

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission

NOV 21 2014

B2

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Allcare Pharmacy

Claimant

vs.

State of Arkansas, Respondent

Arkansas Dept. of Veteran Affairs

Do Not Write in These Spaces

Claim No. 15-0391-CC

Date Filed NOV 21, 2014 (Month) (Day) (Year)

Amount of Claim \$ 158,175.23

Fund ADVA

COMPLAINT Unpaid Bill

Allcare Pharmacy

(Name)

the above named Claimant, of 521 Main Street Arkadelphia

(Street or R.F.D. & No.)

(City)

AR 71923 870 246 5553

(State) (Zip Code) (Daytime Phone No.)

County of Clark

represented by none necessary, however attorney is Rodney Moore

(Legal Counsel, if any, for Claim)

of 303 Professional Park Drive Arkadelphia AR 71923 870 246 6796

(Street and No.)

(City)

(State)

(Zip Code)

(Phone No.)

(Fax No.)

says:

State agency involved: Arkansas Department of Veterans Affairs Amount sought: \$ 158,175.23

Month, day, year and place of incident or service: Fiscal year 6/30/2013 and prior

Explanation: This balance is comprised of charges for pharmacy services provided to Arkansas veteran's home at Fayetteville. Charges are for Dates of Service 6/30/13 and prior. These charges were validated by the Legislative Audit committee and were confirmed as being valid by representatives of ADVA. Please see the attached 6/30/13 statement from Allcare. The total balance due is \$176,273.58. This total, less \$939.84 of credits due by Allcare, less a \$17,158.50 payment remitted after 6/30/13 for invoices prior 6/30/13 come to the total balance due of \$158,175.23.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

yes; when? Legislative Audit

(Yes or No) (Month) (Day) (Year) (Department)

and that the following action was taken thereon: Allcare was instructed to file a claim, and during hearing all charges were verified 100% accurate and ADVA concurred

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? NO; if so, state name and address

and that the nature thereof is as follows: (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

: and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Amber Haycox (Print Claimant/Representative Name)

(Signature of Claimant/Representative)



SWORN TO and subscribed before me at

Arkadelphia, Arkansas

(City)

(State)

on this 20th day of November, 2014

(Date)

(Month)

(Year)

Amy Briscoe Johnson

(Notary Public)

SF1- R7/99

My Commission Expires: June 16, 2020

(Month)

(Day)

(Year)

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

Invoice

Invoice Number:	29-19811-0032402
Invoice Date:	6-30-13
Account Number:	29-0019811

Balance Forward:	\$185,433.58
Payments Received:	\$17,494.46
Current Charges:	\$8,541.89
Current Credits:	\$207.43-
Total Amount Due:	\$176,273.58

FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

ALLCARE PHARMACY 877-420-9400	ACCOUNT# 29-0019811	INVOICE DATE 6-30-13	INVOICE NUMBER 29-19811-0032402	AMOUNT DUE \$176,273.58
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DATE	DESCRIPTION	QTY	AMOUNT
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Balance Forward: 185,433.58

Payments

6-03-13 CK 13W-1139765 17,494.46

Subtract Total Payments: \$17,494.46

Stock Medications

6-03-13	RX: 3422428 MELATONIN SR 3MG	100	4.59
6-03-13	RX: 3510246 LORAZEPAM 2MG/ML 1ML VIAL	2	7.59
6-05-13	RX: 3539741 MUCINEX DM ER 600-30MG TABLET	60	20.05
6-10-13	RX: 3547165 MUCINEX DM ER 1,200-60 MG TAB	28	15.89
6-10-13	RX: 3547167 MUCINEX ER 600MG	200	62.96
6-11-13	RX: 3549240 MUCINEX DM ER 1,200-60 MG TAB	28	15.89
6-18-13	RX: 3563752 GAS-X TABLET CHEWABLE	2	6.71

Rx: \$7.59 OTC: \$126.09

Add Total Stock Medications: \$133.68

Medicare Medications

ANKENY, ELMO	197.90
CUCHIA, GENEVIEVE	423.71
GARCIA, ANTONIO	1,264.19

Rx: \$1,880.03 OTC: \$5.77 IV: \$0.00

Add Total Medicare Medications: \$1,885.80

VA Contract Medications

BASS, THOMAS	643.96
BREWER, THOMAS	697.15
DILL, GARY	106.81
HOLLINGSHEAD, GWIN E.	287.10
JORDAN, LOYD	277.95
MCENTIRE, DANIEL	1,151.03
MEISENHEIMER, ROLLYN W	558.54
RHODES, RUSSELL	303.29
SCHOCK, GLEN	706.91
SHELTON, DAVID	547.44
THOMAS, ARNOLD	523.14
WHITSON, DENNIS	233.39
WILSON, JOE	360.31

Add Total VA Contract Medications: \$6,397.02

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ALLCARE PHARMACY
877-420-9400

ACCOUNT#	INVOICE DATE	INVOICE NUMBER	AMOUNT DUE
29-0019811	6-30-13	29-19811-0032402	\$176,273.58

DATE	DESCRIPTION	QTY	AMOUNT
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Patient Charges

6-18-13	BONNER, MARY V RX: 3491054 NEPHRO VITE RX	30	19.81
		Sub total:	19.81
6-18-13	DOLE, ROBERT RX: 3563685 PHENAZOPYRIDINE 200MG	6	6.99
		Sub total:	6.99
6-21-13	GOLDSBOROUGH, FRED RX: 3569327 FLORASTOR 250MG CAPSULE	53	42.78
		Sub total:	42.78
4-25-13	LONDAGIN, CLEO RX: 3369377 SYNTHROID 0.075MG (75MCG)	14	15.99
		Sub total:	15.99
4-29-13	MCCARTY, KENNETH M RX: 3469749 SYNTHROID 0.112MG (112MCG)	14	16.02
6-03-13	RX: 3532959 ANTI EMBOLISM KNEE HI XL REG	1	15.15
		Sub total:	31.17
6-18-13	MORRIS, HENRY RX: 3428064 DOCUSATE CALCIUM 240MG	60	8.65
		Sub-total:	8.65
		Add Total Patient Charges:	\$125.39
		Total Charges:	\$8,541.89

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

Medicare Patient Detail

Date: 6-30-13

ELMO ANKENY
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$197.90

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT	
ANKENY, ELMO					
6-04-13	RX: 3538385 WARFARIN 2.5MG	51672-4029-03	7	3.03 Rx	
6-04-13	RX: 3537403 WARFARIN 1MG	51672-4027-03	5	2.01 Rx	
6-04-13	RX: 3537395 WARFARIN 2.5MG	51672-4029-03	5	2.17 Rx	
6-04-13	RX: 3538386 WARFARIN 1MG	51672-4027-03	7	2.82 Rx	
6-15-13	RX: 3538385 WARFARIN 2.5MG	51672-4029-03	7	3.03 Rx	
6-15-13	RX: 3558614 POTASSIUM CHLORIDE 10% LIQUID	00603-1535-58	480	8.11 Rx	
6-15-13	RX: 3558613 FENOFIBRIC ACID 105MG	53489-0678-07	7	14.51 Rx	
6-15-13	RX: 3522671 ATORVASTATIN 40MG	60505-2580-09	7	27.89 Rx	
6-15-13	RX: 3453298 VENLAFAXINE 75MG	16714-0314-01	21	31.66 Rx	
6-15-13	RX: 3558615 METOPROLOL TARTRATE 25MG	00378-0018-05	14	2.34 Rx	
6-15-13	RX: 3538386 WARFARIN 1MG	51672-4027-03	7	2.82 Rx	
6-18-13	RX: 3563807 WARFARIN 4MG	51672-4031-03	4	1.75 Rx	
6-19-13	RX: 3564500 WARFARIN 1MG	51672-4027-03	3	1.21 Rx	
6-19-13	RX: 3564495 WARFARIN 2.5MG	51672-4029-03	3	1.30 Rx	
6-22-13	RX: 3572437 FENOFIBRIC ACID 105MG	53489-0678-07	7	14.51 Rx	
6-23-13	RX: 3522671 ATORVASTATIN 40MG	60505-2580-09	7	27.89 Rx	
6-23-13	RX: 3453298 VENLAFAXINE 75MG	16714-0314-01	21	31.66 Rx	
6-24-13	RX: 3558615 METOPROLOL TARTRATE 25MG	00378-0018-05	14	2.34 Rx	
6-28-13	RX: 3582738 FENOFIBRIC ACID 105MG	53489-0678-07	7	14.51 Rx	
6-29-13	RX: 3558615 METOPROLOL TARTRATE 25MG	00378-0018-05	14	2.34 Rx	
			Total:	\$197.90	
RX:	\$197.90	OTC:	\$0.00	IV:	\$0.00

