



**ORIGINAL**

**SEALED BID: Pharmacy Supplies & Svcs for the Residents of Long Term Care**  
**BUYER: April Battle, Buyer 22**  
**SOLICITATION NO.: CRFQ 0506 BHS1700000011**  
**BID OPENING DATE: April 4, 2017**  
**BID OPENING TIME: 1:30 PM EST**  
**FAX NUMBER: (304) 558-3970**

**Submitted To**

Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305-0130

**Submitted By**

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**Due Date**

Tuesday, April 4, 2017 at 1:30 PM Local Time

04/03/17 09:36:29  
WV Purchasing Division

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Pharmacy Services Proposal for



**Health & Human Resources**  
Bureau for Behavioral Health & Health Facilities

Submitted by Omnicare of Morgantown – April 2017  
Technical Proposal

**Omnicare**  
a CVSHealth company

## SPECIFICATIONS

**3. QUALIFICATIONS:** Vendor, or Vendor's staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications:

**3.1 Vendor must employ licensed pharmacist, licensed and available to practice within the State of West Virginia.**

Compass Health Services, LLC d/b/a Omnicare of Morgantown complies with these requirements. Please see the pharmacist, pharmacy technician and pharmacy licenses in Tab 8.

**3.2 Vendor must have a minimum of five (5) years' experience in providing pharmaceutical services to Long Term Care facilities and/or Hospital settings.**

Omnicare of Morgantown complies with this requirement.

Compass Health Services, LLC d/b/a Omnicare of Morgantown ("Omnicare") is a subsidiary of Omnicare, Inc., the nation's leading provider of institutional pharmacy services. Every day, approximately one million of our country's most vulnerable individuals and their families wake up with the security that their prescription medication needs will be met in a competent, secure and professional manner. Omnicare, Inc.'s exacting standards have been developed over 30 years in the pharmacy environment and with our experience we will provide those same standards to the patients and staff of the Bureau for Behavioral Health & Health Facilities and the State owned Long Term Care facilities, collectively hereafter referred to as "WVLTIC".

Omnicare's parent company, Omnicare, Inc., a subsidiary of CVS Health Corporation, is the nation's largest pharmacy providing services to institutional settings. Founded in 1981, initially specializing in hospital pharmacy management, Omnicare, Inc. has provided service in West Virginia for years, and services approximately 1,000,000 beds in 47 states and the District of Columbia from approximately 170 pharmacy locations. Omnicare, Inc. employs approximately 12,000 individuals throughout all pharmacy locations and corporate offices.

Omnicare, Inc. has successfully expanded into complementary markets such as specialty distribution and pharmacy benefit management programs. Omnicare, Inc. has further leveraged its pharmaceutical expertise and market leadership position to create unique databases and proprietary clinical information services, all focused on providing the most appropriate and cost-effective drug therapies.

Every day, Omnicare provides same-day delivery through certified and bonded carriers familiar with the delivery needs of our customers. Many of the facilities serviced by Omnicare are a part of national congregate living chains, which require best standards of practice to be uniformly implemented. In fact, Omnicare, Inc. nationally services many of the top 20 national congregate living chains, most of which have hundreds of separate facilities.

Moreover, Omnicare understands that cost is important, but that cost is not just the price of the drug. Clinical utilization and billing practices also significantly affect overall costs. Omnicare, Inc. subsidiary pharmacies manage hundreds of third-party-payor programs along with their formularies in other healthcare settings and will assist in managing appropriate drug therapies through formulary development. Accurate billing of generic substitutions and therapeutic interchange consistent with multiple formulary management is managed through a third-party adjudicator to assure compliance with proposed pricing within our contracts. We believe that this combination of pricing, appropriate drug therapy, and accuracy in billing, will result in Omnicare being the best provider for WVLTTC. Omnicare's proposal will demonstrate that Omnicare will continue to meet and/or exceed all of WVLTTC's requirements for pharmacy services.

Omnicare serves facilities in the provision of medications, biological and over-the-counter medications. We have a comprehensive service-oriented staff skilled in the areas of pharmaceutical dispensing, consulting, IV admixtures and total parenteral nutrition. Omnicare, Inc.'s subsidiary pharmacies throughout the United States are equipped with the latest technologies and are networked together to utilize all of our resources for our customers. Omnicare is automated and is able to package medications in a variety of methods to meet our customer's individual needs. We work within the parameters established by federal, state, and local laws and regulations in regard to medication dispensing, handling, and destruction. We have established policies and procedures for all aspects of Omnicare's services that we train and require our staff to follow. As part of our service to our customers, we provide training to our customer's staff regarding access and administration of medication. Omnicare pharmacists are highly-skilled in their field and use computers that have the latest software programs available to provide our customers with a variety of reports and recommendations. Our pharmacists will be an integral part of your healthcare team. Our Quality Improvement services are highly developed and make for quick actions on issues that may arise during the provision of services.

Our proposal includes a detailed description of our services, but we would like to highlight the following executive summary points regarding what Omnicare can provide:

- A sophisticated, state-of-the-art computer system that allows us to enter dispensing and billing information, at which time the dispensing system checks the prescription for any potentially adverse drug interactions, duplicative therapy or patient sensitivity.
- Computerized record-keeping designed to result in greater efficiency, improved control, reduced waste, and lower error rates both in dispensing and administration.
- Our systems of receiving, processing, checking, and delivering our medications to the facility with checks and balances along the way to eliminate errors.
- Medications packaged and dispensed in quantities ordered by WVLTTC staff.
- Complete access to clinical pharmacists, support staff and delivery availability, 24 hours, 7 days per week, 365 days per year, including holidays.
- A computer system that is completely NCPDP compliant.
- A certified bi-directional interface with numerous other electronic medical records systems.
- Our comprehensive computer systems and back-up systems that will assure the facility's continuity of care for the patients.
- All services in accordance with all applicable State and Federal rules and regulations.

- All of our services are provided in compliance with all applicable standards of practice established by state and federal agencies and by the National Association of Boards of Pharmacy.
- Generic substitutions in accordance with applicable State and Federal laws.
- A therapeutic drug interchange program that allows the pharmacy to provide clinically appropriate and financially cost-effective therapy to its individual patients. When appropriate, Clinical Intervention Center pharmacists will contact the appropriate WVLTTC staff to initiate a therapeutic interchange for medications of superior therapeutic efficacy or medications of therapeutic equivalence with lower cost to WVLTTC.
- Formulary management.
- Complete compliance with all applicable privacy laws both state and federal.
- A computer system that generates specialized reports that can assist in finding ways to decrease drug costs to WVLTTC.
- A Performance Improvement Framework that is ongoing with input received from our customers and assuring that we follow up on all issues to resolution.
- Credit for properly returned medications per state and federal laws and regulations.
- Complete Intravenous Medication service provided including all medications and staff training if necessary.
- In-services for WVLTTC staff related to our provision of products and services.
- Buying power that allows us to keep down drug costs.
- Continuing evaluation of quality issues with emphasis on working with the facility staff to resolve all clinical and billing issues in an efficient and timely manner.
- Our ability to work with WVLTTC staff to provide quality care while looking for cost savings.

Because of Omnicare's presence within Omnicare, Inc., the resources, information and ability to draw on nationwide pharmacy resources uniquely qualifies us to continue working with WVLTTC to provide the best quality of care to meet the patients' needs.

Omnicare has provided service in West Virginia for many years. We operate our pharmacy, licensed by the state of West Virginia, to provide pharmacy services according to all applicable state and federal laws, regulations and rules. Our pharmacy proposes, by the submission of this proposal, to continue our relationship with WVLTTC, and to provide the patients of WVLTTC the highest quality and most cost-effective pharmacy services. We will work with the staff of WVLTTC to find cost savings without compromising quality. Compass Health Services, LLC d/b/a Omnicare of Morgantown and the State of West Virginia by and through its Bureau for Behavioral Health & Health Facilities hereby certify that they will not violate the Anti-Kickback Statute (42 U.S.C. §1320a-7b(b)) with respect to their performance under this Agreement. The parties acknowledge and agree that each party to an arrangement or transaction relating CVS Health's business line of institutional pharmacy services operations that is between Omnicare and any actual source of health care business or referrals to Omnicare and involves, directly or indirectly, the offer, payment, solicitation, or receipt of anything of value and who meets the definition of a Covered Person under Omnicare's Corporate Integrity Agreement shall complete at least one hour of training regarding the Anti-Kickback Statute and examples of arrangements that potentially implicate the Anti-Kickback Statute. CVS Health's Code of Conduct and Anti-Kickback Statute Policies and Procedures are available to Facility at <http://cvshealth.com/codeofconduct> and <http://cvshealth.com/CIAPolicy>. Any and all equipment provided by Omnicare to WVLTTC, including but not limited to medication carts, fax machines, and any other equipment necessary for the provision of pharmacy services, shall remain the

property of Omnicare, shall be marked accordingly, and shall only be used for pharmacy purposes.

All pharmaceutical services will be at the direction of a licensed pharmacist. Omnicare is licensed in accordance with applicable West Virginia laws and regulations, West Virginia Board of Pharmacy, United States Department of Justice and the Drug Enforcement Administration ("DEA"). We operate our pharmacy consistent with all corporate integrity requirements of Omnicare, Inc. and all applicable West Virginia and federal regulations including but not limited to the Joint Commission, the Health Insurance Portability and Accountability Act of 1996 and the standards promulgated thereunder ("HIPAA") and the regulations of the Centers for Medicare and Medicaid Services ("CMS").

Omnicare takes the protection of health information very seriously. We are compliant with all applicable Federal and West Virginia statutes and laws. Omnicare requires our employees both upon hiring and then annually to be trained on HIPAA regulations, and any applicable state, and/or federal certifications and laws. In order to fulfill their respective obligations, Omnicare and WVLTTC need to disclose to each other certain individual medical information that is individually identifiable health information under provisions of HIPAA and that may also be protected information under applicable state privacy of medical information laws, and/or federal certification laws (collectively, the individual related medical information is "Protected Health Information"). This is required so that the parties can each conduct the treatment, payment and health care operations activities provided. The parties agree to comply with the requirements of the Privacy Laws as to such disclosure or exchange of Protected Health Information.

Omnicare is committed to complying with the requirements of HIPAA and the statutory amendments made to HIPAA under the Health Information Technology for Economic and Clinical Health Act enacted as part of the American Recovery and Reinvestment Act of 2009. The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information used to analyze patient safety events and improve patient safety.

Omnicare retains a record of all products and services rendered to our customers. This information is kept in compliance with all standards set forth by the West Virginia Board of Pharmacy and all applicable state and federal regulations including compliance with all HIPAA regulations and West Virginia statutes and laws relating to use and disclosure of Protected Health Information.

**3.3 Vendor must have no successful claims (excluding settlements) against their professional liability insurance within the last two (2) years.**

Omnicare complies with this requirement.

There have been no successful claims (excluding settlements) against Omnicare's professional liability insurance within the last two years.

**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 agree to charge only the pre-established acquisition cost margins for pharmaceuticals as contained in EXHIBIT A, under ALLOWABLE CHARGES.**

Omnicare complies with this requirement.

**4.1.2 The vendor must provide all prescription pharmaceutical services as required per order, including picking up, filling, and delivering orders to the facilities' nursing units.**

Omnicare complies with this requirement.

Routine pharmacy delivery will be made to WVLTTC seven days per week, on a regular schedule that will be mutually agreed upon after collaboration with WVLTTC staff. All STAT and emergency deliveries will be in addition to our regular / routine deliveries. Omnicare's experienced delivery team can and will make deliveries to multiple locations within one campus as well as multiple drops within a particular facility.

Upon delivery, all totes will contain a delivery receipt which will be reviewed and signed by authorized staff. Our delivery agent will request signatures for the following documents:

- All delivery receipts for non-controlled substances. A staff signature indicates a delivery container was received into the facility.
- All delivery receipts for controlled substances. A staff signature indicates that the specific controlled medication, form, strength and quantity was received by the authorized staff, who signs the delivery receipt.
- Signature sheets for Emergency/STAT deliveries. Emergency deliveries will be done in response to the emergency needs of the patient.

Omnicare maintains all medication in the proper manufacturer's recommended environmental climate control levels. Refrigerated medications are delivered in insulated containers with cold packs to keep them at the required temperatures. These insulated packs are placed within the delivery container and signed for by staff as part of the delivery.

All delivery receipts will contain information on any back-ordered medications. If for some reason through all of our efforts we are unable to provide a medication, the back order will appear on the delivery receipt and will be delivered as soon as the medication is available. If the medication delay will be for longer than two days, our pharmacist will contact facility staff to work out an alternative therapy.



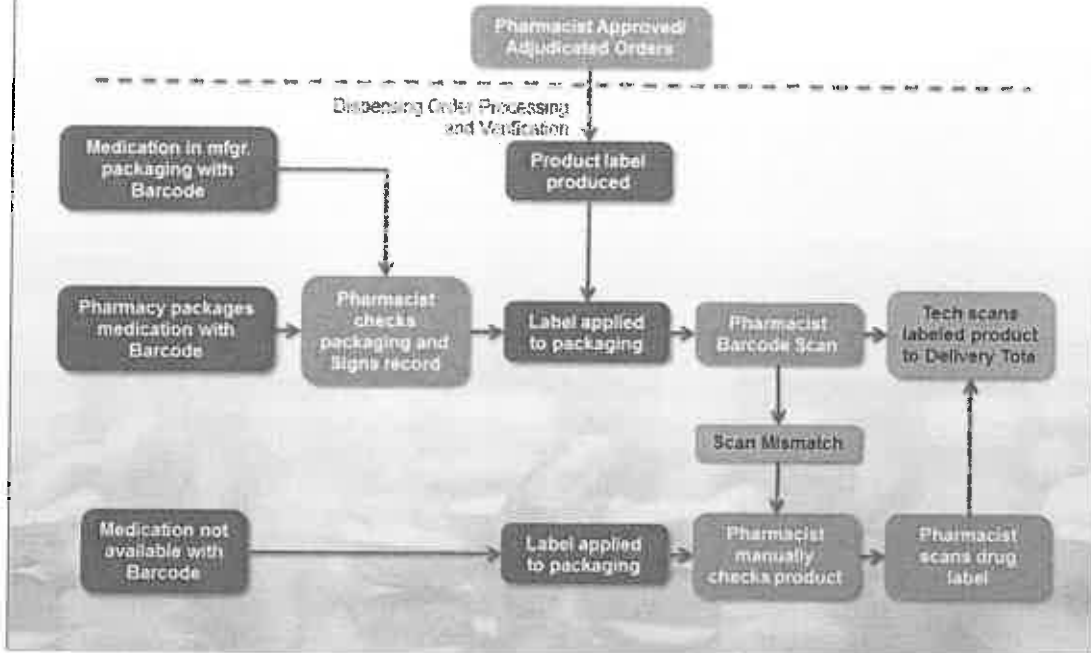
**4.1.3 The vendor must package medication in individual unit dose containers (bubble/blister packs, thermal sealed cups, or cassettes) at the pharmacy. If vendor is unable to provide all medication in individual unit dose containers, vendor must either have an agreement in place with a local pharmacy or the facility will purchase from a local pharmacy and vendor will be responsible for reimbursement of such.**

Omnicare complies with this requirement.

