

Texas Vendor Drug Program **Pharmacy Provider Enrollment**

Instructions

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TEXAS
Health and Human
Services

*Medical and
Social Services*

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1 Pharmacy Enrollment Process

Texas pharmacies must enroll with the Texas Vendor Drug Program prior to providing outpatient Medicaid prescription services.

- Pharmacies can only submit claims for prescriptions filled on or after the effective date of enrollment
- Enrollment as a Medicaid provider is a prerequisite for participation in any program administered by VDP and managed care.
- Enrollment will be terminated for pharmacies that have had no claim payment within a continuous twelve-month period. If an enrollment is terminated because of inactivity, the pharmacy must reapply to the Vendor Drug Program by submitting a new application for reinstatement.
- Pharmacies identified as a Federally Qualified Health Center (FQHC) do not qualify for reimbursement through the Vendor Drug Program. FQHCs are reimbursed by a total encounter rate for all services under the Veterans Health Care Act of 1992. Please refer to <https://www.hrsa.gov/opa/> for information regarding FQHC and the 340B Drug Pricing Program.

1.1 Instructions

Applicants must complete the application forms available online at the Vendor Drug Program website at <https://www.txvendordrug.com/providers/enrollment-forms>.

1. VDP Pharmacy Provider Enrollment Application (HHS Form 1340)

- Refer to section 2 below for detailed instructions. Fields that do not apply to the Applicant should be left blank.

2. VDP Pharmacy Provider Enrollment Agreement (HHS 1341)

- Refer to section 3 below for detailed instructions. Pharmacy enrollment is effective the date Agreement is executed by HHSC. Agreements are not back-dated

3. Supplemental Forms

- Refer to section 4 below for the list of forms.

Applicants may use the checklist provided in section 5 to ensure all documents are accounted for prior to their submission to HHSC.

Reminder: Failure to complete, sign, and notarize documents as required will result in delayed processing or denial of your application. Failure to submit all additional documents will result in delayed processing or denial of your application. Applicants are required to resubmit their entire application (including all forms) if any one form is returned because of incomplete or incorrect information.

Applicants should retain a copy of all completed forms for their records.

1.2 Contact

Questions about this process should be sent by email to MCDPharmacyContractManage@hhsc.state.tx.us. Additional contact information is available online at <https://www.txvendordrug.com/about/contact/pharmacy-enrollment>.

1.3 Maintaining Your Enrollment

Refer to the Enrollment chapter of the VDP Pharmacy Provider Procedure Manual (PPPM) for information about being an enrolled pharmacy provider with Texas Medicaid at <https://www.txvendordrug.com/about/policy/manual>.

Enrolled pharmacies must notify HHSC in writing of any changes of the following:

- Billing and physical addresses
- Phone and fax numbers
- Key personnel (i.e. owners, control interests, pharmacists)
- Financial information (i.e. direct deposit)
- Store closure

Refer to the Enrollment Agreement (form 1341) for all requirements of enrollment update submissions. Pharmacy staff can verify most of this information using the Pharmacy Search on the VDP website. Failure to update pharmacy information could result in claims being placed on vendor hold or the termination of your enrollment. Please submit corrections via fax on your pharmacy letterhead.

The Pharmacy Search is online at <https://www.txvendordrug.com/providers/pharmacy-search>.

2 Enrollment Application

2.1 Application (Section 1)

2.1.1 Date

- Enter the date Form 1340 is completed

2.1.2 Enrollment Reason

Check one of the **Enrollment Reason** boxes: New Pharmacy, Re-enrollment, or Change of Ownership.

2.1.2.1 New Pharmacy

The pharmacy requests initial enrollment in VDP.

2.1.2.2 Re-enrollment

The pharmacy requests re-enrollment in VDP. The Applicant must provide the pharmacy's current six-digit vendor ID number. All pharmacies that re-enroll are assigned a new six-digit vendor ID number.

