



### 340B, Federal Supply Schedule, and Nominal Price Attestation and Election

Complete and return to the Iowa Medicaid Enterprise (IME)  
Provider Cost Audit and Rate Setting  
Email to [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us) or fax to (515) 725-1353.

#### Provider Identification

Attesting Provider Name:	
NPI:	Email:
Phone:	Fax:

#### 340B Provider Attestation

Health Resources and Services Administration (HRSA) 340B ID #:	Most Recent HRSA Certification Date:
<p><b>All new and continuing 340B providers must attest to only one of the following:</b></p> <p><input type="checkbox"/> <b>Election to Carve-In 340B Fee-for-Service (FFS) and Managed Care Organization (MCO) Claims:</b> The above named provider is a covered entity, enrolled with HRSA and has elected to bill all Iowa Medicaid claims (FFS and managed care) through the 340B program for any drugs purchased at the 340B actual acquisition cost. The above named provider will bill Iowa Medicaid no more than the 340B actual acquisition cost for the drug and agrees to use the appropriate claim modifiers for all 340B pharmacy and medical claims.</p> <p><input type="checkbox"/> <b>Election to Carve-Out 340B FFS and MCO Claims:</b> The above named provider is a covered entity, enrolled with HRSA and has elected to carve out all Iowa Medicaid claims (FFS and managed care) from the 340B program. The above named provider will bill Iowa Medicaid at their usual and customary cost and agrees to refrain from the use of 340B claim modifiers on all pharmacy and medical claims billed to IME.</p>	

**Election to Exit the 340B program:**  
The above-named provider has elected to exit the 340B program and has disenrolled with HRSA. The above-named provider is billing Medicaid the usual and customary charge for all drugs.

Date of HRSA disenrollment:

Federal Supply Schedule Providers	Nominal Price Providers
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Do you purchase drugs through the Federal Supply Schedule? If yes, please provide the effective date. <input type="checkbox"/> Yes – Effective: <input type="checkbox"/> No	Do you purchase drugs at the Nominal Price? If yes, please provide the effective date. <input type="checkbox"/> Yes – Effective: <input type="checkbox"/> No
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#### Signature Authority

Name (Please Print):	Title:
Signature:	Date: