

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

ALABAMA STATE BOARD OF PHARMACY

BUSINESS MEETING

Wednesday, August 20, 2014

9:05 a.m.

LOCATION: Alabama State Board of Pharmacy
111 Village Street
Hoover, Alabama 35242

REPORTER: Sheri G. Connelly, RPR

1 APPEARANCES

2

3 BOARD MEMBERS:

4 Mark Conradi, President

5 Tim Martin, Vice President

6 Dan McConaghy, Treasurer

7 Buddy Bunch, Member

8 David Darby, Member

9

10 ALSO PRESENT:

11 Susan Alverson, Secretary

12 Jim Ward, Board Attorney

13 Rhonda Coker, Board of Pharmacy

14 Lynn Martin, Board of Pharmacy

15 Terry Lawrence, Board of Pharmacy.

16 Glenn Wells, Board of Pharmacy

17 Mark Delk, Board of Pharmacy

18 Cara Leos

19 Jim Easter

20 Maryfrances Brown

21 Tammie Koelz

22 Clarissa Baker

23 Sam Russell

1	Matthew Muscato
2	Paul Rengering
3	Fenicia Hutt
4	Wanda Dagher
5	Greg Gamble
6	Julie Hunter
7	Mary Kate Pummer
8	Brittney Calnia
9	Cody Berguson
10	Bruce Harris
11	Billy Lawley
12	Eddie Vanderver
13	Chuck Ellis
14	Greg Carter
15	George Chrysakis
16	Bart Bamberg
17	Kelli Newman
18	Ronda Lacey
19	Louise Jones
20	Tracy Davis
21	Clemice Hurst
22	Carter English
23	Tommy Klinner

1 MR. CONRADI: Welcome to the Board of
2 Pharmacy meeting. The first thing I want to do
3 is start over here with Mr. Terry and y'all
4 stand up and tell who you are and who you're
5 with so we can get that on the record.

6 MR. LAWRENCE: Terry Lawrence, Alabama
7 Board of Pharmacy.

8 MS. LEOS: Cara Leos with ALSHP.

9 MS. COKER: Rhonda Coker, Board of
10 Pharmacy.

11 MS. MARTIN: Lynn Martin, Board of
12 Pharmacy.

13 MR. EASTER: Jim Easter, Baptist
14 Health System.

15 MS. BROWN: Maryfrances Brown, I'm a
16 student with Jim Easter.

17 MR. CONRADI: We're sorry.

18 MS. KOELZ: Tammie Koelz, Walgreens.

19 MS. BAKER: Clarissa Baker, Walgreens.

20 MR. RUSSELL: Sam Russell, Office
21 Ally.

22 MR. MUSCATO: Matthew Muscato,
23 Walgreens.

1 MR. RENGERING: Paul Rengering,
2 Walgreens.

3 MS. HUTT: Fenicia Hutt, Walgreens.

4 MS. DAGHER: Wanda Dagher, Walgreens.

5 MR. GAMBLE: And if there wasn't
6 enough, Greg Gamble from Walgreens.

7 MS. HUNTER: Julie Hunter with
8 Omnicare.

9 MS. PUMMER: Mary Kate Pummer,
10 McWhorter School of Pharmacy.

11 MS. CALNIA: Brittney Calnia,
12 McWhorter School of Pharmacy.

13 MR. BERGUSON: Cody Berguson, CVS.

14 MR. HARRIS: Bruce Harris, APCI.

15 MR. LAWLEY: Billy Lawley, Wal-Mart.

16 MR. VANDERVER: Eddie Vanderver, CAPS,
17 Incorporated.

18 MR. ELLIS: Chuck Ellis, PharMerica.

19 MR. CARTER: Greg Carter, Park and
20 King Pharmacy.

21 MR. CHRYSAKIS: George Chrysakis, Park
22 and King Pharmacy.

23 MR. WARD: I need -- you two guys, I

1 told your lawyer that I would talk to the Board
2 today, you know, so you know, I'm delighted
3 you're here but -- but I haven't had a chance to
4 talk to them because the appropriate time to
5 talk to them is today after this meeting.

6 MR. CARTER: Okay.

7 MR. WARD: So I'll have a -- they'll
8 let me know something today but I have to talk
9 to them first.

10 MR. CARTER: Thank you.

11 MR. WARD: Okay.

12 MR. WELLS: Glenn Wells, Board of
13 Pharmacy.

14 MR. DELK: Mark Delk, Board of
15 Pharmacy.

16 MR. BAMBERG: Bart Bamberg, Publix
17 Supermarkets.

18 MS. NEWMAN: Kelli Newman, Alabama
19 Medicaid.

20 MS. LACEY: Ronda Lacey, McWhorter
21 School of Pharmacy.

22 MS. JONES: Louise Jones, Alabama
23 Pharmacy Association.

1 MS. DAVIS: Tracy Davis, counsel for
2 Alabama Pharmacy Association.

3 MR. CONRADI: Clemice.

4 MS. HURST: Clemice Hurst, Alabama
5 Medicaid.

6 MR. ENGLISH: Carter English,
7 Department of Mental Health.

8 MR. KLINNER: Tommy Klinner,
9 Department of Mental Health.

10 MR. CONRADI: Well, welcome. We'll
11 get started. Our first thing is approval of the
12 agenda.

13 DR. MARTIN: I move we approve the
14 agenda as proposed.

15 MR. DARBY: Second.

16 MR. CONRADI: All in favor?

17 MR. MCCONAGHY: Aye.

18 DR. MARTIN: Aye.

19 MR. DARBY: Aye.

20 MR. BUNCH: Aye.

21 MR. CONRADI: We've got two
22 presentations today. We'll let Office Ally be
23 first and then after that, Walgreens.

1 MR. RUSSELL: Thank you.

2 MR. CONRADI: I think you can use that
3 keyboard and all and that microphone.

4 MR. RUSSELL: Okay. Sam Russell for
5 Office Ally.

6 MR. CONRADI: Good morning.

7 MR. RUSSELL: Good morning. Hi,
8 thanks for having me here today. My name is Sam
9 Russell and I'm a business analyst at Office
10 Ally and just real brief what Office Ally is.
11 So Office Ally was started in 2000 as a medical
12 claims clearinghouse and in 2006 we have a
13 practice management system and in 2007 we
14 have -- we created a electronic medical records
15 program and so today I'll be presenting Office
16 Ally's e-prescribe program for noncontrolled
17 substances or OA-Rx for the Board approval.

18 So we were certified with Surescripts
19 as a Surescript certified solutions provider on
20 July 2, 2014. Our e-tript program has also been
21 meaningful use certified for 2014 in August and
22 currently out of the states that do require
23 additional approval, we are approved in

1 Connecticut, Indiana, and Nevada, and are
2 currently in the process with Ohio and
3 Washington.

4 So for the presentation on this I'm
5 going to go over basic work flow on our
6 e-prescribe program and feel free to interrupt
7 me with any questions if I'm going too fast. We
8 did send over some documents so there should
9 be in the Office Ally folder, there's a copy of
10 our Alabama Board of Pharmacy document as well
11 as including a printed prescription copy and a
12 version of our electronic prescription copy. So
13 if there aren't any questions before I get
14 started, I'll kind of go through the work flow.

15 MR. CONRADI: We'll interrupt you if
16 we need to.

17 MR. RUSSELL: Okay, great. So this is
18 the landing page, so this will be the first page
19 that the user will see on the system. So at the
20 top of the screen we have our patient
21 demographics. Over on the right top I have the
22 plan eligibility information that --

23 DR. MARTIN: We're seeing this from

1 the perspective of --

2 MR. RUSSELL: This would be a
3 provider.

4 DR. MARTIN: This is the -- what the
5 physician --

6 MR. RUSSELL: Yeah, physician work
7 flow program, yeah.

8 And then at the bottom of the screen
9 we have the current allergies and current
10 medications. So to start the work flow, they
11 use the medication search, and for example,
12 today we're going to be going through
13 Metoprolol, so this is the system medication
14 search so this will display the medication name,
15 the dose -- dosage along with the formulary
16 status and selection of medication, so we'll go
17 to the SIG page for our medication.

18 Any copay information that is returned
19 we'll display at the top, the formulary
20 information, so here we'll create the patient
21 directions and also including relevant diagnosis
22 code or notes for the pharmacy at the bottom
23 based on the formulary of the prescription

1 benefits we'll have any alternative medications.

2 So once selected medication, turn to
3 the first page, the landing page, you can see
4 the medication is now in the pending section and
5 now we can process this medication or add
6 additional medications for processing, so we'll
7 process this one. So in processing the
8 interaction page, so if there are any
9 interactions detected, they'll display here. So
10 the interactions that we do check for are drug
11 to drug, drug to disease, drug to allergy,
12 duplicate therapies, and then we have a section
13 for cautions, which includes age alerts, gender
14 alerts, pregnancy alerts.

15 And then this is our review page. The
16 page just allows the provider to make sure that
17 the order is accurate so the patient
18 information, the medication, and then here's
19 where we choose the pharmacy for electronic
20 submission.

21 So the final step is just a
22 confirmation that allows a user to know that
23 this order was sent successfully. This can be

1 printed out for the provider or to give to the
2 patient and now we're back on the landing page
3 and now the medication we prescribed is in the
4 current medications. That is the work flow.

5 MR. CONRADI: Got a question. I guess
6 that's just a simulation but you've got he's
7 allergic to beta blockers, yet you're giving a
8 beta blocker and it didn't show any interaction.
9 Was that just because you just chose the wrong
10 drug for the screen shot?

11 MR. RUSSELL: Yeah, the screen shots
12 are -- they're not -- they're a little taken out
13 of sequence, but you're right, there should have
14 been an allergic reaction.

15 MR. CONRADI: Are y'all planning on
16 doing controlleds now that you're Surescript
17 certified?

18 MR. RUSSELL: Eventually we will be
19 moving getting that going but currently it's not
20 controlleds.

21 MR. CONRADI: Any questions?

22 DR. MARTIN: So this is a product you
23 would sell primarily to a physician in their

1 office or a hospital or either one or --

2 MR. RUSSELL: So yes, this will be
3 incorporated into our -- both of our electronic
4 medical record system and our practice
5 management systems.

6 DR. MARTIN: So your main client is?

7 MR. RUSSELL: Would be small
8 practices -- small medical practices use this --
9 this system is all client-based.

10 DR. MARTIN: Physicians' offices and
11 clinics?

12 MR. RUSSELL: Correct.

13 MR. CONRADI: Dan, any questions?

14 MR. MCCONAGHY: No questions.

15 MR. CONRADI: David?

16 MR. DARBY: No, huh-uh.

17 MR. BUNCH: Huh-uh.

18 MR. DARBY: Susan?

19 MR. CONRADI: Susan.

20 DR. ALVERSON: I've got a question.

21 You mentioned drug-drug, drug to disease. Would
22 it bring up any warning, so if it had been a
23 cholesterol drug, would it have said, patient

1 needs to have liver studies checked once every
2 six months?

3 MR. RUSSELL: It would have those
4 warnings for the drug to disease and it would --
5 I'm not exactly sure on the verbiage but it
6 would display.

7 DR. ALVERSON: It would, okay. Thank
8 you.

9 MR. CONRADI: Do y'all want to make a
10 motion to approve it?

11 DR. MARTIN: I don't think it needs
12 our approval.

13 MR. WARD: I'm trying to figure out
14 what --

15 MR. CONRADI: We've just been
16 approving them I guess ever since day one on
17 electronic prescription.

18 DR. MARTIN: Have we?

19 MR. CONRADI: Yeah. That sends a
20 prescription to the pharmacy.

21 DR. MARTIN: I think we have to be
22 careful how we state that, that we've -- we've
23 seen it. We don't see any major flaws in it and

1 to that extent we would approve it but that's
2 not to be construed as an endorsement.

3 MR. CONRADI: We're not endorsing
4 it.

5 DR. ALVERSON: I have another
6 question. When it prints out in the pharmacy,
7 does it have Alabama's place for two signatures
8 or is it a check box for --

9 MR. RUSSELL: It doesn't -- so it goes
10 electronically through Surescripts and so it
11 will get to that.

12 MR. CONRADI: How does it end up in
13 the pharmacy though?

14 MR. RUSSELL: Surescripts sends it to
15 the pharmacy.

16 MR. CONRADI: Does it come out in the
17 form for Alabama with two signatures or if it
18 has to print out?

19 MR. RUSSELL: I'm not sure how they
20 send it through.

21 DR. ALVERSON: We just get calls on
22 that a lot. I've got an e-prescription and it's
23 got two check boxes, can I fill it because it

1 doesn't have two lines.

2 MR. WARD: Well, there's -- there are
3 exceptions to that so y'all need to be looking
4 at that statute we have.

5 MR. CONRADI: I think electronic they
6 just have to indicate it. I don't think --
7 since there's no signature on there.

8 MR. WARD: Yeah, but some of it -- you
9 know, they've got that law passed for mail
10 orders if the state that it's coming from
11 doesn't require -- they need to look at that.

12 DR. MARTIN: So this would only be
13 computer to computer?

14 MR. RUSSELL: Correct.

15 DR. MARTIN: No other application, no
16 printout?

17 MR. RUSSELL: Well, we do have a --

18 MR. CONRADI: If somebody wasn't set
19 up to take electronic prescriptions, it would be
20 printout. I don't know if everybody is 100
21 percent taking electronic.

22 MR. RUSSELL: We do have a printout
23 and there is an example of it in the folder.

1 DR. MARTIN: So if the prescriber
2 wanted to print it -- sign it, print it with an
3 electronic signature, print it, either one of
4 those, fax it, or send it machine to machine,
5 all of that is possible?

6 MR. RUSSELL: Correct. Now, the
7 application will just allow electronic
8 submission through Surescripts or printing as
9 submitted. Whatever they do with it is kind of
10 outside the scope of our work.

11 DR. MARTIN: Thank you.

12 MR. CONRADI: Any more questions?
13 Well, do we need a motion on that, Mr. Ward?

14 MR. WARD: No.

15 MR. CONRADI: Thank you.

16 MR. RUSSELL: Thank you. Thank you
17 for your time.

18 MR. WARD: Just say it was -- it was
19 presented and you got what Tim said?

20 COURT REPORTER: Uh-huh.

21 MR. CONRADI: Which one of y'all 20
22 are going to speak for Walgreens?

23 MR. GAMBLE: Just us three.

1 MS. HUTT: We'll just tag team in
2 three.

3 MR. GAMBLE: Good morning. My name is
4 Greg Gamble. I am the director of pharmacy
5 customer care for Walgreens CCO, Customer Care
6 Operations. I'll let my cohorts also introduce
7 themselves.

8 MS. HUTT: My name is Fenicia Hutt. I
9 work at the Orlando CCO facility. I'm the
10 clinical operations supervisor.

11 MR. CONRADI: Can y'all hear in the
12 back? I'm sorry.

13 MS. DAGHER: And I'm Wanda Dagher.
14 I'm from Miami Lakes and I'm the clinical
15 operations supervisor at the Miami Lakes
16 facility.

17 MR. GAMBLE: And the reason we're here
18 is we have applied for a nonresident pharmacy
19 permit in the State of Alabama for both of these
20 facilities. Because these are nondispensing
21 facilities, they are call centers, we are
22 applying under the pharmacy services permit
23 process and presenting to the Board outlining

1 our operations and answer any questions that you
2 may have.

3 We also -- a portion of our -- of our
4 work in the call centers, both in Muscle Shoals,
5 Orlando, and Miami Lakes, is centralization, so
6 we've included our SOPs as part of the
7 documentation that we have provided to the
8 Board. There are two sets of SOPs. One is the
9 mail service and e-commerce standard operating
10 procedures for supporting our mail service and
11 e-commerce business as well as what we call PCC,
12 or pharmacy customer care, which is a longer
13 document at the -- I believe it's appendix C
14 within your documentation that outlines our
15 centralization support for retail stores.
16 Within that there are appendixes that outline
17 our CPY policy as well as HIPAA compliance and
18 just the overall process or policy for
19 centralization support for retail stores, but
20 those are very long documents. I certainly
21 don't want to go over a 105-page SOP during this
22 but I want to answer any questions that you may
23 have and this is a sister facility or these are

1 sister facilities to our Muscle Shoals call
2 center, which is currently operating under a
3 pharmacy services permit.

4 Just pretty much what I started off
5 saying, this presentation will give some
6 background information for both of our Orlando
7 and Miami Lakes facilities, what our scope of
8 services are, which is a mirror image of what
9 Muscle Shoals is currently supporting, our
10 business continuity plan, and also access to 24
11 by seven pharmacists either on call or available
12 through our normal coverage of operations.

13 Our supervising pharmacist
14 responsibilities, which mirrors what Jared Otte
15 up in Muscle Shoals performs overseeing the
16 operation and are responsible for compliance,
17 our quality assurance programs, pharmacy
18 security, and access to our facilities, the call
19 handling policies and procedures, and our
20 privacy and security overview, so that -- that's
21 what we'll be going through during this
22 presentation. I'll hand it off to Fenicia just
23 to give background on our Orlando call center.

1 MS. HUTT: And in the happyland of
2 Disney, we're in Orlando, and we initiated
3 our pharmacy support services in April of 2013.
4 We have our square footage of our call center
5 facility at 33,750. We're licensed currently in
6 27 states and we've acquired a few more during
7 the time that we provided this information.

8 Our hours of operation are Monday
9 through Friday 6:00 a.m. to 11:00, Saturday and
10 Sunday 6:00 a.m. to 11:00, but we still provide
11 coverage after hours as well. We have 54
12 pharmacists and 92 registered technicians with
13 our maximum ratio being three to one currently
14 in the State of Florida.

15 MR. WARD: Does that mean all 146 work
16 at the same time?

17 MS. HUTT: No, that would not be.

18 MR. WARD: Well then you need maximum
19 ratio when the pharmacists -- when they're
20 actually working?

21 MS. HUTT: Correct, we have that
22 calculated out through our workforce management
23 team. So for the number of pharmacists that we

1 have on staff, we will only have three
2 technicians per one pharmacist at that time and
3 we're generally not at that three-to-one ratio.
4 We're generally below that.

5 MR. GAMBLE: The three-to-one ratio is
6 what Florida has permitted us and approved.
7 We're generally operating at two to one on
8 average. There are early periods that it might
9 be a little bit closer to three to one; other
10 periods throughout the day where greater
11 pharmacist support is needed where it may be
12 closer to a one to one.

13 MR. CONRADI: How do y'all handle the
14 calls from 11:00 until you open back up in the
15 morning? Does that go to somebody's home?

16 MS. HUTT: No, we have pharmacists at
17 a -- at our facility that are answering the
18 phones at our neighboring facility.

19 MR. GAMBLE: Right, we are right next
20 door to our central fill facility in Orlando,
21 Florida, and they are a 24 by seven operation.
22 So we actually take our overnight staff, locate
23 them at that facility and take the overnight

1 24/7 calls, so CCO is always -- always available
2 to answer those calls. It's just not from these
3 call centers.

4 MR. CONRADI: I'm sorry.

5 MR. GAMBLE: Now Wanda will give
6 background on the Miami Lakes facility.

7 MS. DAGHER: I'm from sunny Miami --
8 Miami Lakes. The facility opened in 2009 and we
9 have a 30,400 square footage facility. We're
10 currently licensed in 45 states and our hours of
11 operation are Monday through Friday from 7:00
12 a.m. to 11:00 p.m. and Saturday and Sunday from
13 7:00 a.m. to 9:00 p.m. The current pharmacy
14 staff, we have 85 registered pharmacists and 95
15 registered pharmacy technicians with a maximum
16 ratio of three to one, similar to the Orlando
17 facility.

18 MR. GAMBLE: As you can see, the
19 inside or the interior of these call centers are
20 a traditional call center type setting. They're
21 basically cubicle forms, so not a typical
22 pharmacy but access to the facility is -- is
23 protected by badge access. Access to our

1 computer systems is assigned based on user role
2 and we'll go forward with that further if you
3 need it in the presentation.

