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Covered Entity Details

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340B ID: RRC500002-00
Entity Name: PROVIDENCE ST. MARY MEDICAL CENTER
Entity Sub-Division Name:
Medicare Provider Number: 500002
Entity Type: Rural Referral Center
Grant Number:

Covered Entity Address

[Edit](#)

Main Address (PO Box Not Allowed)
 401 WEST POPLAR ST.
 WALLA WALLA, WA 99362

Billing Address Same as Main

Billing Address
 PROVIDENCE ST. MARY MEDICAL CENTER
 PO BOX 1477
 WALLA WALLA, WA 99362

Shipping Address Same as Main

Covered Entity Date Information

[Edit](#)

Registration Date: 8/4/2010
Participating Start Date: 8/11/2010
Participating Approval Date: 8/4/2010
Termination Reason:
Termination Date:

Comments:

Qualification Information

[Edit](#)

Entity is a Rural Referral Center defined by section 1886(d)(5)(C)(i) of the Social Security Act, and this status is recognized by CMS
Disproportionate Share Adjustment Percentage: 10.24%
Cost Reporting Period From: 1/1/2009 to 12/31/2009
Hospital Classification: Private, Non-Profit Hospital with State/Local Govt Contract

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):

Medicaid Number	State
3303104	WA

NPI Number(s):

NPI Number
1386895890

Contact Information

Authorizing Official

Name: MICHAEL PARENTEAU
Title: CHIEF FINANCIAL OFFICER
Phone: 509-522-5890 **Ext:**
Email: Test340BDatabase@primescape.net

[Edit](#)

Make Primary Contact Information same as Authorizing Official

Primary Contact

Name: ANITA TREIS
Title: DIRECTOR, PHARMACY OPERATIONS
Phone: 509-522-5894 **Ext:**
Email: Test340BDatabase@primescape.net

Certify

Decertify

Cancel

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
3:31 PM ET

Questions, Comments, or Suggestions
Email Us: 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:
