



June 20, 2016

Dear Manufacturers,

I am writing on behalf of **St. Francis Medical Center 340B ID CAH241377-00** to inform manufacturers that St Francis Medical Center (SFMC) recently underwent an audit by the Health Resources and Services Administration (HRSA) of St Francis Medical Center's compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, St Francis Medical Center qualified for the 340B Program as a Critical Access Hospital in Breckenridge, Minnesota, and has participated in the 340B Program since January 1, 2011.

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

Finding 1: Incorrect 340B Database record.

Finding 2: SFMC dispensed 340B drugs to ineligible individuals, as prohibited by 42 USC 256b(a)(5)(B).

St Francis Medical Center has identified all affected manufacturers and has contacted each to notify them of these violations to begin a dialogue on a method for repayment to affected manufacturers. If manufacturers have not received notification from St Francis Medical Center 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

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