4 MR. WARD: You're doing these new ones
5 in Florida because the weather is better than it
6 is here? Why don't y'all bring them up here,
7 employ all these people here?

8 MR. GAMBLE: Actually the facility in
9 Muscle Shoals is -- you see the square footage
10 of these call centers -- Muscle Shoals is over
11 twice the size of the -- of these call centers.
12 They are 70,000 square feet and they are
13 currently employing 255 technicians in Muscle
14 Shoals.

15 MR. WARD: So there's room -- there's
16 room for more?

17 MR. GAMBLE: There is definitely room
18 for more in Muscle Shoals. So these facilities
19 were -- were basically located in Orlando and
20 Miami Lakes -- one, Orlando, because it was the
21 location of our mail service dispensing facility
22 and so the call center operation was an
23 outgrowth of our -- of our mail service

1 facility. Miami Lakes opened in 2009 and it was
2 opened for support of the centralization or the
3 I guess well -- or power project in Florida to I
4 guess address capacity concerns, so in order to
5 centralize all the stores in Florida or keep the
6 rollout going in Florida, they needed a greater
7 capacity so Miami Lakes was opened at that
8 point.

9 MR. CONRADI: Why the different in
10 number in states, y'all just haven't got around
11 to them in Orlando?

12 MR. GAMBLE: We haven't got around to
13 it in Orlando. Orlando was just -- we just
14 moved our pharmacy operation in about a year and
15 a half ago so we started licensing at, you know,
16 through that facility. Miami Lakes has had a
17 few years lead on that. We actually have as
18 of -- as currently, we have 46 states that we're
19 licensed in and we have two that are
20 outstanding, Alabama and Nebraska, and there are
21 the three states that don't have a nonresident
22 license requirement -- I think Massachusetts,
23 Pennsylvania, and Georgia.

1 MR. CONRADI: Okay, thank you. Go
2 ahead.

3 MR. GAMBLE: So the pharmacy --
4 proposed pharmacy services that we're -- we're
5 supporting out of the call centers, as I
6 mentioned, this is a sister facility to Muscle
7 Shoals, so very similar or the same services.
8 We support our mail service customer service for
9 patients utilizing our Tempe and Orlando mail
10 service pharmacies. We also support customers
11 who are getting prescription fulfillment through
12 Walgreens.com, which are also dispensed out of
13 our Tempe mail service facility.

14 We also support retail pharmacy
15 centralization of phone calls for eight separate
16 states: Arizona and Florida, it's 100 percent
17 of the retail pharmacies that we're supporting
18 and in Indiana -- Indiana, Illinois, Nevada, New
19 York, DC, and now Texas, we're also supporting
20 the Well Experience stores, which is the new
21 pharmacy format that Walgreens is rolling out.

22 MR. WARD: You're taking -- when you
23 say retail pharmacy centralized phones

1 supporting eight states, what does that mean?

2 MR. GAMBLE: In eight states -- there
3 are currently eight states that we are taking
4 phone calls for our retail stores. So if a
5 customer at -- say in Arizona is calling their
6 local pharmacy with the phone number on the
7 label, those phone calls will be answered by our
8 call centers and we'll, you know --

9 MR. WARD: So it doesn't go to the
10 pharmacy?

11 MR. GAMBLE: It doesn't go to the
12 pharmacy unless they're --

13 MR. WARD: Does the patient know that?

14 MR. GAMBLE: Yes, they do, uh-huh.

15 MR. BUNCH: How do they know that?

16 MR. GAMBLE: We basically introduce
17 ourselves as the customer -- Walgreens customer
18 care centers on the phone. We don't hide it.
19 If they ask for, you know, may I speak to Tom in
20 the pharmacy, we'll say, this is the pharmacy
21 care center, let me transfer you to that -- to
22 that store. We actually transfer approximately
23 25 percent of our call volume into the store

1 based on, you know, either it was a call direct
2 to a physician that the store staff needs to
3 speak with them, a customer who wanted to talk
4 to an individual within the pharmacy, or other
5 stores -- Walgreens stores calling to get in
6 touch with the pharmacy. So we handle as much
7 of the call volume as we comfortably can to
8 remove that I guess administrative task off the
9 store staff.

10 MR. WARD: Do those pharmacies, do you
11 have access to the -- to the patients' records?

12 MR. GAMBLE: Yes, we do.

13 MR. CONRADI: And those states allow
14 that?

15 MR. GAMBLE: Yes, they do.

16 Just to go over our technician scope
17 of functions, typically they handle the same
18 type of calls that a technician in a retail
19 store or a mail service facility. It's
20 typically patient registration of new members,
21 refill requests is the major call volume that we
22 receive, as well as order status, canceling
23 orders associated with our mail service

1 facility, pricing requests, website support,
2 medication stock inquiries, tax profiles, just
3 your typical technician type of functions that
4 are handled over the phone.

5 MR. BUNCH: Is it your goal for every
6 time a patient wants to call the Walgreens
7 pharmacy that it would go to a call center, I
8 mean, out there?

9 MR. GAMBLE: Right now it's -- it's
10 just associated with the Well Experience store
11 format but you know, I would certainly say that,
12 you know, that may be a goal in the future so
13 that we're providing a consistent or I guess
14 service to all of our customers as well as
15 removing some of those administrative tasks and
16 distractions from our pharmacy staff so that
17 they can have more opportunity to interact with
18 their patients and also add additional services
19 such as immunizations and other MTM type of
20 functions at the store.

21 MR. BUNCH: So if you had a patient
22 that called the call center and they wanted a
23 printout on a -- on their drug record for their

1 family or for their -- for them and their
2 husband or whatever, how is that handled?

3 MR. GAMBLE: We can either generate
4 that and mail it to the customer. The customer
5 can also go in through Walgreens.com and request
6 it themselves through I guess their user ID and
7 sign-on or it can be printed up at the store.

8 MR. BUNCH: It can be printed at the
9 store.

10 MR. GAMBLE: Yes, sir.

11 MR. WARD: When you get a refill
12 request at one of these places for one of the
13 pharmacies that you're servicing, is there any
14 remote -- any remote processing going on?

15 MR. GAMBLE: We're submitting the
16 request. It's the same access that the customer
17 generally goes through the IVR to do. So if
18 they're calling, they get a menu, would you like
19 to refill a prescription, they generally type in
20 their prescription, store number, and submit it
21 themselves. If for some reason they aren't
22 comfortable using the IVR, they'll drop out to
23 one of our agents that will assist them with

1 process and refill.

2 DR. MARTIN: What is that you just
3 said, Greg, IVR?

4 MR. GAMBLE: It's interactive -- I
5 believe it's interactive voice response.

6 DR. MARTIN: Okay.

7 MR. GAMBLE: It's the main menu.

8 MR. CONRADI: Kind of what you get
9 here when you call.

10 MR. WARD: Press one if you want
11 English, two if you don't.

12 MR. GAMBLE: Yeah. Just to go over,
13 these are some of the requests that we route to
14 pharmacists. We have as you saw pharmacists on
15 staff within our call centers. We also have
16 pharmacists that we leverage within our mail
17 service and e-commerce facilities for those
18 lines of business that will transfer the phone
19 calls. So anything related to these functions
20 are routed to a pharmacist from our technicians
21 within the call centers.

22 MR. WARD: Is a -- when the last
23 refill is -- the patient's last refill, when it

1 calls -- when that -- when that prescription is
2 finished, that's a new -- a new prescription;
3 right?

4 MR. GAMBLE: That's correct.

5 Just some of the information with
6 regards to after hours and business continuity,
7 as we already mentioned, we do provider 24 by 7
8 support and availability of our pharmacist and
9 technician staffs either through the Muscle
10 Shoals site, which is a 24 by 7 operation, or
11 through staff that is in our central fill site
12 in Orlando, which is also a 24 by 7. So we
13 always have pharmacists and technicians
14 available to speak to our customers.

15 We have four call centers that are
16 servicing a common queue of phone calls, so we
17 certainly have redundancy from one call center
18 to another. So if for some reason or if we had
19 a hurricane move through Florida, our Muscle
20 Shoals call center would be available to handle
21 the volume from those other two call centers.

22 Also, for retail centralization, if we
23 ever get to a period where the call volume is so

1 high or we have one of our call centers is down
2 for, you know, a weather situation, the calls
3 will basically stay in queue for a maximum of
4 three minutes, and if by that time it hasn't
5 been answered, they'll basically transfer it
6 automatically to the store so that the store
7 would answer those phone calls if our -- our
8 call centers are unable to service them.

9 This is -- I won't read into it. This
10 is as I mentioned right out of the job
11 description that we have for Jared Otte, our
12 pharmacist in charge or supervising pharmacist
13 in Muscle Shoals, the same for these pharmacists
14 as well. Their main I guess function is to
15 oversee the operation, make sure that we're in
16 compliance with all the state laws that were --
17 they were supporting, making sure that all of
18 our staff are licensed appropriately, and that
19 the work is getting to the appropriate people to
20 handle that call volume.

21 And just from a quality assurance
22 standpoint, our call centers are -- utilize the
23 same QA program administered to all pharmacy

1 personnel within Walgreens. Any errors are
2 reported through what we call STARS program,
3 which is basically our retail I guess
4 application for tracking any errors and making
5 sure that it gets back to the individual that
6 was -- was I guess involved with the
7 verification of those prescriptions. If it was
8 an error that occurred centrally and caught at
9 the store, an entry is made into the STARS
10 application that tracks back to our personnel
11 who did the verification within the call center
12 and also within the CPO. So it is an enterprise
13 wide application.

14 We have quarterly quality assurance
15 reviews. Actually the -- next month is -- is
16 our next scheduled quarterly review or QA review
17 and that goes through all of our pharmacists as
18 well as all of our technicians that review and
19 have to acknowledge that quarterly -- a trending
20 assessment.

21 MS. HUTT: And it's captured
22 electronically for our review.

23 MR. GAMBLE: All of our -- 100 percent

1 of our pharmacist calls are recorded, so if
2 there's ever a question that comes up with
3 regards to a prescription that may have been
4 called in on or a transfer that came in, we can
5 go back to every one of our pharmacist calls and
6 review that.

7 MR. CONRADI: How far back?

8 MR. GAMBLE: For 60 days currently and
9 if it's -- we find that it was a call that was
10 recorded related to an error, we'll actually
11 record that off to a separate database so we can
12 keep it for longer.

13 MR. WARD: Are calls to the techs
14 recorded?

15 MR. GAMBLE: They are but at a rate of
16 approximately 25 percent.

17 MR. WARD: And are agents -- who are
18 agents, are they --

19 MR. GAMBLE: Agents are pharmacy
20 technicians -- actually the agents are all of
21 our staff taking phone calls, so it could be
22 pharmacists, it could be a technician, it could
23 be nontechnicians for nonpharmacy business.

1 MR. WARD: How many -- how many
2 nontechnicians are employed at these two places?

3 MR. GAMBLE: I believe there's 140
4 that are in Miami Lakes and Fenicia?

5 MS. HUTT: A hundred and one in
6 Orlando.

7 MR. GAMBLE: A hundred and one in
8 Orlando and they're supporting lines of business
9 such as consumer relations, 1-800-Walgreens.

10 MS. HUTT: Photo.

11 MR. GAMBLE: Photo, so they're
12 nonpharmacy lines of business. They aren't
13 registered as technicians. They don't have
14 access to our pharmacy applications.

15 MR. WARD: They're all registered as
16 technicians?

17 MR. GAMBLE: They are not registered
18 technicians. Now we have utilized agents, you
19 know, if we are hiring or into a technician
20 role, we may take people who are nontechnicians
21 within our call center, put them through the
22 technician training program as a -- as a means
23 of, I guess --

1 MS. HUTT: Cross-training.

2 MR. GAMBLE: -- cross-training and
3 enabling them.

4 MR. WARD: Are there any states you're
5 in that don't have pharmacy technicians --

6 MR. GAMBLE: I'm not --

7 MR. CONRADI: That don't register
8 them.

9 MR. WARD: That don't register them.

10 MR. GAMBLE: We register everybody
11 within our call centers. There are some states,
12 I believe New York and I believe DC, that we
13 support that don't necessarily register their
14 technicians, but everybody who handles their
15 calls are registered technicians within
16 Florida.

17 MS. HUTT: We have to follow the
18 Florida guidelines for technicians as well as
19 the states that we service.

20 MR. GAMBLE: Also, all of our agents
21 go through weekly quality monitoring so that
22 we'll take a sampling of all of their calls and
23 we have a quality assurance team that will

1 review their calls for both soft skills,
2 adherence to SOP, pharmacy knowledge. They're
3 looking at the whole scope of quality and then
4 also from our stores that we support centrally,
5 they have a ticketing system, so if they have a
6 concern or an issue with anything that occurs
7 within the call centers, they can generate a
8 ticket -- what we call a sale ticket and it will
9 basically be transmitted to our facilities for
10 research and investigation in addressing those
11 issues.

12 MR. CONRADI: How many stores in --
13 how many different states do you service at a
14 central fill in Florida? That don't relate to
15 this but I'm just curious.

16 MR. GAMBLE: Just the central fill?

17 MR. CONRADI: Yeah.

18 MR. GAMBLE: The Florida central fill
19 only supports Florida stores for fulfillment.
20 Our Tempe facility also does central fill and I
21 believe they support stores in Arizona and
22 possibly some in Las Vegas.

23 MR. CONRADI: Thank you.

1 MR. GAMBLE: Pharmacy security and
2 access, all of our registered pharmacy
3 technicians -- or only registered pharmacy
4 technicians have access to our technician call
5 function. It's all role or it's system access
6 assigned and all of our staff goes through
7 pharmacy technician training program and within
8 six months they have to be fully registered with
9 the State of Florida; otherwise, they're unable
10 to take pharmacy phone calls in working with
11 their access.

12 Pharmacy access is controlled by
13 electronic ID cards to get into our facilities.
14 There's multiple -- multiple layers into both
15 our front access as well as the operation or
16 production floors of our facilities. All of our
17 employees are trained, not only just the
18 pharmacy employees but all of our employees
19 within the call center receive the same HIPAA
20 compliance training, whether they're involved
21 with pharmacy line of business or not, and all
22 of our pharmacy areas are directly supervised by
23 members of our facility leadership and

1 management team. It's quite a bit of oversight,
2 both physical oversight as well as technical
3 oversight where we can see exactly who's on the
4 phone, what calls -- are they taking calls, what
5 activities they have -- are going on, you know,
6 are they on break, are they -- are they absent.
7 We can oversee their operations.

8 MR. CONRADI: So you can actually go
9 eight hours without using a cell phone? I don't
10 have any of my employees that can go five
11 minutes without it.

12 MR. GAMBLE: They do have -- they do
13 have a half-hour lunch that they have the
14 opportunity to use their cell phones.

15 MR. CONRADI: So it's locked up
16 somewhere or do they have them on them, just
17 can't use them?

18 MR. GAMBLE: They have them on them,
19 they just can't use them. And the rest of the
20 call handling procedures for mail service as
21 well as PCC, so I won't bore you with those.

22 MR. CONRADI: Oh, no, that's a long
23 document.

1 MR. GAMBLE: It's a very long -- it's
2 very detailed and very scripted for our
3 centralization but.

4 MR. CONRADI: Do you train your
5 pharmacists to handle suicide calls? I just saw
6 that where if that's on the phone to get to the
7 pharmacist, I wouldn't know how to handle a
8 suicide.

9 MR. GAMBLE: We've -- we've had
10 experience with that more than we would like to
11 say. We also train on things such as bomb
12 threats, bomb threats to stores as well as the
13 call center.

14 MS. HUTT: So if the pharmacist has
15 that call, they are -- they can raise their hand
16 for additional support. We do try and keep them
17 on the phone while somebody is accessing 911 to
18 get somebody out there.

19 MR. CONRADI: Oh, okay. So you do
20 go --

21 MS. HUTT: There is training,
22 uh-huh.

23 DR. MARTIN: If I'm a pharmacist and

1 not at Walgreens, I'm in another store and I
2 need a transfer from Walgreens and I dial your
3 number, do I -- and I think I'm calling the
4 store there in my town, do I get that store if
5 I'm one of those --

6 MR. GAMBLE: If you're -- if you're
7 requesting a transfer from one of our stores, so
8 if -- if you're calling to our Tampa store and
9 you came through the call center, we would
10 transfer that call to the store pharmacist to
11 perform that.

12 MR. CONRADI: That's why it takes 20
13 minutes. Y'all are the longest getting a copy
14 I've ever seen.

15 MR. GAMBLE: I understand. It is one
16 of the challenges, you know, is a transfer.

17 DR. MARTIN: Would y'all get a special
18 line for Mark so he could call?

19 MS. HUTT: The heavy volume store is
20 the whole advantage of the call -- the call
21 center is to have the high volume stores have
22 most calls go to the call center so our
23 pharmacists in the stores will have the time and

1 opportunity to help those particular call types
2 and our customers.

3 MR. CONRADI: I like that too. Any
4 questions?

5 MR. BUNCH: Susan.

6 MR. CONRADI: Susan, I'm sorry.

7 DR. ALVERSON: You know me, I always
8 have questions. Are there any times that the
9 central fill provides backup pharmacists? Are
10 they ever -- did I hear you say that there are
11 times that some of those pharmacists might cover
12 for overnight or provide the --

13 MR. GAMBLE: No, they're all call
14 center pharmacists. They work for and are
15 employed by the call center operation. They'll
16 be physically located in the central fill
17 facility taking phone calls during the -- well,
18 the overnight periods but it's still call center
19 pharmacists.

20 MR. CONRADI: When they're not taking
21 that, they're approving prescriptions or
22 something else, mail order?

23 MR. GAMBLE: Within the central fill,

1 they don't cross-train or cross-utilize
2 pharmacists for dispensing activity versus call
3 center. They're focused just on call center.

4 MS. HUTT: And if the call volume is
5 low at that point, they could access the CE
6 programs or any training that's required, they
7 could at that time do those functions.

8 DR. ALVERSON: I'm in the store and I
9 get a refill or I get a new prescription, how
10 does that show up in my store? What do I see?

11 MR. GAMBLE: Within the call center?

12 DR. ALVERSON: No, in the store.

13 MS. HUTT: So it comes into the call
14 center.

15 DR. ALVERSON: Right.

16 MS. HUTT: So we get an
17 e-prescription --

18 DR. ALVERSON: Right.

19 MS. HUTT: -- that gets sent in or
20 called in and then you're at the store, you'll
21 have a visual view of whatever was transmitted.
22 So if I'm standing in a Walgreens retail store,
23 I can look at the screen and see what was

1 transmitted either scanned in or electronically
2 submitted. I see that view.

3 DR. ALVERSON: I see the prescription?

4 MS. HUTT: Correct, the actual
5 document.

6 MR. CONRADI: That's with those five
7 or six states that allow you to do everything?

8 MR. GAMBLE: That's correct.

9 MR. CONRADI: I mean, they couldn't
10 send a script in from here to Florida and then
11 back to here; right?

12 MR. GAMBLE: No.

13 MR. WARD: Well, how do you know --
14 how do you know when it's been scanned to the
15 computer? Does a buzzer go off or something?

16 MS. HUTT: There's a queue -- you have
17 several queue boxes --

18 MR. WARD: Well, I understand that but
19 is the pharmacist just looking at the queue all
20 day?

21 MR. GAMBLE: Typically if a
22 prescription is entered for a store in one of
23 our centralized states, it's entered by our

1 pharmacy staff if it's a new prescription from a
2 prescriber. When we take that in, we type the
3 prescription in, do the data review. Then it
4 will go through I guess clinical review or
5 basically it looks -- the system looks for any
6 possible DURs. If there are DURs, it has to be
7 reviewed by a pharmacist within the queue either
8 through one of our central facilities or at the
9 store and as soon as that is done and the
10 customer is -- is, you know, basically
11 identified as when they are coming in to pick it
12 up, the label will print out and that's when the
13 actual dispensing will occur at the store.