2.1.2.3 Change of Ownership

The pharmacy requests a change to ownership information on file with VDP. Applicants must provide the pharmacy's current six-digit vendor ID number.

- The Applicant must complete and include the Pharmacy Ownership Transfer Affidavit (HHS Form 1332) as part of the submission to HHSC.

2.2 Applicant (Section 2)

2.2.1 Name of Pharmacy

Enter the name of the pharmacy.

- Enter the "Doing Business As" (DBA) name here if the pharmacy has a DBA name.
- If the pharmacy does not have a DBA name, include the Legal Contractor Name in this field.

2.2.2 Legal Contractor Name

Enter the legal name of the pharmacy.

- This response may be the same response provided in “Name of Pharmacy” if there is no DBA name.

2.2.3 Telephone

Enter the telephone number for the pharmacy, including area code.

2.2.4 Fax

Enter the fax number for the pharmacy, including area code.

2.2.5 Email

Enter the e-mail address for the pharmacy or a contact e-mail address for the pharmacy.

2.2.6 Pharmacy Physical Address

Enter the address (street, city, state, and ZIP code) where the pharmacy is physically located.

2.2.7 Pharmacy Business Address

Enter the address (street, city, state, and ZIP code) where the pharmacy receives Medicaid policy notifications and payment information.

2.2.8 Pharmacy Billing Address

Enter the address (street, city, state, and ZIP code) where the pharmacy receives billing information.

2.2.9 Federal Employer ID Number

Enter the pharmacy's 9-digit Federal Employer ID Number (FEIN) as displayed in your Internal Revenue Service confirmation letter. A copy of the confirmation letter must be submitted along with the completed application.

2.2.10 State Comptroller's Tax ID

Enter the pharmacy's State Comptroller's Tax ID number, obtained from the Texas Comptroller. This number is required for all in-state pharmacies.

2.2.11 Primary Taxonomy Code

Enter one of the 10-digit taxonomy codes from the codes provided in Table 1.

Table 1: Taxonomy Codes

Code	Description
333600000X	Suppliers/Pharmacy
3336C0002X	Suppliers/Pharmacy, Clinic Pharmacy
3336C0003X	Suppliers/Pharmacy, Community/Retail Pharmacy
3336C0004X	Suppliers/Pharmacy, Compounding Pharmacy
3336H0001X	Suppliers/Pharmacy, Home Infusion Therapy Pharmacy
3336I0012X	Suppliers/Pharmacy, Institutional Pharmacy
3336L0003X	Suppliers/Pharmacy, Long-term Care Pharmacy
3336M0002X	Suppliers/Pharmacy, Mail Order Pharmacy
3336M0003X	Suppliers/Pharmacy, Managed Care Organization Pharmacy
3336N0007X	Suppliers/Pharmacy, Nuclear Pharmacy
3336S0011X	Suppliers/Pharmacy, Specialty Pharmacy

2.2.12 Pharmacy License Number

- For Texas pharmacies, enter your current, valid Texas State Board of Pharmacy (TSBP) license number for the pharmacy. The license number is five digits.
- For out of state pharmacies, enter your current, valid state-issued pharmacy license number.

2.2.13 State

Enter the two-character state abbreviation in which the current and valid pharmacy license was issued.

2.2.14 National Provider Identifier

Enter your pharmacy's 10-digit National Provider Identifier (NPI), obtained from the National Plan Provider Enumeration Systems. The NPI is required for submitting pharmacy claims.

2.2.15 National Council of Prescription Drug Program Number

Enter the pharmacy's 7-digit National Council of Prescription Drug Program (NCPDP) number.

2.2.16 Out of State Pharmacy

The Applicant identifies if the pharmacy's physical location is more than 50 miles from the Texas border.

- Out of state pharmacy staff must provide a written statement describing the additional benefit(s) or service(s) the pharmacy can provide to people enrolled in Texas Medicaid.

