

Ventura County Grand Jury 2017 - 2018



Final Report

Ventura County Medical Center 340B Drug Pricing Program

April 26, 2018

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Ventura County Medical Center 340B Drug Pricing Program

Summary

The 2017-2018 Ventura County Grand Jury (Grand Jury) opened an investigation after receiving a complaint about the Ventura County Medical Center's (VCMC) 340B Drug Pricing Program (340B program).

The 340B program requires pharmaceutical companies to provide prescription drugs at significant discounts to hospitals and clinics serving large numbers of low-income patients.

In July 2015 an audit of VCMC was conducted by the federal Health Resources and Services Administration (HRSA). The audit discovered that VCMC received duplicate discounts on medications in the 340B program. A total of 107 pharmaceutical companies were affected by the duplicate discount billing. The total duplicate discounts were in excess of \$3 million.

The Grand Jury concluded there was inadequate oversight of the VCMC 340B program prior to the HRSA audit. This resulted in VCMC being required to reimburse pharmaceutical companies at least \$861,000 and potentially as much as \$1.6 million.

The Grand Jury concluded while VCMC conducts its own in-house audits of the 340B program, more critical audits should be conducted by an independent outside party.

The Grand Jury recommends VCMC consider bringing in outside resources with extensive 340B program experience to assist in the supervision of a corrective action plan. The Grand Jury also recommends VCMC request the Ventura County Auditor-Controller conduct regular compliance audits of the 340B program.

Background

The 340B program was created in 1992 as part of the Public Health Services Act. It requires pharmaceutical companies to provide prescription drugs at significant discounts to hospitals and clinics that serve large numbers of low-income patients. Medicare then reimburses those hospitals and clinics at a higher rate than what they paid, allowing them to keep the difference and pay for expanded patient services. More than 12,000 entities now participate in the multibillion-dollar program.

The 340B program allows Disproportionate Share Hospitals (DSH) and Federally Qualified Health Centers (FQHC) to receive discounts on the purchase of selected drugs used for patients at qualifying hospitals and clinics. The 340B program is monitored by the Office of Pharmacy Affairs (OPA) of the HRSA.

Following a review by the U. S. House Energy and Commerce Committee, Congress may push for substantial changes to bring transparency and oversight to 340B by expanding the federal government's authority over the program. The House review

found participating hospitals and clinics aren't required to track how much they're saving through the program or how they are using the money. (Ref-03)

In 2012, VCMC began using Verity Solutions as a split-billing service, while still using another group purchasing organization (GPO) to bill under the 340B program. This resulted in duplicate discounts for the same drugs. Split-billing is the division of a bill for service into two or more parts. Bills may be split to divide work between clients, payers for reimbursement to different service providers, and for performing shared services.

In July 2015 an audit of VCMC was conducted by HRSA. The audit discovered that VCMC received duplicate discounts on medications in the 340B program. A total of 107 pharmaceutical companies were affected by the duplicate discount billing. The total duplicate discounts were in excess of \$3 million.

The HRSA required VCMC to notify the pharmaceutical manufacturers impacted and to set up a repayment plan.

Methodology

The Grand Jury conducted internet research and witness interviews. The Grand Jury also reviewed:

- The HRSA audit of VCMC's 340B program
- The VCMC corrective action plan
- The list of pharmaceutical manufacturers and the status of the repayment plan
- VCMC's performance compared to other California hospitals participating in the 340B program
- The performance of GPOs in the 340B program

Facts

FA-01. VCMC was audited by HRSA in 2015. The results of the audit revealed VCMC was in violation of the 340B program in five major areas, including receiving duplicate discounts on 340B program medications. After the HRSA audit, VCMC was required to pay back money to pharmaceutical companies and placed on probation by the OPA. (Ref-01)

FA-02. There are approximately 500 hospitals in the state of California in the 340B program, 95% of those hospitals are in compliance. (Ref-02)

FA-03. VCMC implemented a corrective action plan in July 2015. VCMC is using the same in-house personnel to monitor and audit the 340B program after the HRSA audit. (Att-02)

FA-04. VCMC uses an outside contractor, Verity Solutions, for the billing of 340B drugs. While it was hired in 2012, Verity Solutions was not fully functional until 2015. During this time period, VCMC was also using a GPO for billing. (Att-02)

