

LETTER FOR ADDING DSH OUTPATIENT FACILITIES TO 340B PROGRAM

Mr. Jimmy R. Mitchell
Director
Office of Pharmacy Affairs
HealthCare Systems Bureau
5600 Fishers Lane
Mail Stop 10C-03
Rockville, Maryland 20857

Dear Mr. Mitchell:

As the **Chief Financial Officer** of [] hospital, I acknowledge that I am familiar with the Center for Medicare & Medicaid Services' guidelines concerning Medicare certification of hospital components as one cost center. Pursuant to those guidelines, I hereby request that the Office of Pharmacy Affairs (OPA) add the attached list of qualifying outpatient facilities to the OPA database of 340B Covered Entities. I have examined the list and certify that each outpatient facility is reimbursable on the DSH Medicare cost report of the aforementioned hospital under Medicare provider number []. I agree to provide verification of the relationship between the 340B participating hospital and all outpatient facilities upon request from OPA.

I further acknowledge that the above named hospital and all outpatient facilities are in compliance with 340B published guidelines regarding entity and patient eligibility (61 Fed. Reg. 55156).

I understand that these outpatient facilities will appear on the next quarterly update to the OPA database of Covered Entities, and that I will receive email confirmation from OPA when these facilities have been added to the OPA database. Should OPA have questions concerning this request, or require additional information, please do not hesitate to contact me at telephone number [] or via email at [].

Sincerely,

[Chief Financial Officer]
[]

Enclosure

**LIST OF ADDITIONAL DSH OUTPATIENT FACILITIES
ELIGIBLE FOR THE SECTION 340B DRUG PRICING PROGRAM**

NAME	ADDRESS	CONTACT PERSON/ CONTACT TITLE/ E-MAIL ADDRESS	PHONE NUMBER/ FAX NUMBER	MEDICAID PHARMACY NUMBER

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.

You may fax the completed forms to 301-594-4982, but you must also submit the original, signed form to: HRSA, HSB, Office of Pharmacy Affairs, 5600 Fishers Lane, Mail Stop 10C-03, Rockville, Maryland 20857