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

Medicare Patient Detail

Date: 6-30-13

GENEVIEVE CUCHIA
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$423.71

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT	
CUCHIA, GENEVIEVE					
6-17-13	RX: 3545195 FUROSEMIDE 20MG	63304-0624-10	7	0.68 Rx	
6-17-13	RX: 3561027 TRAZODONE 50MG	50111-0433-03	10	2.86 Rx	
6-17-13	RX: 3429938 POTASSIUM CHL ER 10MEQ TABLET	00781-5710-10	7	2.88 Rx	
6-17-13	RX: 3561028 LORAZEPAM 0.5MG	00591-0240-10	21	9.27 Rx	
6-17-13	RX: 3473052 MIRTAZAPINE 7.5MG	59762-1415-06	7	12.72 Rx	
6-17-13	RX: 3561086 POLYETHYLENE GLYCOL PWD 255GM	62175-0442-15	1	13.48 Rx	
6-17-13	RX: 3561172 CLONAZEPAM 0.5MG	00228-3003-50	60	29.41 Rx	
6-17-13	RX: 3561020 FENTANYL 75MCG/HR PATCH	00406-9075-76	10	277.45 Rx	
6-18-13	RX: 3545196 VITAMIN D3 50,000 UNITS CAP	53191-0362-01	1	5.77 Otc	
6-18-13	RX: 3563793 NYSTATIN POWDER 100,000 15	00832-0465-15	1	25.85 Rx	
6-18-13	RX: 3563798 VASOLEX OINTMENT 60GM	58980-0790-21	1	37.78 Rx	
6-21-13	RX: 3569667 TRAZODONE 50MG	50111-0433-03	7	2.00 Rx	
6-21-13	RX: 3569671 POTASSIUM CHL ER 10MEQ TABLET	00781-5710-10	7	2.88 Rx	
6-26-13	RX: 3578297 FUROSEMIDE 20MG	63304-0624-10	7	0.68 Rx	
			Total:	\$423.71	
RX:	\$417.94	OTC:	\$5.77	IV:	\$0.00

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

Medicare Patient Detail

Date: 6-30-13

ANTONIO GARCIA
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$1,264.19

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT	
GARCIA, ANTONIO					
6-02-13	RX: 3532828 WARFARIN 5MG	51672-4032-03	7	3.09	Rx
6-05-13	RX: 3515472 VASOLEX OINTMENT 60GM	58980-0790-21	1	37.78	Rx
6-07-13	RX: 3543656 NAMENDA (MEMANTINE) 10MG	00456-3210-60	28	102.57	Rx
6-07-13	RX: 3440990 GALANTAMINE 8MG	10147-0882-06	56	117.93	Rx
6-08-13	RX: 3532828 WARFARIN 5MG	51672-4032-03	7	3.09	Rx
6-08-13	RX: 3515472 VASOLEX OINTMENT 60GM	58980-0790-21	1	37.78	Rx
6-12-13	RX: 3515472 VASOLEX OINTMENT 60GM	58980-0790-21	2	75.56	Rx
6-14-13	RX: 3556848 OXYCODONE/APAP 5/325MG	00406-0512-01	21	4.50	Rx
6-17-13	RX: 3532828 WARFARIN 5MG	51672-4032-03	7	3.09	Rx
6-17-13	RX: 3560158 INSULIN LANTUS U100 10ML	00088-2220-33	1	119.93	Rx
6-17-13	RX: 3559516 SPIRIVA 18MCG HANDIHALER 30CT	00597-0075-41	1	215.40	Rx
6-20-13	RX: 3567207 FUROSEMIDE 20MG	63304-0624-10	7	0.68	Rx
6-20-13	RX: 3567205 POTASSIUM CHL ER 20MEQ	00781-5720-10	21	9.09	Rx
6-21-13	RX: 3429941 GABAPENTIN 300MG	16714-0662-02	3	2.75	Rx
6-21-13	RX: 3568881 OXYCODONE/APAP 5/325MG	00406-0512-01	21	4.50	Rx
6-21-13	RX: 3429941 GABAPENTIN 300MG	16714-0662-02	21	19.27	Rx
6-21-13	RX: 3491061 CLOPIDOGREL 75MG	13668-0141-05	7	31.71	Rx
6-25-13	RX: 3577609 WARFARIN 5MG	51672-4032-03	3	1.33	Rx
6-25-13	RX: 3577610 WARFARIN 2.5MG	51672-4029-03	4	1.73	Rx
6-27-13	RX: 3567207 FUROSEMIDE 20MG	63304-0624-10	7	0.68	Rx
6-27-13	RX: 3577609 WARFARIN 5MG	51672-4032-03	3	1.33	Rx
6-27-13	RX: 3581986 OXYCODONE/APAP 5/325MG	00406-0512-01	21	4.50	Rx
6-27-13	RX: 3567205 POTASSIUM CHL ER 20MEQ	00781-5720-10	21	9.09	Rx
6-27-13	RX: 3429941 GABAPENTIN 300MG	16714-0662-02	21	19.27	Rx
6-27-13	RX: 3491062 SIMVASTATIN 40MG	16714-0684-03	7	23.76	Rx
6-27-13	RX: 3491061 CLOPIDOGREL 75MG	13668-0141-05	7	31.71	Rx
6-27-13	RX: 3429942 RISPERIDONE 3MG	64679-0571-02	7	43.15	Rx
6-27-13	RX: 3543656 NAMENDA (MEMANTINE) 10MG	00456-3210-60	14	51.28	Rx
6-27-13	RX: 3581806 GALANTAMINE 8MG	10147-0882-06	28	58.96	Rx
6-27-13	RX: 3582073 LEVOFLOXACIN 250MG	65862-0536-50	14	162.39	Rx
6-28-13	RX: 3478598 BRIMONIDINE 0.15% EYE DRP 5ML	61314-0144-05	1	66.29	Rx
				Total:	\$1,264.19
RX: \$1,264.19		OTC: \$0.00		IV: \$0.00	

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

THOMAS BASS
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$643.96

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
BASS, THOMAS				
6-17-13	RX: 3495061 INSULIN NOVOLOG 100U/ML 10ML	00169-7501-11	1	155.11 Rx
6-17-13	RX: 3474062 INSULIN LANTUS U100 10ML	00088-2220-33	1	158.46 Rx
6-18-13	RX: 3545192 FUROSEMIDE 20MG	63304-0624-10	13	7.11 Rx
6-18-13	RX: 3429931 POTASSIUM CHL ER 10MEQ TABLET	00781-5710-10	17	14.43 Rx
6-18-13	RX: 3492824 CITALOPRAM 20MG	57664-0508-18	30	15.41 Rx
6-18-13	RX: 3491051 METOLAZONE 2.5MG	65580-0643-71	13	16.38 Rx
6-18-13	RX: 3429929 CARVEDILOL 6.25MG	00093-0135-05	60	23.99 Rx
6-18-13	RX: 3387241 SYNTHROID 0.15MG (150MCG)	00074-7069-90	30	29.03 Rx
6-18-13	RX: 3429930 GABAPENTIN 300MG	16714-0662-02	90	29.27 Rx
6-22-13	RX: 3572835 IPRATROPIUM/ALBUTEROL 30CT	00185-7322-30		0.00 Rx
6-22-13	RX: 3572832 IPRATROPIUM/ALBUTEROL 30CT	00185-7322-30	1	35.31 Rx
6-27-13	RX: 3584350 INSULIN LANTUS U100 10ML	00088-2220-33	1	158.46 Rx
			Total:	\$643.96
		RX:	\$643.96	
		OTC:	\$0.00	

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

THOMAS BREWER
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$697.15

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	BREWER, THOMAS			
6-17-13	RX: 3560356 DOXEPIN 25MG	00378-3125-01	1	5.80 Rx
6-17-13	RX: 3561175 TRAMADOL 50MG	57664-0377-18	60	16.04 Rx
6-17-13	RX: 3560375 TRIAMCINOLONE 0.1% CR 80	00168-0004-80	1	17.78 Rx
6-17-13	RX: 3560360 INDOMETHACIN 50MG	23155-0011-01	30	18.70 Rx
6-17-13	RX: 3560354 PROCTOSOL-HC 2.5% CREAM 30GM	10631-0407-01	1	27.47 Rx
6-17-13	RX: 3560376 LINZESS (LINALOTIDE) 145 MCG	00456-1201-30	14	110.48 Rx
6-18-13	RX: 3560356 DOXEPIN 25MG	00378-3125-01	30	14.09 Rx
6-18-13	RX: 3560361 LISINOPRIL 20MG	64679-0941-06	30	15.94 Rx
6-18-13	RX: 3560364 AMLODIPINE 5MG	68382-0122-05	30	20.82 Rx
6-18-13	RX: 3560374 OLANZAPINE 15MG	00093-5771-56	30	450.03 Rx
			Total:	\$697.15
		RX:		\$697.15
		OTC:		\$0.00

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

GARY DILL
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$106.81

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
6-24-13	DILL, GARY RX: 3575511 ALBUTEROL INH 0.083% 3ML 25CT	00487-9501-25	1	15.06 Rx
6-24-13	RX: 3575510 LEVOFLOXACIN 500MG	65862-0537-50	14	91.75 Rx
			Total:	\$106.81
		RX:	\$106.81	
		OTC:	\$0.00	

