



April 6, 2015

Dear Manufacturers,

I am writing on behalf of Medical Center Hospital (MCH) (340B ID DSH450132) to inform manufacturers that MCH recently underwent an audit by the Health Resources and Services Administration (HRSA) of MCH compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, MCH qualified for the 340B Program as a disproportionate share hospital located in Odessa, Texas and has participated in the 340B Program since April 1, 1998.

Through the audit process, MCH was found to have non-compliance within their 340B Program and responsible for repayment as a result of the following finding:

MCH dispensed 340B drugs to ineligible individuals, as prohibited by 42 USC 256b(a)(S)(B). MCH dispensed 340B drugs to patients of a clinic that is non-reimbursable on the MCH Medicare cost report through a single contract pharmacy arrangement.

MCH has terminated its contract pharmacy arrangement with the contract pharmacy at issue in the audit finding. MCH 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 MCH 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 Charlene Dawson at 432-640-1359 or cdawson@echd.org.

Sincerely,

A handwritten signature in dark ink, appearing to read "CDawson", is written over a light blue horizontal line.

Charlene Dawson
Director of Pharmacy

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