

**Request for Quotation
State of West Virginia
Health and Human Resources
Welch Emergency Hospital
Bid Type - Cost**

April 4, 2013 @ 1:30pm

**The Pharmacy Management business of
Cardinal Health
David Olson, Account Director
1330 Enclave Parkway
Houston, Texas 77077
832 754 4351 tel**

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Bid Quote



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER
WEH13002

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

V E N D O R	*709064600 281-749-4045
	CARDINAL HEALTH PHARMACY SERVI
	1330 ENCLAVE PKWY
HOUSTON TX 77077	

S H I P T O	WELCH EMERGENCY HOSPITAL
	454 MCDOWELL STREET
	WELCH, WV 24801 348-3469

DATE PRINTED
03/12/2013
BID OPENING DATE:

04/04/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	12	MN		948-55	\$54,823	\$657,876
PHARMACY MANAGEMENT SERVICES						
***** THIS IS THE END OF RFQ WEH13002 ***** TOTAL:						\$657,876
SIGNATURE <i>M. Brown</i> TELEPHONE 281-749-4000 DATE April 4, 2013						
TITLE Vice President, Managed Services		FEIN 26-4679035		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Description	Monthly Fee	Annual Cost 12 X Monthly Fee
1. Total Salaries and Benefits	\$53,140	\$637,680
2. Computerized Pharmacy System	\$0	\$0
3. Other Expenses	\$1,683	\$20,196
Monthly Total Not to Exceed	\$54,823	
Total Annual Operating Expense		\$657,876

Award will be made to the vendor meeting all of the specifications and having the lowest Total Annual Operating Expense.

Cardinal Health Pharmacy Services, LLC

1330 Enclave Parkway, Houston, Texas, 77077

Vendor Name (Printed)

Vendor Address

Michael D. Brown



April 4, 2013

Vendor Authorized Representative

Signature

Date

Mike.Brown@CardinalHealth.com

281-749-4000

281-749-2011

Email

Telephone

Fax



Request for Quotation

REQUEST FOR QUOTATION
WEH13002 Pharmacy Management Services

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of WVDHHR/BHMF/Welch Community Hospital to establish a contract for a vendor to provide Pharmacy Management Services, to administer, manage and operate the Pharmacy for Welch Community Hospital (WCH).

RESPONSE: Cardinal Health is submitting a bid to The West Virginia Purchasing Division to establish a contract to provide Pharmacy Management Services, to administer, manage and operate the Pharmacy for Welch Community Hospital (WCH).

2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.
 - 2.1 "Contract Services" means Pharmacy Management Services provider, to administer, manage and operate the pharmacy within Welch Community Hospital.
 - 2.2 "Pricing Page" means the pages upon which Vendor should list its proposed price for the Contract Services. The Pricing Page is either included on the last page of this RFQ or attached hereto as Exhibit A.
 - 2.3 "RFQ" means the official request for quotation published by the Purchasing Division and identified as WEH13002.

RESPONSE: Cardinal Health understands and complies with the definitions outlined by West Virginia Purchasing Division for the Pharmacy Management Services of Welch Community Hospital.

3. **QUALIFICATIONS:** Vendor shall have the following minimum qualifications:

- 3.1. Vendor shall obtain all federal and state requirements regarding licensing and certification of pharmacy management and staffing.

RESPONSE: Cardinal Health will comply.

- 3.2. Vendor shall provide upon request verification of a minimum of three years' experience of pharmacy management and staffing.

RESPONSE: Cardinal Health and Welch Community Hospital have been in a partnership for pharmacy operations for the past 23 years. Cardinal Health

Pharmacy Solutions has over 45 years of experience in the business of pharmacy management and staffing, managing hundreds of pharmacies for hospitals and health care systems.

4. MANDATORY REQUIREMENTS:

4.1 Mandatory Contract Services Requirements and Deliverables:

Contract Services must meet or exceed the mandatory requirements listed below.

4.1.1 The vendor must quote the providing of Pharmacy Management Services; to administer, manage, and operate the pharmacy of Welch Community Hospital, to include but not limited to the following services:

4.1.2 Must provide qualified personnel in appropriate numbers to provide coverage of Welch Community Hospital's pharmacy during the hours of 8:00 am till 5:00 pm Monday through Friday, 8:00 am till 12:00 pm on Saturday and Sunday with the remaining hours being covered by pharmacists being on call.

RESPONSE: Cardinal Health will comply.

4.1.3 Must provide seven day per week coverage of a duly licensed and qualified Pharmacist and Support Staff. Current staffing is two (2) full time Pharmacists, and three (3) full time pharmacy technicians; however, staffing is at the discretion of the successful vendor provided that adequate coverage is provided and all pharmacy staff must be provided by the successful vendor. All pharmacy staff must be licensed by the WV Board of Pharmacy. Successful Vendor must provide verification of State of West Virginia Board of Pharmacy Registered Pharmacist License and State of West Virginia Board of Pharmacy Registered Pharmacy Technician Certificate for each employee upon award. Vendor must comply with all regulations as established by the WV Health Care Authority, <http://www.hca.wv.gov/policyandplartning/Pages/StateHealthPlan.aspx> , WV State Board of Pharmacy, http://www.wybop.com/index.php?option=com_content&view=article&id=548&emid=84, and Welch Community Hospital (see attachment) rules and regulations.

RESPONSE: Cardinal Health will comply with all regulations and rules as outlined.

Cardinal Health is currently managing the Pharmacy at Welch Community Hospital at this staffing level.

- 4.1.4 Vendor must oversee the provision of quality pharmacy services by promoting consistency, continuity and safety.

RESPONSE: Cardinal Health will comply.

- 4.1.5 Vendor must provide management of pharmacy inventory, in accordance with West Virginia Department of Health and Human Resources and State of West Virginia Purchasing Policies and Procedures,
<http://intranet.wvahr.org/Policies/1201%20Procurement.pdf>
<http://intranet.wvdhhr.org/purchasing/Construction.aspx>
<http://www.state.wv.us/admin/purchase/Handbook/default.html>

RESPONSE: Cardinal Health will comply.

- 4.1.6 Vendor must provide management of the Pharmacy Sterile Preparations Program that includes all large volume IV additives, hyperalientations, and piggybacks. The vendor must follow all regulations in accordance with Federal Regulation USP <797>:
<http://www.pbm.va.gov/LinksAndOtherResourcesfUSP%20797%20Pharmaceutical%20Compounding%20Sterile%20Compounding.pdf>. Vendor must provide qualified personnel to compound sterile preparations.

RESPONSE: Cardinal Health will comply. Cardinal Health has a web portal available to all Cardinal Health Pharmacy Management employees called Pharmacy 411. This provides immediate access to 797 compliance issues on-line. Cardinal Health employees are trained and annually assessed in USP 797 compliance.

Cardinal Health, in conjunction with the American Society for Health-System Pharmacists (ASHP), have a proprietary based, on-line program that will help our pharmacies meet the USP 797 training requirements for pharmacy staff. Cardinal Health has developed courses in partnership with ASHP and are based on a publication written by Patricia Kienle, RPh, MPA, FASHP, Operations Director, Accreditation and Medication Safety at Cardinal Health. These courses meet the USP 797 requirements for staff training and are accredited for continuing education for both pharmacists and pharmacy technicians.

- 4.1.7 Vendor must administer the drug interaction to assure that pharmacy profiles are maintained to support a defined drug interaction program and review individual patient drug therapy for incompatibilities, age related doses and minimum and maximum daily doses.

RESPONSE: Cardinal Health will comply.

- 4.1.8 Must provide emergency coverage of the Pharmacy during

hours when not in operation. (See item 4.1.2. above for hours.)

RESPONSE: Cardinal Health will comply.

- 4.1.9 Must oversee all pharmacy personnel to insure adequate and competent coverage.

RESPONSE: Cardinal Health will comply.

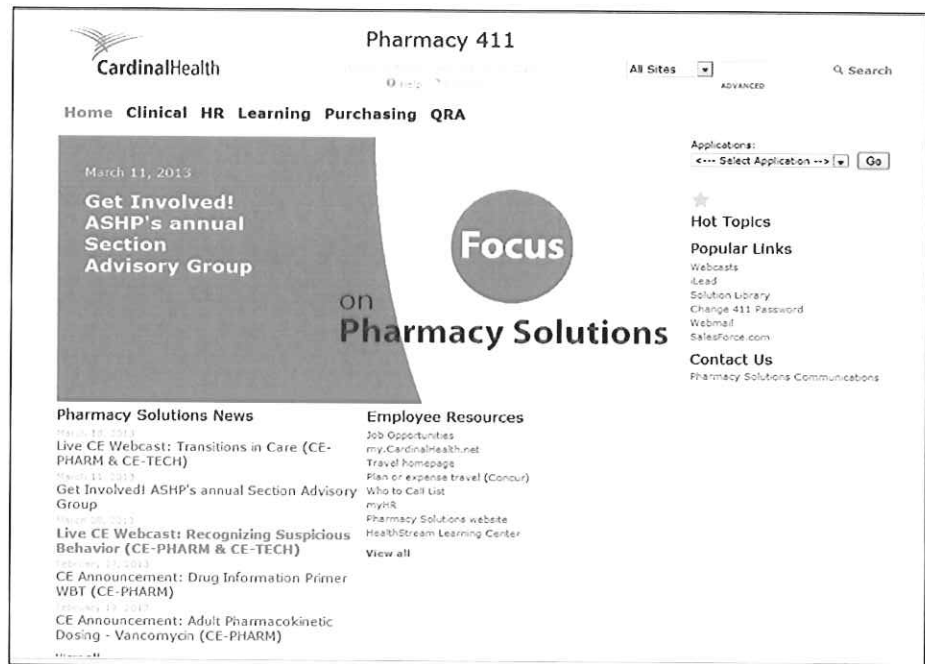
- 4.1.10 Must maintain drug inventories to assure the availability of quality pharmaceuticals at reasonable costs in a timely and effective manner. The facility pays for all medication ordered. Pharmacy Management is not responsible for paying for medications nor do they receive any revenue from medications.

RESPONSE: Cardinal Health will comply.

Cardinal Health provides extensive training and tools to Cardinal Health Pharmacists and Technicians on inventory management.

Cardinal Health Pharmacy Services provides Purchaser Training Competency Programs. These programs provide a foundation of pharmacy purchasing knowledge and cover purchasing considerations, contract compliance, purchasing of controlled substances, receiving and storage of pharmacy products, and accounting processes.

Cardinal Health also offers training and development courses through its proprietary Pharmacy 411 website. Through this website, the Pharmacy Staff have access to the most recent information that affects hospital systems, webcasts and further training.



- 2.1.8 Technicians must be nationally certified by Pharmacy Technician Certification Board.

RESPONSE: Cardinal Health will comply. All Technicians employed by Cardinal Health at Welch Community Hospital meet this requirement.

- 4.1.12 Must provide continuing education and consultation to nurses, physicians and other health professionals relating to new pharmaceutical developments and clinical and drug informational services.

RESPONSE: Cardinal Health will comply.

- 4.1.13 Must have the ability to operate and function within the Facility's integrated CPOE (Computerized Physician Order Entry) system. The Facility utilizes Open Vista, developed by the U.S. Department of Veterans Affairs, as their electronic health record. The pharmacist shall verify and finish orders within the system to work in BCMA (Bar Code Medication Administration). The Facility provides both hardware and software programs. The Pharmacist shall assist the State in maintaining the shared master drug file (The shared drug file is utilized by all State Facilities). The Facility utilizes the National Drug File (NDF) Support Group whom updates and maintains the drug-drug interaction file in Open Vista.

RESPONSE: Cardinal Health will comply.

- 4.1.14 Must provide or advise the hospital administration regarding equipment that may be needed in order to provide for the efficient and timely delivery of pharmacy services.

RESPONSE: Cardinal Health will comply

- 4.1.15 Must ensure that all medications are "in date" and available when needed.

RESPONSE: Cardinal Health will comply.

- 4.1.16 Must provide and assist hospital in developing policies and procedures individually tailored to meet the pharmacy requirements of WCH.

RESPONSE: Cardinal Health will comply.

- 4.1.17 Must implement and update, in conjunction with the medical staff, on a continuing basis, a formulary system that assures that duplication of medication inventory is minimized and aid in selection of the most appropriate, cost effective drugs.

RESPONSE: Cardinal Health will comply.

- 4.1.18 The Facility utilizes bar code technology (Bar Code Medication Administration) in administering medication. All drugs must be unit-dosed with attached bar codes. The pharmacist shall be responsible for scanning all new drugs purchased into the system.

RESPONSE: Cardinal Health will comply.

- 4.1.19 Shall enter patient charges into the hospital's accounting system for floor stock utilized, as identified by the charging individual. Must minimize lost charges from floor stock.

RESPONSE: Cardinal Health will comply.

- 4.1.20 Must permit the Department's authorized representatives and designees to have free access to the pharmacy and to observe and inspect its operation at any time, with or without notice, as deemed necessary by the representatives and to cooperate with the representatives by sharing all facility records, including financial and other relevant information upon request. The vendor must ensure maintenance of all records deemed necessary by the Department for proper monitoring and auditing of its performance under the contract,

RESPONSE: Cardinal Health will comply.

Per Cardinal Health policy and West Virginia Pharmacy Regulations - the Department's authorized representatives and/or designee will be accompanied in the pharmacy by a registered pharmacist.

- 4.1.21 Must permit the Department to perform evaluations of the vendor's proper monitoring and auditing of its performance under the contract.

RESPONSE: Cardinal Health will comply.

- 4.1.22 Must permit the Department to perform evaluations of the vendor's performance of the terms of the contract, and make its findings known to the contractor and to any third parties as deemed appropriate by the Department.

RESPONSE: Cardinal Health will comply.

- 4.1.23 Must immediately notify the Department of any matters alleging liability of the facility, pharmacy or staff.

RESPONSE: Cardinal Health will comply.

- 4.1.24 Must submit periodic reports to the WCH Administration/Department regarding management of the pharmacy in accordance with procedures and established by the WCH Administration/Department.

RESPONSE: Cardinal Health will comply.

- 4.1.25 Must assure that all hospital records, medical records, financial and other reports and records are maintained on conformity with applicable federal and state regulations and established industry standards.

RESPONSE: Cardinal Health will comply.

- 4.1.26 Must confer with and assist the Department in evaluating the pharmacy services and in long range planning in order to meet the healthcare needs of WCH's patients.

RESPONSE: Cardinal Health will comply.

- 4.1.27 The pharmacy does not provide any outpatient services (such as employee prescriptions, discharge prescriptions, clinic support) at the current time.

RESPONSE: Cardinal Health acknowledges at the current time that Welch Community Hospital does not provide any outpatient services.


4.1.28 Must serve on WCH and Pharmacy Committee as appropriate.

RESPONSE: Cardinal Health will comply.

4.1.29 Must provide Clinical Pharmacy Services, including but not limited to: formulary, management, tabulated antibiotic, econotherapeutic information to the Medical Staff, dose and serum concentration reviews with dosing recommendations.


RESPONSE: Cardinal Health will comply.

Cardinal Health Pharmacists have access to several Clinical Subject Matter Experts specializing in clinical pharmacy. Cardinal Health has many on-line programs, featuring state of the art programs, econotherapeutics, formulary management, antibiotics best practices, and many other clinical initiatives supported by evidence based medicine to positively impact today's pharmacy and hospital expectations. The snapshots below are a sampling of the clinical library and Cardinal Health's proprietary **CAT-Fish** clinical program.


CardinalHealth

Pharmacy 411

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A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Title

Effective Date¹

2013 Quality and Regulatory Education Course Catalog

1/22/2013

The purpose of this document is to outline the various quality and regulatory education course offerings available to our pharmacists...

Fraud, Waste and Abuse (CE-TECH)

12/5/2012

The purpose of this course is to train retail pharmacy personnel on how to identify, prevent and report fraud, waste...

Overview of Breast Cancer Disease State Management (CE-TECH)

11/13/2012

Bugs and Drugs: A Primer for Healthcare Professionals (CE-PHARM)

11/12/2012

Bugs and Drugs: A Primer for Healthcare Professionals (CE-TECH)

11/12/2012

Medication Dosing in Patients with Hepatic Dysfunction (CE-PHARM)

9/26/2012

The purpose of this course is to provide a basic review of hepatic dosing.

Managing Pharmaceutical Waste (RCRA) (CE-TECH)

9/13/2012

Neuropathic Pain (CE-PHARM)

5/18/2012

The purpose of this course is to discuss neuropathic pain, including its prevalence, pathophysiology and treatment options. Neuropathic pain is...

Performance Improvement (CE-PHARM)

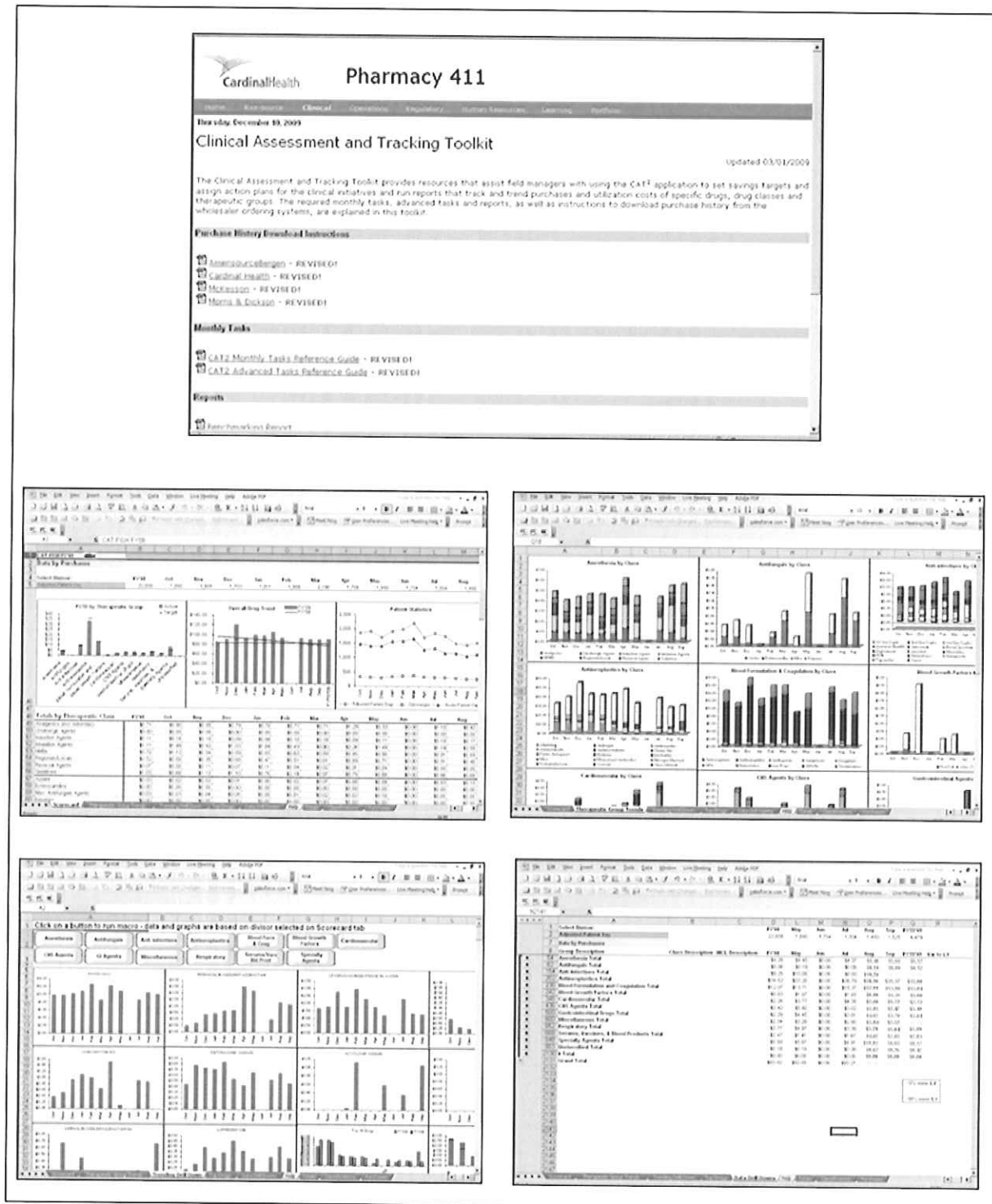
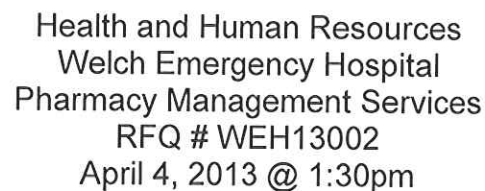
5/9/2012

The purpose of this course is to discuss performance improvement in the medication management system. It will focus on the...

Performance Improvement (CE-TECH)

5/9/2012

The purpose of this course is to discuss performance improvement in the medication management system. It will focus on the...



- 4.1.30 Must integrate contract staff into hospital operations and must participate with Total Quality Management and other Quality Management activities that may be implemented as required.

RESPONSE: Cardinal Health will comply.

- 4.1.31 Must place orders for drugs from the Agency-Wide Drug Contract via automated ordering system.

RESPONSE: Cardinal Health will comply.

- 4.1.32 Must provide ongoing medical staff education utilizing newsletters, on-site in-services and medical information obtained from company resources. (Accredited medical/pharmacy school may also be utilized.)

RESPONSE: Cardinal Health will comply.

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.

5.2 Pricing Page: Vendor should complete the Pricing Page by completing the Pricing Page included within this solicitation. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

RESPONSE: Notwithstanding the foregoing, the Purchasing Division may correct errors as it deems appropriate. Vendor should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

Cardinal Health's cost appears on the separate Pricing Page container herein.

6. PERFORMANCE: Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

RESPONSE: Cardinal Health will comply.

7. **PAYMENT:** Agency shall pay monthly fee as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

RESPONSE: Cardinal Health accepts the payments terms outlined herein.

8. **TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

RESPONSE: Cardinal Health will comply.

9. **FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

9.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

RESPONSE: Cardinal Health will comply.

9.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

RESPONSE: Cardinal Health will comply.

9.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

RESPONSE: Cardinal Health will comply.

9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

RESPONSE: Cardinal Health will comply.

9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

RESPONSE: Cardinal Health will comply.

10. VENDOR DEFAULT:

10.1. The following shall be considered a vendor default under this Contract.

10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2. Failure to comply with other specifications and requirements contained herein.

10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4. Failure to remedy deficient performance upon request.

RESPONSE: Cardinal Health acknowledges the Vendor Default stipulations.

10.2. The following remedies shall be available to Agency upon default.

10.2.1. Cancellation of the Contract.

10.2.2. Cancellation of one or more release orders issued under this Contract.

10.2.3. Any other remedies available in law or equity.

RESPONSE: Cardinal Health acknowledges the Vendor Default stipulations.

11 MISCELLANEOUS:

11,1. **Contract Manager:** During its performance of this Contracts Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.



Contract Manager: Janet L. Harless

Telephone Number: 304-436-8667

Fax Number: 304-436-3766

Email Address: Janet.L.Harless@wv.gov

Account Manager: David Olson

Telephone Number: 832 754 4351

Fax Number: 614 652 0338

Email Address: dave.olson@cardinalhealth.com



Bid Bond

TRAVELERS **POWER OF ATTORNEY**

Farmington Casualty Company
 Fidelity and Guaranty Insurance Company
 Fidelity and Guaranty Insurance Underwriters, Inc.
 St. Paul Fire and Marine Insurance Company
 St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
 Travelers Casualty and Surety Company
 Travelers Casualty and Surety Company of America
 United States Fidelity and Guaranty Company

Attorney-In Fact No. 225712

Certificate No. 005235476

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Debra J. Doyle, Diane M. O'Leary, Geoffrey E. Heekin, James B. McTaggart, Jennifer L. Jakaitis, Judith A. Lucky-Eftimov, Karen L. Daniel, Richard A. Moore Jr., Sandra M. Winsted, Sandra M. Nowak, Susan A. Welsh, Melissa L. Fortier, and Derek Elston

of the City of Chicago, State of Illinois, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 17th day of October, 2012.

Farmington Casualty Company
 Fidelity and Guaranty Insurance Company
 Fidelity and Guaranty Insurance Underwriters, Inc.
 St. Paul Fire and Marine Insurance Company
 St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
 Travelers Casualty and Surety Company
 Travelers Casualty and Surety Company of America
 United States Fidelity and Guaranty Company



State of Connecticut
 City of Hartford ss.

By: 

Robert L. Raney, Senior Vice President

On this the 17th day of October, 2012, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
 My Commission expires the 30th day of June, 2016.




 Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 27 day of March, 2013.


Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, CARDINAL HEALTH PHARMACY SERVICES, LLC
of Houston, Texas, as Principal, and TRAVELERS CASUALTY AND SURETY
of Hartford, Connecticut, a corporation organized and existing under the laws of the State of Connecticut
with its principal office in the City of Hartford, as Surety, are held and firmly bound unto the State
of West Virginia, as Oblige, in the penal sum of Five percent of amount bid (\$ 5% of amount bid) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
Pharmacy management services, to administer, manage and operate the pharmacy for Welch Community Hospital, Welch, WV

NOW THEREFORE,

(a) If said bid shall be rejected, or
(b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal attached
hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform the
agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in full
force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event,
exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Oblige may accept such bid, and said Surety does hereby
waive notice of any such extension.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations
have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this

27 day of March, 20 13.

Principal Corporate Seal



Surety Corporate Seal

CARDINAL HEALTH PHARMACY SERVICES, LLC

(Name of Principal)

By [Signature]

(Must be President or
Vice President)

Vice-President, Managed Services
(Title)

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

(Name of Surety)

[Signature]

Susan A. Welsh, Attorney-in-Fact

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals
must be affixed, a power of attorney must be attached.