- FA-05.** The simultaneous use of two billing entities resulted in VCMC claiming duplicate discounts. Duplicate discounts occur when companies sell drugs at a discount under the 340B program to VCMC and then VCMC also claims Medicaid rebates on the same drugs. (Ref-01)
- FA-06.** VCMC has completed negotiations with 23 pharmaceutical companies. The original amount owed these companies was \$2.1 million. As a result of the negotiations, VCMC was able to reduce their repayment to \$861,000. VCMC is still in negotiation with two other pharmaceutical companies over a potential repayment of \$428,000. (Att-01)
- FA-07.** Nineteen pharmaceutical companies forgave the duplicate discounting and are not requiring repayment of \$361,000. (Att-01)
- FA-08.** There are 53 pharmaceutical companies who have been unresponsive to date. The potential amount owed is \$976,000. (Att-01)
- FA-09.** VCMC had no controls in place to ensure proper accumulation and to avoid improper diversion of 340B drugs.
- FA-10.** With increased Congressional interest, the federal government is likely to scrutinize the 340B program, calling for more audits and justification on how the program money is spent. (Ref-03)

Conclusions

- C-01.** The Grand Jury concluded there was not proper oversight of the VCMC 340B program prior to the 2015 HRSA audit. This has resulted in VCMC reimbursing pharmaceutical companies at least \$861,000 and potentially as much as \$1.6 million. (FA-01, FA-02, FA-03, FA-06, FA-07, FA-08)
- C-02.** The Grand Jury concluded that before the 2015 HRSA audit, there were few controls in place in the 340B program and no checks to see if VCMC was in compliance with HRSA. (FA-01, FA-02)
- C-03.** The Grand Jury concluded that the extensive corrective action plan created for the VCMC 340B program after the 2015 HRSA audit appears to have adequate safeguards to prevent duplicate discounting in the future. (FA-04, FA-05)
- C-04.** The Grand Jury concluded while VCMC conducts its own in-house audits of the 340B program, more critical audits should be conducted by an independent outside party. (FA-03, FA-09)
- C-05.** The Grand Jury concluded the federal government is likely to demand VCMC track its use of 340B money and program savings. (FA-10)

Recommendations

- R-01.** The Grand Jury recommends VCMC consider bringing in outside resources with extensive 340B program experience to assist in the supervision of the corrective action plan. (C-01, C-02, C-03)

- R-02.** The Grand Jury recommends VCMC request the Ventura County Auditor-Controller conduct regular compliance audits of the 340B program. (C-03, C-04)
- R-03.** The Grand Jury recommends VCMC continue in-house audits and share all results and recommendations with employees and the public. (C-03, C-04)
- R-04.** The Grand Jury recommends VCMC study the management, personnel, and operational changes necessary to ensure the violation-free operation of the 340B program. (C-01, C-02)
- R-05.** The Grand Jury recommends that VCMC establish a system to track how the money from the 340B program is used, as this is likely to be a subject of future Congressional interest. (C-05)

Responses

Responses Requested From:

Ventura County Health Care Agency, Ventura County Medical Center (C-01, C-02, C-03, C-04, C-05, R-01, R-02, R-03, R-04, R-05)

References

- Ref-01.** Health Resources & Services Administration, Program Integrity: FY15 Audit Results. <https://www.hrsa.gov/opa/program-integrity/audit-results/fy-15-audit-results.html>
Accessed April 19, 2018
- Ref-02.** 340BHealth, 340B Hospitals in California
<https://www.340bhealth.org/files/CA.pdf>
Accessed April 19, 2018
- Ref-03.** Ellen Weaver and Lindsay Boyd. The Hill. June 15, 2016. States tell Congress: stop hospital abuse of federal drug discount program.
<http://thehill.com/blogs/congress-blog/healthcare/283491-states-tell-congress-stop-hospital-abuse-of-federal-drug>
Accessed April 19, 2018

Attachments

- Att-01.** Pharmaceutical Company Repayment
- Att-02.** Cover Letter VCMC Corrective Action Plan

Glossary

TERM

DEFINITION

DSH

Disproportional Share Hospitals

FQHC

Federally Qualified Health Care

GPO

Group Purchasing Organization

Grand Jury

2017-2018 Ventura County Grand Jury

HRSA

Health Resources and Service Administration

VCMC

Ventura County Medical Center

Attachment 01

Pharmaceutical Company Repayment

**Drug manufacturers that confirmed that they do not participate in 340B
Drug Pricing Program**

5 Drug Manufacturers

Amerinet
 BTG International
 Cetylite Industries Inc.
 Gordon Laboratories
 Nestle
Total Amount Owed: \$0

