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**Covered Entity Details**

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**340B ID:** DSH510001

**Entity Name:** WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

**Entity Type:** Disproportionate Share Hospital  
**Grant Number:**

**Entity Sub-Division Name:** MEDICAL CENTER PHARMACY  
**Medicare Provider Number:** 510001

**Covered Entity Address**

[Edit](#)

**Main Address (PO Box Not Allowed)**

MEDICAL CENTER DRIVE  
MORGANTOWN, WV 26506

- Billing Address Same as Main
- Shipping Address Same as Main
- Alternative Methods

**Covered Entity Date Information**

[Edit](#)

**Registration Date:** 4/24/2008

**Participating Start Date:** 7/1/2002

**Participating Approval Date:** 4/24/2008

**Termination Reason:**

**Rural:**

**Termination Date:**

**Comments:** 11/3/04 UPDATED SUBDIV NAME

**Qualification Information**

[Edit](#)

Entity is a Disproportionate Share Hospital (as defined in section 1886(d)(1)(B) of the Social Security Act), and this status is recognized by CMS.

**Disproportionate Share Adjustment Percentage:** %

**Cost Reporting Period From:** to

**Hospital Classification:** Public or Private Non-Profit Hospital Granted Governmental Powers

**Medicaid Billing Information**

[Edit](#)

You must answer the following question regarding Medicaid Billing:

Will you bill Medicaid for drugs purchased at 340B drug price?  Yes  No

**Medicaid Number(s):**

<b>Medicaid Number</b>	<b>State</b>
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**NPI Number(s):**

<b>NPI Number</b>
0001258000

**Contact Information**

**Authorizing Official**

[Edit](#)

**Name:** MARY JO SHAHAN  
**Title:** ACTING CFO  
**Phone:** 304-598-4483 **Ext:**  
**Email:** Test340BDatabase@primescape.net

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Make Primary Contact Information same as Authorizing Official

**Primary Contact**

**Name:** CAROL WOODWARD  
**Title:** DIRECTOR OF PHARMACY  
**Phone:** 304-598-4148 **Ext:**  
**Email:** Test340BDatabase@primescape.net

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HHS Privacy Policy Notice



**U.S. Department of Health and Human Services (HHS)**  
**Health Resources and Services Administration (HRSA)**  
**Office of Pharmacy Affairs (OPA) - 340B Program**

April 30, 2012  
3:28 PM ET

**Questions, Comments, or Suggestions**  
Email Us: [ask@hrsa.gov](mailto:ask@hrsa.gov)  
Call Us: 1 - 800 - 628 - 6297

The undersigned represents and confirms that he/she is fully authorized to legally bind the covered entity and certifies that the contents of any statement made or reflected in this document are truthful and accurate. Failure to recertify may be grounds for removal from the 340B Program.

The undersigned further acknowledges the 340B covered entity's responsibility to abide by the following:

As an Authorized Official, I certify on behalf of the covered entity that:

- (1) all information listed on the 340B Program database for the covered entity is complete, accurate, and correct;
- (2) the covered entity meets all 340B Program eligibility requirements, including section 340B(a)(4)(L)(iii) if applicable – the Group Purchasing Organization prohibition - which ensures that the covered entity hospital does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement;
- (3) the covered entity is complying with all requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, and the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity;
- (4) the covered entity maintains auditable records demonstrating compliance with the requirements described in paragraph (3) above;
- (5) the covered entity has systems/mechanisms in place to ensure ongoing compliance with the requirements described in (3) above;
- (6) if the covered entity uses contract pharmacy services, that the contract pharmacy arrangement is being performed in accordance with OPA requirements and guidelines including, but not limited to, that the covered entity obtains sufficient information from the contractor to ensure compliance with applicable policy and legal requirements, and the hospital has utilized an appropriate methodology to ensure compliance (e.g., through an independent audit or other mechanism);
- (7) the covered entity acknowledges its responsibility to contact OPA as soon as reasonably possible if there is any material change in 340B eligibility and/or material breach by the covered entity of any of the foregoing; and
- (8) the covered entity acknowledges that if there is a breach of the requirements described in paragraph (3) that the covered entity may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and, depending upon the circumstances, may be subject to the payment of interest and/or removal from the list of eligible 340B entities.

Signature of Authorizing Official:    Date:

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