

ATTACHMENT A
340B Provider Information

Provider Name	A Medicaid Provider ID Number	A NPI Number	A 340B ID Alpha Numeric

Check the block that best describes the provider identified above:

- Provider is a 340B covered entity that ONLY dispenses/administers 340B medications for its clients in Medicaid contracted health plan. (Provider does not dispense/administer Non-340B medications and does not submit claims to Medicaid contracted health plan for Non-340B medications.) This group does not need to submit a report to Med-QUEST Division quarterly.
- Provider is a 340B covered entity that dispenses/administers Non-340B medications and 340B medications to its clients in Medicaid contracted health plan and submits claims to Medicaid contracted health plan for both 340B medications and Non-340B medications. **If this block is checked, the provider is required to submit quarterly reports on Non-340B medications paid by Medicaid contracted health plan.**
- Provider is a 340B covered entity that ONLY dispenses/administers Non-340B medications to its clients in Medicaid contracted health plan and only submits claims to Medicaid contracted health plan for Non-340B medications. This group does not need to submit a report to Med-QUEST Division quarterly.
- None of the blocks above describe the provider.

Explain _____

Print Contact Name	Signature	Title

Please complete information above and return this form to:

Med-QUEST Division
Health Care Services Branch
601 Kamokila Blvd., 506A
Kapolei, Hi 96707