No contact information available

5 Drug Manufacturers

Claris Lifesciences Inc.	\$ 838.48
Medimetriks Pharmaceuticals Inc.	\$ 520.81
Fagron	\$ 114.75
VI Jon Inc.	\$ 41.45
22 nd Century Nutritional	\$ 2.51
<i>Potential total amount owed</i>	<i>\$1,518.00*</i>

**VCMC considers these matters closed. Drug manufacturers who participate in the 340B Drug Pricing Program must register with HRSA. No such registration could be identified and a web browser search resulted in no findings.*

Complete forgiveness granted or no repayment owed

<u>19 Drug Manufacturers</u>	<u>Amount Forgiven</u>
Theracom	\$ 318,807.10
Mallinckrodt LLC	\$ 27,578.30
Jazz Pharmaceuticals	\$ 6,210.68
Cumberland Pharma Rx	\$ 2,537.18
Ferndale Laboratories Inc.	\$ 2,372.98
Wallace Pharmaceuticals	\$ 1,460.29
GE Healthcare	\$ 1,033.54
ECI Pharmaceuticals LLC	\$ 677.33
Halozyme Inc.	\$ 531.05
Alvogen Inc. CS	\$ 217.43
County Line	\$ 188.91
Prestium Pharma Inc.	\$ 133.56
Rhodes Pharmaceuticals	\$ 88.06
Edenbridge Pharmaceuticals	\$ 70.93
Sigmapharm	\$ 67.90
Plus Pharma Inc.	\$ 50.93
Molnlycke Healthcare	\$ 15.67
Sanofi-Pasteur	\$ 0
Allergan Inc.	\$ 0
<i>Total Amount Forgiven:</i>	<i>\$ 361,008.30</i>

Completed Negotiations

<u>23 Drug Manufacturers</u>	<u>Original Amount Owed</u>	<u>Final Amount Owed</u>
Hospira	\$ 569,088.55	\$ 130,893.65
Eli Lilly and Company	\$ 358,590.23	\$ 63,436.65
Sanofi-Aventis US LLC	\$ 286,294.79	\$ 44,596.95
Baxter Healthcare Corp.	\$ 236,292.42	\$ 96,797.79
AstraZeneca	\$ 212,553.24	\$ 212,553.24
Astellas	\$ 97,577.27	\$ 97,577.27
Chiesi	\$ 58,679.71	\$ 28,921.22
Grifols Biologicals Inc.	\$ 49,766.36	\$ 20,040.00
Sagent Pharmaceuticals Inc.	\$ 45,540.27	\$ 45,540.27
Accord Healthcare Inc.	\$ 25,872.17	\$ 25,872.17
Sandoz Inc.	\$ 22,211.26	\$ 22,211.26
W G Critical Care	\$ 20,560.21	\$ 2,100.00
Johnson & Johnson	\$ 20,309.77	\$ 15,232.33
X-Gen Pharmaceuticals Inc.	\$ 19,900.61	\$ 19,900.61
Perrigo Co.	\$ 15,878.89	\$ 6,799.98
Theravance	\$ 13,719.64	\$ 6,850.00
Bayer Healthcare	\$ 12,357.96	\$ 115.11
Nephron Pharmaceuticals Corp.	\$ 7,068.68	\$ 7,068.68
Heritage Pharmaceuticals Inc.	\$ 6,585.93	\$ 3,500.00
Lannett Company Inc.	\$ 4,971.36	\$ 3,000.00
CMP Pharma Inc.	\$ 3,501.09	\$ 1,750.55
Shire Inc.	\$ 1,277.59	\$ 765.74
Leadiant (fka Sigma-Tau)	\$ 5,939.89	\$ 5,939.89
<i>Total Amount</i>	<i>\$2,094,537.89</i>	<i>\$861,463.36</i>

Negotiations in Process

<u>2 Drug Manufacturers</u>	<u>Potential Amount Owed</u>
Pfizer Inc.	\$ 339,999.59
GlaxoSmithKline	\$ 87,854.71
<i>Total Potential Repayment Owed:</i>	<i>\$ 427,854.30</i>

Drug Manufacturers Unresponsive To Date

<u>53 Drug Manufacturers</u>	<u>Potential Amount Owed</u>
Akorn	\$ 125,696.30
CSL Behring	\$ 112,617.42
Valeant Pharmaceuticals	\$ 95,236.13
Marathon Pharmaceuticals Inc.	\$ 75,566.93
American Regent Laboratories	\$ 75,399.29
West-Ward Pharmaceuticals	\$ 60,770.02
Teva Pharmaceuticals USA	\$ 58,997.53
Sun Pharmaceuticals Industries Inc.	\$ 55,791.04
Par Pharmaceutical	\$ 49,881.09
Amedra Pharma	\$ 39,724.95
Novo Nordisk	\$ 33,188.48 (Unresponsive)
UCB Pharma Inc.	\$ 31,934.19

