



OPA DATABASE GUIDE
FOR
PUBLIC USERS - COVERED ENTITY

AUGUST 2012
VERSION 4.2

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REGISTER A COVERED ENTITY

Objectives:

- Registering a new Covered Entity Online

DETAILS	EXAMPLE
<p>Registering a Covered Entity (CE)</p> <ul style="list-style-type: none"> • The Covered Entity (CE) Online Registration process is an automated process. • Online Registration Forms cannot be saved during the process, so the Registration form must be completed during the browser session. • Once an Online Registration form is submitted it is available to OPA for review. • After OPA approves an online CE registration, the Covered Entity can access and view the applicable CE Details record. • When OPA approves, terminates, or makes any changes to a Covered Entity Details record the Authorizing Official and Primary Contact receive an email notification with detailed information. 	<p>The screenshot shows the HRSA Office of Pharmacy Affairs website. At the top, there is a navigation bar with 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. Below this is a 'Useful Links' section with links to Help, Reports, User Guides, Forms, Termination Codes, Archived Medicaid Exclusion Files, Covered Entity Acronyms, Notes, and Contacts. The main content area is divided into three columns: 'Covered Entities', 'Contract Pharmacies', and 'Manufacturers'. Each column has a 'Search' link and a 'Register' link. There is also a 'What's New' section with a list of updates and an 'Important Notifications' section with a notice regarding the 340B registration period.</p>

REGISTERING A COVERED ENTITY

DETAILS

EXAMPLE

Select Entity Type

- Registration forms are completed in sections, and only include the sections that are relevant to the Program Type.
- As the system progresses through the process, it displays the previous sections completed.
- System does not advance to the next section until the current section is completed and validated.
- Once you start the Online Registration process, the main header identifies, *You are at Register a Covered Entity.*
- Throughout the registration process, required fields are indicated with an * asterisk. The system returns an error message if, 1) a required field is omitted, or 2) incorrect information is entered.
- Fields that are grayed-out cannot be edited.
- Use the Tab key to proceed through each section.

1. Click the Register a Covered Entity link on the Homepage.

2. Click on drop-down arrow for the Covered Entity Type and make a selection.

Drop-down list displays the expanded list of Covered Entity Registration forms available.

3. Click the **Continue** button.

HRSA Office of Pharmacy Affairs

Home Covered Entities Contract Pharmacies Manufacturers Reports

Useful Links

- » Help
- » Reports
- » User Guides
- » Forms
- » Termination Codes
- » Archived Medicaid Exclusion Files
- » Covered Entity Acronyms
- » Notes
- » Contacts

Covered Entities

- » Search Covered Entities
- » Search Medicaid Exclusion File
- » Register a Covered Entity**
- » Register an Outpatient Facility
- » Submit Change Request

Contract Pharmacies

- » Search Contract Pharmacies
- » Register a Contract Pharmacy

Manufacturers

- » Search Manufacturers
- » Register a Manufacturer

What's New

Office of Pharmacy Affairs will use this space to announce enhancements to the 340B Database as they occur. If you have a suggestion for how we can further improve the database, please send a message to us via the "Questions, Comments, or Suggestions" link at the bottom of the screen.

- 12/23/2009 – added pharmacy comments field.
- 06/04/2009 – made major improvement in reports, including conversion to csv files to improve performance, updated order of fields, field names, etc.
- 01/01/2009 – rearranged Grant/Provider number and Entity Type fields in the record view.
- 04/24/2009 – added online registration for FP covered entities.
- 02/20/2008 – added Start and Termination Date columns to the "Children Entities" and "Other Related Entities" displays.

Important Notifications

NOTICE REGARDING THE 340B REGISTRATION PERIOD
On July 24, the Health Resources and Services Administration (HRSA) issued a Federal Register notice to inform stakeholders of revised deadlines for registration of new covered entities and for adding outpatient facilities and contract pharmacy arrangements to the 340B Drug Pricing Program (340B Program). This revised registration process is effective October 1, 2012. The new deadlines are as follows:

Registration Period	Start Date
October 1 - October 15	January 1
January 1 - January 15	April 1
April 1 - April 15	July 1
July 1 - July 15	October 1

If the last date falls on a Saturday, Sunday, or Holiday, the following Monday will be the deadline.

This notice replaces all previous 340B Program guidance documents addressing the deadline and enrollment period for the 340B Program registration of new covered entities, addition of outpatient facilities and contract pharmacies, including any individual correspondence issued by HRSA on the subject.

The Office of Pharmacy Affairs will be hosting a webinar to review the new process with all stakeholders in the next few weeks. Specific information regarding the upcoming webinar will be sent in a future email and will be available on our [website](#). If you have any questions, please send them to OPA.

Please note that for the quarter beginning October 1, 2012, the deadline remains September 1.

The Federal Register notice may be reviewed [here](#).

FOR DIRECT ASSISTANCE
Please call 1-800-628-6297 or email the [Pharmacy Services Support Center](#) for technical assistance.

You are entering an official US Government computer network! NEVER save your user-ID or password when accessing this system (especially on non-government computers). Please Note: You are entering an official United States government system, which may be used only for authorized purposes. This system may contain nonpublic HRSA information within the meaning of 12 CFR 4.32(b) that is subject to use and disclosure restrictions specified at 12 CFR 4.37. The unauthorized use or disclosure of nonpublic HRSA information or the unauthorized modification of any information stored on this system may result in criminal prosecution or administrative proceedings.

HHS Privacy Policy Notice

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

July 26, 2012
9:17 AM ET

Questions, Comments, or Suggestions
Email Us: ask@hrsa.gov
Call Us: 1 - 800 - 628 - 6297

HRSA 340B

You are at Register a Covered Entity.

Home Covered Entities Contract Pharmacies Manufacturers Reports

***Covered Entity Type:**

- Children's Hospital
- Select a Program Type
- Black Lung Clinics Program
- Children's Hospital
- Comprehensive Hemophilia Treatment Center
- Consolidated Health Center Program
- Critical Access Hospital
- Disproportionate Share Hospital
- Family Planning (Title X only)
- Federally Qualified Health Center Look-Alike
- Free Standing Cancer Hospital
- Native Hawaiian Health Care Program
- Rural Referral Center
- Ryan White Part A
- Ryan White Part B
- Ryan White Part B ADAP Direct Purchase
- Ryan White Part B ADAP Rebate Option
- Ryan White Part C
- Ryan White Part D
- Ryan White Part F
- Sexually Transmitted Diseases
- Sole Community Hospital
- Tribal Contract/Compact with IHS (P.L. 93-638)
- Tuberculosis
- Urban Indian

Continue

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

Questions, Comments, or Suggestions
Email Us: OPA340BProgram@hrsa.gov
Call Us: 1 - 800 - 628 - 6297

REGISTERING A COVERED ENTITY

DETAILS	EXAMPLE
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Canceling a Registration

At anytime during the Registration process, clicking the button presents a pop-up window.

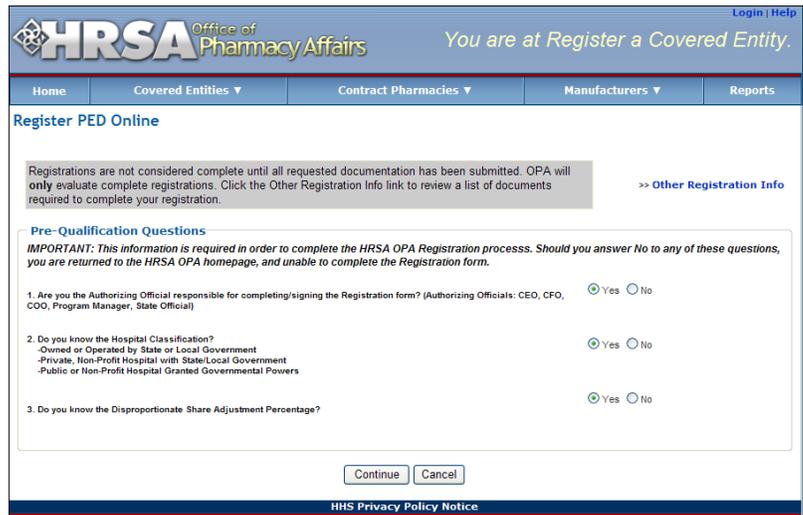
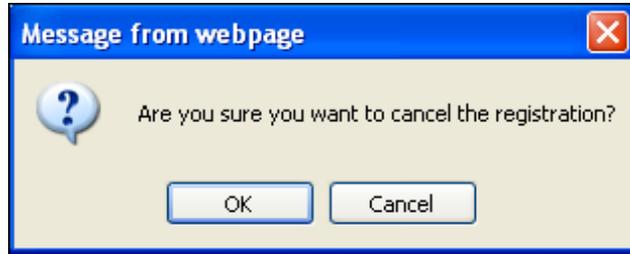
- Click the button and the Registration is discontinued and return to the HRSA OPA 340B Homepage.
- Click the button to continue with the Registration.

Pre-Qual Questions

The Pre-Qual questions are required. It is recommended to discontinue the Registration if uncertain about questions, or required information is not available.

- The specific Pre-Qualification Questions are determined by the Entity Type selected.
- Answering **No** to any of the Pre-Qual questions, returns to the HRSA OPA 340B Homepage.

1. Click on Yes radio buttons.
 2. Click the button to continue Covered Entity Registration.
- Other Registration Info link provides information pertaining to registration deadlines, and other information to address registration questions.



HOSPITAL REGISTRATIONS

For additional information regarding hospital eligibility requirements please refer to <http://www.hrsa.gov/opa/dsh.htm> (for Disproportionate Share Hospitals (DSH)) or <http://www.hrsa.gov/opa/acaentities.htm> (for all other hospital types).

DOCUMENTATION NECESSARY FOR SUCCESSFUL REGISTRATION

The following documents are needed in order to complete your registration:

- MOST RECENTLY FILED MEDICARE COST REPORT
 - From the hospital's most recently filed Medicare Cost Report, provide:
 - Worksheet A
 - Worksheet E Part A
 - Worksheet S-2
 - Worksheet C

REGISTERING A COVERED ENTITY

DETAILS	EXAMPLE
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Error Messages

If a question is not answered, the system provides an error message in red, explaining the error. In order to proceed, all questions must be answered.

Instructions

Instructions for completing the 340B Registration provides information about dates and general details for registering a Covered Entity.

- Provide the applicable dates Covered Entity become effective based on the submission dates.
- Scroll bars provide ability to read the Instructions in their entirety.

The screenshot shows the HRSA 340B registration interface. A red box highlights an error message: "Errors: Please select an answer for Pre-Qualification Question 3". Below the error, there are three pre-qualification questions with radio button options for "Yes" and "No".

The screenshot shows the HRSA 340B registration interface. A red box highlights a vertical scroll bar on the right side of the "Instructions for Completing the 340B Registration Process" section. The instructions include a note that the registration process must be completed within the same browser session and provides registration deadlines for December 1 and January 1.

REGISTERING A COVERED ENTITY

DETAILS

EXAMPLE

Adding Multiple Shipping Addresses

1. Unselect the checkbox for Shipping Address
 2. Click on the **Add** button and new Shipping Address fields display.
 3. Enter the applicable address information.
 4. Click the **Continue** button and the shipping address is added.
- Continue these same steps to add unlimited shipping addresses.
 - Each new address is listed below the Billing Address.
 - Click the Edit button next to the applicable address to edit the address.
 - Click the Delete button next to the applicable address to delete the address.

Qualification Information

Qualification Information section **only** displays for Hospital Covered Entity types and the information required differs based on the Hospital type.

- Covered Entity hospital types: Children’s Hospital, Critical Access, Disproportionate Share Hospital, Free Standing Cancer, Sole Community, and Rural Referral Center.

