

9/22/16

Dear Manufacturers,

I am writing this letter on behalf of Mercy Medical Center DSH220066 to inform manufacturers that Mercy Medical Center (hereinafter MMC) recently underwent an audit by the Health Resources and Services Administration (HRSA) of MMC's compliance with 340B Drug Pricing Program requirements.

As background, MMC qualifies for the 340B Program as a Disproportionate Share Hospital and has participated in the 340B Program since 7/1/2004.

As a result of the audit process, MMC was found to be non-compliant with a requirement of the 340B Program and responsible for repayment as a result of the following finding:

MMC was found to have dispensed 340B drugs to ineligible individuals, as prohibited by section 340B(a)(5)(B) of the PHSA. MMC's contract pharmacies incorrectly deemed 5 sampled prescriptions 340B-eligible that was written by a provider at an ineligible site.

MMC 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 manufactures. If manufacturers have not received notification from MMC 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 Heather Upchurch, Pharmacy Director, Mercy Medical Center 271 Carew St Springfield, MA 01104 or 413-748-9495 or Lisa McCusker, Regional VP, Compliance at (413)748-9708 or lisa.mccusker@sphs.com.

We are dedicated to achieving complete compliance with 340B requirements and prohibition and have taken steps to avoid any future compliance issues.

Sincerely,
Thomas Robert
CFO & COO
Mercy Medical Center &
Sisters of Providence Health System
Mercy Medical Center
271 Carew Street
Springfield, MA 01104