

ARcare Response to E&C Committee Proprietary and Confidential

September 21, 2017

The Honorable Greg Walden
Chairman, Committee on Energy and Commerce

The Honorable Tim Murphy Chairman, Subcommittee on Oversight and Investigations 2125 Rayburn House Office Building Washington, DC 20515-6115

Dear Mr. Chairmen:

By this letter, ARcare responds to your September 8, 2017 letter regarding the 340B Drug Pricing Program (340B program) and appreciates this opportunity to share our experience with the 340B program with the Committee on Energy and Commerce (Committee) and Subcommittee on Oversight and Investigations. The 340B program is a vital part of our success in working to transform the health care safety net in Arkansas and we are proud of our accomplishments in improving the health of the individuals and families in Arkansas and the surrounding states.

About ARcare

ARcare has been designated a federally qualified health center (FQHC) since 1981 and operates in what are called medically underserved areas, *i.e.* areas without a sufficient number of primary care doctors, dentists and behavioral health providers. When we started, we only served individuals living or working in Arkansas but have grown considerably in the last 30 plus years. We now treat medically underserved populations across Arkansas and in parts of Kentucky and Mississippi. As an FQHC, we are determined to improve health disparities and ensure access to quality health care services for all who live and work in our service area as expressed by our motto - *Health for All*. Currently, we provide a full array of services – medical, dental and behavioral – to anyone who walks in the door, a key requirement of the Health Center program.

ARcare meets all the requirements of the FQHC program described in Section 330 of the Public Health Service Act. In addition to offering services to all citizens, regardless of their ability to pay, we have established a sliding fee scale through which low-income patients pay discounted or even nominal fees for services. We are run by a community-based Board of Directors, the majority of whom are (and must be, by law) ARcare patients, ensuring that ARcare remains focused to its *Health for All* mission first and foremost. All health center revenues must be used to further the objectives of the Health Center program.

From three initial locations, two in Woodruff County (Augusta and Cotton Plant) and one in Prairie County in Des Arc, ARcare has expanded to 42 primary care clinic sites by 2016. In 2017, ARcare estimates it will serve approximately 65,000 people in Arkansas, Kentucky, and Mississippi. During its geographic expansion, ARcare has added services to its offerings, including medical, dental, pharmacy.

QUALITY ?

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Chairmen Walden and Murphy September 21, 2017 Page 2 of 7

geriatric, case management, HIV/AIDS (supported in part with Ryan White CARE Act funding), volunteer programs, education, and cancer programs. In 2009, ARcare opened 16 locations across the state of Arkansas to provide case management and medical services to underserved individuals living with HIV/AIDS. During this time, ARcare expanded (at the request of the Arkansas Department of Health) its HIV/AIDS services to include the entire state and making it the only statewide HIV/AIDS program available. ARcare now operates five pharmacies and four wellness centers covering 13 counties in Arkansas, eight counties in western Kentucky, and three counties in central Mississippi.

More to the point of your request, ARcare's growth is reflected in not just the number of patients served or the number of visits to ARcare by those patients, but also in the number of prescriptions filled. In 2016, for example, we filled over 500,000 prescriptions either through our inhouse pharmacies or through the contractual relationships described below. Of those 500,000 prescriptions, about 15% were filled using 340B pricing, the subject of your committee's inquiry. As also discussed below, we use this pricing as necessary to fill a limited number of expensive drugs, often passing the lower price on directly to our patients through our "cash card" program (also explained below). 340B is a crucial element of ARcare's financial picture and without it, we would have to significantly curtail services and many of our patients, individuals already living at the margins, would have to pay much more for the drugs they need which leads, inevitably, to a failure to adhere to important courses of treatment and greater public health problems.

Our patients need care that focuses on their needs, barriers to care, and challenges. The average per capita income of our patients is \$21,273, with a median household income of \$40,450. The unemployment rate of our patients is higher than the statewide averages – 5.8% in Arkansas, 6.5% in Kentucky, and 8.9% in Mississippi. Almost 25% of our patients in 2016 were 17 years of age or younger. Our patient population almost universally exceeds nationally established "severe" benchmark rates for obesity, diabetes, and hypertension.

We are proud of our growth for many reasons and maybe first among those reasons is the fact that our patients can access comprehensive health care services throughout Arkansas and into the surrounding areas. We are also proud that our growth reflects the trust that the federal Health Resources and Services Administration (HRSA)—the agency that oversees both the 340B program and the FQHC program—and state-level authorities have placed in us. We view the continued support of HRSA and the Arkansas Department of Health as recognition of our good stewardship of public funds and our achievements in improving the lives of our patients.

ARcare Uses the 340B Program to Benefit Its Patients

ARcare also has a long history of ensuring that its vulnerable patients can afford and receive their medication. ARcare began offering direct pharmacy services in 1997 with an in-house pharmacy in Cotton Plant, Arkansas. Over time, and as our small rural communities have lost population and care options, ARcare has endeavored to provide more pharmacy services to ensure that its patients have adequate and timely access to their prescriptions. Today, ARcare operates four in-house pharmacies and boasts a strong network of community pharmacy partners, including a wide range of small and independent pharmacy providers. ARcare wants to ensure that all patients have the freedom to use their pharmacy of choice while still enjoying access to discounted 340B drugs when qualified to receive assistance.

