

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

FROM: Human Resources Department

SUBJECT: Provider Agreement Contract between Caremark and Riverside County Rubidoux Pharmacy for the provision of pharmacy services to Caremark prescription benefit members.	Current FY: 2011	Total Cost: \$0	In Current Year Budget: Yes
FINANCIAL DATA	Current FY: 2011	Net County Cost: \$0	Budget Adjustment: No
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.	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: 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.

APPROVE

BY: *Elizabeth J. Olson*
Elizabeth J. Olson
County Executive Office Signature

FROM: Human Resources Department

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

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Ashley and duly carried
IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Benoit and Ashley
Nays: None
Absent: None
Abstain: Stone
Date: November 1, 2011
xc: HR

Kecia Harper-Ihem
Clerk of the Board

By: *[Signature]*
Deputy

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

3.22

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

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

- Policy
- Policy
- Consent
- Consent

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

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.

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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.

[Signature]
Initial

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Caremark Provider Agreement
9-15-2009

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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

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Caremark Provider Agreement
9-15-2009

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

John M. J.
(Signature of Officer)

NPI # 1467658385

By: *Barbara A. Olivier*
(Signature of authorized agent)

By: John Lavin
(Print name of Officer)

Barbara A. Olivier, Asst. County Executive Officer / Date Dec 13, 2011
(Print name of authorized agent) Human Resources Director

Date: 10-20-11

CaremarkPCS, L.L.C.

John M. J.
(Signature of Officer)

By: John Lavin
(Print name of Officer)

Date Dec 13, 2011

*****ATTENTION*****

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

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Caremark Provider Agreement
9-15-2009

SCHEDULE A NETWORK PARTICIPATION AND PAYMENT

This Schedule A is comprised of this Schedule A and all prior and subsequent network addendums and network enrollment forms, all of which are incorporated herein by this reference and referred to collectively as "Schedule A". Provider agrees that it will participate in all Caremark and Plan Sponsor pharmacy networks in which: (1) Provider participates in as of the date of this Agreement; (2) Provider and Caremark have executed a network addendum or network enrollment form as of the date of this Agreement; (3) Provider and Caremark subsequently execute a network addendum or network enrollment form; and (4) Provider agrees to participate as evidenced by its provision of Pharmacy Services to an Eligible Person of a Plan Sponsor utilizing such pharmacy network(s).

Unless otherwise set forth in a network addendum or network enrollment form signed by both parties, claims submitted for a Plan Sponsor participating in an Caremark or Plan Sponsor network will be reimbursed at the lower of: (i) AWP less the applicable AWP Discount plus the applicable Dispensing Fee less the applicable Patient Pay Amount; (ii) MAC plus the applicable Dispensing Fee less the applicable Patient Pay Amount; (iii) ingredient cost submitted by Provider plus the applicable Dispensing Fee less the applicable Patient Pay Amount; or (iv) Provider's U&C price less the applicable Patient Pay Amount. The applicable AWP Discount and Dispensing Fee will be set forth in the applicable network addendum or network enrollment form. If Provider has not executed and delivered to Caremark a network addendum or network enrollment form, the applicable AWP Discount and Dispensing Fee will be the reimbursement rate as indicated in the adjudication claims system as to such claim. AWP Discounts and Dispensing Fees may be amended in accordance with the terms of the Agreement.

Notwithstanding any other provision in the Provider Agreement, claims (excluding compounded medications) submitted for a Plan Sponsor participating in a Caremark or Plan Sponsor network may be reimbursed at the lower of: (i) Price Type plus an applicable percentage of the Price Type, or minus the applicable percentage of the Price Type, plus the applicable Dispensing Fee less the applicable Patient Pay Amount (or if applicable Price Type is unavailable for a given drug, Caremark will pay Provider based upon AWP minus the applicable AWP Discount plus the applicable Dispensing Fee minus the applicable Patient Pay Amount); (ii) MAC plus the applicable Dispensing Fee less the applicable Patient Pay Amount; (iii) ingredient cost submitted by Provider plus the applicable Dispensing Fee less the applicable Patient Pay Amount; (iv) Provider's U&C price less the applicable Patient Pay Amount; or (v) gross amount due less the applicable Patient Pay Amount.

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Initial

Caremark Provider Agreement
9-15-2009

Caremark
9501 E Shea Boulevard
Scottsdale, Arizona 85260-6719
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

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**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

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.

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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

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**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

**EFFECTIVE
NOV 09 2011**

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NOV 9 - 2011**

CV10, CV11, CV12

10-11-10

No alterations to this Network Enrollment Form shall be binding on either party unless initialed by duly authorized representatives of Provider and Caremark.

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 Karen Bergeron
Deputy

By Bob Buster
Bob Buster
Chairman, Board of Supervisors

Date NOV 01 2011

Date NOV 01 2011

Approved as to form and content:

Neal Kipnis / DEPUTY
County Counsel

By: Neal Kipnis
County Counsel

MAB

~~CONTRACTOR:~~ Caremark, L.L.C. / Caremark PCS, LLC

By: John M. Lavin

Printed Name: John Lavin

Title: SVP, Provider Network Services

Date: 12-14-2012

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NOV - 9 2011



Renewal Certificate

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

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 -----

*Exclusive
Care*



Ms. Patsy Harvey
Provider Enrollment Senior Rep IV, Retail Strategies
CVS Caremark
9501 E. Shea Blvd.
Scottsdale, AZ 85260

Dear Ms. Harvey,

Per your request, this letter confirms that Rubidoux Pharmacy is self insured and all liabilities are assumed by the County of Riverside. Please note that the pharmacy is owned and operated by the County of Riverside.

Please feel free to contact me or Eric Quon if you have any further questions.

Regards,

A handwritten signature in black ink, appearing to read "J Burke", with a long horizontal flourish extending to the right.

James Burke
Exclusive Care Plan Manager

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NOV 17 2011

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

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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.