14 DR. ALVERSON: So the pharmacist that
15 took the prescription at the call center is the
16 one entering the data?

17 MR. GAMBLE: Yes.

18 MR. CONRADI: But that don't happen in
19 Alabama, that just happens in those five or six
20 states that allow that?

21 MR. GAMBLE: Correct.

22 DR. ALVERSON: Is that the same on the
23 refill in those states, someone would

1 have processed the refill and it would show on
2 my computer?

3 MR. GAMBLE: Right, yeah.

4 DR. ALVERSON: And be ready to print a
5 label?

6 MS. HUTT: Correct.

7 MR. GAMBLE: Exactly.

8 MS. HUTT: Based on the time frame.

9 MR. GAMBLE: The store pharmacist
10 always has to do the product review.

11 MS. HUTT: The final review.

12 DR. ALVERSON: The final review, okay.
13 And does each center have a pharmacist in
14 charge?

15 MS. HUTT: Orlando (indicating), Miami
16 Lakes (indicating), Jared is at the one in
17 Alabama.

18 DR. ALVERSON: And are you part of the
19 management team that was mentioned?

20 MS. HUTT: Yes, yes. We sit in -- I
21 sit in on biweekly meetings with the management
22 team.

23 MR. GAMBLE: And I believe the -- a

1 couple of months ago you probably met Fenicia
2 before, she was interviewing for her Alabama --

3 MS. HUTT: You couldn't see me and you
4 couldn't hear me.

5 MR. GAMBLE: And actually Wanda has
6 just passed her -- took her MPJ and passed and
7 will be interviewing this afternoon for that and
8 then one thing I did want to thank the Board, I
9 wasn't here but I understand that at the last
10 Board meeting you opened reciprocity with
11 Florida, which is very helpful. It was
12 certainly a hardship for our pharmacists in
13 leadership that have a basis in Florida to
14 obtain their Alabama license, so I do appreciate
15 that.

16 MR. WARD: Well, hindsight being
17 20/20, we should have negotiated for you to stop
18 that commercial, the corner of health and
19 happiness.

20 MR. GAMBLE: Those are very popular.

21 MR. WARD: It runs in my head, I know.

22 MR. CONRADI: Now it's health in
23 Sweden, I think, isn't it? Is there going to be

1 a Swiss commercial next?

2 MR. GAMBLE: No, hopefully not. No,
3 we're staying -- we're staying out of
4 Switzerland. Any other questions?

5 MR. BUNCH: You have a question in the
6 back.

7 MR. WELLS: The tech ratio three to
8 one, are one of the techs certified as well as
9 registered?

10 MR. GAMBLE: It's not required in the
11 State of Florida. We actually promote
12 certification and provide -- and pay for the
13 certification process but right now all of our
14 technicians have to be registered with the State
15 of Florida.

16 MR. BUNCH: I think I understood your
17 answer a while ago and it doesn't really relate
18 to Alabama, I don't think, but the -- the DUR
19 and the interactions and all, the store
20 pharmacist -- somebody from Orlando doesn't go
21 through and click off the DUR and then it's
22 ready to fill prescription wherever it's going
23 to be filled at, the store pharmacist still

1 looks at that and he -- it's kind of a double-
2 check that you're doing the DUR in Orlando or
3 Miami or wherever and then -- and then I guess
4 not in Alabama but wherever it's being filled,
5 the pharmacist that's standing there, they're
6 going to -- they're going to see the same thing,
7 they're going to have to go through the DUR too?

8 MR. GAMBLE: Actually within the call
9 centers, that's not the function. We typically
10 provide I guess the DUR from a prereview.

11 MR. BUNCH: Of course.

12 MR. GAMBLE: It does happen within the
13 other centralized sort of central fill facility.
14 They do do some of the DUR reviews and DUR
15 checks. If there's a concern from reviewing the
16 patient's medication profile and what they're
17 currently taking, they can either reject it,
18 send it back to the store, or what we call CAP,
19 which would be a consultation with the patient
20 to -- to verify, you know, are you allergic to
21 penicillin, are you pregnant, and the store
22 staff sees that based on what occurred or what
23 was processed centrally.

1 MS. HUTT: And I can speak to that as
2 a pharmacist from Illinois working for
3 Walgreens, having stuff happen at the call
4 center or the central utilization, I did have
5 the last stop, so if something was not -- I
6 didn't believe that it was being done properly
7 or I was not in agreement with it, I could call
8 the physician and I could talk to the patient,
9 so we always had the ultimate and the final.

10 MR. CONRADI: Does it show that a DUR
11 was overridden on the -- in the store?

12 MR. GAMBLE: Yes.

13 MS. HUTT: Yes, if you were to take
14 that and look at it, it does show that there was
15 a DUR override and I would have to be in
16 agreement with that before I dispensed it.

17 MR. BUNCH: Yeah, I just wouldn't want
18 somebody else making a decision on a
19 prescription on that --

20 MS. HUTT: Because we're all
21 different. As pharmacists, we all have
22 different -- different background and different
23 ways of processing prescriptions, so your

1 pharmacist at the store always has the final.

2 MR. GAMBLE: And within the -- I guess
3 the PCC SOP or pharmacy care center packet that
4 we sent on page 96 of the appendices, there's
5 actually the audit report that we have that
6 tracks by function what was verified by who
7 within the pharmacy, so it gives a very detailed
8 representation of who entered -- you know, who
9 reviewed it, who did the DUR, who did product
10 review, and you can take a look at that at your
11 pleasure.

12 MS. HUTT: And our call center
13 pharmacists also have the ability to call the
14 pharmacists in the store. They can do what we
15 call a warm transfer or they can speak with a
16 pharmacist if they see something that's of
17 concern.

18 MR. MCCONAGHY: Greg, can you kind of
19 just give a little summary of the difference
20 between what they're doing in Muscle Shoals
21 compared to what they're doing here?

22 MR. GAMBLE: Well, predominantly in
23 Muscle Shoals, they're handling mail service and

1 e-commerce. They do perform some centralization
2 calls in support of Florida stores or Arizona
3 stores, so right now these facilities are a
4 mirror image to Muscle Shoals. It's just we
5 have a higher pharmacist staff currently within
6 these two call centers in Orlando and Miami
7 because they originated as a centralization
8 support for the stores whereas Muscle Shoals is
9 a -- it's a recent addition to their -- to their
10 list of functions and they are predominantly
11 handling mail service similar to what a PBM call
12 center would do but we have hired on -- there's
13 actually three pharmacists in Muscle Shoals and
14 we're looking at adding additional pharmacists
15 in Muscle Shoals to help support these
16 centralized states.

17 MR. MCCONAGHY: So as far as the
18 pharmacy functions we had talked about
19 originally, they would be handling those?

20 MR. GAMBLE: Uh-huh, that's correct.

21 MR. CONRADI: Any other questions?

22 MS. HURST: Whose initials are on the
23 prescriptions when they're filled, the

1 pharmacist in the store?

2 MR. GAMBLE: The pharmacist in the
3 store will be listed as initials for the product
4 review. There will also be the initials of the
5 verifying pharmacist, so all of those initials,
6 whatever the function, would be on the label.

7 MS. NEWMAN: Where is the prescription
8 filed, the hard copy?

9 MR. GAMBLE: The hard copy is still
10 physically at the store that does the
11 dispensing. Most of the files now are
12 electronic images.

13 MS. NEWMAN: Right, but for an audit
14 it would be --

15 MR. GAMBLE: At the store.

16 MS. NEWMAN: -- at the store. And the
17 dispensing pharmacist still has the option to
18 question or review the queue screen of a new
19 call-in prescription?

20 MR. GAMBLE: Absolutely, absolutely.

21 MS. HUTT: When I was working at the
22 store, we -- we had -- our flow was if it was
23 processed without us having the original

1 prescription, our flow was to, number one,
2 verify and then do our own profile check as a
3 double-check, so we weren't doing more work.
4 They were doing the job for us but that's where
5 the hesitancy comes from a pharmacist at the
6 counter, so you still have that right and that
7 ability.

8 MS. NEWMAN: And forgive me for these
9 questions but --

10 MR. CONRADI: Yeah, it's kind of out
11 of order there.

12 MS. NEWMAN: Oh, I'm sorry. I'm
13 sorry.

14 MR. CONRADI: We're the one that asks
15 the questions, y'all just watch and listen, but
16 now you've got it, go ahead and ask one more
17 question. I'm sorry.

18 MR. WARD: They'll be available
19 afterwards for all questions.

20 MS. NEWMAN: As it's processed, who
21 does the check on different -- because different
22 states have different rules about 30-day supply,
23 90-day supply, who does the check on that or the

1 calls on that?

2 MS. HUTT: The computer system is set
3 up to handle that function for each particular
4 state because we're licensed in every state as a
5 company.

6 MR. GAMBLE: Before we roll out a
7 state, we have every one of our facility PICs
8 review the regulations and as separate entities,
9 we come up with what are the regulations
10 specific to this state, compare notes, and make
11 sure that we've got everything covered. Also
12 within our system when it comes to controlled
13 substances, they'll have different schedules
14 between states. Obviously Tramadol was just
15 scheduled to a Schedule IV but Butalbital in the
16 State of Alabama is a controlled substance, in
17 the State of Florida, it isn't. Our system
18 automatically tracks, you know, based on the --
19 where that phone call is coming from or what
20 store is being called which set of the rules
21 pertain to scheduling of those medications.

22 MS. DAGHER: I know the pharmacies are
23 provided with a summary of --

1 MR. CONRADI: Does the Board have any
2 more questions?

3 DR. MARTIN: No more questions.

4 MR. BUNCH: No questions.

5 MR. CONRADI: Dan?

6 MR. MCCONAGHY: I guess along their
7 line of questioning there what I'm thinking, if
8 there's an error, if there's a problem where a
9 third party is coming in and looking at the
10 files, who's actually going to -- like for
11 Alabama, your supervising pharmacist is the
12 ultimate one responsible for virtually
13 everything that goes on. Who's going to be
14 responsible for that error?

15 MS. HUTT: The pharmacist in charge at
16 that facility would be myself, I would be
17 responsible for that, and that's why we have the
18 QA and the review of the errors to see is there
19 a trend and is there additional education
20 required, is there additional training required,
21 but that is ultimately my responsibility at the
22 Orlando facility.

23 MR. BUNCH: You would be responsible

1 for an error that was made in the store?

2 MS. HUTT: No, no.

3 MR. GAMBLE: No, the individual
4 pharmacist --

5 MR. BUNCH: Dan, what were you asking?

6 MR. MCCONAGHY: Yeah, I mean, that's
7 what I was getting at. With it being processed,
8 you processed it and they're supposed to verify
9 and go through the process that you're talking
10 about and it ultimately gets to the patient and
11 there was an error in the billing end of it or
12 medication or whatever --

13 MS. HUTT: The dispensing pharmacist.

14 MR. MCCONAGHY: -- the pharmacist on
15 site is ultimately responsible.

16 MS. HUTT: Correct.

17 MR. GAMBLE: Whoever was at fault for
18 I guess where the error occurred would be, you
19 know, tracked and they would be held
20 responsible, both by our board in the State of
21 Florida as well as by the lines of business. So
22 if it was the directions were typed in
23 incorrectly and the store pharmacist was just

1 checking the product to make sure, you know,
2 that that matched, the pharmacist who actually
3 entered or verified the directions is the one
4 charged for that error and would be held
5 accountable, not the one that that's actually --
6 did the product review in the store.

7 MR. CONRADI: So the pharmacist that's
8 dispensing it is not responsible for the
9 directions?

10 MR. GAMBLE: They're responsible for
11 their component of, you know, verifying the
12 product but if it was entered by or reviewed by
13 one of our pharmacists who entered the
14 directions and it was entered wrong and they did
15 a data review and said, yes, this is correct,
16 then they would be the one held accountable
17 within our operation and I believe by the State
18 of Florida.

19 MS. HUTT: And the whole purpose of
20 OBRA 90 is the counseling point of a new
21 prescription. So if I'm dispensing that
22 prescription, I'm going to verify with it with
23 the patient at that time. So if I see a

1 medication that's normally prescribed once a day
2 and I have a prescription for twice a day,
3 that's where my counseling piece comes in.

4 And --

5 MR. CONRADI: You said real world.

6 MS. HUTT: Correct, in the ideal
7 world.

8 MR. CONRADI: We've got this much time
9 to talk. Okay. Mr. McConaghy?

10 MR. MCCONAGHY: That's all.

11 MR. CONRADI: Mr. Darby, have you got
12 any questions?

13 MR. DARBY: No questions.

14 MR. CONRADI: Mr. Martin?

15 DR. MARTIN: No, thank you.

16 MR. CONRADI: Mr. Bunch?

17 MR. BUNCH: I'm good. I'm good.

18 MR. CONRADI: Thank you.

19 MS. HUTT: Thank you very much.

20 MR. CONRADI: Mr. McConaghy, have you
21 got a treasurer's report?

22 MR. MCCONAGHY: I do. This report
23 is -- will reflect for the end of July, so ten

1 months into our fiscal year, we should be at
2 about 80 -- 83 percent of our total budgeted
3 amount and we're actually at 83.33, so it's --
4 overall it's -- it's right on the mark that we
5 need to be on as far as expenses goes and as
6 we've discussed before, our revenues cycle to
7 where they're higher one year than they are the
8 next and this is the lower year. So if you were
9 looking at it from a business point of view, we
10 would be losing half a million dollars this
11 year, which believe it or not is right on track
12 with where it should be and because you go back
13 to what I call checkbook accounting, we've still
14 got money in the bank to pay the bills and
15 enough to cover until the next cycle brings it
16 back up, so at -- the main thing that I spend
17 time looking at is -- is the expenses, and so
18 far this year they've been uncannily accurate as
19 to what we budgeted, so that's all I've got. If
20 you've got any questions.

21 MR. CONRADI: Have we got a -- how are
22 we coming on budget for next year?

23 MR. MCCONAGHY: For next year, we've

1 started on it but it hasn't progressed anything
2 past getting the historical numbers together.

3 MR. CONRADI: We've got to have that
4 next month.

5 MR. MCCONAGHY: Because we have --
6 yeah, plenty of room -- this every other year
7 thing and we've been on this new system long
8 enough to where we only have one year and then
9 we have to dig back into the old system to get a
10 comparison with previous odd years so.

11 MR. CONRADI: Okay. Susan, do you
12 have the Wellness report?

13 DR. ALVERSON: I do. There are
14 presently 135 people in the screening program
15 with signed contracts or orders, one pharmacist
16 in inpatient, two pharmacists in outpatient, no
17 pharmacists in the -- in a halfway house. We
18 have two pharmacists who are asking for
19 reciprocity who have contracts with other states
20 and we're going to be presenting those and there
21 are 12 pharmacists who for one reason or another
22 are held out. They're -- they're still under
23 investigation or presentations for the Board are

1 being prepared.

2 There's one tech in treatment, one
3 tech in a halfway house, one tech applicant in
4 treatment, and five techs who are in some level
5 of disposition, including a recent relapse, and
6 there's one student in outpatient treatment.

7 May I ask a question about our
8 reports? Do we at some point receive a report
9 that says of all the people who came in, this is
10 the disposition on all the people who came in?
11 I mean, is there a way for us to say of the
12 people who get reported to our system, this is
13 the outcome: 90 percent of the people complete
14 treatment or ten percent drop out?

15 MR. WARD: Dr. Garver can -- can get
16 that for you.

17 DR. ALVERSON: All right. Would that
18 be of interest, I mean, like once a year for the
19 Board to know --

20 MR. WARD: I think -- I think he's
21 done it on a yearly basis but he's got all of
22 that. He's a computer guy. He's got it.

23 DR. ALVERSON: Okay. I just didn't

1 know if we would get that at some point along
2 the line.

3 MR. CONRADI: I'd ask him just to make
4 sure we're going to get it in September.

5 DR. MARTIN: So one of the things
6 you're -- it sounds like you're getting at,
7 you'd really like to have something to be able
8 to say the program is successful, not
9 successful, could be more successful, and I
10 agree that it would be great to have that
11 information. I'm sure Dr. Garver could put it
12 together. I suggest he probably -- if it's not
13 already on his radar as a report that he submits
14 annually, he should consider -- we should ask
15 him to do that.

16 MR. CONRADI: And we also need to know
17 if they were reported where they are in the
18 system, whether they're finished or hanging out
19 there somewhere.

20 DR. ALVERSON: That's where --

21 MR. CONRADI: We've got a lot of
22 hanging chads around.

23 MR. WARD: I think he cleaned all

1 those up but I think that's a good idea. I
2 think he's got that.

3 DR. ALVERSON: I -- thank you.

4 MR. CONRADI: Board minutes, we need
5 to approve individually from last month.

6 MR. DARBY: I make a motion we approve
7 the July 16, 2014, Board minutes.

8 MR. MCCONAGHY: Second.

9 MR. CONRADI: Second.

10 All in favor?

11 MR. MCCONAGHY: Aye.

12 DR. MARTIN: Aye.

13 MR. DARBY: Aye.

14 MR. BUNCH: Aye.

15 MR. CONRADI: Aye.

16 MR. DARBY: I make a motion that we
17 approve the July 16, 2014, Board work session
18 minutes.

19 MR. MCCONAGHY: Second.

20 MR. CONRADI: All in favor?

21 MR. MCCONAGHY: Aye.

22 DR. MARTIN: Aye.

23 MR. DARBY: Aye.

1 MR. BUNCH: Aye.

2 MR. CONRADI: Aye.

3 MR. DARBY: I make a motion we approve
4 the July 16, 2014, interview minutes.

5 MR. MCCONAGHY: Second.

6 MR. CONRADI: All in favor?

7 MR. DARBY: Aye.

8 MR. MCCONAGHY: Aye.

9 DR. MARTIN: Aye.

10 MR. BUNCH: Aye.

11 MR. CONRADI: Aye.

12 Susan, you're back up with the chief
13 inspector's report.

14 DR. ALVERSON: All right. We had 119
15 inspections done for July. Three of those were
16 795 inspections and five were 797 inspections.
17 We had 17 complaints come in. We completed 18
18 complaints. There were some from previous
19 months that got completed during this time.

20 I discovered that inspectors were
21 turning in weekly a report of some of their
22 activities and it was very time consuming adding
23 all of that and for the secretary to monitor all

1 of that, so as of the beginning of this upcoming
2 month, I've developed an electronic form that
3 they will -- they can report on, just go in and
4 document for the month number of subpoenas
5 served, number of interviews done, inspections,
6 investigations, so on and so forth. It will
7 subtotal it for them and then the program will
8 total it all for the secretary, so that should
9 cut way back on her time of having to gather
10 things by hand and keep a record and maybe give
11 you a better picture of what all is being
12 done.

13 MR. CONRADI: Do we have any cases we
14 need to look at in executive session?

15 MR. WARD: Yes.

16 DR. ALVERSON: Yes.

17 MR. CONRADI: Yes, okay. All right.
18 Any questions on the chief inspector report?

19 DR. MARTIN: I guess maybe one. Of
20 the seven inspections that were performed in I
21 guess the month of July there or even those
22 before July, are you seeing any trends that we
23 need to discuss?

1 MR. CONRADI: Are you talking about
2 797, 795?

3 DR. MARTIN: Well, particularly on
4 797, I think, because how it -- how it would
5 hurt people the quickest but anything on 797 in
6 the way of trends, are they just every
7 inspection is its own inspection with its own
8 outcomes?