ARcare is proud of the way in which it has integrated the 340B program into its vital role in the health care safety net and relishes this opportunity to share information with the Committee. As the requested data indicate, ARcare is able to extend charity care to tens of thousands of patients. We believe we are using the 340B program as it was originally intended by Congress – lower drug prices mean that ARcare is able to stretch scarce federal, state, and local funding to provide more, and more comprehensive, services to the needlest of patients.

Responses to Specific Requests

ARcare is attaching exhibits with the data requested by the Committee. A brief description of the attached data is provided in conjunction with each item requested.

- 1. In a chart or similar format, please list each of the following items for 2012, 2013, 2014, 2015, and 2016.1
 - a. The number of 340B drugs your organization, and all associated sites and off-site outpatient facilities registered as child sites, purchased for that year. Please provide a breakdown of the number of these drugs that were purchased by the covered entity's child sites and the number directly purchased by the covered entity;

ARcare is providing the requested information in Exhibit 1a. ARcare is reporting the number of prescriptions filled with 340B drugs and the number of times 340B drugs were administered in ARcare clinics during the requested years. The number of dispensations and administrations correlates to the number of 340B drugs purchased in each year (except in 2012, as described in footnote 2).

ARcare purchases all 340B drugs as the registered covered entity, and does not separately track purchases, dispensations, or administrations by individual child sites.

b. The percentage of 340B drugs purchased and dispensed that fall into each of the following categories: i) analgesics; ii) antidepressants; iii) oncology treatment drugs; iv) antidiabetic agents; and v) antihyperlipidemic agents;

ARcare is providing the requested information in Exhibit 1b. The percentages reported are based on prescriptions/injections provided to ARcare patients through the 340B program for the given year.

- The number of 340B drugs your organization purchased that were dispensed to insured patients, including: i) Medicare beneficiaries; ii) Medicaid beneficiaries; and iii) commercially-insured individuals.
- d. The number of 340B drugs your organization purchased that were dispensed to uninsured patients.

¹ Note that the data for 2012 only include dispensed prescriptions, as ARcare is unable to access clinicadministered drug data from 2012 due to a change in electronic health record systems.

ARcare is addressing requests 1.c and 1.d together since both relate to who is responsible for paying for patient care. The information relating to ARcare's payor mix (including uninsured patients) is reported in Exhibit 1c. In Exhibit 1d, ARcare is providing the number of prescriptions it filled and drugs it administered to uninsured patients each year. Note that ARcare complies with the 340B program's duplicate discount prohibition in part by not filling prescriptions for Medicaid beneficiaries using 340B drugs in pharmacy settings.

e. The amount of savings (in dollars), as compared to the GPO price for the same drug, that your organization generated through participation in the 340B Drug Pricing Program;

ARcare has not utilized a group purchasing organization (GPO) for pharmaceuticals in many years. Therefore, we do not have access to GPO price lists. ARcare uses the 340B program Prime Vendor Program, administered by Apexus, Inc., for non-340B drug and related purchases.

f. The amount of charity care (in dollars) that your organization provided;

As an FQHC, ARcare is focused on providing medical care to all patients, regardless of their ability to pay. Though there are many different ways in which the benefit that ARcare provides to the community could be measured, we opted to use an objective measure that gives some sense of one way in which we provide assistance to the medically underserved community. The figures reported in Exhibit 1f represent the audited organizational bad debt for each year combined with the sum of sliding fee scale discounts ARcare passed through to ARcare patients in the year.

g. The number of patients that received charity care from your organization;

In Exhibit 1g, ARcare is reporting the number of patients who received charity care/discounted services in the medical clinic, as well as the number of patients who were afforded discounts via ARcare's 340B "Cash Card" program, described in more detail below.

2. How does your organization calculate the amount of savings it generates through participation in the 340B Drug Pricing Program? How does your organization track the amount of money your organization receives when an insured patients' insurance reimbursement exceeds the 340B price paid for the drugs?

In the broadest sense, ARcare recognizes that it can be difficult to quantify 340B savings, because the value of the 340B program to ARcare and its patients is greater than simply the difference between what ARcare might pay for drugs outside of the 340B program versus what it pays through the 340B program. A raw savings calculation does not take into account the ancillary health benefits of ensuring that ARcare patients receive the medication they require. For example, ARcare might save money on each dose of insulin it dispenses to a diabetic patient, but the real savings occur when the patient manages his or her diabetes and remains healthy and productive. We do not have a formula to capture those very real reductions in the burden that would otherwise be laid on publicly funded programs.

That being said, ARcare tracks its 340B revenues by comparing its gross pharmaceutical reimbursements (reimbursement and copays less contracted pharmacy dispense fees and third-party administration fees) and 340B cost of goods sold (the amount ARcare paid for the medications

dispensed or administered). With the assistance of its third-party administrator, ARcare receives and reviews reports that track that revenue. Those figures overstate 340B savings, but ARcare does not have access to the non-340B pricing data (as noted in response to 1.e above) that would allow it to compare the 340B cost of goods sold to what it might have paid for the drugs absent the 340B program.

