

October 1, 2015

Dear Manufacturers,

I am writing on behalf of SSM St. Mary's Health Center (DSH260091) to inform manufacturers that SSM St. Mary's Health Center recently underwent an audit by the Health Resources and Services Administration (HRSA) of St. Mary's compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, St. Mary's qualified for the 340B Program as a Disproportionate Share Hospital (DSH) located at 6420 Clayton Road, St. Louis, MO 63117 and has participated in the 340B program since October 1, 2006.

Through the audit process, St. Mary's was found to have non-compliance within their 340B Program and responsible for repayment as a result of the following finding(s):

Finding #1: St. Mary's dispensed a 340B drug to an ineligible individual, as prohibited by section 340B(a)(5)(B) of the PHSA.

Finding #2: St. Mary's was billing Medicaid at its contract pharmacies and did not notify HRSA of the arrangement.

St. Mary's has identified all affected manufacturers and has contacted each to notify them of these violations to begin dialogue on a method for repayment to affected manufacturers. If manufacturers have not received notification from St. Mary's and believe repayment may be owed for the violations described in this letter, or if you have any questions or comments regarding the violations described in this letter please contact Greta Geringer, Finance Director, 340B at 314-989-3518 or Greta_Geringer@ssmhc.com.

Sincerely,



Karen Rewerts, System Vice President, Finance
SSM Health (Illinois and Missouri)