

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

631



FROM: Human Resources Department

SUBMITTAL DATE:
September 28, 2011

SUBJECT: Provider Agreement Contract between Caremark and Riverside County Rubidoux Pharmacy for the provision of pharmacy services to Caremark prescription benefit members.

RECOMMENDED MOTION: 1) Approve the attached Provider Agreement Contract between Caremark and Riverside County Rubidoux Pharmacy; 2) authorize the Chairperson to sign three (3) copies of the attached agreement and; 3) retain one (1) copy of the signed Provider Agreement, returning two (2) copies to Human Resources for distribution.

BACKGROUND: Riverside County Rubidoux Pharmacy, operated by the Human Resources Department, funded by Exclusive Care and located in the Don Schroeder Community Center will become a participating pharmacy, if approved, under Caremark in order to provider prescription services for County of Riverside employees and retirees enrolled in the HealthNet health plan.

S.Akin for Barbara Olivier
Barbara A. Olivier
Asst. County Executive Officer/Human Resources Dir.

FINANCIAL DATA	Current F.Y. Total Cost:	\$0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2011/12

SOURCE OF FUNDS: Premiums paid by members	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Elizabeth J. Olson*
Elizabeth J. Olson

County Executive Office Signature

FORM APPROVED BY COUNTY COUNSEL
BY: *NEAL R. KIPNIS* / DATE: *10/10/11*
Departmental Concurrence

- Consent
- Policy
- Consent
- Policy

Dept't Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 3.47 (August 10, 2010) | **District:** ALL | **Agenda Number:**

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.22

BACKGROUND continued:

On August 10, 2010, the Board of Supervisors approved the offering of the HealthNet Elect Open Access (EOA) plan for active employees and early retirees as a replacement for the Blue Shield HMO plan. HealthNet's Pharmacy Benefit Manager (PBM) is Caremark, therefore it is necessary for the Riverside County Rubidoux Pharmacy to become a contracted pharmacy in the Caremark network.

The purpose of the agreement is to allow the 4,067 County of Riverside employees and retirees (along with their dependents) who have subscribed to the HealthNet health plan to obtain pharmacy services via Rubidoux Pharmacy. Rubidoux Pharmacy will become a participant of the Caremark network.

The Rubidoux Pharmacy is a public benefit for Riverside County Residents, their dependents, low income individuals and other public employees of the County. There is no impact to the County General fund.

CAREMARK PROVIDER AGREEMENT

This Provider Agreement (the “Provider Agreement” or “Agreement”) is entered into between Caremark, L.L.C., a California limited liability company and CaremarkPCS, L.L.C., a Delaware limited liability company (collectively “Caremark”), and the undersigned provider (“Provider”). Caremark and Provider agree as follows:

1. **Definitions.** Unless otherwise defined herein, capitalized terms used in the Agreement shall have the meanings set forth in the Glossary of Terms contained in the Provider Manual.
2. **Credentialing.** Provider represents, warrants, and agrees that as of the date of execution of the Agreement, Provider is and shall maintain in good standing, all federal, state and local licenses and certifications as required by Law. Provider will provide Caremark with the information required from time to time regarding Provider’s credentials, including, but not limited to Provider’s licensure, accreditation, certification, and insurance, and will comply with and maintain Caremark credentialing standards and requirements.
3. **Provider Services and Standards.** Unless Provider’s professional judgment dictates otherwise, Provider will render to all Eligible Persons the Pharmacy Services to which the Eligible Person is entitled in accordance with the Agreement, the prescriber’s directions, the applicable Plan, and applicable Law. Provider will submit all Claims for such Pharmacy Services electronically to Caremark in accordance with the Caremark Documents. Caremark may inspect all records of Provider relating to the Agreement.
4. **Eligible Person Identification and Cost Share.** Provider will require each person requesting Pharmacy Services to verify that he or she is an Eligible Person. With respect to each Covered Item dispensed to an Eligible Person, Provider will collect from the Eligible Person the applicable Patient Pay Amount communicated to Provider through the Caremark claims adjudication system or other method established by Caremark. Provider will not waive, discount, reduce, or increase the Patient Pay Amount indicated in the Caremark claims adjudication system unless otherwise authorized in writing by Caremark. Except for the collection of the applicable Patient Pay Amount, in no event will Provider seek compensation in any manner from an Eligible Person for Pharmacy Services with respect to a Covered Item.
5. **Network Participation and Payment.** Provider agrees to participate in the networks identified on the attached Schedule A according to the terms set forth therein. Caremark will pay Provider for Covered Items dispensed to Eligible Persons pursuant to the Agreement in accordance with Schedule A. Any overpayments made to Provider by Caremark may be deducted from amounts otherwise payable to Provider.
6. **Compliance with Law.** Provider will comply with all applicable Laws, including but not limited to those Laws referenced in the Federal and State Laws and Regulations section (and attached Addendums thereto) set forth in the Provider Manual.
7. **Indemnification.** Provider acknowledges that Provider bears sole responsibility for any liability arising (i) from any actual or alleged malpractice, negligence, misconduct, or breach by Provider in the performance or omission of any act or responsibility assumed by Provider or (ii) in the provision of Pharmacy Services or the sale, compounding, dispensing, manufacturing, or use of a drug or device dispensed by Provider. .
8. **Limitation on Liability.** In no event will Caremark be liable to Provider for indirect, consequential, or special damages of any nature (even if informed of their possibility), lost profits or savings, punitive damages, injury to reputation, or loss of customers or business.


Initial

**CONFIDENTIAL AND PROPRIETARY – FOIA EXEMPT –
DO NOT DISCLOSE**

9. **Term.** The Agreement will begin on the date of acceptance by Caremark and will remain in effect until terminated in accordance with the Provider Manual.
10. **Assignment.** Neither party may assign this Agreement without the prior written consent of the other party; provided, however, that Caremark may, without consent, assign this Agreement to any direct or indirect parent, subsidiary, or affiliated company or to a successor company. Any permitted assignee shall assume all obligations of its assignor under this Agreement. This Agreement shall inure to the benefit of and be binding upon each party, its respective successors and permitted assignees.
11. **Entire Agreement.** This Agreement, the Provider Manual, and all other Caremark Documents constitute the entire agreement between Provider and Caremark, all of which are incorporated by this reference as if fully set forth herein and referred to collectively as the “Provider Agreement” or “Agreement”. Any prior agreements, promises, negotiations, or representations concerning the subject matter covered by the Agreement are terminated and of no force and effect. Provider’s non-compliance with any of the provisions of this Agreement, including the Provider Manual and other Caremark Documents will be a breach of the Provider Agreement. In the event there is a conflict between any of the provisions in this Provider Agreement, the Provider Manual, other Caremark Documents and a provision in an applicable State specific addendum attached to the Federal and State Laws and Regulations section of the Provider Manual, the terms of the applicable State specific addendum shall govern.
12. **Waiver.** Failure to exercise any of the rights granted under the Agreement for any one default will not be a waiver of any other or subsequent default. No act or delay shall be deemed to impair any of the rights, remedies, or powers granted in the Agreement.
13. **Lawful Interpretation and Jurisdiction.** Whenever possible, each provision of the Agreement shall be interpreted so as to be effective and valid under applicable Law. Should any provision of this Agreement be held unenforceable or invalid under applicable Law, the remaining provisions shall remain in full force and effect. .
14. **Headings.** The headings of Sections contained in the Agreement are for convenience only and do not affect in any way the meaning or interpretations of the Agreement.



Initial

Caremark Provider Agreement
9-15-2009

Caremark Credentialing/Service Level Worksheet

Please complete this form and return to Caremark with your signed Provider Agreement

NPI #: 1467658385
 (Corporation = Type 2/Sole Proprietorship = Type 1)

NCPDP #: 5627469

Pharmacy/Corp Name: <u>RIVERSIDE COUNTY RUBIDOUX</u> PHARMACY Physical Address: <u>5256 MISSION BLVD.</u> City: <u>RUBIDOUX</u> ST: <u>CA</u> ZIP: <u>92509</u> Email Address: <u>DCAPOSTOL@RC-HR.COM</u> Phone: 8 7 7 - 7 4 8 - 2 6 7 9 Fax: 9 5 1 - 9 5 5 - 0 8 9 9	Pharmacy Name (DBA): <u>SAME</u> Mailing Address: <u>SAME</u> City: <u>SAME</u> ST: <u>SAME</u> ZIP: <u>SAME</u> Website: _____ TTY/TDD: - - Toll Free: 8 7 7 - 7 4 8 - 2 6 7 9
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In order to participate in Caremark programs, you are required to submit claims using approved and certified software.

Software Vendor Name: CERNER ETRBY Phone: 866-221-8877

Software ID# (10 digits): 510 1200326 Website: WWW.CERNER.COM

Drug Enforcement Administration (DEA) #
FR0305400 - Copy Required
 State Board of Pharmacy License #: PHEA8541
** Copy Required**
 State Medicaid #: N/A
(Required for some plans)

Federal Tax Identification (FEIN) #:
95-6000930
 Insurer Name: SELF-INSURED
 Insurance Policy #: N/A
** Policy Copy Required Including levels of Coverage**
 \$ 1 million per occurrence & \$ 3 million general aggregate

Provider has a current valid permit and is conducted as a:

Corporation
 Partnership (** Attach member list)
 Limited Liability Company (** Attach member list)
 Sole Proprietorship
 If Sole Proprietorship:
 Name of Owner: COUNTY OF RIVERSIDE
 Is the owner a licensed Pharmacist? Yes No

Has the Pharmacy undergone a change of ownership?

Yes No
Does this pharmacy fill prescription claims under multiple NCPDP#/NPI#s? Yes No
 If yes, please list:
 NCPDP #:
 NCPDP #:

Service Questions:

Service information may be used to create patient member directories. Blank checkboxes will be reported as information or services your pharmacy does not provide. Please notify Caremark of any changes to the services provided.

Does your pharmacy participate with the Institute for Safe Medication Practices self assessment process (www. ISMP.org)?
 Yes No
 Are you interested in receiving an Electronic 835 remittance advice?
 Yes No

Disciplinary History:

If "YES" to any of the following questions, please explain in a separate document and supply to Caremark.

Has this pharmacy or any of its present owners, officers, or employees ever been denied a pharmacy license or permit or any other type of license or permit applicable to your operations in any state, or had its license or permit revoked or suspended?
 Yes No
 Has this pharmacy or any of its present owners, officers, or employees ever been convicted of violating State or Federal drug or healthcare regulations or any other laws or regulations applicable to your operations?
 Yes No
 Has the pharmacy ever been the subject of disciplinary action or debarred in front of a state pharmacy board or any other governmental board or agency applicable to your operations?
 Yes No
 Is Your Pharmacy License, or that of your employees, currently active and in good standing?
 Yes No

 BDD Initial

Caremark Credentialing/Service Level Worksheet – Continued

Access

- Open 24 hours/day
 Open 7 days/week
 Drive-thru window
 After hours/emergency RX service
 Closed door/Not open to the public

Hours of Operation:

If your Pharmacy is NOT open 24 hours/seven days a week, please list your store hours below.

OPENING HOURS

CLOSING HOURS

Monday	<input type="checkbox"/> Closed	<input type="checkbox"/> 7:30	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 5:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Tuesday	<input type="checkbox"/> Closed	<input type="checkbox"/> 7:30	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 5:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Wednesday	<input type="checkbox"/> Closed	<input type="checkbox"/> 7:30	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 5:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Thursday	<input type="checkbox"/> Closed	<input type="checkbox"/> 7:30	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 6:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Friday	<input type="checkbox"/> Closed	<input type="checkbox"/> 7:30	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> 5:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM
Saturday	<input checked="" type="checkbox"/> Closed	<input type="checkbox"/> :	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> :	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Sunday	<input checked="" type="checkbox"/> Closed	<input type="checkbox"/> :	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> :	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Delivery

- Free Delivery
 Free Delivery w/ Limitations
 Delivery – Charges Apply

Durable Medical Equipment

- Limited
 Full-line

Patient Consultation

- Written material available for each Rx
 Counseling of all meds patient is taking
 Compliance monitoring

Service

- 340B Pharmacy
 Specialty Pharmacy
 Long Term Care Pharmacy
 On-Site Clinics
 Compounding
 Immunizations
 Blood Pressure Screening
 Health Screening
 Disease State Management
 Infusion Therapy
 Vision Services
 Flu Shots
 Auto Refill Reminder

Pharmacy Ownership (Choose ALL that apply):

- Male Female
 African American Asian / Pacific Island American Caucasian Hispanic American
 Native American/Alaskan Veteran Disabled Veteran Disabled Business Enterprise
 Disadvantaged Business Enterprise HUBZone Business Enterprise Other: GOVERNMENT FACILITY

Languages – (Choose ALL that apply):

	Spoken	Printed On Label		Spoken	Printed On Label
English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Russian	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	Spanish	<input checked="" type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	Braille	N/A	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	N/A

Other: _____

By: X

Barbara A. Olivier
Signature of Owner, Corporate Officer or Letter of Authorization Must Accompany

Barbara A. Olivier

Printed Name & Title

10/20/11
Date Signed

Assistant County Executive Officer/Human Resources Director

Any changes to this agreement must be initialed.
By signing below, Provider agrees to the terms set forth above and acknowledges receipt of the Provider Manual.