Dr. Reddy's Laboratories Inc.	\$ 17,963.54
Pharmaceutical Associates Inc.	\$ 16,381.87
AuroMedics Pharma LLC	\$ 15,315.04
Merck	\$ 14,555.65
Covis	\$ 11,379.78
Actavis Pharma	\$ 10,397.95
Braintree Labs.	\$ 10,344.21 (Unresponsive)
Warner Chilcott	\$ 8,866.93
Patriot Pharm	\$ 7,999.10
B. Braun	\$ 7,737.87
Taro Pharmaceuticals, USA	\$ 5,280.89
Amneal Pharmaceuticals	\$ 4,734.59
Arbor Pharmaceuticals	\$ 4,111.30
Upsher Smith Labs.	\$ 3,577.92 (Unresponsive)
Gravis Pharma CS	\$ 3,094.26
Avkare Inc.	\$ 3,048.75
Safecor Health	\$ 2,523.63
Acella Pharmaceuticals	\$ 2,310.96
Exela Pharma Sciences	\$ 2,240.31
US Worldmeds LLC	\$ 1,747.20
Octapharma USA SPD	\$ 1,296.74
CB Fleet Co. Inc.	\$ 1,238.24
Arzol Chemical Co.	\$ 965.07
Jacobus Pharmaceuticals Co.	\$ 774.05
Emergent Biosolutions Inc.	\$ 756.05
Global Pharm Impax Labs.	\$ 681.23
Silvergate Pharma Inc.	\$ 456.19
Teligent	\$ 337.26
Iroko Pharmaceuticals	\$ 283.40
Century Pharmaceuticals	\$ 280.98
Watson Actavis OTC	\$ 194.24
HUB Pharmaceuticals	\$ 187.89
Solco Healthcare US	\$ 131.82
Beach Pharmaceuticals	\$ 95.22
Focus Health Group	\$ 71.50
Pharmacarable LLC	\$ 34.76
Camber Pharma CS	\$ 24.79
Graham Field Surgical	\$ 21.05
Boca Pharmaceuticals	\$ 7.90
Mason Vitamins	\$ 1.22
BLU Pharmaceuticals	\$ 0.75
<i>Total Potential Repayment Owed</i>	<i>\$976,258.47</i>

Attachment 02

Cover Letter VCMC Corrective Action Plan



Associated with the UCLA School of Medicine
A Division of the Ventura County Health Care Agency

April 17, 2016

Dr. Krista M. Pedley, PharmD, MS, CAPT, USPHS
Director, Office of Pharmacy Affairs
Health Resources and Services Administration
5600 Fishers Lane, Mail Stop 8W05A
Rockville, MD 20857

Dear Director Pedley,

This letter serves as a formal response and corrective action plan (CAP) to the final report dated January 21, 2016 of the 340B Drug Pricing Program audit conducted July 7-9, 2015 for Ventura County Medical Center (VCMC; 340B ID DSH050159), issued by the Health Resources and Services Administration (HRSA), Office of Pharmacy Affairs (OPA).

VCMC's responses to HRSA's specific audit findings are set forth below:

Regarding *Finding 1: VCMC obtained covered outpatient drugs through a Group Purchasing Organization (GPO)*, VCMC has fully implemented and completed its corrective action plan since November 20, 2015 to maintain compliance with the GPO prohibition. The VCMC Outpatient Infusion Center Pharmacy no longer utilizes a GPO account to purchase covered drugs and instead utilizes only a 340B account for all of its purchasing activities. Cardinal Health account #74494, GPO account for the VCMC Outpatient Infusion Center Pharmacy, was inactivated on February 22, 2016 to ensure no GPO medications are purchased by the VCMC Outpatient Infusion Center Pharmacy in the future. Inpatient chemotherapy drugs purchased through a GPO or WAC account are procured by and physically stored in the VCMC Inpatient Pharmacy, separate from the drugs purchased for the Outpatient Infusion Center. A separate physical inventory of inpatient chemotherapy drugs (stored in the VCMC Inpatient Pharmacy) and outpatient chemotherapy drugs (stored in the VCMC Outpatient Infusion Center Pharmacy) ensures that VCMC is in compliance with the GPO prohibition at all times. VCMC also developed and currently follows *Pharmacy Procedure: Supply Chain: Chemotherapy* for the purchase of chemotherapy for VCMC Inpatient Pharmacy and VCMC Outpatient Infusion Pharmacy. A copy of the procedure document is included herewith as Attachment A. Additionally, *Pharmacy Policy 7170.18 340B Drug Pricing Program* has been amended to ensure compliance with the GPO prohibition. A copy of the amended policy document is included herewith as Attachment B, page 3 (c).

