

January 12, 2016

Dear Manufacturers,

I am writing on behalf of St Helena Hospital Clearlake "Clearlake" (SHHC 340B ID: CAH051317) to inform manufacturers that Clearlake recently underwent an audit by the Health Resources and Services Administration (HRSA) of Clearlake's compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, Clearlake qualified for the 340B Program as a critical access at 15630 18th Ave, Clearlake CA and has participated in the 340B Program since October 1, 2011.

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

Clearlake dispensed 340B drugs to ineligible individuals, as prohibited by section 340B (a)(5)(B) of the PHSA.

Clearlake 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 Clearlake 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: Carlton Jacobson, Chief Financial Officer, 707-995-5821, 15630 18th Ave, Clearlake CA 95422.

Regards,

*Carlton Jacobson*

Carlton Jacobson  
Chief Financial Officer

CJ/sc