Pharmacy Name: Riverside County Rubidoux Pharmacy

Caremark, L.L.C.

NCPDP#: 5627469

(Signature of Officer)

NPI # 1467658385

By: 
(Signature of authorized agent)

By: _____
(Print name of Officer)

Barbara A. Olivier, Asst. County Executive Officer / Date _____
(Print name of authorized agent) Human Resources Director

Date: 10-20-11

CaremarkPCS, L.L.C.

(Signature of Officer)

By: _____
(Print name of Officer)

Date _____

*******ATTENTION*******
PAGES 1, 2, AND 4 MUST BE INITIALED
BY AUTHORIZED AGENT BEFORE
CONTRACT WILL BE ACCEPTED

CONFIDENTIAL AND PROPRIETARY – FOIA EXEMPT –
DO NOT DISCLOSE


Initial

The Provider Agreement is hereby executed as of the latest date below written:

ATTEST:
Clerk to the Board
Kecia Harper-Ihem

**County of Riverside On Behalf
of the Exclusive Care Division of
its Human Resources Department**

By _____
Deputy

By _____
Bob Buster
Chairman, Board of Supervisors

Date _____

Date _____

Approved as to form and content:

Neal Kipnis / DEPUTY
County Counsel

By:  _____
County Counsel

CONTRACTOR: Caremark, L.L.C.

By: _____

Printed Name: _____

Title: _____

Date: _____

Caremark
9501 E Shea Boulevard
Scottsdale, Arizona 86260-6719
480-391-4623
www.Caremark.com

Dear Pharmacy Provider:

Thank you for your interest in a Caremark pharmacy membership. Caremark is the largest and most well-known of the nation's prescription benefit managers (PBMs). Currently, more than 75 million plan members are enrolled in a Caremark prescription drug benefit management program. As you may be aware, Caremark consists of both, Caremark, L.L.C Inc. and CaremarkPCS, L.L.C.

Enclosed is the membership enrollment package. The documents in the package will explain the options available to you. When complete you will be a member of all Caremark claims processing systems.

Please do not hold claims for Caremark members while your application is being processed. We are unable to retro-process your effective date.

PLEASE NOTE THAT BY ACCEPTING THIS MEMBERSHIP ENROLLMENT PACKET FROM CAREMARK, YOU HAVE AGREED THAT THE ENCLOSED MATERIALS CONTAIN CONFIDENTIAL AND PROPRIETARY TRADE SECRETS OF CAREMARK, AND THAT THEIR CONTENTS MAY NOT BE DISCLOSED BEYOND AUTHORIZED RECIPIENTS WITHOUT CAREMARK'S PRIOR WRITTEN CONSENT.

Please have the appropriate person sign each of the network contracts and keep all signatures consistent. If signatures are not consistent, your pharmacy will not be enrolled until all documents reflect the same signature.

Please complete and return: (please ensure all documents reflect name of pharmacy as it appears on contract)

- Signed and Initialed Caremark Provider Agreement (Return all 4 pages)
 - Signed Credentialing/Service Level Worksheet with printed name and title of Corporate Officer, Owner, or Authorized Agent. Only one person can sign contract (See reverse under Authorized Agents)
 - Signed Network Enrollment Forms
 - Legible, current copy, of DEA Certificate (Supplied by Pharmacy)
 - Legible, current copy, of State License Certificate (Supplied by Pharmacy)
 - Legible, current copy, of Liability Policy or TORT (Supplied by Pharmacy)
 - Legible, current copy, of Pharmacy NPI Confirmation Letter from Government NPI Enumerator
- *If you have purchased an existing pharmacy, please also include:
- The Bill of Sale
- *If you have assumed the existing NCPDP#, please also include:
- A Notarized letter from the previous owner or NCPDP authorizing the use of the same NCPDP#.
- *If your pharmacy is owned by an LLC/Partnership, please include:
- A letter listing all members and titles.

Documents above must be completed and returned to Caremark before your pharmacy will be enrolled with any Caremark programs. Caremark reserves the right to deny enrollment to any provider.

Be sure to notify Caremark of any changes in status, such as address, telephone or FAX number, ownership, or corporate restructure. Because a change may affect pharmacy payment, please submit the change request on letterhead via mail or FAX signed by the owner or appropriate representative. Changes in status should also be reported to NCPDP (National Council for Prescription Drug Programs) at 480-477-1000.

To ensure a prompt and accurate enrollment, please complete and **FAX** all required documentation to: **480-661-3054**

Or, mail the documentation to:

Provider Enrollment MC 129
Caremark
PO BOX 52115
Phoenix, AZ 85072-9982

If you have any questions related to enrollment, please call the Caremark Pharmacy Provider Message Center at 480-391-4623.

Sincerely,

Caremark Pharmacy Provider Enrollment

See Reverse Side for additional details

06-22-09

FAQs

Q: I've been enrolled and I have questions related to claims adjudication, who do I contact?

A: The Pharmacy Help Desk can answer most questions related to claims adjudication. Refer to page three of the Provider Manual for a complete list of BINs and Help Desk numbers.

Q: I'm receiving a reject code of 40 – Pharmacy Not Contracted With Plan on Date of Service or 50-Non-Matched Pharmacy Number:

A: This is a good indication that your pharmacy is online with Caremark, but is not enrolled in one or more networks, please call 480-314-8457 for assistance.

Q: Do I need to return the Provider Manual?

A: You do not need to return the "Provider Manual" or any other documents not listed in the "Please complete and return" section on the front page of this document. These documents are required to complete pharmacy membership with Caremark.

Q: What is an NCPDP #?

A: The NCPDP# (formerly NABP#) is an identification number assigned to each pharmacy by The National Council for Prescription Drug Programs (NCPDP). If you do not have an NCPDP provider number, contact NCPDP at 480-477-1000, or via e-mail at prosrvs@ncdpd.org. Please list your NCPDP provider number on all documents, and all communications with Caremark.

Q: Is there an alternative to on-line adjudication of claims?

A: Some plans may offer options for claim submission in special circumstances. To become an Caremark member pharmacy, you must have the ability to submit claims electronically utilizing software certified by Caremark and adhere to the NCPDP standards in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Additionally, provider must support NCPDP updates as requested from time to time from Caremark.

Things to remember when filling out the enrollment information:

- Please have the appropriate person sign each of the network contracts and keep all signatures consistent. **Only one signer should be reflected throughout the contract packet.**
- If a **corporation** owns the pharmacy, the corporate name should be listed in all fields labeled as "Name of Owner." The contract signer shall be an "officer of the corporation" or an "authorized agent of the corporation."
- **Authorized agents** shall be only those persons assigned the authority to enter into contracts on behalf of the organization as indicated in the entity's corporate resolutions. A letter must be provided to Caremark listing the name and relationship of the authorized agent and signed by the President or C.E.O. of the corporation.
- If a **limited liability corporation** owns the pharmacy, the corporate name should be listed in all fields labeled as "Name of Owner." The contract signer shall be a member of the limited liability corporation. A letter must be provided to Caremark listing the members of the board, including each member's title and/or relationship.
- If a **partnership** owns the pharmacy, the partnership name should be listed in all fields labeled as "Name of Owner". A letter must be provided to Caremark listing the names and relationship of the partners. A partner listed on the letter provided to Caremark must sign the contract.
- **Change of Ownership:** By entering into the Provider Agreement, Provider agrees to assume and satisfy all liabilities and obligations, if any, of the provider operating the pharmacy immediately prior to the Provider's entry into the Provider Agreement.
- Caremark requires a valid copy of the bill of sale for all **changes of ownership**. The bill of sale should indicate the previous owner, the new owner, and the finalized date of sale. Caremark encourages providers to obtain a new NCPDP number in order to maintain a unique identifier for each pharmacy. If you decide to use the same NCPDP provider number as the previous owner, a notarized letter from the previous owner is required. This letter should also include information relating to the previous owner, new owner, and the effective date of the change of ownership.
- If you provide **incomplete enrollment information**, your application may be delayed. Caremark membership will not be granted until all required forms have been submitted. The membership will be activated as of the date Caremark accepts and executes your application.
- **Please do not hold claims for Caremark members while your application is being processed. We are unable to retro-process your effective date.**

**Network Enrollment Form
CareValue1, CareValue2, CareValue3**

The undersigned hereby enrolls as a provider in the Network(s) indicated below. For the purposes of Section 4.3 or Schedule A, whichever is applicable, of the Caremark Provider Agreement, Provider agrees to the following reimbursement, and other unique requirements, if any, as indicated below.

