



OPA DATABASE GUIDE
FOR
PUBLIC USERS - RECERTIFICATION

APRIL 2012
VERSION 4.0

Prepared by:
Primescape Solutions, Inc.
PRIMESCAPE
We Deliver Solutions

	CONTENTS
CERTIFICATION	1
Program Manager / Authorizing Official Advance Notification	1
PM/AO Login Email	2
PM / AO Logging In	2
PM / AO Certifications	3
Covered Entity Details	4
For batches with multiple Covered Entities, follow the same steps.	6
Decertifying Covered Entity	7
Authorize and Submit	8
OPA Approval	9
Approving Manager Approvals	10
Approving Manager Login	10
AM Certifications	11
AM Certification Completion	13

CERTIFICATION

Objectives:

- Program Manager / Authorizing Official Certification Process
- Approving Manager Approval
- OPA Review and Approvals

PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

Program Manager / Authorizing Official Advance Notification

- OPA Recertification is required annually for Covered Entities participating in the 340B discount drug program.
- Advance Notification – 340B Recertification email provides preliminary information about OPA Recertification process.
- Email is sent to:
 - Program Manager/Designee
 - Authorizing Official/Primary Contact
 - Approving Managers (for Grantees)

Subject: 140034 Advance Notification - 340B Recertification

This is a reminder of the annual recertification process required for continued participation in the Health Resources and Services Administration's 340B Drug Pricing Program administered by the Office of Pharmacy Affairs (OPA).

It is extremely important that the 340B Program has accurate information on participating entities. Manufacturers and distributors increasingly enforce the requirement for exact matches of information prior to providing access to 340B pricing. In addition, in order to avoid drug diversion and possible fraud, entities that are no funded or are no longer utilizing the 340B Program must be terminated from the program (through decertification during the recertification process, or through a change form at any other time during the year).

An e-mail containing a username, a password, and a link to your covered entity records will be provided on the day recertification starts. This will provide you with access to a COPY of your entities' data as it currently exists in the 340B Program database. Please use this username to review, revise (if necessary), and certify entities that are still participating in the 340B Program. Decertify any entities that are no longer participating in the 340B Program. After all of your entities have been certified and/or decertified, you will have to electronically sign a statement.

CERTIFICATION RESPONSES WILL BE DUE FROM GRANTEEES BY 6/30/2012.

A user manual for recertification is available at:
<http://openet.hrsa.gov/opa/Manuals/OPAS320atstahase5286ulda520for520publ1520users520520recertification.pdf>

Please be advised that the 340B Program requires that all contracted or delegated provider sites (i.e., satellites and subgrantees) that purchase 340B drugs to be registered in order for patients of those sites to be eligible to receive 340B drugs. If your organization has additional or new sites, you will need to submit a 340B Program Registration electronically for each site at <http://openet.hrsa.gov/opa/CEBRegister.aspx> (select "Add a Covered Entity" from the menu). This activity is separate from the recertification of existing covered entity sites.

Questions regarding recertification may be directed to the Pharmacy Services Support Center (PSSC) Recertification Help Line by calling 202-449-9473, or by sending an email to 340B_recertification@hrsa.gov.

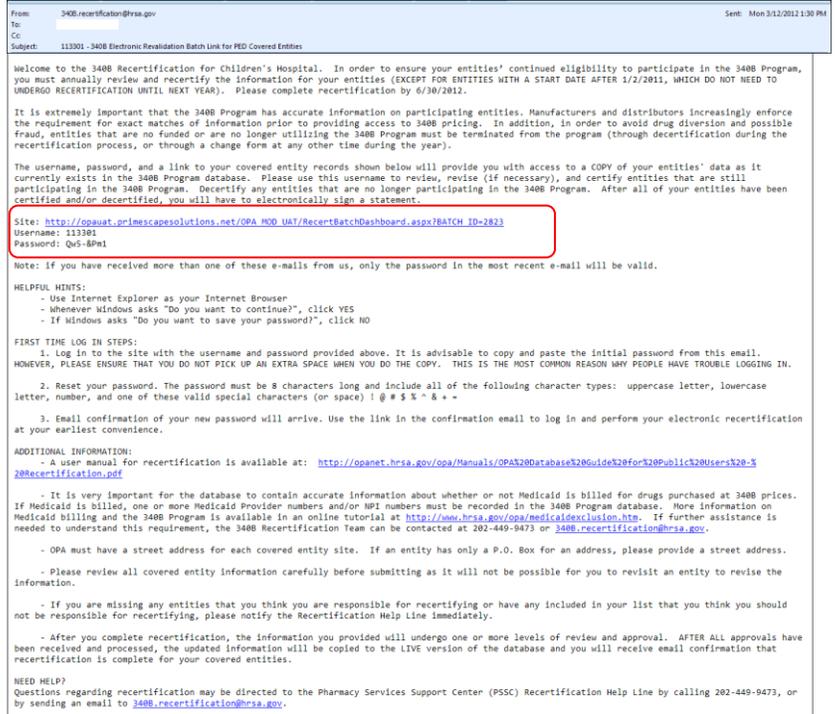
PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