1. Click the checkbox next to Entity is a.....
2. Enter data in all applicable fields.
3. Click the **Continue** button.

The screenshot shows the 'Register PED Online' form. The 'Covered Entity Details' section includes fields for Entity Name, Sub-Division Name, Medicare Provider Number, Entity Type, and Grant Number. The 'Covered Entity Address' section has fields for Main Address (Address Line 1 and 2), City, State, and Zip, along with a checkbox for 'Billing Address Same as Main' and a Billing Address section. The 'Shipping Address' section shows two added addresses, each with an 'Edit Delete' button. A red box highlights the first shipping address. 'Continue' and 'Cancel' buttons are at the bottom.

The screenshot shows the 'Qualification Information' section. It includes a checkbox for 'Entity is a Children’s Hospital pursuant to 1886(d) (1) (B) (iii) of the Social Security Act, and this status is recognized by CMS'. Below are fields for 'Disproportionate Share Adjustment Percentage' (15.25%), 'Cost Reporting Period From' (1/1/2009) to '12/31/2009', 'Calculation Date' (6/15/2010), 'Calculation Based On' (Official Determination from HHS Contractor), and 'Hospital Classification' (Private, Non-Profit Hospital with State/Local Govt Contract). A checkbox for 'Will you use a Group Purchasing Organization for outpatient drug purchase?' is set to 'No'.



This QI section is based on a Children’s Hospital CE, all fields are required.

REGISTERING A COVERED ENTITY

DETAILS

EXAMPLE

Date Fields

- Date fields are formatted and must be entered correctly or a message displays: **Please enter a valid cost reporting period end date.**
- Dates can be entered by:
 - Placing the cursor in the field and entering a date (01/05/2009).
 - Selecting date from the calendar widget.

Calculation Based On

- Calculation Based On field displays drop-down list these selections.

Hospital Classification

- Hospital Classification field displays drop-down list with these selections.
- Private, Non-Profit Hospital with State/Local Gov't Contract, requires additional contact information required later during the process.

Medicaid Billing Information

1. Click the applicable radio button.
- Answer **Yes** to the Medicaid Billing question, then an NPI or Medicaid Number must be entered.
 - Answer **No** to question and proceed to next section.

Calendar Widget

Dec	January 2009						Feb
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
28	29	30	31	1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	
1	2	3	4	5	6	7	

Today None Jan 2009

Calculation Based On Drop-Down List

Select One

- Official Determination from HHS Contractor
- Medicare Cost Report Data
- Independent Auditor
- Other

Hospital Classification Drop-Down List

Select One

- 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

Medicaid Billing Information Continue Undo

You must answer the following question regarding Medicaid Billing:

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

[Medicaid Exclusion Tutorial](#)

Medicaid Number(s): Add

Medicaid Number State

NPI Number(s): Add

NPI Number

REGISTERING A COVERED ENTITY

DETAILS

EXAMPLE

- Click the **Add** button for Medicaid and/or NPI Number section, and section expands.
 - Information can be added for both sections.
 - Medicaid Number includes State field.
 - NPI consists of 10 numbers.

3. Enter information.

4. Click on **Insert** button and information is added.

Click **Cancel** to remove information.

5. Click the **Continue** button.

- To edit Medicaid or NPI information, click the **Edit** button.

- To delete Medicaid or NPI numbers entered, click on the **Delete** button.

Medicaid Exclusion Tutorial

- Medicaid Exclusion Tutorial link accesses the Medicaid Exclusion Tutorial and Medicaid Exclusion File Basics, which provides information and links to additional information.

Medicaid Billing Information Continue Undo

You must answer the following question regarding Medicaid Billing:

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

Add

Medicaid Number	State	
892333	Maryland	Insert Cancel

NPI Number(s): Add

NPI Number	
1459023444	Insert Cancel

Medicaid Number(s): Add

Medicaid Number	State		
892333	MD	Edit	Delete

NPI Number(s): Add

NPI Number		
1459023444	Edit	Delete

Medicaid Billing Information Continue Undo

You must answer the following question regarding Medicaid Billing:

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

[Medicaid Exclusion Tutorial](#)

The screenshot shows the HRSA website header with the logo and navigation menu. Below the header, the page title is "Pharmacy Affairs & 340B Drug Pricing Program". On the right side, there is a section titled "Medicaid Exclusion Tutorial and Medicaid Exclusion File Basics" with two bullet points: "Medicaid Exclusion Tutorial" and "Medicaid Exclusion File Basics". Below this, there is another section titled "Medicaid Exclusion Tutorial" with a link to a PDF document: "Medicaid Exclusion Tutorial (PDF - 1,243 KB)".

REGISTERING A COVERED ENTITY

DETAILS	EXAMPLE
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Contact Information

1. Enter applicable information.
- Click the checkbox to make the Primary contact the same as the Authorizing Official.
2. Click the Continue button.

Local/State Gov't Official Contact

- This section **only** displays if *Private, Non-Profit Hospital with State/Local Government Contract* is selected as the Hospital Classification field in the Qualification Information section.
1. Enter applicable information.
 2. Click the Continue button.

Contact Information [Continue](#) [Undo](#)

Authorizing Official

*Name:

*Title:

*Phone: Ext.

*Email:

Make Primary Contact Information same as Authorizing Official

Primary Contact [Continue](#) [Undo](#)

*Name:

*Title:

*Phone: Ext.

*Email:

Local/State Government Official Contract Information [Continue](#) [Undo](#)

Since you chose 'Private, Non-Profit Hospital with State/Local Govt Contract' hospital classification, this Contract information is required.

Local/State Government Official

Gov't Contract Number / Identifier:

*Gov't Official Name:

*Gov't Official Title:

*Gov't Official Phone: Ext.

*Gov't Official Email:

Gov't official

*Address Line 1:

Address Line 2:

*City:

*State:

*Zip: -

REGISTERING A COVERED ENTITY

DETAILS

EXAMPLE

Review and Edit

- Prior to submitting the Registration form, each section can be edited.
- System automatically guides user through each section.

1. Click on **Edit** button for the applicable section to be edited, the section opens.
2. Make edits.
3. Click the **Continue** button and the information is updated.
 - **Undo** button restores information to original information.

4. Complete review.
5. Click the **Continue** button at the bottom of the screen.

HRSA Office of Pharmacy Affairs You are at Register a Covered Entity.

Home Covered Entities Contract Pharmacies Manufacturers Reports

Register PED Online

Covered Entity Details [Edit](#)

Entity Name: Eastern Shore Children's Hospital
 Entity Sub-Division Name:
 Medicare Provider Number: 493303
 Entity Type: Children's Hospital
 Grant Number:

Covered Entity Address [Edit](#)

Main Address
 3300 Eastern Avenue
 Salisbury, MD 22892-4309

Billing Address Same as Main

Billing Address
 Able Medical Billing
 P.O. Box 505
 Olney, MD 22895

Shipping Address Same as Main

Shipping Address

Shipping Address 1
 Eastern Shore Children's
 303 West Commerce
 Ocean City, MD 22980

Shipping Address 2
 Eastern Shore Children's
 5622 Pike Street
 Dunkirk, MD 22894

Qualification Information [Edit](#)

Entity is a Children's Hospital pursuant to 1886(d) (1) (B) (ii) of the Social Security Act, and this status is recognized by CMS
 Disproportionate Share Adjustment Percentage: 15.25%
 Cost Reporting Period From: 1/1/2009 to 12/31/2009
 Calculation Date: 6/15/2010
 Calculation Based On: Official Determination from HHS Contractor
 Hospital Classification: Private, Non-Profit Hospital with State/Local Govt Contract
 Will you use a Group Purchasing Organization for outpatient drug purchase? No

Medicaid Billing Information [Edit](#)

You must answer the following question regarding Medicaid Billing:
 Will you bill Medicaid for drugs purchased at 340B drug price? Yes No

Medicaid Number(s):

Medicaid Number	State
892333	MD

NPI Number(s):

NPI Number
1459023444

Contact Information [Edit](#)

Authorizing Official
 Name: James Conner
 Title: President
 Phone: 301-459-2345 Ext:
 Email: jamesconner@xyz.com

Make Primary Contact Information same as Authorizing Official

Primary Contact
 Name: Eliseo Jenkins
 Title: CFO
 Phone: 301-459-2345 Ext:
 Email: eliseojenkins@xyz.com

Local/State Government Official Contract Information [Edit](#)

Since you chose "Private, Non-Profit Hospital with State/Local Govt Contract" hospital classification, this Contract information is required.

Local/State Government Official
 Gov't Contract Number/MD89031 Identifier:
 Gov't Official Name: Harry Walker
 Gov't Official Title: Representative
 Gov't Official Phone: 410-333-7899 Ext:
 Gov't Official Email: hwalker@zzz.com

Gov't Official
 2300 Circle Street
 Annapolis, MD 22789

Review All Steps

Please review all the steps and proceed to the next step.

[Continue](#) [Cancel](#)

HHS Privacy Policy Notice

REGISTERING A COVERED ENTITY

DETAILS	EXAMPLE
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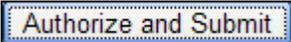
Authorize and Submit

- Signed By Official can be the same person as the Authorizing Official.
- Checkbox for Authorizing Signature must be indicated in order to Authorize and Submit.
- Checkbox for GPO statement **only** displays if a CE designates they are participating in a group purchasing arrangement as indicated in the Qualification Information section.
-  button allows users to go back to the Review and Edit screen before submitting the registration.

1. Enter applicable information.
2. Click on the appropriate Outpatient Facilities radio button.

Outpatient Facilities Question

- Outpatient Facilities question displays only for Hospital types at the bottom, and requires either a **Yes** or **No** answer.
- Outpatient Facility answer is **Yes**, then upon completing registration for the main Covered Entity an Outpatient Registration form opens.
- Outpatient Facility answer is **No**, then Covered Entity Registration proceeds to Confirmation/Print screen.

3. Click  button and the Confirmation/Print screen displays.



The screenshot shows the HRSA Office of Pharmacy Affairs 'Register PED Online' form. It includes a navigation menu with 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. The main content area has sections for 'Certification', 'Authorizing Signature', and 'Outpatient Facilities'. The 'Authorizing Signature' section contains fields for Name (James Conner), Title (President), Phone (301-459-2345), and Email (jamesconner@xya.com). The 'Outpatient Facilities' section has a question: 'Would you like to register outpatient facilities at this time?' with radio buttons for Yes and No. At the bottom, there are 'Back', 'Cancel', and 'Authorize and Submit' buttons, along with a 'HHS Privacy Policy Notice' link.

REGISTERING A COVERED ENTITY

DETAILS	EXAMPLE
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Confirmation/Print

1. Click the button and the applicable Registration forms display in separate browser(s) window.
 - Confirmation/Print screen acknowledges that the online portion of the Registration is completed.
 - Read the information, as it provides additional information for completing the Registration.

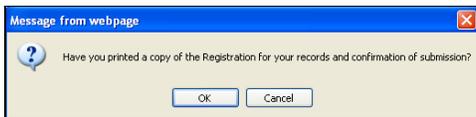


Always print a copy of the Online Registration form. If you do not print, there is no way to retrieve a copy for your records.



In order for pop-up windows to display, user must have Browser settings to allowing pop-ups.

2. Print the document(s).
3. Close the browser window(s).
4. Click the button and pop-up window displays.



5. Click the button and the Registration is completed, and returns to the HRSA OPA 340B Homepage.



button closes the pop-up window.

YOUR ELECTRONIC REGISTRATION REQUEST HAS BEEN SUBMITTED TO THE OFFICE OF PHARMACY AFFAIRS!

Registrations are not considered complete until all required documentation has been submitted.

If your Registration(s) and ALL supporting documents needed to confirm eligibility for the 340B Program are received by the deadline (the first day of the last month of the quarter), OPA will review them for participation beginning on the first day of the upcoming quarter.