3. How does your organization use program savings to care for vulnerable populations? Are program savings used for other purposes?

ARcare uses its 340B savings to provide better access to primary care services. ARcare is required by law to use any reimbursement or public funding for purposes that further the objective of the project. In addition to reinvesting any 340B program revenues in ARcare's mission to provide better access to health care for underserved and vulnerable patients, ARcare directly uses the 340B program to ensure that patients receive the medication that their caregivers prescribe.

ARcare has a 340B "Cash Card" that is provided to eligible patients who lack sufficient drug benefit coverage. The "Cash Card" ensures that patients possessing the card are able to directly benefit from the 340B program by paying the discounted 340B cost of their medication. In Exhibit 3a, ARcare has provided 11 brief vignettes illustrating how direct access to 340B program pricing has produced real benefits for ARcare patients.

a. Does your organization provide any additional charity care to uninsured and underinsured patients with funds derived from sources other than the 340B Drug Pricing Program? If so, please elaborate.

As discussed above, an FQHC is by its very nature a community-based organization committed to providing health care services to all patients regardless of their ability to pay. ARcare's federal grant funding under Section 330 of the Public Health Service Act is the foundation of ARcare's services.

ARcare also receives Ryan White CARE Act funding through the Arkansas Department of Health through which it operates Service Access Centers throughout the state for people living with HIV/AIDS.² At those centers, ARcare coordinates care for HIV-positive Arkansans, including ensuring that they receive the critical antiretroviral therapy they need to remain healthy.

b. What percentage of total health care services provided by your organization is charity care?

ARcare derived a charity care percentage by taking the amount of charity care calculated for request 1.f and dividing it by the audited net patient service revenue for that year. The percentages are reflected in Exhibit 3b. As discussed in section 1.f, the charity care figures significantly undervalue the uncompensated and charity care that ARcare provides to the community. For example, the figures only measure bad debt and sliding fee scale discounts and do not account for an increase in undercompensated care. The figures do not, for example, reflect the savings that ARcare directly passes on to its patients through the "Cash Card" program.

² Note that ARcare is eligible to participate in the 340B program as a Ryan White program grantee, but has not separately registered as such because the FQHC program overlaps with the Ryan White program.

4. Does your organization have any policies to help ensure that uninsured and underinsured patients directly benefit from the program by receiving discounts on 340B drugs? If so, please elaborate.

ARcare maintains comprehensive policies and procedures, including a 340B Policies and Procedure Manual. The policies describe ARcare's operational procedure to ensure those who have insufficient drug benefit coverage are provided access to the discounted 340B cost via the "Cash Card" program referenced earlier.

5. How many child sites does your organization have registered to participate in the 340B Drug Pricing Program? Please provide a list of all child-sites, including the location of the child-site and the date it began participating in the program.

FQHCs do not have "child sites" in the same way other 340B program participants, like hospitals, do. Rather, FQHCs have what HRSA calls "associated sites." Like a child site, an associated site is a location under the primary covered entity registration that is also eligible to purchase and dispense 340B drugs. The distinction is important because associated sites are not dependent on the parent site. Each associated site is, standing on its own, a 340B-eligible healthcare access point described in ARcare's grant documents. Any associated site could be designated the "parent" site because they are all interchangeable. The parent/associated site relationship is simply a convenience to organize all FQHC's locations under a single 340B program identification number.

ARcare's 340B identification number is CH060940. A listing of its associated sites is attached at Exhibit 5.

6. How many pharmacies has your organization contracted with to dispense drugs purchased through the 340B Drug Pricing Program on your behalf?

ARcare has executed 51 contracts with pharmacies to dispense drugs purchased through the 340B Drug Pricing Program. The 51 contracts extend 340B access to our patients in 99 locations across our service area. ARcare has contracted with 3 pharmacies that have more than 10 pharmacy locations, 2 pharmacies that have between 4 and 10 pharmacy locations, 38 pharmacies that have 3 or less pharmacy locations, 4 specialty pharmacies, and 4 ARcare-owned pharmacies.

ARcare is responsible for the 340B program compliance of each of its pharmacy partners. It requires each to refrain from using 340B drugs when Medicaid (fee-for-service or managed care) is responsible for payment for the drug, thus ensuring that the relevant state program is able to obtain the full Medicaid drug rebate from the manufacturer for the drug. Through its third-party administrators, ARcare is able to ensure that its contract pharmacies proper manage 340B drug inventory and only provide 340B drugs to eligible patients.

ARcare treats patients across a large geographic area, and relies on its pharmacy network to implement its "Cash Card" program. The pharmacy network represents a dual commitment to the community. First, we ensure that patients can access ARcare's 340B program benefits at the pharmacy

³ See HRSA, OPA, FAQs, 340B Office of Pharmacy Affairs Information System, Question 14, at https://www.hrsa.gov/opa/faqs/index.html (last visited Sept. 20, 2017).

of their choosing. Second, we support a broad range of local and community-based pharmacies by helping them ensure that they can continue to treat their patients (and often customers). Though some patients will choose to use chain or grocery store pharmacies, and ARcare can accommodate those as well, we recognize the vital role that local "mom-and-pop" pharmacies play in the health care safety net and are proud to partner with them.

a. Do your contracts with these pharmacies require that program savings be passed on to the intended beneficiaries, including that uninsured or underinsured patients receive discounts for 340B drugs?