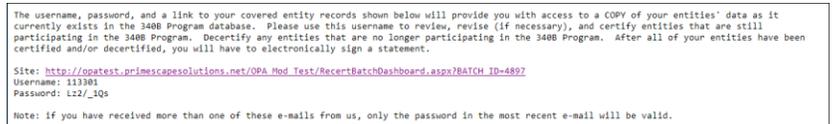
PM/AO Login Email

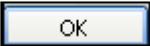
- Login/Password email provides:
 - Instructions on the online Recertification process.
 - 340B URL link to Recertification screens (Site).
 - Log in steps to access the 340B System.
 - Username and Password for authentication.
- Program Manager (PM) and Authorizing Official (AO) receive email.
- Approving Manager (AM) receives email once PM completes certification.



PM / AO Logging In

1. Click on the URL link and Authentication and Authorization window opens (Welcome to OPA).
2. From email, copy and paste user name in User Name field.
3. From email, copy and paste password in Password field.
Click the  button and the U.S. Government Warning pop-up window displays.



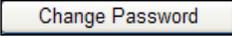
4. Click the  button.



PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

5. Copy and paste password from email in Enter old password field.
6. Enter a new password (twice).
 - New password must consist of the following:
 - 6 to 12 characters
 - 1 Uppercase letter
 - 1 Special Character @, #, %, &, *, \$, /, ^
7. Click the  button and an email acknowledgement is sent that the password is updated.

The screenshot shows the HRSA Office of Pharmacy Affairs 'Change Password' page. It includes a navigation bar with 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. The main content area has three password input fields: 'Enter old password:', 'Enter new password:', and 'Enter new password again:'. A 'Change Password' button is located below the second and third fields. To the right, there are 'Rules for a new password' which specify: minimum 8 characters, at least one of uppercase letters, lowercase letters, numbers, or special characters (!@#\$%^&+=). An example 'Sue#Smith1' is provided. A 'HHS Privacy Policy Notice' link is at the bottom.

The screenshot shows an email from 'Test340EDatabase@primescape.net' with the subject 'HRSA 340B: Password Changed'. The body of the email reads: 'Dear CAROLYN KENNY, Your password has been updated for the HRSA 340B database system. In the future, please login to the HRSA 340B Database using the new password. If this is not you or you have not changed your HRSA 340B password recently, please contact the Pharmacy Services Support Center at 1-800-628-6297 or by e-mail at pssc@aphanet.org. Thank You!'

PM / AO Certifications

1. Batch Dashboard automatically displays status of batch(es) as Incomplete for all applicable Covered Entities.
2. Click on 340B ID link for each Covered Entity in the batch and the Covered Entity Detail screen displays.

The screenshot shows the HRSA 'Batch Dashboard' page. The navigation bar includes 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. The main content area shows 'Recertification Dashboard > Initiative Dashboard > Batch Dashboard'. It displays details for a batch: 'Recertification Initiative Name: PED-063301', 'Batch Name: 113300', 'Start Date: 3/1/2012', 'Certification Due Date: 6/30/2012', 'Entity Type: Children's Hospital', 'End Date: 6/30/2012', 'Approval Due Date: 6/30/2012', 'PM/AO Name: CAROLYN KENNY', and 'PM/AO Phone: 404-785-0885'. Below this is a 'Covered Entities' table with columns: 340B ID, Medicare Provider Number, Entity Name, Subdivision Name, Address, City, State, Zip, and PM/AO Certification. A table with 1 row is shown, where the 340B ID 'PED113300-00' and the PM/AO Certification 'Incomplete' are circled in red. A red arrow points from the text in step 2 to the 340B ID. A 'HHS Privacy Policy Notice' link is at the bottom.

