission made by the PC and attest to submit the contract pharmacy to OPA for their consideration.
Contract Pharmacy Change Attestation	The AO should review the contract pharmacy change submission made by the PC and attest to submit the contract pharmacy change to OPA for their consideration.
Contract Pharmacy Termination Attestation	The AO should review the contract pharmacy termination submission made by the PC and attest to submit the contract pharmacy termination to OPA for their consideration.
Change Hospital Type Attestation	The AO should review the change hospital type submission made by the PC and attest to submit the change hospital type to OPA for their consideration.
Change Hospital Type Resubmission	OPA has sent the change hospital type submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Change Hospital Type Resubmission Attestation	The AO should review the change hospital type resubmission made by the PC and attest to resubmit the change hospital type to OPA for their further consideration.
Recertification	Annually the AO and PC of a covered entity will be requested to update the CE information and certify that the CE is still eligible for the 340B Program.
Recertification Submitted for Attestation	The AO should review the recertification submission made by the PC and attest to submit the recertification to OPA for their consideration.
Recertification Resubmission	OPA has sent the recertification submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.

Task	Description
Recertification Resubmission Attestation	The AO should review the recertification resubmission made by the PC and attest to resubmit the recertification to OPA for their further consideration.
Termination Submitted for Attestation (Recertification)	The AO should review the recertification termination submission made by the PC and attest to submit the recertification termination to OPA for their consideration.
Recertification Termination Resubmission	OPA has sent the recertification termination submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Termination Resubmission Attestation (Recertification)	The AO should review the recertification termination resubmission made by the PC and attest to resubmit the recertification termination to OPA for their further consideration.
Recertification Reopened	OPA has reopened a recertification. Both the AO and PC will be able to perform the recertification, but the AO only has until the end of the due date set by OPA to attest to submit the recertification to OPA for their consideration.
AO Change Request Attestation	The proposed AO should review the AO change request submission made by the PC and attest to submit the AO change request to OPA for their consideration.

Attesting to CE Registrations and Reinstatements

When you elect to attest to a covered entity registration or reinstatement submitted by an entity's PC, the ***Authorizing Official Signature*** section is appended to the registration summary page. You must attest to the registration before it can be submitted to OPA for approval.



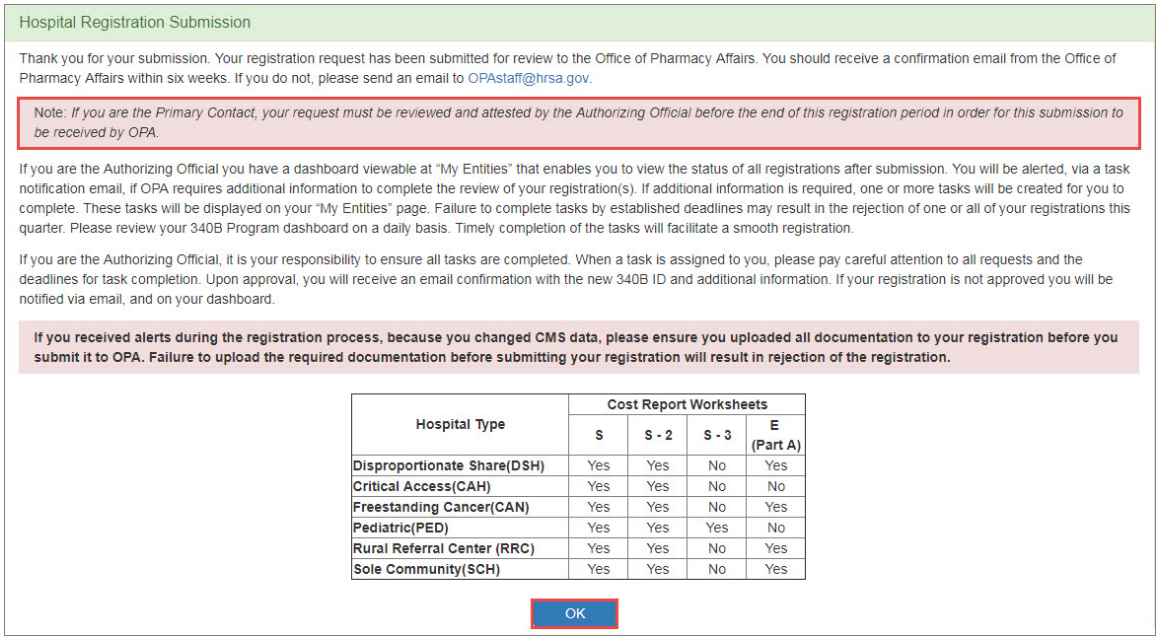
AO Covered Entity Registrations and Reinstatements Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* Type any comments that will help OPA in approving the registration or reinstatement.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box if you intend to submit the registration or reinstatement to OPA for approval.
Cancel	Exit from the attestation page without taking action.
Submit	After selecting the checkbox to authorize the submission, click this button to submit the registration or reinstatement for OPA approval. The **Hospital Registration Submission** confirmation page will be displayed. You must click the **OK** button to complete the submission. ■ Upon attestation, the task will be removed from the ***My Tasks*** tab of ***My Dashboard*** but it will be listed under **My Pending** . ■ The AO will receive a Registration Confirmation email.
Reject	This button is displayed if the registration or reinstatement was submitted by an entity's PC. Clicking this button will reject the registration or reinstatement and remove it from the ***My Tasks*** tab of ***My Dashboard***. Rejected registrations can be re-registered if necessary.

Upon clicking the **Submit** button, the **Registration Submission** confirmation page is displayed.

Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.

Hospital Registration Submission confirmation page



Hospital Registration Submission

Thank you for your submission. Your registration request has been submitted for review to the Office of Pharmacy Affairs. You should receive a confirmation email from the Office of Pharmacy Affairs within six weeks. If you do not, please send an email to OPAstaff@hrsa.gov.

Note: *If you are the Primary Contact, your request must be reviewed and attested by the Authorizing Official before the end of this registration period in order for this submission to be received by OPA.*

If you are the Authorizing Official you have a dashboard viewable at "My Entities" that enables you to view the status of all registrations after submission. You will be alerted, via a task notification email, if OPA requires additional information to complete the review of your registration(s). If additional information is required, one or more tasks will be created for you to complete. These tasks will be displayed on your "My Entities" page. Failure to complete tasks by established deadlines may result in the rejection of one or all of your registrations this quarter. Please review your 340B Program dashboard on a daily basis. Timely completion of the tasks will facilitate a smooth registration.

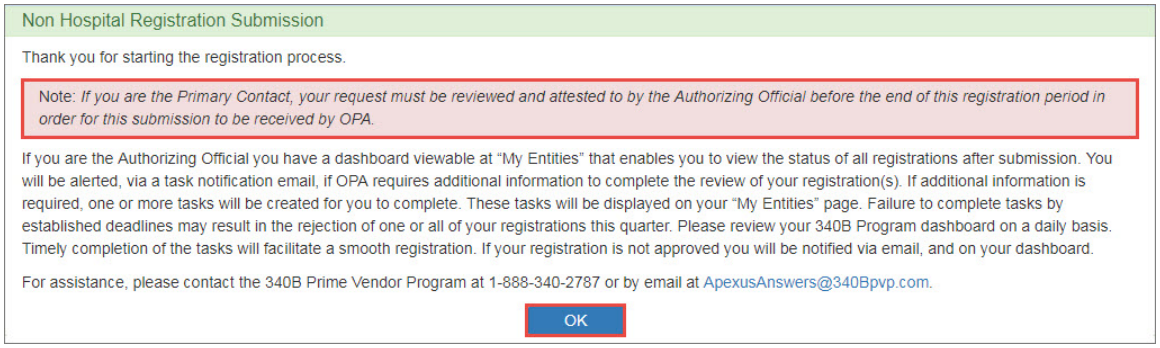
If you are the Authorizing Official, it is your responsibility to ensure all tasks are completed. When a task is assigned to you, please pay careful attention to all requests and the deadlines for task completion. Upon approval, you will receive an email confirmation with the new 340B ID and additional information. If your registration is not approved you will be notified via email, and on your dashboard.

If you received alerts during the registration process, because you changed CMS data, please ensure you uploaded all documentation to your registration before you submit it to OPA. Failure to upload the required documentation before submitting your registration will result in rejection of the registration.

Hospital Type	Cost Report Worksheets			
	S	S - 2	S - 3	E (Part A)
Disproportionate Share(DSH)	Yes	Yes	No	Yes
Critical Access(CAH)	Yes	Yes	No	No
Freestanding Cancer(CAN)	Yes	Yes	No	Yes
Pediatric(PED)	Yes	Yes	Yes	No
Rural Referral Center (RRC)	Yes	Yes	No	Yes
Sole Community(SCH)	Yes	Yes	No	Yes

OK

Non- Hospital Registration Submission confirmation page



Non Hospital Registration Submission

Thank you for starting the registration process.

Note: *If you are the Primary Contact, your request must be reviewed and attested to by the Authorizing Official before the end of this registration period in order for this submission to be received by OPA.*

If you are the Authorizing Official you have a dashboard viewable at "My Entities" that enables you to view the status of all registrations after submission. You will be alerted, via a task notification email, if OPA requires additional information to complete the review of your registration(s). If additional information is required, one or more tasks will be created for you to complete. These tasks will be displayed on your "My Entities" page. Failure to complete tasks by established deadlines may result in the rejection of one or all of your registrations this quarter. Please review your 340B Program dashboard on a daily basis. Timely completion of the tasks will facilitate a smooth registration. If your registration is not approved you will be notified via email, and on your dashboard.

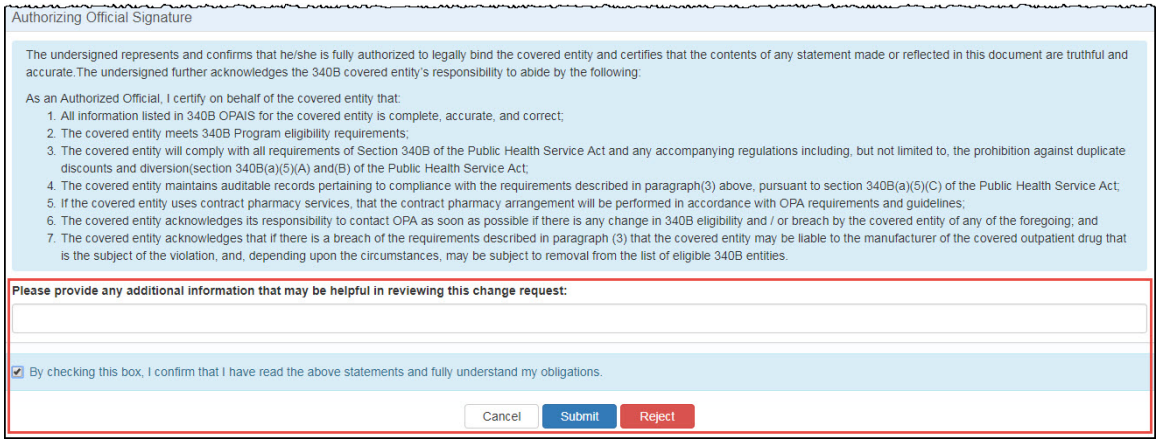
For assistance, please contact the 340B Prime Vendor Program at 1-888-340-2787 or by email at ApexusAnswers@340Bpvp.com.

OK

Tip: OPA will review the registration and notify you when the registration is approved. OPA may request more information to verify eligibility. Once the registration is approved, the entity's enrollment in the 340B program will start on the first day of the next quarter.

Attesting to CE Change Requests

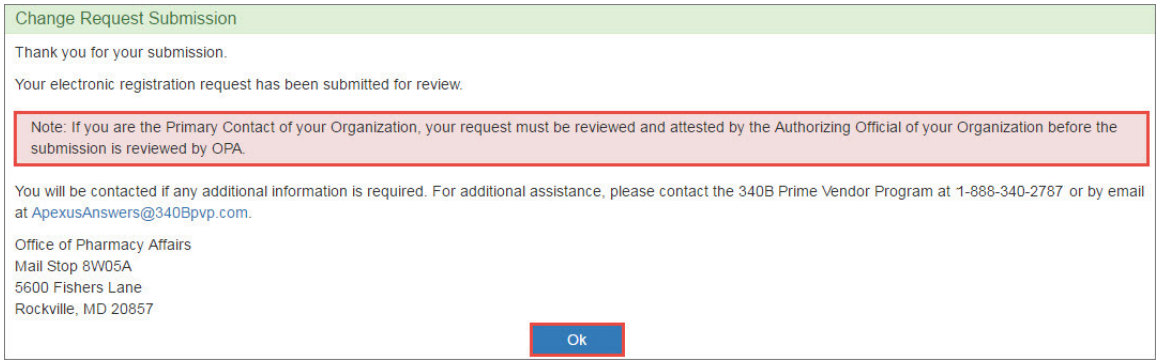
When you elect to attest to a covered entity change request submitted by the entity's PC, the **Authorizing Official Signature** section is appended to the summary page.



AO Covered Entity Change Request Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this change request:"* Type any comments that will help OPA in approving the change request.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box if you intend to submit the change request to OPA for approval.
Cancel	Exit from the attestation page without taking action.
Submit	After selecting the checkbox to authorize the submission, click this button to submit the change request for OPA approval. ■ The change request will be removed from the ***My Tasks*** tab of ***My Dashboard***. ■ All change requests must be approved by OPA. ■ Change requests that contain updates to any other fields will be submitted to OPA for approval. The AO will receive a Change Request email. ■ Upon OPA approval of a change request, both the AO and the PC will receive an Approval of online 340B Change Request email. ■ If OPA rejects a change request, both the AO and the PC will receive a Rejection of online 340B Change Request email.
Reject	This button is displayed if the change request was submitted by the an entity's PC. Clicking this button will reject the change request and remove it from the ***My Tasks*** section of tab of ***My Dashboard***. The entity's 340B status will be unchanged.

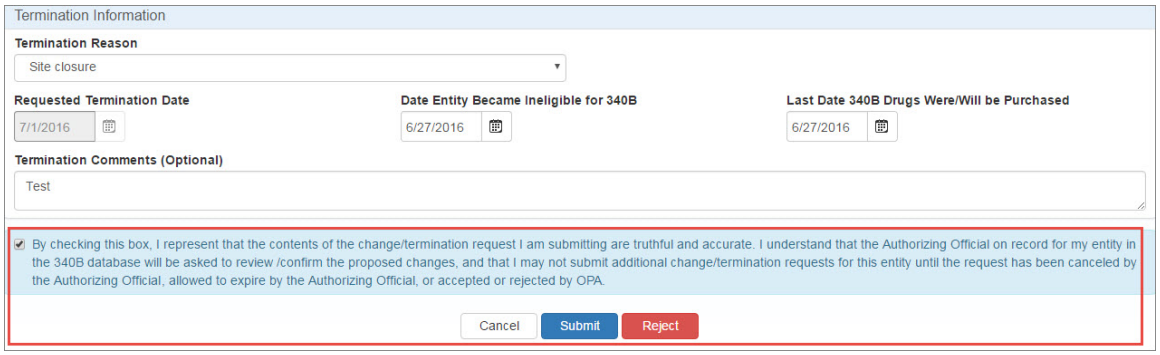
Upon clicking the **Submit** button, the submission confirmation page is displayed. Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***. The change request will appear under ***My Entities*** with a status of "Pending."



Tip: The CE record is updated as soon as OPA approves it. However, the change will not appear in the Medicaid Exclusion File until the end of the quarter.

Attesting to CE Terminations

When you elect to attest to a covered entity termination request submitted by the entity's PC, the ***Authorizing Official Signature*** section is appended to the summary page for the termination request.



AO Covered Entity Termination Attestation Controls

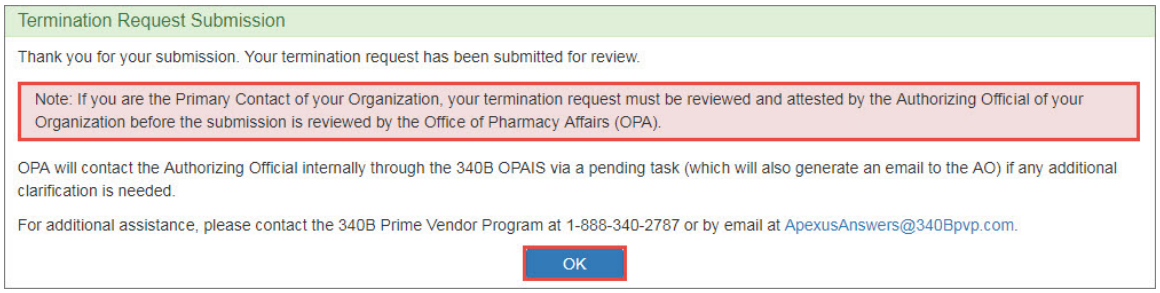
Control	Description
Termination Reason	Select a reason from the drop-down list: ■ Business decision by the covered entity ■ Change of covered entity type (non-hospital) ■ DSH percentage below statutory minimum ■ Failure to maintain auditable records ■ For-profit conversion ■ GPO violation ■ Hospital outpatient facility no longer eligible ■ Loss of qualifying grant/support ■ Loss of qualifying hospital status ■ Never implemented the 340B Program ■ Other ■ Outpatient facility moved within the 4 walls of the parent hospital ■ Site closure ■ Terminated – Reason unknown
Requested Termination Date	System populated with the first day of the next quarter (not editable).
Date Entity Became Ineligible for 340B	The date the entity became ineligible for continued participation in the 340B program.
Last Date 340B Drugs Were/Will Be Purchased	The date the entity discontinued or will discontinue purchasing drugs under the 340B program.
Termination Comments (Optional)	Any comments about the termination, such as requests for alternate dates, which would be helpful during approval.

AO Covered Entity Termination Attestation Controls (continued)

Control	Description
Checkbox	*"By checking this box, I represent that the contents of the change/termination request I am submitting are truthful and accurate. I understand that the Authorizing Official on record for my entity in the 340B OPAIS will be asked to review /confirm the proposed changes, and that I may not submit additional change/termination requests for this entity until the request has been canceled by the Authorizing Official, allowed to expire by the Authorizing Official, or accepted or rejected by OPA."* Select this box if you intend to submit the termination to OPA for approval.
Cancel	Exit from the attestation page without taking action.
Submit	Click this button to submit the termination to OPA for approval. ■ Upon attestation, the task will be removed from the ***My Tasks*** tab of ***My Dashboard***. ■ The entity will be listed under ***My Entities*** with a 340B status of "Active" until the termination effective date. ■ Upon OPA approval of the termination, both the AO and the PC will receive a 340B Program Termination email, and the entity's status will be changed to *"ToBeTerminated."* ■ After the termination effective date, the entity's 340B status will be updated to *"Terminated."*
Reject	This button is displayed if the termination was submitted by an entity's PC. Clicking this button will reject the termination and remove it from the **My Tasks** tab of ***My Dashboard***. It will continue to be listed under **My Entities** with a 340B status of *"Active."*

Upon clicking the **Submit** button, the submission confirmation page is displayed. Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.

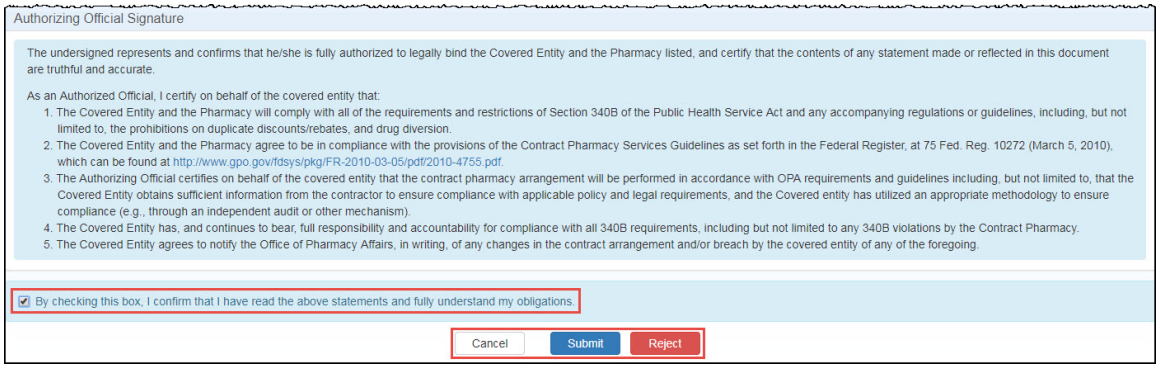
Tip: Upon OPA approval, the termination will take effect on the first day of the next quarter.



Attesting to Contract Pharmacy Registrations

When you elect to attest to a contract pharmacy registration submitted by an entity's PC, the ***Authorizing Official Signature*** section is appended to the registration summary.

Important: The AO will have 15 days to attest to the CP registration before it expires.



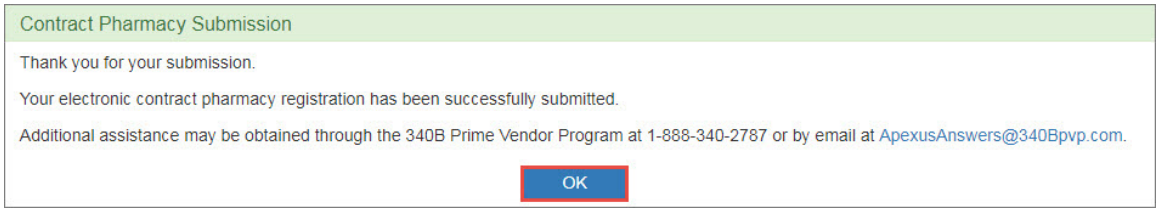
AO Contract Pharmacy Registration Attestation Controls

Control	Description
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box if you want to approve the registration.
Cancel	Exit without taking action.
Submit	Click this button to submit the registration. ■ The registration will be removed from the ***My Tasks*** tab of ***My Dashboard***. ■ Both the AO and the PC will receive a Contract Pharmacy Registration email.
Reject	This button is displayed if the CP registration was submitted by an entity's PC. Clicking this button will reject the registration and remove it from the ***My Tasks*** tab of ***My Dashboard***.

Upon clicking the **Submit** button, the **Contract Pharmacy Submission** confirmation is displayed.

Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.

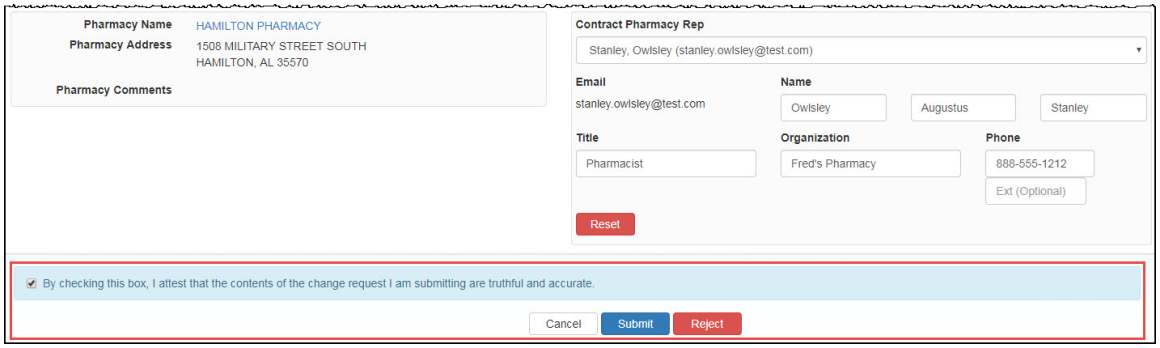
Automatic email notifications are sent to the covered entity's AO, PC, and the Pharmacy Representative.



Attesting to Contract Pharmacy Representative Changes

When you elect to attest to a contract pharmacy representative change submitted by an entity's PC, the **Authorizing Official Signature** section is appended to the summary page.

Important: The AO will have 15 days to attest to the CP representative change before it expires.



AO Contract Pharmacy Representative Change Request Attestation Controls

Control	Description
Checkbox	*"By checking this box, I attest that the contents of the change request I am submitting are truthful and accurate."* Select this box if you want to approve the change.
Cancel	Exit without taking action.
Submit	Click this button to submit the registration. ■ The registration will be removed from the ***My Tasks*** tab of ***My Dashboard***. ■ Both the AO and the PC will receive an email notification of the change.

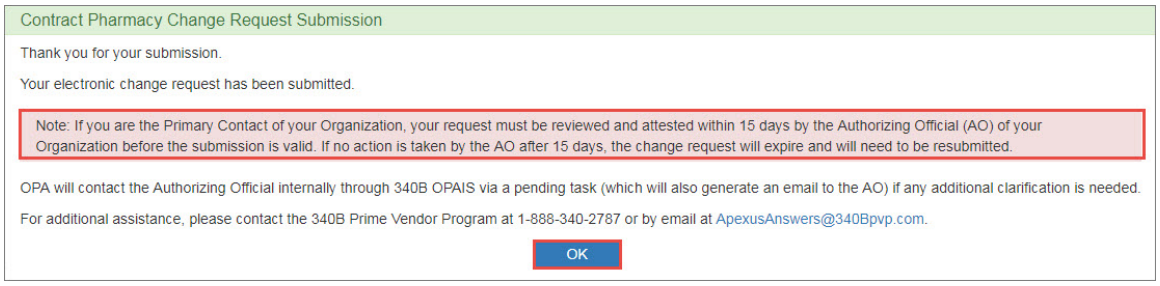
AO Contract Pharmacy Representative Change Request Attestation Controls (continued)

Control	Description
Reject	This button is displayed if the change was submitted by an entity's PC. Clicking this button will reject the change and remove it from the ***My Tasks*** tab of ***My Dashboard***.

Upon clicking the **Submit** button, the **Contract Pharmacy Change Request Submission** confirmation is displayed.

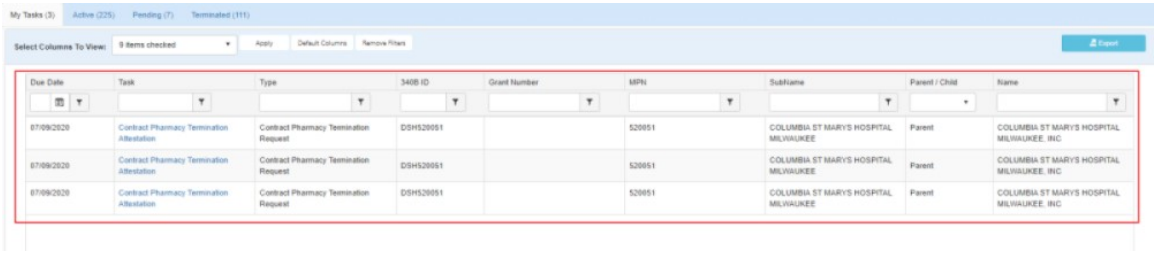
Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.

Automatic email notifications are sent to the covered entity's AO and PC.

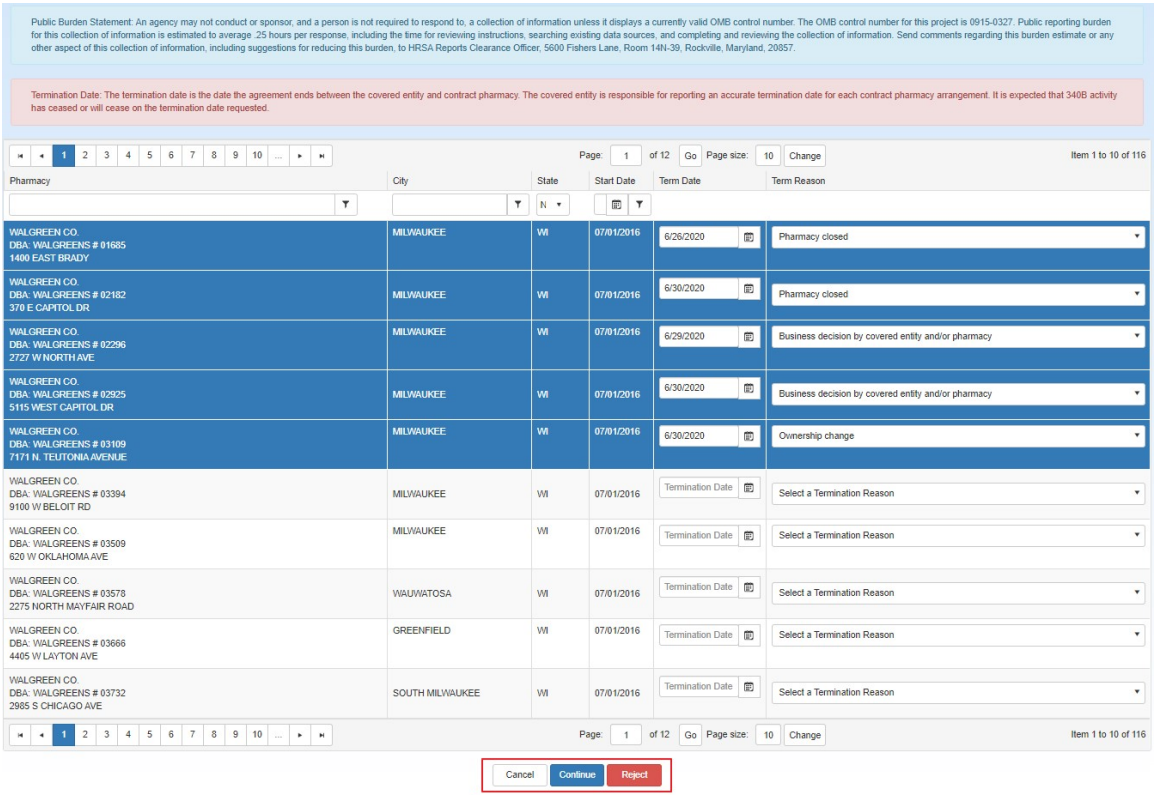


Attesting to Contract Pharmacy Terminations

Having selected a **Contract Pharmacy Termination Attestation** task from the AO's task list



the AO will be presented with a list of all of the active Contract Pharmacies associated with the Covered Entity in the task. Contract Pharmacies submitted for termination by the PC, whether in this attestation request or in another, will be selected and at the top of the list.

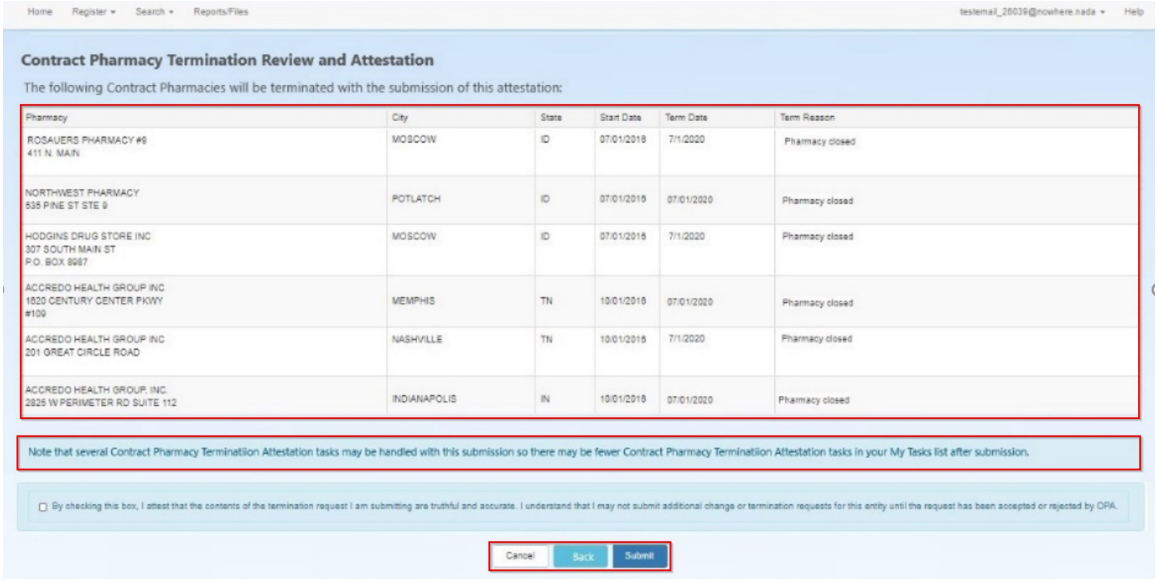


Tip: Contract pharmacy termination dates and reasons may be edited individually. Additional pharmacies may be terminated by specifying a termination date and reason.

AO Contract Pharmacy Termination Contract Pharmacy List Controls

Control	Description
Cancel	Exit from the page without taking action.
Continue	After reviewing and making any appropriate updates to the Contract Pharmacies in the list, select this button to continue to the Review page before submission.
Reject	Clicking this button will reject the termination(s) and remove all the associated Contract Pharmacy Termination Attestation tasks from the ***My Tasks*** tab on your ***My Dashboard*** page.

Upon clicking the ***Continue*** button, the ***Contract Pharmacy Termination Review and Attestation*** page is displayed. The page displays the contract pharmacies selected for termination.



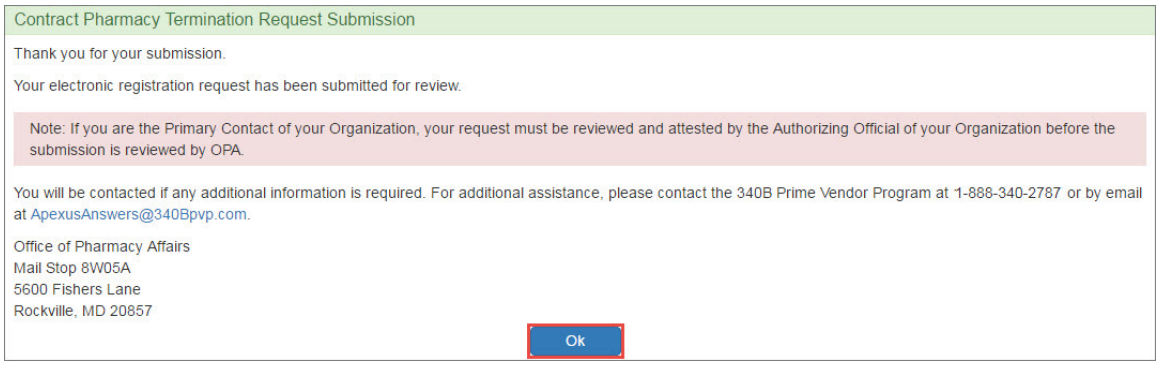
AO Contract Pharmacy Termination Contract Pharmacy List Controls

Control	Description
Cancel	Exit from the review and attestation page without taking action.
Back	Return to the previous page.
Submit	After selecting the check box to authorize the submission, click this button to complete the termination (no OPA approval required). ■ All the associated Contract Pharmacy Termination Attestation tasks from the ***My Tasks*** tab on your ***My Dashboard*** page will be removed. ■ Both the AO and the PC will receive a email.

Upon clicking the **Submit** button, the **Termination Request Submission** confirmation page is displayed.

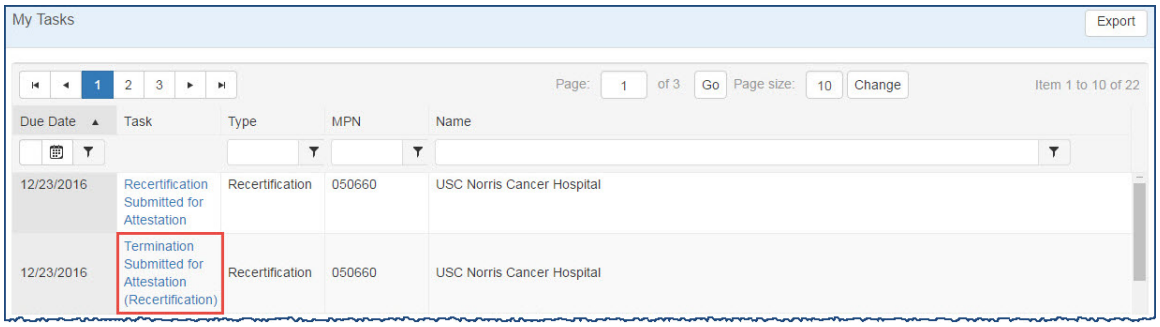
Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.

Note: Contract Pharmacy Terminations are effective the first date of the next quarter.



Attesting to Recertifications

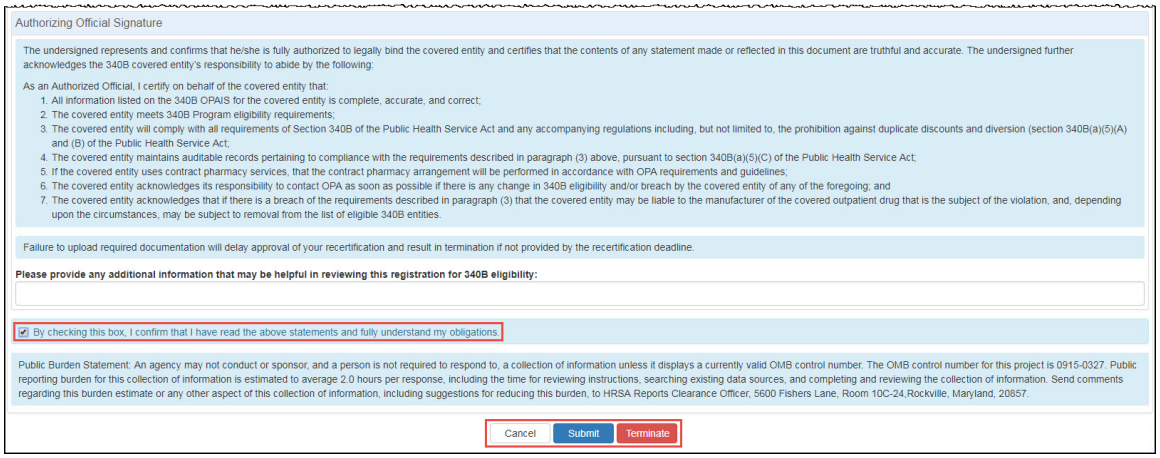
Attestation tasks for recertifications submitted by an entity's PC will appear in the ***My Tasks*** tab of ***My Dashboard***. The table can be sorted and filtered as needed.



More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

Recertification Submitted for Attestation

When you recertify an entity or attest to a recertification submitted by the entity's PC, the ***Authorizing Official Signature*** section is appended to the bottom of the **Covered Entity Details** summary page.



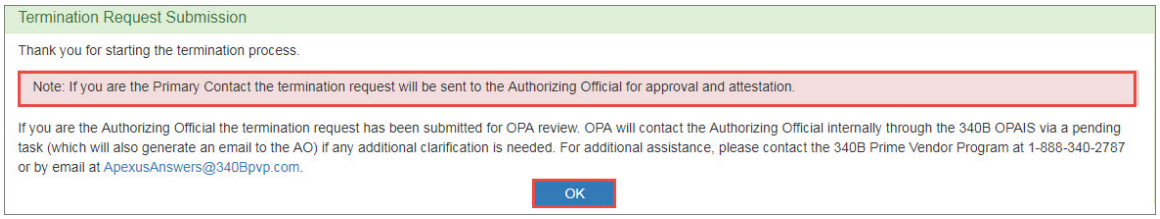
Important: Failure to upload required documentation will delay approval of the recertification and result in the entity's termination if not provided by the recertification deadline.

AO Covered Entity Recertification Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* Type any comments that will help OPA in approving the recertification.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box if you intend to submit the recertification to OPA for approval.
Cancel	Exit from the attestation page without taking action.
Submit	Click this button to submit the recertification for OPA approval. ■ Recertifications that have no changes or that only contain updates to low-risk fields will be approved automatically by the system. ■ Upon attestation, the task will be removed from the ***My Tasks*** tab of ***My Dashboard***.
Terminate	Click this button to terminate the entity. The Termination Information page will be displayed for entry of the termination reason, dates, and comments.

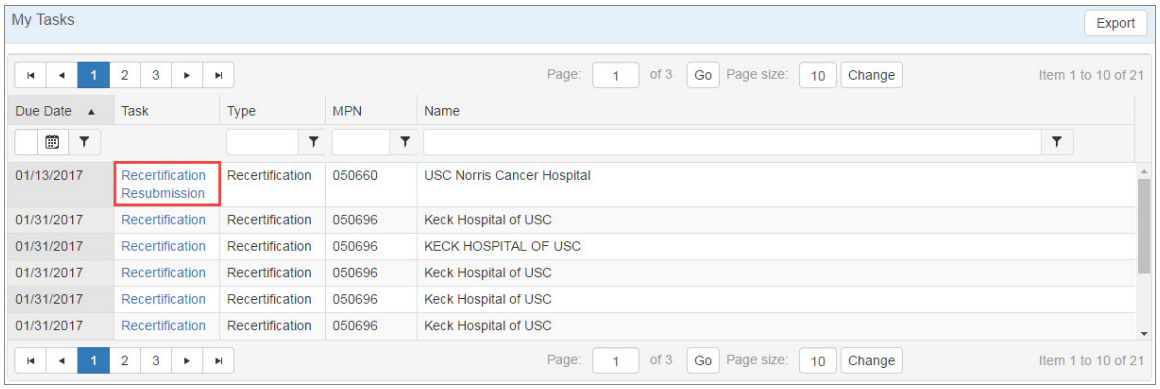
Upon clicking the **Submit** button, the **Recertification Submission** confirmation page is displayed.

Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.



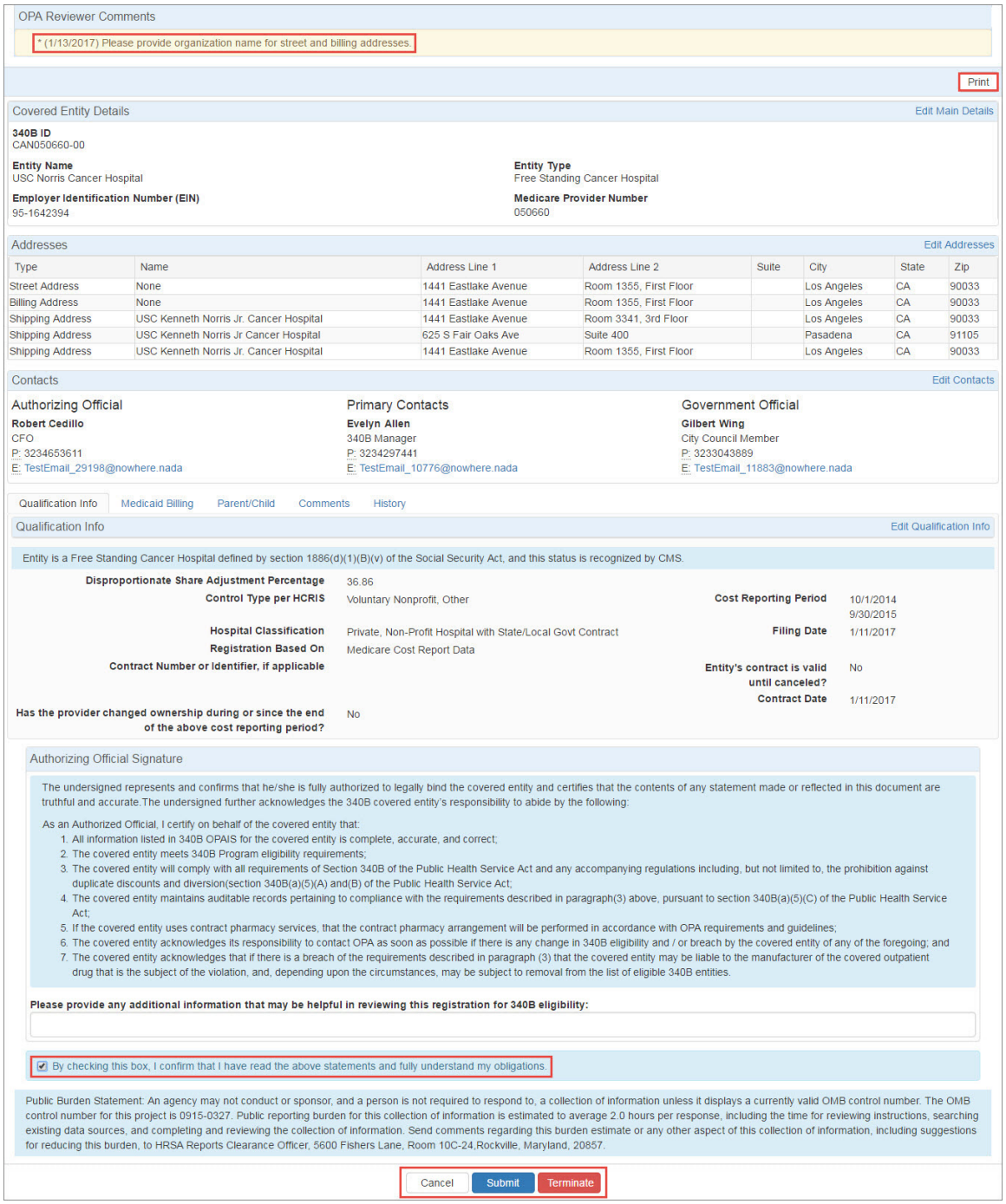
Resubmitting Recertifications

If a recertification has issues that need to be resolved, OPA may elect to return it for correction. You will receive an *"AO Task Notification"* email that you have a pending task awaiting attention, and the task will create a ***Recertification Resubmission*** task in the ***My Tasks*** tab of ***My Dashboard***.



More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

Upon opening the recertification, the **OPA Reviewer Comments** area will provide instructions for resolving the issue. Click the **Edit…** link for the appropriate section to edit its information.



OPA Reviewer Comments

* (1/13/2017) Please provide organization name for street and billing addresses.

Print

Covered Entity Details — Edit Main Details

340B ID
CAN050660-00

Entity Name
USC Norris Cancer Hospital

Entity Type
Free Standing Cancer Hospital

Employer Identification Number (EIN)
95-1642394

Medicare Provider Number
050660

Addresses — Edit Addresses

Type	Name	Address Line 1	Address Line 2	Suite	City	State	Zip
Street Address	None	1441 Eastlake Avenue	Room 1355, First Floor		Los Angeles	CA	90033
Billing Address	None	1441 Eastlake Avenue	Room 1355, First Floor		Los Angeles	CA	90033
Shipping Address	USC Kenneth Norris Jr. Cancer Hospital	1441 Eastlake Avenue	Room 3341, 3rd Floor		Los Angeles	CA	90033
Shipping Address	USC Kenneth Norris Jr Cancer Hospital	625 S Fair Oaks Ave	Suite 400		Pasadena	CA	91105
Shipping Address	USC Kenneth Norris Jr. Cancer Hospital	1441 Eastlake Avenue	Room 1355, First Floor		Los Angeles	CA	90033

Contacts — Edit Contacts

Authorizing Official
Robert Cedillo
CFO
P: 3234653611
E: TestEmail_29198@nowhere.nada

Primary Contacts
Evelyn Allen
340B Manager
P: 3234297441
E: TestEmail_10776@nowhere.nada

Government Official
Gilbert Wing
City Council Member
P: 3233043889
E: TestEmail_11883@nowhere.nada

Qualification Info | Medicaid Billing | Parent/Child | Comments | History

Qualification Info — Edit Qualification Info

Entity is a Free Standing Cancer Hospital defined by section 1886(d)(1)(B)(v) of the Social Security Act, and this status is recognized by CMS.

Disproportionate Share Adjustment Percentage 36.86
Control Type per HCRIS Voluntary Nonprofit, Other
Hospital Classification Private, Non-Profit Hospital with State/Local Govt Contract
Registration Based On Medicare Cost Report Data
Contract Number or Identifier, if applicable
Has the provider changed ownership during or since the end of the above cost reporting period? No

Cost Reporting Period 10/1/2014 9/30/2015
Filing Date 1/11/2017
Entity's contract is valid until canceled? No
Contract Date 1/11/2017

Authorizing Official 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.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 in 340B OPAIS for the covered entity is complete, accurate, and correct;
2. The covered entity meets 340B Program eligibility requirements;
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 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.

Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:

☑ By checking this box, I confirm that I have read the above statements and fully understand my obligations.

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 2.0 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-24,Rockville, Maryland, 20857.

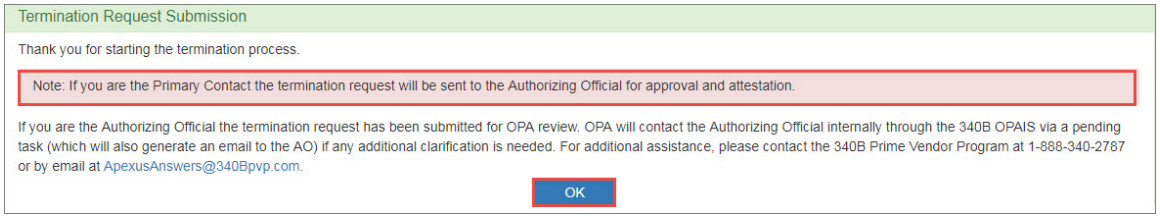
Cancel | Submit | Terminate

AO Covered Entity Recertification Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* Type any comments that will help OPA in approving the recertification.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box if you intend to submit the recertification to OPA for approval.
Cancel	Exit from the attestation page without taking action.
Submit	Click this button to submit the recertification for OPA approval. ■ Recertifications that have no changes or that only contain updates to low-risk fields will be approved automatically by the system. ■ Upon attestation, the task will be removed from the **My Tasks** tab of ***My Dashboard***.
Terminate	Click this button to terminate the entity. The Termination Information page will be displayed for entry of the termination reason, dates, and comments.

Upon clicking the **Submit** button, the **Recertification Submission** confirmation page is displayed.

Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.

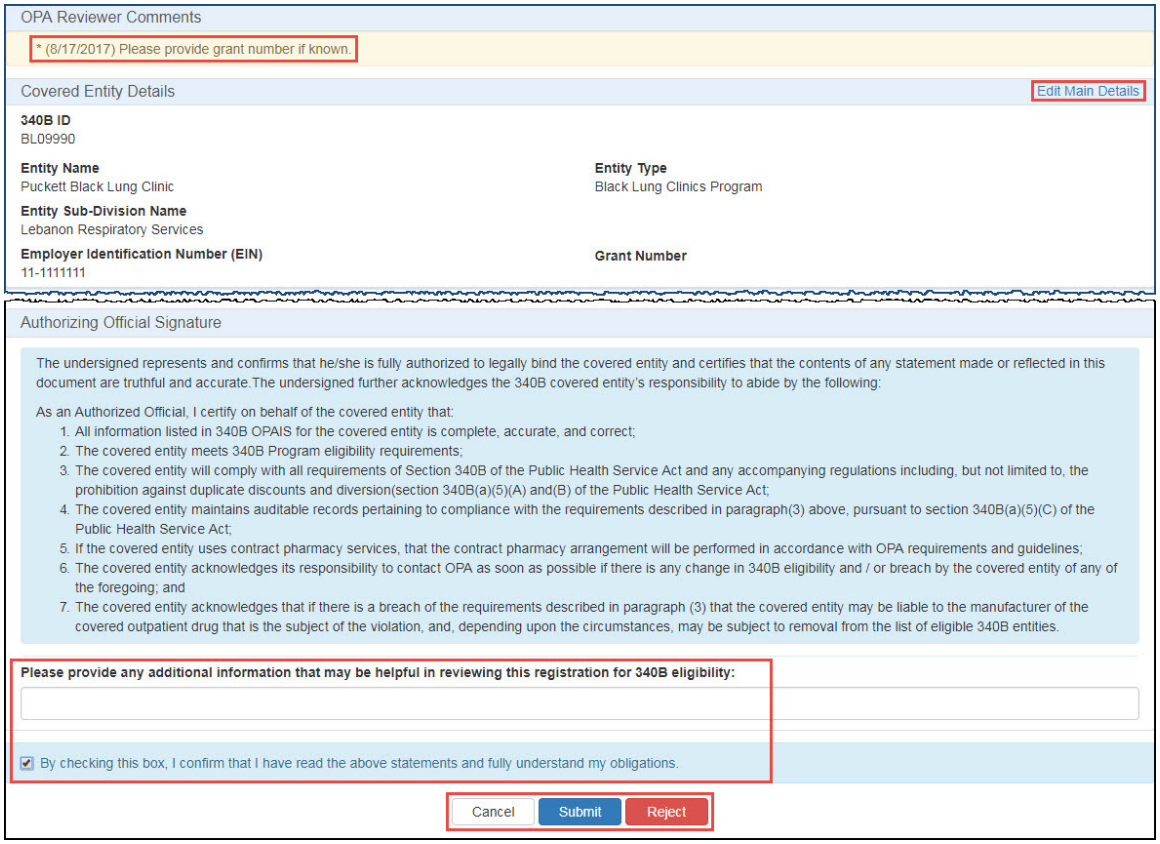


Resubmitting CE Registrations, Reinstatements, and Change Requests

If OPA determines that a registration, reinstatement, or a change request submission has issues that need to be resolved, OPA may send it back to the Covered Entity for correction. This will create a resubmission task for the AO and the PC on their dashboard under the **My Tasks** tab. The due date of the resubmission task will be shown in the first column of the **My Tasks** tab.

Upon opening the resubmission task, the review comments from OPA will appear in the *OPA Reviewer Comments* section to provide instructions for resolving the issue. If the AO does not attest to the resubmission task before the due date passes, the resubmission task will automatically be returned to OPA for review and OPA may reject the submission.

Note: For registration submissions only, including reinstatements and change hospital type submissions, the requirement that the logged-in user must be either the AO or PC contact is removed. Therefore, the PC can update the PC contact fields to make another person the PC (or to change the email address to be another email address of the PC, e.g., from a personal email address to a work email address). The AO can also update the AO contact fields to make another person the AO (or to change the email address to be another email address of the AO). If the AO contact information is changed, then the new AO will have to log in to OPAIS to attest to the resubmission task in order for it to be submitted to OPA for review.



AO Covered Entity Resubmission Attestation Controls

Control	Description
Edit…	Click the link for the appropriate section to edit its information.

AO Covered Entity Resubmission Attestation Controls (continued)

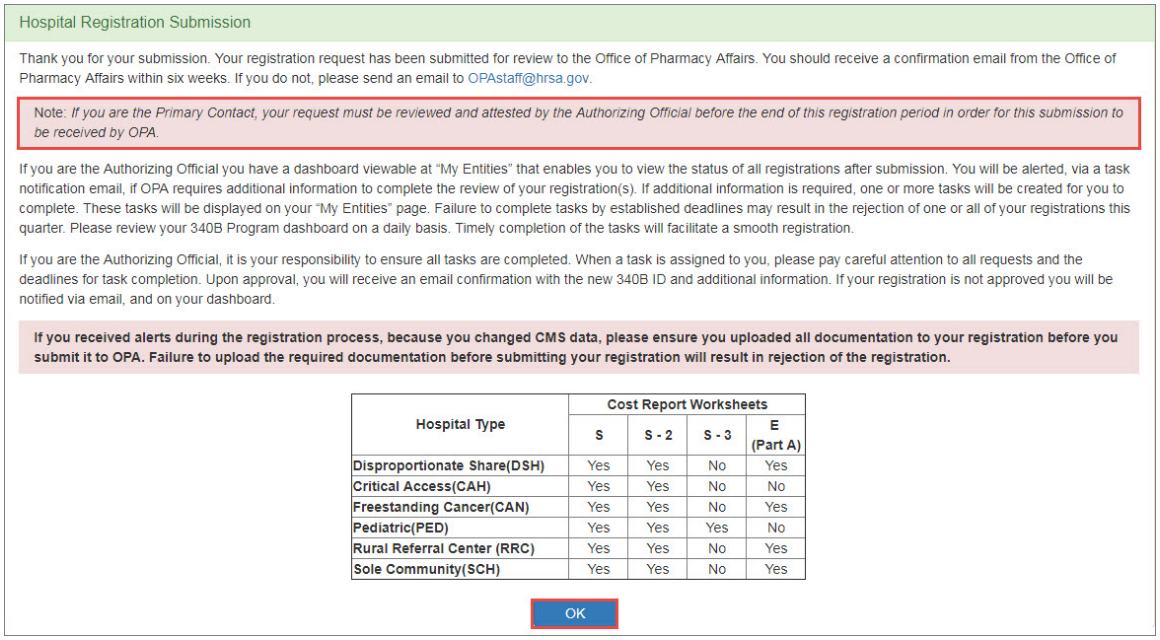
Control	Description
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box if you intend to resubmit the corrected registration to OPA for approval.
Cancel	Exit from the resubmission page without taking action.
Submit	After selecting the checkbox to authorize the submission, click this button to submit the registration, reinstatement, change request, or termination request for OPA approval. The registration will be removed from the ***My Tasks*** tab of ***My Dashboard***, but it will continue to be listed under ***My Entities*** with a 340B status of *"Pending."*
Reject	Clicking this button will remove the registration, reinstatement, or change request from OPA review and delete it from the ***My Tasks*** tab of ***My Dashboard*** and from the ***My Entities*** section.

Upon clicking the **Submit** button, the PC or AO will see the **Registration Submission** confirmation page.

Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***.

The new registration will appear under ***My Entities*** with a status of *"Pending."*

Hospital Registration Submission confirmation page



Hospital Registration Submission

Thank you for your submission. Your registration request has been submitted for review to the Office of Pharmacy Affairs. You should receive a confirmation email from the Office of Pharmacy Affairs within six weeks. If you do not, please send an email to OPAstaff@hrsa.gov.

Note: *If you are the Primary Contact, your request must be reviewed and attested by the Authorizing Official before the end of this registration period in order for this submission to be received by OPA.*

If you are the Authorizing Official you have a dashboard viewable at "My Entities" that enables you to view the status of all registrations after submission. You will be alerted, via a task notification email, if OPA requires additional information to complete the review of your registration(s). If additional information is required, one or more tasks will be created for you to complete. These tasks will be displayed on your "My Entities" page. Failure to complete tasks by established deadlines may result in the rejection of one or all of your registrations this quarter. Please review your 340B Program dashboard on a daily basis. Timely completion of the tasks will facilitate a smooth registration.

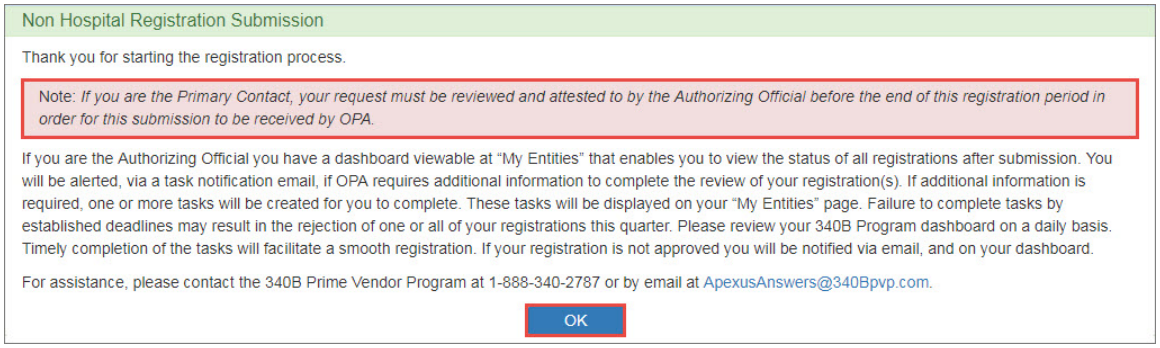
If you are the Authorizing Official, it is your responsibility to ensure all tasks are completed. When a task is assigned to you, please pay careful attention to all requests and the deadlines for task completion. Upon approval, you will receive an email confirmation with the new 340B ID and additional information. If your registration is not approved you will be notified via email, and on your dashboard.

If you received alerts during the registration process, because you changed CMS data, please ensure you uploaded all documentation to your registration before you submit it to OPA. Failure to upload the required documentation before submitting your registration will result in rejection of the registration.

Hospital Type	Cost Report Worksheets			
	S	S - 2	S - 3	E (Part A)
Disproportionate Share(DSH)	Yes	Yes	No	Yes
Critical Access(CAH)	Yes	Yes	No	No
Freestanding Cancer(CAN)	Yes	Yes	No	Yes
Pediatric(PED)	Yes	Yes	Yes	No
Rural Referral Center (RRC)	Yes	Yes	No	Yes
Sole Community(SCH)	Yes	Yes	No	Yes

OK

Non- Hospital Registration Submission confirmation page



Non Hospital Registration Submission

Thank you for starting the registration process.

Note: *If you are the Primary Contact, your request must be reviewed and attested to by the Authorizing Official before the end of this registration period in order for this submission to be received by OPA.*

If you are the Authorizing Official you have a dashboard viewable at "My Entities" that enables you to view the status of all registrations after submission. You will be alerted, via a task notification email, if OPA requires additional information to complete the review of your registration(s). If additional information is required, one or more tasks will be created for you to complete. These tasks will be displayed on your "My Entities" page. Failure to complete tasks by established deadlines may result in the rejection of one or all of your registrations this quarter. Please review your 340B Program dashboard on a daily basis. Timely completion of the tasks will facilitate a smooth registration. If your registration is not approved you will be notified via email, and on your dashboard.

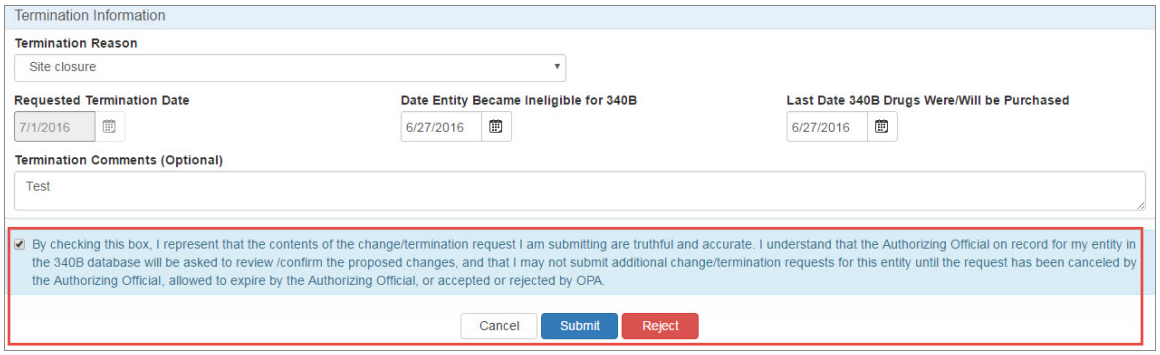
For assistance, please contact the 340B Prime Vendor Program at 1-888-340-2787 or by email at ApexusAnswers@340Bpvp.com.

OK

Note: OPA will review the registration and notify you when the registration is approved. OPA may request more information to verify eligibility. Once the registration is approved, the entity's enrollment in the 340B program will start on the first day of the next quarter.

Termination Submitted for Attestation

When you elect to attest to the termination of a covered entity submitted by the entity's PC during recertification , the ***Authorizing Official Signature*** section is appended below the ***Termination Information*** at the bottom of the **Covered Entity Details** summary page.



AO Covered Entity Termination Attestation Controls

Control	Description
Termination Reason	Select a reason from the drop-down list: ■ Business decision by the covered entity ■ Change of covered entity type (non-hospital) ■ DSH percentage below statutory minimum ■ Failure to maintain auditable records ■ For-profit conversion ■ GPO violation ■ Hospital outpatient facility no longer eligible ■ Loss of qualifying grant/support ■ Loss of qualifying hospital status ■ Never implemented the 340B Program ■ Other ■ Outpatient facility moved within the 4 walls of the parent hospital ■ Site closure ■ Terminated – Reason unknown
Requested Termination Date	System populated with the first day of the next quarter (not editable).
Date Entity Became Ineligible for 340B	The date the entity became ineligible for continued participation in the 340B program.

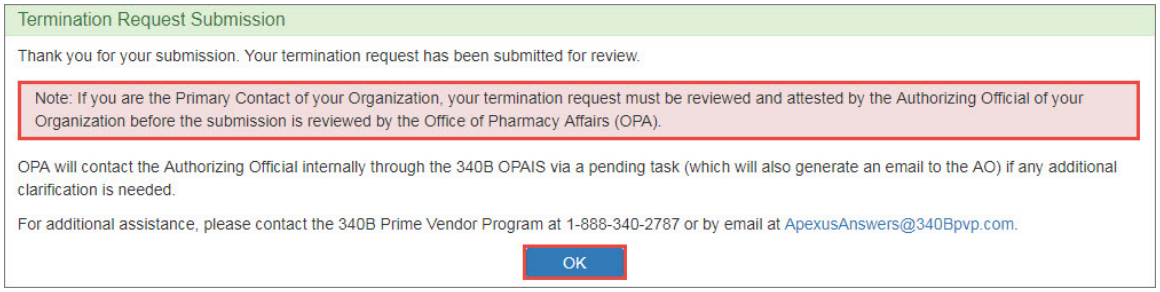
AO Covered Entity Termination Attestation Controls (continued)

Control	Description
Last Date 340B Drugs Were/Will Be Purchased	The date the entity discontinued or will discontinue purchasing drugs under the 340B program.
Termination Comments (Optional)	Any comments about the termination, such as requests for alternate dates, which would be helpful during approval.
Checkbox	*"By checking this box, I represent that the contents of the change/termination request I am submitting are truthful and accurate. I understand that the Authorizing Official on record for my entity in the 340B OPAIS will be asked to review /confirm the proposed changes, and that I may not submit additional change/termination requests for this entity until the request has been canceled by the Authorizing Official, allowed to expire by the Authorizing Official, or accepted or rejected by OPA."* Select this box if you intend to submit the termination to OPA for approval.
Cancel	Exit from the attestation page without taking action.
Submit	Click this button to submit the termination to OPA for approval. ■ Upon attestation, the task will be removed from the ***My Tasks*** tab of ***My Dashboard***. ■ The entity will continue to be listed under ***My Entities*** with a 340B status of "Active" until the termination effective date. ■ Upon OPA approval of the termination, both the AO and the PC will receive a 340B Program Termination email, and the entity's status will be changed to *"ToBeTerminated."* ■ After the termination effective date, the entity's 340B status will be updated to *"Terminated."*
Reject	This button is displayed if the termination was submitted by an entity's PC. Clicking this button will reject the termination and remove it from the ***My Tasks*** tab of ***My Dashboard***. It will continue to be listed under ***My Entities*** with a 340B status of *"Active."*

Tip: Rejected terminations of entities under recertification will be returned to the **My Tasks** tab of ***My Dashboard*** as pending recertifications.

Upon clicking the **Submit** button, the system will display a confirmation message.

Click the **OK** button to return to the ***My Tasks*** tab of ***My Dashboard***. After OPA approval, the termination will take effect on the first day of the next quarter.



PC Tasks

The following are the tasks that a PC may see in their My Tasks list:

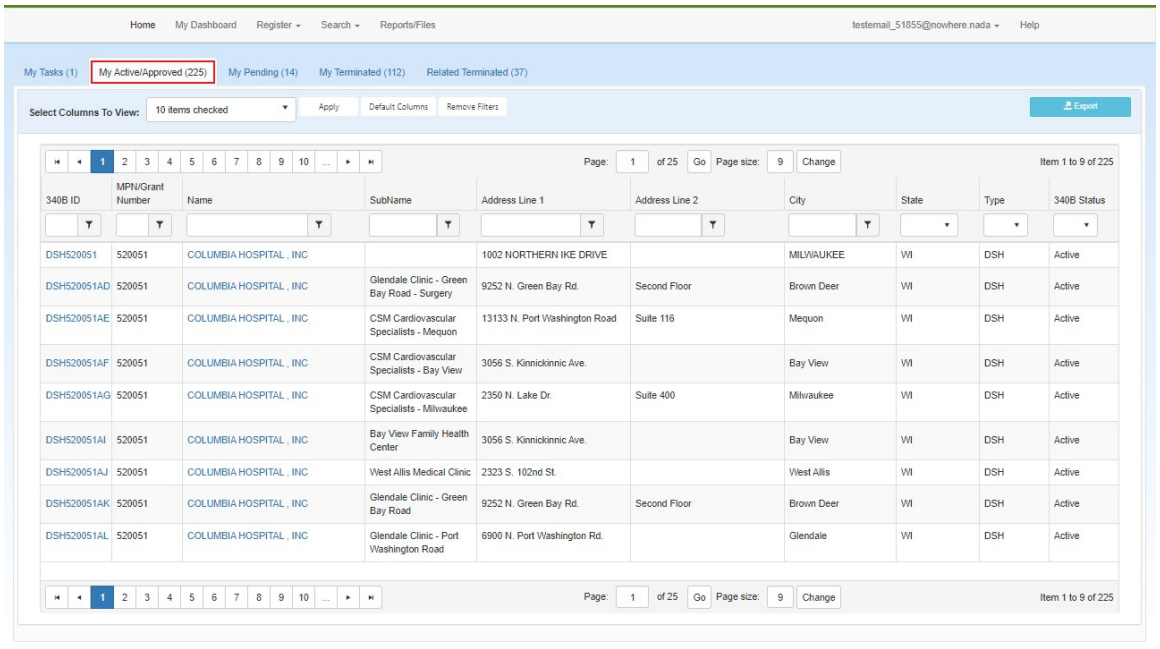
Task	Description
Registration Resubmission	OPA has sent the registration submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
PC Change Request Resubmission	OPA has sent the PC change request submission back to the AO and proposed PC for updates. See the review comments for why the submission was sent back for resubmission.
Reinstatement Resubmission	OPA has sent the reinstatement submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Termination Resubmission	OPA has sent the termination submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Change Hospital Type Resubmission	OPA has sent the change hospital type submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Recertification	Annually the AO and PC of a covered entity will be requested to update the CE information and certify that the CE is still eligible for the 340B Program.
Recertification Resubmission	OPA has sent the recertification submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.

Task	Description
Recertification Termination Resubmission	OPA has sent the recertification termination submission back to the AO and PC for updates. See the review comments for why the submission was sent back for resubmission.
Recertification Reopened	OPA has reopened a recertification. Both the AO and PC will be able to perform the recertification, but the AO only has until the end of the due date set by OPA to attest to submit the recertification to OPA for their consideration.

My Active/Approved Entities

The ***My Active/Approved*** tab of ***My Dashboard*** lists the Covered Entities to which the user is associated that are:

- Currently Active Covered Entities
- Covered Entities that have been approved by OPA and will be becoming Active
- Covered Entities that are To Be Terminated

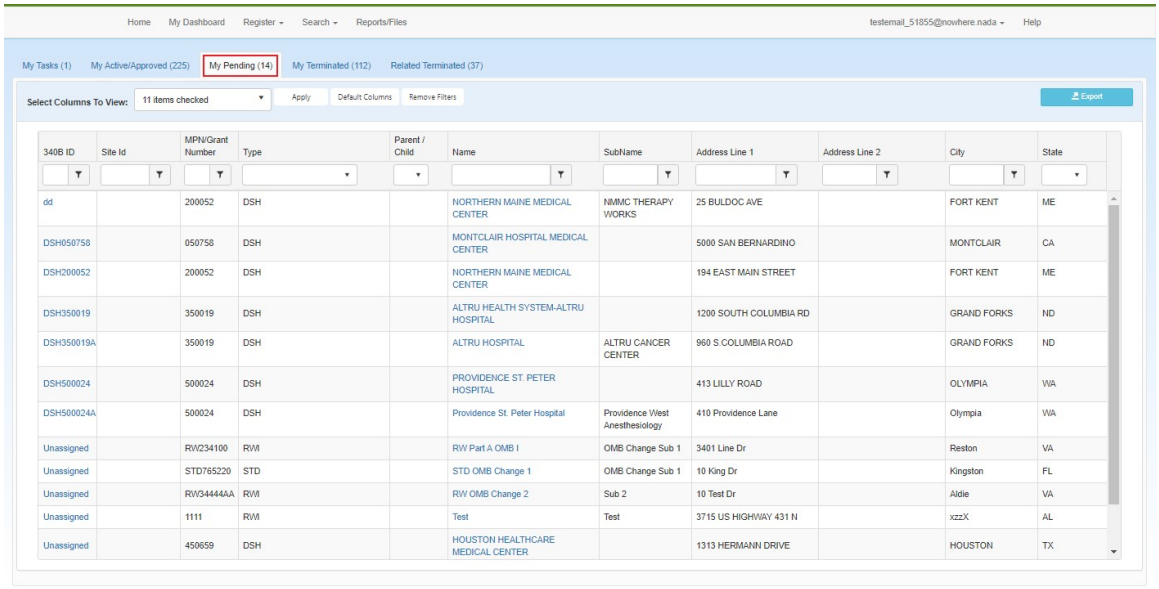


More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

Tip: The data in the **340B ID** and **Name** columns are hyperlinks to the associated *Covered Entity Detail Page*. Click on the link to open the detail page.

My Pending Entities

The ***My Pending*** tab of ***My Dashboard*** lists the Covered Entity registrations that have been submitted to OPA, but are awaiting OPA's approval.



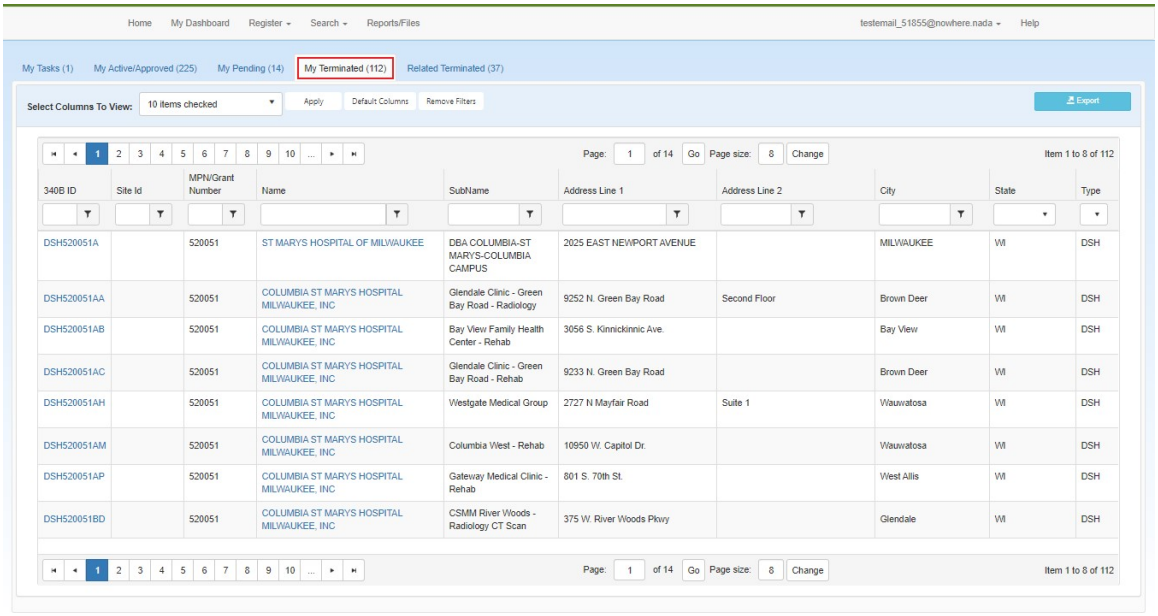
340B ID	Site Id	MPN/Grant Number	Type	Parent / Child	Name	SubName	Address Line 1	Address Line 2	City	State
dd		200052	DSH		NORTHERN MAINE MEDICAL CENTER	NMMC THERAPY WORKS	25 BULDOC AVE		FORT KENT	ME
DSH050758		050758	DSH		MONTCLAIR HOSPITAL MEDICAL CENTER		5000 SAN BERNARDINO		MONTCLAIR	CA
DSH200052		200052	DSH		NORTHERN MAINE MEDICAL CENTER		194 EAST MAIN STREET		FORT KENT	ME
DSH350019		350019	DSH		ALTRU HEALTH SYSTEM-ALTRU HOSPITAL		1200 SOUTH COLUMBIA RD		GRAND FORKS	ND
DSH350019A		350019	DSH		ALTRU HOSPITAL	ALTRU CANCER CENTER	960 S.COLUMBIA ROAD		GRAND FORKS	ND
DSH500024		500024	DSH		PROVIDENCE ST. PETER HOSPITAL		413 LILLY ROAD		OLYMPIA	WA
DSH500024A		500024	DSH		Providence St. Peter Hospital	Providence West Anesthesiology	410 Providence Lane		Olympia	WA
Unassigned		RW234100	RWI		RW Part A OMB I	OMB Change Sub 1	3401 Line Dr		Reston	VA
Unassigned		STD765220	STD		STD OMB Change 1	OMB Change Sub 1	10 King Dr		Kingston	FL
Unassigned		RW34444AA	RWI		RW OMB Change 2	Sub 2	10 Test Dr		Aldie	VA
Unassigned		1111	RWI		Test	Test	3715 US HIGHWAY 431 N		xzzX	AL
Unassigned		450659	DSH		HOUSTON HEALTHCARE MEDICAL CENTER		1313 HERMANN DRIVE		HOUSTON	TX

More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

Tip: The data in the **340B ID** and **Name** columns are hyperlinks to the associated *Covered Entity Detail Page*. Click on the link to open the detail page.

My Terminated Entities

The ***My Terminated*** tab of ***My Dashboard*** lists the Covered Entities associated to the user that have been **Terminated**.

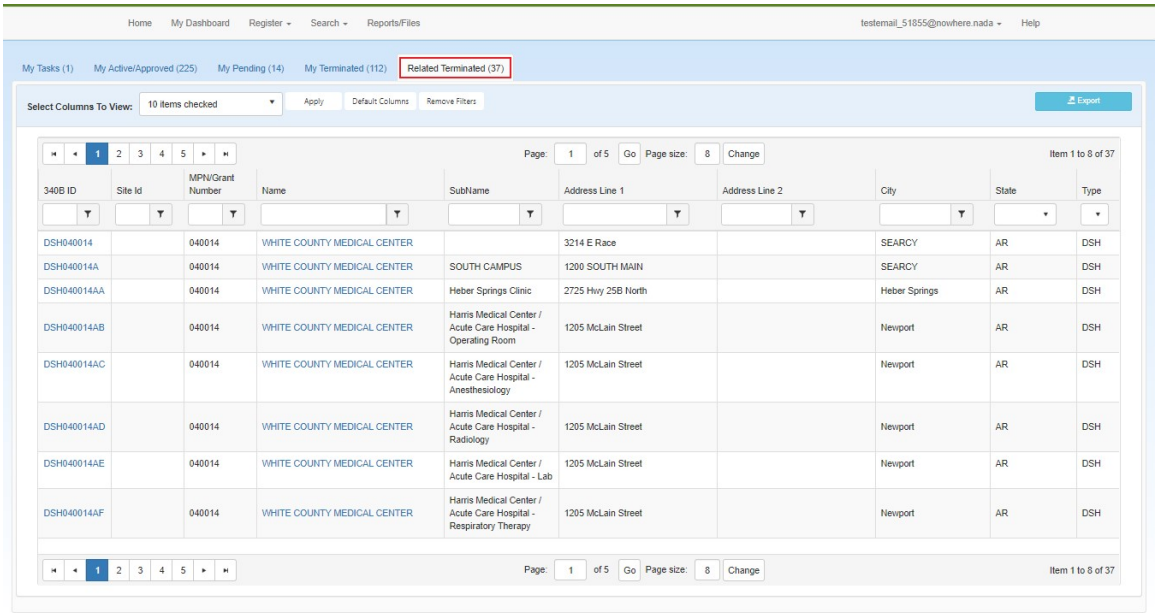


More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

The data in the **340B ID** and **Name** columns are hyperlinks to the associated *Covered Entity Detail Page*. Click on the link to open the detail page.

Related Terminated Entities

The ***Related Terminated*** tab of ***My Dashboard*** is a list of terminated entities that have the same MPN as active or terminated entities associated with the AO, even though the AO was not the AO of those terminated entities. This tab is only displayed to an AO and will not be displayed if there are no Related Terminated Entities.

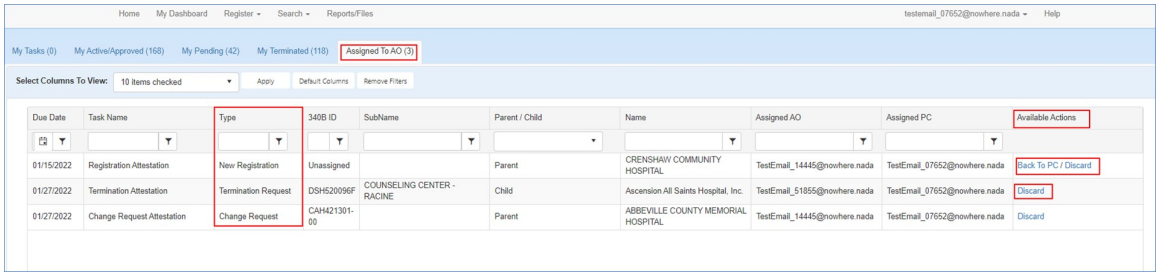


More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

The data in the **340B ID** and **Name** columns are hyperlinks to the associated *Covered Entity Detail Page*. Click on the link to open the detail page.

Assigned to AO

The **Assigned To AO** tab of **My Dashboard** lists the tasks that have been submitted to the AO and are waiting for attestation.



From this tab, the PC will be able to discard Change Requests or Termination Requests submitted for AO attestation if needed. In case of Registrations such as New Registrations, Change Hospital Types, and Reinstatements, the PC will be able to either pull the submission back from AO attestation into a state where the PC can edit the submission again, or the PC will be able to discard the submission. There is an email notification sent to the AO and PC if the PC cancels the submission after pulling it back to the PC.

The tasks that are in the **Assigned To AO** tab will be displayed to both the associated AO and PC of the covered entity so that both the contacts have the same view. An AO will be able to discard Change Requests and Termination Requests submitted by the PC. This will have the same effect as selecting Reject when reviewing the request. An AO can also send registrations back to the PC if any further edits are needed.

Note: If a PC or AO Change has been proposed in the Change Request, then only the Proposed AO or PC will see the options to Discard the Change Request.

Available Actions - Assigned To AO tab

Work Process Type	Available Actions
New Registrations, Change Hospital Type, Reinstatement	Back to PC, Discard
Change Requests, Group Change Requests, PC Change Requests, Terminations	Discard
Recertifications	Back to PC

SEARCHING

The 340B OPAIS includes a comprehensive search engine for covered entities, contract pharmacies, and manufacturers that allows you to view 340B information and export it to a Microsoft Excel spreadsheet.

Tip: You don't need to be logged into the 340B OPAIS to perform searches.

Starting a Search

1. Select the type of search from the **Search** drop-down menu at the top of the page.

   OR

   Click the **Search** icon for the appropriate type of search on the Home Page.

2. The **Search Criteria** page will be displayed for that type of search.

Speeding Up Your Searches

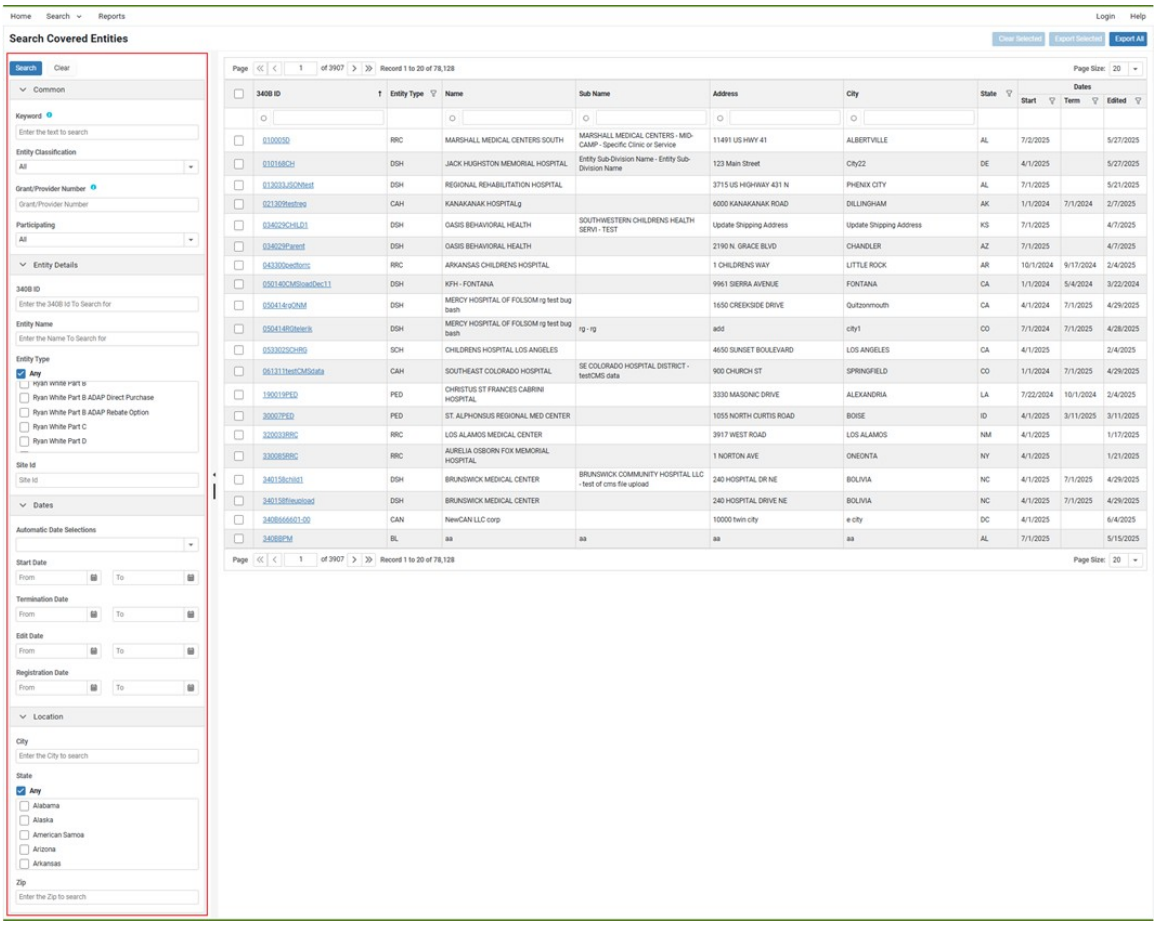
- Entering only partial names in the search criteria will return all records with a matching sequence of characters. For example, if you enter ***East***, the search results will include all facilities with those characters, such as Eastern Hospital, Southeast Center, etc., in the entity name, subdivision name, address, or city.
- Typing the first letter of a state name jumps to the first state that begins with that letter. If that is not the state you want, press the letter again to go to the next state that begins with that letter.

- To select multiple states, hold the **[CTRL]** key as you highlight each state.
- To select a range of states, highlight the first state at the beginning of the range and hold the **[Shift]** key while selecting the last state in the range. All states in between will be selected.

Covered Entities

Searching for Covered Entities

The **Search Criteria** page displays when you select ***Search Covered Entities*** on the 340B home page. Search criteria can be selected individually or in combination to allow you to narrow your search results to a manageable number of entities.



Covered Entity Search Criteria

Search Criteria	Description
Keyword	Type all or part of the text for which you want to search. The search results will display all entities that contain that text string in any of the Name, Sub Name, 340B ID, Site ID, Medicare Provider Number (MPN), Grant Number, Address Line 1, Address Line 2, or City fields.
340B ID	Display only the specified entity and any child entities.
City / State / Zip	Display only entities in the specified location.
Entity Type	Display only entities of the type selected from the drop-down list.
Entity Name	Display only entities with a matching sequence of characters.
Advanced Query Options	Restrict search to entities to be added or terminated this quarter or next quarter. Selection of one of the following options automatically populates the appropriate quarterly start and end dates and deactivates the other date fields: ■ ***Entities To Be Added This Quarter*** ■ ***Entities To Be Added Next Quarter*** ■ ***Entities To Be Terminated This Quarter*** ■ ***Entities To Be Terminated Next Quarter***
Start Date (from/to)	Automatically populated for the current or next quarter when you select either **Entities To Be Added…** option (can also be edited manually).
Termination Date (from/to)	Automatically populated for the current or next quarter when you select either ***Entities To Be Terminated…*** option (can also be edited manually).
Entity Classification	■ ***All*** – all covered entities (default) ■ ***Hospitals*** – hospitals only ■ ***Non-Hospitals*** – non-hospitals only
Grant / Provider Number	Narrow your search to a specific entity or grant. For hospitals, entering the Medicare Provider Number (MPN) will display the parent hospital and all of its outpatient facilities.
Site ID	Display only specific HRSA-Funded Health Center (CH) and Health Center Program Look-Alike (FQHCLA) sites.

Covered Entity Search Criteria (continued)

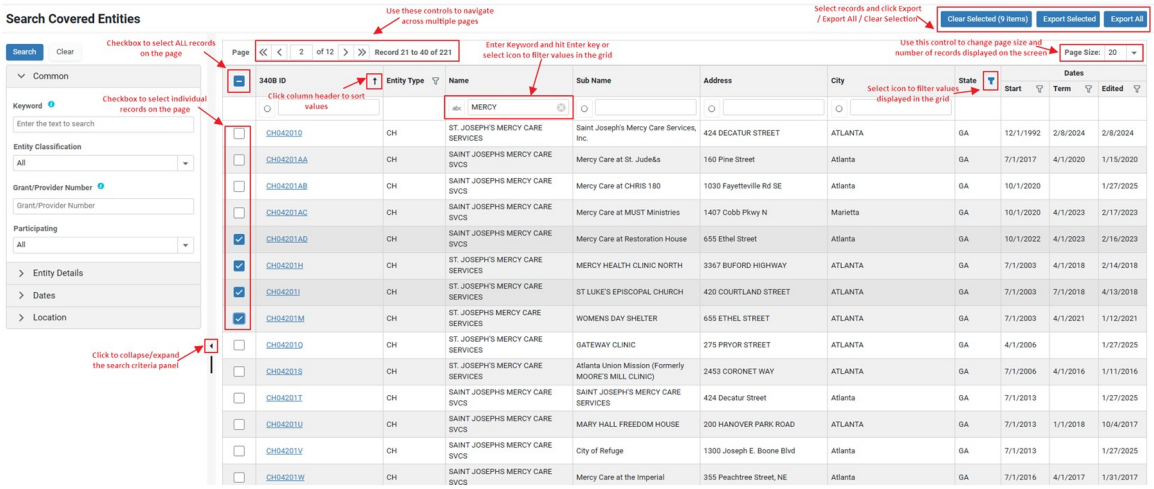
Search Criteria	Description
Participating	■ ***Yes*** – display only approved participating covered entities. ■ ***All*** – display entities currently approved for participation, those with a future start date, and terminated entities. ■ ***No*** – display only terminated entities and those whose registrations have been approved but are not yet active.
Edit Date (from/to)	Display only entities edited during the specified date range.
Registration Date (from/to)	Display only entities registered during the specified date range.

Covered Entity Search Criteria Controls

Controls	Description
Clear	Clear your filter choices and specify a new set of filters.
Search	Display covered entities that match your specified filter criteria, initially sorted by 340B ID.

Viewing Covered Entity Search Results

After generating a list of covered entities that match your search criteria, you can specify how you want to view them. Search results are initially sorted by 340B ID.



More information: These search results can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Covered Entity Search Results Controls

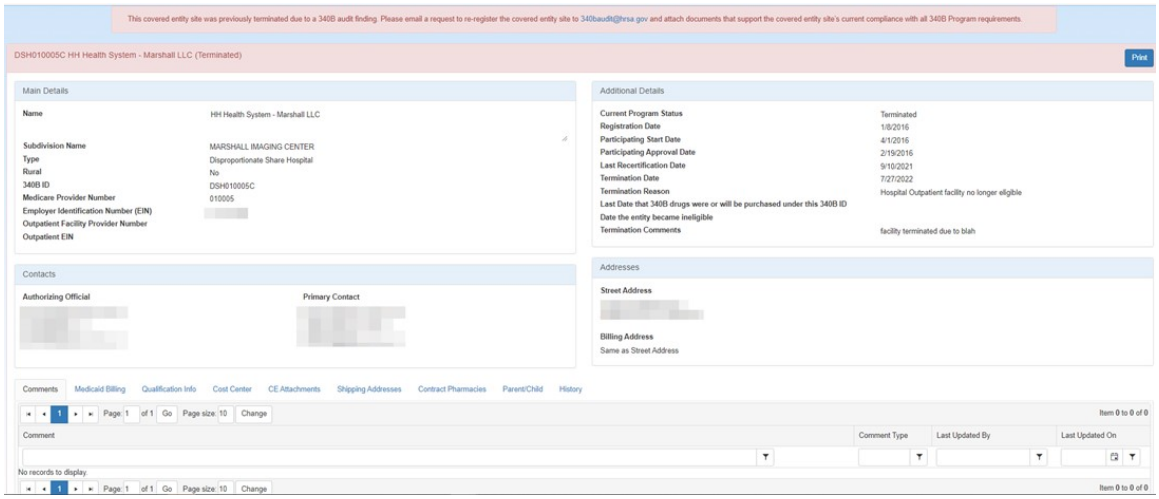
Control	Description
Hide Search Criteria	Click to hide the search criteria and view a greater number of search results. (The button text changes to ***Show Search Criteria***)
Show Search Criteria	Click to reveal the search criteria to make changes. (The button text changes to ***Hide Search Criteria***.)
Exporting Results	Refer to "Exporting Covered Entity Search Results" on page 97 for more information.
Viewing Details	Click the entity's link in the ***340B ID*** column. A detailed, read-only record for the selected entity will be displayed.

Viewing a Covered Entity's Details

Clicking an entity's 340B ID in the search results table displays the entity's details, including:

- Name, type, 340B ID, and Medicare Provider number (for hospitals) or Grant Number (for non-hospitals)
- Current 340B status, registration date, and participation start and approval dates and most recent recertification date if applicable, as well as termination reason and date for terminated entities
- Authorizing Official and Primary Contact information

- Street and billing addresses



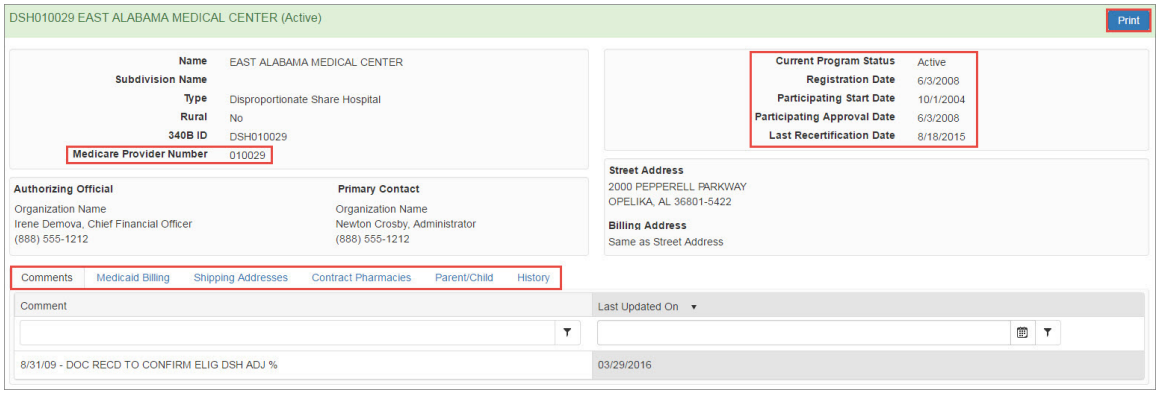
The color of the page header provides a visual indicator of the entity's status:

- Active (green)
- Approved (green) – registration has been approved by OPA, but its start date is in the future.
- To Be Terminated (yellow)
- Terminated (red)

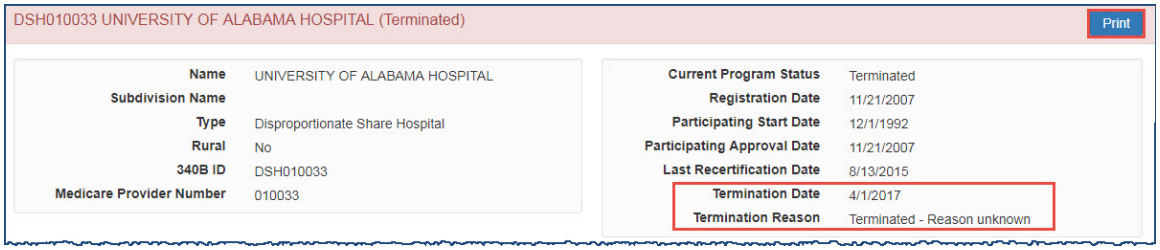
Tip: Clicking the **Print** button will open a new browser tab and display a formatted page containing all of the Covered Entity's information. To print a hard copy of the page, use your browser's **Print** function.

Note: The value for the "Rural" field displayed on the CE Details is populated from the CMS data and is updated every time the CMS data is loaded into the 340B OPAIS. It cannot be edited or set during the registration process.

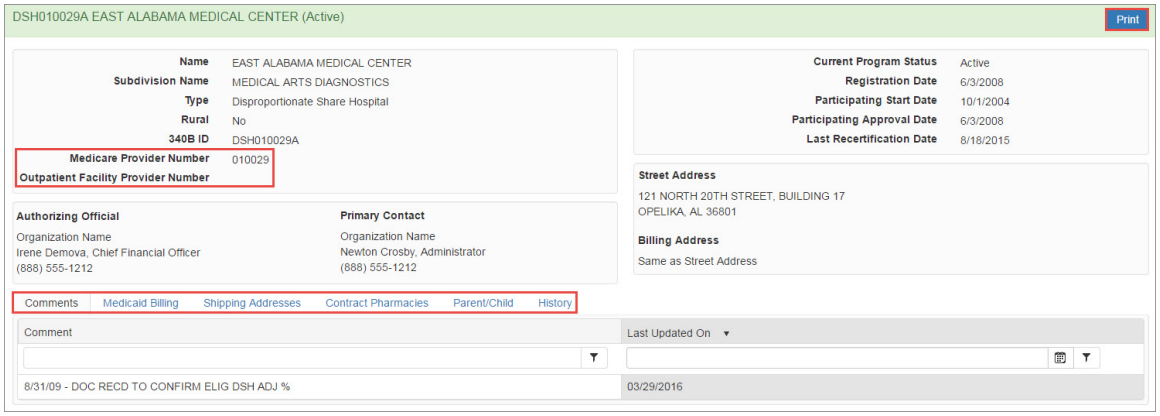
Covered Entity Details for an Active Parent Hospital



Covered Entity Details for a Terminated Parent Hospital

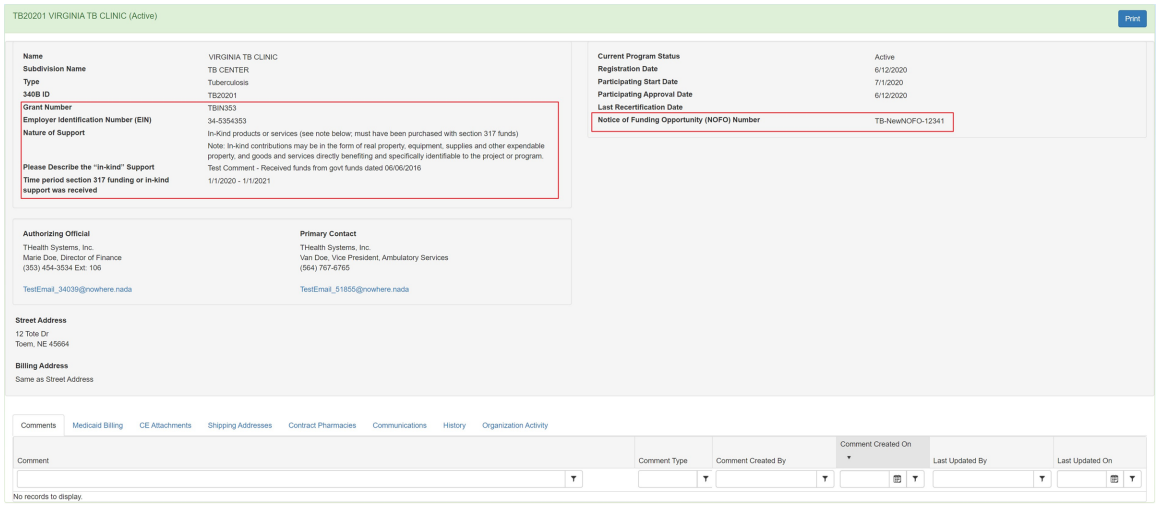


Covered Entity Details for an Outpatient Facility



- The ***Outpatient Facility Provider Number*** is displayed if it differs from the parent entity.

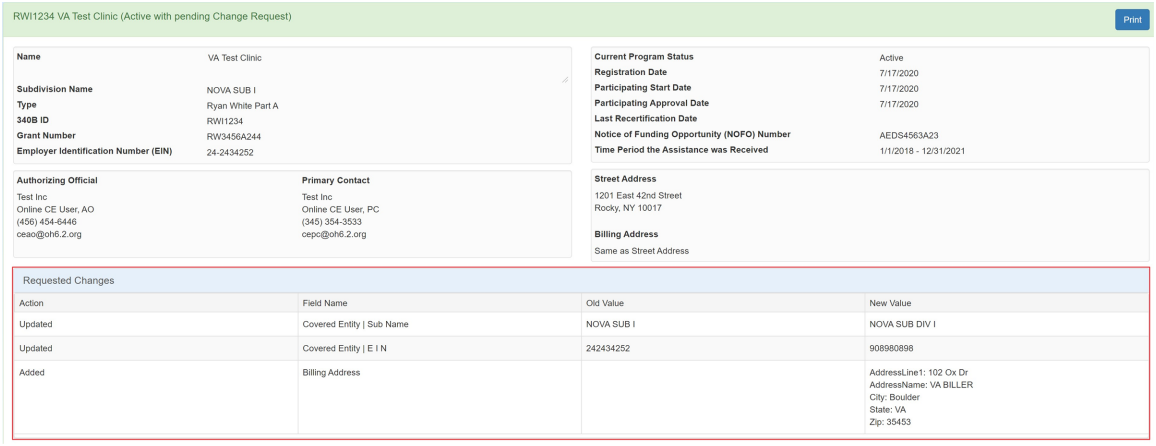
Covered Entity Details for Non-Hospital



- The ***Grant Number*** is shown instead of the Medicare Provider Number.
- For **Sexually Transmitted Diseases (STD)** and **Tuberculosis (TB)** entities, the **Nature of Support** information, and **Notice of Funding Opportunity (NOFO) Number** is also shown.

Covered Entity Details with Pending Change Request

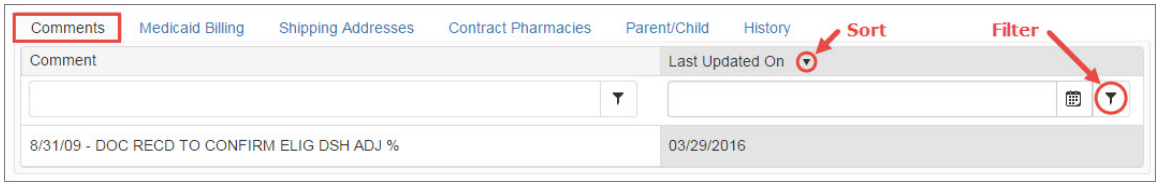
A Requested Changes section is displayed for a Covered Entity with change(s) pending OPA approval. This section shows the field(s) being changed, the change requested, the existing value, and the proposed value. The Old Value displays a blank if the field currently does not have any value.



The entity's detail sections are displayed by clicking the appropriate tabs.

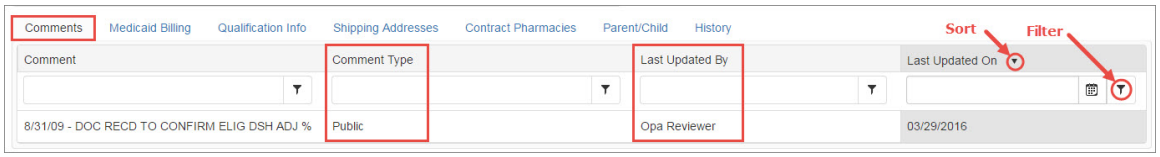
Comments

The ***Comments*** tab contains a table that provides a chronological record of comments attached to the entity record.



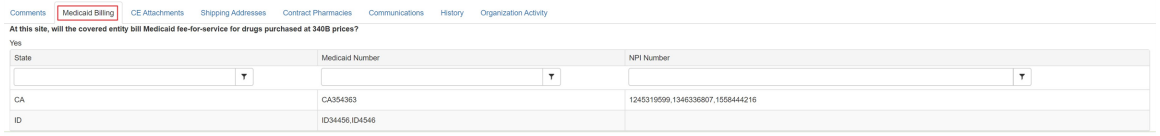
More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

If you are logged in as the AO or PC of the entity being viewed, the ***Comment Type*** and **Last Updated By** columns will also be displayed.



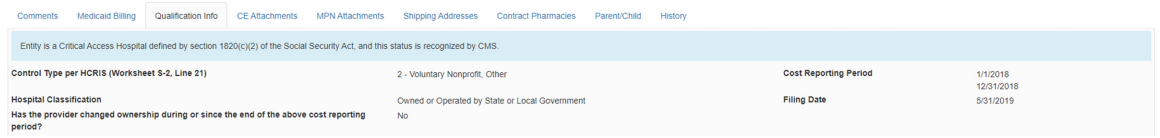
Medicaid Billing

The ***Medicaid Billing*** tab indicates that a CE will use 340B drugs for their Medicaid patients (carve-in) and will bill Medicaid for 340B-purchased drugs. The tab also displays the associated Medicaid and National Provider Identifier (NPI) number.



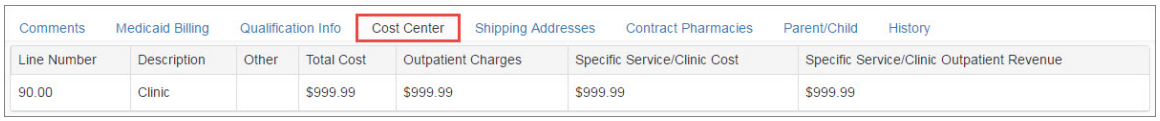
Qualification Info

The **Qualification Info** tab is only displayed if you are viewing an entity for which you are logged in as the AO or PC. It shows the entity's qualification information, including DSH percentage, cost reporting start and end dates, filing date, control type, hospital classification, and change of ownership information if any.



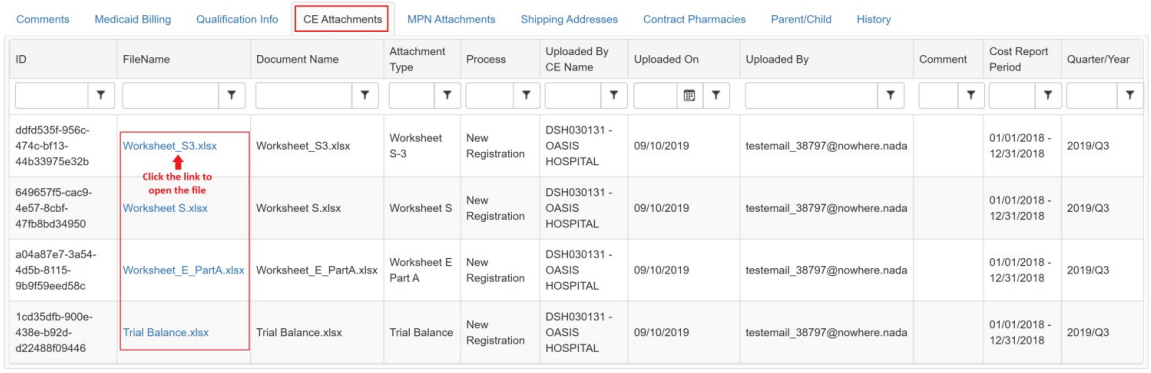
Cost Center

The **Cost Center** tab is only displayed if you are viewing an outpatient facility of a hospital for which you are logged in as the AO or PC. It shows the line number and description of the cost center as well as the total cost, outpatient charges, specific service/clinic cost, and specific service/clinic outpatient revenue from the entity's cost report.



CE Attachments

The attachments on the **CE Attachments** tab are only visible for an outpatient facility for which you are the AO or PC. It is not visible to PCs for other outpatient facilities of the same parent hospital or for users who are not affiliated with the specific covered entity.

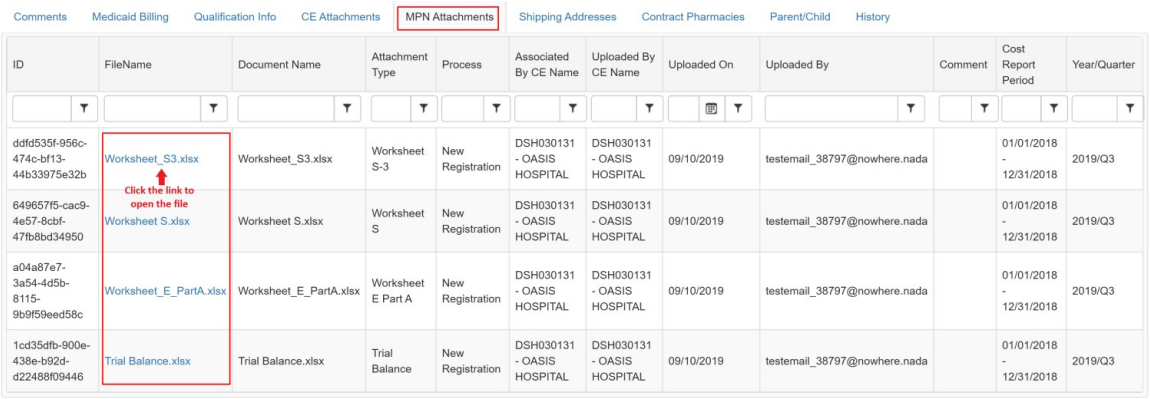


CE Attachments Tab

Column	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	The name of the attachment file. Click the link to open the attachment with the application that created it (e.g., Excel).
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User-selected type identifier.
Process	Process during which an attachment was uploaded.
Uploaded by CE Name	Name of the CE that uploaded the attachment.
Uploaded On	Date when they attachment was uploaded.
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.
Cost Report Period	The cost period dates from the entity's registration.
Year/Quarter	The year and quarter when an attachment was uploaded.

MPN Attachments

The **MPN Attachments** tab displays all attachments for a parent hospital for which you are the AO. It is not visible to users who are not affiliated with the specific covered entity.



MPN Attachments Tab

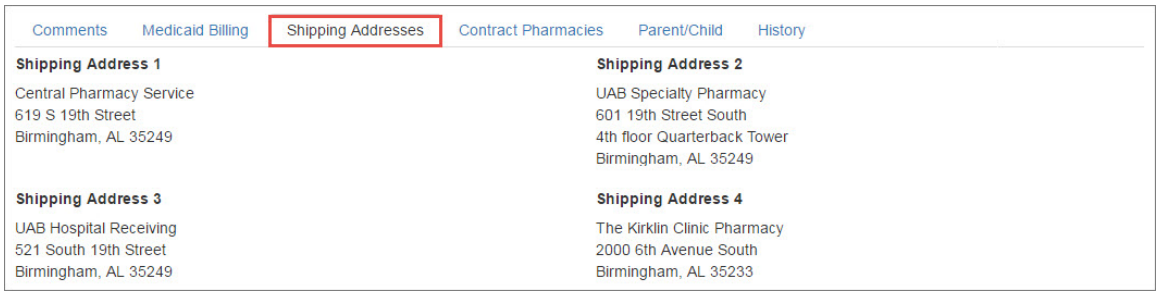
Column	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	The name of the attachment file. Click the link to open the attachment with the application that created it (e.g., Excel).
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User-selected type identifier.
Process	Process during which an attachment was uploaded.
Associated by CE Name	Name of the CE associated with the attachment.
Uploaded by CE Name	Name of the CE that uploaded the attachment.
Uploaded On	Date when they attachment was uploaded.
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.

MPN Attachments Tab (continued)

Column	Description
Cost Report Period	The cost period dates from the entity's registration.
Year/Quarter	The year and quarter when an attachment was uploaded.

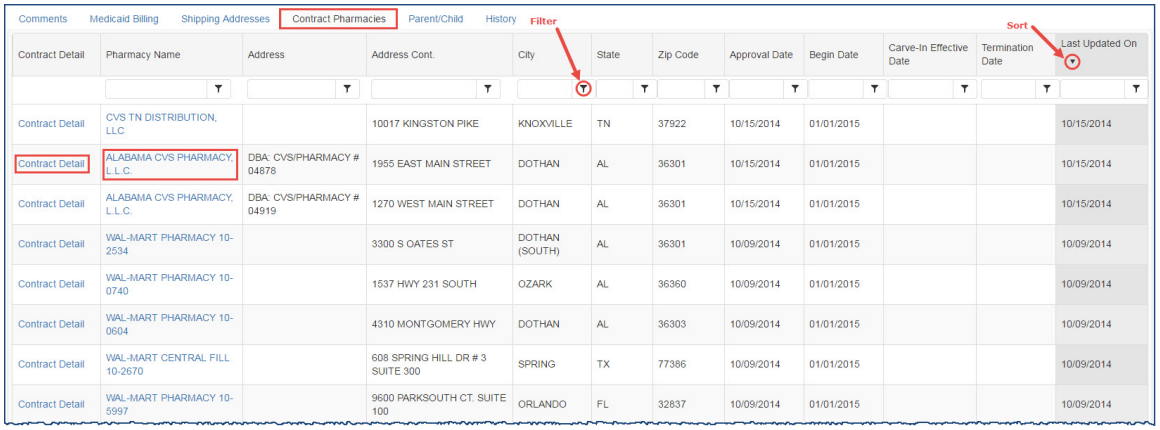
Shipping Addresses

The ***Shipping Addresses*** tab displays the entity's shipping addresses. If there are no shipping addresses, the text "Same as Street Address" is displayed.



Contract Pharmacies

The ***Contract Pharmacies*** tab displays the names and addresses of pharmacies that have a contract pharmacy arrangement with the CE for the dispensing of 340B drugs. The tab includes links for additional details on the CP as well as the beginning, termination, edit, and carve-in effective dates for the contracts (if applicable).



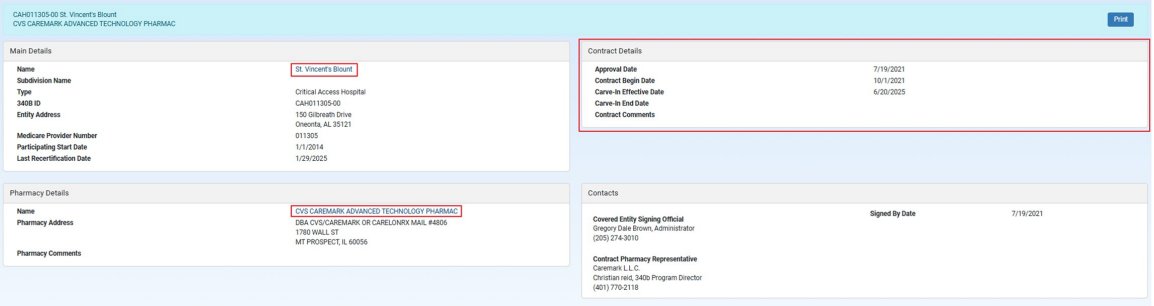
Contract Detail	Pharmacy Name	Address	Address Cont.	City	State	Zip Code	Approval Date	Begin Date	Carve-In Effective Date	Termination Date	Last Updated On
Contract Detail	CVS TN DISTRIBUTION, LLC		10017 KINGSTON PIKE	KNOXVILLE	TN	37922	10/15/2014	01/01/2015			10/15/2014
Contract Detail	ALABAMA CVS PHARMACY, L.L.C.	DBA: CVS/PHARMACY # 04878	1955 EAST MAIN STREET	DOTHAN	AL	36301	10/15/2014	01/01/2015			10/15/2014
Contract Detail	ALABAMA CVS PHARMACY, L.L.C.	DBA: CVS/PHARMACY # 04919	1270 WEST MAIN STREET	DOTHAN	AL	36301	10/15/2014	01/01/2015			10/15/2014
Contract Detail	WAL-MART PHARMACY 10-2534		3300 S OATES ST	DOTHAN (SOUTH)	AL	36301	10/09/2014	01/01/2015			10/09/2014
Contract Detail	WAL-MART PHARMACY 10-0740		1537 HWY 231 SOUTH	OZARK	AL	36360	10/09/2014	01/01/2015			10/09/2014
Contract Detail	WAL-MART PHARMACY 10-0604		4310 MONTGOMERY HWY	DOTHAN	AL	36303	10/09/2014	01/01/2015			10/09/2014
Contract Detail	WAL-MART CENTRAL FILL 10-2670		608 SPRING HILL DR # 3 SUITE 300	SPRING	TX	77386	10/09/2014	01/01/2015			10/09/2014
Contract Detail	WAL-MART PHARMACY 10-5997		9600 PARKSOUTH CT. SUITE 100	ORLANDO	FL	32837	10/09/2014	01/01/2015			10/09/2014

More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Viewing Contract Details

On the **Contract Pharmacies** tab, click the **Contract Detail** link to view the **Contract Details** page.

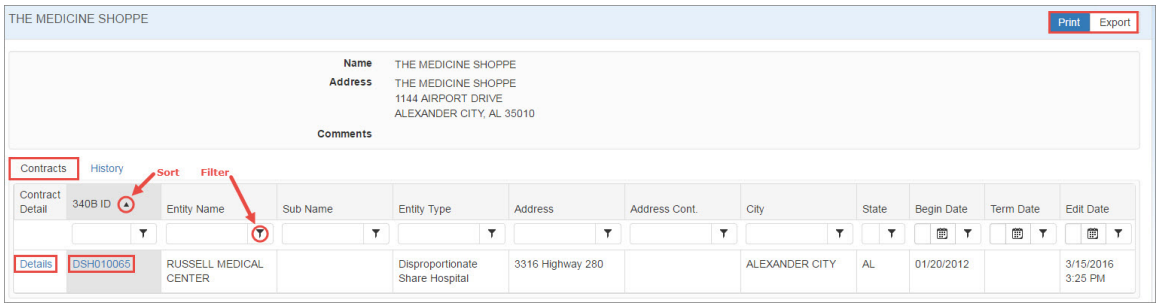
- Click the **Entity Name** to view the entity details.
- Click the **Pharmacy Name** to view the contracts associated with the pharmacy.



Note: Click the ***Print*** button if you want to generate a printer-friendly copy of the contract details.

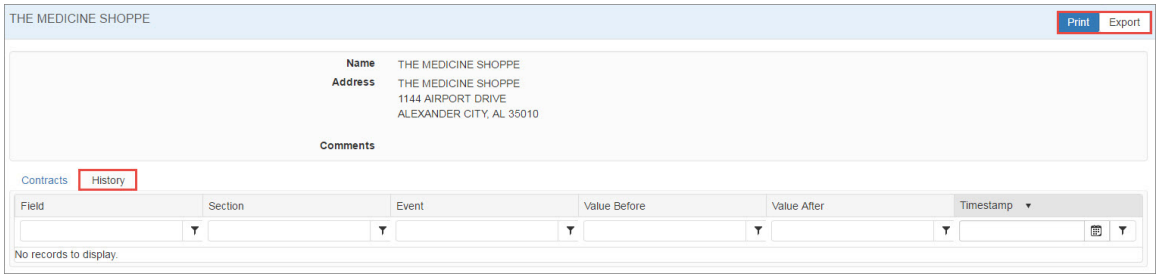
Viewing Pharmacy Details

1. On the **Contract Pharmacies** page, click the pharmacy's name. The ***Contracts*** tab of the **Pharmacy Details** page is displayed, listing the contracts for that pharmacy.



More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

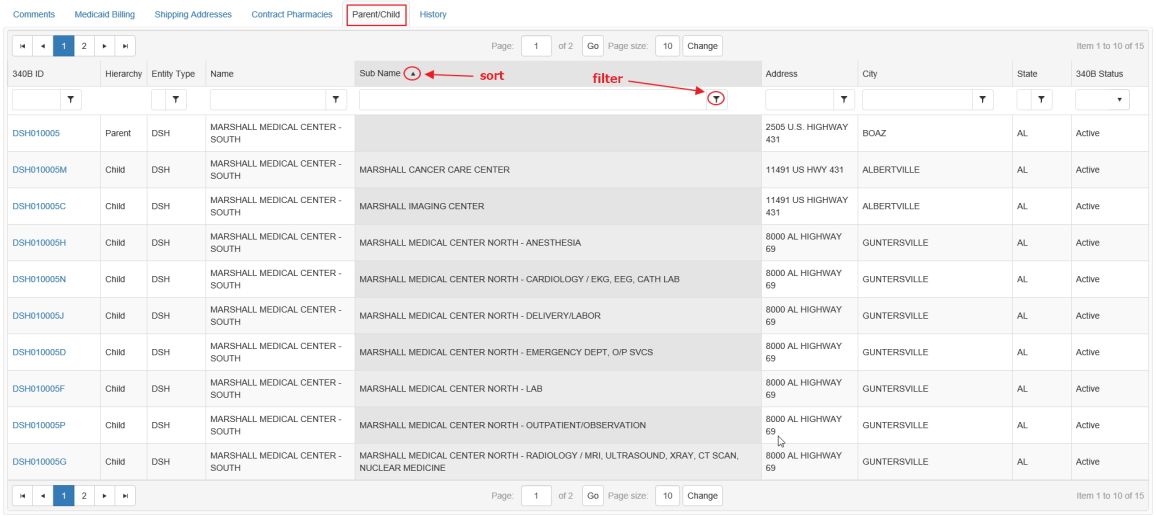
2. Click the **Details** link to view the full detail for the contract, or click the **340B ID** link to view that entity's information.
3. The ***History*** tab provides a chronological listing changes to the Contract Pharmacy record, including before and after values for each change and the date when the change occurred.



Note: Click the ***Print*** button if you want to generate a printer-friendly copy of the page, or click ***Export*** to export it to a Microsoft Excel spreadsheet.

Parent/Child

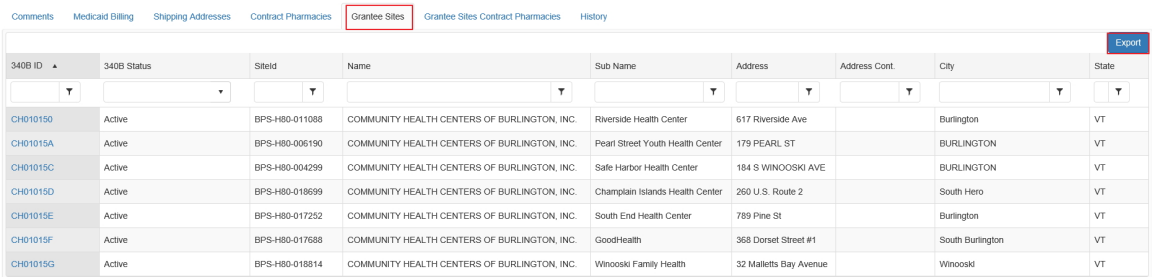
The ***Parent/Child*** tab displays the hospital parent record and its outpatient facility records. Each entry includes a link to the covered entity's detailed record details.



More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Grantee Sites (CH and FQHCLA non-hospitals only)

The **Grantee Sites** tab is only displayed for HRSA-Funded Health Center (CH) and Health Center Program Look-Alike (FQHCLA) non-hospitals. It shows all of the sites that share the same grant as the entity being viewed.



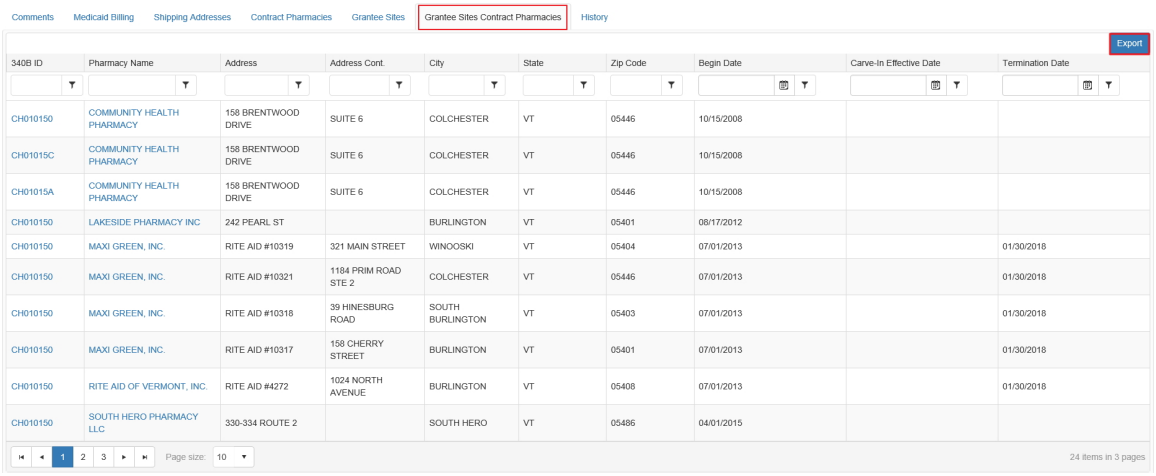
340B ID	340B Status	SiteId	Name	Sub Name	Address	Address Cont.	City	State
CH010150	Active	BPS-H80-011088	COMMUNITY HEALTH CENTERS OF BURLINGTON, INC.	Riverside Health Center	617 Riverside Ave		Burlington	VT
CH01015A	Active	BPS-H80-006190	COMMUNITY HEALTH CENTERS OF BURLINGTON, INC.	Pearl Street Youth Health Center	179 PEARL ST		BURLINGTON	VT
CH01015C	Active	BPS-H80-004299	COMMUNITY HEALTH CENTERS OF BURLINGTON, INC.	Safe Harbor Health Center	184 S WINOOSKI AVE		BURLINGTON	VT
CH01015D	Active	BPS-H80-018699	COMMUNITY HEALTH CENTERS OF BURLINGTON, INC.	Champlain Islands Health Center	260 U.S. Route 2		South Hero	VT
CH01015E	Active	BPS-H80-017252	COMMUNITY HEALTH CENTERS OF BURLINGTON, INC.	South End Health Center	789 Pine St		Burlington	VT
CH01015F	Active	BPS-H80-017688	COMMUNITY HEALTH CENTERS OF BURLINGTON, INC.	GoodHealth	368 Dorset Street #1		South Burlington	VT
CH01015G	Active	BPS-H80-018814	COMMUNITY HEALTH CENTERS OF BURLINGTON, INC.	Winooski Family Health	32 Malletts Bay Avenue		Winooski	VT

More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Note: Click the **Export** button to export the page to a Microsoft Excel spreadsheet.

Grantee Site Contract Pharmacies (CH and FQHCLA non-hospitals only)

The **Grantee Site Contract Pharmacies** tab is only displayed for HRSA-Funded Health Center (CH) and Health Center Program Look-Alike (FQHCLA) non-hospitals. It shows all of the contract pharmacies available to the network.



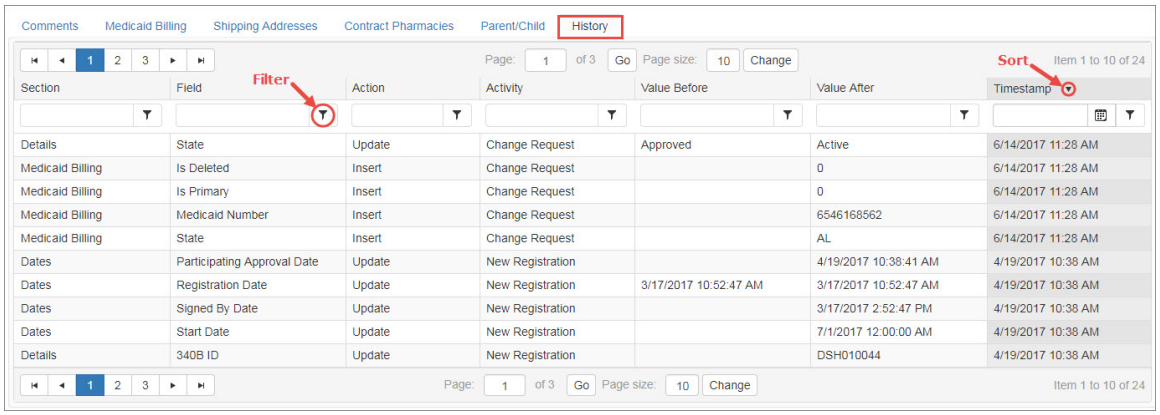
340B ID	Pharmacy Name	Address	Address Cont.	City	State	Zip Code	Begin Date	Carve-In Effective Date	Termination Date
CH010150	COMMUNITY HEALTH PHARMACY	158 BRENTWOOD DRIVE	SUITE 6	COLCHESTER	VT	05446	10/15/2008		
CH01015C	COMMUNITY HEALTH PHARMACY	158 BRENTWOOD DRIVE	SUITE 6	COLCHESTER	VT	05446	10/15/2008		
CH01015A	COMMUNITY HEALTH PHARMACY	158 BRENTWOOD DRIVE	SUITE 6	COLCHESTER	VT	05446	10/15/2008		
CH010150	LAKESIDE PHARMACY INC	242 PEARL ST		BURLINGTON	VT	05401	08/17/2012		
CH010150	MAXI GREEN, INC.	RITE AID #10319	321 MAIN STREET	WINOOSKI	VT	05404	07/01/2013		01/30/2018
CH010150	MAXI GREEN, INC.	RITE AID #10321	1184 PRIM ROAD STE 2	COLCHESTER	VT	05446	07/01/2013		01/30/2018
CH010150	MAXI GREEN, INC.	RITE AID #10318	39 HINESBURG ROAD	SOUTH BURLINGTON	VT	05403	07/01/2013		01/30/2018
CH010150	MAXI GREEN, INC.	RITE AID #10317	158 CHERRY STREET	BURLINGTON	VT	05401	07/01/2013		01/30/2018
CH010150	RITE AID OF VERMONT, INC.	RITE AID #4272	1024 NORTH AVENUE	BURLINGTON	VT	05408	07/01/2013		01/30/2018
CH010150	SOUTH HERO PHARMACY LLC	330-334 ROUTE 2		SOUTH HERO	VT	05486	04/01/2015		

More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Note: Click the **Export** button to export the page to a Microsoft Excel spreadsheet.