While Omnicare can provide a choice of packaging and dispensing systems, for service to WVLTTC, Omnicare intends to provide a 30-day blister card system that complies with local, state, and federal laws. This blister card system provides for cost effective, easy to use medication administrations, and Omnicare's 30-day blister card system is considered a unit dose system. This 30-day blister card system ensures accuracy and reduces costs and has been proven to work effectively for facility staff and pharmacy. These blister cards are dispensed with the amount of medication as prescribed by the physician, whether it is a 30-day supply or any amount lesser. Other benefits of the 30-day blister card approach are that such cards may limit the amount of dispensing fees, limit co-pays for Medicare Part D Plans, and permit returns for credit in accordance with state and federal rules, laws and regulations as detailed later in this proposal. Omnicare will utilize the 30-day blister cards for both legend and over-the-counter medications. Omnicare intends to provide an on-demand refill system for any eligible medications.

Prior to each delivery a pharmacist visually checks these blister cards. The process of dispensing medications includes three steps to ensure accurate and timely delivery; Pharmacist Verification 1 (PV1) ensures that the physician's order is properly entered into the pharmacy's operating system; Pharmacist Verification 2 (PV2) ensures that the medication is dispensed according to the expectations of PV1; During the third step, a Pharmacy Technician reviews all medication packages to ensure that the medication is routed to the facility at which the patient is located. All three steps, and additional functions performed by order entry and dispensing technician staff, are conducted with the clear advantages and reliability of our comprehensive Information Technologies Platform. Consistent with our commitment to employ technology in our dispensing systems, bar coding plays a significant role in all Omnicare, Inc. subsidiary pharmacies. Each delivery is segregated based on facility needs and accompanied by a packing list detailing the items delivered. See the chart below which illustrates Omnicare's pharmacist verification process.

## Current Dispensing Process



Dispensing quantities of prescription medications shall not exceed a thirty (30) day supply, unless specifically requested by the ordering clinician.

The blister card filling system allows WVLT staff to administer the medication on a daily basis. In the instances when the orders are for dispensing medications outside of the everyday administration (i.e., every-other-day, one each week, etc.), Omnicare will fill the blister card with the correct number of doses and the staff will refer to the MAR to see which days the dose is to be administered.

The blister cards are delivered in a secured tote. All eligible medications will be refilled on-demand. All controlled substance medications are filled on-demand and are delivered in sealed bags with special delivery manifests.

Blister card procedure:

- Preparation and packaging of all medications will be performed by a pharmacy technician and supervised by a registered pharmacist and will be performed in accordance with all applicable State and Federal Laws and Regulations.
- All blister cards are labeled according to all applicable laws and regulations and include patient name, name of drug (both generic and trade name including tall-man lettering), dosage amount, lot number, expiration date, manufacturer name, physician name, pharmacist's initials, precautions, and time of administration.
- All blister cards will have a tamper evidence closure and will be sealed to prevent moisture or other factors from interfering with the therapeutic value of the medications.

- Omnicare will provide medications packaged in lesser amounts of time (i.e., 10 days) for medications requiring a shorter course of treatment.
- Controlled substances will be packaged in 30-day blister cards containing the number of doses to be determined by WVLTTC staff.

Controlled substances that require refrigeration will be maintained in a secure container in the refrigerator at WVLTTC.

Omnicare's narcotic practices abide by and follow all required state and federal laws, rules and regulations pertaining to the dispensing of controlled substances and narcotic medications.

### Ordering

#### a. Electronic orders ("e-Refill")

Authorized Facility staff may use Omniview to electronically reorder resident medications. Omnicare provides a barcode scanner to each nursing station to facilitate the Omniview refill process.

- Facility staff access to Omniview is restricted by assigned user identification and passwords as authorized by facility administration
- Authorized facility staff may re-order medications using an electronic list of residents and medications due or by use of barcode technology
  - Facility staff may select needed refills orders from a list of residents and medications due for refill
  - Facility staff may use a barcode scanner to read prescription numbers from the labels of orders they wish to reorder and transmit them electronically to Pharmacy
- Facility staff may review the transmitted re-orders for status and potential issues and Pharmacy response
- Omniview will indicate if the re-order is confirmed or if Pharmacy follow-up is required.

- Written Orders - Reorders can be written and submitted on the Refill Order Form

#### b. Verbal Orders

Refill orders can be submitted verbally. Facility is encouraged to follow verbal orders with a faxed copy to the pharmacy.

- #### c. Facsimile Orders
- Reorders can be faxed to Pharmacy, if permitted by Applicable Law, on the Refill Order Form

### Generic Substitution

It is Omnicare's policy to substitute generic drugs when available unless directed by the physician to "Dispense as Written." Omnicare is prepared to work on an ongoing basis with WVLTTC staff and the medical director to be certain formulary medications are clinically suitable and represent the lowest cost alternative to WVLTTC. Omnicare will utilize generics with at least an AB rating and the manufacturer will remain consistent whenever possible.

Every year, numerous brand-named medications are moved to generic availability. In Omnicare's ongoing efforts to provide the most cost-efficient mechanism for prescription delivery, Omnicare can generically substitute these new generic items, whenever possible, within 7-10 days from that brand-named medication becoming generically available.

- 4.1.4 The vendor must have an on-call pharmacist available twenty-four (24) hours a day, seven (7) days per week for consultation.**

Omnicare complies with this requirement.

- 4.1.5 The vendor must provide for delivery of medications 365 days per year, including all holidays, which follow: New Year Day, New Year's Eve Memorial Day, Thanksgiving Day, Christmas Day, Christmas Eve, Independence Day and Labor Day.**

Omnicare complies with this requirement.

- 4.1.6 The vendor must ensure "stat" delivery services are available to and provided for all facilities. "Stat" delivery time frames shall be agreed upon by the Director of Nursing (DON) of each facility.**

Omnicare complies with this requirement.

Emergency Pharmacy delivery is in response to the emergency needs of the patient. Emergency deliveries occur during non-business hours, or during business hours when medications are needed before the next scheduled delivery as determined by the patient's need. As a pharmacy which provides service 24/7/365, Omnicare will make every attempt to deliver any STAT medications, which aren't available in the contingency box, within four hours or less upon receiving verbal notification from facility staff. For STAT orders of controlled substances, orders may require additional time due to the legal requirements of dispensing these types of medications. Omnicare, Inc. has numerous other subsidiary pharmacies in the immediate region and, additionally, has in place a contract with over 60,000 retail pharmacies throughout the United States, including many pharmacies in the immediate area near WVLT. Our retail backup pharmacies and other regional Omnicare, Inc. subsidiaries ensure continuity of care at all times for both routine and STAT/emergency medication delivery. In the event that a medication must be obtained from an alternative / backup pharmacy, Omnicare will coordinate with the other pharmacy regarding all aspects of the ordering and delivery process.

#### Emergency Kit

Omnicare will provide WVLT tamper-resistant emergency drug kits / E-boxes and c-boxes, containing medication not otherwise obtainable at the time required, to alleviate pain, infection, modify dangerous behavior, or preserve life. Kits will be provided for the immediate administration of a medication at WVLT. The emergency kits will be available and stored in

such a manner that is within the parameters of all state statutes and federal regulations and rules. These procedures will be mutually agreed upon by your facility staff and the pharmacy. A list of emergency kit contents will be posted on the outside of the kit and at the nurse's station so that the information is readily accessible. When an emergency or stat medication is needed, the nurse breaks the container's seal, removes the prescribed medication, and reseals the container. A valid prescriber's order is required to justify the use of any medication from the emergency medication kit. As soon as possible, the nurse records the medication use on the form kept in (or near) the kit. When the kit is opened, the nurse completes the appropriate contingency form. The form is faxed to the pharmacy and retained as proof of use. Before reporting off-duty, the charge nurse indicates the "sealed" status of the emergency medication kit in shift change inventory and transmits the new medication orders to incoming staff. When exchanging the kits, the receiving nurse gives the used kit to the pharmacy delivery person for return to the pharmacy and accepts the new kit into the facility. The kit is inventoried at the pharmacy before it is resealed and ready to be sent to a facility. Opened kits are replaced with sealed kits within seventy-two hours of opening. Emergency kits will be inventoried monthly. The pharmacy collaborates with the facility's staff to establish and update the list of medications to be maintained in the emergency kits. Attending prescribers are informed regarding the availability of emergency medications in the facility. The medications in the emergency medication kit shall not be used or altered in any way except as outlined in the foregoing. The emergency medication kit shall contain only those items that are agreed upon by Omnicare and WVLTTC staff.

- 4.1.7 The vendor must provide new medication with 24 hours including weekends and holidays. Facilities must be contacted if medications will take longer than one day due to special orders.**

Omnicare complies with this requirement.

- 4.1.8 The vendor must conduct monthly meetings with the Medication Services Committee at each facility to provide information about survey readiness (being prepared for inspections by OFLAC concerning medication storage, containment, distribution) and/or provide in-servicing, training, observation of med passes and report all findings.**

Omnicare complies with this requirement.

- 4.1.9 The vendor must destroy all outdated or discontinued medications as outlined in each facility's Managing and Disposing of Pharmaceutical Waste Policy and Procedures. Hardcopy will be provided by each facility.**

Omnicare complies with this requirement.

**4.1.10 The vendor must bill all prescription orders to third parties insurance carriers (Medicare Part D, UMWA, Blue Cross, WV Medicaid), when/where applicable. The vendor must bill all other medications not applicable to item 4.1.10 to individual facilities, separating each bill – first by resident’s name, then by either prescription or non-prescription. Each medication listed must include whether the medication is allowable or non-allowable by third party insurance. If non-prescription, then medication should be listed as “Over the Counter.” (OTC)**

Omnicare complies with this requirement.

Omnicare has significant expertise in pharmacy billing, with a general overview as follows:

Omnicare has significant experience in handling prior authorizations and all other billing-related challenges and issues as follows:

Omnicare participates with all known PDPs and also has significant support services relating to billing and reimbursement which are described as follows:

#### Clinical Intervention Centers

Omnicare offers many high quality professional services to help meet the clinical needs of residents and pharmacy cost management needs of the facilities we serve. These professional services are primarily performed for the pharmacies through Omnicare, Inc.’s regional, centralized Clinical Intervention Centers (“CICs”). These CICs are staffed by specially trained professionals and technicians who support our pharmacies by creating efficiencies in communication and performing various clinically related functions.

#### Medicare Part D and other Third Party Payer Formulary Management

For residents with coverage under a third-party prescription benefit plan such as Medicare Part D (“Part D”), Medicaid or a commercial insurer, Omnicare, Inc.’s CICs coordinate with the dispensing pharmacy to:

- Recommend a covered alternative when a resident is prescribed a “non-covered” drug. These “non-coverage” recommendations are made on a resident/situation specific basis.
- Work with the facility to submit the appropriate documentation to the Part D plan to allow payment when a resident is prescribed a drug subject to prior authorizations (“PAs”) or Medical Exceptions for clinical reasons.

- Assist in resolving claims that are rejected for clinical reasons.

Omnicare will provide the physician any necessary forms for the process mandated by the payer to seek a prior authorization, an exception to non-formulary status, an exception to a quantity limit or any other applicable exception to the coverage restriction.

The CIC staff has processes in place to follow-up with the physician within 24, 48 and 72 hours if the required forms are not received back. Additionally, once the appropriate documentation is submitted to the insurer, we have processes in place to check on status of plan approval or denial.

Additionally, Omnicare works closely with several large Part D plans that no longer require a physician signature on prior authorization forms and now allow pharmacists to complete PA forms with the appropriate clinical information. This minimizes documentation required by the physician and expedites the prior authorization process.

### Prior Authorization

Those prescriptions that insurance rejects which necessitate prior authorizations and medical exceptions are primarily handled by Omnicare, Inc.'s Centralized Billing Centers and CICs since pharmacist involvement is needed. As described below, we will generate a form which provides the prescriber with covered alternatives for that payer. This form also provides a means for the physician to indicate that he/she would like the resident to continue on the prescribed medication therefore requiring additional documentation.

In the event that the physician wishes to pursue prior authorization/medical exception, Omnicare will provide the physician any necessary forms for the process mandated by the payer to seek a prior authorization, an exception to non-formulary status, an exception to a quantity limit or any other applicable exception to the coverage restriction.

**Omniview:** Omniview continues to be the Omnicare, Inc. flagship for invoice review and approval. The Omniview paperless review process is inherently transparent and promotes a thorough review of every resident. A built-in Credit Memo tool provides bi-directional electronic communication that ensures disputed charges are appropriately addressed and adjusted. Omniview is also the preferred vehicle for census communication. Omniview captures the census loaded in the facility software, omitting the need for manual communications related to a resident status change.

**Experience:** The Central Billing Centers are staffed with managers and team leads with years of experience in pharmacy billing. They are familiar with the unique needs of the long-term care industry and community-based living facilities. They are aware of the demands placed on facility staff and strive to build professional relationships. They are also sensitive to the difficult circumstances the residents and their families face and strive to meet their individual needs.

### Medicaid Pending

Omnicare, Inc.'s National Pharmacy Billing Department has several tools in place to identify and appropriately bill residents with pending Medicaid applications. The operating systems have been enhanced to capture as much information as possible relative to the resident's application

in order to monitor these accounts closely. Identified residents will have all charges billed to the responsible party, or their primary coverage with co-pays billed to the responsible party, via a monthly invoice. These residents and/or responsible parties also receive a statement insert letter explaining that we are aware of the Medicaid application and encourage the responsible party to share any pharmacy charges with the caseworker as it may often positively influence the approval process. When an application is approved, the charges will be re-billed for the appropriate retroactive coverage date. At that time, any Medicaid non-covered charges, both retroactive and future, may be billed on the facility statement.

Since these application pending residents are billed as private pay, it is possible that unpaid outstanding balance accounts may require collection activity. Therefore, Omnicare has established protocols for cross-referencing our known application pending residents with the state coverage files in order to identify and apply Medicaid coverage as timely as possible. We will attempt to find coverage for residents upon admission as well as monthly for any outstanding balance accounts. Additionally, Omnicare also has an established relationship with an outside vendor that may be able to assist qualifying residents and responsible parties with the application process.

#### Automatic Split Billing

When a resident is admitted to a long-term care facility for a Medicare Part A stay, industry standard practice is to dispense a 30-day supply of medications and bill them to the nursing facility. The duration of Medicare Part A stays is often less than 30 days. This means that the nursing facility is being charged for medications that should be paid for by the payer who assumes responsibility when the Part A stay ends. Omnicare, Inc. recognized this business issue, and programmed its subsidiary pharmacy operating systems to automatically act when there is a change in census or the resident is discharged from the facility. Our system will automatically issue a credit memo to the facility for the unused portion of the Medicare Part A prescription, and then automatically generate a charge to the new payer for that same portion.