If and when a Registration is approved, OPA will send an email with the subject line "340B Program Registration Confirmation" to the email address(es) provided in the Registration. The email will contain the effective date in the 340B program and the 340B ID, a unique number that OPA assigns to each Covered Entity site. The 340B ID is used by the manufacturers, wholesalers, and others to search the OPA database to verify participation in the 340B program. It is the entity's responsibility to tell its wholesaler or manufacturer that it is registered for the 340B prices when it places an order.

If you have any questions, please contact us at: Office of Pharmacy Affairs, Mail Stop 10C-03, 5600 Fishers Lane, Rockville, MD 20857, PHONE 1 - 800 - 628 - 6297, FAX (301) 594-4982.

[HHS Privacy Policy Notice](#)

Instructions for Completing the 340B Registration

Your registration process is now complete **unless** you are registering a hospital. The attached Online Registration form is for your records. If you are registering a hospital, please follow the **Special Instructions for completing the 340B Registration for Hospitals** section to complete your Registration process.

Once your Online Registration has been processed, the OPA will notify you (at the e-mail address that you provide on the Program Registration Form) of 1) your effective date in the 340B Program and 2) provide you with your 340B number, a unique number that OPA assigns to each covered entity. Please use this number in all correspondence to OPA. This is the number used by manufacturers, wholesalers, and others to search the OPA database to verify your participation in the 340B program. It is the entity's responsibility to tell its wholesaler or manufacturer that it is registered for 340B prices when it places an order. You may view the information for your entity on the OPA database by entering the 340B ID number in the field labeled "340B ID." New additions to the database are closed two weeks prior to the start of the quarter. If you do not see your entity listed on the database, you are **NOT** registered.

NOTE: Online Registration Forms that are electronically signed by an individual that OPA determines is not an acceptable authorizing official will not be processed. If you are in doubt regarding the acceptability of a signature, please contact the Pharmacy Services Support Center at 1-800-628-6297 or via email at

Special Instructions for Completing the 340B Registration for Hospitals

Based on the hospital type you are registering, the following pages may include **"Certification of Contract between a Hospital and State/Local Government to Provide Services to Low Income Individuals"** (applicable based on Hospital Classification). The following pages may also include **"Certification Regarding Non-Participation by a Hospital in a Group Organization (GPO)"** form. If either form is attached, you must submit the completed and signed form(s) to: Office of Pharmacy Affairs, 5600 Fishers Lane, Mail Stop 10C-03, Rockville, MD 20857 FAX (301) 594-4982. You can also email a copy of the signed, scanned form to opastaff@hrsa.gov. Your registration is not complete until the Office of Pharmacy Affairs receives these forms, if applicable.

HRSA's Office of Pharmacy Affairs is operating under the normal schedule and deadlines for all Covered Entities. The normal quarterly deadlines for application submission to OPA are a month before the start date in the 340B Program. The deadlines are **December 1, March 1, June 1 and September 1.**

DO NOT FAX THIS PAGE TO OPA

REGISTERING A COVERED ENTITY

DETAILS	EXAMPLE
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- 340B Online Registration printed form provides all information that was entered in the online registration form.

340B Online Registration

Covered Entity Details:

Entity Name:	Eastern Shore Children's Hospital	Entity Type:	Children's Hospital
Entity Sub-Division Name:		Grant Number:	
Medicare Provider Number:	493303		

Covered Entity Address Details:

Main Address
3300 Eastern Avenue
Salisbury, MD 22892-4309

Billing Address
Able Medical Billing
P.O. Box 505
Olney, MD 22895

Shipping Address

Shipping Address 1	Shipping Address 2
Eastern Shore Children's 303 West Commerce Ocean City, MD 22980	Eastern Shore Children's 5622 Pike Street Dunkirk, MD 22894

Qualification Information:

Entity is a Children's Hospital pursuant to 1886(d) (1) (B) (iii) of the Social Security Act, and this status is recognized by CMS
Disproportionate Share Adjustment Percentage: 15.25%
Cost Reporting Period From: 1/1/2009 to 12/31/2009
Calculation Date: 06/15/2010
Calculation Based On: Official Determination from HHS Contractor
Hospital Classification: Private, Non-Profit Hospital with State/Local Govt Contract
Will you use a Group Purchasing Organization for outpatient drug purchase? No

Medicaid Billing Information:
You must answer the following question regarding Medicaid Billing:
 I intend to bill Medicaid for drugs purchased at 340B Drug Prices

Medicaid Numbers:
MD-892333

NPI Numbers:
1459023444

The quarterly deadlines for data submission to OPA are December 1 for the quarter beginning January 1; March 1 for the quarter beginning April 1; June 1 for the quarter beginning July 1; and September 1 for the quarter beginning October 1.

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 burden is estimated to average 5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 14-33, Rockville, Maryland 20857.
OMB No. 0915-0327; Expiration Date: 8/31/2012

Revision date 6/8/2010

Contact Information:

Authorizing Official	Primary Contact	Signed By Official
James Conner President 301-459-2345 jamesconner@xyz.com	Ellen Jenkins CFO 301-459-2346 ellenjenkins@xyz.com	James Conner President 301-459-2345 x110 jamesconner@xya.com

Local/State Government Official

Contract Number / Identifier: MD89031

Harry Walker
Representative
hwalker@zzz.com

2300 Circle Street
Annapolis, MD 22789

REGISTERING A COVERED ENTITY

DETAILS

- State and Local Government form.

EXAMPLE

Dept. of Health and Human Services, Health Resources and Services Administration, HealthCare Systems Bureau

**OFFICE OF PHARMACY AFFAIRS (OPA)
CERTIFICATION OF CONTRACT BETWEEN A CHILDREN'S HOSPITAL AND
STATE/LOCAL GOVERNMENT TO PROVIDE HEALTH CARE SERVICES TO LOW
INCOME INDIVIDUALS**

To meet the eligibility requirements for a children's hospital to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be completed and signed by both parties. Incomplete forms will not be processed.

Eastern Shore Children's Hospital
Hospital Name

3300 Eastern Avenue, Salisbury, MD 22892
Address

Pursuant to the requirement of Section 340B of the Public Health Service Act (42 U.S.C. 256b), I certify that a valid contract (please provide contract number or identifier if applicable - # MD89031) is currently in place between the private, non-profit hospital named above, and the State or Local Government Entity named below, to provide health care services to low income individuals who are not entitled to benefits under Title XVIII of the Social Security Act or eligible for assistance under the State plan of Title XIX of the Social Security Act.

Signature of State or Local Government Official

Harry Walker
Name of State or Local Government Official (please print or type) Date

Representative
Title and Unit of Government

2300 Circle Street, Annapolis, MD 22789
Address

410-333-7899 hwalker@zzz.com
Phone Number Ext. E-Mail Address

As the Authorizing Official, I certify that when this contract is no longer valid, I will provide appropriate notice to the Office of Pharmacy Affairs.

Signature of Authorizing Official (CEO, CFO, COO) Date

James Conner, President
Name and Title of Authorizing Official (please print or type)

301-459-2345 jamesconner@xyz.com
Phone Number Ext. E-Mail Address

The quarterly deadlines for data submission to OPA are: December 1 for the quarter beginning January 1; March 1 for the quarter beginning April 1; June 1 for the quarter beginning July 1; and September 1 for the quarter beginning October 1.

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 burden is estimated to average 5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 14-33, Rockville, Maryland 20857.
OMB No. 0915-0327; Expiration Date: 8/31/2012 Revision date 6/8/2010

REGISTERING A COVERED ENTITY

DETAILS	EXAMPLE
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- Non-Participating Hospital in a Group Purchasing Program form prints if designated that CE is participating in this program.

Dept. of Health and Human Services, Health Resources and Services Administration, HealthCare Systems Bureau

**OFFICE OF PHARMACY AFFAIRS (OPA)
CERTIFICATION REGARDING NON-PARTICIPATION BY A CHILDREN'S
HOSPITAL IN A GROUP PURCHASING ORGANIZATION (GPO)**

To meet the eligibility requirements for a children's hospital to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be completed and signed. Incomplete forms will not be processed.

Eastern Shore Children's Hospital
Hospital Name

3300 Eastern Avenue
Address

Salisbury, MD 228924309

Once the above hospital has received written confirmation from the OPA that it has been accepted into the 340B Program, and is listed on the OPA database of 340B covered entities, I 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 on the OPA database.

Signature of Authorizing Official _____ Date _____

James Conner , President
Name and Title of Authorizing Official (please print or type)

3300 Eastern Avenue
Address

Salisbury, MD 228924309
City, State, Zip

301-459-2345 _____ 110 _____
Phone Number Ext.

jamesconner@xyz.com
E-Mail Address

Email Approval Notification

Upon review and approval from OPA, the Authorizing Official and Primacy Contact receive an email notification providing details and URL to access the Covered Entity Details record. Email includes:

- Effective date for participating in the 340B Program.
- Unique 340B ID number.
- Helpful links to URLs for OPA staff, etc.

Subject: PED513456 - 340B Program Registration Confirmation - Eastern Shore Children's Hospital

The Office of Pharmacy Affairs (OPA) has received your Program Registration form and has added Eastern Shore Children's Hospital at 3300 Eastern Avenue, Salisbury, MD 22892, as a PED covered entity in the 340B Program database. The effective date is 4/1/2012. Your unique 340B ID number is PED513456.

Please review the information entered for your organization, to ensure that there are no errors, at the following link:
<http://opamet.hrsa.gov/opa/default.aspx>

- In the middle section of the Home page under "Covered Entities," click the first option, "Search Covered Entities".
- Enter PED513456 in the field marked "340B ID".
- On the right under Advanced Search Criteria, select "Entities Added Next Quarter" from the Advanced Query Options drop down. Dates for next quarter will automatically populate. Click "Search".
- When the results display, click on the 340B ID number on the left to display the contents of the record.

Manufacturers and distributors frequently require exact matches of information in order to provide 340B pricing. It may be helpful to provide your 340B ID number (PED513456) to manufacturers and wholesalers to help them verify your 340B eligibility status.

If there are any errors or modifications, please report them to us immediately so that we may correct the record. Please reference your 340B ID number in the communication. To facilitate any changes, please use the Change Form at this link - <ftp://ftp.hrsa.gov/bphc/pdf/opa/340BChangeForm.rtf> - and email your changes to opastaff@hrsa.gov.

Please be advised that the 340B program requires that all sites that purchase drugs be registered in the program in order for patients of those sites to be eligible to receive 340B drugs. Only patients of a covered entity may receive drugs purchased under 340B. If your organization wishes to use 340B for patients of other sites, you will need to register each site. Online registration is available at: <http://opamet.hrsa.gov/opa/CERegister.aspx?isnew=true>

Updates on the 340B program are regularly posted on the Office of Pharmacy Affairs website at www.hrsa.gov/opa.

If you have not yet enrolled in the Prime Vendor Program, go to this link (<https://www.340bpop.com/public/>) to view information about the program and its benefits. There is NO ADDITIONAL COST to you to enroll and receive benefits from this arrangement, which include below 340B pricing on some products, CDC pricing on vaccines and special pricing for diabetic meters and strips.

OPA also wants to ensure that you are aware that through a contractual arrangement between HRSA and the American Pharmacists Association, the Pharmacy Services Support Center (PSSC) provides pharmacy technical assistance at NO COST to your organization. The PSSC technical assistance consultants are nationally recognized experts in pharmacy operations as well as 340B program guidelines and regulations. To request technical assistance or information on a specific 340B question, visit the PSSC web site at <http://pssc.aphanet.org/askpssc/needtechnicalassistance.htm> or call 1-800-628-6297.

If you have any questions, please contact us. Welcome to the program!