History

The ***History*** tab displays a chronological list of changes to the entity's information, including before and after values for each change and the date when the change occurred. The table can be sorted and filtered as needed.

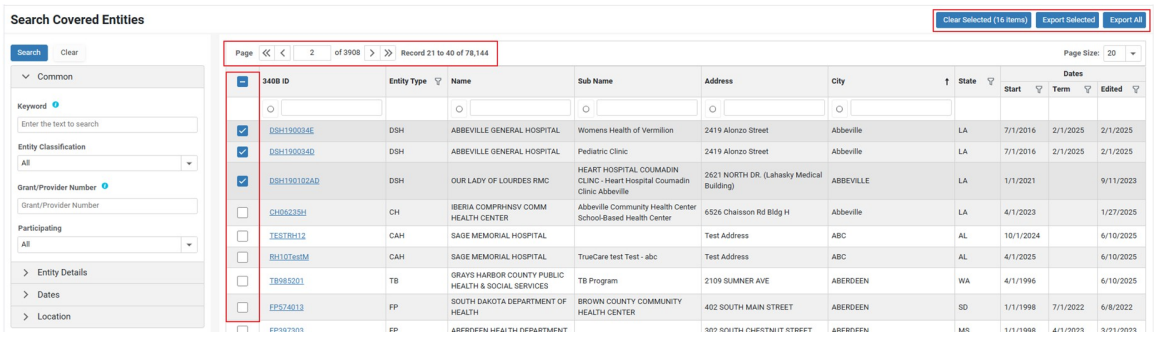


More information: This table can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Viewing Contract Details

Exporting Covered Entity Search Results

After generating a list of covered entities that match your search criteria and sorting and filtering the data, you can export the covered entity data to an Excel spreadsheet.



Covered Entity Search Results Export Controls

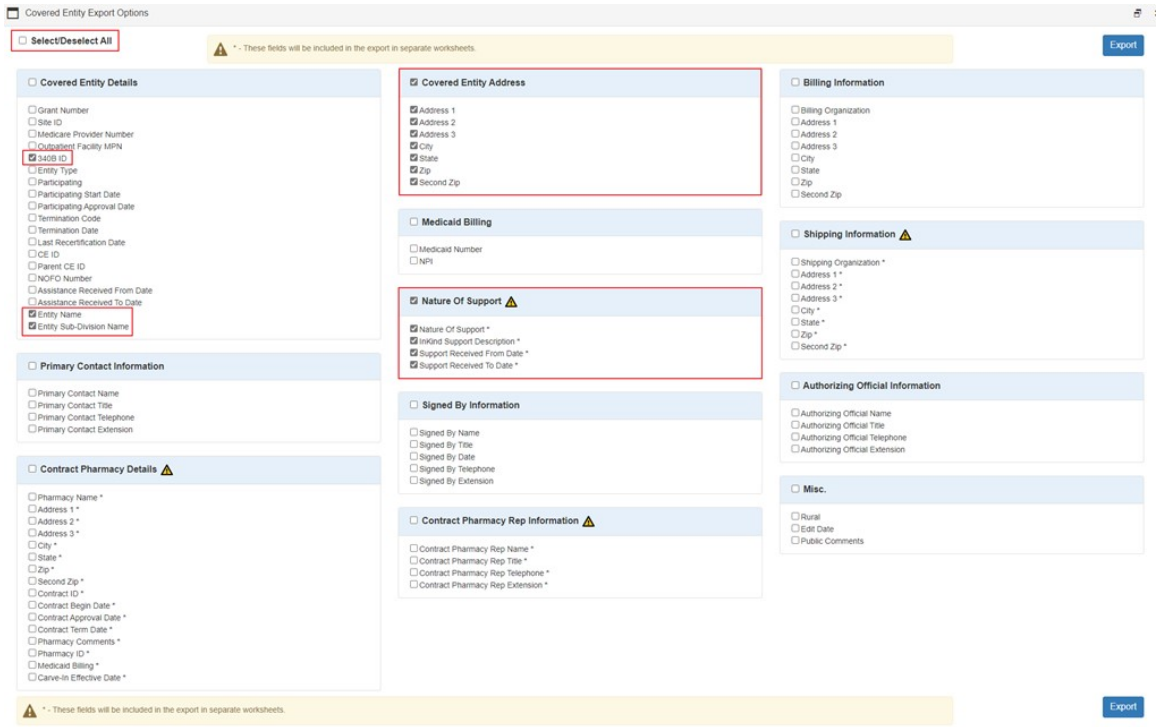
Control	Description
Export Individual Covered Entities	1. Select the checkboxes for individual covered entities. The selected rows will be highlighted. You may select entities from multiple pages. You can perform multiple sort and filter operations on the records in the table and select individual records from the result set. 2. As you keep selecting the individual covered entities, the system will keep track of the entities selected for export. There is a button next to the Export Selected button that shows the number of items selected. 3. Select the ***Clear Selected*** button if you want to clear the current selection. 4. Click the ***Export Selected*** button. The **Covered Entity Export Options** page will be displayed.
Export All Covered Entities on the Current Page	1. Select the ***All*** checkbox in the table header. All rows on the current page will be highlighted. 2. Click the ***Export Selected*** button. The **Covered Entity Export Options** page will be displayed.
Export All Covered Entity Search Results	1. Click the ***Export All*** button. The **Covered Entity Export Options** page will be displayed.

Covered Entity Export Options

The **Covered Entity Export Options** page enables you to specify the data fields that will be included in the export.

1. Check the boxes in each field group to select the data to be exported.
   - If all of the data in all of the available fields is to be exported, check the ***Select/Deselect All*** box. Unchecking this box will deselect all the selected fields.
   - If all of the data in all of the available fields within a field group is to be exported, check the box next to a field group heading. Individual fields can then be deselected. Unchecking this box will deselect all of the selected fields in the field group.

- Check individual boxes to select only specific items for export.
  - ***Note:*** The fields under each section (for example, covered entity details, contract pharmacy details, etc.) will be displayed in the exported Excel sheet in the order they were selected.



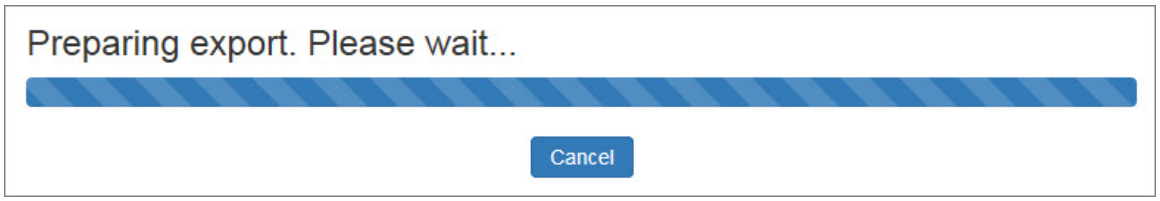
2. Sections marked with a warning icon indicate that the fields under these sections may contain multiple values. When fields from these sections are selected for export, the values will be exported to a separate worksheet in the exported Excel spreadsheet. Each separate worksheet will contain a fixed set of identifying covered entity fields and the fields selected from the various sections that can contain multiple values.

Worksheets	Description
Covered Entity Details	Displays the CE Details of the covered entities selected for export.

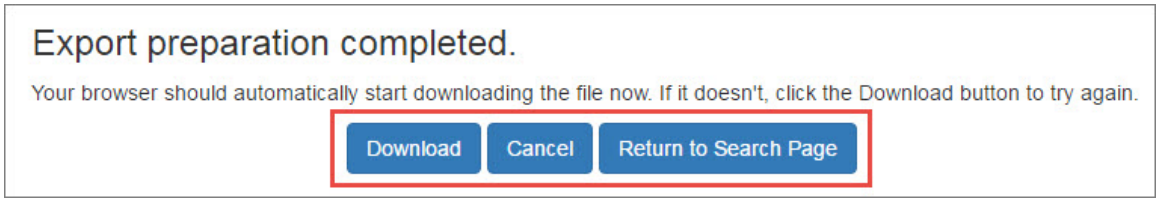
Worksheets	Description
Contract Pharmacy Details	Displays the associated Contract Pharmacy details for each of the covered entities selected for export. Each row has a set of identifying CE fields in the Contract Pharmacy Details worksheet. If If the selected covered entity does not have any associated contract pharmacy, then then the contract pharmacy fields for that covered entity is empty.
Shipping Address Details	Displays the shipping address details for each covered entity selected for export. There is a ***340B ID Street Address*** field that indicates whether the displayed Shipping Address is a separate Shipping Address or the Street Address. It can take the following values: ▪ **Yes** - indicates that the Shipping Address in the export is the Street Address ▪ **No** - indicates that the address is a dedicated Shipping Address for the Covered Entity
Nature of Support Details	Displays the associated Nature of Support details for each of the covered entities selected for export. Each row has a set of identifying CE fields in the Nature of Support Details worksheet. If the selected covered entity does not have Nature of Support or the Nature of Support fields are not applicable to the covered entity, then the nature of support fields for that covered entity are empty.
Cost Center Details	Displays the associated Cost Center details for each of the covered entities selected for export. Each row has a set of identifying CE fields in the Cost Center Details worksheet. The cost center fields are displayed only for outpatient facilities. For parent hospitals and non-hospitals, the cost center fields are empty as they are not applicable.
Report Configuration	Displays the Search Criteria, the criteria values and export options selected in the export.

3. When finished selecting fields of the data to be exported, click either of the **Export** buttons.

4. A progress window is displayed while the export is being prepared. Click the **Cancel** button if you want to cancel the export before it finishes.



5. A message window displays when the export is completed and a dialog box will prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.



   - Click the **Download** button if you need to download the file again.
   - Click the **Cancel** button to cancel the download and return to the search results page.
   - Click the **Return to Search Page** button to return to your search results page.

6. A message window displays when the export is completed and your browser will display a dialog box to prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.

Exported On: 11/18/2024 20:11
Exported By: testemail_63530@nowhere.

Covered Entity List Export

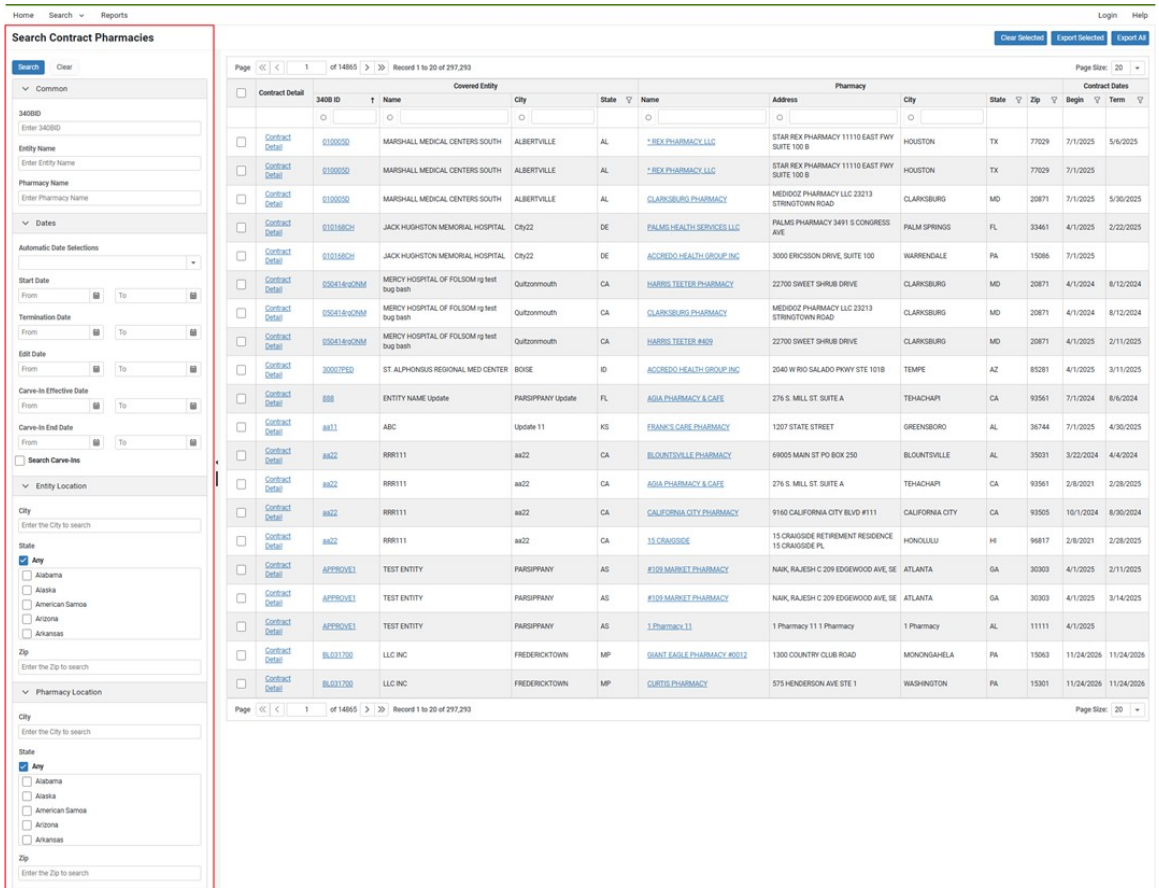
Covered Entity Details						Covered Entity Address			
340B ID	Entity Type	Participating	Participating Start D	Entity Name	Entity Sub-Division Name	Address 1	Address 2	Address 3	City
CAN0000	SCH	True	1/1/2024	SUTTER BAY HOSPITALS DBA CPMC VAN NESS CAMPUS		1101 VAN NESS AVE			SAN FRANCISC
rg5CH040014-00	SCH	True	1/1/2024	WHITE COUNTY MEDICAL CENTER		3214 EAST RACE			SEARCY
SCH-000-829-00	SCH	True	1/1/2024	ADVENTIST HEALTH REEDLEY		372 WEST CYPRESS			REEDLEY
SCH-081224-00	SCH	True	10/1/2024	FAIRCHILD MEDICAL CENTER		444 BRUCE STREET			YREKA
SCH010061-00	SCH	True	7/1/2013	HH Health System - Jackson, LLC DBA Highlands Medical Center		380 WOODS COVE ROAD			SCOTTSBORO
SCH020024-00	SCH	True	4/1/2017	CENTRAL PENINSULA HOSPITAL		250 HOSPITAL PLACE			SOLDOTNA
SCH020024-01	SCH	True	7/1/2020	CENTRAL PENINSULA HOSPITAL	CENTRAL PENINSULA GENERAL HOSPITAL - Women's Health Clinic	108 E CORRAL AVE			SOLDOTNA
SCH020024-02	SCH	True	7/1/2020	CENTRAL PENINSULA HOSPITAL	CENTRAL PENINSULA GENERAL HOSPITAL - Surgical Clinic	240 HOSPITAL PL			SOLDOTNA
SCH020024-03	SCH	True	7/1/2020	CENTRAL PENINSULA HOSPITAL	CENTRAL PENINSULA GENERAL HOSPITAL - Foot and Ankle Clinic	240 HOSPITAL PL			SOLDOTNA
SCH020024-04	SCH	True		CENTRAL PENINSULA HOSPITAL	CENTRAL PENINSULA GENERAL HOSPITAL -	240 HOSPITAL PL			SOLDOTNA

Covered Entity Details | Contract Pharmacy Details | Shipping Address Details

Contract Pharmacies

Searching for Contract Pharmacies

The **Contract Pharmacy Search Criteria** page displays when you select ***Search Contract Pharmacies*** on the 340B home page. Search criteria can be selected individually or in combination to allow you to narrow your search results to a manageable number of records. Covered entity search filters on are the left side of the page, CP filters are in the middle, and date filters are on the right.



Contract Pharmacy Search Criteria

Search Criteria	Description
340B ID	Return CP relationships associated with a specific 340B ID.

Contract Pharmacy Search Criteria (continued)

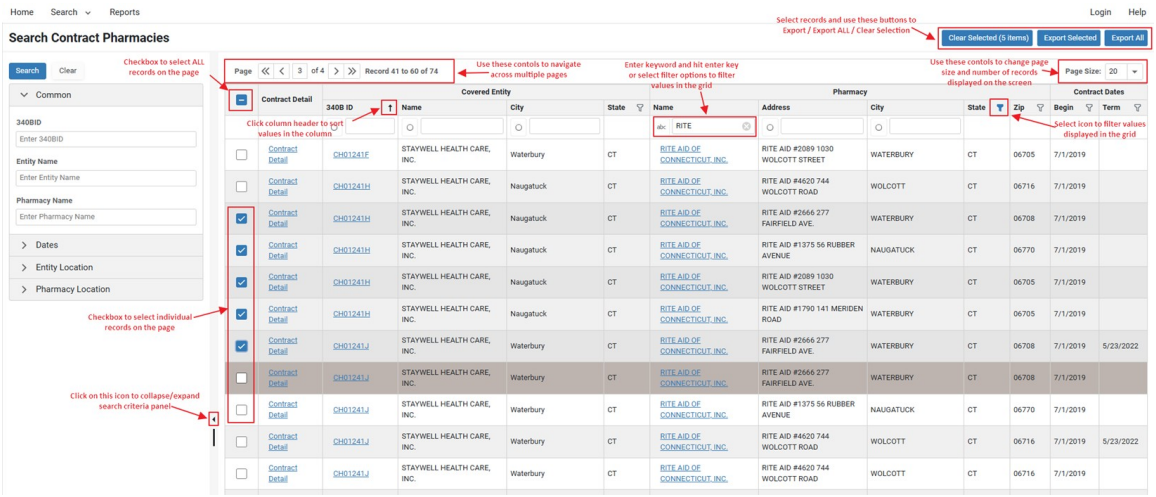
Search Criteria	Description
Entity Name	Return CP relationships associated with CE records whose name includes the specified sequence of characters.
Entity City / State / Zip	Return CP relationships associated with covered entity records.
Pharmacy Name	Return CP relationships associated with only pharmacies whose name includes the specified sequence of characters.
Advanced Query Options	Restrict search to CP relationships added or terminated this quarter or next quarter. Selection of one of the following options automatically populates the appropriate quarterly start and end dates and deactivates the other date fields: ▪ ***Contracts Added This/Next Quarter*** – Populates the **Begin Date From/To** dates for the current or next quarter. ▪ ***Contracts Terminated This/Next Quarter*** – Populates the **Term Date From/To** dates for the current or next quarter.
Begin Date (from/to)	Populated with dates for the current quarter or for the next quarter if either *Entities Added…* option is selected (can be edited manually).
Termination Date (from/to)	Automatically populated for the current or next quarter when you select either *Entities To Be Terminated…* option (can also be edited manually).
Edit Date (from/to)	Select the beginning and end dates for the period when the CP information was edited.
Carve-In Effective Date	Select the From and To dates for the period when the associated covered entity has a HRSA-approved arrangement with the listed contract pharmacy and the respective state Medicaid agency to prevent duplicate discounts.
Carve-In End Date	Select the From and To dates for the period when the associated covered entity ended the HRSA-approved arrangement with the listed contract pharmacy and the respective state Medicaid agency to prevent duplicate discounts.
Search Carve-Ins	If selected, return only covered entities that have a HRSA-approved arrangement with a CP and the respective Medicaid agency to prevent duplicate discounts.
Clear	Clear your filter choices and specify a new set of filters.

Contract Pharmacy Search Criteria (continued)

Search Criteria	Description
Search	Display CP relationships that match your specified filter criteria, initially sorted by 340B ID.

Viewing Contract Pharmacy Search Results

After generating a list of contract pharmacies that match your search criteria, you can specify how you want to view them. Search results are initially sorted by 340B ID.



More information: These search results can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Contract Pharmacy Search Results Controls

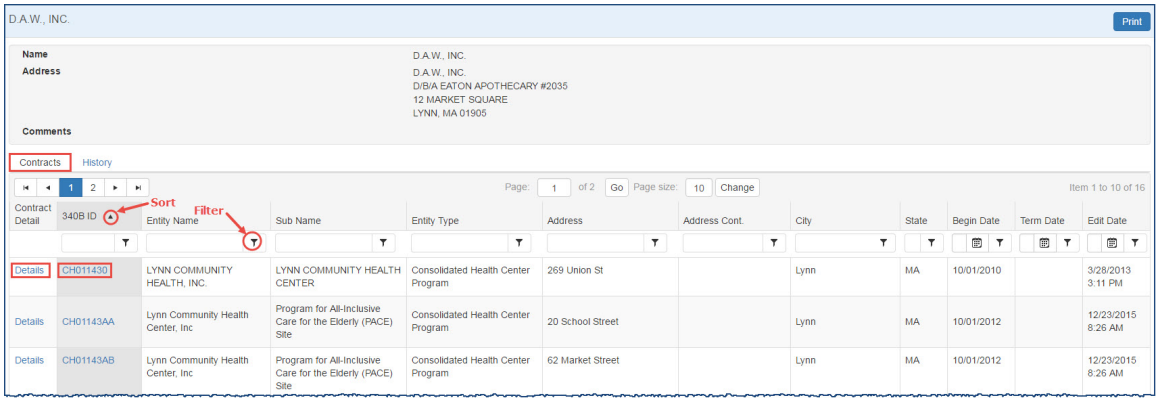
Control	Description
Hide Search Criteria	Click to hide the search criteria and view a greater number of search results. (The button text changes to ***Show Search Criteria***.)
Show Search Criteria	Click to reveal the search criteria to make changes. (The button text changes to ***Hide Search Criteria***.)
Viewing Contract Details	Click the contract number link in the ***Contract Detail*** column. The details for the selected contract will be displayed.

Contract Pharmacy Search Results Controls (continued)

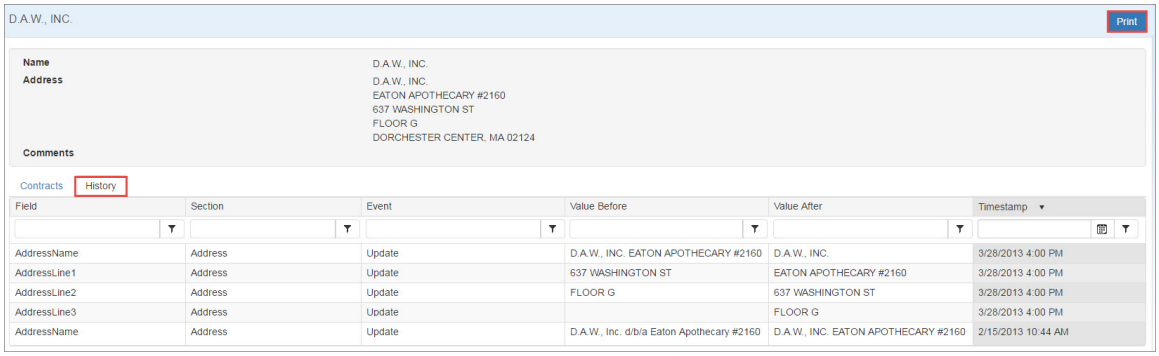
Control	Description
Viewing Covered Entity Details	Click the entity's link in the ***340B ID*** column. The details for the selected covered entity will be displayed.
Viewing Pharmacy Details	Click the pharmacy's name in the ***Pharmacy Name*** column. The details for the selected pharmacy will be displayed.
Exporting Results	Refer to "Exporting Contract Pharmacy Search Results" on the next page for more information.

Viewing Pharmacy Details

1. On the **Contract Pharmacies** page, click the pharmacy's name. The ***Contracts*** tab of the **Pharmacy Details** page is displayed, listing the contracts for that pharmacy.



2. Click the ***Details*** link to view the full detail for the contract, or click the **340B ID** link to view that entity's information.
3. The ***History*** tab provides a chronological listing changes to the Contract Pharmacy record, including before and after values for each change and the date when the change occurred.

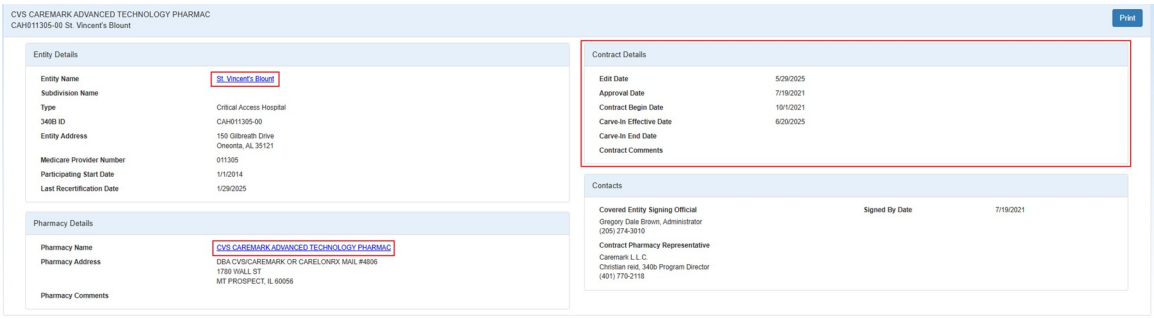


Tip: Click the **Print** button to generate a printer-friendly copy of the page.

Viewing Contract Details

The **Contract Details** page is displayed when you click the ***Detail*** link in the ***Contract Detail*** column.

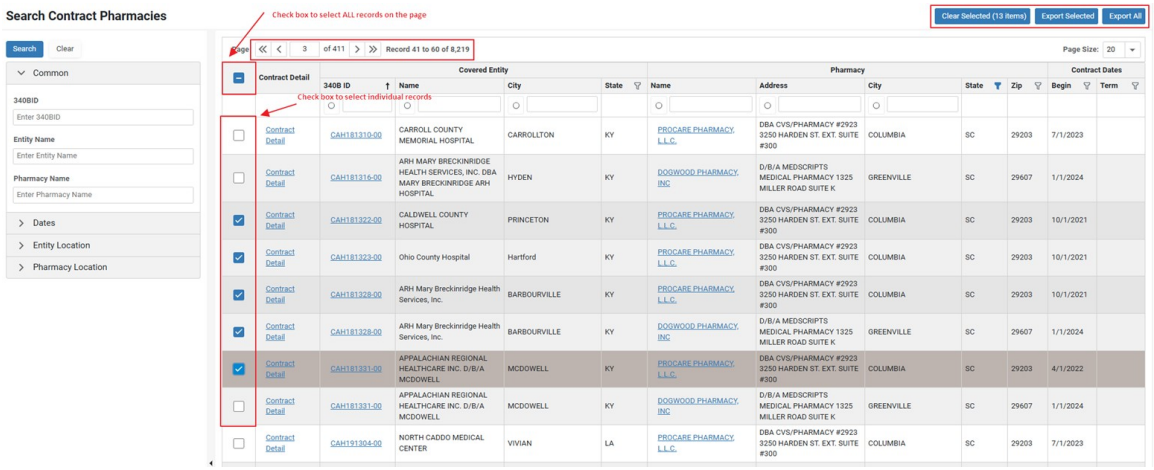
Tip: Click the **Print** button to generate a printer-friendly copy of the page.



- Click the **Entity Name** to view the entity details.
- Click the **Pharmacy Name** to view the contracts associated with the pharmacy name.

Exporting Contract Pharmacy Search Results

After generating a list of contract pharmacies that match your search criteria and sorting and filtering the data, you can export the contract pharmacy data to an Excel spreadsheet.



Contract Pharmacy Search Results Export Controls

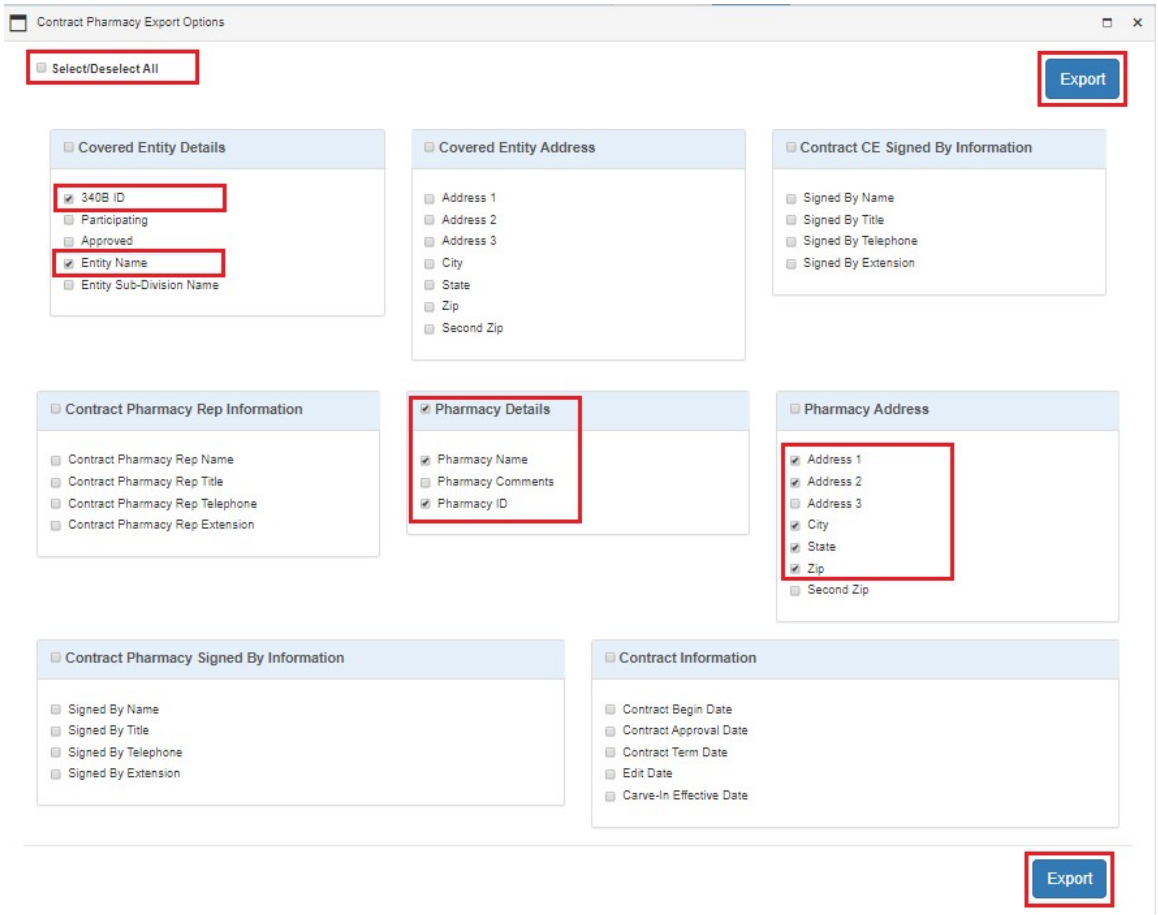
Control	Description
Export Individual Contract Pharmacies	1. Select the checkboxes for individual contract pharmacies. The selected rows will be highlighted. You may select entities from multiple pages. You can perform multiple sort and filter operations on the records in the table and select individual records from the result set. 2. As you keep selecting the individual contract pharmacies, the system will keep track of the records selected for export. There is a button next to the Export Selected button that shows the number of items selected. 3. Select the ***Clear Selected*** button if you want to clear the current selection. 4. Click the ***Export Selected*** button. The **Contract Pharmacy Export Options** page will be displayed.
Export All Contract Pharmacies on the Current Page	1. Select the ***All*** checkbox in the table header. All rows on the current page will be highlighted. 2. Click the ***Export Selected*** button. The **Contract Pharmacy Export Options** page will be displayed.
Export All Contract Pharmacy Search Results	1. Click the ***Export All*** button. The **Contract Pharmacy Export Options** page will be displayed.

Contract Pharmacy Export Options

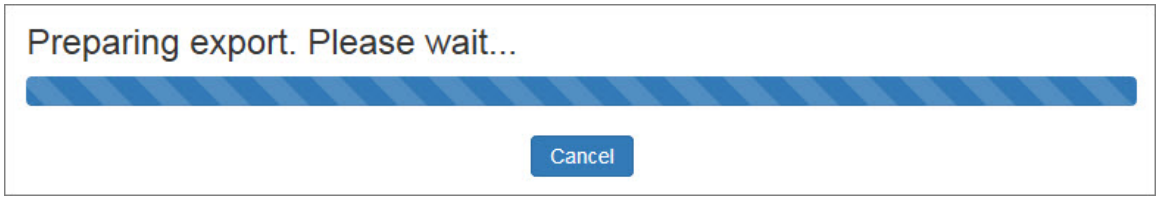
The **Contract Pharmacy Export Options** page enables you to specify the data fields that will be included in the export.

1. Check the boxes in each field group to select the data fields to be exported.
   - If all of the data in all of the available fields is to be exported, check the ***Select/Deselect All*** box. Unchecking this box will deselect all the selected fields.
   - If all of the data in all of the available fields within a field group is to be exported, check the box next to a field group heading. Individual fields can then be deselected. Unchecking this box will deselect all of the selected fields in the field group.

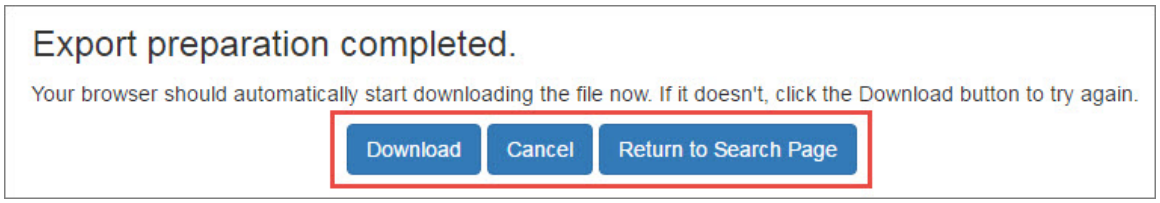
- Check individual boxes to select only specific items for export.
  - ***Note:*** The fields under each section (for example, covered entity details, pharmacy details, etc.) will be displayed in the exported Excel sheet in the order they were selected.



2. When finished selecting data for export, click the **Export** button.
3. A progress window is displayed while the export is being prepared. Click the **Cancel** button if you want to cancel the export before it finishes.

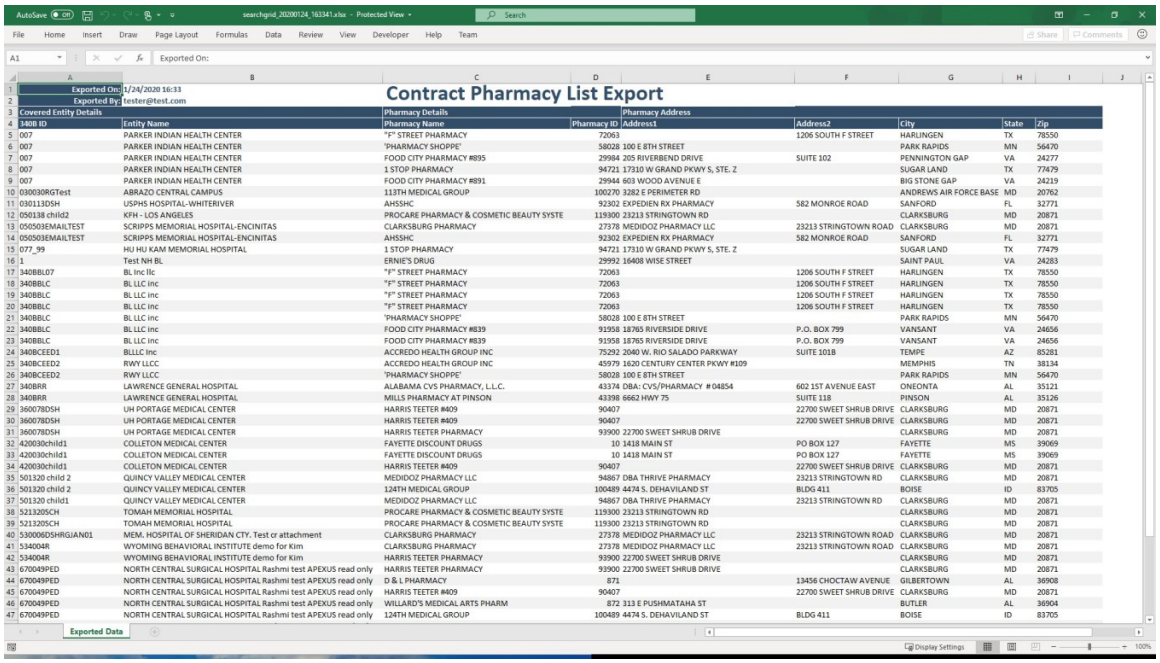


4. A message window displays when the export is completed and a dialog box will prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.



- Click the **Download** button if you need to download the file again.
- Click the **Cancel** button to cancel the download and return to the search results page.
- Click the **Return to Search Page** button to return to your search results page.

5. A message window displays when the export is completed and your browser will display a dialog box to prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.



Contract Pharmacy List Export

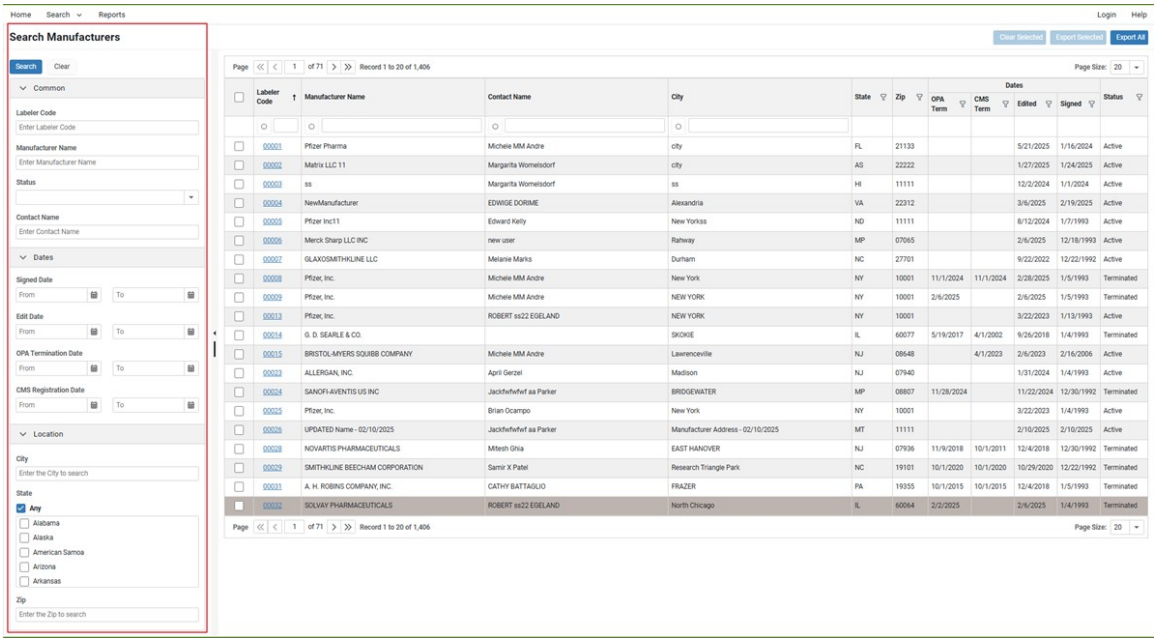
Exported On: 1/24/2020 16:33
Exported By: tester@test.com

Covered Entity Details		Pharmacy Details		Pharmacy Address				
340B ID	Entity Name	Pharmacy Name	Pharmacy ID	Address1	Address2	City	State	Zip
007	PARKER INDIAN HEALTH CENTER	"F" STREET PHARMACY	72063		1206 SOUTH F STREET	HARLINGEN	TX	78550
007	PARKER INDIAN HEALTH CENTER	'PHARMACY SHOPPE'	58028	100 E 8TH STREET		PARK RAPIDS	MN	56470
007	PARKER INDIAN HEALTH CENTER	FOOD CITY PHARMACY #895	29984	205 RIVERBEND DRIVE	SUITE 102	PENNINGTON GAP	VA	24277
007	PARKER INDIAN HEALTH CENTER	1 STOP PHARMACY	94721	17310 W GRAND PKWY S, STE. Z		SUGAR LAND	TX	77479
007	PARKER INDIAN HEALTH CENTER	FOOD CITY PHARMACY #891	29944	603 WOOD AVENUE E		BIG STONE GAP	VA	24219
030030RGTest	ABRAZO CENTRAL CAMPUS	113TH MEDICAL GROUP	100270	3282 E PERIMETER RD		ANDREWS AIR FORCE BASE	MD	20762
030113DSH	USPHS HOSPITAL-WHITERIVER	AHSSHC	92302	EXPEDIEN RX PHARMACY	582 MONROE ROAD	SANFORD	FL	32771
050138 child2	KFH - LOS ANGELES	PROCARE PHARMACY & COSMETIC BEAUTY SYSTE	119300	23213 STRINGTOWN RD		CLARKSBURG	MD	20871
050503EMAILTEST	SCRIPPS MEMORIAL HOSPITAL-ENCINITAS	CLARKSBURG PHARMACY	27378	MEDIDOZ PHARMACY LLC	23213 STRINGTOWN ROAD	CLARKSBURG	MD	20871
050503EMAILTEST	SCRIPPS MEMORIAL HOSPITAL-ENCINITAS	AHSSHC	92302	EXPEDIEN RX PHARMACY	582 MONROE ROAD	SANFORD	FL	32771
077_99	HU HU KAM MEMORIAL HOSPITAL	1 STOP PHARMACY	94721	17310 W GRAND PKWY S, STE. Z		SUGAR LAND	TX	77479
1	Test NH BL	ERNIE'S DRUG	29992	16408 WISE STREET		SAINT PAUL	VA	24283
340BBL07	BL Inc llc	"F" STREET PHARMACY	72063		1206 SOUTH F STREET	HARLINGEN	TX	78550
340BBLC	BL LLC inc	"F" STREET PHARMACY	72063		1206 SOUTH F STREET	HARLINGEN	TX	78550
340BBLC	BL LLC inc	"F" STREET PHARMACY	72063		1206 SOUTH F STREET	HARLINGEN	TX	78550
340BBLC	BL LLC inc	"F" STREET PHARMACY	72063		1206 SOUTH F STREET	HARLINGEN	TX	78550
340BBLC	BL LLC inc	'PHARMACY SHOPPE'	58028	100 E 8TH STREET		PARK RAPIDS	MN	56470
340BBLC	BL LLC inc	FOOD CITY PHARMACY #839	91958	18765 RIVERSIDE DRIVE	P.O. BOX 799	VANSANT	VA	24656
340BBLC	BL LLC inc	FOOD CITY PHARMACY #839	91958	18765 RIVERSIDE DRIVE	P.O. BOX 799	VANSANT	VA	24656
340BCEED1	BLLLC Inc	ACCREDO HEALTH GROUP INC	75292	2040 W. RIO SALADO PARKWAY	SUITE 101B	TEMPE	AZ	85281
340BCEED2	RWY LLCC	ACCREDO HEALTH GROUP INC	45979	1620 CENTURY CENTER PKWY #109		MEMPHIS	TN	38134
340BCEED2	RWY LLCC	'PHARMACY SHOPPE'	58028	100 E 8TH STREET		PARK RAPIDS	MN	56470
340BRR	LAWRENCE GENERAL HOSPITAL	ALABAMA CVS PHARMACY, L.L.C.	43374	DBA: CVS/PHARMACY # 04854	602 1ST AVENUE EAST	ONEONTA	AL	35121
340BRR	LAWRENCE GENERAL HOSPITAL	MILLS PHARMACY AT PINSON	43398	6662 HWY 75	SUITE 118	PINSON	AL	35126
360078DSH	UH PORTAGE MEDICAL CENTER	HARRIS TEETER #409	90407		22700 SWEET SHRUB DRIVE	CLARKSBURG	MD	20871
360078DSH	UH PORTAGE MEDICAL CENTER	HARRIS TEETER #409	90407		22700 SWEET SHRUB DRIVE	CLARKSBURG	MD	20871
360078DSH	UH PORTAGE MEDICAL CENTER	HARRIS TEETER PHARMACY	93900	22700 SWEET SHRUB DRIVE		CLARKSBURG	MD	20871
420030child1	COLLETON MEDICAL CENTER	FAYETTE DISCOUNT DRUGS	10	1418 MAIN ST	PO BOX 127	FAYETTE	MS	39069
420030child1	COLLETON MEDICAL CENTER	FAYETTE DISCOUNT DRUGS	10	1418 MAIN ST	PO BOX 127	FAYETTE	MS	39069
420030child1	COLLETON MEDICAL CENTER	HARRIS TEETER #409	90407		22700 SWEET SHRUB DRIVE	CLARKSBURG	MD	20871
501320 child 2	QUINCY VALLEY MEDICAL CENTER	MEDIDOZ PHARMACY LLC	94867	DBA THRIVE PHARMACY	23213 STRINGTOWN RD	CLARKSBURG	MD	20871
501320 child 2	QUINCY VALLEY MEDICAL CENTER	124TH MEDICAL GROUP	100489	4474 S. DEHAVILAND ST	BLDG 411	BOISE	ID	83705
501320 child1	QUINCY VALLEY MEDICAL CENTER	MEDIDOZ PHARMACY LLC	94867	DBA THRIVE PHARMACY	23213 STRINGTOWN RD	CLARKSBURG	MD	20871
523205CH	TOMAH MEMORIAL HOSPITAL	PROCARE PHARMACY & COSMETIC BEAUTY SYSTE	119300	23213 STRINGTOWN RD		CLARKSBURG	MD	20871
523205CH	TOMAH MEMORIAL HOSPITAL	PROCARE PHARMACY & COSMETIC BEAUTY SYSTE	119300	23213 STRINGTOWN RD		CLARKSBURG	MD	20871
530006DSHRGJAN01	MEM. HOSPITAL OF SHERIDAN CTY. Test cr attachment	CLARKSBURG PHARMACY	27378	MEDIDOZ PHARMACY LLC	23213 STRINGTOWN ROAD	CLARKSBURG	MD	20871
534004R	WYOMING BEHAVIORAL INSTITUTE demo for Kim	CLARKSBURG PHARMACY	27378	MEDIDOZ PHARMACY LLC	23213 STRINGTOWN ROAD	CLARKSBURG	MD	20871
534004R	WYOMING BEHAVIORAL INSTITUTE demo for Kim	HARRIS TEETER PHARMACY	93900	22700 SWEET SHRUB DRIVE		CLARKSBURG	MD	20871
670049PED	NORTH CENTRAL SURGICAL HOSPITAL Rashmi test APEXUS read only	HARRIS TEETER PHARMACY	93900	22700 SWEET SHRUB DRIVE		CLARKSBURG	MD	20871
670049PED	NORTH CENTRAL SURGICAL HOSPITAL Rashmi test APEXUS read only	D & L PHARMACY	871		13456 CHOCTAW AVENUE	GILBERTOWN	AL	36908
670049PED	NORTH CENTRAL SURGICAL HOSPITAL Rashmi test APEXUS read only	HARRIS TEETER #409	90407		22700 SWEET SHRUB DRIVE	CLARKSBURG	MD	20871
670049PED	NORTH CENTRAL SURGICAL HOSPITAL Rashmi test APEXUS read only	WILLARD'S MEDICAL ARTS PHARM	872	313 E PUSHMATAHA ST		BUTLER	AL	36904
670049PED	NORTH CENTRAL SURGICAL HOSPITAL Rashmi test APEXUS read only	124TH MEDICAL GROUP	100489	4474 S. DEHAVILAND ST	BLDG 411	BOISE	ID	83705

Manufacturers

Searching for Manufacturers

The **Manufacturer Search Criteria** page displays when you select ***Search Manufacturers*** on the 340B home page. Search criteria can be selected individually or in combination to allow you to narrow your search results to a manageable number of labeler codes.



Manufacturer Search Criteria

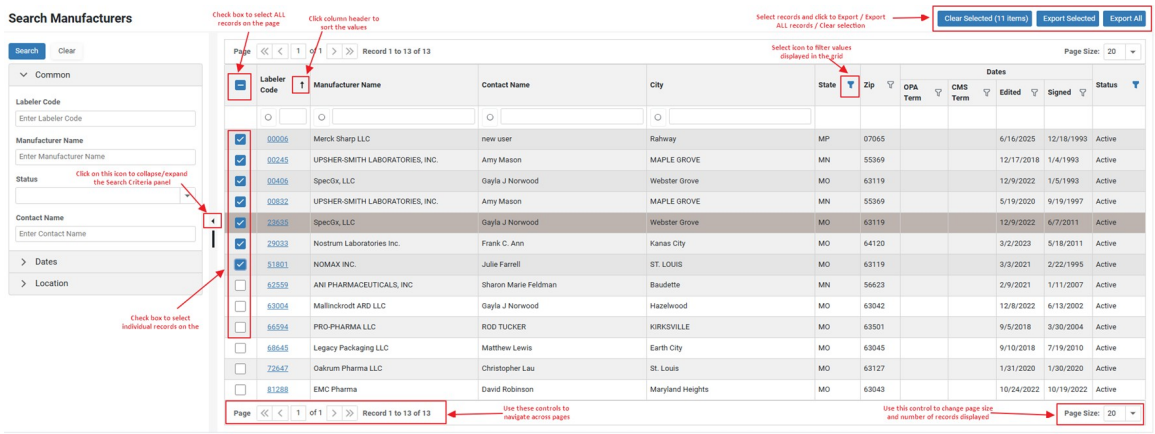
Control	Description
Labeler Code	The search will return only the FDA-assigned labeler codes that match the sequence of digits specified.
Status	■ ***All*** – both active and terminated labeler codes. ■ ***Active*** – labeler codes that are currently active in the 340B program. ■ ***Terminated*** – labeler codes that are no longer active in the 340B program.
Contact Name	Return only labeler codes associated with the specified contact name.
Manufacturer Name	Return only manufacturers with a matching sequence of characters.
City / State / Zip	Display only manufacturers in the specified location.
Signed Date (From/To)	Return labeler codes that were approved for participation in the 340B Program during the specified date range.
OPA Termination Date (From/To)	Return labeler codes terminated from the 340B Program during the specified date range.
Edit Date (From/To)	Return labeler codes whose records were edited during the specified date range.

Manufacturer Search Criteria (continued)

Control	Description
CMS Termination Date (From/To)	Return labeler codes terminated from the CMS Medicaid Drug Rebate Program during the specified date range.
Clear	Clear your filter choices and specify a new set of filters.
Search	Display manufacturers that match your specified filter criteria.

Viewing Manufacturer Search Results

After generating a list of labeler codes that match your search criteria, you can specify how you want to view them. Manufacturers that have not been approved by OPA for participation in the 340B Drug Pricing Program will not appear in search results, even if they have submitted registration documentation.



More information: These search results can be sorted and filtered to make the data displayed more manageable. For more information, refer to "Data Tables" on page 116.

Manufacturer Search Results Controls

Control	Description
Hide Search Criteria	Click to hide the search criteria and view a greater number of search results (button text changes to ***Show Search Criteria***).

Manufacturer Search Results Controls (continued)

Control	Description
Show Search Criteria	Click to reveal the search criteria to make changes results (button text changes to ***Hide Search Criteria***).
View Details	Click the manufacturer's labeler code in the ***Labeler Code*** column. The **View Manufacturer** page will display.
Export Selected	Click to export only those search results whose check boxes are selected on the current page. ▪ ***If the "ALL" box is checked, all search results on the current page will be exported.*** ***Tip:*** To select multiple rows, hold the **Ctrl** key while clicking the checkboxes. To select a range of contiguous rows, hold the **Shift** key while clicking the checkboxes for the first and last rows.
Export All	Click to export the entire search results set.

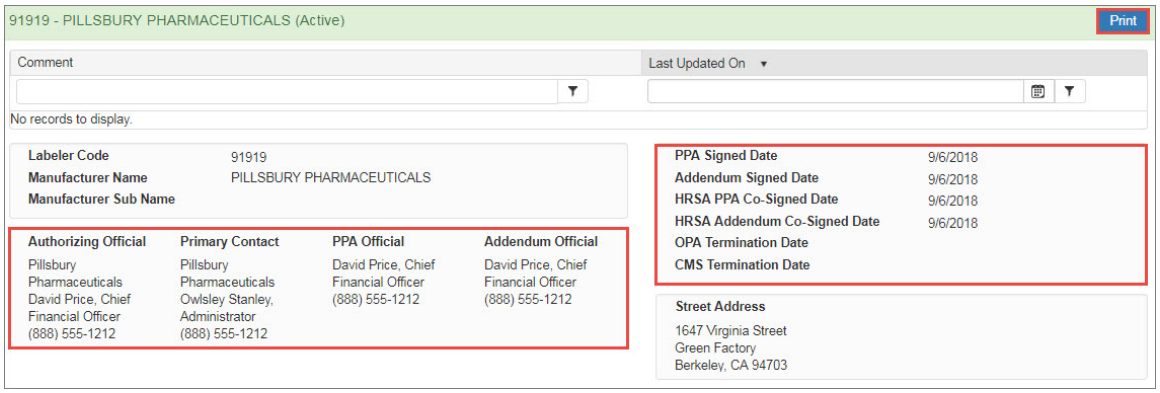
Viewing Labeler Code Details

When you click a labeler code in the search results table, the **Labeler Code Details** page displays the information for the manufacturer associated with the labeler code, including:

- Name, title, and contact information for the AO and PC, the PPA Signing Official, and the Addendum Signing Official
- Current 340B status
- PPA Signed Date, HRSA co-signed date, and Addendum Signed Date
- OPA and CMS termination dates, if applicable

The labeler code's status is reflected by the color of the page header:

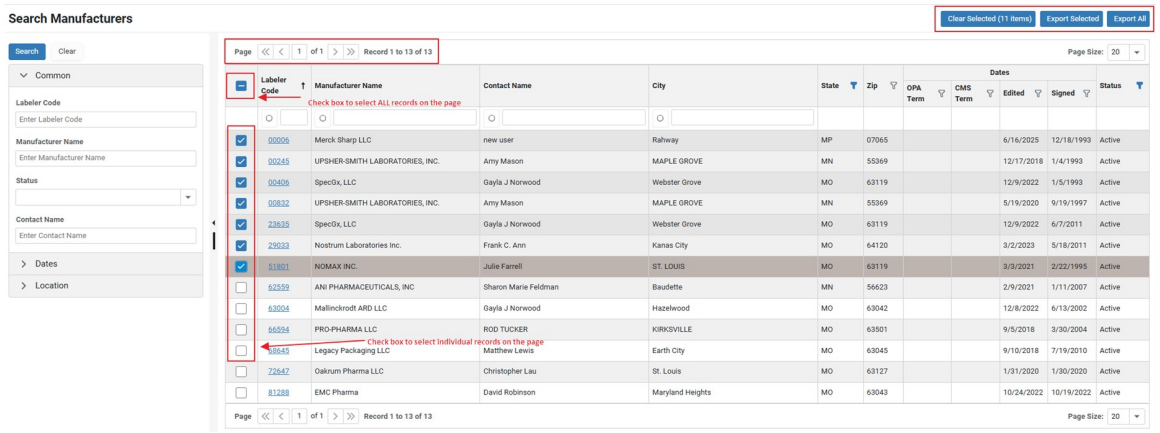
- Active (green)
- Inactive – terminated in CMS
- Terminated (red) – terminated in both CMS and in 340B



Tip: Click the **Print** button to generate a printer-friendly copy of the page.

Exporting Manufacturer Search Results

After generating a list of labeler codes that match your search criteria and sorting and filtering the data, you can export their data to a Microsoft Excel spreadsheet.



Manufacturer Search Results Export Controls

Control	Description
View Details	Click the manufacturer's labeler code in the **Labeler Code** column. The **View Manufacturer** page will display.

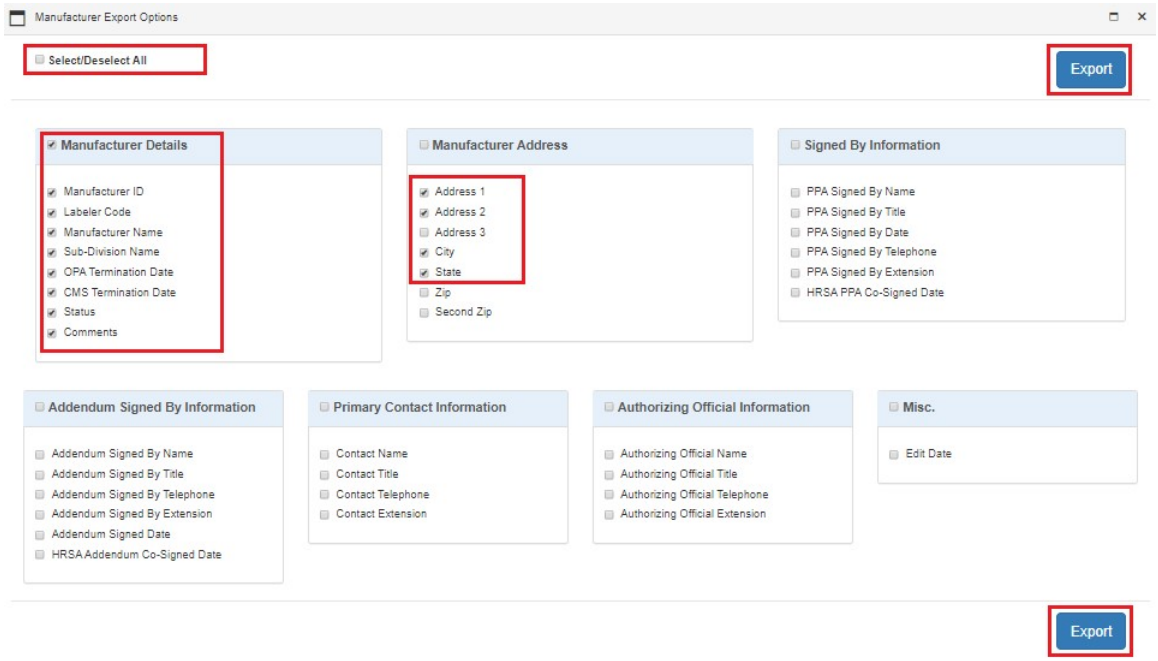
Manufacturer Search Results Export Controls (continued)

Control	Description
Export Selected	1. Select the checkboxes for individual labeler codes. The selected rows will be highlighted. You may select entities from multiple pages. You can perform multiple sort and filter operations on the records in the table and select individual records from the record set. 2. As you keep selecting the individual labeler codes, the system will keep track of the records selected for export. There is a button next to the Export Selected button that shows the number of items selected. 3. Select the ***Clear Selected*** button if you want to clear the current selection. 4. Click the ***Export selected*** button. The ***Manufacturer Export Options*** page will be displayed.
Export All	Click to export the entire search results set.

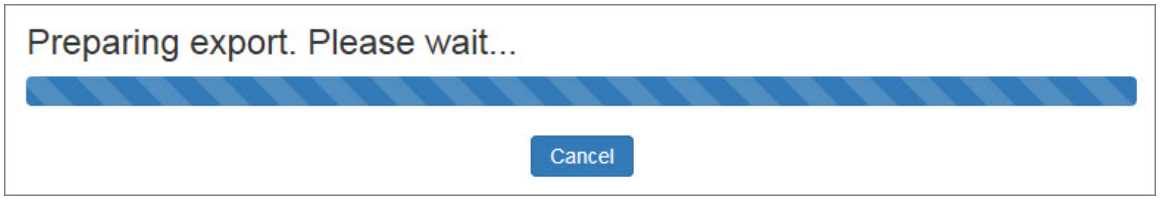
Manufacturer Export Options

The **Manufacturer Export Options** page enables you to specify only the data you want to include in the exported spreadsheet.

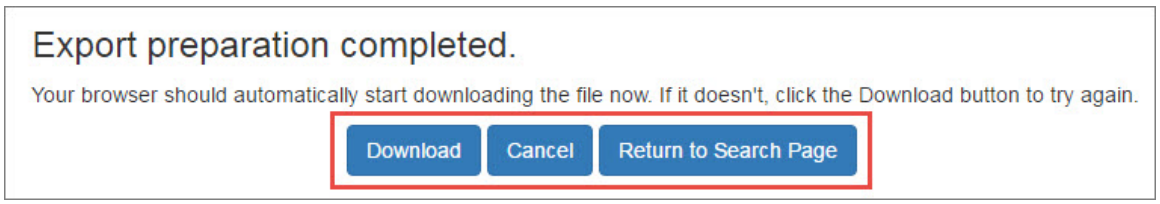
1. Check the boxes in each section to select the data to be exported.
    - If all of the data in all of the available fields is to be exported, check the ***Select/Deselect All*** box. Unchecking this box will deselect all the selected fields.
    - If all of the data in all of the available fields within a field group is to be exported, check the box next to a field group heading. Individual fields can then be deselected. Unchecking this box will deselect all of the selected fields in the field group.
    - Check individual boxes to select only specific items for export.
        - ***Note:*** The fields under each section (for example, covered entity details, pharmacy details, etc.) will be displayed in the exported Excel sheet in the order they were selected.



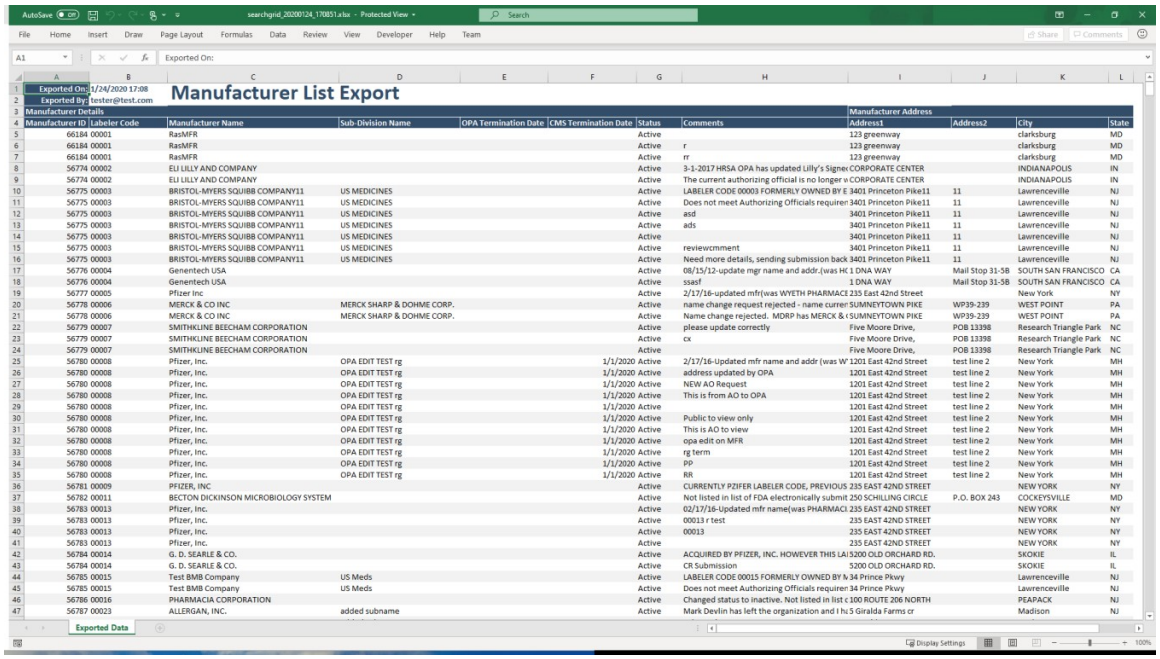
2. When finished selecting data for export, click the **Export** button.
3. A progress window is displayed while the export is being prepared. Click the **Cancel** button if you want to cancel the export before it finishes.



4. A message window displays when the export is completed and a dialog box will prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.



   - Click the **Download** button if you need to download the file again.
   - Click the **Cancel** button to cancel the download and return to the search results page.
   - Click the **Return to Search Page** button to return to the search results page.
5. A message window displays when the export is completed and your browser will display a dialog box to prompt you to open the file or save it for later. If you chose to open it, the exported data is displayed in an Excel spreadsheet.

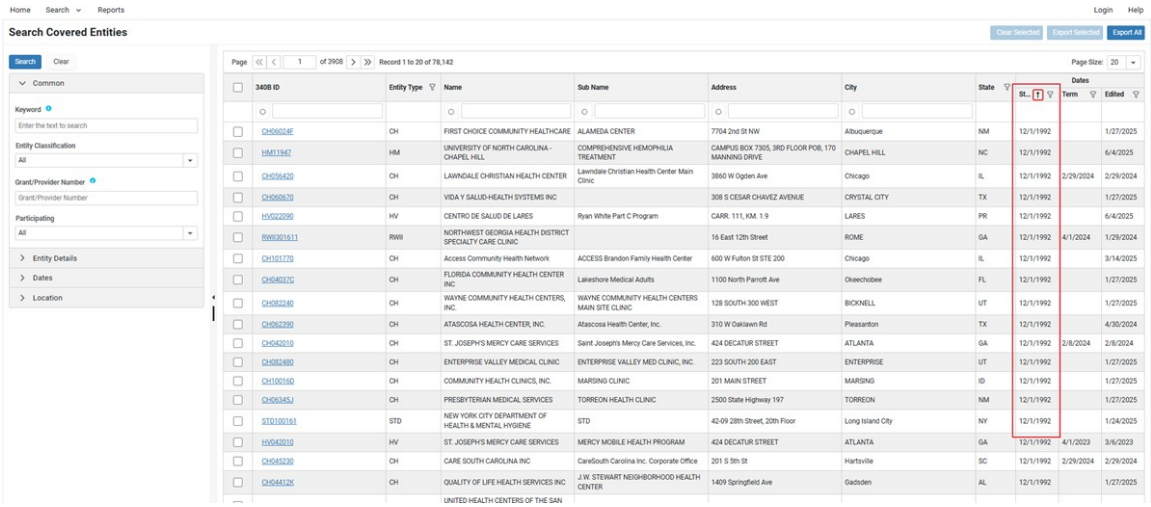


Data Tables

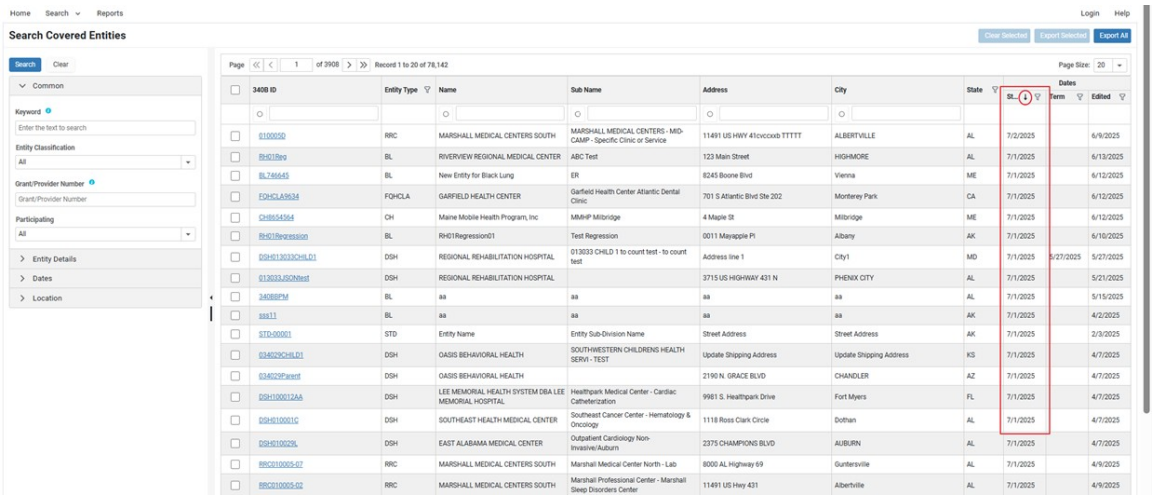
Sorting Data Tables

All tables in the 340B application can be sorted to make the data displayed more manageable.

1. The first time you click a column heading, the column will be highlighted and the table will be sorted in ascending order (lowest to highest) based on the values in that column. A small upward-pointing arrow icon will appear in the heading.



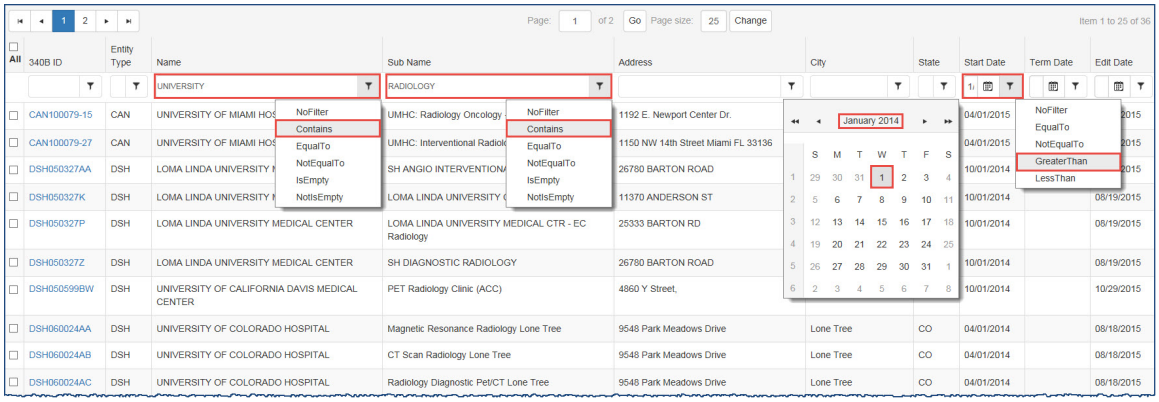
2. The second time you click the column heading, the table will be sorted in descending order (highest to lowest) based on the values in that column. A small downward-pointing arrow icon will appear in the heading.



3. To remove Sort on a column, hold down the CTRL button and click on the column heading. The sorting on the column will be removed and the table will be returned to the original order.

Filtering Data Tables

You can make the data displayed in the Search Results more manageable by using the filter on one or more columns in the Search Results.

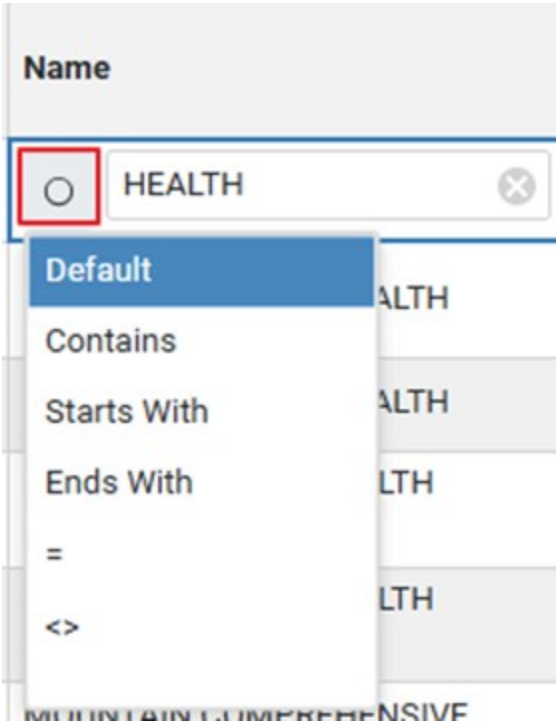


Below is the type of filter that is applicable to a column based on its data type:

Column Data Type	Description	Filter Options
Text	This column displays data that is considered as Text. It includes alpha numeric data too, such as 340B ID, Name, Address, City, etc.	The filter options are: Contains, Starts With, Ends With, Equal To, Not Equal To, Empty, NotEmpty
Date	This column displays date fields such as Begin Date, Termination Date, etc.	
Custom/Lookup	This column displays fields such as Entity Type, which has a specific list of values	The filter options will display the lookup values that are allowed for that field and are present in the search results. For example, if the field is Entity Type, then the list of filter options for Entity Type will be limited to various entity types that are returned in the search results.

Filtering Text Columns

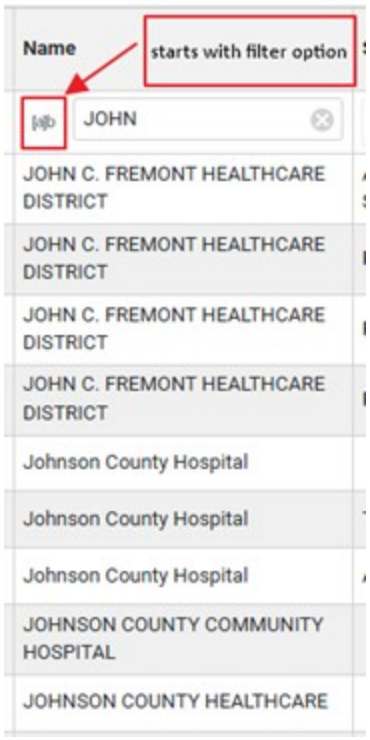
1. Type the text to be used as a filter in the text box below the column heading.
2. Click on the filter icon next to the filter text box to display the drop-down list of filter options.



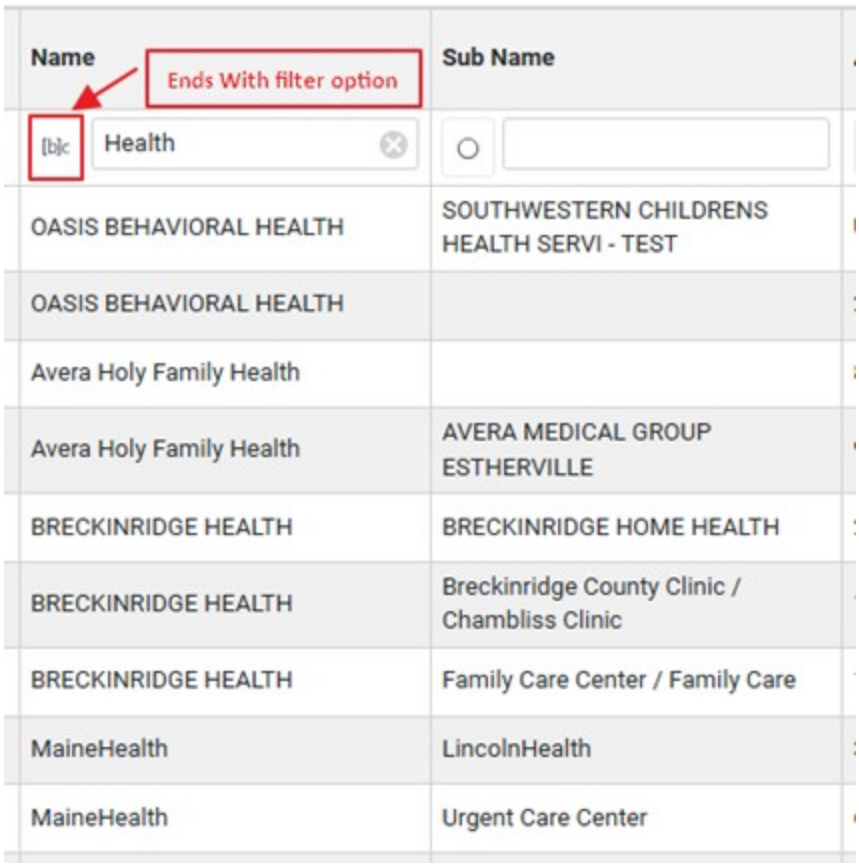
3. Select one of the drop-down list of filter options:

- **Default** – Clear existing text and redisplay results. Use this option to reset the results after filtering the data.
- **Contains** – Display only results that *contain* the filter text.
-

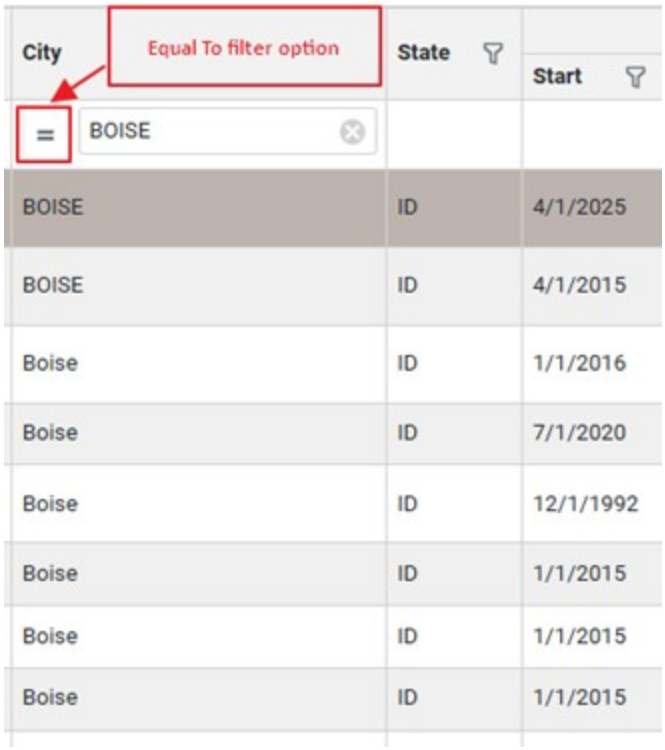
- **Starts With** – Display only results that *start with* the filter text.



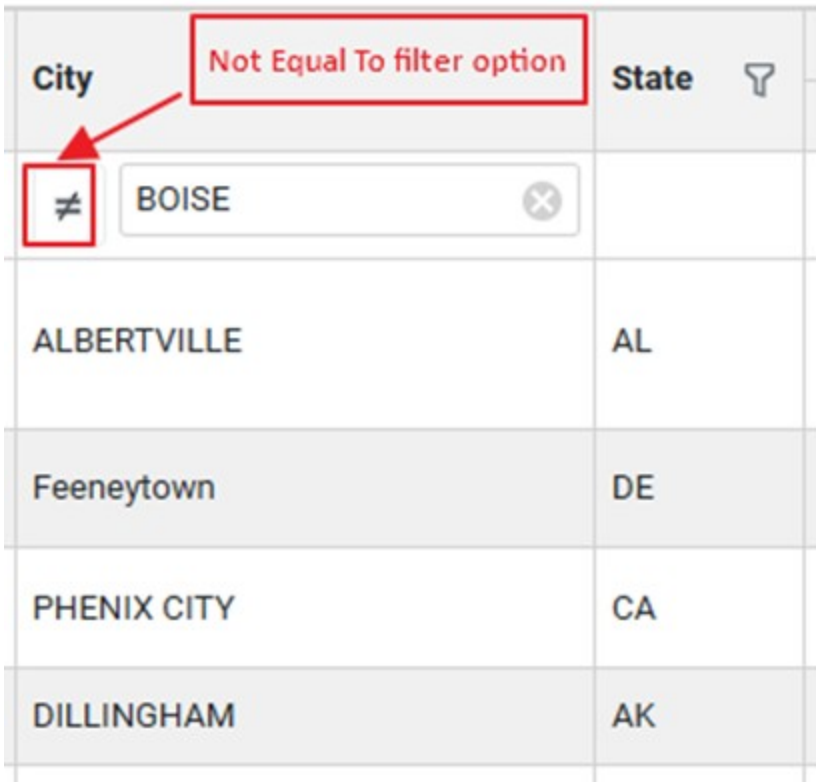
- **Ends With** – Display only results that *end with* the filter text.



- **=** – Display only results that *exactly* match the filter text.

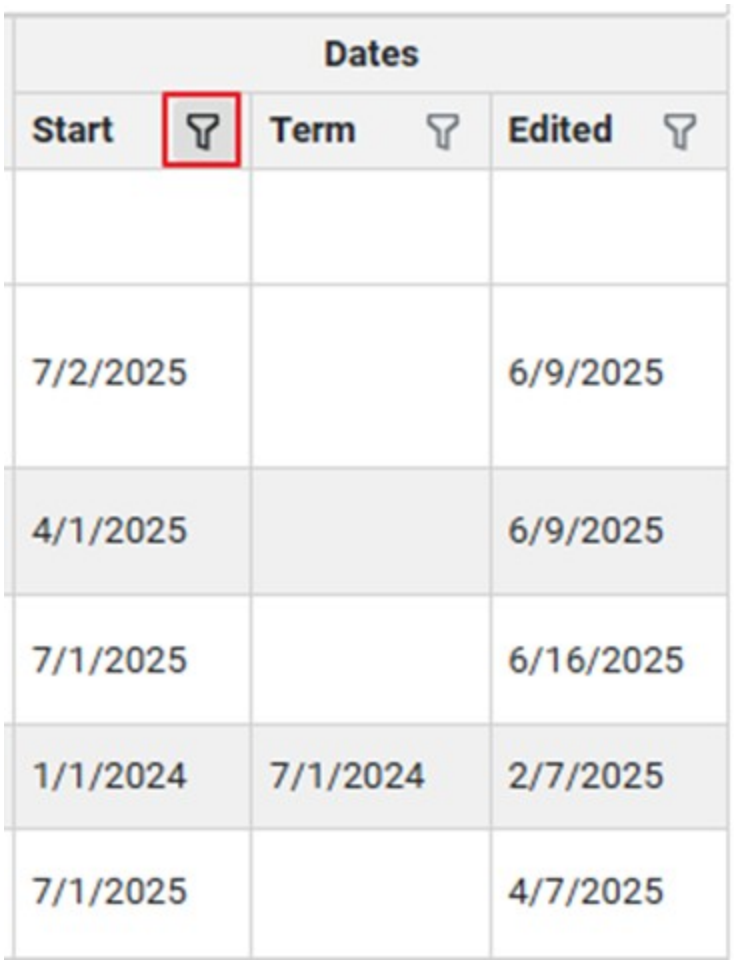
- 

- **<>** – Display only results that *do not* match the filter text

- 

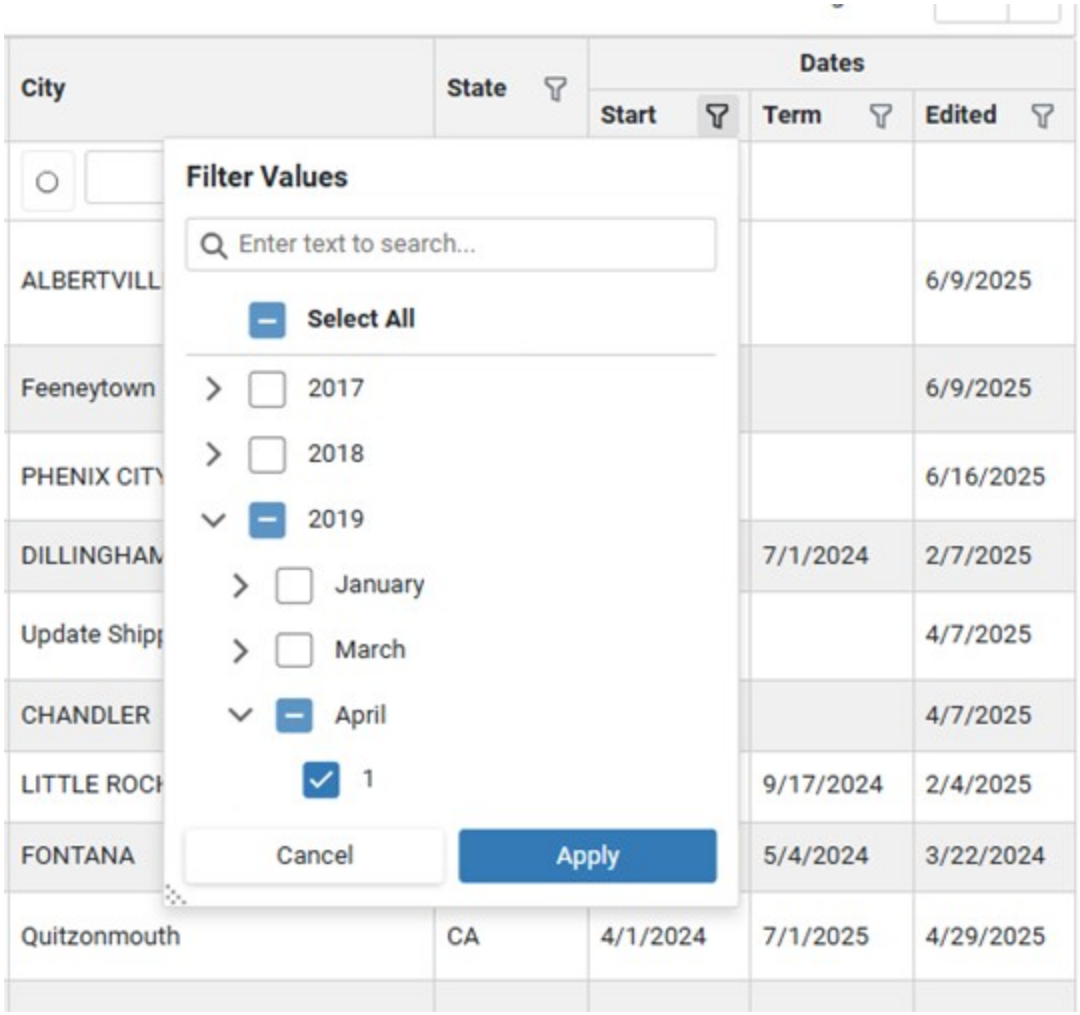
Filtering Date Columns

1. Click the funnel-shaped filter icon (▼) to apply a filter to the date column



Dates		
Start ▼	Term ▼	Edited ▼
7/2/2025		6/9/2025
4/1/2025		6/9/2025
7/1/2025		6/16/2025
1/1/2024	7/1/2024	2/7/2025
7/1/2025		4/7/2025

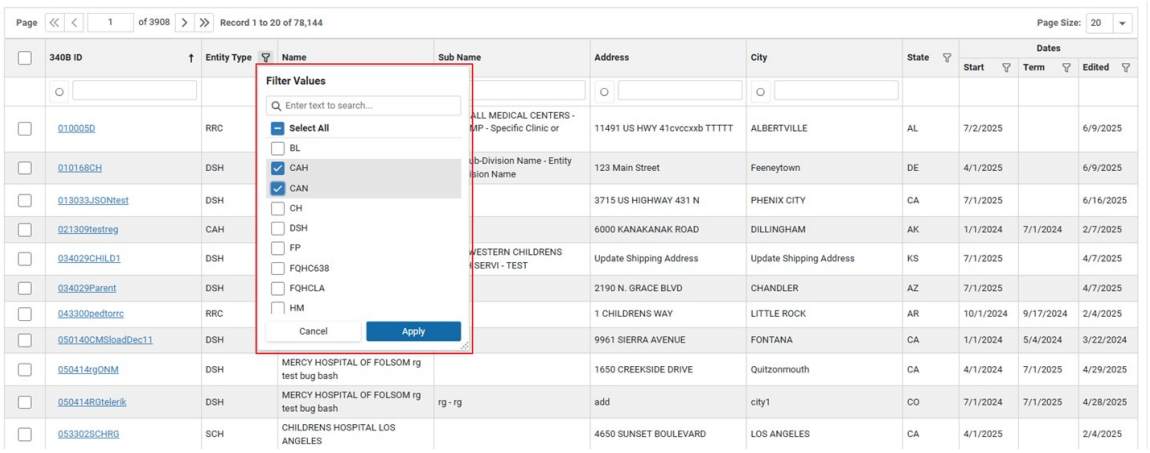
2. The system will display the list of dates (grouped by year, then month, and then date) that are available for the records in the results set.



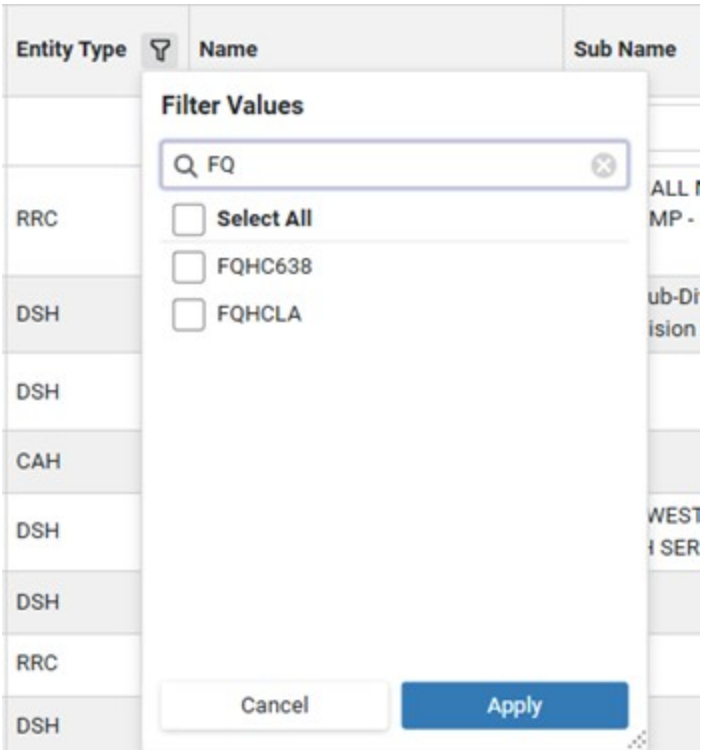
- You can directly check the years, months, and dates that you would like to filter the results on.

Filtering Columns with Custom values

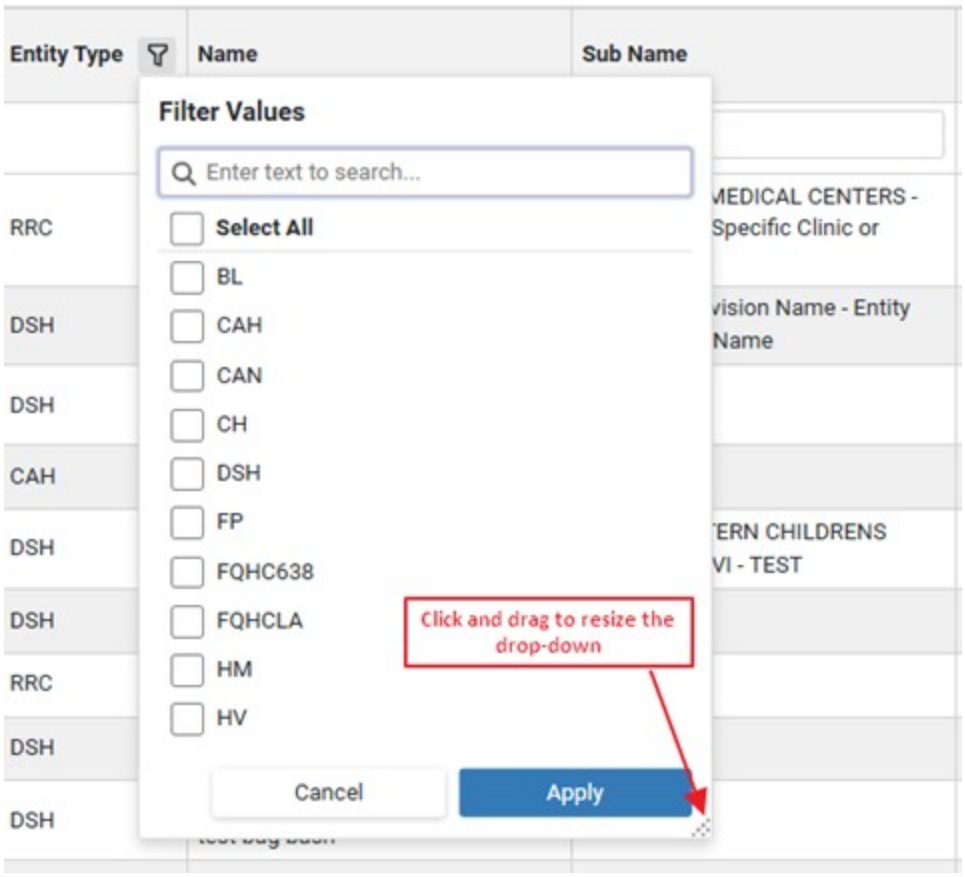
There are columns that have fields which can take any one of specific set of values such as Entity Type, State, Zip, and Status. For such fields, when you select to filter on the column, the drop-down list will display the list of values that are available in the Result set.



There will also be a text box to search for the values in the drop-down list for filter values.

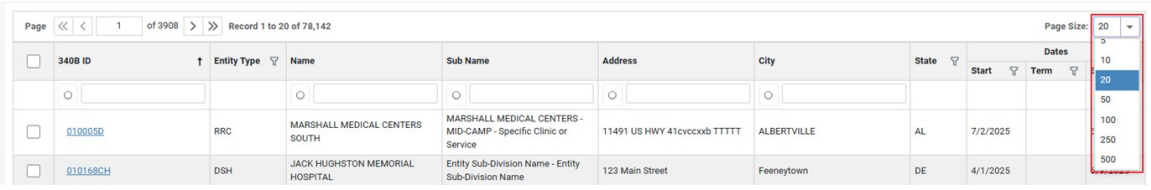


If you need to resize the drop-down, then click and drag the bottom right corner of the drop-down to increase the size of the drop-down.



Resizing Data Tables

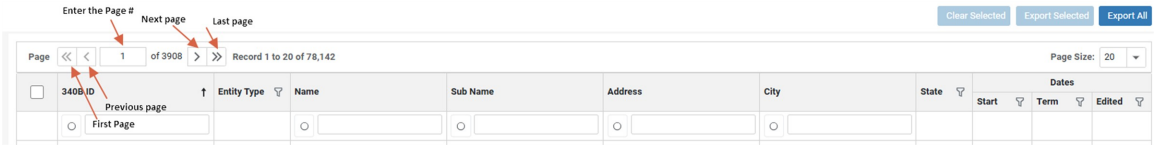
You can change the number of records displayed in results by changing the Page Size.



1. Open the page size drop-down by clicking on the arrow near the Page Size control.
2. Select the appropriate page size from the drop-down list.
3. The system will display the results with the updated number of records on each page, and will adjust the number of pages required to display the total number of search results.

Page Navigation in Data Tables

The pagination controls appear above and/or below all data tables. The number of pages is determined by the page size setting.



- The first two buttons let you jump to the first page or to the previous page.
- Enter a page number to jump to a particular page.
- The last two buttons let you jump to the next page or to the last page.

340B REGISTRATION

Participation in the 340B Program allows nonprofit healthcare organizations to receive outpatient drugs at significantly reduced prices. In order to participate in the 340B drug pricing program, organizations must register using 340B OPAIS. Registration occurs four times a year between the first and 15th days of January, April, July, and October. Registration periods last for 15 days, excluding federal holidays. Registrations must be submitted to OPA by the Authorizing Official prior to the end of the registration period. Click here for more information on 340B Program Eligibility and Registration *(https://www.hrsa.gov/opa/eligibility-and-registration/index.html)*.

Registration is initiated through the **Register Covered Entity and/or Outpatient Facility** link on the 340B home page or by clicking the large **Register** icon and selecting the **Covered Entities** option.

Note: The registration links are not active until OPA staff open the registration period.

Once registered and approved, an entity will be recognized as being active the first day of the following quarter. For example, if an entity registers in October, it will be recognized as active on January 1 of the following year.

In addition to registering the main entity, off-site outpatient facilities who wish to purchase 340B drugs or provide 340B drugs to their patients must also be registered.

340B OPAIS is updated daily with information for those entities that are eligible for the program. The hospital or non-hospital being registered must already exist in the application. That information comes from files provided by CMS Health Cost Report Information System (HCRIS) and PECOS (Provider Enrollment, Chain & Ownership System). The Medical Provider Number (MPN) is used as the unique identifier for each entity.

Hospital Registration

You must be the logged-in AO or PC to register a hospital that is currently not participating in the 340B Program.

Important: **Be Prepared to Upload Cost Report Documentation.** As part of the registration process, the system will require you to upload worksheets from the most-recently filed Cost Report to support the registration Qualification Information. Failure to upload the required documentation before submitting the registration will result in rejection of the registration for the quarter.

The required attachments vary by hospital type:

Cost Report Worksheets for Hospital Registrations

Hospital Type	Cost Report Worksheets			
	S	S-2	S-3	E (Part A)
Disproportionate Share Hospital (DSH)	Yes	Yes	No	Yes
Critical Access Hospital (CAH)	Yes	Yes	No	No
Freestanding Cancer Hospital (CAN)	Yes	Yes	No	Yes
Children's Hospital (PED)	Yes	Yes	Yes	No
Rural Referral Center (RRC)	Yes	Yes	No	Yes
Sole Community Hospital (SCH)	Yes	Yes	No	Yes

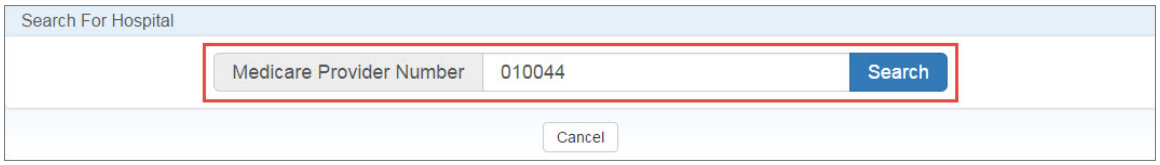
Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

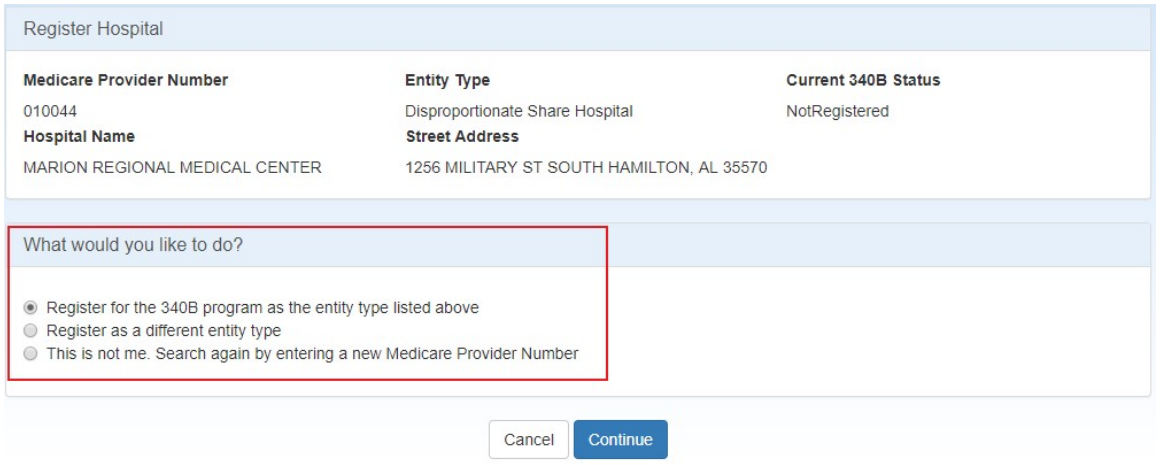
1. From the 340B home page, select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.

2. On the **Covered Entity Registration** page, click the **"A Hospital"** button.

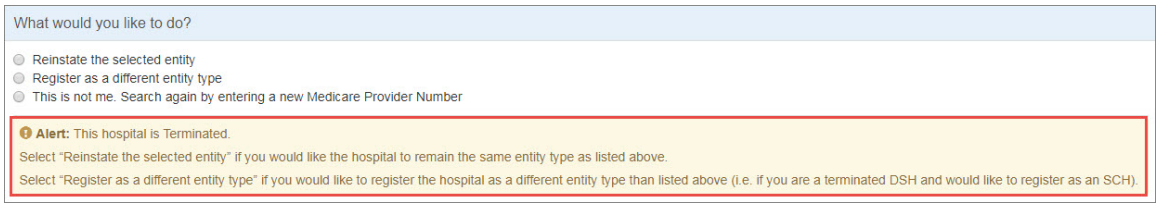
3. On the **Search for Hospital** page, enter the MPN for the new hospital and click the **Search** button.



4. The system displays the **Register Hospital** page to confirm the hospital name, street address, entity type, and current 340B status.



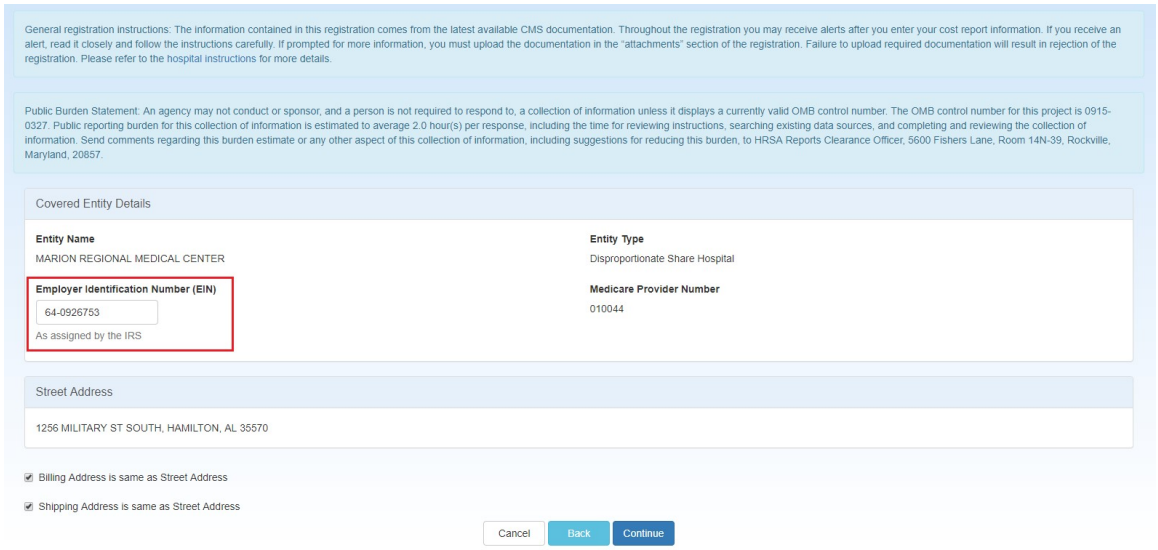
If the entity is terminated, the system will prompt to reinstate it or register it as a different entity type.



5. Select ***Register for the 340B program as the entity type listed above*** and click the **Continue** button.

CE Details and Address Information

The system displays the entity's details and street address, allowing you to update the Employee Identification Number (EIN), if necessary, and to add billing and shipping addresses.



Covered Entity Details and Address Information

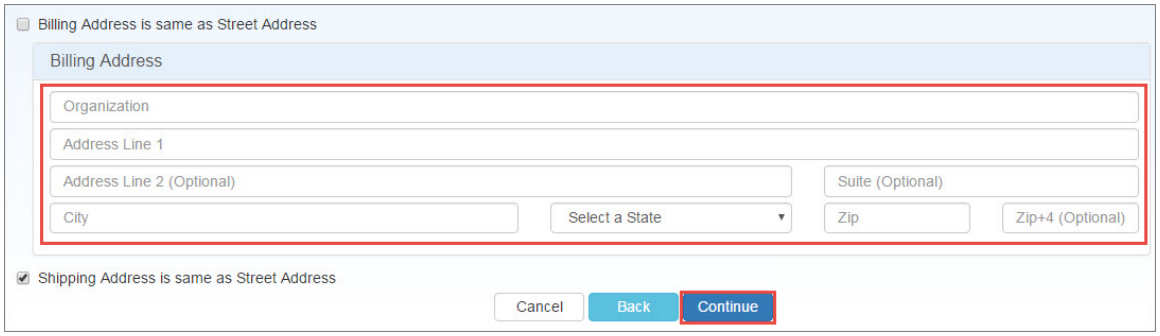
Item	Description
Employee Identification Number (EIN)	Type a new EIN if one has been assigned by the IRS.
Billing Address Same as Street Address	Uncheck the box to add a Billing Address if you want the option to have bills for 340B drug purchases sent to a different address than the Hospital street address.
Shipping Address Same as Street Address	Uncheck the box to add a Shipping Address if you want the option to have 340B drugs shipped to a different address than the Hospital street address. ***Note:*** Contract pharmacies cannot be listed as Covered Entity Shipping Addresses.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.

Covered Entity Details and Address Information (continued)

Item	Description
Continue	Click this button to proceed.

Adding a Billing Address

The system displays the Billing Address data entry fields when the ***"Billing Address Same as Street Address"*** box is unchecked.

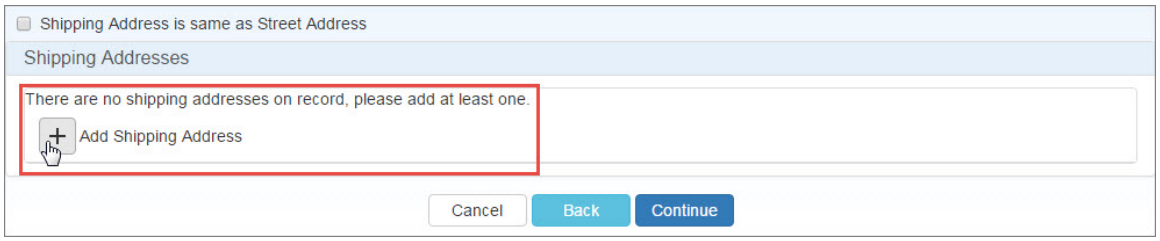


Add Billing Address Controls

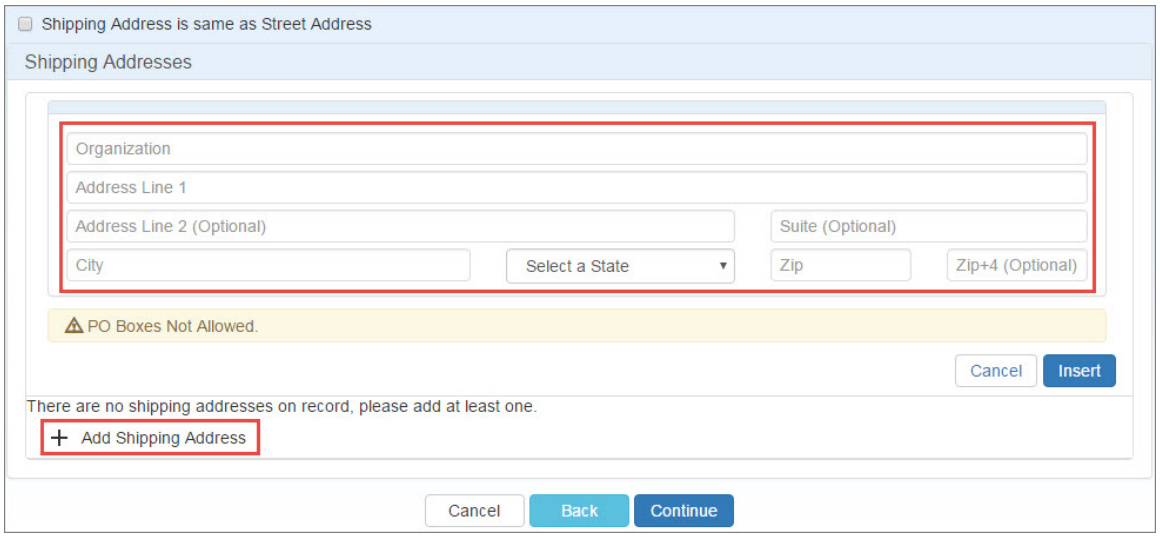
Item	Description
Billing Address Same as Street Address	Uncheck this box to add a separate billing address if different from the entity's street address.
Organization (required)	Type the organization name for this address.
Address	Enter the address information. ***Note:*** Address Line 1, City, State, and ZIP code are required.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

Adding a Shipping Address

The system displays the Shipping Address data entry fields when the ***"Shipping Address Same as Street Address"*** box is unchecked. If there are no shipping addresses on file, the system will prompt to add one.



Click the **+** button next to **"Add Shipping Address"** to display the Shipping Address data fields.



Add Shipping Address Controls

Item	Description
Shipping Address Same as Street Address	When this box is unchecked, you can add a new billing address.
Organization (required)	Type the organization name for this address.

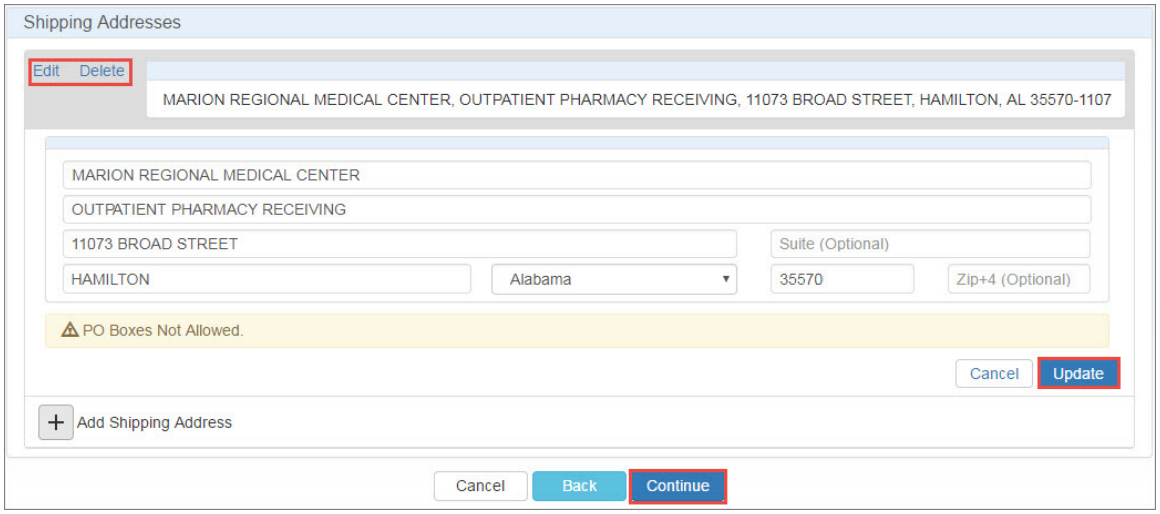
Add Shipping Address Controls (continued)

Item	Description
Address	Enter the address information. ***Note:*** Address Line 1, City, State, and ZIP code are required.
Insert	Save the shipping address.
Add Shipping Address	Add another shipping address.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

Editing/Deleting Shipping Addresses

The system displays the existing shipping addresses when the ***"Shipping Address Same as Street Address"*** box is unchecked. If there are no shipping addresses on file, the system will prompt to add one.

A shipping address can be any location to which drugs may be lawfully delivered that is not already registered as a contract pharmacy. Listing of shipping addresses provides covered entities flexibility in where they wish drugs to be shipped and increases transparency of how the covered entity utilizes the 340B Drug Pricing Program.



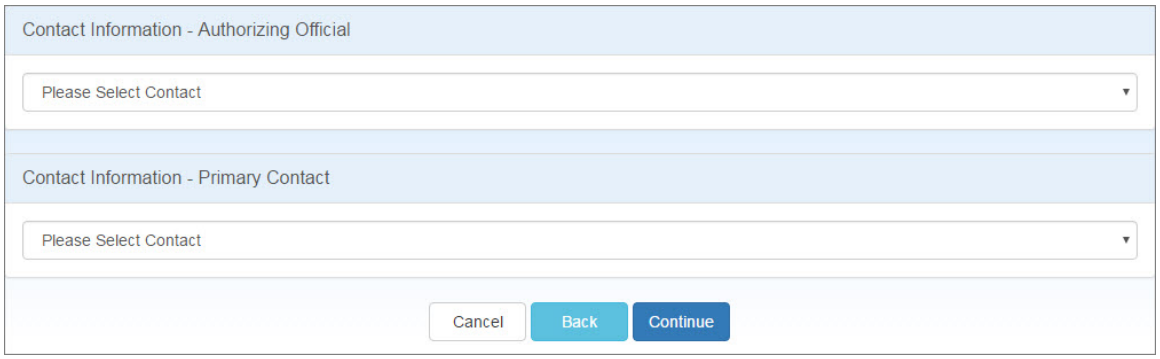
Note: Listing a location as a shipping address does not make that location eligible to use 340B drugs for individuals treated there.

Edit/Delete Shipping Address Controls

Control	Description
Edit	Opens the associated shipping address and makes the fields editable.
Delete	Deletes the associated shipping address. You will be prompted to confirm the deletion.
Update	Save changes to the associated shipping address.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

AO and PC Contact Information

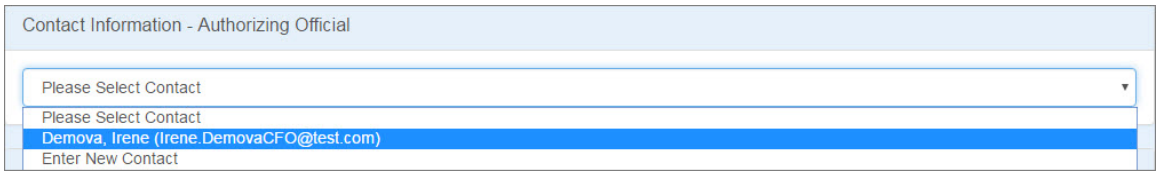
The **Contact Information** page allows you to confirm and update the AO and PC for the entity. You must be logged in as either the Authorizing Official or the Primary Contact. The PC may not be the same person as the AO.



Important: The **Primary Contact** may not be the same person as the **Authorizing Official**.

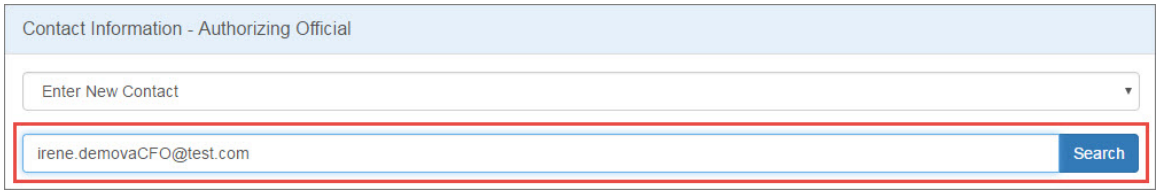
Adding an Authorizing Official

1. Click the ***Please Select Contact*** drop-down list.
2. If you are the AO and their name appears in the list, select your name to populate your information.

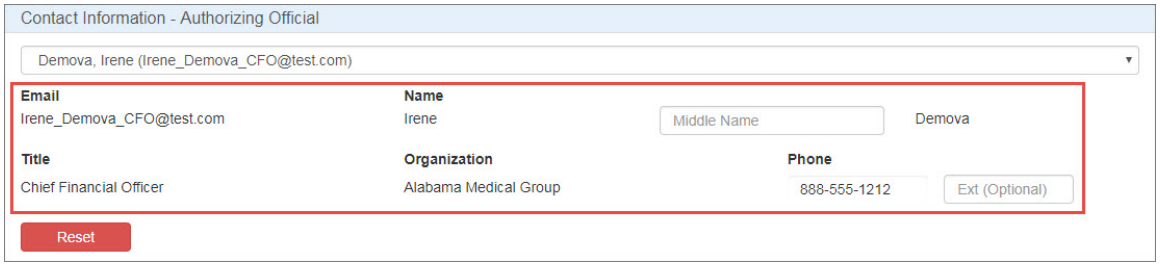


Note: The AO should be an individual such as the CFO, CEO, COO, president, Vice President, Senior VP, who is fully authorized to legally bind the entity.

3. If you are not the AO, select ***Enter New Contact***, they should type the AO's email address and click the **Search** button.



- If the AO already has a 340B account, their contact information will be filled automatically.



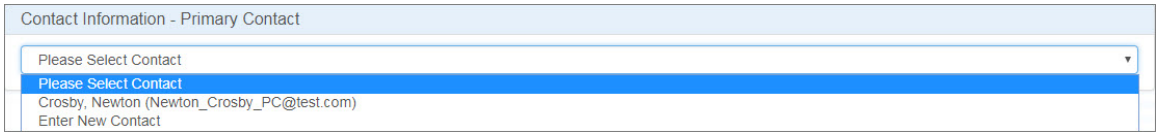
Note: The **Telephone Extension** field allows numeric values only. If a 340B OPAIS account is already associated with the email address and the extension field contains an alpha character (e.g., x305) from an existing registration, you will be prompted to correct it.

- If the AO does not have a 340B account, enter their name, title, organization name (employer), and phone number. The AO will receive a New User Account Invitation email asking them to create an account.

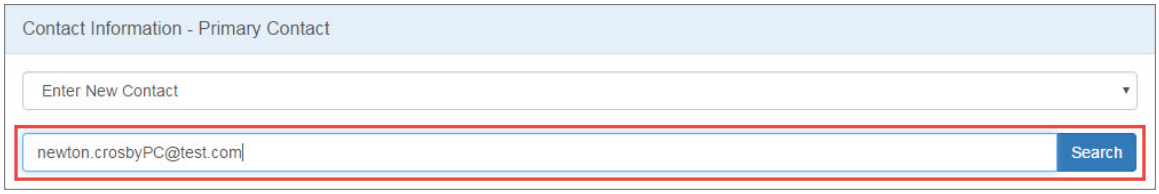
Tip: Click the **Reset** button to clear existing contact information to enter the information for a new AO.

Adding a Primary Contact

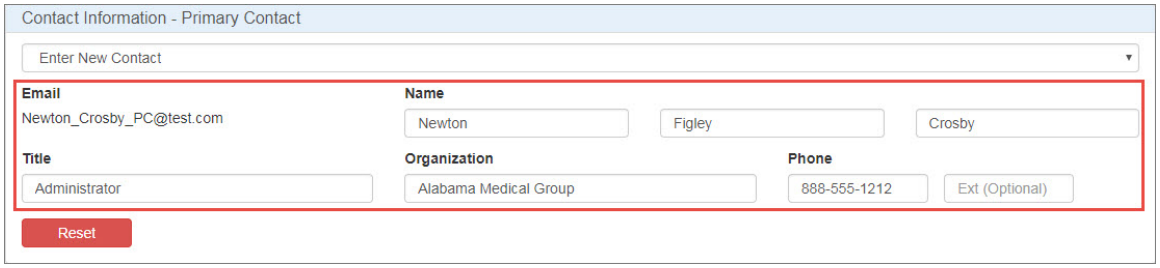
1. Click the ***Please Select Contact*** drop-down list.
2. If you are the PC and you name appears in the list, select your name to populate your information.



3. If you are not the PC, select ***Enter New Contact***, they should type the PC's email address and click the **Search** button.



- If the PC has a 340B account, their contact information will be populated.



Note: The **Telephone Extension** field allows numeric values only. If a 340B OPAIS account is already associated with the email address and the extension field contains an alpha character (e.g., x305) from an existing registration, you will be prompted to correct it.

- If the PC does not have a 340B account, enter their name, title, organization name (employer), and phone number in the spaces provided. The PC will receive a New User Account Invitation email asking them to create an account.

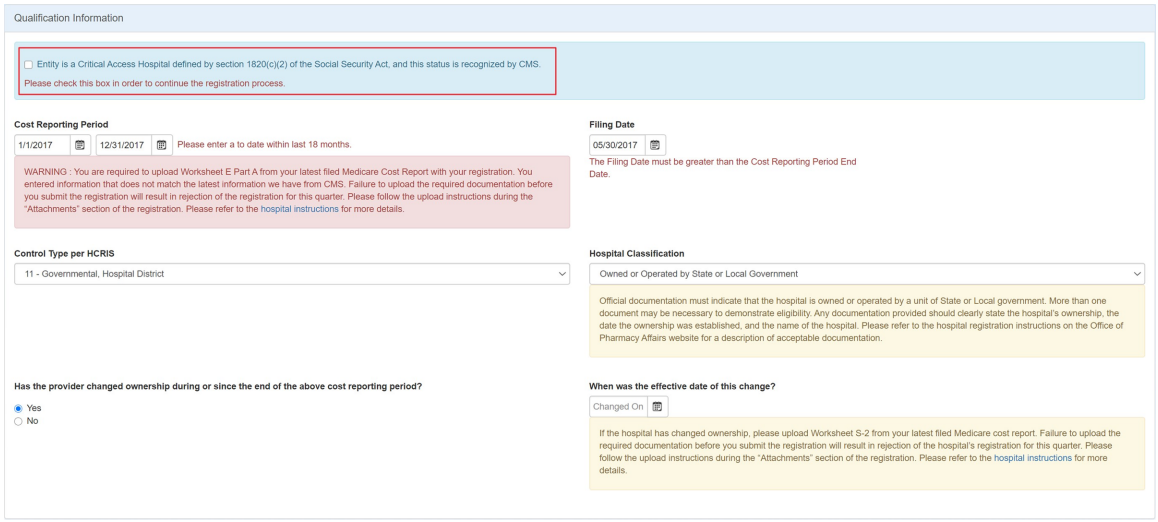
Tip: Click the **Reset** button to clear existing contact information to enter the information for a new PC.

Qualification Information

All hospitals must meet eligibility requirements, which vary by hospital type. The data fields displayed will vary accordingly as appropriate for the hospital type.

During registration, the 340B application will use the most recent data available from CMS data sources. The application will display the hospital's cost reporting period from which that data originated. However, registrants will be able to make changes if the data shown is incorrect or out of date. If any of the data is changed, registrants are required to submit Medicare cost report worksheets and a working trial balance to OPA for review on the same day as the registration is submitted. Instructions and a list of specific worksheets to send to OPA are available in the Hospital Registration Instructions (https://www.hrsa.gov/sites/default/files/hrsa/opa/hospital-registration-instruction-details.pdf).

Critical Access Hospital (CAH)



Qualification Information for Critical Access Hospital

Field	Description
Entity is a Critical Access Hospital defined by section 1820(c)(2) of the Social Security Act, and this status is recognized by CMS.	Select this checkbox to confirm that the hospital meets the qualifications defined by the Social Security Act and is recognized by CMS. When selected, the required fields will be indicated. If the latest CMS documentation indicates there is more recent Medicare cost report data for the entity, the following alert will be displayed: According the latest CMS documentation it appears that you have more recent Medicare cost report data. Please revise the fields and upload your latest filed Medicare cost report to this registration before you submit it to OPA. If you fail to upload the latest filed cost report your registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration.

Qualification Information for Critical Access Hospital (continued)

Field	Description
Cost Reporting Period	Edit the cost period begin and end dates if there is a more recent cost reporting period. If these dates are changed, the system will display the following warning: WARNING: You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Filing Date	Enter the date when the Cost Report was filed. This date must be on or before the last day of the fifth month following the close of the cost reporting period.

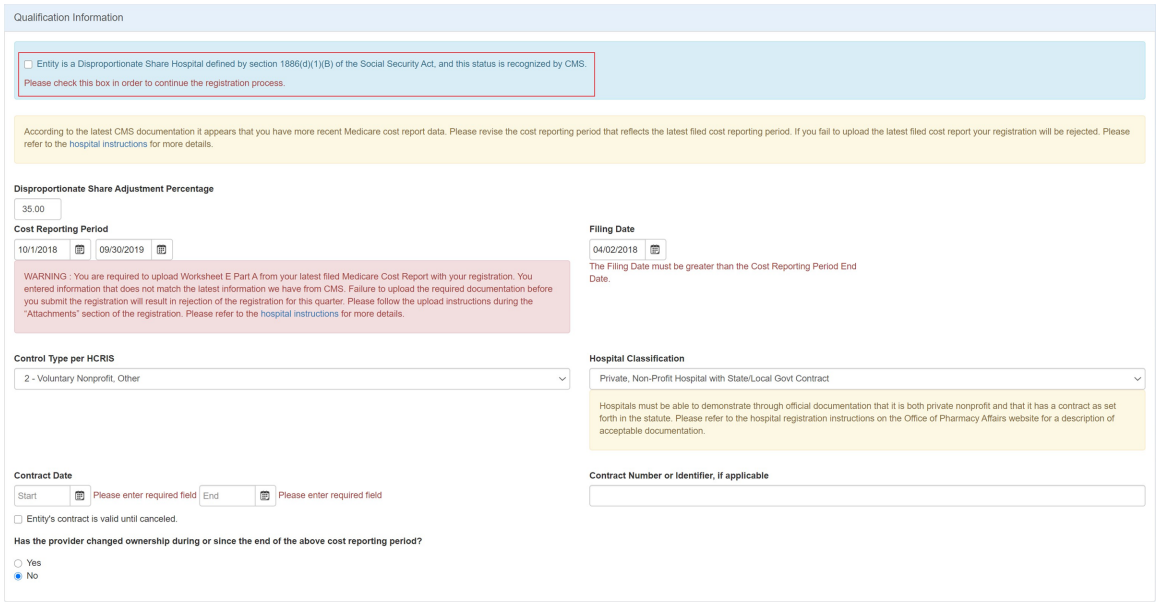
Qualification Information for Critical Access Hospital (continued)

Field	Description
Control Type per HCRIS	Select the applicable control type from the drop-down list if the value shown is not correct. 0. Undetermined 1. Voluntary Nonprofit, Church 2. Voluntary Nonprofit, Other 3. Proprietary, Individual ** 4. Proprietary, Corporation ** 5. Proprietary, Partnership ** 6. Proprietary, Other ** 7. Governmental, Federal 8. Governmental, City-County 9. Governmental, County 10. Governmental, State 11. Governmental, Hospital District 12. Governmental, City 13. Governmental, Other ** If a for-profit entity type (3–6) is selected, the system will display the warning *"CMS data indicates that the hospital may be a for-profit entity, which makes the hospital ineligible to participate in the 340B Program. You must upload documents that show nonprofit status before the registration is submitted to OPA or the registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration."*
Hospital Classification	Select the hospital classification from the drop-down list. ■ Owned or operated by state or local government ■ Private, non-profit hospital with state/local govt. contract ■ Public or private non-profit hospital granted governmental powers ■ Ineligible for-profit organization ** ** If ***Ineligible For-profit Organization*** is selected, the system will display the warning *"For-profit Organizations are not eligible to participate in the 340B Program. Please terminate this entity."*

Qualification Information for Critical Access Hospital (continued)

Field	Description
Contract Date	Enter the contract begin and end dates. The contract start date must be must be later than 1/1/1950 and the contract end date must be a future date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Entity's Contract Is Valid Until Canceled	Selecting this checkbox overrides the contract end date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Contract Number or Identifier	Type the contract ID number if applicable and available. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Has the provider changed ownership during or since the end of the above cost reporting period?	If **Yes,** the latest filed Medicare cost report documents must be submitted. The system will prompt for the effective date of the change and display the following alert. *"If the hospital has changed ownership, please upload Worksheet S-2 from your latest filed Medicare cost report. Failure to upload the required documentation before you submit the registration will result in rejection of the hospital's registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration."*

Disproportionate Share Hospital (DSH)



Qualification Information for Disproportionate Share Hospital

Field	Description
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.	Select this checkbox to confirm that the hospital meets the qualifications defined by the Social Security Act and is recognized by CMS. When selected, the required fields will be indicated. If the latest CMS documentation indicates there is more recent Medicare cost report data for the entity, the following alert will be displayed: According the latest CMS documentation it appears that you have more recent Medicare cost report data. Please revise the fields and upload your latest filed Medicare cost report to this registration before you submit it to OPA. If you fail to upload the latest filed cost report your registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration.

Qualification Information for Disproportionate Share Hospital (continued)

Field	Description
Disproportionate Share Adjustment Percentage (DSH %)	Edit this percentage if a more recent figure is available. If the percentage entered is below the minimum DSH percentage requirement, you will not be able to proceed with the registration. If this figure or the Cost Reporting Period dates are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Cost Reporting Period	Edit the cost period begin and end dates if there is a more recent cost reporting period. If these dates or the DSH% are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Filing Date	Enter the date when the Cost Report was filed. This date must be on or before the last day of the fifth month following the close of the cost reporting period.

