

Covered Entities Guide for Public Users

Submitting a Change Request

This guide describes how to submit a Change Request. In most cases, you will be able to submit a change request online using the database feature. Such requests can only be submitted for covered entities actively participating in the OPA 340B Program, including covered entities with a future participation start date

Once you start, you must complete the process. If you quit before submitting the request, you will lose your data. Data cannot be saved until the request is submitted.

Change requests **cannot** be submitted if:

- The covered entity has been terminated and is no longer participating in 340B Program
- The covered entity already has a change request pending OPA approval.
- The covered entity is undergoing recertification and OPA review.
- A request has been submitted to terminate the covered entity.

Follow these steps for submitting an online change request:

- 1) On the 340B Database home page, click **Change Request** in the “*What Would You Like to Do?*” section.



Note: You can also select **Submit a Change/Termination Request** from the **Change Request** tab in the menu at the top of the home page.

- 2) On the **Change Request** screen, click **Submit a Change/Termination Request**.



The **Search Criteria – Instructions** page asks you to verify the Authorizing Official information listed for your entity.

- 3) **340B ID:** Enter the entity ID number and click the **Search** button.

Search Criteria

Instructions:
Please use the database's **Search Covered Entities** function to verify your entity's Authorizing Official before submitting an online change or termination request. If the Authorizing Official listed in the database for your entity is no longer correct, but that individual is still available to certify the request (via email), you may continue with the electronic change and/or termination request process.

If the existing Authorizing Official is NOT available, you must cancel this request and submit a **manual change request form** with the new official's name and contact information. Once that request has been approved by OPA, you may proceed online with the change and/or termination request.

You will receive an automated confirmation e-mail after submitting your request; the Authorizing Official on record for your covered entity will receive a separate e-mail with further instructions for accepting or rejecting the proposed changes or accepting or rejecting the termination request.

* 340B ID:

Note: You can search for an entity using a partial ID of at least four alphanumeric characters. Search results will retrieve all covered entities whose ID number contains the identical character string.

- 4) Select the desired entity and click the **Continue** button.

Search Results:

Instructions: Select a single Covered Entity.

The number of rows returned: 6 Rows/Page: 200

| Select One | 340B ID | Entity Type | Entity Name | Subdivision Name | Address | City | State |
|----------------------------------|--------------|-------------|--|--------------------------------|--------------------------|--------|-------|
| <input type="radio"/> | SCH050335-26 | SCH | SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER | Sonora Regional Surgery Center | 905 Morningstar Drive | Sonora | CA |
| <input checked="" type="radio"/> | SCH050335-27 | SCH | SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CTR | Yosemite Joint Replacement | 680 GUZZI LANE SUITE 102 | SONORA | CA |

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Note: For instructions on customizing how search data is presented on the **Search Results** page see the [Searching for a Covered Entity](#) user guide.

- 5) The **Contact Information** page for the entity displays showing contact information the Authorizing Official and primary contact.

SCH050335-27 - SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CTR

Contact Information

You will be able to update the Authorizing Official information as needed during the Termination or Change Request submission process. Please select Continue to select a Termination or Change Request.

Authorizing Official
Name: Andrew Jahn
Title: PRESIDENT/CEO
Phone: 209-538-5012 Ext:
Email: *****@****.***

Primary Contact
Name: KRYSTAL LOGSDON
Title: 340B PROGRAM SPECIALIST
Phone: 209-538-3704 Ext:
Email: *****@****.***

Continue Cancel

- 6) Click the **Continue** button. The **Request Type** page displays.

Request Type

What kind of request do you want to make?

Termination Request
 Change Request

Continue Cancel

- 7) Identify whether you are submitting a Change Request or a Termination Request on the **Request Type** page. For termination requests see the [Submitting a Termination Request](#) user guide.
- 8) Click the **Continue** button to view the **Covered Entity Details** page. This page is similar to the one described in the [Viewing Covered Entity Details](#) user guide.

SCH050335-27 - SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CTR

Details Addresses Medicaid / Orphan Drug Contacts

Covered Entity Details

*Entity Name: SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CTR

Entity Sub-Division Name: Yosemite Joint Replacement

Entity Type: Sole Community Hospital

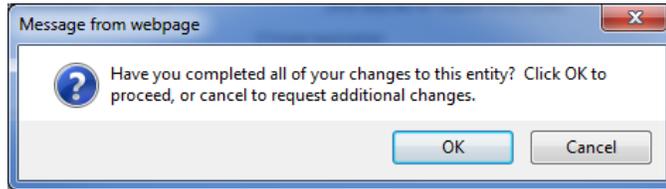
*Employer Identification Number: 94-1415069 (Enter the registrant's EIN if a sub-grantee/sub-recipient)

Medicare Provider Number: 050335 (only required for hospital entity types)
(if known/applicable)

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

Update Cancel

- 9) Make any necessary corrections or updates and click the button. A screen message asks if you are done updating entity data.



- 10) Click the button.
- 11) The **Requestor Signature** page displays.

Requestor Signature

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 database 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.

Requestor

* Name:

* Title:

* Organization:

* Phone: Ext:
(xxx-xxx-xxxx)

* Email:

Remarks:

Please include any other information that would be useful to OPA when reviewing the request (e.g., an explanation of any name or address changes). Also, include other relevant comments for OPA to review. Anything entered here will also be seen by the Authorizing Official.

- 12) Check the box in the upper-left corner to affirm that data in the change request is accurate. You also acknowledge that the Authorizing Official will be asked to confirm your proposed changes.
- 13) Complete the required requestor contact information. If your changes also apply to other sites, identify them by 340B ID in the **Remarks** textbox. Also include pertinent comments for OPA to review. Contents in **Remarks** will be made available to the Authorizing Official.
- 14) Click the button. A screen message thanks you for your submission and notifies you that the Authorizing Official has 15 days in which to accept or cancel your change request before it expires with no action being taken.

Thank you for your submission.

An email has been sent to the covered entity's authorizing official to accept or cancel the change or termination request. If the Authorizing Official does not respond within 15 calendar days, the request will expire without further notification.

For additional assistance, please contact the 340B Prime Vendor Program at 1-888-347-2787 or by email at ApexusAnswers@340bpvp.com.

If you have any questions, please contact us at:

Office of Pharmacy Affairs
Mail Stop 8W03A
5600 Fishers Lane
Rockville, MD 20857

15) Click the button. You are returned to the OPA home page.

Both you and the Authorizing Official will receive an automated confirmation e-mail.

Other Covered Entities User Guides

[Searching for a Covered Entity](#)

[Viewing a Covered Entity Record](#)

[Exporting Search Results Data](#)

[Registering a Covered Entity / Outpatient Facility](#)

[Terminating a Covered Entity](#)

[Reviewing the Covered Entities Daily Report](#)

[Recertifying/Decertifying a Covered Entity](#)