



East Bay Community Action Program
THE BRIDGE to SELF-RELIANCE

RILWAN K. FEYISITAN, JR.
President & Chief Executive Officer

EAST BAY
COMMUNITY ACTION PROGRAM

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April 1, 2026

David A. Bergantino, CPA, CFE.
RI Auditor General
33 Broad Street, Ste. 201
Providence, RI 02903

Newport County Headquarters
Jean E. Hicks Center
19 Broadway
Newport, RI 02840
P: 401.847.7821
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RE: 340B State Report – Schedule H

Dear Auditor General Bergantino:

On behalf of East Bay Community Action Program (EBCAP), I am formally submitting our Covered Entity 340B Drug Pricing Program Report for calendar year 2025. I would like to thank you for the opportunity to go through this process and become familiar with our reporting requirements.

This letter will serve as our official response to and explanation of Schedule H in this report. EBCAP utilizes 340B Program savings as General Operating revenue to ensure maximum flexibility in meeting the evolving needs of the communities we serve. As an integrated Federally Qualified Health Center, Community Action Agency, and Community Mental Health Center, EBCAP delivers a broad continuum of medical, behavioral health, dental, and social services. Allocating 340B savings to general operations allows these funds to eligible programs where and when they are needed. We have utilized 340B revenue to support virtually every reporting category each year and allows us to ensure the continuity of critical services to the more than 30,000 Rhode Island residents served in 2025.

Because these savings are not restricted to specific program budgets and are instead deployed across the organization to address priority needs in real time, EBCAP cannot assign precise dollar amounts to individual programs, projects, or services. Rather, 340B savings are integrated into the overall financial structure to sustain and enhance services across all departments, ensuring continuity of care and responsiveness to patient and community needs. This approach is particularly critical given the dynamic healthcare and policy environment, including ongoing state and federal regulatory changes and manufacturer-imposed 340B restrictions that require rapid operational adjustments. Maintaining 340B savings within general operating revenue enables EBCAP to pivot quickly, preserve access to care, and continue delivering comprehensive, high-quality services to underserved populations without disruption. As an example, In 2025, EBCAP supported 10,682 patients of which 4,947 receive healthcare coverage from Medicaid (46%). Using that percentage, we estimate our annual losses due to underpayments from Medicaid/Medicare programs to be approximately \$2,920,000 spread across our medical, behavioral health, and dental programs.

We will continue to look for avenues that will support a more detailed report for 340B revenue.

Sincerely

Gwen Redmond,
Director, Strategic Initiatives



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:	East Bay Community Action Program
Covered Entity Corporate Address:	19 Broadway, Newport, RI 02840
340B ID Number(s)	CH015160
Reporting for Calendar Year:	2025

Covered Entity Required Information

Date of most recent recertification with the Health Resources and Service Administration	2/28/2026
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:

EBCAP

Reporting for Calendar Year:

2025

Line No.	Data Element	Data Element Description	Schedule Ref	Amount	Unit
1	Total Aggregated Acquisition Cost for All 340B Program Drugs	Total aggregated cost to entity for drugs purchased under 340B (actual paid, incl. fees) during the previous calendar year.	B	\$2,022,482.80	USD
2	Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs	Total payments (claim reimbursements) received for 340B drugs dispensed/ administered to patients with commercial medical insurance, Medical Assistance, and/or Medicare Supplemental plans.	C	\$4,641,428.56	USD
3	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs	Total payments made to contract pharmacies for dispensing 340B drugs.	D	\$256,363.02	USD
4	Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation	Total payments to vendors managing, administering, or facilitating any aspect of the 340B covered entity's drug program.	E	\$352,207.69	USD
5	Total Aggregated Administrative Expenses for 340B Program	Total covered entity expenses for staffing, operations, and administration related to the 340B program.	F	\$357,105.45	USD
6	Net 340B Revenue Calculation (Auto-Calculated)	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$1,653,269.60	USD



State of Rhode Island

Schedule B

340B Drug Pricing Program - Covered Entity Reporting

Schedule B - Acquisition Cost Detail Schedule

Covered Entity Name:

EBCAP

Reporting for Calendar Year:

2025

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	Cardinal Health 110 LLC	\$1,936,789.08	USD
2	Amerisource Bergen 340B	\$85,693.72	USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for vendors under \$5,000	<hr/>	USD
	Total Aggregated Acquisition Cost for all 340B Program Drugs - (Supports Schedule A, Line 1)	<hr/> \$2,022,482.80	USD
		Schedule A - Line 1	



State of Rhode Island

Schedule C

340B Drug Pricing Program - Covered Entity Reporting

Schedule C - Claim Reimbursements For 340B

Dispensed / Administered Drugs

Covered Entity Name:

EBCAP

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	\$1,163,581.55	USD	2,900	Claims
2	Medical Assistance (i.e., Medicaid)	\$1,487,872.42	USD	2,391	Claims
3	Medicare	\$1,989,719.61	USD	3,027	Claims
4	Other Sources	\$254.98	USD	14	Claims
Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)		<u>\$4,641,428.56</u>		<u>8,332</u>	
		Schedule A - Line 2			



State of Rhode Island

Schedule D

340B Drug Pricing Program - Covered Entity Reporting

Schedule D - Payment to Contract Pharmacy Detail Schedule

Covered Entity Name:

EBCAP

Reporting for Calendar Year:

2025

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	CVS	\$49,740.00	USD
2	Walgreens	\$30,275.00	USD
3	Genoa Healthcare	\$176,348.02	USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for contract pharmacies under \$5,000		
	Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs (Supports Schedule A - Line 3)	\$256,363.02	
		Schedule A - Line 3	



State of Rhode Island

Schedule E

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

Covered Entity Name:

EBCAP

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	340B Technologies DBA NuvemRx	Third Party Administrator	\$240,440.83	USD
2	CVS WellPartner	Third Party Administrator	\$78,350.69	USD
3	Walgreens 340B Complete	Third Party Administrator	\$33,416.17	USD
4				USD
5				USD
6				USD
7				USD
8				USD
Total Vendor Categories individually under \$5,000				
Total Aggregated Payments to Outside Entities (Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)			<u>\$352,207.69</u>	
			Schedule A - Line 4	



State of Rhode Island

Schedule F

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

Covered Entity Name:

EBCAP

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	\$86,702.00	USD
2	Administrative Overhead	\$266,803.45	USD
3			USD
4			USD
5			USD
6			USD
7			USD
8			USD
9			USD
10			USD
	Total for expense categories individually under \$5,000	<u>\$3,600.00</u>	
	Total Aggregated Administrative Expenses for 340B Program	<u><u>\$357,105.45</u></u>	

Schedule A - Line 5



State of Rhode Island

Schedule G

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.

Covered Entity Name:

EBCAP
2025

Reporting for Calendar Year:

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.

Line No.	Prescription Drug Name	National Drug Code Number	Amount	Unit	Count	Unit
1	Invega Trinza 819 MG/2.63ML SUSY 2.63x1 ML	50458060901	\$154,664.97	USD	28	Claims
2	Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/3ML SOPN 3x1 ML	00169418113	\$112,305.65	USD	342	Claims
3	Invega Sustenna 234 MG/1.5ML SUSY 1.5x1 ML	50458056401	\$109,300.97	USD	84	Claims
4	Invega Sustenna 156 MG/ML SUSY 1x1 ML	50458056301	\$103,664.19	USD	120	Claims
5	Ingrezza 60 MG CAPS 30x1 EA	70370106001	\$100,695.99	USD	19	Claims
6	Invega Trinza 546 MG/1.75ML SUSY 1.75x1 ML	50458060801	\$99,257.53	USD	27	Claims
7	Ozempic (1 MG/DOSE) 4 MG/3ML SOPN 3x1 ML	00169413013	\$76,889.77	USD	215	Claims
8	Abilify Maintena 400 MG PRSY 1x1 EA	59148007280	\$67,409.32	USD	46	Claims
9	Vraylar 3 MG CAPS 30x1 EA	61874013030	\$62,168.13	USD	78	Claims
10	Ozempic (2 MG/DOSE) 8 MG/3ML SOPN 3x1 ML	00169477212	\$61,657.77	USD	197	Claims
11	Suboxone 8-2 MG FILM 30x1 EA	12496120803	\$55,353.06	USD	187	Claims
12	Vraylar 1.5 MG CAPS 30x1 EA	61874011530	\$42,279.36	USD	51	Claims
13	Mounjaro 10 MG/0.5ML SOAJ 0.5x4 ML	00002147180	\$41,637.77	USD	51	Claims
14	Aristada 882 MG/3.2ML PRSY 3.2x1 ML	65757040303	\$39,782.15	USD	19	Claims
15	Vraylar 6 MG CAPS 30x1 EA	61874016030	\$39,427.62	USD	49	Claims
16	Rexulti 1 MG TABS 30x1 EA	59148003713	\$33,473.68	USD	44	Claims
17	Mounjaro 7.5 MG/0.5ML SOAJ 0.5x4 ML	00002148480	\$33,051.95	USD	42	Claims
18	Mounjaro 15 MG/0.5ML SOAJ 0.5x4 ML	00002145780	\$30,119.19	USD	32	Claims
19	Trulicity 3 MG/0.5ML SOAJ 0.5x4 ML	00002223680	\$29,582.27	USD	40	Claims