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date:	6-30-13
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GWIN E. HOLLINGSHEAD
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total:	\$287.10
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FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	HOLLINGSHEAD, GWIN E.			
6-18-13	RX: 3491065 FUROSEMIDE 40MG	63304-0625-10	30	9.72 Rx
6-18-13	RX: 3246103 LISINOPRIL 5MG	64679-0928-06	30	12.35 Rx
6-18-13	RX: 3491066 METOPROLOL TARTRATE 25MG	57664-0506-58	60	17.39 Rx
6-18-13	RX: 3545203 SIMVASTATIN 40MG	16714-0684-03	30	18.05 Rx
6-18-13	RX: 3375910 WARFARIN 5MG	51672-4032-03	30	19.37 Rx
6-18-13	RX: 3431506 ISOSORBIDE MONONITRATE ER 30MG	00603-4110-28	60	37.19 Rx
6-18-13	RX: 3545202 RISPERIDONE 0.5MG	64679-0554-04	60	62.71 Rx
6-18-13	RX: 3429944 POTASSIUM CHL ER 10MEQ CAP	65162-0542-50	120	110.32 Rx
			Total:	\$287.10
		RX:		\$287.10
		OTC:		\$0.00

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ALLCARE PHARMACY

P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

LOYD JORDAN
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$277.95

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	JORDAN, LOYD			
6-08-13	RX: 3445614 LACTULOSE 10GM/15ML SYRUP	00603-1378-58	960	66.67 Rx
6-15-13	RX: 3445614 LACTULOSE 10GM/15ML SYRUP	00603-1378-58	960	66.67 Rx
6-18-13	RX: 3373953 ENALAPRIL 20MG	64679-0926-03	30	12.77 Rx
6-18-13	RX: 3485697 CITALOPRAM 20MG	57664-0508-18	30	15.41 Rx
6-18-13	RX: 3373951 POTASSIUM CHL ER 10MEQ TABLET	00781-5710-10	30	21.24 Rx
6-18-13	RX: 3369405 SYNTHROID 0.1MG (100MCG)	00074-6624-90	30	28.52 Rx
6-29-13	RX: 3585878 LACTULOSE 10GM/15ML SYRUP	00603-1378-58	960	66.67 Rx
			Total:	\$277.95
		RX:		\$277.95
		OTC:		\$0.00

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ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

DANIEL MCENTIRE
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$1,151.03

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	MCENTIRE, DANIEL			
6-01-13	RX: 3458362 LATANOPROST 0.005% EYE DRP 2.5	59762-0333-02	1	29.27 Rx
6-04-13	RX: 3537634 CEPHALEXIN 500MG	65862-0019-05	40	22.76 Rx
6-05-13	RX: 3345228 SYMBICORT 160/4.5 INHALER 6	00186-0370-28	1	174.52 Rx
6-13-13	RX: 3554705 HYDROCODONE/APAP 5/325MG	00406-0365-05	60	23.99 Rx
6-17-13	RX: 3422780 SPIRIVA 18MCG HANDIHALER 30CT	00597-0075-41	1	281.22 Rx
6-18-13	RX: 3491069 DIGOXIN 0.125MG (125MCG)	00527-1324-10	30	11.14 Rx
6-18-13	RX: 3375915 METOPROLOL TARTRATE 25MG	00378-0018-05	30	11.91 Rx
6-18-13	RX: 3450076 LISINAPRIL 10MG	64679-0929-06	30	13.17 Rx
6-18-13	RX: 3429951 CITALOPRAM 20MG	57664-0508-18	30	15.41 Rx
6-18-13	RX: 3246113 ISOSORBIDE MONONITRATE ER 30MG	00603-4110-28	30	21.35 Rx
6-18-13	RX: 3246114 TAMSULOSIN 0.4MG	00228-2996-50	30	25.31 Rx
6-18-13	RX: 3491070 FINASTERIDE 5MG	16714-0522-05	30	43.50 Rx
6-18-13	RX: 3375914 GALANTAMINE ER 16MG	10147-0892-03	30	166.66 Rx
6-18-13	RX: 3545212 NAMENDA (MEMANTINE) 10MG	00456-3210-60	60	286.83 Rx
6-27-13	RX: 3554705 HYDROCODONE/APAP 5/325MG	00406-0365-05	60	23.99 Rx
			Total:	\$1,151.03
		RX:		\$1,151.03
		OTC:		\$0.00

ALLCARE PHARMACY

P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

ROLLYN W MEISENHEIMER
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$558.54