Yes. Through the "Cash Card" program described above, ARcare requires contract pharmacies to provide drugs to uninsured and underinsured patients at discounted prices.

b. Does your organization share any program savings with these contract pharmacies? If so, please elaborate.

ARcare does not share 340B program savings with its contract pharmacy vendors. Though ARcare views its contract pharmacies as partners, they are first and foremost vendors providing a service to ARcare. As a grantee, ARcare has a responsibility to ensure that it pays as little as possible to secure the third-party services that it requires to maximize its health care mission and stretch its scarce federal resources.

The compensation negotiated with each contract pharmacy for the services it provides represents a market-based fee. The fee can vary from pharmacy to pharmacy depending on the services the pharmacy provides both to ARcare and to ARcare patients. At a minimum, ARcare's contract pharmacies must be able to implement ARcare's 340B compliance expectations, dispense 340B medications to ARcare patients, obtain reimbursement from responsible payers (and forward that reimbursement to ARcare), and manage 340B inventory in accordance with ARcare's instructions.

* * * * *

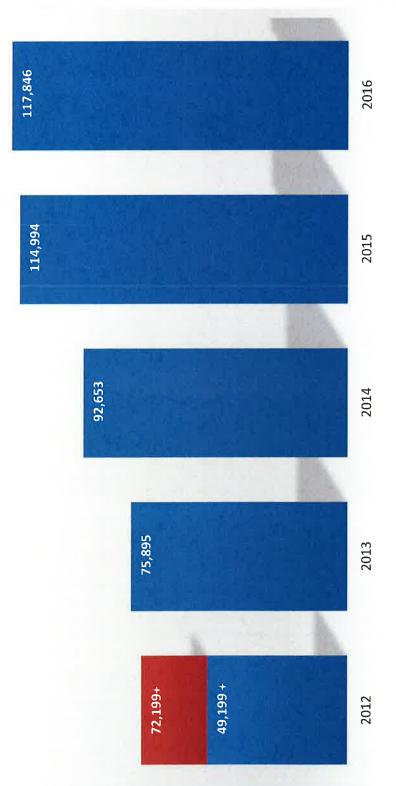
ARcare is proud to have been selected to provide information on its use of the 340B program to the Committee. The 340B program is indispensable to our mission and has been a major success for ARcare and for other community health centers and safety net providers across the nation. ARcare stands ready to assist the Committee in any way possible.

Sincerely,

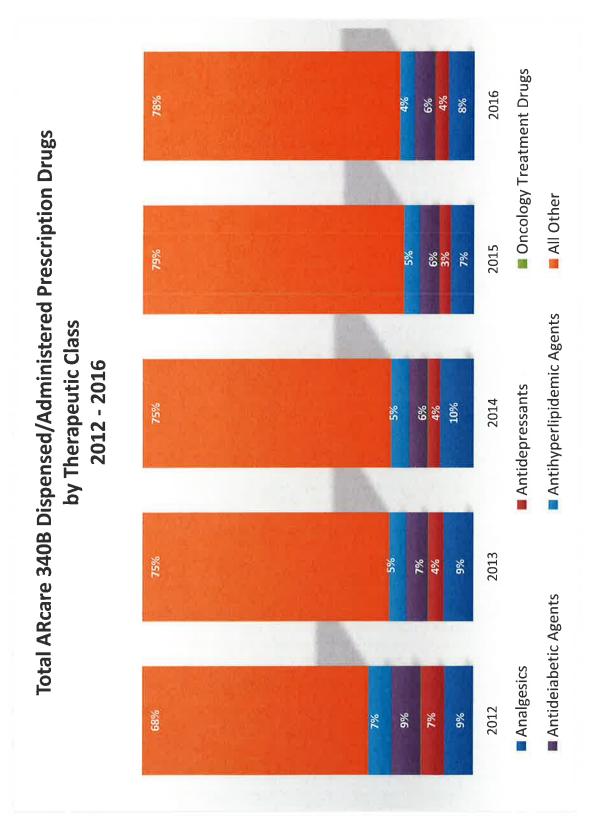
Steven F. Collier, MD, FACHE Chief Executive Officer

Stew Collins

Total ARcare 340B Dispensed/Administered Prescription Drugs* 2012 - 2016



+Physician administered medications unavailable for 2012 due to change in Electronic Health Record System, estimated as 23,000 *Presented as Prescriptions/Injections rather than NDC's (Multiple Rx/Injections may be generated by a single NDC)

