

Covered Entities Guide for Public Users

Terminating a Covered Entity

This guide describes how to terminate a covered entity that is no longer participating in the 340B Drug Pricing Plan.

Follow these steps to submit a covered entity termination:

- 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 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.

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 button.

Search Results:

Instructions: Select a single Covered Entity.

The number of rows returned: 5 Rows/Page:

Select One	340B ID	Entity Type	Entity Name	Subdivision Name	Address	City	State
<input type="radio"/>	SCH050335-20	SCH	SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER	SIERRA VASCULAR CLINIC	900 GREENLEY RD., SUITE 923	SONORA	CA
<input type="radio"/>	SCH050335-21	SCH	SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER	SONORA REGIONAL HOME HEALTH	20100 CEDAR ROAD NORTH	SONORA	CA
<input type="radio"/>	SCH050335-22	SCH	SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER	SONORA REGIONAL HOME HEALTH - ANGELS CAMP BRANCH	445 S. MAIN STREET	ANGELS CAMP	CA
<input type="radio"/>	SCH050335-24	SCH	SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER	HOSPICE OF THE SIERRA	20100 CEDAR ROAD NORTH	SONORA	CA
<input checked="" type="radio"/>	SCH050335-26	SCH	SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER	Sonora Regional Surgery Center	905 Morningstar Drive	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.

SCH050335-26 - SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER

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: Tari Brink
Title: Pharmacy Operations Coord.
Phone: 209-538-3698 **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) Click the **Continue** button.

The next page provides screen instructions for completing the fields on the page and notifies you that the authorizing official will have 15 days to accept or reject the request. Failure to respond will cancel the request.

To request a Covered Entity termination, select the appropriate termination date and termination reason.

Note: The Covered Entity's authorizing official will be notified and will have 15 days to approve or reject the proposed covered entity termination. If the authorizing official fails to respond, the entity will remain active in the 340B program database.

Termination Date: Terminations are normally effective on the first day of the quarter following review and acceptance by OPA; requests for alternate dates should be explained in the termination comments below.

Entity Information

340B ID:	SCH050335-26
Entity Name:	SONORA COMMUNITY HOSPITAL DBA SONORA REGIONAL MEDICAL CENTER
Sub-Division Name:	Sonora Regional Surgery Center
City:	Sonora
State:	CA
Start Date:	2/23/2012

Termination dates are normally effective on the first day of the quarter following approval of the request by OPA.

Authorizing Official Information

Has the contact information for the Authorizing Official for this Entity changed? Yes No

AO Name: Andrew Jahn

AO Title: President/CEO

AO Phone: 209-536-5012 Ext:

AO Email: ENTITY-AuthorizingOfficialEmail@futrend.com

The authorizing Official represents the covered entity and must be fully authorized to legally bind the covered entity. For many non-hospital covered entities, the authorizing Official is the grantee of record (e.g., Project Director) based upon Federal funding streams. For hospital covered entities, the authorizing Official is usually the CEO/CFO/COO/President/Vice President or equivalent.

Requested Termination Date: 1/01/2015

Termination Reason:
If none of these reasons apply, stop here and e-mail opastaff@hrsa.gov for additional guidance.

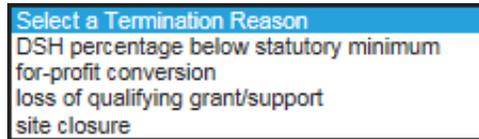
The date the entity became ineligible:

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

Termination Comments:

8) **Authorizing Official Information:** If the Authorizing Official contact information has changed, select **Yes** and correct that information as necessary.

9) **Termination Reason:** Select the reason for the termination request from the drop-down box. If none of these reasons apply, e-mail OPA at opastaff@hrsa.gov for guidance.



10) **The date the entity became ineligible:** Manually enter the date the entity became ineligible for continued participation in the 340B Program in mm/dd/yyyy format or select it by clicking the calendar icon.

11) **Last date that 340B drugs were or will be purchased:** Manually enter the date (mm/dd/yyyy) the entity discontinued, or will discontinue purchasing drugs under the 340B plan or select it by clicking the calendar icon.

12) **Termination Comments:** Enter any pertinent comments regarding the termination.

13) Click . 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.

- 14) Check the box in the upper-left corner affirming that the request information is truthful and accurate and to acknowledge that the Authorizing Official will be asked to approve the request. Also, conditions under which an additional termination request may not be submitted are explained.
- 15) Complete the required requestor information fields. If the termination request applies to additional sites, enter their 340BIDs in the **Remarks** textbox.
- 16) Click the button. The next page thanks you for your submission and provides OPA contact information.

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

- 17) Click the button. You are returned to the home page.

(Back to the [Getting Started Guide for Public Users.](#))

Other Covered Entities Guides

[Searching for a Covered Entity](#)

[Viewing Search Results](#)

[Exporting Search Results Data](#)

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

[Submitting a Change Request](#)

[Reviewing the Covered Entities Daily Report](#)

[Recertifying/Decertifying a Covered Entity](#)