

# Apple Health 340B Attestation

## Completion instructions and provisions

Submission of this form is required for 340B Covered Entities that use drug products purchased under Section 340B of the Public Health Service Act for Washington Apple Health clients.

Separate forms must be completed for EACH "pay to" provider enrolled with Washington Apple Health that is designated as a 340B Covered Entity and carving in Washington Apple Health, both fee-for-service and managed care clients. **Completion of this form does not replace the Covered Entity's responsibility to register and appropriately report to the HRSA Exclusion File.**

Annual submission of this form will be required by Covered Entities continuing to carve in.

Submit completed forms via email to [HCAWA340BRebate@hca.wa.gov](mailto:HCAWA340BRebate@hca.wa.gov), or by mail to Washington State Health Care Authority, Attn: 340B Program Manager, PO Box 45510, Olympia, WA 98504-5510.

## Covered Entity information

Please answer all questions below. Incomplete forms may result in the delay of Washington Medicaid being able to appropriately record 340B carve in status.

"Pay to" provider name

Washington Medicaid Provider ID

Physical Address

City

State

ZIP Code

Phone

NPI

NCPDP

## 340B carve in information

Has the provider listed above been designated as a 340B Covered Entity by HRSA?  Yes  No

Does this provider use drug products purchased under Section 340B of the Public Health Service Act for Washington Apple Health clients (carve in)?  Yes  No

**Carve in effective date.** This should be the date which reflects the applicable year and quarter in which the provider acknowledges they intend to carve in all Washington Apple Health clients to the 340B program.

January 1, 20\_\_ (Q1)  April 1, 20\_\_ (Q2)  July 1, 20\_\_ (Q3)  October 1, 20\_\_ (Q4)

## Contact information for 340B program

Please provide the contact information for the person in your office who Washington Apple Health should contact with questions regarding your 340B status

Contact Name:

Email

Phone

Ext.

## Signature and Date

I certify that the above information is true and correct to the best of my knowledge.

Signature

Name (please print)

Date

Phone