



State of Rhode Island

340B Drug Pricing Program - Mandated Covered Entity Reporting  
Mandated Reporting Cover Page

**Covered Entity 340B Drug Pricing Program Reporting Mandated by  
RI General Law Section 5-19.3-6.**

Covered Entity Name:

Blackstone Valley Community Health Care

Covered Entity Corporate Address:

39 East Avenue, Pawtucket, RI 02860

340B ID Number(s)

CH011990, CH01199A, CH01199B, CH01199C, CH01199D,  
CH01199E, CH01199F

Reporting for Calendar Year:

2025

**Covered Entity Required Information**

Date of most recent recertification with the Health  
Resources and Service Administration

02/02/2026

Reporting Basis (i.e., Cash or Accrual)

Accrual

**RHODE ISLAND**



**340B DRUG PRICING  
PROGRAM**



State of Rhode Island  
340B Drug Pricing Program - Covered Entity Reporting  
Schedule A - Aggregate Reporting Schedule

Schedule A

Covered Entity Name:

Blackstone Valley Community Health Care

Reporting for Calendar Year:

2025

Line No.	Data Element	Data Element Description	Schedule Ref	Amount	Unit
1	<b>Total Aggregated Acquisition Cost for All 340B Program Drugs</b>	Total aggregated cost to entity for drugs purchased under 340B (actual paid, incl. fees) during the previous calendar year.	B	1,408,968.83	USD
2	<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs</b>	Total payments (claim reimbursements) received for 340B drugs dispensed/administered to patients with commercial medical insurance, Medical Assistance, and/or Medicare Supplemental plans.	C	3,812,076.02	USD
3	<b>Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs</b>	Total payments made to contract pharmacies for dispensing 340B drugs.	D	383,222.45	USD
4	<b>Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation</b>	Total payments to vendors managing, administering, or facilitating any aspect of the 340B covered entity's drug program.	E	176,794.29	USD
5	<b>Total Aggregated Administrative Expenses for 340B Program</b>	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	F	445,625.02	USD
6	<b>Net 340B Revenue Calculation (Auto-Calculated)</b>	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		1,397,465.43	USD



State of Rhode Island  
340B Drug Pricing Program - Covered Entity Reporting  
Schedule B - Acquisition Cost Detail Schedule

Schedule B

Covered Entity Name:

Blackstone Valley Community Health Care

Reporting for Calendar Year:

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**Instruction: Provide detail for all vendors (e.g. manufacturers, wholesalers) where the covered entity procured \$5,000 or more of prescription drugs from an individual vendor/pharmacy under the 340B program. Provide an aggregated total for vendors where procurement was less than \$5,000.**

Line No.	Vendor Name	Amount Paid	Unit
1	McKesson (Walgreens & CVS specialty drugs)	395,241.93	USD
2	Cardinal Health (CVS & In House 340B - retail drugs removed)	931,116.29	USD
3	Theracom	82,610.61	USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for vendors under \$5,000</b>		USD
	<b>Total Aggregated Acquisition Cost for all 340B Program Drugs - (Supports Schedule A, Line 1)</b>	1,408,968.83	USD
		Schedule A - Line 1	



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule C - Claim Reimbursements For 340B Dispensed /  
 Administered Drugs

Schedule C

Covered Entity Name: Blackstone Valley Community Health Care  
 Reporting for Calendar Year: 2025

**Instruction: Provide detail (amount and number of individual claims) for all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program from commercial insurance (including Medicare Supplemental plans), Medical Assistance, Medicare, and or other sources. This schedule should total all reimbursements relating to pharmaceuticals obtained under the 340B Drug Program.**

Line No.	Reimbursement Source	Amount Reimbursed	Unit	Count	Unit
1	Commercial Insurance	1,248,139.22	USD	9,401	Claims
2	Medical Assistance (i.e., Medicaid)	915,120.31	USD	14,156	Claims
3	Medicare	1,475,762.36	USD	11,411	Claims
4	Other Sources	173,054.13	USD	4,770	Claims
<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)</b>		<b>3,812,076.02</b>		<b>39,738</b>	
		Schedule A - Line 2			



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule D - Payment to Contract Pharmacy Detail Schedule

Schedule D

Covered Entity Name:

Blackstone Valley Community Health Care

Reporting for Calendar Year:

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**Instruction: Provide detail for all payments made to contract pharmacies for dispensing 340B prescription drugs during the reporting period. Individually list any contract pharmacy paid \$5,000 or more. Aggregate payments to contract pharmacies paid less than \$5,000.**

Line No.	Contract Pharmacy Name	Amount Paid	Unit
1	Wellpartner/CVS	166,013.24	USD
2	Walgreens	217,209.21	USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for contract pharmacies under \$5,000</b>		
	<b>Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs (Supports Schedule A - Line 3)</b>	<b>383,222.45</b>	
		Schedule A - Line 3	



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 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule E - Payments to Outside Entities (Vendors) for 340B Program Management,  
 Administration, or Facilitation

Schedule E

Covered Entity Name:

Blackstone Valley Community Health Care

Reporting for Calendar Year:

2025

**Instruction: Aggregate detail by service/contractor category for all payments made to vendors/contractors relating to the management, administration, and/or facilitation of any aspect of the Covered Entity's participation in the 340B Program. Examples of services/contractors to be aggregated include contracted pharmacies, split billing vendors, consultants, third-party administrators, and other vendors. For consultants and other vendors, provide a brief description of service provided. Aggregate payments for service/contractor categories individually paid less than \$5,000.**

