



# Landmark Medical Center

Office of the Auditor General  
State of Rhode Island  
33 Broad Street  
Suite 301  
Providence, RI 02903

April 1, 2026

In accordance with reporting requirements required by R.I. Gen. Laws § 5-19.3-6, we are writing to highlight the role the 340B Drug Pricing Program plays in sustaining essential healthcare services for the Woonsocket community through Landmark Medical Center. The attached report provides transparency into how the financial spread is being used to benefit Woonsocket residents and the surrounding community.

The report will detail the following

- 1) Total acquisition costs: Total amount Landmark spent to purchase all medications through the 340B program in 2025.
- 2) Total payments received: The aggregated reimbursement Landmark received for the medications when dispensed or administered to patients.
- 3) Administrative and Vendor Expenses: Total amount Landmark Medical Center spent for contract pharmacies, vendor fees (including 3<sup>rd</sup> party administrators/auditors), and operational costs.
- 4) Community Benefits: This is most critical as this section outlines how 340B funds support the following:
  - a. Charity Work: subsidizing medications for Woonsocket's uninsured
  - b. Clinical Programs: Funding for Cancer Center and Emergency Department
  - c. Health Disparities: Specific initiatives aimed at Woonsocket's high poverty neighborhoods

It is important to highlight several challenges associated with completing each schedule. We submit the following overview of challenges encountered in completing each reporting schedule. All the information shared is to provide transparency and to support continued alignment with the state expectations

- 1) **Schedule A:** This report schedule details all costs associated with the 340B program along with total aggregated payments received for dispensed and administered 340B medications. The net 340B revenue compares difference between reimbursement and operational costs of the 340B program.



# Landmark Medical Center

- 2) **Schedule B:** This report schedule details purchasing records of all vendors where 340B medications were purchased from.
- 3) **Schedule C:** This report schedule details medication reimbursement from insurances including commercial insurance, medical assistance, Medicare, and other resources. For Landmark Medical Center, the difficulty lies in “unbundling” medication costs from general hospital services to meet the Auditor General’s specific line-item requests.
  - a. Unbundling medication costs: DRG, or Diagnosis-Related Group, is a flat “bundle” payment based on patient’s diagnosis. Because DRG payments cover the entire stay, there is no specific reimbursement price for a 340B medication used during that hospital stay. Landmark has provided the best estimate of claims payment attributable from 340b medications. This is an estimate due to the complex reimbursement structure for hospital services.
  - b. In the Outpatient settings (i.e Infusion Center), medications are billed using J-codes that identify specific medications (using NDC numbers) and dosages administered. These codes all for separate billing of medications from accompanying administration procedures (CPT codes). Landmark Medical Center has provided reimbursement from third parties based on J-codes. Of note, Landmark Medical Center ensures Medicaid reimbursements are excluded since the institution currently “carves-out” Medicaid to prevent duplicate discounts.
- 4) **Schedule D:** Landmark Medical Center is not associated with contract pharmacies at the time of this report.
- 5) **Schedule E:** This report schedule details vendors used to manage the operational and compliance aspects of the 340B drug pricing program. Landmark Medical Center contracts with Verity, our third-party administrator (TPA), to review pharmacy claims with patient information and to maintain compliance with regulations. Verity also assists with compliance and audit support along with optimizing claims management. Landmark Medical Center is also subjected to external audits performed by CPS. The audits by CPS provide independent verification to ensure compliance within the 340B program



# Landmark Medical Center

- 6) **Schedule F:** This report schedule details noncontracted expenses relating to the 340B program including staffing, operational costs, and administrative expenses. While external audits provide an independent verification of the program, Landmark Medical Center's internal team ensures we remain compliant on a daily basis. The team includes a corporate administrative team that perform audits, work with TPA to maintain inventory compliance, and perform policy review. The local team at Landmark Medical Center is responsible for internal audits, maintenance of drug libraries, and ensuring eligible medications are ordered using correct vendor accounts.
- 7) **Schedule G:** This report schedule details medications purchased using the 340B program. For 2025, a total of \$5,743,276.33 was spent on 340B medications.
- 8) **Schedule H:** This report schedule details programs, projects, and services provided by Landmark Medical Center that were supported by the 340B program. It is important to note however the significant technical difficulties isolating a singular "340B" savings figure as standard healthcare accounting systems do not utilize a segregated bank account for 340B savings. This number does not reflect the total amount spent on community services provided by Landmark. Our total community benefit includes medical education, research, health fairs, and unreimbursed cost of treating Medicaid patients.