340B ID	Medicare Provider Number	Entity Name	Subdivision Name	Address	City	State	Zip	PM/AO Certification
PED113300-00	113300	CHILDREN'S HEALTHCARE OF ATLANTA AT EGGLESTON		1405 CLIFTON ROAD, NE	ATLANTA	GA	30322	Incomplete

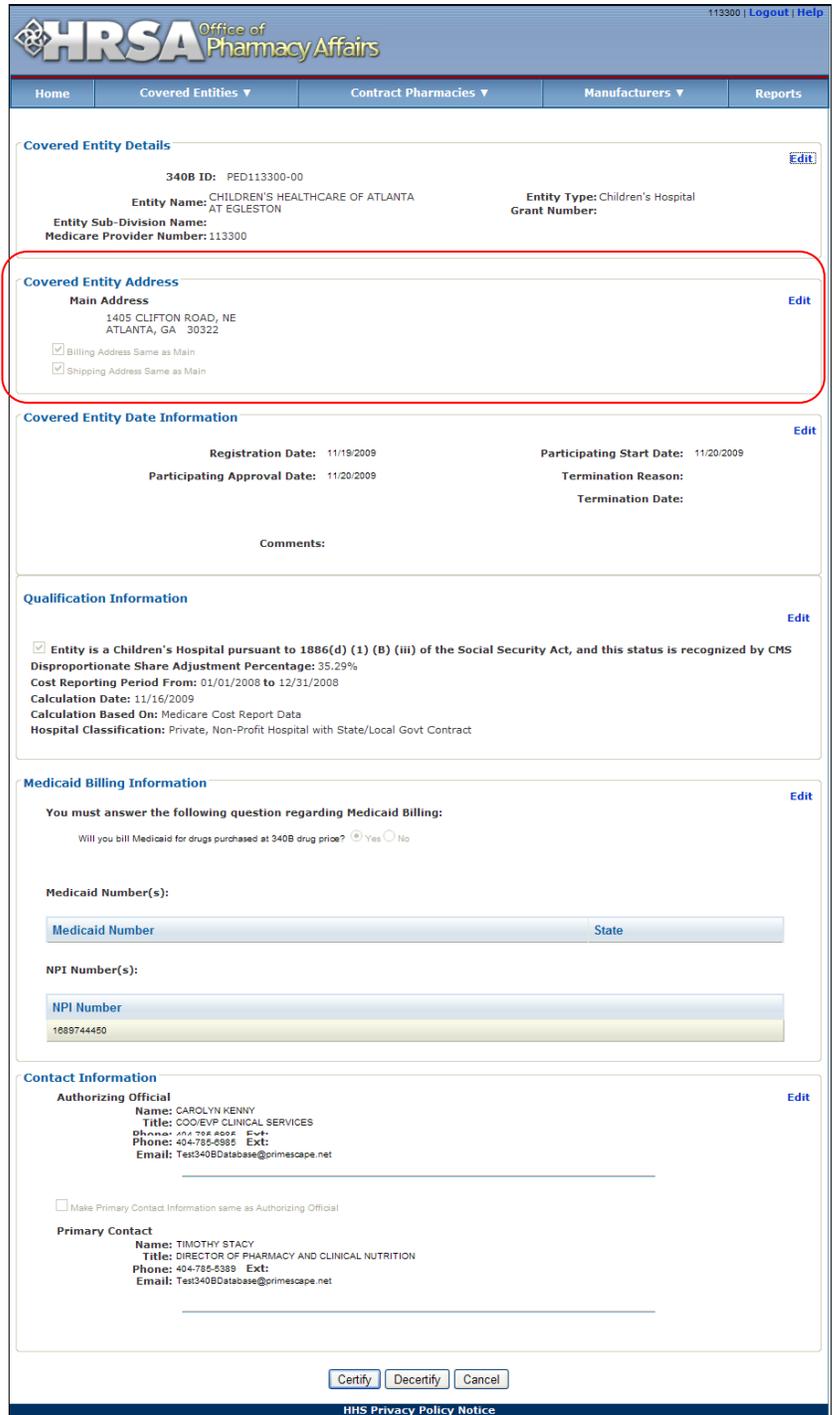
PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

Covered Entity Details

- Each section of the Covered Entity record is editable.
- Fields that cannot be edited display as grayed-out.