A sample of twenty 340B transactions in the VCMC Outpatient Infusion Center Pharmacy will be audited on a quarterly basis to ensure compliance with 340B Program requirements, including but not limited to the GPO prohibition.

Individuals responsible for implementation are:

Jason Arimura, PharmD	Director of Pharmacy Services
Patricia Bollendorf-Perez, RPh	Pharmacy Supervisor, VCMC Outpatient Infusion Center Pharmacy
Joe Flynn, RPh	Pharmacy Operations Supervisor

The education strategy regarding 340B Program compliance will comprise of review of the pharmacy procedure *Supply Chain: Chemotherapy* and *Pharmacy Policy 7170.18 340B Drug Pricing Program* by all pharmacy staff involved in purchasing and receiving medications.

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Kim Milstien
Chief Executive Officer
Deputy Director

Bryan Wong, MD
Medical Director

Cristal Mackay
Chief Operating Officer

Michael Basinger, RN
Interim Chief Nurse Executive

Kathleen Kellerhouse
Chief Hospital Operations

Leticia Rodriguez
Chief Hospital Operations

Pharmacy Policy 7170.18 340B Drug Pricing Program has been reviewed and contains language pertaining to 340B Program compliance and oversight activities of contract pharmacies.

The individuals responsible for implementation are:

Joe Flynn, RPh Pharmacy Operations Supervisor
Jason Arimura, PharmD Director of Pharmacy Services

Pharmacy staff responsible for conducting the self-audits of the 340B drug pricing program will be educated on how to perform internal audits on 340B transactions that occurred within the four walls of the hospital after a pharmacy procedure has been developed. Relevant VCMC staff will be educated immediately regarding any changes to internal audit procedures. Contract pharmacy staff have already been re-educated on the process of selecting the correct entity when filling prescriptions for VCMC qualified outpatients and the ineligibility of Hillmont Psychiatric Center/Ventura County Mental Health.

Regarding *Finding 4: 340B drugs were not properly accumulated. VCMC did not have adequate controls in place to ensure proper accumulation and prevention of diversion of 340B drugs, as prohibited by section 340B(a)(5)(B) of the PHSA*, VCMC identified the root cause: the report that is transferred from our electronic health record system to our accumulation software system does not account for medication administration events that are reversed. In order to account for these reversed medication administration events, VCMC has created a report of reversed medication administration events. This report will be reviewed weekly and adjustments will be made to accumulations in the accumulation software system accordingly. This process will be implemented by May 1, 2016 and will adjust the accumulations for any reversed medication administration events dating back December 5, 2015. Other audits VCMC will conduct of its accumulation software system include weekly review of unknown items, monthly update of vendor item master file, and quarterly audit of multipliers. These processes will be implemented by May 1, 2016. Detailed procedures for each audit are available in *Pharmacy Procedure 340B Drug Pricing Program: Autosplit 340B Software Maintenance & Audits*. A copy of this procedure is included herewith as Attachment G. *Pharmacy Policy 7170.18 340B Drug Pricing Program* has been amended to include this process as part of its system to reasonably ensure ongoing compliance with all 340B Drug Pricing Program requirements.

VCMC will audit a random sample of thirty dispensed 340B medications from the AutoSplit 340B accumulation software reports on a quarterly basis. Each randomly selected dispensed 340B medication will be reviewed to ensure the patient receiving the 340B medication is a qualified outpatient. VCMC considers patients in an outpatient encounter in one of the locations registered as a parent or child site for 340B ID DSH050159 on HRSA OPA's 340B registration database as a qualified outpatient. These quarterly audits of dispensed 340B medications will be implemented by May 1, 2016. *Pharmacy Policy 7170.18 340B Drug Pricing Program* has been amended to include this process as part of its system to reasonably ensure ongoing compliance with all 340B Drug Pricing Program requirements.

VCMC is in the process of contracting with Verity Solutions Group, Inc. for its Autosplit 340B Fully Managed services to provide additional oversight of VCMC's existing 340B split billing software system, Autosplit 340B. Autosplit 340B Fully Managed services will be implemented by June 1, 2016.