2.3 Applicant Enrollment Contact (Section 3)

The Applicant must provide information for at least one point of contact for the pharmacy. HHSC will contact this person if there is a question about the application.

2.3.1 Contact Name

Enter the point of contact's first and last name.

2.3.2 Title

Enter the point of contact's title or role with the pharmacy.

2.3.3 Telephone

Enter the point of contact's telephone number, including area code.

2.3.4 Email

Enter the point of contact's email address.

2.3.5 Federally Qualified Health Center

The Applicant should check this box if the pharmacy is a Federally Qualified Health Center.

- If the Applicant selects "Yes" then the pharmacy does not qualify for reimbursement through VDP. FQHCs are reimbursed by a total encounter rate for all services under the Veterans Health Care Act of 1992. Please refer

to <https://www.hrsa.gov/opa/> for information regarding FQHC and the 340B Drug Pricing Program.

2.4 Program Participation (Section 4)

A pharmacy must be enrolled in Medicaid in order to participate in the following programs:

- Children's Health Insurance Program (CHIP)
- Children with Special Health Care Needs (CSHCN) Services Program
- Kidney Health Care (KHC) Program
- Texas Women's Health Program (TWHP)

The Applicant should enter the abbreviated name as shown above of any other programs that they do not want to participate in.

2.5 Application Fee (Section 5)

The Applicant identifies whether:

- The Applicant is not required to pay the application fee in Texas at the pharmacy business address (see section 2.2.7 above)
- The Applicant is required to pay the application fee in Texas

All pharmacy providers pay an application fee to HHSC to offset the cost of the required background checks. The fee is provided for each store location: if a chain pharmacy has 10 stores, then a fee is required for each of the 10 locations.

A pharmacy does not pay an application fee to Texas Medicaid if it meets one of the following conditions:

- Paid fee as part of another state's Medicaid program
 - a. The Applicant must submit proof of payment (such as a receipt) showing payment to the other state when submitting the application to Texas Medicaid.
- The pharmacy provider participates in Medicare
 - b. The Applicant must submit proof of payment (such as a receipt) showing payment to Medicare when submitting the application to Texas Medicaid.

Pharmacy staff may use proof of payment of an enrollment application fee as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Medicare provider, or Medicaid (in another state or in Texas), to avoid the cost of the VDP enrollment application fee.

Refer to the Application Fee Deposit Form in section 2.16 below for identifying the fee amount and payment instructions.

2.6 Legal Entity and Ownership Information (Section 6)

All individuals and entities identified in this section are required to complete either:

- Principal Information for Entities (Appendix A)
- Principal Information for Individuals (Appendix B)

2.6.1 Type of Entity

The Applicant identifies the type of business organization that best describes the pharmacy:

- Sole proprietorship
- General Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Government Agency or Entity
- Professional Association

Contact the Texas Secretary of State if you are unsure of your type of entity. The additional required documentation for each entity type is noted. Documents marked with an asterisk (*) may be requested from the Texas Comptroller at 800-252-5555.

2.6.1.1 Sole Proprietorship

4. Assumed name certificate from the County Clerk's office if a "Doing Business As" (DBA) name is provided and differs from the legal contractor name. If your pharmacy does not have a DBA, this documentation is not required.

2.6.1.2 General and Limited Partnerships

1. Assumed name certificate from the Secretary of State's office if a "Doing Business As" (DBA) name is provided and differs from the legal contractor

name. If your pharmacy does not have a DBA, this documentation is not required.

2. A copy of the partnership agreement, or a written statement that no written partnership agreement exists.
3. An organizational structure chart showing all individuals or organizations holding ownership interests in the partnership.
4. A statement of which partner is responsible for any amounts owed to VDP if the pharmacy ceases business or stops accepting Medicaid.
5. For partnerships with corporations or limited liability companies (LLC) as partners, refer to Corporation or LLC sections for additional required documents.