ACKNOWLEDGEMENT BY SURETY

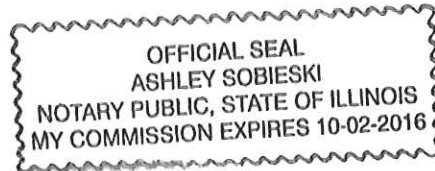
STATE OF ILLINOIS
COUNTY OF COOK

On this 27th day of March, 2013 before me, Ashley Sobieski, a Notary Public, within and for said County and State, personally appeared Susan A. Welsh to me personally known to be the Attorney-in-Fact of and for Travelers Casualty and Surety Company of America and acknowledged that she executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.



Notary Public in the State of Illinois
County of Cook





Performance Bond

Performance Bond.

Cardinal Health has requested a Performance Bond, which shall be available upon award of contract.



Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 Attn: Healthcare.AccountsCSS@marsh.com/FAX: 212 948-1307		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	
101076-ALL-PROD-12-13		INSURER(S) AFFORDING COVERAGE	
INSURED CARDINAL HEALTH, INC. (SEE ADDITIONAL PAGE) 7000 CARDINAL PLACE DUBLIN, OH 43017		NAIC #	
		INSURER A: Greenwich Insurance Company	
		INSURER B: N/A	
		INSURER C: XL Specialty Insurance Company	
		INSURER D: (See Below)	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:**

NYC-005833806-19

REVISION NUMBER: 6

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			RGD 943716707	06/30/2012	06/30/2013	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ N/A
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ N/A
								\$
		GEN'L AGGREGATE LIMIT APPLIES PER:						
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			RAD 943716807 AOS RAD 943716907 MA	06/30/2012	06/30/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
								\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RWD 943512507 AOS	06/30/2012	06/30/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	RWR 943512607 WI	06/30/2012	06/30/2013	E.L. EACH ACCIDENT	\$ 5,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below			RWR 9435355 NY	06/30/2012	06/30/2013	E.L. DISEASE - EA EMPLOYEE	\$ 5,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 5,000,000
D	PRODUCTS COMPLETED			*SEE BELOW	06/30/2012	06/30/2013	EACH OCCURRENCE	\$10,000,000
	OPERATIONS & PHARMACISTS LIAB.			SIR \$10,000,000				10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

STATE OF WEST VIRGINIA, DEPT OF HEALTH & HUMAN RESOURCES IS A CERTIFICATE HOLDER AS RESPECTS TO PHARMACY SERVICES PROVIDED BY CARDINAL HEALTH PHARMACY SERVICES, LLC (FKA CARDINAL HEALTH 109, INC). *CARDINAL HEALTH, INC. IS SELF-INSURED FOR PRODUCTS/COMPLETED OPERATIONS AND PHARMACISTS LIABILITY AT THE EVIDENCED LIMITS OF INSURANCE AND, THEREFORE, YOU WILL NOT BE NAMED AN ADDITIONAL INSURED. CARDINAL HEALTH'S SELF-INSURANCE IS BACKED BY ITS FINANCIAL STRENGTH WHICH IS DOCUMENTED IN FINANCIAL STATEMENTS THAT CAN BE FOUND AT WWW.CARDINAL.COM. THE EXISTENCE OF SELF-INSURANCE WITHIN CARDINAL HEALTH'S INSURANCE PROGRAM DOES NOT CHANGE ANY OBLIGATIONS WE MAY HAVE UNDER OUR AGREEMENT WITH YOU.

CERTIFICATE HOLDER**CANCELLATION**STATE OF WEST VIRGINIA
DEPT. OF HEALTH & HUMAN RESOURCES
1900 KANAWHA BLVD.
EAST CHARLESTON, WV 25305

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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AGENCY CUSTOMER ID: 101076

LOC #: Morristown



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY MARSH USA, INC.		NAMED INSURED CARDINAL HEALTH, INC. (SEE ADDITIONAL PAGE) 7000 CARDINAL PLACE DUBLIN, OH 43017
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

NAMED INSURED LISTING FOR JUNE 30, 2012 - JUNE 30, 2013 INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING:

ABILENE NUCLEAR, LLC
ALLEGIANCE CORPORATION
ALLEGIANCE I, LLC
BECKLOFF ASSOCIATES, INC
BORSHOW HOSPITAL & MEDICAL SUPPLIES INC.
C. INTERNATIONAL, INC.
CARDINAL HEALTH 2, LLC (FKA THE GRIFFIN GROUP, INC.)
CARDINAL HEALTH 3, LLC (FKA C RED WING DATA CORPORATION)
CARDINAL HEALTH 5, LLC
CARDINAL HEALTH 6, INC.
CARDINAL HEALTH 7, LLC
CARDINAL HEALTH 100, INC.
CARDINAL HEALTH 104, LP (CARDINAL DISTRIBUTION LP)
CARDINAL HEALTH 105, INC. (FKA CORD LOGISTICS, INC.)
CARDINAL HEALTH 107, LLC (FKA NATIONAL PHARMPAK SERVICES, INC.)
CARDINAL HEALTH 108, INC. (FKA NATIONAL SPECIALTY SERVICES, INC.)
CARDINAL HEALTH 110, INC.
CARDINAL HEALTH 111, LLC
CARDINAL HEALTH 112, LLC
CARDINAL HEALTH 113, LLC (FKA DOHMEN DISTRIBUTION PARTNERS SOUTHEAST LLC)
CARDINAL HEALTH 114, INC. (DBA HEALTH CONNECTIONS, LLC)
CARDINAL HEALTH 115, LLC (DBA HEALTHCARE SOLUTIONS, INC.)
CARDINAL HEALTH 116, LLC
CARDINAL HEALTH 118, LLC
CARDINAL HEALTH 200, LLC (FKA ALLEGIANCE HEALTHCARE CORPORATION)
CARDINAL HEALTH 201, INC. (FKA ALLEGIANCE HEALTHCARE INTERNATIONAL, INC.)
CARDINAL HEALTH 215, LLC
CARDINAL HEALTH 411, INC.
CARDINAL HEALTH 414, LLC (AKA NUCLEAR PHARMACY SERVICES)
CARDINAL HEALTH 418, INC. (AKA NUCLEAR PHARMACY SERVICES)
CARDINAL HEALTH CAPITAL CORPORATION
CARDINAL HEALTH CARDIOLOGY SOLUTIONS, LLC
CARDINAL HEALTH CORPORATE SOLUTIONS, LLC
CARDINAL HEALTH FUNDING, LLC
CARDINAL HEALTH IPS, LLC
CARDINAL HEALTH MPB, INC.
CARDINAL HEALTH PHARMACEUTICAL CONTRACTING, LLC
CARDINAL HEALTH PHARMACY SERVICES, LLC
CARDINAL HEALTH PR 218, INC. (FKA ALLEGIANCE PRO, INC.)
CARDINAL HEALTH PR 436, INC.
CARDINAL HEALTH MANAGED CARE SERVICES, LLC
CARDINAL HEALTH SYSTEMS, INC.
CARDINAL HEALTH TECHNOLOGIES, LLC
DISMED INC.
ELLIPTICARE, LLC
FUTUREMED HEALTHCARE PRODUCTS LIMITED PARTNERSHIP