The screenshot shows the HRSA Office of Pharmacy Affairs web interface for a Covered Entity record. The page is titled "Covered Entity Details" and includes an "Edit" link. The record information is as follows:

- 340B ID:** PED113300-00
- Entity Name:** CHILDREN'S HEALTHCARE OF ATLANTA AT EGGLESTON
- Entity Type:** Children's Hospital
- Entity Sub-Division Name:** (grayed-out)
- Grant Number:** (grayed-out)
- Medicare Provider Number:** 113300

The **Covered Entity Address** section is highlighted with a red box and includes:

- Main Address:** 1405 CLIFTON ROAD, NE, ATLANTA, GA 30322
- Billing Address Same as Main
- Shipping Address Same as Main

The **Covered Entity Date Information** section shows:

- Registration Date:** 11/19/2009
- Participating Start Date:** 11/20/2009
- Participating Approval Date:** 11/20/2009
- Termination Reason:** (grayed-out)
- Termination Date:** (grayed-out)
- Comments:** (empty)

The **Qualification Information** section includes:

- 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:** 35.29%
- Cost Reporting Period From:** 01/01/2008 to 12/31/2008
- Calculation Date:** 11/15/2009
- Calculation Based On:** Medicare Cost Report Data
- Hospital Classification:** Private, Non-Profit Hospital with State/Local Govt Contract

The **Medicaid Billing Information** section asks: "Will you bill Medicaid for drugs purchased at 340B drug price?" with radio buttons for Yes and No. Below this are input fields for Medicaid Number(s) and NPI Number(s). The NPI Number field contains the value 1689744450.

The **Contact Information** section lists two contacts:

- Authorizing Official:** Name: CAROLYN KENNY, Title: COO/EVP CLINICAL SERVICES, Phone: 404-735-5389 Ext: (grayed-out), Email: Text340BDatabase@primescape.net
- Primary Contact:** Name: TIMOTHY STACY, Title: DIRECTOR OF PHARMACY AND CLINICAL NUTRITION, Phone: 404-735-5389 Ext: (grayed-out), Email: Text340BDatabase@primescape.net

At the bottom of the form are buttons for "Certify", "Decertify", and "Cancel", and a link to the "HHS Privacy Policy Notice".

PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

4. Click on an **Edit** button to change fields in applicable section.
5. Enter data updating fields.
6. Click the **Continue** button and the section collapses. Or click the **Undo** button to undo the changes.

- Qualification Information section *only* pertains to Hospitals, not Grantees:
 - Children's (PED)
 - Critical Access (CAH)
 - Disproportionate Share (DSH)
 - Free Standing Cancer (CAN)
 - Rural Referral Center (RRC)
 - Sole Community (SCH)
- QI section fields are based on the specified hospital type.
- Red asterisk * displays next to required fields.
- Updating main Covered Entity first specific for Qual Info section, automatically updates all associated Covered Entities Qual Information with same data.
- If a required field is left blank, an error message displays and the user is unable to proceed to Certify the CE.

Covered Entity Address [Edit](#)

Main Address (PO Box Not Allowed)

1405 CLIFTON ROAD, NE
ATLANTA, GA 30322

Billing Address Same as Main
 Shipping Address Same as Main

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

Main Address (PO Box Not Allowed)

*Address Line 1: 1405 CLIFTON ROAD, NE

Address Line 2:

*City: ATLANTA

*State: Georgia

*Zip: 30322

Billing Address Same as Main

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

Organization Name: Adler Medical Billing

*Address Line 1: 300 East Oak Street

Address Line 2:

*City: Stephens

*State: Georgia

*Zip: 30325

Shipping Address Same as Main

[Continue](#) [Undo](#)

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: 35.29 % (i.e., 25.75%)

*Cost Reporting Period From: 1/1/2008 to 12/31/2008

*Calculation Date: 11/16/2009

*Calculation Based On: Medicare Cost Report Data

*Hospital Classification: Private, Non-Profit Hospital with State/Local Govt Contract

[Continue](#) [Undo](#)

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: % (i.e., 25.75%)

*Cost Reporting Period From: 1/1/2008 to 12/31/2008

*Calculation Date: 11/16/2009

*Calculation Based On: Medicare Cost Report Data

*Hospital Classification: Private, Non-Profit Hospital with State/Local Govt Contract

113300 | [Logout](#) | [Help](#)

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Errors:
Disproportionate Share Adjustment Percentage is required

Covered Entity Details

340B ID: PED113300-00

PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

- Click the **Certify** button to certify and the Authorizing screen displays.



For batches with multiple Covered Entities, follow the same steps.

The screenshot shows the HRSA Office of Pharmacy Affairs certification interface. At the top, there is a navigation bar with 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. The main content area is titled 'Covered Entity Details' and includes the following information:

- 340B ID:** PED113301-01
- Entity Name:** CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE CHILDREN'S SURGERY CENTER AT SATELLITE BOULEVARD
- Entity Type:** Children's Hospital
- Grant Number:** (checkbox) Yes I would like to register Medicare Cost Report outpatient facilities for 340B Program. (checkbox) Yes I would like to register Provider based status outpatient facilities for the 340B Program.
- Medicare Provider Number:** 113301
- Outpatient Facility Medicare Provider Number:**

Covered Entity Address:

- Main Address:** 2625 SATELLITE BOULEVARD, DULUTH, GA 30096
- Billing Address Same as Main
- Shipping Address Same as Main

Covered Entity Date Information:

- Registration Date:** 11/19/2009
- Participating Approval Date:** 11/20/2009
- Participating Start Date:** 11/20/2009
- Termination Reason:**
- Termination Date:**
- Comments:**

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:** 21.98%
- Cost Reporting Period From:** 01/01/2009 to 12/31/2009
- Calculation Date:** 11/16/2009
- Calculation Based On:** Medicare Cost Report Data
- Hospital Classification:** Private, Non-Profit Hospital with State/Local Govt Contract

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

Contact Information:

Authorizing Official:

- Name:** CAROLYN KENNY
- Title:** COO/EVP CLINICAL SERVICES
- Phone:** 404-740-5866 **Ext:**
- Email:** Tech@HRSCrosses@hrhscape.net

State Primary Contact Information same as Authorizing Official

Primary Contact:

- Name:** TIMOTHY STACY
- Title:** DIRECTOR OF PHARMACY AND CLINICAL NUTRITION
- Phone:** 404-740-5866 **Ext:**
- Email:** Tech@HRSCrosses@hrhscape.net

At the bottom of the form, there are three buttons: **Certify**, **Decertify**, and **Cancel**. Below the buttons is a link for **HRSA Privacy Policy Notice**.

PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

Decertifying Covered Entity

- Decertifying a Covered Entity changes the following:
 - Termination Reason auto-populates to: *“At Request of Covered Entity”*.
 - Termination Date auto-populates to the first day of next quarter.

1. Click on 340B ID and Covered Entity Detail record displays.

- Exception: Qualification Information fields become optional *only* when a Covered Entity is Decertified.

2. Click the **Decertify** button and a warning window displays a message window displays pertaining to terminating active and pending Contract Pharmacy contracts.

3. Click the **OK** button.

- Batch Dashboard displays with the PM/AO Certification status as “Decertified”.

- If other certifications remain to be certified, the Batch Dashboard displays.

340B ID	Medicare Provider Number	Entity Name	Subdivision Name	Address	City	State	Zip	PM/AO Certification
PED113301-00	113301	CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE		1001 JOHNSON FERRY ROAD NE	ATLANTA	GA	30342	Incomplete
PED113301-01	113301	CHILDREN'S HEALTHCARE OF ATLANTA AT SCOTTISH RITE	CHILDREN'S SURGERY CENTER AT SATELLITE BOULEVARD	2020 SATELLITE BOULEVARD	DULUTH	GA	30096	Decertified

PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

Authorize and Submit

Once all Covered Entities have been certified/decertified in a batch, then the Authorize and Submit screen displays.

1. Click the checkbox in the Authorized Signature section.
2. Click the **Authorize and Submit** button and the Confirmation screen displays.

113300 | Logout | Help

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Children's Hospital Grantee / Program Manager Batch Certification 2012

Covered Entities

The number of rows returned: 1 Rows/Page: 10 Set

340B ID	Grant Number	Entity Name	Subdivision Name	Address	City	State	Zip	PM/AO Certification
PE0113300-00	113300	CHILDREN'S HEALTHCARE OF ATLANTA AT EGLESTON		1405 CLIFTON ROAD, NE	ATLANTA	GA	30322	Certified
1								

Program Manager/Authorizing Official

Name: CAROLYN KENNY
 Title: COO/EVP CLINICAL SERVICES
 Phone: 404-785-8985 Ext:
 Email: sdeiderich@primescape.net
 Organization:

Authorized Signature

I certify that I am a fully Authorized Official to legally bind the hospital and certify that the contents of any statement(s) made or reflected in the 340B Drug Pricing Program (340B Program) database are truthful and accurate. I further acknowledge the hospital's responsibility to notify the Health Resources and Services Administration Office of Pharmacy Affairs (OPA) immediately if there is a material change in the 340B eligibility of any facility or information listed on the 340B Database.