Line No.	Program Management, Administration, or Facilitation Category	Description For Other / Consultants	Amount	Unit
1	Cloudmed/R1	Referral 340B script Coordinator	172,007.47	USD
2				USD
3				USD
4				USD
5				USD
6				USD
7				USD
8				USD
	<b>Total Vendor Categories individually under \$5,000</b>		<u>4,786.82</u>	
	<b>Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)</b>		<u>176,794.29</u>	
			<u>Schedule A - Line 4</u>	



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 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule F - Administrative Expenses for 340B Program

Schedule F

Covered Entity Name: Blackstone Valley Community Health Care  
 Reporting for Calendar Year: 2025

**Instruction: Provide detail for all covered entity expenses (noncontracted) relating to the administration of the 340B program including staffing, operational, and administrative expenses. Detail individual expense categories with expenses of \$5,000 or more. Aggregate expense categories individually less than \$5,000.**

Line No.	Expense Category Description	Amount/Value	Unit
1	Personnel - Pharmacy & Administrative Wages	\$ 341,781.86	USD
2	Fringe benefits	\$ 23,249.26	USD
3	Consumable supplies	\$ 18,596.33	USD
4	Licenses, Taxes, Fees	\$ 44,689.72	USD
5	Other/Misc	\$ 17,307.85	USD
6			USD
7			USD
8			USD
9			USD
10			USD
	<b>Total for expense categories individually under \$5,000</b>		
	<b>Total Aggregated Administrative Expenses for 340B Program</b>	\$ 445,625.02	

Schedule A - Line 5



State of Rhode Island

340B Drug Pricing Program - Covered Entity Reporting

Schedule G - Detail of Prescription Drugs Relating to Covered Entity Participation in the 340B Program Dispensed or Administered During the Period.

Schedule G

Covered Entity Name:

Blackstone Valley Community Health Care

Reporting for Calendar Year:

2025

Instruction: List all prescription drugs relating to Covered Entity participation in the 340B Program during the period. Detail the total amount (cost of prescription drug obtained through the 340B program) and count of individual prescription drug claims dispensed or administered during the period. Aggregate all prescription drugs where costs for the particular drug were less than \$5,000.

Table with 7 columns: Line No., Prescription Drug Name, National Drug Code Number, Amount, Unit, Count, Unit. Includes 54 rows of drug data and summary rows for total prescription drugs and total costs.

Mandated by RIGL § 5-19.3-6



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340B Drug Pricing Program - Covered Entity Reporting

Schedule H

Schedule H - 340B Program Savings Usage by Covered Entity to Benefit Patients and/or its Community Through Programs, Projects, and/or Services.

Covered Entity Name:

Blackstone Valley Community Health Care

Reporting for Calendar Year:

2025

**Instruction: List all programs, projects, and/or services provided by the Covered Entity through 340B Program savings that benefited patients and/or its community. Detail individual programs, projects, and/or services provided and the related costs incurred by the covered entity. Individually list programs, projects, and services with costs of \$5,000 or more. Aggregate all other programs, projects, and services where costs totaled less than \$5,000.**

Line No.	340B Net Revenue Usage Description	Amount/Value	Unit
1	Health Services Expansion	-	USD
2	Community and Public Health Programs	-	USD
3	Improving Patient Access	-	USD
4	Facility Upgrades	-	USD
5	Technology Upgrades	-	USD
6	Subsidize Losses - Medicaid and Medicare Program Underpayments	139,746.54	USD
7	Research and Innovation	-	USD
8	Community Programs	-	USD
9	Charity Care/Uncompensated Care	558,986.17	USD
10	Other <i>(Support retail operations of In-House Pharmacy including purchase of prescription drugs at retail/wholesale prices &amp; various administrative costs not included in this 340B expenditure reporting)</i>	698,732.72	USD
	<b>Other programs, projects, and services where costs totaled less than \$5,000.</b>		USD
	<b>Total Aggregate Costs of Programs, Projects, and/or Services Supported by 340B Net Revenue</b>	<b>1,397,465.43</b>	

Mandated by RIGL § 5-19.3-6.



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule I - Covered Entity Certification Page

Schedule I

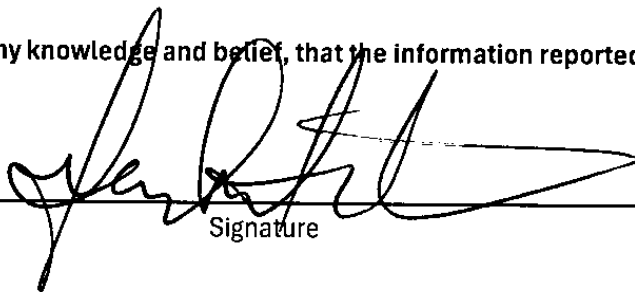
Covered Entity Name:  
 Reporting for Calendar Year:

Blackstone Valley Community Health Care

2025

Line No.	Covered Entity Certification	YES	NO	If Yes, explain any noncompliance noted.
1	During the reporting period, did the covered entity conduct a self-audit of their participation in the 340B Program as required by the Health Resources and Services Administration (HRSA)?	X		N/A - nothing out of compliance from our audit
2	During the reporting period, was the covered entity audited by HRSA or subject to a drug manufacturer audit approved by HRSA?		X	

I certify, to the best of my knowledge and belief, that the information reported in this reporting package is materially complete and accurate?

  
 Signature

4/1/26  
 Date

Mark Mata, Accounting Manager  
 Name and Title

mmata@bvchc.org  
 Email