AGENCY CUSTOMER ID: 101076

LOC #: Morristown



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

AGENCY MARSH USA, INC.		NAMED INSURED CARDINAL HEALTH, INC. (SEE ADDITIONAL PAGE) 7000 CARDINAL PLACE DUBLIN, OH 43017
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

FUTUREMED HEALTHCARE PRODUCTS CORP
FUTUREMED HOLDINGS GENERAL PARTNER INC.
GRIFFIN CAPITAL, LLC
HLS ADVANTAGE, LLC (AKA CARDINAL HEALTH 200, LLC)
KINRAY, INC.
LAKE CHARLES PHARMACEUTICAL SUPPLY COMPANY, LLC
LEADER DRUG STORES, INC.
MEDICAP PHARMACIES INCORPORATED
MEDICINE SHOPPE CAPITAL CORPORATION
MEDICINE SHOPPE INTERNATIONAL, INC.
MEDICINE SHOPPE INTERNET, INC.
MIDLAND PHARMACIES, INC.
ONCSOURCE RX, LLC
ONE CLOVERLEAF, LLC
P4 HEALTHCARE, LLC
P4 PATHWAYS, LLC
P4 SOLUTIONS, LLC
PARMED PHARMACEUTICALS, INC.
PATIENTSCRIBE INC.
PHARMACY OPERATIONS OF NEW YORK, INC.
PHARMACY OPERATIONS, INC.
RANDELL SURGICAL, INC.
RxREALTIME, INC.
SIERRA RADIOPHARMACY, LLC
WEST TEXAS NUCLEAR PHARMACY PARTNERS

Memorandum of Insurance

MEMORANDUM OF INSURANCE					DATE 28-Mar-2013	
<p>This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://online.marsh.com/marshconnectpublic/marsh2/public/moi?client=856864. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.</p>						
PRODUCER Marsh USA Inc. ("Marsh")			COMPANIES AFFORDING COVERAGE			
INSURED Cardinal Health, Inc. 7000 Cardinal Place Dublin Ohio 43017 United States			Co. A GREENWICH INSURANCE COMPANY			
			Co. B XL SPECIALTY INSURANCE COMPANY			
			Co. C XL INSURANCE COMPANY, LTD.			
				Co. D XL SPECIALTY INSURANCE AMERICA, INC.		
COVERAGES						
<p>THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</p>						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS LIMITS IN USD UNLESS OTHERWISE INDICATED	
A C	GENERAL LIABILITY	(AOS/PR) - RGD943716707 (CANADA) - CA00001145LI12A *PROD/COMP OPS & PHARMACIST LIAB	30-JUN-2012 30-JUN-2012	30-JUN-2013 30-JUN-2013	GENERAL AGGREGATE	USD 5,000,000
					PRODUCTS - COMP/OP AGG	*SEE PAGE 2
					PERSONAL AND ADV INJURY	USD 5,000,000
					EACH OCCURRENCE	USD 5,000,000
					FIRE DAMAGE (ANY ONE FIRE)	USD 500,000
					MED EXP (ANY ONE PERSON)	N/A

Memorandum of Insurance (MOI)

Page 2 of 6

A	AUTOMOBILE	(AOS/PR) -	30-JUN-2012	30-JUN-2013	COMBINED	USD
A	LIABILITY	RAD943716807	30-JUN-2012	30-JUN-2013	SINGLE LIMIT	5,000,000
C		(MA) -	30-JUN-2012	30-JUN-2013	BODILY	
		RAD943716907			INJURY (PER	
		(CANADA) -			PERSON)	
		CA00001196AU12A			BODILY	
					INJURY (PER	
					ACCIDENT)	
					PROPERTY	
					DAMAGE	
B	EXCESS LIABILITY	(US) -	30-JUN-2012	30-JUN-2013	EACH	USD
C		US00009085LI12A	30-JUN-2012	30-JUN-2013	OCCURENCE	5,000,000
		(CANADA) -			AGGREGATE	USD
		CA00002703LI12A				5,000,000
	GARAGE LIABILITY				AUTO ONLY (PER	
					ACCIDENT)	
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
B	WORKERS	(AOS) -	30-JUN-2012	30-JUN-2013	WORKERS	Statutory
B	COMPENSATION /	RWD943512507	30-JUN-2012	30-JUN-2013	COMP LIMITS	
D	EMPLOYERS	(WI) -	30-JUN-2012	30-JUN-2013	EL EACH	USD
	LIABILITY	RWR943512607			ACCIDENT	5,000,000
	THE	(NY) -			EL DISEASE -	USD
	PROPRIETOR /	RWD9435355			POLICY LIMIT	5,000,000
	PARTNERS /				EL DISEASE -	USD
	EXECUTIVE				EACH	5,000,000
	OFFICERS ARE				EMPLOYEE	
	Included					

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

MEMORANDUM OF INSURANCE	DATE
	28-Mar-2013
<p>This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://online.marsh.com/marshconnectpublic/marsh2/public/moi?client=856864. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.</p>	

PRODUCER

Marsh USA Inc.
("Marsh")

INSURED

Cardinal Health, Inc.
7000 Cardinal Place
Dublin
Ohio 43017
United States

ADDITIONAL INFORMATION

***AS RESPECTS SELF-INSURED PRODUCT LIABILITY AND PHARMACIST PROFESSIONAL LIABILITY:**

Products Completed Operations & Pharmacists Liability
Period: 06/30/2012 - 06/30/2013
Limits: \$10,000,000 USD Each Occurrence

Cardinal Health is self-insured for products and completed operations liability and pharmacist professional liability at the above limits of insurance and, therefore, you will not be named as additional insured. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

AS RESPECTS THE COMMERCIAL GENERAL LIABILITY POLICY:

Additional Insured Where Required under Written Contract or Agreement Endorsement
Additional Insured Managers or Lessors of Premises Endorsement

Any insurance provided to an Additional Insured shall not exceed the scope of coverage and/or limits required within the contract or agreement.

AS RESPECTS THE AUTOMOBILE LIABILITY POLICY:

Additional Insured Lessor Endorsement All leased autos leased or rented under a leasing or rental agreement that requires Cardinal Health to provide direct primary insurance for the lessor are considered covered autos. The policy will pay Cardinal Health and the lessor for loss to a leased auto, as interest may appear.

Additional Insured Where Required under Written Contract or Agreement Endorsement

Auto Comprehensive and Collision Coverage is self-insured for all owned vehicles.