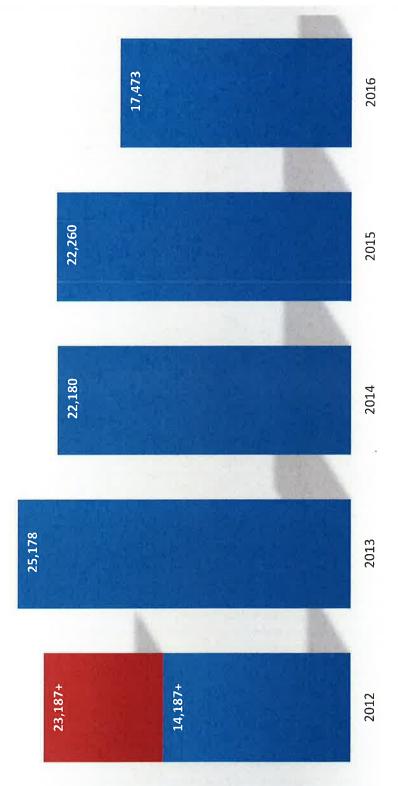


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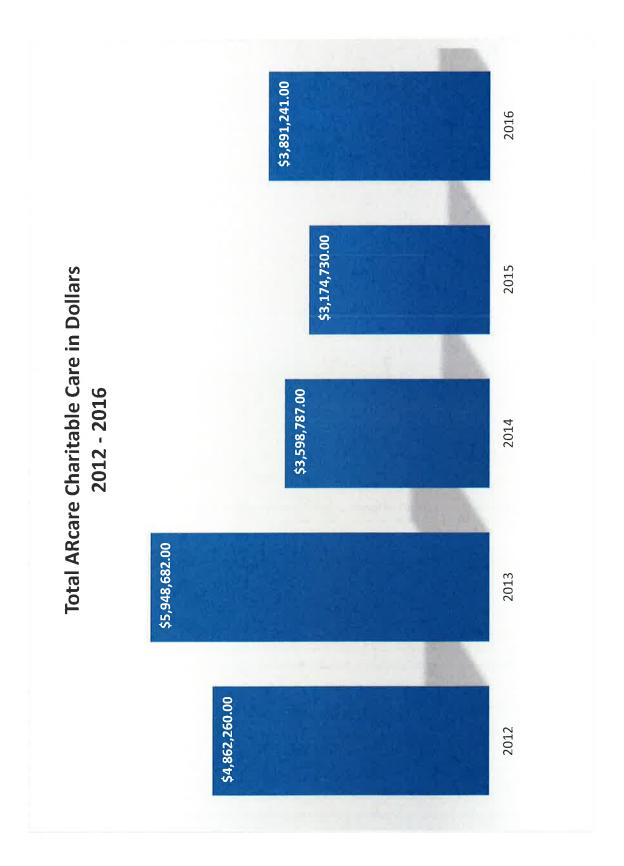
2016 15% %09 17% %6 ■ Medicare ■ Medicaid ■ Commercial ■ Uninsured 2015 11% 15% 19% Total ARcare 340B Payor Mix 2012 - 2016 2014 24% 10% 14% 2013 %8 33% **%9** 2012 %69 %67

This information is proprietary and confidential

Total ARcare 340B Prescriptions/Injections for Uninsured Patients 2012 - 2016



+Physician administered medications unavailable for 2012 due to change in Electronic Health Record System, estimated as 9,000 *Presented as Prescriptions/Injections rather than NDC's (Multiple Rx/Injections may be generated by a single NDC)



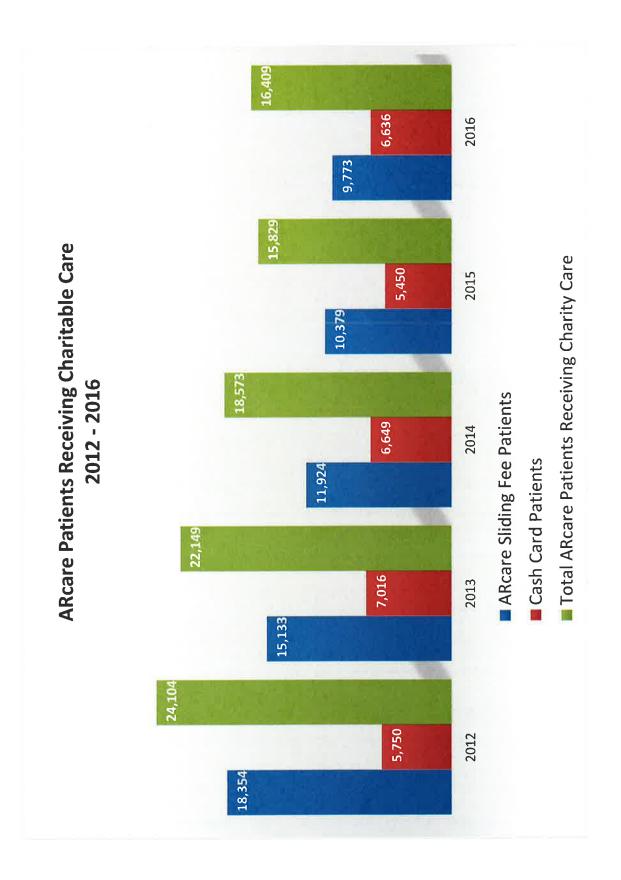


Exhibit 3a

340B Patient Success Stories

ARcare 25: Parkin Medical Clinic and Pharmacy 13:

83 year old female visited ARcare 25. Patient was prescribed Spironolactone for edema. The Prescription was sent to ARcare Pharmacy 13 and was filled on patients insurance. The co pay was \$54.36, the patient expressed concern that she could not afford the co pay. The prescription was backed out of the patients insurance and ran on 340B, the cost was \$18.20. The patient was truly grateful and appreciative. Patient made the comment to the Pharm Tech

"I would not have been able to get my medication if I had to pay the insurance co-pay because I could not afford it."