#### Potential Financial Impact to the Facility

From past experience we have found split billing significantly increases the amount of credits a facility receives under a return and credit system. It also shifts the burden of managing these credits from the nursing home (where if no return is made no credit is issued) to the pharmacy.

#### Non-Covered Medications

Non-covered medications will be billed to residents directly by the pharmacy. To the extent that the non-covered residents later obtain some type of third-party coverage, Omnicare will work with the residents of WVLTTC to have any covered items re-billed to the appropriate third-party pay source. For a dual-eligible resident who has both Medicare and Medicaid coverage, a non-covered medication would be billed to the facility.

Omnicare doesn't regularly track our Medicare Part D recapture rate, but does have believe that we have a high rate of success in recapturing these charges.



**4.1.11 The vendor must bill back to third party insurance if resident becomes certified by/through their insurance company.**

Omnicare complies with this requirement.

**4.1.12 The vendor must issue credits to facilities for unopened returned items that were paid for by the facilities.**

Omnicare complies with this requirement.

As permitted by state and federal law, Omnicare's proposed 30-day blister card system permits return for credit of any eligible medications and therefore can significantly reduce potential waste at the WVLTC. All returned medication is scanned into our dispensing computer with an indication of the quantity returned. Every attempt is made to process such return within 30 days of its receipt so that the credit appears on the next billing cycle. The facility can expedite this process by utilizing the E-Return feature on Omniview and scanning in the returns before they leave the facility. Omniview is described later in this proposal, but the E-Return module in Omniview is described as follows:

In the event that a medication must be returned to Omnicare, WVLTC staff can use Omniview's E-Return system to streamline this process. When using E-Return, a WVLTC staff member will scan the medication card into Omniview which will load the patient and all of their medications on the screen. Next, the staff member will enter the amount of medication to be returned. As part of the next delivery, the Omnicare courier will retrieve the medication scheduled for return and deliver it back to our pharmacy. Upon return to the pharmacy, the E-Return medication will be scanned into our system and matched with the E-Return medication that was previously scanned by WVLTC staff. The E-Return process reduces the labor and time required for traditional returns and allows the WVLTC, via Omniview, to track the status of returns and credit to be issued. The E-Return system, in addition to cost-savings, will also create easily identifiable audit trails for the facility and provide additional speed to the crediting process.

Once the return is processed, the returned drug will appear on the billing statement just as a sale would, with the date being the original dispensed date and the quantity being the amount that was returned. A reference code will designate this line item as being a Return Credit. The corresponding credit amount will also be listed.

Unused medications may be returned to the pharmacy in the circumstances of discharge, death, or discontinuation, with the following exceptions:

- If the safety seal is broken on ointments, creams, liquids, eye drops
- Inhalers not returned in the original safety packaging
- Reconstituted products
- Flu vaccines
- Refrigerated items that are not returned in a cooler
- Soiled, damaged or manipulated products/cards

- Self-administration and teaching medications
- TPN or pre-mixed medications
- IV Supplies
- Syringed prepared at the pharmacy (due to expiration date)
- Medications dispensed more than sixty days before being returned
- Compounded medications
- Controlled substances
- Medications that are written upon or defaced by facility staff

Per DEA regulations, controlled substances cannot be returned to the pharmacy (except in the instances below) and must be destroyed by the facility. Controlled substances cannot be returned to the pharmacy for credit EXCEPT:

- An item was incorrectly ordered by the facility and/or incorrectly prepared by pharmacy
- A correctly ordered and prepared item was refused upon pharmacy delivery (i.e., order was discontinued or resident expired before the item was delivered)

In the event that the controlled substance order does not fall into the limited exceptions listed above and must be destroyed:

- Medication shall be destroyed by the consultant pharmacist in the presence of a witness, in such a manner that the medications cannot be retrieved, salvaged, or used. They shall not be discarded with garbage or refuse. For any medication which is destroyed or returned for a hospitalized resident, there shall be an entry in the resident's Disposition of Medication Record which shall include the following:
  - RX number and Pharmacy name
  - Medication name
  - Strength
  - Quantity
  - Date Destroyed
  - Method of destruction
  - Signature of nurses
- Schedule II, III, IV and V medications must be destroyed by two licensed nurses, both of whom would need to fill out the Disposition of Medication Record.
- Records of medication disposal shall be retained for at least five years.

Our pharmacy will assist WWLTC staff with completing the required forms relating to the destruction of controlled substances.

If a medication is eligible for credit, it will be issued based upon the following criteria:

- All return medications will be returned and handled according to all the parameters set forth by the state and federal rules and regulations.
- Return Medication forms will be provided to the WWLTC for documentation purposes.

Credit in the amount of the medication ingredient cost will be issued for properly returned medications.

**4.1.13 The vendor must provide monthly drug regimen review of all residents and report findings to each facility Director of Nursing (DON).**

Omnicare complies with this requirement.

We believe that Omnicare, Inc. subsidiary pharmacies are the industry leaders in clinical pharmacotherapy services. Omnicare's pharmacists are committed to optimizing pharmaceutical therapies for each individual to improve clinical outcomes and reduce costs.

Omnicare, Inc. currently provides Clinical Pharmacy Services to approximately 1 million patients nationally. Omnicare pharmacists, through use of proprietary software, are capable of accepting an electronic medical record of residents in order to facilitate Patient Specific Therapeutic Interchange, Disease Management recommendations in 13 categories, and individual resident, case management and risk stratification.

Omnicare, Inc.'s clinical programs and consulting services are nationally recognized. Our pharmacists are members of the American Society of Consultant Pharmacists, a national professional association dedicated to the pharmaceutical care of the ill. Omnicare currently has dedicated clinical pharmacists who are available around the clock to assist the WVLTTC staff. Our accreditation with the National Association of Boards of Pharmacy assures that we have standards in place that are nationally recognized. Omnicare proposes to provide the following:

To fulfill pharmacy services regulations, an Omnicare Consultant Pharmacist:

- Collaborate with facility leadership and staff to coordinate pharmaceutical services within the facility, and to guide development and evaluation of the implementation of pharmaceutical services procedures;
- Help the facility identify, evaluate, and address/resolve pharmaceutical concerns and issues that affect resident care, medical care and/or quality of life.

To accomplish these tasks, Omnicare's Consultant Pharmacists services include three primary categories: Professionalism; Clinical Evaluation, Assessment and Recommendations; and Regulatory Compliance.

Professionalism

An Omnicare Consultant Pharmacist will:

- Conduct an entrance conference upon arrival to the facility and an exit conference when consultant pharmacist services are completed for that month.
- Provide assistance (by telephone if necessary) with issues or questions that arise either prior to or on the day of any survey of the facility.

Clinical Evaluation, Assessment and Recommendations

The State Operations Manual F-Tags 428 (Drug Regimen Review) and 329 (Unnecessary Drugs) integrate regulatory compliance with appropriate pharmaceutical care through the care process. Omnicare divides consultant pharmacist services into two separate components: required services and optional services.

Required Consultant Services for Nursing Facility Residents

Required services are described as follows and will be billed in accordance with the Pharmacy Consultant Agreement:

- Consultant shall provide consultation regarding all material aspects of providing pharmaceutical services to Facility. A written report regarding the provision of pharmaceutical services will be provided to Facility quarterly (or more frequently if required by Applicable Law).
- Consultant shall collaborate with Facility and Facility's medical director to:
  - develop, implement, evaluate, and revise (as necessary) procedures for the provision of pharmaceutical services; and
  - strive to assure that medications and/or biologicals are requested, received and administered in a timely manner as ordered by the authorized prescriber (in accordance with Applicable Law).
- Consultant shall assist Facility in determining that residents' medication therapy is necessary and appropriate.
- Consultant shall conduct a drug regimen review ("MRR") for each Facility resident at least once a month.
- Consultant shall identify any irregularities as defined in the State Operations Manual.
- Within three (3) business days of conducting an MRR, Consultant will provide a summary report to the attending physician and the Facility's director of nursing which (a) documents that no irregularity was identified, or (b) reports any irregularities. Consultant may utilize electronic signatures to create and/or authenticate reports and records relating to all MRRs and may transmit such records and reports to the attending physician and the Facility's director of nursing via electronic means (if such method is determined to be most effective for providing notification), in accordance with the terms of this Agreement, Pharmacy's information security and privacy policies, and any other laws applicable thereto.
- For residents anticipated to stay less than thirty (30) days or with an acute change of condition, Consultant will provide, upon the written request of Facility, an Interim Medication Regimen Review ("iMRR").
- Consultant and Facility shall develop a procedure to apply when an attending physician does not respond to such report or fails to document the basis for his/her disagreement with such report.
- Consultant shall assist Facility in determining that medications are labeled in accordance with federal and state labeling requirements and accepted standards of practice.
- Consultant shall assist Facility in reviewing the safe and secure storage of medications in locked compartments under proper temperature controls in accordance with manufacturers' specifications.
- Consultant shall assist Facility in developing and implementing safeguards and systems to control, account for, and periodically reconcile controlled medications.
- Where permitted by Applicable Law, pharmacy assistants/technicians and nurse consultants will assist Consultant in determining Facility compliance with Applicable Law with respect to labeling and storage of medications.

Optional Consultant Services for Nursing Facility Residents

Additional optional services, over and above the required consultant services, are also available and will be billed in accordance with the Pharmacy Consultant Agreement. The

Consultant may collaborate with Facility and/or Facility's medical director to develop, implement, perform, participate in, or advise with respect to, any of the following:

- medication observation evaluations of Facility's capabilities;
- meetings in addition to the quarterly Quality Assurance Committee meeting;
- Facility staff in-service educational programs beyond two per year;
- non-financial audits relating to the provision of medications;
- potential narcotic diversion investigations;
- family and/or resident council activities;
- Facility accreditation assistance;
- drug utilization and/or evaluation activities at the request of Facility;
- assistance in preparing for Facility surveys;
- narcotic and/or drug destruction, regardless of whether such task is required by Applicable Law;
- anti-coagulation dosing as requested by a prescriber; and/or
- Services provided by Consultant as part of corrective action plans.

### Antipsychotic Medications

Omnicare's pharmacists are quite familiar with the CMS guidelines concerning psychotropic medications and we have policies and procedures in place for complying with these guidelines. In the past five years, pharmacists throughout the Omnicare, Inc. network of pharmacies, including Omnicare, have made approximately one million recommendations to prescribers regarding antipsychotic use, the vast majority of which were to reduce a dose, discontinue a drug, questions the reason drugs are used, or monitor for potential, known side effects. Approximately 0.1% of recommendations were for the prescriber to evaluate the addition of drug therapy when non-drug approaches failed to correct behavioral disturbance and 0.2% were to consider a change to existing drug therapy because the original drug failed to correct the behavioral disturbance.

Omnicare's efforts to reduce antipsychotic drug use are consistent with evidence-based practice and CMS nursing facility regulations. In fact, Omnicare, Inc.'s own internal guidelines state that initial treatment for management of behavioral disturbances associated with dementia is non-drug, such as changing the patient's environment of care or redirecting the patient's attention. Prior to any type of drug treatment, underlying conditions or disease states that can cause or worsen behavioral symptoms should be corrected if at all possible. Omnicare, Inc.'s internal guidelines are distributed annually to all of our long term care facilities and to tens of thousands of prescribers who care for patients in these facilities.

If a prescriber determines that drug therapy is necessary to manage behavioral symptoms associated with dementia, such as agitation or aggression, in older adults without psychiatric symptoms, the prescriber should choose the most appropriate agent based on the patient's symptoms, prescribe the lowest effective dose and use it carefully for the shortest duration necessary. Response to therapy should be monitored and documented frequently by nursing facility staff, and treatment should be periodically evaluated for gradual dose reduction, tapering or discontinuation.

In addition, Omnicare has recently implemented new tracking software for our consultant pharmacists which can assist WVLTTC in meeting the psychotropic percentage guidelines issued by CMS. This tracking module will allow our consultants to chart the date and specifics of every

psychotropic dose reduction request and produce reports for WVLTTC which will illustrate how each patient and the facility as a whole are trending.

**4.1.14 The vendor must provide and maintain fully functioning medication carts at each facility. Medication carts shall be capable of being outfitted to accommodate the varying needs of each facility. Each cart must have locking capabilities to provide for secure access to all medications and include utilization of cassettes that are to be exchanged by the pharmacy staff as scheduled.**

Omnicare complies with this requirement.

Any and all equipment provided by Omnicare to the WVLTTC, including but not limited to medication carts and any other equipment necessary for the provision of pharmacy services, shall remain the property of Omnicare, shall be marked accordingly, and shall only be used for pharmacy purposes.

In the event that any Omnicare-provided medication cart or other equipment requires maintenance, upon notification from the WVLTTC, Omnicare will deploy staff to the facility to perform the required maintenance on-site. If the maintenance cannot be performed on-site, Omnicare will provide the WVLTTC with interim equipment and transport the original equipment back to our pharmacy to perform all required maintenance and repairs. Should Omnicare not be able to repair the equipment, Omnicare will provide the WVLTTC with permanent replacement equipment of the same type and style as that which was removed.

**4.1.15 The vendor must provide monthly inspection of each facility's drug carts and medication rooms (this is where medicine is stored, prepared, crushed and/or mixed) and report findings as to cleanliness, refrigerator working condition/temperature, checks for out dated medications to remove/destroy, and organization of stored medications to the DON of each facility.**

Omnicare complies with this requirement.

**4.1.16 The vendor must participate in scheduled Quality Assurance meetings as required by each facility.**

Omnicare complies with this requirement.

**4.1.17 The vendor must conduct annual in-service training sessions annually at each facility, within sixty (60) days of the implementation of the contract.**

Omnicare complies with this requirement.

We understand the importance of education and strive to provide educational opportunities that enhance the care and services your care staff provides for the residents we jointly serve. Educated caregivers are informed, knowledgeable, highly motivated and better equipped decision makers.

When requested, Omnicare resources may provide programs for in-service education annually on topics that are mutually determined by Consultant and Center. Such programs shall be conducted by Consultant or its designee.

Training and education on pharmacy-related topics are available.

Omnicare provides in-service training on a variety of topics. In-services include but are not limited to:

- Reducing Inappropriate Re-hospitalization
- Orthostatic Hypotension
- Preventing Medication Errors
- Medication Administration & Storage/Station Review
- Psychoactive Drug Monitoring
- Diabetes
- Anticoagulant Use
- Pain Management
- Depression in the Elderly
- Alzheimer's Disease
- Behavioral Monitoring
- Osteoporosis and Falls Prevention
- Dementia Management
- Nursing IV Education / IV Certification Programs
- Programs tailored to Covenant Health Systems requests
- Medication Pass Fundamentals video series

In an effort to improve quality and efficiency, Omnicare is also pleased to offer access to a series of training videos entitled "Medication Pass Fundamentals", to assist nurses and medication aides with the complex process of administering medications to residents in nursing homes and other care settings. Omnicare worked with mmLearn.org®, a training institute dedicated to improving the care of older adults, to create this video series. This training is available from Omniview and a certificate is available which you may use upon successful completion facilitating the accomplishment of the WVLTTC's goal of excellence in this area. Omniview has additional self-paced learning opportunities, including:

- Adverse Drug Events in Elderly Nursing Home Residents

- Behavioral Management of Patients with Dementia
- HIV and AIDS in the Long Term Care Setting

Omnicare has several publications distributed to Centers to provide updates on Medication therapy, regulatory changes, and other current topics:

- Monthly HealthLine newsletter – recent highlights include:
  - Three-part series on Adverse Drug Events
  - Influenza focus
  - Focus on Delirium
- Quarterly Care Points newsletter – recent highlights include:
  - Updates on Medicare Part D Enrollment
  - Recommendations to Prevent Infusion Related Errors
  - Post-Acute Patient: Transition of Care

Omnicare's Infusion Therapy Education programs help prepare your staff to manage infusion residents with confidence. Infusion therapy nurse educators provide a wide range of courses, from basic to advanced, to support the management of clinically complex residents with infusion needs.

