Covered Entity Details

Edit

340B ID: RRC500002-00

Entity Name: PROVIDENCE ST. MARY MEDICAL CENTER

Entity Type: Rural Referral Center

Grant Number:

Entity Sub-Division Name:

Medicare Provider Number: 500002

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

Orphan Drug Exclusion:

340B hospitals subject to the orphan drug exclusion (i.e., critical access hospitals, free-standing cancer hospitals, sole community hospitals and rural referral centers) are responsible for ensuring that any orphan drugs purchased through the 340B Program are not transferred, prescribed, sold, or otherwise used for the rare condition or disease for which the orphan drugs are designated under section 526 of the Federal Food, Drug, and Cosmetic Act. Please choose one of the following:

I. The hospital will purchase orphan drugs under the 340B Program and maintain auditable records to demonstrate compliance with the orphan drug exclusion.

II. The hospital cannot or does not wish to maintain auditable records regarding compliance with the orphan drugs exclusion and will purchase all orphan drugs outside of the 340B Program regardless of the indication for which the drug is used and will not use a Group Purchasing Organization (GPO) to purchase those drugs if the hospital is a free-standing cancer hospital.

Certify | Decertify | Cancel

HHS Privacy Policy Notice

Contact Information

Authorizing Official Edit

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

☐ 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

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 (if applicable) section 340B(a)(4)(L)(iii) and the Statutory Prohibition on Group Purchasing Organization Participation Policy Release 2013-1which 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;~~ The covered entity will comply 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, the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity, and the exclusion of orphan drugs for free standing cancer hospitals.
(4) the covered entity maintains auditable records demonstrating compliance with the requirements described above;
(5) the covered entity has systems/mechanisms in place to ensure ongoing compliance with the requirements described 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 above 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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