As an Authorized Official of the hospital I certify on behalf of the hospital that:

(1) all information listed on the 340B Program database for the hospital is complete, accurate, and correct;
 (2) the hospital has continuously met all 340B Program eligibility requirements since being listed as eligible on the 340B database;
 (3) the hospital complies 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 hospital maintains auditable records demonstrating compliance with the requirements described in paragraph (3) above;
 (5) the hospital has systems/mechanisms in place to reasonably ensure ongoing compliance with the requirements described in (3) above;
 (6) if the hospital uses contract pharmacy services, that the contract pharmacy arrangement is performed in accordance with OPA requirements and guidelines including, but not limited to, that the hospital obtains sufficient information from the contractor to ensure compliance with applicable policy and legal requirements, and the hospital has utilized an appropriate methodology to ensure compliance (e.g., through an independent audit or other mechanism);
 (7) the hospital acknowledges its responsibility to contact OPA as soon as reasonably possible if there is any material breach by the hospital of any of the foregoing; and
 (8) if the hospital does not notify OPA in a timely fashion, the hospital acknowledges that it may be required to remit payment back to manufacturers which would represent the difference between the 340B discounted price and the drug's non-340B purchase price.

Authorize and Submit

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 May 16, 2012 8:20 AM ET Questions, Comments, or Suggestions Email Us: ask@hrsa.gov Call Us: 1 - 800 - 628 - 6297

3. Click the **Done** button and the 340B HRSA OPA homepage displays.

- PM/AO can register a Covered Entity or Outpatient Facility from this screen by clicking on the appropriate link.

8. Click on the Logout button to exit the system.

- System sends an AM Notification email to the Approving Manager for Grantees when the Batch Certified by the Program Manager is the not the first Batch in the Initiative.

013300 Logout Help

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Thank you for verifying your 340B Covered Entity records. If you are the authorizing official for more than one organization, you will need to perform the recertification process for each organization.

The information you provided during recertification will be reviewed by OPA for completeness and compliance with program requirements. Afterwards, the updated information will be copied to the LIVE version of the database, and you will receive an email informing you that recertification is complete. Please be aware that OPA may reject some of the changes you requested, but there is no mechanism in place at this time to notify you about changes that were rejected. Therefore, we strongly encourage you to visit the OPA database AFTER you receive notification that recertification is complete to review each of your organization's records, and to submit the 340B Change Form (located at <http://www.hrsa.gov/opa/forms.htm>) if any additional changes are needed.

To register another Covered Entity or Outpatient Facility at this time, click on the applicable link below.

- Register a Covered Entity
- Register an Outpatient Facility

Need help or have additional questions? Please contact the 340B Recertification Team:
 Phone: 202-449-9473
 Email: 340B.recertification@hrsa.gov

Done

HHS Privacy Policy Notice

PM / AO CERTIFICATIONS

DETAILS

EXAMPLE

OPA Approval

- Upon OPA Reviewer completing review and approvals of all Covered Entities in a batch, an email notification is sent to the Program Manager/Authorizing Official, and Approving Manager when applicable.



AM APPROVALS

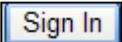
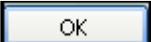
DETAILS

EXAMPLE

Approving Manager Approvals

- AM receives email notification once PM/AO certification is complete.
- Initial batch email includes the login information.
- If an AM supports multiple Initiatives, after initial email is sent with User ID and Password; following emails do not include User ID and Password.
- Subsequent emails only include batch certification notification.
- EXCEPTION: Hospital Entities do not have Approving Managers; therefore, this process is omitted.

Approving Manager Login

- AM logs into 340B application using the URL in the AM Login/Notification email or from HRSA OPA 340B Homepage URL.
1. Copy and paste user name in User Name field.
 2. Copy and paste password in Password field.
 3. Click the  button and the U.S. Government Warning pop-up window displays.
 4. Click the  button.

340B.recertification@hrsa.gov 10:27 AM (34 minutes ago) ☆ ↶ ↵

to me

Welcome to the 340B Recertification for TB. In order to ensure your entities' continued eligibility to participate in 340B, you must approve the Entities' information annually.