9 DR. ALVERSON: Well, let me mention
10 795 if I could first. We've put a notice in the
11 newsletter and as we inspect pharmacies now,
12 we're notifying pharmacies that 795 applies to
13 everybody, and so we're not writing people up
14 right now, we're just informing people and
15 saying that going forward, probably when we come
16 back next year, we would expect space with
17 washable counters, ceiling, floors, and access
18 to hot and cold running water, a sink that's
19 clean, and that a record is kept when you make a
20 compound of what went into it, lot numbers, and
21 dates. So we're -- we're trying to implement
22 that, all right.

23 MR. CONRADI: Would that be even for

1 simple compounds like magic mouthwash?

2 DR. ALVERSON: Yes, 795 applies to any
3 compound.

4 MR. CONRADI: I thought we had
5 exempted some of the simple compounds from all
6 those requirements. We haven't?

7 DR. ALVERSON: Not that I was aware
8 but if you -- USP --

9 MR. CONRADI: I don't know where to
10 draw the line. I don't know where simple
11 becomes complex.

12 DR. ALVERSON: Right, right. If
13 you're just adding water to an antibiotic, we
14 don't consider that compounding.

15 MR. CONRADI: Yeah.

16 DR. ALVERSON: But I didn't see a way
17 to say 795 applies to this compound but it
18 doesn't apply to that compound and we most
19 certainly are not anywhere near close to
20 applying 795 --

21 DR. MARTIN: Well, I think we have to
22 say --

23 DR. ALVERSON: -- with all its

1 complexity.

2 DR. MARTIN: -- it applies to all
3 cases but in this case, we're going to consider
4 it an exception if we decide to go down that
5 road.

6 MR. CONRADI: Okay.

7 DR. ALVERSON: Basically we're asking
8 for a clean area --

9 MR. CONRADI: I just think we all need
10 to be on the same page with it.

11 DR. ALVERSON: -- that could be
12 washed.

13 MR. CONRADI: Because I thought we had
14 exempted the simple things like magic mouthwash
15 where you just pour up two or three items. I
16 don't know where you -- where you draw the line
17 on it goes from two creams together to the three
18 making a complex, I don't know, you know.

19 DR. ALVERSON: Right.

20 MR. CONRADI: I know a lot of
21 pharmacies, that may be a -- I know washable
22 floor and stuff may be a stretch but if it's
23 795, that's something we'll just have to talk

1 about to do.

2 DR. ALVERSON: Okay.

3 MR. CONRADI: Go ahead, I'm sorry.

4 DR. ALVERSON: For 797, I'd say
5 it's -- it's still all over the board of what we
6 see. We've gone into some places that are
7 almost virtually perfect and others that are
8 really questionable. I guess the thing that
9 strikes me when we go into some of them is how
10 often we hear, oh, I didn't know that and I
11 always have this feeling, well, it's -- it's
12 written right -- it's written down, did you not
13 read it, and I really have the sense of a lot of
14 times people haven't -- haven't read it.

15 I would say the other thing we're
16 starting to see is people who don't know
17 anything about pharmacy who have heard there's
18 money to be made and decide they are going to
19 open up a compounding -- sterile compounding
20 pharmacy and -- you know, and they're going to
21 hire a pharmacist and frequently the pharmacist
22 has never compounded in their life and they want
23 us to certify it. So we've been in a number of

1 those recently where we get there and there's
2 just a big room.

3 MR. CONRADI: With the 797 there would
4 have to be a parenteral pharmacist; correct?

5 DR. ALVERSON: Right.

6 MR. CONRADI: So I mean, they would
7 have to have some training in that to get that
8 certification, wouldn't they?

9 DR. ALVERSON: We get there and they
10 haven't, so it's like --

11 MR. CONRADI: Well, how do we certify
12 them?

13 DR. ALVERSON: We don't. I mean, we
14 absolutely do not.

15 MR. CONRADI: We give them a
16 parenteral license though.

17 DR. ALVERSON: We don't certify the
18 pharmacy and we don't --

19 MR. CONRADI: No, the pharmacist.

20 DR. ALVERSON: The pharmacist would
21 have to go to a training --

22 MR. CONRADI: Right.

23 DR. ALVERSON: -- to get that

1 parenteral.

2 MR. CONRADI: I mean, they have
3 been -- I mean, they have to go through training
4 before they get the parenteral.

5 DR. ALVERSON: Exactly.

6 MR. CONRADI: So they ought to know at
7 least --

8 DR. ALVERSON: They haven't been
9 through that training. That's my point.

10 MR. WARD: Then how do they get the
11 permit?

12 MR. CONRADI: Yeah, how do they get a
13 permit?

14 MR. WARD: How do they get the
15 parenteral permit?

16 DR. ALVERSON: They don't have a
17 permit. They're asking us to come out and give
18 them a permit.

19 MR. CONRADI: No, I mean for the
20 pharmacist, how does he get a parenteral permit?
21 I mean, they can't open a pharmacy without a
22 parenteral pharmacist, can they?

23 DR. ALVERSON: No, when we get

1 there --

2 MR. ALEXANDER: Okay.

3 DR. ALVERSON: -- the pharmacy --

4 MR. CONRADI: Right, I see, the
5 pharmacy.

6 DR. ALVERSON: The pharmacist has
7 never been through training.

8 MR. WARD: Well, was he given -- do
9 they have a parenteral?

10 DR. ALVERSON: No, they don't.

11 MR. BUNCH: They're asking for it.

12 MR. CONRADI: So we don't ask up front
13 who's the supervising pharmacist on the
14 parenteral?

15 DR. ALVERSON: We do.

16 MR. CONRADI: And check and see if
17 they have a parenteral license?

18 DR. ALVERSON: We do.

19 MR. MCCONAGHY: Mark, she's not giving
20 them a license.

21 DR. ALVERSON: I'm not giving them --

22 MR. CONRADI: Well, whatever Tim wants
23 to call it.

1 MR. BUNCH: She's not giving them
2 anything.

3 MR. CONRADI: I'm just trying to
4 figure out how a person gets in a parenteral
5 pharmacy without a parenteral --

6 MR. MCCONAGHY: They're asking for one
7 but they don't have the qualifications to get it
8 is what she's saying.

9 MR. BUNCH: She's not giving them one.

10 MR. CONRADI: Okay. On the first
11 inspection, the opening inspection?

12 DR. ALVERSON: Right.

13 MR. CONRADI: You're talking about --
14 I thought you were talking about ones that were
15 open.

16 DR. ALVERSON: No.

17 MR. CONRADI: Okay. I got you.

18 DR. ALVERSON: Just what -- what
19 people seem to think, I just rent a place
20 somewhere, get a room, hire a pharmacist, and
21 I'm going to start making sterile injections
22 tomorrow and we're seeing more and more of that.
23 The last one we went into we required them to

1 rip out the floor, rip out the counters, change
2 the layout of rooms, I mean, to put doors in
3 walls but --

4 MR. CONRADI: So we're catching it on
5 the front end of that one?

6 DR. ALVERSON: Yeah.

7 MR. CONRADI: That's scary.

8 DR. MARTIN: Thank you, Susan.

9 DR. ALVERSON: You're welcome.

10 MR. CONRADI: Any other questions for
11 the chief inspector's report?

12 (No response.)

13 MR. CONRADI: Now we've got
14 secretary's report.

15 DR. ALVERSON: All right. The
16 computer system.

17 MR. CONRADI: Let me get another sheet
18 of paper.

19 DR. ALVERSON: The promise we had
20 received was that by September 1, we would be
21 able to renew pharmacists and all pharmacy
22 licenses. They're very close on pharmacists.
23 We looked at a test of it on Monday but there

1 were still a few glitches. I'm hoping by the
2 end of this week that the system to renew
3 pharmacists will be ready to go but to date, we
4 have not tested it, I know. They have not
5 finished any of the renewals for any of our
6 facilities and in the phone call we had Monday,
7 they said, we're just going to do the
8 pharmacies, not the hospitals, and the
9 manufacturers and the oxygen, although that was
10 part of the agreement.

11 So fortunately we delayed renewal on
12 pharmacists to start until September 15 and I
13 think we'll be ready to go on that. We delayed
14 renewal on pharm -- well, any pharmacy business
15 until October 1. My guess is we'll be able to
16 renew all community pharmacies October 1 but I
17 can't promise you beyond that and so we're
18 holding our breath and not sleeping nights
19 wondering if we're going to have to mail out
20 paper forms.

21 MR. CONRADI: Do you have a -- have
22 nightmares of stacks of mail coming in?

23 DR. ALVERSON: Yes.

1 MS. MARTIN: Uh-huh.

2 DR. ALVERSON: I have two computer
3 systems -- different systems that we're looking
4 at. I put in the Dropbox last night information
5 from a company called Tyler Technologies. They
6 have a representative coming here September 3 to
7 demo the system that they have. They say
8 they've been in place for 11 years to handle
9 government offices. The program they have does
10 licensing, investigation, and inspections;
11 however, their program is more something that
12 they've designed and you adapt to the program as
13 opposed to them starting from scratch and
14 building it based on your design, which is
15 different from GLS but I -- we definitely want
16 to look at it and see if it's adaptable to our
17 purposes.

18 The State auditor was here last week
19 and the auditor told us that the Board of
20 Nursing had the University of Alabama develop
21 one. The price tag made me stop breathing;
22 however, the Board of Nursing has said they'd be
23 willing to share their system. So I have a call

1 in to the Board of Nursing to set up an
2 appointment to follow up on that, so those are
3 my two efforts in terms of computer systems that
4 are on --

5 DR. MARTIN: You said Tyler will be
6 here next month?

7 DR. ALVERSON: Pardon?

8 DR. MARTIN: Did you say Tyler was
9 coming on site?

10 DR. ALVERSON: Tyler will be here
11 Wednesday, September 3 after Labor Day. They'll
12 be here between 1:00 and 4:00 in the afternoon.
13 Anybody who wants to come is more than welcome
14 if any of you wanted to see it. I told them
15 that after three computer systems, we are highly
16 jaded and critical so come prepared. Do you
17 have any other questions about the computer
18 system? Pray for us.

19 We -- I called the State auditor's
20 office, John Segrest, because being new here and
21 not having worked in the State system, I didn't
22 want to be caught with them coming in for an
23 audit and I had no idea what they were going to

1 be looking at. We are due for our sunset audit
2 in 2016. He told us we are due for our fiscal
3 and competency audits now, so I'm semi-
4 suspecting that before the end of 2014.

5 Blake, the accountant, sat in on that
6 meeting with the auditor and the auditor said
7 that he felt Blake had a really good handle on
8 things. Of course, they'll be looking at the
9 books, what's happening with money, but they
10 want us to be able to show that for every
11 application that comes in and every check,
12 credit card, cash payment we receive, we can
13 show a comparable deposit and we can show a
14 license was printed. So those three things
15 should all match up and we talked to him about
16 what we're doing right now and he seemed pleased
17 with it, so we think we have a fairly good
18 handle on that.

19 One of the things that they said
20 they'd be looking for is to make sure that we
21 kept all license paper that you would print a
22 license on, the forms that we use to print
23 licenses, that those are well secured, that he

1 couldn't walk through our building and go in a
2 room and pick up a couple of blank licenses and
3 take them home and fill them out for all his
4 grandchildren, so we are having locks -- key
5 access put on the doors where we keep all --
6 where we do all license printing.

7 We also have to keep track of a
8 license which prints and we may not use. So if
9 a license comes through the printer and it
10 tears, we can't just throw it away. We have to
11 keep that license and document it. We have to
12 be able to track it.

13 MR. CONRADI: That piece of paper, you
14 have to track each piece of paper?

15 DR. ALVERSON: Not each piece of
16 paper, each license that prints, right. All
17 right. I guess one of the biggest surprises for
18 us was the question about documenting people who
19 are not citizens. We -- that's one of the
20 questions we ask, we ask that if you're not a
21 citizen that you have submitted necessary
22 documentation to us and if we do not have that
23 documentation, we would not send you a license

1 until we received that documentation.

2 The auditor said, can you prove that
3 everyone who says they're a citizen is a citizen
4 and we have not ever collected that paperwork,
5 so he suggested that we not go backward but
6 beginning now we have to --

7 MR. WARD: They're going to want birth
8 certificates next?

9 DR. ALVERSON: A birth certificate.

10 MR. WARD: You can't -- if someone
11 says they're 20, can you prove they're 20 if
12 they don't have a birth certificate? That's
13 ridiculous.

14 DR. ALVERSON: Well, we have to have a
15 copy of a birth certificate and because there's
16 not a picture on a birth certificate, we have to
17 have a copy of a driver's license, a picture
18 ID.

19 MR. WARD: I can send you -- the State
20 has approved the requisite forms you need to
21 prove citizenship and I can send that to you.

22 DR. ALVERSON: Well, I've pulled that
23 up, a --

1 MR. WARD: There's one column of
2 primo, you only just need one of those, and
3 there's a secondary column, you need two of
4 those.

5 DR. ALVERSON: Right. Yes, we -- and
6 Rhonda did a lot and Lynn did a lot of research
7 on that.

8 MR. WARD: Is she the immigration
9 specialist now?

10 DR. ALVERSON: Pardon?

11 MR. WARD: Is she the --

12 DR. ALVERSON: She's the immigration
13 specialist now also, yes.

14 MR. CONRADI: One of her many hats.

15 DR. ALVERSON: Yes.

16 MR. DARBY: Have we changed the
17 application to reflect that they need to send
18 that in yet?

19 MS. COKER: We haven't changed them.

20 DR. ALVERSON: We haven't changed the
21 application yet.

22 MR. DARBY: I had a technician get
23 caught up in that changeover this week.

1 DR. ALVERSON: Oh, really.

2 MR. DARBY: Yeah, she had sent it in
3 and in the meantime, y'all had to start asking
4 for it, so it delayed her getting her
5 registration.

6 DR. ALVERSON: Right, the auditor was
7 here Thursday.

8 MR. DARBY: Yeah.

9 DR. ALVERSON: So we went to -- Lynn
10 and I went to orientation at Auburn and at
11 Samford to meet students and you know, try to
12 tell them that we're nice, friendly people, at
13 least Lynn was.

14 MR. CONRADI: That was a hard sell.

15 DR. ALVERSON: Yeah, it was. And we
16 explained to the people at Auburn and at Samford
17 that beginning with this class, we will need
18 that documentation, so both schools were very
19 cooperative and they're pulling that together
20 for us so we can get intern/extern licenses out
21 and --

22 MR. CONRADI: So schools don't require
23 that?

1 DR. ALVERSON: No. The schools
2 require proof that you're in the country legally
3 if you're not a citizen but they don't require
4 proof that you are a citizen if you are a
5 citizen. All right.

6 MR. WARD: Thank you, Senator Beason.

7 DR. ALVERSON: Yes. The auditor said
8 that when they do come, they're not looking
9 backward to say, oh, in the past you didn't do
10 this as long as we've got a plan, we've started
11 to put it in place, we're okay, just -- just as
12 long as we're moving forward in a good
13 direction. They thanked us very much for asking
14 them to come ahead of time and, anyway, so it
15 was a really good meeting.

16 We've had calls from some
17 physicians -- ob/gyns at UAB who have contacted
18 the attorney general, contacted the health
19 department, and contacted the medical board
20 about hormone pellets, which are inserted
21 subcutaneously or into muscle and then they are
22 slow release to release hormones. There was a
23 case in Tennessee of two brothers that owned

1 that type of business and they were found guilty
2 of fraud and I believe they also own --
3 potentially own some businesses in Alabama but
4 physician offices, not pharmacies.

5 The medical board has formed a
6 committee which is going to be meeting in
7 September to look at this problem because they
8 feel they've received a lot of data that the
9 slow release mechanisms don't work well, people
10 are getting doses of hormones that are too high,
11 too low. Physicians --

12 MR. WARD: Why is the FDA -- it's not
13 FDA approved, is it? Why don't they do
14 something? That was a stupid question, I'm
15 sorry. I withdraw that question.

16 DR. ALVERSON: Well, for some reason
17 we were expecting that memorandum of
18 understanding to come out of FDA. I thought
19 we'd have it by now after the meeting that Dan
20 and I attended, you know, I was expecting it in
21 our mailbox the next week and it's -- we haven't
22 seen it and I don't know, Mark, if you've heard
23 anything at NABP, so I think, and this is my

1 supposition, that FDA is waiting to complete the
2 memorandum of understanding before they act on
3 products.

4 MR. CONRADI: Does the physicians want
5 the Board to take a position on it? What do
6 they want?

7 DR. ALVERSON: The physicians didn't
8 want us to take a position. They're upset with
9 the physicians in practice because they say
10 their advertising makes all kinds of claims for
11 these products that are absolutely ridiculous
12 and that the physicians are staffing offices and
13 allowing nurse practitioners and PAs to insert
14 the pellets with a special device and that's
15 beyond their scope of practice, so -- but the
16 medical board asked if we would be willing to
17 sit in on that panel with them and I -- I told
18 them I would very much welcome the opportunity
19 to sit in on the panel.

20 And our state -- one of the state FDA
21 people called in to the meeting we had with the
22 physicians at UAB, all right. And then online
23 interviews, I had hoped to have someone here

1 from the State audio-visual office but they were
2 already booked for today. They said that they
3 could do those programs from here; however, if
4 we had more than 50 people on the line using a
5 phone bridge it would -- the quality would
6 deteriorate, so they would like to do it from
7 Montgomery.

8 I've got a call in to Michael to get
9 three dates and then Lynn will notify people of
10 those dates but if we do it in Montgomery, they
11 have a mechanism for us to identify that the
12 people have called in. They have a mechanism
13 for us to give a test at the end if we wanted to
14 to make sure the person was still there, and
15 they said the quality of the program would be
16 much better and I kind of mentioned that to you
17 casually yesterday and we can get two board
18 members for three meetings.

19 MR. WARD: Susan, along those lines,
20 you know, we may have to ask Mark. Lynn and I
21 ran into this problem where -- with of all these
22 apps, okay, and the NABP form for a license for
23 transfer says, have you ever been convicted or

1 have you ever had a disciplinary action. It
2 doesn't say anything about sending it in, so
3 it's just taking and delaying the process
4 because then I have to email the applicant, send
5 it in, and you said we're going to be able to
6 change our forms.

7 DR. ALVERSON: Right.

8 MR. WARD: But we don't have any
9 control over NABP's form. Anybody have an idea
10 how we can get that done?

11 MR. CONRADI: They still have to fill
12 out one of our applications, don't they?

13 DR. ALVERSON: I'll let Lynn speak to
14 that.

15 MS. MARTIN: Well, only the new
16 pharmacists.

17 MR. CONRADI: Okay. Not a reciprocity
18 though?

19 MS. MARTIN: No, no, we just use that
20 form. That's it.

21 MR. WARD: We use that one, always use
22 that one.

23 MR. CONRADI: On ours do we ask them

1 to send it in?

2 DR. ALVERSON: We don't but we can
3 change that.

4 MS. MARTIN: We can.

5 MR. WARD: Ours we can change but we
6 can't change NABP and we're having this influx
7 because of the -- of the new rule and it just
8 takes -- we're spending a lot of time we
9 shouldn't have to spend.

10 MR. CONRADI: I'll ask them to see if
11 we can have that changed for Alabama.

12 DR. ALVERSON: Now, we can -- I know
13 those are going to your office but we can
14 develop a letter and send that out of this
15 office so when we send you the charge, we've --

16 MR. WARD: You shouldn't even have to
17 do that. It should just be on the application
18 that they should send it in. It's just that
19 extra letter you have to send.

20 DR. ALVERSON: Right. Well, I'm just
21 thinking stop gap to try to --

22 MR. CONRADI: That would require a
23 pharmacy services permit or a lawyer services

1 permit. You can be his call center.