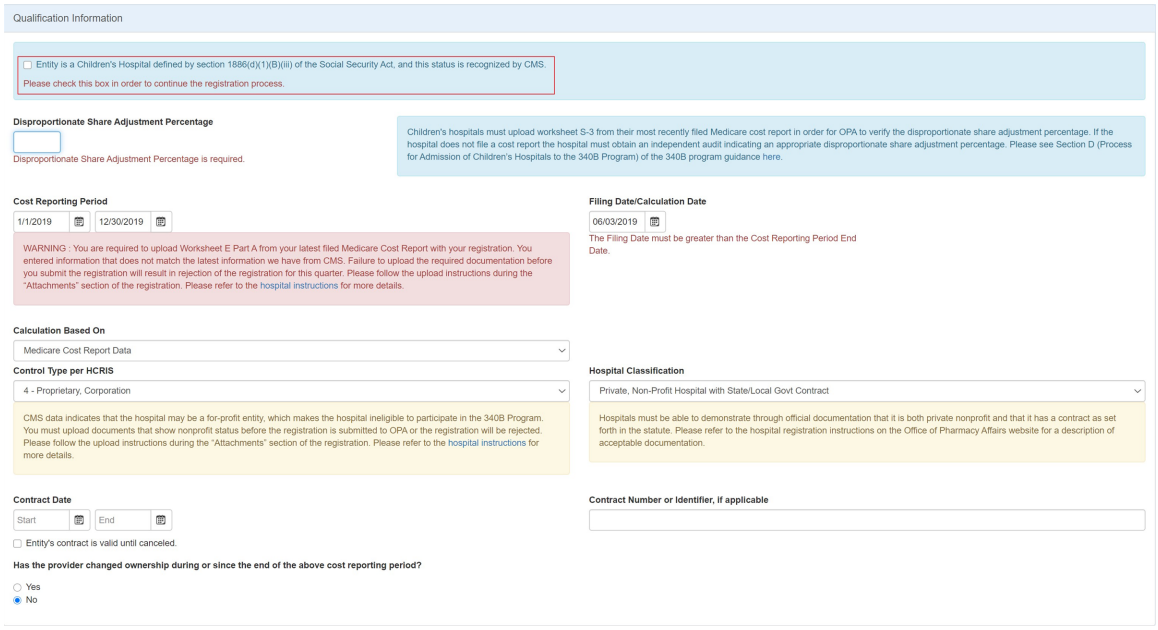
Qualification Information for Disproportionate Share Hospital (continued)

Field	Description
Control Type per HCRIS	Select the applicable control type from the drop-down list if the value shown is not correct. 0. Undetermined 1. Voluntary Nonprofit, Church 2. Voluntary Nonprofit, Other 3. Proprietary, Individual ** 4. Proprietary, Corporation ** 5. Proprietary, Partnership ** 6. Proprietary, Other ** 7. Governmental, Federal 8. Governmental, City-County 9. Governmental, County 10. Governmental, State 11. Governmental, Hospital District 12. Governmental, City 13. Governmental, Other ** If a for-profit entity type (3–6) is selected, the system will display the warning *"CMS data indicates that the hospital may be a for-profit entity, which makes the hospital ineligible to participate in the 340B Program. You must upload documents that show nonprofit status before the registration is submitted to OPA or the registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration."*
Hospital Classification	Select the hospital classification from the drop-down list. ■ Owned or operated by state or local government ■ Private, non-profit hospital with state/local govt. contract ■ Public or private non-profit hospital granted governmental powers ■ Ineligible for-profit organization ** ** If ***Ineligible For-profit Organization*** is selected, the system will display the warning *"For-profit Organizations are not eligible to participate in the 340B Program. Please terminate this entity."*

Qualification Information for Disproportionate Share Hospital (continued)

Field	Description
Contract Date	Enter the contract begin and end dates. The contract start date must be later than 1/1/1950 and the contract end date must be a future date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Entity's Contract Is Valid Until Canceled	Selecting this checkbox overrides the contract end date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Contract Number or Identifier	Type the contract ID number if applicable and available. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Has the provider changed ownership during or since the end of the above cost reporting period?	If **Yes,** the latest filed Medicare cost report documents must be submitted. The system will prompt for the effective date of the change and display the following alert. *"If the hospital has changed ownership, please upload Worksheet S-2 from your latest filed Medicare cost report. Failure to upload the required documentation before you submit the registration will result in rejection of the hospital's registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration."*

Children's Hospital (PED)



Qualification Information for Children's Hospital

Field	Description
Entity is a Children's Hospital defined by section 1886 (d)(1)(B)(iii) of the Social Security Act, and this status is recognized by CMS.	Select this checkbox to confirm that the hospital meets the qualifications defined by the Social Security Act and is recognized by CMS. When selected, the required fields will be indicated. If the latest CMS documentation indicates there is more recent Medicare cost report data for the entity, the following alert will be displayed: According the latest CMS documentation it appears that you have more recent Medicare cost report data. Please revise the fields and upload your latest filed Medicare cost report to this registration before you submit it to OPA. If you fail to upload the latest filed cost report your registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration.

Qualification Information for Children's Hospital (continued)

Field	Description
Disproportionate Share Adjustment Percentage (DSH %)	Edit this percentage if a more recent figure is available. If the percentage entered is below the minimum DSH percentage requirement, you will not be able to proceed with the registration. If this figure or the Cost Reporting Period dates are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration. ***For Children's Hospitals only,*** the system will also display the following message: Children's hospitals must upload worksheet S-3 from their most recently filed Medicare cost report in order for OPA to verify the disproportionate share adjustment percentage. If the hospital does not file a cost report, the hospital must obtain an independent audit indicating an appropriate disproportionate share adjustment percentage. For more information, refer to Section D (Process for Admission of Children's Hospitals to the 340B Program) of the 340B program guidance *(https://www.gpo.gov/fdsys/pkg/FR-2009-09-01/pdf/E9-21109.pdf)*.
Cost Reporting Period	Edit the cost period begin and end dates if there is a more recent cost reporting period. If these dates or the DSH% are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Filing Date/Calculation Date	Enter the date when the Cost Report was filed. This date must be on or before the last day of the fifth month following the close of the cost reporting period.

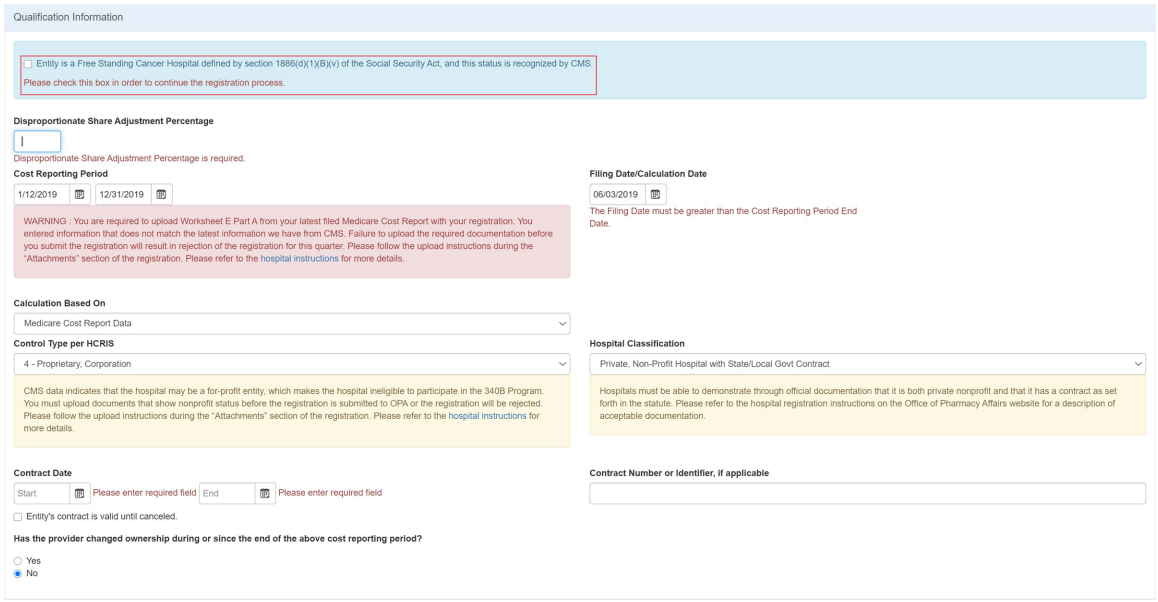
Qualification Information for Children's Hospital (continued)

Field	Description
Calculation Based On	Select one of the following criteria for the DSH percentage calculation from the drop-down list if the value shown is not correct: ■ Official Determination from HHS Contractor ■ Medicare Cost Report Data ■ Independent Auditor ■ Other
Control Type per HCRIS	Select the applicable control type from the drop-down list if the value shown is not correct. 0. Undetermined 1. Voluntary Nonprofit, Church 2. Voluntary Nonprofit, Other 3. Proprietary, Individual ** 4. Proprietary, Corporation ** 5. Proprietary, Partnership ** 6. Proprietary, Other ** 7. Governmental, Federal 8. Governmental, City-County 9. Governmental, County 10. Governmental, State 11. Governmental, Hospital District 12. Governmental, City 13. Governmental, Other ** If a for-profit entity type (3–6) is selected, the system will display the warning *"CMS data indicates that the hospital may be a for-profit entity, which makes the hospital ineligible to participate in the 340B Program. You must upload documents that show nonprofit status before the registration is submitted to OPA or the registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration."*

Qualification Information for Children's Hospital (continued)

Field	Description
Hospital Classification	Select the hospital classification from the drop-down list. ■ Owned or operated by state or local government ■ Private, non-profit hospital with state/local govt. contract ■ Public or private non-profit hospital granted governmental powers ■ Ineligible for-profit organization ** ** If ***Ineligible For-profit Organization*** is selected, the system will display the warning *"For-profit Organizations are not eligible to participate in the 340B Program. Please terminate this entity."*
Contract Date	Enter the contract begin and end dates. The contract start date must be later than 1/1/1950 and the contract end date must be a future date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Entity's Contract Is Valid Until Canceled	Selecting this checkbox overrides the contract end date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Contract Number or Identifier	Type the contract ID number if applicable and available. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Has the provider changed ownership during or since the end of the above cost reporting period?	If **Yes,** the latest filed Medicare cost report documents must be submitted. The system will prompt for the effective date of the change and display the following alert. *"If the hospital has changed ownership, please upload Worksheet S-2 from your latest filed Medicare cost report. Failure to upload the required documentation before you submit the registration will result in rejection of the hospital's registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration."*

Free Standing Cancer Hospital (CAN)



Qualification Information for Free Standing Cancer Hospital

Field	Description
Entity is a Free Standing Cancer Hospital defined by section 1886(d)(1)(B)(v) of the Social Security Act, and this status is recognized by CMS.	Select this check box to confirm that the hospital meets the qualifications defined by the Social Security Act and is recognized by CMS. When selected, the required fields will be indicated. If the latest CMS documentation indicates there is more recent Medicare cost report data for the entity, the following alert will be displayed: According the latest CMS documentation it appears that you have more recent Medicare cost report data. Please revise the fields and upload your latest filed Medicare cost report to this registration before you submit it to OPA. If you fail to upload the latest filed cost report your registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration.

Qualification Information for Free Standing Cancer Hospital (continued)

Field	Description
Disproportionate Share Adjustment Percentage (DSH %)	Edit this percentage if a more recent figure is available. If the percentage entered is below the minimum DSH percentage requirement, you will not be able to proceed with the registration. If this figure or the Cost Reporting Period dates are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Cost Reporting Period	Edit the cost period begin and end dates if there is a more recent cost reporting period. If these dates or the DSH% are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Filing Date/Calculation Date	Enter the date when the Cost Report was filed. This date must be on or before the last day of the fifth month following the close of the cost reporting period.
Calculation Based On	Select one of the following criteria for the DSH percentage calculation from the drop-down list if the value shown is not correct: ▪ Official Determination from HHS Contractor ▪ Medicare Cost Report Data ▪ Independent Auditor ▪ Other

Qualification Information for Free Standing Cancer Hospital (continued)

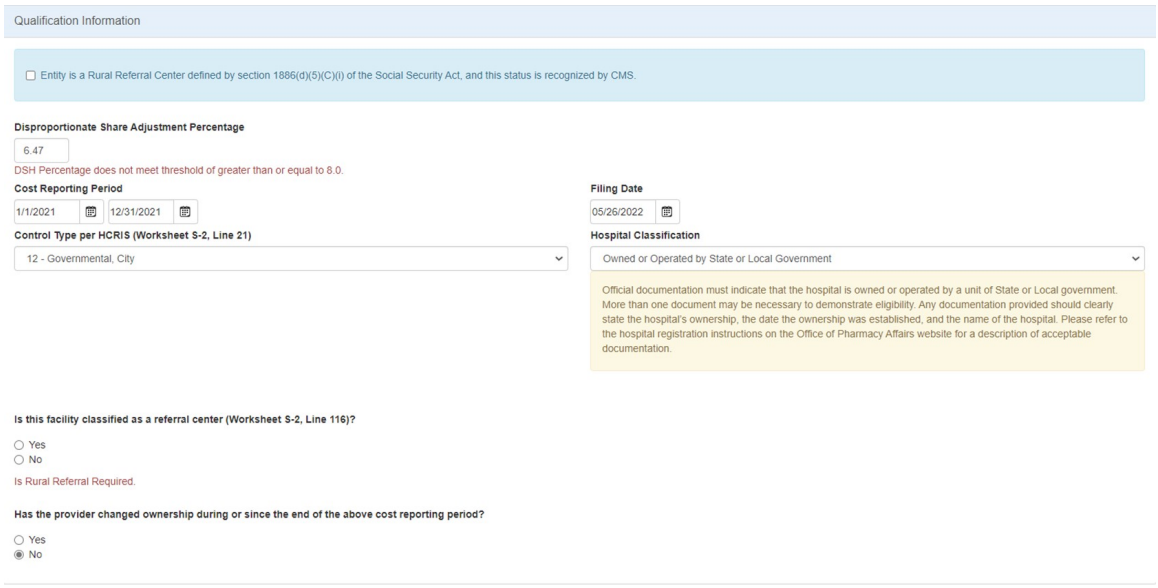
Field	Description
Control Type per HCRIS	Select the applicable control type from the drop-down list if the value shown is not correct. 0. Undetermined 1. Voluntary Nonprofit, Church 2. Voluntary Nonprofit, Other 3. Proprietary, Individual ** 4. Proprietary, Corporation ** 5. Proprietary, Partnership ** 6. Proprietary, Other ** 7. Governmental, Federal 8. Governmental, City-County 9. Governmental, County 10. Governmental, State 11. Governmental, Hospital District 12. Governmental, City 13. Governmental, Other ** If a for-profit entity type (3–6) is selected, the system will display the warning *"CMS data indicates that the hospital may be a for-profit entity, which makes the hospital ineligible to participate in the 340B Program. You must upload documents that show nonprofit status before the registration is submitted to OPA or the registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration."*

Qualification Information for Free Standing Cancer Hospital (continued)

Field	Description
Hospital Classification	Select the hospital classification from the drop-down list. ■ Owned or operated by state or local government ■ Private, non-profit hospital with state/local govt. contract ■ Public or private non-profit hospital granted governmental powers ■ Ineligible for-profit organization ** ** If ***Ineligible For-profit Organization*** is selected, the system will display the warning *"For-profit Organizations are not eligible to participate in the 340B Program. Please terminate this entity."*
Contract Date	Enter the contract begin and end dates. The contract start date must be later than 1/1/1950 and the contract end date must be a future date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Entity's Contract Is Valid Until Canceled	Selecting this checkbox overrides the contract end date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Contract Number or Identifier	Type the contract ID number if applicable and available. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Has the provider changed ownership during or since the end of the above cost reporting period?	If ***Yes,*** the latest filed Medicare cost report documents must be submitted. The system will prompt for the effective date of the change and display the following alert. *"If the hospital has changed ownership, please upload Worksheet S-2 from your latest filed Medicare cost report. Failure to upload the required documentation before you submit the registration will result in rejection of the hospital's registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration."*

Rural Referral Hospital (RRC)

Note: If you are registering as a Rural Referral Center, the hospital must have an RRC designation from CMS at time of registration.



Qualification Information for Rural Referral Center

Field	Description
Entity is a Rural Referral Center defined by section 1886(d)(5)(C)(i) of the Social Security Act, and this status is recognized by CMS.	Select this checkbox to confirm that the hospital meets the qualifications defined by the Social Security Act and is recognized by CMS. When selected, the required fields will be indicated. If the latest CMS documentation indicates there is more recent Medicare cost report data for the entity, the following alert will be displayed: According the latest CMS documentation it appears that you have more recent Medicare cost report data. Please revise the fields and upload your latest filed Medicare cost report to this registration before you submit it to OPA. If you fail to upload the latest filed cost report your registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration.

Qualification Information for Rural Referral Center (continued)

Field	Description
Disproportionate Share Adjustment Percentage (DSH %)	Edit this percentage if a more recent figure is available. If the percentage entered is below the minimum DSH percentage requirement, you will not be able to proceed with the registration. If this figure or the Cost Reporting Period dates are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Cost Reporting Period	Edit the cost period begin and end dates if there is a more recent cost reporting period. If these dates or the DSH% are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Filing Date	Enter the date when the Cost Report was filed. This date must be on or before the last day of the fifth month following the close of the cost reporting period.

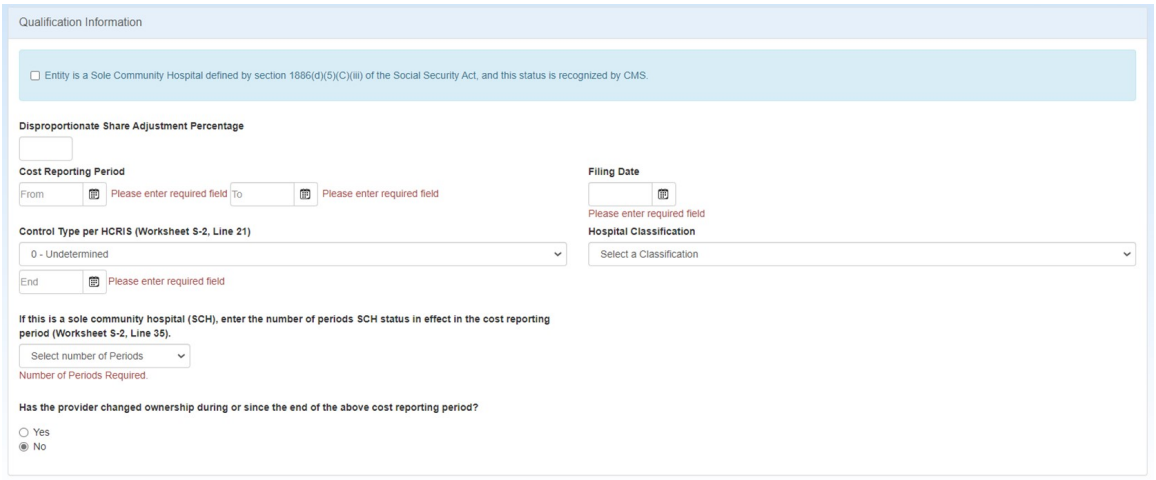
Qualification Information for Rural Referral Center (continued)

Field	Description
Control Type per HCRIS	Select the applicable control type from the drop-down list if the value shown is not correct. 0. Undetermined 1. Voluntary Nonprofit, Church 2. Voluntary Nonprofit, Other 3. Proprietary, Individual ** 4. Proprietary, Corporation ** 5. Proprietary, Partnership ** 6. Proprietary, Other ** 7. Governmental, Federal 8. Governmental, City-County 9. Governmental, County 10. Governmental, State 11. Governmental, Hospital District 12. Governmental, City 13. Governmental, Other ** If a for-profit entity type (3–6) is selected, the system will display the warning *"CMS data indicates that the hospital may be a for-profit entity, which makes the hospital ineligible to participate in the 340B Program. You must upload documents that show nonprofit status before the registration is submitted to OPA or the registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration."*
Hospital Classification	Select the hospital classification from the drop-down list. ■ Owned or operated by state or local government ■ Private, non-profit hospital with state/local govt. contract ■ Public or private non-profit hospital granted governmental powers ■ Ineligible for-profit organization ** ** If ***Ineligible For-profit Organization*** is selected, the system will display the warning *"For-profit Organizations are not eligible to participate in the 340B Program. Please terminate this entity."*

Qualification Information for Rural Referral Center (continued)

Field	Description
Contract Date	Enter the contract begin and end dates. The contract start date must be later than 1/1/1950 and the contract end date must be a future date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Entity's Contract Is Valid Until Canceled	Selecting this checkbox overrides the contract end date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Contract Number or Identifier	Type the contract ID number if applicable and available. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Is this facility classified as a referral center? (Worksheet S-2, Line 116)	Select **Yes** or **No**. If No is selected, then attach CMS Rural Referral Center (RRC) designation letter.
Has the provider changed ownership during or since the end of the above cost reporting period?	If ***Yes,*** the latest filed Medicare cost report documents must be submitted. The system will prompt for the effective date of the change and display the following alert. *"If the hospital has changed ownership, please upload Worksheet S-2 from your latest filed Medicare cost report. Failure to upload the required documentation before you submit the registration will result in rejection of the hospital's registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration."*

Sole Community Hospital (SCH)



Qualification Information for Sole Community Hospital

Field	Description
Entity is a Sole Community Hospital defined by section 1886(d)(5)(C)(iii) of the Social Security Act, and this status is recognized by CMS.	Select this checkbox to confirm that the hospital meets the qualifications defined by the Social Security Act and is recognized by CMS. When selected, the required fields will be indicated. If the latest CMS documentation indicates there is more recent Medicare cost report data for the entity, the following alert will be displayed: According the latest CMS documentation it appears that you have more recent Medicare cost report data. Please revise the fields and upload your latest filed Medicare cost report to this registration before you submit it to OPA. If you fail to upload the latest filed cost report your registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration.

Qualification Information for Sole Community Hospital (continued)

Field	Description
Disproportionate Share Adjustment Percentage (DSH %)	Edit this percentage if a more recent figure is available. If the percentage entered is below the minimum DSH percentage requirement, you will not be able to proceed with the registration. If this figure or the Cost Reporting Period dates are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Cost Reporting Period	Edit the cost period begin and end dates if there is a more recent cost reporting period. If these dates or the DSH% are changed, the system will display the following: WARNING : You are required to upload documentation with your registration. You entered information that does not match the latest information we have from CMS. Failure to upload the required documentation before you submit the registration will result in rejection of the registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration.
Filing Date	Enter the date when the Cost Report was filed. This date must be on or before the last day of the fifth month following the close of the cost reporting period.

Qualification Information for Sole Community Hospital (continued)

Field	Description
Control Type per HCRIS	Select the applicable control type from the drop-down list if the value shown is not correct. 0. Undetermined 1. Voluntary Nonprofit, Church 2. Voluntary Nonprofit, Other 3. Proprietary, Individual ** 4. Proprietary, Corporation ** 5. Proprietary, Partnership ** 6. Proprietary, Other ** 7. Governmental, Federal 8. Governmental, City-County 9. Governmental, County 10. Governmental, State 11. Governmental, Hospital District 12. Governmental, City 13. Governmental, Other ** If a for-profit entity type (3–6) is selected, the system will display the warning *"CMS data indicates that the hospital may be a for-profit entity, which makes the hospital ineligible to participate in the 340B Program. You must upload documents that show nonprofit status before the registration is submitted to OPA or the registration will be rejected. Please follow the upload instructions during the "Attachments" section of the registration."*
Hospital Classification	Select the hospital classification from the drop-down list. ■ Owned or operated by state or local government ■ Private, non-profit hospital with state/local govt. contract ■ Public or private non-profit hospital granted governmental powers ■ Ineligible for-profit organization ** ** If ***Ineligible For-profit Organization*** is selected, the system will display the warning *"For-profit Organizations are not eligible to participate in the 340B Program. Please terminate this entity."*

Qualification Information for Sole Community Hospital (continued)

Field	Description
Contract Date	Enter the contract begin and end dates. The contract start date must be later than 1/1/1950 and the contract end date must be a future date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Entity's Contract Is Valid Until Canceled	Selecting this checkbox overrides the contract end date. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
Contract Number or Identifier	Type the contract ID number if applicable and available. Only applicable if the hospital classification is "Private, Non-Profit Hospital with State/Local Govt contract."
If this is a sole community hospital (SCH), enter a number of periods SCH status in effect in the cost reporting period (Worksheet S-2, Line 35).	Select a value between [0-4]. If 0 is selected, then attach CMS Sole Community Hospital (SCH) designation letter.
Has the provider changed ownership during or since the end of the above cost reporting period?	If ***Yes,*** the latest filed Medicare cost report documents must be submitted. The system will prompt for the effective date of the change and display the following alert. *"If the hospital has changed ownership, please upload Worksheet S-2 from your latest filed Medicare cost report. Failure to upload the required documentation before you submit the registration will result in rejection of the hospital's registration for this quarter. Please follow the upload instructions during the "Attachments" section of the registration."*

Upload Attachments

As part of the registration process, the system will require you to upload worksheets from the most-recently filed Cost Report to support the registration Qualification Information. Failure to upload the required documentation before submitting the registration will result in rejection of the registration

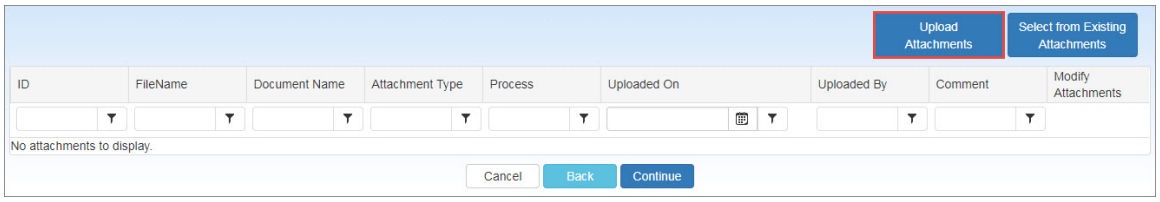
for the quarter. Required attachments vary by hospital type.

Cost Report Worksheets for Hospital Registrations

Hospital Type	Cost Report Worksheets			
	S	S-2	S-3	E (Part A)
Disproportionate Share Hospital (DSH)	Yes	Yes	No	Yes
Critical Access Hospital (CAH)	Yes	Yes	No	No
Freestanding Cancer Hospital (CAN)	Yes	Yes	No	Yes
Children's Hospital (PED)	Yes	Yes	Yes	No
Rural Referral Center (RRC)	Yes	Yes	No	Yes
Sole Community Hospital (SCH)	Yes	Yes	No	Yes

Follow these steps to upload one or more attachments:

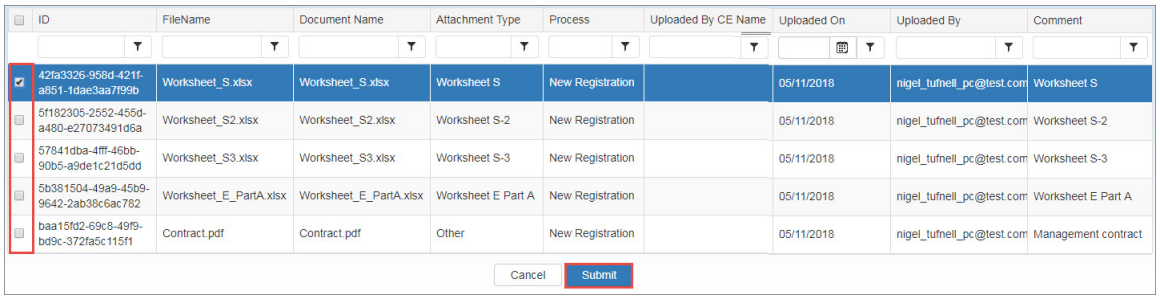
1. When the **Attachments** page first displays, click the **Upload Attachments** button.



Selecting from Existing Attachments

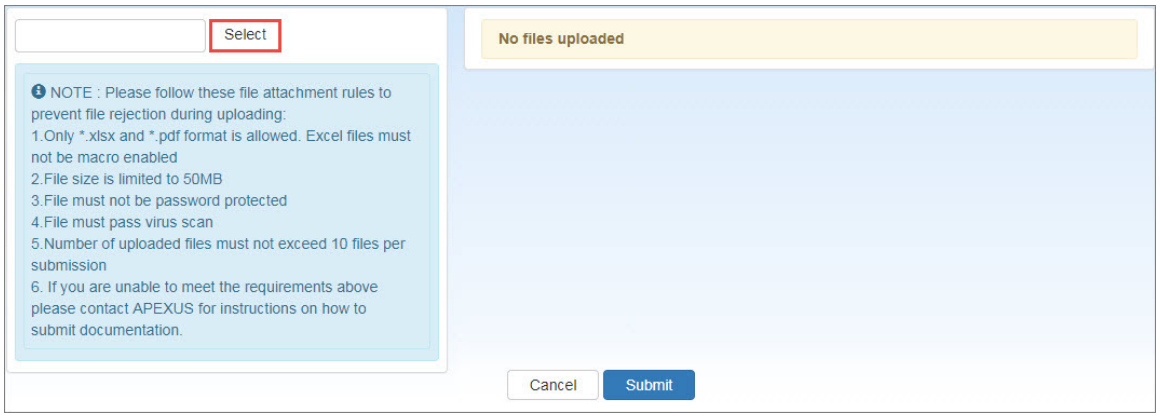
Clicking the **Select from Existing Attachments** button displays a list of attachments that have already been uploaded.

Tip: If you are the AO or PC for the parent entity, the list will show all attachments uploaded for the parent and for all of its children.



Click the checkbox for the files you want to attach and click the **Submit** button to add them to the hospital's **Attachments** page.

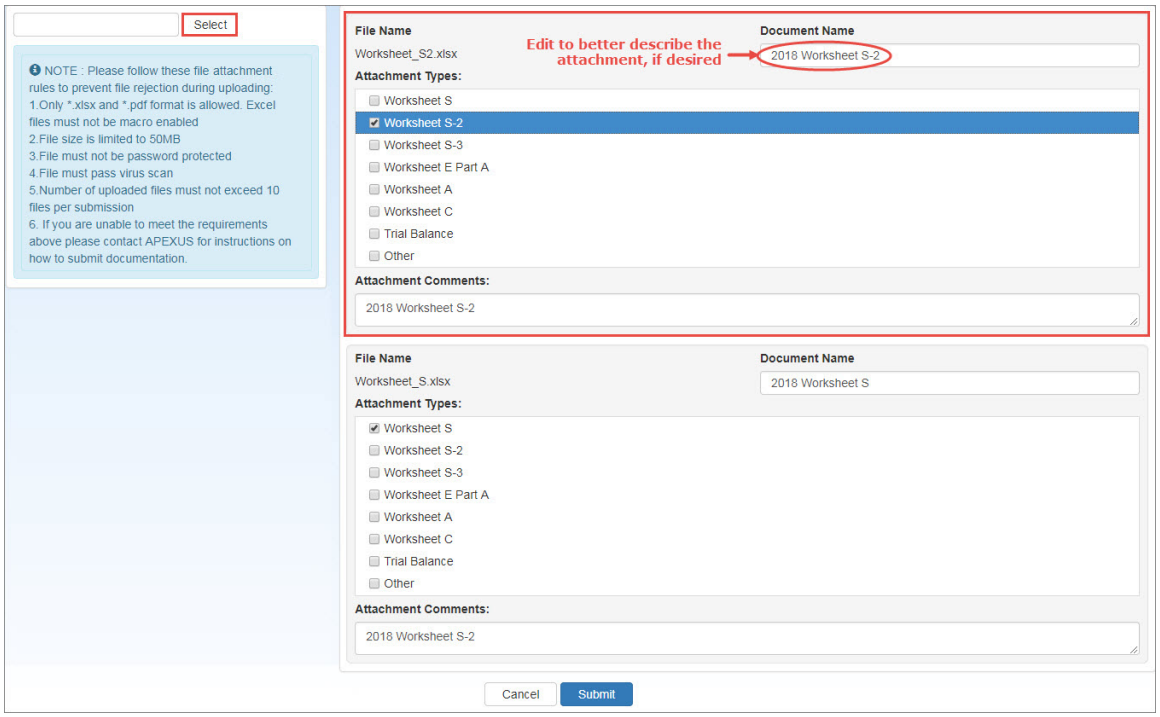
2. When the attachments upload selection page displays, click the **Select** button, navigate to the file you want to upload, and select it.



Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

3. As each file is selected, it will appear on the attachments upload selection page.

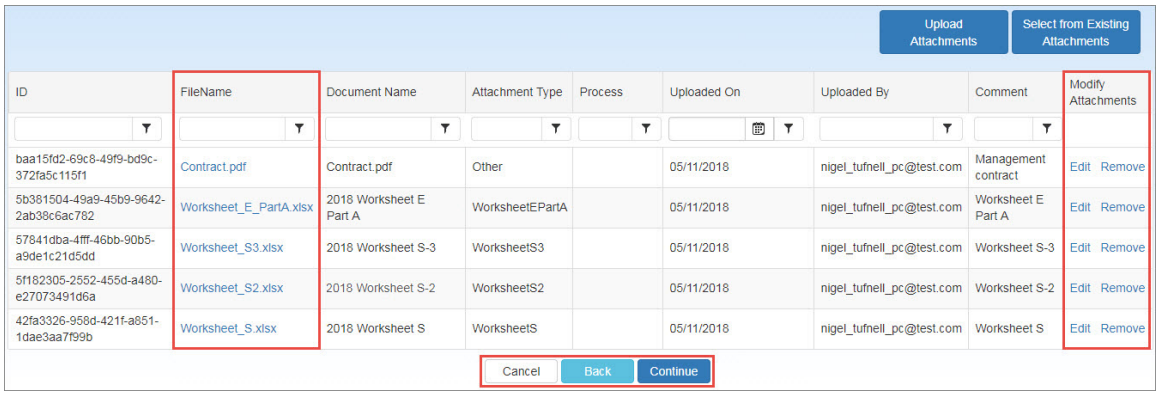


- The file name of the attachment will appear in the **Document Name** box. It may be changed to better describe the attachment if desired.
- Under **Attachment Types,** click the appropriate check box(es) to identify the worksheet in the attachment. Select **Other** for attachments that are not cost report worksheets.

  Tip: Multiple boxes may be selected it the attachment includes multiple worksheets.

- Type any relevant notes in the **Attachment Comments** text box.

4. Repeat the steps above to select and identify additional attachments.
5. Click the **Submit** button to proceed when finished selecting attachments.
6. The system will display a list of the selected attachments.

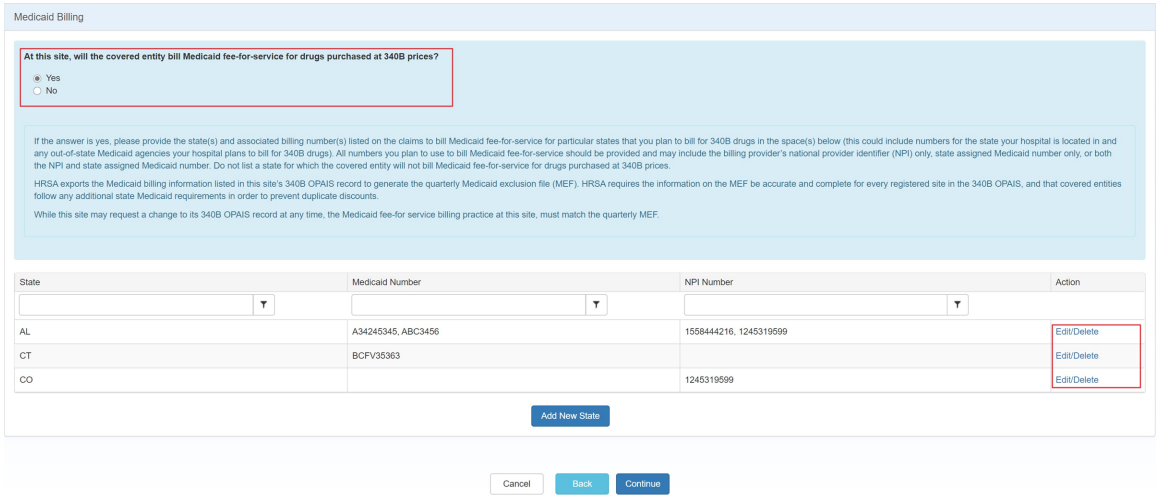


Selected Attachments List

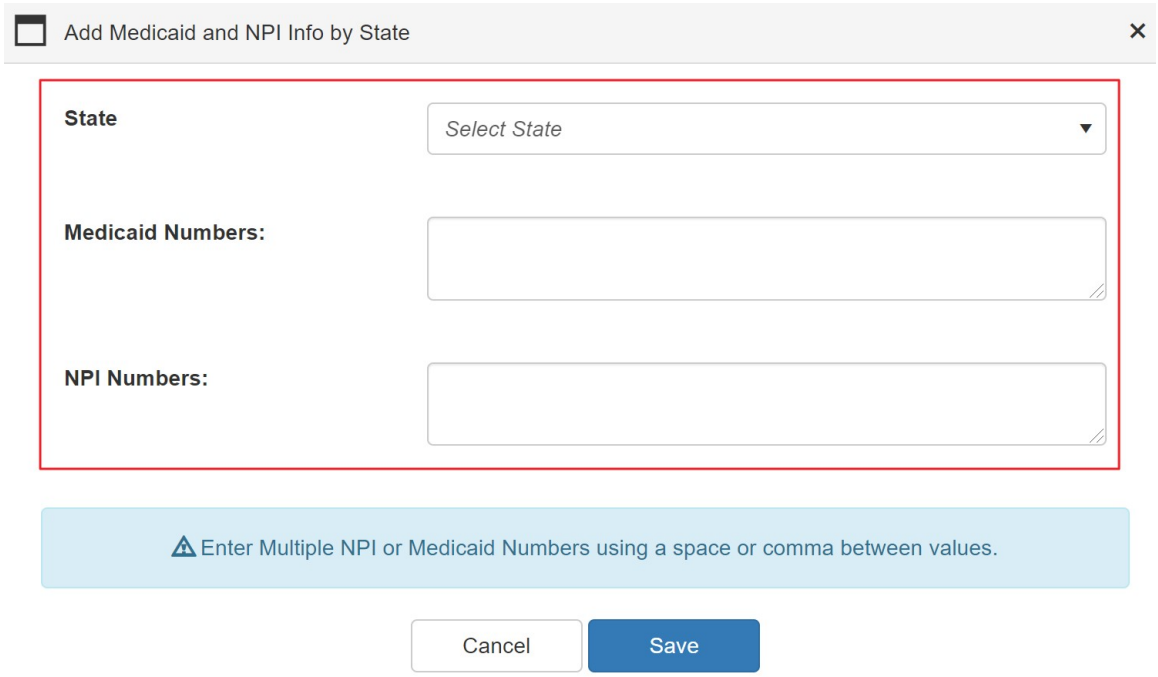
Column	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	Click the link to open the attachment with the application that created it (e.g., Excel).
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User selected type identifier.
Uploaded On	Date when they attachment was uploaded.
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.
Modify Attachments	▪ ***Edit*** – Return to the attachments upload selection page to edit the document name, attachment type or comment. ▪ ***Remove*** – Delete the associated attachment from the entity.
Upload Attachments	Upload additional attachment files
Select from Existing Attachments	Select additional files from a list of attachments that have already been uploaded.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to accept the attachments and proceed.

Hospital Medicaid Billing

Answer whether Medicaid will be billed for 340B purchased drugs (defaults to **No**). Selecting **Yes** expands the ***Medicaid Billing*** section for entry of at least one State and associated billing number.



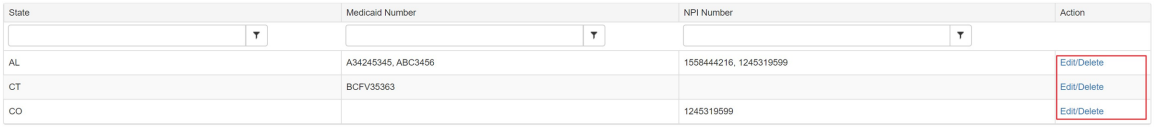
Adding a Medicaid Provider Number or NPI Number



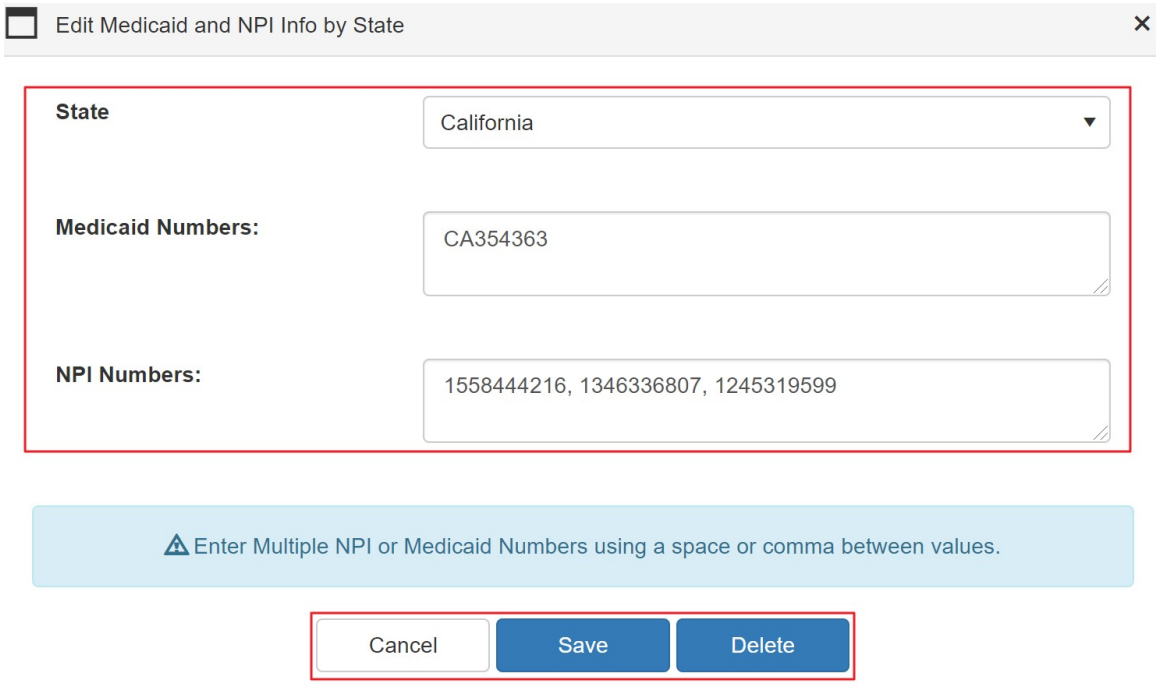
Controls for Adding an MPN or NPI

Control	Description
State	Select the fee-for-service State Medicaid agency billed for 340B drugs.
Medicaid Provider Number	Enter the billing provider's state assigned Medicaid number(s) listed on claims to the state. You can enter multiple numbers separated by commas.
NPI Number	Enter the billing provider's NPI(s) listed on claims to the state. You can enter multiple NPI(s) separated by commas.
Save	Saves the entered values.
Cancel	Cancel the pop-up and return to Medicaid Billing.

Editing or Deleting a Medicaid Provider Number and/or NPI Number



Selecting the *Edit/Delete* hyperlink, opens the associated State, Medicaid Number(s) and/or NPI Number(s) in a pop-up and makes the fields editable.



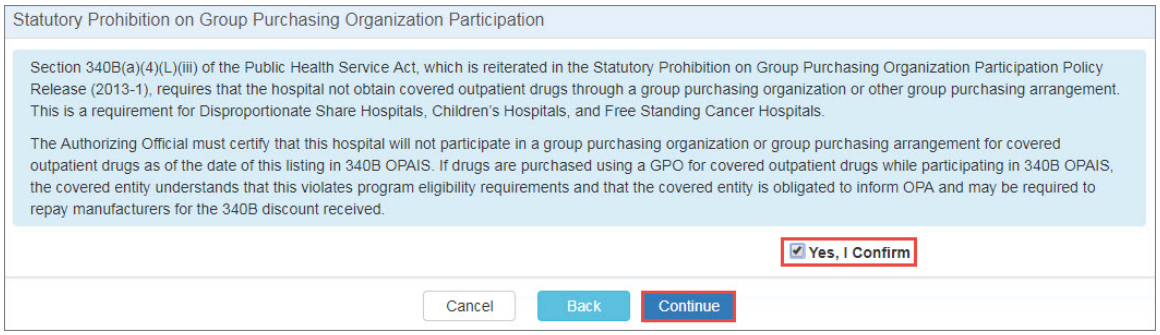
Controls to Edit/Delete an MPN and/or NPI

Control	Description
Cancel	Cancel the pop-up and return to Medicaid Billing.
Save	You can make the edits to the State, State assigned Medicaid number(s) or NPI(s) and click Save to save the edits.
Delete	Click Delete to delete the state and associated billing number (s).

Statutory Prohibition on Group Purchasing Organization Participation

Group Purchasing Organization Applicability

This section only appears for:	This section will *not* appear for:
■ Disproportionate Share Hospitals (DSH) ■ Children's Hospitals (PED) ■ Free Standing Cancer Hospitals (CAN)	■ Critical Access Hospitals (CAH) ■ Rural Referral Centers (RRC) ■ Sole Community Hospitals (SCH)

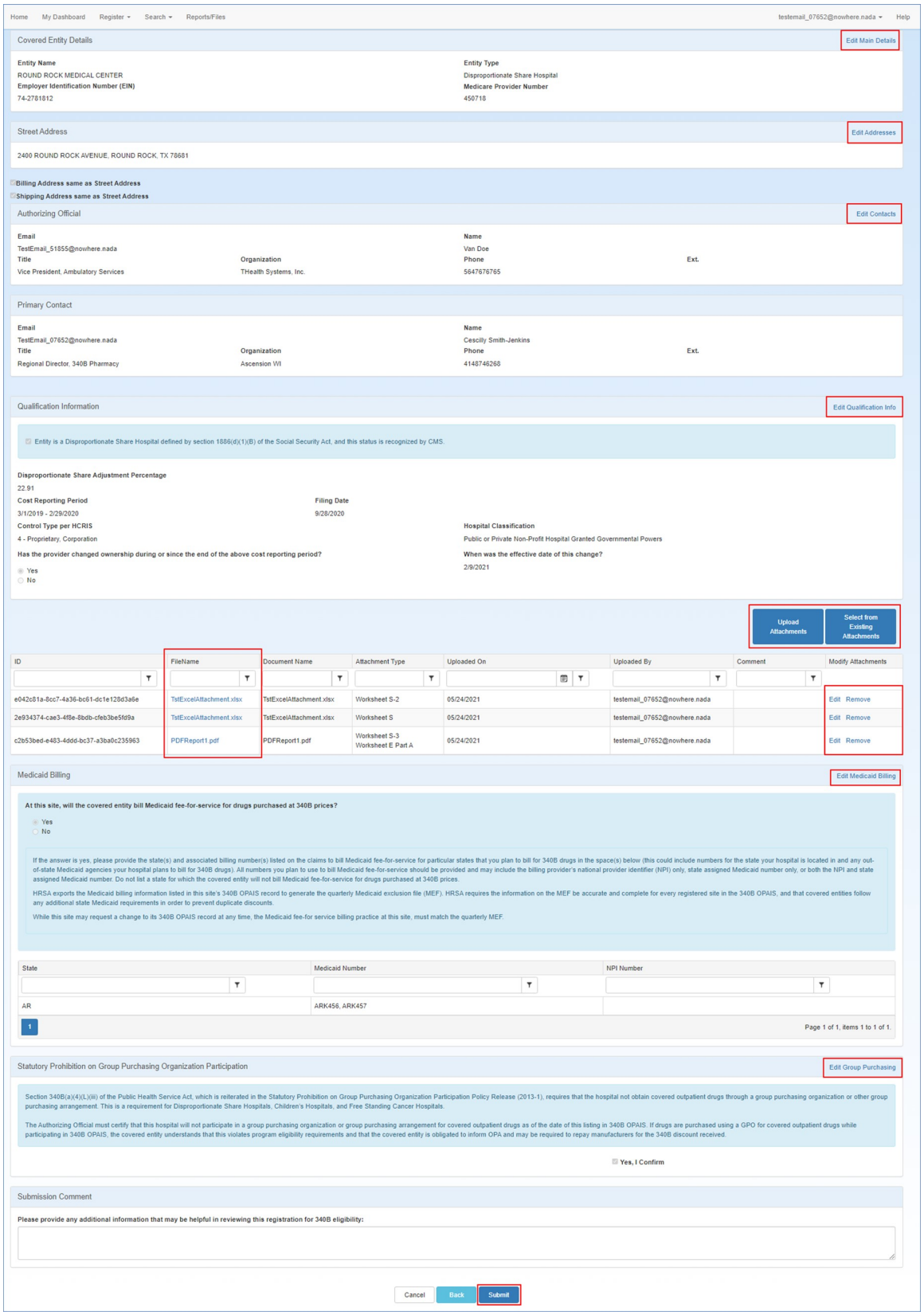


Controls for Statutory Prohibition on GPO Participation

Control	Description
Yes, I Confirm	Select the checkbox to confirm that the hospital will not obtain covered outpatient drugs through a group purchasing organization (GPO).
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

Hospital Registration Submission

The system displays a page that shows the entire registration for your review.


Home
My Dashboard
Register
Search
Reports/Files
testemail_07652@nowhere.nada
Help
Covered Entity Details
Edit Main Details
Entity Name
ROUND ROCK MEDICAL CENTER
Employer Identification Number (EIN)
74-2781812
Entity Type
Disproportionate Share Hospital
Medicare Provider Number
450718
Street Address
Edit Addresses
2400 ROUND ROCK AVENUE, ROUND ROCK, TX 78681
Billing Address same as Street Address
Shipping Address same as Street Address
Authorizing Official
Edit Contacts
Email
TestEmail_51855@nowhere.nada
Name
Van Doe
Title
Vice President, Ambulatory Services
Organization
THealth Systems, Inc.
Phone
5647676765
Ext.
Primary Contact
Email
TestEmail_07652@nowhere.nada
Name
Cescilly Smith-Jenkins
Title
Regional Director, 340B Pharmacy
Organization
Ascension WI
Phone
4148746268
Ext.
Qualification Information
Edit Qualification Info
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
22.91
Cost Reporting Period
3/1/2019 - 2/29/2020
Filing Date
9/28/2020
Control Type per HCRIS
4 - Proprietary, Corporation
Hospital Classification
Public or Private Non-Profit Hospital Granted Governmental Powers
Has the provider changed ownership during or since the end of the above cost reporting period?
Yes
No
When was the effective date of this change?
2/9/2021
Upload Attachments
Select from Existing Attachments
ID
FileName
Document Name
Attachment Type
Uploaded On
Uploaded By
Comment
Modify Attachments
e042c81a-8cc7-4a36-bc61-dc1e128d3a6e
TstExcelAttachment.xlsx
TstExcelAttachment.xlsx
Worksheet S-2
05/24/2021
testemail_07652@nowhere.nada
Edit Remove
2e934374-cae3-4f8e-8bdb-cfeb3be5fd9a
TstExcelAttachment.xlsx
TstExcelAttachment.xlsx
Worksheet S
05/24/2021
testemail_07652@nowhere.nada
Edit Remove
c2b53bed-e483-4ddd-bc37-a3ba0c235963
PDFReport1.pdf
PDFReport1.pdf
Worksheet S-3
Worksheet E Part A
05/24/2021
testemail_07652@nowhere.nada
Edit Remove
Medicaid Billing
Edit Medicaid Billing
At this site, will the covered entity bill Medicaid fee-for-service for drugs purchased at 340B prices?
Yes
No
If the answer is yes, please provide the state(s) and associated billing number(s) listed on the claims to bill Medicaid fee-for-service for particular states that you plan to bill for 340B drugs in the space(s) below (this could include numbers for the state your hospital is located in and any out-of-state Medicaid agencies your hospital plans to bill for 340B drugs). All numbers you plan to use to bill Medicaid fee-for-service should be provided and may include the billing provider's national provider identifier (NPI) only, state assigned Medicaid number only, or both the NPI and state assigned Medicaid number. Do not list a state for which the covered entity will not bill Medicaid fee-for-service for drugs purchased at 340B prices.
HRSA exports the Medicaid billing information listed in this site's 340B OPAIS record to generate the quarterly Medicaid exclusion file (MEF). HRSA requires the information on the MEF be accurate and complete for every registered site in the 340B OPAIS, and that covered entities follow any additional state Medicaid requirements in order to prevent duplicate discounts.
While this site may request a change to its 340B OPAIS record at any time, the Medicaid fee-for service billing practice at this site, must match the quarterly MEF.
State
Medicaid Number
NPI Number
AR
ARK456, ARK457
1
Page 1 of 1, items 1 to 1 of 1.
Statutory Prohibition on Group Purchasing Organization Participation
Edit Group Purchasing
Section 340B(a)(4)(L)(iii) of the Public Health Service Act, which is reiterated in the Statutory Prohibition on Group Purchasing Organization Participation Policy Release (2013-1), requires that the hospital not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement. This is a requirement for Disproportionate Share Hospitals, Children's Hospitals, and Free Standing Cancer Hospitals.
The Authorizing Official must certify that this hospital will not participate in a group purchasing organization or group purchasing arrangement for covered outpatient drugs as of the date of this listing in 340B OPAIS. If drugs are purchased using a GPO for covered outpatient drugs while participating in 340B OPAIS, the covered entity understands that this violates program eligibility requirements and that the covered entity is obligated to inform OPA and may be required to repay manufacturers for the 340B discount received.
Yes, I Confirm
Submission Comment
Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:
Cancel
Back
Submit

Click the ***Edit…*** link for the appropriate section if you need to edit its information.

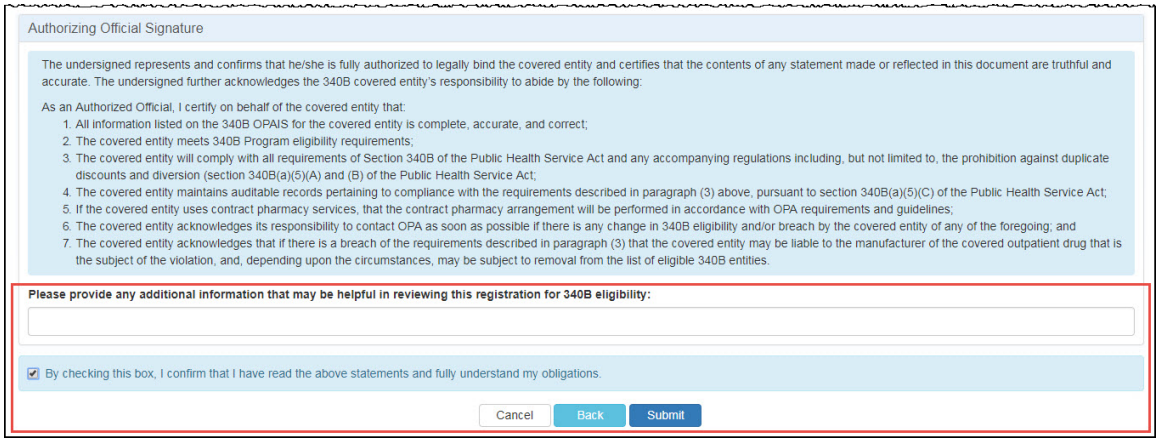
Tip: The attachments section allows you to click a link to open the attachment with the application that created it (e.g., Excel); return to the attachments upload selection page to edit the document name, attachment type or comment; or remove an attachment .

Hospital Registration Submission Controls

Control	Description
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Submit	Click this button to submit the registration for approval.
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B OPAIS eligibility"* ■ Type any comments that will help OPA in approving this registration. This comment will be displayed in the attestation task submitted to the AO for approval.

If you are the AO…

The ***Authorizing Official Signature*** section is appended to the bottom of the summary page to allow you to attest to the registration.



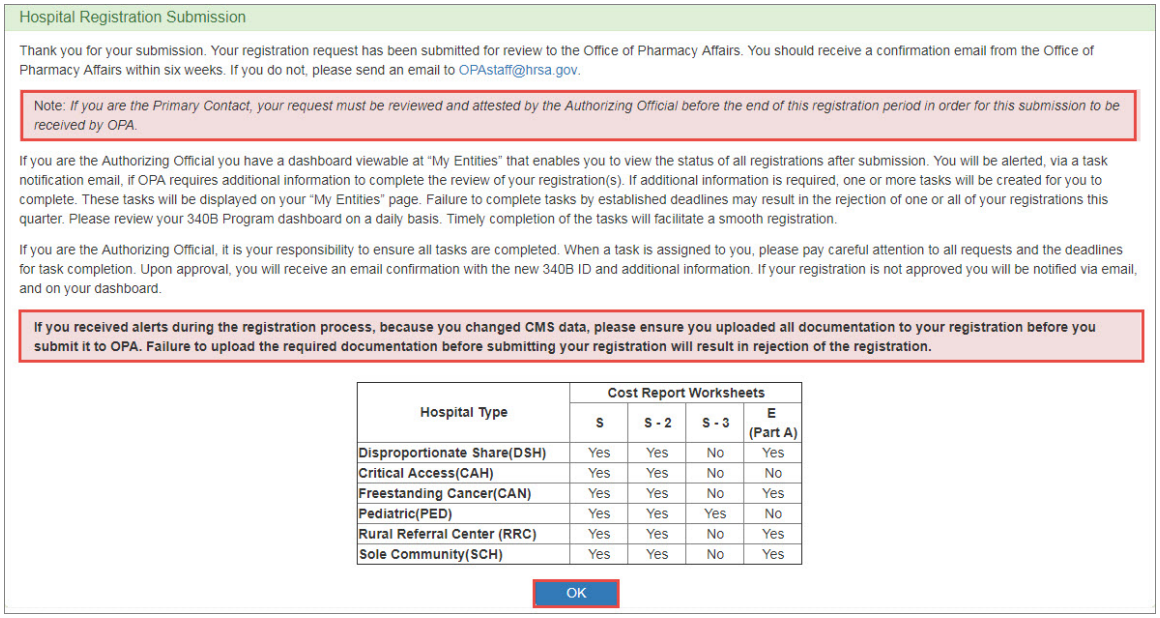
Registration Submission AO Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* ▪ Type any comments that will help OPA in approving the registration. Any comments added by the PC will be displayed to the AO in this textbox. The AO can make any edits or updates to the comments before submission.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box to submit the registration or reinstatement for OPA approval.
Cancel	Exit from the attestation page without taking action.
Submit	After selecting the check box to authorize the submission, click this button to submit the registration or reinstatement for OPA approval. The submission confirmation page will be displayed. ▪ The registration will appear on your ***My Dashboard*** under ***My Pending*** ▪ You will receive a Registration Confirmation email

Important: OPA will review the registration and may request more information to verify eligibility. Otherwise, OPA will review the registration and notify you when the registration is approved.

Submission Confirmation

Upon clicking the **Submit** button, the **Hospital Registration Submission** confirmation page is displayed.



Hospital Registration Submission

Thank you for your submission. Your registration request has been submitted for review to the Office of Pharmacy Affairs. You should receive a confirmation email from the Office of Pharmacy Affairs within six weeks. If you do not, please send an email to OPAstaff@hrsa.gov.

Note: *If you are the Primary Contact, your request must be reviewed and attested by the Authorizing Official before the end of this registration period in order for this submission to be received by OPA.*

If you are the Authorizing Official you have a dashboard viewable at "My Entities" that enables you to view the status of all registrations after submission. You will be alerted, via a task notification email, if OPA requires additional information to complete the review of your registration(s). If additional information is required, one or more tasks will be created for you to complete. These tasks will be displayed on your "My Entities" page. Failure to complete tasks by established deadlines may result in the rejection of one or all of your registrations this quarter. Please review your 340B Program dashboard on a daily basis. Timely completion of the tasks will facilitate a smooth registration.

If you are the Authorizing Official, it is your responsibility to ensure all tasks are completed. When a task is assigned to you, please pay careful attention to all requests and the deadlines for task completion. Upon approval, you will receive an email confirmation with the new 340B ID and additional information. If your registration is not approved you will be notified via email, and on your dashboard.

If you received alerts during the registration process, because you changed CMS data, please ensure you uploaded all documentation to your registration before you submit it to OPA. Failure to upload the required documentation before submitting your registration will result in rejection of the registration.

Hospital Type	Cost Report Worksheets			
	S	S - 2	S - 3	E (Part A)
Disproportionate Share(DSH)	Yes	Yes	No	Yes
Critical Access(CAH)	Yes	Yes	No	No
Freestanding Cancer(CAN)	Yes	Yes	No	Yes
Pediatric(PED)	Yes	Yes	Yes	No
Rural Referral Center (RRC)	Yes	Yes	No	Yes
Sole Community(SCH)	Yes	Yes	No	Yes

OK

Click the **OK** button to return to your ***My Dashboard***. The new registration will appear in your ***My Dashboard*** under ***My Pending***.

Important: Once the registration is approved by OPA, both the AO and PC will both receive a *340B Participation Approval* email. The entity's 340B status will be updated to "Approved" and the entity's enrollment in the 340B program will start on the first day of the next quarter.

Note: Once the parent hospital registration is approved by OPA, both the AO and PC will receive a notification reminding them to submit registrations for Contract Pharmacy and Outpatient registrations.

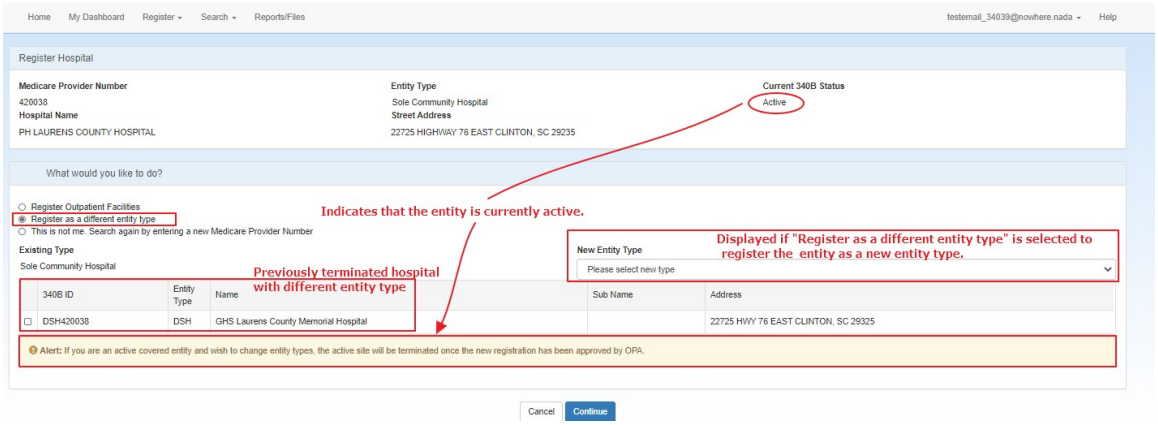
Note: Once the registration is approved by OPA, both the AO and PC will receive a notification reminding them to submit Contract Pharmacy registrations.

Changing the Hospital Type during Registration

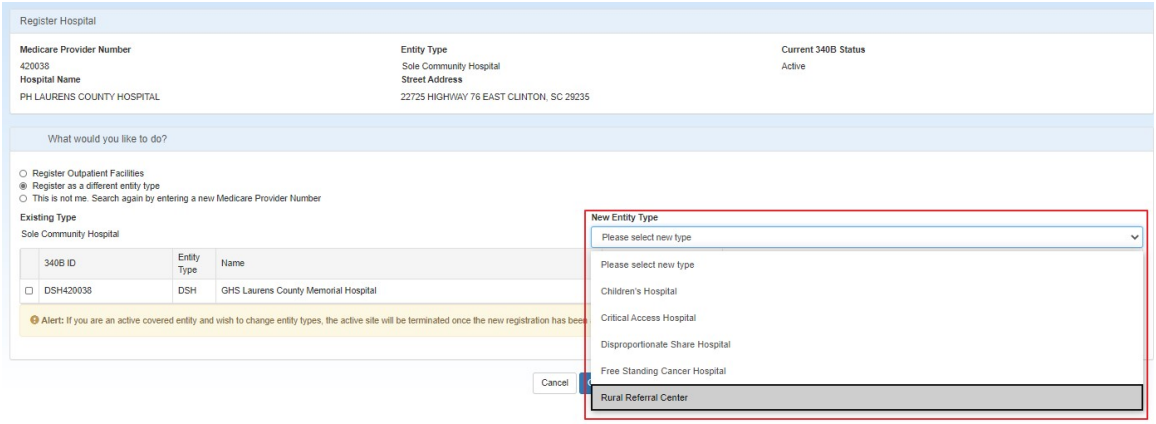
The hospital type may only be changed during the normal registration period.

Note: If the entity type is changed for an active hospital, the system will process the change as a new registration. Once approved by OPA, the system will terminate the existing registration on the first day of the next quarter and activate the new registration with the changed hospital type. Any existing child sites and contract pharmacy arrangements will be terminated when the old parent registration is terminated and new registrations and contract pharmacy arrangements must be created for the child sites.

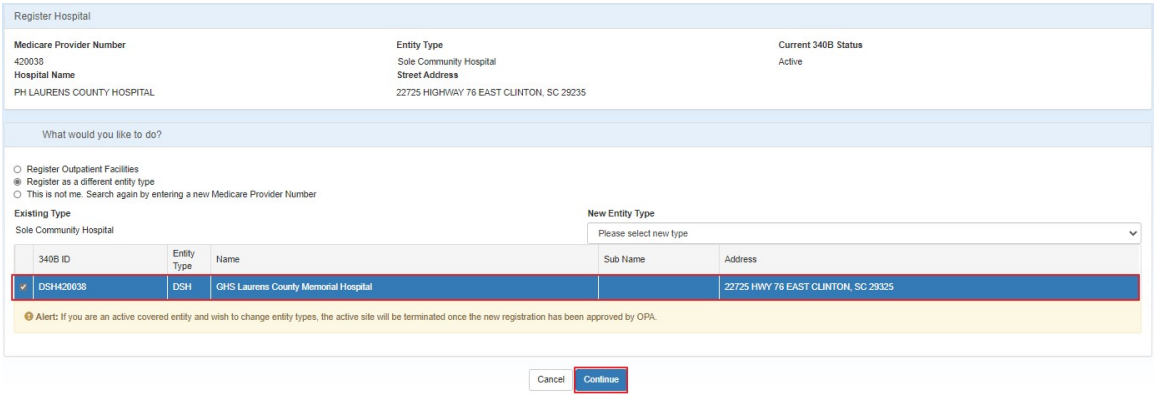
1. If you select the ***Register as a different entity type*** option, the system will refresh the page to show the existing entity type, the ***New Entity Type*** drop-down list, and previously terminated hospital(s) with different entity type if available.



2. If you select the new entity type and click the **Continue** button then the system will display the **Covered Entity Details** page, allowing you to update the ***Employee Identification Number (EIN)*** field, if necessary, and to add billing and shipping addresses. From this point, proceed as usual for a new hospital registration.



3. Select the available previously terminated hospital type if you want to reinstate that specific entity and click the **Continue** button.



The system will display the **Covered Entity Details** page with the terminated entity's information allowing you to update the necessary information.

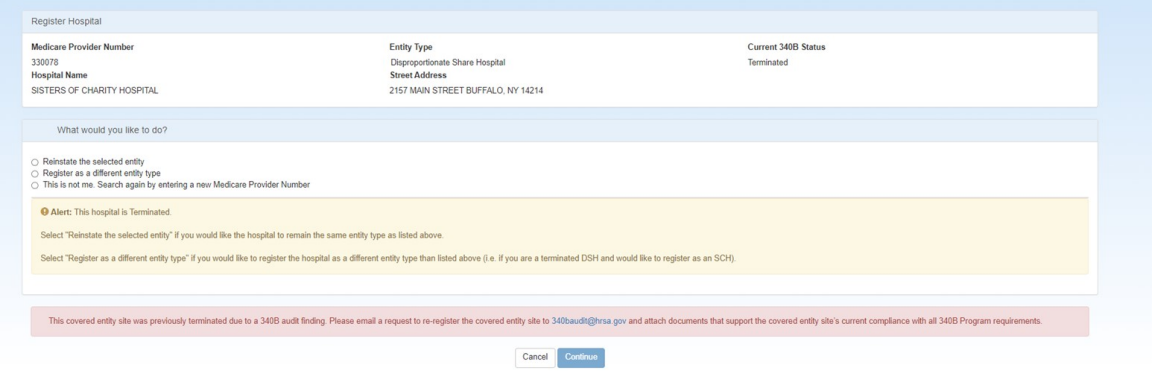
From this point, proceed as usual for a new hospital registration.

Tip: After submitting this submission to change the entity type to a previously terminated entity with a different entity type, you can submit the reinstatement of previously terminated outpatient entities under that entity or registration for new outpatient facilities.

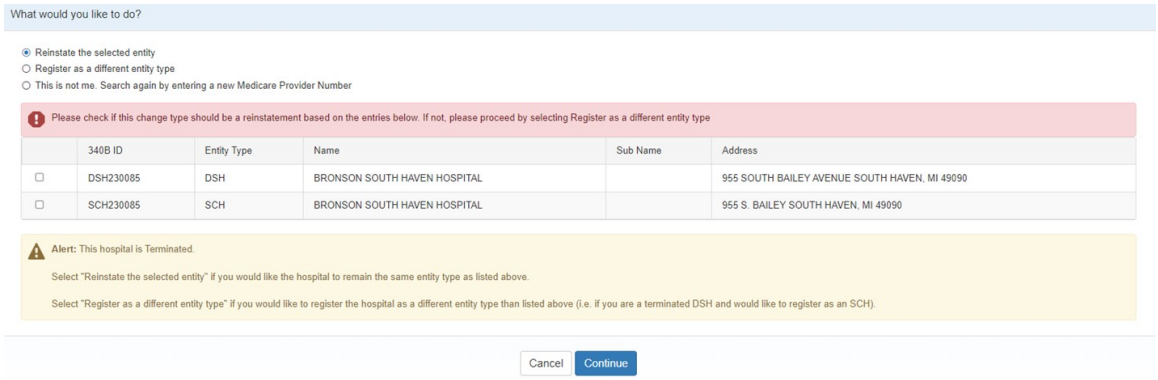
Hospital Reinstatements

You may only reinstate a hospital during the normal registration period.

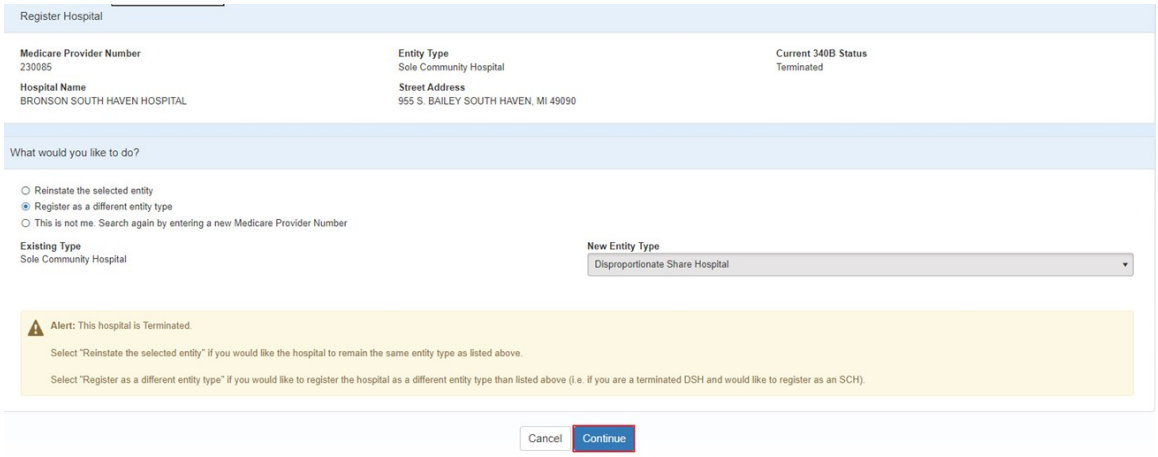
1. From the 340B home page, enter select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.
2. On the **Covered Entity Registration** page, click the **"A Hospital"** button.
3. On the **Search for Hospital** page, enter the MPN for the hospital and click the **Search** button.
4. On the **Register Hospital** page, confirm the hospital name, street address, entity type, and current 340B status.



1. Under ***"What would you like to do?,"*** select one of the following:
   - ***Reinstate the selected entity*** to register the entity as the same type. Select the checkbox for the entity.



   - ***Register as a different entity type*** to reinstate as a different entity type. Select the entity type from the **New Entity Type** drop-down.



   - ***Note:*** If the new entity type you selected is same as one of the previously terminated entity types for the organization, then when you click on Continue to proceed with the registration, you will be redirected to Reinstate the previously terminated entity type.

2. Click the **Continue** button. The system will display the **Covered Entity Details** page.

Outpatient Facility Registration

Note: You must be the logged-in AO or PC to register outpatient facilities.

All outpatient clinics and services that are located outside of the four walls of the hospital and that intend to use or purchase 340B drugs for its patients must register with the 340B program. They must appear on the hospital's most recently filed cost report in order to register.

If an off-site location is actually a separate hospital or medical center, or even a small office with several services being provided, each clinic, department, or service must be registered separately in the 340B program database. For example, if there is a single off-site location that provides radiology services, physical therapy services, and pediatric services, the covered entity should register each service individually to establish its eligibility for 340B drugs.

Important: **Be Prepared to Upload Cost Report Documentation.** As part of the registration process, the system will require you to upload worksheets from the most-recently filed Cost Report to support the registration Qualification Information. Failure to upload the required documentation before submitting the registration will result in rejection of the registration for the quarter.

The required attachments vary by hospital type:

Cost Report Worksheets for Outpatient Facilities

	Cost Report Worksheets						
Hospital Type	**S**	**S-2**	**S-3**	**E (Part A)**	**A**	**C**	**Trial Balance**
Disproportionate Share Hospital (DSH)	Yes	Yes	No	Yes	Yes	Yes	Yes
Critical Access Hospital (CAH)	Yes	Yes	No	No	Yes	Yes	Yes
Freestanding Cancer Hospital (CAN)	Yes	Yes	No	Yes	Yes	Yes	Yes
Children's Hospital (PED)	Yes	Yes	Yes	No	Yes	Yes	Yes
Rural Referral Center (RRC)	Yes	Yes	No	Yes	Yes	Yes	Yes
Sole Community Hospital (SCH)	Yes	Yes	No	Yes	Yes	Yes	Yes

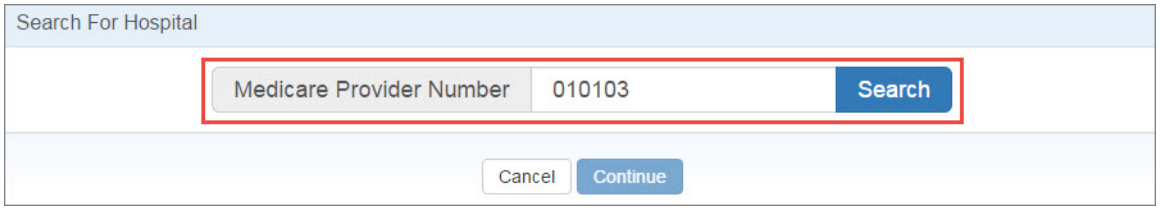
Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

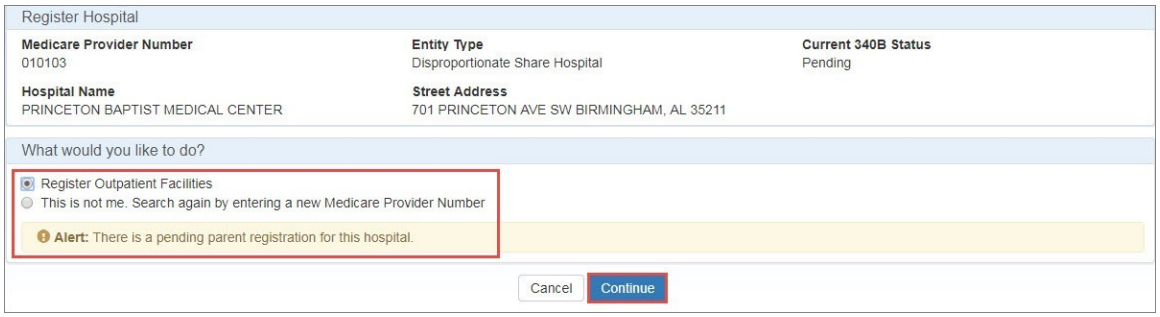
1. From the 340B home page, select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.

2. On the **Covered Entity Registration** page, click the ***"A Hospital"*** button.

3. On the **Search for Hospital** page, enter the MPN for the new hospital and click the **Search** button.



4. On the ***Register Hospital*** page, confirm the hospital name, street address, entity type, and current 340B status.

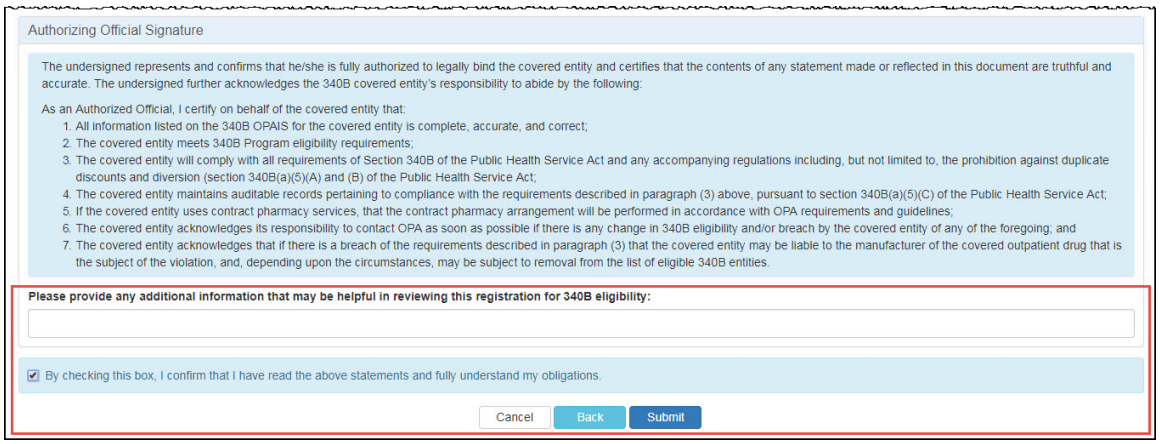


Tip: Outpatient facilities may be registered while the parent hospital is still pending OPA approval. If the parent hospital registration is pending OPA review, it will be indicated by an "Alert" message.

5. Select the ***Register Outpatient Facilities*** option and click the **Continue** button. The system will display the **Covered Entity Outpatient Facility Search Results** page.

If you are the AO…

The ***Authorizing Official Signature*** section is appended to the bottom of the summary page to allow the AO to attest to the registration.



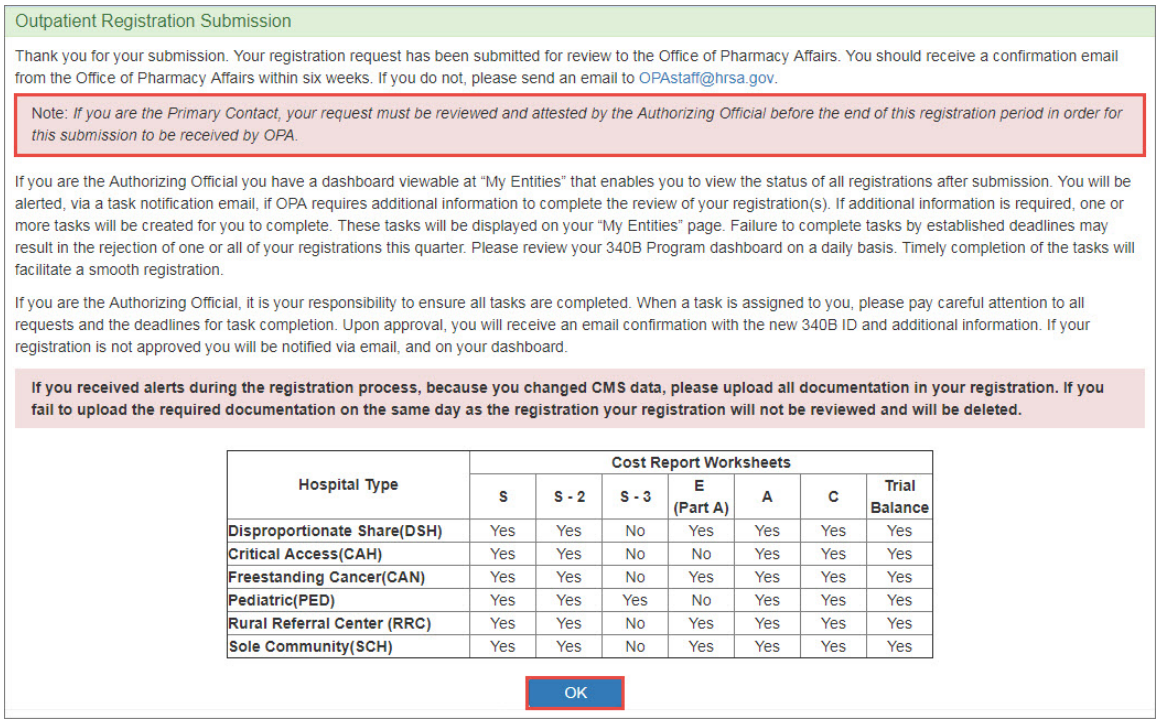
Registration Submission AO Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* ■ ***Note:*** The PC will also have the ability to add comments helpful to OPA in reviewing this registration. ■ Type any comments that will help OPA in approving the registration. Any comments added by the PC will be displayed to the AO in this textbox. The AO can make an edits or updates to the comments before submission.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* The AO should select this box to submit the registration or reinstatement for OPA approval.
Cancel	Exit from the attestation page without taking action.
Submit	After selecting the checkbox to authorize the submission, click this button to submit the registration or reinstatement for OPA approval. The submission confirmation page will be displayed. ■ The registration will appear on your ***My Dashboard*** under ***My Entities*** ■ You will receive a Registration Confirmation email.

Important: OPA will review the registration and may request more information to verify eligibility. Otherwise, OPA will review the registration and notify you when the registration is approved.

Upon clicking the **Submit** button, the PC or AO will see the **Outpatient Registration Submission** confirmation page.

The user must click the **OK** button to return to your ***My Dashboard*** where the new registration will appear under ***My Pending***.



Outpatient Registration Submission

Thank you for your submission. Your registration request has been submitted for review to the Office of Pharmacy Affairs. You should receive a confirmation email from the Office of Pharmacy Affairs within six weeks. If you do not, please send an email to OPAstaff@hrsa.gov.

Note: *If you are the Primary Contact, your request must be reviewed and attested by the Authorizing Official before the end of this registration period in order for this submission to be received by OPA.*

If you are the Authorizing Official you have a dashboard viewable at "My Entities" that enables you to view the status of all registrations after submission. You will be alerted, via a task notification email, if OPA requires additional information to complete the review of your registration(s). If additional information is required, one or more tasks will be created for you to complete. These tasks will be displayed on your "My Entities" page. Failure to complete tasks by established deadlines may result in the rejection of one or all of your registrations this quarter. Please review your 340B Program dashboard on a daily basis. Timely completion of the tasks will facilitate a smooth registration.

If you are the Authorizing Official, it is your responsibility to ensure all tasks are completed. When a task is assigned to you, please pay careful attention to all requests and the deadlines for task completion. Upon approval, you will receive an email confirmation with the new 340B ID and additional information. If your registration is not approved you will be notified via email, and on your dashboard.

If you received alerts during the registration process, because you changed CMS data, please upload all documentation in your registration. If you fail to upload the required documentation on the same day as the registration your registration will not be reviewed and will be deleted.

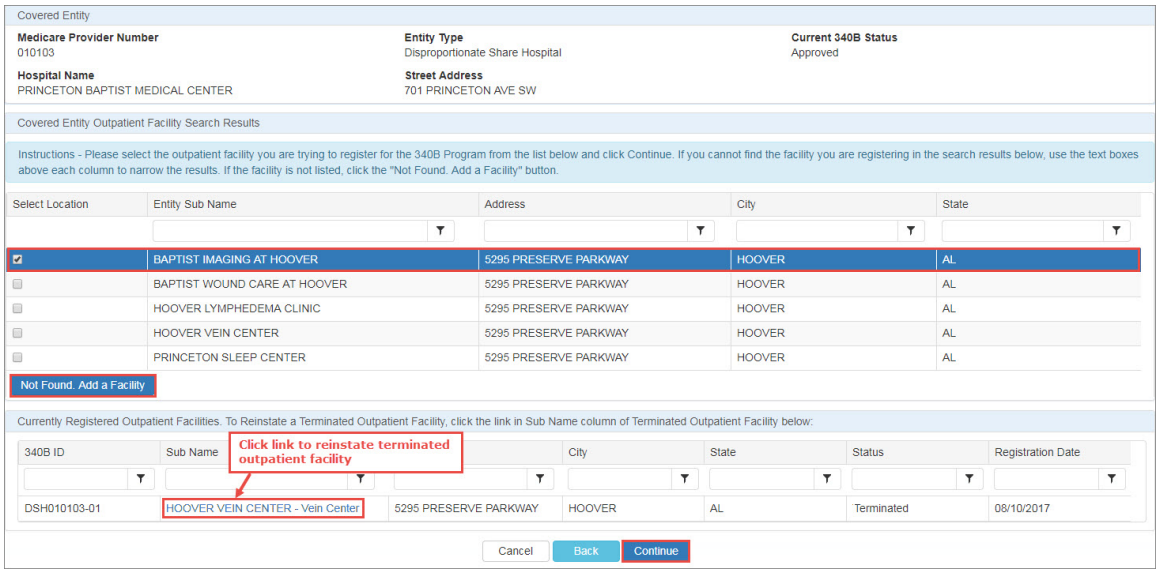
Hospital Type	Cost Report Worksheets						
	S	S - 2	S - 3	E (Part A)	A	C	Trial Balance
Disproportionate Share(DSH)	Yes	Yes	No	Yes	Yes	Yes	Yes
Critical Access(CAH)	Yes	Yes	No	No	Yes	Yes	Yes
Freestanding Cancer(CAN)	Yes	Yes	No	Yes	Yes	Yes	Yes
Pediatric(PED)	Yes	Yes	Yes	No	Yes	Yes	Yes
Rural Referral Center (RRC)	Yes	Yes	No	Yes	Yes	Yes	Yes
Sole Community(SCH)	Yes	Yes	No	Yes	Yes	Yes	Yes

OK

Important: Once the registration is approved by OPA, both the AO and PC will both receive a *340B Participation Approval* email. The entity's 340B status will be updated to "Approved" and the entity's enrollment in the 340B program will start on the first day of the next quarter.

Outpatient Facility Search Results

The **Covered Entity Outpatient Facility Search Results** page lists available outpatient facilities for the covered entity. Select the checkbox for the outpatient facility to be registered. If the desired facility does not appear in the search results, click the ***Not Found. Add a Facility*** button.



More information: These search results can be sorted and filtered to make the data displayed more manageable. For more information, refer to Data Tables.

Currently registered outpatient facilities and terminated facilities are listed in the table below the **Search Results** table. Only one cost center line is permitted to be registered by the entity. Each cost center line requires a separate registration.

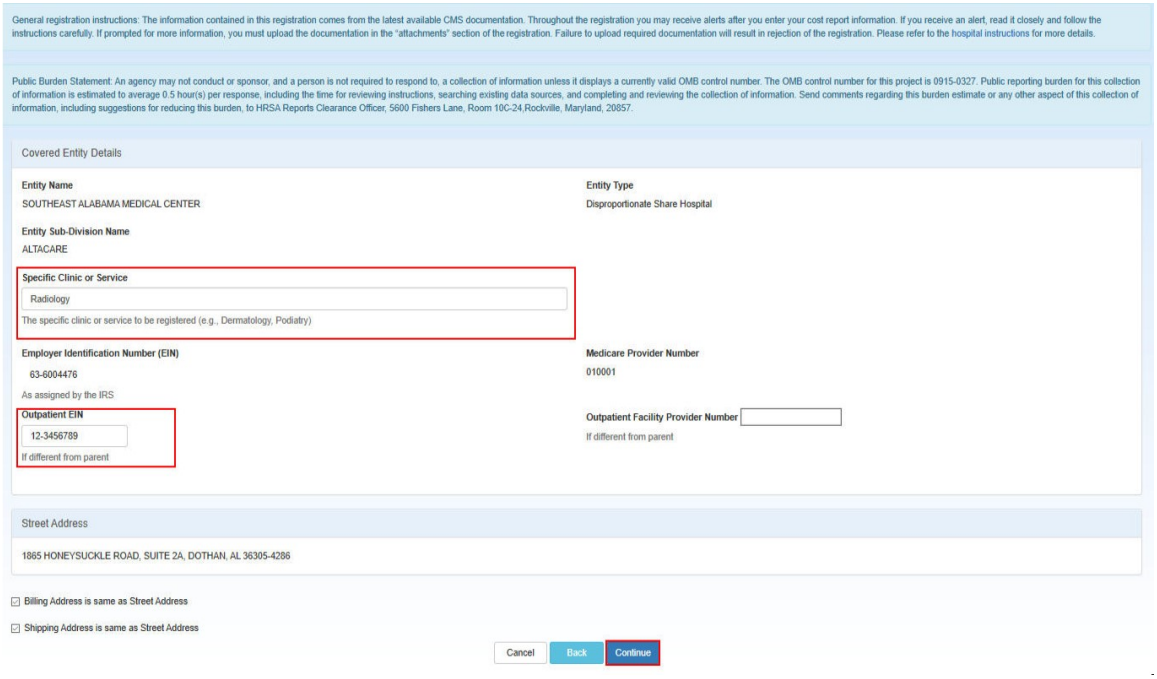
Tip: To reinstate a terminated outpatient facility, click its name in the ***Sub Name*** column and confirm and update its information as you would for a new registration.

Outpatient Facility Search Results Controls

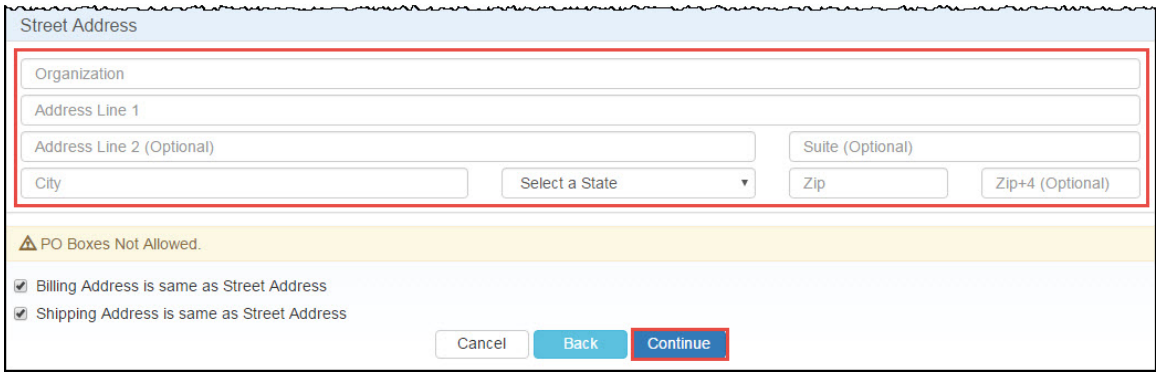
Control	Description
Cancel	Cancel the registration and return to the home page.
Back	Return to the **Search For Hospital** page.
Continue	Click this button to proceed.

Covered Entity Details and Address Information

The **Covered Entity Details** section displays information from the parent hospital and allows you to record any additional information for the outpatient facility.



When adding a new outpatient facility using the ***"Not Found. Add a Facility"*** option, entry of the organization name and address information is required.



Covered Entity Details and Address Information

Item	Description
Sub-Division Name	Type the exact sub-division name of the outpatient facility only. The sub-division name should closely reflect the services being provided on the cost center line being registered.
Specific Clinic or Service	Type the name of the specific clinic or service being registered (e.g., Dermatology, Podiatry).

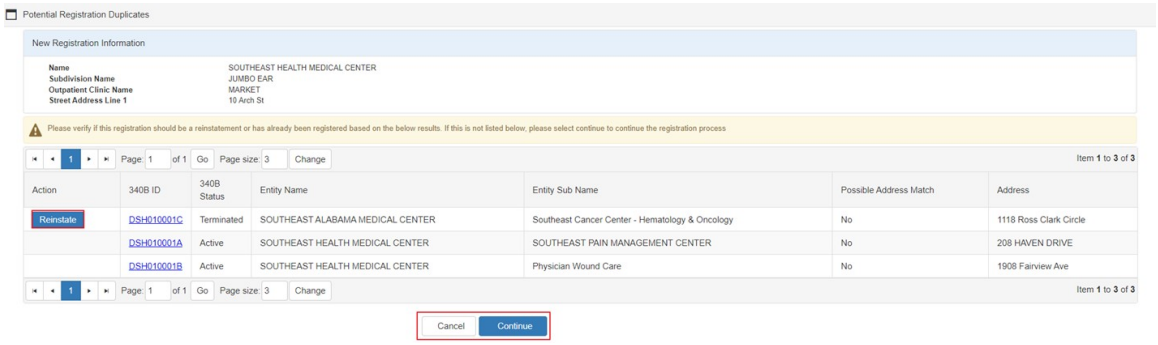
Covered Entity Details and Address Information (continued)

Item	Description
Outpatient EIN	Type a new EIN if the IRS has assigned one that is different from the parent hospital (otherwise, leave blank).
Outpatient Facility Provider Number	Type a new provider number if different from Medicare Provider Number of the parent hospital. Otherwise, leave blank.
Billing Address Same as Street Address	Uncheck the box to add a new Billing Address.
Shipping Address Same as Street Address	Uncheck the box to add a new Shipping Address.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

More information: For additional information about adding or changing contact details, refer to "Adding a Billing Address" on page 132, "Adding a Shipping Address" on page 133, and "Editing/Deleting Shipping Addresses" on page 134.

Potential Registration Duplicates

You will see a screen with the list of potential matches if the Zip Code for the newly added facility exactly matches an outpatient facility for the Hospital, then after you click Continue. These matches could be child sites which are either pending approval, approved for participation, already active or terminated. Please review the list of facilities and verify if the new registration for the outpatient facility is a duplicate of any of the existing child entities.

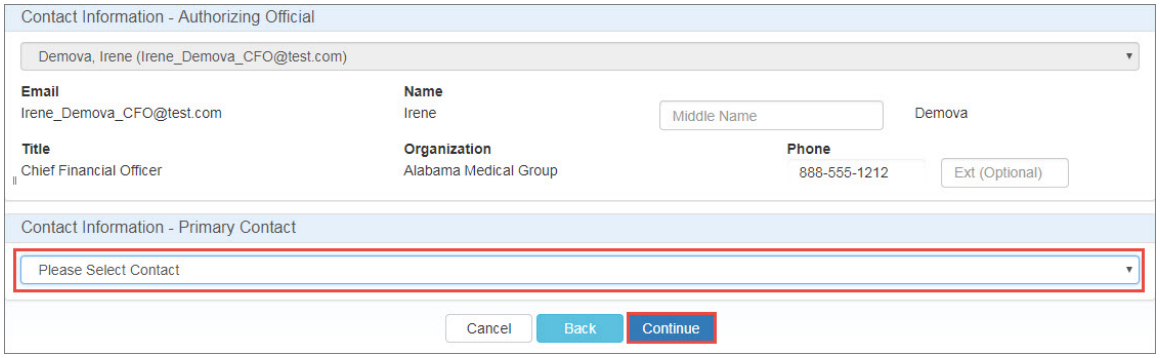


If the outpatient facility that you have added already exists as a terminated entity, you should initiate the reinstatement for the terminated outpatient facility by selecting the ***Reinstate*** button available under the Action column for that record.

If you want to proceed with the new registration, then click on ***Continue*** to navigate to the next section. Click ***Cancel*** if you want to return to the Covered Entity Details section.

AO and PC Contact Information

The **Contact Information** page is displayed with the Authorizing Official's information already populated from the parent hospital. You must add either yourself or another person as the Primary Contact (PC) before proceeding.



Important: The Primary Contact may not be the same person as the Authorizing Official.

Primary Contact Information

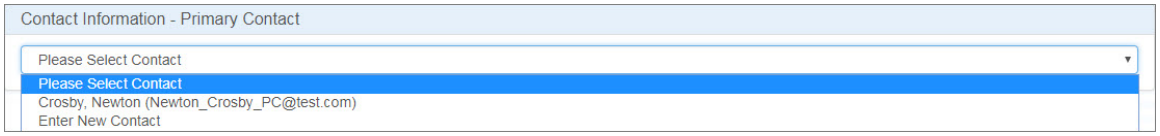
Control	Description
Reset	Clear any existing AO or PC contact information.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.

Primary Contact Information (continued)

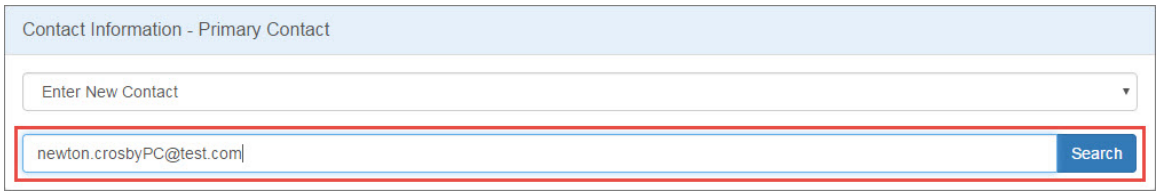
Control	Description
Continue	Click this button to proceed.

Adding a Primary Contact

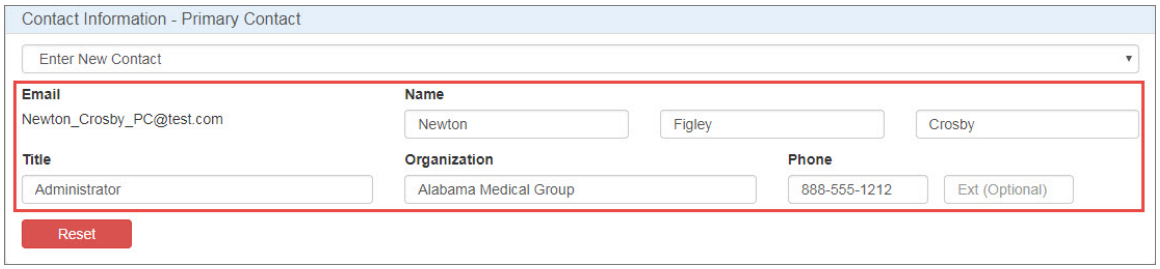
1. Click the ***Please Select Contact*** drop-down list.
2. If you are the PC and your name appears in the list, select your name to populate your information.



3. If you are not the PC, select ***Enter New Contact***, they should type the PC's email address and click the **Search** button.



- If the PC has a 340B account, their contact information will be populated.



Note: The **Telephone Extension** field allows numeric values only. If a 340B OPAIS account is already associated with the email address and the extension field contains an alpha character (e.g., x305) from an existing registration, you will be prompted to correct it.

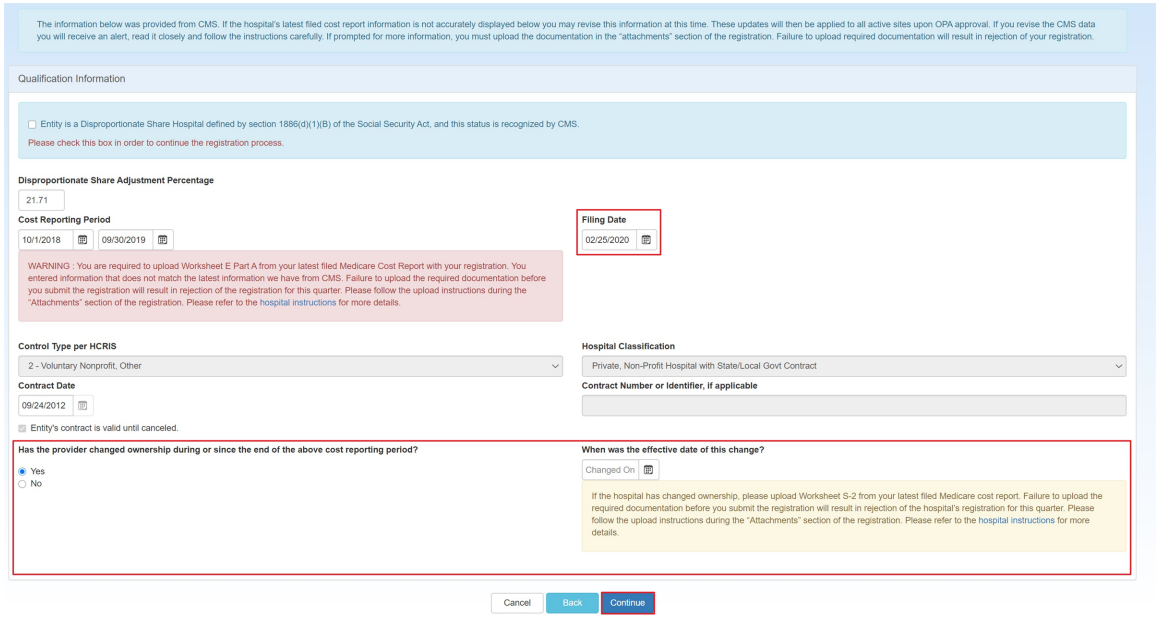
- If the PC does not have a 340B account, enter their name, title, organization name (employer), and phone number in the spaces provided. The PC will receive a New User Account Invitation email asking them to create an account.

Tip: Click the **Reset** button to clear existing contact information to enter the information for a new PC.

Qualification Information

The parent hospital's **Qualification Information** is displayed for your reference. You may update the parent entity's DSH %, cost reporting period, and filing dates, if necessary.

Tip: This information will not be available if the parent hospital's registration is in "Pending" status.



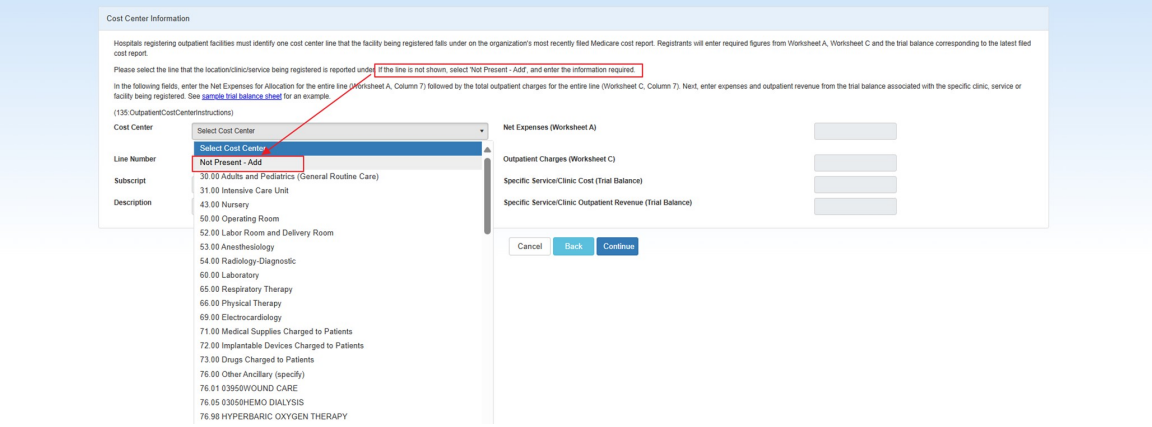
- ***Filing Date/Calculation Date*** – For CAH, DSH, RRC, and SCH hospitals, the field label will appear as *"Filing Date"* only. For CAN and PED hospitals, it will appear as *"Filing Date/Calculation Date."*
- ***Provider Change of Ownership*** – If you reply **Yes,** to the question whether the provider has changed ownership, the system will prompt for the effective date of the change and display an alert that you must submit Worksheet S-2 from your latest cost report.

  Note: The change of ownership date must be between the cost reporting period "From" date and yesterday, inclusive. Upon OPA approval, the ownership change date will be applied to the parent hospital and all associated child entities.

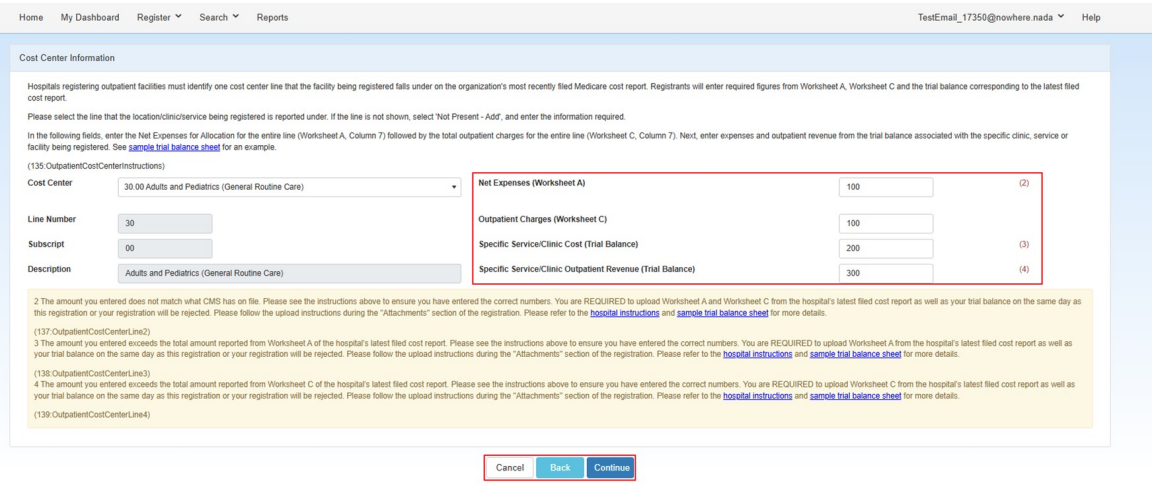
Cost Center Information

In the **Cost Center Information** section, you must select a specific cost center line for the facility from the organization's most recently filed Medicare cost report and enter the associated financial information.

1. Click the **Cost Center** drop-down to expand the list and select the appropriate cost center.
   - If the desired cost center is not in the list, select ***Not Present – Add*** and enter the required information.
   - If you select a non-patient cost center, you must submit Worksheet A, Worksheet C, and the trial balance from the hospital's latest filed cost report.



Tip: Type the first digit of the cost center (e.g., "6") in the text box above the list to cycle through the items that begin with that number.



Outpatient Facility Cost Center Information

Item	Description
Net Expenses (Worksheet A)	Enter the net expenses for the allocation for the entire line (Worksheet A, Column 7). If the amount entered does not match what CMS has on file, the system will display a message that Worksheet A and Worksheet C from the latest cost report, as well as the trial balance, must be uploaded on the same day as the registration or the registration will be rejected. Please refer to sample trial balance sheet link in the warning message.
Outpatient Charges (Worksheet C)	Enter the total outpatient charges for the entire line (Worksheet C, Column 7). If the amount entered does not match what CMS has on file, the system will display a message that Worksheet A and Worksheet C from the latest cost report, as well as the trial balance, must be uploaded on the same day as the registration or the registration will be rejected. Please refer to sample trial balance sheet link in the warning message.
Specific Service/ Clinic Cost (Trial Balance)	Enter the expenses associated with the specific clinic, service or facility being registered. ■ If more than one clinic, service, or facility is rolled up to a single cost center (e.g., Line 90/Clinic), these figures will come from the corresponding working trial balance. ■ For cost centers that reflect only a single outpatient clinic, service, or facility, these figures will come directly from Worksheet A, Column 7 and will be the same as those provided for the entire line (e.g., Line 90.xx subscripts). If the amount entered exceeds the total amount reported from Worksheet A of the hospital's latest filed cost report, the system will display a message that Worksheet A and Worksheet C from the latest cost report, as well as the trial balance, must be uploaded on the same day as the registration or the registration will be rejected. Please refer to sample trial balance sheet link in the warning message.

Outpatient Facility Cost Center Information (continued)

Item	Description
Specific Service/ Clinic Outpatient Revenue (Trial Balance)	Enter the outpatient revenue associated with the specific clinic or service being registered (also from the trial balance). If the amount entered exceeds the total amount reported from Worksheet C of the hospital's latest filed cost report, the system will display a message that that Worksheet A and Worksheet C from the latest cost report, as well as the trial balance, must be uploaded on the same day as the registration or the registration will be rejected. Please refer to sample trial balance sheet link in the warning message.
Cancel	Cancel the registration and return to the home page.
Back	Return to the **Search For Hospital** page.
Continue	Click this button to proceed.

Uploading Attachments

As part of the registration process, the system will require you to upload worksheets from the most-recently filed Cost Report to support the registration Qualification Information and Cost Center Information. Failure to upload the required documentation before submitting the registration will result in rejection of the registration for the quarter. Required attachments vary by hospital type.

Cost Report Worksheets for Outpatient Facilities

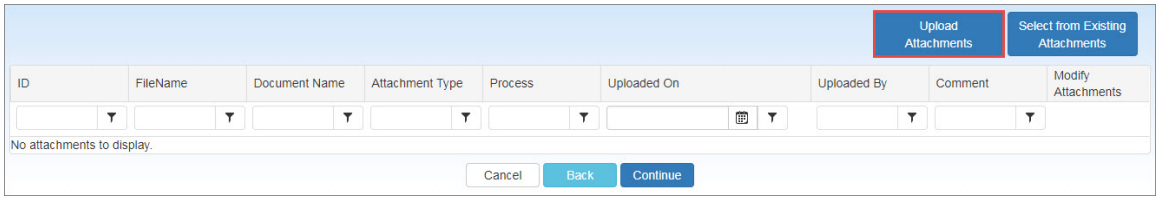
	Cost Report Worksheets						
Hospital Type	**S**	**S-2**	**S-3**	**E (Part A)**	**A**	**C**	**Trial Balance**
Disproportionate Share Hospital (DSH)	Yes	Yes	No	Yes	Yes	Yes	Yes
Critical Access Hospital (CAH)	Yes	Yes	No	No	Yes	Yes	Yes
Freestanding Cancer Hospital (CAN)	Yes	Yes	No	Yes	Yes	Yes	Yes
Children's Hospital (PED)	Yes	Yes	Yes	No	Yes	Yes	Yes

Cost Report Worksheets for Outpatient Facilities (continued)

Hospital Type	Cost Report Worksheets						
	S	S-2	S-3	E (Part A)	A	C	Trial Balance
Rural Referral Center (RRC)	Yes	Yes	No	Yes	Yes	Yes	Yes
Sole Community Hospital (SCH)	Yes	Yes	No	Yes	Yes	Yes	Yes

Follow these steps to upload one or more attachments:

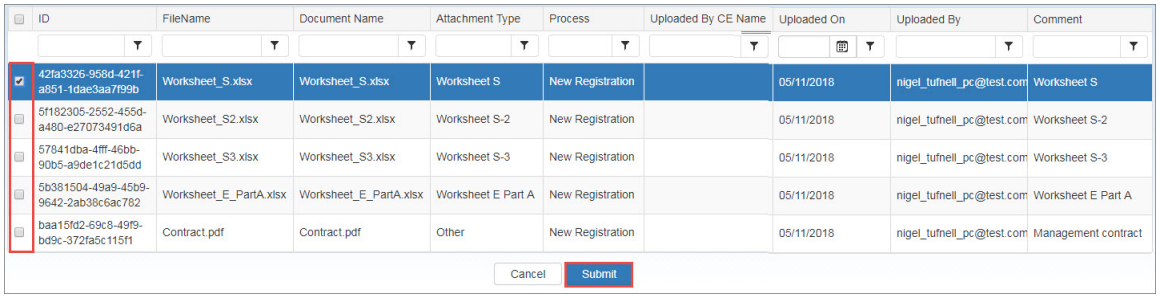
1. When the **Attachments** page first displays, click the ***Upload Attachments*** button.



Selecting from Existing Attachments

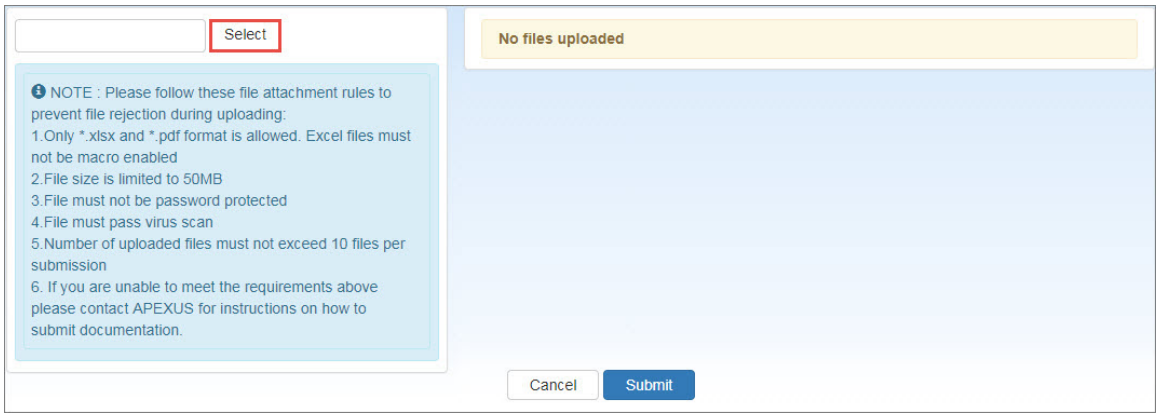
a. Click the **Select from Existing Attachments** button to display a list of attachments that have already been uploaded.

Note: If you are the PC for a child entity, the list will show all attachments you uploaded plus all attachments uploaded for the parent. You will not be able to see attachments uploaded by other child entities (siblings).



b. Click the checkbox for the files you want to attach and click the **Submit** button to add them to the hospitals and return to the **Attachments** page.

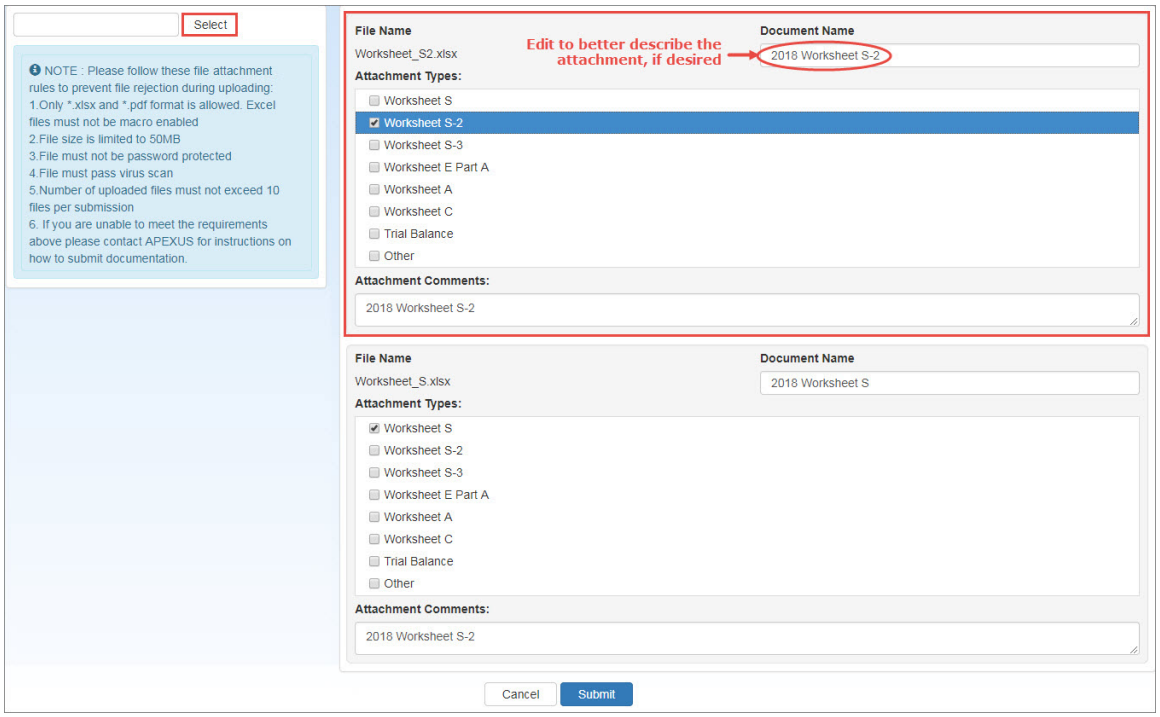
2. When the attachments upload selection page displays, click the **Select** button, navigate to the file you want to upload, and click on it.



Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

3. As each file is selected, it will appear on the attachments upload selection page.



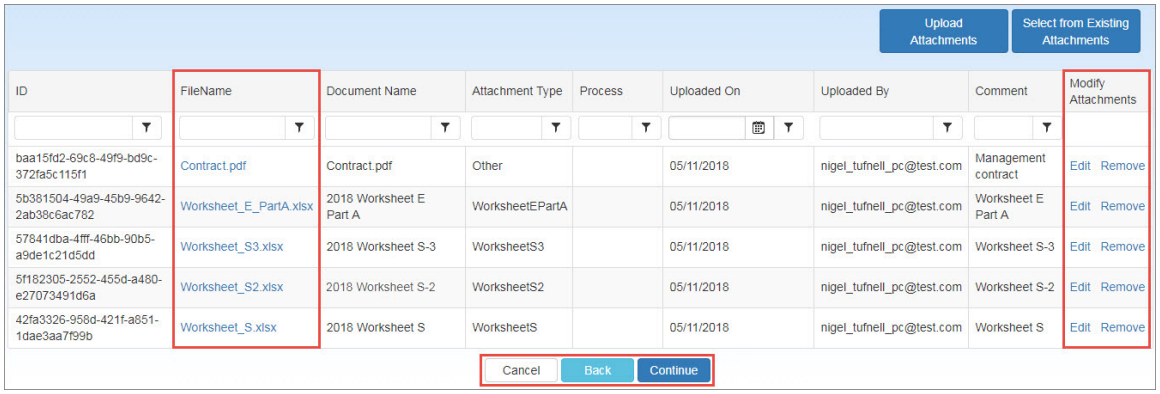
- The file name of the attachment will appear in the ***Document Name*** box. It may be changed to better describe the attachment if desired.

- Under ***Attachment Types,*** click the appropriate check box(es) to identify the worksheet in the attachment. Select **Other** for attachments that are not cost report worksheets.

  Tip: Multiple boxes may be selected it the attachment includes multiple worksheets.

- Type any relevant notes in the ***Attachment Comments*** text box.

4. Repeat the steps above to select and identify additional attachments.
5. Click the **Submit** button to proceed when finished selecting attachments.
6. The system will display a list of the selected attachments.



Selected Attachments List

Item	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	Click the link to open the attachment with the application that created it (e.g., Excel)
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User selected type identifier.
Uploaded On	Date when they attachment was uploaded.
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.
Modify Attachments	■ ***Edit*** – Return to the attachments upload selection page to edit the document name, attachment type or comment. ■ ***Remove*** – Delete the associated attachment from the entity.

Selected Attachments List (continued)

Item	Description
Upload Attachments	Upload additional attachment files
Select from Existing Attachments	Select additional files from a list of attachments that have already been uploaded.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to accept the attachments and proceed.

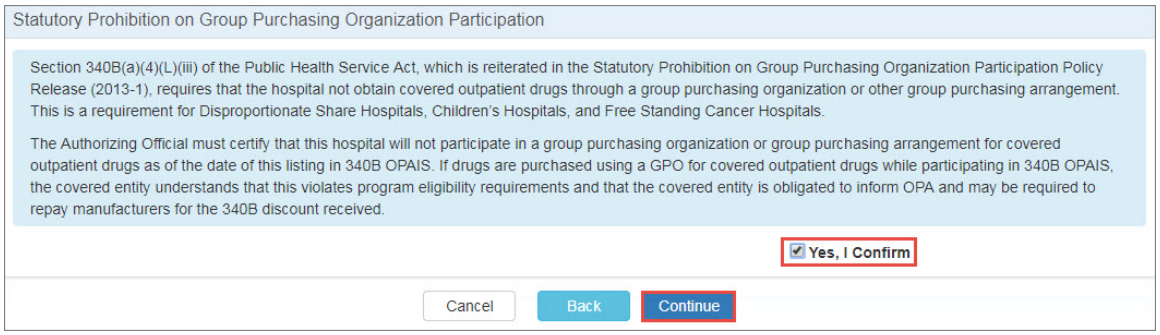
Outpatient Medicaid Billing

More information: See "Hospital Medicaid Billing" on page 165.

Statutory Prohibition on Group Purchasing Organization Participation

Group Purchasing Organization Applicability

This section only appears for:	This section will *not* appear for:
■ Disproportionate Share Hospitals (DSH) ■ Children's Hospitals (PED) ■ Free Standing Cancer Hospitals (CAN)	■ Critical Access Hospitals (CAH) ■ Rural Referral Centers (RRC) ■ Sole Community Hospitals (SCH)

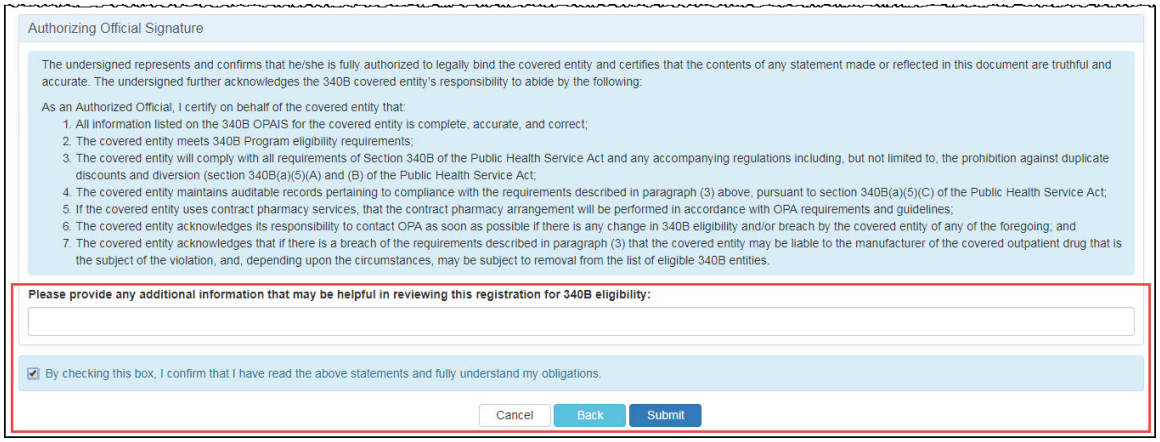


Controls for Statutory Prohibition on GPO Participation

Control	Description
Yes, I Confirm	Select the checkbox to confirm that the hospital will not obtain covered outpatient drugs through a group purchasing organization (GPO).
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

Outpatient Facility Registration Submission

The ***Authorizing Official Signature*** section is appended to the bottom of the summary page to allow you to attest to the registration.



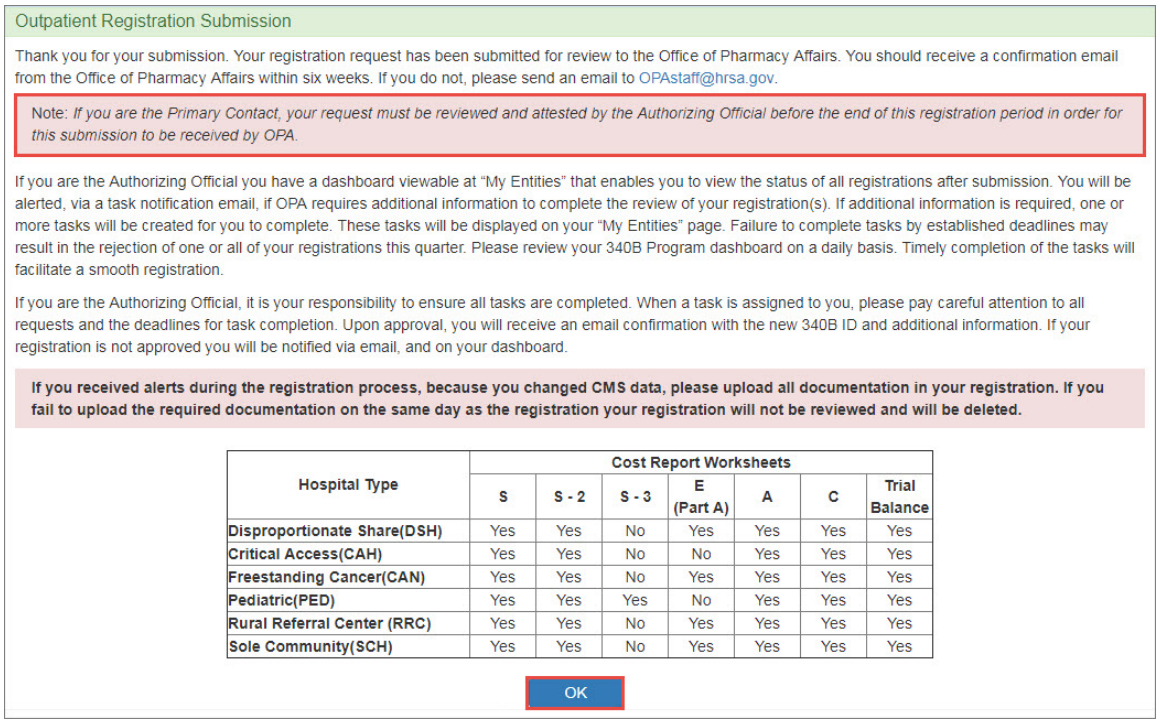
Registration Submission AO Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* Type any comments that will help OPA in approving the registration.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box to submit the registration or reinstatement for OPA approval.
Cancel	Exit from the attestation page without taking action.
Submit	After selecting the check box to authorize the submission, click this button to submit the registration or reinstatement for OPA approval. The submission confirmation page will be displayed. ▪ The registration will appear on your ***My Dashboard*** under ***My Entities*** ▪ You will receive a Registration Confirmation email.

Important: OPA will review the registration and may request more information to verify eligibility. Otherwise, OPA will review the registration and notify you when the registration is approved.

Upon clicking the **Submit** button, the PC or AO will see the **Outpatient Registration Submission** confirmation page.

The user must click the **OK** button to return to your ***My Dashboard*** where the new registration will appear under ***My Pending***.



Outpatient Registration Submission

Thank you for your submission. Your registration request has been submitted for review to the Office of Pharmacy Affairs. You should receive a confirmation email from the Office of Pharmacy Affairs within six weeks. If you do not, please send an email to OPAstaff@hrsa.gov.

Note: *If you are the Primary Contact, your request must be reviewed and attested by the Authorizing Official before the end of this registration period in order for this submission to be received by OPA.*

If you are the Authorizing Official you have a dashboard viewable at "My Entities" that enables you to view the status of all registrations after submission. You will be alerted, via a task notification email, if OPA requires additional information to complete the review of your registration(s). If additional information is required, one or more tasks will be created for you to complete. These tasks will be displayed on your "My Entities" page. Failure to complete tasks by established deadlines may result in the rejection of one or all of your registrations this quarter. Please review your 340B Program dashboard on a daily basis. Timely completion of the tasks will facilitate a smooth registration.

If you are the Authorizing Official, it is your responsibility to ensure all tasks are completed. When a task is assigned to you, please pay careful attention to all requests and the deadlines for task completion. Upon approval, you will receive an email confirmation with the new 340B ID and additional information. If your registration is not approved you will be notified via email, and on your dashboard.

If you received alerts during the registration process, because you changed CMS data, please upload all documentation in your registration. If you fail to upload the required documentation on the same day as the registration your registration will not be reviewed and will be deleted.

Hospital Type	Cost Report Worksheets						
	S	S - 2	S - 3	E (Part A)	A	C	Trial Balance
Disproportionate Share(DSH)	Yes	Yes	No	Yes	Yes	Yes	Yes
Critical Access(CAH)	Yes	Yes	No	No	Yes	Yes	Yes
Freestanding Cancer(CAN)	Yes	Yes	No	Yes	Yes	Yes	Yes
Pediatric(PED)	Yes	Yes	Yes	No	Yes	Yes	Yes
Rural Referral Center (RRC)	Yes	Yes	No	Yes	Yes	Yes	Yes
Sole Community(SCH)	Yes	Yes	No	Yes	Yes	Yes	Yes

OK

Important: Once the registration is approved by OPA, both the AO and PC will both receive a *340B Participation Approval* email. The entity's 340B status will be updated to "Approved" and the entity's enrollment in the 340B program will start on the first day of the next quarter.

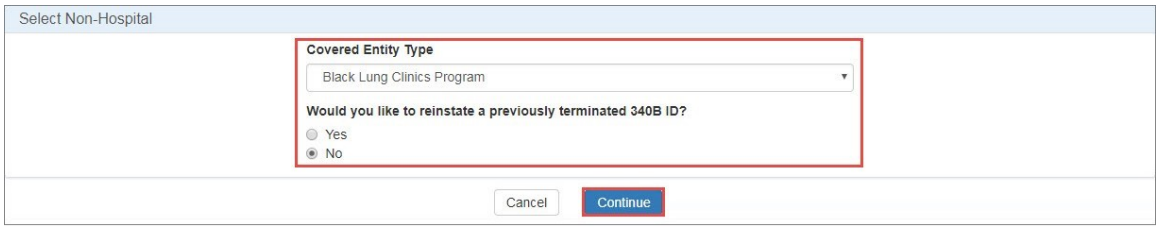
Non-Hospital Registration

Note: You must be the logged-in AO or PC to register a non-hospital.

1. From the 340B home page, select **Register > Register Covered Entity and/or Outpatient Facility** from the top menu or click the **Register Covered Entity** icon.