2.6.1.3 Corporations and Professional Associations

1. Assumed name certificate from the Secretary of State's office if a "Doing Business As" (DBA) name is provided and differs from the legal contractor name. If your pharmacy does not have a DBA, this documentation is not required.
2. Board of Directors Resolution (note: must be notarized, original signatures required).
3. Either:
 - a. Certificate of Incorporation (Texas).
 - b. Certificate of Authority to do Business in Texas (foreign corporations). *
4. Certificate of Account Status. *
5. An organizational structure chart showing all individuals and/or organizations holding ownership interests in the corporation.

2.6.1.4 Limited Liability Company (LLC)

1. Assumed name certificate from the Secretary of State's office if a "Doing Business As" (DBA) name is provided and differs from the legal contractor name. If your pharmacy does not have a DBA, this documentation is not required.
2. Certificate of Account Status. *
3. Articles of Organization OR Certificate of Formation.
4. Certificate of Organization or Certificate of Filing.
5. An organizational structure chart showing all individuals and/or organizations holding ownership interests in the company.
6. For LLC with corporations or partnerships, see Corporation or Partnership sections for additional required documents.

2.6.2 Government Agency or Entity

Only the application is required.

2.7 Sanctions and Exclusions (Section 7)

Enter yes or no for questions in this section.

- Where noted, if an answer is yes the Applicant should provide additional information, including the date, the state where the incident occurred, the agency taking action, and the program(s) affected
- The Applicant must disclose any information requested regardless of how long ago it occurred
- Information should be provided for all owners, principals, managing employees, and the pharmacist in charge
- Attach additional sheets, if necessary, to provide required information

2.8 Pharmacists Providing Pharmaceutical Services (Section 8)

Enter the name, date of birth, license number, licensing state, and 10-digit NPI for all pharmacists.

- Enter "NA" if a pharmacist does not have an NPI
- Click the plus (+) button to add additional lines

2.9 Source of Purchase Information (Section 9)

2.9.1 Primary Wholesaler

Enter the pharmacy's primary wholesaler name.

2.9.2 Secondary Wholesaler

Enter the pharmacy's secondary wholesaler name.

2.9.3 Manufacturer Direct Purchase

Enter the percent direct purchased from the manufacturer.

2.9.4 Direct Accounts

Enter the names of companies with whom you have direct accounts

2.9.5 Co-Op/Buying Group

Enter the name of your co-operative or buying group.

2.9.6 PHS Entity Buy Eligibility

The Applicant identifies whether the pharmacy is eligible as a Public Health Entity Buy. Refer to <https://www.hrsa.gov/opa/> for information regarding Public Health Service.

2.9.7 Chain Store Identification

The Applicant identifies how many pharmacies make up it chain:

- In Texas
- In the United States

Five [5] or more stores with the same ownership arrangements are considered a chain.

2.9.8 Warehouse

The Applicant identifies whether the pharmacy has warehouse.

2.9.9 Wholesaler Agreement

The Applicant identifies whether the pharmacy has an agreement with its wholesaler to house or store drugs:

- Pharmacy
- Wholesaler

2.9.10 Wholesaler Agreement for All Locations

The Applicant identifies whether the pharmacy maintains one contract/agreement with the wholesaler to serve all its locations.

2.9.11 Pharmacy Spot Purchases

The Applicant identifies whether it allows its pharmacies to make spot purchases outside of the existing wholesaler contract/ agreement.

2.10 Type of Pharmacy (Section 10)

2.10.1 Location within Hospital

The Applicant identifies whether the pharmacy is located within a hospital.

- If yes, enter the name of the hospital and include a separate letter detailing what type of services are provided and the type of people served.

2.10.2 Location within Medical Clinic

The Applicant identifies whether the pharmacy is located within a medical clinic.

- If yes, enter the name of the clinic and include a separate letter detailing what type of services are provided and the type of people served.