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	MEISENHEIMER, ROLLYN W			
6-03-13	RX: 3321425 LEVETIRACETAM 100 MG/ML SOLN	16714-0358-01	240	84.71 Rx
6-10-13	RX: 3332853 DIAZEPAM 5MG	00172-3926-80	60	13.41 Rx
6-10-13	RX: 3430750 PHENOBARBITAL 30MG	00143-1450-05	120	27.81 Rx
6-15-13	RX: 3510024 HYDROCODONE/APAP 5/325MG	00406-0365-05	120	42.47 Rx
6-17-13	RX: 3321425 LEVETIRACETAM 100 MG/ML SOLN	16714-0358-01	240	104.52 Rx
6-18-13	RX: 3373988 FLUOXETINE 10MG CAP	16714-0351-02	30	12.77 Rx
6-18-13	RX: 3527751 LISINOPRIL 10MG	64679-0929-06	30	13.17 Rx
6-18-13	RX: 3373989 GABAPENTIN 300MG	16714-0662-02	30	13.43 Rx
6-18-13	RX: 3361260 TRAZODONE 50MG	50111-0433-02	75	24.65 Rx
6-19-13	RX: 3564246 LEVOFLOXACIN 500MG	65862-0537-50	13	85.59 Rx
6-21-13	RX: 3568915 VALPROIC ACID 250MG/5ML	00603-1841-58	480	31.49 Rx
6-27-13	RX: 3321425 LEVETIRACETAM 100 MG/ML SOLN	16714-0358-01	240	104.52 Rx
			Total:	\$558.54

RX: \$558.54
OTC: \$0.00

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

RUSSELL RHODES
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$303.29

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	RHODES, RUSSELL			
6-10-13	RX: 3389620 HYDROCODONE/APAP 5/325MG	00406-0365-05	60	23.99 Rx
6-18-13	RX: 3375925 MELOXICAM 7.5MG	65862-0097-05	30	13.42 Rx
6-18-13	RX: 3246122 SIMVASTATIN 10MG	16714-0682-03	30	14.75 Rx
6-18-13	RX: 3375924 ALENDRONATE 70MG SINGLE TAB	16714-0633-01	4	20.91 Rx
6-18-13	RX: 3545222 LAMOTRIGINE 100MG	00093-0463-01	45	39.17 Rx
6-18-13	RX: 3315206 QUETIAPINE FUMARATE 50MG	16714-0376-02	60	191.05 Rx
			Total:	\$303.29
		RX:	\$303.29	
		OTC:	\$0.00	

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

GLEN SCHOCK
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$706.91

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	SCHOCK, GLEN			
6-14-13	RX: 3290518 TRAMADOL 50MG	57664-0377-18	120	26.58 Rx
6-17-13	RX: 3472891 INSULIN NOVOLOG 100U/ML 10ML	00169-7501-11	1	155.11 Rx
6-17-13	RX: 3399560 INSULIN LANTUS U100 10ML	00088-2220-33	1	158.46 Rx
6-18-13	RX: 3315209 METOPROLOL SUCCINATE ER 25MG	62037-0830-10	15	19.42 Rx
6-18-13	RX: 3306332 MIRTAZAPINE 7.5MG	59762-1415-06	30	60.51 Rx
6-18-13	RX: 3375930 NAMENDA (MEMANTINE) 10MG	00456-3210-60	60	286.83 Rx
			Total:	\$706.91
		RX:		\$706.91
		OTC:		\$0.00

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ALLCARE PHARMACY

P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

DAVID SHELTON
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$547.44

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
SHELTON, DAVID				
6-03-13	RX: 3256765 VITAMIN B 12 1,000MCG/ML 1ML	63323-0044-01	1	8.81 Rx
6-04-13	RX: 3439609 INSULIN NOVOLOG 100U/ML 10ML	00169-7501-11	1	155.11 Rx
6-15-13	RX: 3256765 VITAMIN B 12 1,000MCG/ML 1ML	63323-0044-01	1	8.19 Rx
6-17-13	RX: 3439612 INSULIN LANTUS U100 10ML	00088-2220-33	1	158.46 Rx
6-18-13	RX: 3563794 CITALOPRAM 10MG	57664-0507-13	4	7.12 Rx
6-18-13	RX: 3375931 GLIPIZIDE 5MG	00781-1452-10	15	9.69 Rx
6-18-13	RX: 3563796 LORAZEPAM 1MG	00591-0241-10	30	12.10 Rx
6-18-13	RX: 3375932 LISINOPRIL 10MG	64679-0929-06	30	13.17 Rx
6-18-13	RX: 3315211 SIMVASTATIN 10MG	16714-0682-03	30	14.75 Rx
6-18-13	RX: 3429959 METOPROLOL TARTRATE 50MG	00093-0733-10	60	14.75 Rx
6-18-13	RX: 3563809 LISINOPRIL 20MG	64679-0941-06	29	15.59 Rx
6-18-13	RX: 3375933 METFORMIN 500MG	57664-0397-53	30	16.07 Rx
6-18-13	RX: 3545225 CITALOPRAM 10MG	57664-0507-88	30	17.60 Rx
6-18-13	RX: 3563795 LORAZEPAM 2MG/ML 1ML VIAL	00641-6044-01	3	20.03 Rx
6-18-13	RX: 3315210 NIFEDIPINE ER 90MG	62175-0262-37	30	76.00 Rx
			Total:	\$547.44
		RX:	\$547.44	
		OTC:	\$0.00	

