

May 18, 2015

Dear Manufacturers,

I am writing on behalf of St. Clare Hospital (SCH) – 340B ID DSH500021 – to inform manufacturers that St. Clare Hospital recently underwent an audit by the Health Resources and Services Administration (HRSA) of St. Clare Hospital compliance with 340B Drug Pricing Program (340B Program) requirements.

As background, St. Clare Hospital qualified for the 340B Program as a disproportionate share hospital in Lakewood, Washington, and has participated in the 340B Program since October 1, 2009

Through the audit process, St. Clare Hospital was found to have non-compliance within their 340B Program and be responsible for repayment as a result of the following findings:

- SCH dispensed 340B drugs to ineligible individuals, as prohibited by 42 USC 256b(a)(5)(B)

St. Clare Hospital 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. Notification letters were sent in May 2015 informing manufacturers of the violation and repayment owed. If manufacturers have not received notification from St. Clare Hospital and believe repayment may be owed for the violations described in this letter, or if you have any questions or comments regarding violations described in this letter please contact Cindy Wilson, 340B Program Manager, 253-426-6692 or [cindywilson@chifranciscan.org](mailto:cindywilson@chifranciscan.org).

Sincerely,



Mike Fitzgerald  
Chief Financial Officer  
CHI Franciscan Health