2 MR. WARD: I just want to go ahead and
3 get them done.

4 DR. ALVERSON: Is he the LIC?

5 MR. WARD: I'm the BMOC.

6 MR. CONRADI: So we're going to get
7 some dates for the next month hopefully?

8 DR. ALVERSON: I'm hoping to have them
9 to you before next month.

10 MR. CONRADI: I know Lynn has got some
11 of them. Me and Tim, I think, has been
12 contacted by this one girl about ten times now
13 for --

14 DR. ALVERSON: I apologize.

15 MR. CONRADI: Okay. That's fine.
16 What else?

17 MR. WARD: Well, have her fly in.
18 Have her --

19 MR. CONRADI: Well, she was here last
20 month and we could have but I thought we were
21 going to be doing the phone interviews.

22 DR. ALVERSON: We will be, I promise
23 you.

1 MR. CONRADI: Anything else?

2 DR. ALVERSON: No. Do you have any
3 questions?

4 DR. MARTIN: No questions.

5 MR. CONRADI: Attorney's report, do
6 you have anything, Mr. Ward?

7 MR. WARD: No, sir, just executive
8 session.

9 MR. CONRADI: Any old business?

10 MR. MCCONAGHY: I have one. I think
11 it would fall under old business.

12 Susan was talking about meeting with
13 the auditor. When we went through the audit
14 last time, I think Mark and I were there for the
15 final audit and what the guy was talking about
16 being able to match up with licenses, the old
17 system that we had was not matching everything
18 up and when he tried to account for it all, we
19 actually -- we had \$11,000 more than what we
20 could account for. They worked on it some and I
21 think got it down to around 8,000, somewhere in
22 that range, and I had talked with the auditor in
23 that exit interview and as the treasurer, I

1 think we need to put it in the minutes that
2 we -- I would request a one-time accounting
3 journal entry to correct that figure that's
4 historical now so that it won't show up on the
5 next audit as being a continuation of the same
6 problem and I think I'm going to need a motion
7 to do that.

8 MR. DARBY: I'll make a motion that we
9 do a one-time journal entry to balance the
10 entries with the licenses and the permits.

11 MR. CONRADI: Second. All in favor?

12 DR. MARTIN: Aye.

13 MR. DARBY: Aye.

14 MR. MCCONAGHY: Aye.

15 MR. BUNCH: Aye.

16 MR. CONRADI: Aye.

17 Any more old business?

18 (No response.)

19 MR. CONRADI: Any new business?

20 (No response.)

21 MR. CONRADI: Seeing none, we will --
22 we will go into executive session now to discuss
23 competencies of pharmacists and permit holders

1 and future pharmacists --

2 MR. WARD: And pending cases.

3 MR. CONRADI: -- and pending cases.

4 We'll go in at 11 -- let's see, it's 10:45.

5 We'll come out at 11:15. When we come out, all
6 we will do is discuss what we did in executive
7 session and vote on that and then adjourn and no
8 more business will be done after that. You're
9 welcome to stay for that when we come out of
10 executive session.

11 So I have a motion. A second?

12 MR. DARBY: I second.

13 MR. CONRADI: Okay. I need an
14 individual vote. How do you vote,
15 Mr. McConaghy?

16 MR. MCCONAGHY: Aye.

17 MR. CONRADI: Mr. Darby?

18 MR. DARBY: Aye.

19 MR. CONRADI: Dr. Martin?

20 DR. MARTIN: Aye.

21 MR. CONRADI: Excuse me, Dr. Darby.

22 MR. WARD: Dr. Darby and

23 Mr. Alexander.

1 MR. CONRADI: Mr. Alexander.

2 MR. WARD: Mr. Barnett.

3 MR. BUNCH: Aye.

4 MR. CONRADI: And I vote aye.

5 MR. WARD: And I've got to say that as
6 a lawyer licensed to practice law in the State
7 of Alabama, I certify that one of the reasons we
8 are going into executive session is to talk
9 about resolution of settlement of those pending
10 cases.

11 MR. CONRADI: Okay. Y'all are
12 dismissed.

13

14 (Whereupon, the meeting was recessed
15 from 10:36 a.m. to 11:58 a.m.)

16

17 MR. CONRADI: I'd like to make a
18 motion that we accept the permanent resignation
19 of tech license number T36267 and T34696.

20 MR. DARBY: I second it.

21 MR. CONRADI: All in favor?

22 MR. MCCONAGHY: Aye.

23 DR. MARTIN: Aye.

1 MR. DARBY: Aye.
2 MR. BUNCH: Aye.
3 MR. CONRADI: Aye.
4 I make a motion we adjourn.
5 MR. DARBY: Second.
6 MR. CONRADI: All in favor?
7 MR. MCCONAGHY: Aye.
8 DR. MARTIN: Aye.
9 MR. DARBY: Aye.
10 MR. CONRADI: Aye.
11 MR. BUNCH: Aye.
12
13 (Whereupon, the meeting was adjourned
14 at 11:59 a.m.)
15
16
17
18
19
20
21
22
23

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

CERTIFICATE

STATE OF ALABAMA
SHELBY COUNTY

I, Sheri G. Connelly, RPR, Certified Court Reporter, hereby certify that the above and foregoing hearing was taken down by me in stenotype and the questions, answers, and statements thereto were transcribed by means of computer-aided transcription and that the foregoing represents a true and correct transcript of the said hearing.

I further certify that I am neither of counsel, nor of kin to the parties to the action, nor am I in anywise interested in the result of said cause.

/s/ Sheri G. Connelly

SHERI G. CONNELLY, RPR

ACCR No. 439, Expires 9/30/2014

WORD INDEX

< \$ >

\$11,000 92:19

< 1 >

1 76:20 77:15, 16**1:00** 79:12**10:36** 95:15**10:45** 94:4**100** 16:20 26:16

34:23

105-page 19:21**11** 78:8 94:4**11:00** 21:9, 10

22:14 23:12

11:15 94:5**11:58** 95:15**11:59** 96:14**111** 1:19**119** 66:14**12** 62:21**135** 62:14**140** 36:3**146** 21:15**15** 77:12**16** 65:7, 17 66:4**17** 66:17**18** 66:17**1-800-Walgreens**

36:9

< 2 >

2 8:20**20** 1:10 17:21

42:12 48:17, 17

82:11, 11

2000 8:11**2006** 8:12**2007** 8:13**2009** 23:8 25:1**2013** 21:3**2014** 1:10 8:20, 21

65:7, 17 66:4 80:4

97:22

2016 80:2**24** 20:10 22:21

23:1 32:7, 10, 12

25 27:23 35:16**255** 24:13**27** 21:6

< 3 >

3 78:6 79:11**30** 97:22**30,400** 23:9**30-day** 55:22**33,750** 21:5**35242** 1:20

< 4 >

4:00 79:12**439** 97:22**45** 23:10**46** 25:18

< 5 >

50 88:4**54** 21:11

< 6 >

6:00 21:9, 10**60** 35:8

< 7 >

7 23:1 32:7, 10, 12**7:00** 23:11, 13**70,000** 24:12**795** 66:16 68:2, 10,

12 69:2, 17, 20

70:23

797 66:16 68:2, 4,

5 71:4 72:3

< 8 >

8,000 92:21**80** 61:2**83** 61:2**83.33** 61:3**85** 23:14

< 9 >

9 97:22**9:00** 23:13**9:05** 1:12**90** 59:20 63:13**90-day** 55:23**911** 41:17**92** 21:12**95** 23:14**96** 52:4

< A >

a.m 1:12 21:9, 10

23:12, 13 95:15, 15

96:14

ability 52:13 55:7**able** 64:7 76:21

77:15 80:10 81:12

89:5 92:16

absent 40:6**absolutely** 54:20,

20 72:14 87:11

accept 95:18**access** 20:10, 18

23:22, 23, 23 28:11

30:16 36:14 39:2,

4, 5, 11, 12, 15 44:5

68:17 81:5

accessing 41:17**account** 92:18, 20**accountable** 59:5,

16

accountant 80:5**accounting** 61:13

93:2

ACCR 97:22**accurate** 11:17

61:18

acknowledge 34:19**acquired** 21:6**act** 87:2**action** 89:1 97:16**activities** 40:5

66:22

activity 44:2**actual** 45:4 46:13**adapt** 78:12**adaptable** 78:16**add** 11:5 29:18**adding** 53:14

66:22 69:13

addition 53:9**additional** 8:23

11:6 29:18 41:16

53:14 57:19, 20

address 25:4**addressing** 38:10**adherence** 38:2**adjourn** 94:7 96:4**adjourned** 96:13**administered** 33:23**administrative** 28:8

29:15

advantage 42:20**advertising** 87:10**afternoon** 48:7

79:12

age 11:13**agenda** 7:12, 14**agents** 30:23

35:17, 18, 19, 20

36:18 37:20

ago 25:15 48:1

49:17

agree 64:10**agreement** 51:7, 16

77:10

ahead 26:2 55:16

71:3 85:14 91:2

ALABAMA 1:2, 18,

20 4:6 6:18, 22

7:2, 4 9:10 15:17

18:19 25:20 46:19

47:17 48:2, 14

49:18 50:4 56:16

57:11 78:20 86:3

90:11 95:7 97:3

Alabama's 15:7**alerts** 11:13, 14, 14**ALEXANDER**

74:2 94:23 95:1

allergic 12:7, 14

50:20

allergies 10:9**allergy** 11:11**allow** 17:7 28:13

45:7 46:20

allowing 87:13**allows** 11:16, 22**Ally** 4:21 7:22

8:5, 10, 10, 11 9:9

Ally's 8:16**ALSHP** 4:8**alternative** 11:1**Alverson** 2:11

13:20 14:7 15:5,

21 43:7 44:8, 12, 15, 18 45:3 46:14, 22 47:4, 12, 18 62:13 63:17, 23 64:20 65:3 66:14 67:16 68:9 69:2, 7, 12, 16, 23 70:7, 11, 19 71:2, 4 72:5, 9, 13, 17, 20, 23 73:5, 8, 16, 23 74:3, 6, 10, 15, 18, 21 75:12, 16, 18 76:6, 9, 15, 19 77:23 78:2 79:7, 10 81:15 82:9, 14, 22 83:5, 10, 12, 15, 20 84:1, 6, 9, 15 85:1, 7 86:16 87:7 89:7, 13 90:2, 12, 20 91:4, 8, 14, 22 92:2

amount 61:3
analyst 8:9
annually 64:14
answer 19:1, 22 23:2 33:7 49:17
answered 27:7 33:5
answering 22:17
answers 97:9
antibiotic 69:13
Anybody 79:13 89:9
anyway 85:14
anywise 97:16
APCI 5:14
apologize 91:14
APPEARANCES 2:1
appendices 52:4
appendix 19:13
appendixes 19:16
applicant 63:3 89:4
application 16:15 17:7 34:4, 10, 13 80:11 83:17, 21 90:17
applications 36:14 89:12
applied 18:18

applies 68:12 69:2, 17 70:2
apply 69:18
applying 18:22 69:20
appointment 79:2
appreciate 48:14
appropriate 6:4 33:19
appropriately 33:18
approval 7:11 8:17, 23 14:12
approve 7:13 14:10 15:1 65:5, 6, 17 66:3
approved 8:23 22:6 82:20 86:13
approving 14:16 43:21
approximately 27:22 35:16
apps 88:22
April 21:3
area 70:8
areas 39:22
Arizona 26:16 27:5 38:21 53:2
asked 87:16
asking 58:5 62:18 70:7 73:17 74:11 75:6 84:3 85:13
asks 55:14
assessment 34:20
assigned 24:1 39:6
assist 30:23
associated 28:23 29:10
Association 6:23 7:2
assurance 20:17 33:21 34:14 37:23
attended 86:20
Attorney 2:12 85:18
Attorney's 92:5
Auburn 84:10, 16
audio-visual 88:1
audit 52:5 54:13 79:23 80:1 92:13, 15 93:5

auditor 78:18, 19 80:6, 6 82:2 84:6 85:7 92:13, 22
auditor's 79:19
audits 80:3
August 1:10 8:21
automatically 33:6 56:18
availability 32:8
available 20:11 23:1 32:14, 20 55:18
average 22:8
aware 69:7
Aye 7:17, 18, 19, 20 65:11, 12, 13, 14, 15, 21, 22, 23 66:1, 2, 7, 8, 9, 10, 11 93:12, 13, 14, 15, 16 94:16, 18, 20 95:3, 4, 22, 23 96:1, 2, 3, 7, 8, 9, 10, 11

< B >
back 12:2 18:12 22:14 34:5, 10 35:5, 7 45:11 49:6 50:18 61:12, 16 62:9 66:12 67:9 68:16
background 20:6, 23 23:6 51:22
backup 43:9
backward 82:5 85:9
badge 23:23
Baker 2:22 4:19, 19
balance 93:9
Bamberg 3:16 6:16, 16
bank 61:14
Baptist 4:13
Barnett 95:2
Bart 3:16 6:16
based 10:23 24:1 28:1 47:8 50:22 56:18 78:14
basic 9:5

basically 23:21 24:19 27:16 33:3, 5 34:3 38:9 46:5, 10 70:7
basis 48:13 63:21
Beason 85:6
beginning 67:1 82:6 84:17
believe 19:13 31:5 36:3 37:12, 12 38:21 47:23 51:6 59:17 61:11 86:2
benefits 11:1
Bergusson 3:9 5:13, 13
beta 12:7, 8
better 24:5 67:11 88:16
beyond 77:17 87:15
big 72:2
biggest 81:17
billing 58:11
bills 61:14
Billy 3:11 5:15
birth 82:7, 9, 12, 15, 16
bit 22:9 40:1
biweekly 47:21
Blake 80:5, 7
blank 81:2
blocker 12:8
blockers 12:7
BMOC 91:5
BOARD 1:2, 18 2:3, 12, 13, 14, 15, 16, 17 4:1, 7, 9, 11 6:1, 12, 14 8:17 9:10 18:23 19:8 48:8, 10 57:1 58:20 62:23 63:19 65:4, 7, 17 71:5 78:19, 22 79:1 85:19 86:5 87:5, 16 88:17
bomb 41:11, 12
booked 88:2
books 80:9
bore 40:21

bottom 10:8, 22	34:2, 11 35:9	83:23	chads 64:22
box 15:8	36:21 37:11 38:7,	cause 97:17	challenges 42:16
boxes 15:23 45:17	8 39:4, 19 40:20	cautions 11:13	chance 6:3
break 40:6	41:13, 15 42:9, 10,	CCO 18:5, 9 23:1	change 76:1 89:6
breath 77:18	18, 20, 20, 22 43:1,	CE 44:5	90:3, 5, 6
breathing 78:21	13, 15, 18 44:2, 3, 4,	ceiling 68:17	changed 83:16, 19,
bridge 88:5	11, 13 46:15 50:8,	cell 40:9, 14	20 90:11
brief 8:10	18 51:3, 7 52:12,	center 20:2, 23	changeover 83:23
bring 13:22 24:6	13, 15 53:6, 11	21:4 23:20 24:22	charge 33:12
brings 61:15	56:19 61:13 74:23	27:21 29:7, 22	47:14 57:15 90:15
Brittney 3:8 5:11	77:6 78:23 88:8	32:17, 20 34:11	charged 59:4
brothers 85:23	91:1	36:21 39:19 41:13	check 11:10 15:8,
Brown 2:20 4:15,	called 29:22 35:4	42:9, 21, 22 43:14,	23 50:2 55:2, 21,
15	44:20 56:20 78:5	15, 18 44:3, 3, 11,	23 74:16 80:11
Bruce 3:10 5:14	79:19 87:21 88:12	14 46:15 47:13	checkbook 61:13
Buddy 2:7	call-in 54:19	51:4 52:3, 12	checked 14:1
budget 61:22	calling 27:5 28:5	53:12 91:1	checking 59:1
budgeted 61:2, 19	30:18 42:3, 8	centers 18:21 19:4	checks 50:15
building 78:14	calls 15:21 22:14	23:3, 19 24:10, 11	chief 66:12 67:18
81:1	23:1, 2 26:15 27:4,	26:5 27:8, 18	76:11
Bunch 2:7 7:20	7 28:18 31:19	31:15, 21 32:15, 21	cholesterol 13:23
13:17 27:15 29:5,	32:1, 16 33:2, 7	33:1, 8, 22 37:11	choose 11:19
21 30:8 43:5 49:5,	35:1, 5, 13, 21	38:7 50:9 53:6	chose 12:9
16 50:11 51:17	37:15, 22 38:1	central 22:20	Chrysakis 3:15
57:4, 23 58:5	39:10 40:4, 4 41:5	32:11 38:14, 16, 18,	5:21, 21
60:16, 17 65:14	42:22 43:17 53:2	20 43:9, 16, 23	Chuck 3:13 5:18
66:1, 10 74:11	56:1 85:16	46:8 50:13 51:4	citizen 81:21 82:3,
75:1, 9 93:15 95:3	Calnia 3:8 5:11, 11	centralization 19:5,	3 85:3, 4, 5
96:2, 11	canceling 28:22	15, 19 25:2 26:15	citizens 81:19
BUSINESS 1:8	CAP 50:18	32:22 41:3 53:1, 7	citizenship 82:21
8:9 19:11 20:10	capacity 25:4, 7	centralize 25:5	claims 8:12 87:10
31:18 32:6 35:23	CAPS 5:16	centralized 26:23	Clarissa 2:22 4:19
36:8, 12 39:21	captured 34:21	45:23 50:13 53:16	class 84:17
58:21 61:9 77:14	Cara 2:18 4:8	centrally 34:8	clean 68:19 70:8
86:1 92:9, 11	card 80:12	38:4 50:23	cleaned 64:23
93:17, 19 94:8	cards 39:13	certainly 19:20	clearinghouse 8:12
businesses 86:3	care 18:5, 5 19:12	29:11 32:17 48:12	Clemice 3:21 7:3, 4
Butalbital 56:15	27:18, 21 52:3	69:19	click 49:21
buzzer 45:15	careful 14:22	certificate 82:9, 12,	client 13:6
< C >	Carter 3:14, 22	15, 16 97:1	client-based 13:9
calculated 21:22	5:19, 19 6:6, 10	certificates 82:8	clinical 18:10, 14
call 18:21 19:4, 11	7:6	certification 49:12,	46:4
20:1, 11, 18, 23	case 70:3 85:23	13 72:8	clinics 13:11
21:4 23:3, 19, 20	cases 67:13 70:3	certified 8:18, 19,	close 69:19 76:22
24:10, 11, 22 26:5	94:2, 3 95:10	21 12:17 49:8	closer 22:9, 12
27:8, 23 28:1, 7, 21	cash 80:12	97:6	code 10:22
29:6, 7, 22 31:9, 15,	casually 88:17	certify 71:23	Cody 3:9 5:13
21 32:15, 17, 20, 21,	catching 76:4	72:11, 17 95:7	cohorts 18:6
23 33:1, 8, 20, 22	caught 34:8 79:22	97:7, 14	Coker 2:13 4:9, 9