The 340B program is a vital supplement to Landmark Medical Center's mission but it is only one component of the annual investment we make to provide health care services to our surrounding neighbors.

Sincerely,

Date: 4/1/2026

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Michael Souza  
Chief Executive Officer  
115 Cass Ave  
Woonsocket RI, 02895



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:	Landmark Medical center
Covered Entity Corporate Address:	115 Cass Ave Woonsocket RI 02895
340B ID Number(s)	DSH410011
Reporting for Calendar Year:	2025

**Covered Entity Required Information**

Date of most recent recertification with the Health Resources and Service Administration	11-Aug-25
Reporting Basis (i.e., Cash or Accrual)	Cash

**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:

LANDMARK MEDICAL  
 CENTER

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	\$5,730,570.93	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	\$ 10,450,891.17	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	\$0.00	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	\$91,090.00	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	\$150,994.00	USD
6	<b>Net 340B Revenue Calculation (Auto-Calculated)</b>	Payments Received (Line 2) - (Acquisition Costs (Line 1) + Administration Expenses (Lines 3, 4 & 5))		\$4,478,236.24	USD



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

Schedule B

Covered Entity Name:

LANDMARK  
 MEDICAL  
 CENTER

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	\$5,730,570.93	USD
2			USD
3			USD
4			USD
5			USD
6			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>	_____	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:

LANDMARK  
K MEDICAL

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	\$ 9,311,744.03	USD	26,187	Claims
2	Medical Assistance (i.e., Medicaid)	0	USD	0	Claims
3	Medicare	\$ 1,086,892.68	USD	3,056	Claims
4	Other Sources	\$ 52,254.46	USD	158	Claims
<b>Total Aggregated Payment Amount Received for Dispensed/Administered 340B Drugs (Supports Schedule A - Line 2)</b>		<b>\$ 10,450,891.17</b>		<b>29,401</b>	
		Schedule A - Line 2			

**\*Medicaid Carve-out**



State of Rhode Island

Schedule D

340B Drug Pricing Program - Covered Entity Reporting

Schedule D - Payment to Contract Pharmacy Detail Schedule

Covered Entity Name:

LANDMARK  
MEDICAL  
CENTER

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	NONE	\$0.00	USD
2			USD
3			USD
4			USD
5			USD
6			USD
	<b>Total for contract pharmacies under \$5,000</b>	<u>\$0.00</u>	
	<b>Total Aggregated Payments to Contract Pharmacies for 340B Program Prescription Drugs (Supports Schedule A - Line 3)</b>	<u>\$0.00</u>	
		<u>Schedule A - Line 3</u>	



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:

LANDMARK MEDICAL  
CENTER

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	Verity	Split Billing Vendor: Assists with managing 340b ordering and reporting	\$60,156	USD
2	CPS Solutions, LLC	340b Operational Compliance Company: Performs external 340b audit for Landmark Medical Center	\$30,934	USD
<b>Total Vendor Categories individually under \$5,000</b>			<hr/>	
<b>Entities (Vendors) for 340B Program Management, Administration, or Facilitation (Supports Schedule A - Line 4)</b>			\$91,090.00	
			<hr/> <hr/>	
			Schedule A - Line 4	



State of Rhode Island  
 340B Drug Pricing Program - Covered Entity Reporting  
 Schedule F - Administrative Expenses for 340B Program

Schedule F

Covered Entity Name:

LANDMARK  
 MEDICAL  
 CENTER

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	Corporate Administrative Team: 1 Pharmacist and 1 Analyst	\$61,400.00	USD
2	LMC Administrative Team for LMC/Retail/Infusion Center: 3 Rph and 3 Pharmacy Technicians	\$89,544	USD
3			USD
4			USD
5			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>	<b>\$150,944.00</b>	

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:

LANDMARK  
MEDICAL  
CENTER

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.**

Line No.	Prescription Drug Name	National Drug Code Number	Amount	Unit	Count	Unit
1	Keytruda 100 MG/4ML SOLN	00006302602	\$1,078,787.86	USD	66	Claims
2	Tecentriq 1200 MG/20ML SOLN	50242091701	\$478,405.44	USD	41	Claims
3	Darzalex Faspro 1800-30000 MG-UT/15ML SOLN	57894050301	\$435,845.02	USD	39	Claims
4	Opdivo 240 MG/24ML SOLN	00003373413	\$404,055.36	USD	31	Claims
5	Imfinzi 500 MG/10ML SOLN	00310461150	\$399,610.38	USD	48	Claims
6	Opdualag 240-80 MG/20ML SOLN	00003712511	\$250,084.10	USD	11	Claims
7	Yervoy 50 MG/10ML SOLN	00003232711	\$229,513.07	USD	17	Claims
8	Enhertu 100 MG SOLR	65597040601	\$174,837.16	USD	19	Claims
9	Rebzozyl 75 MG SOLR	59572077501	\$163,969.50	USD	12	Claims
10	Gamunex-C 20 GM/200ML SOLN	13533080024	\$150,080.52	USD	39	Claims
11	Polivy 140 MG SOLR	50242010501	\$124,042.24	USD	8	Claims
12	Zepzelca 4 MG SOLR	68727071201	\$107,619.78	USD	10	Claims
13	Ocrevus 300 MG/10ML SOLN	50242015001	\$103,916.83	USD	5	Claims
14	Gazyva 1000 MG/40ML SOLN	50242007001	\$100,738.13	USD	15	Claims
15	Sylvant 400 MG SOLR	73090042101	\$95,644.92	USD	8	Claims
16	Imjudo 300 MG/15ML SOLN	00310453530	\$91,273.56	USD	3	Claims