AS RESPECTS GENERAL LIABILITY, AUTOMOBILE LIABILITY AND WORKERS' COMPENSATION POLICIES:

Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

AS RESPECTS ALL POLICIES:

The full limits evidenced in the Memorandum of Insurance above may not apply to all authorized viewers and less limits may apply in accordance with the terms and conditions of the applicable executed written contract or agreement with Cardinal

Health.

NAMED INSURED LISTING FOR JUNE 30, 2012 - JUNE 30, 2013 INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING:

ABILENE NUCLEAR, LLC
ALLEGIANCE CORPORATION
ALLEGIANCE I, LLC
BECKLOFF ASSOCIATES, INC
C. INTERNATIONAL, INC.
CARDINAL HEALTH 2, LLC (FKA THE GRIFFIN GROUP, INC.)
CARDINAL HEALTH 3, LLC (FKA C RED WING DATA CORPORATION)
CARDINAL HEALTH 5, LLC
CARDINAL HEALTH 6, INC.
CARDINAL HEALTH 7, LLC
CARDINAL HEALTH 100, INC.
CARDINAL HEALTH 104, LP (CARDINAL DISTRIBUTION LP)
CARDINAL HEALTH 105, INC. (FKA CORD LOGISTICS, INC.)
CARDINAL HEALTH 107, LLC (FKA NATIONAL PHARMPAK SERVICES, INC.)
CARDINAL HEALTH 108, INC. (FKA NATIONAL SPECIALTY SERVICES, INC.)
CARDINAL HEALTH 110, INC.
CARDINAL HEALTH 111, LLC
CARDINAL HEALTH 112, LLC
CARDINAL HEALTH 113, LLC (FKA DOHMEN DISTRIBUTION PARTNERS
SOUTHEAST LLC)
CARDINAL HEALTH 114, INC. (DBA HEALTH CONNECTIONS, LLC)
CARDINAL HEALTH 115, LLC (DBA HEALTHCARE SOLUTIONS, INC.)
CARDINAL HEALTH 116, LLC
CARDINAL HEALTH 118, LLC
CARDINAL HEALTH 119, LLC
CARDINAL HEALTH 200, LLC (FKA ALLEGIANCE HEALTHCARE
CORPORATION)
CARDINAL HEALTH 201, INC. (FKA ALLEGIANCE HEALTHCARE
INTERNATIONAL, INC.)
CARDINAL HEALTH 215, LLC
CARDINAL HEALTH 411, INC.
CARDINAL HEALTH 414, LLC (AKA NUCLEAR PHARMACY SERVICES)
CARDINAL HEALTH 418, INC. (AKA NUCLEAR PHARMACY SERVICES)
CARDINAL HEALTH CANADA, INC. (CHCI) (FKA SOURCE MEDICAL
CORPORATION or CARDINAL HEALTH CANADA 204, INC.)
CARDINAL HEALTH CANADA 437, INC.
CARDINAL HEALTH CAPITAL CORPORATION
CARDINAL HEALTH CARDIOLOGY SOLUTIONS, LLC
CARDINAL HEALTH CORPORATE SOLUTIONS, LLC
CARDINAL HEALTH FUNDING, LLC
CARDINAL HEALTH FOUNDATION
CARDINAL HEALTH IPS, LLC
CARDINAL HEALTH MANAGED CARE SERVICES, LLC
CARDINAL HEALTH MPB, INC.
CARDINAL HEALTH PHARMACEUTICAL CONTRACTING, LLC
CARDINAL HEALTH PHARMACY SERVICES, LLC

CARDINAL HEALTH PR 120, INC. (FKA BORSCHOW HOSPITAL AND MEDICAL SUPPLIES, INC.)
CARDINAL HEALTH PR 218, INC. (FKA ALLEGIANCE PRO, INC.)
CARDINAL HEALTH PR 436, INC.
CARDINAL HEALTH SYSTEMS, INC.
CARDINAL HEALTH TECHNOLOGIES, LLC
CLINICAL DATA MATRIX, LLC
DIK DRUG COMPANY, LLC (EXCEPT FOR WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY)
DIK MEDICAL SUPPLIES, LLC (EXCEPT FOR WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY)
DISMED INC.
ELLIPTICARE, LLC
FUTUREMED HEALTHCARE PRODUCTS LIMITED PARTNERSHIP
FUTUREMED HEALTHCARE PRODUCTS CORP
FUTUREMED HOLDINGS GENERAL PARTNER INC.
GRIFFIN CAPITAL, LLC
HEALTHCARE SOLUTIONS HOLDING, LLC
HLS ADVANTAGE, LLC (AKA CARDINAL HEALTH 200, LLC)
KINRAY, INC.
LAKE CHARLES PHARMACEUTICAL SUPPLY COMPANY, LLC
LEADER DRUG STORES, INC.
MEDED RESOURCES, LLC
MEDICAP PHARMACIES INCORPORATED
MEDICAL CONCEPTS DEVELOPMENT, INC. (MCD)
MEDICINE SHOPPE CAPITAL CORPORATION
MEDICINE SHOPPE INTERNATIONAL, INC.
MEDICINE SHOPPE INTERNET, INC.
MEDTREND INTERNATIONAL, LLC
MIDLAND PHARMACIES, INC.
ONE CLOVERLEAF, LLC
ONCOSOURCE RX, LLC
P4 HEALTHCARE, LLC
P4 PATHWAYS, LLC
P4 SOLUTIONS, LLC
PARMED PHARMACEUTICALS, INC.
PATIENTSCRIBE INC.
PHARMACY OPERATIONS OF NEW YORK, INC.
PHARMACY OPERATIONS, INC.
RANDELL SURGICAL, INC.
RxEALTIME, INC
SIERRA RADIOPHARMACY, LLC
WEST TEXAS NUCLEAR PHARMACY PARTNERS

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.