This information is proprietary and confidential

Exhibit 3a

www.arcare.net 21 year old female visited the ARcare 40 clinic and was diagnosis with HSV, the This made all the difference in the world to this patient who was suffering and patient was prescribed topical Zovirax the price was \$700.00 a tube. The 340B Patient Success Stories otherwise could not have gotten the needed medicine. pharmacist ran it on 340B and it was \$13.00 a tube. This information is proprietary and confidential **ARcare 40: Hazen Medical Clinic:** ARcare

Exhibit 3a

340B Patient Success Stories

ARcare 50: McCrory Medical Clinic:

Disabled 80 year old male visited ARcare 50 and was prescribed an inhaler. The patient called his daughter upset and her suggestion was to try using the 340B patient drove to a large chain pharmacy 30 miles away and was told the price card at an ARcare contracted pharmacy in town so the patient drove back 30 was \$167.00. The patient left the pharmacy without the medication. The miles to that pharmacy.

The script was run on 340B and the cost was \$11.00. Happy patient and happy daughter!



This information is proprietary and confidential

Exhibit 3a

www.arcare.net Insulin dependent male age 33 was going without his Insulin because he could told him about our 340B Program. He was paying \$200.00 for the insulin but not afford it. Patient visited the Barlow Medical clinic and the medical staff 340B Patient Success Stories with the 340B Cash Card and 340B pricing it cost \$20.00. This information is proprietary and confidential KentuckyCare 112: Barlow Medical Clinic: Patient was beyond surprised and happy! AARcare

340B Patient Success Stories

ARcare 16: Bald Knob Medical Clinic:

30 year old female went to the ARcare 16 clinic and was prescribed an inhaler and sleep medication. The pharmacy ran the sleep medication on insurance afford to pay the co pay. The Pharmacist ran both medications on 340B and and the co pay was \$80.00. Patient told the pharmacist that she could not both were less than the \$80.00 co pay for the one medication.

excellent for people with expensive medications that don't have a choice but The patient made the comment "It is thanks to ARcare 16 for discussing the 340B Program with me that I could afford my medications. This program is to pay for them out of pocket, Thanks for having this program."



This information is proprietary and confidential

Exhibit 3a

340B Patient Success Stories

KentuckyCare 112: Barlow Medical Clinic and Pharmacy 62:

41 year old female on Nexium was paying \$25.00 for 30 day supply. The cost on 340B for a 90 day supply is \$28.00. Patient was amazed and appreciative to the Pharmacy Staff for the savings and help with her medications.



This information is proprietary and

confidential

Exhibit 3a

340B Patient Success Stories

ARcare 89: Cabot South Medical Clinic and Pharmacy 84:

medication was \$1,075.38, but on 340B, the cost was \$62.40 for a two month \$12.30. The cost for his Novalog Insulin was \$1,921.08, the cost on 340B was rejection medications and his insulin. The cost for Tacrolimus anti-rejection Discussed with the provider and nurse that he was unable to afford his anti supply. The cost for his Levemir Insulin was \$973.00, on 340B the cost was 57 year old disabled transplant patient with diabetes visited ARcare 89.

The patient was grateful and appreciative beyond words. He continually thanks the staff each visit to the Pharmacy.



This information is proprietary and confidential

Exhibit 3a

340B Patient Success Stories

ARcare Chronic Care Department Augusta:

pharmacy then called the RN Manager. The patient was ecstatic about being that he could not afford his Insulin. The RN Manager told the patient about 40 year old diabetic male told the RN Manager during his chronic care visit ARcare's 340B program and gave him a 340B Card. Patient visited the able to afford his Insulin with the 340B price. The patient's words to the RN Manager were, "If my wife wouldn't get mad I would kiss you!"



This information is proprietary and confidential

340B Patient Success Stories

ARcare 25: Parkin Medical Clinic and Pharmacy 13:

57 year old female taking blood pressure medication and diabetic medication had insurance coverage through her husband's work. The patient's husband's visiting with Parkin's APRN the patient received a 340B card and was able to hours were cut and the patient's insurance coverage was dropped. After afford her medications.

The patient was so happy and appreciative.



This information is proprietary and confidential

Exhibit 3a

340B Patient Success Stories

ARcare 25: Parkin Medical Clinic and Pharmacy 13:

sent to ARcare Pharmacy 13 for 340B pricing, the price was around \$200.00 for transferred to save money. None of her medications were on the \$4.00 list and the total charge was \$3,200.00. Patient visited ARcare 25's APRN and was told about the 340B program. Patient's son (guardian) had all of her medications 67 year old female with several chronic disease states was told about the \$4.00 medication list from a friend; she decided to have all of her meds all of her meds.

The son was amazed and made the comment that they would never change pharmacies again. They were very grateful and appreciative.