20	Rexulti 0.5 MG TABS 30x1 EA	59148003613	\$28,939.17	USD	36	Claims
21	Abilify Maintena 300 MG PRSY 1x1 EA	59148004580	\$28,591.07	USD	26	Claims
22	Trelegy Ellipta 100-62.5-25 MCG/ACT AEPB 60x1 EA	00173088710	\$26,377.32	USD	104	Claims
23	Rexulti 2 MG TABS 30x1 EA	59148003813	\$23,455.82	USD	31	Claims
24	Rexulti 3 MG TABS 30x1 EA	59148003913	\$22,231.23	USD	31	Claims
25	Mounjaro 5 MG/0.5ML SOAJ 0.5x4 ML	00002149580	\$22,038.16	USD	28	Claims
26	BIKTARVY TAB	61958250101	\$19,401.31	USD	7	Claims
27	Mounjaro 12.5 MG/0.5ML SOAJ 0.5x4 ML	00002146080	\$18,880.44	USD	22	Claims
28	Mounjaro 2.5 MG/0.5ML SOAJ 0.5x4 ML	00002150680	\$18,810.78	USD	24	Claims
29	Sublocade 100 MG/0.5ML SOSY 0.5x1 ML	12496010001	\$18,139.27	USD	13	Claims
30	risperiDONE Microspheres ER 50 MG SRER 1x1 EA	00480145308	\$17,981.60	USD	28	Claims
31	ENVARUSUS XR TAB 4MG	68992304003	\$16,244.57	USD	12	Claims
32	Caplyta 42 MG CAPS 30x1 EA	72060014240	\$14,744.38	USD	13	Claims
33	Trelegy Ellipta 200-62.5-25 MCG/ACT AEPB 60x1 EA	00173089310	\$14,735.23	USD	58	Claims
34	Wegovy 0.25 MG/0.5ML SOAJ 0.5x4 ML	00169452514	\$14,034.74	USD	24	Claims
35	Wegovy 0.5 MG/0.5ML SOAJ 0.5x4 ML	00169450514	\$13,178.10	USD	23	Claims
36	Descovy 200-25 MG TABS 30x1 EA	61958200201	\$13,102.18	USD	13	Claims
37	Wegovy 1.7 MG/0.75ML SOAJ 0.75x4 ML	00169451714	\$12,031.00	USD	21	Claims
38	XCOPRI TAB 25MG	71699002530	\$11,937.04	USD	6	Claims
39	metFORMIN HCl 625 MG TABS 30x1 EA	62135068130	\$11,859.99	USD	11	Claims
40	Uzedy 100 MG/0.28ML SUSY 0.28x1 ML	51759052010	\$11,730.29	USD	14	Claims
41	Aristada 441 MG/1.6ML PRSY 1.6x1 ML	65757040103	\$11,615.99	USD	11	Claims
42	XCOPRI TAB 100MG	71699010030	\$11,031.46	USD	9	Claims
43	XCOPRI TAB 50MG	71699005030	\$10,906.05	USD	5	Claims
44	Uzedy 125 MG/0.35ML SUSY 0.35x1 ML	51759063010	\$10,829.55	USD	10	Claims
45	Nurtec 75 MG TBDP 8x1 EA	72618300002	\$10,810.14	USD	30	Claims
46	Caplyta 10.5 MG CAPS 30x1 EA	72060011040	\$10,532.17	USD	10	Claims
47	Wegovy 1 MG/0.5ML SOAJ 0.5x4 ML	00169450114	\$10,387.62	USD	18	Claims
48	RisperDAL Consta 25 MG SRER 1x1 EA	50458030611	\$10,084.38	USD	27	Claims
49	Abilify Maintena 400 MG SRER 1x1 EA	59148001971	\$9,197.39	USD	7	Claims
50	risperiDONE Microspheres ER 25 MG SRER 1x1 EA	00480123208	\$8,229.60	USD	26	Claims
51	AUVELITY TAB 45-105MG	81968004560	\$7,620.46	USD	10	Claims
52	PAXLOVID NEW 300/100MG T STANDARD	00069532130	\$7,580.35	USD	7	Claims
53	Vraylar 4.5 MG CAPS 30x1 EA	61874014530	\$7,414.14	USD	10	Claims
54	Zepbound 7.5 MG/0.5ML SOAJ 0.5x4 ML	00002248480	\$7,366.92	USD	9	Claims
55	Wegovy 2.4 MG/0.75ML SOAJ 0.75x4 ML	00169452414	\$7,354.82	USD	13	Claims
56	Trintellix 20 MG TABS 30x1 EA	64764075030	\$7,169.76	USD	109	Claims
57	Entresto 24-26 MG TABS 60x1 EA	00078065920	\$7,050.32	USD	13	Claims