For its 340B contract pharmacies, VCMC has contracted with Verity Solutions Group, Inc. to perform annual independent audits to supplement VCMC's monthly self-audits. The first annual independent audit with Verity Solutions Group, Inc. will be completed by June 17, 2016.

Individuals responsible for implementation are:

Joe Flynn, RPh Pharmacy Operations Supervisor
Jason Arimura, PharmD Director of Pharmacy Services

Pharmacy staff responsible for conducting the self-audits of the 340B drug pricing program will be educated on how to perform internal audits on 340B transactions that occurred within the four walls of the hospital by May 1, 2016. Relevant VCMC staff will be immediately educated as to any changes to internal audit procedures.

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Regarding Finding 5: VCMC listed incorrect or incomplete billing information on the 340B Medicaid Exclusion File. This may have resulted in duplicate discounts as prohibited by section 340B(a)(5)(A) of the PHSa, VCMC corrected the Medicaid number and National Provider Index numbers used to bill Medicaid on the 340B Medicaid Exclusion File while the surveyor was on site July 7-9, 2015.

VCMC will review its 340B database information annually and any time a change is made to the 340B database. The OPA will be notified of any changes through a change requested submitted through HRSA OPA's 340B website. To ensure duplicate discounts with Medicaid are not occurring, VCMC will conduct quarterly audits of twenty randomly selected 340B medications dispensed to Medicaid patients and confirm that the Medicaid number and National Provider Index numbers used to bill Medicaid on the Medicaid Exclusion File are accurate. Detailed procedures for each audit are available in *Pharmacy Procedure 340B Drug Pricing Program: Quarterly Verification of Medicaid Exclusion File*. A copy of this procedure is included herewith as Attachment H. *Pharmacy Policy 7170.18 340B Drug Pricing Program* has been amended to include this process as part of its system to reasonably ensure ongoing compliance with all 340B Drug Pricing Program requirements.

The individuals responsible for implementation are:

Joe Flynn, RPh Pharmacy Operations Supervisor
Jason Arimura, PharmD Director of Pharmacy Services

An internal communication has been sent to the administration of VCMC, Ambulatory Care and Fiscal divisions of the Ventura County Health Care Agency regarding the necessity to communicate any changes that may potentially impact 340B participation for any component of VCMC to Joe Flynn or Jason Arimura so that any and all changes are reported to OPA immediately as required to maintain 340B Program compliance. A copy of the internal communication is included herewith as Attachment D.

VCMC appreciates HRSA's decision to not remove VCMC from the 340B Program and affording it an opportunity to respond to the agency's audit findings. VCMC is hopeful that the information included in this letter, along with the attached documents, demonstrates a satisfactory corrective action plan. Should HRSA have additional questions about any points raised in this letter or need additional information from VCMC, please contact the undersigned. In addition to the foregoing, as discussed in HRSA's letter that accompanied the final report, VCMC will work with HRSA to provide public notice of any 340B infractions that might have made VCMC liable to drug manufacturers for repayment of improperly obtained drug discounts. VCMC will await additional guidance from HRSA regarding such public notice after the agency has approved VCMC's CAP.

Thank you.



Kathleen Kellerhouse
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(805) 652-6052
Kathleen.Kellerhouse@ventura.org

Attachments:

- A. Pharmacy Procedure: Supply Chain: Chemotherapy
- B. Pharmacy Policy 7170.18 340B Drug Pricing Program
- C. HRSA OPA Confirmation Email for Online 340B Termination Request
- D. Memorandum on 340B Program Registration Changes

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- E. Pharmacy Procedure: 340B Drug Pricing Program: Audit of 340B Medications Dispensed Within the Four Walls of the Hospital
- F. Pharmacy Procedure: 340B Drug Pricing Program: Contract Pharmacy Oversight
- G. Pharmacy Procedure: 340B Drug Pricing Program: Autosplit 340B Software Maintenance & Audits
- H. Pharmacy Procedure: 340B Drug Pricing Program:

cc: Barry R. Fisher, MPPA, Director, Ventura County Health Care Agency
Kim Milstien, Chief Executive Officer, Ventura County Medical Center
Catherine Rodriguez, Interim Chief Financial Officer, Ventura County Health Care Agency
Dee Pupa, Deputy Director-Patient Accounting, Ventura County Health Care Agency
Jason Arimura, PharmD, BCPS, Director of Pharmacy Services, Ventura County Medical Center