2. On the **Covered Entity Registration** page, click the ***"A Non-Hospital"*** button.

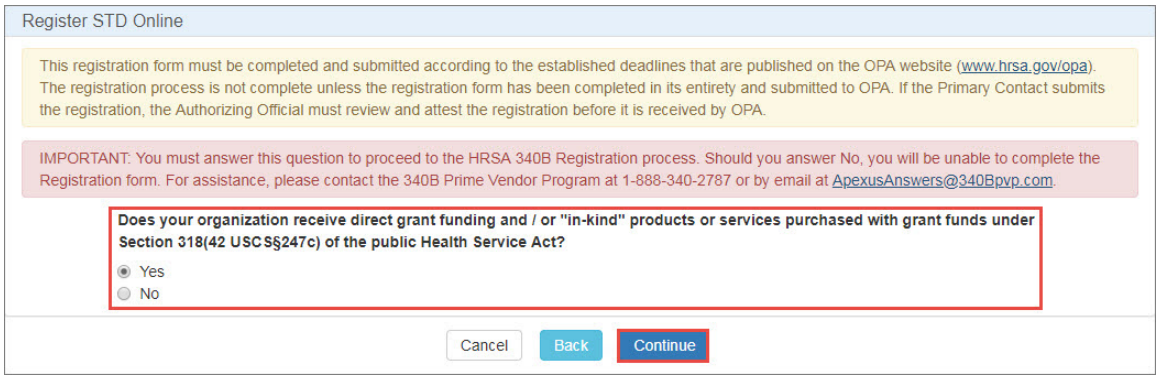
3. On the **Select Non-Hospital** page, select the type of non-hospital entity you are registering from the **Covered Entity Type** drop-down list. Select whether you want to reinstate a previously terminated 340B ID or not and click the ***Continue*** button.



More information: If you are reinstating a terminated 340B ID, refer to Non-Hospital Reinstatements for more information.

In-Kind Funding Question – STD Registration

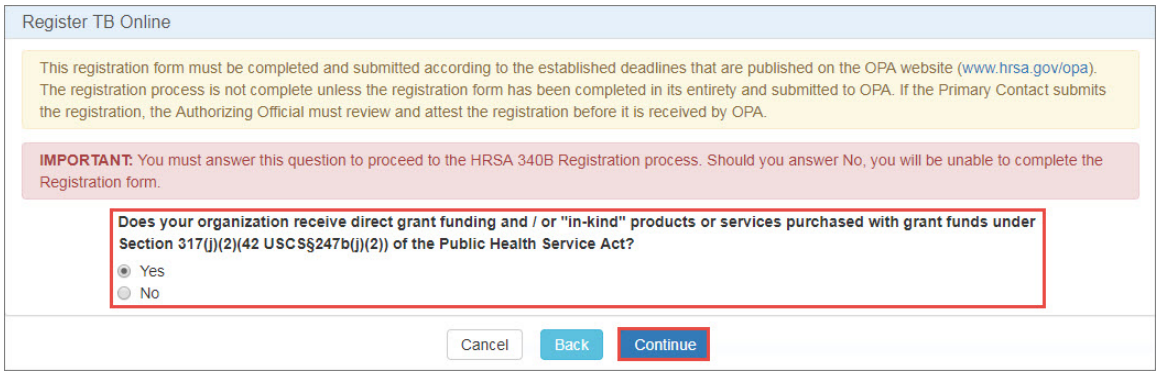
When prompted whether the organization receives direct grant funding and/or "in-kind" products or services purchased with grant funds, select **Yes** and click the **Continue** button to proceed.



Note: The registration cannot proceed if **No** is selected.

In-Kind Funding Question – TB Registration

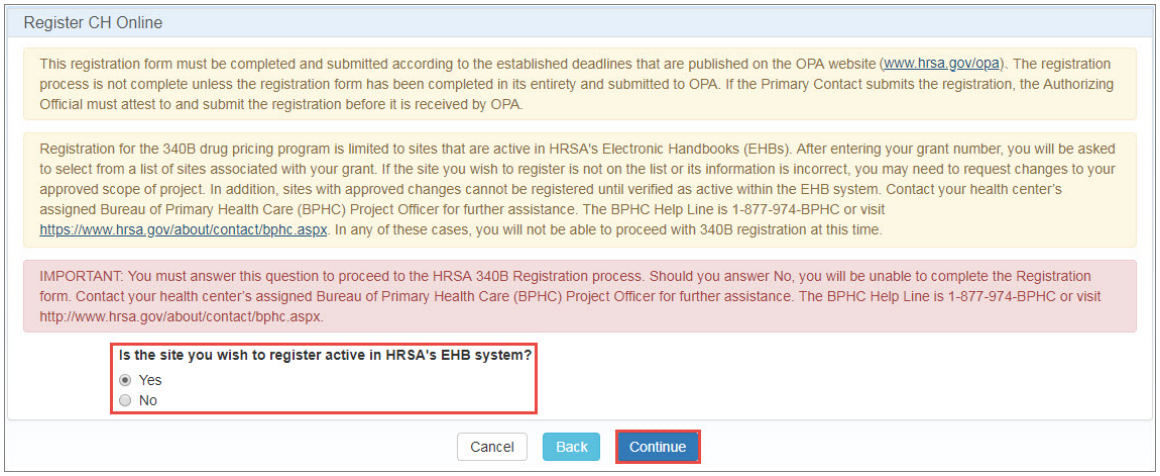
When prompted whether the organization receives direct grant funding and/or "in-kind" products or services purchased with grant funds, select **Yes** and click the **Continue** button to proceed.



Note: The registration cannot proceed if **No** is selected.

Searching for CH Grant and FQHCLA Designation Numbers

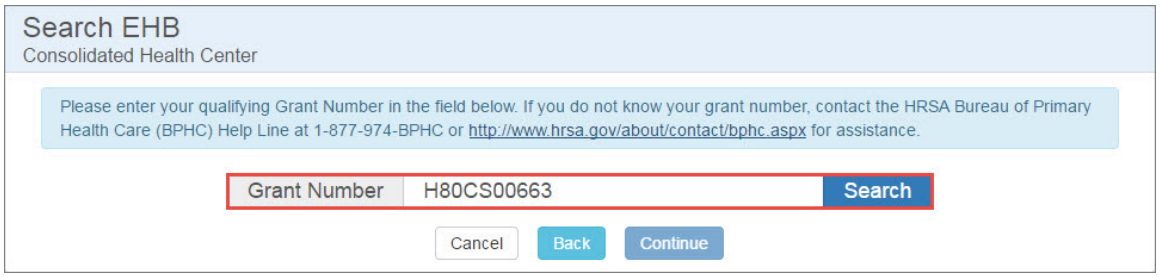
When prompted whether the site you wish to register is active in HRSA's Electronic Healthbook (EHB) system, select **Yes** and click the **Continue** button to proceed.



Note: If you answer **No**, you will not be able to proceed with the registration.

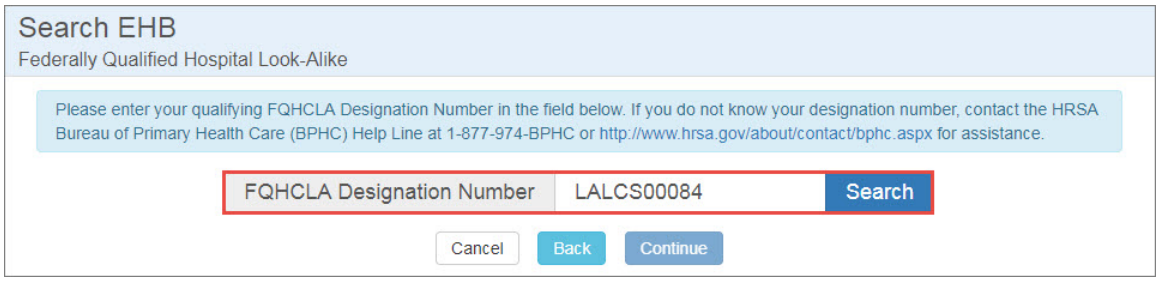
CH Entities – Search by Grant Number

Enter the ***Grant Number*** when prompted and click the **Search** button.



FQHCLA Entities – Search by FQHCLA Designation Number

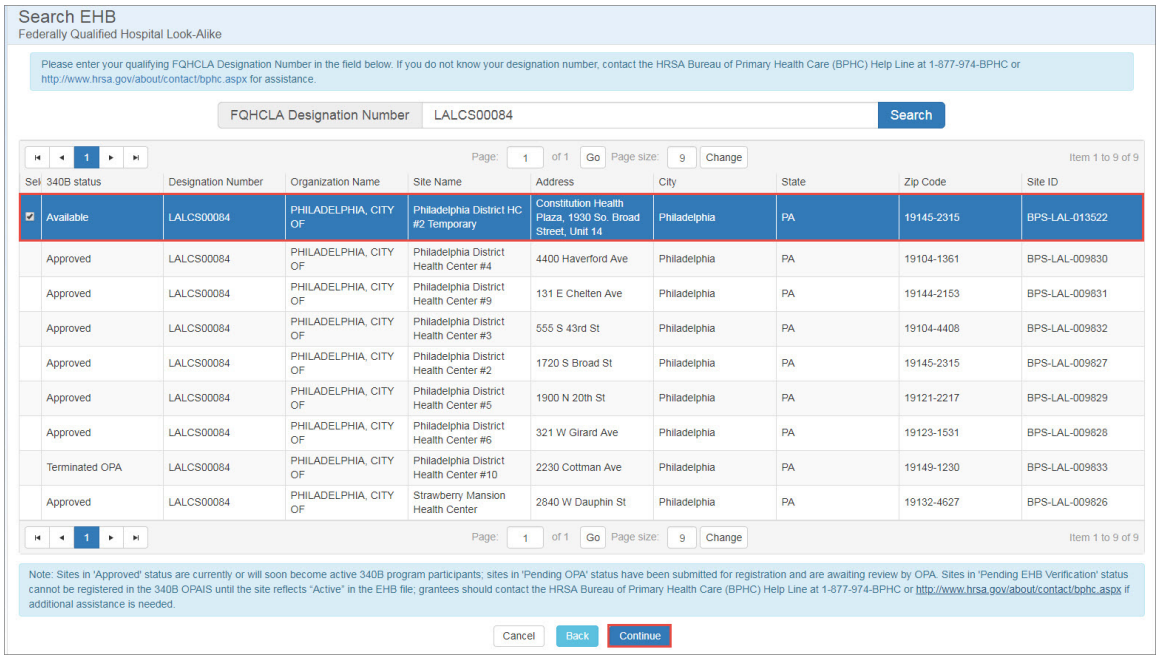
Enter the ***FQHCLA Designation Number*** when prompted and click the **Search** button.



Tip: The correct format for the FQHCLA Designation Number is *"LALCS#####"* ("LALCS" followed by five digits).

CH and FQHCLA Entities – Available Entity Selection

On the **Search EHB** results page, select a site with 340B status of *"Available"* and click the **Continue** button.

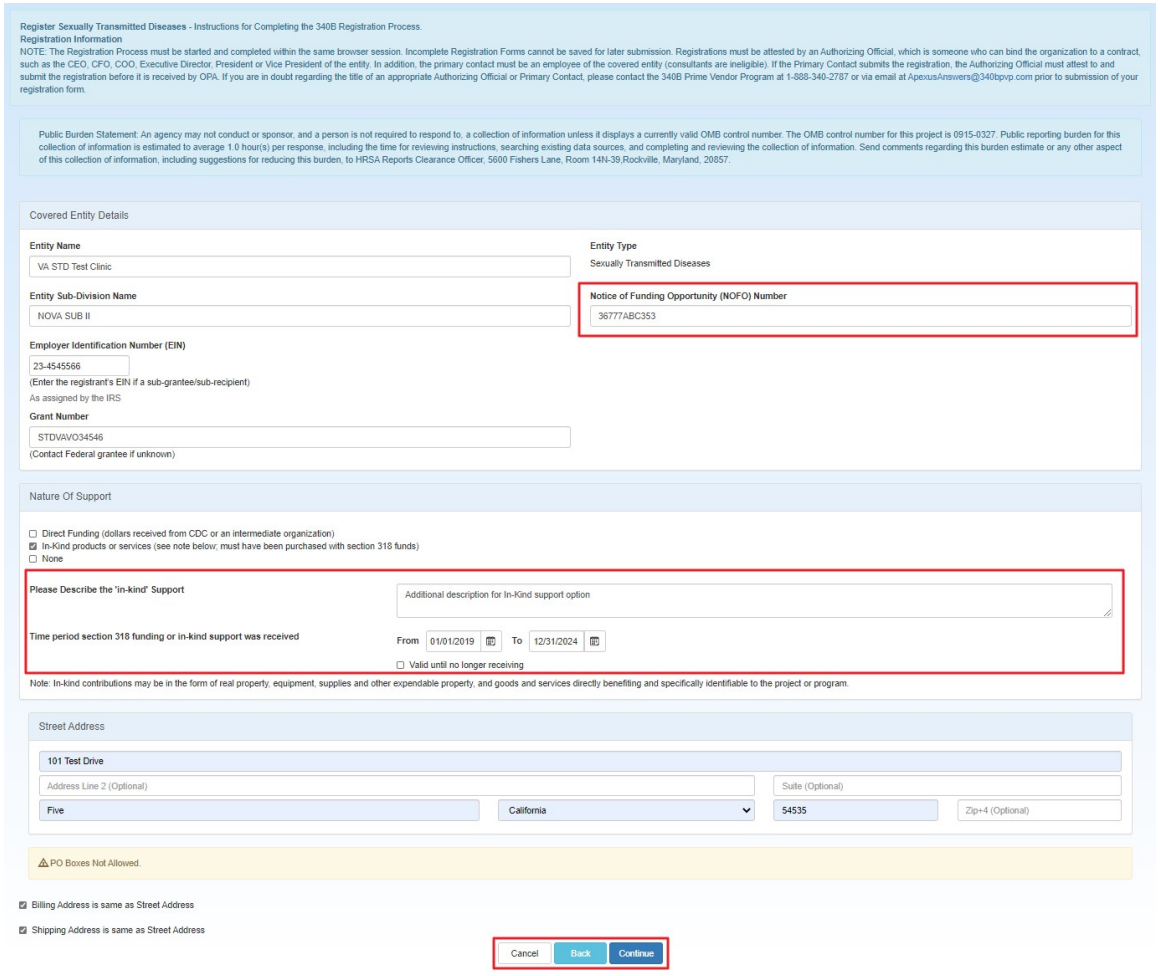


340B Status:

- **Approved** – site is currently or will soon become an active program participant.
- **Pending OPA** – site has been submitted for registration and is awaiting OPA review.
- **Pending EHB Verification** – site cannot be registered until EHB verification is complete.
- **Terminated OPA** – site has been terminated by OPA and cannot be registered.

Covered Entity Details and Address Information

The system displays the entity's details and street address, allowing the user to update the Employee Identification Number (EIN), if necessary, and to add billing and shipping addresses.



Register Sexually Transmitted Diseases - Instructions for Completing the 340B Registration Process.

Registration Information

NOTE: The Registration Process must be started and completed within the same browser session. Incomplete Registration Forms cannot be saved for later submission. Registrations must be attested by an Authorizing Official, which is someone who can bind the organization to a contract, such as the CEO, CFO, COO, Executive Director, President or Vice President of the entity. In addition, the primary contact must be an employee of the covered entity (consultants are ineligible). If the Primary Contact submits the registration, the Authorizing Official must attest to and submit the registration before it is received by OPA. If you are in doubt regarding the title of an appropriate Authorizing Official or Primary Contact, please contact the 340B Prime Vendor Program at 1-888-340-2787 or via email at ApexusAnswers@340bpvp.com prior to submission of your registration form.

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 1.0 hour(s) 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 14N-39,Rockville, Maryland, 20857.

Covered Entity Details

Entity Name: VA STD Test Clinic

Entity Type: Sexually Transmitted Diseases

Entity Sub-Division Name: NOVA SUB II

Notice of Funding Opportunity (NOFO) Number: 36777ABC353

Employer Identification Number (EIN): 23-4545566

(Enter the registrant's EIN if a sub-grantee/sub-recipient)

As assigned by the IRS

Grant Number: STDVAVO34546

(Contact Federal grantee if unknown)

Nature Of Support

- ☐ Direct Funding (dollars received from CDC or an intermediate organization)
- ☑ In-Kind products or services (see note below; must have been purchased with section 318 funds)
- ☐ None

Please Describe the 'in-kind' Support: Additional description for In-Kind support option

Time period section 318 funding or in-kind support was received: From 01/01/2019 To 12/31/2024

☐ Valid until no longer receiving

Note: In-kind contributions may be in the form of real property, equipment, supplies and other expendable property, and goods and services directly benefiting and specifically identifiable to the project or program.

Street Address

101 Test Drive

Address Line 2 (Optional) | Suite (Optional)

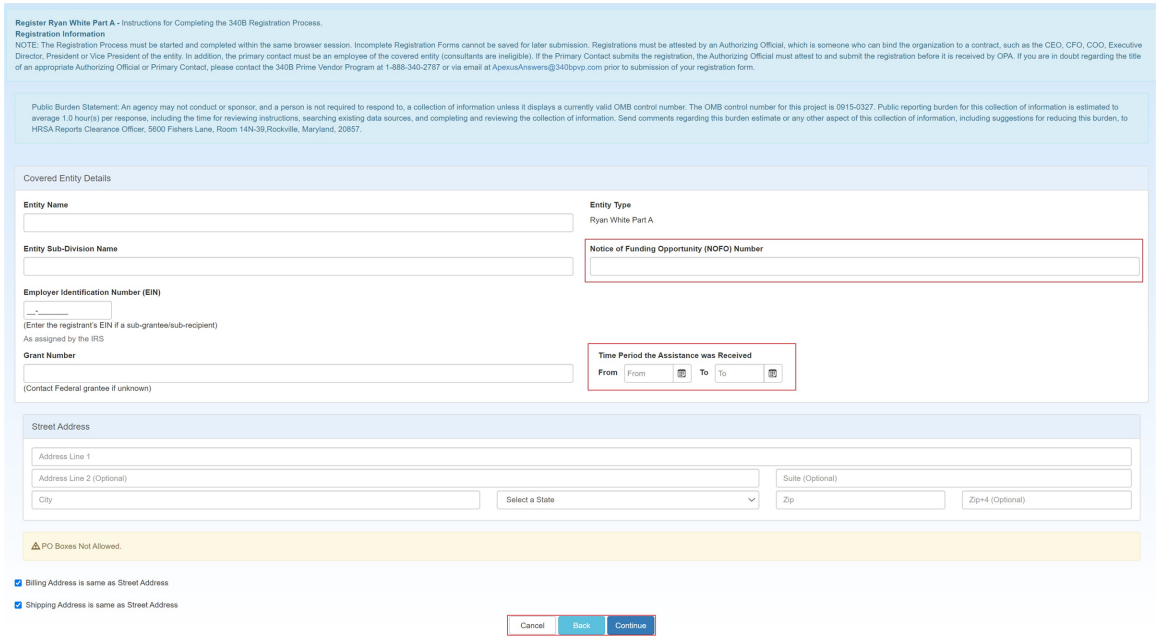
Five | California | 54535 | Zip+4 (Optional)

⚠ PO Boxes Not Allowed.

☑ Billing Address is same as Street Address

☑ Shipping Address is same as Street Address

Cancel | Back | Continue



Register Ryan White Part A - Instructions for Completing the 340B Registration Process.

Registration Information

NOTE: The Registration Process must be started and completed within the same browser session. Incomplete Registration Forms cannot be saved for later submission. Registrations must be attested by an Authorizing Official, which is someone who can bind the organization to a contract, such as the CEO, CFO, COO, Executive Director, President or Vice President of the entity. In addition, the primary contact must be an employee of the covered entity (consultants are ineligible). If the Primary Contact submits the registration, the Authorizing Official must attest to and submit the registration before it is received by OPA. If you are in doubt regarding the title of an appropriate Authorizing Official or Primary Contact, please contact the 340B Prime Vendor Program at 1-888-340-2787 or via email at ApexusAnswers@340bpvp.com prior to submission of your registration form.

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 1.0 hour(s) 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 14N-39,Rockville, Maryland, 20857.

Covered Entity Details

Entity Name

Entity Type: Ryan White Part A

Entity Sub-Division Name

Notice of Funding Opportunity (NOFO) Number

Employer Identification Number (EIN): __-_____

(Enter the registrant's EIN if a sub-grantee/sub-recipient)

As assigned by the IRS

Grant Number

(Contact Federal grantee if unknown)

Time Period the Assistance was Received

From | To

Street Address

Address Line 1

Address Line 2 (Optional) | Suite (Optional)

City | Select a State | Zip | Zip+4 (Optional)

⚠ PO Boxes Not Allowed.

☑ Billing Address is same as Street Address

☑ Shipping Address is same as Street Address

Cancel | Back | Continue

Non-Hospital Details and Address Information

Item	Continued
Name	Type the name of the entity (pre-filled for CH and FQHCLA entity types).
Sub-Division Name	Type the sub-division name of the entity (pre-filled for CH and FQHCLA entity types).
NOFO Number	Type the Notice of Funding Opportunity (NOFO) Number. Only associated with STD and TB.
Employee Identification Number (EIN)	Type a new EIN if one has been assigned by the IRS.

Non-Hospital Details and Address Information (continued)

<table>
<tr><th>Item</th><th>Continued</th></tr>
<tr><td>Grant Number</td><td>Type the grant number (pre-filled for CH and FQHCLA entity types). A grant number guidance message is displayed for the entity types as specified below:
<table>
<tr><th>Entity Type</th><th>Entity Type Name</th><th>Message</th></tr>
<tr><td>STD</td><td>Sexually Transmitted Diseases</td><td>Grant Number should be in the following example format: "NH25PS######"</td></tr>
<tr><td>TB</td><td>Tuberculosis</td><td>Grant Number should be in the following example format: "NU52PS######"</td></tr>
<tr><td>FP</td><td>Family Planning (Title X only)</td><td>Grant Number should be in the following example format: "FPHPA######"</td></tr>
<tr><td>RWI</td><td>Ryan White Part A</td><td>Grant Number should be in the following example format: "H89HA#####"</td></tr>
<tr><td>RWII
RWIID
RWIIR</td><td>Ryan White Part B
Ryan White Part B ADAP Direct Purchase
Ryan White Part B ADAP Rebate Option</td><td>Grant Number should be in the following example format: "X07HA#####"</td></tr>
<tr><td>HV</td><td>Ryan White Part C</td><td>Grant Number should be in the following example format: "H76HA#####"</td></tr>
</table>
</td></tr>
</table>

Non-Hospital Details and Address Information (continued)

<table>
<tr><th>Item</th><th>Continued</th></tr>
<tr><td></td><td>
<table>
<tr><th>Entity Type</th><th>Entity Type Name</th><th>Message</th></tr>
<tr><td>RW4</td><td>Ryan White Part D</td><td>Grant Number should be in the following example format: "H12HA#####"</td></tr>
<tr><td>HM</td><td>Comprehensive Hemophilia Treatment Center</td><td>Grant Number should be in the following example format: "H30MC#####"</td></tr>
</table>
Note: Grant Number is not displayed for Urban Indian and Tribal Contract/Compact with IHS (P.L. 93-638) entities. It is required for all other non-hospital entity types. Contact the federal grantee or project officer if you don't know the Grant Number.
</td></tr>
<tr><td>Site ID (CH and FQHCLA only)</td><td>Pre-filled by system.</td></tr>
<tr><td>Nature Of Support</td><td>As appropriate, select the check boxes for the nature of direct grant funding; either Direct Funding or "In-Kind" products or services purchased with direct grant funds or both. Selecting "None" will uncheck the other boxes (if selected) and make the entity ineligible for registration.

Enter the description for “In-Kind” support if you selected the In-Kind option.

Enter the “From” and “To” dates for the time period section 318/317 funding or in-kind support was received. You can select the Valid until no longer receiving checkbox if there is no “To” date.</td></tr>
<tr><td>Funding Period</td><td>If registering any of the Ryan White entity types, then you will need to provide the “From” and “To” dates for the Time period the Assistance was received.</td></tr>
<tr><td>Street Address</td><td>Type the organization and address information (pre-filled for CH and FQHCLA entities).</td></tr>
</table>

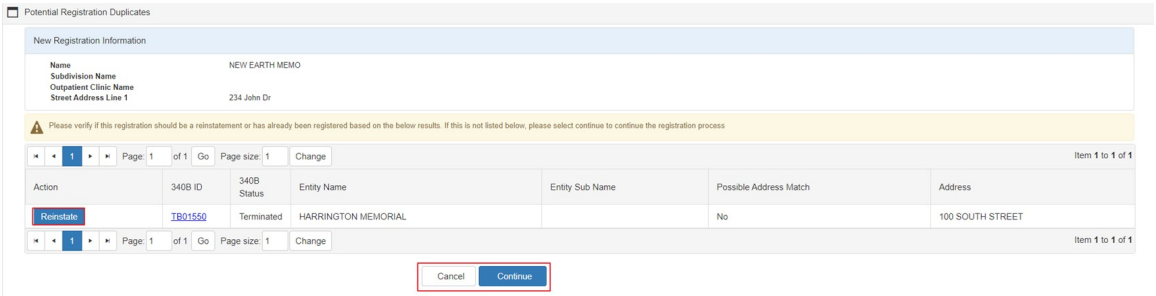
Non-Hospital Details and Address Information (continued)

Item	Continued
Billing Address Same as Street Address	Uncheck the box to add a new Billing Address.
Shipping Address Same as Street Address	Uncheck the box to add a new Shipping Address.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

More information: For additional information about adding or changing contact details, refer to "Adding a Billing Address" on page 132, "Adding a Shipping Address" on page 133, and "Editing/Deleting Shipping Addresses" on page 134.

Potential Registration Duplicates

You will see a screen with the list of potential matches if the Zip Code for the newly added entity exactly matches an existing entity with the same entity type. These matches could be existing entities which are either pending approval, approved for participation, already active or terminated. Please review the entity or entities listed and verify if the new registration for the non-hospital is a duplicate of any of the existing entities.



If the entity that you are registering already exists as a terminated entity, you should initiate the reinstatement for the terminated entity by selecting the ***Reinstate*** button available under the Action column for that record.

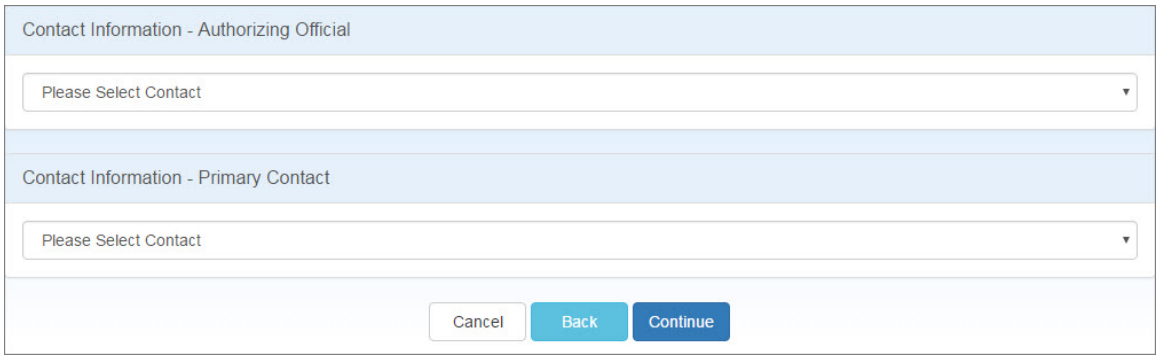
If you want to proceed with the new registration, then click on ***Continue*** to navigate to the next section. Click ***Cancel*** if you want to return to the Covered Entity Details section.

This screen is only applicable for non-hospitals with entity type other than CH/FQHCLA.

AO and PC Contact Information

The Contact Information page requires you to add yourself as either the Authorizing Official (AO) or Primary Contact (PC). Both the AO and the PC must be specified for the entity before proceeding.

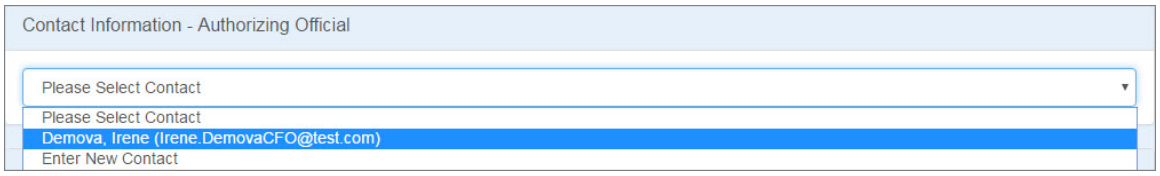
Note: The AO must be an official (CEO, CFO, etc.) who is able to legally bind the entity and attest to any changes.



Important: The Primary Contact may not be the same person as the Authorizing Official.

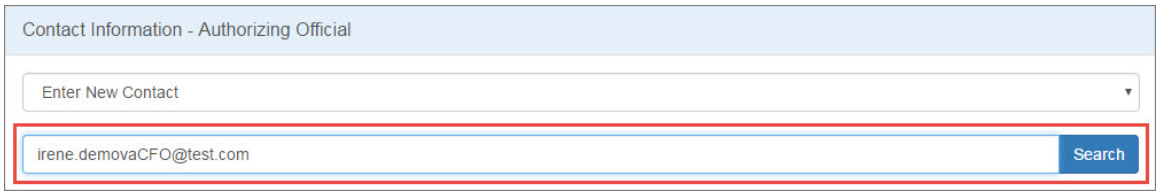
Adding an Authorizing Official

1. Click the ***Please Select Contact*** drop-down list.
2. If the user is the AO and their name appears in the list, selecting their name will populate their information.

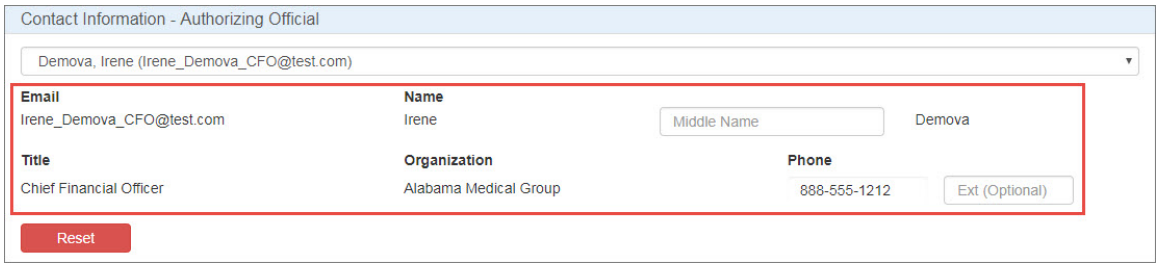


Note: The AO should be an individual such as the CFO, CEO, COO, president, Vice President, Senior VP, who is fully authorized to legally bind the entity.

3. If the user is not the AO, select ***Enter New Contact***, they should type the AO's email address and click the **Search** button.



- If the AO already has a 340B account, their contact information will be filled automatically.



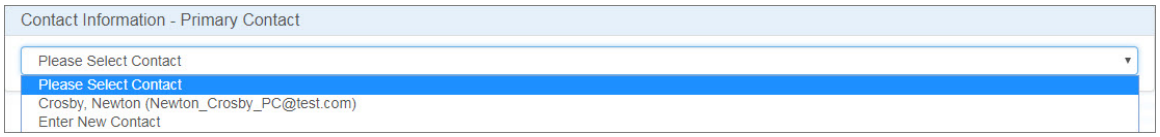
Note: The **Telephone Extension** field allows numeric values only. If a 340B OPAIS account is already associated with the email address and the extension field contains an alpha character (e.g., x305) from an existing registration, you will be prompted to correct it.

- If the AO does not have a 340B account, the user should enter their name, title, organization name (employer), and phone number. The AO will receive a New User Account Invitation email asking them to create an account.

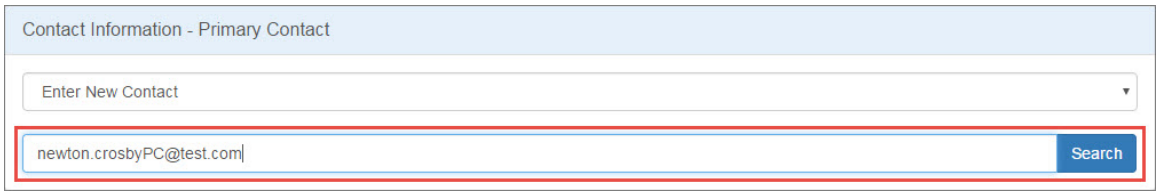
Tip: Click the **Reset** button to clear existing contact information to enter the information for a new AO.

Adding a Primary Contact

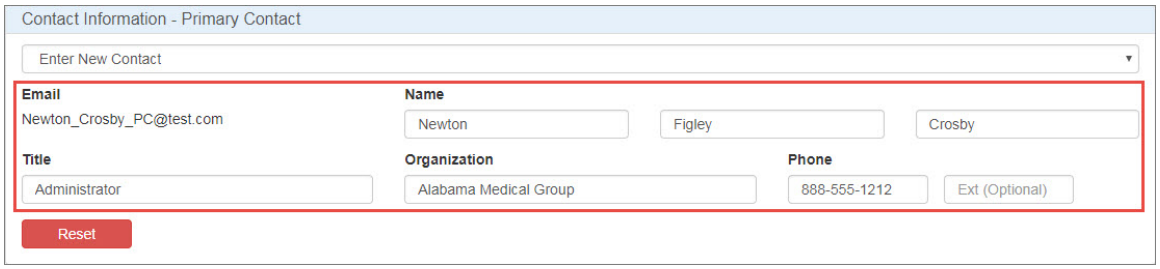
1. Click the ***Please Select Contact*** drop-down list.
2. If you are the PC and your name appears in the list, select your name to populate your information.



3. If you are not the PC, select ***Enter New Contact***, they should type the PC's email address and click the **Search** button.



- If the PC has a 340B account, their contact information will be populated.



Note: The **Telephone Extension** field allows numeric values only. If a 340B OPAIS account is already associated with the email address and the extension field contains an alpha character (e.g., x305) from an existing registration, you will be prompted to correct it.

- If the PC does not have a 340B account, enter their name, title, organization name (employer), and phone number in the spaces provided. The PC will receive a New User Account Invitation email asking them to create an account.

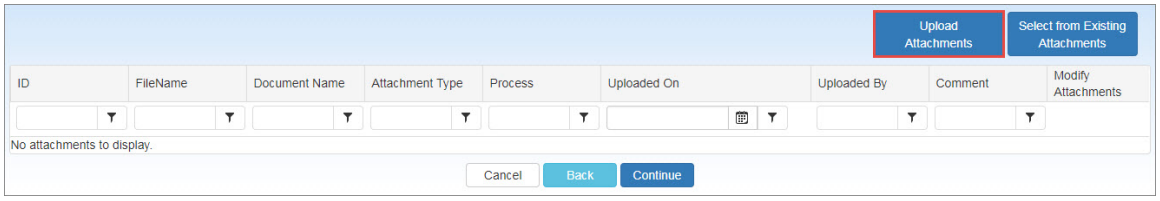
Tip: Click the **Reset** button to clear existing contact information to enter the information for a new PC.

Uploading Attachments

As part of the registration process, the system will allow the user to upload related supporting documentation. Failure to upload the required documentation before submitting the registration will result in rejection of the registration for the quarter.

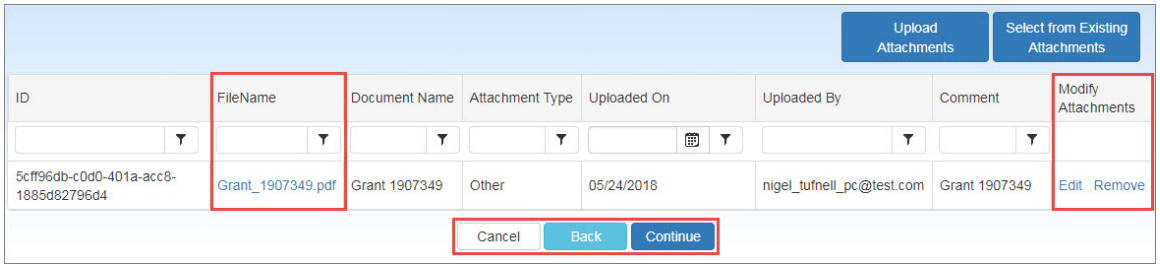
Follow these steps to upload one or more attachments:

1. When the **Attachments** page first displays, click the ***Upload Attachments*** button.



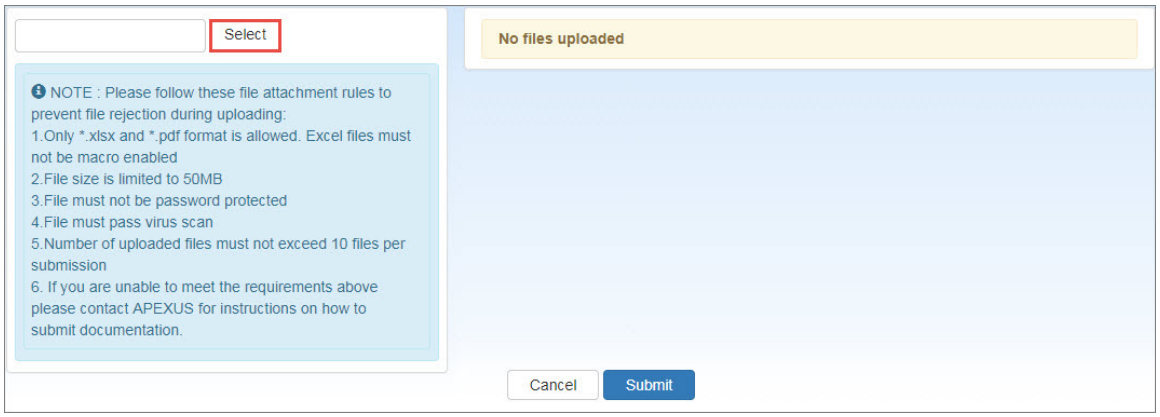
Selecting from Existing Attachments

a. Click the **Select from Existing Attachments** button to display a list of attachments that have already been uploaded.



b. Click the checkbox for the files you want to attach and click the **Submit** button to add them to the **Attachments** page.

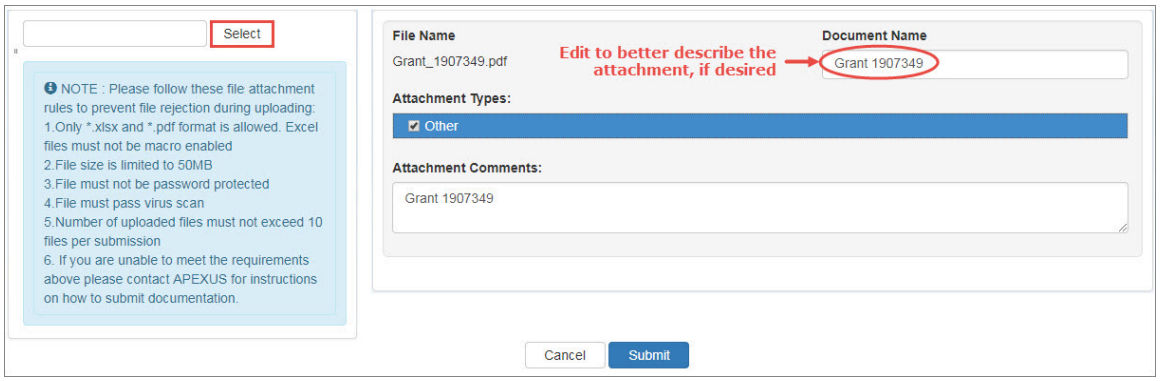
2. When the attachments upload selection page displays, click the **Select** button, navigate to the file you want to upload, and click on it.



Follow these file attachment rules to prevent rejection during uploading:

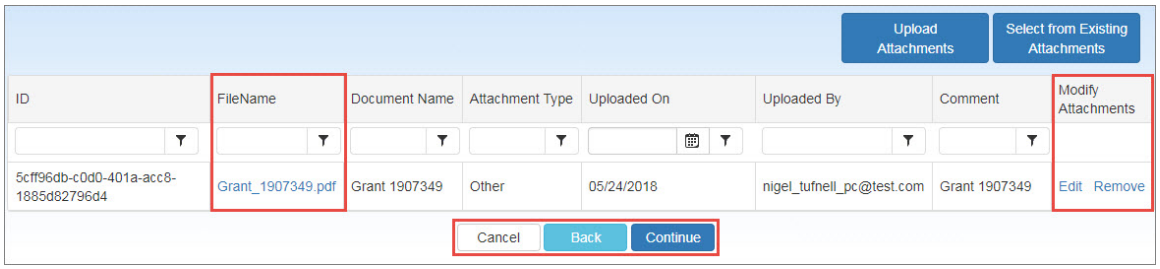
- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

3. As each file is selected, it will appear on the attachments upload selection page.



- The file name of the attachment will appear in the ***Document Name*** box. It may be changed to better describe the attachment if desired.
- Under ***Attachment Types,*** click the ***Other*** checkbox..
- Type any additional notes in the ***Attachment Comments*** text box.

4. Repeat the steps above to select and identify any additional attachments.
5. Click the **Submit** button to proceed when finished selecting attachments.
6. The system will display a list of the selected attachments.



Selected Attachments List

Column	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	Click the link to open the attachment with the application that created it (e.g., Excel).
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User selected type identifier.
Uploaded On	Date when they attachment was uploaded.

Selected Attachments List (continued)

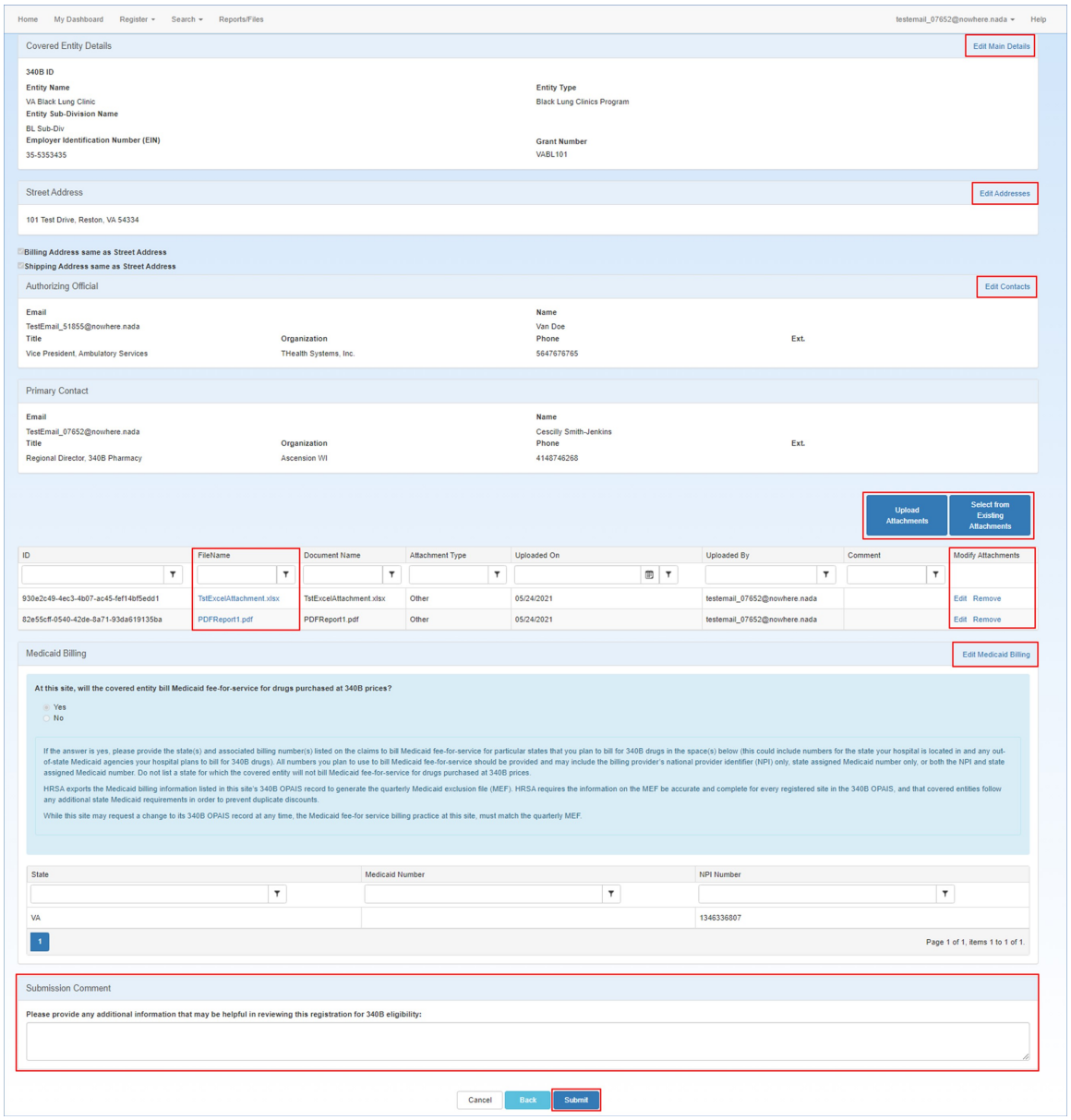
Column	Description
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.
Modify Attachments	■ ***Edit*** – Return to the attachments upload selection page to edit the document name, attachment type or comment. ■ ***Remove*** – Delete the associated attachment from the entity.
Upload Attachments	Upload additional attachment files
Select from Existing Attachments	Select additional files from a list of attachments that have already been uploaded.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to accept the attachments and proceed.

Non-Hospital Medicaid Billing

More information: See "Hospital Medicaid Billing" on page 165.

Non-Hospital Submission and Confirmation

The system displays a page that shows the entire registration for review.



Click the ***Edit…*** link for the appropriate section edit its information.

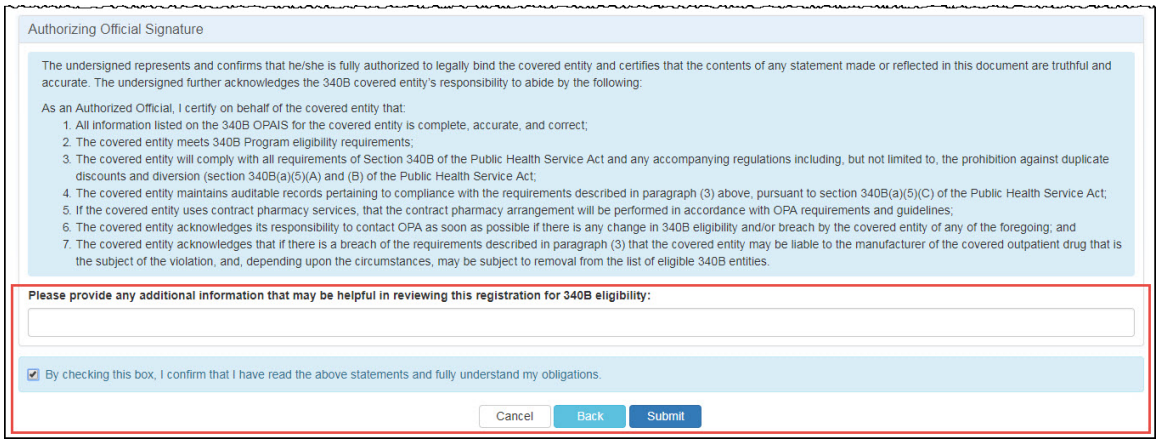
Tip: The attachments section allows you to click a link to open the attachment with the application that created it (e.g., Excel); return to the attachments upload selection page to edit the document name, attachment type or comment; or remove an attachment .

Registration Review Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B OPAIS eligibility."* ■ Type any comments that will help OPA in approving the registration. This comment will be displayed in the attestation task submitted to the AO for approval.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Submit	Click this button to submit the registration for AO approval.

If you are the AO …

The ***Authorizing Official Signature*** section is appended to the bottom of the summary page to allow you to attest to the registration.



Registration Submission AO Attestation Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* Type any comments that will help OPA in approving the registration.

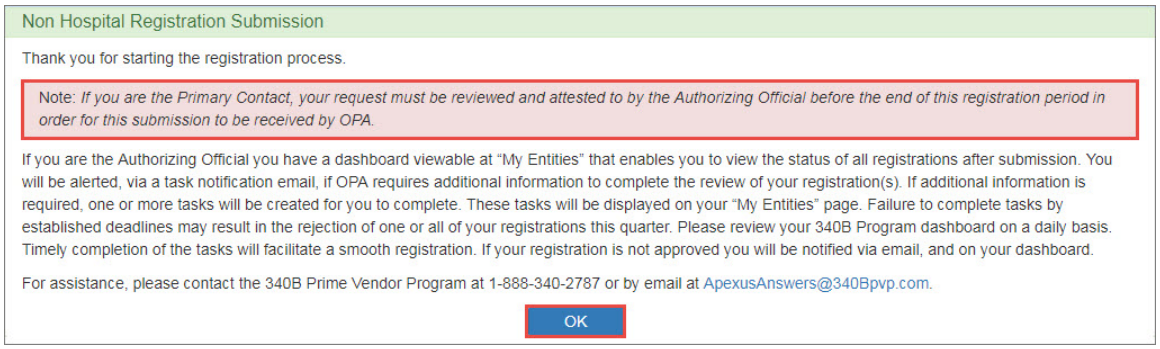
Registration Submission AO Attestation Controls (continued)

Control	Description
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box to submit the registration or reinstatement for OPA approval.
Cancel	Exit from the attestation page without taking action.
Submit	After selecting the check box to authorize the submission, click this button to submit the registration or reinstatement for OPA approval. The submission confirmation page will be displayed. ■ The registration will appear on your ***My Dashboard*** under ***My Pending*** ■ You will receive a Registration Confirmation email

Important: OPA will review the registration and may request more information to verify eligibility. Otherwise, OPA will review the registration and notify you when the registration is approved.

Submission Confirmation

Upon clicking the **Submit** button, the **Non-Hospital Registration Submission** confirmation page is displayed.



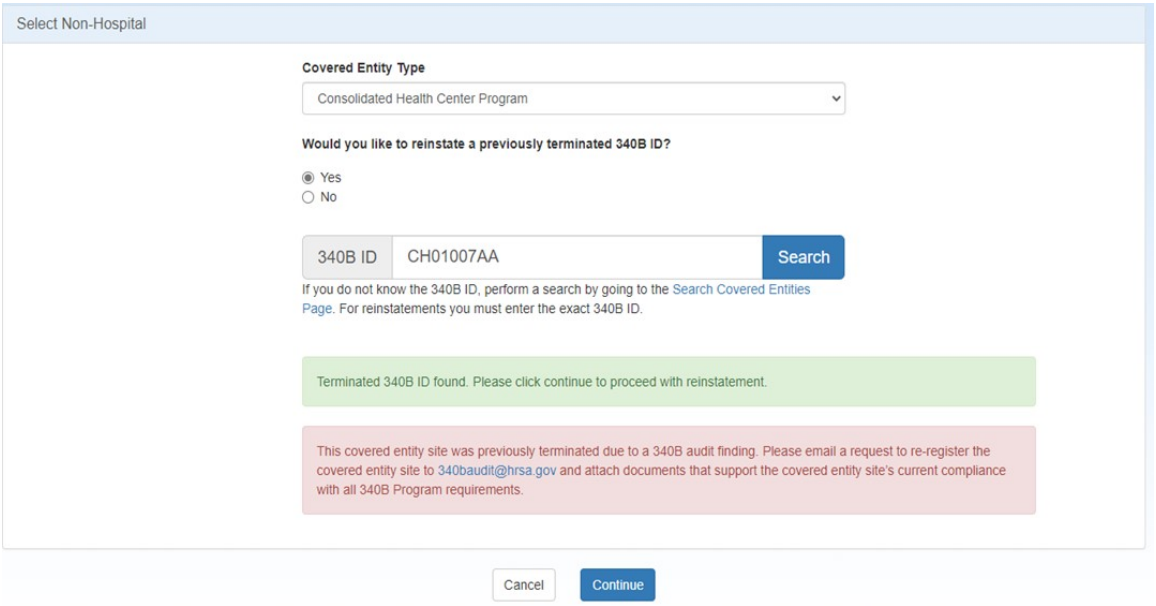
Click the **OK** button to return to your ***My Dashboard***. The new registration will appear in your ***My Dashboard*** under ***My Entities***.

Important: Once the registration is approved by OPA, both the AO and PC will both receive a *340B Participation Approval* email. The entity's 340B status will be updated to "Approved" and the entity's enrollment in the 340B program will start on the first day of the next quarter.

Non-Hospital Reinstatements

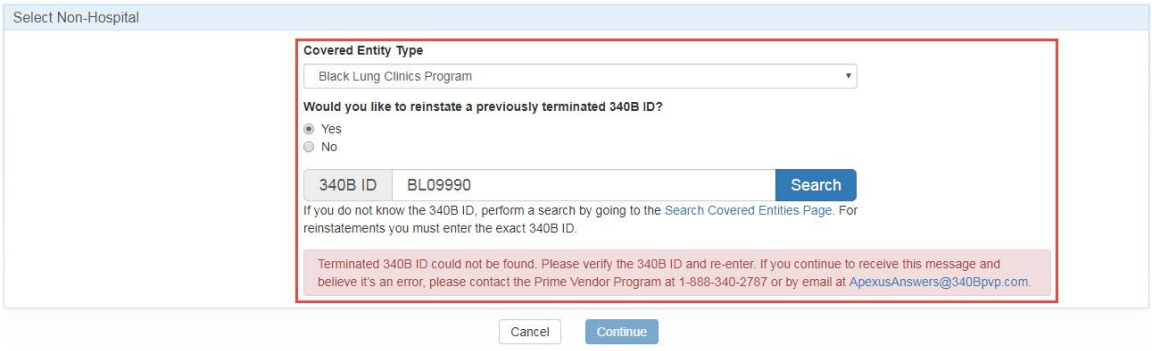
1. On the **Select Non-Hospital** page, select the **Yes** option when asked whether to reinstate a terminated 340B ID.

   Important: You must be ready to enter the exact 340B ID. If you don't know it, perform a covered entity search to locate it.

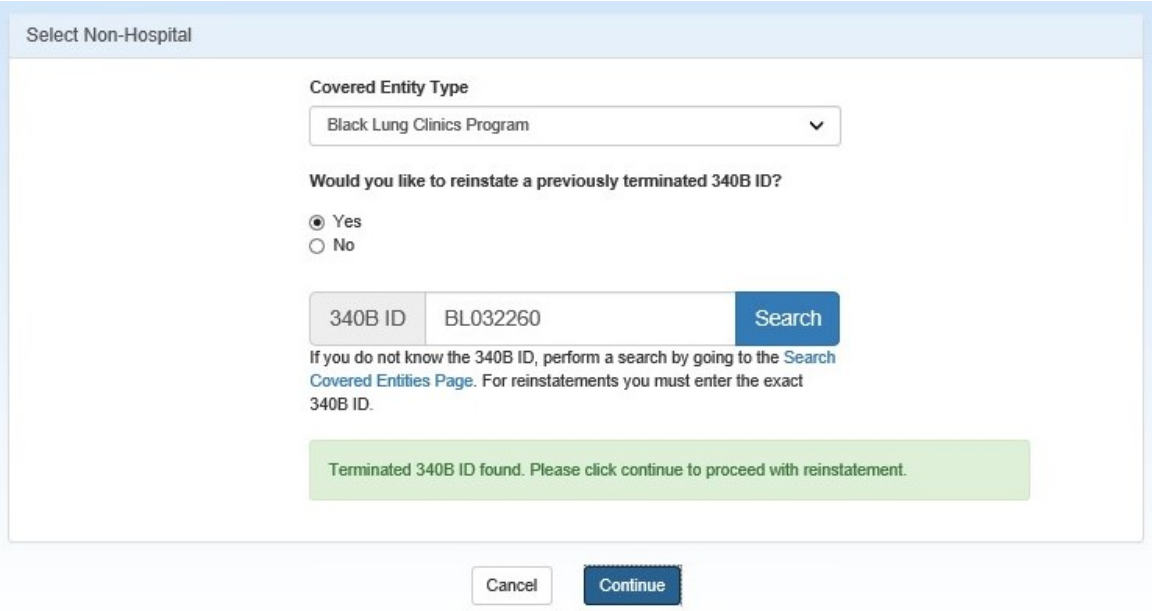


2. Enter the 340B ID of the entity to be reinstated and click the **Search** button.

   Note: If a terminated entity matching the 340B is not found, the system will display a message asking you to verify and re-enter the 340B ID and to contact the Prime Vendor if the problem continues.

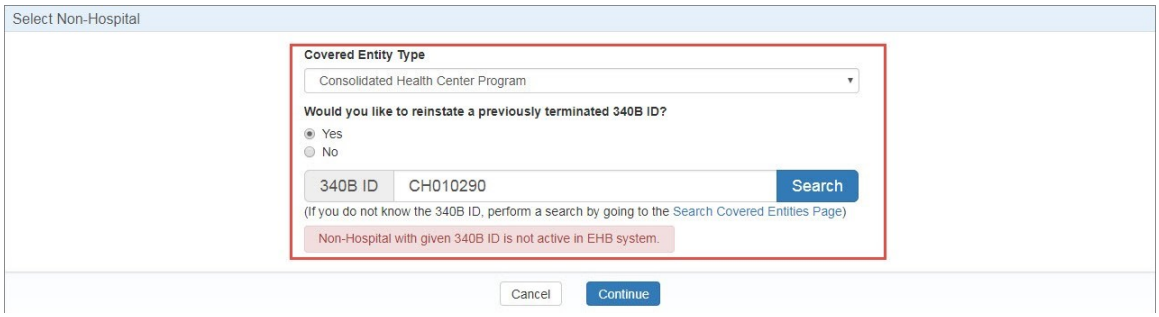


3. When the system responds that a matching entity was found, click the **Continue** button.



CH and FQHCLA Only – Entity Not Found in EHB

The system will attempt to match the 340B ID in the EHB system. If a match is not found, the system will display a message that the entity is not active in EHB.



- Click the **Cancel** button to return to the 340B OPAIS home page.

Contract Pharmacies

Covered entities that plan to use contract pharmacy arrangements to dispense drugs purchased under the 340B Drug Pricing Program must register the arrangements online and must certify electronically that a fully executed agreement is in effect with the contract pharmacy.

All agreements must satisfy the elements outlined in the guidelines that govern the operation and compliance of contract pharmacies for 340B covered entities. Prior to registration, covered entities are strongly encouraged to have their legal counsel review all contracts and associated documents to ensure compliance with applicable federal, state, and local requirements. OPA will not review contracts.

Contract Pharmacy Registration

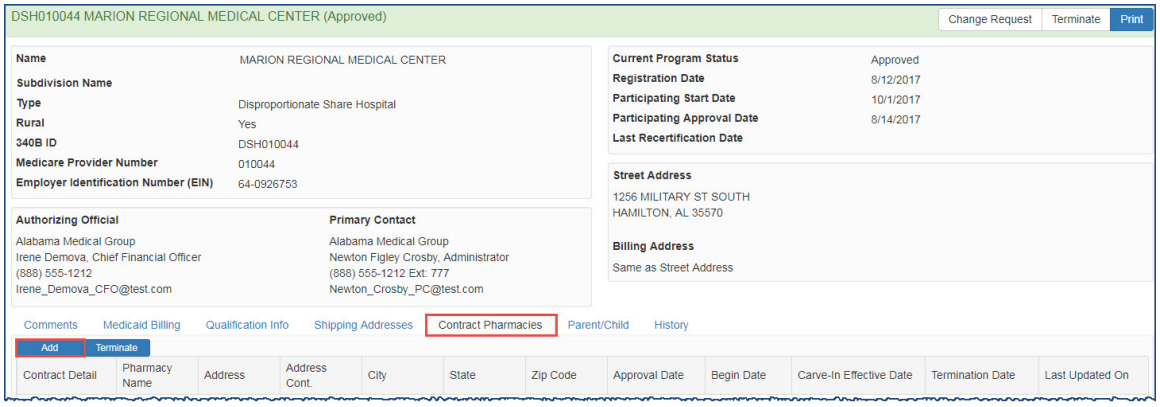
Note: You must be the logged-in AO or PC for the covered entity to register contract pharmacies.

Note: If there are contract pharmacy registrations submitted when the covered entity registration is pending, then both the AO and PC will both receive notification of approval of the Contract Pharmacies as part of the entity registration once the Covered Entity registration is approved by OPA. The contract pharmacy status will be updated to "Approved" and the enrollment in the 340B program will start on the first day of the next quarter.

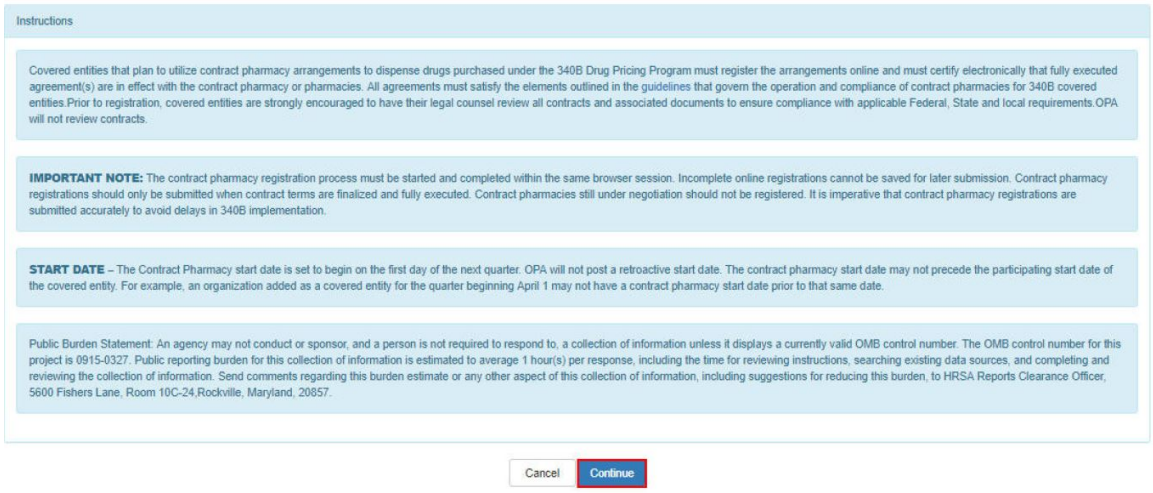
The contract pharmacy registration process must be started and completed within the same browser session. Incomplete online registrations cannot be saved for later submission. Do not submit a contract pharmacy registration if you are unsure of the information you are providing or if contract terms are still under negotiation or not fully executed. It is imperative that contract pharmacy registrations are submitted accurately to avoid lengthy delays in 340B implementation.

Follow these steps to register a contract pharmacy:

1. From the **Covered Entity Details** page for an active entity for which you are responsible as AO or PC, select the ***Contract Pharmacy*** tab and click the **Add** button.

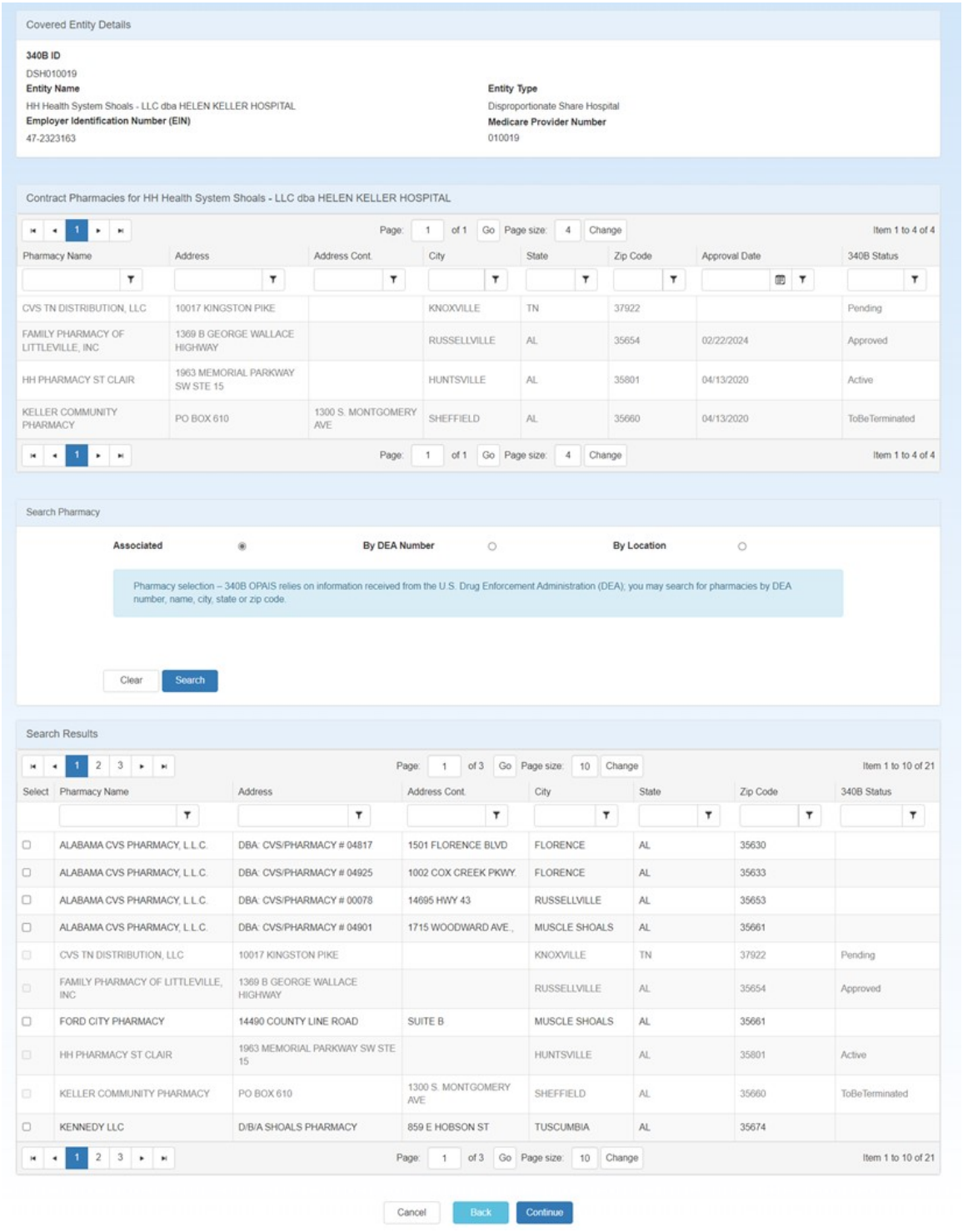


2. View the **Instructions** page and click the **Continue** button.



3. The **Covered Entity Details** page is displayed. You can search for the pharmacy to register using any of the three Search Pharmacy options – Associated, By DEA Number, or Location. The ***Associated*** option is selected by default. The search results return a list of pharmacy contracts that have an association with the entity. Pharmacy contracts which are already registered or pending registration, i.e., in *Pending*, *Approved*, *Active*, or *To-Be Terminated* 340B Status will also be displayed in the search results but will not be available for selection.

   Note: You will also be able to select a pharmacy contract for registration that was terminated immediately after it was *Approved*, but before it became *Active*, i.e., with a Begin Date in the future



Covered Entity Details

340B ID
DSH010019
Entity Name
HH Health System Shoals - LLC dba HELEN KELLER HOSPITAL
Employer Identification Number (EIN)
47-2323163
Entity Type
Disproportionate Share Hospital
Medicare Provider Number
010019

Contract Pharmacies for HH Health System Shoals - LLC dba HELEN KELLER HOSPITAL

Page: 1 of 1 Go Page size: 4 Change — Item 1 to 4 of 4

Pharmacy Name	Address	Address Cont.	City	State	Zip Code	Approval Date	340B Status
CVS TN DISTRIBUTION, LLC	10017 KINGSTON PIKE		KNOXVILLE	TN	37922		Pending
FAMILY PHARMACY OF LITTLEVILLE, INC	1369 B GEORGE WALLACE HIGHWAY		RUSSELLVILLE	AL	35654	02/22/2024	Approved
HH PHARMACY ST CLAIR	1963 MEMORIAL PARKWAY SW STE 15		HUNTSVILLE	AL	35801	04/13/2020	Active
KELLER COMMUNITY PHARMACY	PO BOX 610	1300 S. MONTGOMERY AVE	SHEFFIELD	AL	35660	04/13/2020	ToBeTerminated

Page: 1 of 1 Go Page size: 4 Change — Item 1 to 4 of 4

Search Pharmacy

Associated ◉ By DEA Number ○ By Location ○

Pharmacy selection – 340B OPAIS relies on information received from the U.S. Drug Enforcement Administration (DEA); you may search for pharmacies by DEA number, name, city, state or zip code.

Clear Search

Search Results

Page: 1 of 3 Go Page size: 10 Change — Item 1 to 10 of 21

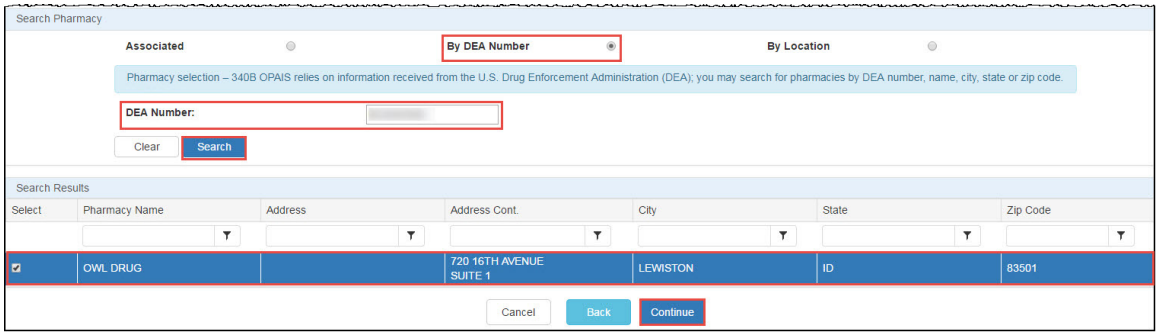
Select	Pharmacy Name	Address	Address Cont.	City	State	Zip Code	340B Status
☐	ALABAMA CVS PHARMACY, L.L.C.	DBA: CVS/PHARMACY # 04817	1501 FLORENCE BLVD	FLORENCE	AL	35630	
☐	ALABAMA CVS PHARMACY, L.L.C.	DBA: CVS/PHARMACY # 04925	1002 COX CREEK PKWY.	FLORENCE	AL	35633	
☐	ALABAMA CVS PHARMACY, L.L.C.	DBA: CVS/PHARMACY # 00078	14695 HWY 43	RUSSELLVILLE	AL	35653	
☐	ALABAMA CVS PHARMACY, L.L.C.	DBA: CVS/PHARMACY # 04901	1715 WOODWARD AVE.,	MUSCLE SHOALS	AL	35661	
☐	CVS TN DISTRIBUTION, LLC	10017 KINGSTON PIKE		KNOXVILLE	TN	37922	Pending
☐	FAMILY PHARMACY OF LITTLEVILLE, INC	1369 B GEORGE WALLACE HIGHWAY		RUSSELLVILLE	AL	35654	Approved
☐	FORD CITY PHARMACY	14490 COUNTY LINE ROAD	SUITE B	MUSCLE SHOALS	AL	35661	
☐	HH PHARMACY ST CLAIR	1963 MEMORIAL PARKWAY SW STE 15		HUNTSVILLE	AL	35801	Active
☐	KELLER COMMUNITY PHARMACY	PO BOX 610	1300 S. MONTGOMERY AVE	SHEFFIELD	AL	35660	ToBeTerminated
☐	KENNEDY LLC	D/B/A SHOALS PHARMACY	859 E HOBSON ST	TUSCUMBIA	AL	35674	

Page: 1 of 3 Go Page size: 10 Change — Item 1 to 10 of 21

Cancel Back Continue

Searching for a Pharmacy by DEA Number

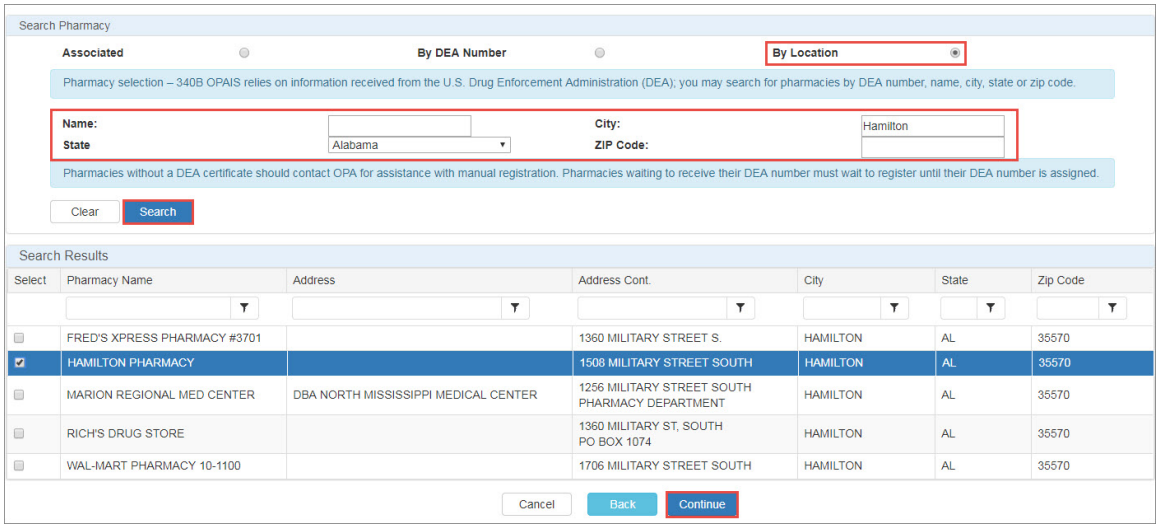
If you know the pharmacy's DEA Number, selecting the **By DEA Number** option lets you search for a particular pharmacy.



1. Type the DEA Number in the space provided and click the **Search** button.
2. If a match is found on the DEA Number, the pharmacy will appear in the **Search Results** table.
3. Select the checkbox in the ***Select*** column and click the **Continue** button to proceed.

Searching for a Pharmacy by Location

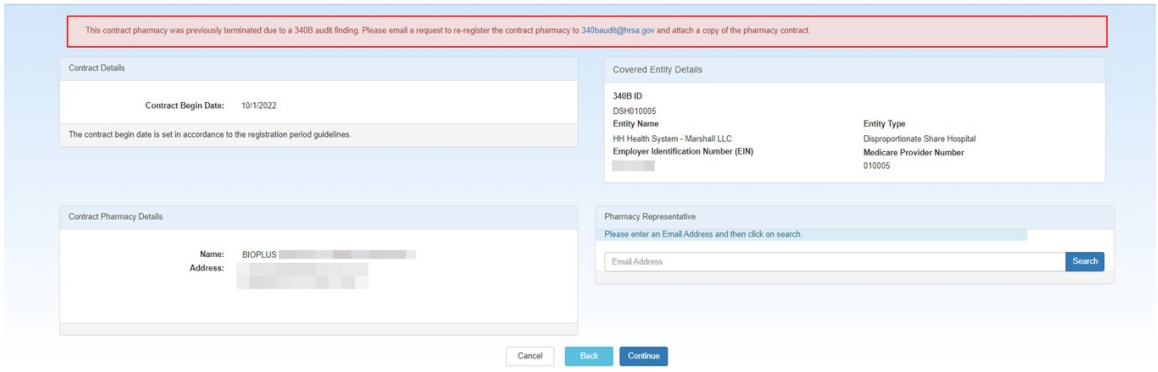
If you do not know the pharmacy's DEA Number, selecting the **By Location** option lets you search for it using its name and location information..



1. Type the pharmacy's name, city, state, and/or ZIP code in the spaces provided and click the **Search** button.
2. Pharmacies that match the search criteria will appear in the **Search Results** table.
3. Select the checkbox in the ***Select*** column and click the **Continue** button to proceed.

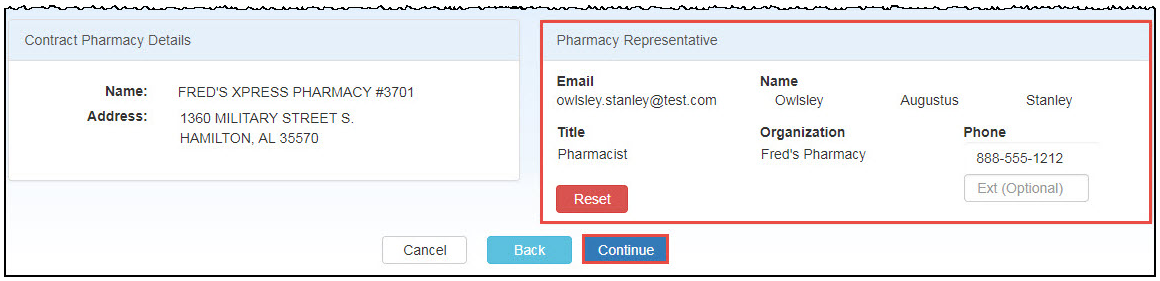
Adding Contract Pharmacy Representative Information

When you select a pharmacy, the system will display the pharmacy input page.



- The **Contract Begin Date** will be set to the first day of the next quarter.
- The **Covered Entity Details** are populated with the entity's information.
- The **Contract Pharmacy Details** are populated from pharmacy information received from the DEA.

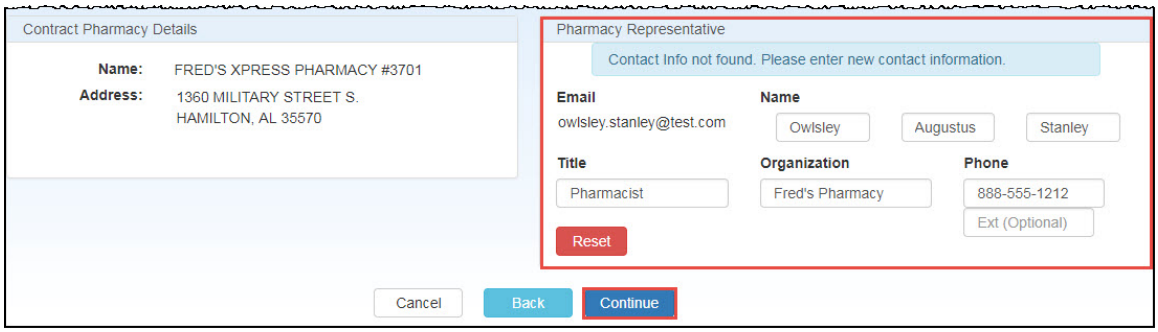
1. Type the Pharmacy Representative's email address and click the **Search** button.
   - If the Pharmacy Representative already has an account, their information will be populated automatically.



Note: The **Telephone Extension** field allows numeric values only. If the extension field contains an alpha character (e.g., x305), you will be prompted to correct it.

   - If the Pharmacy Representative does not have an account, the system will prompt for

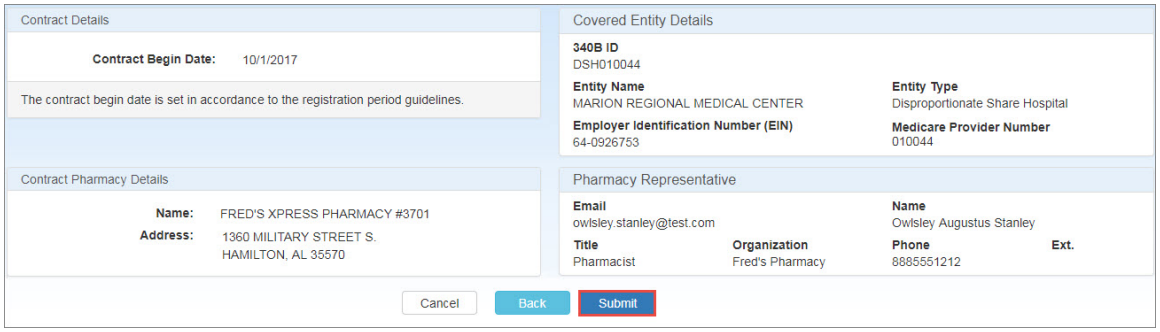
entry of their name and contact information.



Contract Pharmacy Representative Controls

Control	Description
Reset	Clear existing contact information to enter a new email address.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

2. The system will display the registration for review.

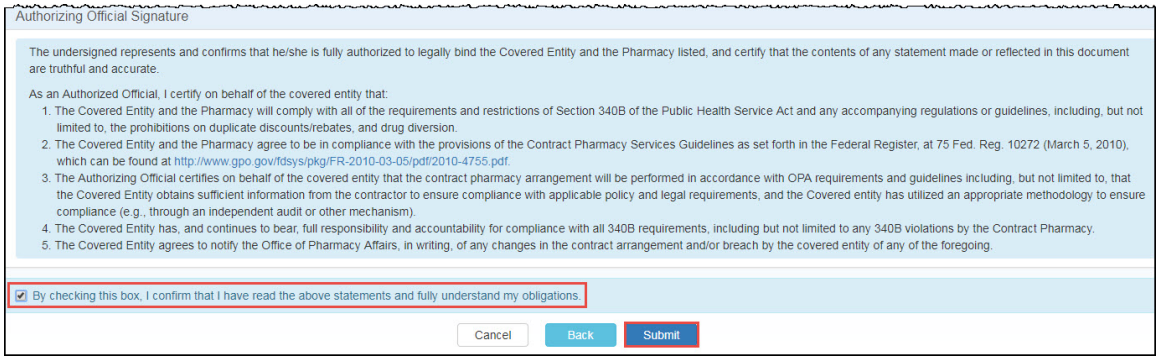


Contract Pharmacy Review Controls

Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to proceed.

If you are the AO…

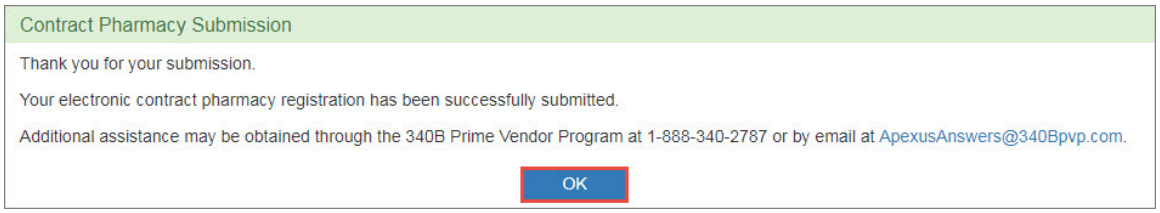
The ***Authorizing Official Signature*** section is appended to the bottom of the summary page to allow you to attest to the registration.



Contract Pharmacy Registration AO Attestation Controls

Control	Description
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box to approve the registration.
Cancel	Exit without taking action.
Submit	Click this button to submit the registration. Both the AO and the PC will receive a Contract Pharmacy Registration email.

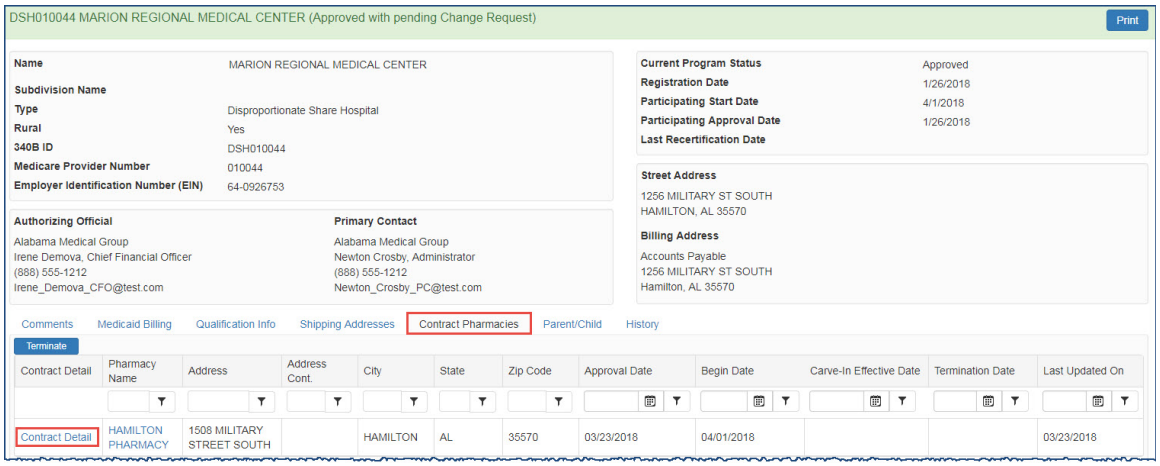
3. The **Contract Pharmacy Submission** confirmation is displayed. Click the **OK** button to complete the submission and return to ***My Dashboard***. Automatic email notifications are sent to the covered entity's AO and PC and the Pharmacy Representative.



Editing Contract Pharmacy Representative Information

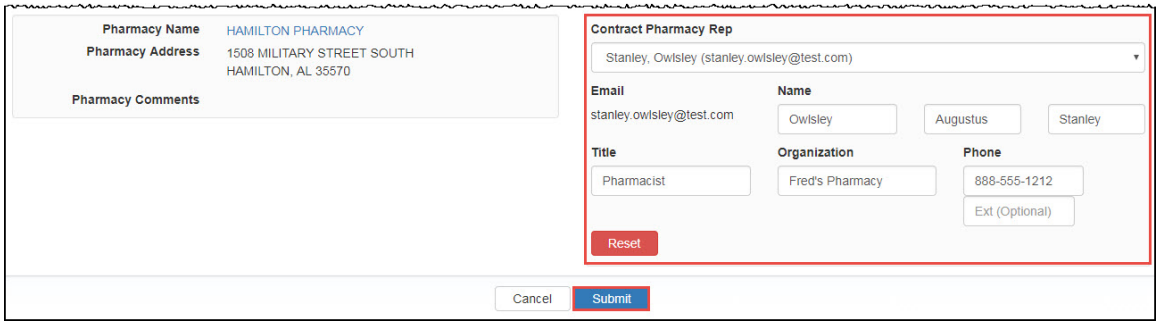
Note: The AO or PC can edit the Contract Pharmacy Representative information at any time. The AO must attest to all changes.

1. From the **Covered Entity Details** page for an active entity for which you are the AO or PC, select the ***Contract Pharmacy*** tab and click the ***Contract Detail*** link.



2. The **Covered Entity Details** page is displayed.

3. Click the ***Edit*** link to make changes to the **Contract Pharmacy Rep** information.



Because each email within 340B OPAIS is associated with only one set of contact information, any updates to the Contract Pharmacy Representative information such as Name, Title, Organization, and Phone Number will be reflected anywhere this person's email is used within 340B OPAIS once the AO attests to the changes.

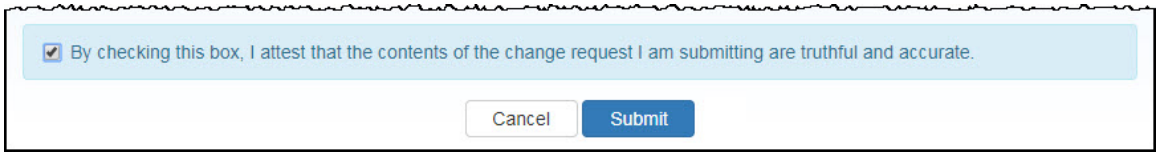
Tip: To change the Contract Pharmacy Representative's email or change to a new Contract Pharmacy Representative, select the **Reset** button and you will be walked through setting up new the information. Selecting the Reset button will clear the existing contact information.

Note: The **Telephone Extension** field allows numeric values only. If the extension field contains an alpha character (e.g., x305), you will be prompted to correct it.

4. Click the **Submit** button to complete the change.

If you are the AO…

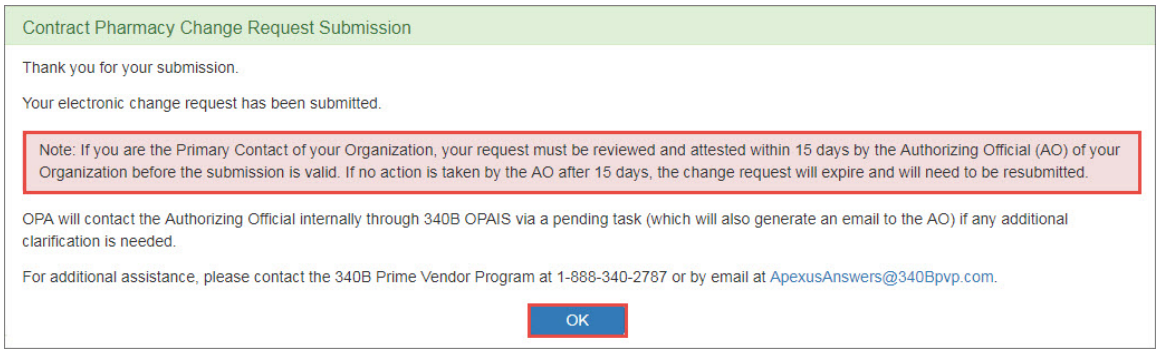
The AO attestation checkbox is appended to the bottom of the page to allow you to attest to the CP Representative change.



Contract Pharmacy Change AO Attestation Controls

Control	Description
Checkbox	*"By checking this box, I attest that the contents of the change request I am submitting are truthful and accurate."* Select this box to approve the change.
Cancel	Exit without taking action.
Submit	Click this button to submit the change. Both the AO and the PC will receive a Contract Pharmacy Representative Change Approved email.

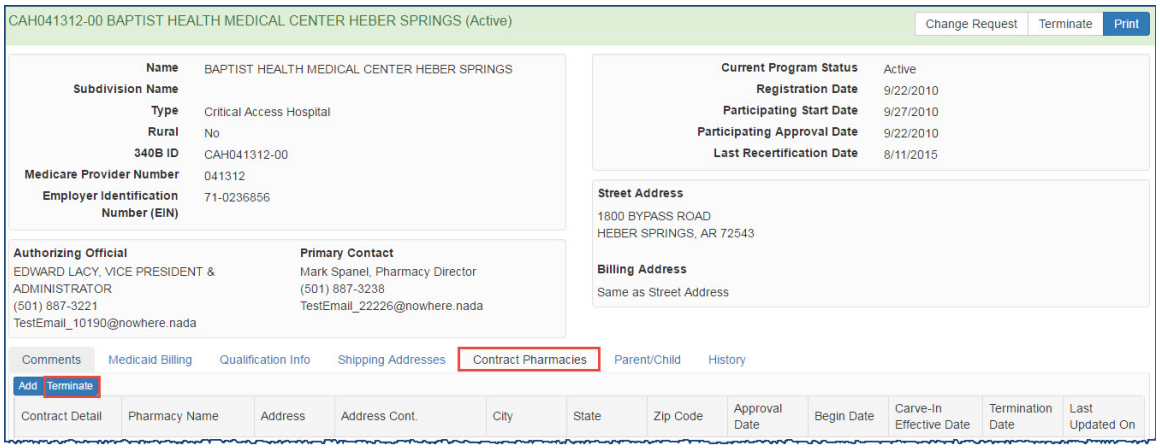
5. The **Contract Pharmacy Submission** confirmation is displayed. Click the **OK** button to complete the change and return to ***My Dashboard***. Automatic email notifications are sent to the covered entity's AO and PC and the Pharmacy Representative.



Terminating a Contract Pharmacy

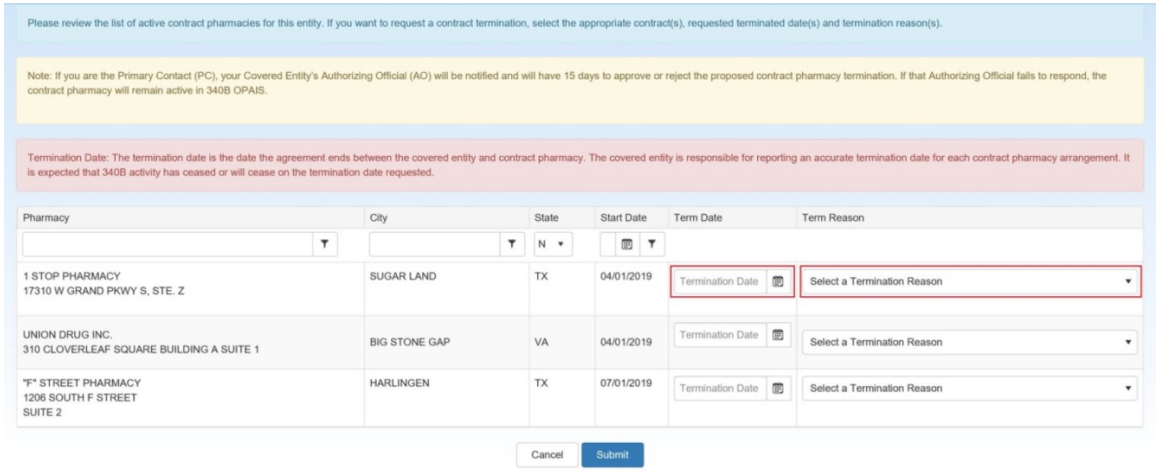
Note: You must be the logged-in AO or PC for the covered entity to terminate contract pharmacies.

1. From the **Covered Entity Details** page for an active entity for which you are responsible as AO or PC, select the **Contract Pharmacy** tab and click the **Terminate** button.



Tip: The Terminate button will not appear if the entity does not have any active contract pharmacies.

2. The **Contract Pharmacy** page will display a list of the entity's contract pharmacies available for termination.



3. For each pharmacy being terminated, enter the **Termination Date** and select the **Termination Reason** from the drop-down list:
   - Business decision by the covered entity and/or pharmacy
   - Pharmacy closed
   - Agreement registered in error

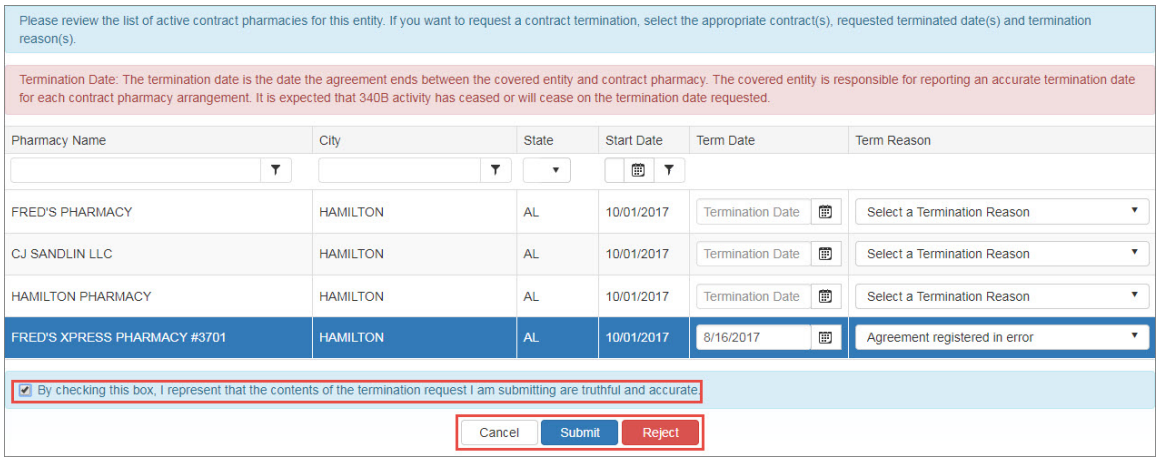
- Ownership change
- Covered Entity Terminated
- CE terminated due to audit finding
- Hospital outpatient facility no longer eligible

Note: If none of these reasons apply, e-mail ApexusAnswers@340bpvp.com for additional guidance

4. When finished, click the **Submit** button at the bottom of the page.

If you are the AO…

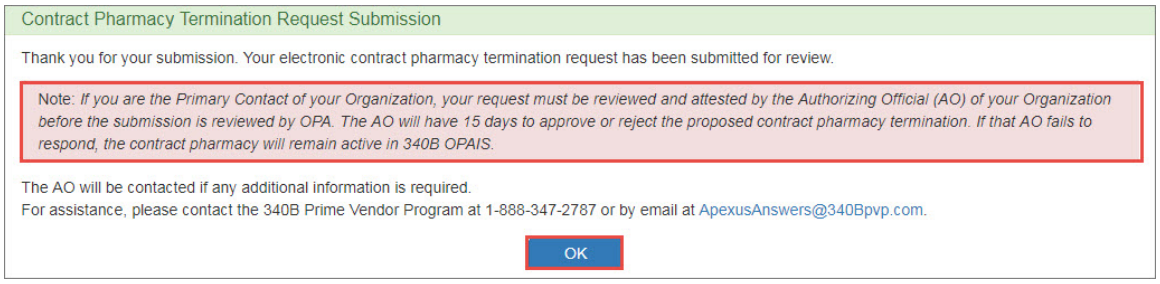
A checkbox and associated text are appended below the **Termination Information** section to allow you to attest to the termination.



Contract Pharmacy Termination AO Attestation Controls

Control	Description
Checkbox	*"By checking this box, I represent that the contents of the termination request I am submitting are truthful and accurate."* Select this box if you intend to submit the termination for OPA approval.
Cancel	Exit from without taking action.
Submit	After selecting the checkbox to authorize the termination, click this button to submit it for OPA approval. ▪ Both the AO and the PC will receive a Contract Pharmacy Termination email.

5. The system will display a submission confirmation message. Click the **OK** button to complete the termination and return to ***My Dashboard***. Automatic email notifications are sent to the covered entity's AO and PC and the Pharmacy Representative.



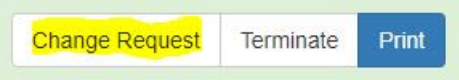
6. The system sends an email notification to the AO and PC of the covered entity after AO has completed the attestation. The email notification sent after the AO attestation will contain the details of one or more contract pharmacies that are terminated.

   Note: If the AO either added or removed one or more contract pharmacies from the list of Contract Pharmacies initially selected by the PC in the CP termination task, then a note displaying ***"Note: The list of contract pharmacies was modified by the Authorizing Official"*** will be present in the email notification.

MANAGE COVERED

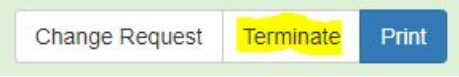
To update Covered Entities, the following requests can be performed:

- Request changes to a Covered Entity

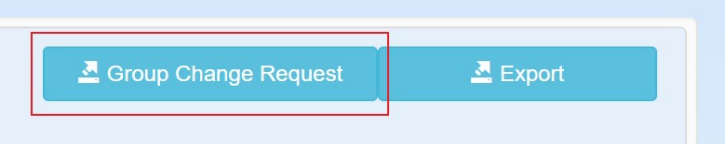


- Request to become the AO of a Covered Entity

- Request the Termination of a Covered Entity



- Request changes to a group of Covered Entities



Requesting Changes to a Covered Entity

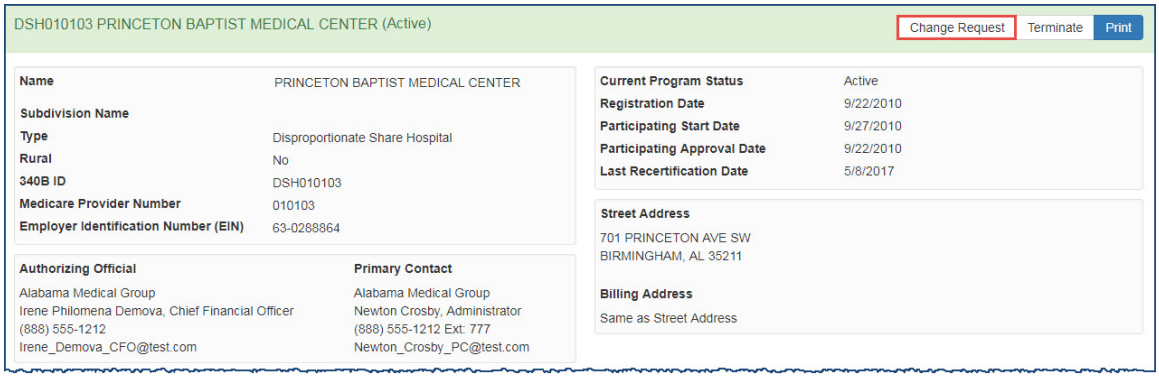
Updates to Covered Entities are made by submitting a Change Request.

The Change Request Process allows you to make the same change or changes to multiple Covered Entities that have the same Authorizing Official and follow other rules described in this section.

Note: You must be the logged-in AO or PC to submit change requests.

1. From the **Covered Entity Details** page for an active entity for which you are responsible as AO or PC, click the **Change Request** button.

Hospitals

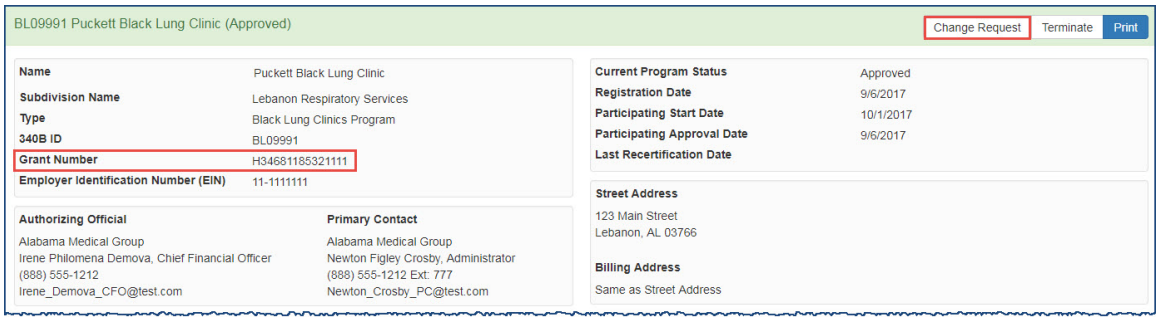


Outpatient Facilities

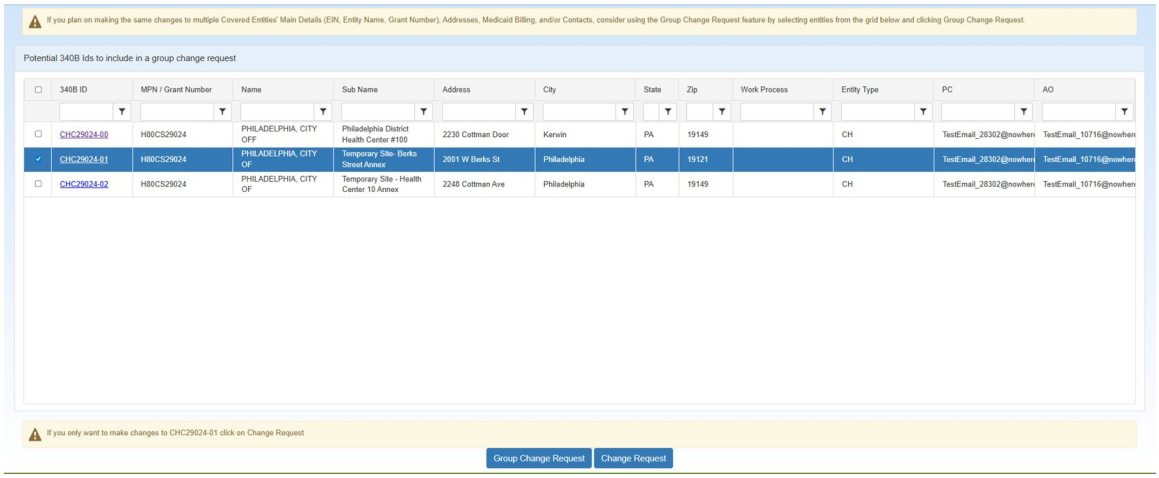
For outpatient facilities, the ***Outpatient Facility Provider Number*** and ***Outpatient EIN*** are also shown if they are different from the parent hospital.

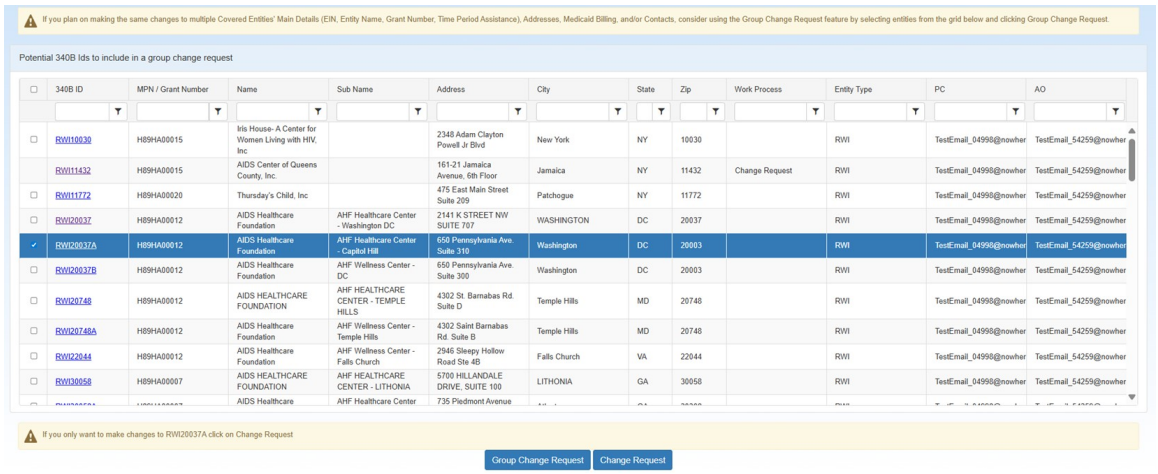
Non-Hospitals

For non-hospital entities, the ***Grant Number*** is shown instead of the Medicare Provider Number.

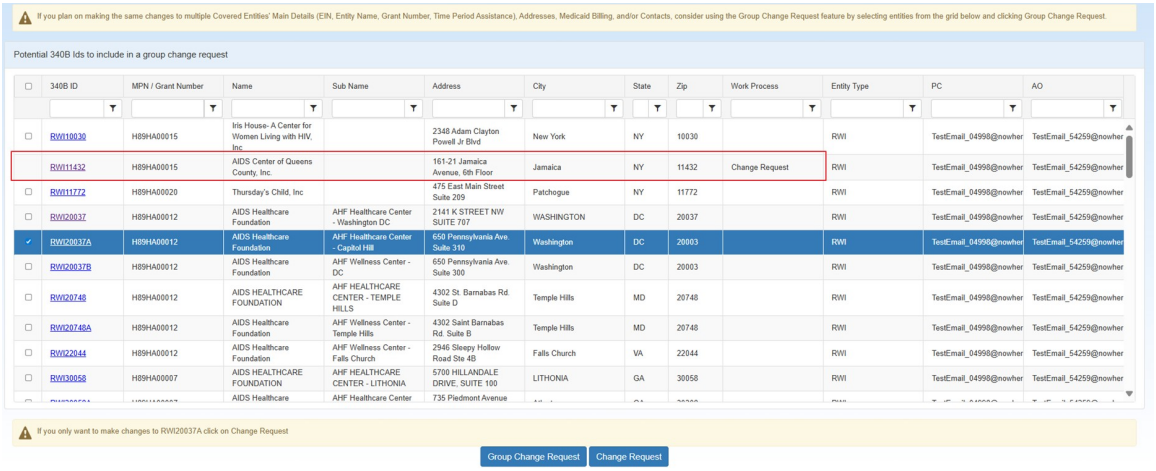


2. When you start a Change Request on a Covered Entity, before you can specify which fields to change, system will display a list of entities that are related to the selected covered entity based on the following rules:
   - Hospital – You will see a list of entities that have the same Authorizing Official, Entity Type, and Medicare Provider number.
   - Outpatient facilities – Same rule as Hospital. You will see a list of entities that have the same Authorizing Official, Entity Type, and Medicare Provider number.
   - Non-Hospitals (except CH/FQHCLA) – You will see a list of entities that have the same Authorizing Official and Entity Type.
   - Non-Hospitals with CH or FQHCLA entity type – You will see a list of entities that have the same Authorizing Official, Entity Type, and Grant Number.

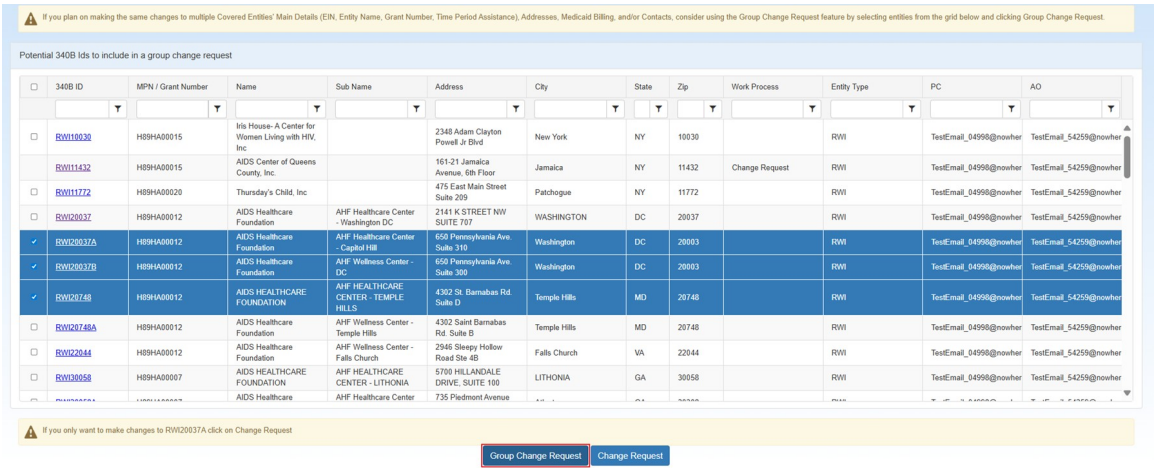




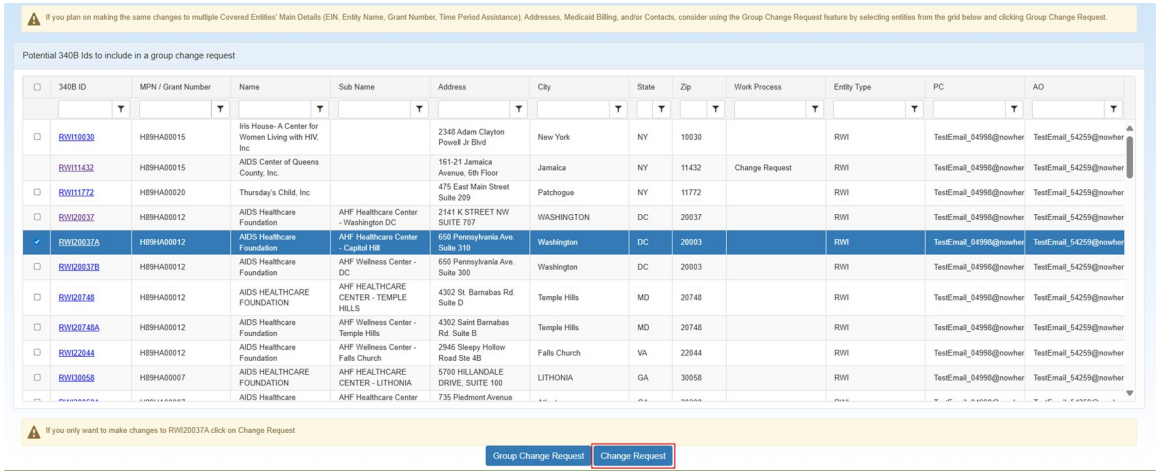
If there are already submissions in process on any of the other entities listed in the grid, then that entity will not be available for including it in the group change request.



If you think the changes that you were going to submit also apply to any of these entities or if you were going to submit separate change requests for any of these related covered entities containing similar changes, instead you can select additional covered entities and createa group change request. You must select 1 or more entities from the list to proceed with a group change request.

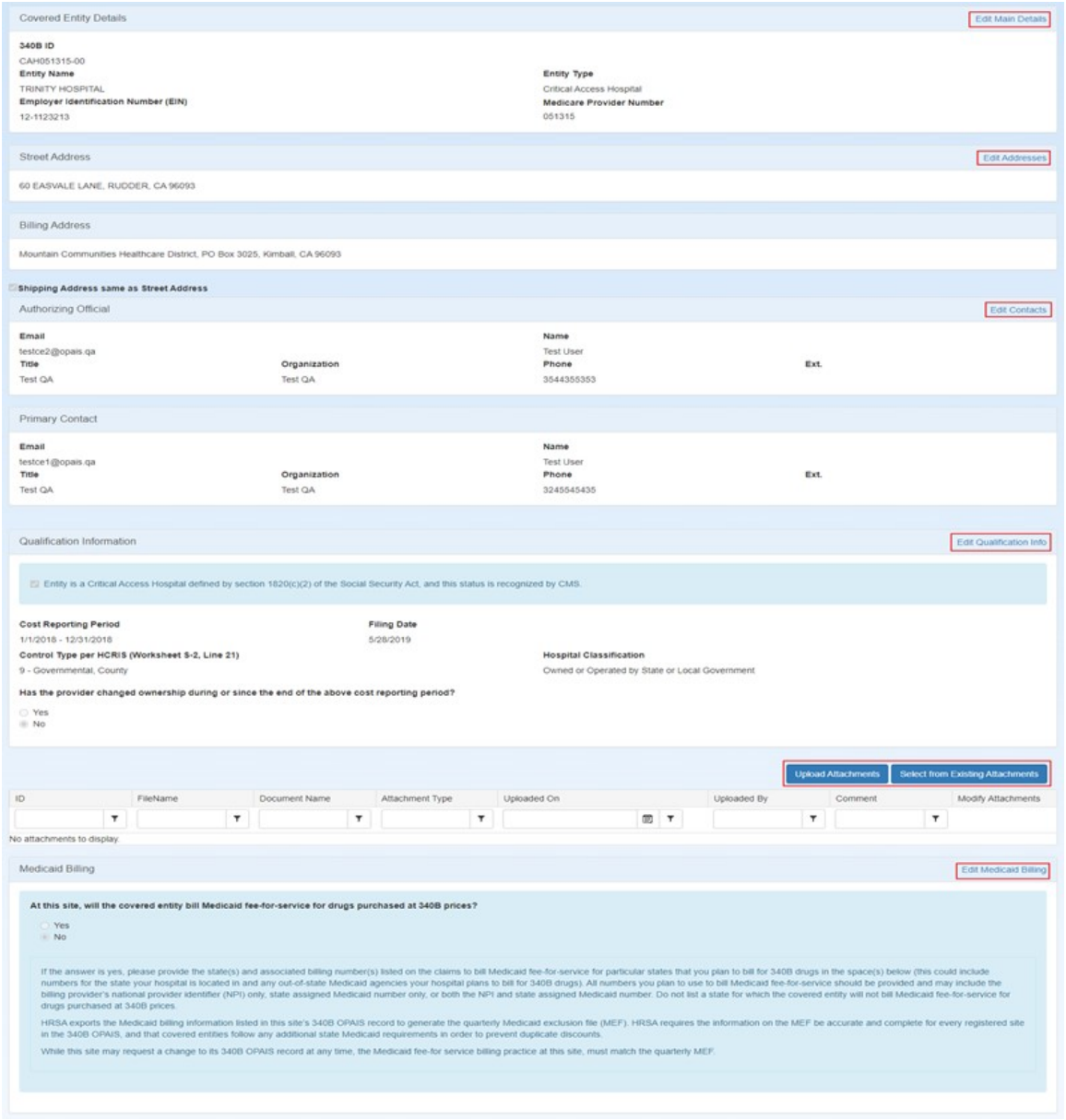


If the changes apply only to the selected covered entity, then proceed with the Change Request.



3. The **Change Request** page will display the entity's entire registration for your review. Click the **Edit...** link to edit the information for a particular section.

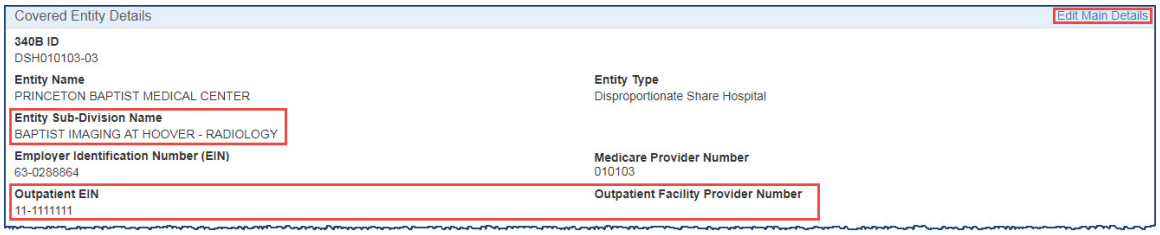
Hospitals



Note: If the entity is under recertification, only the AO may be changed.

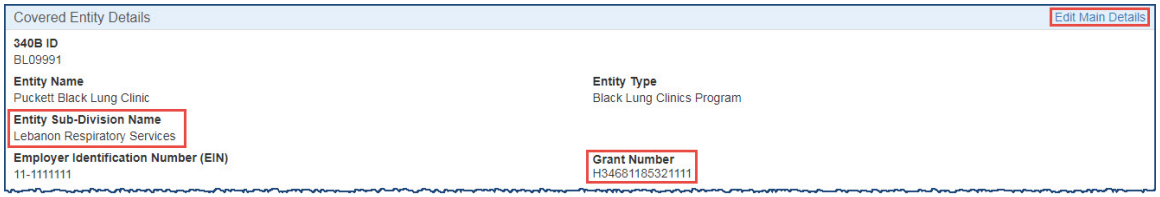
Outpatient Facilities

For outpatient facilities, the page will show the ***Entity Subdivision Name, Outpatient Facility Provider,*** and ***Outpatient EIN.***



Non-Hospitals

For non-hospital entities, the page will show the ***Entity Subdivision Name*** and ***Grant Number.***

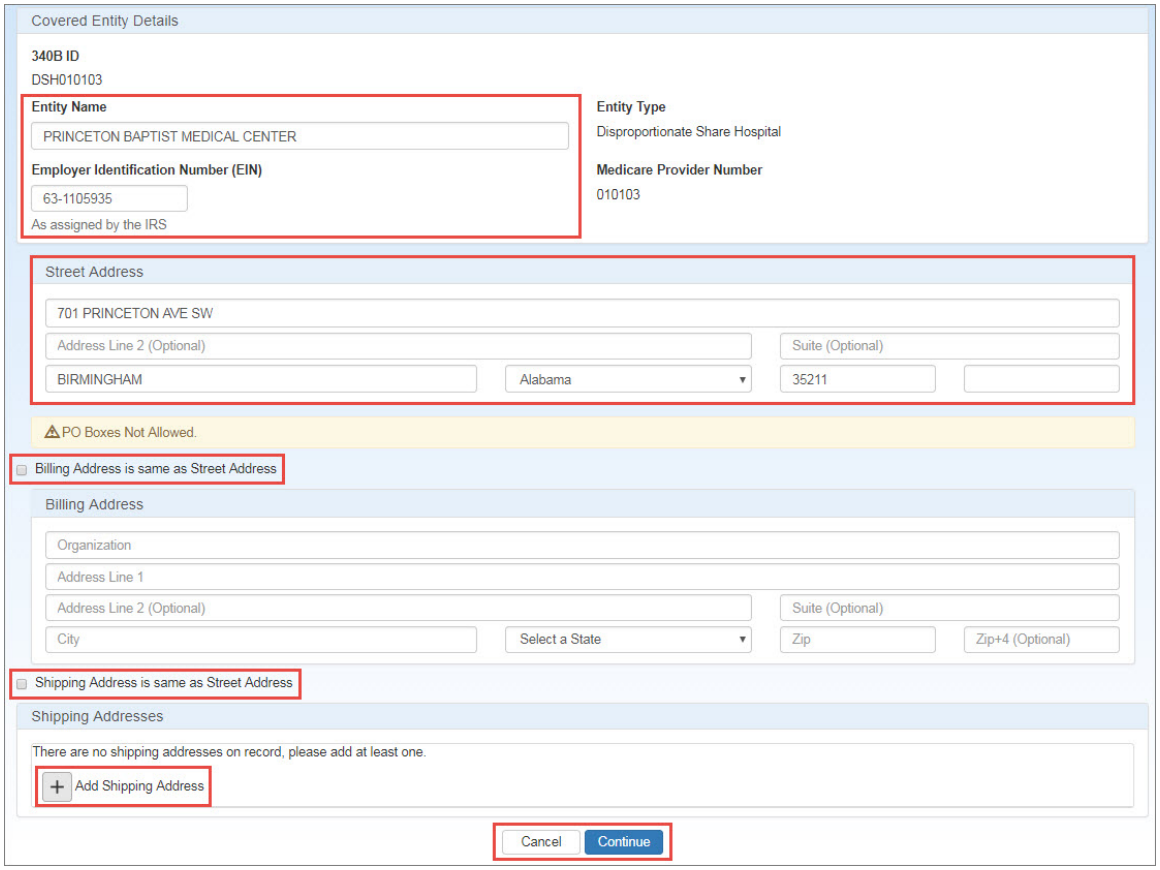


4. Update the data that needs to be changed.

Edit Main Details / Edit Addresses

If you select the ***Edit Main Details*** link or the ***Edit Addresses*** link, the system displays the entity's details and address information.

Hospitals



- ***Entity Name*** may be changed if necessary.
  - When there is a hospital name change, there are two questions the participant will need to answer. Answer *Yes* or *No* to "Has there been a change in the Medicare Provider Number (MPN)?"
  - If your answer is "Yes", then the message, "You have indicated that the MPN has changed. The hospital must terminate from the 340B program and submit a new registration using the new MPN. Please discard this Change Request." is displayed.
  - If your answer is "No", then the following question is displayed:
    - "Has there been a change in the hospital's classification?"
      - If your answer is "Yes", then the message, "The hospital must provide documentation to support the change as specified on the 340B Drug Pricing Program - Registration webpage." is displayed.
- ***Employer Identification Number (EIN)*** may be changed if a new one has been assigned by the IRS.
- ***Street Address*** may be changed if necessary.

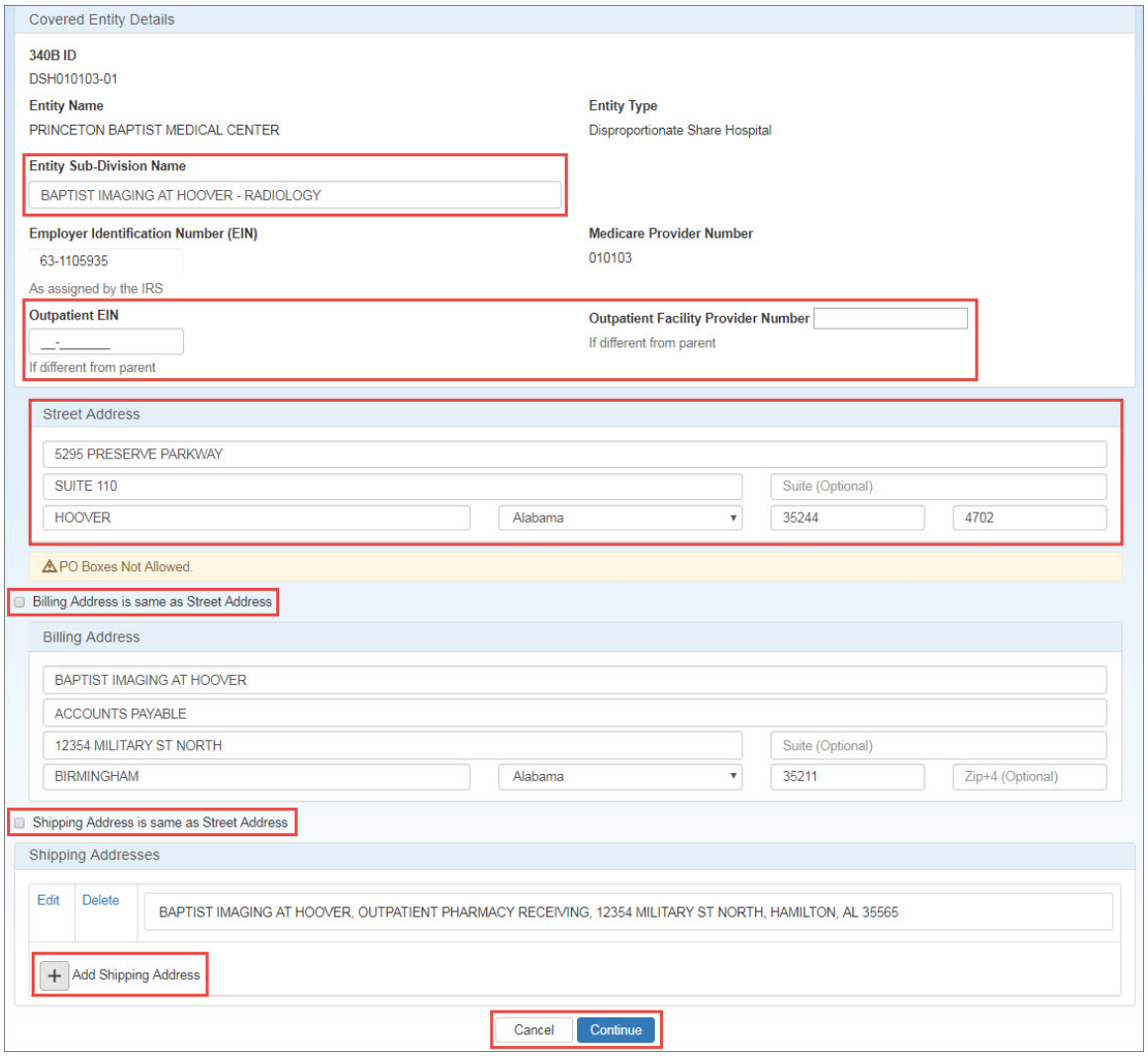
- ***Billing Address*** and ***Shipping Address*** – all fields may be changed if either ***"… same as Street Address"*** box is unchecked.

Details/Address Controls

Control	Description
Add Shipping Address	Reveal the address fields to add a new shipping address.
Cancel	Cancel any changes and return to the **Change Request** page.
Continue	Accept any changes and return to the **Change Request** page.

Outpatient Facilities

For outpatient facilities, the page will also show the ***Entity Subdivision Name, Outpatient Facility Provider Number,*** and ***Outpatient EIN.***



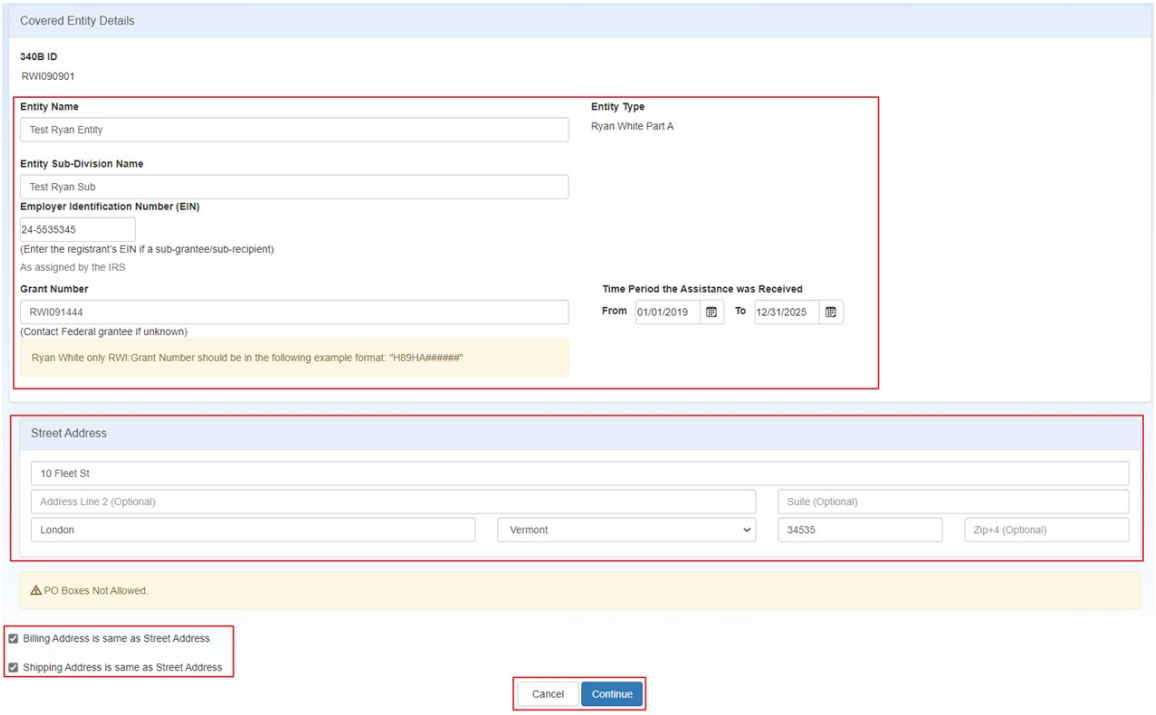
- ***Entity Subdivision Name*** may be changed, if necessary.
- ***Outpatient EIN*** may be changed if a new one has been assigned by the IRS.
- ***Outpatient Facility Provider Number*** may be changed if it is different from the parent hospital.
- ***Street Address*** may be changed if necessary.
- ***Billing Address*** and ***Shipping Address*** – all fields may be changed if either ***"... same as Street Address"*** box is unchecked.