#### Basic Infusion Therapy Programs

##### Essentials of Infusion Therapy

A two-day comprehensive infusion therapy program that covers all aspects of infusion therapy. The topics include legal implications, fluid and electrolytes, insertion of Peripheral Vascular Access Devices, management of Central Vascular Access Devices, infection control, complications of infusion therapy and documentation. The target audience is RNs and LPN/LVNs.



## Central Vascular Access Devices

A three-hour program that reviews the classification of central lines, basic care and maintenance, and potential complications. Central Vascular Access Device education is included in the Essentials of Infusion Therapy program. This program is intended as a review for RNs and LPNs/LVNs who have already completed the Essentials of Infusion Therapy program but need a refresher.

## Hypodermoclysis

A one-hour program that provides information regarding the use of Hypodermoclysis (subcutaneous infusion of fluids) for prevention and treatment of mild to moderate dehydration.

The Hypodermoclysis program covers indications, contraindications, advantages, disadvantages, appropriate type of solutions, optimal infusion sites, monitoring and documentation. The target audience is RNs and LPNs/LVNs.

## Advanced Infusion Therapy Programs

The advanced programs are intended for licensed nurses that have completed the Essentials of Infusion Therapy program or have experience and demonstrated competence in administration of basic infusion therapies.

## CVAD Removal

A one-hour program that reviews which Central Vascular Access Devices can be removed by nurses, and which need medical intervention, indications for removal, removal procedure, complications, monitoring and documentation.

## Management of Inotropic Therapy in the Heart Failure Resident

A three-hour program that prepares your staff to care for the inotropic resident. This session provides an overview of heart failure, goals of treatment, and the various treatment modalities, inotropic indications, purpose and benefits of inotropic therapy in LTC, nursing responsibilities related to the administration of inotropes, and inotropic medication calculations.

## Pain Management: Providing Patient Controlled Analgesia (PCA)

A three-hour program that provides nurses with the information necessary to facilitate safe and effective care of the resident receiving PCA. The presentation will cover an overview of pain, including the importance of pain management, definitions, types of pain and assessment criteria, medications used to manage pain, side effects, and the procedure for PCA pump programming, monitoring, and documentation.

## Parenteral Nutrition

A three-hour program that covers all aspects of parenteral nutrition administration. The education includes types of parenteral nutrition, clinical indications, formula components,

complications, appropriate monitoring, nursing responsibilities related to the administration of parenteral nutrition and documentation.

#### Clearing Thrombotic Occlusions in Central Vascular Access Device

A two-hour program that prepares the RN to perform this procedure in the LTC setting. The session covers the types of Central Vascular Access Device (CVAD) occlusions, and thrombolytic treatment for occluded CVADs, including indications, risks, benefits, and the procedure.

#### IV Push Medication Administration

A two-hour program that reviews all aspects of IV push medication administration including definition, indications, risks, complications, calculations, IV push medication guidelines and documentation.

In addition to the above educational offerings, Omniview also has a full range of in-service tools that can be used independently in the center on topics ranging from Diabetes Management to Hypertension.

**4.1.18 The vendor must provide a resident pharmacy review with recommendations monthly.**

Omnicare complies with this requirement.

**4.1.19 The vendor must provide psychotropic drug review and psychotropic monitoring devices monthly and upon prescription changes.**

Omnicare complies with this requirement.

**4.1.20 The vendor must provide all medication ordered by physicians. If vendor is unable to provide all medication, vendor must either have an agreement in place with a local a local pharmacy or the facility will purchase from a local pharmacy and vendor will be responsible for reimbursement of such.**

Omnicare complies with this requirement.

**4.1.21 The vendor must provide a monthly report on pharmacy activities to the DON of each facility. The report is to include all items dispensed to the facility for each resident. This is to include item description, NDC Number, quantities provided. The report is to include third party payment activity showing payment, resident co-pay amounts, non-covered amounts, secondary billing of co-pay/deductible for each RX, amounts received from secondary insurance companies for payments of co-pay/deductible.**

Omnicare complies with this requirement.

**4.1.22 The vendor must provide each facility an updated Nursing Care Center Pharmacy Policy and Procedure Manual upon award of contract and annually thereafter during the term of the contract.**

Omnicare complies with this requirement.

**4.1.23 The vendor must conduct medication administration observations on nursing staff two (2) times per year.**

Omnicare complies with this requirement.

**4.1.24 The vendor must package medications for residents to take for leave of absence.**

Omnicare complies with this requirement.

Omnicare will provide Pass and/or Leave of Absence medications in conventional properly-labeled prescription containers, generally within 48 hours, in accordance with all state and federal regulations.

- Any tablets and capsules requested for Leave of Absence cannot be returned for credit.
- "Bulk" (liquids, creams, etc.) are sent from resident's facility stock.
- Pharmacy consultation may be obtained by the patient or family member by telephoning the pharmacy.
- The timeframe and ability to dispense Pass and/or Leave of Absence medications can change depending on the parameters of a patient's specific insurance and/or drug plan. Omnicare will work with any and all third party pay sources in an attempt to

resolve coverage issues as quickly as possible.

**4.1.25 The vendor must receive and verify orders from each LTC facility via a Virtual Private Network (VPN) in the VistA computer system maintained by the facility. Contracted Vendor will be provided with both access to the VistA computer system and VistA training at each facility.**

Through Omnicare, Inc., Omnicare has certified bi-directional interfaces with numerous different software vendors and Omnicare is committed to working with VistA in an attempt to establish a certified bi-directional interface with their system. The certification process is described in further detail later in this proposal.

**4.1.26 The vendor must advise facilities of medications not covered by third party insurances and give recommendations of alternative allowable prescriptions (i.e. generics) whenever available.**

Omnicare complies with this requirement.

**4.1.27 The vendor must comply with all Federal and State standards and requirements applicable to the provision of pharmaceutical care and services.**

Omnicare complies with this requirement.

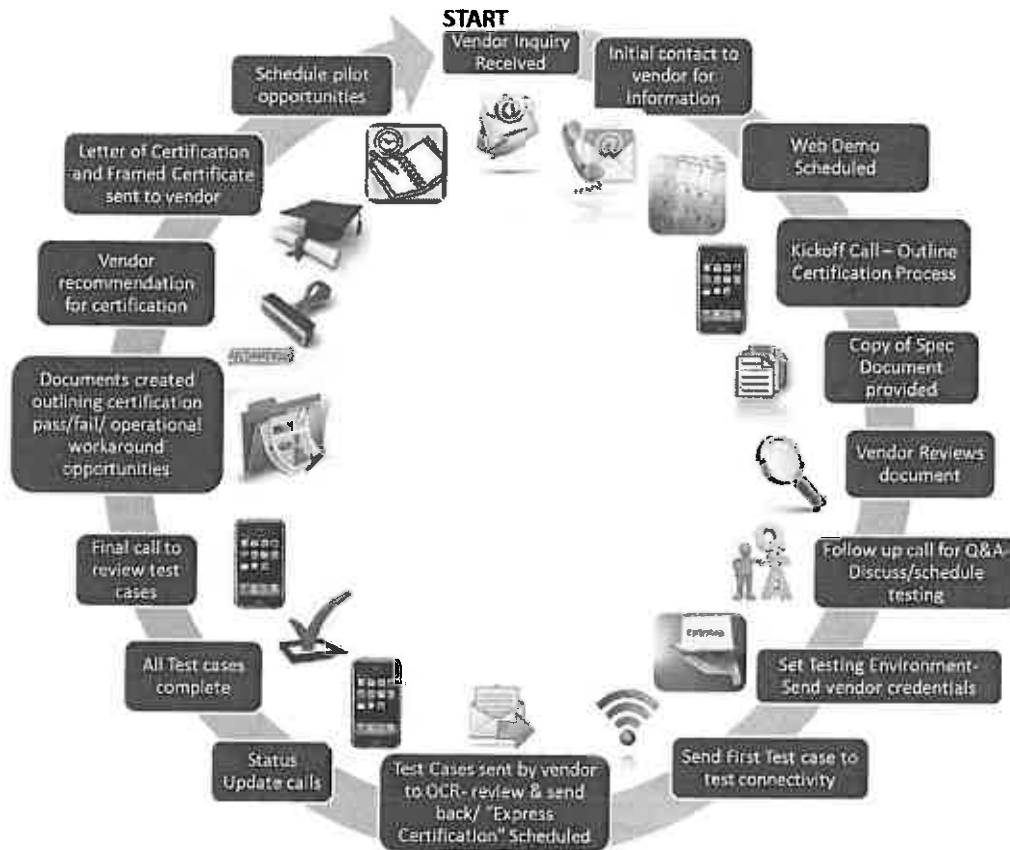
## **4.2 VENDOR REQUIRED EQUIPMENT / ELECTRONIC REQUIREMENTS:**

**NOTE: All facilities have implemented VistA (Veteran's Administration Software) computer system that includes Bar Code Medication Administration (BCMA). Physicians will be entering electronic orders in the VistA System**

**4.2.1 Mandatory: Computer system with internet capability and ability to access a Virtual Private Network (VPN) created by the WVDHHR system.**

As described earlier in this proposal, through Omnicare, Inc., Omnicare has certified, bi-directional interfaces with numerous different software vendors and is committed to working with VistA in an attempt to establish a certified bi-directional interface with their system. The certification process is described as follows:

The system interfacing process is more fully described as follows:



Omnicare, Inc.'s certification process ensures that the systems handle all types of electronic messages encountered in ordering scenarios, including, but not limited to:

- Routine orders
- Split orders
- Complex orders that are non-commercially available
- Stop orders
- One Time Only orders
- Dosepak / Taper orders
- Sliding scale insulin orders
- Treatment medication orders
- Controlled drugs (should not be sent)

Additionally, Omnicare, Inc.'s bi-directional certification and interface process ensures information facilities and vendors should manage in their system is not sent, including, but not limited to:

- Pass times
- Ancillary orders
- Allergies
- Diagnoses
- Lab orders
- Demographic information

Within the realm of facility/pharmacy electronic interfaces, the term "bi-directional" is interpreted and used in many ways. The term "bi-directional" refers to the flow of information to and from a skilled nursing facility (facility to pharmacy, pharmacy to facility). What the definition does not include, however, is the type of information that flows bi-directionally.

The day to day electronic transfer of information to and from a facility to pharmacy is quite complex and demanding due to the various types of information and the various types of prescription order scenarios that are required to be sent. Complex orders (routine/prn), tapered dose orders, sliding scale insulin orders, and therapeutic interchange substitution orders are just a small sampling of the various types of orders seen on a daily basis that require electronic transmission. Sophisticated and comprehensive interfaces such as the interface Omnicare provides via our certification program, ensure that vendors can adequately send and receive these types of complex orders, and many more types, effectively. Our impressive certification program has been adopted by many vendors and pharmacies as their own as it provides comprehensive electronic capabilities for the skilled nursing facility.

#### **4.2.2 Mandatory: *Bar Code Scanner* to scan bar codes into the VistA system.**

Upon the establishment and certification of the bi-directional interface with VistA, Omnicare will comply with this requirement.

#### **4.2.3 Mandatory: *Bar Code Scanner* to print bar codes labels that will be affixed to any dispensed medication that does not have a manufacture bar code (i.e., medication not dispensed in unit dose) and some medications that may need to be placed in clear plastic bags (i.e., ointments, creams, lotions, inhalers, suppositories, injectables).**

Upon the establishment and certification of the bi-directional interface with VistA, Omnicare will comply with this requirement.

**4.2.4 Mandatory: Vendor will be required to verify each physician's electronic/written order within VistA through the VPN in addition to processing the order into the current pharmacy dispensing computer system.**

Upon the establishment and certification of the bi-directional interface with VistA, Omnicare will comply with this requirement.

**4.2.5 Mandatory: Pharmaceutical packaging equipment must be utilized to properly package all pharmaceuticals so they can be scanned into the facilities BCMA computer package.**

Upon the establishment and certification of the bi-directional interface with VistA, Omnicare will comply with this requirement.

**4.2.6 Mandatory: Vendor will be required to dispense medications with a bar code, using the manufacture National Drug Code (NDC) bar code number on a unit dose medication.**

Omicare complies with this requirement.

**4.2.7 Mandatory: Vendor will be required to scan each of the dispensed drug's bar code into the VistA drug file the first time the NDC bar code is utilized. The pharmacies will only need to scan in bar codes subsequently if there is a manufacturer change or a manufacturer has changed its NDC number.**

Upon the establishment and certification of the bi-directional interface with VistA, Omnicare will comply with this requirement.

## EXCEPTIONS

Pursuant to Section 11 of the Instructions to Vendors Submitting Bids, Omnicare takes the following exceptions:

1) HIPAA Business Associate Addendum

Because Omnicare is considered a "Covered Entity" under HIPAA, the Business Associate Addendum is not legally required. Nonetheless, if awarded the contract, Omnicare is willing to execute the HIPAA Business Associate Addendum subject to the following revisions to the document:

- a) The final sentence in Section 3(b) revised to: "Associate will report to Agency any **unauthorized** use or disclosure of the PHI, including any **successful** Security incident not provided for by this Agreement of which it becomes aware."
- b) Omnicare doesn't generally makes its internal practices, books and records available to facilities as described in Section 3(j).
- c) Omnicare requests deletion of Section 3(k).
- d) Revision in Section 3(l) of the timeframe for notification to the Agency of any breach to 3 business days.
- e) Revision in Section 4(d) to reflect that termination occurs only if there is a violation of HIPAA as it relates to this agreement.

2) General Terms & Conditions, § 34 – Antitrust

Omnicare will comply with this provision to the extent permissible under our contracts with wholesalers and other relevant and related entities.

3) Sections 4.1.25, 4.2.1, 4.2.2, 4.2.3, 4.2.4, 4.2.5 and 4.2.7

As described within those specific sections, Omnicare is committed to working with VistA in an attempt to establish a certified, bi-directional interface with their software and Omnicare has significant experience with *numerous* vendors in successfully establishing such interfaces.