Licenses/Certifications/ Permits

Janet L. Perdieu Harless, Director of Pharmacy

West Virginia Board of Pharmacy



Individual Details

License Number	[REDACTED]
License Type	Registered Pharmacist
Name	Perdieu, Janet L.
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2014
License Status	Active
Disciplinary Action	No

<http://www.state.wv.us/pharmacy>

This data is an accurate representation of information currently
maintained by the West Virginia Board of Pharmacy as of
March 18, 2013

**Janet L. Perdieu Harless,
Director of Pharmacy**



Board of Pharmacy

REGISTERED PHARMACY PERMIT

CONTROLLED SUBSTANCE PERMIT

STERILE / PHARMACEUTICAL COMPOUNDING PERMIT

July 1, 2012 - June 30, 2013 - Date Issued: March 28, 2012

Welch Community Hosp. Phcy
Registered Pharmacy

454 McDowell Street
Welch, WV 24801

DEA # AW5878321

Schedule II Narcotic
Schedule II Non-Narcotic
Schedule III Narcotic
Schedule III Non-Narcotic
Schedule IV All
Schedule V All

Janet L. Perdieu - [REDACTED]
Registered Pharmacist in Charge

Michael D. Kirk, Pharmacist

West Virginia
Board of Pharmacy



Individual Details

License Number	
License Type	Registered Pharmacist
Name	Kirk, Michael D.
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2014
License Status	Active
Disciplinary Action	No

<http://www.state.wv.us/pharmacy>

This data is an accurate representation of information currently
maintained by the West Virginia Board of Pharmacy as of
March 18, 2013

Gail L. Capparelli, CPhT

West Virginia Board of Pharmacy



Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	Capparelli, Gail L.
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2013
License Status	Active
Disciplinary Action	No

<http://www.state.wv.us/pharmacy>

This data is an accurate representation of information currently
maintained by the West Virginia Board of Pharmacy as of
March 18, 2013

Pharmacy Technician Certification Board

certifies that

Gail L. Capparelli

Has met all requirements for certification and merits the designation of
Certified Pharmacy Technician (CPhT)

Certification Number

[REDACTED]

Initial Certification Date

July 31, 1998

Certification Date

July 31, 2012

Certification Renewal Date

July 31, 2014

P. McManis

Chair, Board of Governors



E. J. Allister

Executive Director/CEO

Sally S. Bailey, CPhT

West Virginia Board of Pharmacy



Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	Bailey, Sally S J
State of Current Residence	WV
Date Issued	
Expiration Date	06/20/2013
License Status	Active
Disciplinary Action	No

<http://www.state.wv.us/pharmacy>

This data is an accurate representation of information currently
maintained by the West Virginia Board of Pharmacy as of
March 18, 2013

Sally S. Bailey, CPhT

Pharmacy Technician Certification Board www.ptcb.org

Certification
Number: [REDACTED]

Issued to: Sally S. Bailey

Renewal
Date: July 31, 2014



Lenore Reynolds, CPhT

West Virginia Board of Pharmacy



Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	Reynolds, Lenore
State of Current Residence	WV
Date Issued	10/05/1999
Expiration Date	06/30/2013
License Status	Active
Disciplinary Action	No

<http://www.state.wv.us/pharmacy>

This data is an accurate representation of information currently
maintained by the West Virginia Board of Pharmacy as of
March 18, 2013

Lenore Reynolds, CPhT

Pharmacy Technician Certification Board
www.ptcbb.org

Certification
Number: [REDACTED]

Issued to: Lenore Reynolds

Renewal
Date: November 30, 2014





Vendor Registration

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
POST OFFICE BOX 50130
CHARLESTON, WEST VIRGINIA 25305-0130
10/02/2012

ROBIN POPP
CARDINAL HEALTH PHARMACY SERVI
1330 ENCLAVE PKWY

HOUSTON TX

77077

THIS IS TO CONFIRM RECEIPT OF YOUR VENDOR REGISTRATION FEE. PAYMENT OF THE FEE ENABLES YOU TO PARTICIPATE IN THE PURCHASING DIVISION'S COMPETITIVE BID PROCESS AND ENTITLES YOU TO A ONE-YEAR SUBSCRIPTION TO THE WEST VIRGINIA PURCHASING BULLETIN. A NEW ISSUE OF THE WEST VIRGINIA PURCHASING BULLETIN IS POSTED ON OUR WEB SITE EACH WEEK. BID OPPORTUNITIES ESTIMATED AT \$25,000 OR MORE ARE ADVERTISED IN THIS PUBLICATION. WE ENCOURAGE YOU TO LOG ON AND VIEW THE BULLETIN EVERY FRIDAY SO AS NOT TO MISS IMPORTANT BIDDING OPPORTUNITIES. OUR WEB ADDRESS IS:

[HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE](http://WWW.STATE.WV.US/ADMIN/PURCHASE)

IN ORDER TO ACCESS THE WEST VIRGINIA PURCHASING BULLETIN, YOU WILL NEED YOUR VENDOR NUMBER, GROUP NUMBER (IF ANY), AND YOUR PASSWORD WHICH ARE PRINTED BELOW. YOUR ACCESS WILL BECOME EFFECTIVE ON THE FIRST MONDAY AFTER 10/02/2012, STATE HOLIDAYS EXCLUDED.

HELPFUL TIPS: YOUR COMPUTER-GENERATED VENDOR NUMBER BEGINS WITH AN ASTERISK, BUT DO NOT USE THE ASTERISK WHEN LOGGING IN. ALSO, OUR LOGIN SCRIPT IS CASE SENSITIVE. THEREFORE, IF YOUR VENDOR NUMBER CONTAINS A CHARACTER LIKE A, B, OR C, PLEASE TYPE IT IN UPPER CASE.

IF YOU HAVE QUESTIONS, FEEL FREE TO CONTACT US AT 304-558-2311 OR JEANNE.B.BARNHART@WV.GOV. THANK YOU.

SINCERELY YOURS,

VENDOR REGISTRATION

VENDOR NUMBER : *709064600
GROUP NUMBER :
PASSWORD : 10355524

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:
☐ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
☐ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
☐ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. Application is made for 2.5% resident vendor preference for the reason checked:
☐ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. ☒ Application is made for 2.5% resident vendor preference for the reason checked:
☒ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. Application is made for 5% resident vendor preference for the reason checked:
☐ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
☐ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:
☐ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.
☐ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Cardinal Health Pharmacy Services, LLC

Signed: 

Date: April 4, 2013

Title: Vice President, Managed Services



Purchasing Affidavit

STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

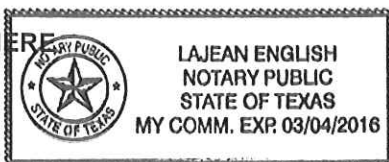
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:Vendor's Name: Cardinal Health Pharmacy Services, LLCAuthorized Signature: *Milton B. Brown* Date: _____State of TexasCounty of Harris, to-wit:Taken, subscribed, and sworn to before me this 2nd day of April, 2013.My Commission expires March 4, 2016.

AFFIX SEAL HERE



NOTARY PUBLIC

Lajeane English
Purchasing Affidavit (Revised 07/01/2012)

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Cardinal Health Pharmacy Services, LLC

(Authorized Signature) Michael D. Brown

Michael D. Brown
VP, Managed Services

(Phone Number) 281-749-4000

(Fax Number) 281-749-2011

(Date) – April 4, 2013

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: 1

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Cardinal Health Pharmacy Services, LLC

Company



Authorized Signature

April 4, 2013

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012