Details/Address Controls

Control	Description
Add Shipping Address	Reveal the address fields to add a new shipping address.
Cancel	Cancel any changes and return to the **Change Request** page.
Continue	Accept any changes and return to the **Change Request** page.

Non-Hospitals

For non-hospital entities, the page will also show ***the Entity Name, Entity Subdivision Name, Employer Identification Number (EIN),*** and ***Grant Number.***



- ***Entity Name*** may be changed, if necessary.
- ***Entity Subdivision Name*** may be changed if necessary.
- ***Employer Identification Number (EIN)*** for the sub-grantee/recipient may be changed if a new one has been assigned by the IRS.
- ***Grant Number*** add or update as necessary. A grant number guidance message is displayed for the entity types as specified below:

Entity Type	Entity Type Name	Message
STD	Sexually Transmitted Diseases	Grant Number should be in the following example format: "NH25PS######"
TB	Tuberculosis	Grant Number should be in the following example format: "NU52PS######"
FP	Family Planning (Title X only)	Grant Number should be in the following example format: "FPHPA######"
RWI	Ryan White Part A	Grant Number should be in the following example format: "H89HA#####"
RWII RWIID RWIIR	Ryan White Part B Ryan White Part B ADAP Direct Purchase Ryan White Part B ADAP Rebate Option	Grant Number should be in the following example format: "X07HA#####"
HV	Ryan White Part C	Grant Number should be in the following example format: "H76HA#####"
RW4	Ryan White Part D	Grant Number should be in the following example format: "H12HA#####"
HM	Comprehensive Hemophilia Treatment Center	Grant Number should be in the following example format: "H30MC#####"

Tip: Grant Number is not displayed for Urban Indian and Tribal Contract/Compact with IHS (P.L. 93-638) entities. It is required for all other non-hospital entity types. Contact the federal grantee or project officer if you don't know the Grant Number.

- ***Site ID*** may be added or changed for ***CH*** and ***FQCHLA*** entities.
  - OPAIS will check to see if the Site ID is already used on another covered entity site in OPAIS. If it is, you will get a warning to verify that the new Site ID is correct. If you think it is correct, you may submit the change request with that Site ID and the OPA reviewer will determine if the Site ID is acceptable.
- ***Nature of Support*** may be added or changed for ***STD*** and ***TB*** entities.
- ***Street Address*** may be changed if necessary.

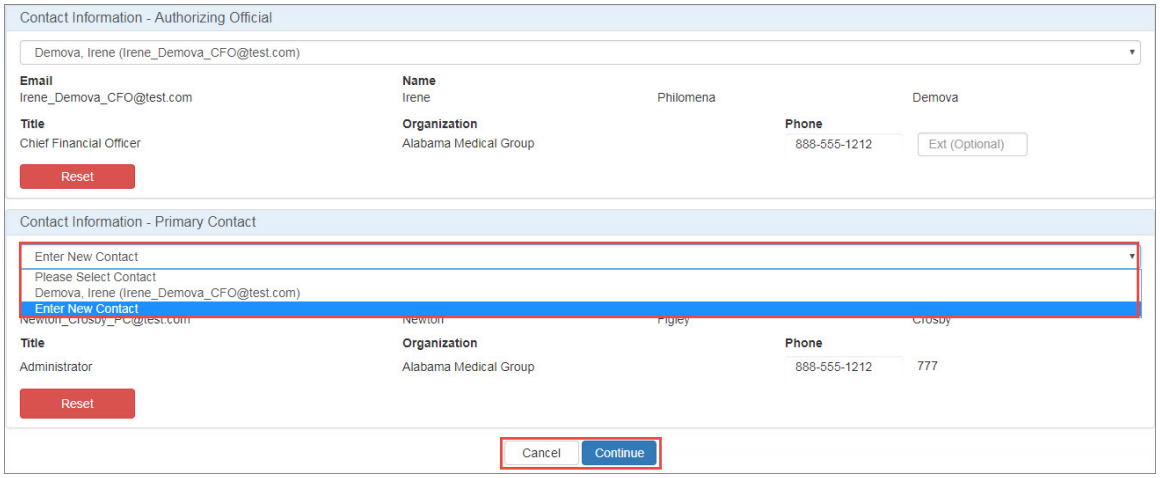
- ***Billing Address*** and ***Shipping Address*** – all fields may be changed if either ***"… same as Street Address"*** box is unchecked.

Details/Address Controls

Control	Description
Add Shipping Address	Reveal the address fields to add a new shipping address.
Cancel	Cancel any changes and return to the **Change Request** page.
Continue	Accept any changes and return to the **Change Request** page.

Edit Contacts

If you select the ***Edit Contacts*** link, the system displays the entity's current AO and PC contact information.



- The ***Organization*** name is required. You will not be able to save any changes if it is missing for either the AO or the PC.
- To change the AO or PC for the entity, click the ***Please Select Contact*** drop-down list to search the system for their email address.
  - If they have a 340B account, their name, title, organization, and phone number will be filled automatically.
  - If they do not have a 340B account, type their name, title, organization, and phone number in the spaces provided. They will receive a New User Account Invitation email asking them to create an account.

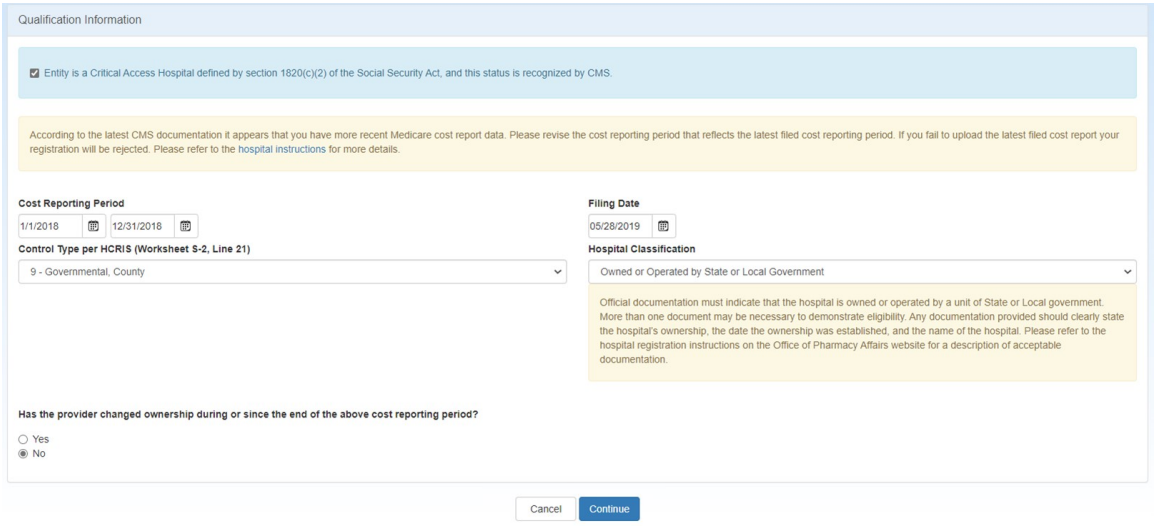
Edit Contacts Controls

Control	Description
Reset	Clear any existing contact information for the AO or PC.
Cancel	Cancel any changes and return to the **Change Request** page.
Continue	Accept any changes and return to the **Change Request** page.

Update Qualification Information

Select the *Edit Qualification Information* link to edit the QI information for Hospitals.

Note: For making a change to the QI for Hospitals, submit a change request on the Parent Hospital.



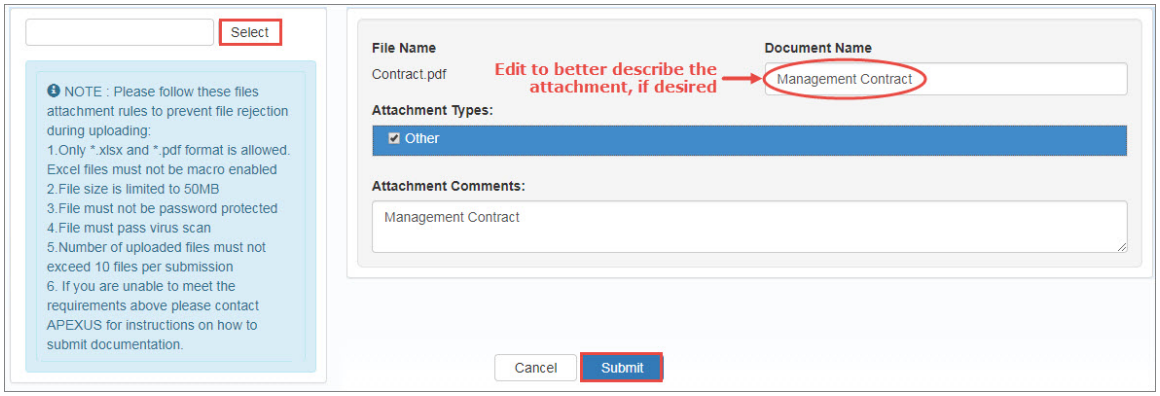
Click *Continue* after making the changes to submit the change request. Review the changes you have made on the Covered Entity and the differences between the submitted data to the CMS data displayed in the *Comparison with CMS Data* section

Attachments

When the attachments upload selection page displays, click the ***Select*** button, navigate to the file to be uploaded, and click on it.

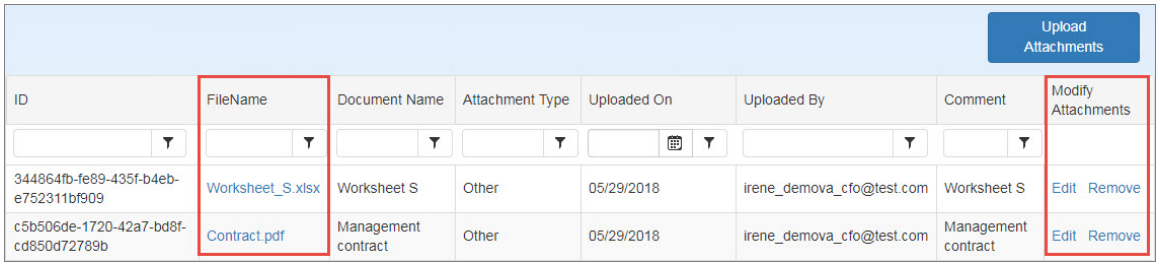
Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.



- The file name of the attachment will appear in the ***Document Name*** box. It may be changed to better describe the attachment if desired.
- Under ***Attachment Types,*** click the ***Other*** checkbox..
- Type any additional notes in the ***Attachment Comments*** text box.
- Repeat these steps to select and identify any additional attachments.
- Click the ***Submit*** button to proceed.

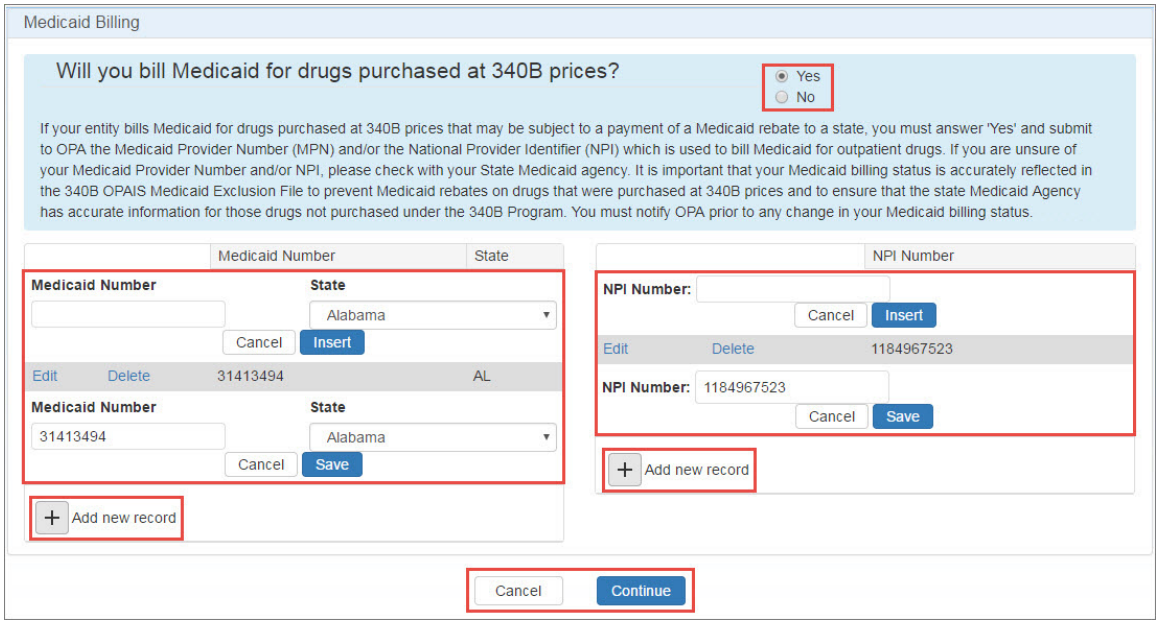
The system will display a list of the selected attachments.



- Click the link in the **FileName** column to open the attachment with the application that created it (e.g., Excel).
- Click the **Edit** link to return to the attachments upload selection page to edit the document name, attachment type or comment.
- Click the **Remove** link to delete the associated attachment from the entity

Edit Medicaid Billing

If you select the ***Edit Medicaid Billing*** link, the system displays the entity's Medicaid billing information. If ***Yes*** is selected for the ***Will you bill Medicaid for drugs purchased at 340B prices?*** question, the system allows the entity's Medicaid billing information to be changed or Medicaid and NPI numbers to be added or deleted.



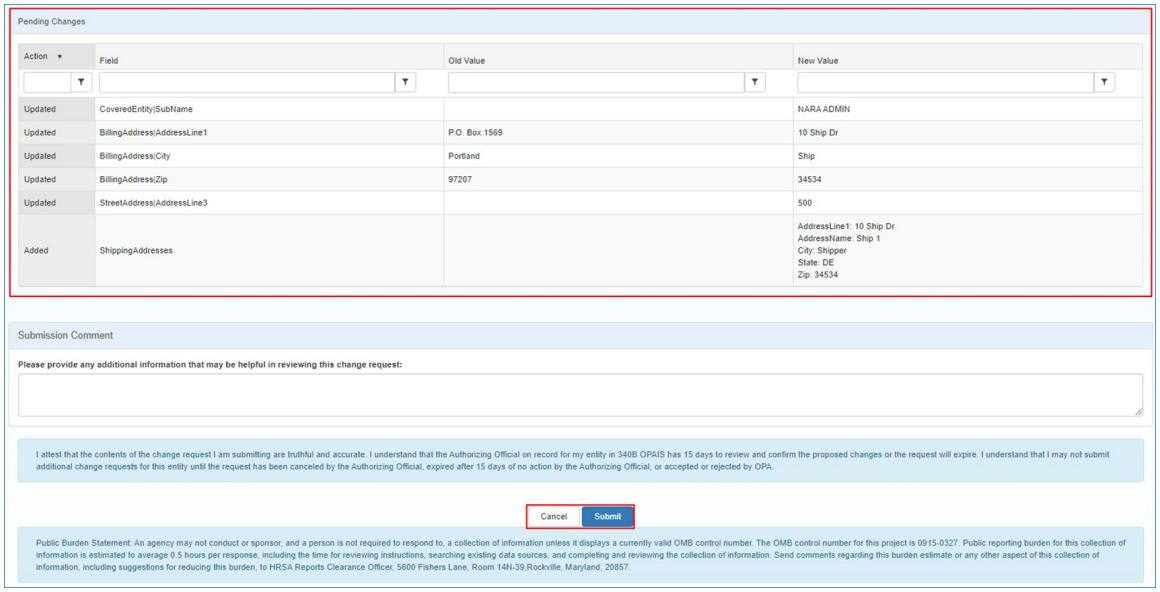
Edit Medicaid Billing Controls

Control	Description
Add New Record	Expand the page for entry of a Medicaid Provider Number and state or a 10-digit NPI Number.
Insert	Accept the new Medicaid Provider Number or NPI Number.
Edit	Opens the Medicaid Provider Number or NPI Number for editing.
Delete	Deletes the Medicaid Provider Number or NPI Number.
Cancel	Cancel any changes and return to the **Change Request** page.
Continue	Accept any changes and return to the **Change Request** page.

5. Review pending changes.

Pending Changes

As you make changes to the registration, they will be summarized at the bottom of the **Change Request** page for review before submission.

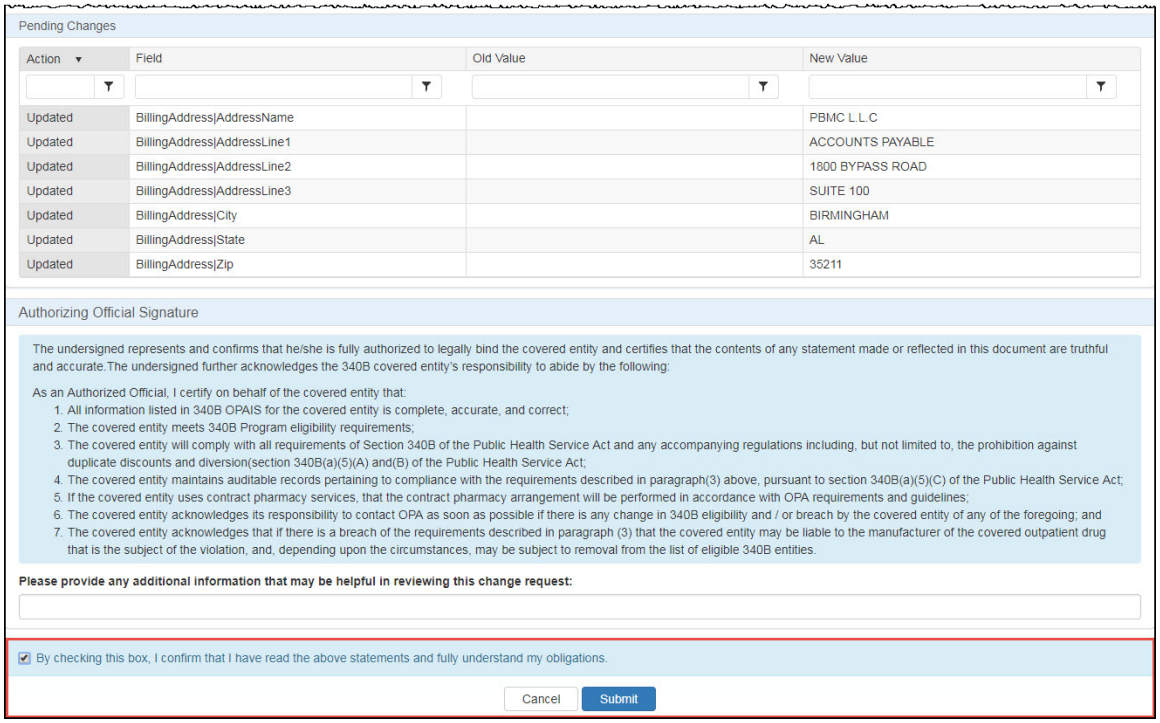


Pending Changes Controls

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility."* ▪ Type any comments that will help OPA in approving the registration. This comment will be displayed in the attestation task submitted to the AO for approval.
Cancel	Cancel any changes and return to the **Change Request** page.
Continue	Accept any changes and return to the **Change Request** page.

If you are the AO…

The ***Authorizing Official Signature*** section is appended below the ***Pending Changes*** section to allow you to attest to the registration.



AO Approval Controls

Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility:"* Type any comments that will help OPA in approving the registration or reinstatement.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box to submit the change request for OPA approval.
Cancel	Exit from the attestation page without taking action.

AO Approval Controls (continued)

Submit	After selecting the checkbox to authorize the submission, click this button to submit the registration or reinstatement for OPA approval. The submission confirmation page will be displayed. ■ The change request will be removed from the ***My Tasks*** section of the AO's ***My Dashboard***. ■ All change requests must be approved by OPA. ■ Upon OPA approval of a change request, both the AO and the PC will receive an Approval of online 340B Change Request email. ■ If OPA rejects a change request, both the AO and the PC will receive a Rejection of online 340B Change Request email.

Note: If you are starting a Change Request or Termination Request on a covered entity for which the Recertification has not started but you have received the Advance Notification, then system will display the following warning message:

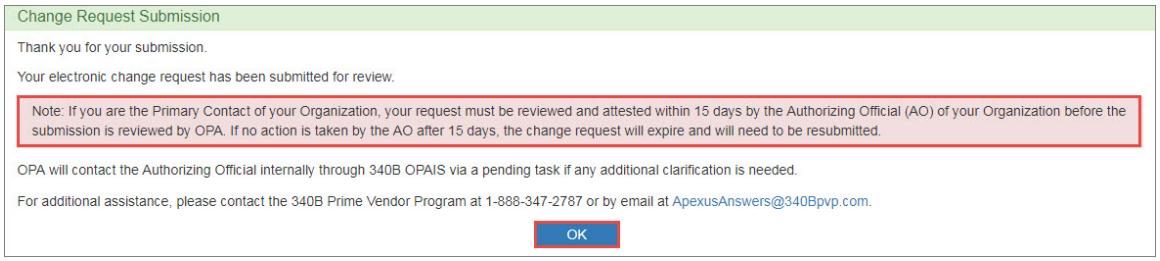
Any change request (not including AO or PC Change Requests) or termination request that is not approved prior to the start of recertification will be automatically rejected by 340B OPAIS. The covered entity can submit those changes as part of the recertification process.

The system will allow you to complete and submit the request, but the submission could be rejected or canceled if it is not approved by OPA before the recertification start date.

6. Confirm the changes and submit to OPA for their review an approval.

Confirmation and Submission

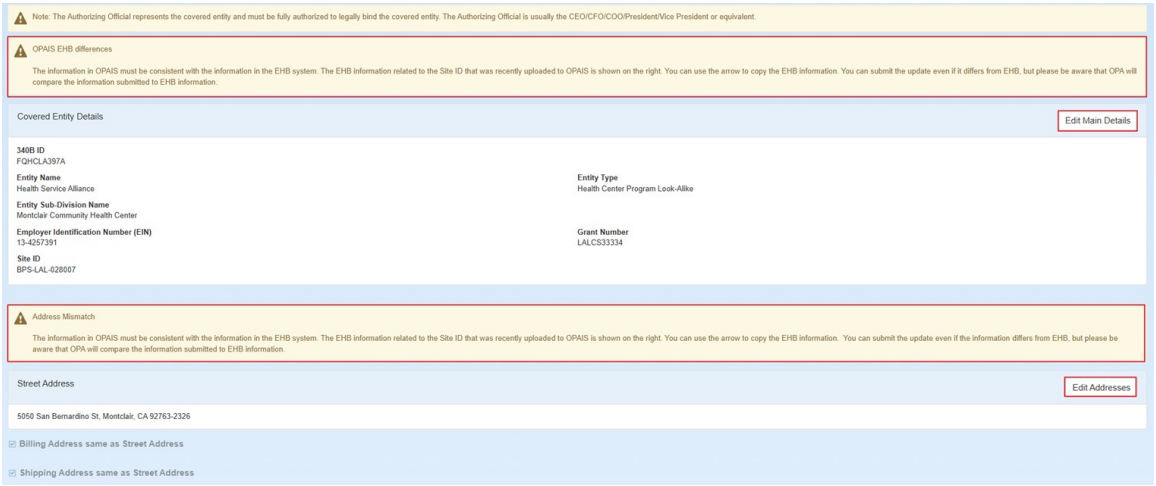
The system will display a confirmation message. Click the **OK** button to complete the change request and return to your ***My Dashboard***.



EHB Data for CH and FQHCLA entity types

For CH and FQHCLA entities, the information in OPAIS about a site must be consistent with the grantee's information on Form 5B in HRSA's grant system, the Electronic Handbooks (EHB). OPAIS uses the Site ID field in OPAIS to identify the site on Form 5B that should be used to validate information currently in OPAIS, as well as any proposed changes. The validation process is not new, however now HRSA uploads the Form 5B data from EHB into OPAIS. The information is then made available to Covered Entities and HRSA during the submission and re-submission processes for change requests.

When creating a change request for a CH or FQHCLA entity, OPAIS uses the site ID to locate the corresponding information from the EHB upload. When the Main Details and/or Street address sections are open for editing, OPAIS shows EHB information on the right side of the page.



List of EHB information displayed on the Change Request Page:

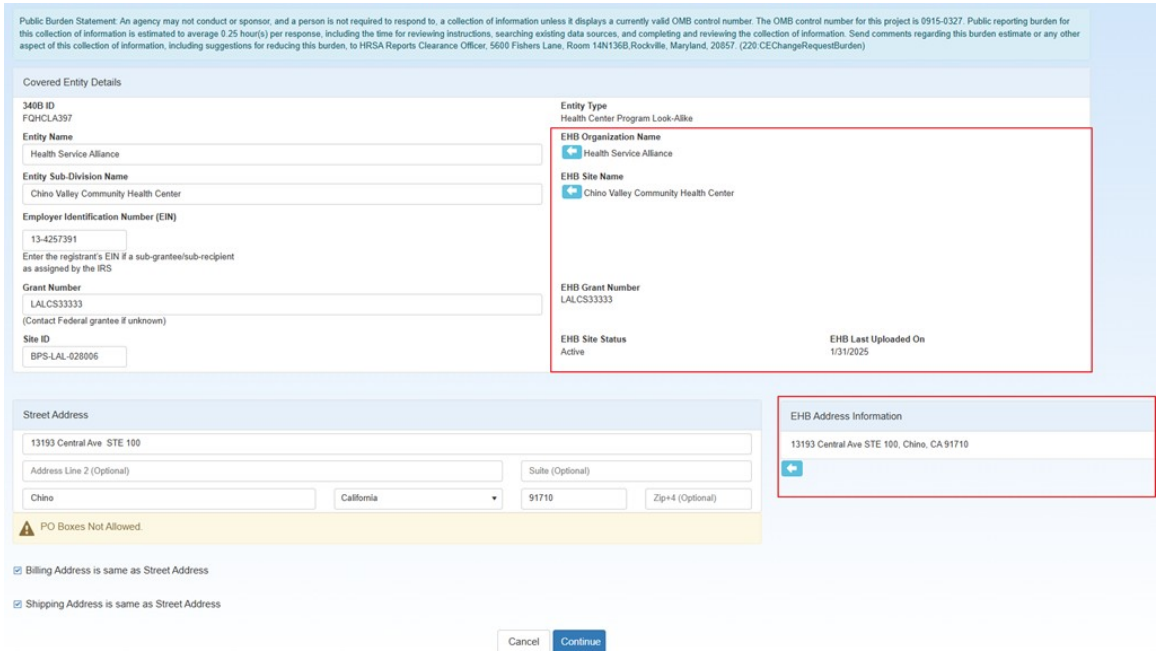
EHB Field Name	Description
EHB Organization Name	This field is used to validate the Entity Name in OPAIS
EHB Site Name	This field is used to validate the Entity Sub-Division Name in OPAIS
EHB Grant Number	This field is used to validate the Grant Number fields in OPAIS (which contains the FQHCLA Designation Number for FQHCLAs)

EHB Field Name	Description
EHB Address Information (Physical Street Address, City, Zipcode and Zip4Code)	This field is used to validate the Street Address in OPAIS
EHB Site Status	This field corresponds to the EHB Site Status. The EHB Site Status It is either Pending Verification, Active, or Terminated.
EHB Last Uploaded On	This field displays the most recent date when EHB data was uploaded into OPAIS

Notes:

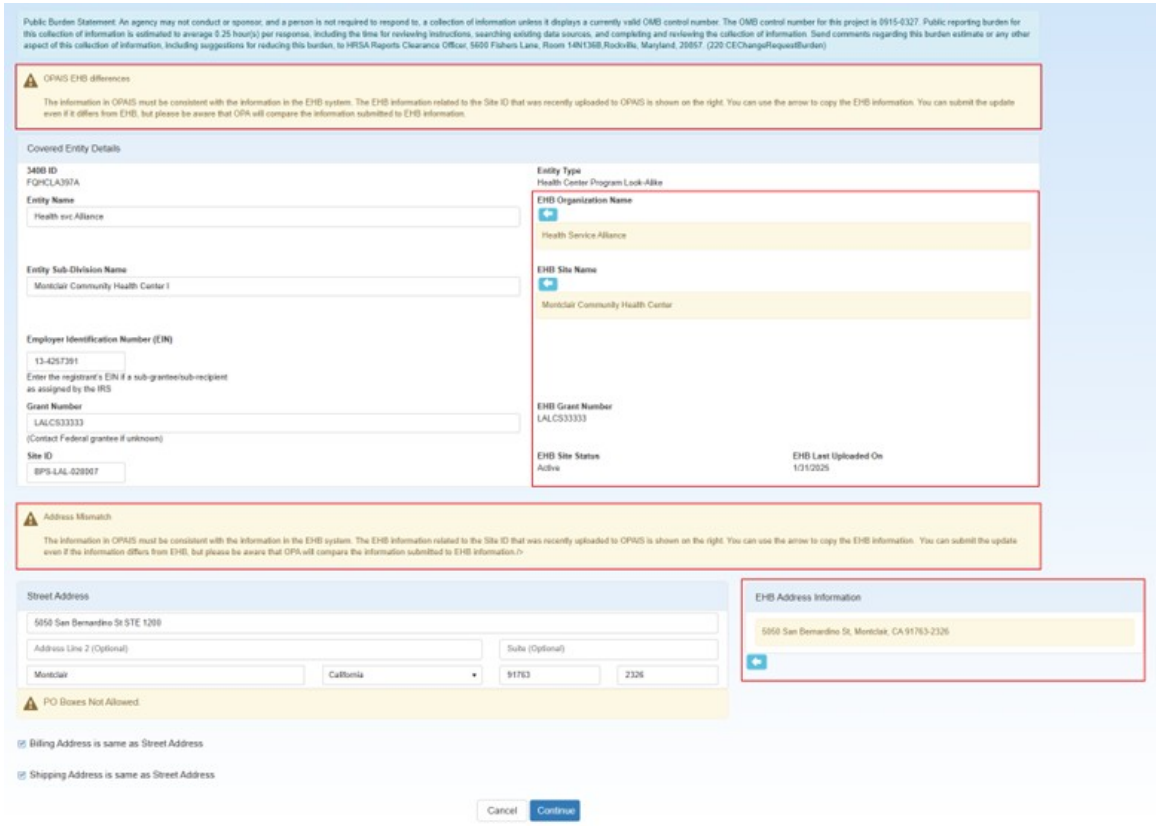
- OPAIS has three Street Address fields while the EHB information has one Street Address field. Therefore, HRSA does not require the OPAIS Street Address information to be exactly the same as the EHB information, as long as they are consistent.
- If the Site ID is updated, the EHB information on the right side of the page will be updated.
- If EHB information is displayed with a yellow background, that means that the OPAIS information is not the same as the EHB information. In general, the information in OPAIS and EHB should be the same, however, when evaluating OPAIS information, HRSA may allow minor differences between OPAIS and EHB as long as the OPAIS and EHB information is consistent. If you have any questions or concerns about whether or not OPA will approve your requested change, please add any information you think will be helpful to HRSA to the "Additional Information" field (located above the "Cancel" and "Submit" buttons) and submit the change request.
- A site with an EHB Site Status of Pending Verification cannot be listed in OPAIS. The site must change from "Pending Verification" Status to "Active' in EHB before the site can be listed in OPAIS. For the status to change, the "Scope Verification - Site Add" must be submitted in EHB and acknowledged by the Project Officer.

You can use the Edit link to the appropriate section to review and update the fields. Click on the Edit Main Details link to review and update the CE fields showing mismatches with EHB data.



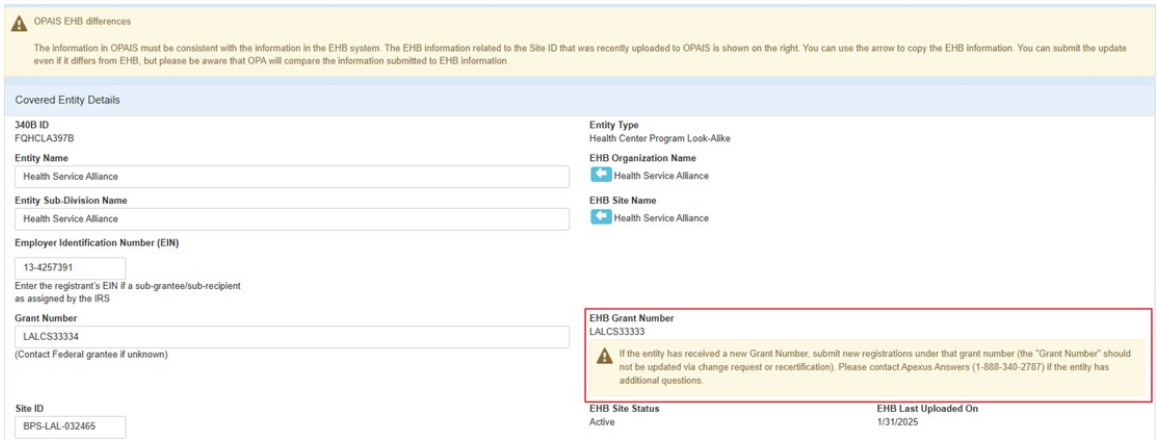
Mismatch (inconsistency) with Entity Name, Entity Sub-Division Name, and Street Address

If there is a mismatch (inconsistency) between field values from EHB and OPAIS, the EHB field value (s) will have a yellow background. You can click on the arrow next to the EHB field name on the right to copy the EHB information to the corresponding field(s) on the left. You can proceed with the submission even if there are inconsistencies, which will allow HRSA to evaluate the submission to determine if it is approvable. Please add a comment to the "Additional Information" field above the "Cancel" and "Submit" buttons if you have information that you think will help HRSA to evaluate your submission.



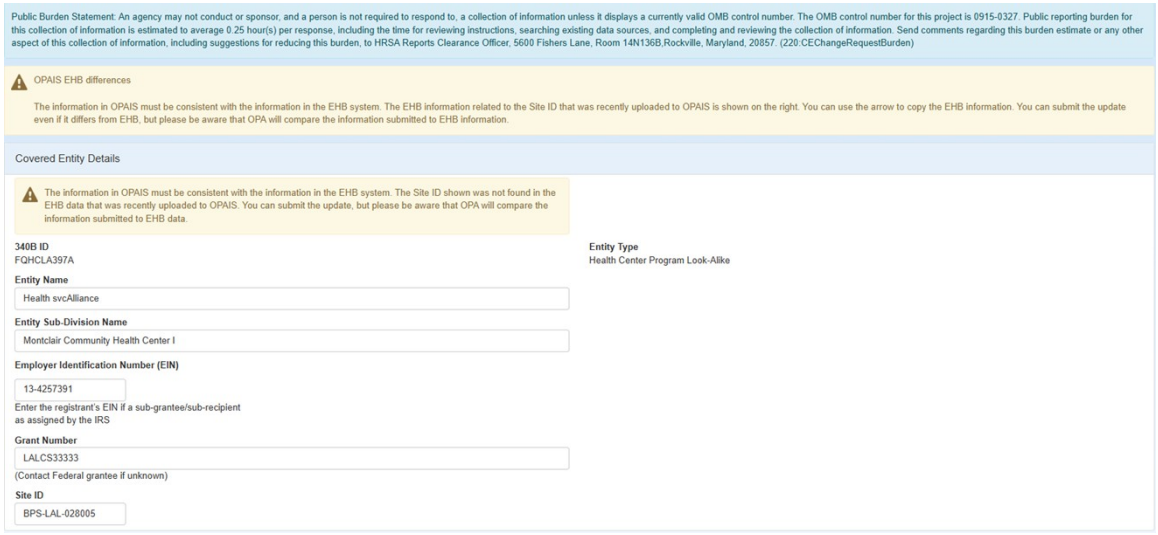
Mismatch with Grant Number

If you change the grant number to be different than the EHB Grant Number, then you will get a warning message stating that you should be submitting a new registration under that grant number instead of changing the grant number in a change request. You can still proceed with the submission, which will allow HRSA to evaluate the submission to determine if it is approvable. Please add a comment to the "Additional Information" field above the "Cancel" and "Submit" buttons if you have information that you think will help HRSA to evaluate your submission.



Site ID not found in EHB data

If the Site ID on the submission at the beginning of the process is not found in the EHB information that was most recently uploaded to OPAIS, or if you updated the Site ID and it is not found in the EHB information, then you will get a warning message. You can still proceed with the submission, which will allow HRSA to evaluate the submission to determine if it is approvable. Please add a comment to the "Additional Information" field above the "Cancel" and "Submit" buttons if you have information that you think will help HRSA to evaluate your submission.



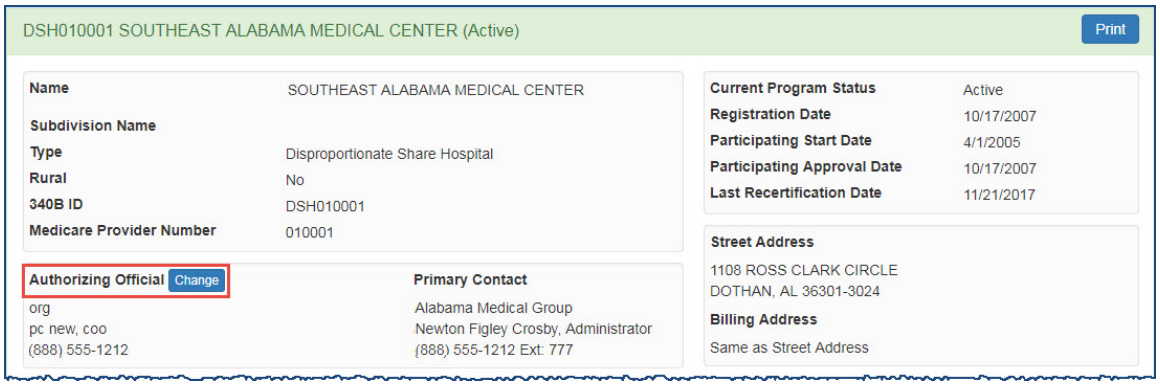
Requesting to Become the AO of a Covered Entity

Any logged-in covered entity user can request to become the AO of a parent hospital or non-hospital with which they are not currently associated. The user requesting to be the new AO must be fully authorized to legally bind the covered entity. All AO change requests must be approved by OPA. Upon approval from OPA, the system will send an email notification of the change to both the new AO and the current AO (if still active in the system).

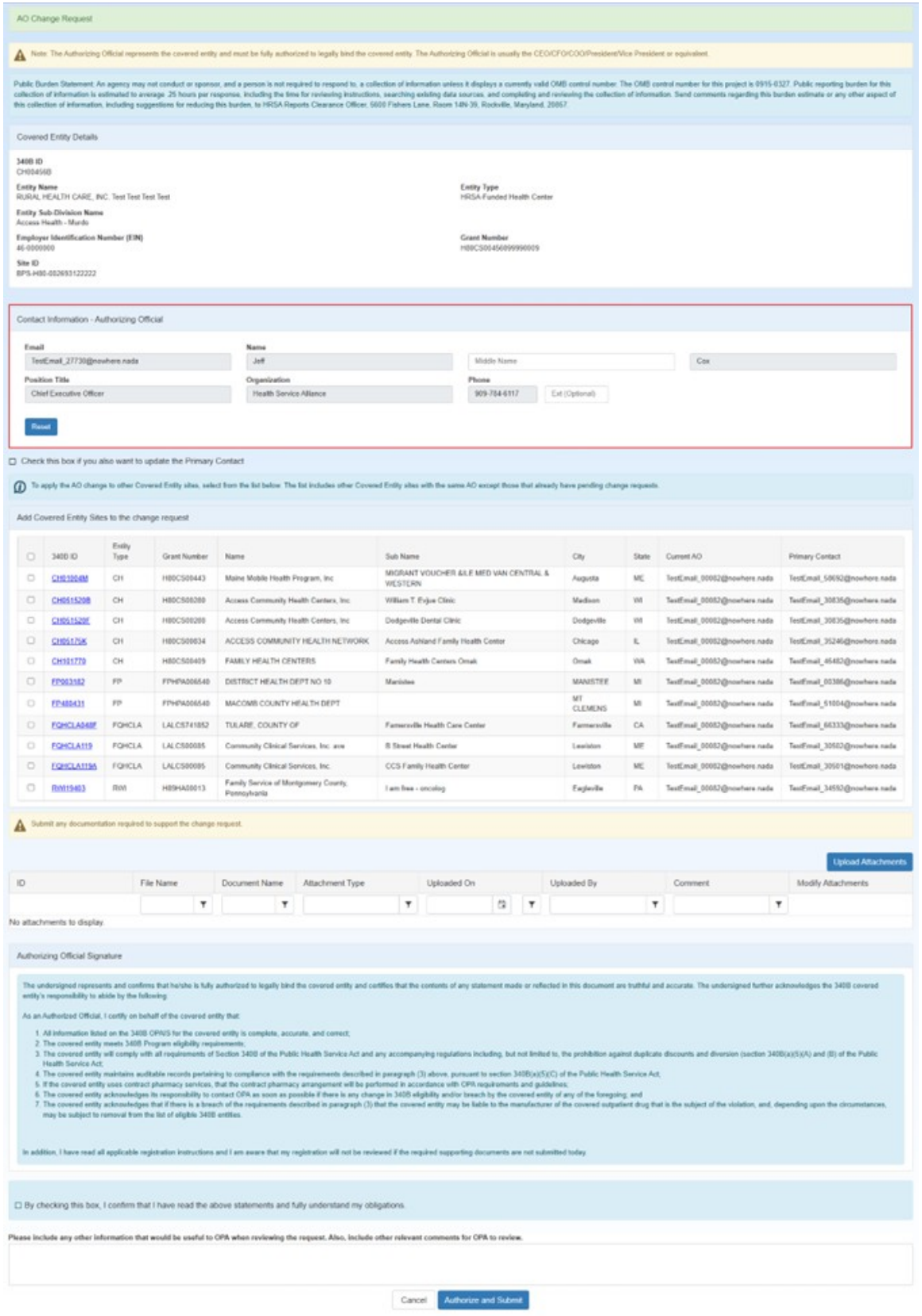
Note: AO Change Requests for hospitals must be submitted through the parent hospital entity. The AO change will affect all child entities.

Note: In case the PC also needs to be changed, then the requestor can enter the PC information along with the new AO information. The external user requesting this AO Change has to be either the new AO or the existing PC for the covered entity.

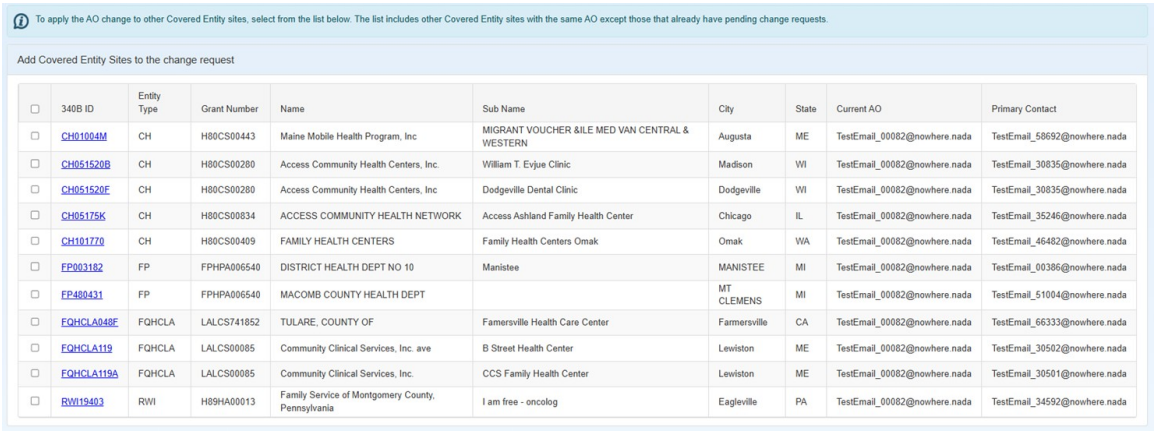
1. Use the Covered Entity Search function to locate the desired covered entity.
2. On the **CE Details** page, click the ***Change*** button for the Authorizing Official.



3. The AO Change Request submission details are displayed with your contact information populated as the Authorizing Official.

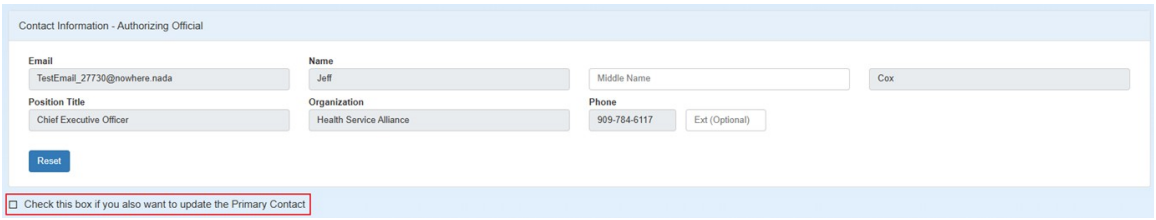

AO Change Request
Note: The Authorizing Official represents the covered entity and must be fully authorized to legally bind the covered entity. The Authorizing Official is usually the CEO/CFO/COO/President/Vice President or equivalent.
Public Burden Statement: An agency may not conduct or sponsor, and 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 .25 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 14N-39, Rockville, Maryland, 20857.
Covered Entity Details
340B ID
CH004560
Entity Name
RURAL HEALTH CARE, INC. Test Test Test Test
Entity Type
HRSA-Funded Health Center
Entity Sub-Division Name
Access Health - Murdo
Employer Identification Number (EIN)
46-0000000
Grant Number
H80CS00456099990009
Site ID
BPS-H80-002693122222
Contact Information - Authorizing Official
Email
TestEmail_27730@nowhere.nada
Name
Jeff
Middle Name
Cox
Position Title
Chief Executive Officer
Organization
Health Service Alliance
Phone
909-784-6117
Ext (Optional)
Reset
Check this box if you also want to update the Primary Contact
To apply the AO change to other Covered Entity sites, select from the list below. The list includes other Covered Entity sites with the same AO except those that already have pending change requests.
Add Covered Entity Sites to the change request
340B ID
Entity Type
Grant Number
Name
Sub Name
City
State
Current AO
Primary Contact
CH010048
CH
H80CS00443
Maine Mobile Health Program, Inc
MIGRANT VOUCHER &ILE MED VAN CENTRAL & WESTERN
Augusta
ME
TestEmail_00052@nowhere.nada
TestEmail_58092@nowhere.nada
CH051508
CH
H80CS00280
Access Community Health Centers, Inc
William T. Fojue Clinic
Madison
WI
TestEmail_00052@nowhere.nada
TestEmail_30835@nowhere.nada
CH051509
CH
H80CS00280
Access Community Health Centers, Inc
Dodgeville Dental Clinic
Dodgeville
WI
TestEmail_00052@nowhere.nada
TestEmail_30835@nowhere.nada
CH051706
CH
H80CS00834
ACCESS COMMUNITY HEALTH NETWORK
Access Ashland Family Health Center
Chicago
IL
TestEmail_00052@nowhere.nada
TestEmail_35246@nowhere.nada
CH101770
CH
H80CS00409
FAMILY HEALTH CENTERS
Family Health Centers Omak
Omak
WA
TestEmail_00052@nowhere.nada
TestEmail_46482@nowhere.nada
FP063182
FP
FPHPA00654
DISTRICT HEALTH DEPT NO 10
Manistee
MANISTEE
MI
TestEmail_00052@nowhere.nada
TestEmail_00386@nowhere.nada
FP480431
FP
FPHPA00654
MACOMB COUNTY HEALTH DEPT
MT CLEMENS
MI
TestEmail_00052@nowhere.nada
TestEmail_61004@nowhere.nada
FQHCLA648F
FQHCLA
LALCS741852
TULARE, COUNTY OF
Farmersville Health Care Center
Farmersville
CA
TestEmail_00052@nowhere.nada
TestEmail_66333@nowhere.nada
FQHCLA119
FQHCLA
LALCS00085
Community Clinical Services, Inc. ave
8 Street Health Center
Lewiston
ME
TestEmail_00052@nowhere.nada
TestEmail_30502@nowhere.nada
FQHCLA119A
FQHCLA
LALCS00085
Community Clinical Services, Inc.
CCS Family Health Center
Lewiston
ME
TestEmail_00052@nowhere.nada
TestEmail_30501@nowhere.nada
RW019403
RW
H89HA00013
Family Service of Montgomery County, Pennsylvania
I am free - oncolog
Eagleville
PA
TestEmail_00052@nowhere.nada
TestEmail_34592@nowhere.nada
Submit any documentation required to support the change request.
Upload Attachments
ID
File Name
Document Name
Attachment Type
Uploaded On
Uploaded By
Comment
Modify Attachments
No attachments to display.
Authorizing Official 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. 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 OPAIS for the covered entity is complete, accurate, and correct;
2. The covered entity meets 340B Program eligibility requirements;
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 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.
In addition, I have read all applicable registration instructions and I am aware that my registration will not be reviewed if the required supporting documents are not submitted today.
By checking this box, I confirm that I have read the above statements and fully understand my obligations.
Please include any other information that would be useful to OPA when reviewing the request. Also, include other relevant comments for OPA to review.
Cancel
Authorize and Submit

4. There is also a list of Covered Entities displayed under the "Add Covered Entity sites to the Change Request" section. This is a list of Covered Entities where the current AO of the selected entity is also the AO for these entities. If you also want to change the AO to the newly proposed AO for any of these entities, then use the check box next to the 340B ID to select and add these entities to the submission.

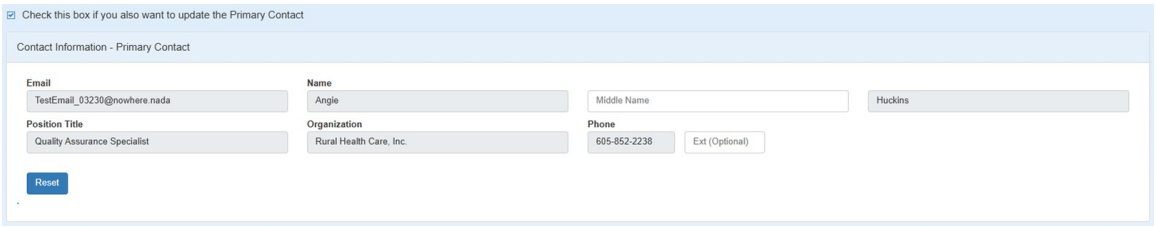


340B ID	Entity Type	Grant Number	Name	Sub Name	City	State	Current AO	Primary Contact
CH01004M	CH	H80CS00443	Maine Mobile Health Program, Inc	MIGRANT VOUCHER &ILE MED VAN CENTRAL & WESTERN	Augusta	ME	TestEmail_00082@nowhere.nada	TestEmail_58692@nowhere.nada
CH051520B	CH	H80CS00280	Access Community Health Centers, Inc.	William T. Evjue Clinic	Madison	WI	TestEmail_00082@nowhere.nada	TestEmail_30835@nowhere.nada
CH051520F	CH	H80CS00280	Access Community Health Centers, Inc	Dodgeville Dental Clinic	Dodgeville	WI	TestEmail_00082@nowhere.nada	TestEmail_30835@nowhere.nada
CH05175K	CH	H80CS00834	ACCESS COMMUNITY HEALTH NETWORK	Access Ashland Family Health Center	Chicago	IL	TestEmail_00082@nowhere.nada	TestEmail_35246@nowhere.nada
CH101770	CH	H80CS00409	FAMILY HEALTH CENTERS	Family Health Centers Omak	Omak	WA	TestEmail_00082@nowhere.nada	TestEmail_46482@nowhere.nada
FP003182	FP	FPHPA006540	DISTRICT HEALTH DEPT NO 10	Manistee	MANISTEE	MI	TestEmail_00082@nowhere.nada	TestEmail_00386@nowhere.nada
FP480431	FP	FPHPA006540	MACOMB COUNTY HEALTH DEPT		MT CLEMENS	MI	TestEmail_00082@nowhere.nada	TestEmail_51004@nowhere.nada
FQHCLA048F	FQHCLA	LALCS741852	TULARE, COUNTY OF	Famersville Health Care Center	Farmersville	CA	TestEmail_00082@nowhere.nada	TestEmail_66333@nowhere.nada
FQHCLA119	FQHCLA	LALCS00085	Community Clinical Services, Inc. ave	B Street Health Center	Lewiston	ME	TestEmail_00082@nowhere.nada	TestEmail_30502@nowhere.nada
FQHCLA119A	FQHCLA	LALCS00085	Community Clinical Services, Inc.	CCS Family Health Center	Lewiston	ME	TestEmail_00082@nowhere.nada	TestEmail_30501@nowhere.nada
RWI19403	RWI	H89HA00013	Family Service of Montgomery County, Pennsylvania	I am free - oncolog	Eagleville	PA	TestEmail_00082@nowhere.nada	TestEmail_34592@nowhere.nada

5. If you also want to change the PC for the group of selected entities, then select the checkbox below the AO Contact Information.



After selecting the checkbox to update the PC information, use the Contact Information fields to update the PC information.

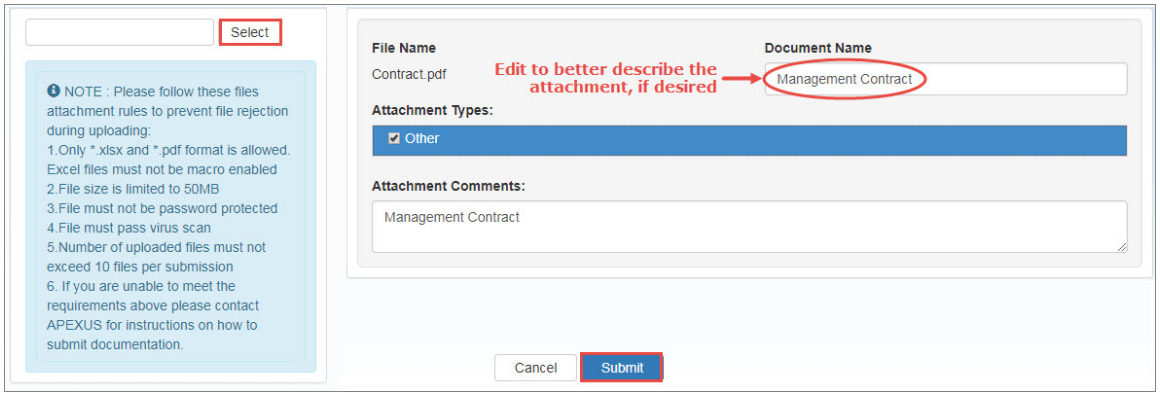


6. If you have to change the PC for the covered entity then click on Reset under the Contact Information Primary Contact section and enter the new PC information.
7. Click on Upload Attachments to attach documents necessary when reviewing the request.

   When the attachments upload selection page displays, click the ***Select*** button, navigate to the file to be uploaded, and click on it.

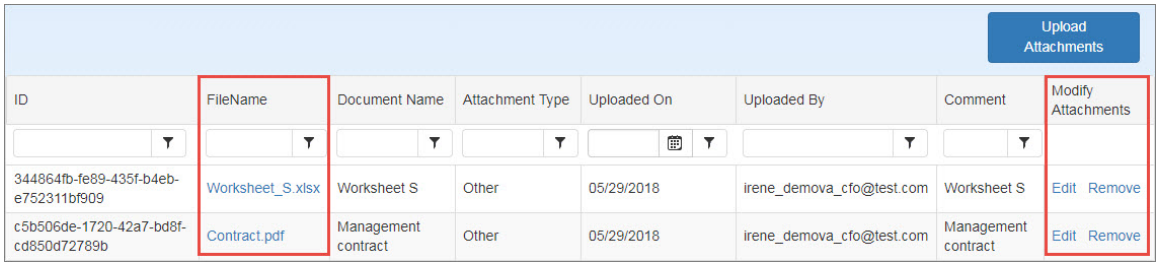
   Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.



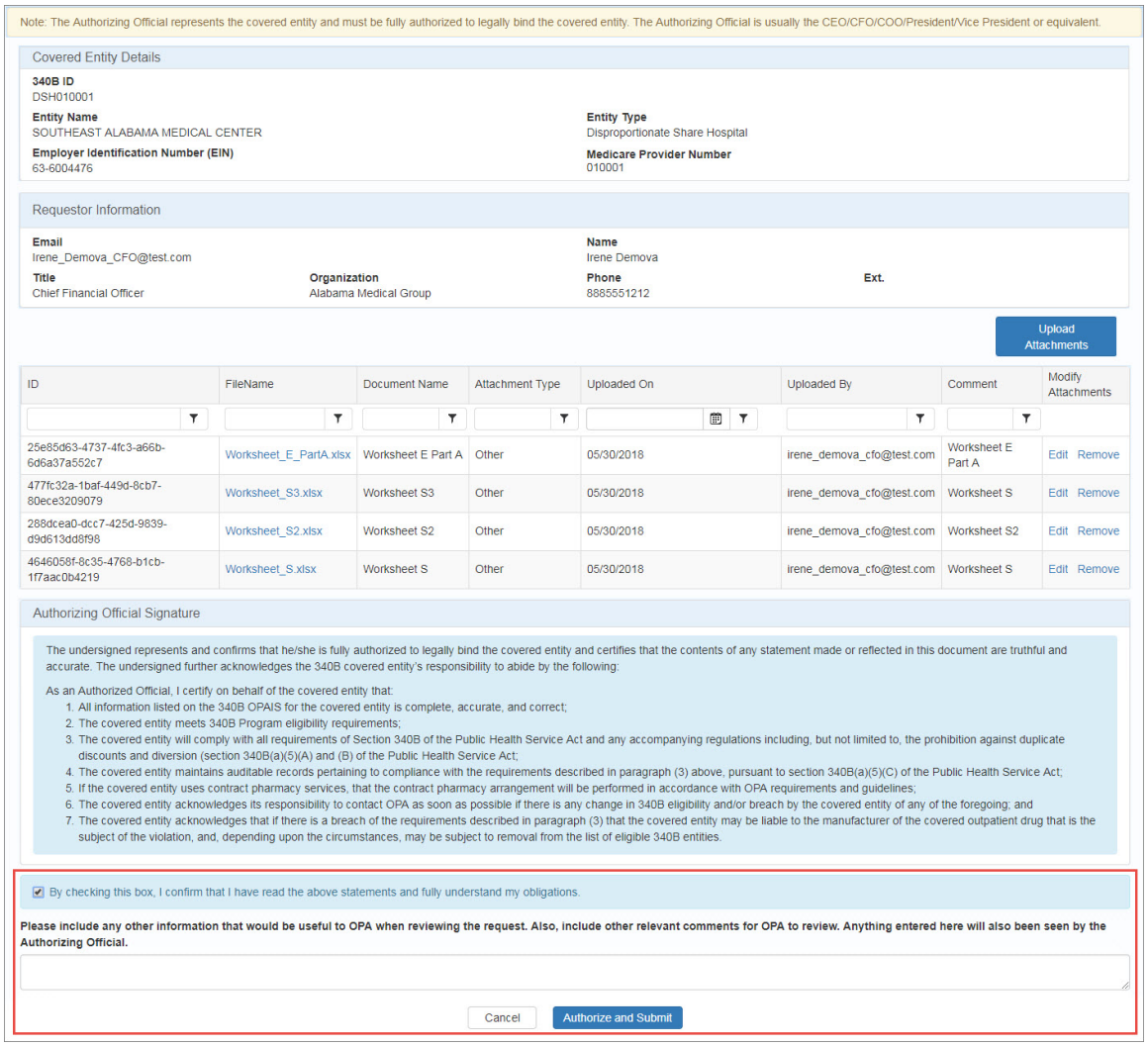
- The file name of the attachment will appear in the ***Document Name*** box. It may be changed to better describe the attachment if desired.
- Under ***Attachment Types,*** click the ***Other*** checkbox..
- Type any additional notes in the ***Attachment Comments*** text box.
- Repeat these steps to select and identify any additional attachments.
- Click the ***Submit*** button to proceed.

The system will display a list of the selected attachments.



- Click the link in the ***FileName*** column to open the attachment with the application that created it (e.g., Excel).
- Click the ***Edit*** link to return to the attachments upload selection page to edit the document name, attachment type or comment.
- Click the ***Remove*** link to delete the associated attachment from the entity.

8. Type any information that would be useful to OPA when reviewing the request and click the Authorize and Submit button.



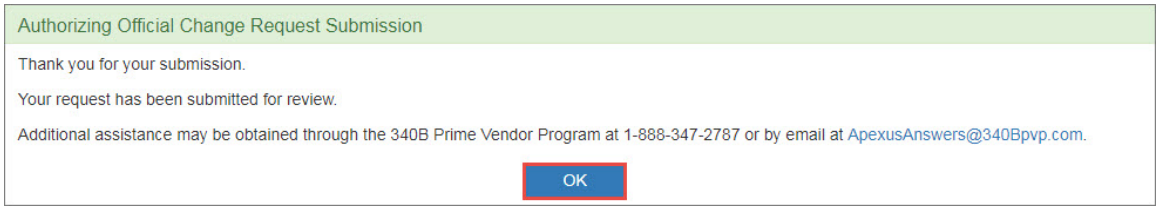
AO CR Approval Controls

Control	Description
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box to submit the change request for OPA approval.
Textbox	*"Please include any other information that would be useful to OPA when reviewing the request. Also, include other relevant comments for OPA to review. Anything entered here will also been seen by the Authorizing Official."* Type any comments that will help OPA in approving the change request.

AO CR Approval Controls (continued)

Control	Description
Cancel	Exit from the attestation page without taking action.
Authorize and Submit	After selecting the checkbox to authorize the submission, click this button to submit the change request for OPA approval. The submission confirmation page will be displayed. ▪ All AO change requests must be approved by OPA. ▪ Upon OPA approval of an AO change request, both the new AO and the old AO will receive an "Approval of online 340B Change Request" email. The email to the new AO will state that he/she is now the AO. The email to the old AO will state that he/she is no longer the AO. ▪ If OPA rejects a change request, both the AO and the PC will receive a Rejection of online 340B Change Request email.

9. When the **Authorizing Official Change Request Submission** message is displayed, click the **OK** button to return ***My Dashboard***.

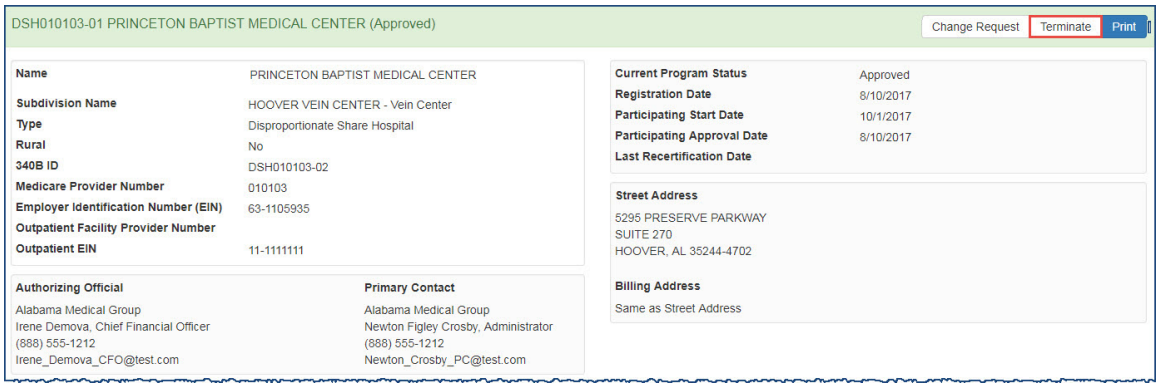


Note: During Recertification: After recertification has started, if the Authorizing Official for an entity has to be changed before completing the recertification, then the current AO or PC may submit an AO change request. Only an AO change can be requested in a Change Request when the entity is undergoing recertification. For more, see "Changing AO during Recertification" on page 305

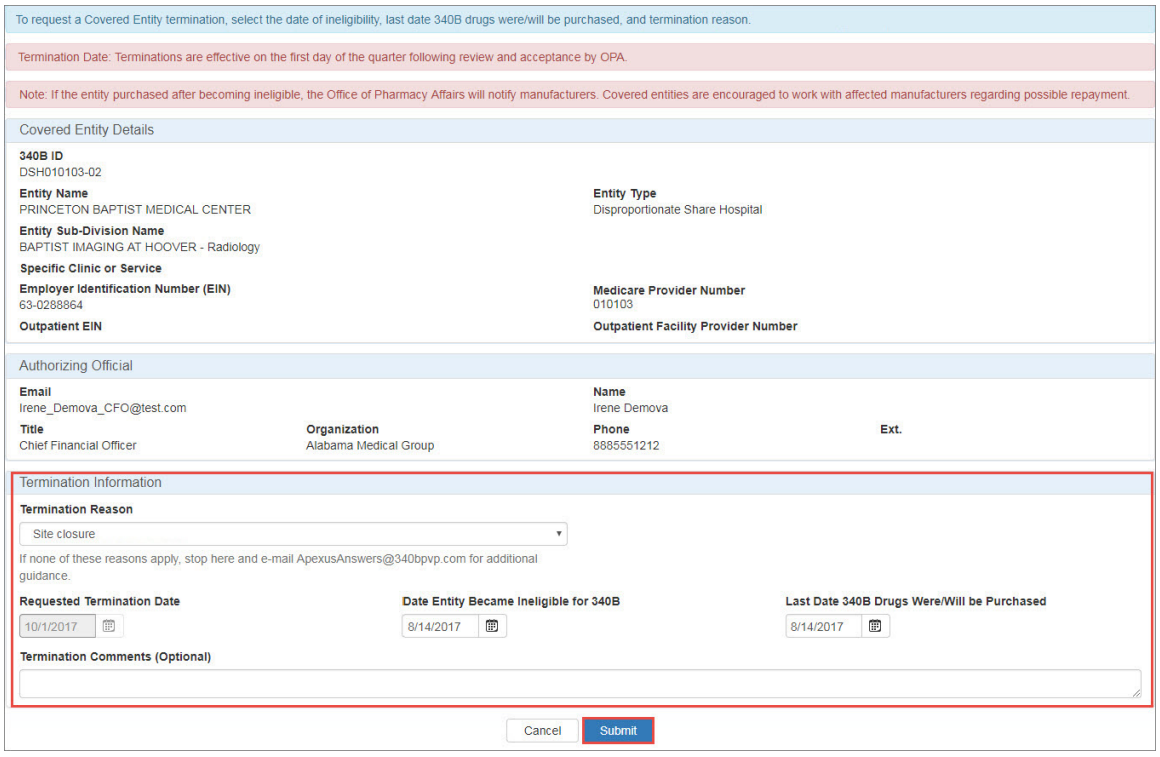
Requesting the Termination of a Covered Entity

Important: You must be the logged-in AO or PC to terminate a covered entity.

1. From the **Covered Entity Details** page for an active entity for which you are responsible as AO or PC, click the **Terminate** button.



2. The **Covered Entity Termination** page will be displayed for the entity.



CE Termination Controls

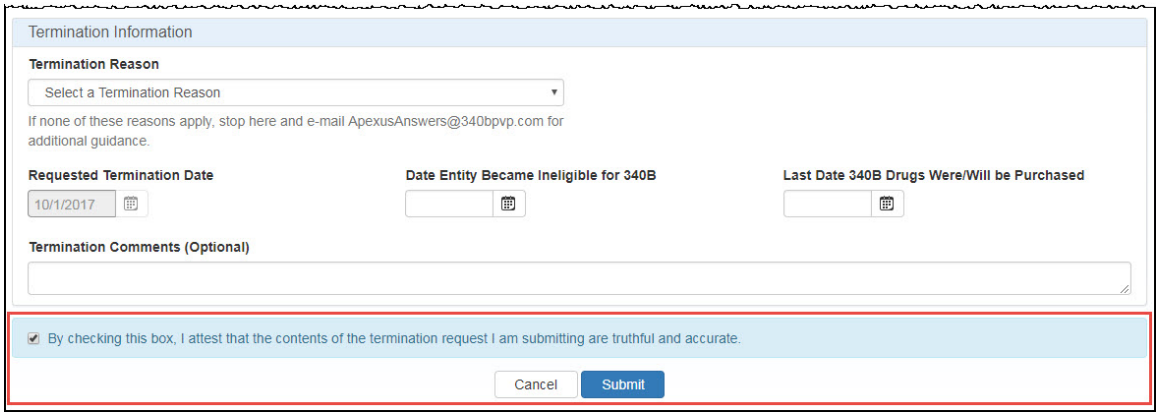
Control	Description
Termination Reason	Select a reason from the drop-down list: ■ Business decision by the covered entity ■ Change of covered entity type (non-hospital) ■ DSH percentage below statutory minimum ■ Failure to maintain auditable records ■ For-profit conversion ■ GPO violation ■ Hospital outpatient facility no longer eligible ■ Loss of qualifying grant/support ■ Loss of qualifying hospital status ■ Never implemented the 340B Program ■ Other ■ Outpatient facility moved within the 4 walls of the parent hospital ■ Site closure ■ Terminated – Reason unknown ***More information:*** If none of these reasons apply, e-mail ApexusAnswers@340bpvp.com for additional guidance.
Requested Termination Date	System populated with the first day of the next quarter (not editable) after it is approved by OPA.
Date Entity Became Ineligible for 340B	Enter the date the entity became ineligible for continued participation in the 340B Program or select it using the calendar widget (may not be greater than **Requested Termination Date**).
Last Date 340B Drugs Were/Will Be Purchased	Enter the date the entity discontinued or will discontinue purchasing drugs under the 340B plan or select it using the calendar widget (may not be greater than **Requested Termination Date**.
Termination Comments (Optional)	Enter any comments about the termination, such as requests for alternate dates, which would be helpful during approval.
Cancel	Cancel the change request and return to the **Covered Entity Details** page.

CE Termination Controls (continued)

Control	Description
Submit	Click this button to submit the termination request.

If you are the AO…

A checkbox and the associated text are appended below the **Termination Information** section to allow you to attest to the termination.



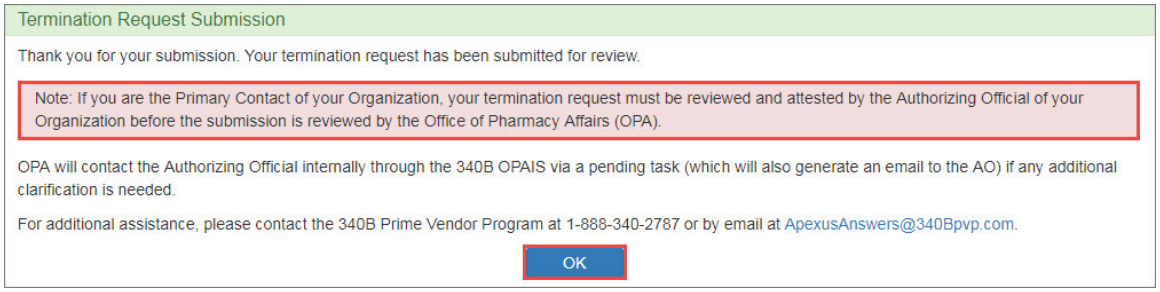
CE Termination AO Attestation Controls

Control	Description
Checkbox	*"By checking this box, I attest that the contents of the termination request I am submitting are truthful and accurate."* Select this box to submit the termination request for OPA approval.
Cancel	Exit from the attestation page without taking action.

CE Termination AO Attestation Controls (continued)

Control	Description
Submit	After selecting the checkbox to authorize the submission, click this button to submit the termination request for OPA approval. The submission confirmation page will be displayed. ■ The entity will continue to be listed under *My Entities* with a 340B status of "Active" until the termination effective date. ■ Upon OPA approval of the termination, both the AO and the PC will receive a 340B Program Termination email, and the entity's status will be changed to "ToBeTerminated." ■ If OPA rejects the termination request, both the AO and the PC will receive a *"Covered Entity Termination Request Rejection by OPA"* email and entity will continue to be listed under ***My Entities*** with a 340B status of "Active." ■ After the termination effective date, the entity's 340B status will be updated to "Terminated."

3. Upon clicking the **Submit** button, the system will display a confirmation message.



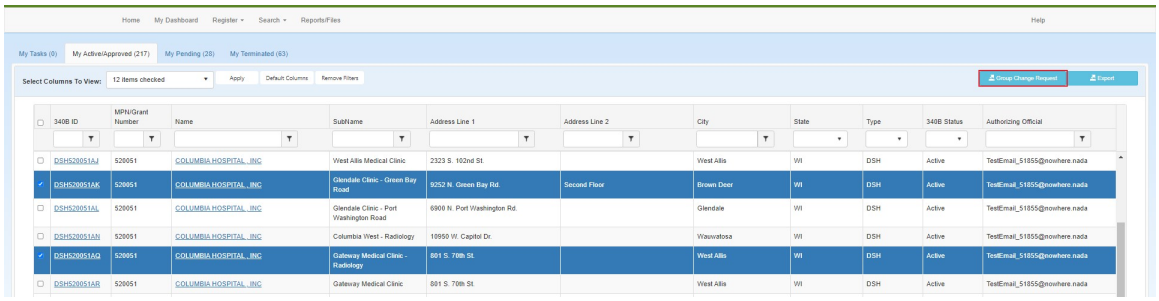
Click the **OK** button to complete the termination and return to ***My Dashboard***.

Requesting Changes to a Group of Covered Entities

A Group Change Request can be submitted when there are similar changes to be made to a group of covered entities.

Note: You must be the logged-in AO or PC of the group of covered entities to submit the group change requests.

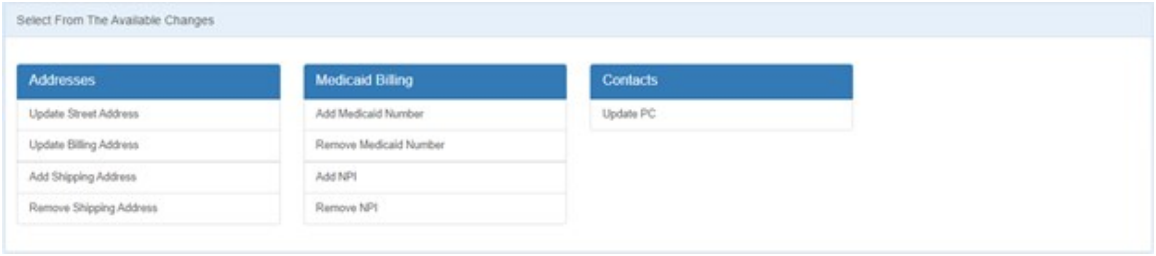
1. From **My Dashboard**, select the group of covered entities that require the same changes. After selecting the group, click on the **Group Change Requests** from "My Dashboard.



   When selecting the covered entities to form the group, choose the entities with the same Authorizing Official, same hospital type and MPN or with the same non-hospital program type. The group change request can have multiple primary contacts for different sub-groups, but all the covered entities should have the same AO.

2. After initiating the group change request, select the changes that will affect all the covered entities in the selected group.
   - There are three types of changes that can be performed in a group change request:
     - **Add** – Add values to Covered Entity fields which accept more than one value. When you select to "add" the value(s) entered in the group change request for the field, they will be added to all the covered entities included in the group change request. The change(s) will have no impact if there are entities which already have the value to be added. Examples of fields with multiple values include: Shipping Address, Medicaid Number, NPI Number, etc.
     - **Remove** – Remove values from Covered Entity fields which contain one or more values. When you select the change to remove, the unique values present across all the covered entities in the group change request will be displayed. You can select the values(s) to be removed from all the entities. The change(s) will have no impact if there are entities which do not have the selected value to be removed. Examples of fields with multiple values include: Shipping Address, Medicaid Number, NPI Number, etc.
     - **Update** – Update the value for a field that takes only one value. When you select to update and enter a new value, it will be applied to all entities added to the group change request. Examples of fields with one value include: EIN, Entity Name, Grant Number, Street Address, Billing Address, Primary Contact, etc.

Available Changes - Hospitals



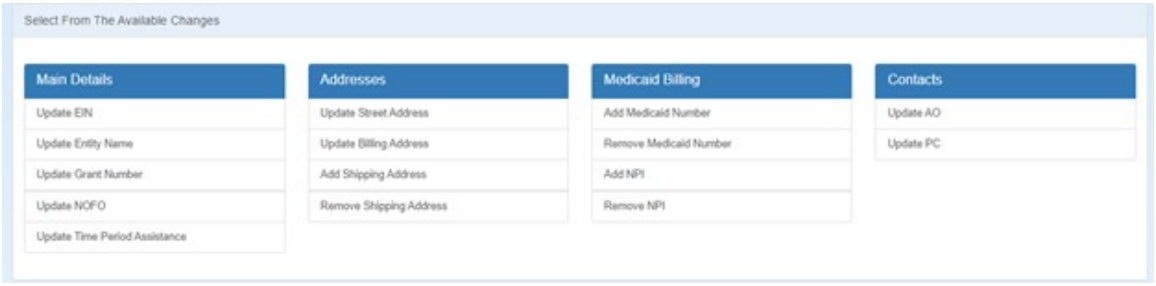
Note: **Update AO** is not a valid group change operation. If you need to update the AO for a hospital, please submit a normal change request to the parent hospital entity.

Available Changes - Non-Hospitals

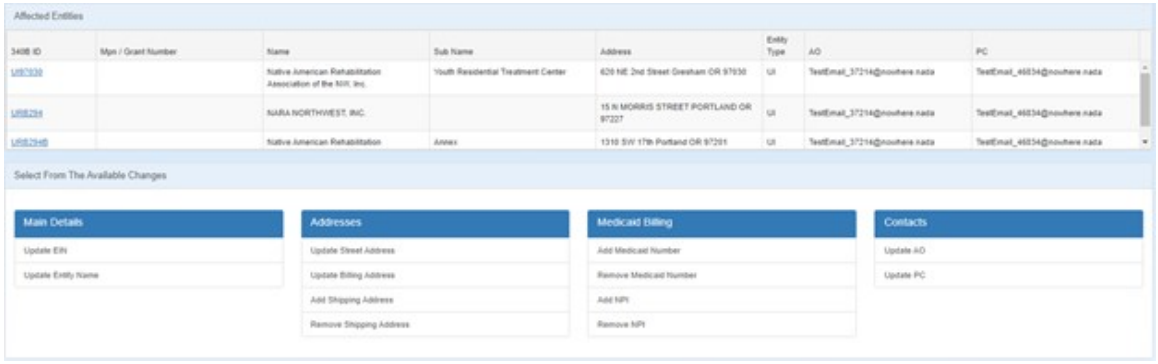
Available changes for Non-Hospitals except STD, TB, and Ryan White entities.

Available changes for Non-Hospitals - STD and TB entities

Available changes for Non-Hospitals - all Ryan White program types

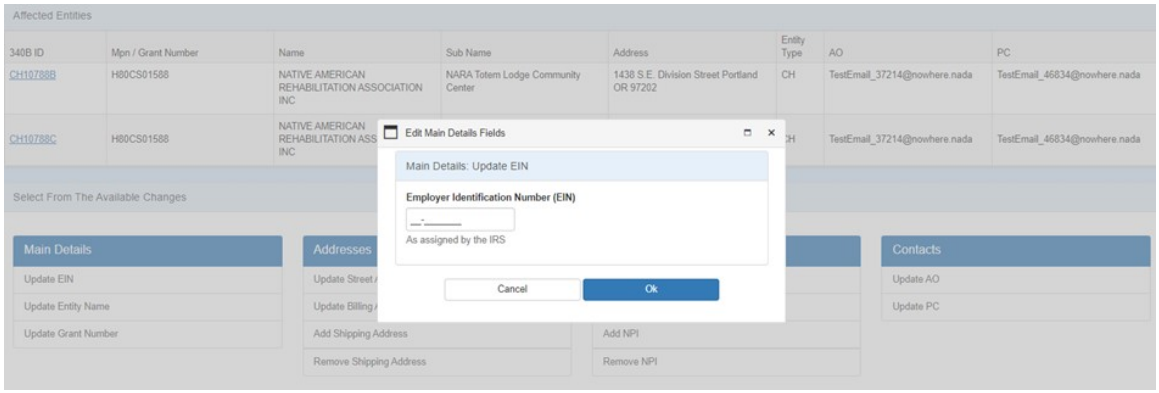


Available changes for Non-Hospitals - Tribal Contact and Urban Indian program types

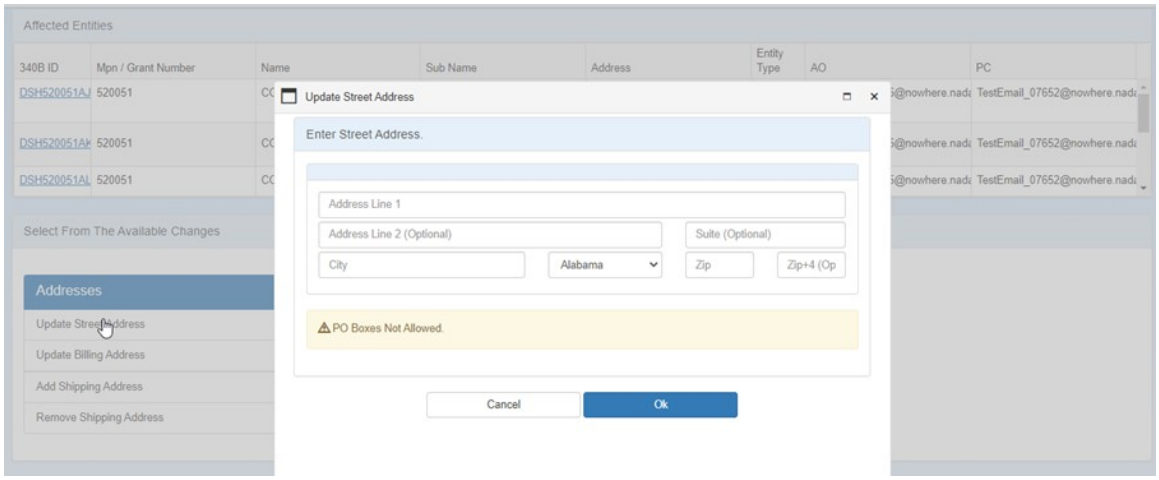


3. The covered entity fields available for changes are listed under each section. Select the field(s) that need to be changed by clicking on the *Add/Remove/Update "**field name**"* hyperlink. A pop-up window opens up where you can add a new value or select the value(s) to be removed. In case of updating contacts, a page opens up to enter or select the new contact information.

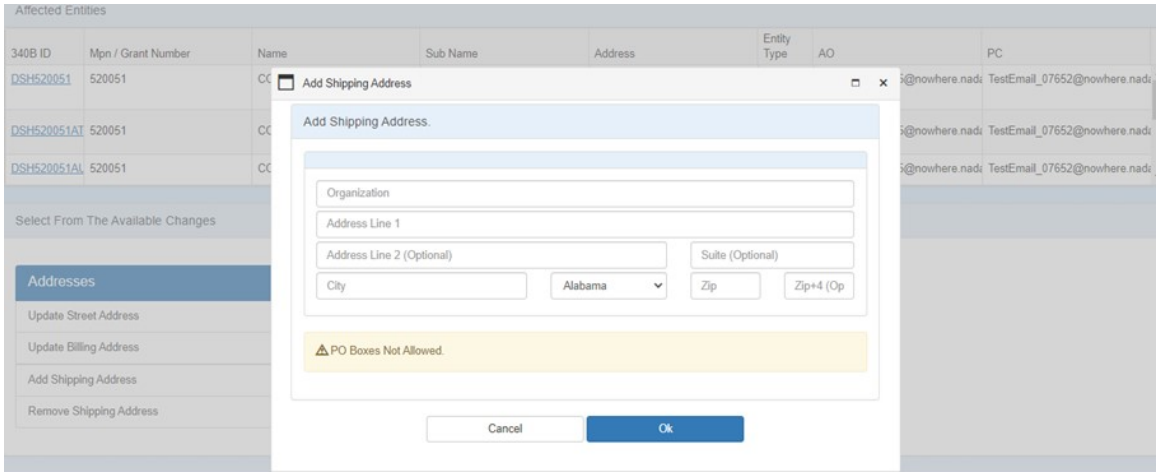
Edit Update EIN (Only available for Non-Hospitals)



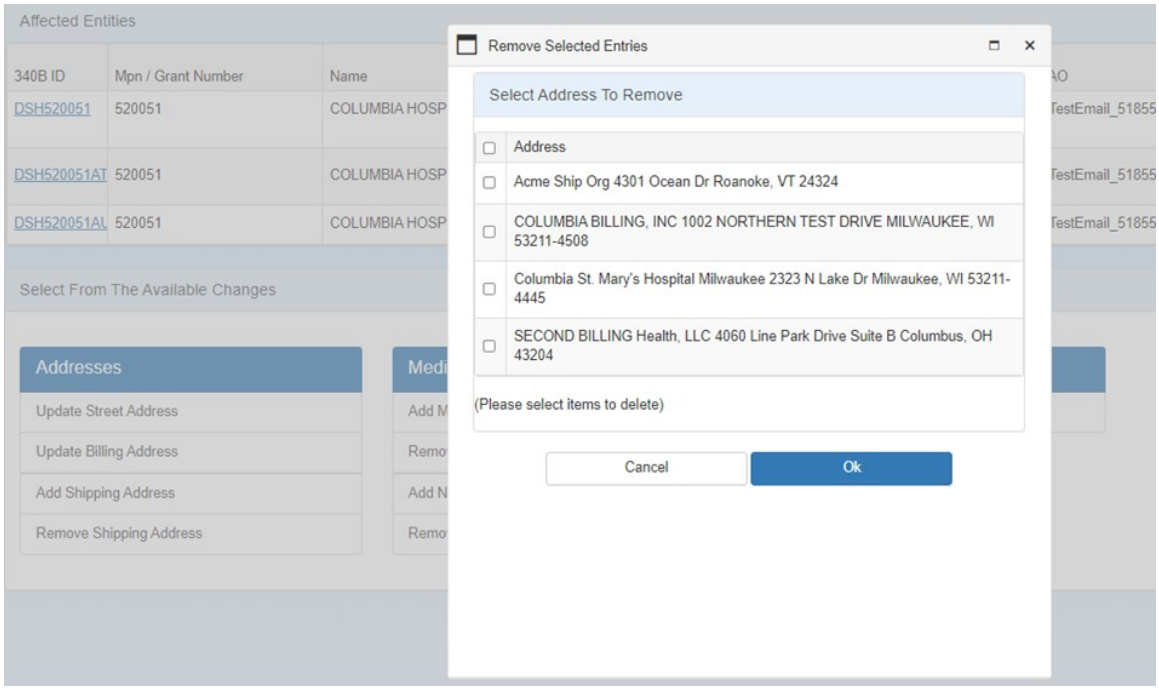
Update Street Address



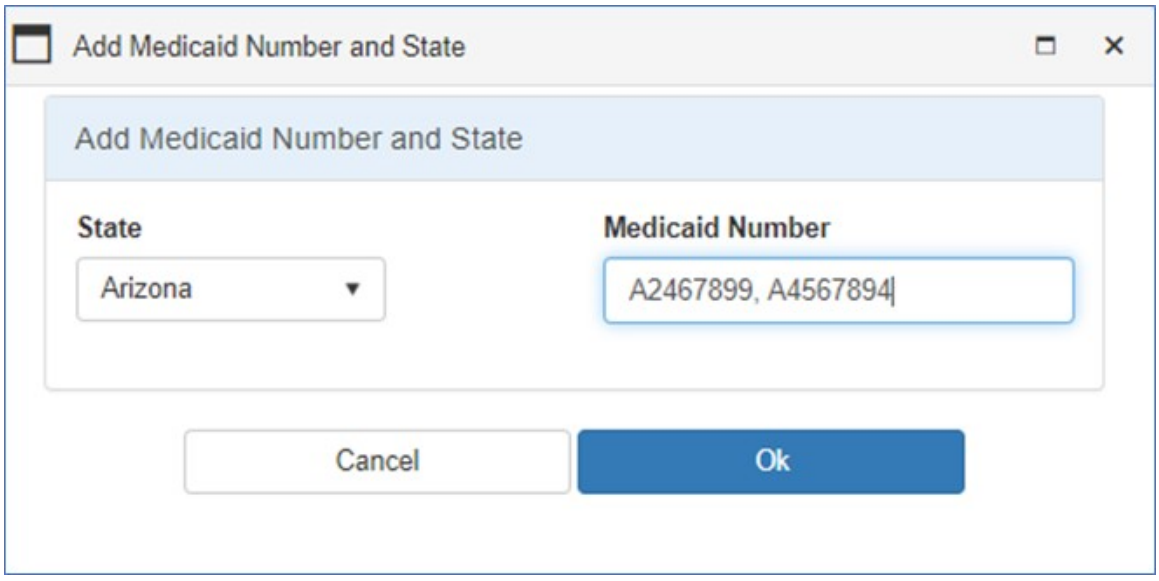
Add Shipping Address



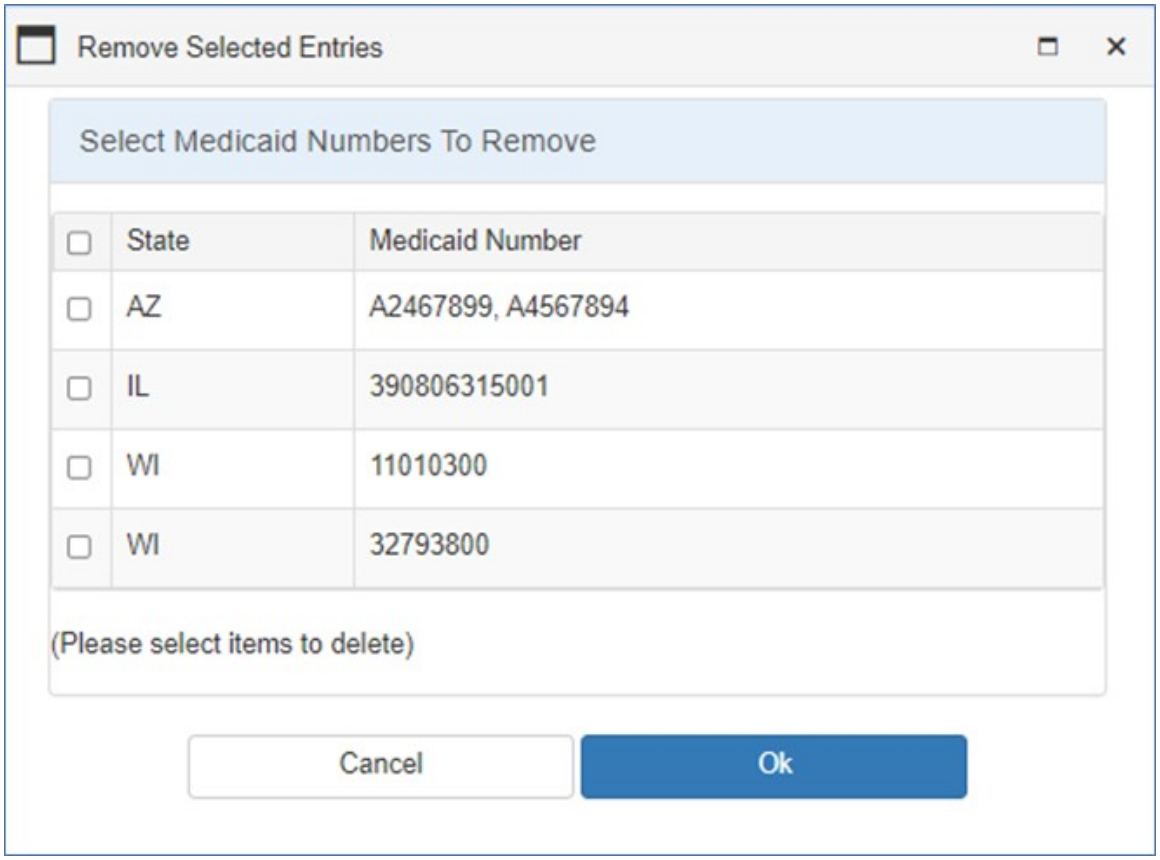
Remove Shipping Address



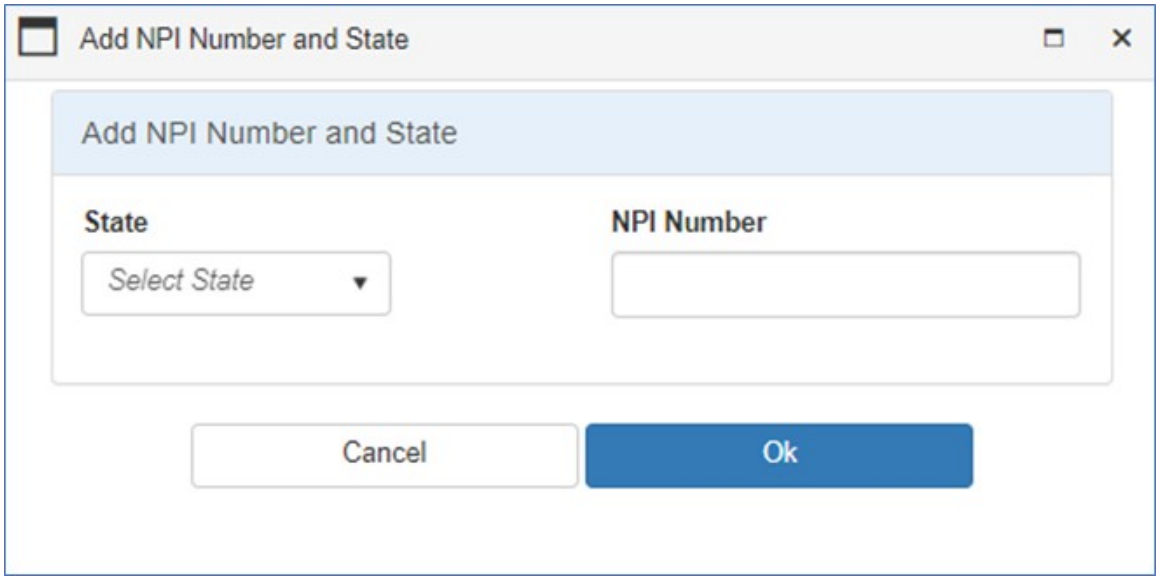
Add Medicaid Number and State



Remove Medicaid Number and State

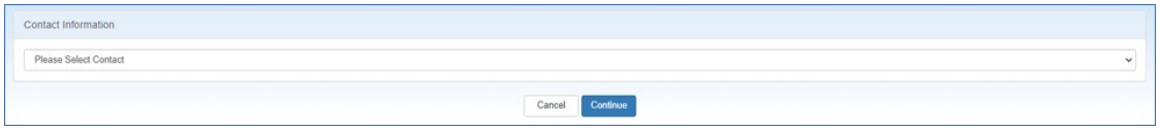


Add NPI Number and State

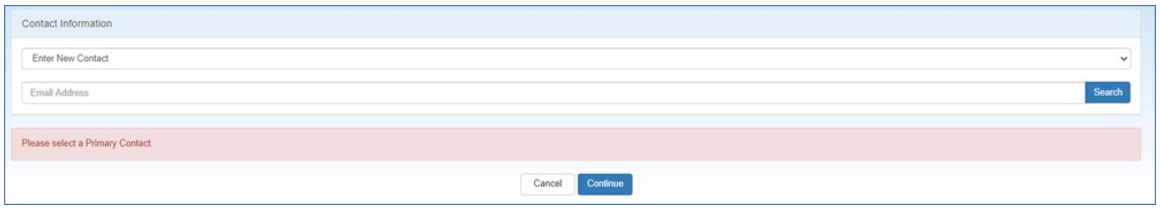


Update Contacts - PC or AO (Only available for Non-Hospitals)

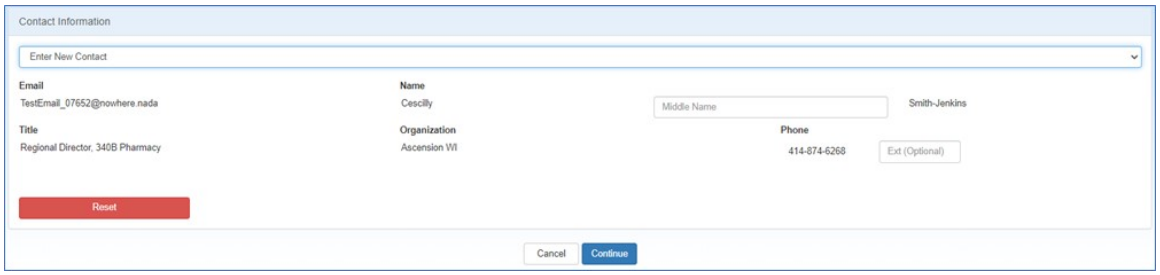
- Enter the email address of the contact by clicking the Continue button.



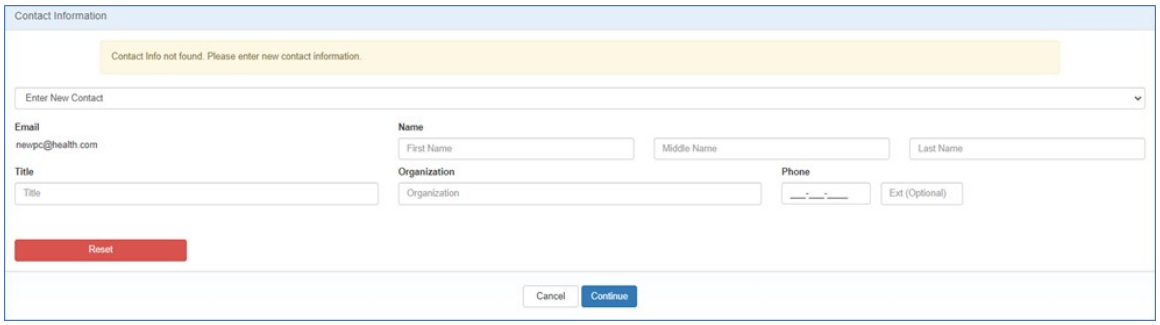
- Enter the new contact's email address and click on Search.



- If the contact is already registered in 340B OPAIS, then the system will display the contact details. Please verify the new contact's information and click Continue to update.

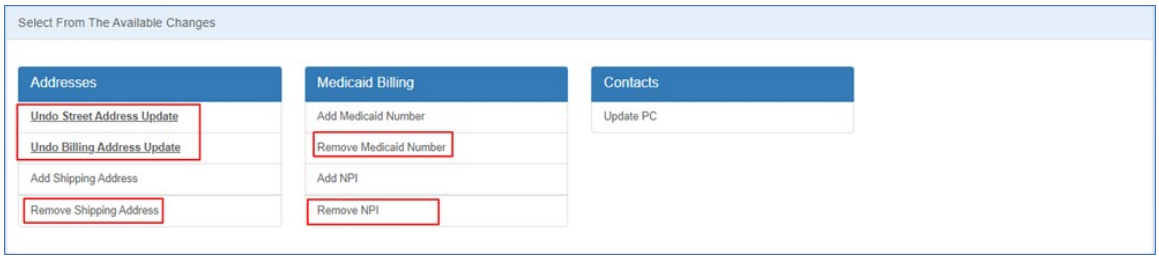


- If the new contact's email address is not registered in 340B OPAIS, then the system will display the fields to enter the new contact details. Enter the contact information and select Continue to update.

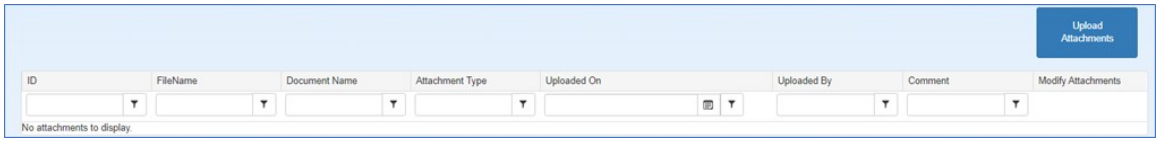


Undo Changes

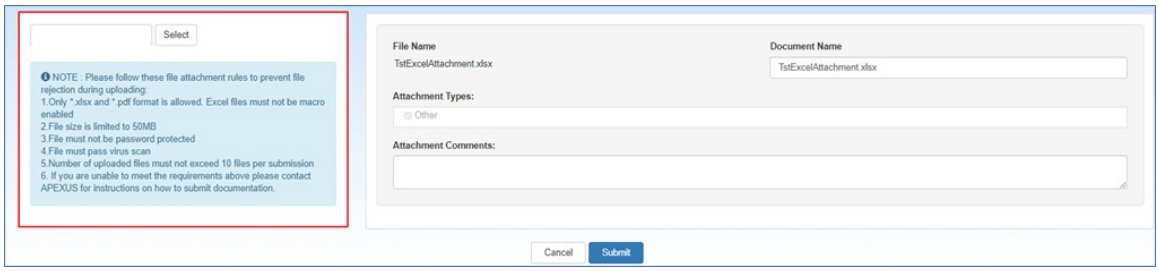
If there are any changes that you have made in the Group Change Request and you would like to roll-back, use the hyperlinks that allow to undo or remove your changes.



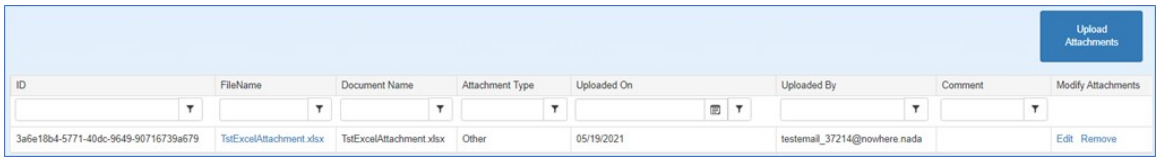
4. After completing the changes, add any supporting documents using the Upload Attachments function.
   - Click on **Upload Attachments** to add supporting documents to the group change request.



- Use the **Select** button to browse and add one or more documents from your computer. After completing uploading the necessary document(s), select **Submit** to complete uploading attachments and return to the group change request submission.

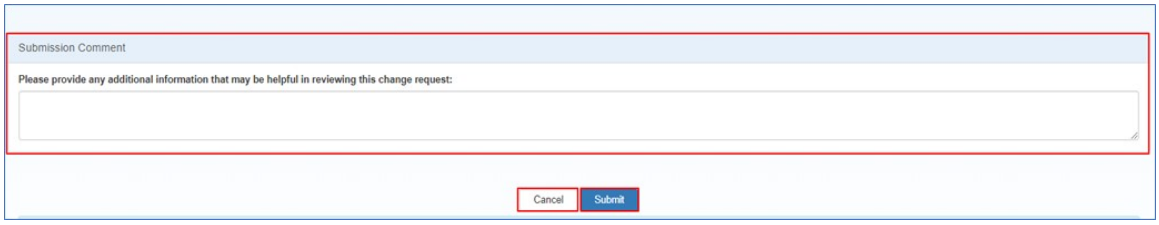


- The uploaded documents are displayed in the submission as below. You can edit the document information or remove the document from the submission using the **Edit** and **Remove** buttons.



5. Review the pending changes
   - As you make changes to the submission, they will be summarized at the bottom of the Group Change Request page for review before submission.

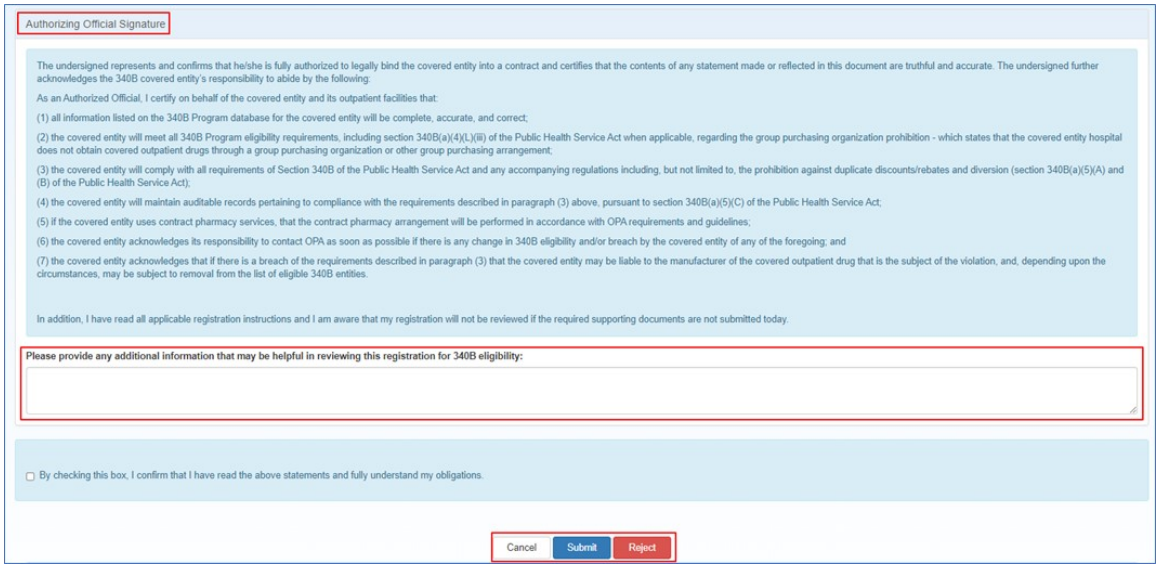
6. Confirm the changes, add comments to submission if needed and submit.



Group Change Request - Submit Controls

Control	Description
Cancel	Cancel any changes and return to My Dashboard
Submit	Submit the changes in the Group Change Request for review

- If you are the AO, the Authorizing Official Signature section is appended below the Pending Changes section to allow you to attest to the changes in the Group Change Request.



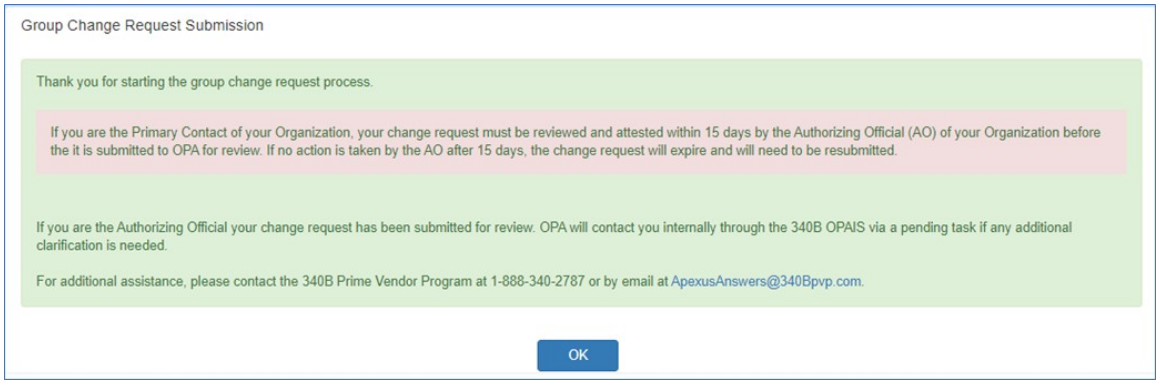
Group Change Request - AO Approval Controls

Control	Description
Textbox	"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility." ▪ Type any comments that will help OPA in approving the Group Change Request.
Checkbox	"By checking this box, I confirm that I have read the above statements and fully understand my obligations." ▪ Select this box to attest to the changes to be submitted in the Group Change Request for OPA approval.

Group Change Request - AO Approval Controls (continued)

Control	Description
Cancel	Exit from the Attestation page without taking any action
Submit	After selecting the checkbox to authorize the submission, click this button to submit the Group Change Request for OPA approval. The submission confirmation page will be displayed. ◦ The Group Change Request attestation task will be removed from the My Tasks section of the AO's My Dashboard. ◦ Upon OPA approval of a Group Change Request, both the AO and PC will receive an Approval of online 340B Change Request email. ◦ If OPA rejects a Group Change Request, both the AO and PC will receive a Rejection of online 340B Change Request email.
Reject	Select this button to reject the Group Change Request.

7. Confirm the changes and submit to OPA for review and approval.
   - The system will display a confirmation message. Click the **OK** button to complete the change request and return to your ***My Dashboard***

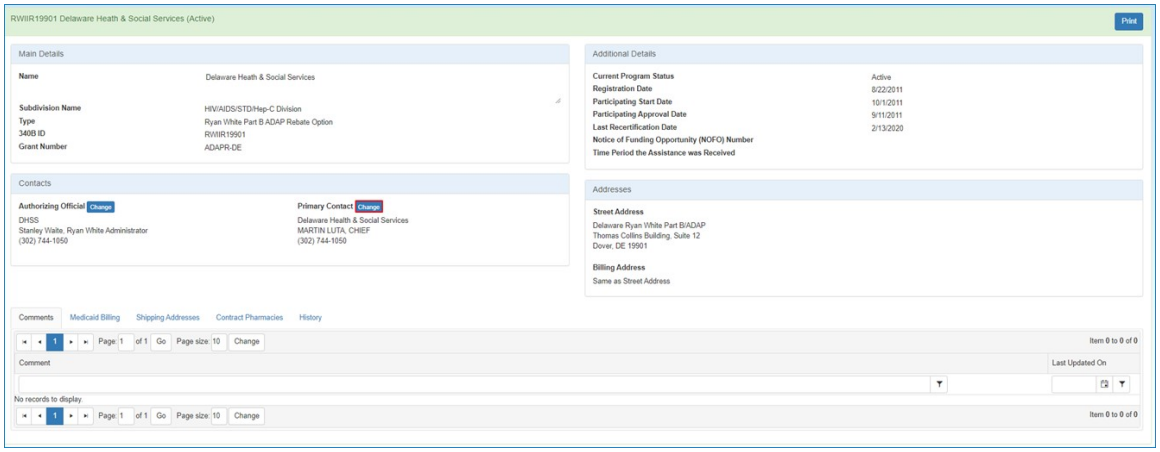


Requesting to Become the PC of a Covered Entity

Any logged-in covered entity user can request to become the PC of a hospital or non-hospital with which they are not currently associated. The user requesting to become the new PC must be fully authorized to submit the request to become the Primary Contact for the Covered Entity. All PC change

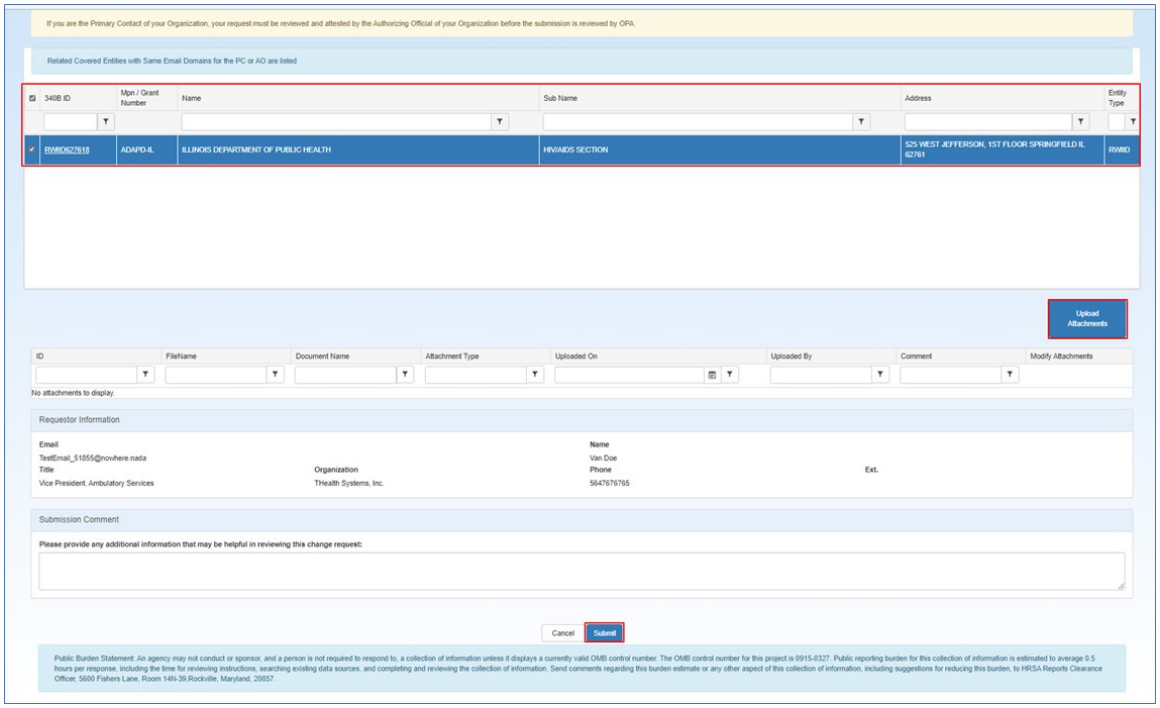
requests must be attested by the AO before they can adjudicated by OPA. Upon approval from OPA, the system will send an email notification of the change to both the new PC, the AO, and the former PC.

1. Use the **Covered Entity Search** function to locate the desired covered entity.
2. On the **CE Details** page, click the **Change** button for the Primary Contact.



Note: The **Change** button for the Primary Contact will be available when a) There are no other requests pending for the covered entity. b) **The domain of the email address of the current AO and/or PC matches with the domain of the logged-in user's email address.**

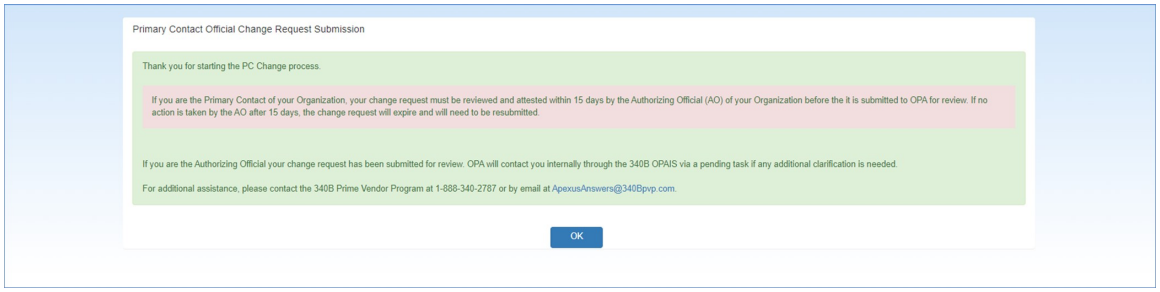
3. The entity's details are displayed with your contact information populated in the Requestor Information section.



Note: The logged-in user will be able to add more than one entity to the PC Change Request in the following cases: 1) If the selected entity is a hospital, then on the Related Covered Entities section other active hospital entities with the same MPN as the selected entity will be available for selection. 2) If the selected entity is a non-hospital of type CH or FQHCLA, then on the Related Covered Entities section other active CH or FQHCLA entities associated with the same grant number as the selected covered entity will be displayed and available for selection.

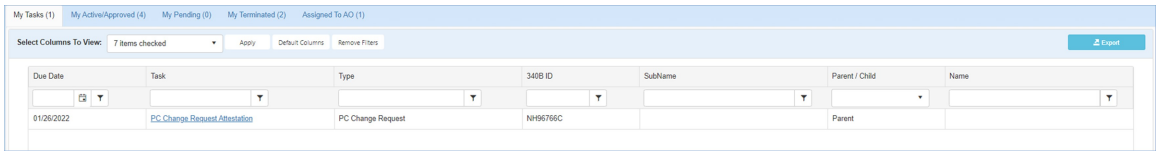
4. The system will allow you to upload related supporting documentation by clicking the **Upload Attachments** button. When the attachments upload selection page displays, click the **Select** button to the file to be uploaded, and click on it. Follow these file attachment rules to prevent rejection during uploading:
    a. Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
    b. File size is limited to 50 MB.
    c. Files must not be password protected.
    d. Files must pass virus scan.
    e. Number of uploaded files must not exceed 10 files per submission.
    f. Under *Attachment Types*, click the *Other* checkbox.
    g. Type any additional notes in the Attachment Comments text box.
    h. Repeat these steps to select and identify any additional attachments.
    i. Click the Submit button to proceed.

    The system will display a list of the selected attachments.
    i. Click the link in the *FileName* column to open the attachment with the application that created it (e.g., Excel).
    ii. Click the *Edit* link to return to the attachments upload selection page to edit the document name, attachment type, or comment.
    iii. Click the *Remove* link to delete the associated attachment from the entity.
5. Click on Submit to submit the PC Change Request.
6. When the **Primary Contact Official Change Request Submission** confirmation message is displayed, click the **OK** button to return to **My Dashboard**. The submitted PC Change Request will be displayed under the "Assign to AO" tab in your **My Dashboard**.

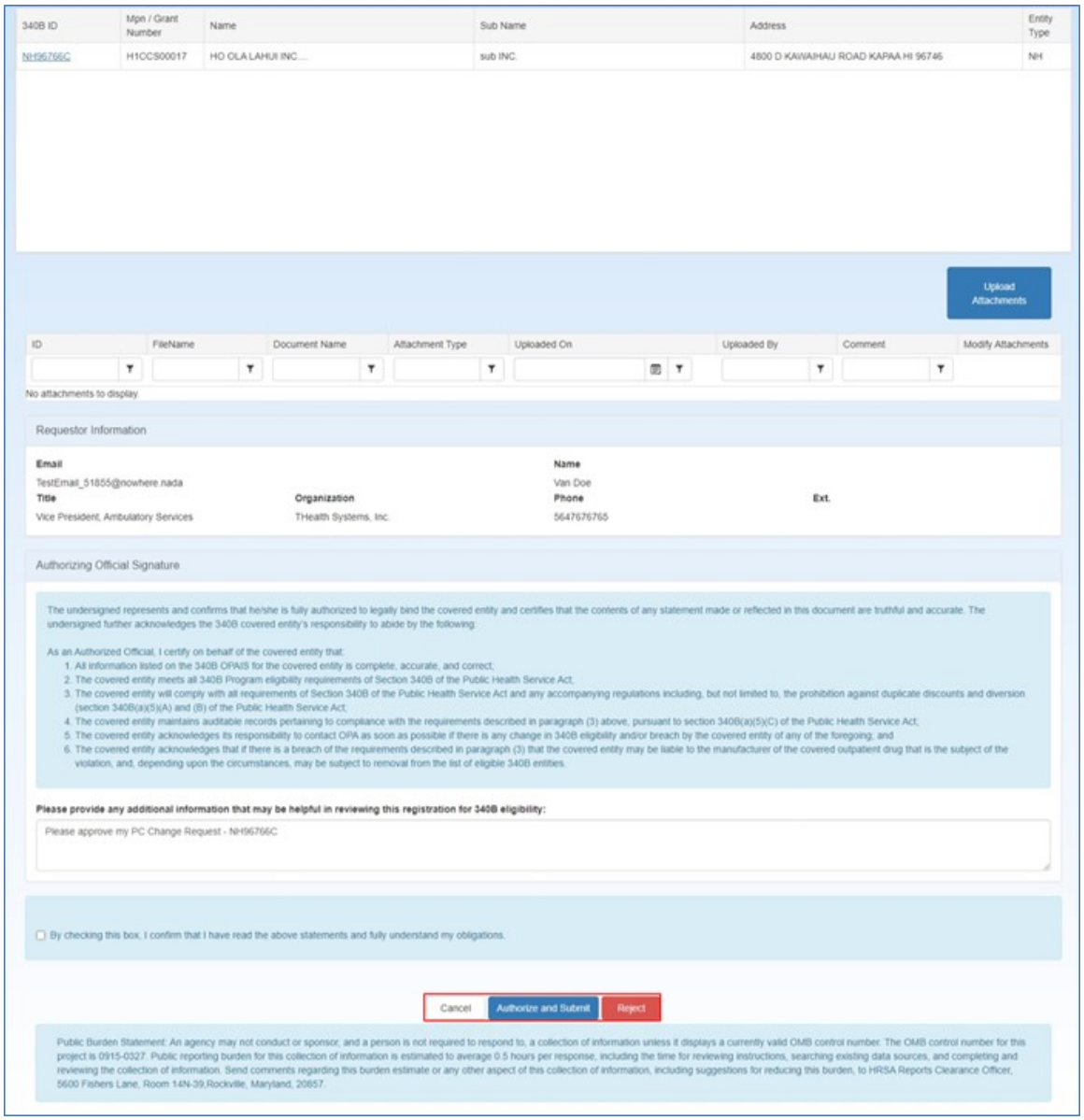


If you are the AO of one or more Covered Entities in the PC Change Request

1. You will get a PC Change Request Attestation task. Click on the task link to open the PC Change Request submission.



2. Review the request, complete the attestation, and select **Authorize and Submit** to submit the request to OPA. You can select **Reject** to reject and remove the request. Click on **Cancel** to exit from the attestation page without taking any action. You will be able to access the task from your Dashboard.



RECERTIFICATION

Note: You must be the logged-in AO or PC for to recertify a covered entity.

The Office of Pharmacy Affairs (OPA) is required to recertify all participating 340B covered entities annually to ensure that they are eligible to remain in the 340B Drug Pricing Program and that the application is accurate. Recertification also gives OPA an opportunity to verify compliance with the program requirements and update the 340B application.

Both the AO and the PC will receive an Advanced Notification email when OPA creates a recertification initiative that includes one or more of your active entities to tell you when the recertification period will begin. Recertification initiatives will not include terminated entities, entities pending termination, or newly registered entities that have not yet reached their participation start date.

Note: For Hospitals, if the "Cost Reporting Period End Date" and/or the "Gov Contract End Date" will expire prior to the end of the recertification end date, there will be a message included in the Advance Notification email notifying the AO and PC of various actions that need to be taken.

Note: For all Ryan White entity types, if the "Time period the Assistance was received" has expired or will expire by the recertification end date, a message to take action will be included in the Advance Notification email sent to the AO and PC.

Note: For all Ryan White entity types, if the "Time period funding or in-kind support was received" has expired or will expire by the recertification end date, a message to take action will be included in the Advance Notification email sent to the AO and PC.

Note: For all CH and FQHCLA entity types, if the entity is no longer "active" in EHBs, which is a requirement for 340B participation, a message to take action will be included in the Advance Notification email sent to the AO and PC.

On the first day of the recertification period, both the AO and the PC will receive an email notification containing the recertification start and end dates.

Recertifying a Covered Entity

Covered entities must annually recertify their eligibility to remain in the 340B Drug Pricing Program and continue to purchase covered outpatient drugs at discounted 340B prices. Advanced email notification with preliminary information about the recertification process are sent to the Authorizing Official (AO) and Primary Contact (PC).

Email Message

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Active Covered Entities must RECERTIFY once a year to continue participating in the 340B Drug Pricing Program administered by the Health Resources and Services Administration's Office of Pharmacy Affairs (OPA)

Prior to being able to recertify, Authorizing Officials(AOs) and Primary Contacts(PCs) must set up a user account in the new 340B Office of Pharmacy Affairs Information System (340B OPAIS). Failure to set up user accounts will result in not being able to view accounts or conduct recertification, thus removal from the 340B Program.

It is extremely important that the 340B OPAIS has accurate information on participating entities. Pharmaceutical manufacturers and distributors increasingly enforce the requirement for exact matches of information prior to providing access to 340B pricing. In addition, entities that lose qualifying funding or that are no longer utilizing the 340B Program must be terminated from the program (through termination during the recertification process, or through communication with the Office of Pharmacy Affairs at any other time during the year) to ensure program integrity.

If the Primary Contact submits the recertification, the Authorizing Official must review and attest the recertification before the submission is reviewed by OPA.

After all of your entity sites have been certified and/or terminated, the entity's Authorizing Official will have to electronically sign a statement certifying that the entity meets all 340B Program requirements.

RECERTIFICATION START DATE: 6/30/2020
ALL RECERTIFICATION TASKS MUST BE COMPLETED BY: 9/30/2020

A user manual for recertification is available in the 'Help' menu when you are logged in to the 340B OPAIS.
Note: Covered Entities that fail to recertify by the completion date will be terminated from the 340B Program on the first day of the following quarter.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

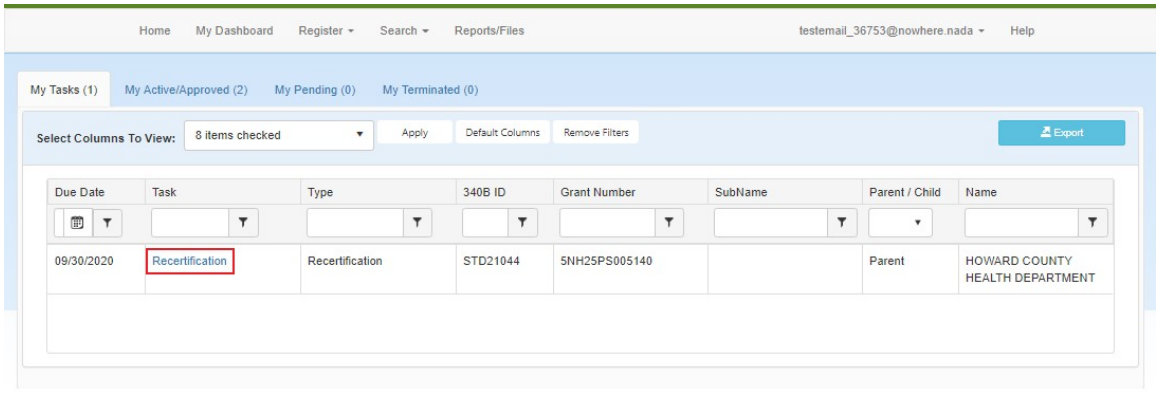
Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

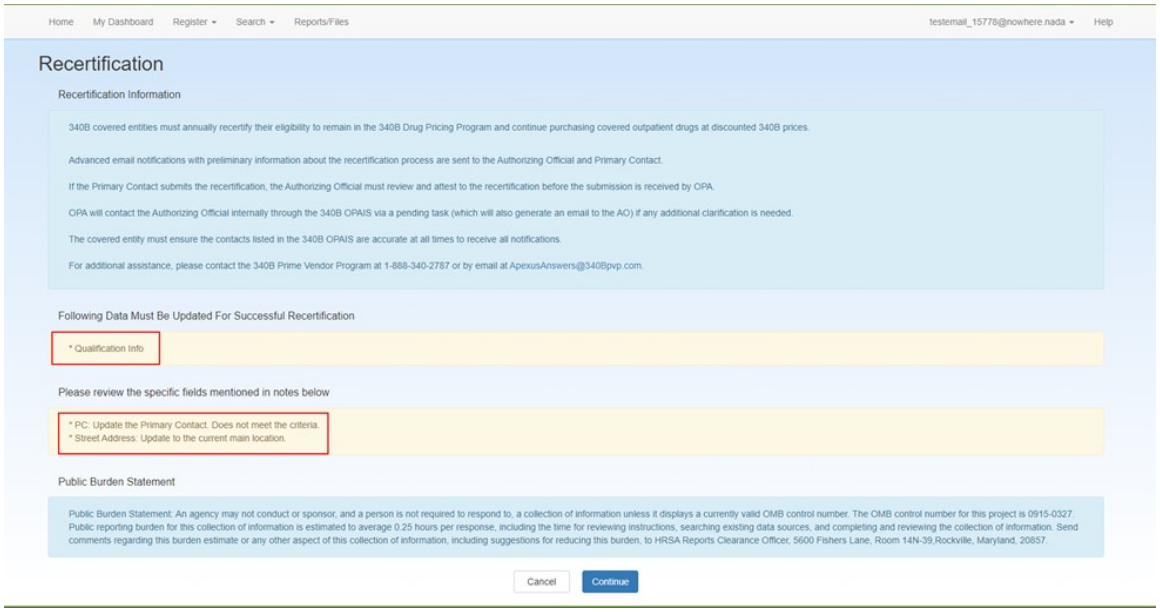
If the PC submits the recertification, the AO must review and attest to the recertification before the submission is sent to OPA for review. OPA will contact the AO internally through 340B OPAIS via a pending task (which will also generate an email to the AO) if any additional clarification is needed.

Starting a Recertification of a Covered Entity

On the recertification start date, entities that need to be recertified will appear as ***Recertification*** tasks in ***My Dashboard*** under ***My Tasks*** for both the AO and the PC.



Selecting a *Recertification* task hyperlink will display the ***Recertification Information*** page.



This page will display the updates needed for specific sections for a successful recertification.

Clicking the **Continue** button will display the ***Recertification Covered Entity Details*** page.

Note: If you are recertifying a parent hospital, where either the "Cost Reporting End Date" and/or the "Gov Contract End Date" field will expire prior to the end of the recertification end date, there will be a warning displayed on the Recertification Summary with the actions that need to be taken to update the information.

Note: If you are recertifying any Ryan White entity, where the "Time period the Assistance was received" field has expired or will expire by the recertification end date, there will be a warning displayed on the Recertification Summary with the actions that need to be taken to update the information.