Site: http://opatest.primescapesolutions.net/OPA_Mod_Test/RecertInitiativeDashboard.aspx?INITIATIVE_ID=201
 Username: sdeiderich@gmail.com
 Password: rK/69fwS

HELPFUL HINTS:
 - Use Internet Explorer as your Internet Browser
 - Whenever Windows asks "Do you want to continue?", click YES
 - If Windows asks "Do you want to save your password?", click NO

FIRST TIME LOG IN STEPS:
 1. If this is the first time you are receiving a "340B Electronic Approval Batch Link" e-mail, there is a username and temporary password provided above. Please log in to the site with this username and password. It is advisable to copy and paste the initial password from this email.
 2. Reset your password. The password must be 8 characters long and include all of the following character types: uppercase letter, lowercase letter, number, and one of these valid special characters (or space) ! @ # \$ % ^ & + =. Save your login email and password so you can reuse for all the Recertification Batches you are responsible for.
 Note: If this is your second or later "340B Electronic Approval Batch Link" e-mail, there is no username or password above because you should log in to the site with the username previously provided to you and the password that you created.

APPROVAL STEPS:
 1. Click the Approve link each of the Batches that are due for Approval. Once you complete approving the Batch, you will see the AM Approval page.
 2. E-sign your approval for in AM Approval page.
 3. As you receive Approval Notification emails for each of your Recertification Batches follow the Approval Steps.

Please note that you will be able to view the Covered Entity Details in each Batch by clicking on the 340B ID link.

Please complete revalidation by 9/30/2012.



HRSA 340B

Home Covered Entities Contract Pharmacies Manufacturers Reports

Welcome to OPA

User Name:
 Password:

Forgot User ID? / Forgot Password?

HRSA system users are required to comply with HRSA information technology (IT) security policies regarding the protection of HRSA information systems from misuse, abuse, loss, or unauthorized access or modification. By logging on to this system you certify that you have read, understand and agree to comply with the [Office of Pharmacy Affairs System Rules of Behavior](#).

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

March 24, 2011
 8:55 AM ET

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



Windows Internet Explorer

You are accessing a U.S. Government information system. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper user of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

AM APPROVALS

DETAILS

EXAMPLE

- Copy and paste password from the email in the Enter old password field. Enter new password must consist of the following:
 - 6 to 12 characters
 - 1 Uppercase letter
 - 1 Special Character @, #, %, &, *, \$, /, ^
- Select the  button.

- Receives email acknowledgement that password has been updated.



The Approving Manager's User ID and Password cannot be reused once all Batches in an Initiative have been reviewed and certified.

AM Certifications

- AM is navigated to the Initiative Dashboard.
- Click on a Batch Name link (i.e., TB-WI) and the Batch Dashboard displays.

The screenshot shows the HRSA 340B user interface. At the top, there's a navigation bar with 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. Below this is a 'Change Password' form with three input fields: 'Enter old password:', 'Enter new password:', and 'Enter new password again:'. Each field has a password mask. A 'Change Password' button is at the bottom of the form. The footer contains contact information for the U.S. Department of Health and Human Services (HHS) and the Office of Pharmacy Affairs (OPA) - 340B Program, along with a date and time stamp (March 24, 2011, 9:37 AM ET) and a link for 'Questions, Comments, or Suggestions'.

The screenshot shows an email notification from 'Test340BDatabase@primescape.net' sent at 10:41 AM (23 minutes ago). The email content reads: 'Dear sdeiderich@gmail.com, Your password has been updated for the HRSA 340B database system. In the future, please login to the HRSA 340B Database using the new password. If this is not you or you have not changed your HRSA 340B password recently, please contact the Pharmacy Services Support Center at 1-800-628-6297 or by e-mail at pssc@aphanet.org. Thank You!'

The screenshot shows the HRSA Initiative Dashboard. It features a navigation bar with 'Home', 'Covered Entities', 'Contract Pharmacies', 'Manufacturers', and 'Reports'. The main content area is titled 'Recertification Dashboard > Initiative Dashboard'. It displays details for a 'Recertification Initiative Name: TB-WI-APR12' with a 'Start Date: 4/1/2012' and 'End Date: 9/30/2012'. The 'Program Type' is 'Tuberculosis', with a 'Certification Due Date: 9/30/2012' and 'Approval Due Date: 9/30/2012'. Below this is a table for 'Initiative Batches' with 1 row returned. The table has columns for 'Batch Name', '# of Entities', 'Certification', 'Approval', and 'Approval Status'. The row shows 'TB-WI' with 2 entities, a checkmark in the 'Certification' column, and 'Approve' in the 'Approval Status' column.

