

Sample 340B Community Health Center Registration

Step 1: OPA home page > Register a Covered Entity

HRSA Office of Pharmacy Affairs Login | Help

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
- » Request Contract Terminations

Manufacturers

- » Search Manufacturers
- » Register a Manufacturer

What's New | Important Notifications

Step 2: Select a Covered Entity Type > Consolidated Health Center Program

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You are at Register a Covered Entity.

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*Covered Entity Type:

- 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

HHS Privacy Policy Notice

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

OMB Number: 0915-0327, Expiration: 10/31/2015

Questions, Comments, or Suggestions
Email Us: ApexusAnswers@340bpvp.com
Call Us: 1 - 888 - 340 - 2787

Sample 340B Community Health Center Registration

Step 3: Respond to pre-qualification questions (eligibility to continue with registration process)

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Register CH Online

This registration form must be completed and submitted according to the established deadlines that are published on the OPA website (www.hrsa.gov/opa). The registration process is not complete unless the registration form has been completed in its entirety.

Registration for the 340B drug pricing program is limited to sites that are active in HRSA's Electronic Handbooks (EHBs). After entering your grant or Federally Qualified Health Center (FQHC) Look-Alike designation number, you will be asked to select from a list of sites associated with your grant/designation. If the site you wish to register is not on the list or its information is incorrect, you may need to request changes to your approved scope of project. Contact your health center's assigned Bureau of Primary Health Care (BPHC) Project Officer for further assistance; you will not be able to proceed with 340B registration at this time.


Pre-Qualification Questions

IMPORTANT: This information is required in order to complete the HRSA OPA Registration process. Should you answer No to any of these questions, you are returned to the HRSA OPA homepage, and unable to complete the Registration form.

1. Is the site you wish to register listed correctly in HRSA's EHB system? Yes No

2. Are you the Authorizing Official for your grant or FQHC look-alike designation, and is your name and contact information listed correctly in the EHB system? Yes No

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 U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program March 22, 2013
11:39 AM ET **Questions, Comments, or Suggestions**
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Call Us: 1 - 888 - 340 - 2787

Step 4: Enter Grant/Designation number

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Register CH Online

Please enter your qualifying grant or FQHC look-alike designation number in the field below. If you do not know your grant or designation number, contact the BPHC Help Line at bphchelpline@hrsa.gov or 1-877-974-BPHC for assistance.

EHB Search Criteria

Grant/Designation Number


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 U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Office of Pharmacy Affairs (OPA) - 340B Program March 22, 2013
11:39 AM ET **Questions, Comments, or Suggestions**
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Sample 340B Community Health Center Registration

Step 5: Select the entity you wish to register and click continue

Login | Help



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Register CH Online

Select the site you wish to register for the 340B program from the list below:

EHB Search Results


The number of rows returned: 4 Rows/Page:

	340B Status	Grant Number	Organization Name	Site Name	Address	City	State	Zip Code	Site ID
<input type="radio"/>	Available	H80CS10001	Test Organization # 1	Test Site # 11	12345 Test Address STU # 1	Test City-1	MD	12345-4321	BPS-H80-100011
<input type="radio"/>	Available	H80CS10001	Test Organization # 1	Test Site # 11	12345 Test Address STU # 1	Test City-1	MD	12345-4321	BPS-H80-110011
<input checked="" type="radio"/>	Available	H80CS10001	Test Organization # 2	Test Site # 22	12346 Test Address STU # 2	Test City-2	MD	12345-4321	BPS-H80-220022
<input type="radio"/>	Available	H80CS10001	Test Organization # 3	Test Site # 33	12347 Test Address STU # 3	Test City-3	MD	12345-4321	BPS-H80-330033

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Note: Sites in 'Approved' status are currently or will soon become active program participants; sites in 'Pending' status are awaiting review by OPA.

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Sample 340B Community Health Center Registration

Step 6: Review the entity detail information

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Instructions for Completing the 340B Registration Process

Registration Information

NOTE: The Registration Process must be started and completed within the same browser session. Incomplete Registration Forms cannot be saved for later submission.

Registrations must be signed electronically by the authorizing official on file in HRSA's EHB system for your grant or FQHC look-alike designation. Do not continue with this registration if you are not the authorizing official. Most of the information below and on the following screens will be populated automatically from your EHB records; you will have the option of entering separate billing and shipping addresses, as well as a primary contact of your choice. If any of the pre-filled information is incorrect, you may need to request changes to your approved scope of project. Contact your health center's assigned Bureau of Primary Health Care (BPHC) Project Officer for further assistance; you will not be able to proceed with 340B registration at this time.