REGISTER OUTPATIENT FACILITY

Objectives:

- Registering an Outpatient Facility

DETAILS	EXAMPLE
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Registering an Outpatient Facility

- Outpatient Facility registration requires that a Covered Entity hospital type already is registered.
- Outpatient Facility registration can be done during registration process of the Covered Entity or as a separate registration.

Outpatient Facilities

Outpatient Facilities Information* - You must answer the following questions for Outpatient facilities.

* Would you like to register outpatient facilities at this time? Yes No

- Click the Register an Outpatient Facility link and the CE Search Criteria screen displays.
- Select link from Covered Entity Selection box
- or
- Covered Entities Menu bar.

The screenshot shows the HRSA Office of Pharmacy Affairs website interface. At the top, there is a navigation bar with links for Home, Covered Entities, Contract Pharmacies, Manufacturers, and Reports. Below this is a 'Useful Links' section with various options like Help, Reports, User Guides, Forms, Termination Codes, Archived Medicaid Exclusion Files, Covered Entity Acronyms, Notes, and Contacts. A 'What's New' section contains a notice regarding the 340B registration period, including a table of registration periods and start dates. A 'FOR DIRECT ASSISTANCE' section provides contact information. At the bottom, there is a 'HHS Privacy Policy Notice' and contact information for the U.S. Department of Health and Human Services (HHS) Office of Pharmacy Affairs (OPA) - 340B Program. The 'Register an Outpatient Facility' link is highlighted with a red box in the 'Covered Entities' menu.

Registration Period	Start Date
October 1 - October 15	January 1
January 1 - January 15	April 1
April 1 - April 15	July 1
July 1 - July 15	October 1

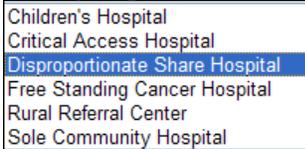
REGISTERING AN OUTPATIENT FACILITY

DETAILS

EXAMPLE

Covered Entity Search

- The more criteria entered the narrower the search results.
- Only Hospital Types can be selected to have an Outpatient Facility registered.



- State field – use the scroll bar to select the desired state, or select a letter key (M) until the applicable state displays.
- Participating field defaults to **All**.

All applies to:

- CE is approved as of today and actively participating in 340B Program.
- CE is terminated as of today.

Yes applies to:

- CE is approved as of today and actively participating in 340B Program.

No applies to:

- CE is approved as of today with a future start date.
- CE is terminated as of today.

- Alternative Method – pertains to shipping methods.
- **Clear** button clears entered information in all of the fields.
- **Cancel** button returns to HRSA OPA 340B Homepage.



REGISTERING AN OUTPATIENT FACILITY

DETAILS	EXAMPLE
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Searching for CE

1. Enter applicable search criteria.
2. Click the button and the Search Results table displays.

- For this Covered Entity search, 36 records are returned.
- Default Row/Page setting is for 10 records.
- To view all 36 records, either set the number of rows to 50 or place cursor on each page to view applicable Covered Entities.

1. Click on the radio button next to the Covered Entity to be selected.
2. Click the button.

340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
DSH20785	DSH	PRINCE GEORGE'S HOSPITAL CENTER		3001 HOSPITAL DRIVE	CHEVERLY	MD	10/01/2002	07/01/2008	03/08/2012
DSH20785A	DSH	PRINCE GEORGE'S HOSPITAL CENTER	BOWIE HEALTH CENTER	15001 HEALTH CENTER DRIVE	BOWIE	MD	07/01/2005	07/01/2008	03/08/2012
DSH210002	DSH	UNIVERSITY OF MARYLAND MEDICAL CENTER		22 SOUTH GREENE STREET	BALTIMORE	MD	10/01/2001		03/19/2012
DSH210002A	DSH	UNIVERSITY OF MARYLAND MEDICAL CENTER	UNIVERSITY PHARMACY AT THE PROFESSIONAL BUILDING	419 WEST REDWOOD STREET	BALTIMORE	MD	04/01/2003		03/19/2012
DSH210003	DSH	PRINCE GEORGE'S HOSPITAL CENTER		3001 HOSPITAL DRIVE	CHEVERLY	MD	10/01/2002		03/19/2012
DSH210003A	DSH	PRINCE GEORGE'S HOSPITAL CENTER		15001 HEALTH CENTER DRIVE	BOWIE	MD	07/01/2005		03/19/2012
DSH210004	DSH	HOLY CROSS HOSPITAL		1500 FOREST GLEN ROAD	SILVER SPRING	MD	09/02/2008		03/19/2012
DSH210008	DSH	MERCY MEDICAL CENTER		301 ST. PAUL PLACE	BALTIMORE	MD	10/01/2002		03/19/2012
DSH210009	DSH	JOHNS HOPKINS HOSPITAL		800 NORTH WOLFE STREET CARNEGIE 100	BALTIMORE	MD	07/01/2002		03/19/2012
DSH210009A	DSH	JOHNS HOPKINS HOSPITAL	THE JOHNS HOPKINS OUTPATIENT PHARMACY AT JHOC	601 N. CAROLINE	BALTIMORE	MD	07/01/2002		03/19/2012

REGISTERING AN OUTPATIENT FACILITY

DETAILS	EXAMPLE
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Covered Entity Outpatient Facilities Section

- Use the scroll bars to review Instructions for Completing registration form.
- Information that cannot be edited: Covered Entity Name, Type, Grant Number and Medicaid Provider Number, which are derived from the main CE record.
- All other fields can be completed.



Two eligibility based-questions feature checkboxes and are auto-populated. They pertain to 1) Using a Medicare Cost Report and/or 2) Using provider Based Status, for Existing Covered Entities Only.

Covered Entity Details

1. Enter applicable information.
2. Click the Continue button.

Yes, I would like to register Medicare Cost Report outpatient facilities for 340B Program.

Yes, I would like to register Provider based status outpatient facilities for the 340B Program.

REGISTERING AN OUTPATIENT FACILITY

DETAILS	EXAMPLE
----------------	----------------

Addresses

- Default is for Billing and Shipping Address to be the same as the main CE address.
- Unselecting the checkboxes for Billing and/or Shipping Address expands the section and allows alternate addresses to be entered.
- Multiple shipping addresses can be added.

1. Enter applicable address information.
2. Click the Continue button.

Qualification Information

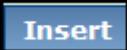
- QI Information cannot be edited as it is copied from the original Covered Entity QI information.

Medicaid Billing Information

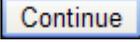
- Answer **Yes** to the Medicaid Billing question, then NPI Numbers and/or Medicaid Numbers must be entered.
 - Answer **No** to question and proceed to next section.
 - Medicaid Exclusion Tutorial link provides additional information.
1. Click the applicable radio button. If Yes is indicated, then a Medicaid and/or NPI Number must be added.

REGISTERING AN OUTPATIENT FACILITY

DETAILS

2. Click the **Add** button for Medicaid and/or NPI Number section, and section expands.
 - Information can be added for both sections.
 - Medicaid Number includes State field.
 - NPI consists of 10 numbers.
3. Enter information.
4. Click on  button and information is added.
5. Click the  button.

Contacts

1. Enter applicable information.
2. Click the  button.

EXAMPLE

Medicaid Billing Information [Continue](#) [Undo](#)

You must answer the following question regarding Medicaid Billing:

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

[Medicaid Exclusion Tutorial](#)

Medicaid Number(s): [Add](#)

Medicaid Number	State	
<input type="text" value="8934599"/>	<input type="text" value="Maryland"/>	<input type="button" value="Insert"/> <input type="button" value="Cancel"/>

NPI Number(s): [Add](#)

NPI Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Information [Continue](#) [Undo](#)

Primary Contact

*Name:

*Title:

*Phone: Ext:

*Email:

REGISTERING AN OUTPATIENT FACILITY

DETAILS	EXAMPLE
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Review and Edit

- Prior to submitting the Outpatient Facilities Registration form, each section can be edited.
- System automatically guides user through each section.

1. Click the **Edit** button in the applicable section to be edited, the section opens.

2. Make edits.

3. Click the **Continue** button in the section to be updated. **Undo** button restores information to original information.

4. Click the **Continue** button at the bottom of the screen, and the Authorize and Submit screen displays.

HRSA Office of Pharmacy Affairs You are at Register an Outpatient Facility. [Login](#) [Help](#)

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Register DSH Online

Covered Entity Outpatient Facilities
 Covered Entity Name: UNIVERSITY OF MARYLAND MEDICAL CENTER Covered Entity Type: Disproportionate Share Hospital

Covered Entity Details [Edit](#)
 *Covered Entity Name: UNIVERSITY OF MARYLAND MEDICAL CENTER *Covered Entity Type: Disproportionate Share Hospital
 Covered Entity Sub-Division Name: University of MD Women's Center Grant Number:
 Medicare Provider Number: 210002 Outpatient Facility Medicare Provider Number:
 Yes, I would like to register Medicare Cost Report outpatient facilities for 340B Program.

Covered Entity Address [Edit](#)
Main Address
 200 East Harbor Place
 Baltimore, MD 22890
 Billing Address Same as Main
 Shipping Address Same as Main

Qualification Information
 Entity is a Disproportionate Share Hospital (as defined in section 1886(d)(1)(B) of the Social Security Act), and this status is recognized by CMS.
 Disproportionate Share Adjustment Percentage: %
 Cost Reporting Period From: to
 Hospital Classification: Private, Non-Profit Hospital with State/Local Govt Contract
 Will you use a Group Purchasing Organization for outpatient drug purchase? No

Medicaid Billing Information [Edit](#)
 You must answer the following question regarding Medicaid Billing:
 Will you bill Medicaid for drugs purchased at 340B drug price? Yes No

Medicaid Number(s):

Medicaid Number	State
8934599	MD

NPI Number(s):

Contact Information [Edit](#)
Primary Contact
 Name: Sally Moore
 Title: CFO
 Phone: 301-262-5890 Ext:
 Email: sally.moore@ox.com

Review All Steps
 Please review all the steps and proceed to the next step.
[Continue](#) [Cancel](#)

HHS Privacy Policy Notice

REGISTERING AN OUTPATIENT FACILITY

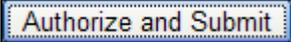
DETAILS	EXAMPLE
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Authorize and Submit

- Signed By Official can be the same person as the Authorizing Official.
- Before submitting  button allows users to go back to the **Review and Edit** screen.
- Outpatient Facilities question displays at the bottom, and requires either a **Yes** or **No** answer.
- Outpatient Facility answer is **No**, then Outpatient Facility Registration form proceeds to Confirmation/Print screen.
- Outpatient Facility answer is **Yes**, then upon completing registration for the main Covered Entity an Outpatient Registration form opens.

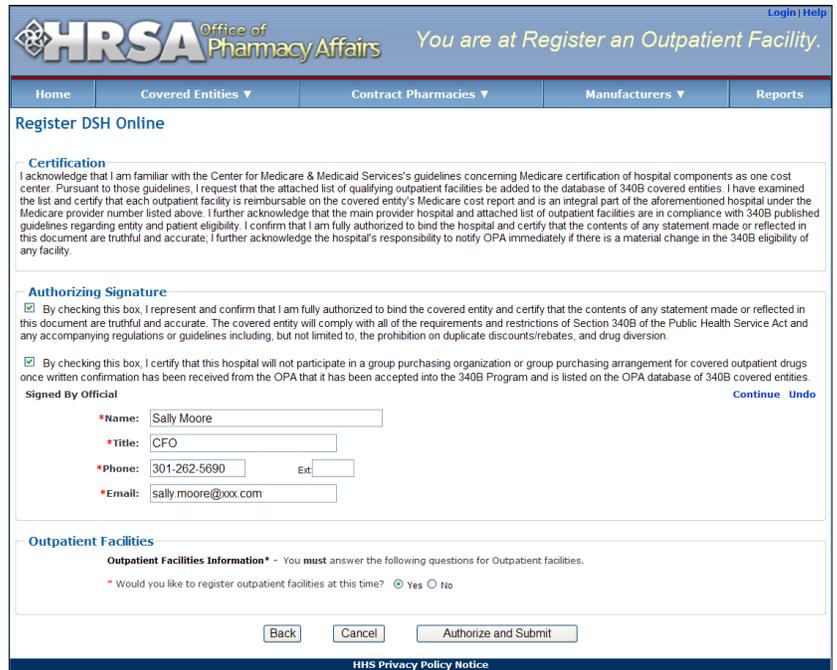
1. Click the  checkbox(es) for Authorizing Signatures.
2. Enter applicable information.
3. Select appropriate Outpatient Facilities radio button.