58	Qelbree 200 MG CP24 30x1 EA	17772013330	\$6,561.54	USD	15	Claims
59	Abilify Maintena 400 MG SRER 1x1 EA	59148024512	\$6,447.00	USD	3	Claims
60	Trulicity 0.75 MG/0.5ML SOAJ 0.5x4 ML	00002143380	\$6,371.31	USD	15	Claims
61	Ajovy 225 MG/1.5ML SOAJ 1.5x1 ML	51759020210	\$5,883.46	USD	31	Claims
62	Zepbound 5 MG/0.5ML SOAJ 0.5x4 ML	00002249580	\$5,832.94	USD	7	Claims
63	Breztri Aerosphere 160-9-4.8 MCG/ACT AERO 10.7x1 GM	00310461612	\$5,750.34	USD	24	Claims
64	Incruse Ellipta 62.5 MCG/ACT AEPB 30x1 EA	00173087310	\$5,630.74	USD	61	Claims
65	Basaglar KwikPen 100 UNIT/ML SOPN 3x5 ML	00002771559	\$5,623.55	USD	18	Claims
66	Ingrezza 80 MG CAPS 30x1 EA	70370108001	\$5,559.94	USD	1	Claims
67	Invega Trinza 410 MG/1.32ML SUSY 1.32x1 ML	50458060701	\$5,540.43	USD	2	Claims
68	Breo Ellipta 100-25 MCG/ACT AEPB 60x1 EA	00173085910	\$5,452.14	USD	59	Claims
69	Aristada 1064 MG/3.9ML PRSY 3.9x1 ML	65757040403	\$5,213.76	USD	2	Claims
70	Ingrezza 40 MG CAPS 30x1 EA	70370204001	\$5,060.62	USD	1	Claims
Total Prescription Drugs individually under \$5,000			<u>\$200,283.95</u>	USD	<u>5573</u>	Claims
Total Costs of Prescription Drugs Obtained Through 340B Program Claimed for Reimbursement			<u><u>\$2,101,557.87</u></u>		<u><u>8352</u></u>	

Mandated by
RIGL § 5-19.3-6



State of Rhode Island

Schedule H

340B Drug Pricing Program - Covered Entity Reporting
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:

EBCAP

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.

<u>Line No.</u>	<u>340B Net Revenue Usage Description</u>	<u>Amount/Value</u>	<u>Unit</u>
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		USD
7	Research and Innovation		USD
8	Community Programs		USD
9	Charity Care/Uncompensated Care		USD
10	Other		USD
	Other programs, projects, and services where costs totaled less than \$5,000.		USD
	Total Aggregate Costs of Programs, Projects, and/or Services Supported by 340B Net Revenue		

Mandated by RIGL § 5-19.3-6.

**** See attached documentation**



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:

EBCAP
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)?	√		None
2	During the reporting period, was the covered entity audited by HRSA or subject to a drug manufacturer audit approved by HRSA?		√	

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

Gwen Redmond

Signature

4/1/2026

Date

Gwen Redmond, Director, Strategic Initiatives

Name and Title

gredmond@ebcap.org

Email