2.10.3 Location within MHMR Hospital Clinic

The Applicant identifies whether the pharmacy is located within a MHMR hospital clinic.

- If yes, enter the name of the clinic and include a separate letter detailing what type of services are provided and the type of people served.

2.10.4 Central Fill Location

The Applicant identifies whether the pharmacy is a central fill location. If yes, enter the name of the host pharmacy.

2.10.5 Remote Fill Location

The Applicant identifies whether the pharmacy is a remote fill location. If yes, enter the name of the host pharmacy.

2.10.6 Mail Order Percentage

The Applicant identifies the percentage its prescriptions are delivered by mail.

2.10.7 Closed-door Pharmacy

The Applicant identifies whether the pharmacy is a closed-door pharmacy.

- If yes, include a separate letter detailing what type of services are provided and the type of people served.

2.10.8 Dispensing to Exclusive Customer Types

The Applicant identifies whether the pharmacy exclusively dispenses to a particular type of customer, such as people in home-health care or with specific chronic conditions. If yes, enter the customer type and specialty.

2.10.9 Receipt of Other Public Funds

The Applicant identifies whether the pharmacy receives public funds from sources other than Medicaid and Medicare. If yes, enter the name of the payer and funding percentage.

2.10.10 Pharmacy Type

The Applicant identifies the type of pharmacy:

- Specialty
- Long-term care
- Retail/community

The pharmacy must meet all three criteria described in part A to be considered a specialty pharmacy.

2.10.11 Software Company

Enter the name of the pharmacy's software company for the online submission of pharmacy claims.

2.10.12 Switch Service Bureau

Enter the name of the company that serves as the pharmacy's switch service bureau. If you do not know the company's name then contact your software company.

2.10.13 Hours of Operation

Enter the days of the week and the hours of operation for the pharmacy. For example, Mon-Fri, 8:00 a.m. to 5:00 p.m.

2.10.14 Currently Open

The Applicant identifies whether the pharmacy is presently open. If no, enter the date by when the pharmacy is expected to open.

2.10.15 Building Ownership

The Applicant identifies whether the pharmacy owns the building in which the pharmacy is located.

2.10.16 Building Leasing

The Applicant identifies whether the pharmacy leases the building in which the pharmacy is located.

2.10.17 Building with Other Prescribing Entities

The Applicant identifies whether the pharmacy is located in a building that includes other healthcare providers authorized to write prescriptions. If yes, enter:

- Name of individual or entity
- Telephone number, including area code.
- Address (street, city, state, and ZIP code)

2.11 Delivery Incentive (Section 11)

2.11.1 Traditional Medicaid

VDP pays a delivery incentive in the amount stated in the [Medicaid State Plan](#) for each paid prescription. This delivery incentive is not paid:

- For over-the-counter drugs, including those prescribed as a VDP benefit
- On claims for people residing in a nursing home or other similar group facility

2.11.1.1 Conditions for Delivery Incentive Payment

1. The pharmacy must advertise to people eligible for VDP services the availability of the no-charge prescription service
2. The pharmacy must display the VDP-approved delivery sign in a prominent place in the store, such as in a window or door
 - a. VDP will provide the state-issued delivery sign to the pharmacy as part of the executed agreement and welcome packet
3. Delivery must be made to people eligible for VDP services in the same manner and degree as to the general public.

2.11.1.2 Participation

The Applicant identifies whether:

- Yes, the Applicant:
 - c. Meets all conditions for payment of the delivery incentive as identified in section 2.11.1.1 above
 - d. Wants to obtain delivery incentives
 - e. Acknowledges that HHSC reserves the right to suspend and recoup all of the delivery incentive payments if a program review or audit indicates the pharmacy is not complying with all of the delivery incentive conditions
- No, the Applicant does not want to obtain delivery incentives

2.11.2 Managed Care

Pharmacy delivery fees in managed care are governed by the contracts between the managed care organizations and the pharmacy.