 *Yes, I would like to register an outpatient facility at this time is selected for this example.*

4. Click the  button.

Registering Multiple Outpatient Facilities

- There are no limitations to the number of Outpatient Facilities that can be registered with the main Covered Entity.



Register DSH Online

Certification
I acknowledge that I am familiar with the Center for Medicare & Medicaid Services's guidelines concerning Medicare certification of hospital components as one cost center. Pursuant to those guidelines, I request that the attached list of qualifying outpatient facilities be added to the database of 340B covered entities. I have examined the list and certify that each outpatient facility is reimbursable on the covered entity's Medicare cost report and is an integral part of the aforementioned hospital under the Medicare provider number listed above. I further acknowledge that the main provider hospital and attached list of outpatient facilities are in compliance with 340B published guidelines regarding entity and patient eligibility. I confirm that I am fully authorized to bind the hospital and certify that the contents of any statement made or reflected in this document are truthful and accurate; I further acknowledge the hospital's responsibility to notify OPA immediately if there is a material change in the 340B eligibility of any facility.

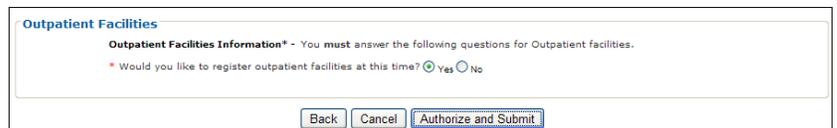
Authorizing Signature
 By checking this box, I represent and confirm that I am fully authorized to bind the covered entity and certify that the contents of any statement made or reflected in this document are truthful and accurate. The covered entity will comply with all of the requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition on duplicate discounts/rebates, and drug diversion.
 By checking this box, I certify that this hospital will not participate in a group purchasing organization or group purchasing arrangement for covered outpatient drugs once written confirmation has been received from the OPA that it has been accepted into the 340B Program and is listed on the OPA database of 340B covered entities.

Signed By Official [Continue](#) [Undo](#)

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

Outpatient Facilities
Outpatient Facilities Information* - You must answer the following questions for Outpatient facilities.
* Would you like to register outpatient facilities at this time? Yes No

HHS Privacy Policy Notice



Outpatient Facilities
Outpatient Facilities Information* - You must answer the following questions for Outpatient facilities.
* Would you like to register outpatient facilities at this time? Yes No

REGISTERING AN OUTPATIENT FACILITY

DETAILS

- As each Outpatient Facility is submitted with the primary CE registration, the Outpatient is listed in the Outpatient Facilities Added section.
- Once all Outpatient Facilities have been added, and *No, at this time I do not want to add outpatient facilities*, radio button is indicated, proceed to complete the registration process.

- Click the Authorize and Submit button and the Confirmation/Print screen displays.

EXAMPLE

HRSA Office of Pharmacy Affairs You are at Register an Outpatient Facility. Login | Help

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Register DSH Online

Covered Entity Outpatient Facilities
 Covered Entity Name: UNIVERSITY OF MARYLAND MEDICAL CENTER Covered Entity Type: Disproportionate Share Hospital

Outpatient Facilities Added

340B ID	Grant Number	Medicare Provider #	SubDivision Name	City	State	Zip	Contact Name
OUTPATIENT_ONLINE_REG		210002	University of MD Women's Center	Baltimore	MD	22890	Sally Moore

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.

HRSA's Office of Pharmacy Affairs is operating under the normal schedule and deadlines for all registrations. Deadlines for registrations are a month before the start date in the 340B Program.

Registration Deadline	Participant Start Date
November 1	January 1

Covered Entity Details

*Covered Entity Name: UNIVERSITY OF MARYLAND MEDICAL CENTER

Covered Entity Sub-Division Name: University Children's Center

Grant Number: (if known/applicable)

Medicare Provider Number: 210002 (only required for hospital entity types)

Outpatient Facility Medicare Provider Number: (if known/applicable)

Yes, I would like to register Medicare Cost Report outpatient facilities for 340B Program.

Continue Cancel

HHS Privacy Policy Notice

HRSA Office of Pharmacy Affairs You are at Register an Outpatient Facility. Login | Help

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Register DSH Online

Certification

I acknowledge that I am familiar with the Center for Medicare & Medicaid Services's guidelines concerning Medicare certification of hospital components as one cost center. Pursuant to those guidelines, I request that the attached list of qualifying outpatient facilities be added to the database of 340B covered entities. I have examined the list and certify that each outpatient facility is reimbursable on the covered entity's Medicare cost report and is an integral part of the aforementioned hospital under the Medicare provider number listed above. I further acknowledge that the main provider hospital and attached list of outpatient facilities are in compliance with 340B published guidelines regarding entity and patient eligibility. I confirm that I am fully authorized to bind the hospital and certify that the contents of any statement made or reflected in this document are truthful and accurate, I further acknowledge the hospital's responsibility to notify OPA immediately if there is a material change in the 340B eligibility of any facility.

Authorizing Signature

By checking this box, I represent and confirm that I am fully authorized to bind the covered entity and certify that the contents of any statement made or reflected in this document are truthful and accurate. The covered entity will comply with all of the requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition on duplicate discounts/rebates, and drug diversion.

By checking this box, I certify that this hospital will not participate in a group purchasing organization or group purchasing arrangement for covered outpatient drugs once written confirmation has been received from the OPA that it has been accepted into the 340B Program and is listed on the OPA database of 340B covered entities.

Signed By Official Continue Undo

*Name: Sally Moore

*Title: CFO

*Phone: 301-262-5690 Ext:

*Email: sally.moore@xxx.com

Outpatient Facilities

Outpatient Facilities Information* - You must answer the following questions for Outpatient facilities.

* Would you like to register outpatient facilities at this time? Yes No

Back Cancel Authorize and Submit

HHS Privacy Policy Notice

REGISTERING AN OUTPATIENT FACILITY

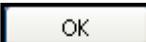
DETAILS	EXAMPLE
----------------	----------------

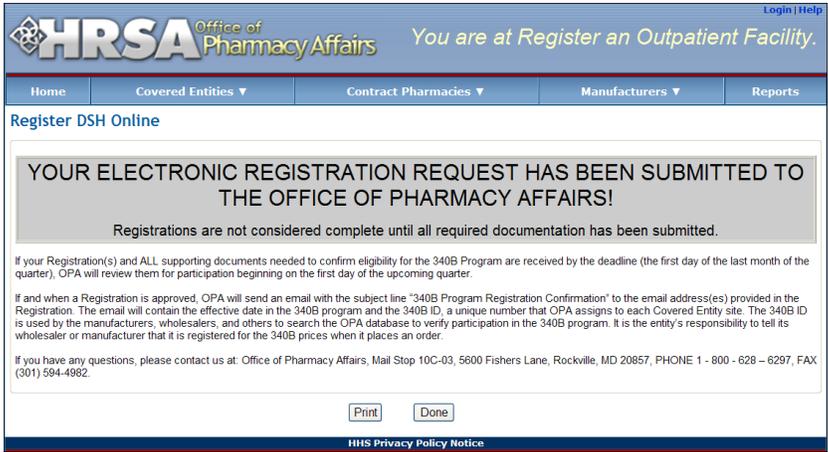
Confirmation and Print

2. Click the  button and browser window(s) open based on number of Outpatient Facilities registered, along with the main Covered Entity information.

3. Click the  button and message displays asking if you printed a copy for your records.



4. Click the  button and the HRSA OPA 340B Homepage displays.



CE SEARCH / RESULTS

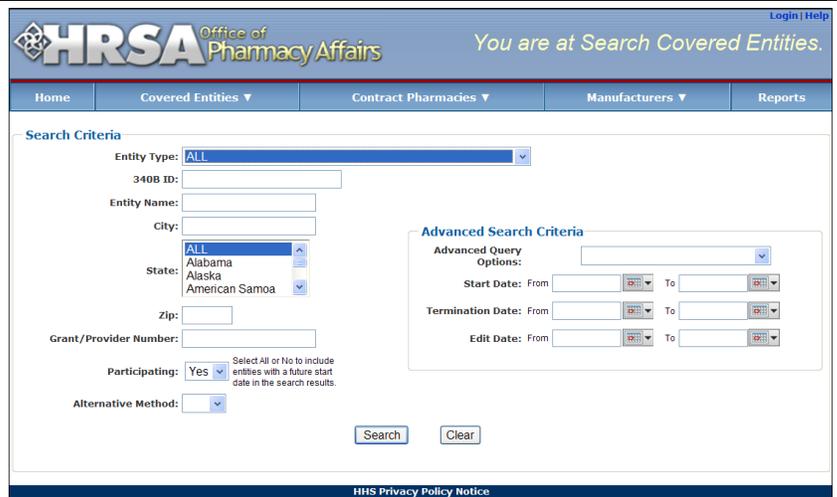
Objectives:

- Searching for Covered Entity and Displaying Results
- Exporting Data

CE SEARCH / SEARCH RESULTS	
DETAILS	EXAMPLE

CE Search Criteria

- CE Search Criteria screen provides search filters to select and view Covered Entity records, export data and create data export spreadsheets.
- Entity Name field searches on:
 - Partial names entered for Covered Entity and Subdivision Name.
 - Entity Name returns results with Entity/Subdivision Names as part of the name.
 - For example, enter East in the field, search results would include combinations for Covered Entities with “east” in the name such as, Eastern Hospital, Southeast Center, etc.
- Participating field default is Yes.
 - **Yes** applies to Covered Entities approved as of today and participating in 340B Program.
 - **All** applies to Covered Entities approved as of today and participating in 340B Program, approved as of today with a future start date, and terminated as of today.
 - **No** applies to Covered Entities terminated as of today.



- State field: Defaults to All.
 - Tip** - Multiple States can be selected by holding down the Control key.
 - Tip** – Select a range of states by holding down the Shift key.
- Search button initiates the search.
- Clear button clears the fields.

CE SEARCH / SEARCH RESULTS

DETAILS

Search Results

The Search Results displays in table format.

- Number of rows display default is 10, can be set be to 10 to 200 ROWS.

- Columns are sortable. Click the column heading to change sort to descending order. The default is by ascending order.

- checkbox selects all records in the Search Results table.
- Click a 340B ID number (i.e., DSH010001) link to view the Covered Entity Details record.
- **Show Search Criteria** button returns to Search screen, with results maintained.
- **Hide Search Criteria** hides the Search screen.

EXAMPLE

- Provides total number of Results returned.

<input type="checkbox"/>	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input type="checkbox"/>	DSH010001	DSH	SOUTHEAST ALABAMA MEDICAL CENTER		1108 ROSS CLARK CIRCLE	DOTHAN	AL	04/01/2005		03/21/2012
<input type="checkbox"/>	DSH010001A	DSH	SOUTHEAST ALABAMA MEDICAL CENTER	SOUTHEAST PAIN MANAGEMENT CENTER	208 HAVEN DRIVE	DOTHAN	AL	01/01/2010		03/21/2012
<input type="checkbox"/>	DSH010019	DSH	HELEN KELLER HOSPITAL		1300 S. MONTGOMERY AVE. PO BOX 610	SHEFFIELD	AL	04/01/2007		03/19/2012
<input type="checkbox"/>	DSH010021	DSH	DALE MEDICAL CENTER		126 HOSPITAL AVENUE	OZARK	AL	01/01/2010		03/19/2012
<input type="checkbox"/>	DSH010023	DSH	BAPTIST MEDICAL CENTER SOUTH		2105 EAST SOUTH BOULEVARD	MONTGOMERY	AL	09/20/2005		03/19/2012
<input type="checkbox"/>	DSH010024	DSH	JACKSON HOSPITAL AND CLINIC, INC.		1725 PINE STREET	MONTGOMERY	AL	07/01/2005		03/19/2012
<input type="checkbox"/>	DSH010025	DSH	LANIER HEALTH SERVICES		4800 48TH STREET	VALLEY	AL	07/01/2009		03/19/2012
<input type="checkbox"/>	DSH010027	DSH	HEALTHCARE AUTHORITY OF ELBA, INC.	ELBA GENERAL HOSPITAL	987 DRAYTON	ELBA	AL	01/01/2012		03/19/2012
<input type="checkbox"/>	DSH010029	DSH	EAST ALABAMA MEDICAL CENTER		2000 PEPPERELL PARKWAY	OPELIKA	AL	10/01/2004		03/20/2012
<input type="checkbox"/>	DSH010029A	DSH	EAST ALABAMA MEDICAL CENTER	MEDICAL ARTS DIAGNOSTICS	121 NORTH 20TH STREET, BUILDING 17	OPELIKA	AL	10/01/2004		03/20/2012

- Lists number of pages at the bottom, which changes if the number of rows is changed. Click on the next number to move to view the next group of records.

DATA EXPORT / EXPORT RESULTS

DETAILS **EXAMPLE**

Export Results

- To export data for specific Covered Entity records initiates from conducting a Covered Entity Search.

- Enter search criteria and Search Results table displays.
- Click on checkbox(es) for applicable Covered Entity record(s).
- Click the button and the Covered Entity Data Extract screen displays.

Search Criteria

Entity Type: Disproportionate Share Hospital

340B ID:

Entity Name:

City:

State:

Zip:

Grant/Provider Number:

Participating: Yes Select All or No to include entities with a future start date in the search results.

Alternative Method:

Advanced Search Criteria

Advanced Query Options:

Start Date: From To

Termination Date: From To

Edit Date: From To

Search Results:

HHS Privacy Policy Notice

Search Results:

The number of rows returned: 407 RowsPage: 10 Set

Select All	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input checked="" type="checkbox"/>	DSH010001	DSH	SOUTHEAST ALABAMA MEDICAL CENTER		1108 ROSS CLARK CIRCLE	DOTHAN	AL	04/01/2005		03/21/2012
<input checked="" type="checkbox"/>	DSH010001A	DSH	SOUTHEAST ALABAMA MEDICAL CENTER	SOUTHEAST PAN MANAGEMEN CENTER	208 HAVEN DRIVE	DOTHAN	AL	01/01/2010		03/21/2012
<input checked="" type="checkbox"/>	DSH010019	DSH	HELEN KELLER HOSPITAL		1300 S. MONTGOMERY AVE. PO BOX 610	SHEFFIELD	AL	04/01/2007		03/19/2012
<input checked="" type="checkbox"/>	DSH010021	DSH	DALE MEDICAL CENTER		126 HOSPITAL AVENUE	OZARK	AL	01/01/2010		03/19/2012
<input checked="" type="checkbox"/>	DSH010023	DSH	BAPTIST MEDICAL CENTER SOUTH		2105 EAST SOUTH BOULEVARD	MONTGOMERY	AL	09/20/2005		03/19/2012
<input checked="" type="checkbox"/>	DSH010024	DSH	JACKSON HOSPITAL AND CLINIC, INC.		1725 PINE STREET	MONTGOMERY	AL	07/01/2005		03/19/2012
<input checked="" type="checkbox"/>	DSH010025	DSH	LANIER HEALTH SERVICES		4800 48TH STREET	VALLEY	AL	07/01/2009		03/19/2012
<input checked="" type="checkbox"/>	DSH010027	DSH	HEALTHCARE AUTHORITY OF ELBA, INC.	ELBA GENERAL HOSPITAL	987 DRAYTON	ELBA	AL	01/01/2012		03/19/2012
<input checked="" type="checkbox"/>	DSH010029	DSH	EAST ALABAMA MEDICAL CENTER		2000 PEPPERELL PARKWAY	OPELIKA	AL	10/01/2004		03/20/2012
<input checked="" type="checkbox"/>	DSH010029A	DSH	EAST ALABAMA MEDICAL CENTER	MEDICAL ARTS DIAGNOSTICS	121 NORTH 20TH STREET, BUILDING 17	OPELIKA	AL	10/01/2004		03/20/2012

Page 1 of 41
1 2 3 4 5 6 7 8 9 10 ...

HHS Privacy Policy Notice



Message displays when more than 200 records have been selected for export.

Message from webpage

You have requested to export a significant number of records, which will have a negative impact on system performance for all users. Please narrow the search criteria to reduce the number of records or utilize the Daily Report (located on the reports menu).
Click 'OK' to continue with your export, or 'Cancel' to return to your search results.

Click button to continue with the export.

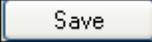
Click button to return to the Results table

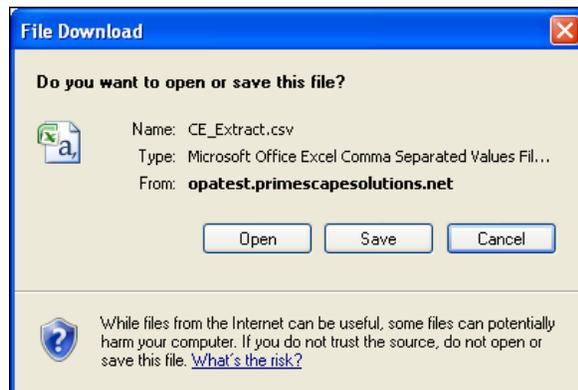
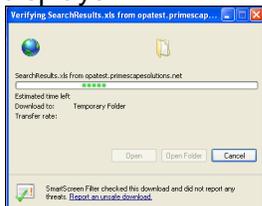
DATA EXPORT / EXPORT RESULTS

DETAILS

EXAMPLE

4. Select applicable checkbox(es) 
 - Default setting: all checkboxes are blank.
 - Select All – all categories and checkboxes are indicated.
 - Category headings (i.e., Covered Entity Details) indicates all checkboxes for that heading.
 - Individual checkboxes indicates only a checkbox for a particular item listed.
 - Click on checkbox to deselect.
5. Click the  button and the File Download window displays.

6. Select  button to open file, or  button to save file.
7. Verify Search Results window displays.



DATA EXPORT / EXPORT RESULTS

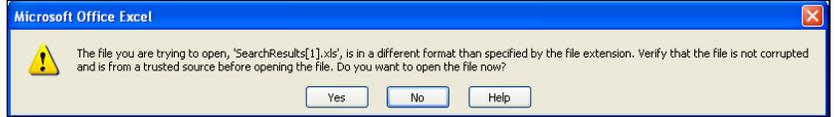
DETAILS	EXAMPLE
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8. Click the button to and the Excel spreadsheet displays. Or, Click the button to cancel.

- Excel spreadsheet displays with fields selected from Data Extract screen.

Export Displaying Multiple Rows

- Since it is possible for a Covered Entity to have multiple shipping addresses and Contract Pharmacies, an export will display a **separate row** for each possible combination. For example below, CAH161338-00 has 2 shipping addresses and 5 contract pharmacies for a total of 10 rows.



A	B	C	D	E	F	G	H	I	J	
1	Grant Num	340B ID	Entity Typ	Participati	Participating	Start Date	Entity Name	Entity Sub-Division Name	City	State
2	010019	DSH01001	DSH	TRUE		4/1/2007	HELEN KELLER HOSPITAL		SHEFFIELD	AL
3	010021	DSH01002	DSH	TRUE		1/1/2010	DALE MEDICAL CENTER		OZARK	AL
4	010023	DSH01002	DSH	TRUE		9/20/2005	BAPTIST MEDICAL CENTER SOUTH		MONTGOMERY	AL
5	010024	DSH01002	DSH	TRUE		7/1/2005	JACKSON HOSPITAL AND CLINIC, INC.		MONTGOMERY	AL
6	010001	DSH01000	DSH	TRUE		4/1/2005	SOUTHEAST ALABAMA MEDICAL CENTER		DOTHAN	AL
7	010001	DSH01000	DSH	TRUE		1/1/2010	SOUTHEAST ALABAMA MEDICAL CENTER	SOUTHEAST PAIN MANAGEMENT CENTER	DOTHAN	AL
8										

Multiple Shipping Addresses

1	Grant Number	340B ID	Entity Type	Participating	Participating Start Date	Entity Name	Shipping Organization	Shipping Address 1	Shipping Address 2	Shipping City	Shipping State	Shipping Zip
339	161336	CAH161336-00	CAH	TRUE	10/1/2011	Hegg Memorial Hospital		1200 21st Ave		Rock Valley	IA	51247
340	161336	CAH161336-00	CAH	TRUE	10/1/2011	Hegg Memorial Hospital		1200 21st Ave		Rock Valley	IA	51247
341	161336	CAH161336-01	CAH	TRUE	4/1/2012	Hegg Memorial Hospital						
342	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	WHEATON FRANCISCAN HEALTHCARE IOWA	3421 W 9TH ST		WATERLOO	IA	50702
343	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	Mercy Hospital of Franciscan Sisters- Pharmacy	201 8th Ave SE		Oelwein	IA	50662
344	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	WHEATON FRANCISCAN HEALTHCARE IOWA	3421 W 9TH ST		WATERLOO	IA	50702
345	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	Mercy Hospital of Franciscan Sisters- Pharmacy	201 8th Ave SE		Oelwein	IA	50662
346	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	WHEATON FRANCISCAN HEALTHCARE IOWA	3421 W 9TH ST		WATERLOO	IA	50702
347	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	Mercy Hospital of Franciscan Sisters- Pharmacy	201 8th Ave SE		Oelwein	IA	50662
348	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	WHEATON FRANCISCAN HEALTHCARE IOWA	3421 W 9TH ST		WATERLOO	IA	50702
349	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	Mercy Hospital of Franciscan Sisters- Pharmacy	201 8th Ave SE		Oelwein	IA	50662
350	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	WHEATON FRANCISCAN HEALTHCARE IOWA	3421 W 9TH ST		WATERLOO	IA	50702
351	161338	CAH161338-00	CAH	TRUE	9/30/2010	MERCY HOSPITAL OF FRANCISCAN SISTERS	Mercy Hospital of Franciscan Sisters- Pharmacy	201 8th Ave SE		Oelwein	IA	50662

Multiple Contract Pharmacies

1	Pharmacy Name	Pharmacy Begin Date	Pharmacy Term Date	Pharmacy Address 1	Pharmacy Address 2	Pharmacy City	Pharmacy State	Pharmacy Zip
339	LEWIS FAMILY DRUG #69	5/29/2012		1319 10TH STREET	PO BOX 154	ROCK VALLEY	IA	51247
340	LEWIS DRUG DISTRIBUTION CENTER	6/25/2012		700 E 54TH ST N		SIoux FALLS	SD	57104
341								
342	NuCara Pharmacy	6/22/2012		500 Second Street		Traer	IA	50675
343	NuCara Pharmacy	6/22/2012		500 Second Street		Traer	IA	50675
344	Phil's Pharmacy II	6/22/2012		101 Eddystone Drive		Hudson	IA	50643
345	Phil's Pharmacy II	6/22/2012		101 Eddystone Drive		Hudson	IA	50643
346	Phil's Pharmacy	6/22/2012		401 Main Street		Reinbeck	IA	50669
347	Phil's Pharmacy	6/22/2012		401 Main Street		Reinbeck	IA	50669
348	Meyer Health Mart Pharmacy	6/22/2012		110 10th Street southwest		Waverly	IA	50677
349	Meyer Health Mart Pharmacy	6/22/2012		110 10th Street southwest		Waverly	IA	50677
350	Medicap Pharmacy	6/22/2012		103 East 18th Street		Cedar Falls	IA	50613
351	Medicap Pharmacy	6/22/2012		103 East 18th Street		Cedar Falls	IA	50613

DATA EXPORT / EXPORT RESULTS

DETAILS

- If a Covered Entity has multiple NPIs or Medicaid Provider Numbers, all the numbers display on the same row separated by commas.