83:19
cold 68:18
collected 82:4
column 83:1, 3
come 15:16 56:9
 66:17 68:15 73:17
 79:13, 16 85:8, 14
 86:18 94:5, 5, 9
comes 35:2 44:13
 55:5 56:12 60:3
 80:11 81:9
comfortable 30:22
comfortably 28:7
coming 16:10
 46:11 56:19 57:9
 61:22 77:22 78:6
 79:9, 22
commercial 48:18
 49:1
committee 86:6
common 32:16
community 77:16
company 56:5 78:5
comparable 80:13
compare 56:10
compared 52:21
comparison 62:10
competencies 93:23
competency 80:3
complaints 66:17,
 18
complete 63:13
 87:1
completed 66:17, 19
complex 69:11
 70:18
complexity 70:1
compliance 19:17
 20:16 33:16 39:20
component 59:11
compound 68:20
 69:3, 17, 18
compounded 71:22
compounding
 69:14 71:19, 19
compounds 69:1, 5
computer 16:13, 13
 24:1 45:15 47:2
 56:2 63:22 76:16
 78:2 79:3, 15, 17

computer-aided
 97:11
concern 38:6
 50:15 52:17
concerns 25:4
confirmation 11:22
Connecticut 9:1
Connelly 1:23
 97:6, 20, 21
Conradi 2:4 4:1,
 17 7:3, 10, 16, 21
 8:2, 6 9:15 12:5,
 15, 21 13:13, 15, 19
 14:9, 15, 19 15:3,
 12, 16 16:5, 18
 17:12, 15, 21 18:11
 22:13 23:4 25:9
 26:1 28:13 31:8
 35:7 37:7 38:12,
 17, 23 40:8, 15, 22
 41:4, 19 42:12
 43:3, 6, 20 45:6, 9
 46:18 48:22 51:10
 53:21 55:10, 14
 57:1, 5 59:7 60:5,
 8, 11, 14, 16, 18, 20
 61:21 62:3, 11
 64:3, 16, 21 65:4, 9,
 15, 20 66:2, 6, 11
 67:13, 17 68:1, 23
 69:4, 9, 15 70:6, 9,
 13, 20 71:3 72:3, 6,
 11, 15, 19, 22 73:2,
 6, 12, 19 74:4, 12,
 16, 22 75:3, 10, 13,
 17 76:4, 7, 10, 13,
 17 77:21 81:13
 83:14 84:14, 22
 87:4 89:11, 17, 23
 90:10, 22 91:6, 10,
 15, 19 92:1, 5, 9
 93:11, 16, 19, 21
 94:3, 13, 17, 19, 21
 95:1, 4, 11, 17, 21
 96:3, 6, 10
consider 64:14
 69:14 70:3
consistent 29:13
construed 15:2

consultation 50:19
consumer 36:9
consuming 66:22
contacted 85:17, 18,
 19 91:12
continuation 93:5
continuity 20:10
 32:6
contracts 62:15, 19
control 89:9
controlled 39:12
 56:12, 16
controlleds 12:16,
 20
convicted 88:23
cooperative 84:19
copay 10:18
copy 9:9, 11, 12
 42:13 54:8, 9
 82:15, 17
corner 48:18
Correct 13:12
 16:14 17:6 21:21
 32:4 45:4, 8 46:21
 47:6 53:20 58:16
 59:15 60:6 72:4
 93:3 97:12
counsel 7:1 97:15
counseling 59:20
 60:3
counter 55:6
counters 68:17
 76:1
country 85:2
COUNTY 97:4
couple 48:1 81:2
course 50:11 80:8
COURT 17:20
 97:7
cover 43:11 61:15
coverage 20:12
 21:11
covered 56:11
CPO 34:12
CPY 19:17
creams 70:17
create 10:20
created 8:14
credit 80:12

critical 79:16
cross-train 44:1
Cross-training 37:1,
 2
cross-utilize 44:1
cubicle 23:21
curious 38:15
current 10:9, 9
 12:4 23:13
currently 8:22 9:2
 12:19 20:2, 9 21:5,
 13 23:10 24:13
 25:18 27:3 35:8
 50:17 53:5
Customer 18:5, 5
 19:12 26:8 27:5,
 17, 17 28:3 30:4, 4,
 16 46:10
customers 26:10
 29:14 32:14 43:2
cut 67:9
CVS 5:13
cycle 61:6, 15

< D >
Dagher 3:4 5:4, 4
 18:13, 13 23:7
 56:22
Dan 2:6 13:13
 57:5 58:5 86:19
Darby 2:8 7:15,
 19 13:16, 18 60:11,
 13 65:6, 13, 16, 23
 66:3, 7 83:16, 22
 84:2, 8 93:8, 13
 94:12, 17, 18, 21, 22
 95:20 96:1, 5, 9
data 46:3, 16
 59:15 86:8
database 35:11
date 77:3
dates 68:21 88:9,
 10 91:7
David 2:8 13:15
Davis 3:20 7:1, 1
day 14:16 22:10
 45:20 60:1, 2
 79:11
days 35:8

DC 26:19 37:12	dispensing 24:21 44:2 46:13 54:11, 17 58:13 59:8, 21	14, 22 83:5, 10, 12, 15, 20 84:1, 6, 9, 15 85:1, 7 86:16 87:7 89:7, 13 90:2, 12, 20 91:4, 8, 14, 22 92:2, 4 93:12 94:19, 20, 21, 22 95:23 96:8	employed 36:2 43:15
decide 70:4 71:18	display 10:14, 19 11:9 14:6	draw 69:10 70:16	employees 39:17, 18, 18 40:10
decision 51:18	disposition 63:5, 10	driver's 82:17	employing 24:13
definitely 24:17 78:15	distractions 29:16	drop 30:22 63:14	enabling 37:3
delayed 77:11, 13 84:4	document 9:10 19:13 40:23 45:5 67:4 81:11	Dropbox 78:4	endorsement 15:2
delaying 89:3	documentation 19:7, 14 81:22, 23 82:1 84:18	drug 11:10, 11, 11, 11 12:10 13:21, 23 14:4 29:23	endorsing 15:3
delighted 6:2	documenting 81:18	drug-drug 13:21	English 3:22 7:6, 6 31:11
Delk 2:17 6:14, 14	documents 9:8 19:20	due 80:1, 2	entered 45:22, 23 52:8 59:3, 12, 13, 14
demo 78:7	doing 12:16 24:4 50:2 52:20, 21 55:3, 4 80:16 91:21	duplicate 11:12	entering 46:16
demographics 9:21	dollars 61:10	DUR 49:18, 21 50:2, 7, 10, 14, 14 51:10, 15 52:9	enterprise 34:12
Department 7:7, 9 85:19	door 22:20	DURs 46:6, 6	entities 56:8
deposit 80:13	doors 76:2 81:5	< E >	entries 93:10
description 33:11	dosage 10:15	early 22:8	entry 34:9 93:3, 9
design 78:14	dose 10:15	Easter 2:19 4:13, 13, 16	e-prescribe 8:16 9:6
designed 78:12	doses 86:10	e-commerce 19:9, 11 31:17 53:1	e-prescription 15:22 44:17
detailed 41:2 52:7	double 50:1	Eddie 3:12 5:16	error 34:8 35:10 57:8, 14 58:1, 11, 18 59:4
detected 11:9	double-check 55:3	education 57:19	errors 34:1, 4 57:18
deteriorate 88:6	DR 7:13, 18 9:23 10:4 12:22 13:6, 10, 20 14:7, 11, 18, 21 15:5, 21 16:12, 15 17:1, 11 31:2, 6 41:23 42:17 43:7 44:8, 12, 15, 18 45:3 46:14, 22 47:4, 12, 18 57:3 60:15 62:13 63:15, 17, 23 64:5, 11, 20 65:3, 12, 22 66:9, 14 67:16, 19 68:3, 9 69:2, 7, 12, 16, 21, 23 70:2, 7, 11, 19 71:2, 4 72:5, 9, 13, 17, 20, 23 73:5, 8, 16, 23 74:3, 6, 10, 15, 18, 21 75:12, 16, 18 76:6, 8, 9, 15, 19 77:23 78:2 79:5, 7, 8, 10 81:15 82:9,	efforts 79:3	e-tript 8:20
develop 78:20 90:14	door 22:20	eight 26:15 27:1, 2, 3 40:9	Eventually 12:18
developed 67:2	dosage 10:15	either 13:1 17:3 20:11 28:1 30:3 32:9 45:1 46:7 50:17	everybody 16:20 37:10, 14 68:13
device 87:14	dose 10:15	electronic 8:14 9:12 11:19 13:3 14:17 16:5, 19, 21 17:3, 7 39:13 54:12 67:2	exactly 14:5 40:3 47:7 73:5
diagnosis 10:21	doses 86:10	electronically 15:10 34:22 45:1	example 10:11 16:23
dial 42:2	double 50:1	eligibility 9:22	exception 70:4
difference 52:19	double-check 55:3	Ellis 3:13 5:18, 18	exceptions 16:3
different 25:9 38:13 51:21, 22, 22, 22 55:21, 21, 22 56:13 78:3, 15	DR 7:13, 18 9:23 10:4 12:22 13:6, 10, 20 14:7, 11, 18, 21 15:5, 21 16:12, 15 17:1, 11 31:2, 6 41:23 42:17 43:7 44:8, 12, 15, 18 45:3 46:14, 22 47:4, 12, 18 57:3 60:15 62:13 63:15, 17, 23 64:5, 11, 20 65:3, 12, 22 66:9, 14 67:16, 19 68:3, 9 69:2, 7, 12, 16, 21, 23 70:2, 7, 11, 19 71:2, 4 72:5, 9, 13, 17, 20, 23 73:5, 8, 16, 23 74:3, 6, 10, 15, 18, 21 75:12, 16, 18 76:6, 8, 9, 15, 19 77:23 78:2 79:5, 7, 8, 10 81:15 82:9,	education 57:19	Excuse 94:21
dig 62:9	doors 76:2 81:5	email 89:4	executive 67:14 92:7 93:22 94:6, 10 95:8
direct 28:1	dosage 10:15	employ 24:7	exempted 69:5 70:14
direction 85:13	dose 10:15		exit 92:23
directions 10:21 58:22 59:3, 9, 14	doses 86:10		expect 68:16
directly 39:22	double 50:1		expecting 86:17, 20
director 18:4	double-check 55:3		expenses 61:5, 17
disciplinary 89:1	DR 7:13, 18 9:23 10:4 12:22 13:6, 10, 20 14:7, 11, 18, 21 15:5, 21 16:12, 15 17:1, 11 31:2, 6 41:23 42:17 43:7 44:8, 12, 15, 18 45:3 46:14, 22 47:4, 12, 18 57:3 60:15 62:13 63:15, 17, 23 64:5, 11, 20 65:3, 12, 22 66:9, 14 67:16, 19 68:3, 9 69:2, 7, 12, 16, 21, 23 70:2, 7, 11, 19 71:2, 4 72:5, 9, 13, 17, 20, 23 73:5, 8, 16, 23 74:3, 6, 10, 15, 18, 21 75:12, 16, 18 76:6, 8, 9, 15, 19 77:23 78:2 79:5, 7, 8, 10 81:15 82:9,		Experience 26:20 29:10 41:10
discovered 66:20	doors 76:2 81:5		
discuss 67:23 93:22 94:6	dosage 10:15		
discussed 61:6	dose 10:15		
disease 11:11 13:21 14:4	doses 86:10		
dismissed 95:12	double 50:1		
Disney 21:2	double-check 55:3		
dispensed 26:12 51:16	DR 7:13, 18 9:23 10:4 12:22 13:6, 10, 20 14:7, 11, 18, 21 15:5, 21 16:12, 15 17:1, 11 31:2, 6 41:23 42:17 43:7 44:8, 12, 15, 18 45:3 46:14, 22 47:4, 12, 18 57:3 60:15 62:13 63:15, 17, 23 64:5, 11, 20 65:3, 12, 22 66:9, 14 67:16, 19 68:3, 9 69:2, 7, 12, 16, 21, 23 70:2, 7, 11, 19 71:2, 4 72:5, 9, 13, 17, 20, 23 73:5, 8, 16, 23 74:3, 6, 10, 15, 18, 21 75:12, 16, 18 76:6, 8, 9, 15, 19 77:23 78:2 79:5, 7, 8, 10 81:15 82:9,		

Expires 97:22	final 11:21 47:11, 12 51:9 52:1 92:15	fraud 86:2	George 3:15 5:21
explained 84:16	find 35:9	free 9:6	Georgia 25:23
extent 15:1	fine 91:15	frequently 71:21	getting 12:19
extern 84:20	finished 32:2 64:18 77:5	Friday 21:9 23:11	26:11 33:19 42:13
extra 90:19	first 4:2 6:9 7:11, 23 9:18 11:3 68:10 75:10	friendly 84:12	58:7 62:2 64:6
< F >	fiscal 61:1 80:2	front 39:15 74:12 76:5	84:4 86:10
facilities 18:20, 21 20:1, 7, 18 24:18 31:17 38:9 39:13, 16 46:8 53:3 77:6	five 40:10 45:6 46:19 63:4 66:16	fulfillment 26:11 38:19	girl 91:12
facility 18:9, 16 19:23 21:5 22:17, 18, 20, 23 23:6, 8, 9, 17, 22 24:8, 21 25:1, 16 26:6, 13 28:19 29:1 38:20 39:23 43:17 50:13 56:7 57:16, 22	flaws 14:23	fully 39:8	give 12:1 20:5, 23 23:5 52:19 67:10 72:15 73:17 88:13
fairly 80:17	floor 70:22 76:1	function 33:14 39:5 50:9 52:6 54:6 56:3	given 74:8
fall 92:11	floors 39:16 68:17	functions 28:17 29:3, 20 31:19 44:7 53:10, 18	gives 52:7
family 30:1	Florida 21:14 22:6, 21 24:5 25:3, 5, 6 26:16 32:19 37:16, 18 38:14, 18, 19 39:9 45:10 48:11, 13 49:11, 15 53:2 56:17 58:21 59:18	further 24:2 97:14	giving 12:7 74:19, 21 75:1, 9
far 35:7 53:17 61:5, 18	flow 9:5, 14 10:7, 10 12:4 54:22 55:1	future 29:12 94:1	Glenn 2:16 6:12
fast 9:7	fly 91:17	< G >	glitches 77:1
fault 58:17	focused 44:3	Gamble 3:5 5:5, 6 17:23 18:3, 4, 17 22:5, 19 23:5, 18 24:8, 17 25:12 26:3 27:2, 11, 14, 16 28:12, 15 29:9 30:3, 10, 15 31:4, 7, 12 32:4 34:23 35:8, 15, 19 36:3, 7, 11, 17 37:2, 6, 10, 20 38:16, 18 39:1 40:12, 18 41:1, 9 42:6, 15 43:13, 23 44:11 45:8, 12, 21 46:17, 21 47:3, 7, 9, 23 48:5, 20 49:2, 10 50:8, 12 51:12 52:2, 22 53:20 54:2, 9, 15, 20 56:6 58:3, 17 59:10	GLS 78:15
favor 7:16 65:10, 20 66:6 93:11 95:21 96:6	folder 9:9 16:23		go 9:5, 14 10:16 19:21 22:15 24:2 26:1 27:9, 11 28:16 29:7 30:5 31:12 35:5 37:21 40:8, 10 41:20 42:22 45:15 46:4 49:20 50:7 55:16 58:9 61:12 67:3 70:4 71:3, 9 72:21 73:3 77:3, 13 81:1 82:5 91:2 93:22 94:4
fax 17:4	follow 37:17 79:2		goal 29:5, 12
FDA 86:12, 13, 18 87:1, 20	footage 21:4 23:9 24:9		goes 15:9 30:17 34:17 39:6 57:13 61:5 70:17
feel 9:6 86:8	foregoing 97:8, 12		going 9:5, 7 10:12, 12 12:19 17:22 20:21 25:6 30:14 40:5 48:23 49:22 50:6, 6, 7 57:10, 13 59:22 62:20 64:4 68:15 70:3 71:18, 20 75:21 77:7, 19 79:23 82:7 86:6 89:5 90:13 91:6, 21 93:6 95:8
feeling 71:11	forgive 55:8		Good 8:6, 7 18:3 60:17, 17 65:1 80:7, 17 85:12, 15
feet 24:12	form 15:17 67:2 88:22 89:9, 20		government 78:9
felt 80:7	format 26:21 29:11		
Fenicia 3:3 5:3 18:8 20:22 36:4 48:1	formed 86:5		
figure 14:13 75:4 93:3	forms 23:21 77:20 80:22 82:20 89:6		
filed 54:8	formulary 10:15, 19, 23		
files 54:11 57:10	forth 67:6		
fill 15:23 22:20 32:11 38:14, 16, 18, 20 43:9, 16, 23 49:22 50:13 81:3 89:11	fortunately 77:11		
filled 49:23 50:4 53:23	forward 24:2 68:15 85:12		
	found 86:1		
	four 32:15		
	frame 47:8		
		generate 30:3 38:7	

grandchildren 81:4
great 9:17 64:10
greater 22:10 25:6
Greg 3:5, 14 5:6, 19 18:4 31:3 52:18
guess 12:5 14:16 25:3, 4 28:8 29:13 30:6 33:14 34:3, 6 36:23 46:4 50:3, 10 52:2 57:6 58:18 67:19, 21 71:8 77:15 81:17
guidelines 37:18
guilty 86:1
guy 63:22 92:15
guys 5:23
gyns 85:17

< H >

half 25:15 61:10
half-hour 40:13
halfway 62:17 63:3
hand 20:22 41:15 67:10
handle 22:13 28:6, 17 32:20 33:20 41:5, 7 56:3 78:8 80:7, 18
handled 29:4 30:2
handles 37:14
handling 20:19 40:20 52:23 53:11, 19
hanging 64:18, 22
happen 46:18 50:12 51:3
happening 80:9
happens 46:19
happiness 48:19
happyland 21:1
hard 54:8, 9 84:14
hardship 48:12
Harris 3:10 5:14, 14
hats 83:14
head 48:21
Health 4:14 7:7, 9 48:18, 22 85:18

hear 18:11 43:10 48:4 71:10
heard 71:17 86:22
hearing 97:8, 13
heavy 42:19
held 58:19 59:4, 16 62:22
help 43:1 53:15
helpful 48:11
hesitancy 55:5
Hi 8:7
hide 27:18
high 33:1 42:21 86:10
higher 53:5 61:7
highly 79:15
hindsight 48:16
HIPAA 19:17 39:19
hire 71:21 75:20
hired 53:12
hiring 36:19
historical 62:2 93:4
holders 93:23
holding 77:18
home 22:15 81:3
Hoover 1:20
hoped 87:23
hopefully 49:2 91:7
hoping 77:1 91:8
hormone 85:20
hormones 85:22 86:10
hospital 13:1
hospitals 77:8
hot 68:18
hours 21:8, 11 23:10 32:6 40:9
house 62:17 63:3
huh-uh 13:16, 17
hundred 36:5, 7
Hunter 3:6 5:7, 7
hurricane 32:19
Hurst 3:21 7:4, 4 53:22
hurt 68:5
husband 30:2

Hutt 3:3 5:3, 3 18:1, 8, 8 21:1, 17, 21 22:16 34:21 36:5, 10 37:1, 17 41:14, 21 42:19 44:4, 13, 16, 19 45:4, 16 47:6, 8, 11, 15, 20 48:3 51:1, 13, 20 52:12 54:21 56:2 57:15 58:2, 13, 16 59:19 60:6, 19

< I >

ID 30:6 39:13 82:18
idea 65:1 79:23 89:9
ideal 60:6
identified 46:11
identify 88:11
Illinois 26:18 51:2
image 20:8 53:4
images 54:12
immigration 83:8, 12
immunizations 29:19
implement 68:21
included 19:6
includes 11:13
including 9:11 10:21 63:5
Incorporated 5:17 13:3
incorrectly 58:23
Indiana 9:1 26:18, 18
indicate 16:6
indicating 47:15, 16
individual 28:4 34:5 58:3 94:14
individually 65:5
influx 90:6
information 9:22 10:18, 20 11:18 20:6 21:7 32:5 64:11 78:4
informing 68:14

initials 53:22 54:3, 4, 5
initiated 21:2
injections 75:21
inpatient 62:16
inquiries 29:2
insert 87:13
inserted 85:20
inside 23:19
inspect 68:11
inspection 68:7, 7 75:11, 11
inspections 66:15, 16, 16 67:5, 20 78:10
inspector 67:18
inspectors 66:20
inspector's 66:13 76:11
interact 29:17
interaction 11:8 12:8
interactions 11:9, 10 49:19
interactive 31:4, 5
interest 63:18
interested 97:16
interior 23:19
intern 84:20
interrupt 9:6, 15
interview 66:4 92:23
interviewing 48:2, 7
interviews 67:5 87:23 91:21
introduce 18:6 27:16
investigation 38:10 62:23 78:10
investigations 67:6
involved 34:6 39:20
issue 38:6
issues 38:11
items 70:15
its 68:7, 7 69:23
IV 56:15
IVR 30:17, 22 31:3