2.12 Other Medicaid Opportunities (Section 12)

Form 1340 does not enroll a pharmacy as a Medicaid durable medical equipment (DME) provider or as part of the Medicaid Comprehensive Care Program (CCP). Contact the Texas Medicaid & Healthcare Partnership (TMHP) at 1-800-925-9126 to learn more about providing these services to children or adults. Additional information is available on the VDP website:

- Pharmacy Enrollment as a DME Provider
 - <https://www.txvendordrug.com/providers/pharmacy-enrollment-dme-provider>
- Pharmacy Enrollment as a CCP Provider
 - <https://www.txvendordrug.com/providers/pharmacy-enrollment-ccp-provider>

2.13 Applicant's Signature (Section 13)

The Applicant or Applicant's duly authorized representative must personally review each copy of the Application and certify to the validity and completeness of the information. The Principal(s)'s and Subcontractor(s)'s information is part of the Application and the Representative signing this Application certifies that the information is true and accurate. The Representative also certifies that the Applicant complies with the state and federal requirements to participate as a Provider in the VDP programs that the Applicant is applying for.

- Notarization required

2.14 Board of Directors Resolution (Section 14)

The resolution must be submitted by any entity with a governing board.

- Notarization required

2.15 Principal Information for Entities and Individuals

A separate copy of Principal Information for Entities (Appendix A) and Principal Information for Individuals (Appendix B) must be completed in full for each Principal of the Applicant.

2.15.1 Principal

A Principal of the Applicant is defined as follows:

- All owners with a direct or indirect ownership or control interest of 5 percent or more.
- All corporate officers and directors, all limited and non-limited partners, and all shareholders of a provider entity (including a professional corporation, professional association, or limited liability company).
- All managing employees or agents who exercise operational or managerial control or who directly or indirectly manage the conduct of day-to-day operations of the pharmacy business; this includes the pharmacist in charge.
- All individuals, companies, firms, corporations, employees, independent contractors, entities or associations who have been expressly granted the authority to act for or on behalf of the provider.

2.16 Application Fee Deposit Form

The Applicant must submit the Application Fee Deposit Form (Appendix C) and the application fee payment in full at the application is submitted to HHSC. Certain providers are subject to an application fee for all applications, including, but not limited to:

- Initial applications for new enrollment
- Applications received in response to re-enrollment

Refer to section 2.5 above for information about the application fee requirements.

Make payment to the Texas Health and Human Services Commission (HHSC). Please include "ACA Pharmacy Enrollment Fee" in the memo line of the paper check, money order, or cashier's check. Cash is not accepted.

The amount of the fee may change each calendar year. Refer to the VDP website at <https://www.txvendordrug.com/providers/pharmacy-enrollment> for the current application fee amount.

3 Enrollment Agreement

3.1 Provider Information (Part 1)

The Applicant completes all fields.

3.2 Effective Date (Part 4)

All fields are completed by HHSC.

3.3 Expiration Date (Part 5)

All fields are completed by HHSC.

3.4 Application Signature (Part 6)

The Applicant completes all fields.

4 Supplemental Forms

All supplemental forms are available online at the Vendor Drug Program website at <https://www.txvendordrug.com/providers/enrollment-forms>.

4.1 Application for Texas Identification Number

The Application for Texas Identification Number (Form AP-152) is owned by the Texas Comptroller of Public Accounts. Completed forms should be submitted to HHSC.

4.2 Direct Deposit Authorization

The Direct Deposit Authorization (CPA Form 74-176) is owned by the Texas Comptroller of Public Accounts. The form is used to setup weekly payment by direct deposit or request a change in bank information (e.g. financial institution, account number, or cancellation). An account change will result in the pharmacy provider receiving paper warrants, or checks, until the process is completed. Completed forms should be submitted to HHSC.