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Exhibit 3a

340B Patient Success Stories

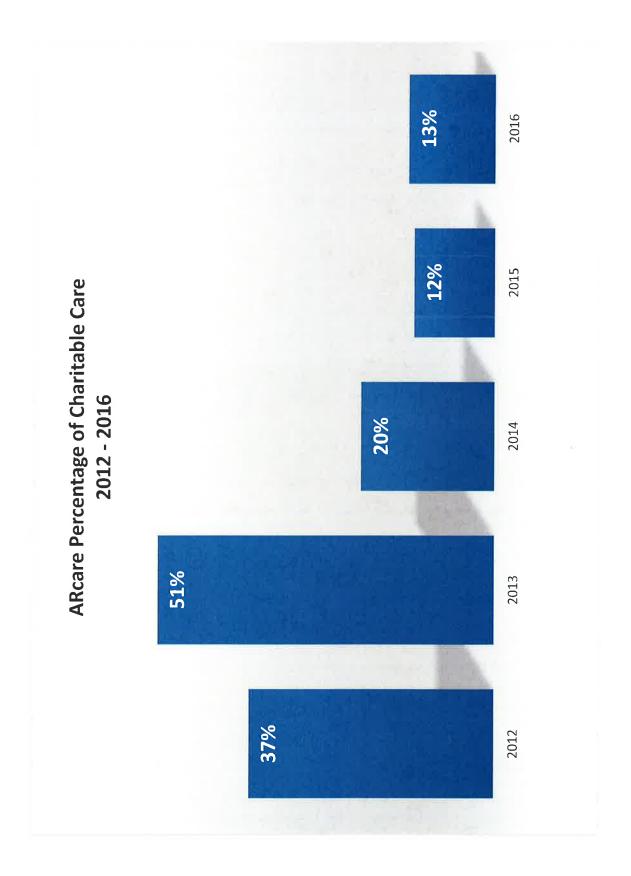
ARcare 25: Parkin Medical Clinic and Pharmacy 13:

patient called ARcare 25 and talked with the receptionist about not being able coverage. Patient could not afford the cash price at a neighboring pharmacy; The receptionist suggested that he try using the 340B cash card at Pharmacy to fill his prescription for Nexium because he could not afford the cash price. 56 year old male patient was prescribed Nexium, patients insurance denied 13. The patient was able to afford his medication with the 340B pricing.

Patient was super happy and uses Pharmacy 13 for all his prescriptions needs.