CRFQ BHS1700000011  
PHARMACY SUPPLIES & SERVICES

PRICING PAGE

Monthly Service Fee

FACILITY AND LICENSED BEDS (LTC)	COST PER LICENSED BED PER MONTH	TOTAL PER MONTH
Jackie Withrow Hospital 199 licensed beds	\$12.00	\$2,388.00
Hopemont Hospital 98 licensed beds	\$12.00	\$1,176.00
Lakin Hospital 114 licensed beds	\$12.00	\$1,368.00
John Manchin Sr. Health Care 41 licensed beds	\$12.00	\$492.00
Welch Community Hospital 59 licensed beds	\$12.00	\$708.00
	<b>TOTAL BID =</b>	<b>\$6,132.00</b>

\*\*\*NOTE\*\*\*

For the purposes of evaluation and award, bidders must incorporate all direct and peripheral costs into a set monthly fee to be charged on a per licensed bed basis:

Vendor Name: Compass Health Services, LLC d/b/a Omnicare of Morgantown

Vendor Address: 1401 Earl Core Road, Suite A  
Morgantown, WV 26505

Remit to Address: 1401 Earl Core Road, Suite A  
Morgantown, WV 26505

Phone #: 800-455-3080

Fax #: 800-230-3083

E-mail: john.lockard@omnicare.com

Signature: , Joshua Schiller, Senior Legal Counsel

Date: 7/30/17

CRFQ BHS1700000011  
PHARMACY SUPPLIES & SERVICES

**EXHIBIT A**

Any anticipated travel, dispensing or other costs related to the performance of services under this RFQ must be accounted for and incorporated into the vendor's monthly service fee to be reported below. No expenses other than the pre-established costs of drugs and monthly service fees will be reimbursed by the State.

Bids will be reviewed and an award made to the vendor providing the overall lowest costs to the facilities. Submission of a quotation implies acceptance of the following pre-established acquisition cost margins to be paid by the State for pharmaceuticals:

<b>SERVICES</b>	<b>ALLOWABLE CHARGES</b>
<i>Prescription Drugs not covered by Insurance:</i>	<b>Wholesale Acquisition Cost (W.A.C.) + 2%</b>
<i>Non-prescription Drugs not covered by Insurance:</i>	<b>Wholesale Acquisition Cost (W.A.C.) + 1%</b>

**DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.**

John Christopher (Chris) Lockard, General Manager

**(Name, Title)**

John Christopher (Chris) Lockard, General Manager

**(Printed Name and Title)**

1401 Earl Core Road, Suite A, Morgantown, WV 26505

**(Address)**

800-455-3080 Ext. 24406, Fax: 800-230-3083

**(Phone Number) / (Fax Number)**

john.lockard@omnicare.com

**(email address)**

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Compass Health Services, LLC d/b/a Omnicare of Morgantown

**(Company)**



**(Authorized Signature) (Representative Name, Title)**

Joshua Schiller, Senior Legal Counsel

**(Printed Name and Title of Authorized Representative)**

3/30/17

**(Date)**

(513) 719-1532, (513) 719-2621 Fax

**(Phone Number) (Fax Number)**

**44. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL:** In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a "substantial labor surplus area", as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

REQUEST FOR QUOTATION  
CRFQ 0506 BHS1700000011  
Pharmacy Supplies and Services

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**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.

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

**10.2.1.** Immediate cancellation of the Contract.

**10.2.2.** Immediate cancellation of one or more release orders issued under this Contract.

**10.2.3.** Any other remedies available in law or equity.

**11. MISCELLANEOUS:**

**11.1. Contract Manager:** During its performance of this Contract, 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: John Christopher ("Chris") Lockard**

**Telephone Number: 800-455-3080 Ext. 24406**

**Fax Number: 800-230-3083**

**Email Address: john.lockard@omnicare.com**



Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 26 - Medical

Proc Folder: 291437

Doc Description: PHARMACY SUPPLIES & SVCS FOR THE RESIDENTS OF LONG TERM CARE

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-03-14	2017-04-04 13:30:00	CRFQ 0506 BHS1700000011	1

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Name, Address and Telephone Number:

Compass Health Services, LLC  
 d/b/a Omnicare of Morgantown  
 1401 Earl Core Road, Suite A  
 Morgantown, WV 26505  
 Phone: 800-455-3080

**FOR INFORMATION CONTACT THE BUYER**

April Battle  
 (304) 558-0067  
 april.e.battle@wv.gov

Signature X  Joshua Schiller  
 Senior Legal Counsel FEIN # 55-0730048

DATE 3/30/17

All offers subject to all terms and conditions contained in this solicitation

**ADDITIONAL INFORMATION:**

The West Virginia Purchasing Division is soliciting bids on behalf of WVDHHR/Bureau for Behavioral Health & Health Facilities (BHFF) and the state owned Long Term Care (LTC) facilities which include: Jackie Withrow Hospital, Lakin Hospital, Hopemont Hospital, Welch Community Hospital (LTC unit only) and John Manchin Sr. Health Care Center, hereafter referred to as "facilities", to establish an open-end contract for a vendor to provide Pharmacy Supplies and Services.

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Open End Contract for Pharmacy Supplies and Services	0.00000	YR		

Comm Code	Manufacturer	Specification	Model #
51000000			

**Extended Description :**

Pharmacy supplies and services for the state owned long term care facilities

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	Questions Due	2017-03-21



Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 26 - Medical

Proc Folder: 291437

Doc Description: ADD #1 PHARMACY SUPPL. & SVCS FOR RESIDENTS OF LONG TERM CARE

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-03-23	2017-04-04 13:30:00	CRFQ 0506 BHS1700000011	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Name, Address and Telephone Number:**

Compass Health Services, LLC  
 d/b/a Omnicare of Morgantown  
 1401 Earl Core Road, Suite A  
 Morgantown, WV 26505  
 Phone: 800-455-3080

**FOR INFORMATION CONTACT THE BUYER**

April Battle  
 (304) 558-0067  
 april.e.battle@wv.gov

nature X

Joshua Schiller  
 Senior Legal Counsel  
 FEIN # 55-0730048

DATE 3/30/17

All offers subject to all terms and conditions contained in this solicitation



**ADDITIONAL INFORMATION:**

Addendum #1 is issued to provide vendor questions and responses.

No other changes.

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Open End Contract for Pharmacy Supplies and Services	0.00000	YR		

Comm Code	Manufacturer	Specification	Model #
51000000			

**Extended Description :**

Pharmacy supplies and services for the state owned long term care facilities

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Questions Due	2017-03-21



Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 26 -- Medical

Proc Folder: 291437

Doc Description: ADD #2 PHARMACY SUPPL.& SVCS FOR RESIDENTS OF LONG TERM CARE

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-03-23	2017-04-04 13:30:00	CRFQ 0506 BHS1700000011	3

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Name, Address and Telephone Number:**

Compass Health Services, LLC  
 d/b/a Omnicare of Morgantown  
 1401 Earl Core Road, Suite A  
 Morgantown, WV 26505  
 Phone: 800-455-3080

**FOR INFORMATION CONTACT THE BUYER**

April Battle  
 (304) 558-0067  
 april.e.battle@wv.gov

nature X 

Joshua Schiller  
 Senior Legal Counsel FEIN # 55-0730048

DATE 3/30/17

All offers subject to all terms and conditions contained in this solicitation

Addendum #2 is issued to provide the addendum paperwork left out of Addendum #1 in error.

No other changes.

ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER
No City                      WV99999	No City                      WV 99999
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Open End Contract for Pharmacy Supplies and Services	0.00000	YR		

Comm Code	Manufacturer	Specification	Model #
51000000			

**Extended Description :**

Pharmacy supplies and services for the state owned long term care facilities

Line	Event	Event Date
1	Questions Due	2017-03-21

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ 0506 BHS1700000011**

**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 checked="" 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.

Compass Health Services, LLC d/b/a Omnicare of Morgantown

Company



Joshua Schiller, Senior Legal Counsel

Authorized Signature

Date

3/30/17

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

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFO BHS170000011**

**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 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.

Compass Health Services, LLC  
d/b/a Omnicare of Morgantown

---

Company  
 Joshua Schiller  
Senior Legal Counsel

---

Authorized Signature

3/30/17

---

Date

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

**SOLICITATION NUMBER: CRFQ BHS1700000011**

**Addendum Number: 1**

---

The purpose of this addendum is to modify the solicitation identified as CRFQ BHS1700000011 ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

1. This addendum is for the attachment of vendor questions and responses.

No other changes.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFO BHS1700000011**

**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 type="checkbox"/> Addendum No. 1            | <input type="checkbox"/> Addendum No. 6  |
| <input checked="" 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 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.

Compass Health Services, LLC  
d/b/a Omnicare of Morgantown

Company

Joshua Schiller  
Senior Legal Counsel



Authorized Signature

3/30/17

Date

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

**SOLICITATION NUMBER: CRFQ BHS1700000011**  
**Addendum Number: 2**

---

The purpose of this addendum is to modify the solicitation identified as CRFQ BHS1700000011 ("Solicitation") to reflect the change(s) identified and described below.

**Applicable Addendum Category:**

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

**Description of Modification to Solicitation:**

1. This addendum is to provide the attachment for Addendum #1 that were left out in error.

No other changes.

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

**Terms and Conditions:**

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



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 Vendor Preference, if applicable.

1. **Application is made for 2.5% 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;  
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **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% 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% vendor preference for the reason checked:**  
 Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,
4. **Application is made for 5% 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% 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% 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) rescind the contract or purchase order; 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.

**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: Compass Health Services, LLC d/b/a Omnicare of Morgantown

Signed: 

Date: 3/30/17

Title: Senior Legal Counsel

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

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: Compass Health Services, LLC d/b/a Omnicare of Morgantown

Authorized Signature: [Signature] Date: 3/30/17

State of Ohio

County of Hamilton, to-wit:

Taken, subscribed, and sworn to before me this 30<sup>th</sup> day of March, 2017.

My Commission expires n/a, 20    .



ADAM CHARLES McNEELY  
Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Date, Section 147.03 O.R.C.

NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 08/01/2015)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/24/2017

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).

<b>PRODUCER</b> MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: CVSCaremark.CertRequest@Marsh.com Fax:212-948-5338	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Greenwich Insurance Company		22322
<b>INSURER B:</b> XL Insurance America Inc		24554
<b>INSURER C:</b> XL Specialty Insurance Company		37885
<b>INSURER D:</b> ACE American Insurance Company		22667
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> NYC-007514478-17	<b>REVISION NUMBER:</b> 14
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$500,000 <input checked="" type="checkbox"/> LIQUOR LIABILITY INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGE3001220	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 4,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 4,500,000 GENERAL AGGREGATE \$ 28,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
V	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS SELF-INSURED PHY.DMG.			RAD9437823	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			See Page Two for Policy Numbers	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D	<input checked="" type="checkbox"/> PBM E&O - PRIMARY SIR (Ea Claim/Ea Class Action)			MSPG24560533008	04/30/2016	04/30/2017	LIMIT \$ 15,000,000 SIR \$20M/\$40M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

<b>CERTIFICATE HOLDER</b> CVS HEALTH CORPORATION, FORMERLY KNOWN AS CVS CAREMARK CORPORATION AND ITS SUBSIDIARIES AND AFFILIATES ONE CVS DRIVE WOONSOCKET, RI 02895	<b>CANCELLATION</b> 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. Yevgeniya Muyamina <i>Yevgeniya Muyamina</i>
--	--



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA, INC.		NAMED INSURED CVS HEALTH CORPORATION ONE CVS DRIVE, MC 2180 WOONSOCKET, RI 02895	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

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

**PBM E&O - EXCESS:**

POLICY #: 105608393 (\$15M xs \$15M)

CARRIER: TRAVELERS CASUALTY AND SURETY COMPANY

POLICY DATES: 04/30/2016 - 04/30/2017

LIMIT: \$15,000,000

2nd Excess - Admiral Insurance Company (\$10M x \$30M) - MCHEO100070414-03

3rd Excess - Lexington Insurance Company (\$10M x \$40M) - 013594138

**WORKERS COMPENSATION DEDUCTIBLE PROGRAM:**

POLICY DATES: JAN 1, 2017 TO JAN 1, 2018 (Coverage A)

Policy #	States Covered	Carrier
RWD3001221	AOS	XL Insurance America
RWR3001222	WI, AK	XL Specialty Insurance Company

LIMIT: \$2,000,000  
 DEDUCTIBLE: \$2,000,000

**EXCESS WORKERS COMPENSATION PROGRAM**

POLICY DATES: JAN 1, 2017 TO JAN 1, 2018 (Coverage B)

Policy #	States Covered	Carrier
RWE943543	DC, MA, OH, RI	XL Specialty Insurance Company
RWE9435484	CT, NC, NJ, VA	XL Specialty Insurance Company

LIMIT: \$500,000

**Excess Workers Compensation Self-Insured Retentions:**

DC, MA, OH, RI: \$500,000

CT, NC, NJ, VA: \$1,000,000

COVERAGE A: Workers Compensation: Statutory

COVERAGE B: Employers Liability Limits: \$500,000/\$500,000/\$500,000

**COMMON POLICY CONDITIONS**

**A. Cancellation**

2. We (Carrier) may cancel this policy by mailing or delivery to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for non payment of premium.

1) General Liability Additional Insured - Where Required Under Contract or Agreement language per endorsement 61712 (12/06):

**SECTION II - WHO IS AN INSURED, is amended to include as an additional Insured:**

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA, INC.		NAMED INSURED CVS HEALTH CORPORATION ONE CVS DRIVE, MC 2180 WOONSOCKET, RI 02895	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

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

- The coverage an/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

2) General Liability Earlier Notice of Cancellation Provided By Us language per endorsement CG 02 24 10 93:

Number of Days' Notice 90

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph 2. of either the CANCELLATION Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

3) General Liability Advance of Cancellation to Entities Other Than The Named Insured Limited to E-Mail Notification per Chartis Manuscript endorsement:

In the event that the Insurer cancels this policy for any reason other than non payment of premium, and

1. The cancellation effective date is prior to this policy's expiration date;
2. The First Named Insured is under an existing contractual obligation to notify a certificate holder when this policy is cancelled (hereinafter, the "certificate Holder(s)"); and has provided to the Insurer, either directly or through its broker of record, the email address of the contact at such entity, and the Insurer received this information after the First Named Insured received notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the Insurer, the Insurer will provide advice of cancellation (the "Advice") via e-mail to such Certificate Holders.

Proof of the Insurer emailing the Advice, using the information provided under this policy by the First Named Insured, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement. This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement.

