**FORM B-3: PHARMACY PROVIDER**

**Texas Department of State Health Services**

**Newborn Screening Program Benefits Program**

**Open Enrollment Application, Enrollment HHS0014639**

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| **Eligibility Requirements**  *Check the box below for the pharmacy provider who will provide or assure the provision of services and provide a copy of licensure with open enrollment application.* | | | |
| Applicant is a Class A (may include compounding pharmacies), Class C (institutional), Class D (clinical), or Class E (mail-order) pharmacy. | | | |
| **Required Information**  *Enter the name, phone, fax and e-mail address, and license number of each pharmacy provider who will provide or assure the provision of services. Add pages as needed.* | | | |
| Name: | | Name: | |
| Phone: | | Phone: | |
| Fax: | | Fax: | |
| E-mail: | | E-mail: | |
| License #: | | License #: | |
| **Newborn Screening Program Benefits Program Assurances**  As the duly authorized representative of the applicant, I certify that the applicant agrees to comply with the requirements and intent of the Newborn Screening (NBS) Program Benefits Open Enrollment and all other requirements of the Texas Department of State Health Services (DSHS) which include, but are not limited to, the following: | | | |
| Applicant shall provide medications, vitamins, dietary supplements, and medical foods prescribed by health care providers specializing in metabolic, endocrine, hematologic, pulmonology, immunologic disorders, or specialty area approved by the Newborn Screening Program Medical Director necessary for treatment and management of diagnosed disorders to eligible NBS Program clients. | | | |
| Applicant shall ensure items are shipped to the client within 24 hours of receiving the prescription. If problems arise with this time frame the applicant shall notify the physician specialist, client, and the Newborn Screening Program Benefits Program of the delay, the reason for the delay and the estimated time the item will be shipped. | | | |
| Applicant shall comply with all NBS Program requirements as outlined in the Newborn Screening Program Benefits Contractor Procedures Manual. | | | |
| Applicant shall comply with the medical management services requirements as outlined in Section III: Allowable NBS Benefits in the Newborn Screening Program Benefits Contractor Procedures Manual. | | | |
| Applicant shall ensure that with each order clients are informed of the number of refills available for each item and the date of expiration of services so that the client is reminded of the need to submit a renewal application to the physician specialist to continue to receive NBS Benefits. | | | |
| Applicant shall comply with the billing requirements and non-reimbursable expenditures as outlined in Section IV: Billing in the Newborn Screening Program Benefits Contractor Procedures Manual. | | | |
| **Signature** | **Print Name** | | **Date** |
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