ALLCARE PHARMACY
 P.O. BOX 176
 ARKADELPHIA, AR 71923
 877-420-9400

VA Contract Patient Detail

Date: 6-30-13

ARNOLD THOMAS
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$523.14

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
 877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT	
THOMAS, ARNOLD					
6-03-13	RX: 3237105 HYDROCODONE/APAP 10/325MG	00406-0367-05	60	31.86	Rx
6-04-13	RX: 3537558 INSULIN NOVOLOG 100U/ML 10ML	00169-7501-11	1	155.11	Rx
6-07-13	RX: 3237105 HYDROCODONE/APAP 10/325MG	00406-0367-05	60	31.86	Rx
6-08-13	RX: 3226615 HYDROCODONE/APAP 5/500MG	00406-0357-05	120	26.30	Rx
6-11-13	RX: 3261744 VENTOLIN HFA 90 MCG INHALER	00173-0682-20	1	47.63	Rx
6-18-13	RX: 3429962 ENALAPRIL 2.5MG	64679-0923-02	30	10.66	Rx
6-18-13	RX: 3315213 DIGOXIN 0.125MG (125MCG)	00527-1324-10	30	11.14	Rx
6-18-13	RX: 3375935 LEVOTHYROXINE 0.075MG (75MCG)	00378-1805-10	30	15.79	Rx
6-18-13	RX: 3521607 WARFARIN 5MG	51672-4032-03	30	19.37	Rx
6-18-13	RX: 3315214 POTASSIUM CHLORIDE 8MEQ CAP	68382-0702-01	30	30.32	Rx
6-18-13	RX: 3545226 METOLAZONE 2.5MG	65580-0643-71	30	30.59	Rx
6-18-13	RX: 3472738 TORSEMIDE 20MG	50111-0917-01	90	49.07	Rx
6-26-13	RX: 3293181 LORAZEPAM 0.5MG	00591-0240-10	45	15.81	Rx
6-26-13	RX: 3261744 VENTOLIN HFA 90 MCG INHALER	00173-0682-20	1	47.63	Rx
			Total:	\$523.14	
		RX:	\$523.14		
		OTC:	\$0.00		

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date:	6-30-13
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DENNIS WHITSON
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total:	\$233.39
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FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	WHITSON, DENNIS			
6-04-13	RX: 3537404 HALOPERIDOL 1MG	00378-0257-10	14	7.91 Rx
6-04-13	RX: 3537401 HALOPERIDOL 0.5MG	00378-0351-10	27	11.70 Rx
6-04-13	RX: 3538086 CLINDAMYCIN 300MG	00591-3120-01	42	60.95 Rx
6-07-13	RX: 3537151 DIGOXIN 0.125MG (125MCG)	00527-1324-10	11	7.57 Rx
6-10-13	RX: 3546919 ALBUTEROL INH 0.083% 3ML 25CT	00487-9501-25	1	15.06 Rx
6-18-13	RX: 3537404 HALOPERIDOL 1MG	00378-0257-10	30	10.66 Rx
6-28-13	RX: 3583859 IPRATROPIUM/ALBUTEROL 30CT	00185-7322-30	1	36.31 Rx
6-28-13	RX: 3583871 VASOLEX OINTMENT 60GM	58980-0790-21	1	40.67 Rx
6-28-13	RX: 3583868 DIGOXIN 0.05MG/ML ELIXIR 60ML	00054-0057-46	1	42.56 Rx
			Total:	\$233.39
		RX:	\$233.39	
		OTC:	\$0.00	

ALLCARE PHARMACY

P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

VA Contract Patient Detail

Date: 6-30-13

JOE WILSON
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

Total: \$360.31

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

DATE	DESCRIPTION		QTY	AMOUNT
	WILSON, JOE			
6-17-13	RX: 3315218 TAMSULOSIN 0.4MG	00228-2996-50	1	6.17 Rx
6-18-13	RX: 3491078 FUROSEMIDE 20MG	63304-0624-10	30	9.20 Rx
6-18-13	RX: 3375944 CITALOPRAM 10MG	59762-4800-05	15	11.56 Rx
6-18-13	RX: 3491079 POTASSIUM CHL ER 10MEQ TABLET	00781-5710-10	30	21.24 Rx
6-18-13	RX: 3315218 TAMSULOSIN 0.4MG	00228-2996-50	30	25.31 Rx
6-18-13	RX: 3429964 NAMENDA (MEMANTINE) 10MG	00456-3210-60	60	286.83 Rx
			Total:	\$360.31
		RX:		\$360.31
		OTC:		\$0.00