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/30/2016

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 have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Providence RI Office 100 Westminster Street, 10th Floor Providence RI 02903-2393 USA	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (866) 283-7122 <b>FAX (A/C. No.):</b> 800-363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> CVS Health Corporation One CVS Drive Woonsocket RI 028950000 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> ACE Property & Casualty Insurance Co.		20699
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

Holder Identifier:

**COVERAGES**      **CERTIFICATE NUMBER:** 570065085016      **REVISION NUMBER:**

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/POP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION			XOOG27939910002	01/01/2017	01/01/2018	EACH OCCURRENCE      \$10,000,000 AGGREGATE              \$10,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No : 570065085016

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Pharmacist Professional Liability included
**CERTIFICATE HOLDER****CANCELLATION**
CVS Health Corporation and its subsidiaries and affiliates  
One CVS Drive  
Woonsocket RI 02895 USA

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**  
*Aon Risk Services Northeast Inc*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/29/2016

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Providence RI Office 100 Westminster Street, 10th Floor Providence RI 02903-2393 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Omnicare One CVS Drive Woonsocket RI 028950000 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Steadfast Insurance Company		26387
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**      **CERTIFICATE NUMBER: 570065038911**      **REVISION NUMBER:**

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.      Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			HPC008382802 Professional Liability SIR applies per policy terms & conditions	01/01/2017	01/01/2018	EACH OCCURRENCE AGGREGATE      \$25,000,000 Specific Loss Limit      \$25,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Limits are subject to a \$1,000,000 SIR. Lease list all of the Omnicare locations on the certificate which has been provided on the attached spreadsheet.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
National Supplier Clearinghouse AG-495 Palmetto GBA PO Box 100142 Columbia SC 29202 USA	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  <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier : susan.lucker@cv      Certificate No : 570065038911



**Board of Pharmacy**  
**REGISTERED PHARMACY PERMIT**  
**CONTROLLED SUBSTANCE PERMIT**

**STERILE / PHARMACEUTICAL COMPOUNDING PERMIT**

**July 1, 2016 - June 30, 2017 - Date Issued: March 28, 2016**

**Omnicare of Morgantown**  
Registered Pharmacy

1401 Earl L. Core Road Suite A  
Morgantown, WV 26505

LICENSE # SP0551179

DEA # BN5708067

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

**Seble W.Hain - RP0006351**

Registered Pharmacist in Charge



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BN5708067	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	11-23-2015
<b>OMNICARE OF MORGANTOWN</b> <b>1401 EARL CORE ROAD</b> <b>MORGANTOWN, WV 26505</b>		

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

Sections 304 and 308 (21 U.S.C. 824 and 858) 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 IS NOT VALID AFTER THE EXPIRATION DATE.**

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BN5708067	12-31-2018	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	11-23-2015
<b>OMNICARE OF MORGANTOWN</b> <b>1401 EARL CORE ROAD</b> <b>MORGANTOWN, WV 26505</b>		

Sections 304 and 308 (21 U.S.C. 824 and 858) 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, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (05/04)

Registered Pharmacists			
Name	Title	License #	Exp. Date
Bailey, Keith E.	Registered Pharmacist (WV)		06-30-17
Bailey, Keith E.	Registered Pharmacist (PA)		09-30-18
Cook, Kelley	Registered Pharmacist (WV)		06-30-17
Cook, Kelley	Registered Pharmacist (PA)		09-30-18
Core, Mitchel	Registered Pharmacist (WV)		06-30-18
Core, Mitchel Edward	Registered Pharmacist (PA)		09-30-18
Hailu, Seble W.	Registered Pharmacist (WV)		06-30-17
Hailu, Seble W.	Registered Pharmacist (PA)		09-30-18
Hart, Jodie C.	Registered Pharmacist (WV)		06-30-18
Hart, Jodie A.	Registered Pharmacist (PA)		09-30-18
Hatcher, Amy F.	Registered Pharmacist (WV)		06-30-17
Hayes, Jennifer L.	Registered Pharmacist (WV)		06-30-17
Lockard, John C.	Registered Pharmacist (WV)		06-30-17
Lockard, John C.	Registered Pharmacist (OH)		09-15-17
Lockard, John Christopher	Registered Pharmacist (PA)		09-30-18
Mahdavi, Forouzandah	Registered Pharmacist (WV)		06-30-17
Mahdavianari, Farouzandeh	Registered Pharmacist (PA)		09-30-18
Polina, Janaki	Registered Pharmacist (WV)		06-30-18
Polina, Janaki	Registered Pharmacist (MD)		08-31-17
Polina, Janaki	Registered Pharmacist (PA)		09-30-18
Starcher, Alyssa	Registered Pharmacist (WV)		06-30-17
Welsh, Jacqueline D.	Registered Pharmacist (WV)		06-30-17
Welsh, Jacqueline D.	Registered Pharmacist (OH)		09-15-17



# Board of Pharmacy

REGISTERED PHARMACIST LICENSE

July 1, 2015-June 30, 2017

Keith E. Bailey  
Registered Pharmacist  
License: [REDACTED]



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649  
Harrisburg, PA 17105-2649  
03/17/2017

License Information

KEITH EDWARD BAILEY

Morgantown, West Virginia 26508

Profession: Pharmacy

LicenseType: Pharmacist

Specialty Type:

License Number: [REDACTED]

Status: Active

Status Effective Date: 02/07/2017

Issue Date: 02/07/2017

Expiration Date: 09/30/2018

Last Renewal:

[REDACTED]

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



Board of Pharmacy

July 1, 2015-June 30, 2017

Kelley M. Cook

Registered Pharmacist

License # [REDACTED]



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/17/2017

License Information

KELLEY M COOK

Morgantown, West Virginia 26505

Profession: Pharmacy

LicenseType: Pharmacist

Specialty Type:

License Number: [REDACTED]

Status: Active

Status Effective Date: 05/13/2016

Issue Date: 04/24/2014

Expiration Date: 09/30/2018

Last Renewal: 09/10/2016

[REDACTED]

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



# Board of Pharmacy

REGISTERED PHARMACIST LICENSE

July 1, 2016- June 30, 2018

Mitchel Core  
Registered Pharmacist  
License [REDACTED]

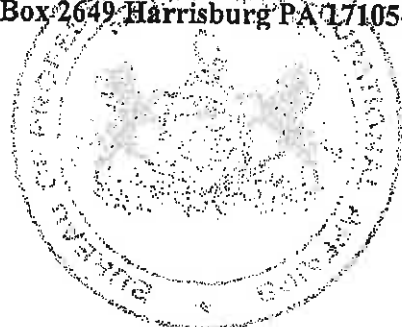
DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
PO Box 2649 Harrisburg PA 17105-2649

16 0207849

License Type  
Pharmacist

License Status  
Active



Initial License Date  
04/19/2016

MITCHEL EDWARD CORE

License Number



Expiration Date  
09/30/2018

Commissioner of Professional and Occupational Affairs

*Mitchel E. Core*  
Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. § 401





Board of Pharmacy

July 1, 2015-June 30, 2017

Seble W. Hailu

Registered Pharmacist

License # [REDACTED]

DISPLAY THIS CERTIFICATE PROMINENTLY - NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
PO Box 2649 Harrisburg PA 17105-2649

17 0143212

License Type  
Pharmacist

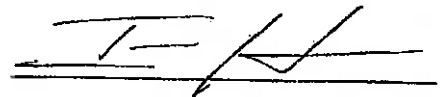
License Status  
Active

Initial License Date  
01/09/2017

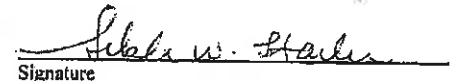
SEBLE W HAILU  
[Redacted]

License Number  
[Redacted]

Expiration Date  
09/30/2018



Commissioner of Professional and Occupational Affairs

  
Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. § 9117



# Board of Pharmacy

**REGISTERED PHARMACIST LICENSE**

**July 1, 2016-June 30, 2018**

**Jodie C. Hart**

**Registered Pharmacist**

**License** [REDACTED]



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/17/2017

License Information

JODIE A HART

Elkins, West Virginia 26241

Profession: Pharmacy

LicenseType: Pharmacist

Specialty Type:

License Number: [REDACTED]

Status: Active

Status Effective Date: 09/23/2008

Issue Date: 08/09/1993

Expiration Date: 09/30/2018

Last Renewal: 07/30/2016

[REDACTED]

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



Board of Pharmacy

July 1, 2015-June 30, 2017

Amy F. Hatcher

Registered Pharmacist

License # [REDACTED]



### Individual Details

License Number	[REDACTED]
License Type	Registered Pharmacist
Name	Hayes, Jennifer L.
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2017
License Status	Active
	[REDACTED]
	[REDACTED]

[Another Query](#)

[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of March 17, 2017.



# Board of Pharmacy

REGISTERED PHARMACIST LICENSE

July 1, 2015-June 30, 2017

John C. Lockard  
Registered Pharmacist  
License # [REDACTED]



Name and Address		[back]
Name	JOHN CHRISTOPHER LOCKARD RPH	
Public Address	MD	

License and Registration Information				
License	First Issue Date	Current Issue Date	Expiration Date	Status
[REDACTED]	08/09/2011	09/16/2016	09/15/2017	ACTIVE
License Type: Pharmacist				
How issued: R - Reciprocity				

[REDACTED]	
[REDACTED]	

This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 3/17/2017.

This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.



DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 30 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
PO Box 2649 Harrisburg PA 17105-2649

16 0250368

License Type  
Pharmacist

License Status  
Active

Initial License Date  
01/20/2005

JOHN CHRISTOPHER LOCKARD

License Number

Expiration Date  
09/30/2018

Commissioner of Professional and Occupational Affairs

  
Signature

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Board of Pharmacy

July 1, 2015-June 30, 2017

Frouzandeh Mahdaviarari

Registered Pharmacist

License # [REDACTED]

Commonwealth of Pennsylvania Department of State  
Bureau of Professional and Occupational Affairs  
Pharmacist

License Number

[REDACTED]

Registration Code

154q170i

FOROUZANDEH MAHDAVIANARI

[REDACTED]



Expiration Date  
09/30/2018

License Status  
Active



Board of Pharmacy

July 1, 2016-June 30, 2018  
Janaki Polina  
Registered Pharmacist  
License [REDACTED]

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24617

33200

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT

**JANAKI POLINA**

IS A REGISTERED Active  
Pharmacist - *Pharmacist*

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.

EXPIRATION DATE

08/31/2017

SIGNATURE OF BEARER

Commonwealth of Pennsylvania Department of State  
Bureau of Professional and Occupational Affairs  
Pharmacist

License Number  
RP440610

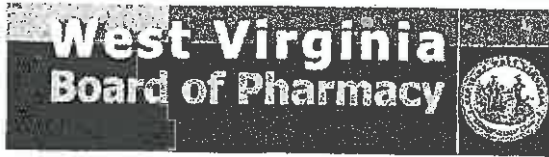
Expiration Date  
09/30/2018

Registration Code

License Status  
Active

JANAKI POLINA





### Individual Details

License Number	[REDACTED]
License Type	Registered Pharmacist
Name	Starcher, Alyssa
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2017
License Status	Active
	[REDACTED]

[Another Query](#)

[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of March 17, 2017.



Board of Pharmacy

July 1, 2015-June 30, 2017

Jacqueline D. Welsh

Registered Pharmacist

License # [REDACTED]





<b>Name and Address</b>		<a href="#">[back]</a>
<b>Name</b>	JACQUELINE D. WELSH RPH	
<b>Public Address</b>	WV	

<b>License and Registration Information</b>				
License	First Issue Date	Current Issue Date	Expiration Date	Status
[REDACTED]	05/17/2013	09/16/2016	09/15/2017	ACTIVE
<b>License Type:</b> Pharmacist				
<b>How issued:</b> R - Reciprocity				

[REDACTED]	
[REDACTED]	

**This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 3/17/2017.**

**This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".**

**This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.**

<b>Pharmacy Technicians</b>			
<b>Name</b>	<b>Title</b>	<b>License #</b>	<b>Exp. Date</b>
Bolyard, Dianna M.	Pharmacy Technician		06-30-18
Brozik, Corey B.	Pharmacy Technician		06-30-17
Comstock, Austin J.	Pharmacy Technician		06-30-17
Estel, Rose	Pharmacy Technician		06-30-18
Fleming, Sharon R.	Pharmacy Technician		06-30-18
Gibson, Molly L.	Pharmacy Technician		06-30-17
Hinerman, Deborah J.	Pharmacy Technician		06-30-17
Huffman, Mary	Pharmacy Technician		06-30-18
Hurt, Heather S.	Pharmacy Technician		06-30-17
Huyett, Kristen	Pharmacy Technician		06-30-17
Johnson, Karen E.	Pharmacy Technician		06-30-18
Mullenax, Judy	Pharmacy Technician		06-30-17
Shahan, Kimberlee D.	Pharmacy Technician		06-30-17
Thompson, David D.	Pharmacy Technician		06-30-17
Wolford, Breanna M.	Pharmacy Technician		06-30-18
Woods, Ramona L.	Pharmacy Technician		06-30-18
Zierer, Richard J.	Pharmacy Technician		06-30-17



**Board of Pharmacy**  
REGISTERED PHARMACY TECHNICIAN CERTIFICATE  
July 1, 2016-June 30, 2018

Dianna M. Bolyard  
Registered Pharmacy Technician  
License # [REDACTED]



# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Corey B. Brozik

Registered Pharmacy Technician

License # [REDACTED]



# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Austin J. Comstock

Registered Pharmacy Technician

License





## Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2016-June 30, 2018

Rose A. Estel

Registered Pharmacy Technician

License





# Board of Pharmacy

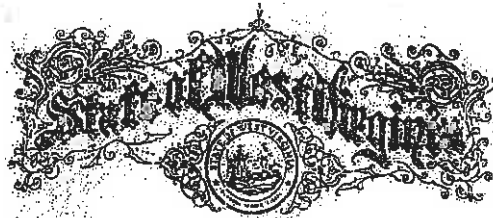
REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2016-June 30, 2018

Sharon R. Fleming

Registered Pharmacy Technician

License [REDACTED]



# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Molly L. Gibson

Registered Pharmacy Technician

License # [REDACTED]





# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Deborah J. Hincman

Registered Pharmacy Technician

License





# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2016-June 30, 2018

Mary D. Huffman

Registered Pharmacy Technician

License # [REDACTED]



# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Heather S. Hurt

Registered Pharmacy Technician

License # [REDACTED]



# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Kristen Huyett

Registered Pharmacy Technician

License [REDACTED]



# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2016-June 30, 2018

Karen E. Johnson

Registered Pharmacy Technician

License





# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Judy Mullenax

Registered Pharmacy Technician

License: [REDACTED]



# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

Kimberlee D. Shahan  
Registered Pharmacy Technician  
License: [REDACTED]



Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2015-June 30, 2017

David D. Thompson

Registered Pharmacy Technician

License [REDACTED]





# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2016-June 30, 2018

Breanna M. Wolford

Registered Pharmacy Technician

License





# Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2016-June 30, 2018

Ramona L. Woods

Registered Pharmacy Technician

License: [REDACTED]