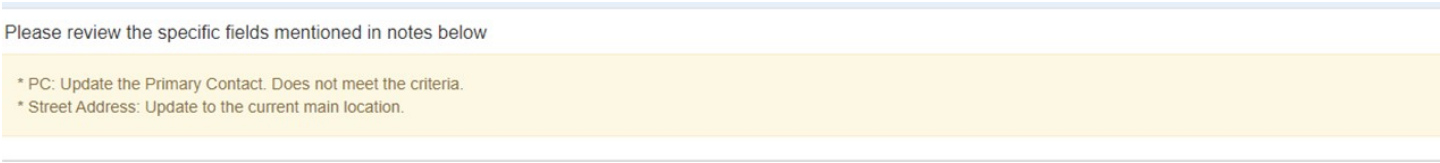
Note: If you are recertifying a TB or STD entity type, the "Time period the Assistance was received" field has expired or will expire by the recertification end date, there will be a warning displayed on the Recertification Summary with the actions that need to be taken to update the information.

Note: If you are recertifying a CH or FQHCLA entity, where the entity is no longer "active" in EHBs, which is a requirement for 340B participation, there will be a warning displayed on the Recertification Summary with the actions that need to be taken to update the information.

Editing the Covered Entity Details

The **Recertification Covered Entity Details** page will display **"Please update…"** messages to indicate where required information must be updated.

and **"Please review..."** to indicate the fields that are recommended for updates.



Click an ***Edit...*** link (to the right side of the page) to access the details where updates are required.

Tip: Select the **Continue** button to see what fields need to be updated.

Update the information identified as requiring updates, you may also update other CE information during recertification, and click the **Continue** button.

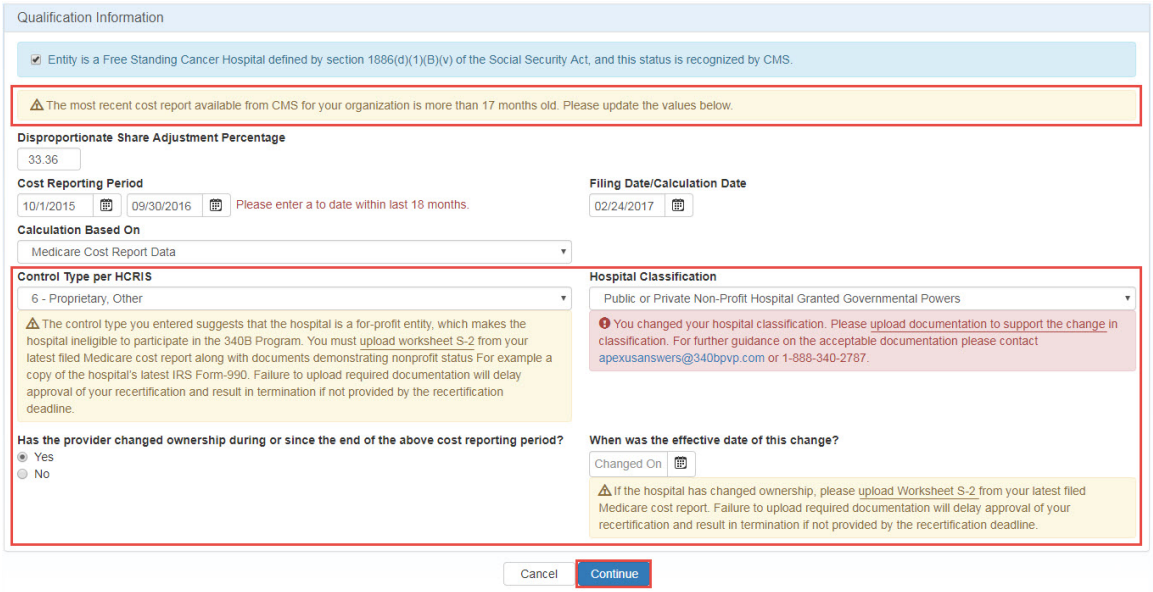
Repeat this activity for any information where updates are required.

Note: Grant Number is not displayed for Urban Indian and Tribal Contract/Compact with IHS (P.L. 93-638) entities. It is required for all other non-hospital entity types. Contact the federal grantee or project officer if you don't know the Grant Number.

Note: For CHs and FQHCLAs, if you update the Site ID OPAIS will check to see if the Site ID is already used on another covered entity site in OPAIS. If it is, you will get a warning to verify that the new Site ID is correct. If you think it is correct, you may submit the change request with that Site ID and the OPA reviewer will determine if the Site ID is acceptable.

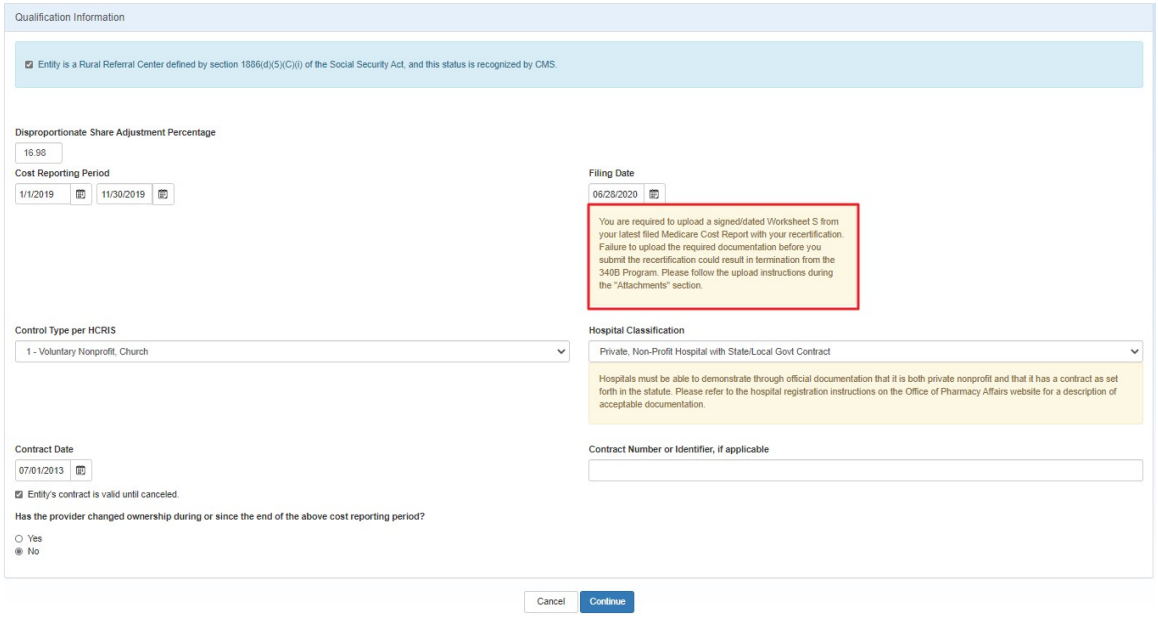
Update Qualification Information

1. If you change the entity's ***Qualification Information*** during recertification or if the most recent cost report is out of date, the system will prompt you to upload updated supporting documentation from the latest Medicare cost report.



More information: See "Uploading Attachments during Recertification" on page 295.

2. If you change the entity's ***Filing Date***, and if the ***Filing Date*** is more than 5 months and 5 days after the ***Cost Reporting Period*** end date then the system will display a warning message and require you to upload the signed/dated Worksheet S from your latest filed Medicare Cost Report.

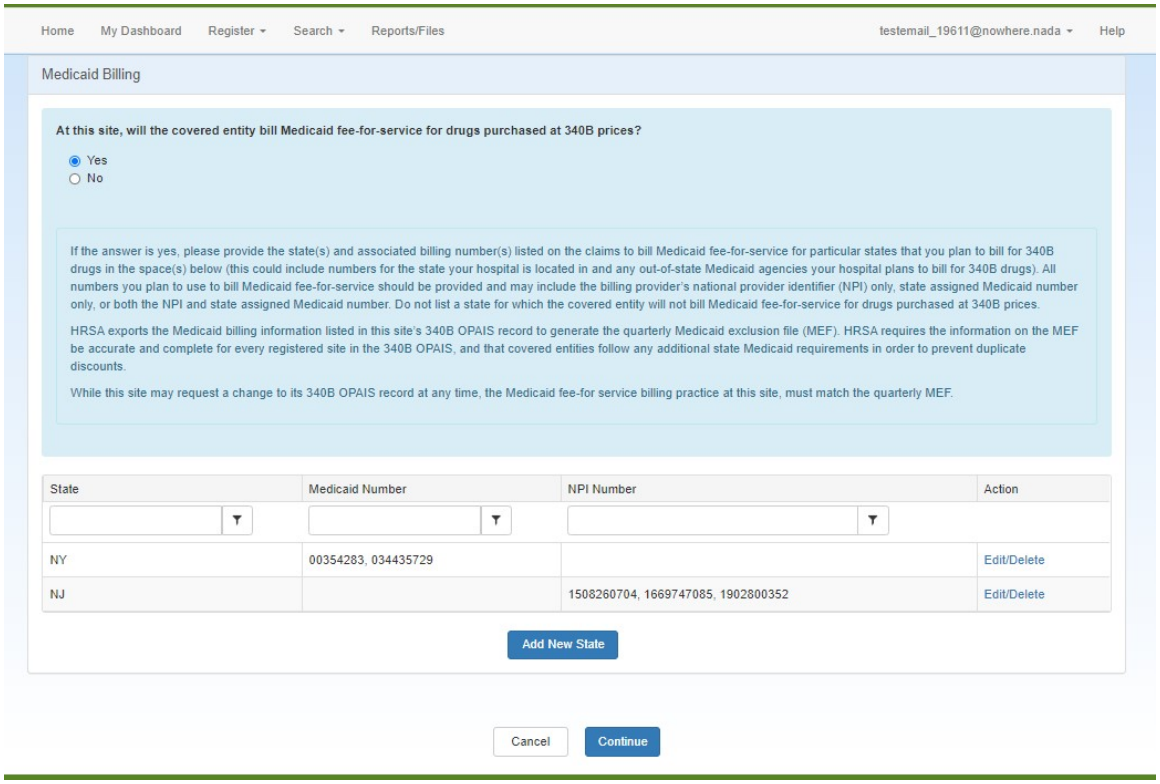


Note: The Warning message and system will not stop you from submitting the recertification if there are no other recertification task errors or updates required. The warning message will also appear on the review page and will disappear when the relevant documentation is uploaded.

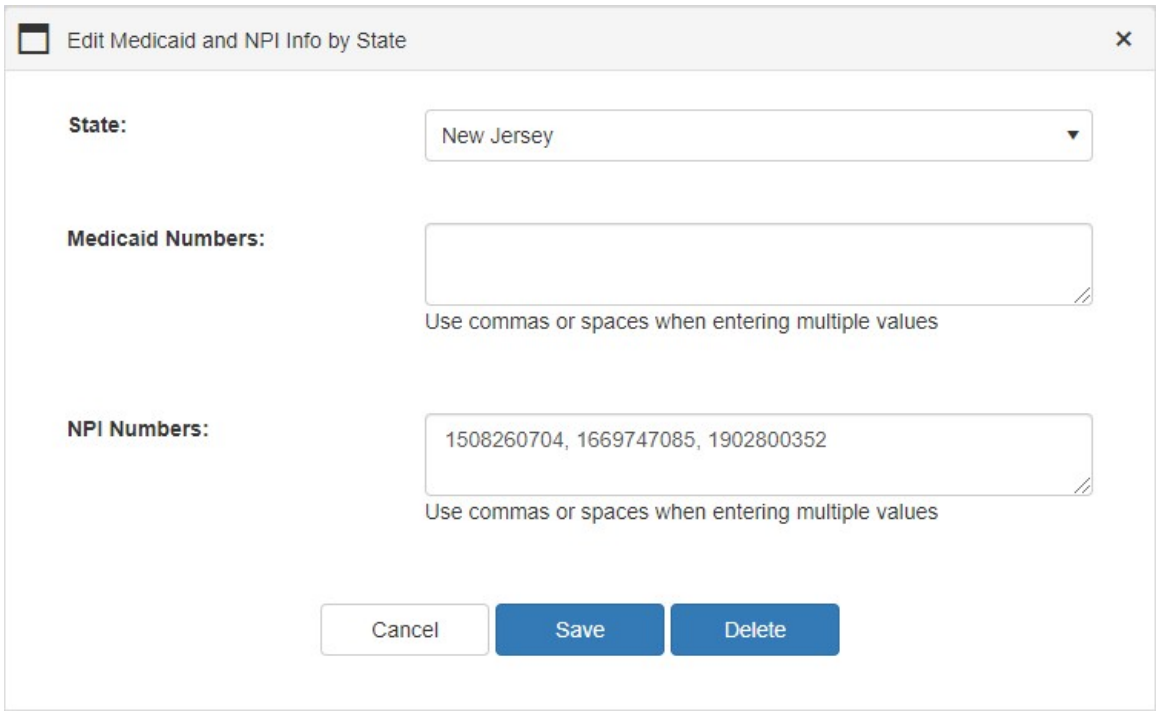
Update Medicaid Billing Information

340B OPAIS policy requires that all Medicaid Numbers and NPI Numbers be associated with a State and that there are no duplicates. In the past this policy was not in place so there may be NPI numbers not associated with a State and there my be duplicate Medicaid Numbers and NPI Numbers, but during Recertification the policy will be enforced.

After selecting ***Edit Medicaid Billing***, a Medicaid Billing details page will be displayed that will provide the ability to perform updates.



To update the Medicaid Number(s) or the NPI Number(s) select the *Edit/Delete* hyperlink in right most column of a row in the table. This will display the ***Edit Medicaid and NPI Info by State*** pop-up window.



On the *Edit Medicaid and NPI Info by State* pop-up window you can:

Change the State	Select a State from the State drop-down list.
Add Medicaid Number(s) and/or NPI Number(s)	Enter new numbers into either box with a comma or space between entries.
Remove Medicaid Number(s) and/or NPI Number(s)	Highlight and delete numbers in either box.
Delete all	Select the Delete button. This will delete all the Medicaid Numbers and NPI Numbers associated with this State.

To return to the previous page saving all updates, select the **Save** button.

To return to the previous page **without** saving any updates, select the **Cancel** button.

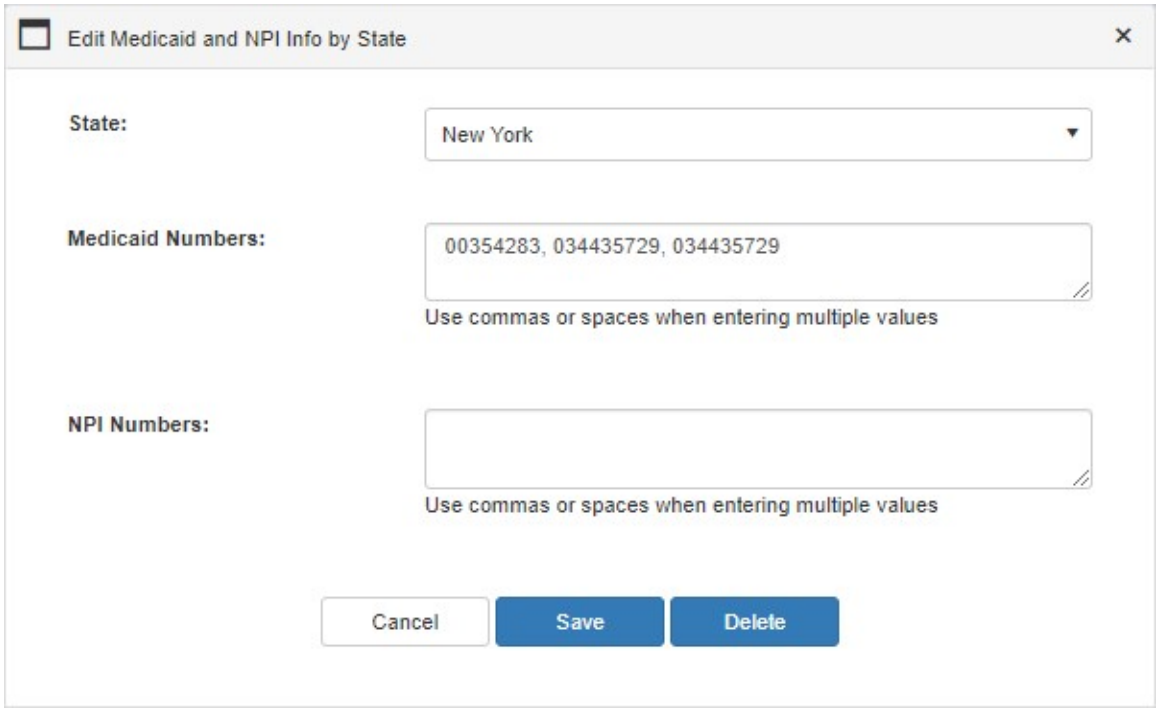
If you have duplicates or NPI Numbers not associated with a State

Duplicates cannot be created because upon the save in the ***Edit Medicaid and NPI Info by State*** pop-up window, the duplicates will be ignored. However, if duplicates already exist, it is up to the AO and PC to correct them either by associating each duplicated number with a different State or removing the duplicates from the current State.

Duplicate Medicaid Numbers

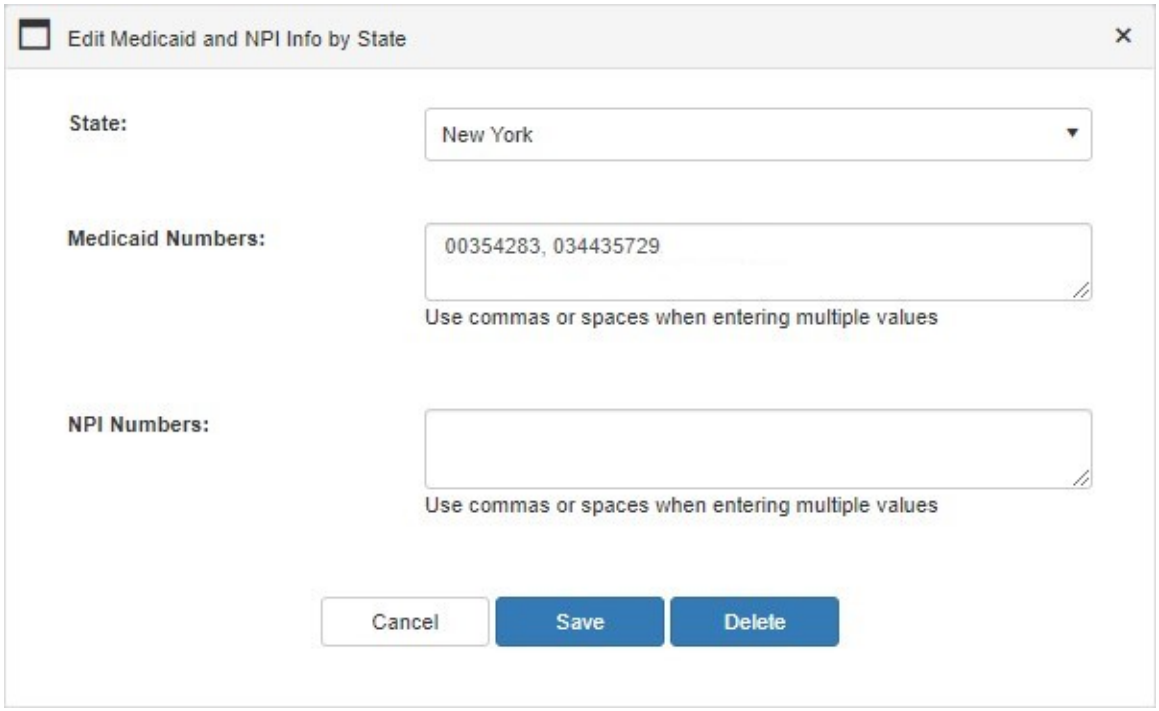
Select *Edit/Delete* in the row with the duplicate Medicaid Numbers.

The ***Edit Medicaid and NPI Info by State*** pop-up window will be displayed.



To delete duplicates

1. Remove all but one of the duplicates from the Medicaid Numbers box.

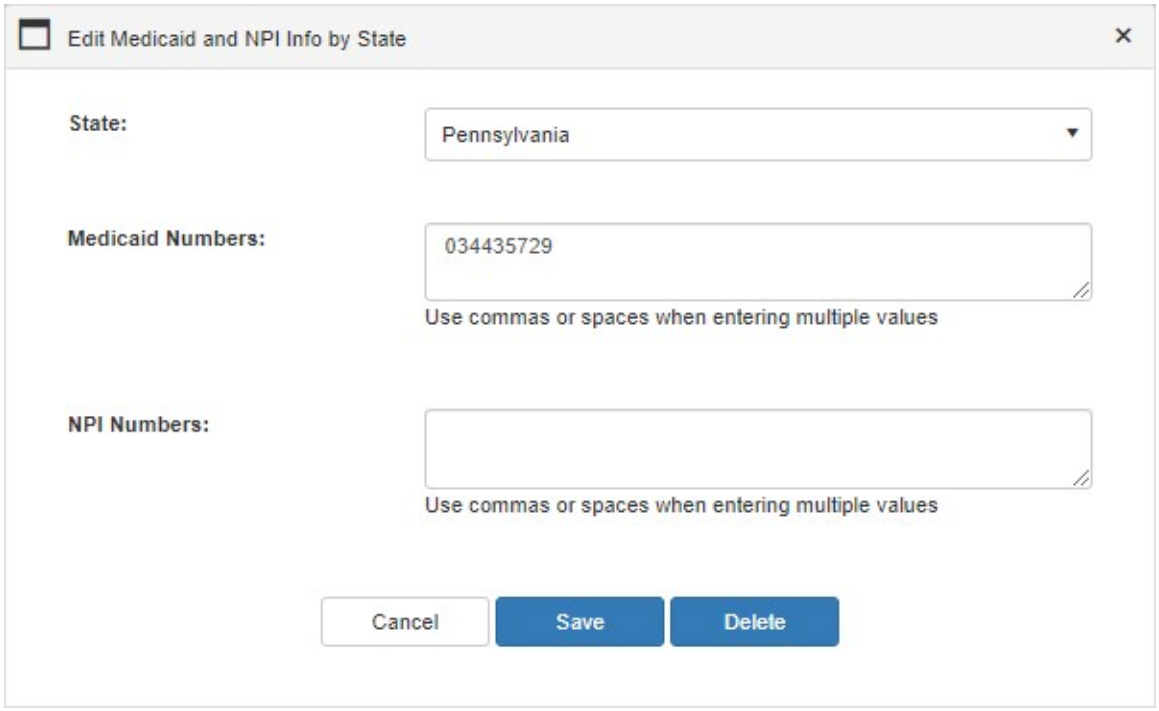


2. Select the **Save** button.

State	Medicaid Number	NPI Number	Action
NY	00354283, 034435729		Edit/Delete
NJ		1508260704, 1669747085, 1902800352	Edit/Delete

To associate one of the duplicates with another State

1. Select a different State and clear out all the Medicaid Numbers and NPI Numbers that are not to be associated with the new State.



2. Select the **Save** button.

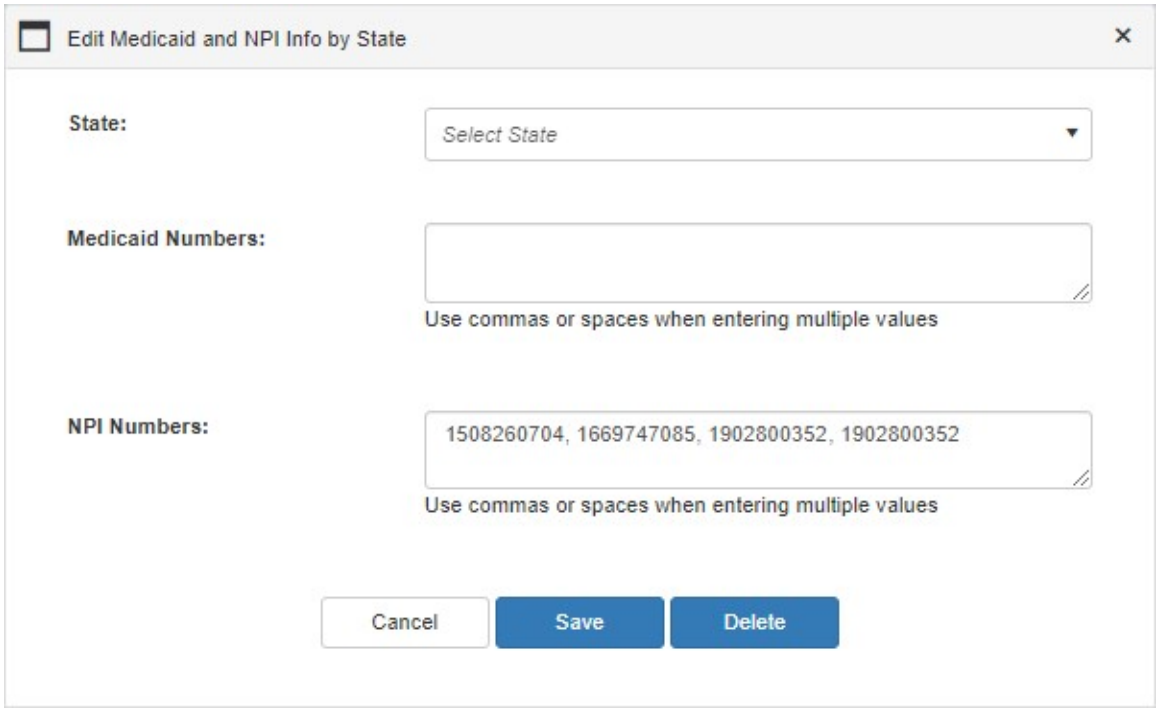
State	Medicaid Number	NPI Number	Action
NY	00354283, 034435729		Edit/Delete
PA	034435729		Edit/Delete
NJ		1508260704, 1669747085, 1902800352	Edit/Delete

Duplicate NPI Numbers Not Associated with a State

State	Medicaid Number	NPI Number	Action
NY	00354283, 03435729		Edit/Delete
		1508260704, 1669747085, 1902800352, 1902800352	Edit/Delete

Select *Edit/Delete* in the row with the duplicate NPI Numbers.

The ***Edit Medicaid and NPI Info by State*** pop-up window will be displayed.



To associate duplicates with different States

1. Select a State
2. Clear out all of the NPI Numbers that are not to be associated with the selected State. Duplicate NPI Numbers do not need to be removed.
3. Select the **Save** button.

State	Medicaid Number	NPI Number	Action
NY	00354283, 034435729		Edit/Delete
PA		1508260704, 1669747085, 1902800352	Edit/Delete
		1902800352	Edit/Delete

Note: Because duplicates cannot be created, only one of the NPI Number duplicates will be associated with the selected State. The rest of the duplicates will remain **NOT** associated with a State.

To delete any NPI Numbers not associated with a State

Tip: Do not do this until all the NPI Numbers that are to be associated with a State have been associated with a State.

1. DO NOT select a State
2. Make no changes to the NPI Numbers or Medicaid Numbers as that will be ignored anyway.

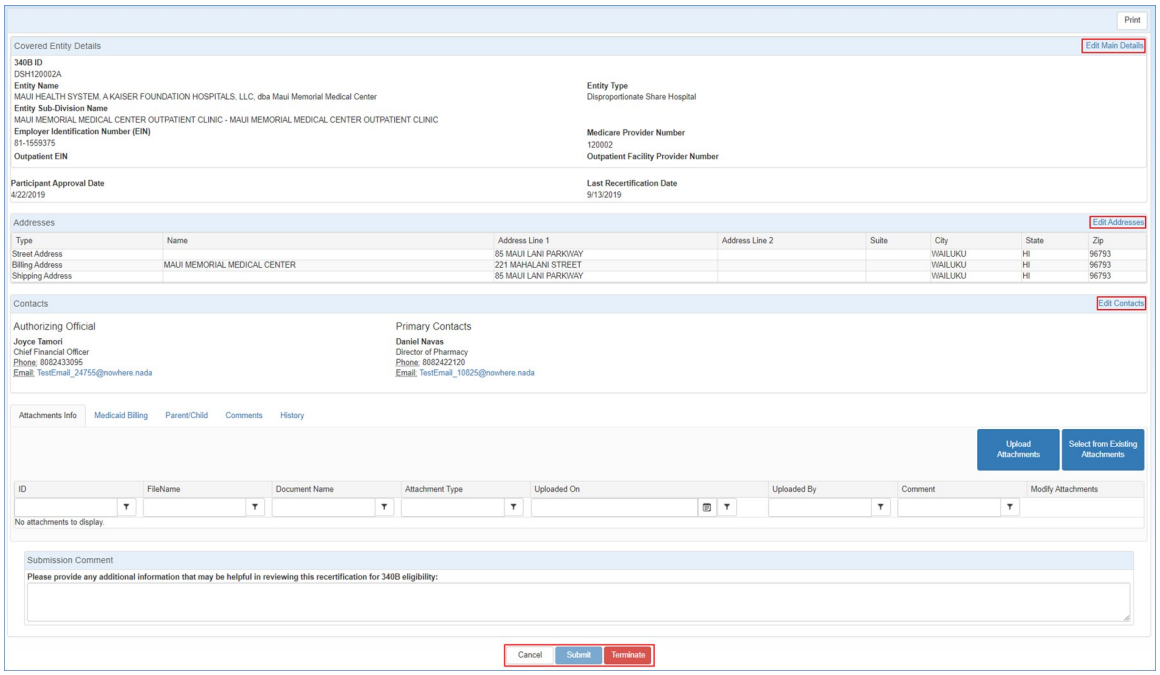
   Note: The **Delete** button will delete the entire record regardless of any changes to NPI Numbers or Medicaid Numbers.

3. Select the **Delete** button.

Recertification Submission

If you are the PC...

When all updates are complete, review the information displayed on the **Covered Entity Details** page and select the action of **Cancel**, **Submit**, or **Terminate** you which to perform.



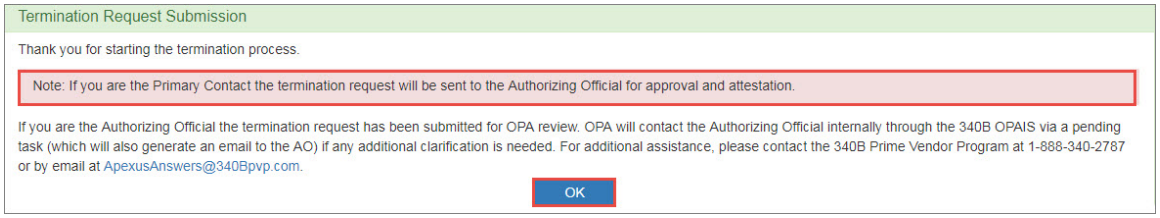
Covered Entity Recertification Submission Controls for PC

Control	Description
Textbox	*"Please provide any additional information that may be helpful in reviewing this registration for 340B eligibility."* ■ Type any comments that will help OPA in approving the registration. This comment will be displayed in the attestation task submitted to the AO for approval.

Covered Entity Recertification Submission Controls for PC (continued)

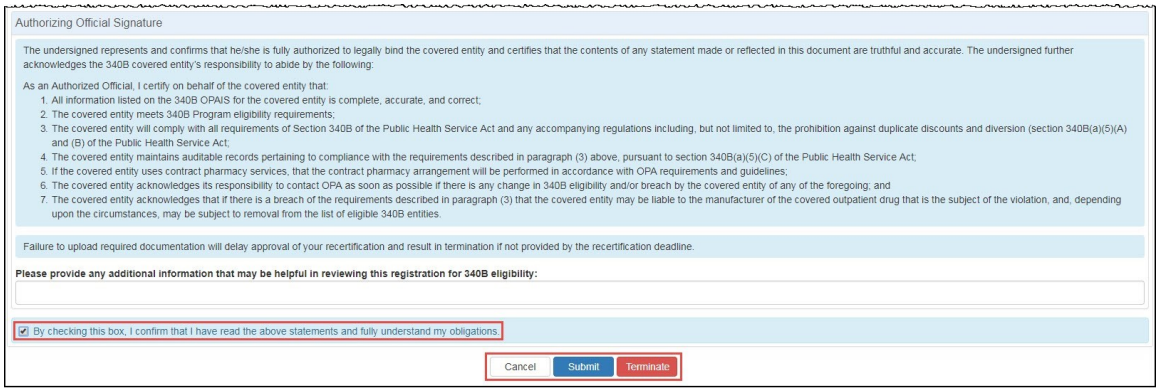
Control	Description
Cancel	Click this button to cancel the recertification and return to the home page.
Submit	Click this button to submit the recertification.
Terminate	Click this button to terminate the entity (AO approval required).

Upon clicking the **Submit** button, the confirmation page is displayed. Click the **OK** button to return to ***My Dashboard***. If you are submitting the recertification as the PC for the entity, your submission must be reviewed and attested to by the AO for your organization before submission to OPA.



If you are the AO...

The ***Authorizing Official Signature*** section is appended to the bottom of the summary page to allow you to attest to the registration.

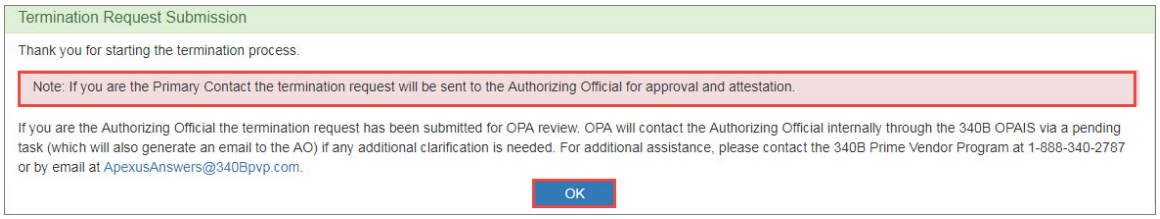


Important: Failure to upload required documentation will delay approval of the recertification and result in the entity's termination if not provided by the recertification deadline.

Covered Entity Recertification Attestation Controls for AO

Control	Description
Additional Information Comment Box	The AO can provide any additional information that they feel will assist OPA in determining their Covered Entities eligibility and recertification.
Checkbox	*"By checking this box, I confirm that I have read the above statements and fully understand my obligations."* Select this box if you intend to submit the recertification to OPA for approval.
Cancel	Exit from the attestation page without taking action.
Submit	Click this button to submit the recertification for OPA approval. ■ Recertifications that have no changes or that only contain updates to low-risk fields will be approved automatically by the system. ■ Upon attestation, the task will be removed from the ***My Tasks*** tab of your ***My Dashboard***.
Terminate	Click this button to terminate the entity. The page will be displayed for entry of the termination reason, dates, and comments.

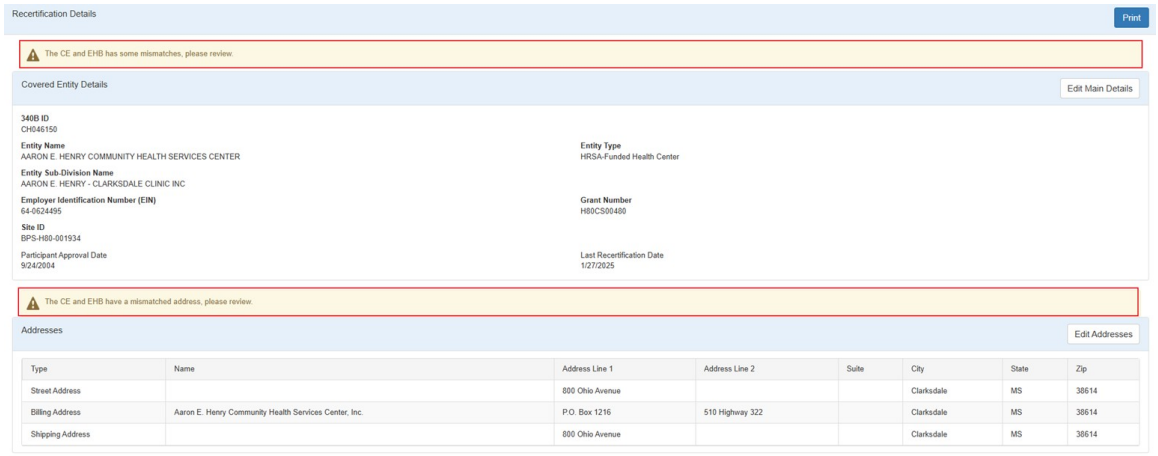
Upon clicking the **Submit** button, the confirmation page is displayed. Click the **OK** button to return to ***My Dashboard***. If you are submitting the recertification as the PC for the entity, your submission must be reviewed and attested to by the AO for your organization before submission to OPA.



EHB Data for CH and FQHCLA entity types

For CH and FQHCLA entities, the information in OPAIS about a site must be consistent with the grantee's information on Form 5B in HRSA's grant system, the Electronic Handbooks (EHB). OPAIS uses the Site ID field in OPAIS to identify the site on Form 5B that should be used to validate information currently in OPAIS, as well as any proposed changes. The validation process is not new, however now HRSA uploads the Form 5B data from EHB into OPAIS. The information is then made available to Covered Entities and HRSA during the recertification process.

When completing the recertification submission for a CH or FQHCLA entity, OPAIS uses the site ID to locate the corresponding information from the EHB upload. When the Main Details and/or Street address sections are open for editing, OPAIS shows EHB information on the right side of the page.

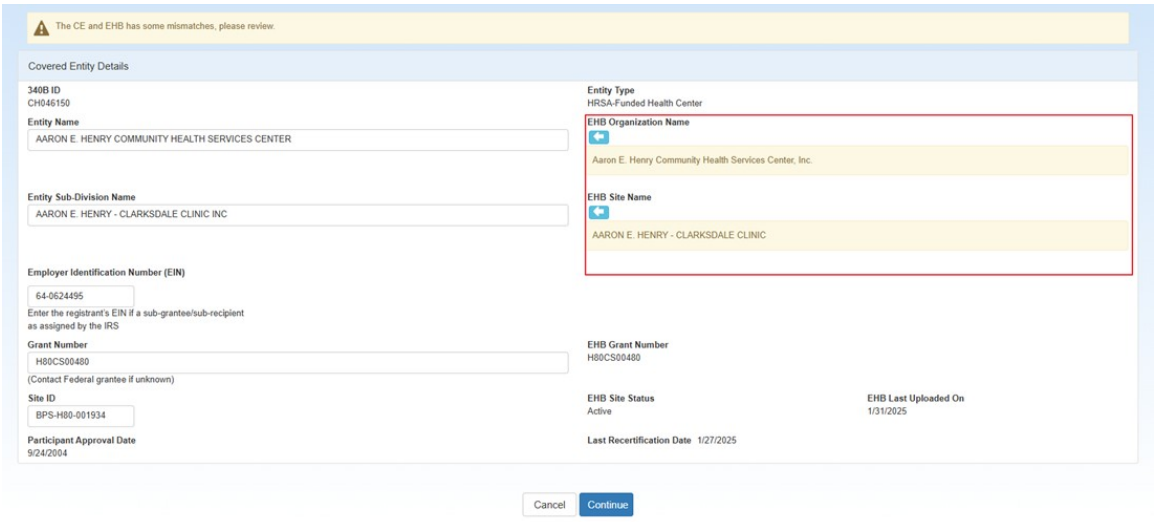


List of EHB information displayed on the Recertification Page:

EHB Field Name	Description
EHB Organization Name	This field is used to validate the Entity Name in OPAIS
EHB Site Name	This field is used to validate the Entity Sub-Division Name in OPAIS
EHB Grant Number	This field is used to validate the Grant Number field in OPAIS (which contains the FQHCLA Designation Number for FQHCLAs)
EHB Address Information (Physical Street Address, City, Zipcode and Zip4Code)	This field is used to validate the Street Address in OPAIS
EHB Site Status	This field corresponds to the EHB Site Status. The EHB Site Status It is either Pending Verification, Active, or Terminated.
EHB Last Uploaded On	This field displays the most recent date when EHB data was uploaded into OPAIS

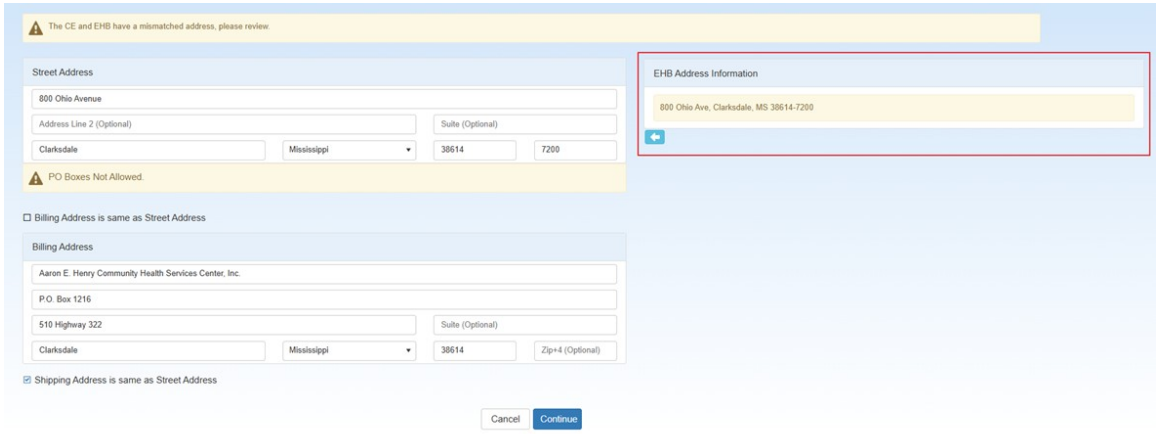
Mismatch (inconsistency) with Entity Name and Entity Sub-Division Name

You can use the Edit link to the appropriate section to review and update the fields. If there is a mismatch (inconsistency) between field values from EHB and OPAIS, the EHB field value(s) will have a yellow background. You can click on the arrow next to the EHB field name on the right to copy the EHB information to the corresponding field(s) on the left. You can proceed with the submission even if there are inconsistencies, which will allow HRSA to evaluate the submission to determine if it is approvable. Please add a comment to the "Additional Information" field above the "Cancel" and "Submit" buttons if you have information that you think will help HRSA to evaluate your submission.



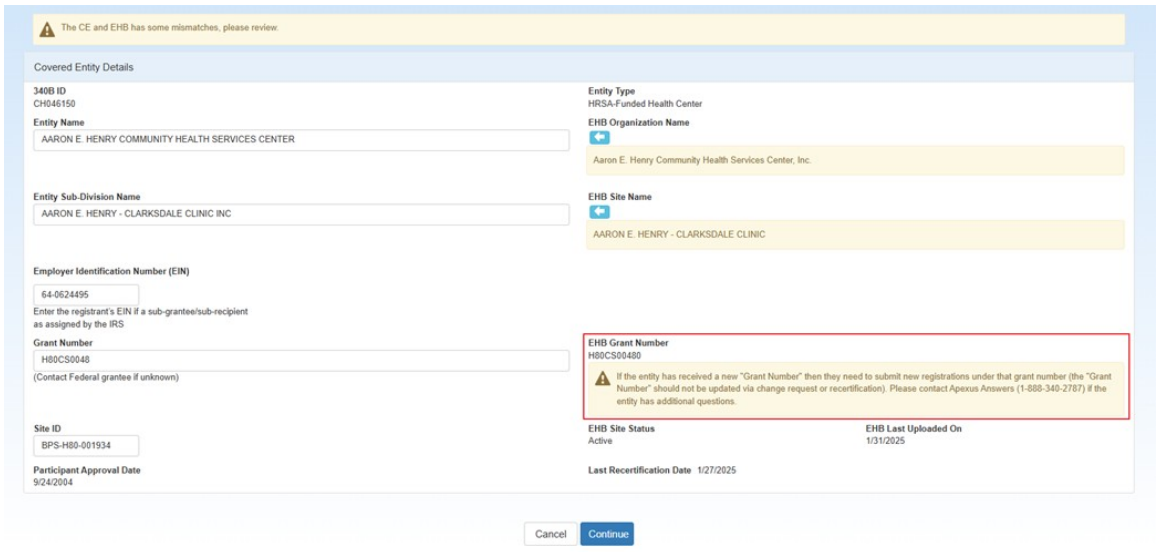
Mismatch with Street Address

If there is an address mismatch between the CE and the latest EHB data, then use the Edit Addresses link to review and update the Street Address in Address section. You can click on the arrow next to the EHB field name on the right to copy the EHB information to OPAIS. You can still proceed with the submission, which will allow HRSA to evaluate the submission to determine if it is approvable. Please add a comment to the "Additional Information" field above the "Cancel" and "Submit" buttons if you have information that you think will help HRSA to evaluate your submission.



Mismatch with Grant Number

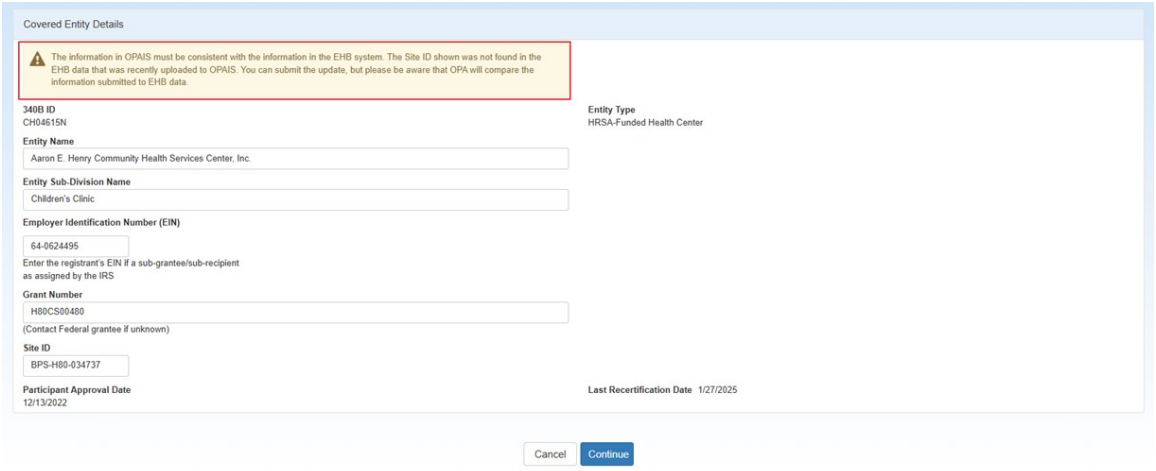
If you change the grant number to be different than the EHB Grant Number, then you will get a warning message stating that you should be submitting a new registration under that grant number instead of changing the grant number in a change request. You can still proceed with the submission, which will allow HRSA to evaluate the submission to determine if it is approvable. Please add a comment to the "Additional Information" field above the "Cancel" and "Submit" buttons if you have information that you think will help HRSA to evaluate your submission.



Site ID not found in EHB data

If the Site ID on the submission at the beginning of the process is not found in the EHB information that was most recently uploaded to OPAIS, or if you updated the Site ID and it is not found in the EHB information, then you will get a warning message. You can still proceed with the submission, which

will allow HRSA to evaluate the submission to determine if it is approvable. Please add a comment to the "Additional Information" field above the "Cancel" and "Submit" buttons if you have information that you think will help HRSA to evaluate your submission.



On the recertification start date, all Change Requests (not including AO or PC Change Requests) and Termination Requests that are either waiting for OPA review or waiting for AO attestation will be removed. Change Requests, Group Change Requests and Termination Requests waiting for OPA review will be rejected by the system at the start of Recertification. Change Requests, Group Change Requests and Termination Requests that are waiting for AO Attestation will be canceled by the system at the start of Recertification.

When this happens, the AO and PC of the impacted Covered Entity will receive an email notification informing them that the pending submission has been canceled/rejected. The changes that were on those requests can be submitted during recertification instead.

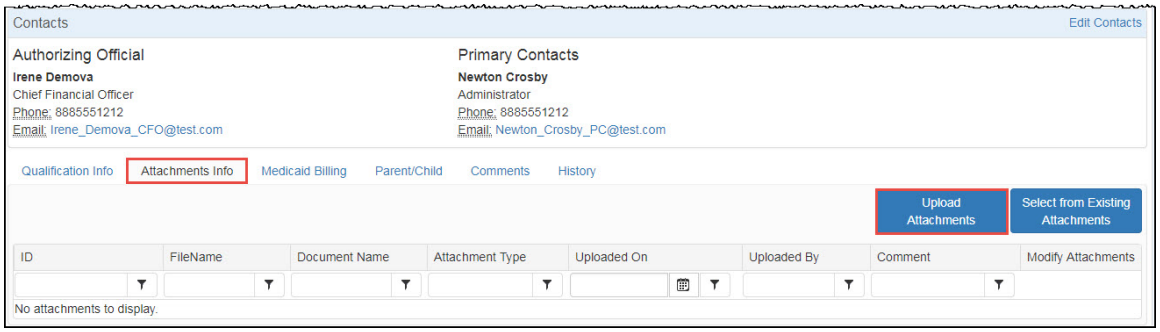
Uploading Attachments during Recertification

Depending on the type of entity being recertified, the system may prompt you to upload updated supporting documentation from the latest Medicare cost report.

Hospitals

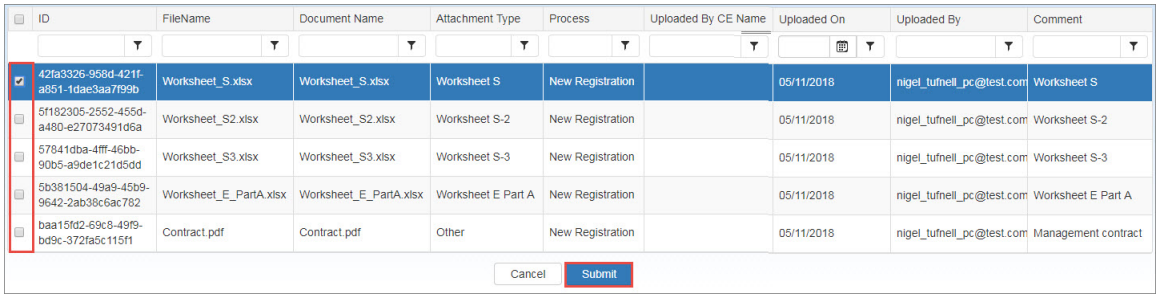
Follow these steps to upload one or more attachments:

1. On the ***Attachments Info*** tab, click the ***Upload Attachments*** button.



Selecting from Existing Attachments

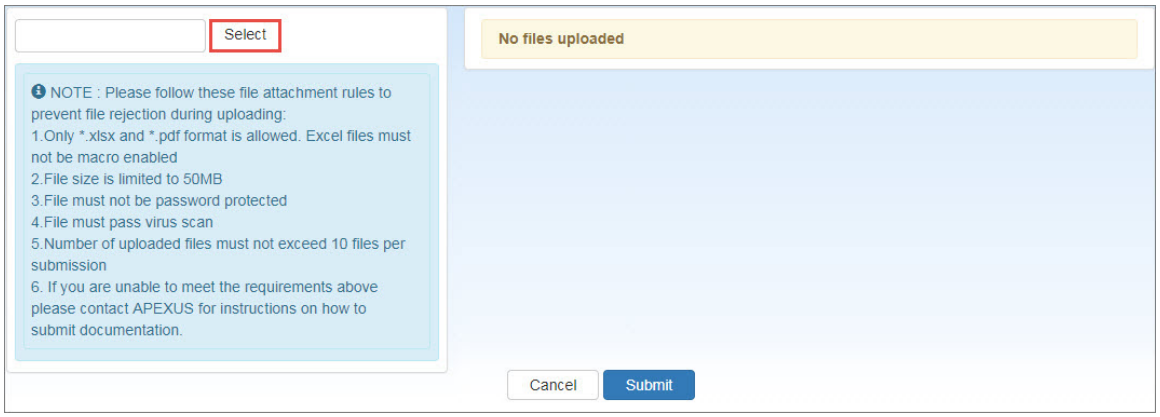
Clicking the **Select from Existing Attachments** button displays a list of attachments that have already been uploaded.



Click the checkbox for the files you want to attach and click the **Submit** button to add them to the hospital's **Attachments** page.

Note: If you are the PC for a child entity, the list will show all attachments you uploaded plus all attachments uploaded for the parent. You will not be able to see attachments uploaded by other child entities (siblings).

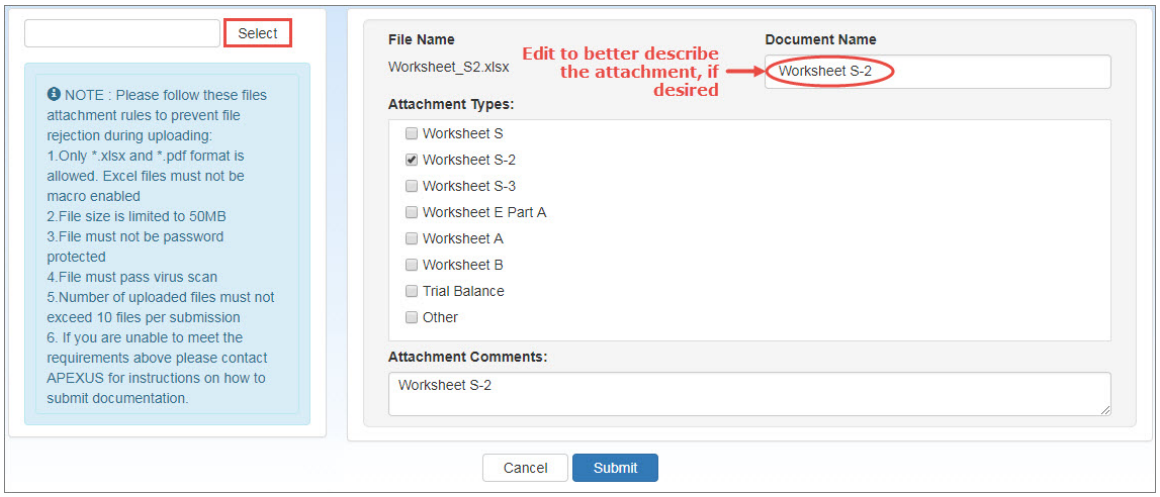
2. When the attachments upload selection page displays, click the **Select** button, navigate to the file you want to upload, and click on it.



Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

3. As each file is selected, it will appear on the attachments upload selection page.



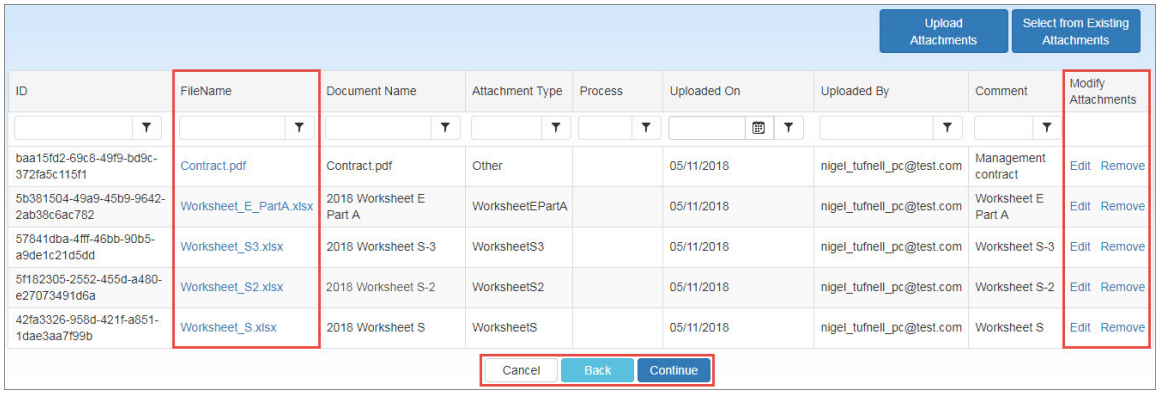
- The file name of the attachment will appear in the ***Document Name*** box. It may be changed to better describe the attachment if desired.
- Under ***Attachment Types,*** click the appropriate check box(es) to identify the worksheet in the attachment. Select ***Other*** for attachments that are not cost report worksheets.

  Note: Multiple boxes may be selected it the attachment includes multiple worksheets.

- Type any relevant notes in the ***Attachment Comments*** text box.

4. Repeat the steps above to select and identify additional attachments.

5. Click the **Submit** button to proceed when finished selecting attachments.
6. The system will display a list of the selected attachments.



Selected Attachments List

Column	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	Click the link to open the attachment with the application that created it (e.g., Excel).
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User selected type identifier.
Uploaded On	Date when they attachment was uploaded.
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.
Modify Attachments	■ ***Edit*** – Return to the attachments upload selection page to edit the document name, attachment type or comment. ■ ***Remove*** – Delete the associated attachment from the entity.
Upload Attachments	Upload additional attachment files
Select from Existing Attachments	Select additional files from a list of attachments that have already been uploaded.
Cancel	Cancel the registration and return to the home page.

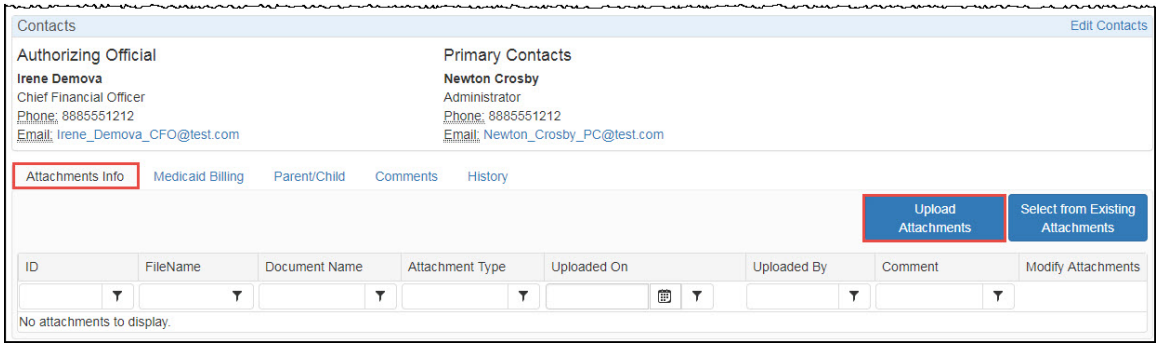
Selected Attachments List (continued)

Column	Description
Back	Return to the previous page.
Continue	Click this button to accept the attachments and proceed.

Outpatient Facilities

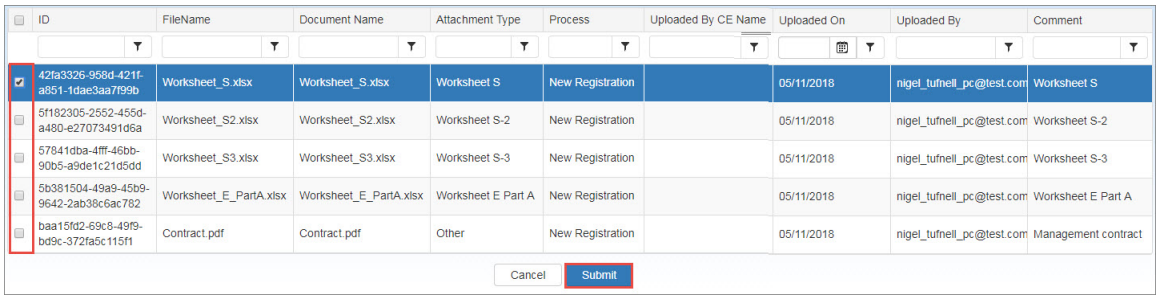
Follow these steps to upload one or more attachments:

1. On the ***Attachments Info*** tab, click the ***Upload Attachments*** button.



Selecting from Existing Attachments

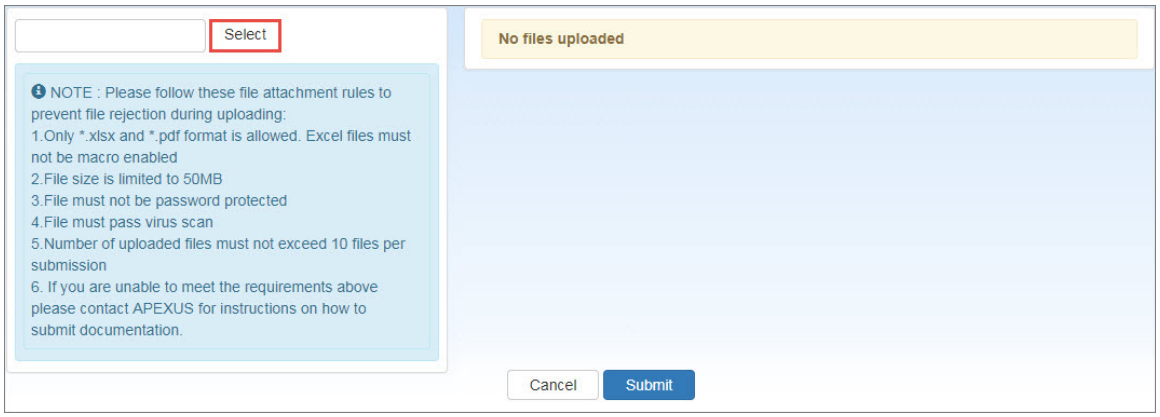
Clicking the **Select from Existing Attachments** button displays a list of attachments that have already been uploaded.



Click the checkbox for the files you want to attach and click the **Submit** button to add them to the hospital's **Attachments** page.

Note: If the user is the PC for a child entity, the list will show all attachments they uploaded plus all attachments uploaded for the parent. The user will not be able to see attachments uploaded by other child entities (siblings).

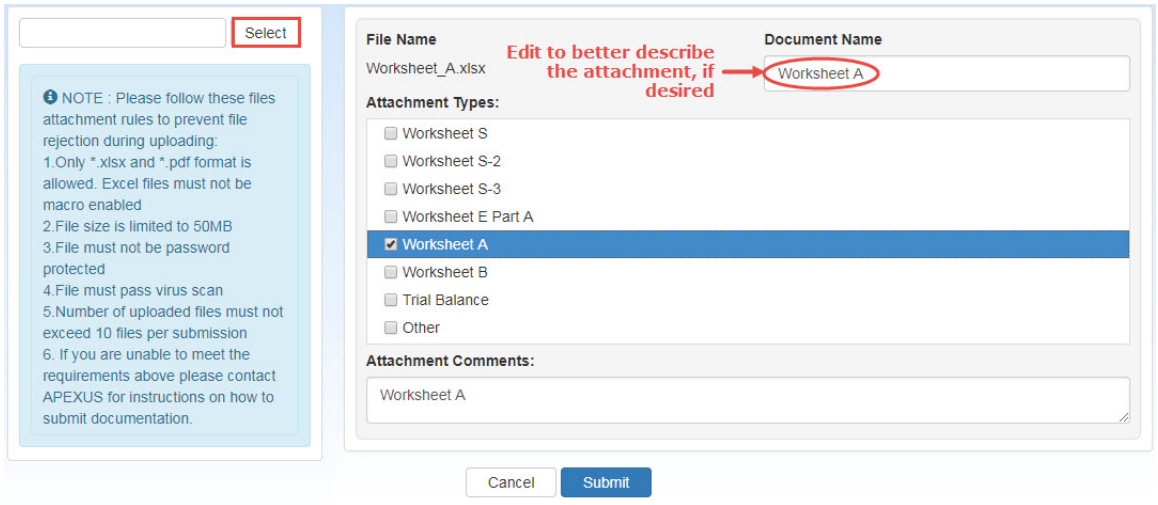
2. When the attachments upload selection page displays, click the **Select** button, navigate to the file you want to upload, and click on it.



Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

3. As each file is selected, it will appear on the attachments upload selection page.

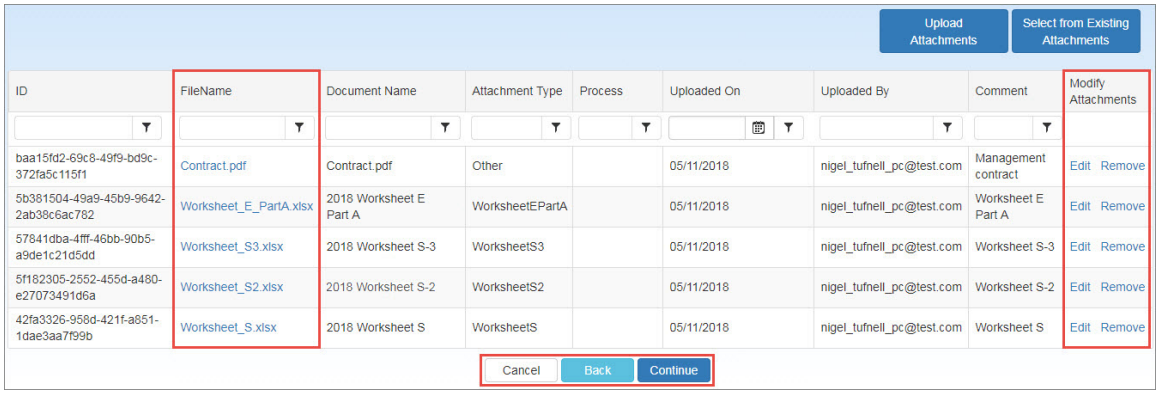


- The file name of the attachment will appear in the ***Document Name*** box. It may be changed to better describe the attachment if desired.
- Under ***Attachment Types,*** click the appropriate check box(es) to identify the worksheet in the attachment. Select ***Other*** for attachments that are not cost report worksheets.

Tip: Multiple boxes may be selected it the attachment includes multiple worksheets.

- Type any relevant notes in the ***Attachment Comments*** text box.

4. Repeat the steps above to select and identify additional attachments.
5. Click the **Submit** button to proceed when finished selecting attachments.
6. The system will display a list of the selected attachments.



Selected Attachments Columns

Column	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	Click the link to open the attachment with the application that created it (e.g., Excel)
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User selected type identifier.
Uploaded On	Date when they attachment was uploaded.
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.
Modify Attachments	■ ***Edit*** – Return to the attachments upload selection page to edit the document name, attachment type or comment. ■ ***Remove*** – Delete the associated attachment from the entity.
Upload Attachments	Upload additional attachment files

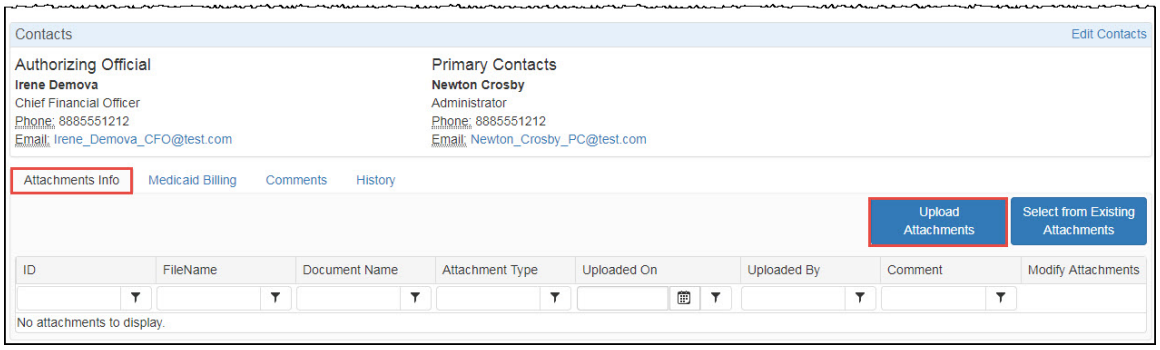
Selected Attachments Columns (continued)

Column	Description
Select from Existing Attachments	Select additional files from a list of attachments that have already been uploaded.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to accept the attachments and proceed.

Non-Hospital

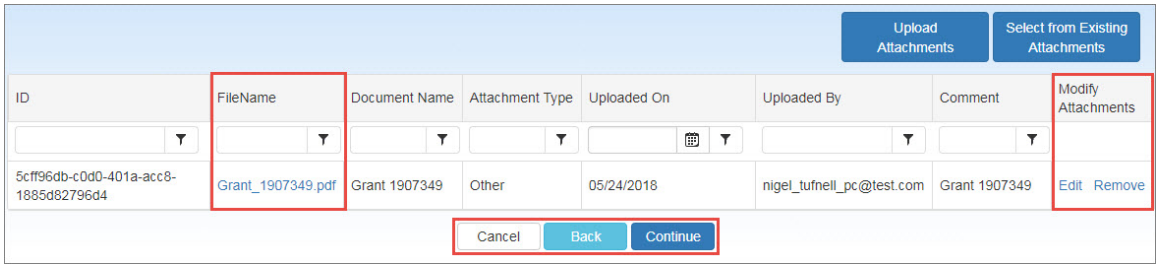
Follow these steps to upload one or more attachments:

1. On the **Attachments Info** tab, click the **Upload Attachments** button.



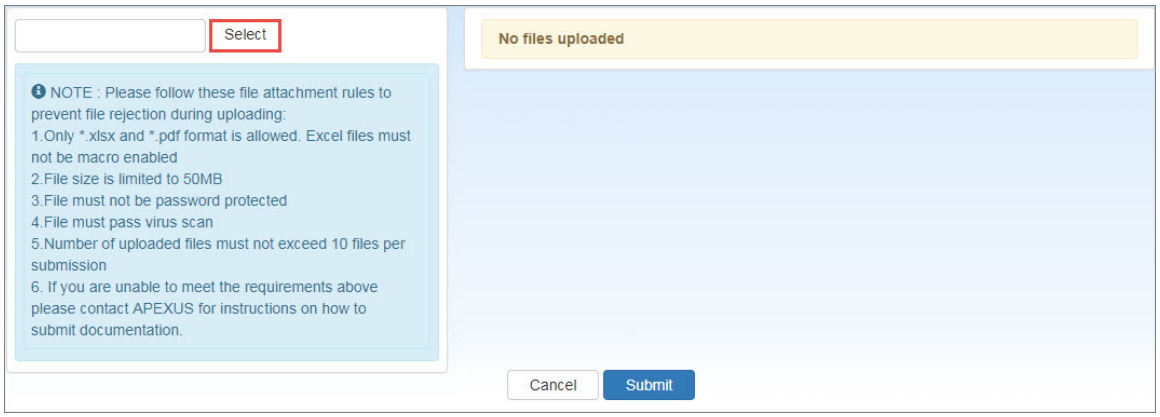
Selecting from Existing Attachments

Clicking the ***Select from Existing Attachments*** button displays a list of attachments that have already been uploaded.



Click the checkbox for the files you want to attach and click the **Submit** button to add them to the **Attachments** page.

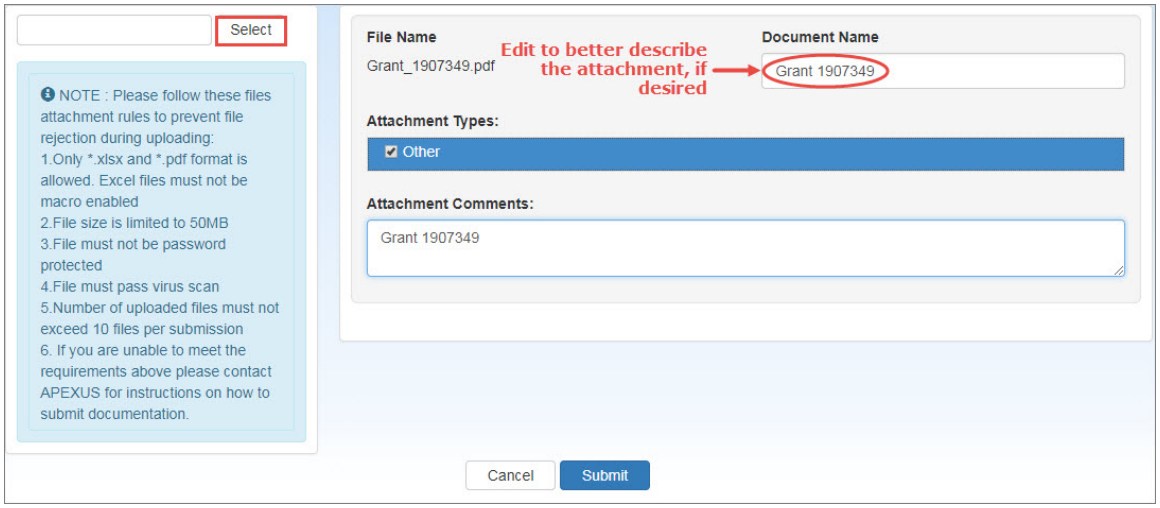
2. When the attachments upload selection page displays, click the **Select** button, navigate to the file you want to upload, and click on it.



Follow these file attachment rules to prevent rejection during uploading:

- Only Microsoft Excel (xlsx) and Adobe PDF formats are allowed. Excel files must not be macro-enabled.
- File size is limited to 50MB.
- Files must not be password protected.
- Files must pass virus scan.
- Number of uploaded files must not exceed 10 files per submission.

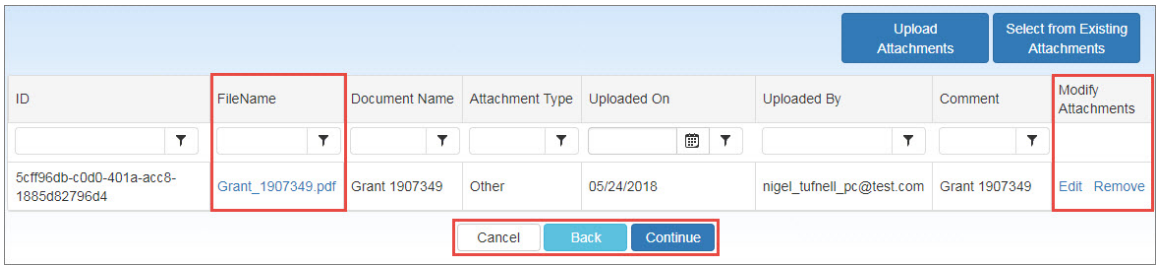
3. As each file is selected, it will appear on the attachments upload selection page.



- The file name of the attachment will appear in the ***Document Name*** box. It may be changed to better describe the attachment if desired.
- Under ***Attachment Types,*** click the **Other** checkbox..
- Type any additional notes in the ***Attachment Comments*** text box.

4. Repeat the steps above to select and identify any additional attachments.
5. Click the **Submit** button to proceed when finished selecting attachments.

6. The system will display a list of the selected attachments.



Selected Attachments List

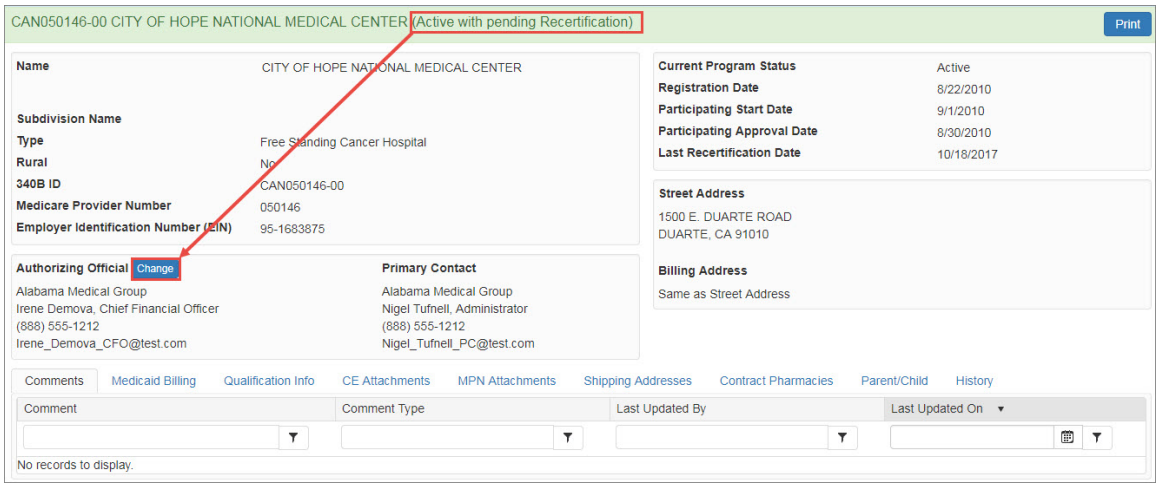
Column	Description
ID	A unique system-generated identifier associated with the attachment file.
FileName	Click the link to open the attachment with the application that created it (e.g., Excel).
Document Name	Optional user-entered description of the attachment (defaults to the file name).
Attachment Type	User selected type identifier.
Uploaded On	Date when they attachment was uploaded.
Uploaded By	Email address of the user who uploaded the attachment.
Comment	User comment entered when the attachment was uploaded.
Modify Attachments	■ ***Edit*** – Return to the attachments upload selection page to edit the document name, attachment type or comment. ■ ***Remove*** – Delete the associated attachment from the entity.
Upload Attachments	Upload additional attachment files
Select from Existing Attachments	Select additional files from a list of attachments that have already been uploaded.
Cancel	Cancel the registration and return to the home page.
Back	Return to the previous page.
Continue	Click this button to accept the attachments and proceed.

Changing AO during Recertification

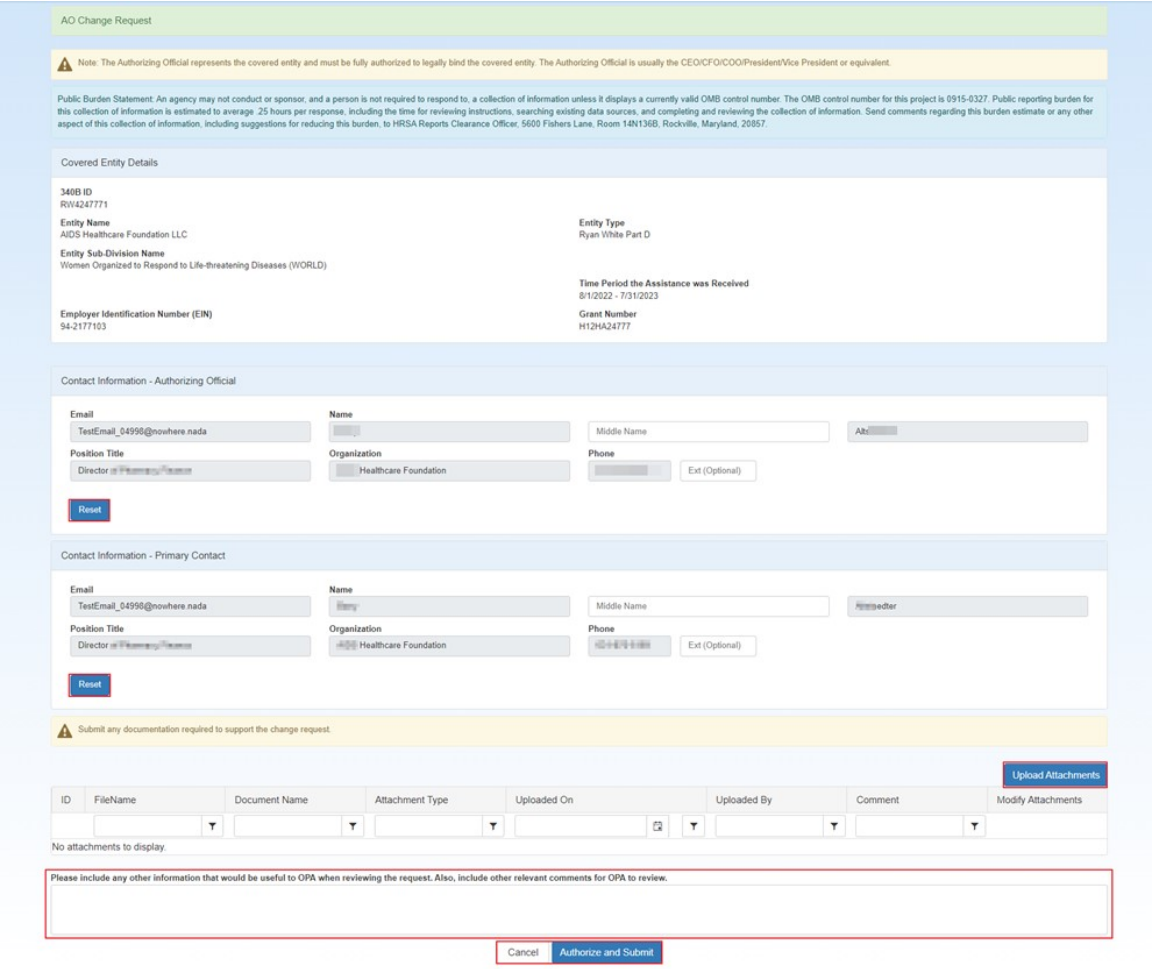
After recertification has started, if the Authorizing Official for an entity has to be changed before completing the recertification, then the current AO or PC may submit an AO change request.

Note: In case the PC is submitting the AO Change Request to become the AO, then new PC information needs to be entered as the AO and PC cannot be the same.

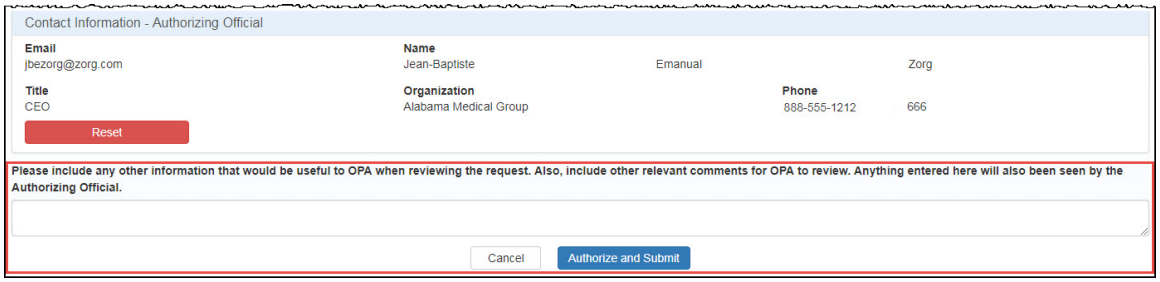
1. Click the AO ***Change*** button.



2. On the ***Covered Entity Details*** page, click on ***Reset*** to enter the new AO information. Enter the email address for the new AO and click on the ***Search*** button to populate the contract details.



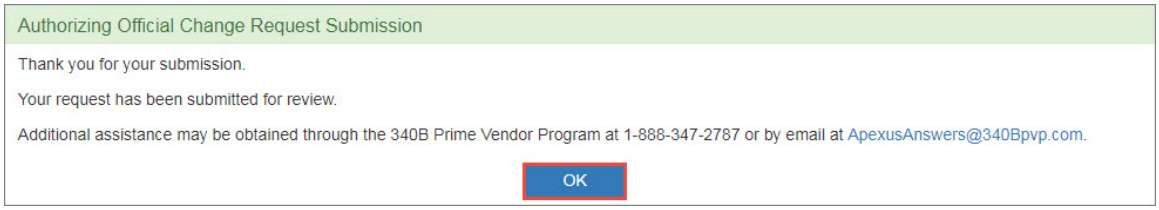
3. The new AO's information will be populated automatically. (include the existing note)



Note: The ***Telephone Extension*** field allows numeric values only. If a 340B OPAIS account is already associated with the email address and the extension field contains an alpha character (e.g., x305) from an existing registration, you will be prompted to correct it.

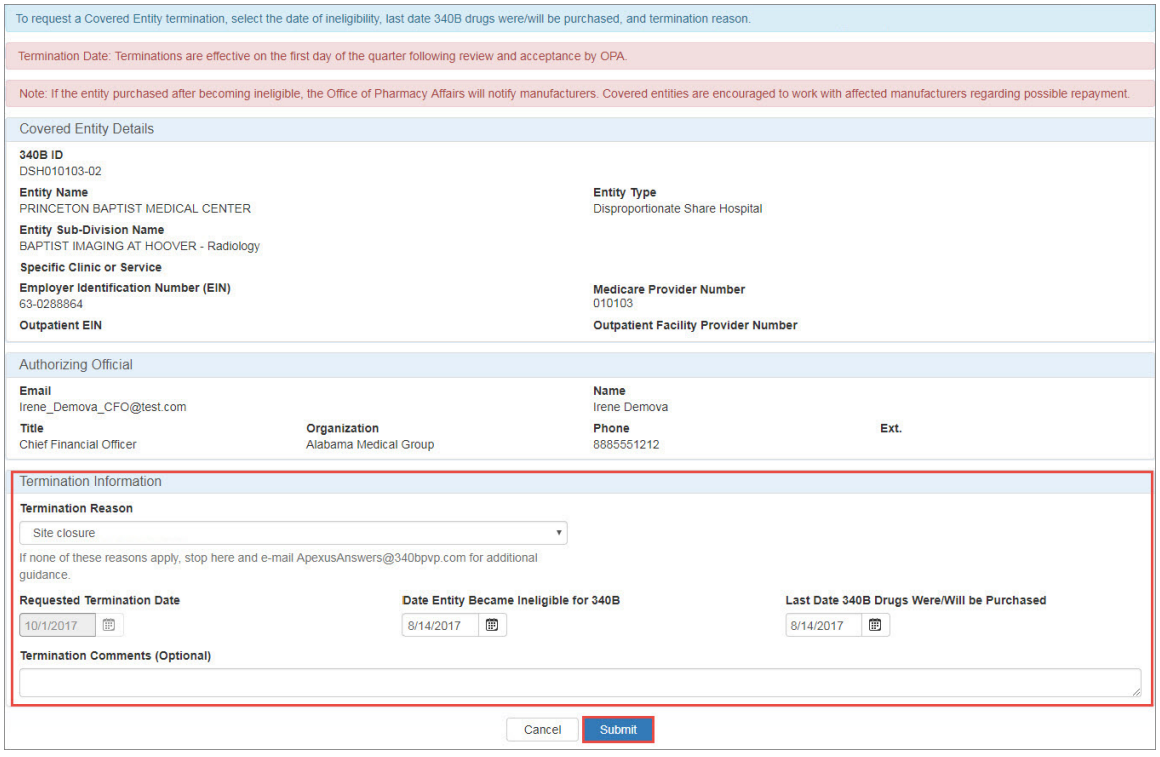
4. If the PC is submitting the AO Change to become the new AO, then new PC information needs to be entered as the AO and PC cannot be the same.

5. To change the PC information, click on Reset under the Contact Information Primary Contact section, and enter the new PC information.
6. Click on Upload Attachments to attach documents necessary when reviewing the request.
7. Type any information that would be useful to OPA when reviewing the request and click the Authorize and Submit button.
8. When the **Authorizing Official Change Request Submission** message is displayed, click the **OK** button to return to ***My Dashboard***.



Terminating a Covered Entity during Recertification

If you click the **Terminate** button during recertification, the **Covered Entity Termination** page will be displayed for the entity.

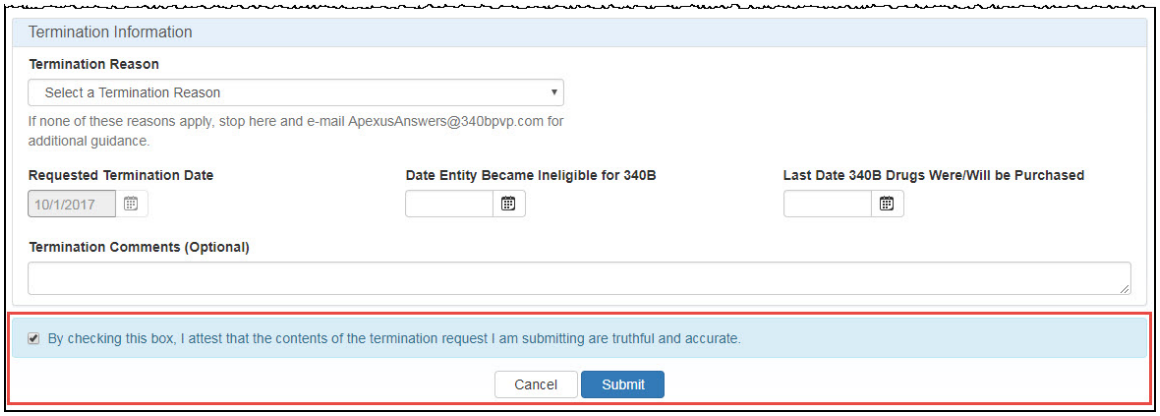


CE Termination Controls

Control	Description
Termination Reason	Select a reason from the drop-down list: ■ Business decision by the covered entity ■ Change of covered entity type (non-hospital) ■ DSH percentage below statutory minimum ■ Failure to maintain auditable records ■ For-profit conversion ■ GPO violation ■ Hospital outpatient facility no longer eligible ■ Loss of qualifying grant/support ■ Loss of qualifying hospital status ■ Never implemented the 340B Program ■ Other ■ Outpatient facility moved within the 4 walls of the parent hospital ■ Site closure ■ Terminated – Reason unknown ***Note:*** If none of these reasons apply, e-mail ApexusAnswers@340bpvp.com for additional guidance.
Requested Termination Date	System populated with the first day of the next quarter (not editable) after it is approved by OPA.
Date Entity Became Ineligible for 340B	Enter the date the entity became ineligible for continued participation in the 340B Program or select it using the calendar widget (may not be greater than ***Requested Termination Date***).
Last Date 340B Drugs Were/Will Be Purchased	Enter the date the entity discontinued or will discontinue purchasing drugs under the 340B plan or select it using the calendar widget (may not be greater than ***Requested Termination Date***.
Termination Comments (Optional)	Enter any comments about the termination, such as requests for alternate dates, which would be helpful during approval.
Cancel	Cancel the change request and return to the **Covered Entity Details** page.
Submit	Click this button to submit the termination request.

If you are the AO…

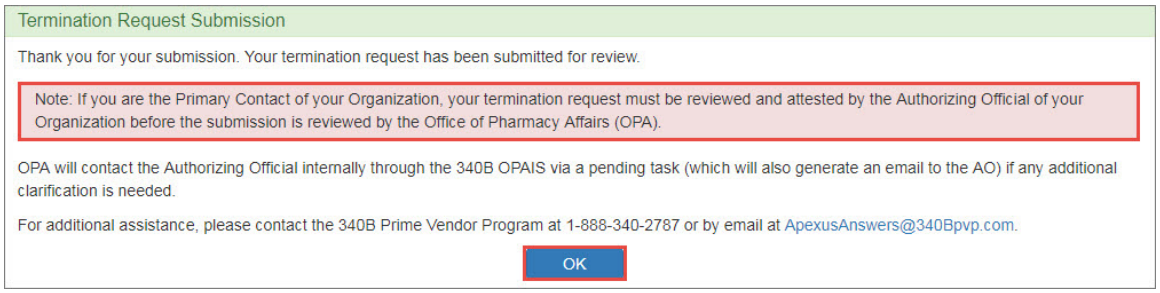
A checkbox and the associated text are appended below the ***Termination Information*** section to allow you to attest to the termination.



CE Termination AO Attestation Controls

Control	Description
Checkbox	*"By checking this box, I attest that the contents of the termination request I am submitting are truthful and accurate."* Select this box to submit the termination request for OPA approval.
Cancel	Exit from the attestation page without taking action.
Submit	After selecting the checkbox to authorize the submission, click this button to submit the termination request for OPA approval. The submission confirmation page will be displayed. ■ The entity will continue to be listed under *My Entities* with a 340B status of "Active" until the termination effective date. ■ Upon OPA approval of the termination, both the AO and the PC will receive a 340B Program Termination email, and the entity's status will be changed to "ToBeTerminated." ■ If OPA rejects the termination request, both the AO and the PC will receive a *"Covered Entity Termination Request Rejection by OPA"* email and entity will continue to be listed under **My Entities** with a 340B status of "Active." ■ After the termination effective date, the entity's 340B status will be updated to "Terminated."

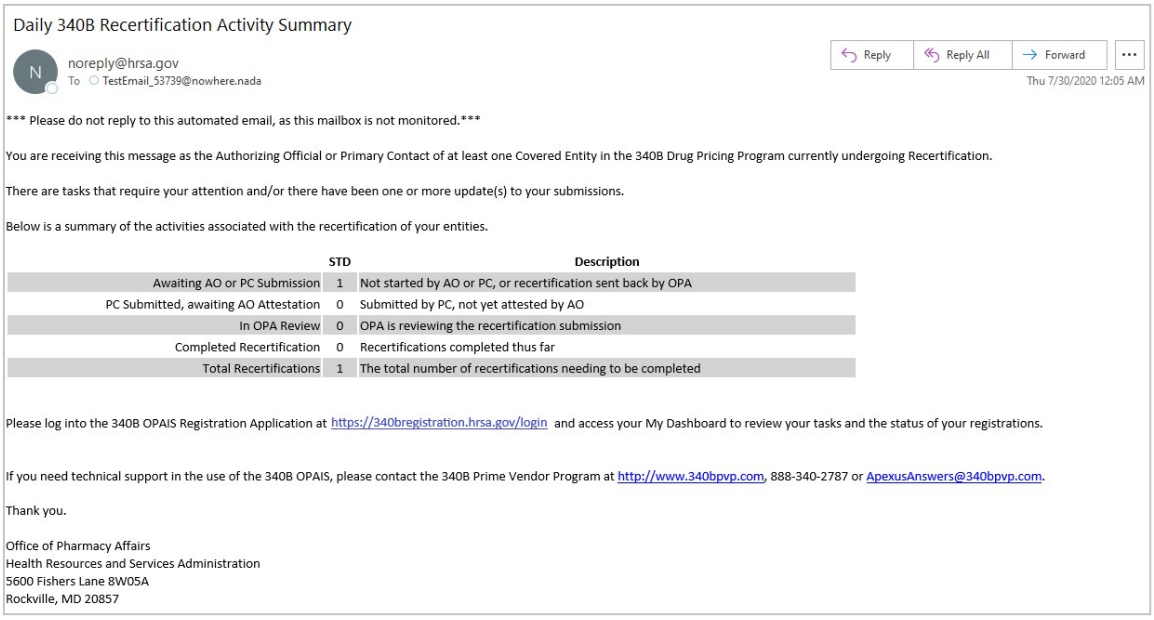
Upon clicking the ***Submit*** button, the system will display a confirmation message.



Click the ***OK*** button to complete the termination and return to ***My Dashboard***.

Recertification Activity Summary Email

After the start of the recertification period, the AO and PC will receive a daily notification email with a summary of the recertification activity for their covered entity(s). This notification is sent to the AO and PC only if they have recertification tasks to be completed or if there were one or more update(s) to their recertification submissions.



The notification will also display the **Recertification End Date** by when the Recertification task(s) are due.

*** Please do not reply to this automated email, as this mailbox is not monitored.***

You are receiving this message as the Authorizing Official or Primary Contact of at least one Covered Entity in the 340B Drug Pricing Program currently undergoing Recertification.

The status has changed for one or more of your submissions and/or there is a recertification task that requires your attention. Please review the table below to determine if action is required. If all recertifications have a status of "Waiting for OPA to Review," "Certified," or "Terminated," no action is required at this time.

Status	PED	Description
Waiting for AO or PC to submit	1	AO and PC: Please review My Dashboard and take action on Recertification(s).
Waiting for AO to attest	0	AO: Please review My Dashboard and take action on Recertification(s).
Waiting for OPA to Review	0	There is no action needed by AO or PC on these Recertification(s) at this time.
Certified	0	There is no action needed by AO or PC on these Recertification(s).
Terminated	0	There is no action needed by AO or PC on these Recertification(s).
Your Total Recertifications	1	This is the total Recertifications this quarter for which you are the AO or PC.

ALL OF YOUR RECERTIFICATION TASKS ARE DUE BY RECERTIFICATION END DATE ON 08/31/2025. OPA will terminate any covered entity/site for which the recertification record is not submitted by 11:59pm ET on the last day of the recertification period.

If action is required, please log in to the 340B OPAIS Registration Application at https://opais-web-03.mh-opais.microhealthllc.com:5001 and access your My Dashboard to review your tasks.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com or 888-340-2787 or ApexusAnswers@340bpvp.com .

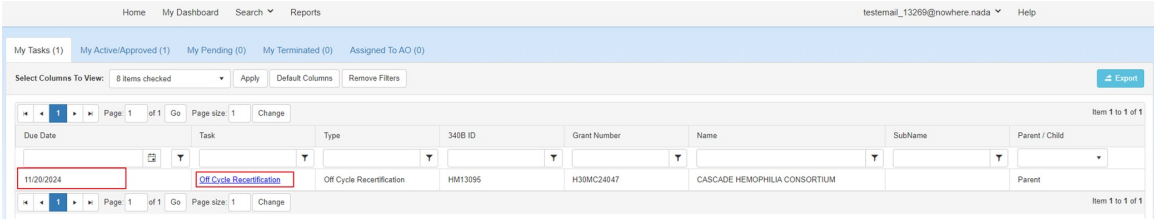
Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 14W52
Rockville, MD 20857

Completing Off Cycle Recertification

OPA can initiate an out of cycle Recertification task for the covered entity when OPA and CE wish to reverse the termination and complete the recertification process again. This can happen during or outside the normal recertification process.

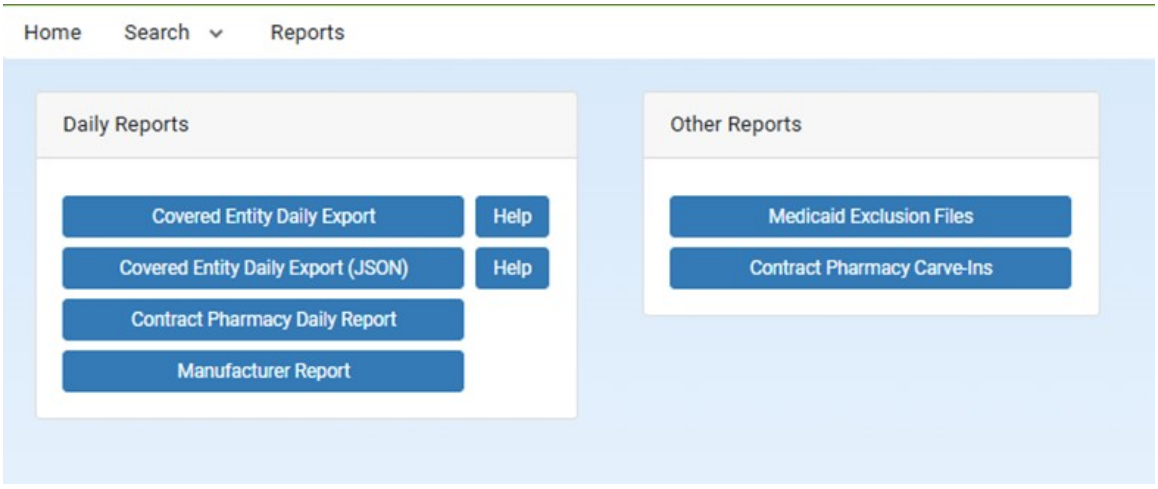
When an out of cycle recertification is initiated, both the AO and PC will get an **Off Cycle Recertification** task in the ***My Dashboard*** section, which needs to be completed before the Due Date displayed on the task. The AO and PC will get an email notification informing them that an Off Cycle recertification task is assigned to them by OPA.



REPORTS/FILES

This section identifies and describes 340B OPAIS reports available to all users. To view the **Reports/Files** page, click the **Reports/Files** icon in the **"What Would You Like to Do?"** section of the home page or click the **Reports/Files** tab on the menu bar.

The **Reports/Files** page lists all the reports available to public and external users. Click on a link to access the report.



Medicaid Exclusion File(s)

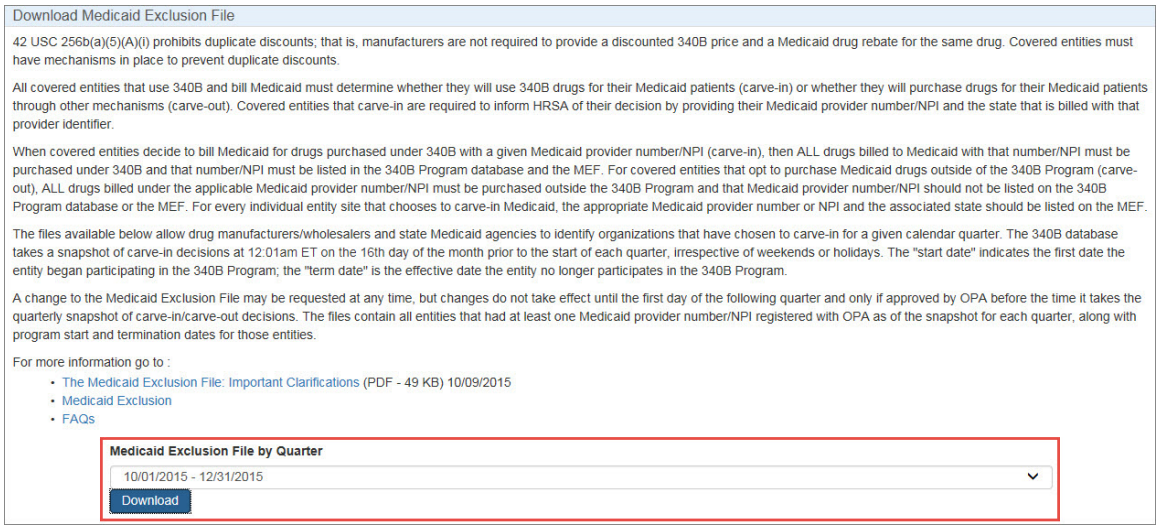
The **Medicaid Exclusion File** (MEF) lists covered entities that have chosen to use 340B drugs for their Medicaid patients and to bill Medicaid for those drugs (carve-in). When covered entities choose to carve-in for Medicaid, they must provide OPA with the Medicaid Provider Number/NPI used to bill Medicaid. These provider identifiers are listed in the MEF. Having this information in the MEF indicates to the states and manufacturers which drugs are not subject to Medicaid rebates, and helps ensure the prevention of duplicate discounts, as prohibited by statute.

The MEF also lists the Medicaid provider numbers and/or NPIs that the entities have identified as being used to bill for those drugs, to assist state Medicaid agencies in separating rebate-eligible claims from those that would result in duplicate discounts if rebates were requested. Entities must be consistent with their Medicaid billing carve-in/carve-out decisions. For entities that decide to carve-in, all drugs billed to Medicaid using the listed number/NPI must be purchased under the 340B program. Entities that DO NOT use 340B drugs for Medicaid patients (carve-out) must ensure that all drugs billed to Medicaid (under any provider number/NPI) were NOT purchased at 340B prices.

The 340B OPAIS takes a snapshot of carve-in decisions at 12:01 am ET on the 16th day of the month prior to the start of each quarter, regardless of weekends or holidays. At any time, covered entities may submit online change request forms to modify their Medicaid billing decisions, but changes only take effect the following quarterand only when received, approved, and processed by OPA before the time of the snapshot for that quarter. For example, a change submitted on June 1 and approved on June 2 will be reflected in the June 15 snapshot governing the July–September quarter. A change submitted on June 14 but not approved until June 16 will not be reflected in the June 15 snapshot, but will be included in the snapshot for the October quarterly MEF. The prior decision will remain in effect until the quarter beginning October 1.

Follow these steps to download and view the Medicaid Exclusion Files.

1. On the **Reports** page, click the **Medicaid Exclusion Files** button.
2. The **Download Medicaid Exclusion File** page displays a warning for covered entities that might claim duplicate drug price discounts, explains a requirement that entities must decide whether or not to use 340B pricing and bill Medicaid, and describes how drug manufacturers and wholesalers, and state Medicaid agencies can use the Medicaid Exclusion File to 340B participants.



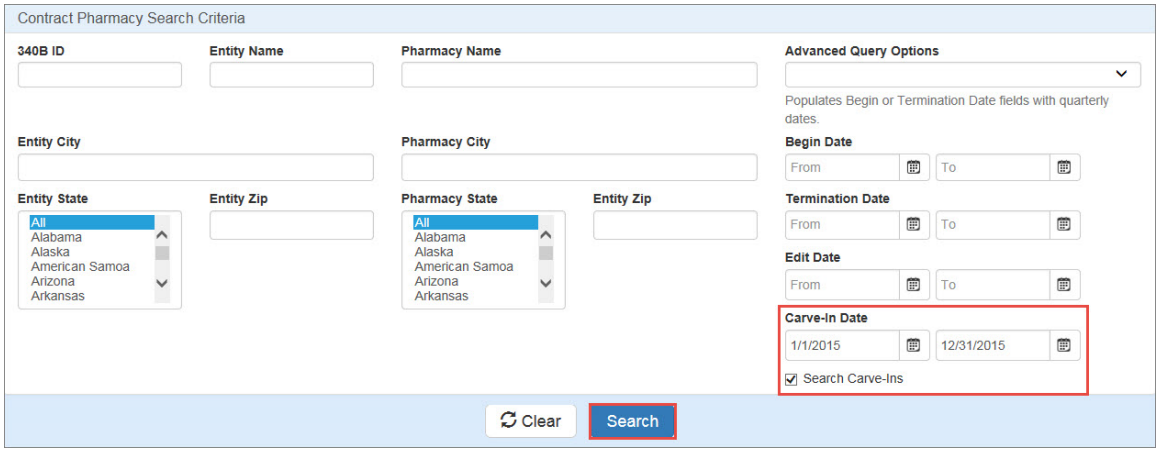
3. Select the desired quarter from the drop-down list. This date range reflects the effective quarter of the covered entities' Medicaid billing carve-in decision.
4. Click the **Download** button. A dialog box will prompt you to open the file or save it for later. If you choose to open it, the **Medicaid Exclusion File** is displayed in an Excel spreadsheet.
    - The "start date" field represents the first date the covered entity began participating in the 340B Program; the "term date" represents the effective date the entity no longer participates in the 340B Program, if applicable. These dates do not relate to the covered entities' MEF determination to carve-in Medicaid.
    - The "**State**" field identifies the state that is billed with the Medicaid Provider Number and/or the NPI Number. You can use commas to separate multiple Medicaid Numbers or NPI numbers. Blank value for **State** is displayed if there is no state associated with an NPI Number. The "**St**" field simply lists the state jurisdiction where the covered entity is located.

Contract Pharmacy Carve-ins

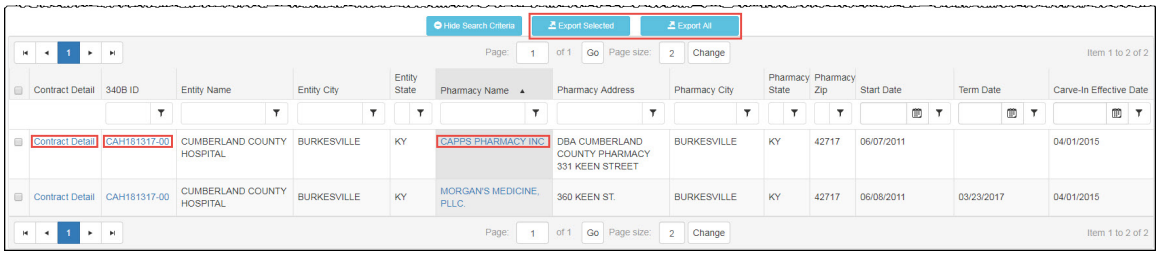
The **Contract Pharmacy Carve-ins** report lists covered entities that have informed OPA of an arrangement with the listed contract pharmacy and respective state Medicaid agency to prevent duplicate discounts.

Follow these steps to view the **Contract Pharmacy Carve-ins** arrangements.

1. On the **Reports/Files** page, click the **Contract Pharmacy Carve-ins** button.
2. The **Contract Pharmacy Search Criteria** page is displayed with the "Search Carve-Ins" checkbox selected by default. If no other search criteria are specified, this will produce an unfiltered report of all covered entities with carve-ins.



3. To narrow your search to a specific date range, specify the "From" and/or "To" dates to search only for contracts with carve-ins that have an effective date within that range. You can specify other criteria (e.g., state) to further narrow your search.
4. When finished, click the **Search** button to initiate your search. The **Search Results** page displays a list of contract pharmacies that match your search criteria. You have the option of exporting all or some of the results to a Microsoft Excel spreadsheet.



Contract Pharmacy Search Results Controls

Control	Description
Hide Search Criteria	Click to hide the search criteria and view a greater number of search results. (The button text changes to ***Show Search Criteria***.)
Show Search Criteria	Click to reveal the search criteria to make changes. (The button text changes to ***Hide Search Criteria***.)
Viewing Contract Details	Click the contract number link in the ***Contract Detail*** column. The details for the selected contract will be displayed.
Viewing Covered Entity Details	Click the entity's link in the ***340B ID*** column. The details for the selected covered entity will be displayed.

Contract Pharmacy Search Results Controls (continued)

Control	Description
Viewing Pharmacy Details	Click the pharmacy's name in the ***Pharmacy Name*** column. The details for the selected pharmacy will be displayed.
Exporting Results	Refer to "Exporting Contract Pharmacy Search Results" on page 106 for more information.

Daily Reports

Click on the **Reports/Files** from the top menu to access any of the Daily Reports. The purpose of the Daily Reports is to minimize the work involved in extracting large amounts of data from OPAIS for those users who need it. The Covered Entity and Contract Pharmacy Daily Reports are created once per day shortly after midnight Eastern time. The Manufacturer Daily Report is created from current data when it is selected from the menu.

When you click the link for a daily report, dialog box asks whether you want to open the file or save it to your computer. If you elect to open the file, it will be displayed in Microsoft Excel.

Covered Entity Daily Report

The **Covered Entity Daily Report** lists all active and inactive covered entities in the 340B application. Comprehensive data displays for each entity.

The Covered Entity Daily Report is available in in JSON format and Microsoft Excel format. The JSON format is for users who have an automatic process to access OPAIS and run the report. The Excel format is for users who plan to view or manipulate the report data using Excel.

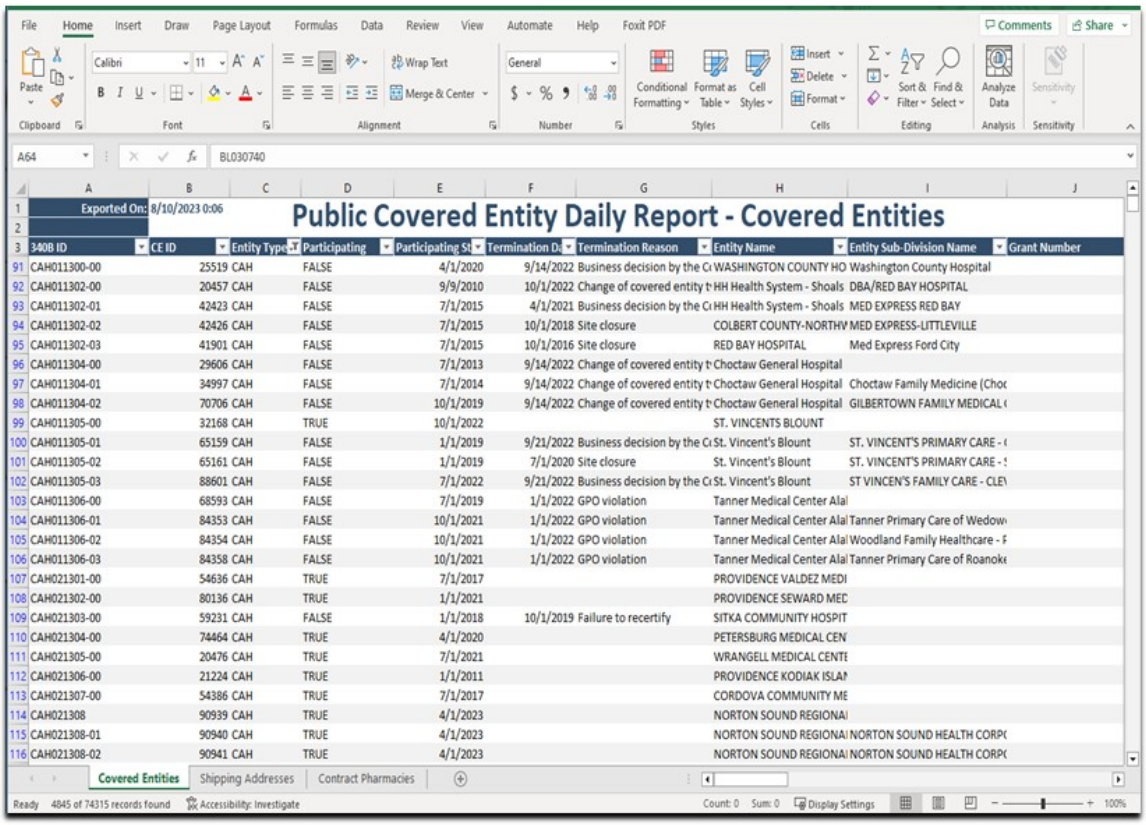
Click on the **Covered Entity Daily Report** to download an Excel spreadsheet containing most of the covered entity and contract pharmacy fields in OPAIS that public users of OPAIS are allowed to see. The report includes all active and inactive covered entities in 340B OPAIS. Inactive covered entities are covered entities with a future start date or that are terminated.

Use Excel's find, sort, and filters to effectively manage the covered entity data. This report is streamlined to eliminate duplicate rows in the covered entities worksheet by providing the shipping addresses and contract pharmacies separately.

The Covered Entity Daily Report contains three worksheets:

1. Covered Entities
2. Shipping Addresses
3. Contract Pharmacies

A covered entity record can have multiple shipping addresses and multiple contract pharmacies. Because the shipping address fields and contract pharmacy fields are in separate worksheets, the **Covered Entities Worksheet** contains one row per covered entity record (340B ID).



Below are the columns listed in the **Covered Entities Worksheet**, including a column description.

Covered Entities Worksheet

Covered Entities Worksheet

#	Column Name	Description
1	340B ID	Unique identifier for covered entities in the 340B Drug Program
2	CE ID	Sequential unique identifier for covered entities assigned by OPAIS
3	Entity Type	Hospital or non-hospital entity type code, 2-6 letters
4	Participating	Indicates whether covered entity is currently active in the 340B program; true/false indicator

Covered Entities Worksheet (continued)

#	Column Name	Description
5	Participating Start Date	Most recent start date covered entity began participating in the 340B program
6	Termination Date	Most recent date that covered entity was terminated from the 340B program
7	Termination Reason	Reason covered entity was terminated from program, which can be selected from list of standard reasons
8	Entity Name	Covered entity name
9	Entity Sub-Division Name	Covered entity sub-division or department name
10	Grant Number	Grant number associated with non-hospital covered entity (grantee)
11	Site ID	An ID associated with CH and FQHCLA covered entity sites
12	Medicare Provide Number	Six-digit number assigned to hospitals that verifies a provider has been Medicare certified
13	NOFO Number	Notice of Funding Opportunity number associated with a grant for a Tuberculosis (TB) or Sexually Transmitted Diseases (STD) entity type
14	Assistance Received From Date	Date assistance was received for covered entities with Ryan White grant(s)
15	Assistance Received To Date	Last date assistance is available for covered entities with Ryan White grant(s)
16	Street Address 1	Covered entity's physical street address
17	Street Address 2	Covered entity's physical street address
18	Street Address 3	Covered entity's physical street address

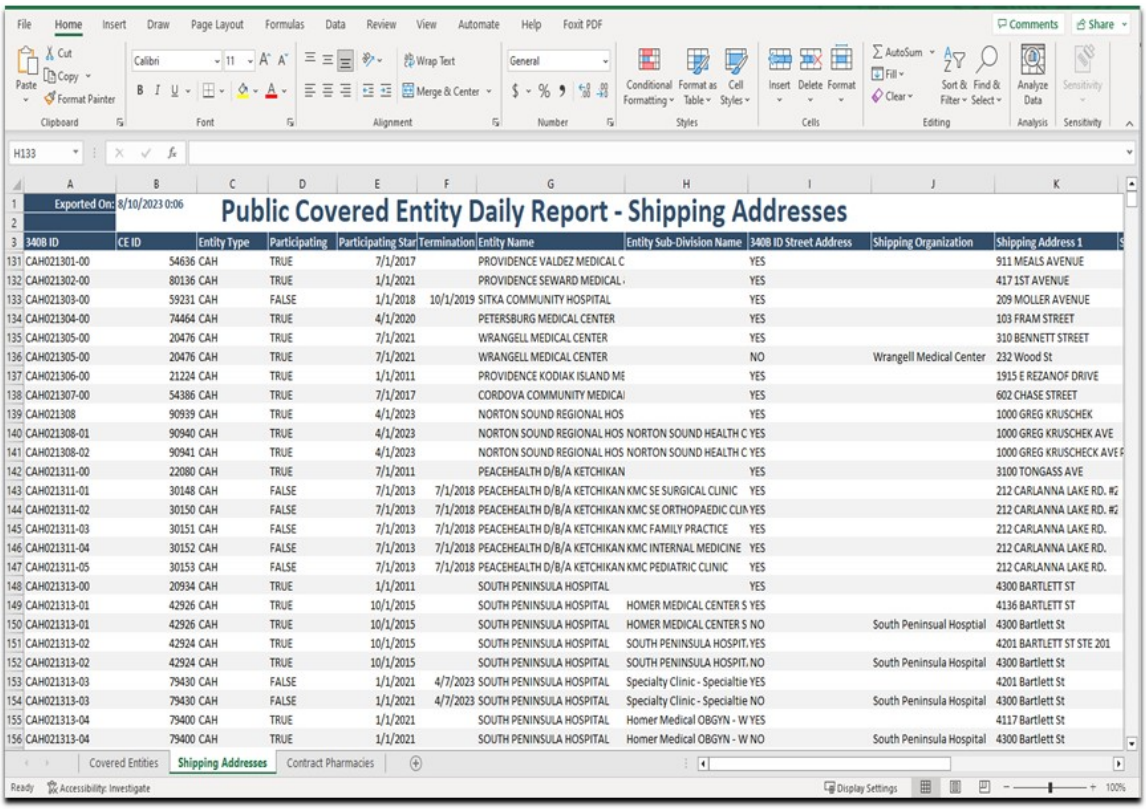
Covered Entities Worksheet (continued)

#	Column Name	Description
19	Street City	City associated with covered entity's physical street address
20	Street State	State associated with covered entity's physical street address
21	Street Zip	Zip code associated with covered entity's physical street address
22	Street Zip4	Zip code plus-4 associated with covered entity's physical street address
23	Medicaid Number	Identification number of an institutional provider certified by the CMS to provide services to beneficiaries
24	NPI	National Provider Identifier is a unique ID number for covered health care providers
25	Billing Organization	Covered entity's billing organization name
26	Billing Address 1	Covered entity's billing address line 1
27	Billing Address 2	Covered entity's billing address line 2 (optional)
28	Billing Address 3	Covered entity's billing address line 3 (optional)
29	Billing City	City associated with the covered entity's billing address
30	Billing State	State associated with the covered entity's billing address
31	Billing Zip	Zip code associated with the covered entity's billing address
32	Billing Zip4	Zip code plus-4 associated with the covered entity's billing address; optional
33	Authorizing Official Name	Name of the covered entity Authorizing Official (AO)

Covered Entities Worksheet (continued)

#	Column Name	Description
34	Authorizing Official Title	Title of the covered entity Authorizing Official
35	Authorizing Official Phone	Authorizing Official phone number
36	Authorizing Official Phone Ext	Authorizing Official phone extension
37	Primary Contact Name	Name of the covered entity Primary Contact (PC)
38	Primary Contact Title	Title of the covered entity Primary Contact
39	Primary Contact Phone	Primary Contact phone number
40	Primary Contact Phone Ext	Primary Contact phone extension
41	Certified/Decertified Date	Covered entity recertification date or date covered entity was decertified or terminated during recertification
42	Rural	Identifies whether the covered entity hospital is designated as rural
43	Entry Comments	Comments entered as part of the covered entity's record
44	Edit Date	Most recent date covered entity record was edited

The **Shipping Address Worksheet** includes all addresses in OPAIS to which 340B drugs can be shipped. In OPAIS, each covered entity record has fields for one street address; 340B drugs can always be shipped to the street address. In addition, each covered entity record can have as many additional addresses for drug shipments as the entity needs. These addresses are in the Shipping Information fields. The Shipping Addresses Worksheet includes all of these addresses, and the column 340B ID Street Address indicates which fields the address came from. The first address for each 340B ID is the street address, for which the field 340B ID Street Address will be "Yes". If the covered entity has one or more addresses in the Shipping Information fields, there will be additional row(s), for which the field 340B ID Street Address will be "No".



Public Covered Entity Daily Report - Shipping Addresses

Exported On: 8/10/2023 0:06

	340B ID	CE ID	Entity Type	Participating	Participating Start	Termination	Entity Name	Entity Sub-Division Name	340B ID Street Address	Shipping Organization	Shipping Address 1
131	CAH021301-00	54636	CAH	TRUE	7/1/2017		PROVIDENCE VALDEZ MEDICAL C		YES		911 MEALS AVENUE
132	CAH021302-00	80136	CAH	TRUE	1/1/2021		PROVIDENCE SEWARD MEDICAL		YES		417 1ST AVENUE
133	CAH021303-00	59231	CAH	FALSE	1/1/2018	10/1/2019	SITKA COMMUNITY HOSPITAL		YES		209 MOLLER AVENUE
134	CAH021304-00	74464	CAH	TRUE	4/1/2020		PETERSBURG MEDICAL CENTER		YES		103 FRAM STREET
135	CAH021305-00	20476	CAH	TRUE	7/1/2021		WRANGELL MEDICAL CENTER		YES		310 BENNETT STREET
136	CAH021305-00	20476	CAH	TRUE	7/1/2021		WRANGELL MEDICAL CENTER		NO	Wrangell Medical Center	232 Wood St
137	CAH021306-00	21224	CAH	TRUE	1/1/2011		PROVIDENCE KODIAK ISLAND ME		YES		1915 E REZANOF DRIVE
138	CAH021307-00	54386	CAH	TRUE	7/1/2017		CORDOVA COMMUNITY MEDICAI		YES		602 CHASE STREET
139	CAH021308	90939	CAH	TRUE	4/1/2023		NORTON SOUND REGIONAL HOS		YES		1000 GREG KRUSCHEK
140	CAH021308-01	90940	CAH	TRUE	4/1/2023		NORTON SOUND REGIONAL HOS	NORTON SOUND HEALTH C	YES		1000 GREG KRUSCHEK AVE
141	CAH021308-02	90941	CAH	TRUE	4/1/2023		NORTON SOUND REGIONAL HOS	NORTON SOUND HEALTH C	YES		1000 GREG KRUSCHECK AVE F
142	CAH021311-00	22080	CAH	TRUE	7/1/2011		PEACEHEALTH D/B/A KETCHIKAN		YES		3100 TONGASS AVE
143	CAH021311-01	30148	CAH	FALSE	7/1/2013	7/1/2018	PEACEHEALTH D/B/A KETCHIKAN	KMC SE SURGICAL CLINIC	YES		212 CARLANNA LAKE RD. #2
144	CAH021311-02	30150	CAH	FALSE	7/1/2013	7/1/2018	PEACEHEALTH D/B/A KETCHIKAN	KMC SE ORTHOPAEDIC CLIN	YES		212 CARLANNA LAKE RD. #2
145	CAH021311-03	30151	CAH	FALSE	7/1/2013	7/1/2018	PEACEHEALTH D/B/A KETCHIKAN	KMC FAMILY PRACTICE	YES		212 CARLANNA LAKE RD.
146	CAH021311-04	30152	CAH	FALSE	7/1/2013	7/1/2018	PEACEHEALTH D/B/A KETCHIKAN	KMC INTERNAL MEDICINE	YES		212 CARLANNA LAKE RD.
147	CAH021311-05	30153	CAH	FALSE	7/1/2013	7/1/2018	PEACEHEALTH D/B/A KETCHIKAN	KMC PEDIATRIC CLINIC	YES		212 CARLANNA LAKE RD.
148	CAH021313-00	20934	CAH	TRUE	1/1/2011		SOUTH PENINSULA HOSPITAL		YES		4300 BARTLETT ST
149	CAH021313-01	42926	CAH	TRUE	10/1/2015		SOUTH PENINSULA HOSPITAL	HOMER MEDICAL CENTER S	YES		4136 BARTLETT ST
150	CAH021313-01	42926	CAH	TRUE	10/1/2015		SOUTH PENINSULA HOSPITAL	HOMER MEDICAL CENTER S	NO	South Peninsual Hosptial	4300 Bartlett St
151	CAH021313-02	42924	CAH	TRUE	10/1/2015		SOUTH PENINSULA HOSPITAL	SOUTH PENINSULA HOSPIT.	YES		4201 BARTLETT ST STE 201
152	CAH021313-02	42924	CAH	TRUE	10/1/2015		SOUTH PENINSULA HOSPITAL	SOUTH PENINSULA HOSPIT.	NO	South Peninsula Hospital	4300 Bartlett St
153	CAH021313-03	79430	CAH	FALSE	1/1/2021	4/7/2023	SOUTH PENINSULA HOSPITAL	Specialty Clinic - Specialtie	YES		4201 Bartlett St
154	CAH021313-03	79430	CAH	FALSE	1/1/2021	4/7/2023	SOUTH PENINSULA HOSPITAL	Specialty Clinic - Specialtie	NO	South Peninsula Hospital	4300 Bartlett St
155	CAH021313-04	79400	CAH	TRUE	1/1/2021		SOUTH PENINSULA HOSPITAL	Homer Medical OBGYN - W	YES		4117 Bartlett St
156	CAH021313-04	79400	CAH	TRUE	1/1/2021		SOUTH PENINSULA HOSPITAL	Homer Medical OBGYN - W	NO	South Peninsula Hospital	4300 Bartlett St

Below are the columns listed in the **Shipping Addresses Worksheet,** along with a description.

Shipping Addresses Worksheet

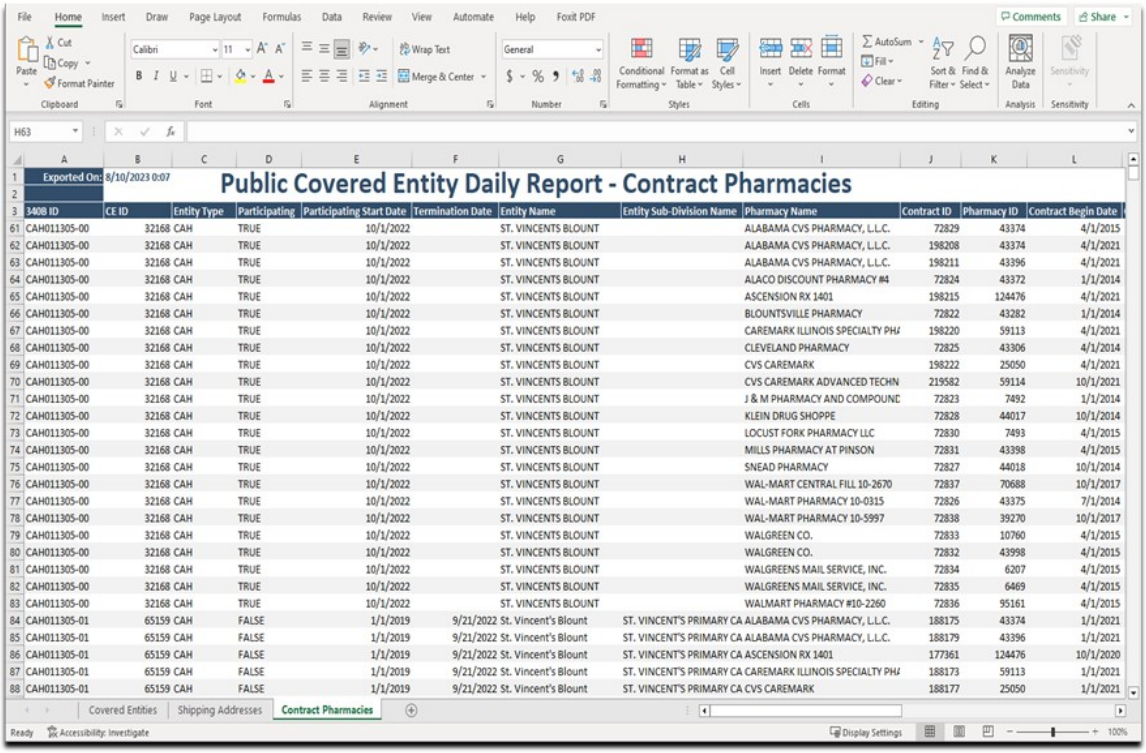
Shipping Addresses Worksheet

#	Column Name	Description
1	340B ID	Unique identifier for covered entities in the 340B Drug Program
2	CE ID	Sequential unique identifier for covered entities assigned by OPAIS
3	Entity Type	Hospital or non-hospital entity type code, 2-6 letters
4	Participating	Indicates whether covered entity is currently active in the 340B program; true/false indicator
5	Participating Start Date	Most recent start date covered entity began participating in the 340B program

Shipping Addresses Worksheet (continued)

#	Column Name	Description
6	Termination Date	Most recent date that covered entity was terminated from the 340B program
7	Entity Name	Covered entity name
8	Entity Sub-Division Name	Covered entity sub-division or department name
9	340B ID Street Address	Field to distinguish street address vs shipping address. If the address is the covered entity Street Address, this field will be "Yes." If the address is a designated shipping address for the covered entity, this field will be "No."
10	Shipping Organization	Shipping organization name for covered entity shipping location
11	Shipping Address 1	Shipping address line 1 for covered entity shipping location
12	Shipping Address 2	Shipping address line 2 for covered entity shipping location
13	Shipping Address 3	Shipping address line 3 for covered entity shipping location
14	Shipping City	Shipping city for covered entity shipping location
15	Shipping State	Shipping state for covered entity shipping location
16	Shipping Zip	Shipping zip code for covered entity shipping location
17	Shipping Zip4	Shipping zip code plus-4 for covered entity shipping location

The **Contract Pharmacies Worksheet** includes all active and inactive contract pharmacies associated with a covered entity. Inactive contract pharmacies are contract pharmacies with a future start date or that have been terminated. The worksheet will only include 340B IDs for the covered entities that have one or more contract pharmacies



Public Covered Entity Daily Report - Contract Pharmacies

Exported On: 8/10/2023 0:07

	340B ID	CE ID	Entity Type	Participating	Participating Start Date	Termination Date	Entity Name	Entity Sub-Division Name	Pharmacy Name	Contract ID	Pharmacy ID	Contract Begin Date
61	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		ALABAMA CVS PHARMACY, L.L.C.	72829	43374	4/1/2015
62	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		ALABAMA CVS PHARMACY, L.L.C.	198208	43374	4/1/2021
63	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		ALABAMA CVS PHARMACY, L.L.C.	198211	43396	4/1/2021
64	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		ALACO DISCOUNT PHARMACY #4	72824	43372	1/1/2014
65	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		ASCENSION RX 1401	198215	124476	4/1/2021
66	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		BLOUNTSVILLE PHARMACY	72822	43282	1/1/2014
67	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		CAREMARK ILLINOIS SPECIALTY PHA	198220	59113	4/1/2021
68	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		CLEVELAND PHARMACY	72825	43306	4/1/2014
69	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		CVS CAREMARK	198222	25050	4/1/2021
70	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		CVS CAREMARK ADVANCED TECHN	219582	59114	10/1/2021
71	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		J & M PHARMACY AND COMPOUNI	72823	7492	1/1/2014
72	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		KLEIN DRUG SHOPPE	72828	44017	10/1/2014
73	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		LOCUST FORK PHARMACY LLC	72830	7493	4/1/2015
74	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		MILLS PHARMACY AT PINSON	72831	43398	4/1/2015
75	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		SNEAD PHARMACY	72827	44018	10/1/2014
76	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WAL-MART CENTRAL FILL 10-2670	72837	70688	10/1/2017
77	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WAL-MART PHARMACY 10-0315	72826	43375	7/1/2014
78	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WAL-MART PHARMACY 10-5997	72838	39270	10/1/2017
79	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WALGREEN CO.	72833	10760	4/1/2015
80	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WALGREEN CO.	72832	43998	4/1/2015
81	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WALGREENS MAIL SERVICE, INC.	72834	6207	4/1/2015
82	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WALGREENS MAIL SERVICE, INC.	72835	6469	4/1/2015
83	CAH011305-00	32168	CAH	TRUE	10/1/2022		ST. VINCENTS BLOUNT		WALMART PHARMACY #10-2260	72836	95161	4/1/2015
84	CAH011305-01	65159	CAH	FALSE	1/1/2019	9/21/2022	St. Vincent's Blount	ST. VINCENT'S PRIMARY CA	ALABAMA CVS PHARMACY, L.L.C.	188175	43374	1/1/2021
85	CAH011305-01	65159	CAH	FALSE	1/1/2019	9/21/2022	St. Vincent's Blount	ST. VINCENT'S PRIMARY CA	ALABAMA CVS PHARMACY, L.L.C.	188179	43396	1/1/2021
86	CAH011305-01	65159	CAH	FALSE	1/1/2019	9/21/2022	St. Vincent's Blount	ST. VINCENT'S PRIMARY CA	ASCENSION RX 1401	177361	124476	10/1/2020
87	CAH011305-01	65159	CAH	FALSE	1/1/2019	9/21/2022	St. Vincent's Blount	ST. VINCENT'S PRIMARY CA	CAREMARK ILLINOIS SPECIALTY PHA	188173	59113	1/1/2021
88	CAH011305-01	65159	CAH	FALSE	1/1/2019	9/21/2022	St. Vincent's Blount	ST. VINCENT'S PRIMARY CA	CVS CAREMARK	188177	25050	1/1/2021

Below are the columns listed in the Contract Pharmacies Worksheet, along with a description.