EXAMPLE

Multiple NPI and Medicaid Numbers

	O	P	Q	R	S
1	State	Zip	Second Zip	Medicaid Number	NPI
524	LA	71334		1732231(LA)	1144227935
525	LA	71334		1732231(LA)	1144227935
526	LA	70525		1517445(LA), 1705284(LA), 1734314(LA)	1376540153, 1811917255, 1518992221
527	LA	70443			
528	LA	70548		1705616(LA), 1720011(LA)	1013966928, 1952428450
529	LA	70345		1720089(LA)	
530	LA	70345		1720089(LA)	

MEDICAID PROVIDER SEARCH / RESULTS

Objectives:

- Searching for Medicaid Provider Numbers
- Exporting Data

MEDICAID PROVIDER SEARCH / SEARCH RESULTS

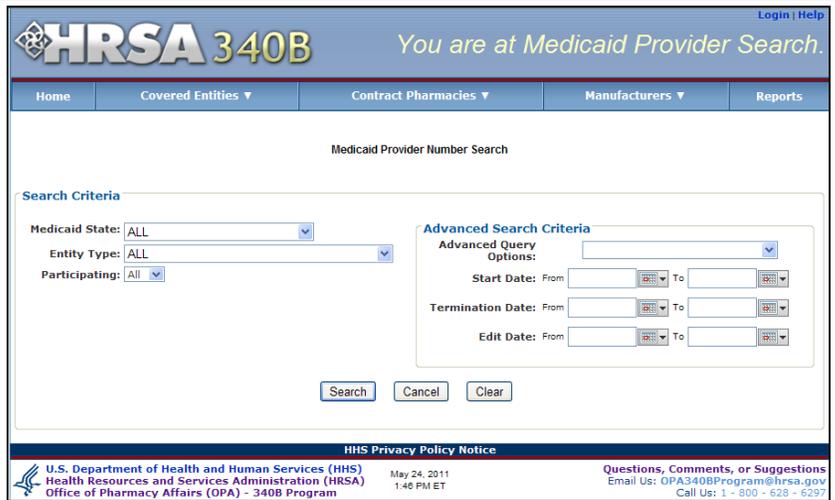
DETAILS

Search Criteria

Medicaid Provider Number Search screen provides a search specific to Medicaid information, and functions the same as the CE Search screen.

- Participating field defaults to All.
 - All applies to Covered Entities approved as of today and participating in 340B Program or terminated as of today.
 - Yes applies to Covered Entities approved as of today and participating in 340B Program.
 - No applies to Covered Entities terminated as of today or approved as of today with a future start date.
- Search button initiates the search.
- Clear button clears the fields.
- Cancel button returns to the HRSA OPA 340B Homepage.

EXAMPLE



MEDICAID PROVIDER SEARCH / SEARCH RESULTS

DETAILS

Searching Medicaid Provider Number

1. Click the Search Medicaid Provider Numbers link.
2. Select criteria from the drop-downs or Advanced Search Criteria fields.
3. Click the **Search** button and Search Results table displays.

Search Results

The Search Results displays in a uniform table format and has same functionality as Covered Entity Search Results table.

- Table includes columns for Medicaid Provider Number, NPI Number, and Medicaid State, along with other information.
- Covered Entities with multiple NPI number and Medicaid Provider Numbers display on multiple rows, with the same 340B ID number linking to the Covered Entity Details record.
- **Show Search Criteria** button returns to Search screen, with results maintained.
- **Hide Search Criteria** hides the Search screen.
- Select a 340B ID number, which links to Covered Entity Details record.

EXAMPLE

Select	340B ID	Medicaid Provider Number	NPI	Medicaid State	Entity Type	Entity Name	Sub Name	City	State	Edit Date
<input type="checkbox"/>	CH040210	021753100		FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	CENTRAL FLORIDA HEALTH CARE PHARMACY	AVON PARK	FL	
<input type="checkbox"/>	CH04021E		1720020746		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	LAKELAND	FL	03/12/2009
<input type="checkbox"/>	CH04021E		1487893277		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	LAKELAND	FL	03/12/2009
<input type="checkbox"/>	CH04021E		091835202		FL	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	LAKELAND	FL	03/12/2009
<input type="checkbox"/>	CH04021F		1720020746		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	LAKELAND	FL	03/12/2009
<input type="checkbox"/>	CH04021F		091835200		FL	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	LAKELAND	FL	03/12/2009
<input type="checkbox"/>	CH040250	1090745		FL	CH	PROJECT HEALTH, INC	THOMAS E. LANGLEY MEDICAL CENTER	SUMTERVILLE	FL	01/21/2010
<input type="checkbox"/>	CH040320	103026400		FL	CH	COMMUNITY HEALTH OF SOUTH FL, INC	DORIS ISON COMMUNITY HEALTH CENTER	MIAMI	FL	05/18/2010
<input type="checkbox"/>	CH04032B	103026600		FL	CH	COMMUNITY HEALTH OF SOUTH FL, INC	MARTIN LUTHER KING, JR. CLINICA COMPRESIA	HOMESTEAD	FL	05/18/2010
<input type="checkbox"/>	CH04032C	001198000		FL	CH	COMMUNITY HEALTH OF SOUTH FL, INC	NARANJA COMMUNITY HEALTH CENTER	NARANJA	FL	05/18/2010

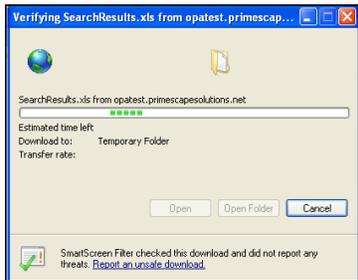
MEDICAID PROVIDER SEARCH / SEARCH RESULTS

DETAILS

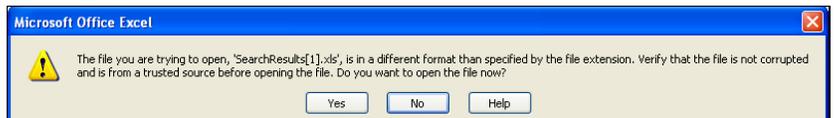
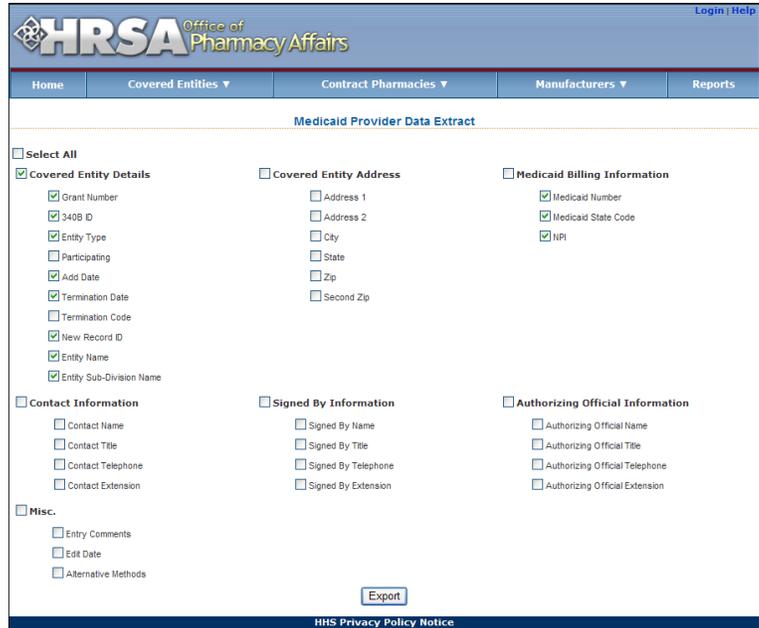
EXAMPLE

Export Results

- Click the **Export Results** button, and Medicaid Provider Data Extract screen displays.
- Select checkbox(es) for:
 - Default setting: all checkboxes are blank.
 - Select All – all categories and checkboxes are indicated.
 - Category headings (i.e., Covered Entity Details) indicates all checkboxes for that heading.
 - Individual checkboxes indicates only a checkbox for a particular item listed.
 - Click on checkbox to deselect.
- Select **Export** button, and File download window displays.
- Select **Open** button to open file, and Verify Search Results window displays. Or, click the **Save** button to save file.



- Click the **Yes** button, and the Excel spreadsheet displays. **No** button closes the window.
 - Excel spreadsheet displays. This is a partial view of spreadsheet.



	A	B	C	D	E	F	G	H	I	J
1	Medicaid Provider Number	NPI Number	340B ID	Medicaid State	Entity Type	Entity Name	Sub-Division Name	Add Date	Term Date	New Record ID
2		21753100	CH040210	FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	CENTRAL FLORIDA HEALTH CARE PHARMACY	1/1/2000		
3		1720020746	CH04021E		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	4/1/2009		
4		348789327	CH04021E		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	4/1/2009		
5		691835202	CH04021E	FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND PRIMARY CARE	4/1/2009		
6		1720020746	CH04021F		CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	4/1/2009		
7		691835200	CH04021F	FL	CH	CENTRAL FLORIDA HEALTH CARE, INC	LAKELAND OB/GYN	4/1/2009		

MEDICAID PROVIDER SEARCH / SEARCH RESULTS

DETAILS

EXAMPLE

Export Displaying Multiple Rows

- If a Covered Entity has multiple NPIs or Medicaid Provider Numbers, all the numbers display on the same row separated by commas.

Multiple NPI and Medicaid Numbers

	O	P	Q	R	S
1	State	Zip	Second Zip	Medicaid Number	NPI
524	LA	71334		1732231(LA)	1144227935
525	LA	71334		1732231(LA)	1144227935
526	LA	70525		1517445(LA), 1705284(LA), 1734314(LA)	1376540153, 1811917255, 1518992221
527	LA	70443			
528	LA	70548		1705616(LA), 1720011(LA)	1013966928, 1952428450
529	LA	70345		1720089(LA)	
530	LA	70345		1720089(LA)	

VIEW COVERED ENTITY

Objectives:

- Viewing Covered Entity Details
- Viewing Covered Entity History

VIEW COVERED ENTITY DETAILS

DETAILS

Viewing Covered Entity Details

- Covered Entities are accessed and viewable using the Search Covered Entities screen.
- Covered Entity Details records available for view:
 - Approved
 - Approved with a future start date
 - Terminated
 - Terminated with a future start date
- Covered Entity registration forms submitted online, that have not been approved by OPA are not available for viewing.

1. Enter search criteria.
2. Click the Search button and Search Results displays.
3. Click on applicable 340B ID and Covered Entity Details record displays.