Covered Entity Details [Continue](#) [Undo](#)

*Entity Name:

Entity Sub-Division Name:

Entity Type:

Grant Number: (if known/applicable)

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

*Site ID:

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

March 22, 2013
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Sample 340B Community Health Center Registration

Step 7: Enter entity optional billing/shipping addresses

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Register CH Online

Covered Entity Details [Edit](#)

Entity Name: Test Organization # 2
Entity Sub-Division Name: Test Site # 22
Medicare Provider Number:

Entity Type: Consolidated Health Center Program
Grant Number: H80CS10001
Site ID: BPS-H80-220022

Covered Entity Address [Continue](#) [Undo](#)

Main Address (PO Box Not Allowed)

*Address Line 1:
Address Line 2:
*City:
*State:
*Zip: -

Billing Address Same as Main

Billing Address [Continue](#) [Undo](#)

Organization Name:
*Address Line 1:
Address Line 2:
*City:
*State:
*Zip: -

Shipping Address Same as Main

Shipping Address (PO Box Not Allowed) [Add](#)

New Shipping Address [Continue](#) [Undo](#)

Organization Name:
*Address Line 1:
Address Line 2:
*City:
*State:
*Zip: -

Sample 340B Community Health Center Registration

Step 8: Advise whether carving in or out (billing Medicaid for drugs purchased at 340B discounts), and enter Medicaid provider number(s)/NPI(s) if so.

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Register CH Online

Covered Entity Details [Edit](#)

Entity Name: Test Organization # 2 Entity Type: Consolidated Health Center Program
Entity Sub-Division Name: Test Site # 22 Grant Number: H80CS10001
Medicare Provider Number: Site ID: BPS-H80-220022

Covered Entity Address [Edit](#)

Main Address (PO Box Not Allowed)

12346 Test Address
STU # 2
Test City-2, MD 12345-4321

Billing Address Same as Main
 Shipping Address Same as Main

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

If you bill Medicaid for pharmaceuticals that may be subject to a payment of a Medicaid rebate to a state, you must answer 'Yes' and submit to OPA the pharmacy Medicaid number and/or clinic Medicaid number and/or NPI which is used to bill Medicaid for outpatient drugs. If you are unsure of your pharmacy Medicaid number and/or NPI, please check with your State Medicaid agency. It is important that your Medicaid billing status in our database is accurate to prevent Medicaid rebates on drugs that were sold to a covered entity at a discounted price. If you bill at an all-inclusive rate, which includes pharmaceuticals, or if you do not bill Medicaid, answer 'No'. You should notify OPA prior to any change in your Medicaid billing status. For more information, go to: <http://www.hrsa.gov/opa/programrequirements/medicaidexclusion>

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

Sample 340B Community Health Center Registration

Step 9: Provide authorizing official and primary contact information (scroll to bottom of page)

Covered Entity Address

Main Address (PO Box Not Allowed) Edit

12346 Test Address
STU # 2
Test City-2, MD 12345-4321

Billing Address Same as Main
 Shipping Address Same as Main

Medicaid Billing Information

Edit

If you bill Medicaid for pharmaceuticals that may be subject to a payment of a Medicaid rebate to a state, you must answer 'Yes' and submit to OPA the pharmacy Medicaid number and/or clinic Medicaid number and/or NPI which is used to bill Medicaid for outpatient drugs. If you are unsure of your pharmacy Medicaid number and/or NPI, please check with your State Medicaid agency. It is important that your Medicaid billing status in our database is accurate to prevent Medicaid rebates on drugs that were sold to a covered entity at a discounted price. If you bill at an all-inclusive rate, which includes pharmaceuticals, or if you do not bill Medicaid, answer 'No'. You should notify OPA prior to any change in your Medicaid billing status. For more information, go to: <http://www.hrsa.gov/opa/programrequirements/medicaidexclusion>

You must answer the following question regarding Medicaid Billing:

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

Contact Information

Authorizing Official Continue Undo

*Name:
*Title:
*Phone: Ext:
(xxx-xxx-xxxx)
*Email:

Make Primary Contact Information same as Authorizing Official

Primary Contact Continue Undo

*Name:
*Title:
*Phone: Ext:
(xxx-xxx-xxxx)
*Email:

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Step 10: Review all the information previously entered