17	Tecentriq 840 MG/14ML SOLN	50242091801	\$89,155.50	USD	8	Claims
18	Kyprolis 60 MG SOLR	76075010101	\$76,134.36	USD	27	Claims
19	Mvasi 400 MG/16ML SOLN	55513020701	\$75,387.36	USD	43	Claims
20	Cyramza 500 MG/50ML SOLN	00002767801	\$71,719.46	USD	11	Claims
21	Xgeva 120 MG/1.7ML SOLN	55513073001	\$67,831.80	USD	33	Claims
22	Venofer 20 MG/ML SOLN	00517231005	\$67,587.68	USD	98	Claims
24	Jevtana 60 MG/1.5ML SOLN	00024582411	\$59,606.24	USD	7	Claims
25	Herceptin 150 MG SOLR	50242013201	\$56,873.68	USD	19	Claims
26	Imfinzi 120 MG/2.4ML SOLN	00310450012	\$49,890.86	USD	27	Claims
27	Kadcyla 160 MG SOLR	50242008701	\$45,751.12	USD	10	Claims
28	Somatuline Depot 120 MG/0.5ML SOLN	15054112004	\$41,537.48	USD	12	Claims
29	Cyramza 100 MG/10ML SOLN	00002766901	\$37,929.39	USD	12	Claims
30	Gamunex-C 10 GM/100ML SOLN	13533080071	\$36,850.00	USD	23	Claims
31	Nplate 250 MCG SOLR	55513022101	\$34,980.28	USD	26	Claims
32	Retacrit 40000 UNIT/ML SOLN	00069130904	\$33,526.99	USD	31	Claims
33	Truxima 500 MG/50ML SOLN	63459010450	\$32,794.03	USD	23	Claims
34	Kadcyla 100 MG SOLR	50242008801	\$31,479.64	USD	9	Claims
35	Erbitux 200 MG/100ML SOLN	66733095823	\$27,419.14	USD	13	Claims
36	PACLitaxel Protein-Bound Part 100 MG SUSR	00781353191	\$24,388.82	USD	20	Claims
37	Aranesp (Albumin Free) 200 MCG/0.4ML SOSY	55513002801	\$22,614.40	USD	33	Claims
38	Kyprolis 30 MG SOLR	76075010201	\$19,329.46	USD	19	Claims
39	Padcev 30 MG SOLR	51144003001	\$17,798.40	USD	5	Claims
40	Padcev 20 MG SOLR	51144002001	\$17,797.86	USD	6	Claims
41	Yondelis 1 MG SOLR	59676061001	\$16,501.68	USD	4	Claims
42	Nplate 125 MCG SOLR	55513022301	\$16,261.56	USD	15	Claims
43	Neulasta Onpro 6 MG/0.6ML SOSY	55513019201	\$15,462.07	USD	46	Claims
44	Bridion 200 MG/2ML SOLN	00006542312	\$15,095.86	USD	20	Claims
45	Mvasi 100 MG/4ML SOLN	55513020601	\$15,008.28	USD	38	Claims
46	Bendeka 100 MG/4ML SOLN	63459034804	\$14,727.96	USD	8	Claims
47	Bendamustine HCl 100 MG/4ML SOLN	60505622800	\$13,259.75	USD	9	Claims
48	Ablysinol SOLN	54288010515	\$11,989.99	USD	2	Claims
49	SandoSTATIN LAR Depot 30 MG KIT	00078082581	\$11,427.84	USD	7	Claims
50	TNKase 50 MG KIT	50242012047	\$11,411.85	USD	6	Claims
51	Truxima 100 MG/10ML SOLN	63459010310	\$10,808.69	USD	25	Claims
52	Opdivo 120 MG/12ML SOLN	00003375614	\$8,555.11	USD	3	Claims
53	SandoSTATIN LAR Depot 20 MG KIT	00078081881	\$7,666.46	USD	10	Claims
54	Kyprolis 10 MG SOLR	76075010301	\$7,316.40	USD	18	Claims
55	Abraxane 100 MG SUSR	68817013450	\$7,199.22	USD	6	Claims

56	Opdivo 100 MG/10ML SOLN	00003377412	\$7,005.91	USD	3	Claims
57	Kanjinti 150 MG SOLR	55513014101	\$6,666.04	USD	13	Claims
58	Reblozyl 25 MG SOLR	59572071101	\$6,074.54	USD	2	Claims
59	Kedrab 1500 UNIT/10ML SOLN	76125015010	\$5,539.75	USD	2	Claims
<b>Total Prescription Drugs individually under \$5,000</b>			<u>\$108,489.55</u>	USD	<u>28,277</u>	Claims

**Total Costs of Prescription Drugs Obtained Through  
340B Program Claimed for Reimbursement**

<u>\$5,743,276.33</u>	<u>29,401</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:

LANDMARK  
MEDICAL  
CENTER

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	\$29,003.00	USD
2	Community and Public Health Programs	\$41,775.00	USD
3	Facility Upgrades	\$1,058,235.18	USD
4	Technology Upgrades	\$2,257,673.35	USD
5	Subsidize Losses - Medicaid and Medicare Program Underpayments		USD
6	Research and Innovation	\$10,690.00	USD
7	Community Programs	\$115,199.97	USD
8	Charity Care/Uncompensated Care	\$2,257,160.37	USD
9	Other	\$47,510.11	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>\$5,817,246.98</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:

LANDMARK MEDICAL  
 CENTER

Reporting for Calendar Year:

2025

Line No.	Covered Entity Certification			If Yes, explain any noncompliance noted.
		YES	NO	
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		LMC conducted self audit which did not produce any potential issues.
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

4/1/2026

Date

Michael Souza CEO

Name and Title

[msouza1@primehealthcare.com](mailto:msouza1@primehealthcare.com)

Email