Network Name	Pre-Settlement AWP Discount		Post-Settlement AWP Discount		WAC Pricing (Negative Indicates Discount)		Dispensing Fee	
	Brand	Generic	Brand	Generic	Brand	Generic	Brand	Generic
CareValue1	16.50%	25.00%	13.30%	24.50%	4.38%	2.40%	\$1.50	\$1.50
CareValue2	17.00%	25.00%	14.00%	24.50%	3.75%	2.40%	\$1.50	\$1.50
CareValue3a	17.50%	25.00%	N/A	N/A	N/A	N/A	\$1.25	\$1.25
CareValue3b	N/A	N/A	14.50%	25.00%	2.92%	1.7%	\$1.25	\$1.25

- For Caremark contracted chains and affiliations/PSAOs (Pharmacy Services Administration Organization), the above rates apply to all pharmacies.

IN WITNESS WHEREOF, the parties hereto have caused this Network Enrollment Form to be executed by their respective officers or representatives duly authorized so to do. By signing below, Provider agrees to become a participant in the Caremark Network(s) above effective as of the date Caremark accepts this Network Enrollment Form. Further, Provider understands and agrees that all the terms and conditions established in the Caremark Provider Agreement shall apply to Pharmacy Services provided hereunder. Capitalized terms not defined herein shall have the meanings used in the Caremark Provider Agreement. The Network Enrollment Form constitutes the entire agreement of the parties with respect to the subject matter of this Network Enrollment Form, and supersedes any and all other agreements, writings, and understandings.

Provider Info: (Please Print)

Riverside County Rubidoux Pharmacy

Provider Name

5627469

Chain Code / Affiliation Code / NCPDP#

1467658385

NPI#

Barbara A. Olivier, Assistant County Executive Officer/Human Resources Director

Name of Owner / Authorized Agent (if not owner)


Provider Signature

Title

Caremark Signature

Title

Date of Acceptance by Caremark

Shams, Jahan

From: customerservice@npienumerator.com
Sent: Tuesday, August 21, 2007 12:41 PM
To: Shams, Jahan
Subject: National Provider Identifier

A request for a National Provider Identifier for the following provider was recently submitted:

Riverside County Rubidoux Pharmacy
EIN: 956000930

Practice Location:
5256 Mission ave
Rubidoux, CA 92509

Provider Taxonomies:
Taxonomy: 3336C0002X
License: 48541 State: CA
Details: Pharmacy/Clinic Pharmacy
This is the Primary Taxonomy.

Since you were listed as the contact person, this is to inform you that the request was successfully processed, and the following NPI has been assigned to the organization above: 1467658385. The User ID you selected for this NPI is jahanshams. Please use this User ID when logging on to the National Provider System at <https://nppes.cms.hhs.gov>.

If you have any questions about this notification you may contact the NPI Enumerator at:
NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

You may view or change your information by logging onto the NPPES website at <https://nppes.cms.hhs.gov>.

Please note: If you are not the provider, you are required to inform the provider of the information in this e-mail and furnish a copy of this notification to the provider.

RIVERSIDE COUNTY RUBIDOUX PHARMACY
5256 MISSION BLVD
RIVERSIDE, CA 92509-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR0305400	04-30-2013	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	03-08-2010
RIVERSIDE COUNTY RUBIDOUX PHARMACY 5256 MISSION BLVD RIVERSIDE, CA 92509-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

This registration is only for use at Federal or State institutions.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR0305400	04-30-2013	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	03-08-2010
RIVERSIDE COUNTY RUBIDOUX PHARMACY 5256 MISSION BLVD RIVERSIDE, CA 92509-0000		

This registration is only for use at Federal or State institutions.

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BOARD OF PHARMACY
 1625 NORTH MARKET BLVD., SUITE N-219
 SACRAMENTO, CA 95834
 (916) 574-7900

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHE 48541
 RECEIPT NO. 00000000

VALID UNTIL NOVEMBER 01, 2011

RIVERSIDE COUNTY RUBIDOUX PHARMACY
 5256 MISSION BLVD
 RUBIDOUX CA 92509

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge. This permit is valid only at the address shown.

9/10

9/10: The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----



Board of Pharmacy
1625 North Market Blvd.
Suite N-219
Sacramento, CA 95834
916 574-7900



REGISTERED PHARMACIST

LICENSE NO. RPH 45512

EXPIRATION 01/31/12

DONNA BELLE CRUZ APOSTOL
5256 MISSON BLVD
EXCLUSIVE CARE PHARMACY
RIVERSIDE CA 92506

Signature

RECEIPT NO.

35000034