4.3 Child Support Certification Form

The Child Support Certification (HHSC Form 1903) is submitted by sole proprietorships, partnerships, entities with shareholders, or entities with an owner who has an ownership interest of at least 25 percent of the business entity. Completed forms should be submitted to HHSC.

4.4 Certification Regarding Debarment

The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts (HHSC Form H2046) screens each covered potential contractor to determine whether it has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors. Completed forms should be submitted to HHSC.

4.5 Certification Regarding Federal Lobbying

The Certification Regarding Federal Lobbying (HHSC Form H2047) is required. Completed forms should be submitted to HHSC.

4.6 Pharmacy Electronic Remittance Advice Agreement

The Pharmacy Electronic Remittance Advice Agreement (HHSC Form 1316) provides access to the VDP Payment File Portal (PFP), a browser-based portal to obtain pharmacy remittance advice files. All VDP-enrolled pharmacy providers are eligible to create a free account. Refer to the [Pharmacy Provider Payment](#) chapter of the PPPM to learn more about pharmacy payment and the PFP. Completed forms should be submitted to HHSC.

4.7 Pharmacy Eligibility Verification Portal Access Form

The Pharmacy Eligibility Verification Portal Access Form (HHSC Form 1317) provides access to the VDP Eligibility Verification Portal (EVP), a browser-based application used to obtain a person's enrollment status, pharmacy benefits and managed care participation. All VDP-enrolled pharmacy providers are eligible to create a free account. Refer to the "Pharmacy Verification of Eligibility" section of the [Eligibility](#) chapter of the PPPM to learn more about the EVP. Completed forms should be submitted to HHSC.

4.8 Ownership Transfer Affidavit

The Ownership Transfer Affidavit (HHSC Form 1332) is required only when Form 1340 is used to request a change in ownership. Completed forms should be submitted to HHSC.

5 Checklist

The Checklist is a reference tool for Applicants to ensure their application packet is complete and all required information and supporting documents are included.

✓	Description
	1. Pharmacy Enrollment Application (HHS Form 1340) <i>Refer to section 2 above</i>
	a. Verified form contains the correct NCPDP number, NPI number, Pharmacy License number, and State Tax ID number
	b. Verified the address provided is the same address in the National Plan and Provider Enumeration System (NPPES)
	c. Verified the Federal Employer Identification Number (FEIN) is correct and registered
	d. Verified all pharmacists identified are listed on the Texas State Board of Pharmacy website.
	e. Verified Principal Information for Entities (Appendix A) is completed for each principal, Subcontractor, and Creditor of the Applicant
	f. Verified Principal Information for Individuals (Appendix B) is completed for each principal, Subcontractor, and Creditor of the Applicant
	g. Verified application fee is required, and Application Fee Deposit Form (Appendix C) is completed
	h. Verified Form 1340 is completed in full and signed
	i. Verified the inclusion of the notarized statement indicating which individual has the authority to sign the Application (the statement must specify the person's position within the organization)
	2. IRS FEIN Verification Letter <i>Refer to section 2.2.9 above</i>
	3. Out of state pharmacy service explanation <i>Refer to section 2.2.16 above</i>
	4. Pharmacy Enrollment Agreement (HHS Form 1341) <i>Refer to section 3 above</i>
	5. Application for Payee Identification Number (CPA Form AP-152)
	6. Direct Deposit Authorization (CPA Form 74-176)

✓	Description
	7. Child Support Certification (HHS Form 1903)
	8. Certification Regarding Federal Lobbying (HHS Form H2047)
	9. Pharmacy Eligibility Verification Portal Access Form (HHS Form 1317)
	10. Pharmacy Electronic Remittance Advice Agreement (HHS Form 1316)
	11. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts (HHS Form H2046)
	12. Pharmacy Ownership Transfer Affidavit (HHS Form 1332) <i>Refer to section 2.1.2.3 above</i>
	13. Documentation required per ownership type <i>Refer to section 2.6 above</i>