Covered Entity Details Edit	
Entity Name: Test Organization # 2 Entity Sub-Division Name: Test Site # 22 Medicare Provider Number:	Entity Type: Consolidated Health Center Program Grant Number: H80CS10001 Site ID: BPS-H80-220022
Covered Entity Address Edit	
Main Address (PO Box Not Allowed) 12346 Test Address STU # 2 Test City-2, MD 12345-4321	
<input checked="" type="checkbox"/> Billing Address Same as Main <input checked="" type="checkbox"/> Shipping Address Same as Main	
Medicaid Billing Information Edit	
<p>If you bill Medicaid for pharmaceuticals that may be subject to a payment of a Medicaid rebate to a state, you must answer 'Yes' and submit to OPA the pharmacy Medicaid number and/or clinic Medicaid number and/or NPI which is used to bill Medicaid for outpatient drugs. If you are unsure of your pharmacy Medicaid number and/or NPI, please check with your State Medicaid agency. It is important that your Medicaid billing status in our database is accurate to prevent Medicaid rebates on drugs that were sold to a covered entity at a discounted price. If you bill at an all-inclusive rate, which includes pharmaceuticals, or if you do not bill Medicaid, answer 'No'. You should notify OPA prior to any change in your Medicaid billing status. For more information, go to: http://www.hrsa.gov/opa/programrequirements/medicaidexclusion</p> <p>You must answer the following question regarding Medicaid Billing:</p> <p>Will you bill Medicaid for drugs purchased at 340B drug price? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
Contact Information Edit	
Authorizing Official Name: Test Registration Title: CEO Phone: 123-456-7890 Ext: Email: test@340b.com	
<input checked="" type="checkbox"/> Make Primary Contact Information same as Authorizing Official	
Primary Contact Name: Test Registration Title: CEO Phone: 123-456-7890 Ext: Email: test@340b.com	
Review All Steps	
Please review all the steps and proceed to the next step.	
<input checked="" type="button" value="Continue"/> <input type="button" value="Cancel"/>	

Sample 340B Community Health Center Registration

Step 11: Review certification language and accept by checking the Authorized Signature box and entering signer's name, title and contact information.

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Register CH Online

Authorizing Signature

By checking this box, I represent and confirm that I am fully authorized to legally bind the covered entity. I certify that the contents of any statement made or reflected in this registration are truthful and accurate. As an Authorized Official, I acknowledge the 340B covered entity's responsibility to abide by, and further certify on behalf of the covered entity that:

- (1) all information listed on the 340B Program database for the covered entity is complete, accurate, and correct;
- (2) the covered entity will meet all 340B Program eligibility requirements, including section 340B(a)(4)(L)(iii) if applicable – the Group Purchasing Organization prohibition - which ensures that the covered entity does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement;
- (3) the covered entity will comply with all requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, and the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity;
- (4) the covered entity will maintain auditable records demonstrating compliance with the requirements described in paragraph (3) above;
- (5) the covered entity has systems/mechanisms in place to ensure ongoing compliance with the requirements described in (3) above;
- (6) if the covered entity uses contract pharmacy services, that the contract pharmacy arrangement will be performed in accordance with OPA requirements and guidelines including, but not limited to, that the covered entity obtains sufficient information from the contractor to ensure compliance with applicable policy and legal requirements, and the entity has utilized an appropriate methodology to ensure compliance (e.g., through an independent audit or other mechanism);
- (7) the covered entity acknowledges its responsibility to contact OPA as soon as reasonably possible if there is any material change in 340B eligibility and/or material breach by the covered entity of any of the foregoing; and
- (8) the covered entity acknowledges that if there is a breach of the requirements described in paragraph (3) that the covered entity may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and, depending upon the circumstances, may be subject to the payment of interest and/or removal from the list of eligible 340B entities.

Signed By Official

* Name:

* Title:

* Phone: Ext:

(xxx-xxx-xxxx)

* Email:

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

March 22, 2013
11:59 AM ET

Questions, Comments, or Suggestions
Email Us: ApexusAnswers@340bpvp.com
Call Us: 1 - 888 - 340 - 2787

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Step 12: When finished entering signer's information and check Authorized Signature box, the system will confirm receipt of the registration(s). Click "Done" to return to OPA home page.

Login | Help

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

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[Register CH Online](#)

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

HOSPITALS ONLY:

- Additional required documentation (click [here](#) for more information) can be submitted by email or fax. You do not need to send original signed documents to OPA.

Registration Type	Email Address	Fax
Disproportionate Share Hospitals	340BRegistrationDSH@hrsa.gov	301-443-6571
Critical Access Hospitals	340BRegistrationCAH@hrsa.gov	301-443-6572
Sole Community Hospitals	340BRegistrationSCH@hrsa.gov	301-443-6573
Rural Referral Centers	340BRegistrationRRC@hrsa.gov	301-443-6574
Freestanding Hospitals	340BRegistrationCAN@hrsa.gov	301-443-6575
Pediatric Hospitals	340BRegistrationPED@hrsa.gov	301-443-6576

- All required documentation (see link above for details) must be sent to OPA on the same day that your registration is submitted online; registrations received without associated documents will not be reviewed and will be deleted. OPA reserves the right to require additional documentation beyond that described above.
- Click [here](#) to download the Certification of ownership/operation by a unit of state/local government.
- Click [here](#) to download the Certification of contract with state/local government.

NON-HOSPITALS: Your registration will be reviewed for eligibility and you will be contacted if acceptable or if any information is required.

If you have any questions, please contact us at: Office of Pharmacy Affairs, Mail Stop 10C-03, 5600 Fishers Lane, Rockville, MD 20857. Additional assistance may be obtained through the 340B Prime Vendor program: 888-340-2787 or ApexusAnswers@340bpvp.com.

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