< J >

jaded 79:16
Jared 20:14 33:11
 47:16
Jim 2:12, 19 4:13,
 16
job 33:10 55:4
John 79:20
Jones 3:19 6:22, 22
journal 93:3, 9
Julie 3:6 5:7
July 8:20 60:23
 65:7, 17 66:4, 15
 67:21, 22

< K >

Kate 3:7 5:9
keep 25:5 35:12
 41:16 67:10 81:5,
 7, 11
Kelli 3:17 6:18
kept 68:19 80:21
key 81:4
keyboard 8:3
kin 97:15
kind 9:14 17:9
 31:8 50:1 52:18
 55:10 88:16
kinds 87:10
King 5:20, 22
Klinner 3:23 7:8, 8
know 6:2, 2, 8
 11:22 16:9, 20
 25:15 27:8, 13, 15,
 19 28:1 29:11, 12
 33:2 36:19 40:5
 41:7 42:16 43:7
 45:13, 14 46:10
 48:21 50:20 52:8
 56:18, 22 58:19
 59:1, 11 63:19
 64:1, 16 69:9, 10
 70:16, 18, 18, 20, 21
 71:10, 16, 20 73:6
 77:4 84:11 86:20,
 22 88:20 90:12
 91:10
knowledge 38:2
Koelz 2:21 4:18, 18

< L >

label 27:7 46:12
 47:5 54:6
Labor 79:11
Lacey 3:18 6:20,
 20
Lakes 18:14, 15
 19:5 20:7 23:6, 8
 24:20 25:1, 7, 16
 36:4 47:16
landing 9:18 11:3
 12:2
Las 38:22
law 16:9 95:6
Lawley 3:11 5:15,
 15
Lawrence 2:15
 4:6, 6
laws 33:16
lawyer 6:1 90:23
 95:6
layers 39:14
layout 76:2
lead 25:17
leadership 39:23
 48:13
legally 85:2
Leos 2:18 4:8, 8
letter 90:14, 19
level 63:4
leverage 31:16
LIC 91:4
license 25:22
 48:14 72:16 74:17,
 20 80:14, 21, 22
 81:6, 8, 9, 11, 16, 23
 82:17 88:22 95:19
licensed 21:5
 23:10 25:19 33:18
 56:4 95:6
licenses 76:22
 80:23 81:2 84:20
 92:16 93:10
licensing 25:15
 78:10
life 71:22
line 39:21 42:18
 57:7 64:2 69:10
 70:16 88:4

lines 16:1 31:18
 36:8, 12 58:21
 88:19
list 53:10
listed 54:3
listen 55:15
little 12:12 22:9
 52:19
liver 14:1
local 27:6
locate 22:22
located 24:19
 43:16
LOCATION 1:18
 24:21
locked 40:15
locks 81:4
long 19:20 40:22
 41:1 62:7 85:10,
 12
longer 19:12 35:12
longest 42:13
look 16:11 44:23
 51:14 52:10 67:14
 78:16 86:7
looked 76:23
looking 16:3 38:3
 45:19 53:14 57:9
 61:9, 17 78:3 80:1,
 8, 20 85:8
looks 46:5, 5 50:1
losing 61:10
lot 15:22 64:21
 68:20 70:20 71:13
 83:6, 6 86:8 90:8
Louise 3:19 6:22
low 44:5 86:11
lower 61:8
lunch 40:13
Lynn 2:14 4:11
 83:6 84:9, 13 88:9,
 20 89:13 91:10

< M >

machine 17:4, 4
magic 69:1 70:14
mail 16:9 19:9, 10
 24:21, 23 26:8, 9,
 13 28:19, 23 30:4
 31:16 40:20 43:22

52:23 53:11 77:19,
 22
mailbox 86:21
main 13:6 31:7
 33:14 61:16
major 14:23 28:21
making 33:17
 34:4 51:18 70:18
 75:21
management 8:13
 13:5 21:22 40:1
 47:19, 21
manufacturers 77:9
Mark 2:4, 17 6:14
 42:18 61:4 74:19
 86:22 88:20 92:14
Martin 2:5, 14
 4:11, 11 7:13, 18
 9:23 10:4 12:22
 13:6, 10 14:11, 18,
 21 16:12, 15 17:1,
 11 31:2, 6 41:23
 42:17 57:3 60:14,
 15 64:5 65:12, 22
 66:9 67:19 68:3
 69:21 70:2 76:8
 78:1 79:5, 8 89:15,
 19 90:4 92:4
 93:12 94:19, 20
 95:23 96:8
Mary 3:7 5:9
Maryfrances 2:20
 4:15
Massachusetts
 25:22
match 80:15 92:16
matched 59:2
matching 92:17
Matthew 3:1 4:22
maximum 21:13,
 18 23:15 33:3
McConaghy 2:6
 7:17 13:14 52:18
 53:17 57:6 58:6,
 14 60:9, 10, 20, 22
 61:23 62:5 65:8,
 11, 19, 21 66:5, 8
 74:19 75:6 92:10
 93:14 94:15, 16
 95:22 96:7

<p>McWhorter 5:10, 12 6:20 mean 21:15 27:1 29:8 45:9 58:6 63:11, 18 72:6, 13 73:2, 3, 19, 21 76:2 meaningful 8:21 means 36:22 97:10 mechanism 88:11, 12 mechanisms 86:9 Medicaid 6:19 7:5 medical 8:11, 14 13:4, 8 85:19 86:5 87:16 medication 10:11, 13, 14, 16, 17 11:2, 4, 5, 18 12:3 29:2 50:16 58:12 60:1 medications 10:10 11:1, 6 12:4 56:21 meet 84:11 MEETING 1:8 4:2 6:5 48:10 80:6 85:15 86:6, 19 87:21 92:12 95:14 96:13 meetings 47:21 88:18 Member 2:7, 8 MEMBERS 2:3 28:20 39:23 88:18 memorandum 86:17 87:2 Mental 7:7, 9 mention 68:9 mentioned 13:21 26:6 32:7 33:10 47:19 88:16 menu 30:18 31:7 met 48:1 Metoprolol 10:13 Miami 18:14, 15 19:5 20:7 23:6, 7, 8 24:20 25:1, 7, 16 36:4 47:15 50:3 53:6 Michael 88:8 microphone 8:3 million 61:10</p>	<p>minutes 33:4 40:11 42:13 65:4, 7, 18 66:4 93:1 mirror 20:8 53:4 mirrors 20:14 Monday 21:8 23:11 76:23 77:6 money 61:14 71:18 80:9 monitor 66:23 monitoring 37:21 Montgomery 88:7, 10 month 34:15 62:4 65:5 67:2, 4, 21 79:6 91:7, 9, 20 months 14:2 39:8 48:1 61:1 66:19 morning 8:6, 7 18:3 22:15 motion 14:10 17:13 65:6, 16 66:3 93:6, 8 94:11 95:18 96:4 mouthwash 69:1 70:14 move 7:13 32:19 moved 25:14 moving 12:19 85:12 MPJ 48:6 MTM 29:19 multiple 39:14, 14 Muscato 3:1 4:22, 22 Muscle 19:4 20:1, 9, 15 24:9, 10, 13, 18 26:6 32:9, 19 33:13 52:20, 23 53:4, 8, 13, 15 85:21</p> <p>< N > NABP 86:23 88:22 90:6 NABP's 89:9 name 8:8 10:14 18:3, 8 near 69:19</p>	<p>Nebraska 25:20 necessarily 37:13 necessary 81:21 need 5:23 9:16 16:3, 11 17:13 21:18 24:3 42:2 61:5 64:16 65:4 67:14, 23 70:9 82:20 83:2, 3, 17 84:17 93:1, 6 94:13 needed 22:11 25:6 needs 14:1, 11 28:2 negotiated 48:17 neighboring 22:18 neither 97:14 Nevada 9:1 26:18 never 71:22 74:7 new 24:4 26:18, 20 28:20 32:2, 2 37:12 44:9 46:1 54:18 59:20 62:7 79:20 89:15 90:7 93:19 Newman 3:17 6:18, 18 54:7, 13, 16 55:8, 12, 20 newsletter 68:11 nice 84:12 night 78:4 nightmares 77:22 nights 77:18 noncontrolled 8:16 nondispensing 18:20 nonpharmacy 35:23 36:12 nonresident 18:18 25:21 nontechnicians 35:23 36:2, 20 normal 20:12 normally 60:1 notes 10:22 56:10 notice 68:10 notify 88:9 notifying 68:12 number 21:23 25:10 27:6 30:20</p>	<p>42:3 55:1 67:4, 5 71:23 95:19 numbers 62:2 68:20 nurse 87:13 Nursing 78:20, 22 79:1</p> <p>< O > OA-Rx 8:17 ob 85:17 OBRA 59:20 obtain 48:14 Obviously 56:14 occur 46:13 occurred 34:8 50:22 58:18 occurs 38:6 October 77:15, 16 odd 62:10 Office 4:20 7:22 8:5, 9, 10, 11, 15 9:9 13:1 79:20 88:1 90:13, 15 offices 13:10 78:9 86:4 87:12 Oh 40:22 41:19 55:12 71:10 84:1 85:9 Ohio 9:2 Okay 6:6, 11 8:4 9:17 14:7 26:1 31:6 41:19 47:12 60:9 62:11 63:23 67:17 70:6 71:2 74:2 75:10, 17 85:11 88:22 89:17 91:15 94:13 95:11 old 62:9 92:9, 11, 16 93:17 Omnicare 5:8 once 11:2 14:1 60:1 63:18 ones 24:4 75:14 one-time 93:2, 9 online 87:22 open 22:14 71:19 73:21 75:15 opened 23:8 25:1,</p>
---	---	--	--

2, 7 48:10
opening 75:11
operating 19:9
 20:2 22:7
operation 20:16
 21:8 22:21 23:11
 24:22 25:14 32:10
 33:15 39:15 43:15
 59:17
Operations 18:6,
 10, 15 19:1 20:12
 40:7
opportunity 29:17
 40:14 43:1 87:18
opposed 78:13
option 54:17
order 11:17, 23
 25:4 28:22 43:22
 55:11
orders 16:10
 28:23 62:15
orientation 84:10
original 54:23
originally 53:19
originated 53:7
Orlando 18:9 19:5
 20:6, 23 21:2
 22:20 23:16 24:19,
 20 25:11, 13, 13
 26:9 32:12 36:6, 8
 47:15 49:20 50:2
 53:6 57:22
Otte 20:14 33:11
ought 73:6
outcome 63:13
outcomes 68:8
outgrowth 24:23
outline 19:16
outlines 19:14
outlining 18:23
outpatient 62:16
 63:6
outside 17:10
outstanding 25:20
overall 19:18 61:4
overnight 22:22, 23
 43:12, 18
overridden 51:11
override 51:15

oversee 33:15 40:7
overseeing 20:15
oversight 40:1, 2, 3
overview 20:20
owned 85:23
oxygen 77:9

< P >
p.m 23:12, 13
packet 52:3
page 9:18, 18
 10:17 11:3, 3, 8, 15,
 16 12:2 52:4
 70:10
panel 87:17, 19
paper 76:18 77:20
 80:21 81:13, 14, 16
paperwork 82:4
Pardon 79:7 83:10
parenteral 72:4, 16
 73:1, 4, 15, 20, 22
 74:9, 14, 17 75:4, 5
Park 5:19, 21
part 19:6 47:18
 77:10
particular 43:1
 56:3
particularly 68:3
parties 97:15
party 57:9
PAs 87:13
passed 16:9 48:6, 6
patient 9:20 10:20
 11:17 12:2 13:23
 27:13 28:20 29:6,
 21 50:19 51:8
 58:10 59:23
patients 26:9
 28:11 29:18
patient's 31:23
 50:16
Paul 3:2 5:1
pay 49:12 61:14
payment 80:12
PBM 53:11
PCC 19:11 40:21
 52:3
pellets 85:20 87:14
pending 11:4 94:2,

3 95:9
penicillin 50:21
Pennsylvania 25:23
people 24:7 33:19
 36:20 62:14 63:9,
 10, 12, 13 68:5, 13,
 14 71:14, 16 75:19
 81:18 84:12, 16
 86:9 87:21 88:4, 9,
 12
percent 16:21
 26:16 27:23 34:23
 35:16 61:2 63:13,
 14
perfect 71:7
perform 42:11
 53:1
performed 67:20
performs 20:15
period 32:23
periods 22:8, 10
 43:18
permanent 95:18
permit 18:19, 22
 20:3 73:11, 13, 15,
 17, 18, 20 90:23
 91:1 93:23
permits 93:10
permitted 22:6
person 75:4 88:14
personnel 34:1, 10
perspective 10:1
pertain 56:21
pharm 77:14
pharmacies 26:10,
 17 28:10 30:13
 56:22 68:11, 12
 70:21 77:8, 16
 86:4
pharmacist 20:13
 22:2, 11 31:20
 32:8 33:12, 12
 35:1, 5 41:7, 14, 23
 42:10 45:19 46:7,
 14 47:9, 13 49:20,
 23 50:5 51:2 52:1,
 16 53:5 54:1, 2, 5,
 17 55:5 57:11, 15
 58:4, 13, 14, 23
 59:2, 7 62:15

71:21, 21 72:4, 19,
 20 73:20, 22 74:6,
 13 75:20
pharmacists 20:11
 21:12, 19, 23 22:16
 23:14 31:14, 14, 16
 32:13 33:13 34:17
 35:22 41:5 42:23
 43:9, 11, 14, 19
 44:2 48:12 51:21
 52:13, 14 53:13, 14
 59:13 62:16, 17, 18,
 21 76:21, 22 77:3,
 12 89:16 93:23
 94:1
PHARMACY 1:2,
 18 2:13, 14, 15, 16,
 17 4:2, 7, 10, 12
 5:10, 12, 20, 22
 6:13, 15, 21, 23 7:2
 9:10 10:22 11:19
 14:20 15:6, 13, 15
 18:4, 18, 22 19:12
 20:3, 17 21:3
 23:13, 15, 22 25:14
 26:3, 4, 14, 21, 23
 27:6, 10, 12, 20, 20
 28:4, 6 29:7, 16
 33:23 35:19 36:14
 37:5 38:2 39:1, 2,
 3, 7, 10, 12, 18, 21,
 22 46:1 52:3, 7
 53:18 71:17, 20
 72:18 73:21 74:3,
 5 75:5 76:21
 77:14 90:23
PharMerica 5:18
phone 26:15 27:4,
 6, 7, 18 29:4 31:18
 32:16 33:7 35:21
 39:10 40:4, 9 41:6,
 17 43:17 56:19
 77:6 88:5 91:21
phones 22:18
 26:23 40:14
Photo 36:10, 11
physical 40:2
physically 43:16
 54:10

physician 10:5, 6
 12:23 28:2 51:8
 86:4
Physicians 13:10
 85:17 86:11 87:4,
 7, 9, 12, 22
pick 46:11 81:2
PICs 56:7
picture 67:11
 82:16, 17
piece 60:3 81:13,
 14, 15
place 15:7 75:19
 78:8 85:11
places 30:12 36:2
 71:6
plan 9:22 20:10
 85:10
planning 12:15
pleased 80:16
pleasure 52:11
plenty 62:6
point 25:8 44:5
 59:20 61:9 63:8
 64:1 73:9
policies 20:19
policy 19:17, 18
popular 48:20
portion 19:3
position 87:5, 8
possible 17:5 46:6
possibly 38:22
potentially 86:3
pour 70:15
power 25:3
practice 8:13 13:4
 87:9, 15 95:6
practices 13:8, 8
practitioners 87:13
Pray 79:18
predominantly
 52:22 53:10
pregnancy 11:14
pregnant 50:21
prepared 63:1
 79:16
prereview 50:10
prescribed 12:3
 60:1

prescriber 17:1
 46:2
prescription 9:11,
 12 10:23 14:17, 20
 26:11 30:19, 20
 32:1, 2 35:3 44:9
 45:3, 22 46:1, 3, 15
 49:22 51:19 54:7,
 19 55:1 59:21, 22
 60:2
prescriptions 16:19
 34:7 43:21 51:23
 53:23
PRESENT 2:10
presentation 9:4
 20:5, 22 24:3
presentations 7:22
 62:23
presented 17:19
presenting 8:15
 18:23 62:20
presently 62:14
President 2:4, 5
Press 31:10
pretty 20:4
previous 62:10
 66:18
price 78:21
pricing 29:1
primarily 12:23
primo 83:2
print 15:18 17:2, 2,
 3 46:12 47:4
 80:21, 22
printed 9:11 12:1
 30:7, 8 80:14
printer 81:9
printing 17:8 81:6
printout 16:16, 20,
 22 29:23
prints 15:6 81:8,
 16
privacy 20:20
probably 48:1
 64:12 68:15
problem 57:8 86:7
 88:21 93:6
procedures 19:10
 20:19 40:20

process 9:2 11:5, 7
 18:23 19:18 31:1
 49:13 58:9 89:3
processed 47:1
 50:23 54:23 55:20
 58:7, 8
processing 11:6, 7
 30:14 51:23
product 12:22
 47:10 52:9 54:3
 59:1, 6, 12
production 39:16
products 87:3, 11
profile 50:16 55:2
profiles 29:2
program 8:15, 16,
 20 9:6 10:7 33:23
 34:2 36:22 39:7
 62:14 64:8 67:7
 78:9, 11, 12 88:15
programs 20:17
 44:6 88:3
progressed 62:1
project 25:3
promise 76:19
 77:17 91:22
promote 49:11
proof 85:2, 4
properly 51:6
proposed 7:14
 26:4
protected 23:23
prove 82:2, 11, 21
provide 21:10
 43:12 49:12 50:10
provided 19:7
 21:7 56:23
provider 8:19
 10:3 11:16 12:1
 32:7
provides 43:9
providing 29:13
Publix 6:16
pulled 82:22
pulling 84:19
Pummer 3:7 5:9, 9
purpose 59:19
purposes 78:17

put 36:21 64:11
 68:10 76:2 78:4
 81:5 85:11 93:1

< Q >
QA 33:23 34:16
 57:18
qualifications 75:7
quality 20:17
 33:21 34:14 37:21,
 23 38:3 88:5, 15
quarterly 34:14, 16,
 19
question 12:5
 13:20 15:6 35:2
 49:5 54:18 55:17
 63:7 81:18 86:14,
 15
questionable 71:8
questioning 57:7
questions 9:7, 13
 12:21 13:13, 14
 17:12 19:1, 22
 43:4, 8 49:4 53:21
 55:9, 15, 19 57:2, 3,
 4 60:12, 13 61:20
 67:18 76:10 79:17
 81:20 92:3, 4 97:9
queue 32:16 33:3
 45:16, 17, 19 46:7
 54:18
quickest 68:5
quite 40:1

< R >
radar 64:13
raise 41:15
ran 88:21
range 92:22
rate 35:15
ratio 21:13, 19
 22:3, 5 23:16 49:7
reaction 12:14
read 33:9 71:13, 14
ready 47:4 49:22
 77:3, 13
real 8:10 60:5
really 49:17 64:7
 71:8, 13 80:7 84:1
 85:15

reason 18:17
 30:21 32:18 62:21
 86:16
reasons 95:7
receive 28:22
 39:19 63:8 80:12
received 76:20
 82:1 86:8
recessed 95:14
reciprocity 48:10
 62:19 89:17
record 4:5 13:4
 29:23 35:11 67:10
 68:19
recorded 35:1, 10,
 14
records 8:14 28:11
redundancy 32:17
refill 28:21 30:11,
 19 31:1, 23, 23
 44:9 46:23 47:1
reflect 60:23 83:17
regards 32:6 35:3
register 37:7, 9, 10,
 13
registered 21:12
 23:14, 15 36:13, 15,
 17 37:15 39:2, 3, 8
 49:9, 14
registration 28:20
 84:5
regulations 56:8, 9
reject 50:17
relapse 63:5
relate 38:14 49:17
related 31:19
 35:10
relations 36:9
release 85:22, 22
 86:9
relevant 10:21
remote 30:14, 14
remove 28:8
removing 29:15
renew 76:21 77:2,
 16
renewal 77:11, 14
renewals 77:5
Rengering 3:2 5:1,