**Board of Pharmacy**  
REGISTERED PHARMACY TECHNICIAN CERTIFICATE  
July 1, 2015-June 30, 2017

Richard J. Zierer, Jr.  
Registered Pharmacy Technician  
Licens XXXXXXXXXX

### Pharmacy Technician Trainees

Name	Title	License #	Exp. Date
Allen, Kayla N.	Pharmacy Technician Trainee		06-01-18
Berry, Brandon	Pharmacy Technician Trainee		12-03-17
Born, Eric J.	Pharmacy Technician Trainee		02-01-18
Cassino, Jennifer L.	Pharmacy Technician Trainee		05-03-18
Cotton, Daniel A.	Pharmacy Technician Trainee		03-19-18
Gagne, Laren B.	Pharmacy Technician Trainee		06-08-17
Graffious, Jay A.	Pharmacy Technician Trainee		06-01-17
Hoban, Jason	Pharmacy Technician Trainee		05-16-17
Jaffre, Darletta	Pharmacy Technician Trainee		05-25-17
Jordan, Germaine M.	Pharmacy Technician Trainee		06-02-18
Keiffer, Courtney N.	Pharmacy Technician Trainee		04-14-17
Linear, Sonia D.	Pharmacy Technician Trainee		03-01-18
McAlpine, Christina M.	Pharmacy Technician Trainee		06-17-17
Mompremier, Charles A.	Pharmacy Technician Trainee		06-15-18
Radcliff, Abigail E.	Pharmacy Technician Trainee		03-19-18
Staggs, Timothy A.	Pharmacy Technician Trainee		01-29-18
Wright, Jason L.	Pharmacy Technician Trainee		08-08-17



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE  
12/1/2016-6/1/2018

Kayla Allen  
Pharmacy Technician Trainee  
License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

6/3/2016-12/3/2017

Brandon Berry

Pharmacy Technician Trainee

License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

8/1/2016-2/1/2018

Eric Born

Pharmacy Technician Trainee

License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

11/3/2016-5/3/2018

Jennifer Cassino

Pharmacy Technician Trainee

License XXXXXXXXXX





# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE  
9/19/2016-3/19/2018

Daniel Cotton  
Pharmacy Technician Trainee  
License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE  
12/8/2015-6/8/2017

Lauren Gagne  
Pharmacy Technician Trainee  
License: [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

12/1/2015-6/1/2017

Jay Graffious

Pharmacy Technician Trainee

License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

11/16/2015-5/16/2017

Jason Hoban

Pharmacy Technician Trainee

License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

11/25/2015-5/25/2017

Darletta Jaffre

Pharmacy Technician Trainee

License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

12/2/2016-6/2/2018

Germaine Jordan

Pharmacy Technician Trainee

License





# Board of Pharmacy

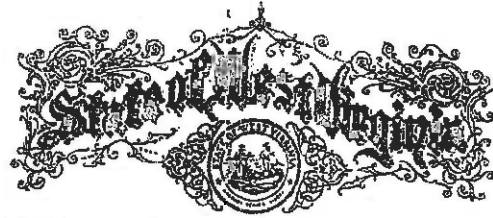
PHARMACY TECHNICIAN TRAINEE CERTIFICATE

10/14/2015-4/14/2017

Courtney Keiffer

Pharmacy Technician Trainee

License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

8/29/2016-3/1/2018

Sonia Linear

Pharmacy Technician Trainee

License [REDACTED]





**Board of Pharmacy**

12/17/2015-6/17/2017

Christina McAlpine

Pharmacy Technician Trainee

license [REDACTED]



## Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

12/15/2016-6/15/2018

Charles Mompremier

Pharmacy Technician Trainee

License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE  
9/19/2016-3/19/2018

Abigail Radcliff  
Pharmacy Technician Trainee  
License [REDACTED]



## Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE  
7/29/2016-1/29/2018

Timothy Staggs  
Pharmacy Technician Trainee  
License [REDACTED]



# Board of Pharmacy

PHARMACY TECHNICIAN TRAINEE CERTIFICATE

2/8/2016-8/8/2017

Jason Wright

Pharmacy Technician Trainee

License [REDACTED]

Pharmacist  
License  
Information  
and Dates

Pharmacists

### Licensee Search/Verification



#### Individual Details

License Number	00000000
License Type	Registered Pharmacist
Name	Baada, Wadwa M
State of Client Residence	WV
Issue Date	07/16/2016
Expiration Date	06/30/2017
License Status	Active
Declaratory Action	None

Apply for Renewal

Print Licensee Profile

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#### Latest News

- Effects of Illegal Drugs on the Heart
- LIU Releases Case Study on Publishing Scientific Data Online
- Pharmacists have a Critical Role in Preventing Drug Injuries
- The New Health Regulations, a Positive Change for the Average Resident Taking Prescription Medication at AWAAC

search...

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Registered Pharmacist
Name	Chris, Apr R
State of Current Residence	WV
Expiration Date	
Renewal Date	06/30/2017
License Status	Active
Voluntary Action	0

Search Query

Pharmacy Name Data

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Developed by: [REDACTED]

#### Latest News

Effects of illegal drugs on the heart  
FDA releases guidelines for prescribing opioids for chronic pain  
Pharmacists have a responsibility to prevent opioid diversion  
The New Mexico Board of Pharmacy is a member of the Red Pill Training  
West Virginia Pharmacists at AHA/ACC

search...



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Immunizations Agenda/Meetings Applications/Forms Law and Rules Licensee Search/Verification Newsletter  
Licensure

C\$ Monitoring Program  
Pharm Recovery Network  
Inspections  
Complaints  
FAQs  
Education Info  
Other Information  
Naloxone Protocol

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacist
Name	Kimberly D. [REDACTED]
State of Current Residence	DC
Date Issued	
Expiration Date	05/31/2017
License Status	Active
Disciplinary Action	None

Another Query

Pharmacist Page

Navigation icons

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#### Latest News

Effect of Blood Drugs on the Body  
The American College of Pharmacy supports the Chronic Pain Prescription Drug Abuse Prevention Act. The Act will help prevent drug abuse by requiring a written prescription for Schedule II-IV controlled substances. The Act also requires a written prescription for Schedule II-IV controlled substances. The Act also requires a written prescription for Schedule II-IV controlled substances.

search...



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

P. O. Box 2849  
Harrisburg, PA 17105-2849  
02/08/2017

**License Information**

**DONALD WALTER KRASON**

Belpre, Ohio 45714

Profession: Pharmacy

Status Effective Date:

License Type: Pharmacist

Issue Date: 11/28/1978

Specialty Type:

Expiration Date: 08/30/2018

License Number: [REDACTED]

Last Renewal: 08/24/2016

Status: Active



This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.



<b>Name and Address</b>		<a href="#">[back]</a>
Name	DONALD WALTER KRASON RPH	
Public Address	OH	

<b>License and Registration Information</b>				
License	First Issue Date	Current Issue Date	Expiration Date	Status
[REDACTED]	07/30/1973	09/16/2016	09/15/2017	ACTIVE
License Type: Pharmacist				
How Issued: E - Examination				

[REDACTED]
------------

This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 2/9/2017.

This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License type	Registered Pharmacist
Name	Hawkins, Bernard M.
State of Current Residence	WV
Date Issued	07/14/2011
Expiration Date	06/30/2016
License Status	Active
Disciplinary Action	No

Another Query

Close Query Results

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Pharmacy Licensee Information

#### Latest News

Pharmacy of Legal Drugs in the Wild  
Dr. Rebecca Goldstein  
The West Virginia Board of Pharmacy  
Pharmacists have a  
Challenging  
Program for the  
Board of the Division  
The New  
Solutions to Secure  
a mile in The Atlantic  
and Fine Dining  
The Pharmacy at  
Special

search...



Name and Address		<a href="#">[back]</a>
Name	BERNARD MATTHEW MAYNARD RPH	
Public Address	WV	

License and Registration Information				
License	First Issue Date	Current Issue Date	Expiration Date	Status
[REDACTED]	02/19/2010	02/19/2010	09/15/2010	LAPSED
License Type: Pharmacy Intern How issued:				
RPH.03331549-3	11/01/2011	09/16/2016	09/15/2017	ACTIVE
License Type: Pharmacist How issued: R - Reciprocity				

[REDACTED]
------------

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This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

- CS Monitoring Program
- Pharm Recovery Network
- Inspections
- Complaints
- FAQs
- Education Info
- Other Information
- Naloxone Protocol

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Registered Pharmacist
Name	Mowbray, John B. Jr.
State of Current Residence	WV
Trade Name	
Expiration Date	06/30/2015
License Status	Active
Disciplinary Action	No

[Add to Study](#)

[Therapy from Pass](#)

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#### Latest News

**Effects of Illegal Drugs on the Heart**  
CDC Releases Guidelines for Monitoring Alcohol Use  
New Clinical Trial  
Pharmacist David L. Conroy, MD  
Pharmacist John J. Proctor, MD  
"The New Heroin Epidemic" is Explaining Why  
and How in The Atlantic  
Rob King, Pharmacist  
Pharmacist at Atlantic

search...

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Registered Pharmacist
Name	Rubinson, Christopher G.
Year of Current Renewance	2016
US Resident	
Continuing Education	1/1/2017
License Status	Active
Temporary Status	No

Another Query

Showing 1 of 1 Results

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

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#### Latest News

Pharmacist's Legal Rights on the Move  
CDC Releases Guidelines for Flu Season  
Pharmacist's Role in Responding to Ebola  
The New Year's Epidemic: A New Year's Resolution  
New Year's Resolutions for Pharmacists

SEARCH...



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

P. O. Box 2848  
Harrisburg, PA 17105-2848  
02/08/2017

**License Information**

**CHRISTOPHER BURKE ROBINSON**

Saint Albans, West Virginia 25177

Profession: Pharmacy

Status Effective Date: 11/09/2016

License Type: Pharmacist

Issue Date: 11/09/2016

Specialty Type:

Expiration Date: 09/30/2018

License Number: [REDACTED]

Last Renewal:

Status: Active



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### License Lookup

Current as of 02/09/2017 12:45

License Information	
License Number	[REDACTED]
Occupation	Pharmacist
Name	Christopher B Roblson
Address of Record	Saint Albans, WV 25177
Initial License Date	07/06/2011
Expire Date	12/31/2017
License Status	Current Active
Additional Public Information*	No

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia.

\* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.G of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

- CS Monitoring Program
- Pharm Recovery Network
- Inspections
- Complaints
- FAQs
- Education Info
- Other Information
- Naloxone Protocol

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
Practice Type	Independent Retail
Name	Adrian M. [REDACTED]
State of Current Residence	WV
Date Exired	07/01/2016
Expiration Date	06/30/2016
License Status	Active
Exempt by Article	No

Printer Query

Pharmacy Hours Open

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#### Latest News

Many of legal drugs on the floor.  
 CDC Releases Guidelines for Prescribing Opioids for Chronic Pain  
 Pharmacists Issue a Call for Action  
 CDC Issues New Guidelines for Prescribing Opioids  
 The West Virginia Board of Pharmacy is a leading provider of continuing education for pharmacists at

search...

**Pharmacy**  
**Technician**  
**License**  
**Information**  
**and Dates**

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
First Name	Baughman Patricia A.
State of Current Residence	WV
Date Issued	09/28/2010
Expiration Date	02/28/2018
License Status	Active
Renewal Cycle	2yr

Another Query

Pharmacy Home Page

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#### Latest News

Board of Medical Practice  
On the Move  
COP Resumes Operations  
and Pharmacy Practice  
and Certification  
Pharmacists Award  
Certificates for  
Successful Completion of  
Pharmacy Drug Distribution  
Program  
Pharmacy Technician  
Education and Training  
Event in This State  
New Drug Training  
Values and Principles of  
Pharmacy

Search:

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Primary License
Name	Barbara, Cynthia
State of Current Residence	WV
Date Issued	12/02/2006
Expiration Date	08/31/2018
Current Status	Active
Disciplinary Actions	No

Print License Entry

Print License Entry

Navigation icons: back, forward, search, etc.

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#### Latest News

House of Delegates Approves  
and Enacts  
CDL Release Guidelines  
for Prescription Opioids  
for Chronic Pain  
Pharmaceutical Sales &  
Promotional  
Restrictions  
Repealed  
Pharmacy Error Reduction  
Value Stream Mapping  
Program  
Pharmacy  
Inspection  
Process  
Updated  
Pharmacy  
Inspection  
Process  
Updated  
Pharmacy  
Inspection  
Process  
Updated

search...



## CERTIFICATION VERIFICATION

### Certificant Information

Crystal G Bartram  
ST ALBANS, WV

### Certification Information

Certification Number: [REDACTED]	Status: Active
Last Recertification Date: April 13, 2015	Application Deadline: March 01, 2017
Issue Date: March 31, 2005	Expiration Date: March 31, 2017

Verification Date: Monday, January 18, 2016

Below are definitions of all potential certification statuses:

**Active:** Currently certified.

**Expired:** Not currently certified, but eligible for reinstatement.

**Uncertified:** Not certified and must reapply.

**Suspended:** Not Certified. Certification is suspended.

**Revoked:** Not Certified. Certification has been revoked.

The verification information provided by PTCB is obtained from PTCB certification records, which are securely maintained. PTCB makes all reasonable effort to ensure that the certification record information is reported and published in an accurate and complete manner. PTCB is a primary source verifier.

PTCB grants initial certification to individuals who meet a number of program requirements, including a passing score on the Pharmacy Technician Certification Exam (PTCE). All current or past holders of a certificate received a passing score on a PTCB approved exam.

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	Cato, Jared O.
State of Current Residence	WV
Photo Expiry	08/10/2015
Expiration Date	02/01/2017
License Status	Active
Regulatory Action	No

Another Query

Pharmacy Board Search

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

#### Latest News

Effects of illegal drugs on the market  
CDC Issues Guidelines for Prescribing Opioids for Chronic Pain  
Pharmaceuticals Have a Duty to Report  
Emergency Use of Prescription Drugs Approved  
The New Journal of Pharmacy Practice  
Eye Health: A Study on the Use of Red Flag Indicators  
Update for Pharmacists on Opioids

Search

- CS Monitoring Program
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- Naloxone Protocol

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	ESQUERRA, YIMBY A.
State of Current Residence	WV
Date Issued	10/14/2016
Expiration Date	06/30/2017
License Status	Active
Disciplinary Action	No

Another Query

Change My Profile Page

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#### Latest News

**Effects of Blood Sugar**  
 2016 Update  
 A new blood sugar medicine  
 for chronic pain  
 researchers have a  
 breakthrough  
 Recommendations to  
 the State Board of  
 Pharmacy  
 Evidence & research  
 about the impact  
 of blood sugar  
 control on pain  
 management

search...





## CERTIFICATION VERIFICATION

### Certificant Information

Timothy Clemons  
South Charleston, WV

### Certification Information

Certification Number: [REDACTED]	Status: Active
Last Recertification Date: N/A	Application Deadline: September 01, 2017
Issue Date: September 02, 2015	Expiration Date: September 30, 2017

Verification Date: Monday, January 18, 2016

Below are definitions of all potential certification statuses:

**Active:** Currently certified.

**Expired:** Not currently certified, but eligible for reinstatement.

**Uncertified:** Not certified and must reapply.

**Suspended:** Not Certified. Certification is suspended.

**Revoked:** Not Certified. Certification has been revoked.

The verification information provided by PTCB is obtained from PTCB certification records, which are securely maintained. PTCB makes all reasonable effort to ensure that the certification record information is reported and published in an accurate and complete manner. PTCB is a primary source verifier.