This information is proprietary and confidential



This information is proprietary and confidential

ARcare Associated Service Delivery Sites

Grant Number	Site ID	340B ID	Entity Type	Participating Start Date	Entity Name	Entity Sub-Division Name	Address 1	City	State	diz	Second Zip
H80CS00207 B	BPS-H80-012535	CH060940	ᆼ	4/1/2006	ARCARE	ARcare	117 S 2nd St	Augusta	AR	72006	2309
H80CS00207 B	BPS-H80-001432	CH06094A	Ð	10/1/2006	ARCARE	ARcare - 20	125 OAK STREET	COTTON PLANT	-	72036	
H80CS00207 B	BPS-H80-005344	CH06094AA	ᆼ	4/1/2006	ARCARE	ARcare - 55	1530 N. CHURCH	JONESBORO	\vdash	72401	1515
+	BPS-H80-007596	CH06094AB	ᆼ	4/1/2009	ARCARE	ARcare - 75	406 Rodgers Dr	Searcy	AR	72143	7433
+	BPS-H80-009555	CH06094AC	5	7/1/2010	ARCARE	ARcare - 22	2816 Fox Meadow Ln	Jonesboro	AR	72404	
+	BPS-H80-010491	CH06094AD	ਤ	7/1/2011	ARCARE	KentuckyCare - 021	75 E Court St	Bardwell	₹	42023	8483
H80CS00207 B	BPS-H80-011455	CH06094AE	ᆼ	1/1/2013	ARCARE	ARcare - 29	800 Main St	Augusta	AR	72006	2449
+	BPS-H80-011020	CH06094AF	ᆼ	1/1/2013	ARCARE	ARcare-26	2624 Highway 42	Cherry Valley	AR	72324	8674
+	BPS-H80-011019	CH06094AG	3	1/1/2013	ARCARE	ARcare 24	1500 Museum Rd STE 104	Conway	AR	72032	4761
H80CS00207 B	BPS-H80-011157	СН06094АН	ᆼ	1/1/2013	ARCARE	ARcare-27 Mobile Unit	623 N 9th St	Augusta	AR	72006	2129
H80CS00207 B	BPS-H80-000994	CH06094AJ	ᆼ	1/1/2013	ARCARE	ARcare - 04 Fitness Center	904 N 4th St	Augusta	AR	72006	2039
+	BPS-H80-012984	CH06094AK	5	4/1/2013	ARCARE	ARcare - 100	54 TATE SPRINGS RD	Melbourne	AR	72556	
+	BPS-H80-011340	CH06094AL	공	7/1/2014	ARCARE	ARcare - 10	400 Highway 64 East	Augusta	AR	72006	2129
H80CS00207 B	BPS-H80-017295	CH06094AM	ᆼ	7/1/2014	ARCARE	ARcare - 41	2450 Batesville Blvd	Batesville	AR	72501	9057
	BPS-H80-013464	CH06094AN	5	7/1/2014	ARCARE	ARcare - 47	1310 N CENTER ST	LONOKE	AR	72086	2010
+	BPS-H80-017781	CH06094AQ	공	7/1/2014	ARCARE	KentuckyCare - 43	125 S. 20th Street	Paducah	₹	42001	2810
+	BPS-H80-013046	CH06094AR	공	7/1/2014	ARCARE	KentuckyCare - 44	3240 Irvin Cobb Dr	Paducah	₹	42003	0337
Н80СS00207 В	BPS-H80-013462	CH06094AS	공	10/1/2014	ARCARE	ARcare - 42	8 N RAILROAD AVENUE	MAYFLOWER	AR	72106	9430
+	BPS-H80-013463	CH06094AT	ᆼ	10/1/2014	ARCARE	ARcare - 46	5830 Highway 5	Cabot	AR	72023	
+	BPS-H80-013909	CH06094AU	ਲ	10/1/2014	ARCARE	ARcare - 48	4100 HARRISON ST	BATESVILLE	AR	72501	9419
+	BPS-H80-013849	CH06094AV	5	1/1/2015	ARCARE	ARcare - 23	805 Third St	Horseshoe Bend	II AR	72512	3736
+	BPS-H80-015000	CH06094AW	3	1/1/2016	ARCARE	KentuckyCare - 112	120 N 4TH ST	BARLOW	⋩	42024	9579
+	BPS-H80-017344	CH06094AX	5	7/1/2016	ARCARE	ARcare - 88	11219 Financial Centre Parkway, Suite 200	Little Rock	AR	72211	
+	BPS-H80-017442	CH06094AY	공	7/1/2016	ARCARE	ARcare-89	502 Richie Road	Cabot	AR	72023	
+	BPS-H80-018028	CH06094AZ	5	1/1/2017	ARCARE	ARcare-59	416 East Washington Avenue	Jonesboro	AR	72401	
+	BPS-H80-000604	CH06094B	ਲ	10/1/2006	ARCARE	ARcare - 30	405 Highway 11 N	Des Arc	AR	72040	3140
+	BPS-H80-019222	CH06094BA	ਲ	10/1/2017	ARCARE	KentuckyCare-63	211 South 8th Street	Mayfield	₹	42066	
+	BPS-H80-018701	CH06094BB	3	10/1/2017	ARCARE	ARcare-87	1127 Main Street	Vilonia	AR	72173	
+	BPS-H80-017129	CH06094F	ਲ	10/1/2006	ARCARE	ARcare - 40	705 Hwy 63 North	HAZEN	AR	72064	
+	BPS-H80-000353	CH06094G	ਲ	10/1/2006	ARCARE	ARcare - 17	821 EAST PARK ST. HWY.70	CARLISLE	AR	72024	7719
+	BPS-H80-008696	СН06094Н	5	10/1/2006	ARCARE	ARCARE 16	178 Highway 167	Bald Knob	AR	72010	4058
+	BPS-H80-001172	CH06094I	공	10/1/2006	ARCARE	ARcare - 90	300 EAST MAIN STREET	SWIFTON	AR	72471	
+	BPS-H80-012173	CH06094J	ᆼ	10/1/2006	ARCARE	ARcare - 25	5787 Highway 64	Parkin	AR	72373	9003
+	BPS-H80-013676	CH06094K	5	10/1/2006	ARCARE	ARcare - 60	601 JULIA AVE E	WYNNE	AR	72396	3506
+	BPS-H80-008966	CH06094L	5	1/1/2008	ARCARE	ARcare - 35	1175 Vine St	Batesville	AR	72501	3526
+	BPS-H80-000658	CH06094N	픙	1/1/2008	ARCARE	ARcare - 65	1009 Highway 18	Lake City	AR	72437	2296
+	BPS-H80-002571	CH06094Q	8	10/1/2006	ARCARE	ARcare-70	615 N MAIN ST	BRINKLEY	AR	72021	2507
+	BPS-H80-004927	CH06094T	공	1/1/2008	ARCARE	ARcare - 50	801 NORTH EDMONDS	MCCRORY	AR	72101	0807
+	BPS-H80-000198	CH06094V	ਲ	4/1/2006	ARCARE	ARcare - 80	606 W Wilbur Mills Ave	Kensett	AR	72082	9051
+	BPS-H80-014774	CH06094X	공	10/1/2006	ARCARE	ARcare - 45	2000 McLain St	Newport	AR	72112	2867
+	BPS-H80-010537	CH06094Y	£	4/1/2006	ARCARE	ARcare - 85	1511 Hwy 25B North	Heber Springs	AR	72543	
+	BPS-H80-019217	CH06094Z	ᆼ	7/1/2011	ARCARE	ARCARE - 93	105 North Jackson Street	Cabot	AR	72023	2656
H80CS00207 B	BPS-H80-008343	CHC11368-01	ᆼ	7/1/2009	ARCARE	ARcare - 18	227 Pine Bluff Highway	England	AR	72046	