1
rent 75:19
report 52:5 60:21,
 22 62:12 63:8
 64:13 66:13, 21
 67:3, 18 76:11, 14
 92:5
reported 34:2
 63:12 64:17
REPORTER 1:23
 17:20 97:7
reports 63:8
representation 52:8
representative 78:6
represents 97:12
request 30:5, 12, 16
 93:2
requesting 42:7
requests 28:21
 29:1 31:13
require 8:22 16:11
 84:22 85:2, 3
 90:22
required 44:6
 49:10 57:20, 20
 75:23
requirement 25:22
requirements 69:6
requisite 82:20
research 38:10
 83:6
resignation 95:18
resolution 95:9
response 31:5
 76:12 93:18, 20
responsibilities
 20:14
responsibility 57:21
responsible 20:16
 57:12, 14, 17, 23
 58:15, 20 59:8, 10
rest 40:19
result 97:17
retail 19:15, 19
 26:14, 17, 23 27:4
 28:18 32:22 34:3
 44:22
returned 10:18
revenues 61:6

review 11:15
 34:16, 16, 18, 22
 35:6 38:1 46:3, 4
 47:10, 11, 12 52:10
 54:4, 18 56:8
 57:18 59:6, 15
reviewed 46:7
 52:9 59:12
reviewing 50:15
reviews 34:15
 50:14
Rhonda 2:13 4:9
 83:6
ridiculous 82:13
 87:11
right 9:21 12:13
 22:19, 19 29:9
 32:3 33:10 44:15,
 18 45:11 47:3
 49:13 53:3 54:13
 55:6 61:4, 11
 63:17 66:14 67:17
 68:14, 22 69:12, 12
 70:19 71:12 72:5,
 22 74:4 75:12
 76:15 80:16 81:16,
 17 83:5 84:6 85:5
 87:22 89:7 90:20
rip 76:1, 1
road 70:5
role 24:1 36:20
 39:5
roll 56:6
rolling 26:21
rollout 25:6
Ronda 3:18 6:20
room 24:15, 16, 17
 62:6 72:2 75:20
 81:2
rooms 76:2
route 31:13
routed 31:20
RPR 1:23 97:6, 21
rule 90:7
rules 55:22 56:20
running 68:18
runs 48:21
Russell 2:23 4:20,
 20 8:1, 4, 4, 7, 9
 9:17 10:2, 6 12:11,

18 13:2, 7, 12 14:3
 15:9, 14, 19 16:14,
 17, 22 17:6, 16
 < S >
sale 38:8
Sam 2:23 4:20
 8:4, 8
Samford 84:11, 16
sampling 37:22
sat 80:5
Saturday 21:9
 23:12
saw 31:14 41:5
saying 20:5 68:15
 75:8
says 63:9 82:3, 11
 88:23
scanned 45:1, 14
scary 76:7
Schedule 56:15
scheduled 34:16
 56:15
schedules 56:13
scheduling 56:21
School 5:10, 12
 6:21
schools 84:18, 22
 85:1
scope 17:10 20:7
 28:16 38:3 87:15
scratch 78:13
screen 9:20 10:8
 12:10, 11 44:23
 54:18
screening 62:14
script 45:10
scripted 41:2
search 10:11, 14
Second 7:15 65:8,
 9, 19 66:5 93:11
 94:11, 12 95:20
 96:5
secondary 83:3
Secretary 2:11
 66:23 67:8
secretary's 76:14
section 11:4, 12
secured 80:23

security 20:18, 20
 39:1
see 9:19 11:3
 14:23 23:18 24:9
 40:3 44:10, 23
 45:2, 3 48:3 50:6
 52:16 57:18 59:23
 69:16 71:6, 16
 74:4, 16 78:16
 79:14 90:10 94:4
seeing 9:23 67:22
 75:22 93:21
seen 14:23 42:14
 86:22
sees 50:22
Segrest 79:20
selected 11:2
selection 10:16
sell 12:23 84:14
semi 80:3
Senator 85:6
send 9:8 15:20
 17:4 45:10 50:18
 81:23 82:19, 21
 83:17 89:4 90:1,
 14, 15, 18, 19
sending 89:2
sends 14:19 15:14
sense 71:13
sent 11:23 44:19
 52:4 84:2
separate 26:15
 35:11 56:8
September 64:4
 76:20 77:12 78:6
 79:11 86:7
sequence 12:13
served 67:5
service 19:9, 10
 24:21, 23 26:8, 8,
 10, 13 28:19, 23
 29:14 31:17 33:8
 37:19 38:13 40:20
 52:23 53:11
services 18:22
 20:3, 8 21:3 26:4,
 7 29:18 90:23, 23
servicing 30:13
 32:16

session 65:17
 67:14 92:8 93:22
 94:7, 10 95:8
set 16:18 56:2, 20
 79:1
sets 19:8
setting 23:20
settlement 95:9
seven 20:11 22:21
 67:20
share 78:23
sheet 76:17
SHELBY 97:4
Sheri 1:23 97:6,
 20, 21
Shoals 19:4 20:1,
 9, 15 24:9, 10, 14,
 18 26:7 32:10, 20
 33:13 52:20, 23
 53:4, 8, 13, 15
shot 12:10
shots 12:11
show 12:8 44:10
 47:1 51:10, 14
 80:10, 13, 13 93:4
SIG 10:17
sign 17:2
signature 16:7
 17:3
signatures 15:7, 17
signed 62:15
sign-on 30:7
similar 23:16 26:7
 53:11
simple 69:1, 5, 10
 70:14
simulation 12:6
sink 68:18
sir 30:10 92:7
sister 19:23 20:1
 26:6
sit 47:20, 21 87:17,
 19
site 32:10, 11
 58:15 79:9
situation 33:2
six 14:2 39:8
 45:7 46:19
size 24:11

skills 38:1
sleeping 77:18
slow 85:22 86:9
small 13:7, 8
soft 38:1
solutions 8:19
somebody 16:18
 41:17, 18 49:20
 51:18
somebody's 22:15
soon 46:9
SOP 19:21 38:2
 52:3
SOPs 19:6, 8
sorry 4:17 18:12
 23:4 43:6 55:12,
 13, 17 71:3 86:15
sort 50:13
sounds 64:6
space 68:16
speak 17:22 27:19
 28:3 32:14 51:1
 52:15 89:13
special 42:17 87:14
specialist 83:9, 13
specific 56:10
spend 61:16 90:9
spending 90:8
square 21:4 23:9
 24:9, 12
stacks 77:22
staff 22:1, 22
 23:14 28:2, 9
 29:16 31:15 32:11
 33:18 35:21 39:6
 46:1 50:22 53:5
staffing 87:12
staffs 32:9
stand 4:4
standard 19:9
standing 44:22
 50:5
standpoint 33:22
STARS 34:2, 9
start 4:3 10:10
 75:21 77:12 84:3
started 7:11 8:11
 9:14 20:4 25:15
 62:1 85:10

starting 71:16
 78:13
STATE 1:2, 18
 14:22 16:10 18:19
 21:14 33:16 39:9
 49:11, 14 56:4, 4, 7,
 10, 16, 17 58:20
 59:17 78:18 79:19,
 21 82:19 87:20, 20
 88:1 95:6 97:3
statements 97:10
states 8:22 21:6
 23:10 25:10, 18, 21
 26:16 27:1, 2, 3
 28:13 37:4, 11, 19
 38:13 45:7, 23
 46:20, 23 53:16
 55:22 56:14 62:19
status 10:16 28:22
statute 16:4
stay 33:3 94:9
staying 49:3, 3
stenotype 97:9
step 11:21
sterile 71:19 75:21
stock 29:2
stop 48:17 51:5
 78:21 90:21
store 27:22, 23
 28:2, 9, 19 29:10,
 20 30:7, 9, 20 33:6,
 6 34:9 42:1, 4, 4, 8,
 10, 19 44:8, 10, 12,
 20, 22 45:22 46:9,
 13 47:9 49:19, 23
 50:18, 21 51:11
 52:1, 14 54:1, 3, 10,
 15, 16, 22 56:20
 58:1, 23 59:6
stores 19:15, 19
 25:5 26:20 27:4
 28:5, 5 38:4, 12, 19,
 21 41:12 42:7, 21,
 23 53:2, 3, 8
Street 1:19
stretch 70:22
strikes 71:9
student 4:16 63:6
students 84:11

studies 14:1	64:4, 11 80:20	22	80:17 86:23 91:11
stuff 51:3 70:22	88:14	tears 81:10	92:10, 14, 21 93:1,
stupid 86:14	Surescript 8:19	tech 49:7 63:2, 3,	6
subcutaneously	12:16	3 95:19	thinking 57:7
85:21	Surescripts 8:18	technical 40:2	90:21
submission 11:20	15:10, 14 17:8	technician 28:16,	third 57:9
17:8	surprises 81:17	18 29:3 32:9	thought 69:4
submit 30:20	Susan 2:11 13:18,	35:22 36:19, 22	70:13 75:14 86:18
submits 64:13	19 43:5, 6 62:11	39:4, 7 83:22	91:20
submitted 17:9	66:12 76:8 88:19	technicians 21:12	threats 41:12, 12
45:2 81:21	92:12	22:2 23:15 24:13	three 17:23 18:2
submitting 30:15	suspecting 80:4	31:20 32:13 34:18	21:13 22:1, 9
subpoenas 67:4	Sweden 48:23	35:20 36:13, 16, 18	23:16 25:21 33:4
substance 56:16	Swiss 49:1	37:5, 14, 15, 18	49:7 53:13 66:15
substances 8:17	Switzerland 49:4	39:3, 4 49:14	70:15, 17 79:15
56:13	System 4:14 8:13	Technologies 78:5	80:14 88:9, 18
subtotal 67:7	9:19 10:13 13:4, 9	techs 35:13 49:8	three-to-one 22:3, 5
successful 64:8, 9, 9	38:5 39:5 46:5	63:4	throw 81:10
successfully 11:23	56:2, 12, 17 62:7, 9	tell 4:4 84:12	Thursday 84:7
suggest 64:12	63:12 64:18 76:16	Tempe 26:9, 13	ticket 38:8, 8
suggested 82:5	77:2 78:7, 23	38:20	ticketing 38:5
suicide 41:5, 8	79:18, 21 92:17	ten 60:23 63:14	Tim 2:5 17:19
summary 52:19	systems 13:5 24:1	91:12	74:22 91:11
56:23	78:3, 3 79:3, 15	Tennessee 85:23	time 6:4 17:17
Sunday 21:10	< T >	terms 79:3	21:7, 16 22:2 29:6
23:12	T34696 95:19	Terry 2:15 4:3, 6	33:4 42:23 44:7
sunny 23:7	T36267 95:19	test 76:23 88:13	47:8 59:23 60:8
sunset 80:1	tag 18:1 78:21	tested 77:4	61:17 66:19, 22
Supermarkets 6:17	take 16:19 22:22,	Texas 26:19	67:9 85:14 90:8
supervised 39:22	23 36:20 37:22	Thank 6:10 8:1	92:14
supervising 20:13	39:10 46:2 51:13	14:7 17:11, 15, 16,	times 43:8, 11
33:12 57:11 74:13	52:10 81:3 87:5, 8	16 26:1 38:23	71:14 91:12
supervisor 18:10,	taken 12:12 97:8	48:8 60:15, 18, 19	today 6:2, 5, 8
15	takes 42:12 90:8	65:3 76:8 85:6	7:22 8:8, 15 10:12
supply 55:22, 23	talk 6:1, 4, 5, 8	thanked 85:13	88:2
support 19:15, 19	28:3 51:8 60:9	thanks 8:8	told 6:1 78:19
21:3 22:11 25:2	70:23 95:8	therapies 11:12	79:14 80:2 87:17
26:8, 10, 14 29:1	talked 53:18 80:15	thereto 97:10	Tom 27:19
32:8 37:13 38:4,	92:22	thing 4:2 7:11	Tommy 3:23 7:8
21 41:16 53:2, 8,	talking 58:9 68:1	48:8 50:6 61:16	tomorrow 75:22
15	75:13, 14 92:12, 15	62:7 71:8, 15	top 9:20, 21 10:19
supporting 19:10	Tammie 2:21 4:18	things 41:11 64:5	total 61:2 67:8
20:9 26:5, 17, 19	Tampa 42:8	67:10 70:14 80:8,	touch 28:6
27:1 33:17 36:8	task 28:8	14, 19	town 42:4
supports 38:19	tasks 29:15	think 8:2 14:11,	track 61:11 81:7,
supposed 58:8	tax 29:2	21 16:5, 6 25:22	12, 14
supposition 87:1	team 18:1 21:23	42:3 48:23 49:16,	tracked 58:19
sure 11:16 14:5	37:23 40:1 47:19,	18 63:20, 20 64:23	tracking 34:4
15:19 33:15, 17		65:1, 2 68:4 69:21	tracks 34:10 52:6
34:5 56:11 59:1		70:9 75:19 77:13	

56:18
Tracy 3:20 7:1
traditional 23:20
train 41:4, 11
trained 39:17
training 36:22
 39:7, 20 41:21
 44:6 57:20 72:7,
 21 73:3, 9 74:7
Tramadol 56:14
transcribed 97:10
transcript 97:13
transcription 97:11
transfer 27:21, 22
 31:18 33:5 35:4
 42:2, 7, 10, 16
 52:15 88:23
transmitted 38:9
 44:21 45:1
Treasurer 2:6
 92:23
treasurer's 60:21
treatment 63:2, 4, 6,
 14
trend 57:19
trending 34:19
trends 67:22 68:6
tried 92:18
true 97:12
try 41:16 84:11
 90:21
trying 14:13 68:21
 75:3
turn 11:2
turning 66:21
twice 24:11 60:2
two 5:23 7:21
 15:7, 17, 23 16:1
 19:8 22:7 25:19
 31:11 32:21 36:2
 53:6 62:16, 18
 70:15, 17 78:2
 79:3 83:3 85:23
 88:17
Tyler 78:5 79:5, 8,
 10
type 23:20 28:18
 29:3, 19 30:19
 46:2 86:1

typed 58:22
types 43:1
typical 23:21 29:3
typically 28:17, 20
 45:21 50:9
 < U >
UAB 85:17 87:22
Uh-huh 17:20
 27:14 41:22 53:20
 78:1
ultimate 51:9
 57:12
ultimately 57:21
 58:10, 15
unable 33:8 39:9
uncannily 61:18
understand 42:15
 45:18 48:9
understanding
 86:18 87:2
understood 49:16
University 78:20
upcoming 67:1
upset 87:8
use 8:2, 21 10:11
 13:8 40:14, 17, 19
 80:22 81:8 89:19,
 21, 21
user 9:19 11:22
 24:1 30:6
USP 69:8
utilization 51:4
utilize 33:22
utilized 36:18
utilizing 26:9
 < V >
Vanderver 3:12
 5:16, 16
Vegas 38:22
verbiage 14:5
verification 34:7, 11
verified 52:6 59:3
verify 50:20 55:2
 58:8 59:22
verifying 54:5
 59:11
version 9:12

versus 44:2
Vice 2:5
view 44:21 45:2
 61:9
Village 1:19
virtually 57:12
 71:7
visual 44:21
voice 31:5
volume 27:23 28:7,
 21 32:21, 23 33:20
 42:19, 21 44:4
vote 94:7, 14, 14
 95:4
 < W >
waiting 87:1
Walgreens 4:18, 19,
 23 5:2, 3, 4, 6 7:23
 17:22 18:5 26:21
 27:17 28:5 29:6
 34:1 42:1, 2 44:22
 51:3
Walgreens.com
 26:12 30:5
walk 81:1
walls 76:3
Wal-Mart 5:15
Wanda 3:4 5:4
 18:13 23:5 48:5
want 4:2 14:9
 19:21, 22 31:10
 48:8 51:17 71:22
 78:15 79:22 80:10
 82:7 87:4, 6, 8
 91:2
wanted 17:2 28:3
 29:22 79:14 88:13
wants 29:6 74:22
 79:13
Ward 2:12 5:23
 6:7, 11 14:13 16:2,
 8 17:13, 14, 18
 21:15, 18 24:4, 15
 26:22 27:9, 13
 28:10 30:11 31:10,
 22 35:13, 17 36:1,
 15 37:4, 9 45:13,
 18 48:16, 21 55:18
 63:15, 20 64:23

67:15 73:10, 14
 74:8 82:7, 10, 19
 83:1, 8, 11 85:6
 86:12 88:19 89:8,
 21 90:5, 16 91:2, 5,
 17 92:6, 7 94:2, 22
 95:2, 5
warm 52:15
warning 13:22
warnings 14:4
washable 68:17
 70:21
washed 70:12
Washington 9:3
watch 55:15
water 68:18 69:13
way 63:11 67:9
 68:6 69:16
ways 51:23
weather 24:5 33:2
website 29:1
Wednesday 1:10
 79:11
week 77:2 78:18
 83:23 86:21
weekly 37:21
 66:21
Welcome 4:1 7:10
 76:9 79:13 87:18
 94:9
Well 7:10 9:10
 16:2, 17 17:13
 19:11, 17 21:11, 18
 25:3 26:20 28:22
 29:10, 14 33:14
 34:18 37:18 39:15
 40:2, 21 41:12
 43:17 45:13, 18
 48:16 49:8 52:22
 58:21 68:3, 9
 69:21 71:11 72:11
 74:8, 22 77:14
 80:23 82:14, 22
 86:9, 16 89:15
 90:20 91:17, 19
Wellness 62:12
Wells 2:16 6:12,
 12 49:7
went 68:20 75:23
 84:9, 10 92:13

We're 4:17 9:23
 10:12 12:2 15:3
 18:17 21:2, 5 22:3,
 4, 7 23:9 25:18
 26:4, 4, 17, 19
 29:13 30:15 33:15
 49:3, 3 51:20
 53:14 55:14 56:4
 61:3 62:20 64:4
 68:12, 13, 14, 21, 21
 70:3, 7 71:15
 75:22 76:4 77:7,
 17, 19 78:3 80:16
 84:12 85:11, 12
 89:5 90:6, 8 91:6
We've 7:21 14:15,
 22, 22 19:6 21:6
 41:9, 9 56:11 60:8
 61:6, 13, 23 62:3, 7
 64:21 68:10 71:6,
 23 76:13 85:10, 10,
 16 90:15
wide 34:13
willing 78:23 87:16
withdraw 86:15
wondering 77:19
work 9:5, 14 10:6,
 10 12:4 17:10
 18:9 19:4 21:15
 33:19 43:14 55:3
 65:17 86:9
worked 79:21
 92:20
workforce 21:22
working 21:20
 39:10 51:2 54:21
world 60:5, 7
writing 68:13
written 71:12, 12
wrong 12:9 59:14

 < Y >
y'all 4:3 12:15
 14:9 16:3 17:21
 18:11 22:13 24:6
 25:10 42:13, 17
 55:15 84:3 95:11
Yeah 10:6, 7
 12:11 14:19 16:8
 31:12 38:17 47:3
 51:17 55:10 58:6
 62:6 69:15 73:12
 76:6 84:2, 8, 15
year 25:14 61:1, 7,
 8, 11, 18, 22, 23
 62:6, 8 63:18
 68:16
yearly 63:21
years 25:17 62:10
 78:8
yesterday 88:17
York 26:19 37:12