PTCB grants initial certification to individuals who meet a number of program requirements, including a passing score on the Pharmacy Technician Certification Exam (PTCE). All current or past holders of a certificate received a passing score on a PTCB approved exam.

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	[REDACTED]
Name	[REDACTED]
State of Current Registration	WV
Date Issued	06/05/2009
Expiration Date	06/30/2017
License Status	Active
Disciplinary Action	None

Another Query

Pharmacy License Board

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#### Latest News

Effects of Illegal Drug on the Heart  
CDC Releases Guidelines for Preventing Gunshot Injuries from Firearms  
Pharmacists make a Difference  
Rising Obesity in Program Data Discovered  
The New Summit Hospital, a Major Addition to The Mountain West Place Training Center for Professionals at AARHS

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[Licensure](#)

[CS Monitoring Program](#)

[Pharm Recovery Network](#)

[Inspections](#)

[Complaints](#)

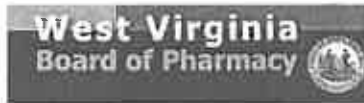
[FAQs](#)

[Education Info](#)

[Other Information](#)

[Naloxone Protocol](#)

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	Christa Lorenz M
State of Current Residence	WV
Date Issued	07/02/16
Expiration Date	07/02/18
License Status	Active
Disciplinary Action	No

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#### Latest News

Effect of Prescription Drug  
on Heart  
CDC Releases Guideline  
for Prescription Antibiotics  
for Chronic Pain  
Pharmacists Have a  
Competing Duty to  
Patient Drug Diversion  
"The New Health  
Economic", a Feature  
Article in The Atlantic  
New Study: Training  
Vocational Pharmacists at  
Aptec

[search...](#)

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	Umish, Ken L.
State of Current Residence	WV
Date Issued	12/28/2014
Expiration Date	12/28/2016
License Status	Active
Disciplinary Action	None

Another Query

Pharmacy Name Page

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#### Latest News

Effects of Opioid Drugs on the Brain  
The Food and Drug Administration (FDA) has approved a new drug to help with chronic pain. The drug is called esketamine, and it is a type of ketamine. It is used to treat major depressive disorder. The FDA has approved esketamine for use in combination with an antidepressant. Esketamine is a fast-acting antidepressant that works by blocking the action of NMDA receptors in the brain.

search...

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacist/Resident
Name	Matthew John F.
State of Current Residence	WV
Date Issued	06/01/14
Expiration Date	06/01/15
License Status	Active
Emergency Admin	No

Reset Query

Pharmacy Search Page

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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#### Latest News

**Effects of Illegal Drugs on the Heart**  
**CDR Medicines Guidelines for Prescription Abuse**  
**Use of Prescription**  
**Pharmacists have a Responsibility in Prescribing Drug Disasters**  
**"The New Heroin Epidemic" is Spreading in the Midwest**  
**Pharmacists: Beware of Prescription Abuse at AWHONN**

search...

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	[REDACTED], R.Ph.
State of Current Residence	WV
When Issued	8/24/2017
Expiration Date	8/24/2019
License Status	Active
Temporarily Active	No

Advanced Query

Pharmacy License Board

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#### Latest News

**Effects of Illegal Drugs on the Heart**  
CDC Warns of Deaths in Patients with Heart and Chronic Pain  
West Virginia has a Comprehensive Prescription Monitoring Program  
The New Heroin Epidemic & Factors  
West Virginia Board of Pharmacy

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- Naloxone Protocol

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Primary Technician
Name	David, Dee A
State of Current Residency	WV
City Resided	
Expiration Date	03/31/2018
License Status	Active
Registration Action	NA

Member Class:

Pharmacy Home Care

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#### Latest News

- Office of Legal Rights on the March
- CDC Releases Guidelines for Preventing Opioid Use, Heroin, Pain
- Pharmacists Have a Responsibility to Prevent Drug Diversion
- The New Board Executive Director
- Pharm. Reg. Training
- Medical and Pharmaceutical

search:



## CERTIFICATION VERIFICATION

### Certificant Information

Dee A Olive  
Poc, WV

### Certification Information

Certification Number [REDACTED]	Status: Active
Last Recertification Date: September 08, 2015	Application Deadline: November 01, 2017
Issue Date: November 30, 2005	Expiration Date: November 30, 2017

Verification Date: Monday, January 18, 2015

Below are definitions of all potential certification statuses:

**Active:** Currently certified.

**Expired:** Not currently certified, but eligible for reinstatement.

**Uncertified:** Not certified and must reapply.

**Suspended:** Not Certified. Certification is suspended.

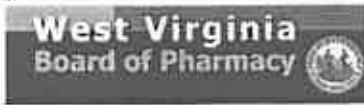
**Revoked:** Not Certified. Certification has been revoked.

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### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
State	West Virginia
Home or Current Residence	WV
Date Issued	05/20/13
Expiration Date	05/31/19
License Status	Active
Disciplinary Action	No

Attached Charts: 1

Physician License Page

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#### Latest News

West Virginia Board of Pharmacy  
and Delaware County  
Pharmacy Technician  
Programs Have  
Completed  
Annual Drug  
Inspection  
With Full  
Compliance  
Results  
Article in The Atlantic  
and Pharmacy  
Online for Pharmacists at  
AOPARW

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- Naloxone Protocol

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Title	Pharmacist
Phone	[REDACTED]
State of Current Residence	WV
DOB	11/15/1974
Expiration Date	06/30/2018
License Status	Active
Current Action	None

Submit Query

Pharmacist License Page

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#### Latest News

Update of Opioid Drugs on Pharmacy  
 The West Virginia Board of Pharmacy has approved the Pharmacy Board's Request for Opioid Data.  
 Pharmacists Have a Responsibility to Report Opioid Prescriptions  
 The West Virginia Board of Pharmacy is issuing a request for the pharmacy board to report Opioid Prescriptions for Pharmacists at [REDACTED]

search...

### Licensee Search/Verification



#### Individual Details

Licensee Number	
License Type	Pharmacy Technician
Name	Vickers, Tanya
State of Current Residence	WV
Birth Date	
Expiration Date	06/30/2017
License Status	Active
Disciplinary Action	No

Reset Query

Pharmacy Search Page

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#### Latest News

Pharmacy of Legal Drugs on the Rise  
 CDE, Pharmacy Foundation Announce New Study  
 For Certification  
 Pharmacy Practice a Leader in Patient Safety  
 International Symposium on Patient Drug Care  
 and Drug Safety  
 Pharmacy and Academic Guide to The Atlantic  
 Red Cross Training Grant for Pharmacy is AWARDED

search...

Licensee Search/Verification



Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	Claewiger, Rachelle L.
State of Current Residence	WV
Title/Brand	
Expiration Date	06/30/2017
License Status	Active
Disciplinary Action	None

Another Query :

Emergency Contact Page

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Latest News

Editors of the all Issues of the Journal... WVC released Guidelines for Pharmacists Provide for Chronic Pain... Pharmacists have a Centralizing Responsibility in Access Drug Shortages... The New Health Epidemic: Prescription Drugs in The Hospital... Did You Know? Training Video for Pharmacists at AHA/ASA

Search

### License Search/Verification



#### Individual Search Results

Key: LastName StartsWith 'cooper' and FirstName StartsWith 'amber'  
For more information, please click the name.

Viewing 1-1 of 1 records.

Name	Residence State	License Number	License Status	Disciplinary Action
<a href="#">[Name]</a>	WV	[Redacted]	Active	No

Search Query

Pharmacy Status Page

Navigation: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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#### Latest News

Effect of Drinking on the Health of the Population...  
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The new "Home Assessment" program...  
The Atlantic and West Virginia...  
West Virginia Board of Pharmacy...  
APR 10 11

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- Education Info
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- Naloxone Protocol

### Licensee Search/Verification



#### Individual Details

Licensee Number	[REDACTED]
Licensee Type	Pharmacy Technician
Name	[REDACTED]
State of Current Residence	WV
Date Issued	01/01/2016
Expiration Date	01/01/2017
License Status	Active
Disciplinary Action	None

Print Record

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#### Latest News

**Effects of Illegal Drugs on the Heart**  
 CDC Releases Guidelines for Prescribing Opioids for Chronic Pain  
 Pharmacists have a corresponding Responsibility to Prevent Drug Diversion  
 "The New Heroin Epidemic," a feature article in The Atlantic  
 Red Flag Training Video for Pharmacists at AWARxE

search...



## CERTIFICATION VERIFICATION

### Certificant Information

Najaka N Watkins  
Charleston, WV

### Certification Information

Certification Number: [REDACTED]	Status: Active
Last Recertification Date: N/A	Application Deadline: November 01, 2017
Issue Date: November 23, 2015	Expiration Date: November 30, 2017

Verification Date: Monday, January 28, 2016

Below are definitions of all potential certification statuses:

**Active:** Currently certified.

**Expired:** Not currently certified, but eligible for reinstatement.

**Uncertified:** Not certified and must reapply.

**Suspended:** Not Certified. Certification is suspended.

**Revoked:** Not Certified. Certification has been revoked.

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### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician
Name	June, Eva
State of Current Residence	WV
Date Issued	1/16/2016
Expiration Date	06/30/2017
License Status	Active
Disciplinary Action	No

Another Query

West Virginia Board of Pharmacy

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#### Latest News

- Continuing the High Value Pharmacy Case: A new pharmacy started by John C. Wagner, RPh, Jr. Pharmacists have a responsibility to prevent drug diversion.
- The New Health Epidemic: a feature article in The Atlantic Red Flag Training video for pharmacists at AMARIE
- MIA (Miss Controlled Substances) Disposal Page

Search



**Pharmacy**  
**Technician**  
**Trainee**  
**Information**  
**and Dates**

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician in Training
Name	Sharon Anley S
State of Current Residence	WV
Date Issued	11/19/2018
Expiration Date	12/31/2020
Job Title	4000
Disciplinary Action	0

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#### Latest News

Effects of opioid drugs on the heart  
CDC Releases Guidelines for Patient Care Guidelines for Children and Adolescents  
Pharmacists have a responsibility to...  
New Study Shows...  
New Study Shows...  
Red Pill vs. Blue Pill...  
Visit our Pharmacists at [SMART](#)

search...



Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technologist in Training
Name	Dickerson, Jasmine S
State of Current Practice	WV
Expiration Date	03/02/2018
Renewal Date	02/28/2019
License Status	Active
Disciplinary Action	No

Return Query

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Latest News

Effects of Illegal Drugs on the Heart  
CDC Releases Guideline for Prescribing Opioids for Chronic Pain  
Pharmacists have a Corresponding Responsibility to Prevent Drug Diversion  
"The New Heroin Epidemic", a feature article in The Atlantic  
Red Flags Training Video for Pharmacists at AWARE

search...

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### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacist - Resident in Training
Name	Neil Blaney A.
State of Current Residence	WV
Date Issued	12/06/2016
Expiration Date	12/06/2017
License Status	Active
Disciplinary Action	No

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#### Latest News

**Effect of Illegal Drugs on the Heart**  
**CDC Releases Guideline for Prescribing Opioids for Chronic Pain**  
**Pharmacists have a Corresponding Responsibility to Prevent Drug Diversion**  
**"The New Heroin Epidemic", a feature article in The Atlantic**  
**Red Flags Training Video for Pharmacists at AWA RxE**

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician in Training
Name	Melina Gullars E
State of Current Residence	WV
Date Issued	05/24/2016
Expiration Date	12/31/17
License Status	Active
Disciplinary Action	No

Advanced Query

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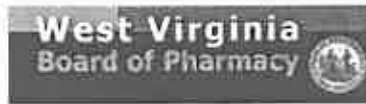
#### Latest News

Effects of Illegal Drugs on the Heart  
CDC Releases Guideline for Prescribing Opioids for Chronic Pain  
Pharmacists have a Corresponding Responsibility to Prevent Drug Diversion  
"The New Heroin Epidemic", a feature article in The Atlantic  
Red Flags Training Video for Pharmacists at AWARE

search...



### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Primary Technician in Training
Name	Robberson, Runic, A
State of Current Residence	WV
City/County	Martinsburg
Expiration Date	06/30/2016
License Status	Active
Disciplinary Action	No

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#### Latest News

West Virginia Board of Pharmacy Releases Guidelines for Dispensing Opioids to Chronic Pain Patients  
The Board has taken responsibility for Patient Data Breach on Prescription Prescriptions  
Economic's Feature Inside in The Pharm's  
Drug Safety Training  
Update on Prescription at Pharmacy

search...

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician in Training
Name	Shelby, Aida B
State of Current Residence	WV
Date Issued	03/23/2016
Expiration Date	03/23/2017
License Status	Active
Disciplinary Action	No



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#### Latest News

**Effects of illegal Drugs on the Heart**  
CDC Releases Guideline for Prescribing Opioids for Chronic Pain  
Pharmacists have a corresponding responsibility to prevent drug diversion  
"The New Heroin Epidemic", a feature article in The Atlantic  
Red Flags Training Video for Pharmacists at AWARE

search...



Licensee Search/Verification



Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician in Training
Name	Stuart, Jose M
State of Current Residency	WV
Date Issued	1/20/2018
Expiration Date	06/30/2018
Job Title	Pharm
Displaying As	Me

Another Query

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Latest News

Effects of Regulated Drugs on the Patient  
2017 Medication Guidelines for Prescribing Opioids  
Pharmacy Law & Compliance  
Regulatory Updates  
Prescription Management  
The New Meaning of Pharmacy  
Pharmacy's Future  
The Role of The Pharmacist  
Pharmacy Practice  
Pharmacy Practice at AACE

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- Naloxone Protocol

### License Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician in Training
Name	Walters, Angela B.
State of Current Residence	WV
Date Issued	08/14/2016
Expiration Date	08/14/2018
License Status	Active
Disciplinary Action	No

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#### Latest News

6th Annual National Emergency Preparedness Conference  
 West Virginia Board of Pharmacy  
 Pharmacy Technician in Training  
 Pharmacists have a  
 Call to Action  
 Pharmacy Technician  
 Student Drug Abuse  
 How to Stay Healthy  
 Community Health  
 Solutions to The Atlantic  
 Real World Training  
 Video for Pharmacists at  
 APhA 40

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[Naloxone Protocol](#)

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician in Training
First Name	Wendy Elizabeth M.
State of Current Residence	WV
Expiration Date	9/15/2018
Expiration Date	9/15/2017
License Status	Active
Disciplinary Action	None

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#### Latest News

**Effects of Illegal Drugs on the Heart**  
**CDC Releases Guideline for Prescribing Opioids for Chronic Pain**  
Pharmacists have a corresponding responsibility to prevent drug diversion "The New Heroin Epidemic", a feature article in The Atlantic Red Flags Training Video for Pharmacists at AWARE

SEARCH...

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- Other Information
- Naloxone Protocol

### Licensee Search/Verification



#### Individual Details

License Number	[REDACTED]
License Type	Pharmacy Technician, In Training
Name	Wills, Darlene D
State of Current Residence	WV
Date Issued	11/02/2016
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