Contract Pharmacies Worksheet

Contract Pharmacies Worksheet

#	Column Name	Description
1	340B ID	Unique identifier for covered entities in the 340B Drug Program
2	CE ID	Sequential unique identifier for covered entities assigned by OPAIS
3	Entity Type	Hospital or non-hospital entity type code, 2-6 letters
4	Participating	Indicates whether covered entity is currently active in the 340B program; true/false indicator
5	Participating Start Date	Most recent start date covered entity began participating in the 340B program

Contract Pharmacies Worksheet (continued)

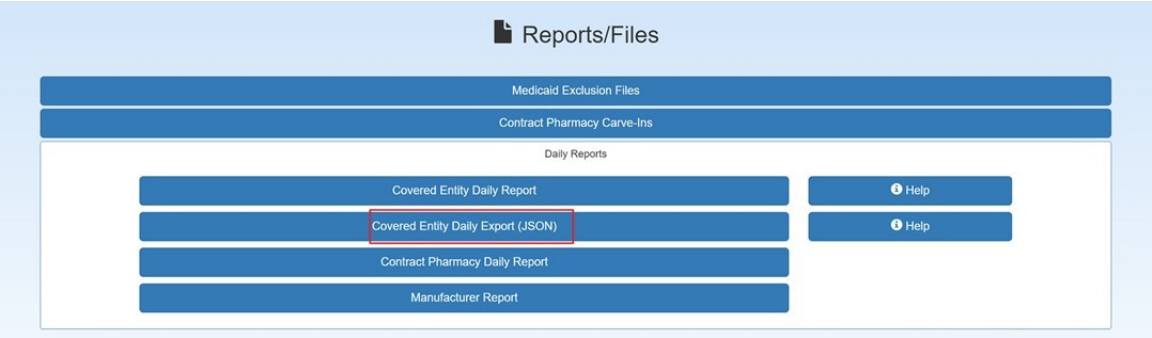
#	Column Name	Description
6	Termination Date	Most recent date that covered entity was terminated from the 340B program
7	Entity Name	Covered entity name
8	Entity Sub-Division Name	Covered entity sub-division or department name
9	Pharmacy Name	Name of pharmacy
10	Contract ID	Unique identifier when a pharmacy is associated with a covered entity in the 340B program
11	Pharmacy ID	Unique identifier for each pharmacy
12	Contract Begin Date	Date contract between covered entity and pharmacy became effective
13	Contract Termination Date	Date contract between covered entity and pharmacy ended
14	Pharmacy Address 1	Pharmacy address line 1
15	Pharmacy Address 2	Pharmacy address line 2
16	Pharmacy Address 3	Pharmacy address line 3
17	Pharmacy City	Pharmacy city
18	Pharmacy State	Pharmacy state
19	Pharmacy Zip	Pharmacy zip code
20	Pharmacy Zip4	Pharmacy zip code plus-4
21	Pharmacy Phone	Pharmacy phone number

Contract Pharmacies Worksheet (continued)

#	Column Name	Description
22	Pharmacy Phone Ext	Pharmacy phone extension

Covered Entity Daily Export (JSON Format)

The Covered Entity Daily Report is also available in JSON format as **Covered Entity Daily Export (JSON)** for users who have an automatic process to access OPAIS and run the report.



Click on Covered Entity Daily Export (JSON) to download the JSON file.

The JSON export includes the same information available in the Covered Entity Daily Report Excel spreadsheet. However, the JSON has all the data for a 340B ID together. In other words, the shipping address information and contract pharmacy information are after the other information related to the 340B ID.

The Shipping Addresses section of the JSON export includes all addresses in OPAIS to which 340B drugs can be shipped. In OPAIS, each covered entity record has fields for one street address; 340B drugs can always be shipped to the street address. In addition, each covered entity record can have as many additional addresses for drug shipments as the entity needs. These addresses are in the Shipping Information fields. The Shipping Addresses section includes all of these addresses, and the column 340B ID Street Address indicates which fields the address came from. The first address for each 340B ID is the street address, for which the field 340B ID Street Address will be “Yes”. If the covered entity has one or more addresses in the Shipping Information fields, there will be additional row(s), for which the field 340B ID Street Address will be “No”.

The Contract Pharmacies section of the JSON export includes all active and inactive contract pharmacies associated with a covered entity. Inactive contract pharmacies are contract pharmacies with a future start date or that have been terminated.

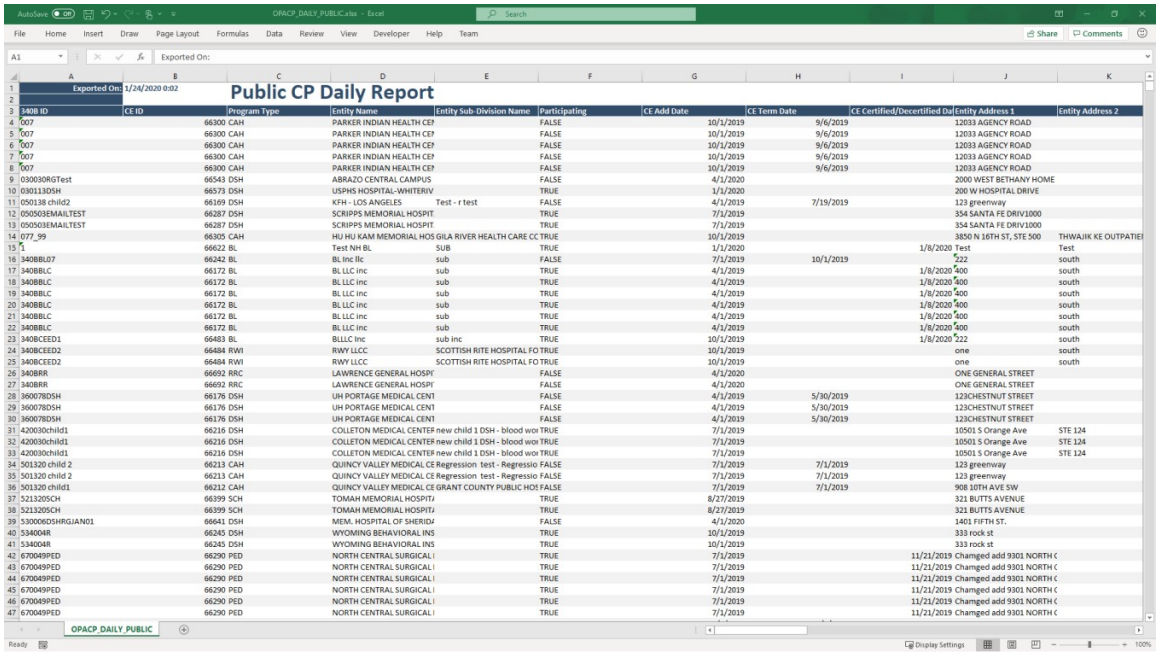
If a field is blank, the field name will not be reflected in the JSON data for that particular covered entity. A couple of examples:

- Grant number will always be blank for hospitals; therefore, the grant number field will not be listed under a covered entity that is a hospital.
- For entity types other than CH and FQHCLA, the Site ID field will be blank; therefore, the Site ID will not be listed under the covered entity.

PropertyName	Value
id340B	DSH010033
id340B	DSH010033
ceId	16689
entityType	DSH
name	UNIVERSITY OF ALABAMA HOSPITAL
participating	TRUE
participatingStartDate	12/1/1992 12:00:00 AM
medicareProviderNumber	010033
streetAddress	{object}
addressLine1	619 S. 19th Street
city	BIRMINGHAM
state	AL
zip	35249
billingAddress	{object}
organization	University of Alabama Hospital
addressLine1	701 South 20th Street
addressLine2	660AB
city	Birmingham
state	AL
zip	35294
shippingAddresses	{array} of 8 items}
##ITEM 0	
is340BStreetAddress	True
addressLine1	619 S. 19th Street
city	BIRMINGHAM
state	AL
zip	35249
##ITEM 1	
is340BStreetAddress	False
organization	The Kirklin Clinic Pharmacy
addressLine1	2000 6th Avenue South
city	Birmingham
state	AL
zip	35233

Contract Pharmacy Daily Report

The Contract Pharmacy Daily Report lists all active and inactive contract pharmacies in the 340B application. Comprehensive data displays for each pharmacy. Use Excel's search and filters to limit data to a more manageable list.



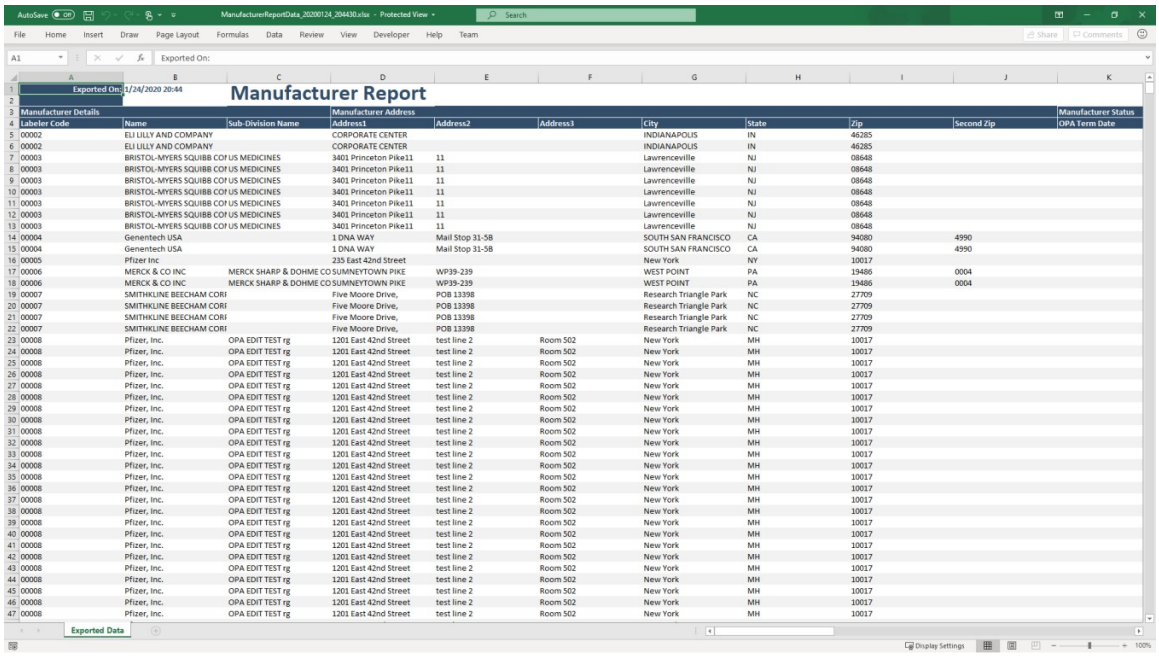
Public CP Daily Report

Exported On: 1/24/2020 0:02

340B ID	CE ID	Program Type	Entity Name	Entity Sub-Division Name	Participating	CE Add Date	CE Term Date	CE Certified/Decertified Da	Entity Address 1	Entity Address 2
007	66300	CAH	PARKER INDIAN HEALTH CEI		FALSE	10/1/2019	9/6/2019		12033 AGENCY ROAD	
007	66300	CAH	PARKER INDIAN HEALTH CEI		FALSE	10/1/2019	9/6/2019		12033 AGENCY ROAD	
007	66300	CAH	PARKER INDIAN HEALTH CEI		FALSE	10/1/2019	9/6/2019		12033 AGENCY ROAD	
007	66300	CAH	PARKER INDIAN HEALTH CEI		FALSE	10/1/2019	9/6/2019		12033 AGENCY ROAD	
007	66300	CAH	PARKER INDIAN HEALTH CEI		FALSE	10/1/2019	9/6/2019		12033 AGENCY ROAD	
030030RGTest	66543	DSH	ABRAZO CENTRAL CAMPUS		FALSE	4/1/2020			2000 WEST BETHANY HOME	
030113DSH	66573	DSH	USPHS HOSPITAL-WHITERIV		TRUE	1/1/2020			200 W HOSPITAL DRIVE	
050138 child2	66169	DSH	KFH - LOS ANGELES	Test - r test	FALSE	4/1/2019	7/19/2019		123 greenway	
050503EMAILTEST	66287	DSH	SCRIPPS MEMORIAL HOSPIT		TRUE	7/1/2019			354 SANTA FE DRIV1000	
050503EMAILTEST	66287	DSH	SCRIPPS MEMORIAL HOSPIT		TRUE	7/1/2019			354 SANTA FE DRIV 1000	
077_99	66305	CAH	HU HU KAM MEMORIAL HOS	GILA RIVER HEALTH CARE CC	TRUE	10/1/2019			3850 N 16TH ST, STE 500	THWAJIK KE OUTPATIEI
1	66622	BL	Test NH BL	SUB	TRUE	1/1/2020		1/8/2020	Test	Test
340BBL07	66242	BL	BL Inc llc	sub	FALSE	7/1/2019	10/1/2019		222	south
340BBLC	66172	BL	BL LLC inc	sub	TRUE	4/1/2019		1/8/2020	400	south
340BBLC	66172	BL	BL LLC inc	sub	TRUE	4/1/2019		1/8/2020	400	south
340BBLC	66172	BL	BL LLC inc	sub	TRUE	4/1/2019		1/8/2020	400	south
340BBLC	66172	BL	BL LLC inc	sub	TRUE	4/1/2019		1/8/2020	400	south
340BBLC	66172	BL	BL LLC inc	sub	TRUE	4/1/2019		1/8/2020	400	south
340BBLC	66172	BL	BL LLC inc	sub	TRUE	4/1/2019		1/8/2020	400	south
340BCEED1	66483	BL	BLLLC Inc	sub inc	TRUE	10/1/2019		1/8/2020	222	south
340BCEED2	66484	RWI	RWY LLCC	SCOTTISH RITE HOSPITAL FO	TRUE	10/1/2019			one	south
340BCEED2	66484	RWI	RWY LLCC	SCOTTISH RITE HOSPITAL FO	TRUE	10/1/2019			one	south
340BRR	66692	RRC	LAWRENCE GENERAL HOSPI		FALSE	4/1/2020			ONE GENERAL STREET	
340BRR	66692	RRC	LAWRENCE GENERAL HOSPI		FALSE	4/1/2020			ONE GENERAL STREET	
360078DSH	66176	DSH	UH PORTAGE MEDICAL CENT		FALSE	4/1/2019	5/30/2019		123CHESTNUT STREET	
360078DSH	66176	DSH	UH PORTAGE MEDICAL CENT		FALSE	4/1/2019	5/30/2019		123CHESTNUT STREET	
360078DSH	66176	DSH	UH PORTAGE MEDICAL CENT		FALSE	4/1/2019	5/30/2019		123CHESTNUT STREET	
420030child1	66216	DSH	COLLETON MEDICAL CENTER	new child 1 DSH - blood wor	TRUE	7/1/2019			10501 S Orange Ave	STE 124
420030child1	66216	DSH	COLLETON MEDICAL CENTER	new child 1 DSH - blood wor	TRUE	7/1/2019			10501 S Orange Ave	STE 124
420030child1	66216	DSH	COLLETON MEDICAL CENTER	new child 1 DSH - blood wor	TRUE	7/1/2019			10501 S Orange Ave	STE 124
501320 child 2	66213	CAH	QUINCY VALLEY MEDICAL CE	Regression test - Regressio	FALSE	7/1/2019	7/1/2019		123 greenway	
501320 child 2	66213	CAH	QUINCY VALLEY MEDICAL CE	Regression test - Regressio	FALSE	7/1/2019	7/1/2019		123 greenway	
501320 child1	66212	CAH	QUINCY VALLEY MEDICAL CE	GRANT COUNTY PUBLIC HOS	FALSE	7/1/2019	7/1/2019		908 10TH AVE SW	
5213205CH	66399	SCH	TOMAH MEMORIAL HOSPITA		TRUE	8/27/2019			321 BUTTS AVENUE	
5213205CH	66399	SCH	TOMAH MEMORIAL HOSPITA		TRUE	8/27/2019			321 BUTTS AVENUE	
530006DSHRGJAN01	66641	DSH	MEM. HOSPITAL OF SHERIDA		FALSE	4/1/2020			1401 FIFTH ST.	
534004R	66245	DSH	WYOMING BEHAVIORAL INS		TRUE	10/1/2019			333 rock st	
534004R	66245	DSH	WYOMING BEHAVIORAL INS		TRUE	10/1/2019			333 rock st	
670049PED	66290	PED	NORTH CENTRAL SURGICAL I		TRUE	7/1/2019		11/21/2019	Chamged add 9301 NORTH C	
670049PED	66290	PED	NORTH CENTRAL SURGICAL I		TRUE	7/1/2019		11/21/2019	Chamged add 9301 NORTH C	
670049PED	66290	PED	NORTH CENTRAL SURGICAL I		TRUE	7/1/2019		11/21/2019	Chamged add 9301 NORTH C	
670049PED	66290	PED	NORTH CENTRAL SURGICAL I		TRUE	7/1/2019		11/21/2019	Chamged add 9301 NORTH C	
670049PED	66290	PED	NORTH CENTRAL SURGICAL I		TRUE	7/1/2019		11/21/2019	Chamged add 9301 NORTH C	
670049PED	66290	PED	NORTH CENTRAL SURGICAL I		TRUE	7/1/2019		11/21/2019	Chamged add 9301 NORTH C	

Manufacturer Daily Report

The **Manufacture Daily Report** lists all active and inactive labeler codes in the 340B application. Comprehensive data displays for each labeler code. Use Excel's search and filters to limit data to a more manageable list.



Exported On: 1/24/2020 20:44

Manufacturer Report

Manufacturer Details			Manufacturer Address								Manufacturer Status
Labeler Code	Name	Sub-Division Name	Address1	Address2	Address3	City	State	Zip	Second Zip	OPA Term Date	
00002	ELI LILLY AND COMPANY		CORPORATE CENTER			INDIANAPOLIS	IN	46285			
00002	ELI LILLY AND COMPANY		CORPORATE CENTER			INDIANAPOLIS	IN	46285			
00003	BRISTOL-MYERS SQUIBB COMPANY	US MEDICINES	3401 Princeton Pike11	11		Lawrenceville	NJ	08648			
00003	BRISTOL-MYERS SQUIBB COMPANY	US MEDICINES	3401 Princeton Pike11	11		Lawrenceville	NJ	08648			
00003	BRISTOL-MYERS SQUIBB COMPANY	US MEDICINES	3401 Princeton Pike11	11		Lawrenceville	NJ	08648			
00003	BRISTOL-MYERS SQUIBB COMPANY	US MEDICINES	3401 Princeton Pike11	11		Lawrenceville	NJ	08648			
00003	BRISTOL-MYERS SQUIBB COMPANY	US MEDICINES	3401 Princeton Pike11	11		Lawrenceville	NJ	08648			
00003	BRISTOL-MYERS SQUIBB COMPANY	US MEDICINES	3401 Princeton Pike11	11		Lawrenceville	NJ	08648			
00004	Genentech USA		1 DNA WAY	Mail Stop 31-5B		SOUTH SAN FRANCISCO	CA	94080	4990		
00004	Genentech USA		1 DNA WAY	Mail Stop 31-5B		SOUTH SAN FRANCISCO	CA	94080	4990		
00005	Pfizer Inc		235 East 42nd Street			New York	NY	10017			
00006	MERCK & CO INC	MERCK SHARP & DOHME CORP.	SUMNEYTOWN PIKE	WP39-239		WEST POINT	PA	19486	0004		
00006	MERCK & CO INC	MERCK SHARP & DOHME CORP.	SUMNEYTOWN PIKE	WP39-239		WEST POINT	PA	19486	0004		
00007	SMITHKLINE BEECHAM CORP		Five Moore Drive,	POB 13398		Research Triangle Park	NC	27709			
00007	SMITHKLINE BEECHAM CORP		Five Moore Drive,	POB 13398		Research Triangle Park	NC	27709			
00007	SMITHKLINE BEECHAM CORP		Five Moore Drive,	POB 13398		Research Triangle Park	NC	27709			
00007	SMITHKLINE BEECHAM CORP		Five Moore Drive,	POB 13398		Research Triangle Park	NC	27709			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			
00008	Pfizer, Inc.	OPA EDIT TEST rg	1201 East 42nd Street	test line 2	Room 502	New York	MH	10017			

Frequently Asked Questions - New CE Daily Report (Excel and JSON Format)

Please access the link below to get more information on the Daily Reports:

"Daily Reports" on page 316

1. **What are the available formats for the Covered Entity Daily Report?**
   The legacy Covered Entity Daily Report will no longer be available starting 3/30/2024. The legacy CE Daily Report has been replaced by the new Covered Entity Daily Report which is available in 2 formats – Microsoft Excel and JSON.

2. **What is the JSON Covered Entity Daily Report?**
   The JSON export includes the same information available in the Covered Entity Daily Report Excel spreadsheet. However, all data is available within the covered entity, including shipping addresses and contract pharmacies. There will always be at least one address per covered entity under shipping addresses as the 340B ID Street Address is reported for each covered entity. Participating and non-participating contract pharmacies, if any, will also be listed in the JSON.

3. **For users who were manually accessing the legacy Covered Entity Daily Report, which report, or format should I use?**
   Users who were accessing the legacy Covered Entity Daily Report manually, please start using the new CE Daily Report in excel format. It contains the same information as the legacy CE

Daily Report, but the covered entity information is displayed in three separate worksheets. See answers to Question 5 for more information.

4. **For users who were downloading the legacy CE Daily Report automatically, which report or format should I use?**
   If you were automatically downloading the legacy CE Daily Report, please update your process to access the new CE Daily Report. You can use either the Microsoft Excel or the JSON format. The JSON format of the CE Daily Report has been added specifically for automated downloads and processing. See answers to question 2 for more information.

5. **What is the difference between the legacy CE Daily Report and the new CE Daily Report?**
   The new version contains the same data that is in the Legacy version but in a much smaller file that is easier to use. The file is smaller because it does not have the duplication of data present in the legacy version. The new CE Daily Report displays the information on covered entities, shipping addresses and contract pharmacies in three separate worksheets instead of a single worksheet. Since each covered entity can have one or more shipping addresses and contract pharmacies, it caused duplication of covered entity records in the legacy version resulting in a huge file size.

6. **Are there other means of acquiring the JSON report from your OPAIS?**
   There is no separate API / webservice for programmatic access by external vendors at this time.

7. **We saw that the clicking the report button is making an http:post request. Will external vendors be able to access that directly?**
   No and yes, Security and other constraints mean that a simple HTTP Post cannot be constructed without getting the page through that sort of process. See the answer for question 8 for how a POST can be generated that will retrieve the report.

8. **We heard there are vendors that use these same reports, may we please know how they access it programmatically?**
   Other external vendors are accessing the JSON report programmatically by using UI automation tools like Selenium to access the page, click on the button and initiate the download. There are many options for those tools, Selenium is just one example of those.

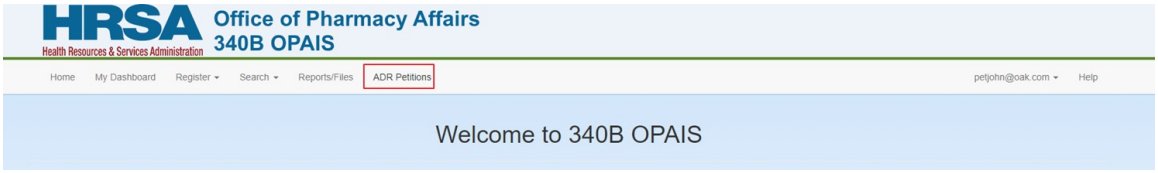
9. **What are the security expectations for using your webpage?**
   The public web page is anonymously accessible. Postbacks and button clicks must be done in the context of a current session and view state. Recorded postback events will not work correctly if played back.

10. **Is there any limitation on how many times the report can be retrieved in a day?**
    Technically, the system does not currently limit the downloads, however, more than once a day has no value because the content of the report is only updated once per day (between midnight

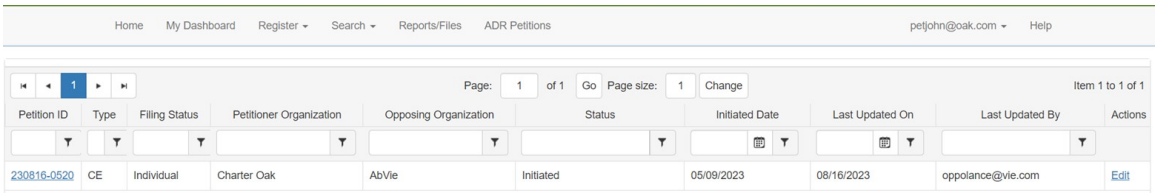
and 2AM ET). Most vendors download it once early in the day or once a week.

ADR PETITIONS

From the top menu, click on the ADR Petitions



The ADR Petitions tab displays one or more ADR Petitions that have you listed as the Petitioner or Opposing contact.



ADR Petitions – Fields

Item	Description
Petition ID	Unique ADR Petition Identifier
Type	Displays the Petition Type – CE or MFR
Filing Status	Displays the Filing Status of the ADR Petition – Individual or Joint
Petitioner Organization	Displays the name of the Petitioner Organization
Opposing Organization	Displays the name of the Opposing Organization
Status	Displays the processing status of the ADR Petition
Initiated Date	Displays the date the ADR Petition was created in OPAIS
Last Updated On	Displays the date of last update
Last Updated By	Displays the user or group (HRSA) who last updated the ADR Petition

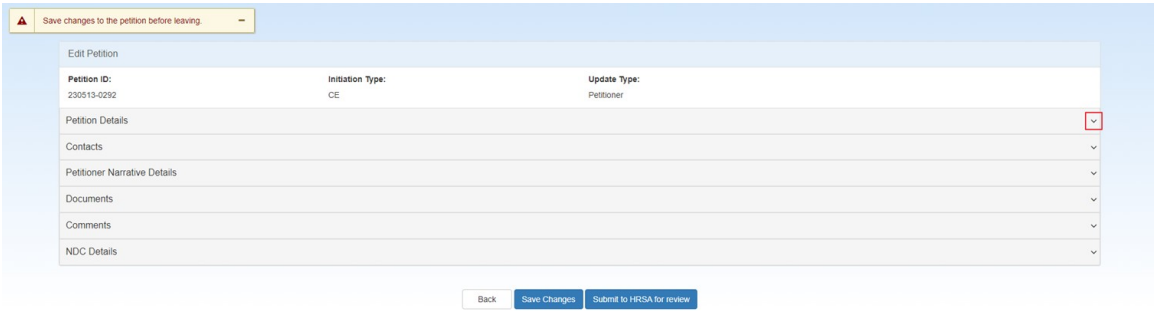
ADR Petitions – Fields (continued)

Item	Description
Actions	Displays the Actions that are available to the user ■ Edit – Click on Edit to edit and save information in the ADR Petition.

Edit CE Petitions

Edit CE Petitions as a Petitioner

Click Edit on an ADR Petition from the list of petitions. The various sections of the Petition are available for edit.

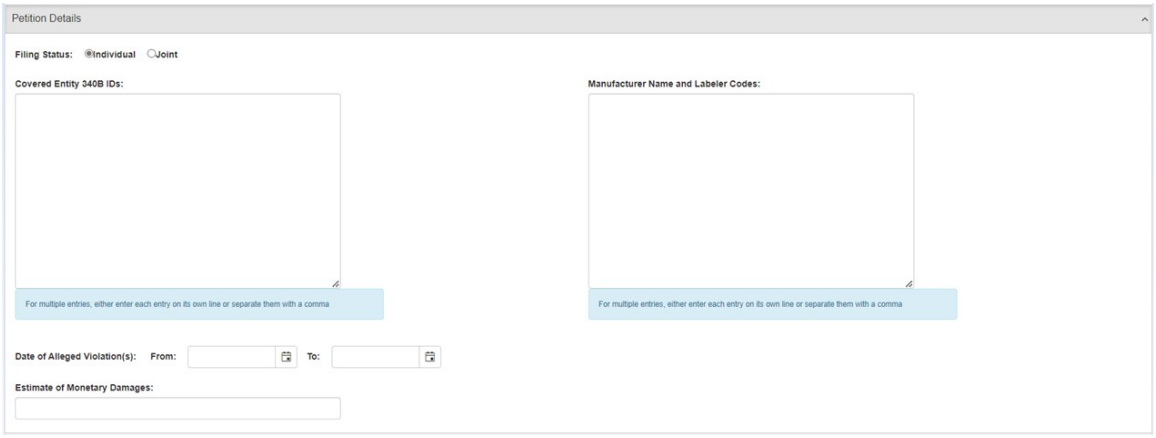


Click on the "arrow" icon on each of the sections to open up the section to edit the section information.

Note: A warning message is displayed at the top left corner informing the user to Save changes to the petition before exiting the petition. Click on "-" to minimize the warning message.

Petition Details

The system displays the fields to enter the petition details.

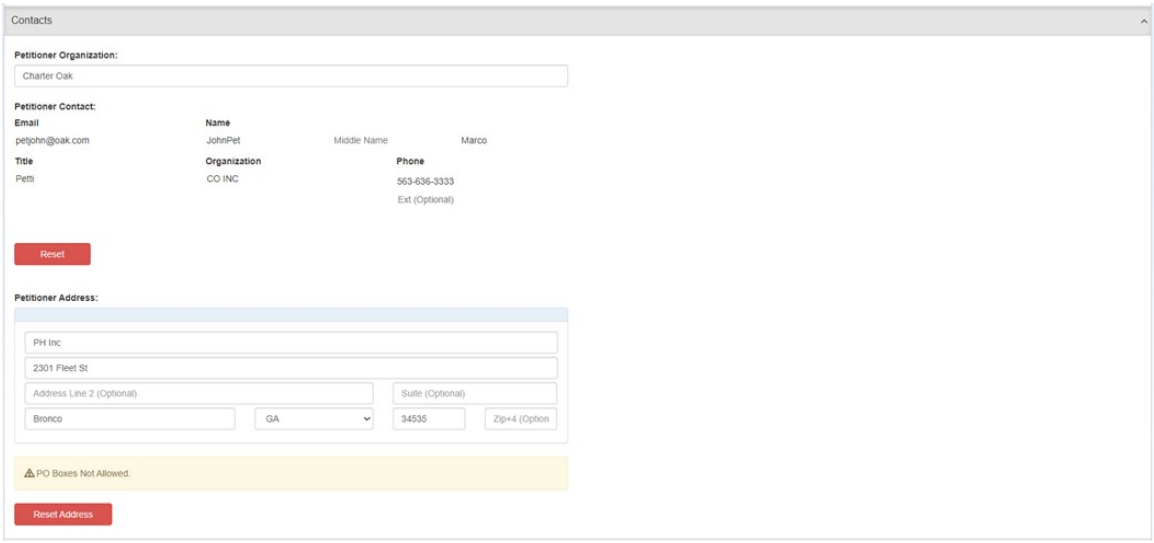


Petition Details section – Fields

Item	Description
Filing Status	Indicate if the Filing Status is “Individual” or “Joint”
Covered Entity 340B IDs	List the 340B ID(s) from the submitted petition
Manufacturer Name and Labeler Codes	List the Labeler Code(s) from the submitted petition
Date of Alleged Violation	Enter the date of alleged violation from the petition
HRSA Summary of the Petition	Type a summary of the issue
Estimate of Monetary Damages	Enter the amount of monetary damages. Only numeric values are allowed.

Contacts

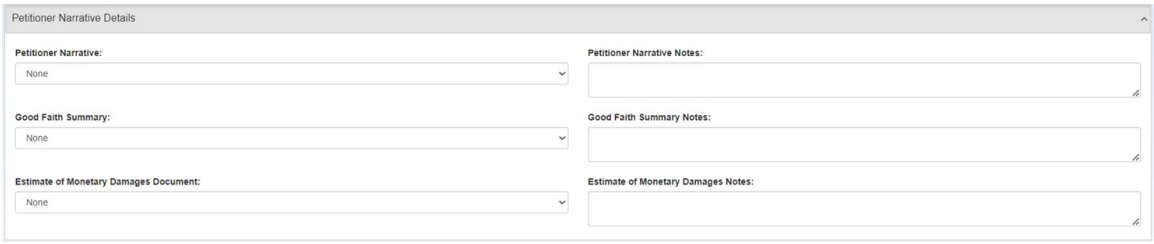
You can view and update the Petitioner organization and contact information in the Contacts section.



For entering a new Petitioner Contact, click Reset and enter the contact email. If it is a new contact then enter the Name, Phone, Title, and Organization of the petitioner.

Petitioner Narrative Details

In this section, you can enter narrative description of the issue and upload relevant documentation, summary of good faith efforts, and information on estimate of monetary damages.



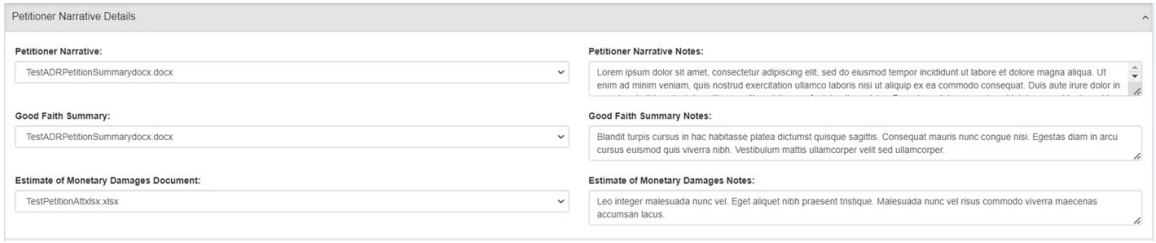
Petitioner Narrative Details section – Fields

Item	Description
Petitioner Narrative	Upload the document containing the Petitioner Narrative
Petitioner Narrative Notes	Add optional comment relevant to the Petitioner Narrative
Good Faith Summary	Upload the document containing the Good Faith Summary

Petitioner Narrative Details section – Fields (continued)

Item	Description
Good Faith Summary Notes	Add optional comment relevant to the Good Faith Summary
Estimate of Monetary Damages Document	Upload the document containing information about the monetary damages
Estimate of Monetary Damages Notes	Add optional comment relevant to the Monetary Damages document

Once you have uploaded a document to any one of the fields, the document will also show up as an attachment for selection under the other two fields. If you have a single document that contains information on all three items, then you can upload the document once and select the uploaded attachment for the other fields.



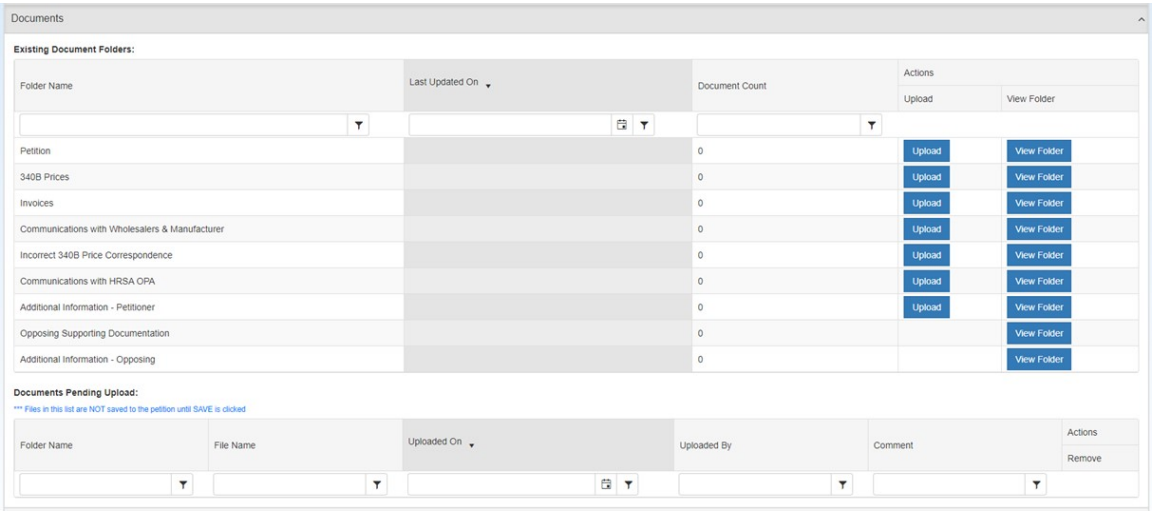
Documents

In this section, you can upload the supporting documents to the ADR petition. Only the following document folders are available to the Petitioner for uploading additional documentation:

- Petition
- Invoices
- Incorrect 340B Correspondence
- 340B Prices
- Communications with Wholesalers & Manufacturers
- Communications with HRSA OPA
- Additional Information – Petitioner

You can only view documents uploaded by the Opposing to the following document folders:

- Opposing Supporting Documentation
- Additional Information – Opposing

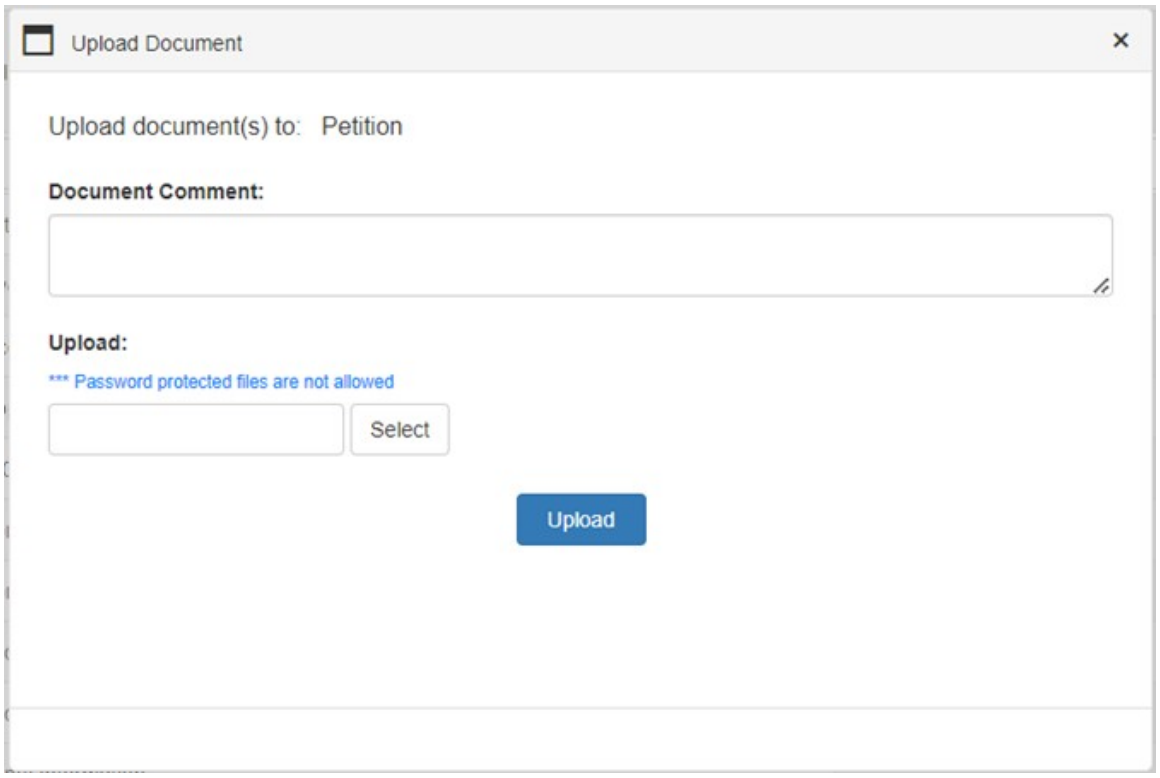


Document section – Fields

Item	Description
Folder Name	Displays the Name of the Folder
Last Updated On	Displays the date when the folder was last updated
Document Count	Displays number of attachments in the folder
Upload	Click on this button to upload a document to the folder. Access to upload documents to each folder depends on the role by which you are editing the petition.
View Folder	Click on this button to view the folder contents

Select the *Upload* button on the appropriate folder to add the relevant attachments. In the upload Document dialog box, select the document(s) to be uploaded. You can add an optional comment.

Note: The maximum file size allowed for upload is 100 MB and the allowed file types are .doc,.docx,.pdf,.csv,.wpd,.ppt,.pptx,.txt,.xls,.xlsx,.jpg,.png,.tif,.msg,.eml,.ics". (Word documents, Excel spreadsheets, PowerPoint presentations, PDF, image files, email messages, etc.)



The selected documents are uploaded temporarily and shown in the Documents Pending Upload section. You can select the *Remove* button, if you need to remove the uploaded file before saving the petition.

After reviewing the uploaded document information, click on Save at the bottom of the page to save the information updated in the Petition. The document count on the appropriate folder will be updated to reflect the uploaded documents.

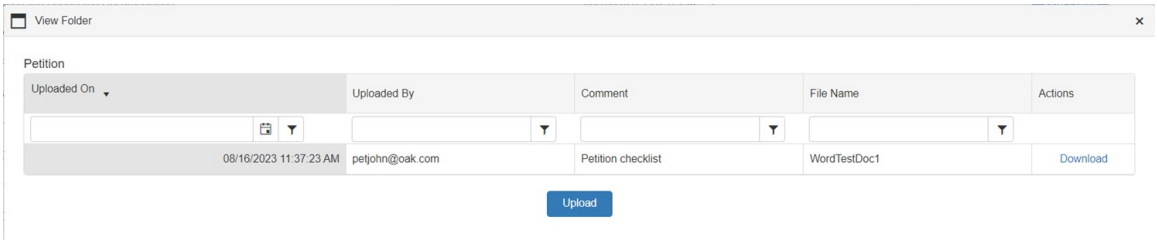
You can select View Folder to view the individual documents in a folder.

View Folder – Fields

Item	Description
Uploaded On	Displays the date when the document was uploaded. The documents are sorted in descending order by this field.

View Folder – Fields (continued)

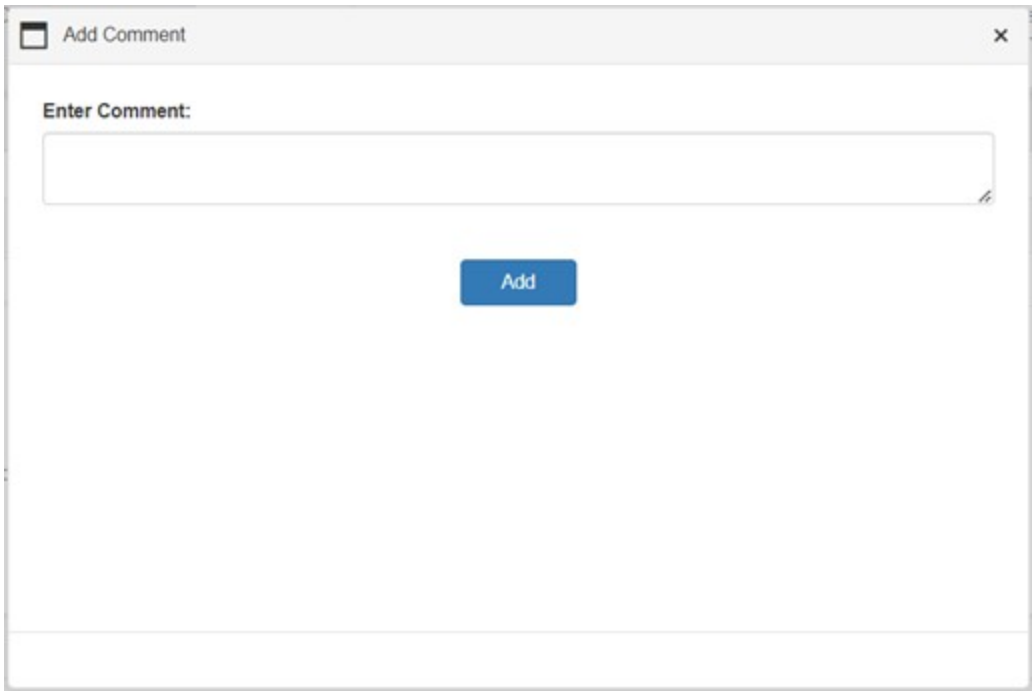
Item	Description
Uploaded By	Displays the user or the user on whose behalf the document was uploaded
Comment	Displays an optional comment that was added when the document was uploaded
Document Name	Displays the name of the document
Actions	The Download action will allow you to download the document



Comments

You can add comments to the Petition using the *Add Comment* function from the Comments section.

Enter the text you want to add as Comment and Click on Add.



The text gets saved to the Petition as a Comment. You will be able to Remove or Edit the comment before you click on the petition Save button.

Comments section – Fields

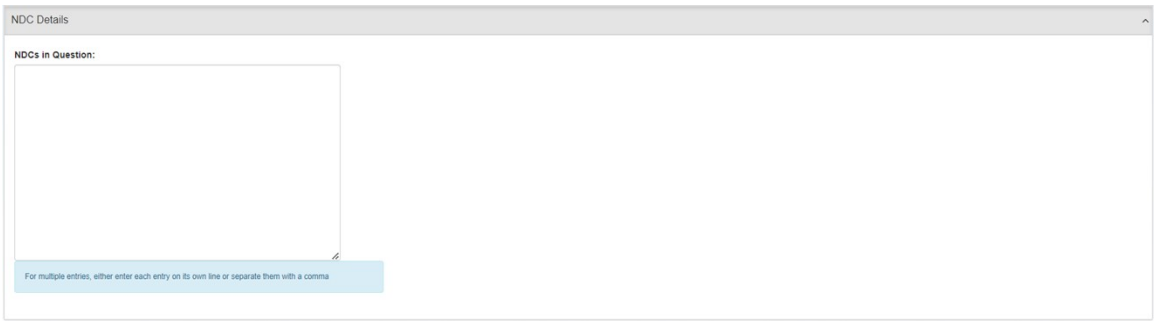
Item	Description
Created On	Displays the date when the document was uploaded. The documents are sorted in descending order by this field.
Uploaded By	Displays the user or the user on whose behalf the document was uploaded
Comment	Displays an optional comment that was added when the document was uploaded
Document Name	Displays the name of the document

Comments section – Fields (continued)

Item	Description
Remove	Click on **Remove** to delete the comment. Remove is not available after saving the comment.
Edit	Click on **Edit** to edit the comment. Edit is not available after saving the comment.

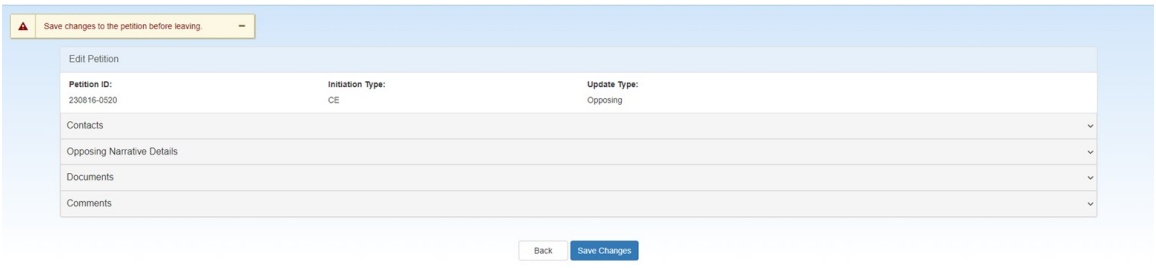
NDC Details

In the NDC Details section, you can enter the NDCs in question which belong to the labeler codes specified in the petition. You can enter one or more NDCs separated by commas or each one on a new line. The system validates if the entered NDC is not in the correct format; specifically, NDCs should be entered as 11 digits with no hyphens that includes leading zeros, e.g., 00777310502.



Edit CE Petitions as Opposing

Click Edit on the ADR Petition on which you are working. The various sections of the Petition are available for edit.

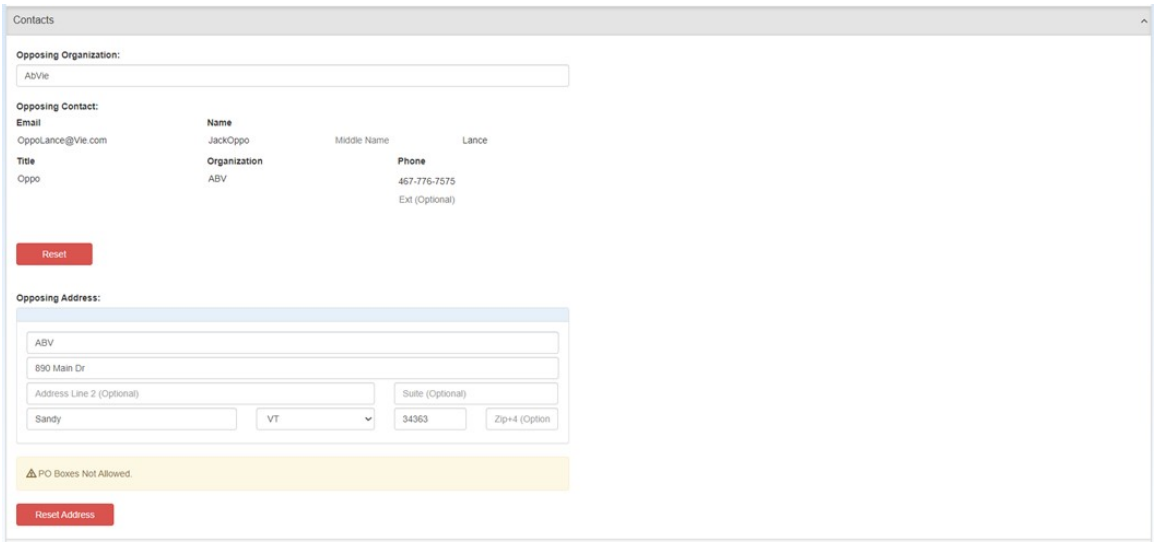


Click on the “arrow” icon on each of the sections to open up the section to edit the section information.

Note: A warning message is displayed at the top left corner informing the user to Save changes to the petition before exiting the petition. Click on "-" to minimize the warning message.

Contacts

You can view and update the Opposing organization and contact information in the Contacts section.



For entering a new Opposing Contact, click Reset and enter the contact email. If it is a new contact then enter the Name, Phone, Title, and Organization of the Opposing.

Opposing Narrative Details

In this section, you can upload the response to the petition from the Opposing and optional comment relevant to the document containing the Opposing response.

Opposing Narrative Details section – Fields

Item	Description
Petition Response	Upload the document containing the opposing party response to the petition
Petition Response Notes	Enter optional comment relevant to the petition response

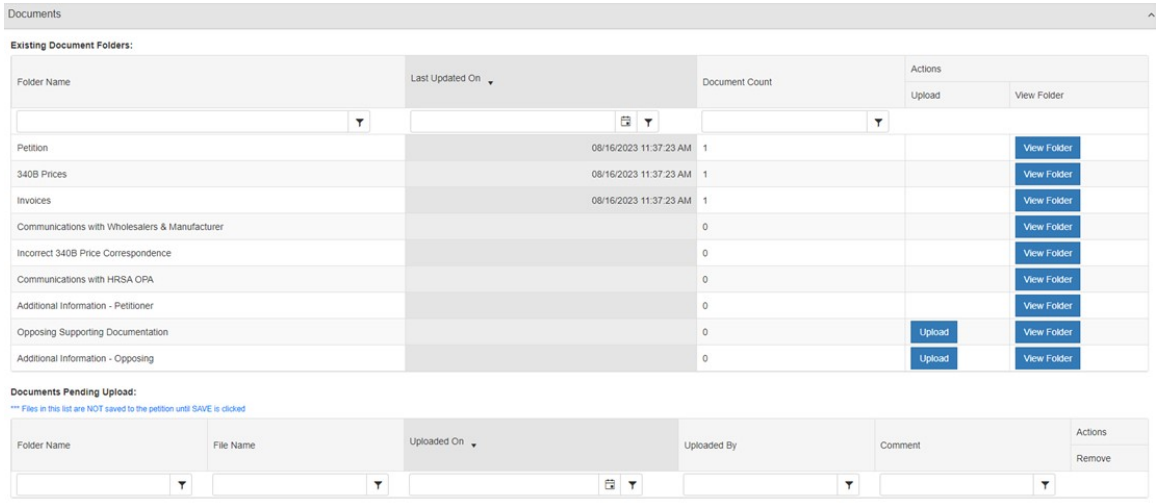
Documents

In this section, you can upload the documents supporting the response to the ADR petition. Only the following document folders are available to the Opposing for uploading additional documentation:

- Opposing Supporting Documentation
- Additional Information – Opposing

You can only view documents uploaded by the Petitioner to the following document folders:

- Petition
- Invoices
- Incorrect 340B Correspondence
- 340B Prices
- Communications with Wholesalers & Manufacturers
- Communications with HRSA OPA
- Additional Information – Petitioner



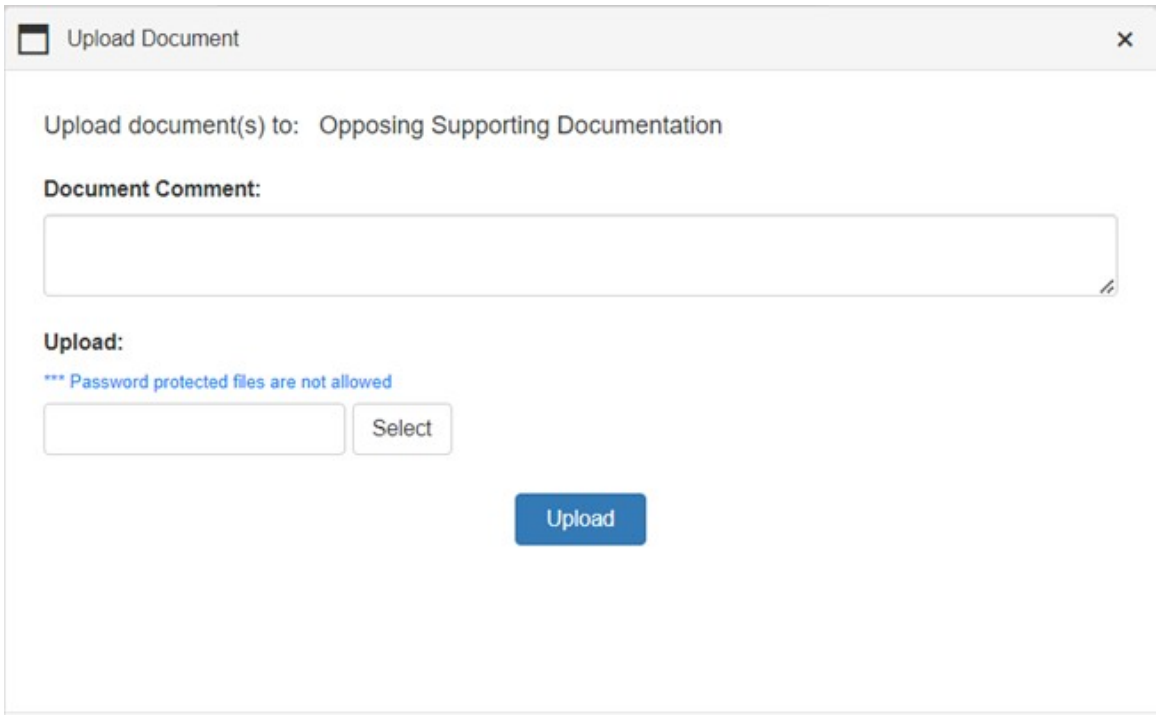
The documents section shows the following information:

Document section – Fields

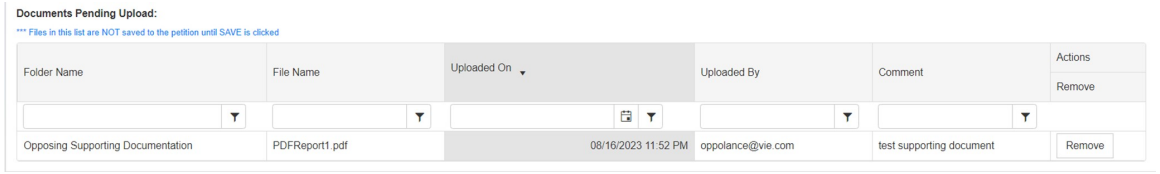
Item	Description
Folder Name	Displays the Name of the Folder
Last Updated On	Displays the date when the folder was last updated
Document Count	Displays number of attachments in the folder
Upload	Click on this button to upload a document to the folder. Access to upload documents to each folder depends on the role by which you are editing the petition.
View Folder	Click on this button to view the folder contents

Select the Upload button on the appropriate folder to add the relevant attachments. In the upload Document dialog box, select the document(s) to be uploaded. You can add an optional comment.

Note: The maximum file size allowed for upload is 100 MB and the allowed file types are .doc,.docx,.pdf,.csv,.wpd,.ppt,.pptx,.txt,.xls,.xlsx,.jpg,.png,.tif,.msg,.eml,.ics". (Word documents, Excel spreadsheets, PowerPoint presentations, PDF, image files, email messages, etc.)



The selected documents are uploaded temporarily and shown in the Documents Pending Upload section. You can select the *Remove* button, if you need to remove the uploaded file before saving the petition.



After reviewing the uploaded document information, click on Save at the bottom of the page to save the information updated in the Petition. The document count on the appropriate folder will be updated to reflect the uploaded documents.

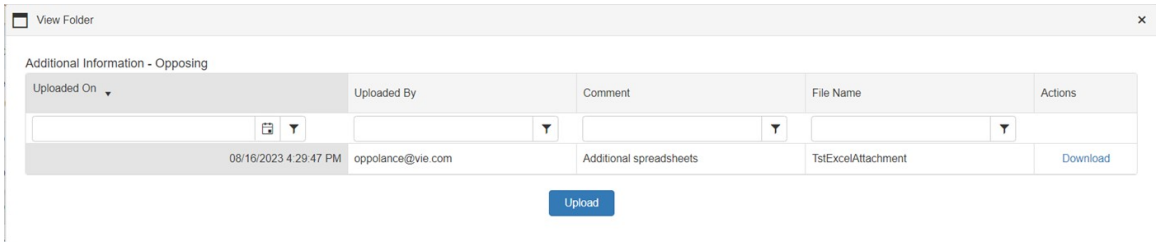
You can select View Folder to view the individual documents in a folder. The following table shows the fields displayed on View Folder section.

View Folder – Fields

Item	Description
Uploaded On	Displays the date when the document was uploaded. The documents are sorted in descending order by this field.
Uploaded By	Displays the user or the user on whose behalf the document was uploaded

View Folder – Fields (continued)

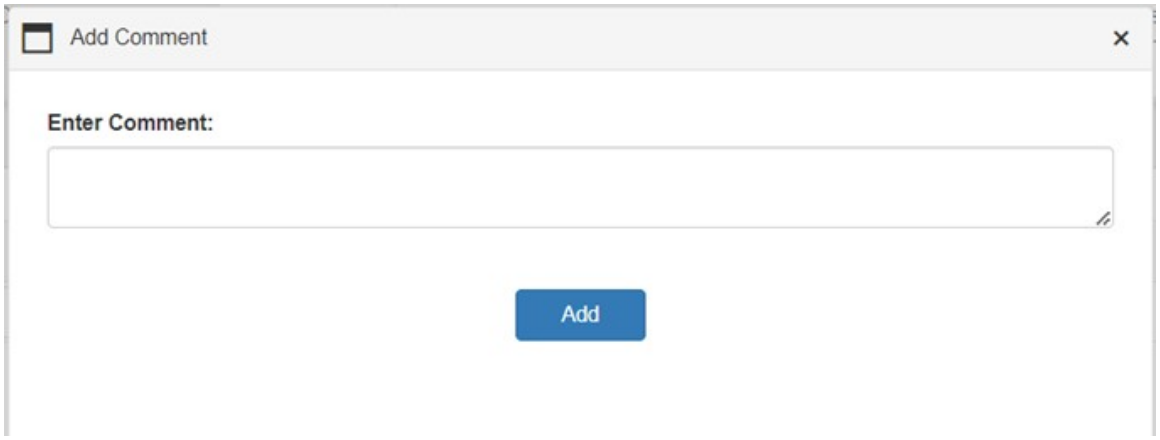
Item	Description
Comment	Displays an optional comment that was added when the document was uploaded
Document Name	Displays the name of the document
Actions	The Download action will allow you to download the document



Comments

You can add comments to the Petition using the *Add Comment* function from the Comments section.

Enter the text you want to add as Comment and Click on Add.



The text gets saved to the Petition as a Comment. You will be able to Remove or Edit the comment before you click on the petition Save button.

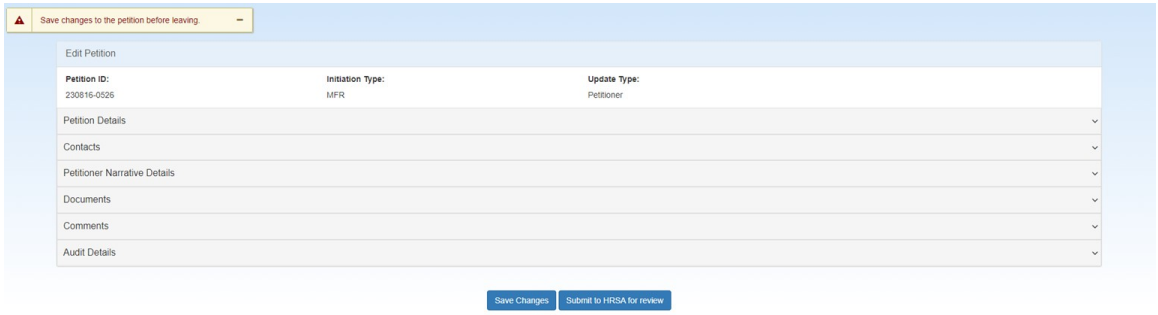
Comments section – Fields

Item	Description
Created On	Displays the date when the document was uploaded. The documents are sorted in descending order by this field.
Uploaded By	Displays the user or the user on whose behalf the document was uploaded
Comment	Displays an optional comment that was added when the document was uploaded
Document Name	Displays the name of the document
Remove	Click on **Remove** to delete the comment. Remove is not available after saving the comment.
Edit	Click on **Edit** to edit the comment. Edit is not available after saving the comment.

Edit MFR Petitions

Edit MFR Petitions as a Petitioner

Click Edit on the ADR Petition on which you are working. The various sections of the Petition are available for edit.

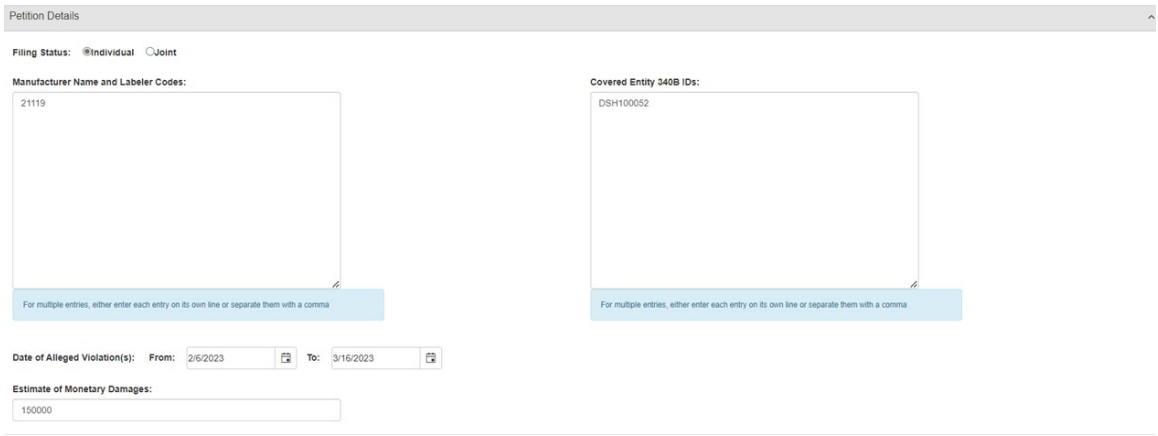


Click on the "arrow" icon on each of the sections to open up the section to edit the section information.

Note: A warning message is displayed at the top left corner informing the user to Save changes to the petition before exiting the petition. Click on "-" to minimize the warning message.

Petition Details

The system displays the fields to enter the petition details.



MFR Petition Details section – Fields

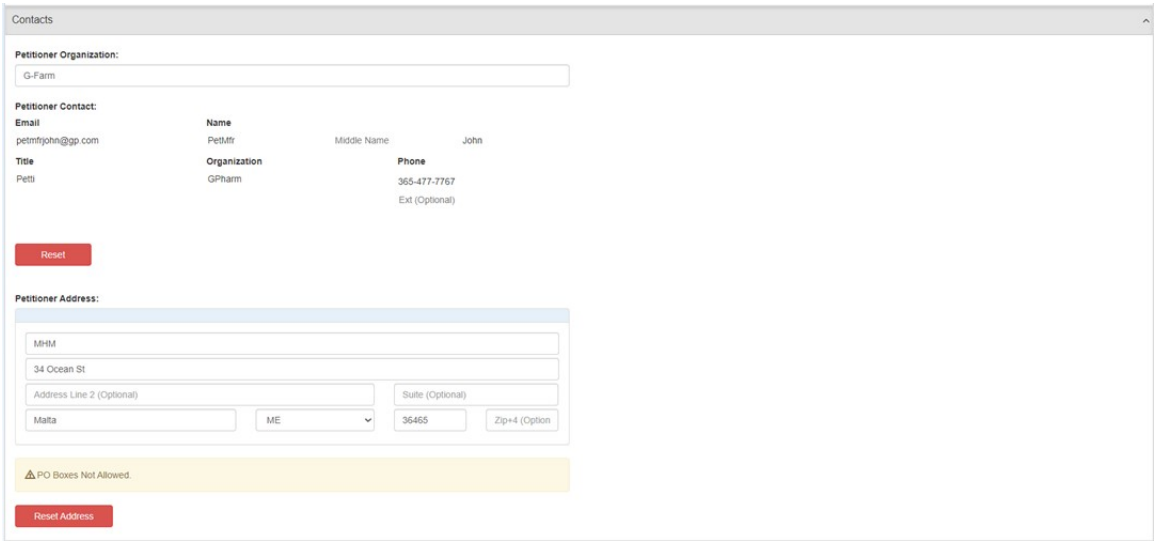
Item	Description
Initiated Date	Enter the date the petitioner submitted the petition.
Filing Status	Indicate if the Filing Status is "Individual" or "Joint"
Manufacturer Name and Labeler Codes	List the Labeler Code(s) from the submitted petition

MFR Petition Details section – Fields (continued)

Item	Description
Covered Entity 340B IDs	List the 340B ID(s) from the submitted petition
Date of Alleged Violation	Enter the date of alleged violation from the petition
HRSA Summary of the Petition	Type a summary of the issue
Estimate of Monetary Damages	Enter the amount of monetary damages. Only numeric values are allowed.

Contacts

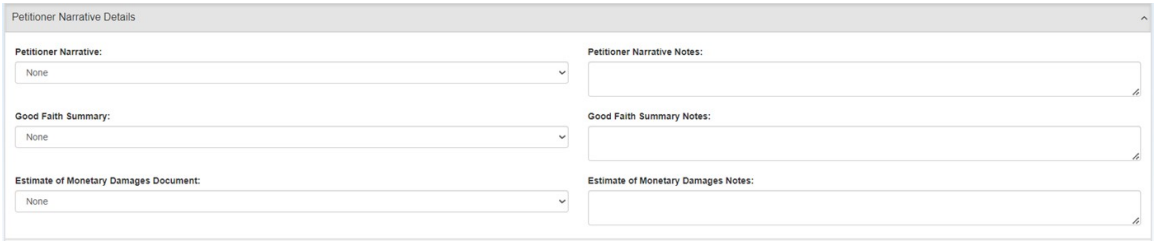
You can view and update the Petitioner organization and contact information in the Contacts section.



For entering a new Petitioner Contact, click Reset and enter the contact email. If it is a new contact then enter the Name, Phone, Title, and Organization of the petitioner.

Petitioner Narrative Details

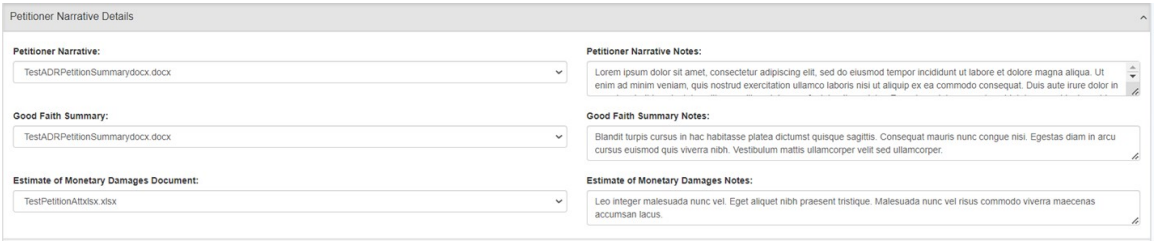
In this section, you can enter narrative description of the issue and upload relevant documentation, summary of good faith efforts and information on estimate of monetary damages.



Petitioner Narrative Details section – Fields

Item	Description
Petitioner Narrative	Upload the document containing the Petitioner Narrative
Petitioner Narrative Notes	Add optional comment relevant to the Petitioner Narrative
Good Faith Summary	Upload the document containing the Good Faith Summary
Good Faith Summary Notes	Add optional comment relevant to the Good Faith Summary
Estimate of Monetary Damages Document	Upload the document containing information about the monetary damages
Estimate of Monetary Damages Notes	Add optional comment relevant to the Monetary Damages document

Once you have uploaded a document to any one of the fields, the document will also show up as an attachment for selection under the other two fields. If you have a single document that contains information on all three items, then you can upload the document once and select the uploaded attachment for the other fields.



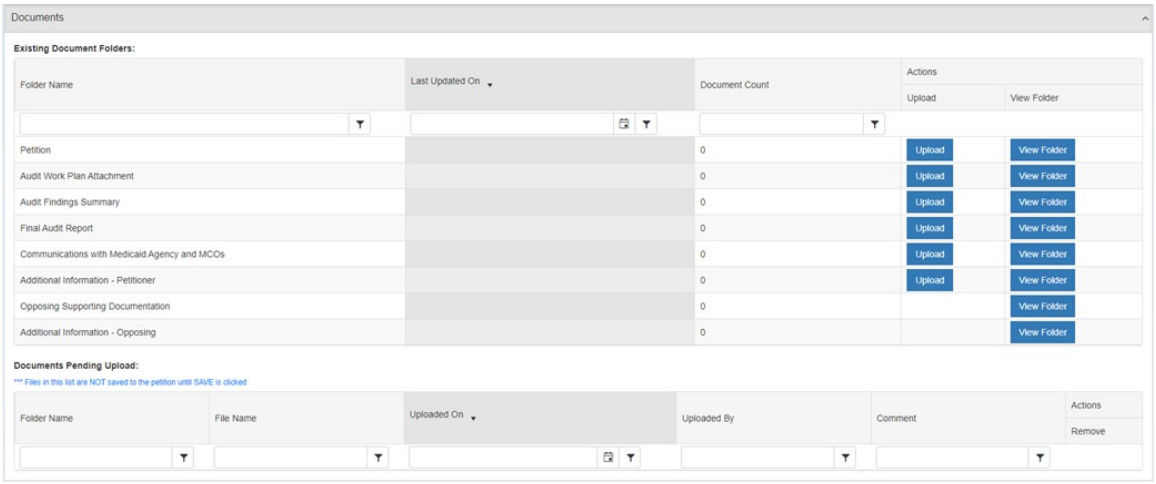
Documents

In this section, you can upload the supporting documents to the ADR petition. Only the following document folders are available to the Petitioner for uploading additional documentation:

- Petition
- Audit Work Plan Attachment
- Audit Findings Summary
- Final Audit Report
- Communications with Medicaid Agency and MCOs
- Additional Information – Petitioner

You can only view documents uploaded by the Opposing to the following document folders:

- Opposing Supporting Documentation
- Additional Information – Opposing



The documents section shows the following information:

MFR Document section – Fields

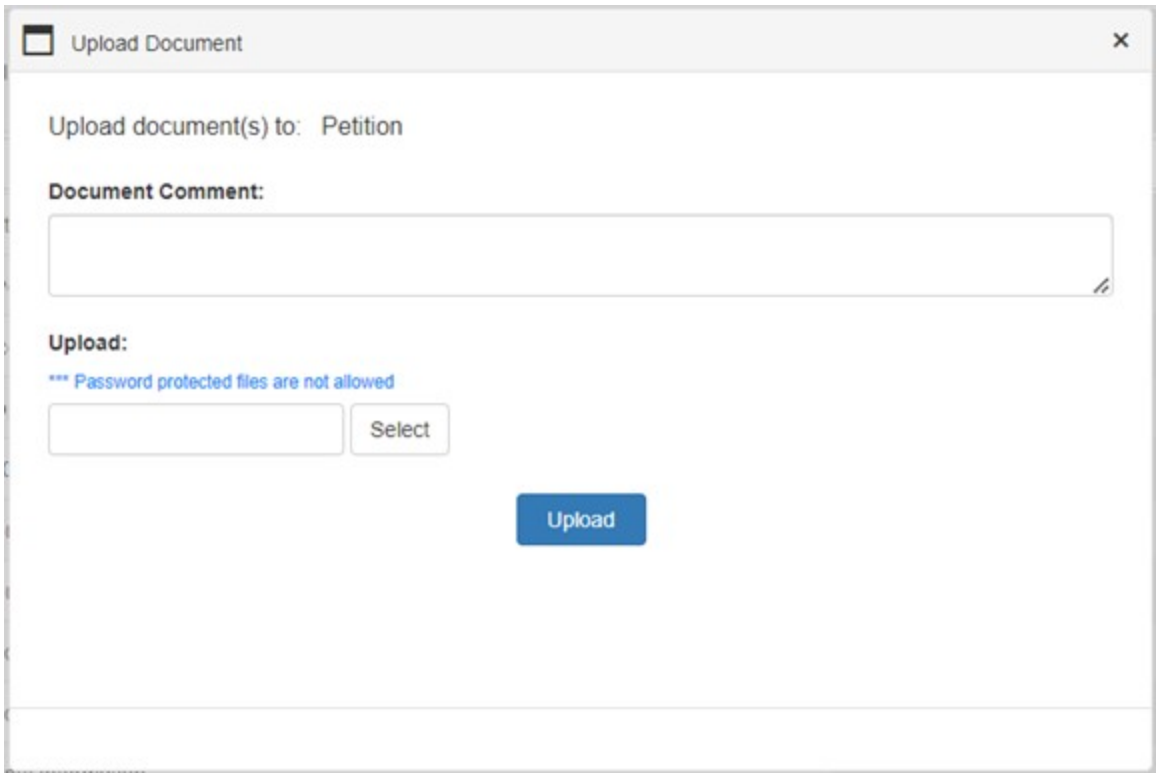
Item	Description
Folder Name	Displays the Name of the Folder
Last Updated On	Displays the date when the folder was last updated

MFR Document section – Fields (continued)

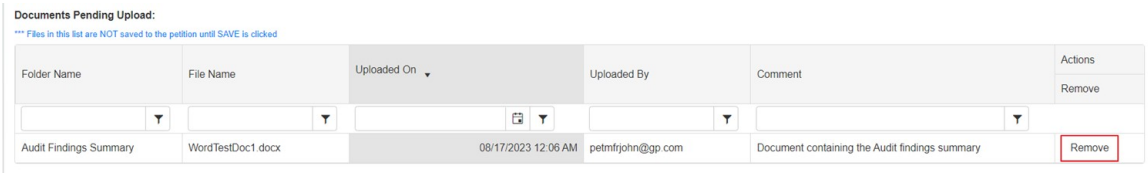
Item	Description
Document Count	Displays number of attachments in the folder
Upload	Click on this button to upload a document to the folder. Access to upload documents to each folder depends on the role by which you are editing the petition.
View Folder	Click on this button to view the folder contents

Select the *Upload* button on the appropriate folder to add the relevant attachments. In the upload Document dialog box, select the document(s) to be uploaded. You can add an optional comment.

Note: The maximum file size allowed for upload is 100 MB and the allowed file types are .doc,.docx,.pdf,.csv,.wpd,.ppt,.pptx,.txt,.xls,.xlsx,.jpg,.png,.tif,.msg,.eml,.ics". (Word documents, Excel spreadsheets, PowerPoint presentations, PDF, image files, email messages, etc.)



The selected documents are uploaded temporarily and shown in the Documents Pending Upload section. You can select the Remove button, if you need to remove the uploaded file before saving the petition.

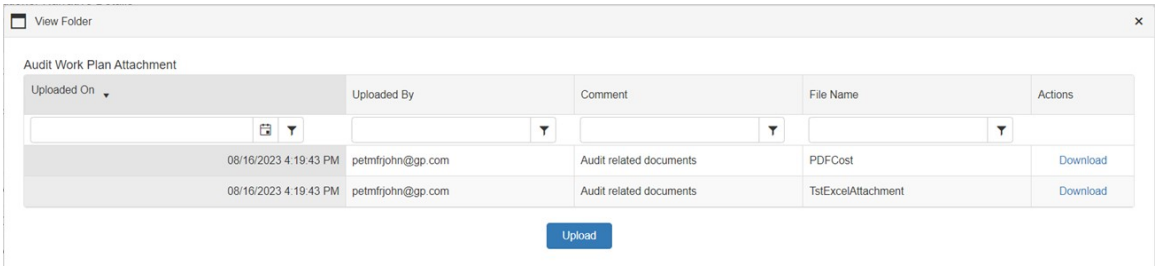


After reviewing the uploaded document information, click on Save at the bottom of the page to save the information updated in the Petition. The document count on the appropriate folder will be updated to reflect the uploaded documents.

You can select View Folder to view the individual documents in a folder.

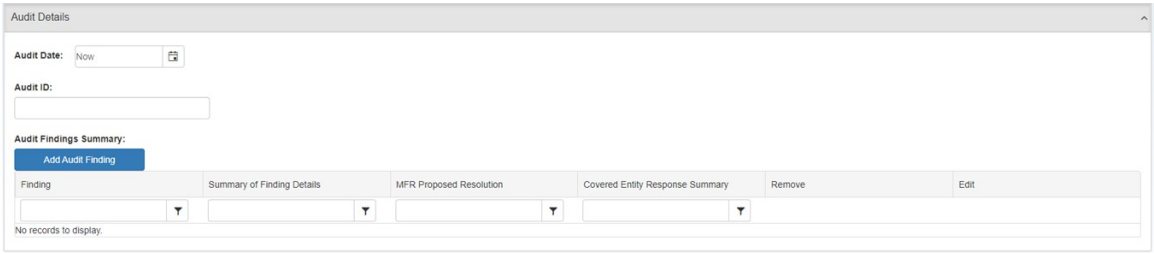
MFR View Folder section – Fields

Item	Description
Uploaded On	Displays the date when the document was uploaded. The documents are sorted in descending order by this field.
Uploaded By	Displays the user or the user on whose behalf the document was uploaded
Comment	Displays an optional comment that was added when the document was uploaded
Document Name	Displays the name of the document
Actions	The Download action will allow you to download the document

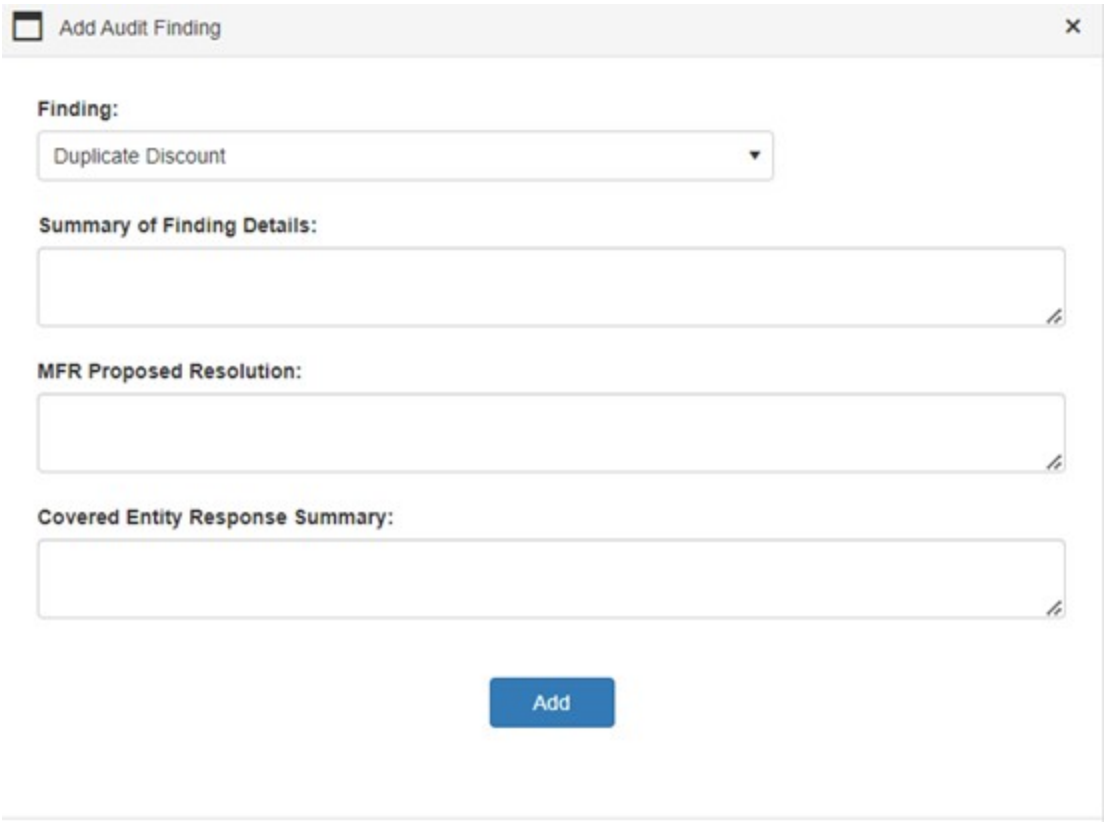


Audit Details

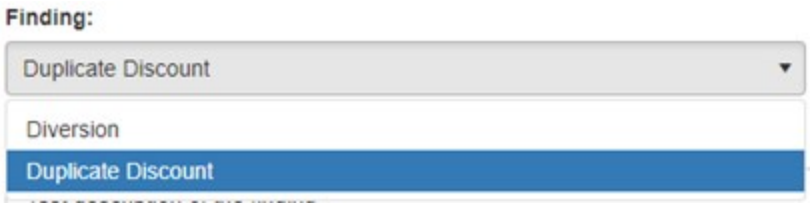
In the Audit Details section, enter the Audit Date and the Audit ID of the Manufacturer Audit that should have been conducted on the Opposing entity.



Click on *Add Audit Finding* to select the finding and enter the other details about the audit finding such as Summary of Finding Details, MFR Proposed Solution and Covered Entity Response Summary.

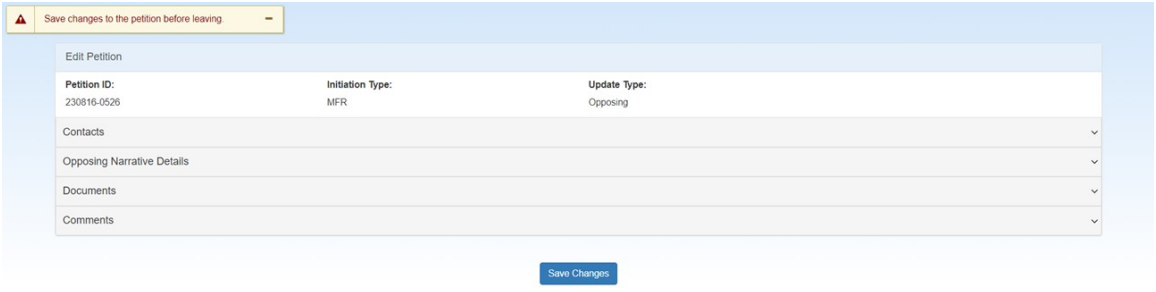


Audit Details section – Fields

Item	Description
Audit Date	Enter the audit date
Audit ID	Enter the Audit ID for the Manufacturer Audit from Compliance
Finding	Select from "Diversion" or "Duplicate Discount" 
Summary of Finding Details	Enter the summary of the finding details
MFR Proposed Solution	Enter the MFR Proposed Solution
Covered Entity Response	Enter the Covered Entity Response
Remove	Click *Remove* to delete the finding
Edit	Click *Edit* to update the finding details

Edit MFR Petitions as Opposing

If you are the Opposing contact, Click *Edit* on the ADR Petition on which you are working. The various sections of the Petition are available for edit.

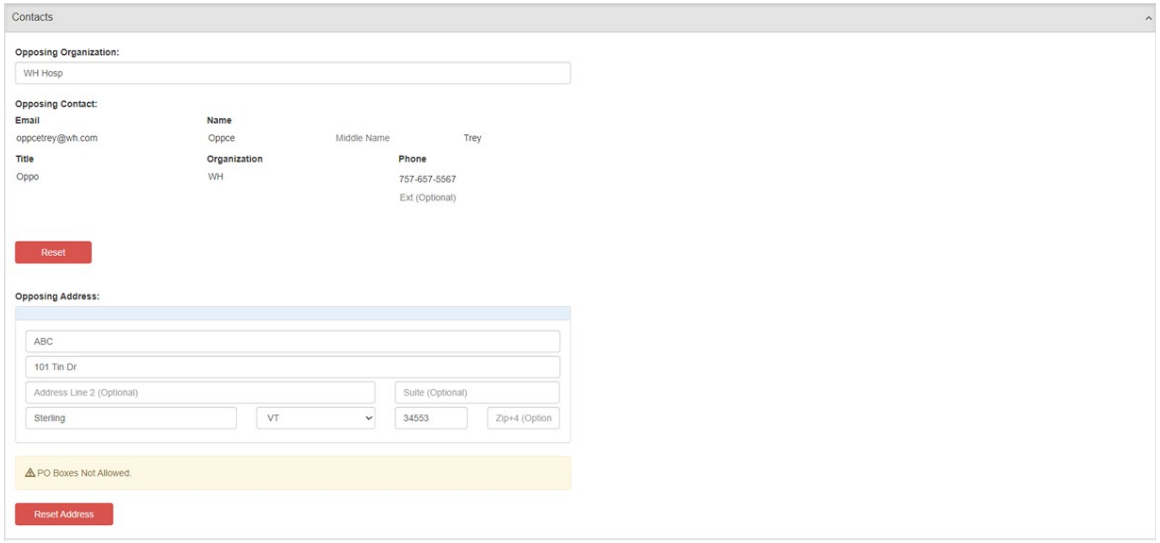


Click on the “arrow” icon on each of the sections to open up the section to edit the section information.

Note: A warning message is displayed at the top left corner informing the user to Save changes to the petition before exiting the petition. Click on “-“ to minimize the warning message.

Contacts

You can view and update the Opposing organization and contact information in the Contacts section.



For entering a new Opposing Contact, click Reset and enter the contact email. If it is a new contact then enter the Name, Phone, Title, and Organization of the Opposing.

Opposing Narrative Details

In this section, you can upload the response to the petition from the Opposing and optional comment relevant to the document containing the Opposing response.

Opposing Narrative Details section – Fields

Item	Description
Petition Response	Upload the document containing the opposing party response to the petition
Petition Response Notes	Enter optional comment relevant to the petition response

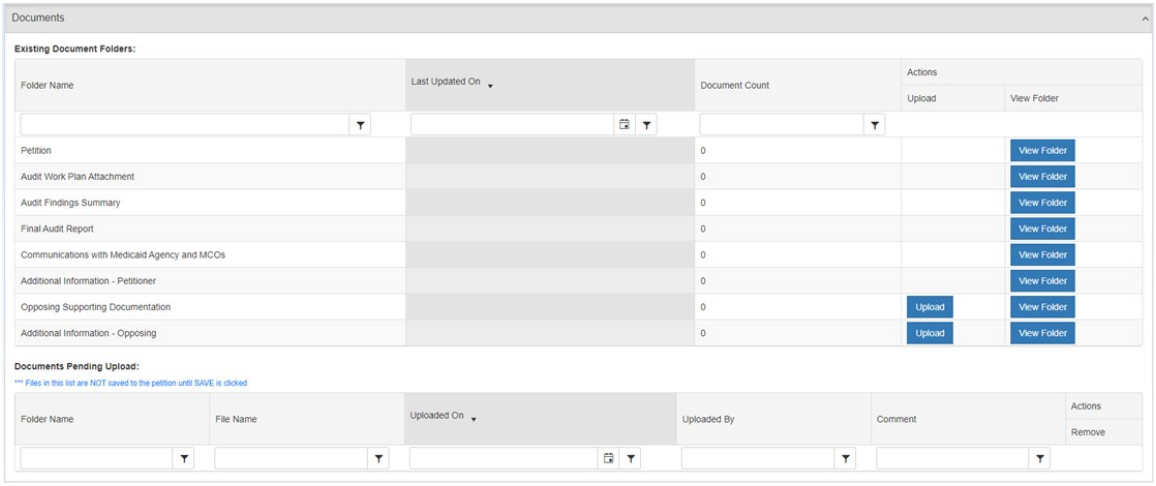
Documents

In this section, you can upload the documents supporting the response to the ADR petition. Only the following document folders are available to the Opposing for uploading additional documentation:

- Opposing Supporting Documentation
- Additional Information – Opposing

You can only view documents uploaded by the Petitioner to the following document folders:

- Petition
- Audit Work Plan Attachment
- Audit Findings Summary
- Final Audit Report
- Communications with Medicaid Agency and MCOs
- Additional Information – Petitioner



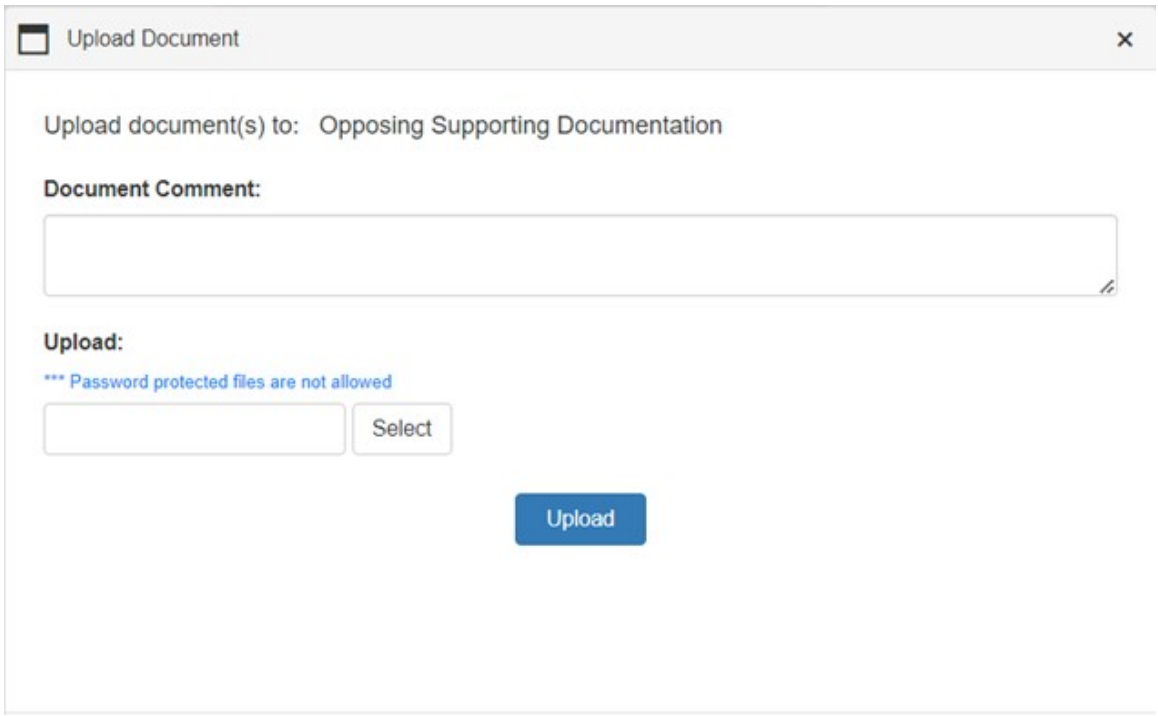
The documents section shows the following information:

Document section – Fields

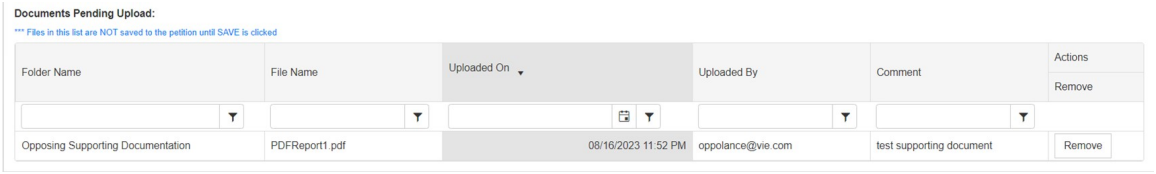
Item	Description
Folder Name	Displays the Name of the Folder
Last Updated On	Displays the date when the folder was last updated
Document Count	Displays number of attachments in the folder
Upload	Click on this button to upload a document to the folder. Access to upload documents to each folder depends on the role by which you are editing the petition.
View Folder	Click on this button to view the folder contents

Select the *Upload* button on the appropriate folder to add the relevant attachments. In the upload Document dialog box, select the document(s) to be uploaded. You can add an optional comment.

Note: The maximum file size allowed for upload is 100 MB and the allowed file types are .doc,.docx,.pdf,.csv,.wpd,.ppt,.pptx,.txt,.xls,.xlsx,.jpg,.png,.tif,.msg,.eml,.ics". (Word documents, Excel spreadsheets, PowerPoint presentations, PDF, image files, email messages, etc.)



The selected documents are uploaded temporarily and shown in the Documents Pending Upload section. You can select the *Remove* button if you need to remove the uploaded file before saving the petition.



After reviewing the uploaded document information, click on Save at the bottom of the page to save the information updated in the Petition. The document count on the appropriate folder will be updated to reflect the uploaded documents.

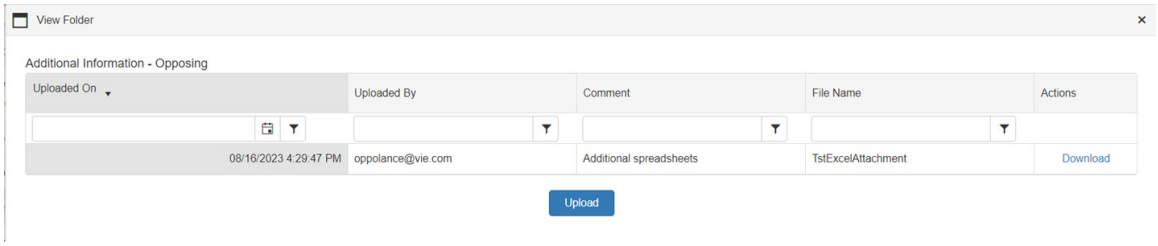
You can select View Folder to view the individual documents in a folder.

View Folder section – Fields

Item	Description
Uploaded On	Displays the date when the document was uploaded. The documents are sorted in descending order by this field.
Uploaded By	Displays the user or the user on whose behalf the document was uploaded

View Folder section – Fields (continued)

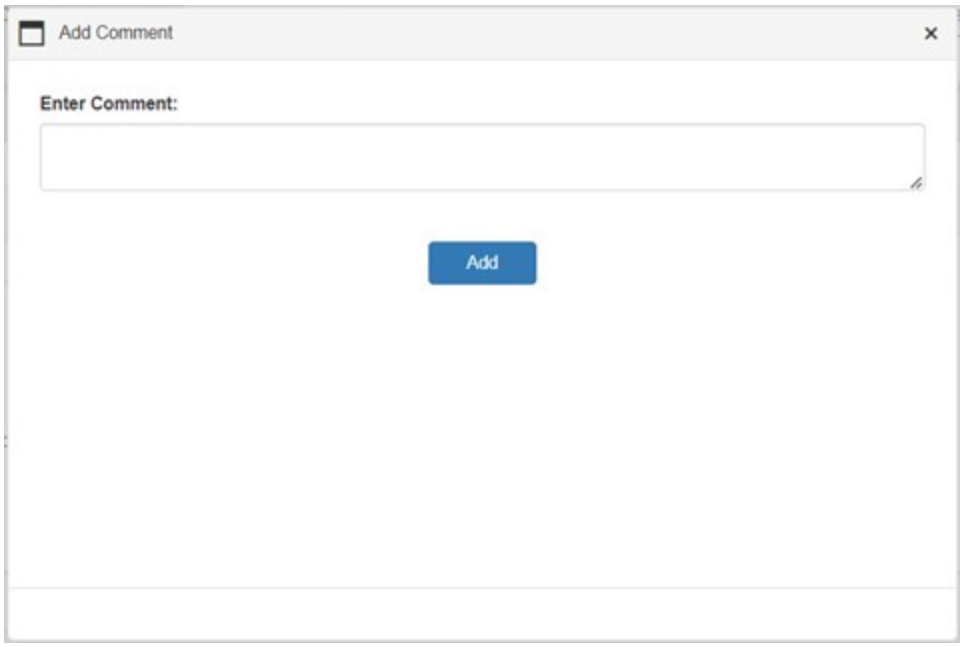
Item	Description
Comment	Displays an optional comment that was added when the document was uploaded
Document Name	Displays the name of the document
Actions	The Download action will allow you to download the document



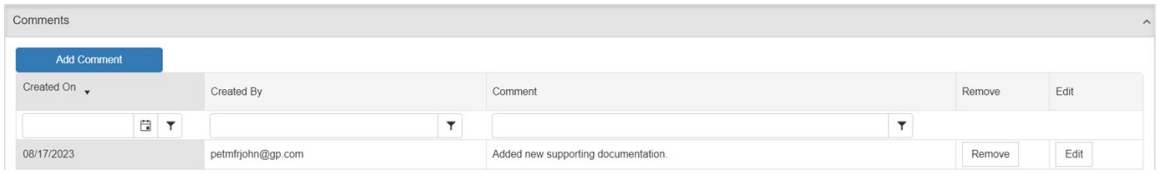
Comments

You can add comments to the Petition using the *Add Comment* function from the Comments section.

Enter the text you want to add as Comment and Click on Add.



The text gets saved to the Petition as a Comment. You will be able to Remove or Edit the comment before you click on the petition Save button.



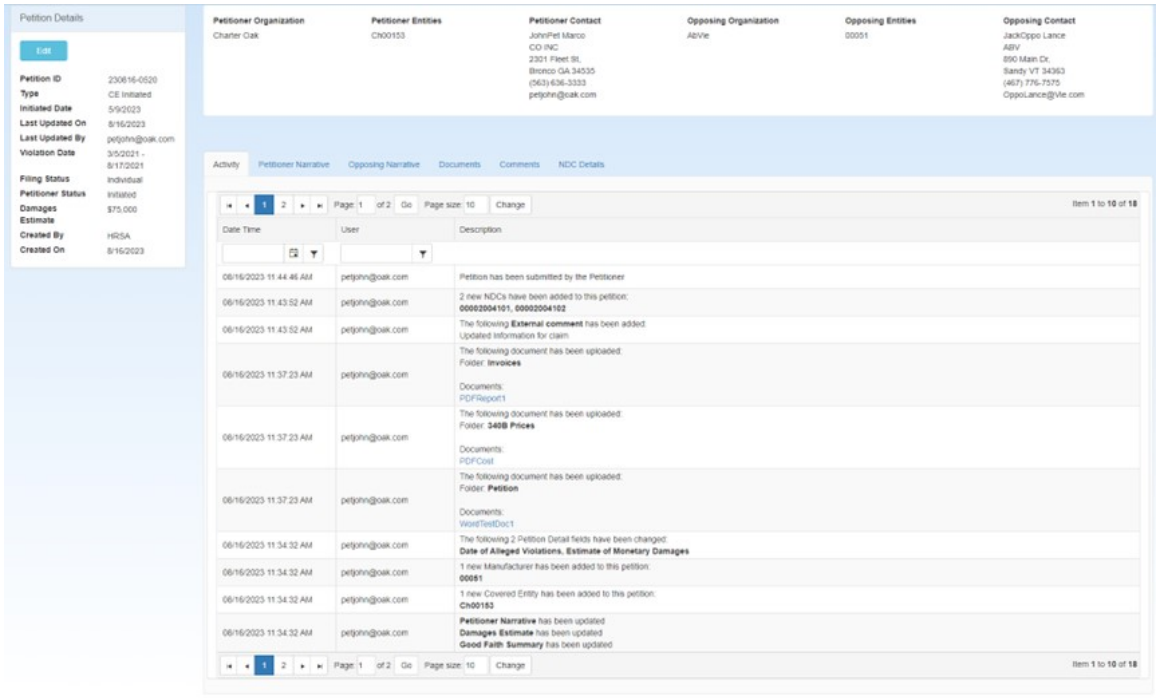
Comments section – Fields

Item	Description
Created On	Displays the date when the document was uploaded. The documents are sorted in descending order by this field.
Uploaded By	Displays the user or the user on whose behalf the document was uploaded
Comment	Displays an optional comment that was added when the document was uploaded
Document Name	Displays the name of the document
Actions	The Download action will allow you to download the document

Petition Detail View

Clicking a petition ID from ADR Petitions page displays the petition details including:

- Petition information such as Petition Type, Initiated Date, Violation Date, Filing Status, Damages, Petitioner or Opposing Status.
- Petitioner Information such as Petitioner Contact, Petitioner Entities and Petitioner Address
- Opposing information such as Opposing Contact, Opposing Entities and Opposing Address.



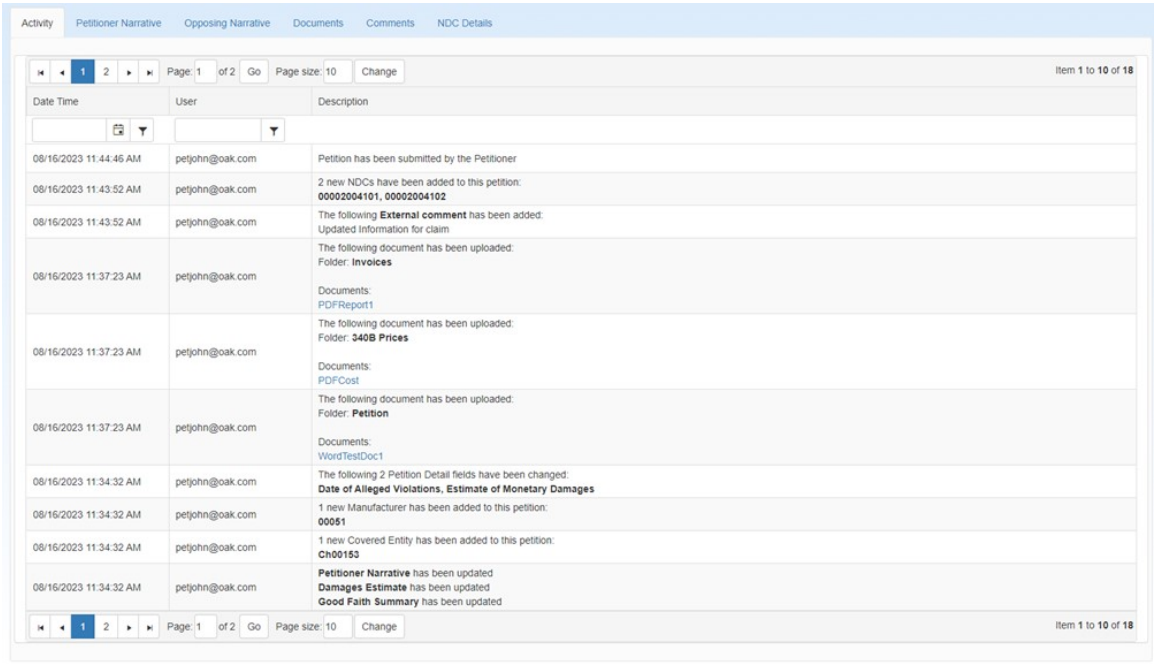
The Petition detail shows section with additional information. These are arranged in separate tabs as follows:

Activity

The **Activity** tab contains a table that provides a chronological record of activities that occurred on the Petition. The activities are ordered in descending order.

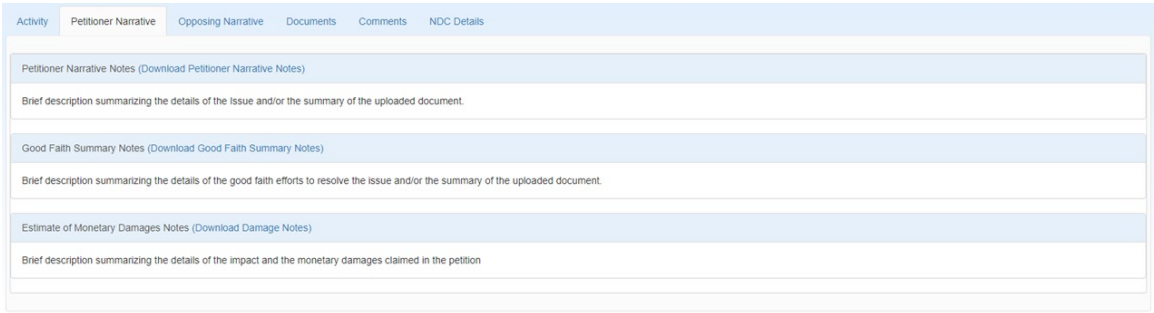
Activity section – Fields

Item	Description
Date Time	Indicates the date and time when the activity occurred
User	Displays the user who performed the activity
Description	Displays a description of the activity. The activity can be adding or updating petition details, uploading attachments, sending email notifications to any of the parties related to the petition, adding, or updating contacts, updating any of the Statuses, adding comments, and adding or updating decision details.



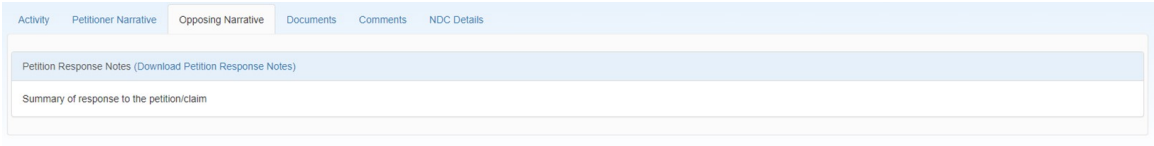
Petitioner Narrative

The Petitioner Narrative section displays the documents uploaded to the petition under Petitioner Narrative, Good Faith Summary and Monetary Damages.



Opposing Narrative

The Opposing Narrative tab displays the response attached to the petition from the Opposing Party along with any notes or comments.

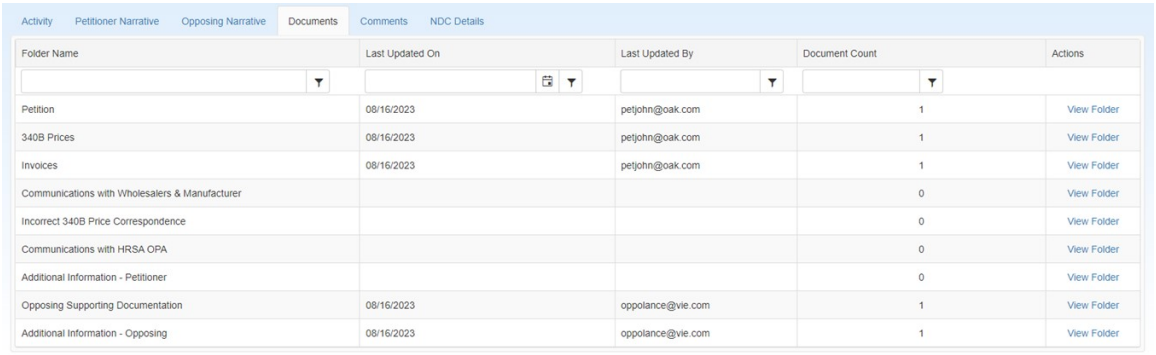


Documents

The Documents tab displays the document folders with the petition supporting documents.

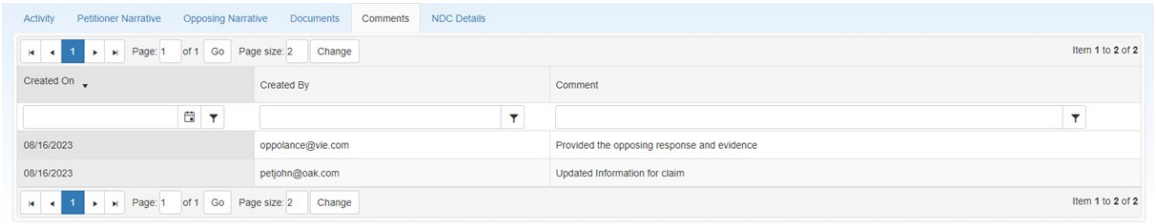
Document section – Fields

Item	Description
Folder Name	Petition Document folder name
Last Updated On	Date when an attachment was last uploaded in the folder
Last Updated By	Email address of the user who last uploaded to the folder
Document Count	Number of individual documents in the folder
Actions	View Folder – displays the individual documents in the folder



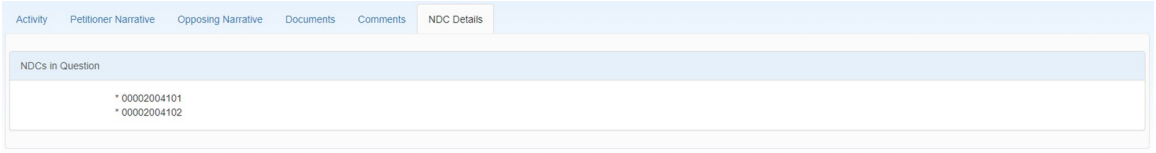
Comments

The comments tab contains a table that provides a chronological record of comments attached to the petition.



NDC Details

The NDC Details tab shows the NDCs in question that have been specified in the petition.



MFR Petition Detail

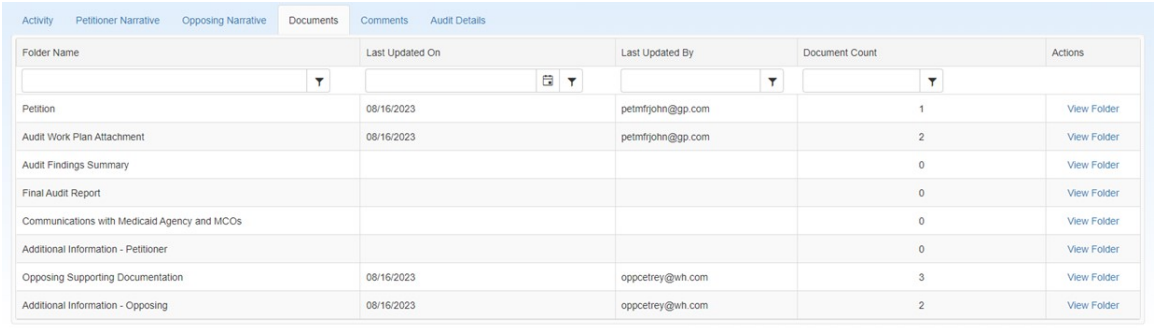
The MFR Petition differs from CE Petition in the Documents section and contains the Audit Details instead of NDC Details section.

MFR Petition – Documents

The Documents tab displays the document folders that contain the supporting documents submitted in the petition.

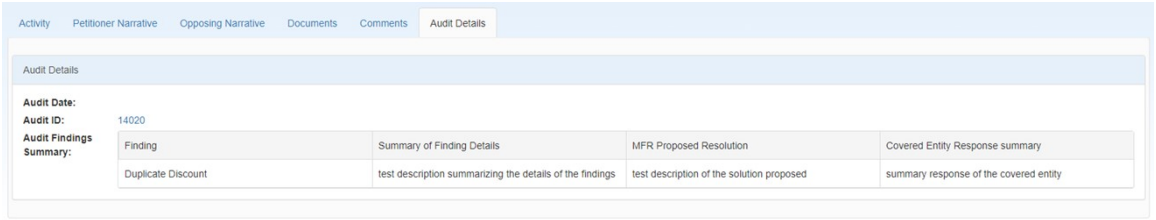
Document section – Fields

Item	Description
Folder Name	Petition Document folder name
Last Updated On	Date when an attachment was last uploaded in the folder
Last Updated By	Email address of the user who last uploaded to the folder
Document Count	Number of individual documents in the folder
Actions	View Folder – displays the individual documents in the folder



MFR Petition – Audit Detail

The Audit Details section displays the Audit Date and Audit ID of the Manufacturer Audit conducted on the Covered Entity.



EMAIL NOTIFICATIONS

For participating covered entities, the 340B OPAIS sends email notifications related to user accounts, as well as registrations, change requests, terminations, recertification, and contract pharmacy registrations, changes, and terminations.

Tip: To ensure that you receive 340B OPAIS email notifications, update your email program's spam filter to allow the "no-reply" email from HRSA's .gov email.

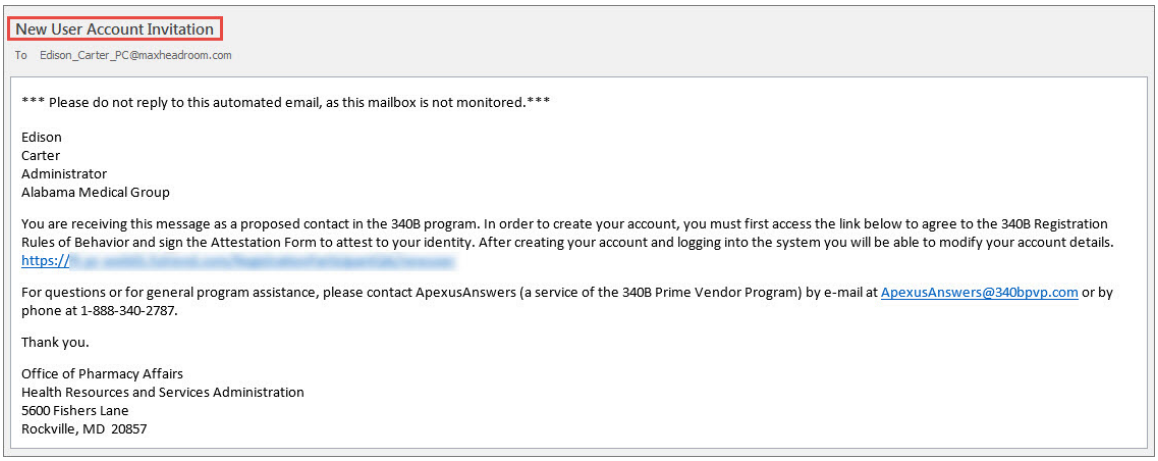
Account Management

New Account Invitation

AO or PC email address is specified for user who does not have a 340B account.

Recipient: **User**

Email Subject: **New User Account Invitation**


New User Account Invitation

To Edison_Carter_PC@maxheadroom.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Edison
Carter
Administrator
Alabama Medical Group

You are receiving this message as a proposed contact in the 340B program. In order to create your account, you must first access the link below to agree to the 340B Registration Rules of Behavior and sign the Attestation Form to attest to your identity. After creating your account and logging into the system you will be able to modify your account details.
https://

For questions or for general program assistance, please contact ApexusAnswers (a service of the 340B Prime Vendor Program) by e-mail at ApexusAnswers@340bpvp.com or by phone at 1-888-340-2787.

Thank you.

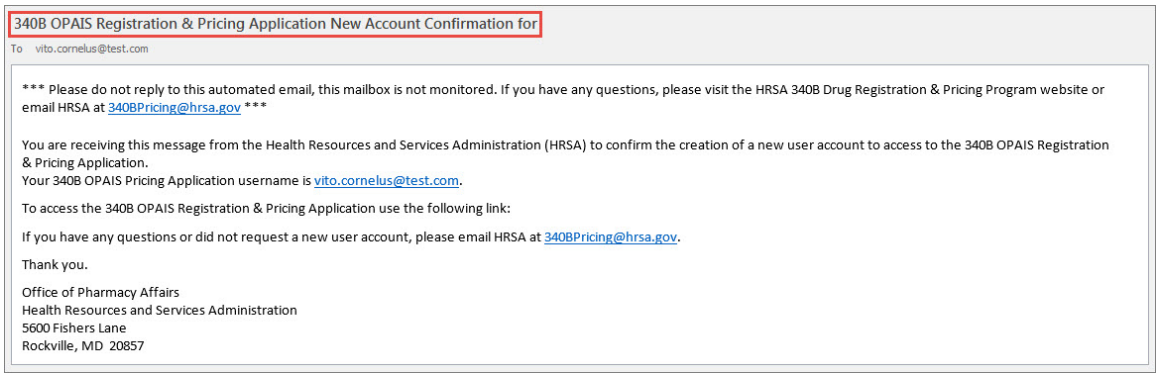
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

New Account Confirmation

Confirm new account creation.

Recipient: **User**

Email Subject: **New Account Confirmation**



340B OPAIS Registration & Pricing Application New Account Confirmation for

To vito.cornelus@test.com

*** Please do not reply to this automated email, this mailbox is not monitored. If you have any questions, please visit the HRSA 340B Drug Registration & Pricing Program website or email HRSA at 340BPricing@hrsa.gov ***

You are receiving this message from the Health Resources and Services Administration (HRSA) to confirm the creation of a new user account to access to the 340B OPAIS Registration & Pricing Application.
Your 340B OPAIS Pricing Application username is vito.cornelus@test.com.

To access the 340B OPAIS Registration & Pricing Application use the following link:

If you have any questions or did not request a new user account, please email HRSA at 340BPricing@hrsa.gov.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

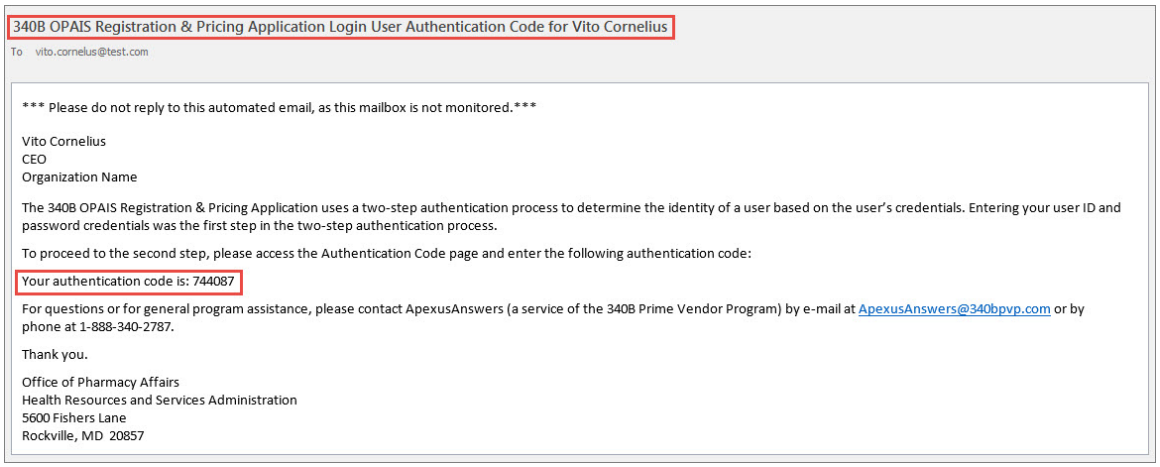
Login User Authentication Code

User logs in using their user name and password.

- User must enter authentication code to complete the login.

Recipient: **User**

Email Subject: **Login User Authentication Code**



340B OPAIS Registration & Pricing Application Login User Authentication Code for Vito Cornelius

To vito.cornelus@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Vito Cornelius
CEO
Organization Name

The 340B OPAIS Registration & Pricing Application uses a two-step authentication process to determine the identity of a user based on the user's credentials. Entering your user ID and password credentials was the first step in the two-step authentication process.

To proceed to the second step, please access the Authentication Code page and enter the following authentication code:

Your authentication code is: 744087

For questions or for general program assistance, please contact ApexusAnswers (a service of the 340B Prime Vendor Program) by e-mail at ApexusAnswers@340bpvp.com or by phone at 1-888-340-2787.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

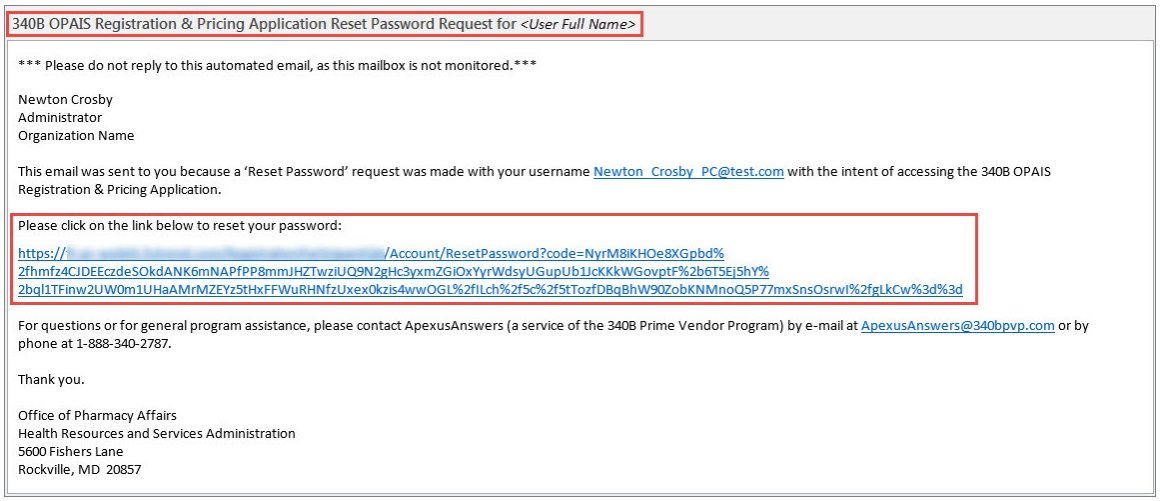
Note: User must enter authentication code to complete the login.

Password Reset Request

Sent by system to provide link to reset password.

Recipient: **User**

Email Subject: **Reset Password Request**



340B OPAIS Registration & Pricing Application Reset Password Request for *<User Full Name>*

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Newton Crosby
Administrator
Organization Name

This email was sent to you because a 'Reset Password' request was made with your username Newton_Crosby_PC@test.com with the intent of accessing the 340B OPAIS Registration & Pricing Application.

Please click on the link below to reset your password:

https://[redacted]/Account/ResetPassword?code=NyrM8iKHOe8XGpbd%2fhmfz4CJDEEczdeSOkdANK6mNAPfPP8mmJHZTwziUQ9N2gHc3yxmZGiOxYyrWdsyUGupUb1JcKKkWGovptF%2b6T5Ej5hY%2bqI1TFinw2UW0m1UHaAMrMZEYz5tHxFFWuRHNfzUxex0kzis4wwOGL%2fILch%2f5c%2f5tTozfDBqBhW90ZobKNMnoQ5P77mxSnsOsrwI%2fgLkCw%3d%3d

For questions or for general program assistance, please contact ApexusAnswers (a service of the 340B Prime Vendor Program) by e-mail at ApexusAnswers@340bpvp.com or by phone at 1-888-340-2787.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Password Change Notification

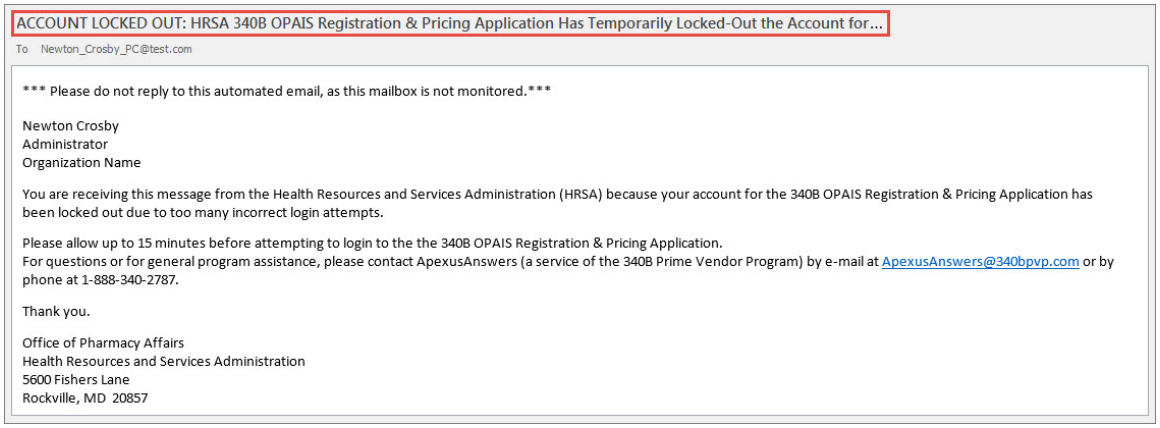
Sent whenever user account password is changed (either expiration or user-requested change).

Account Lockout Notification

Number of consecutive invalid login attempts exceeded.

Recipient: **User**

Email Subject: **ACCOUNT LOCKED OUT**



ACCOUNT LOCKED OUT: HRSA 340B OPAIS Registration & Pricing Application Has Temporarily Locked-Out the Account for...

To Newton_Crosby_PC@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Newton Crosby
Administrator
Organization Name

You are receiving this message from the Health Resources and Services Administration (HRSA) because your account for the 340B OPAIS Registration & Pricing Application has been locked out due to too many incorrect login attempts.