EXAMPLE

Select	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input type="checkbox"/>	CAH051311-00	CAH	BIGGS GRIDLEY MEMORIAL HOSPITAL		240 SPRUCE ST.	GRIDLEY	CA	01/01/2011		03/08/2012
<input type="checkbox"/>	CAH051311-01	CAH	BIGGS GRIDLEY MEMORIAL HOSPITAL	GRIDLEY FAMILY CARE CENTER	284 SPRUCE ST.	GRIDLEY	CA	01/01/2011		03/08/2012

VIEW COVERED ENTITY DETAILS

DETAILS	EXAMPLE
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- Covered Entity Detail screen displays as view only; edits cannot be made.
- 340B ID and name of Covered Entity display above the tabs.
- Each tab navigates to a different section.
- **Details** section is the default section for the Covered Entity Detail record that provides main details of record.
- **Addresses** section provides addresses for Covered Entity.
- **Dates** section provides relevant dates and comments, if applicable.
- **Medicaid** section provides Medicaid and NPI information.

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

340B ID: CAH051311-00
 Entity Name: BIGGS GRIDLEY MEMORIAL HOSPITAL
 Entity Sub-Division Name:
 Medicare Provider Number: 051311
 Entity Type: Critical Access Hospital
 Grant Number:

Buttons: Cancel, Print

HHS Privacy Policy Notice

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Covered Entity Address

Main Address
 240 SPRUCE ST.
 GRIDLEY, CA 95948

Billing Address Same as Main

Billing Address
 BIGGS GRIDLEY MEMORIAL HOSPITAL
 PO BOX 97
 GRIDLEY, CA 95948

Shipping Address Same as Main

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Covered Entity Date Information

Registration Date: 12/7/2010
 Participating Start Date: 1/1/2011
 Participating Approval Date: 12/7/2010
 Termination Reason:
 Termination Date:

Comments:

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Medicaid Billing Information

You must answer the following question regarding Medicaid Billing:
 Will you bill Medicaid for drugs purchased at 340B drug price? Yes No

Medicaid Number(s):

Medicaid Number	State
RHM10404F	CA

NPI Number(s):

NPI Number
1144378209

VIEW COVERED ENTITY DETAILS

DETAILS

- **Contacts** section provides contact information.

- **Contract Pharmacy** section provides information and links to contract pharmacies associated with Covered Entity and status of active and terminated Contracts.

- **Parent/Child** section provides information on designated Parent and Child status of Covered Entities.

- **Recert Mgt** section provides Grant Manager details for Covered Entity.

EXAMPLE

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Details | Addresses | Dates | Qual | Medicaid | **Contacts** | Contract Pharmacy | Parent/Child | Recert Mgt | History

Contact Information

Authorizing Official
 Name: David Yarbrough
 Title: CEO
 Phone: 530-846-9022 Ext:

Make Primary Contact Information same as Authorizing Official

Primary Contact
 Name: JULIE ALLEN
 Title: PHARMACIST
 Phone: 530-846-5671 Ext: 1274

Signed By Official
 Name:
 Title:
 Phone: Ext:
 Signed By Date: 10/25/2010

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Details | Addresses | Dates | Qual | Medicaid | **Contracts** | Contract Pharmacy | Parent/Child | Recert Mgt | History

Contracts

<input type="checkbox"/> Select All	Contract Detail	Pharmacy Name	Address	City	State	Begin Date	Term Date	Edit Date
<input type="checkbox"/>	Detail	Safeway	1596 STATE HWY 99	GRIDLEY	CA	11/17/2011		03/23/2012
<input type="checkbox"/>	Detail	MEDICINE SHOPPE PHARMACY	812 FIFTH ST	MARYSVILLE	CA	01/03/2012	03/23/2012	03/23/2012
<input type="checkbox"/>	Detail	LIVE OAK PHARMACY	9970 LIVE OAK BLVD	LIVE OAK	CA	03/19/2012		03/19/2012

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Details | Addresses | Dates | Qual | Medicaid | **Parent/Child** | Contract Pharmacy | Recert Mgt | History

Parent/Child Detail

The number of rows returned: 2 Rows/Page: 10 [Set]

3408 ID	Entity Type	Entity Name	Sub Name	Address	City	State	Parent	Child	Start Date	Term Date	Edit Date
CAH051311-00	CAH	BIGGS GRIDLEY MEMORIAL HOSPITAL		240 SPRUCE ST.	GRIDLEY	CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	01/01/2011		03/08/2012
CAH051311-01	CAH	BIGGS GRIDLEY MEMORIAL HOSPITAL	GRIDLEY FAMILY CARE CENTER	284 SPRUCE ST.	GRIDLEY	CA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01/01/2011		03/08/2012

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Details | Addresses | Dates | Qual | Medicaid | **Recert Mgt** | Contract Pharmacy | Parent/Child | History

Grant Managers

Title	Name	Organization	Telephone
Approving Manager			
Designee/Primary Contact	JULIE ALLEN		530-846-5671 x 1274
Program Manager/Authorizing Official	David Yarbrough		530-846-9022

VIEW COVERED ENTITY DETAILS

DETAILS

EXAMPLE

- **History** section provides historical data of all changes and edits made to the Covered Entity record in a table format.
- Table provides details of changes:
 - Field Name identifies field name where changed occurred.
 - Section identifies section where change occurred.
 - Event – identifies the type of changes.
 - Value Before displays the prior value of a field.
 - Value After displays the value after the change.
 - Timestamp identifies the date and time a change was made to the record.
 - User ID – identifies the person who initiated the changes.

CAH051311-00 - BIGGS GRIDLEY MEMORIAL HOSPITAL

Details | Addresses | Dates | Qual | Medicaid | Contacts | Contract Pharmacy | Parent/Child | Recert Mgt | **History**

Filters

Results

Number of rows returned: 20 Rows/Page: 10 Set Show Filter Criteria

Field	Section	Event	Value Before	Value After	Timestamp	User ID
Main Address	Addresses	Update	240 SPRUCE ST. Suite 400 GRIDLEY CA, 95948	240 SPRUCE ST. Suite 400 GRIDLEY CA, 95948	03/30/2012 10:55:53 AM	PSAdmin
Billing Address	Addresses	Update	PO BOX 97 GRIDLEY CA, 95948	100 Main Street GRIDLEY CA, 95948	03/30/2012 10:55:47 AM	PSAdmin
Main Address	Addresses	Update	240 SPRUCE ST. GRIDLEY CA, 95948	240 SPRUCE ST. Suite 400 GRIDLEY CA, 95948	03/30/2012 10:55:47 AM	PSAdmin
Authorizing Official	Contacts	Update	MARK S. SMITH CFO 530-846-9036	David Yarbrough CEO 530-846-9022	11/10/2011 10:56:41 AM	caamey
Main Address	Addresses	Add		240 SPRUCE ST. GRIDLEY CA, 95948	12/07/2010 03:30:28 PM	anpope
Authorizing Official	Contacts	Add		MARK S. SMITH CFO 530-846-9036	12/07/2010 03:30:28 PM	anpope
Primary Contact	Contacts	Add		JULIE ALLEN PHARMACIST 530-846-5671 x1274	12/07/2010 03:30:28 PM	anpope
Signed By	Contacts	Add		10/25/2010	12/07/2010 03:30:28 PM	anpope

1 2

Cancel Print

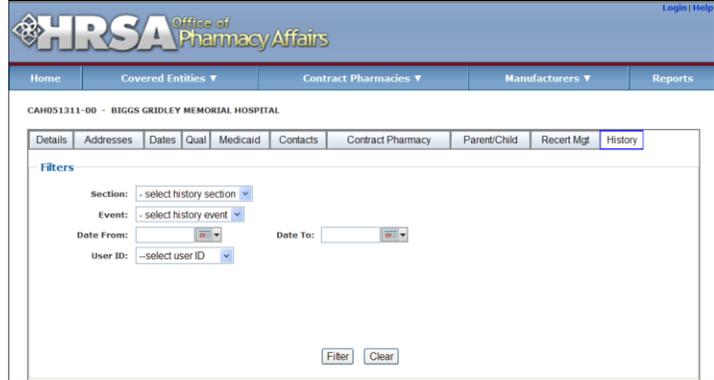
COVERED ENTITY HISTORY

DETAILS

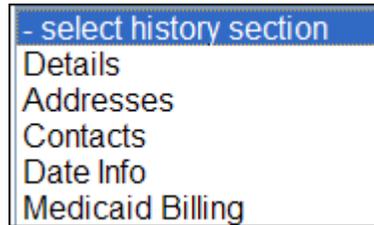
EXAMPLE

Searching Covered Entity History

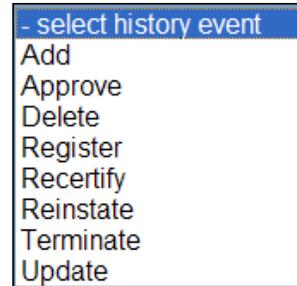
- **History Filters** provides filters to narrow results of changes for Covered Entity.



- **Section** drop-down list provides sections of Covered Entity Details.



- **Event** drop-down list provides types of events.



- **Date From** and **Date To** fields allow user to enter dates (MM/DD/YYYY) for select from the calendar icon.



- **User ID** provides list of user ids.



COVERED ENTITY HISTORY

DETAILS

EXAMPLE

Filtering Covered Entity History

1. Click on **Show Filter Criteria** button and the Filters criteria screen displays.

2. Select filter criteria. **Hide Filter Criteria** hides the Filters Criteria screen.

3. Click the **Filter** button and the Results displays with data pertaining to the specified change. **Clear** button clears the fields.

- When no audit history results are found using the filter criteria, a message displays in the Results screen.

Results

Number of rows returned: 3 Rows/Page: 10 Set Hide Filter Criteria

Field	Section	Event	Value Before	Value After	Timestamp	User ID
Main Address	Addresses	Update	240 SPRUCE ST. Suite 400 GRIDLEY CA, 95948	240 SPRUCE ST. Suite 400 GRIDLEY CA, 95948	03/30/2012 10:56:53 AM	PSAdmin
Billing Address	Addresses	Update	PO BOX 97 GRIDLEY CA, 95948	100 Main Street GRIDLEY CA, 95948	03/30/2012 10:55:47 AM	PSAdmin
Main Address	Addresses	Update	240 SPRUCE ST. GRIDLEY CA, 95948	240 SPRUCE ST. Suite 400 GRIDLEY CA, 95948	03/30/2012 10:55:47 AM	PSAdmin

Cancel Print

COVERED ENTITY ACRONYMS

CODE	ENTITY TYPE / GRANTEE
340S	School Based program (Healthy Schools, Healthy Communities) – <i>Now combined in CH Category</i>
BL	Black Lung Clinics Program
CAH	Critical Access Hospital
CAN	Free Standing Cancer Hospital
CH	Consolidated Health Center Program (<i>now combines Community Health Centers, School Based Programs, Health Care for the Homeless Programs, and Public Housing Primary Care Programs entities</i>)
DSH	Disproportionate Share Hospital
FP	Family Planning (<i>includes only Title X funded</i>)
FQHCLA	Federally Qualified Health Center Look-Alikes
FQHC638	Tribal Contract/Compact with HIS (P.L. 93-638)
HM	Comprehensive Hemophilia Treatment Center
HO	Health Care for the Homeless Program (<i>now combined in CH category</i>)
HV	Ryan White Part C (<i>formerly Title III</i>)
MH	Migrant Health program (<i>now combined in CH Category</i>)
NH	Native Hawaiian Health Care Program
PED	Children’s Hospital
PH	Public Housing Primary Care Program (<i>now combined in CH category</i>)
RRC	Rural Referral Center
RWI	Ryan White Part A (<i>formerly Title I</i>)
RWII	Ryan White Part B (<i>formerly Title II</i>)
RWIIR	Ryan White Part B (<i>formerly Title II</i>) ADAP Rebate Option
RWIID	Ryan White Part B (<i>formerly Title II</i>) ADAP Direct Purchase
RW4	Ryan White Part D (<i>formerly Title IV</i>)
SCH	Sole Community Hospital
SPNS	Ryan White Part F (<i>formerly Special Projects of National Significance</i>)
STD	Sexually Transmitted Diseases
TB	Tuberculosis
UI	Urban Indian