ALLCARE PHARMACY

P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

Credit Memo

Memo Number:	29-0032403
Memo Date:	6-30-13
Account Number:	29-0019811
Current Credits:	\$207.43-

**FAYETTEVILLE VET.
FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703**

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY 877-420-9400	ACCOUNT# 29-0019811	MEMO DATE 6-30-13	MEMO NUMBER 29-0032403
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DATE	DESCRIPTION	QTY	AMOUNT
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Credits

5-30-13	BRYANT, JAMES CREDIT: RX: 3527139 COMPOUND RX	30	166.76-
		Sub total:	166.76-
5-23-13	GARCIA, ANTONIO CREDIT: RX: 3515472 VASOLEX OINTMENT 60GM	1	40.67-
		Sub-total:	40.67-
		Sub Total Credits:	\$207.43-
		Total Credits:	\$207.43-

ALLCARE PHARMACY
P.O. BOX 176
ARKADELPHIA, AR 71923
877-420-9400

Medicaid Pending Status

This Is Not A Bill

Date: 6-30-13

Total: \$4,858.68

FAYETTEVILLE VETERANS HOME
PO BOX 9898
FAYETTEVILLE, AR 72703

FOR INFORMATION PURPOSES ONLY

ALLCARE PHARMACY
877-420-9400

Medicaid Pending Status

Date: 6-30-13 Page: 1

PATIENT	START	AMOUNT
FREDECK, JAMES	2-06-13	459.72
HOLLINGSHEAD, CAROLYN	8-13-12	1,623.08
HOLLINGSHEAD, RONALD	8-13-12	2,775.88
	Total:	\$4,858.68

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ANSWER



STATE OF ARKANSAS

Department of Veterans Affairs

2200 Fort Roots Drive, Bldg. 65, Rm. 119
North Little Rock, AR 72114-1756
Phone: (501) 370-3820 / Fax: (501) 370-3829

Mike Beebe
Governor

Alicia (Cissy) Rucker
Director

December 16, 2014

Ms. Brenda Wade
Director
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, AR 72201

Arkansas Claims Commission
DEC 18 2014

RECEIVED

RE: Allcare Pharmacy Claim# 15-0391-CC

Dear Ms. Wade,

We have received the above referenced claim. ADVA admits liability and recommends payment of the claim in the amount of \$156,457.59, which is the amount we reconciled as due to Allcare.

Allcare Pharmacy claimed the amount of \$158,175.23. ADVA fiscal personnel has contacted the designated representative for Allcare Pharmacy on several occasions in an attempt to obtain additional information regarding the \$1,717.64 variance between the amount claimed by Allcare and the amount calculated as payable by ADVA. As of the date of this letter, Allcare has not provided any supporting documentation regarding the variance. We will be happy to review any additional documentation that Allcare Pharmacy can provide regarding the amount in question and adjust our response if needed. At this time however, our data and documentation only support a valid claim in the amount of \$156,457.59.

We would like to request a six (6) month repayment schedule with Allcare Pharmacy in lieu of paying out the total claim at one time. The State Veterans Home at Fayetteville has experienced financial difficulties and is only now beginning to show positive cash flow. Payment of this claim in one lump sum is possible but will result in a negative impact on cash flow, which we would like to mitigate via a short-term repayment plan.

Please charge this amount against the following:

Business Area: 0385
Fund: NVA0000
Fund Center: 2QD

If you have questions or need additional information, please contact Karen Watkins,
ADVA Administrative Services Manager, at 501-683-1643.

Sincerely,

A handwritten signature in black ink that reads "Cissy Rucker". The signature is written in a cursive, slightly slanted style.

Alicia "Cissy" Rucker
Director

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 158,175.23

Claim No. 15-0391-CC

Allcare Pharmacy
Claimant

Attorneys
Pro se
Claimant

vs.

Arkansas Dept. of Veteran Affairs
Respondent

Alicia Rucker, Director
Respondent

State of Arkansas
Date Filed November 21, 2014

Type of Claim Unpaid Bill

FINDING OF FACTS

This claim was filed for an unpaid bill in the total amount of \$158,175.23 against the Arkansas Department of Veteran Affairs.

The Respondent admitted liability and recommended payment in the amount of \$158,175.23 in a letter or Answer received December 18, 2014.

The Claims Commission hereby **unanimously allows this claim in the amount of \$158,175.23 and will include the claim in a claims bill to the 90th General Assembly, State Legislature 2015, for subsequent approval and payment.**

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, **the Claims Commission hereby Unanimously allows this claim in the amount of \$158,175.23 and will include in a claims bill to be submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.**

Date of Hearing January 8, 2015

Date of Disposition January 8, 2015

[Signature]
Chairman
[Signature]
Commissioner
[Signature]
Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.