Please allow up to 15 minutes before attempting to login to the the 340B OPAIS Registration & Pricing Application.
For questions or for general program assistance, please contact ApexusAnswers (a service of the 340B Prime Vendor Program) by e-mail at ApexusAnswers@340bpvp.com or by phone at 1-888-340-2787.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

User Profile Updated

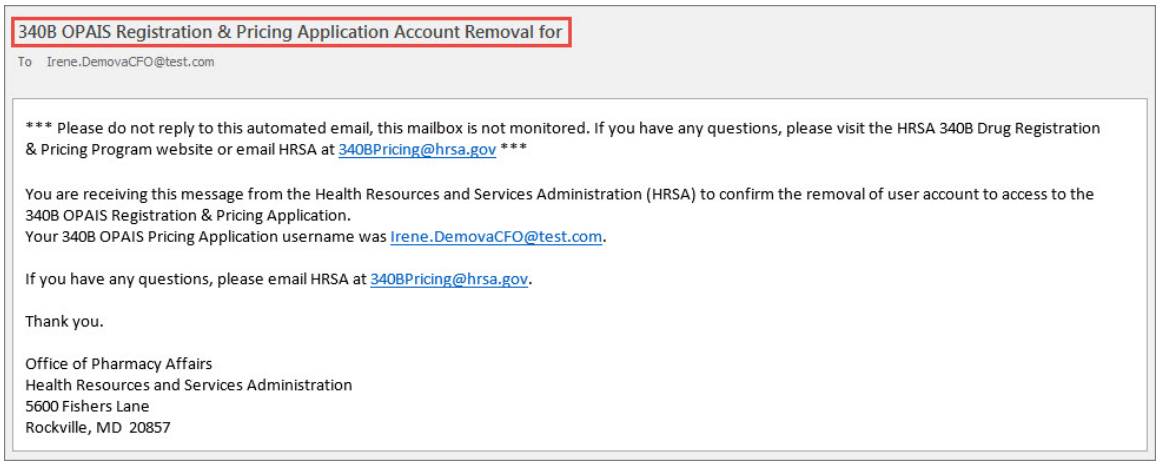
Sent whenever user profile is updated (name, phone number, title).

Account Removal

OPA deletes user account.

Recipient: **User**

Email Subject: **Account Removal**


340B OPAIS Registration & Pricing Application Account Removal for

To Irene.DemovaCFO@test.com

*** Please do not reply to this automated email, this mailbox is not monitored. If you have any questions, please visit the HRSA 340B Drug Registration & Pricing Program website or email HRSA at 340BPricing@hrsa.gov ***

You are receiving this message from the Health Resources and Services Administration (HRSA) to confirm the removal of user account to access to the 340B OPAIS Registration & Pricing Application.
Your 340B OPAIS Pricing Application username was Irene.DemovaCFO@test.com.

If you have any questions, please email HRSA at 340BPricing@hrsa.gov.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

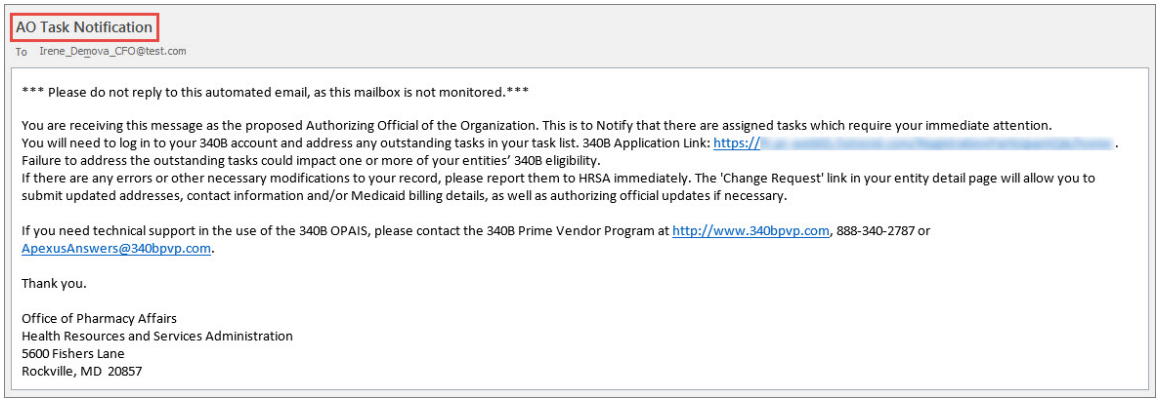
Task Notifications

AO and PC Pending Task

Sent when a task is created for an AO and no other tasks are in their task list or when the AO has more than one pending task and has not logged in for the past 24 hours.

Recipient: **AO**

Email Subject: **AO Task Notification**


AO Task Notification

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

You are receiving this message as the proposed Authorizing Official of the Organization. This is to Notify that there are assigned tasks which require your immediate attention.
You will need to log in to your 340B account and address any outstanding tasks in your task list. 340B Application Link: https://[redacted].
Failure to address the outstanding tasks could impact one or more of your entities' 340B eligibility.
If there are any errors or other necessary modifications to your record, please report them to HRSA immediately. The 'Change Request' link in your entity detail page will allow you to submit updated addresses, contact information and/or Medicaid billing details, as well as authorizing official updates if necessary.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

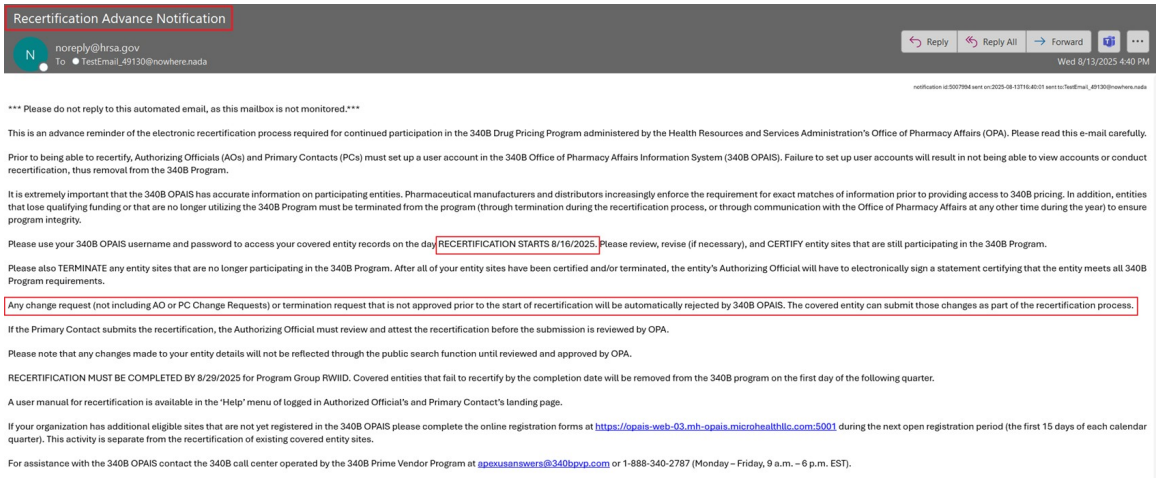
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Advance Notification for CE Recertification

Recertification initiative is created and is not canceled before advance notification date.

Recipient: **AO & PC**

Email Subject: **Recertification Advance Notification**



Recertification Advance Notification

noreply@hrsa.gov
To TestEmail_49130@nowhere.nada

Reply | Reply All | Forward
Wed 8/13/2025 4:40 PM

*** Please do not reply to this automated email, as this mailbox is not monitored.***

This is an advance reminder of the electronic recertification process required for continued participation in the 340B Drug Pricing Program administered by the Health Resources and Services Administration's Office of Pharmacy Affairs (OPA). Please read this e-mail carefully.

Prior to being able to recertify, Authorizing Officials (AOs) and Primary Contacts (PCs) must set up a user account in the 340B Office of Pharmacy Affairs Information System (340B OPAIS). Failure to set up user accounts will result in not being able to view accounts or conduct recertification, thus removal from the 340B Program.

It is extremely important that the 340B OPAIS has accurate information on participating entities. Pharmaceutical manufacturers and distributors increasingly enforce the requirement for exact matches of information prior to providing access to 340B pricing. In addition, entities that lose qualifying funding or that are no longer utilizing the 340B Program must be terminated from the program (through termination during the recertification process, or through communication with the Office of Pharmacy Affairs at any other time during the year) to ensure program integrity.

Please use your 340B OPAIS username and password to access your covered entity records on the day RECERTIFICATION STARTS 8/16/2025. Please review, revise (if necessary), and CERTIFY entity sites that are still participating in the 340B Program.

Please also TERMINATE any entity sites that are no longer participating in the 340B Program. After all of your entity sites have been certified and/or terminated, the entity's Authorizing Official will have to electronically sign a statement certifying that the entity meets all 340B Program requirements.

Any change request (not including AO or PC Change Requests) or termination request that is not approved prior to the start of recertification will be automatically rejected by 340B OPAIS. The covered entity can submit those changes as part of the recertification process.

If the Primary Contact submits the recertification, the Authorizing Official must review and attest the recertification before the submission is reviewed by OPA.

Please note that any changes made to your entity details will not be reflected through the public search function until reviewed and approved by OPA.

RECERTIFICATION MUST BE COMPLETED BY 8/29/2025 for Program Group RWIID. Covered entities that fail to recertify by the completion date will be removed from the 340B program on the first day of the following quarter.

A user manual for recertification is available in the 'Help' menu of logged in Authorized Official's and Primary Contact's landing page.

If your organization has additional eligible sites that are not yet registered in the 340B OPAIS please complete the online registration forms at https://opais-web-03.mh-opais.microhealthllc.com:5001 during the next open registration period (the first 15 days of each calendar quarter). This activity is separate from the recertification of existing covered entity sites.

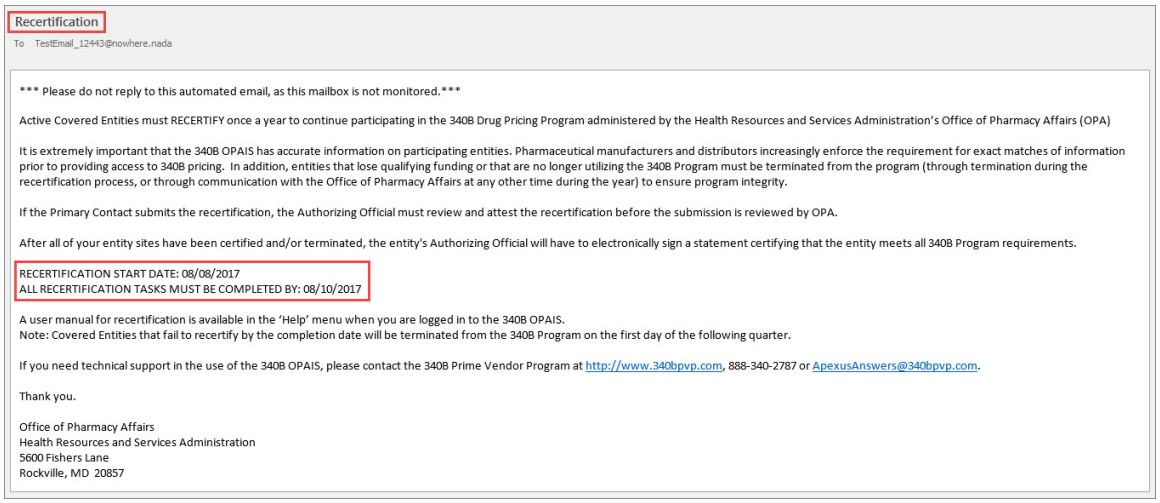
For assistance with the 340B OPAIS contact the 340B call center operated by the 340B Prime Vendor Program at apexusanswers@340bpvp.com or 1-888-340-2787 (Monday – Friday, 9 a.m. – 6 p.m. EST).

Recertification Opened for Covered Entities

Sent on recertification initiative start date unless OPA cancels the initiative before the start date.

Recipient: **AO & PC**

Email Subject: **Recertification**



Recertification

To TestEmail_12443@nowhere.nada

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Active Covered Entities must RECERTIFY once a year to continue participating in the 340B Drug Pricing Program administered by the Health Resources and Services Administration's Office of Pharmacy Affairs (OPA)

It is extremely important that the 340B OPAIS has accurate information on participating entities. Pharmaceutical manufacturers and distributors increasingly enforce the requirement for exact matches of information prior to providing access to 340B pricing. In addition, entities that lose qualifying funding or that are no longer utilizing the 340B Program must be terminated from the program (through termination during the recertification process, or through communication with the Office of Pharmacy Affairs at any other time during the year) to ensure program integrity.

If the Primary Contact submits the recertification, the Authorizing Official must review and attest the recertification before the submission is reviewed by OPA.

After all of your entity sites have been certified and/or terminated, the entity's Authorizing Official will have to electronically sign a statement certifying that the entity meets all 340B Program requirements.

RECERTIFICATION START DATE: 08/08/2017
ALL RECERTIFICATION TASKS MUST BE COMPLETED BY: 08/10/2017

A user manual for recertification is available in the 'Help' menu when you are logged in to the 340B OPAIS.
Note: Covered Entities that fail to recertify by the completion date will be terminated from the 340B Program on the first day of the following quarter.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

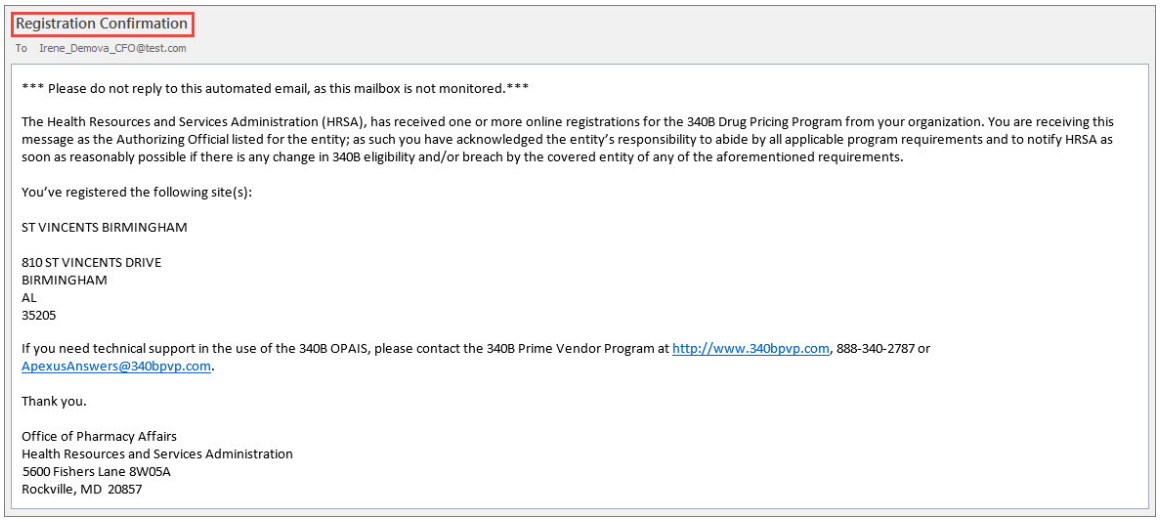
Covered Entity Registration

Registration Confirmation

AO attests to CE registration.

Recipient: **AO**

Email Subject: **Registration Confirmation**



Registration Confirmation

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA), has received one or more online registrations for the 340B Drug Pricing Program from your organization. You are receiving this message as the Authorizing Official listed for the entity; as such you have acknowledged the entity's responsibility to abide by all applicable program requirements and to notify HRSA as soon as reasonably possible if there is any change in 340B eligibility and/or breach by the covered entity of any of the aforementioned requirements.

You've registered the following site(s):

ST VINCENTS BIRMINGHAM

810 ST VINCENTS DRIVE
BIRMINGHAM
AL
35205

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

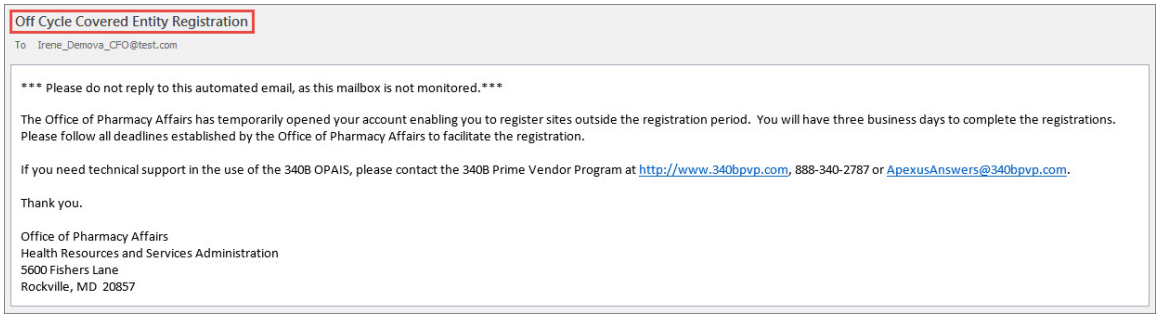
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

Off Cycle Covered Entity Registration

OPA creates off-cycle CE registration period for entity.

Recipient: **AO**

Email Subject: **Off Cycle Covered Entity Registration**



Off Cycle Covered Entity Registration

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Office of Pharmacy Affairs has temporarily opened your account enabling you to register sites outside the registration period. You will have three business days to complete the registrations. Please follow all deadlines established by the Office of Pharmacy Affairs to facilitate the registration.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

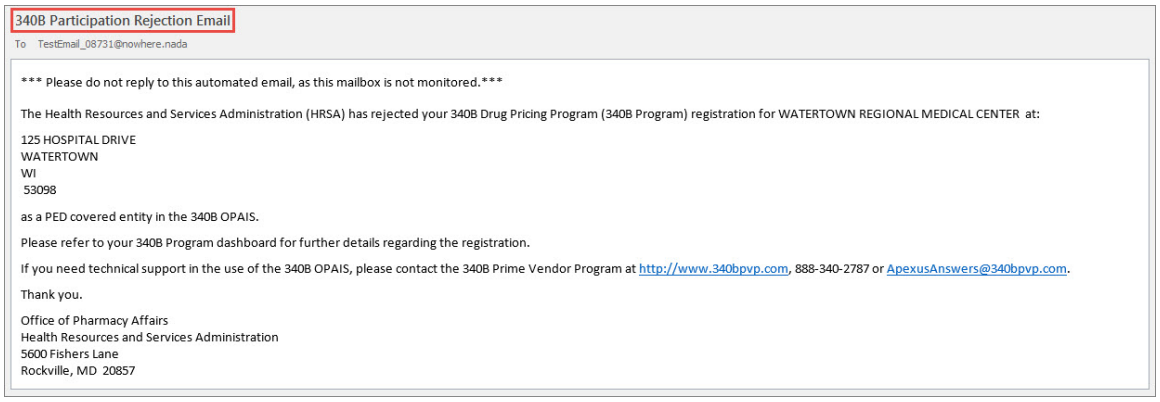
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

340B Registration Rejection

OPA rejects entity's 340B participation termination request.

Recipient: **AO & PC**

Email Subject: **340B Participation Rejection Email**



340B Participation Rejection Email

To TestEmail_08731@nowhere.nada

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has rejected your 340B Drug Pricing Program (340B Program) registration for WATERTOWN REGIONAL MEDICAL CENTER at:

125 HOSPITAL DRIVE
WATERTOWN
WI
53098

as a PED covered entity in the 340B OPAIS.

Please refer to your 340B Program dashboard for further details regarding the registration.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

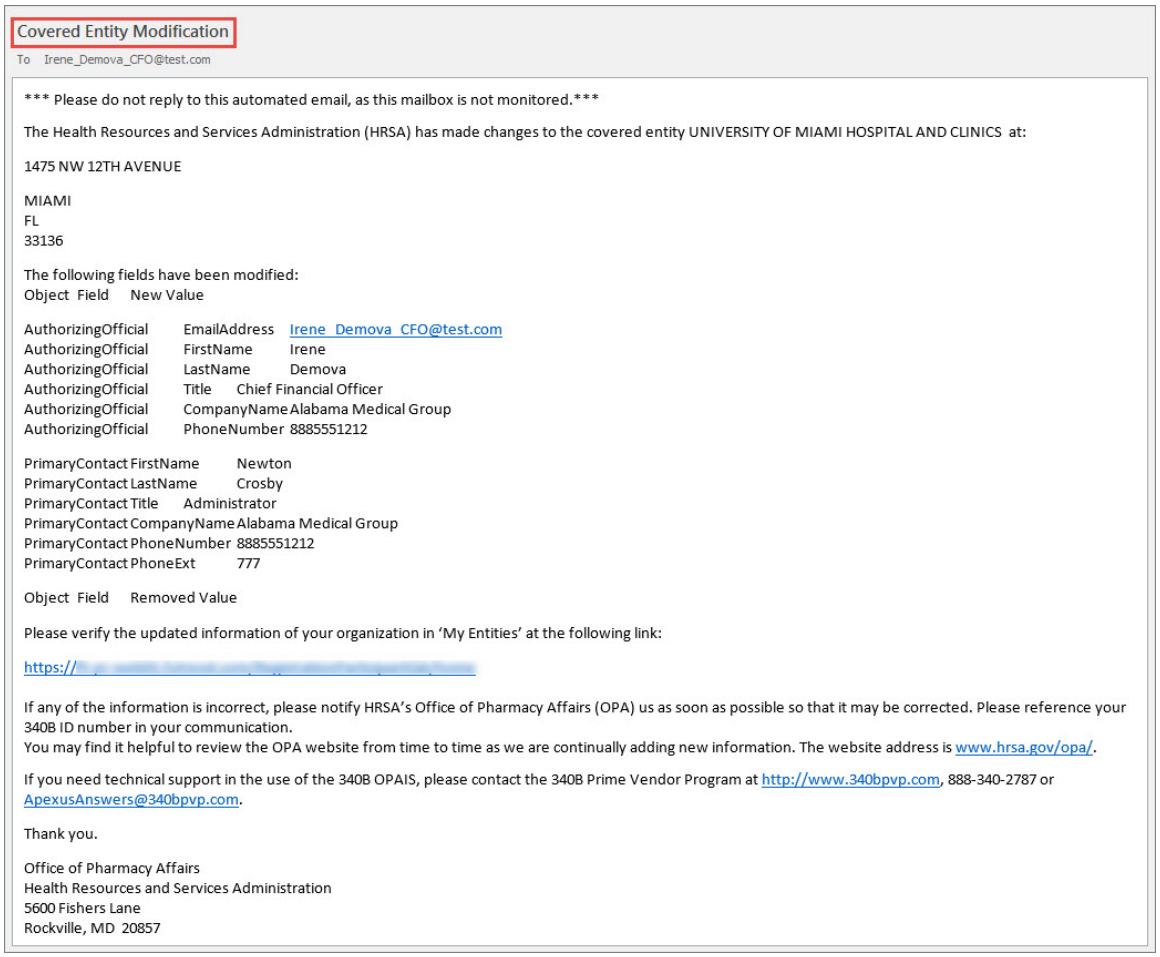
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Covered Entity Modification

OPA modifies CE information.

Recipient: **AO & PC**

Email Subject: **Covered Entity Modification**



Covered Entity Modification

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has made changes to the covered entity UNIVERSITY OF MIAMI HOSPITAL AND CLINICS at:

1475 NW 12TH AVENUE

MIAMI
FL
33136

The following fields have been modified:

Object	Field	New Value
AuthorizingOfficial	EmailAddress	Irene_Demova_CFO@test.com
AuthorizingOfficial	FirstName	Irene
AuthorizingOfficial	LastName	Demova
AuthorizingOfficial	Title	Chief Financial Officer
AuthorizingOfficial	CompanyName	Alabama Medical Group
AuthorizingOfficial	PhoneNumber	8885551212
PrimaryContact	FirstName	Newton
PrimaryContact	LastName	Crosby
PrimaryContact	Title	Administrator
PrimaryContact	CompanyName	Alabama Medical Group
PrimaryContact	PhoneNumber	8885551212
PrimaryContact	PhoneExt	777

Object	Field	Removed Value

Please verify the updated information of your organization in 'My Entities' at the following link:

https://

If any of the information is incorrect, please notify HRSA's Office of Pharmacy Affairs (OPA) us as soon as possible so that it may be corrected. Please reference your 340B ID number in your communication.
You may find it helpful to review the OPA website from time to time as we are continually adding new information. The website address is www.hrsa.gov/opa/.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Covered Entity Change Requests

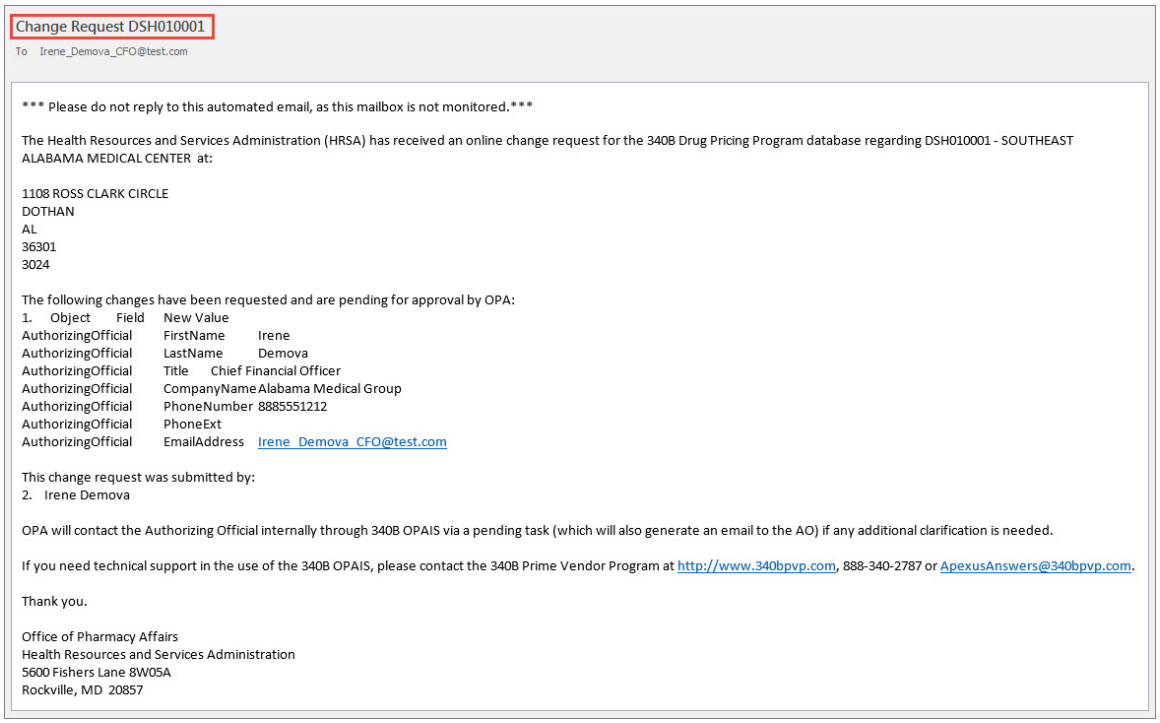
Change Request

AO attests to CE change request or AO change request.

- AO change requests are copied to the old and new AOs

Recipient: **AO**

Email Subject: **Change Request**



Change Request DSH010001

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has received an online change request for the 340B Drug Pricing Program database regarding DSH010001 - SOUTHEAST ALABAMA MEDICAL CENTER at:

1108 ROSS CLARK CIRCLE
DOTHAN
AL
36301
3024

The following changes have been requested and are pending for approval by OPA:

1.	Object	Field	New Value
	AuthorizingOfficial	FirstName	Irene
	AuthorizingOfficial	LastName	Demova
	AuthorizingOfficial	Title	Chief Financial Officer
	AuthorizingOfficial	CompanyName	Alabama Medical Group
	AuthorizingOfficial	PhoneNumber	8885551212
	AuthorizingOfficial	PhoneExt	
	AuthorizingOfficial	EmailAddress	Irene_Demova_CFO@test.com

This change request was submitted by:
2. Irene Demova

OPA will contact the Authorizing Official internally through 340B OPAIS via a pending task (which will also generate an email to the AO) if any additional clarification is needed.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

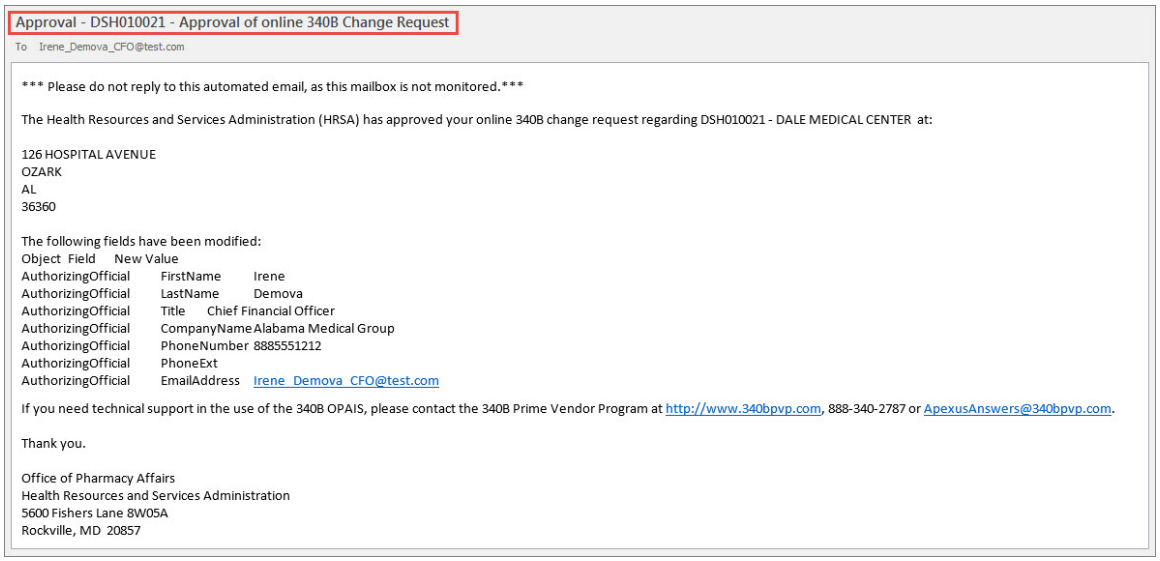
Approval of 340B Change Request

OPA approves CE change request or AO change request.

- AO change requests are copied to the old and new AOs

Recipient: **AO & PC**

Email Subject: **Approval of online 340B Change Request**



Approval - DSH010021 - Approval of online 340B Change Request

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has approved your online 340B change request regarding DSH010021 - DALE MEDICAL CENTER at:

126 HOSPITAL AVENUE
OZARK
AL
36360

The following fields have been modified:

Object	Field	New Value
AuthorizingOfficial	FirstName	Irene
AuthorizingOfficial	LastName	Demova
AuthorizingOfficial	Title	Chief Financial Officer
AuthorizingOfficial	CompanyName	Alabama Medical Group
AuthorizingOfficial	PhoneNumber	8885551212
AuthorizingOfficial	PhoneExt	
AuthorizingOfficial	EmailAddress	Irene_Demova_CFO@test.com

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

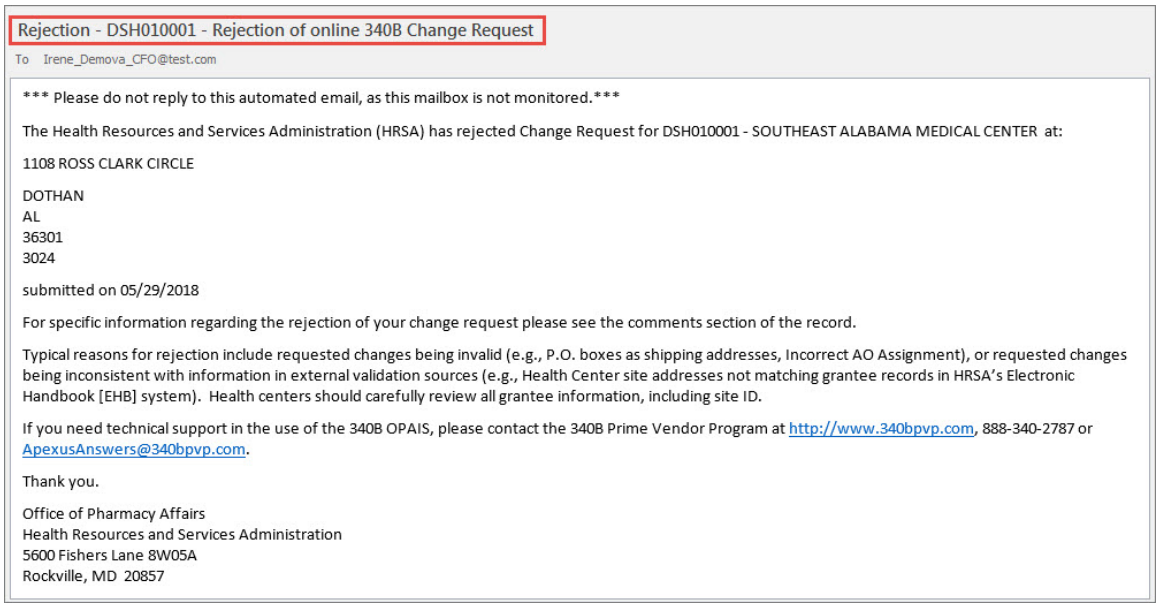
Rejection of 340B Change Request

OPA rejects CE change request or AO change request.

- AO change requests are copied to the old and new AOs

Recipient: **AO & PC**

Email Subject: **Rejection of online 340B Change Request**



Rejection - DSH010001 - Rejection of online 340B Change Request

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has rejected Change Request for DSH010001 - SOUTHEAST ALABAMA MEDICAL CENTER at:

1108 ROSS CLARK CIRCLE

DOTHAN
AL
36301
3024

submitted on 05/29/2018

For specific information regarding the rejection of your change request please see the comments section of the record.

Typical reasons for rejection include requested changes being invalid (e.g., P.O. boxes as shipping addresses, Incorrect AO Assignment), or requested changes being inconsistent with information in external validation sources (e.g., Health Center site addresses not matching grantee records in HRSA's Electronic Handbook [EHB] system). Health centers should carefully review all grantee information, including site ID.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

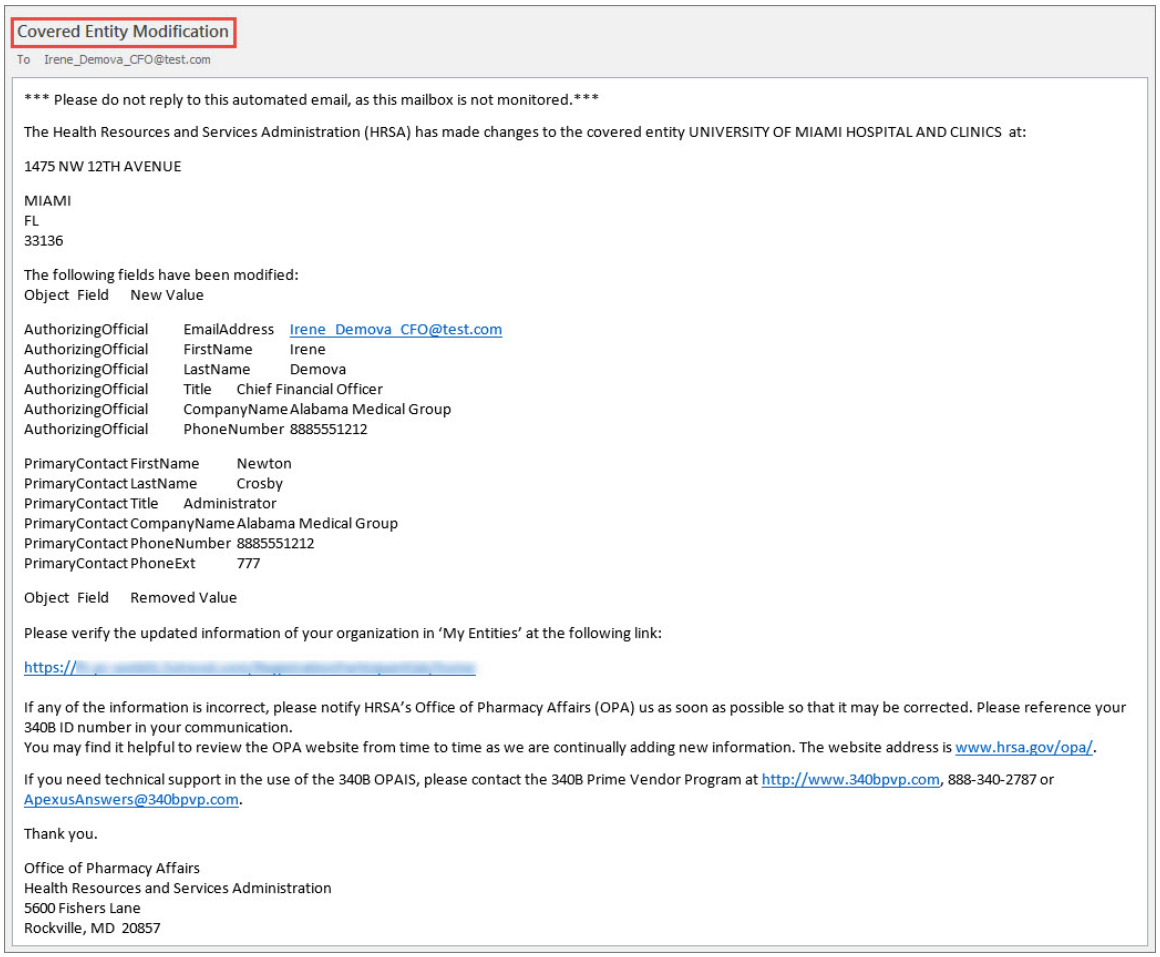
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

Covered Entity Modification

OPA modifies CE information.

Recipient: **AO & PC**

Email Subject: **Covered Entity Modification**



Covered Entity Modification

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has made changes to the covered entity UNIVERSITY OF MIAMI HOSPITAL AND CLINICS at:

1475 NW 12TH AVENUE

MIAMI
FL
33136

The following fields have been modified:

Object	Field	New Value
AuthorizingOfficial	EmailAddress	Irene_Demova_CFO@test.com
AuthorizingOfficial	FirstName	Irene
AuthorizingOfficial	LastName	Demova
AuthorizingOfficial	Title	Chief Financial Officer
AuthorizingOfficial	CompanyName	Alabama Medical Group
AuthorizingOfficial	PhoneNumber	8885551212
PrimaryContact	FirstName	Newton
PrimaryContact	LastName	Crosby
PrimaryContact	Title	Administrator
PrimaryContact	CompanyName	Alabama Medical Group
PrimaryContact	PhoneNumber	8885551212
PrimaryContact	PhoneExt	777

Object	Field	Removed Value

Please verify the updated information of your organization in 'My Entities' at the following link:

https://

If any of the information is incorrect, please notify HRSA's Office of Pharmacy Affairs (OPA) us as soon as possible so that it may be corrected. Please reference your 340B ID number in your communication.
You may find it helpful to review the OPA website from time to time as we are continually adding new information. The website address is www.hrsa.gov/opa/.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Covered Entity Terminations

Entity Termination Request Receipt

Sent by system after AO terminates CE.

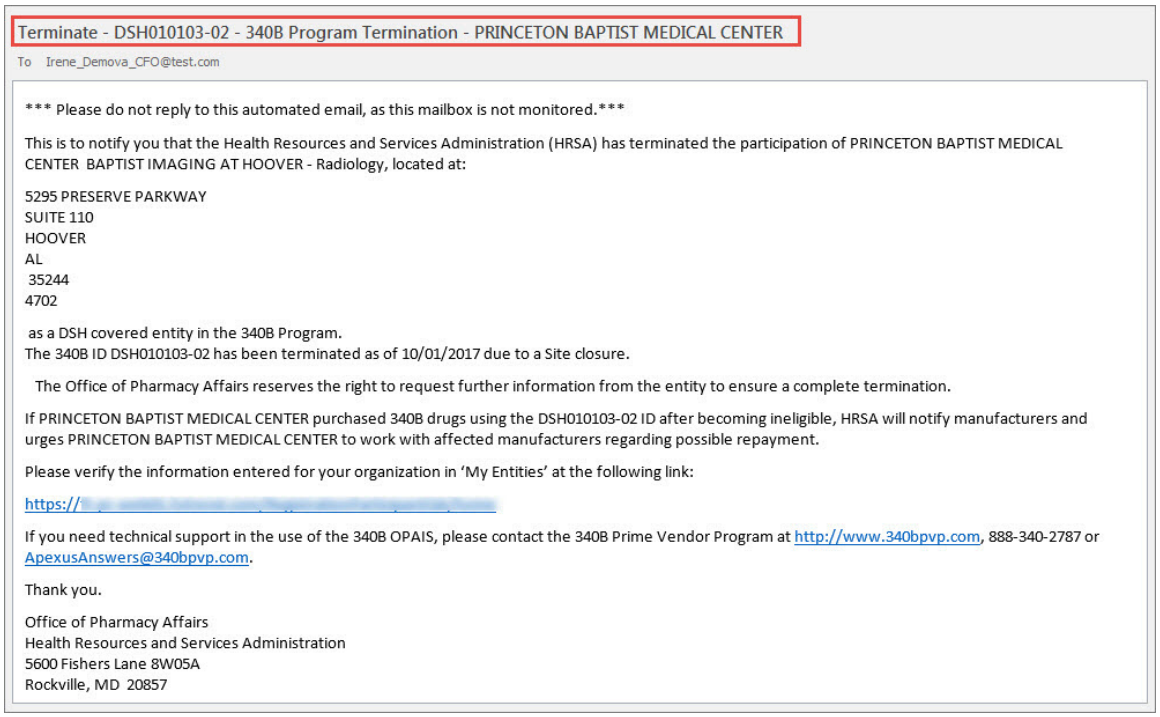
Recipient: **AO & PC**

340B Program Termination

OPA terminates an entity's 340B participation.

Recipient: **AO & PC**

Email Subject: **340B Program Termination**



Terminate - DSH010103-02 - 340B Program Termination - PRINCETON BAPTIST MEDICAL CENTER

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

This is to notify you that the Health Resources and Services Administration (HRSA) has terminated the participation of PRINCETON BAPTIST MEDICAL CENTER BAPTIST IMAGING AT HOOVER - Radiology, located at:

5295 PRESERVE PARKWAY
SUITE 110
HOOVER
AL
35244
4702

as a DSH covered entity in the 340B Program.
The 340B ID DSH010103-02 has been terminated as of 10/01/2017 due to a Site closure.

The Office of Pharmacy Affairs reserves the right to request further information from the entity to ensure a complete termination.

If PRINCETON BAPTIST MEDICAL CENTER purchased 340B drugs using the DSH010103-02 ID after becoming ineligible, HRSA will notify manufacturers and urges PRINCETON BAPTIST MEDICAL CENTER to work with affected manufacturers regarding possible repayment.

Please verify the information entered for your organization in 'My Entities' at the following link:

https://

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

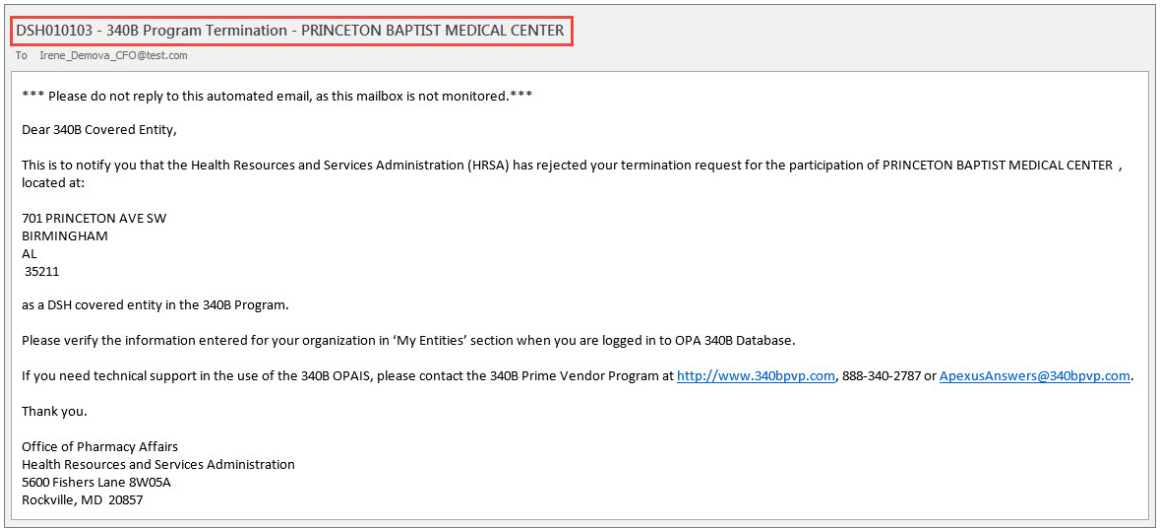
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

Covered Entity Termination Request Rejection

OPA rejects CE's termination request.

Recipient: **AO & PC**

Email Subject: **340B Program Termination**



DSH010103 - 340B Program Termination - PRINCETON BAPTIST MEDICAL CENTER

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Dear 340B Covered Entity,

This is to notify you that the Health Resources and Services Administration (HRSA) has rejected your termination request for the participation of PRINCETON BAPTIST MEDICAL CENTER , located at:

701 PRINCETON AVE SW
BIRMINGHAM
AL
35211

as a DSH covered entity in the 340B Program.

Please verify the information entered for your organization in 'My Entities' section when you are logged in to OPA 340B Database.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

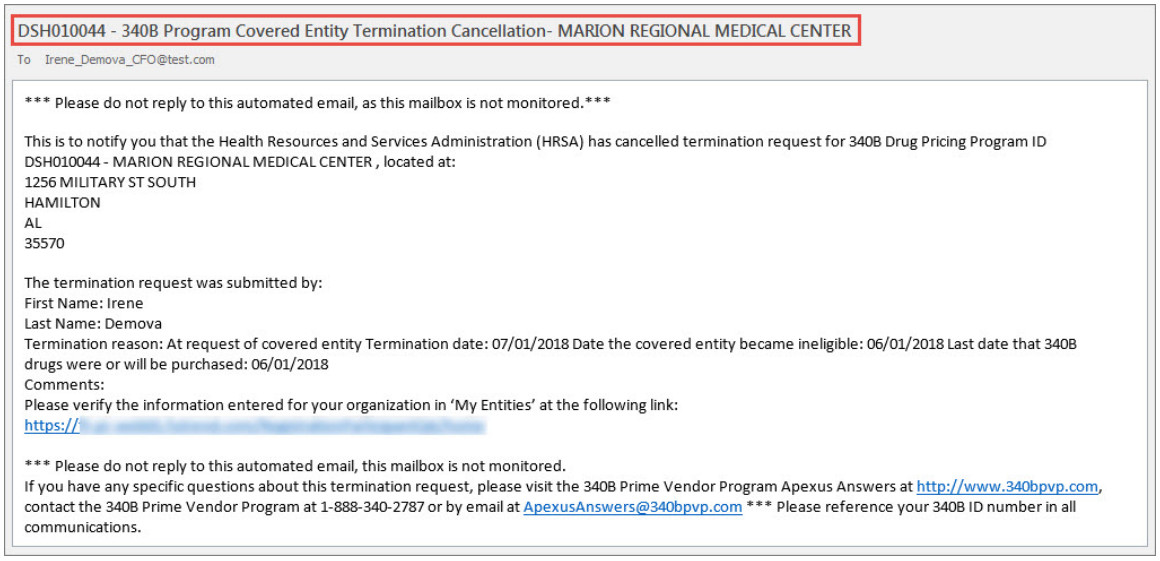
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

340B Program Covered Entity Termination Cancellation

OPA cancels a pending CE termination.

Recipient: **AO & PC**

Email Subject: **Covered Entity Termination Cancellation**



DSH010044 - 340B Program Covered Entity Termination Cancellation- MARION REGIONAL MEDICAL CENTER

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

This is to notify you that the Health Resources and Services Administration (HRSA) has cancelled termination request for 340B Drug Pricing Program ID DSH010044 - MARION REGIONAL MEDICAL CENTER , located at:
1256 MILITARY ST SOUTH
HAMILTON
AL
35570

The termination request was submitted by:
First Name: Irene
Last Name: Demova
Termination reason: At request of covered entity Termination date: 07/01/2018 Date the covered entity became ineligible: 06/01/2018 Last date that 340B drugs were or will be purchased: 06/01/2018
Comments:
Please verify the information entered for your organization in 'My Entities' at the following link:
https://

*** Please do not reply to this automated email, this mailbox is not monitored.
If you have any specific questions about this termination request, please visit the 340B Prime Vendor Program Apexus Answers at http://www.340bpvp.com, contact the 340B Prime Vendor Program at 1-888-340-2787 or by email at ApexusAnswers@340bpvp.com *** Please reference your 340B ID number in all communications.

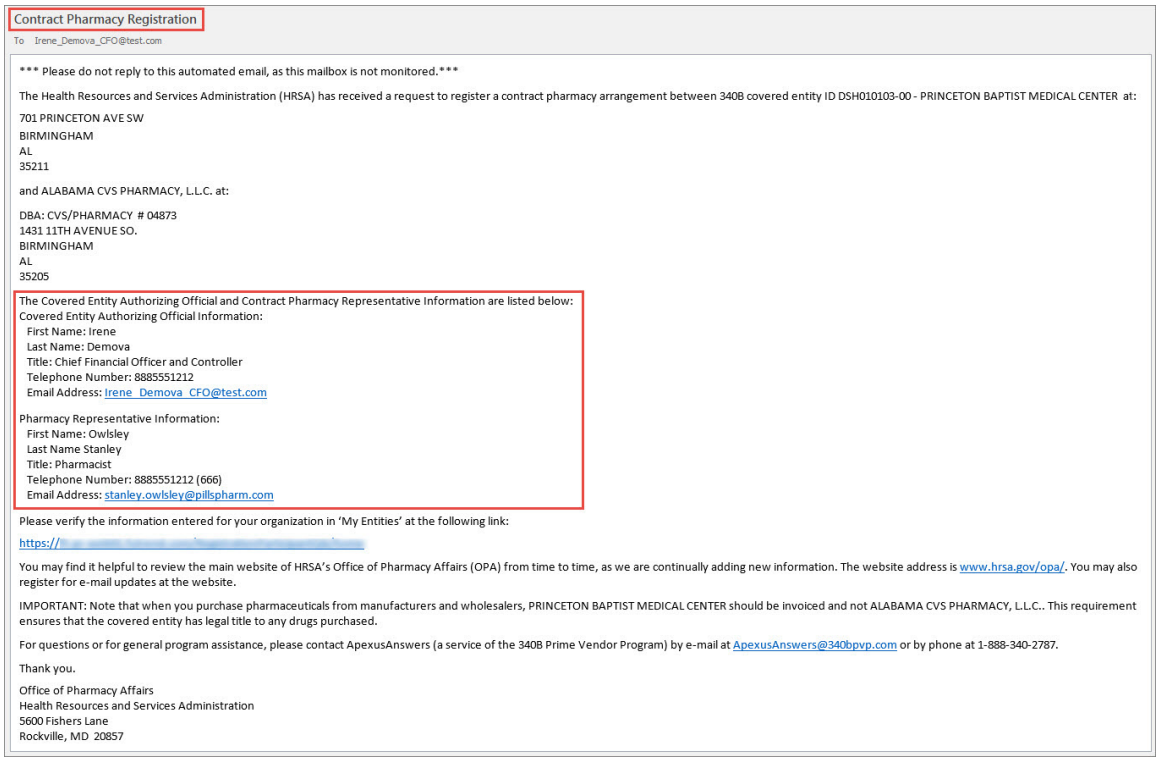
Contract Pharmacy Registration

Contract Pharmacy Registration

Contract pharmacy registration request received.

Recipient: **AO & PC**

Email Subject: **Contract Pharmacy Registration**



Contract Pharmacy Registration

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has received a request to register a contract pharmacy arrangement between 340B covered entity ID DSH010103-00 - PRINCETON BAPTIST MEDICAL CENTER at:

701 PRINCETON AVE SW
BIRMINGHAM
AL
35211

and ALABAMA CVS PHARMACY, L.L.C. at:

DBA: CVS/PHARMACY # 04873
1431 11TH AVENUE SO.
BIRMINGHAM
AL
35205

The Covered Entity Authorizing Official and Contract Pharmacy Representative Information are listed below:
Covered Entity Authorizing Official Information:
First Name: Irene
Last Name: Demova
Title: Chief Financial Officer and Controller
Telephone Number: 8885551212
Email Address: Irene_Demova_CFO@test.com

Pharmacy Representative Information:
First Name: Owlsley
Last Name Stanley
Title: Pharmacist
Telephone Number: 8885551212 (666)
Email Address: stanley.owlsley@pillspharm.com

Please verify the information entered for your organization in 'My Entities' at the following link:

https://

You may find it helpful to review the main website of HRSA's Office of Pharmacy Affairs (OPA) from time to time, as we are continually adding new information. The website address is www.hrsa.gov/opa/. You may also register for e-mail updates at the website.

IMPORTANT: Note that when you purchase pharmaceuticals from manufacturers and wholesalers, PRINCETON BAPTIST MEDICAL CENTER should be invoiced and not ALABAMA CVS PHARMACY, L.L.C.. This requirement ensures that the covered entity has legal title to any drugs purchased.

For questions or for general program assistance, please contact ApexusAnswers (a service of the 340B Prime Vendor Program) by e-mail at ApexusAnswers@340bpvp.com or by phone at 1-888-340-2787.

Thank you.

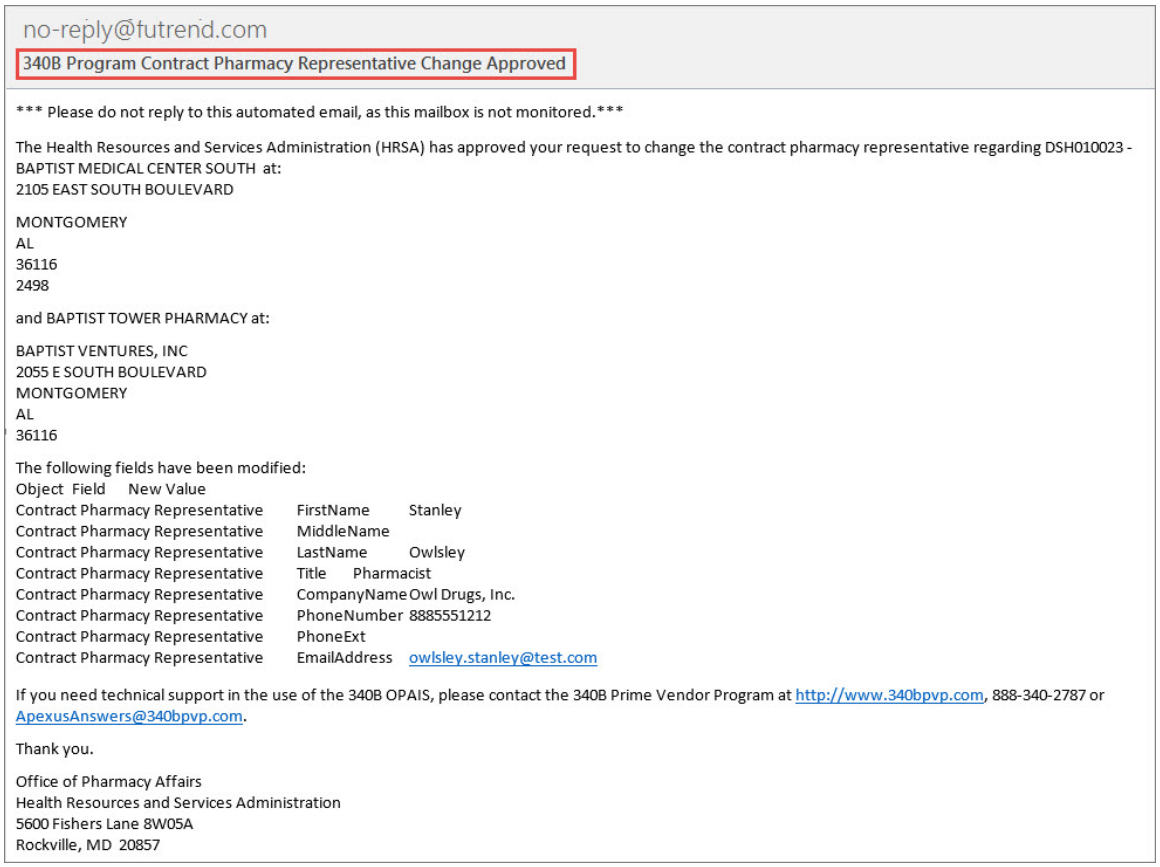
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Contract Pharmacy Representative Change Approved

Contract pharmacy representative information changed and attested to.

Recipient: **AO & PC**

Email Subject: **Contract Pharmacy Representative Change Approved**



no-reply@futrend.com

340B Program Contract Pharmacy Representative Change Approved

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has approved your request to change the contract pharmacy representative regarding DSH010023 - BAPTIST MEDICAL CENTER SOUTH at:
2105 EAST SOUTH BOULEVARD

MONTGOMERY
AL
36116
2498

and BAPTIST TOWER PHARMACY at:

BAPTIST VENTURES, INC
2055 E SOUTH BOULEVARD
MONTGOMERY
AL
36116

The following fields have been modified:

Object	Field	New Value
Contract Pharmacy Representative	FirstName	Stanley
Contract Pharmacy Representative	MiddleName	
Contract Pharmacy Representative	LastName	Owlsley
Contract Pharmacy Representative	Title	Pharmacist
Contract Pharmacy Representative	CompanyName	Owl Drugs, Inc.
Contract Pharmacy Representative	PhoneNumber	8885551212
Contract Pharmacy Representative	PhoneExt	
Contract Pharmacy Representative	EmailAddress	owlsley.stanley@test.com

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

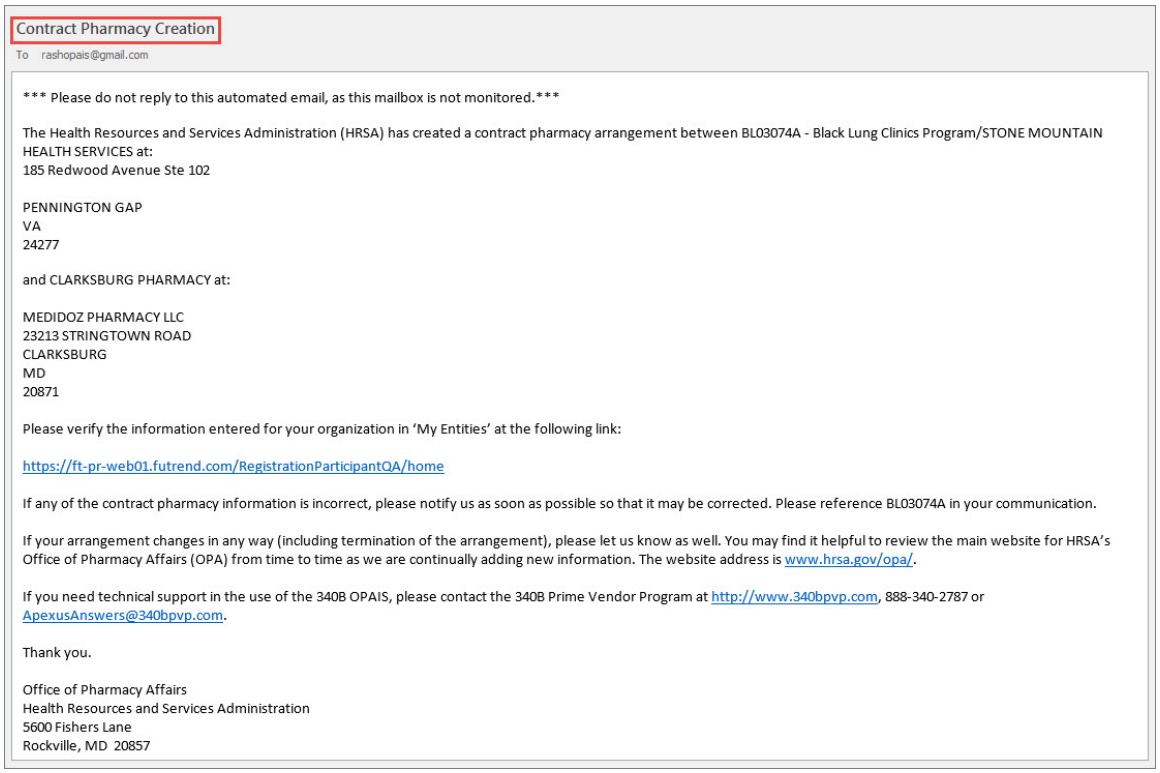
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

Contract Pharmacy Created by OPA

OPA creates a contract pharmacy.

Recipient: **AO & PC**

Email Subject: **Contract Pharmacy Creation**



Contract Pharmacy Creation

To rashopais@gmail.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has created a contract pharmacy arrangement between BL03074A - Black Lung Clinics Program/STONE MOUNTAIN HEALTH SERVICES at:
185 Redwood Avenue Ste 102

PENNINGTON GAP
VA
24277

and CLARKSBURG PHARMACY at:

MEDIDOZ PHARMACY LLC
23213 STRINGTOWN ROAD
CLARKSBURG
MD
20871

Please verify the information entered for your organization in 'My Entities' at the following link:

https://ft-pr-web01.futrend.com/RegistrationParticipantQA/home

If any of the contract pharmacy information is incorrect, please notify us as soon as possible so that it may be corrected. Please reference BL03074A in your communication.

If your arrangement changes in any way (including termination of the arrangement), please let us know as well. You may find it helpful to review the main website for HRSA's Office of Pharmacy Affairs (OPA) from time to time as we are continually adding new information. The website address is www.hrsa.gov/opa/.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Contract Pharmacy Modified by OPA

OPA modifies a covered entity registration.

Recipient: **AO & PC**

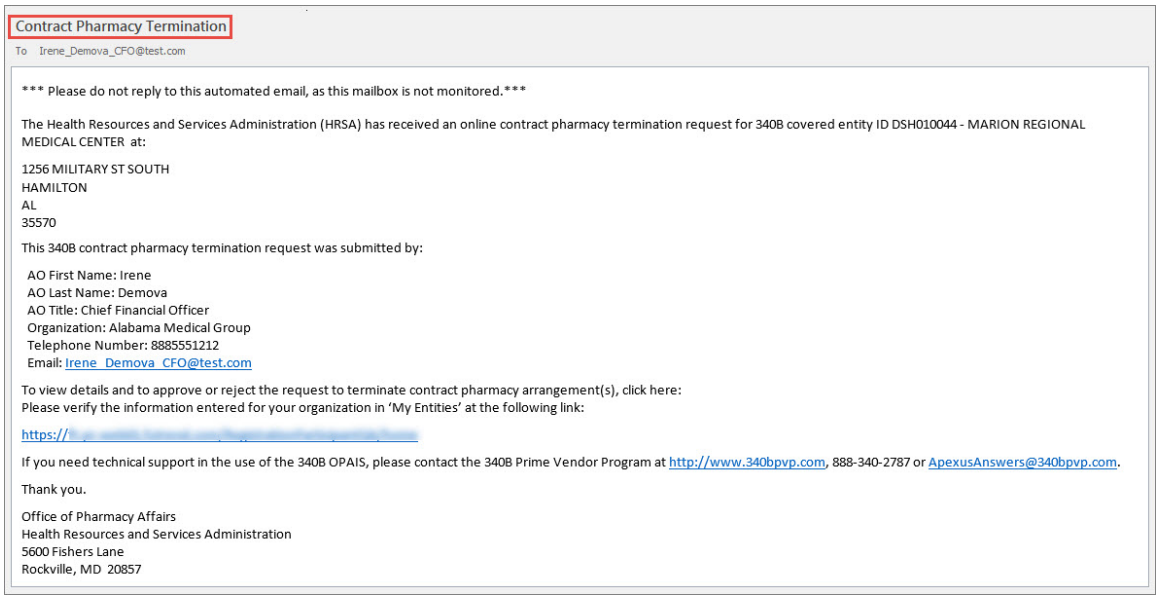
Contract Pharmacy Termination

Contract Pharmacy Termination Requested

Request to terminate a contract pharmacy.

Recipient: **AO & PC**

Email Subject: **Contract Pharmacy Termination**



Contract Pharmacy Termination

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has received an online contract pharmacy termination request for 340B covered entity ID DSH010044 - MARION REGIONAL MEDICAL CENTER at:

1256 MILITARY ST SOUTH
HAMILTON
AL
35570

This 340B contract pharmacy termination request was submitted by:

AO First Name: Irene
AO Last Name: Demova
AO Title: Chief Financial Officer
Organization: Alabama Medical Group
Telephone Number: 8885551212
Email: Irene_Demova_CFO@test.com

To view details and to approve or reject the request to terminate contract pharmacy arrangement(s), click here:
Please verify the information entered for your organization in 'My Entities' at the following link:

https://

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

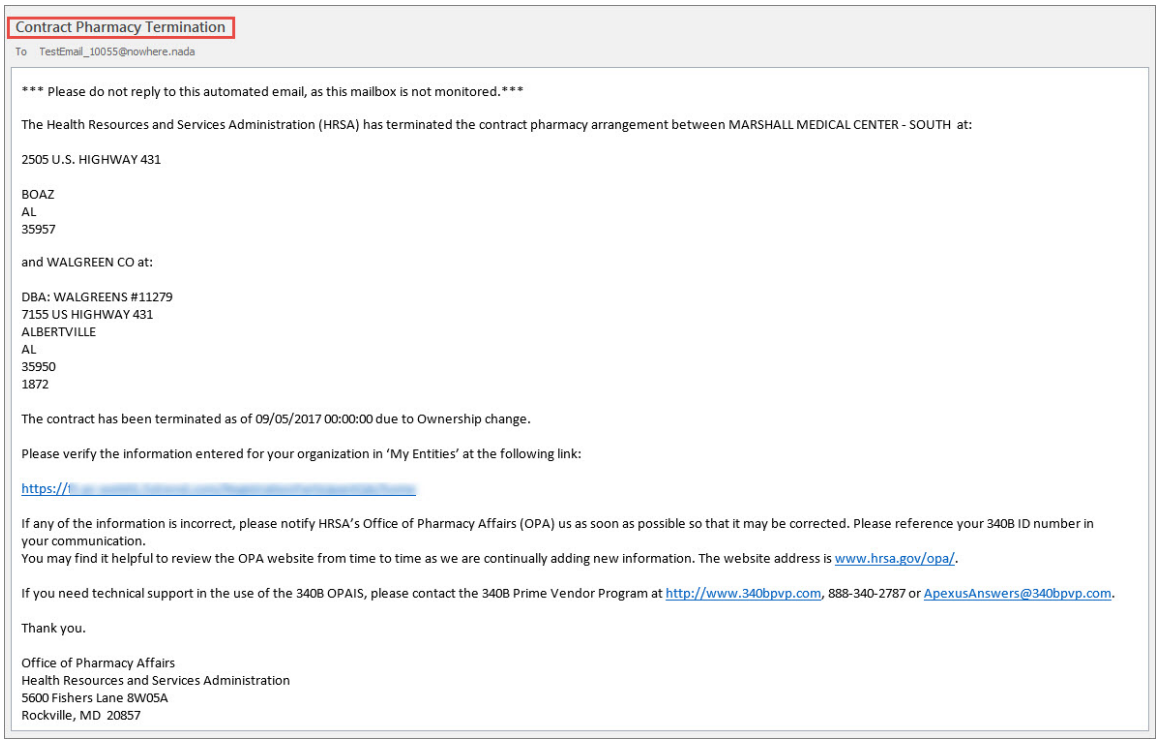
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Contract Pharmacy Termination

OPA termination of contract pharmacy.

Recipient: **AO & PC**

Email Subject: **Contract Pharmacy Termination**



Contract Pharmacy Termination

To TestEmail_10055@nowhere.nada

*** Please do not reply to this automated email, as this mailbox is not monitored.***

The Health Resources and Services Administration (HRSA) has terminated the contract pharmacy arrangement between MARSHALL MEDICAL CENTER - SOUTH at:

2505 U.S. HIGHWAY 431

BOAZ
AL
35957

and WALGREEN CO at:

DBA: WALGREENS #11279
7155 US HIGHWAY 431
ALBERTVILLE
AL
35950
1872

The contract has been terminated as of 09/05/2017 00:00:00 due to Ownership change.

Please verify the information entered for your organization in 'My Entities' at the following link:

https://

If any of the information is incorrect, please notify HRSA's Office of Pharmacy Affairs (OPA) us as soon as possible so that it may be corrected. Please reference your 340B ID number in your communication.
You may find it helpful to review the OPA website from time to time as we are continually adding new information. The website address is www.hrsa.gov/opa/.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane 8W05A
Rockville, MD 20857

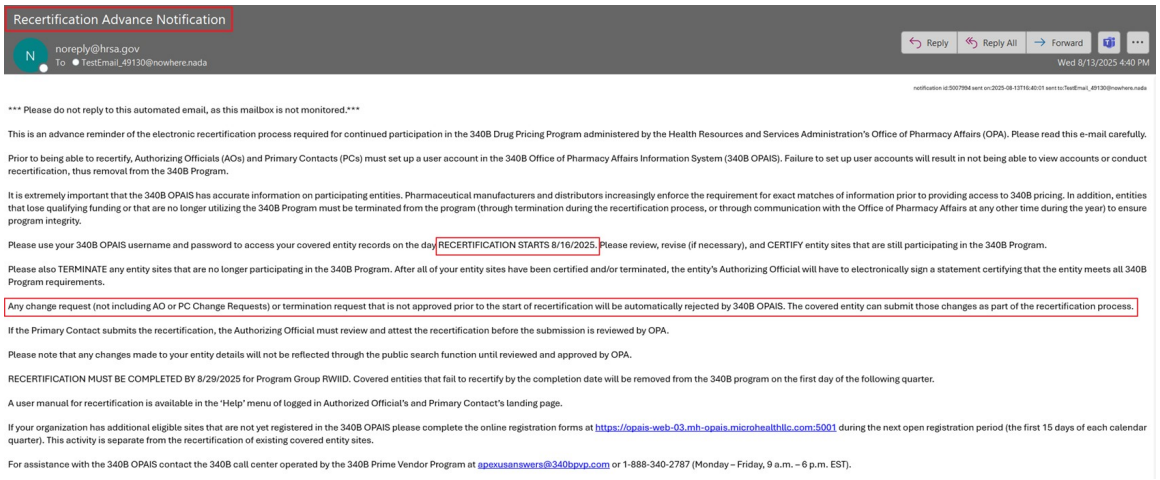
Recertification

Advance Notification for CE Recertification

Recertification initiative is created and is not canceled before advance notification date.

Recipient: **AO & PC**

Email Subject: **Recertification Advance Notification**


Recertification Advance Notification

noreply@hrsa.gov
To TestEmail_49130@nowhere.nada

Reply | Reply All | Forward
Wed 8/13/2025 4:40 PM

*** Please do not reply to this automated email, as this mailbox is not monitored.***

This is an advance reminder of the electronic recertification process required for continued participation in the 340B Drug Pricing Program administered by the Health Resources and Services Administration's Office of Pharmacy Affairs (OPA). Please read this e-mail carefully.

Prior to being able to recertify, Authorizing Officials (AOs) and Primary Contacts (PCs) must set up a user account in the 340B Office of Pharmacy Affairs Information System (340B OPAIS). Failure to set up user accounts will result in not being able to view accounts or conduct recertification, thus removal from the 340B Program.

It is extremely important that the 340B OPAIS has accurate information on participating entities. Pharmaceutical manufacturers and distributors increasingly enforce the requirement for exact matches of information prior to providing access to 340B pricing. In addition, entities that lose qualifying funding or that are no longer utilizing the 340B Program must be terminated from the program (through termination during the recertification process, or through communication with the Office of Pharmacy Affairs at any other time during the year) to ensure program integrity.

Please use your 340B OPAIS username and password to access your covered entity records on the day RECERTIFICATION STARTS 8/16/2025. Please review, revise (if necessary), and CERTIFY entity sites that are still participating in the 340B Program.

Please also TERMINATE any entity sites that are no longer participating in the 340B Program. After all of your entity sites have been certified and/or terminated, the entity's Authorizing Official will have to electronically sign a statement certifying that the entity meets all 340B Program requirements.

Any change request (not including AO or PC Change Requests) or termination request that is not approved prior to the start of recertification will be automatically rejected by 340B OPAIS. The covered entity can submit those changes as part of the recertification process.

If the Primary Contact submits the recertification, the Authorizing Official must review and attest the recertification before the submission is reviewed by OPA.

Please note that any changes made to your entity details will not be reflected through the public search function until reviewed and approved by OPA.

RECERTIFICATION MUST BE COMPLETED BY 8/29/2025 for Program Group RWIID. Covered entities that fail to recertify by the completion date will be removed from the 340B program on the first day of the following quarter.

A user manual for recertification is available in the 'Help' menu of logged in Authorized Official's and Primary Contact's landing page.

If your organization has additional eligible sites that are not yet registered in the 340B OPAIS please complete the online registration forms at https://opais-web-03.mh-opais.microhealthllc.com:5001 during the next open registration period (the first 15 days of each calendar quarter). This activity is separate from the recertification of existing covered entity sites.

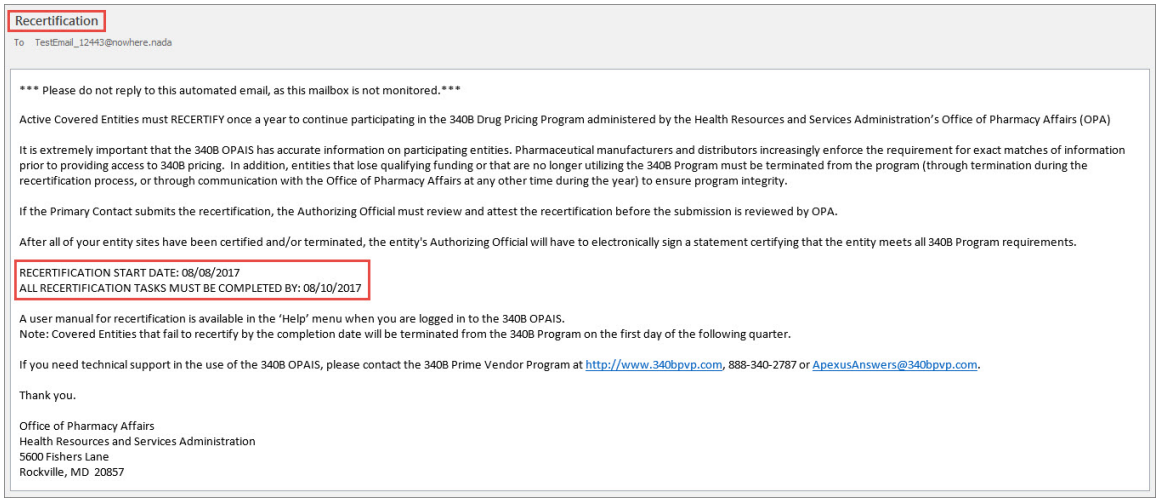
For assistance with the 340B OPAIS contact the 340B call center operated by the 340B Prime Vendor Program at apexusanswers@340bpvp.com or 1-888-340-2787 (Monday – Friday, 9 a.m. – 6 p.m. EST).

Recertification Opened for Covered Entities

Sent on recertification initiative start date unless OPA cancels the initiative before the start date.

Recipient: **AO & PC**

Email Subject: **Recertification**


Recertification

To TestEmail_12443@nowhere.nada

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Active Covered Entities must RECERTIFY once a year to continue participating in the 340B Drug Pricing Program administered by the Health Resources and Services Administration's Office of Pharmacy Affairs (OPA)

It is extremely important that the 340B OPAIS has accurate information on participating entities. Pharmaceutical manufacturers and distributors increasingly enforce the requirement for exact matches of information prior to providing access to 340B pricing. In addition, entities that lose qualifying funding or that are no longer utilizing the 340B Program must be terminated from the program (through termination during the recertification process, or through communication with the Office of Pharmacy Affairs at any other time during the year) to ensure program integrity.

If the Primary Contact submits the recertification, the Authorizing Official must review and attest the recertification before the submission is reviewed by OPA.

After all of your entity sites have been certified and/or terminated, the entity's Authorizing Official will have to electronically sign a statement certifying that the entity meets all 340B Program requirements.

RECERTIFICATION START DATE: 08/08/2017
ALL RECERTIFICATION TASKS MUST BE COMPLETED BY: 08/10/2017

A user manual for recertification is available in the 'Help' menu when you are logged in to the 340B OPAIS.
Note: Covered Entities that fail to recertify by the completion date will be terminated from the 340B Program on the first day of the following quarter.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

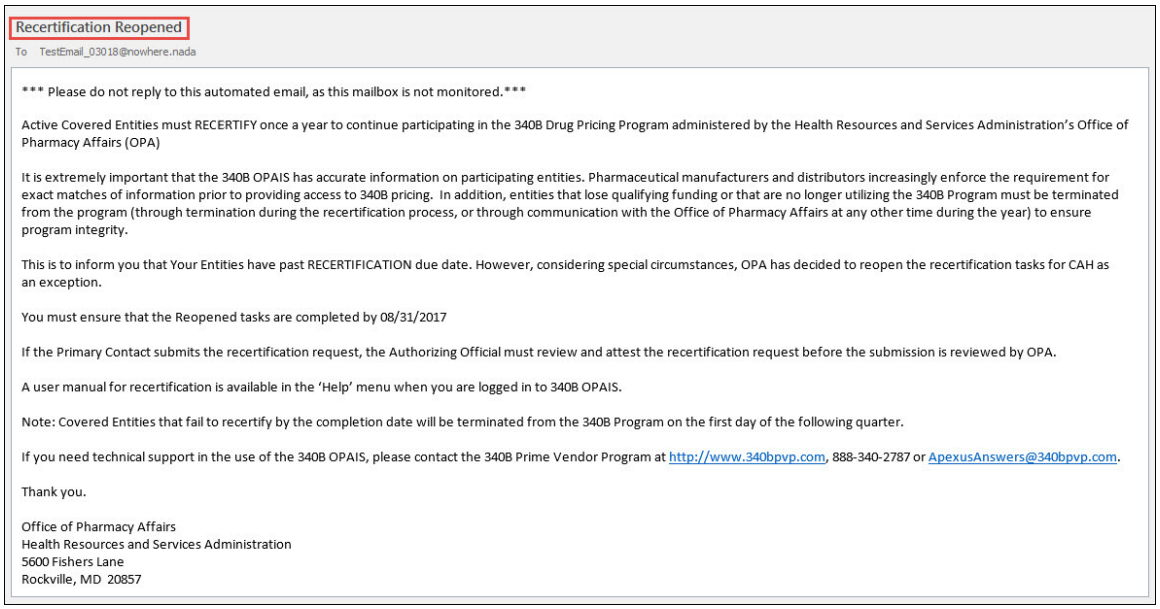
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Recertification Reopened

OPA reopens recertification tasks.

Recipient: **AO & PC**

Email Subject: **Recertification Reopened**



Recertification Reopened

To TestEmail_03018@nowhere.nada

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Active Covered Entities must RECERTIFY once a year to continue participating in the 340B Drug Pricing Program administered by the Health Resources and Services Administration's Office of Pharmacy Affairs (OPA)

It is extremely important that the 340B OPAIS has accurate information on participating entities. Pharmaceutical manufacturers and distributors increasingly enforce the requirement for exact matches of information prior to providing access to 340B pricing. In addition, entities that lose qualifying funding or that are no longer utilizing the 340B Program must be terminated from the program (through termination during the recertification process, or through communication with the Office of Pharmacy Affairs at any other time during the year) to ensure program integrity.

This is to inform you that Your Entities have past RECERTIFICATION due date. However, considering special circumstances, OPA has decided to reopen the recertification tasks for CAH as an exception.

You must ensure that the Reopened tasks are completed by 08/31/2017

If the Primary Contact submits the recertification request, the Authorizing Official must review and attest the recertification request before the submission is reviewed by OPA.

A user manual for recertification is available in the 'Help' menu when you are logged in to 340B OPAIS.

Note: Covered Entities that fail to recertify by the completion date will be terminated from the 340B Program on the first day of the following quarter.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

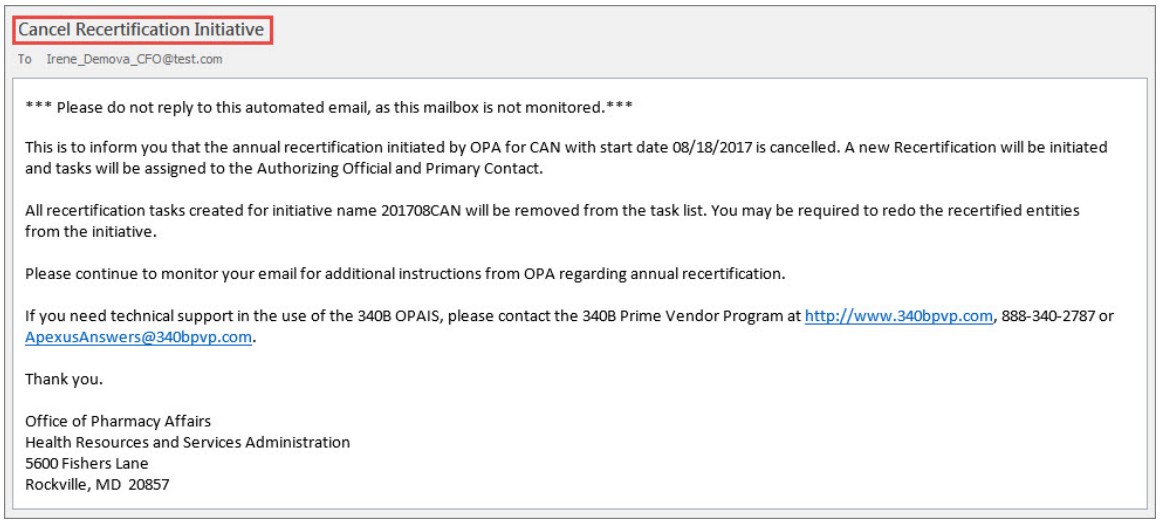
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Recertification Initiative Cancellation

OPA cancels recertification initiative.

Recipient: **AO & PC**

Email Subject: **Cancel Recertification Initiative**



Cancel Recertification Initiative

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

This is to inform you that the annual recertification initiated by OPA for CAN with start date 08/18/2017 is cancelled. A new Recertification will be initiated and tasks will be assigned to the Authorizing Official and Primary Contact.

All recertification tasks created for initiative name 201708CAN will be removed from the task list. You may be required to redo the recertified entities from the initiative.

Please continue to monitor your email for additional instructions from OPA regarding annual recertification.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

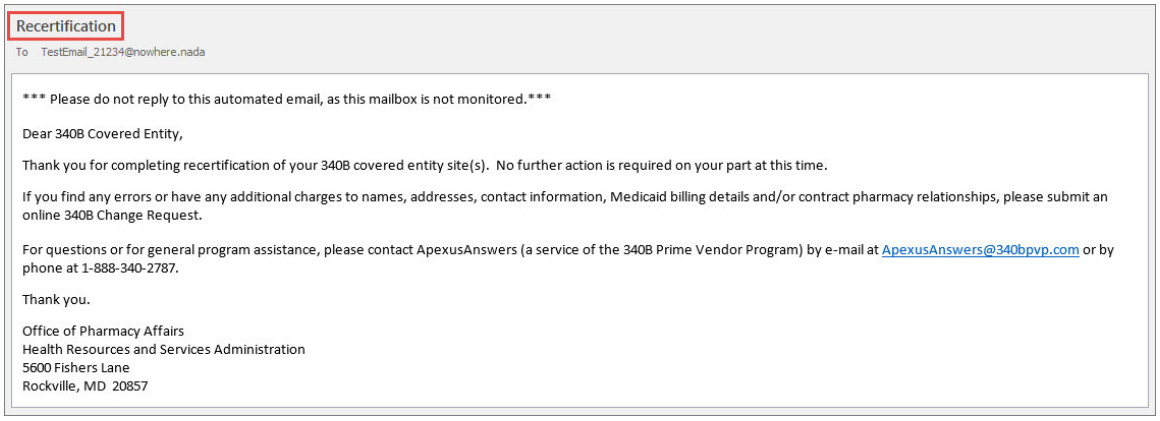
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Recertification Completed

CE is auto-recertified or recertified when OPA approves changes made by AO.

Recipient: **AO & PC**

Email Subject: **Recertification**


Recertification

To TestEmail_21234@nowhere.nada

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Dear 340B Covered Entity,

Thank you for completing recertification of your 340B covered entity site(s). No further action is required on your part at this time.

If you find any errors or have any additional charges to names, addresses, contact information, Medicaid billing details and/or contract pharmacy relationships, please submit an online 340B Change Request.

For questions or for general program assistance, please contact ApexusAnswers (a service of the 340B Prime Vendor Program) by e-mail at ApexusAnswers@340bpvp.com or by phone at 1-888-340-2787.

Thank you.

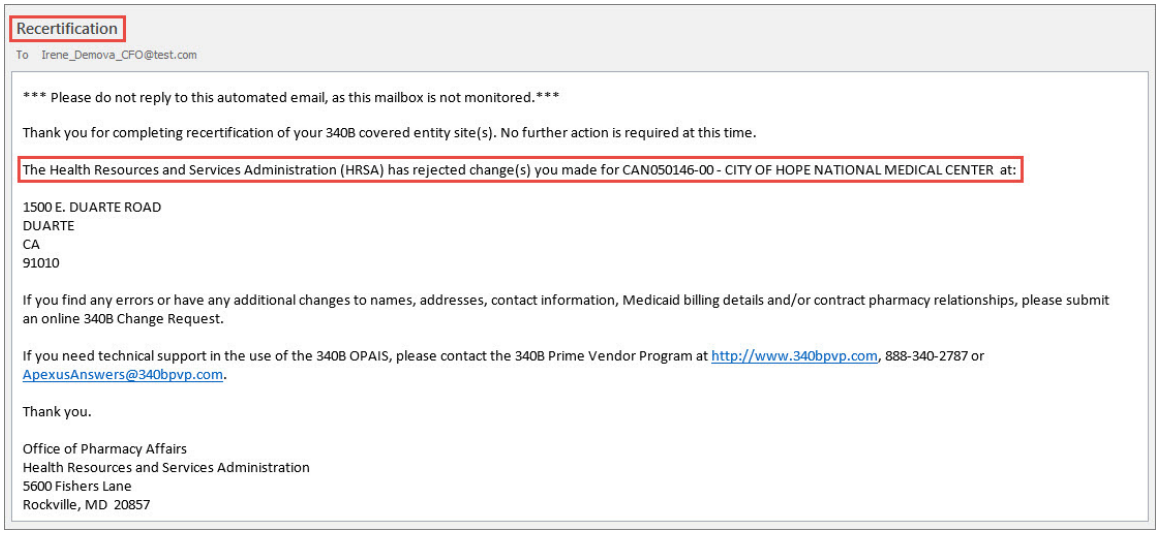
Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

OPA Recertification with Rejected AO Changes

CE is recertified but AO's changes are rejected by OPA.

Recipient: **AO & PC**

Email Subject: **Recertification**


Recertification

To Irene_Demova_CFO@test.com

*** Please do not reply to this automated email, as this mailbox is not monitored.***

Thank you for completing recertification of your 340B covered entity site(s). No further action is required at this time.

The Health Resources and Services Administration (HRSA) has rejected change(s) you made for CAN050146-00 - CITY OF HOPE NATIONAL MEDICAL CENTER at:

1500 E. DUARTE ROAD
DUARTE
CA
91010

If you find any errors or have any additional changes to names, addresses, contact information, Medicaid billing details and/or contract pharmacy relationships, please submit an online 340B Change Request.

If you need technical support in the use of the 340B OPAIS, please contact the 340B Prime Vendor Program at http://www.340bpvp.com, 888-340-2787 or ApexusAnswers@340bpvp.com.

Thank you.

Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

CE Terminated during Recertification

OPA rejects AO recertification changes and terminates CE's 340B registration.

Recipient: **AO & PC**

LINKS AND CODES

This chapter provides links to external resources and explains 340B OPAIS codes and acronyms.

Contact the Prime Vendor

For direct assistance, contact ApexusAnswers for technical assistance.

Phone:	1-888-340-2787
Email:	ApexusAnswers@340bpvp.com
Website:	www.340bpvp.com

External Links

The following are links to external web sites.

HRSA Frequently Asked Questions (FAQs)

- https://www.hrsa.gov/opa/faqs/

340B Eligibility

- https://www.hrsa.gov/opa/eligibility-and-registration/index.html

340B Registration

- https://www.hrsa.gov/opa/registration/index.html

340B Program Updates

- https://www.hrsa.gov/opa/updates/program-updates.html

340B Annual Recertification

- https://www.hrsa.gov/opa/recertification/recertification.html

Medicaid Duplicate Discount Prohibition

- https://www.hrsa.gov/opa/program-requirements/medicaid-exclusion/index.html

340B Orphan Drugs

- https://www.hrsa.gov/opa/program-requirements/orphan-drug-exclusion/index.html

Hospital Registration Instructions (PDF)

- https://www.hrsa.gov/sites/default/files/opa/files/hospitalreginfo.pdf

Contract Pharmacy Guidelines (PDF)

- https://www.govinfo.gov/content/pkg/FR-2010-03-05/pdf/2010-4755.pdf

Medicaid Exclusion File

Use the **Medicaid Exclusion File** function on the 340B **Reports/Files** page to generate a list of Medicaid Provider Numbers and NPI Numbers for covered entities that have indicated to OPA that they are billing Medicaid for drugs purchased at 340B prices.

Duplicate Discount Prohibition provides more information about why the Office of Pharmacy Affairs needs to know whether the entity intends to fill Medicaid prescriptions with 340B-purchased drugs.

AO Task Timeouts

The following represent the default 340B OPAIS timeouts for pending AO tasks. These timeouts can be configured by the OPA system administrator.

Task	AO Task	Returned to AO
New Registration	End of registration period or 15 days	5 days
Reinstatement	End of registration period or 15 days	5 days
Recertification	Recertification end date	5 days

Task	AO Task	Returned to AO
Change request	15 days	5 days
AO change request	15 days	5 days
Termination request	15 days	5 days
Hospital type change request	End of registration period or 15 days	5 days
Contract pharmacy registration	15 days	N/A
Contract pharmacy termination request	15 days	N/A
Manufacturer registration	15 days	15 days
Manufacturer change request	15 days	15 days
Manufacturer AO change request	15 days	N/A

340B Termination Codes

Active

Code	Reason for Termination
10	340B ID# change/duplicate record
11	At request of covered entity
12	Site Closure
13	Failure to recertify
14	Change of covered entity type (non-hospital)
15	Never implemented the 340B Program
16	Individual clinic services housed at this location now registered separately
30	DSH percentage below statutory minimum
31	Loss of qualifying grant/support

Code	Reason for Termination
32	For-profit conversion
39	Change of hospital entity type
40	Terminated – Reason unknown
42	Business decision by the covered entity
45	Outpatient facility moved within the 4 walls of the parent hospital
46	Hospital outpatient facility no longer eligible
47	Loss of qualifying hospital status
49	Failure to meet audit requirements
50	Termination for cause
51	GPO violation
52	Failure to maintain auditable records
99	Other

Inactive (included for historical reporting purposes)

Code	Reason for Termination
20	Decertified/defunded
21	Failed validation
33	DSH Converted to CAH
35	DSH Converted to SCH
36	RRC Converted to DSH
37	SCH Converted to DSH

Code	Reason for Termination
38	Change of covered entity type
60	Voluntary Withdrawal

340B Program Acronyms for Covered Entity Types and/or Grantees

Code	Entity Type/Grantee
BL	**Black Lung Clinics Program** One of the categories of non-hospital covered entities that are eligible to participate in the 340B Program. Black lung clinics receive funding from the HRSA Black Lung Clinic Program to seek out coal miners, whether they are currently involved in mining or not, and provide services to them and their families, regardless of their ability to pay. Services may be provided either directly by grantees or through formal arrangements with appropriate health care providers, such as Federally Qualified Health Centers, hospitals, state health departments, mobile vans and clinics. The Black Lung Clinic Program is authorized by Section 427 (a) of the Black Lung Benefits Act (30 USCS§901).
CAH	**Critical Access Hospital (CAH)** Critical Access Hospitals are designated by the Centers for Medicare and Medicaid Services. The defining legislation is Section 1820 (c)(2) of the Social Security Act. To be eligible to participate in the 340B Drug Pricing Program, Critical Access Hospitals must meet the requirements of section 340B(a)(4)(L)(i) of the Public Health Service Act.
CAN	**Free Standing Cancer Hospital (CAN)** One of the categories of hospital covered entities that are eligible to participate in the 340B Program. Freestanding Cancer Hospitals are independent, non-profit hospitals that treat patients with cancer. For-profit hospitals are not eligible to participate in the 340B program. To be eligible to participate in the 340B Drug Pricing Program, Freestanding Cancer Hospitals must either: (1) have a disproportionate share adjustment percentage greater than 11.75% for the most-recently filed cost report; or (2) be eligible under a separate indigent care calculation that meets specific criteria including location in an urban area, 100 or more beds and net inpatient care revenues (excluding Medicare) for indigent care of more than 30% of net during the cost reporting period in which the discharges occur. This indigent care revenue must come from state and local government sources and Medicaid.

Code	Entity Type/Grantee
CE	**Covered Entity (CE)** Section 340B(a)(4) of the Public Health Service Act specifies which covered entities are eligible to participate in the 340B Drug Program. These include qualifying hospitals, Federal grantees from HRSA, the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services' Office of Population Affairs, and the Indian Health Service. Covered entities include six categories of hospitals and 11 categories of non-hospitals.
CH	**HRSA-Funded Health Center(CH)** Combines Community Health Centers, School Based Programs, Health Care for the Homeless Programs, Migrant Health Programs, and Public Housing Primary Care Programs entity types.
CMS	**Centers for Medicare & Medicaid Services**Centers for Medicare and Medicaid Services, the federal agency within Health and Human Services (HHS) that administers the Medicare and Medicaid programs, including the Medicaid drug rebate program and the Medicare Part D prescription drug benefit.
CP	**Contract Pharmacy (CP)** A pharmacy that enters into an agreement with a covered entity to provide services to the covered entity's patients, including dispensing entity-owned 340B drugs. Contract pharmacies must register for the 340B Program and be listed on the 340B OPAIS prior to dispensing 340B drugs on a covered entity's behalf. In addition, a contract pharmacy must have a written, signed contract pharmacy agreement in place with the covered entity prior to registering that pharmacy with the 340B Program. HRSA recommends that the written agreement include all essential elements of the contract pharmacy guidelines (75 Fed. Reg. 10272 (March 5, 2010). Failure to have the contract pharmacy correctly listed in the 340B OPAIS may be cause for removal of the contract pharmacy from the 340B Program.
DSH	**Disproportionate Share Hospital (DSH)** One of the categories of hospitals that are eligible to participate in the 340B Program. Disproportionate Share Hospitals serve a significantly disproportionate number of low-income patients and receive payments from the Centers for Medicaid and Medicare Services to cover the costs of providing care to uninsured patients. Disproportionate share hospitals are defined in Section 1886(d)(1)(B) of the Social Security Act. To be eligible to participate in the 340B Program, disproportionate share hospitals must meet the requirements of section 340B(a)(4)(L) of the Public Health Service Act.
DSH %	**Disproportionate Share Adjustment Percentage**
EIN	**Employer Identification Number**

Code	Entity Type/Grantee
FP	**Family Planning – Title X (FP)** One of the categories of non-hospitals that are eligible to participate in the 340B Program. Title X family planning clinics receive funding from the Title X Family Planning Program to provide contraceptive services, counseling, and reproductive health-related preventive services, with priority given to low-income people. Title X family planning clinics must apply for the 340B program through their grantee organization. Title V (state-funded) family planning clinics are not eligible for the 340B program. (includes only Title X funded)
FQHCLA	**Health Center Program Look-Alike**One of the categories of non -hospital covered entities that participate in the 340B program. FQHC look-alikes are community-based health care providers that meet the requirements of the HRSA Health Center Program but do not receive Health Center Program funding.
FQHC638	**Tribal Contract/Compact with IHS (P.L. 93-638)** One of the categories of non-hospital covered entity groups that are eligible to participate in the 340B Program. Tribal Contract or Compact Health Centers (also called a 638 contract or compact) are operated by Tribes or Tribal organizations and Urban Indian Health Centers are outpatient health care programs and facilities that specialize in caring for American Indians and Alaska natives. They are operated under the Indian Self-Determination Act. To be eligible to participate in the 340B Drug Pricing Program, these health centers must be operated by programs funded under P.L. 93-638 or 25 USCS §1651.
HCRIS	**Healthcare Cost Report Information System** Healthcare Cost Report Information System – HCRIS contains annual reports submitted by healthcare providers to Medicare. It provides information to CMS that assists with the annual settlement summary between CMS and healthcare providers.
HIPAA	**Health Insurance Portability and Accountability Act (HIPAA)** A U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers.
HM	**Comprehensive Hemophilia Treatment Center (HTC)** One of the categories of non-hospital covered entities that are eligible to participate in the 340B Program. Hemophilia Treatment Centers (HTC) that receive HRSA grant funding are expected to provide optimal care using a multi-disciplinary team approach that provides accessible, family-centered, continuous, comprehensive, coordinated, and culturally effective care for individuals with hemophilia and other bleeding disorders. The program is authorized under section 501(a)(2) of the Social Security Act. Non-hospital CEs of this type are identified by the prefix "HM" in the 340B ID.

Code	Entity Type/Grantee
HV	**Ryan White Part C (formerly Title III)** One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.
HRSA	**Health Resources and Services Administration (HRSA)** An agency of the U.S. Department of Health and Human Services, HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.
MFR	**Manufacturer (MFR)** As defined in section 1927(k)(5) of the Social Security Act, manufacturers include all entities engaged in (1) the production, preparation, propagation, compounding, conversion, or processing of prescription drug products or (2) the packaging, repackaging, labeling, relabeling, or distribution of prescription drug products. A manufacturer must hold legal title to or possession of the NDC number for the covered outpatient drug. Such term does not include a wholesale distributor of drugs or a retail pharmacy licensed under state law. "Manufacturer" includes entities that sell outpatient drugs to covered entities, whether or not the manufacturer participates in the Medicaid rebate program.
MPN	**Medicare Provider Number (MPN)**
NH	**Native Hawaiian Health Care Program** Non-hospital covered entities that participate in the 340B program and receive Native Hawaiian Health Care Systems Program funding through the HRSA Health Center Program appropriation to provide medical and enabling services to Native Hawaiians.
NPI	**National Provider Identifier (NPI)**
OPA	**Office of Pharmacy Affairs (OPA)** The HRSA office responsible for administering the 340B program.
PED	**Children's Hospital** One of the categories of hospitals that are eligible to participate in the 340B Program. Nonprofit hospitals that serve individuals through the age of 18 years of age and have a CMS-issued 3300 Series Medicare Provider Number to designate them as Medicare certified children's hospitals. Children's hospitals must meet certain requirements, including a DSH adjustment percentage greater than 11.75% and compliance with the GPO Prohibition, to be eligible to participate in the 340B program.

Code	Entity Type/Grantee
RRC	**Rural Referral Center (RRC)** One of the categories of hospital covered entities that are eligible to participate in the 340B Program. Rural Referral Centers are high-volume acute-care rural hospitals that treat a large number of complicated cases. Hospitals classified as Rural Referral Centers may be eligible to participate in the 340B Drug Pricing Program if they have a disproportionate share adjustment percentage equal to or greater than 8 percent for the most recently filed Medicare cost report and meet the requirements of section 340B(a)(4)(L)(i) of the Public Health Service Act.
RWI	**Ryan White Part A (formerly Title I)** One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.
RWII	**Ryan White Part B (formerly Title II)** One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.
RWIIR	**Ryan White Part B (formerly Title II) ADAP Rebate Option** One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.
RWIID	**Ryan White Part B (formerly Title II) ADAP Direct Purchase** One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.
RW4	**Ryan White Part D (formerly Title IV)** One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.

Code	Entity Type/Grantee
SCH	**Sole Community Hospital (SCH)** One of the categories of hospital covered entities that are eligible to participate in the 340B Program. Sole Community Hospitals are designated by the Centers for Medicare and Medicaid Services. To be eligible to participate in the 340B Drug Pricing Program, Sole Community Hospitals must also have a disproportionate share adjustment percentage equal to or greater than 8 percent for the most-recently filed Medicare Cost Report and meet the requirements of Section 340B(a)(4)(L)(i) of the Public Health Service Act.
SPNS	**Ryan White Part F (formerly Special Projects of National Significance)** One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.
STD	**Sexually Transmitted Diseases** One of the categories of non -hospital covered entities that diagnose and treat sexually transmitted diseases and receive funding from their state and local health departments through the Sexually Transmitted Disease Control Program administered by the Centers for Disease Control and Prevention. STD clinics must apply for the 340B program through their state program director.
TB	**Tuberculosis** One of the categories of non-hospital covered entities that are eligible to participate in the 340B Program. These entities receive funding from their state tuberculosis control offices to prevent, diagnose and treat tuberculosis. The Centers for Disease Control and Prevention administers the program.
UI	**Urban Indian (UI) Health Center** One of the categories of non-hospital covered entities that are eligible to participate in the 340B Program. Urban Indian Health Centers are designated Federally Qualified Health Centers that provide comprehensive primary care and related services to American Indians and Alaska Natives. The facilities are owned or leased by Urban Indian organizations and receive grant and contract funding through Title V of the Indian Health Care Improvement Act. To be eligible to participate in the 340B Drug Pricing Program, these health centers must be operated by programs funded under P.L. 93-638 or 25 USCS §1651.

340B GLOSSARY

#

340B ID

A unique identification number assigned by OPA to each covered entity parent or child site (e.g., child site, subdivisions, or sub-grantees).

340B OPAIS

The 340B Office of Pharmacy Affairs Information System (OPAIS) is a collection of information submitted by covered entities, contract pharmacies, and manufacturers maintained and verified by HRSA's Office of Pharmacy Affairs (OPA).

340B Prime Vendor Program

Section 340B(a)(8) of the Public Health Service Act requires HHS to create a Prime Vendor Program (PVP) to develop, maintain and coordinate a program capable of distribution, facilitation, and other activities in support of the 340B Program. The PVP is a voluntary program for 340B covered entities and serves its participants by negotiating sub-340B pricing on pharmaceuticals, establishing distribution solutions and networks that improve access to affordable medications, and providing other value-added products and services. All covered entities may participate in the PVP, including hospitals that are prohibited from purchasing in a group purchasing arrangement.

340B Program

The federal drug discount program authorized under section 340B of the Public Health Service Act and established by Congress under the Veterans Health Care Act of 1992 (Public Law 102-585, codified at 42 USC § 256b). The 340B program requires drug manufacturers to enter into pharmaceutical pricing agreements with the HHS Secretary, under which manufacturers agree not to sell covered outpatient drugs to covered entities above 340B ceiling prices.

A

Authorizing Official (AO)

An external user for a covered entity or manufacturer who is able to attest to any changes to an entity.

B

Billing Address

An address verified as belonging to the covered entity that is used for billing purposes. A billing address is not required to be a physical address; it can be a P.O. box or other mailing address.

Black Lung Clinics Program

One of the categories of non-hospital covered entities that are eligible to participate in the 340B Program. Black lung clinics receive funding from the HRSA Black Lung Clinic Program to seek out coal miners, whether they are currently involved in mining or not, and provide services to them and their families, regardless of their ability to pay. Services may be provided either directly by grantees or through formal arrangements with appropriate health care providers, such as Federally Qualified Health Centers, hospitals, state health departments, mobile vans and clinics. The Black Lung Clinic Program is authorized by Section 427(a) of the Black Lung Benefits Act (30 USCS§901).

C

CAPTCHA

Acronym for "Completely Automated Public Turing test to tell Computers and Humans Apart," a type of challenge-response test used in computing to determine whether or not the user is human.

Carve-In

Section 340b(a)(5)(A)(i) of the Public Health Service Act prohibits duplicate discounts; that is, manufacturers are not required to provide a discounted 340B price and a Medicaid drug rebate for the same drug. Covered entities must have mechanisms in place to prevent

duplicate discounts. Carving-in describes a covered entity's decision to use 340B drugs for its Medicaid patients. Upon enrollment in the 340B Program, covered entities that decide to carve-in must provide their Medicaid provider number or National Provider Identifier (NPI) at the time they enroll. OPA lists this information in a Medicaid Exclusion File posted on its website. Having this information in the file indicates to the states and manufacturers which drugs are not subject to Medicaid rebates, and helps ensure the prevention of duplicate discounts, as prohibited by statute. Covered entities are required to ensure that information in the file is accurate each quarter and at the time of annual recertification.

Carve-Out

Section 340b(a)(5)(A)(i) of the Public Health Service Act prohibits duplicate discounts; that is, manufacturers are not required to provide a discounted 340B price and a Medicaid drug rebate for the same drug. Covered entities must have mechanisms in place to prevent duplicate discounts. Carving-out describes a covered entity's decision to not use 340B drugs for any of its Medicaid patients. For covered entities that opt to carve-out, ALL drugs billed under that Medicaid provider number/NPI must be purchased outside the 340B Program, and that Medicaid provider number/NPI should not be listed in the HRSA Medicaid Exclusion File.

Ceiling Price

Manufacturers who participate in the Medicaid Drug Rebate Program (MDRP) enter into an agreement with the Secretary of Health and Human Services under which the manufacturer must agree to charge a price no greater than the statutory pricing formula (340B ceiling price) when selling covered outpatient drugs to 340B covered entities. In order to calculate the 340B ceiling price, the Unit Rebate Amount (URA) is subtracted from the Average Manufacturer Price (AMP) for the smallest unit of measure [340B Ceiling Price = (AMP – URA)]. Under section 340B(a) of the Public Health Service Act (PHSA), the 340B ceiling price is calculated by subtracting the unit rebate amount (URA) from the average manufacturer price (AMP) for the smallest unit of measure of each covered outpatient drug (as identified by the product's 11-digit National Drug Code (NDC). To ensure that the final price is operational in the marketplace, HRSA then multiplies this amount by drug's package size (PS), defined as the number of billing units in the labeled quantity from which the pharmacist dispenses, and the case pack size (CSP), defined as the number of salable units in the shipping container [340B Ceiling Price = (AMP-URA) x PS x CSP].

Change Request (CR)

An online process that allows covered entities and manufacturers to update their existing information in the 340B application.

Child Site

A hospital clinic/department/offsite facility that is eligible to participate in the 340B Program because it is an integral part of a hospital that participates in the program, as evidenced by the fact that it is reimbursable on the hospital's Medicare cost report. OPA requires that a covered entity register as child sites all offsite clinics, departments, and services where 340B drugs are purchased or used, regardless of whether they are in the same building. Offsite generally means a location has a separate physical address than the hospital parent site and is not located within the main hospital. A hospital does not need to register outpatient clinics, departments, or services located within the entity's main hospital but may do so if they appear on a reimbursable line of a hospital's most recently filed cost report.

Children's Hospital (PED)

One of the categories of hospitals that are eligible to participate in the 340B Program. Nonprofit hospitals that serve individuals through the age of 18 years of age and have a CMS-issued 3300 Series Medicare Provider Number to designate them as Medicare certified children's hospitals. Children's hospitals must meet certain requirements, including a DSH adjustment percentage greater than 11.75% and compliance with the GPO Prohibition, to be eligible to participate in the 340B program.

CMS

Centers for Medicare and Medicaid Services, the federal agency within Health and Human Services (HHS) that administers the Medicare and Medicaid programs, including the Medicaid drug rebate program and the Medicare Part D prescription drug benefit.

Consolidated Health Center Program (CH)

Combines Community Health Centers, School Based Programs, Health Care for the Homeless Programs, Migrant Health Programs, and Public Housing Primary Care Programs entity types.

Contract Pharmacy (CP)

A pharmacy that enters into an agreement with a covered entity to provide services to the covered entity's patients, including dispensing entity-owned 340B drugs. Contract pharmacies must register for the 340B Program and be listed on the 340B OPAIS prior to dispensing 340B drugs on a covered entity's behalf. In addition, a contract pharmacy must have a written, signed contract pharmacy agreement in place with the covered entity prior to registering that pharmacy with the 340B Program. HRSA recommends that the written agreement include all essential elements of the contract pharmacy guidelines (75 Fed. Reg. 10272 (March 5, 2010). Failure to have the contract pharmacy correctly listed in the 340B OPAIS may be cause for removal of the contract pharmacy from the 340B Program.

Control Type per HCRIS

Indicates the nature of the organization that operates a provider of services. Proprietary operations (control types 3–6) are not eligible for participation in the 340B Program.

Covered Entity (CE)

Section 340B(a)(4) of the Public Health Service Act specifies which covered entities are eligible to participate in the 340B Drug Program. These include qualifying hospitals, Federal grantees from HRSA, the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services' Office of Population Affairs, and the Indian Health Service. Covered entities include six categories of hospitals and 11 categories of non-hospitals.

Critical Access Hospital (CAH)

Critical Access Hospitals are designated by the Centers for Medicare and Medicaid Services. The defining legislation is Section 1820(c)(2) of the Social Security Act. To be eligible to participate in the 340B Drug Pricing Program, Critical Access Hospitals must meet the requirements of section 340B(a)(4)(L)(i) of the Public Health Service Act.

CSP

Defines the size of the cases for an NDC (i.e., if a case of a dozen bottles of 100 pills, CSP = 12).

D

DEA Number

A registration number assigned to health care providers by the U.S. Drug Enforcement Administration, allowing them to write prescriptions for controlled substances. Legally, the DEA number is solely to be used for tracking controlled substances. However, it is often used as a unique general "prescriber number" for anyone who can prescribe medication.

Disproportionate Share Adjustment Percentage (DSH%)

An adjustment applied to hospitals that treat a high percentage of low-income patients, resulting in an additional payment to those hospitals. Factors included in this adjustment are the sum of the ratios of Medicare Part A Supplemental Security Income (SSI) patient days to total Medicare patient days and Medicaid patient days to total patient days in the hospital. 340B covered entity hospitals must meet a certain threshold for DSH percentage (greater than 11.75% for DSH, PED, and CAN; greater than or equal to 8% for RRC and SCH)

Disproportionate Share Hospital (DSH)

One of the categories of hospitals that are eligible to participate in the 340B Program. Disproportionate Share Hospitals serve a significantly disproportionate number of low-income patients and receive payments from the Centers for Medicaid and Medicare Services to cover the costs of providing care to uninsured patients. Disproportionate share hospitals are defined in Section 1886(d)(1)(B) of the Social Security Act. To be eligible to participate in the 340B Program, disproportionate share hospitals must meet the requirements of section 340B(a)(4)(L) of the Public Health Service Act.

Duplicate Discount

Section 340B(a)(5)(A)(i) of the Public Health Service Act prohibits duplicate discounts; that is, manufacturers are not required to provide a discounted 340B price and a Medicaid drug rebate for the same drug. Covered entities must have mechanisms in place to prevent duplicate discounts. Upon enrollment in the 340B Program, covered entities must determine whether they will use 340B drugs for their Medicaid patients (carve-in) or whether they will purchase drugs for their Medicaid patients through other mechanisms (carve-out) in order to comply with the duplicate discount prohibition.

E

Edit Date

The 340B OPAIS uses the term "edit date" to denote the date that a 340B entity's information was edited. Edits can occur at any time.

Employer Identification Number (EIN)

A nine-digit number assigned by the U.S. Internal Revenue Service (also known as a Federal Tax Identification Number) used to identify a business entity for tax purposes.

External User

Non-HRSA user who has created an account. External users may or may not have any associations with a covered entity or a manufacturer. External users must follow a two-step authentication process to log into the system.

F

Family Planning – Title X (FP)

One of the categories of non-hospitals that are eligible to participate in the 340B Program. Title X family planning clinics receive funding from the Title X Family Planning Program to provide contraceptive services, counseling, and reproductive health-related preventive services, with priority given to low-income people. Title X family planning clinics must apply for the 340B program through their grantee organization. Title V (state-funded) family planning clinics are not eligible for the 340B program.

Federally Qualified Health Center

One of the categories of non-hospitals that are eligible to participate in the 340B Program. Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. Federally Qualified Health Centers may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.

Federally Qualified Health Center Look-Alike (FQHCLA)

One of the categories of non -hospital covered entities that participate in the 340B program. FQHC look-alikes are community-based health care providers that meet the requirements of the HRSA Health Center Program but do not receive Health Center Program funding.

Filing Date

The date when the Cost Center report was filed (required field for all hospital registrations). This date must be (1) greater than the cost reporting period end date, (2) not older than a year, and (3) not a future date.

Free Standing Cancer Hospital (CAN)

One of the categories of hospital covered entities that are eligible to participate in the 340B Program. Freestanding Cancer Hospitals are independent, non-profit hospitals that treat patients with cancer. For-profit hospitals are not eligible to participate in the 340B program. To be eligible to participate in the 340B Drug Pricing Program, Freestanding Cancer Hospitals must either: (1) have a disproportionate share adjustment percentage greater than 11.75% for the most-recently filed cost report; or (2) be eligible under a separate indigent care calculation that meets specific criteria including location in an urban area, 100 or more beds and net inpatient care revenues (excluding Medicare) for indigent care of more than 30% of net during the cost reporting period in which the discharges occur. This indigent care revenue must come from state and local government sources and Medicaid.

G

Grant

Financial assistance mechanism providing money, property, or both to an eligible entity to carry out an approved project or activity.

Group Purchasing Organization (GPO)

Disproportionate share hospitals (DSH), children's hospitals, and free-standing cancer hospitals participating in the 340B Program under 42 U.S.C. 256b(a)(4)(L) and (M) are subject to section 340B(a)(4)(L)(iii), which states that in order to participate in the 340B Program, these entities may not "obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement." Upon enrollment, the covered entity's AO

attests that the hospital will comply with the GPO Prohibition. This applies to the hospital as of the date of listing on the 340B OPAIS. The hospital AO attests to compliance with the GPO Prohibition during the annual recertification.

H

HCRIS

Healthcare Cost Report Information System – HCRIS contains annual reports submitted by healthcare providers to Medicare. It provides information to CMS that assists with the annual settlement summary between CMS and healthcare providers.

Health Resources and Services Administration (HRSA)

An agency of the U.S. Department of Health and Human Services, HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

Hospital Classification

Eligible hospitals must be (1) owned or operated by a state or local government, (2) private, non-profit hospital with state/local government contract, or (3) public or private non-profit hospital granted governmental powers. For-profit organizations are ineligible for participation in the 340B Program.

I

In-house Pharmacy

A pharmacy that is owned by and is a legal part of a 340B entity. Typically, in-house pharmacies are listed as shipping addresses of the entity and the entity owns the pharmacy license.

L

Labeler Code (NDC Number)

For 340B purposes, the portion of the 10-digit NDC number assigned by the FDA to identify a specific manufacturer. A given corporate entity may own multiple labeler codes.

M

Manufacturer (MFR)

As defined in section 1927(k)(5) of the Social Security Act, manufacturers include all entities engaged in (1) the production, preparation, propagation, compounding, conversion, or processing of prescription drug products or (2) the packaging, repackaging, labeling, relabeling, or distribution of prescription drug products. A manufacturer must hold legal title to or possession of the NDC number for the covered outpatient drug. Such term does not include a wholesale distributor of drugs or a retail pharmacy licensed under state law. "Manufacturer" includes entities that sell outpatient drugs to covered entities, whether or not the manufacturer participates in the Medicaid rebate program.

Medicaid Drug Rebate Program (MDRP)

The Medicaid Drug Rebate Program is a program that includes CMS, state Medicaid agencies, and participating drug manufacturers that helps to offset the federal and state costs of most outpatient prescription drugs dispensed to Medicaid patients.

Medicaid Exclusion File (MEF)

The Medicaid Exclusion File (MEF) lists covered entities that have decided to use 340B drugs for their Medicaid patients and to bill Medicaid for those drugs (carve-in). When covered entities choose to carve-in for Medicaid, they must provide the HRSA Office of Pharmacy Affairs with the Medicaid Provider Number/NPI used to bill Medicaid. These provider identifiers are listed in the MEF. Having this information in the MEF indicates to the states and manufacturers which drugs are not subject to Medicaid rebates, and helps ensure the prevention of duplicate discounts, as prohibited by the 340B statute. Covered entities are required to ensure that information in the MEF is accurate each quarter and at the time of annual recertification.

Medicare Provider Number (MPN)

The identification number of an institutional provider certified by the Centers for Medicare and Medicaid Services (CMS) to provide services to beneficiaries.

N

National Provider Identifier (NPI)

A unique 10-digit identification number for covered health care providers. Health care providers, all health plans, and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Native Hawaiian Health Centers (NH)

Non-hospital covered entities that participate in the 340B program and receive Native Hawaiian Health Care Systems Program funding through the HRSA Health Center Program appropriation to provide medical and enabling services to Native Hawaiians.

NDC

A unique 11-digit, 3-segment code numeric identifier assigned to each medication listed under Section 510 of the US Federal Food, Drug, and Cosmetic Act. The segments identify the labeler or vendor, product (within the scope of the labeler), and trade package (of this product). The first segment (4 or 5 digits) is assigned by the Food and Drug Administration (FDA). The second segment (3 or 4 digits) identifies a specific strength, dosage form, and formulation for a particular firm. The third segment (1 or 2 digits) identifies package forms and sizes.

O

Office of Pharmacy Affairs (OPA)

The HRSA office responsible for administering the 340B program.

P

Parent Entity

The main hospital facility of a covered entity that is eligible to use 340B drugs by virtue of enrollment in the 340B program. In contrast, hospital outpatient clinics/departments/services that have a different street address than the entity's main facility and are located outside the four walls of the main hospital, which are commonly called

"child sites," must be separately registered with OPA before they can begin using 340B drugs.

Participant

A registered entity or facility in the 340B program.

Password Reset

Changing of a password due to an expired or forgotten password at login.

PC

External user who is designated as a Primary Contact for an entity. This user can enter registrations and update entity information. This user can enter registrations, and update entity information. Any changes to an entity performed by the PC user must be attested to by the AO for that entity.

PS

Defines the size of a single package for an NDC (i.e., if a case of a dozen bottles of 100 pills, PS = 100).

Public User

A user who either does not have an account or is not logged in for a covered entity.

R

Recertification

340B covered entities must annually recertify their eligibility to remain in the 340B Program and continue purchasing covered outpatient drugs at discounted 340B prices. As part of this process, the Authorizing Official of each 340B covered entity certifies basic information about the entity and its 340B compliance. Covered entities with inaccurate information in the 340B OPAIS run a high risk of being removed from the program.

Rural Referral Center (RRC)

One of the categories of hospital covered entities that are eligible to participate in the 340B Program. Rural Referral Centers are high-volume acute-care rural hospitals that treat a

large number of complicated cases. Hospitals classified as Rural Referral Centers may be eligible to participate in the 340B Drug Pricing Program if they have a disproportionate share adjustment percentage equal to or greater than 8 percent for the most recently filed Medicare cost report and meet the requirements of section 340B(a)(4)(L)(i) of the Public Health Service Act.

Ryan White Program Grantees

One of the categories of non-hospital covered entities that receive federal funding to provide HIV/AIDS treatment and related services to people living with HIV/AIDS who are uninsured or under-insured. In addition, the funding is used for technical assistance, clinical training, and the development of innovative models of care. The Ryan White HIV/AIDS Program is authorized by Title XXVI of the Public Health Service Act.

S

Sexually Transmitted Diseases (STD) Clinic

One of the categories of non -hospital covered entities that diagnose and treat sexually transmitted diseases and receive funding from their state and local health departments through the Sexually Transmitted Disease Control Program administered by the Centers for Disease Control and Prevention. STD clinics must apply for the 340B program through their state program director.

Shipping Address

An address authorized to receive 340B drugs on behalf of a covered entity parent or child site and registered as such on the 340B OPAIS. Because pharmacies are not permitted to be registered as covered entity sites, they may be listed as shipping addresses of the parent entity or a registered outpatient child site, depending on the locations served by the pharmacy. When registering a new covered entity or a new outpatient facility online, the entity has a choice of listing shipping addresses under either the main entity's registration or the offsite facility's registration. Listing shipping addresses permits all parties to know where 340B drugs may be delivered by the manufacturer and wholesaler. Pharmacies that support multiple outpatient facilities should be listed as shipping addresses under the parent entity.

Sole Community Hospital (SCH)

One of the categories of hospital covered entities that are eligible to participate in the 340B Program. Sole Community Hospitals are designated by the Centers for Medicare and Medicaid Services. To be eligible to participate in the 340B Drug Pricing Program, Sole Community Hospitals must also have a disproportionate share adjustment percentage equal to or greater than 8 percent for the most-recently filed Medicare Cost Report and meet the requirements of Section 340B(a)(4)(L)(i) of the Public Health Service Act.

Start Date

Denotes an entity's start date in the 340B program. Entity start dates are updated quarterly.

T

Termination Date

The date in the 340B OPAIS on which a provider's participation in the 340B program is terminated. After its termination date, a provider can no longer purchase 340B drugs. OPA updates termination dates on a quarterly basis.

Tribal Contract/Compact with HIS (P.L. 93-638)

One of the categories of non-hospital covered entity groups that are eligible to participate in the 340B Program. Tribal Contract or Compact Health Centers (also called a 638 contract or compact) are operated by Tribes or Tribal organizations and Urban Indian Health Centers are outpatient health care programs and facilities that specialize in caring for American Indians and Alaska natives. They are operated under the Indian Self-Determination Act. To be eligible to participate in the 340B Drug Pricing Program, these health centers must be operated by programs funded under P.L. 93-638 or 25 USCS §1651.

Tuberculosis (TB) Clinic

One of the categories of non-hospital covered entities that are eligible to participate in the 340B Program. These entities receive funding from their state tuberculosis control offices to prevent, diagnose and treat tuberculosis. The Centers for Disease Control and Prevention administers the program.

U

URA

The CMS Medicaid Drug Rebate (MDR) system performs the URA calculation using the drug manufacturer's pricing. The specific methodology used is determined by law and depends upon the drug's classification. Drug manufacturers remain responsible for correctly calculating the URA for their covered outpatient drugs.

Urban Indian (UI)

One of the categories of non-hospital covered entities that are eligible to participate in the 340B Program. Urban Indian Health Centers are designated Federally Qualified Health Centers that provide comprehensive primary care and related services to American Indians and Alaska Natives. The facilities are owned or leased by Urban Indian organizations and receive grant and contract funding through Title V of the Indian Health Care Improvement Act. To be eligible to participate in the 340B Drug Pricing Program, these health centers must be operated by programs funded under P.L. 93-638 or 25 USCS §1651.

INDEX

A

Account Creation 30
Account Lockout 39
AO and PC Contact Information 185
AO Attestation
  CE Change Requests 56
  CE Recertification 66
    Resubmitting 66
    Resubmitting a Recertification 68
    Termination during Recertification 73
  CE Registration Resubmissions 70
  CE Registrations and Reinstatements 54
  CE Terminations 58
  Contract Pharmacy Registration 61
  Contract Pharmacy Rep Changes 62
  Contract Pharmacy Termination 63
AO Change Requests
  Covered Entities 253
Attachments
  CE Registration
    Hospitals 161
    Outpatient Facilities 190
  CE Search Details 90
  Recertification 295
Authentication Code Email 34

B

Banner Messages 29

C

Change Hospital Entity Type during Registration 173
Change Requests
  Covered Entity 230
Contact Information
  Hospital Registration 135
  Non-Hospital Registration 207
  Outpatient Facility 185
Contract Pharmacies
  Edit CP Representative 224
  Registering 218
  Terminating 227
Contract Pharmacy Search 102
  Enter Criteria 102
  Export Details 106
  View Contract Details 106
    Print 106
  View Pharmacy Details 105
    Print 106
  View Results 104
Covered Entity Registration
  AO Change Requests 253
  Change Requests 230
  Hospitals 128
  Non-Hospitals 197
  Outpatient Facilities 176
  Termination 259
Covered Entity Search
  Enter Criteria 83
  Export Results 97

View Details
Comments ... 89
Contract Pharmacy ... 93
Cost Center ... 90
Entity History ... 96
Grantee Contract Pharmacies (CH and FQHCLA) ... 95
Grantees (CH and FQHCLA) ... 96
Medicaid Billing ... 90
MPN Attachments ... 92
Parent/Child ... 95
Print ... 87
Qualification Info ... 90
Shipping Addresses ... 93
View Results ... 85
Create Account ... 30

D

Daily Reports ... 316
Contract Pharmacy Daily Report ... 329
Covered Entity Daily Report ... 316
Manufacturer Daily Report ... 329
Data Tables
Filtering ... 117
Text Columns ... 119
Page Navigation ... 126
Resizing ... 126
Sorting ... 116

E

Edit CP Representative ... 224
Expired Password ... 38
Export
Contract Pharmacy Search Results ... 106
Covered Entity Search Results ... 97
Manufacturer Search Results ... 113

F

Filtering Data Tables
Text Columns ... 119

G

Group Purchasing Statutory Prohibition
Hospital Registration ... 169
Outpatient Facility Registration ... 194

H

Home Page
Banner Messages ... 29
Have Questions? ... 29
Keyboard Navigation ... 21
Page Footer ... 30
Page Header ... 21
Top Menu ... 22
What Would You Like to Do? ... 25
Hospital Registration
AO and PC Contact Information ... 135
CE Details and Address Information ... 131
Change Entity Type during Registration ... 173
Group Purchasing Prohibition ... 169
Medicaid Billing ... 165
Qualification Information ... 137
Reinstatements ... 175
Submit and Confirm ... 169
Upload Attachments ... 161
Hospital Reinstatement ... 175

K

Keyboard Navigation ... 21

L

Landing Page
My Tasks
Attest to CE Change Request 56
Attest to CE Recertification 66
Resubmitting a Recertification 68
Terminating a Recertification 73
Attest to CE Registration 54
Resubmission 70
Attest to CE Reinstatement 54
Attest to CE Termination 58
Attest to Contract Pharmacy
Registration 61
Rep Changes 62
Termination 63
Logging In 33
Authentication Code Email 34
Rules of Behavior
Long Form 35
Short Form 35
Logging Out 36

M

Manage Profile 36
Manufacturer
Search 109
Enter Criteria 110
Export Results 113
View Labeler Code Details 112
View Results 111
Medicaid Billing
Hospital Registration 165
Non-Hospital Registration 212
Outpatient Facility Registration 194
Medicaid Exclusion File(s) 313
My Dashboard
My Active/Approved Entities 77

N

Non-Hospital Registration 197
AO and PC Contact Information 207
Attachment Upload 209
Covered Entity Details 201
Medicaid Billing 212
Reinstatements 216
Submit and Confirm 212

O

Outpatient Facility Registration 176
Attachment Upload 190
Cost Center Information 187
Details and Address Information 182
Group Purchasing Prohibition 194
Medicaid Billing 194
Qualification Information 187
Resubmission 195
Search Results 181

P

Page Navigation in Data Tables 126
Password
Expired 38
Reset 37
Print
Covered Entity Details 87
CP Contract Details 106
CP Pharmacy Detals 106
Labeler Code Details 113
Profile, Manage 36

Q

Qualification Information (hospital registrations)
Children's Hospital (PED) 146
Critical Access Hospital (CAH) 138
Disproportionate Share Hospital (DSH) 142
Free Standing Cancer Hospital (CAN) 150
Rural Referral Hospital (RRC) 154
Sole Community Hospital (SCH) 158

R

Recertification
Duplicate Medicaid Numbers 285
Duplicate NPI Numbers 287
Recertifying a CE 278
Terminating a CE during Recertification 307
Upload Attachments 295
Registration
Hospitals 128
Non-Hospitals 197
Outpatient Facilities 176
Overview for CEs 128
Reinstatement
Hospitals 175
Non-Hospitals 216
Reports/Files
Contract Pharmacy Carve-ins 314
Daily Reports
CE Daily Report 316
CP Daily Report 329
Manufacturer Daily Report 329
Medicaid Exclusion File(s) 313
Public Reports
Manufacturer Daily Report 329
Reset Password 37
Resizing Data Tables 126
Rules of Behavior
Long Form 35
Short Form 35

S

Search
Contract Pharmacy 102
Enter Criteria 102
Export Details 106
View Pharmacy Details 105
Print 106
View Results 104
Covered Entity
Comments 89
Contract Pharmacy 93
Cost Center 90
Enter Criteria 83
Entity History 96
Export Results 97
Grantee Contract Pharmacies (CH and FQHCLA) 95
Grantees (CH and FQHCLA) 96
Medicaid Billing 90
MPN Attachments 92
Parent/Child 95
Qualification Info 90
Shipping Addresses 93
View Details
Print 87
View Results 85
Manufacturer 109
Enter Criteria 110
Export Results 113
View Labeler Code Details 112-113
View Results 111
speeding up searches 82
Sorting Data Tables 116
Speeding up searches 82

T

Termination
AO Attestation
Contract Pharmacy 63
Covered Entities 58
Covered Entities 259

W

What You Can Do 1