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**Covered Entity Details**

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**340B ID:** STD00802  
**Entity Name:** DEPT OF HEALTH, US VIRGIN  
**Entity Sub-Division Name:** STD/HIV/TB PROGRAM  
**Medicare Provider Number:**  
**Entity Type:** Sexually Transmitted Diseases  
**Grant Number:** STD-VI

**Covered Entity Address**

[Edit](#)

**Main Address (PO Box Not Allowed)**  
 OLD MUNICIPAL HOSPITAL COMPLEX BLG F  
 ST THOMAS, VI 00802  
 Billing Address Same as Main  
 Shipping Address Same as Main

**Covered Entity Date Information**

[Edit](#)

**Registration Date:** 1/1/2002  
**Participating Approval Date:** 11/26/2004  
**Participating Start Date:** 1/1/2002  
**Termination Reason:**  
**Termination Date:**

**Comments:** 11/19/10 UPDATED NAME AND ADDR (WAS HIV/STD/TB PROGRAM, OLD MUNICIPAL HOSPITAL COMPLEX BLG I, ST THOMAS, 00802)

**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

**Contact Information**

[Edit](#)

**Authorizing Official**  
**Name:** GRITELL C.B MARTINEZ  
**Title:** TERRITORIAL DIRECTOR, STD/HIV/TB PROGRAMS  
**Phone:** 340-774-9000 **Ext:** 4700  
**Email:** tlew@hrsa.gov

Make Primary Contact Information same as Authorizing Official

**Primary Contact**  
**Name:** GRITELL C.B MARTINEZ  
**Title:** TERRITORIAL DIRECTOR, STD/HIV/TB PROGRAMS  
**Phone:** 340-774-9000 **Ext:** 4700  
**Email:** tlew@hrsa.gov

HHS Privacy Policy Notice

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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