AM APPROVALS

DETAILS

EXAMPLE

3. Click on a 340B ID link and the Initiative Summary for the Covered Entity displays.

4. Review Summary and click on the Batch Dashboard link.

5. Once all 340B IDs have been reviewed, click on Approve link in Approval Status column and the Approving Manager Batch Approval screen displays.

Recertification Dashboard > Initiative Dashboard > Batch Dashboard

Recertification Initiative Name: TB-WI-APR12
 Batch Name: TB-WI
 Start Date: 4/1/2012
 Certification Due Date: 9/30/2012
 PM/AO Name: LORNA WILL, RN MA
 PM/AO Email: sdeiderich@primescape.net

Entity Type: Tuberculosis
 End Date: 9/30/2012
 Approval Due Date: 9/30/2012
 PM/AO Phone: 608-261-6319

Covered Entities
 The number of rows returned: 2

340B ID	Grant Number	Entity Name	Subdivision Name	Address	City	State	Zip	PM/AO Certification
TB53216	TB-WI	CITY OF MILWAUKEE TUBERCULOSIS CLINIC		3200 N. 36TH STREET	MILWAUKEE	WI	53218	Incomplete
TB53701	TB-WI	STATE OF WISCONSIN TUBERCULOSIS CONTROL PROGRAM		1 WEST WILSON ST., ROOM 318, PO BOX 2849	MADISON	WI	53701	Incomplete

Recertification Dashboard > Initiative Dashboard > Batch Dashboard > Initiative Summary

Recertification Initiative Name: TB-WI-APR12
 PM/AO Name: LORNA WILL, RN MA
 PM/AO Email: sdeiderich@primescape.net

Entity Type: Tuberculosis
 Batch Name: TB-WI
 PM/AO Phone: 608-261-6319

CE Summary
 Covered Entity Name: CITY OF MILWAUKEE TUBERCULOSIS CLINIC
 340B ID: TB53216
 Search Covered Entities

PM/AO Updates

Certification Date	CE Field	Current DB Value	Proposed Change
		1/1/2011	7/1/2012

Comments:

Recertification Dashboard > Initiative Dashboard

Recertification Initiative Name: TB-WI-APR12
 Start Date: 4/1/2012
 End Date: 9/30/2012

Program Type: Tuberculosis
 Certification Due Date: 9/30/2012
 Approval Due Date: 9/30/2012

Initiative Batches
 The number of rows returned: 1

Batch Name	# of Entities	Certification	Approval	Approval Status
TB-WI	2	✓		Approve

AM APPROVALS

DETAILS

EXAMPLE

- Update Approving Manager data, if applicable.
 - Fields that cannot be edited are grayed-out.

- Click the checkbox in the Authorized Signature section.
- Click the **Authorize and Submit** button and the Confirmation screen displays.
- Click the **Done** button and the 340B HRSA OPA homepage displays.

AM Certification Completion

- AM receives an email notification when a Batch is reviewed and approved by OPA.

340B ID	Grant Number	Entity Name	Subdivision Name	Address	City	State	Zip	PM/AO Certification
TB53210	TB-WI	CITY OF MILWAUKEE TUBERCULOSIS CLINIC		3200 N. 38TH STREET	MILWAUKEE	WI	53210	Certified
TB53701	TB-WI	STATE OF WISCONSIN TUBERCULOSIS CONTROL PROGRAM		1 WEST WILSON ST., ROOM 318, PO BOX 2649	MADISON	WI	53701	Certified

Thank you for verifying the Covered Entities for this Recertification Batch. This Recertification Batch will proceed to OPA for approval. The Recertification is completed. You will receive an email notification informing you once OPA has reviewed and approved the Recertification Batch.

Need Help or Have Additional Questions? Please contact the 340B Recertification Team:
 Phone: 202-449-9473
 Email: 340B.recertification@hrsa.gov

From: 340B.recertification@hrsa.gov
 To: [Redacted]
 Cc: [Redacted]
 Subject: 090146 - 340B Recertification Complete

The 2012 recertification has been completed for your 340B participating providers and clinics. No further action is required on your part at this time. You may now review your entities' information at this link - http://opauat.primescapesolutions.net/OPA_H00_UAT/CESearch.aspx. If you find any errors, please let us know as soon as possible.

NEED HELP OR HAVE ADDITIONAL QUESTIONS?
 You may contact the 340B Recertification Team through any of the following:
 Phone: 202-449-9473
 Email: 340B.recertification@hrsa.gov