



## 2008 CVS Caremark and BlueCross BlueShield of Tennessee Pharmacy Workshops

From CVS Caremark and BlueCross BlueShield of Tennessee:

September 2008

Dear BlueCross BlueShield of Tennessee Pharmacy Provider:

CVS Caremark and BlueCross BlueShield of Tennessee cordially invite you to attend our Pharmacy Workshop to be held in regional locations across Tennessee between September 29th and October 2nd, 2008. There is no charge to pharmacists or technicians for this informative program, which includes 2.0 hours of Continuing Education (1 hour of live ACPE accredited and 1 hour of non-APCE credit. The one-hour of Non-APCE credit will count for one hour of the non-live CE requirement in Tennessee).

It is our hope that this program will be attended by at least one pharmacist and/or one technician from each network pharmacy. The goal of this workshop is to provide you with important information on how to better serve your BlueCross BlueShield of Tennessee customers.

Topics will include:

- BlueCross BlueShield of Tennessee Benefit News Update
- Caremark Pharmacy Update
- Changing the Outcome of Diabetes with Insulin Use
- CE: "Pharmacy Audit and Fraud Cases" Audit Presentation

Below is a list of workshop dates and locations. Reservations are required for the program and should be submitted **no later than Friday, September 12th**. Please reserve attendance to the workshop of your choice by completing the form on the following page (also available at [www.tnpharm.org/Program\\_Meetings/2008BCBSTWorkshop.pdf](http://www.tnpharm.org/Program_Meetings/2008BCBSTWorkshop.pdf)) and faxing your registration to (262) 835-6861. Your reservation will be confirmed once you complete the registration. We ask that each attendee register separately.

**Due to limited seating, preference will be given to participating CVS Caremark and BlueCross BlueShield of Tennessee network pharmacists and technicians. Locations that do not receive enough responses may be cancelled, so please register early.**

### WORKSHOP SCHEDULE

Metro Area	Date	Time (all times local)	Location
Memphis	Monday, September 29	(Check In Starts at 5:30 pm) 6:00pm – 8:30pm Dinner	<b>Madison Hotel</b> 79 Madison Ave Memphis, TN 38103 (901) 333-1200
Nashville	Tuesday, September 30	(Check In Starts at 5:30 pm) 6:00pm – 8:30pm Dinner	<b>Sommet Center</b> 501 Broadway Nashville, TN 37203 (615) 770-2000
Johnson City	Wednesday, October 1	(Check In Starts at 5:30 pm) 6:00pm – 8:30pm Dinner	<b>Millennium Center</b> 2001 Millennium Place Johnson City, TN 37604 (423) 232-2006
Knoxville	Thursday, October 2	(Check In Starts at 5:30 pm) 6:00pm – 8:30pm Dinner	<b>Peerless Restaurant</b> 320 North Peters Road Knoxville, TN 37922 (865) 691-4699

Parking is free at all locations. Dress is business casual. If you have additional questions about the workshops, please call Alma Aviles at (262) 835-6754 or e-mail at [aaviles@meetings-incentives.com](mailto:aaviles@meetings-incentives.com) and provide your name, contact phone number and question. Alma Aviles can be reached during the hours of 8:00am-4:30pm Central Time, Monday-Friday.

Tennessee Pharmacists Association 615.256.3023 615.255.3528 Fax [tpa@tnpharm.org](mailto:tpa@tnpharm.org) [www.tnpharm.org](http://www.tnpharm.org)

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The continuing education portion of this program is sponsored by the University of Tennessee College of Pharmacy and is approved for one (1) live hour credit (0.1 CEU). University of Tennessee College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. A statement of continuing education hours will be mailed within four weeks of completion to those pharmacists who participate in and evaluate the program. **ACPE Program number: 064-000-08-067-L04-P&T**

**RSVP By Friday, September 12<sup>th</sup> 2008**

**CVS Caremark and BlueCross BlueShield of Tennessee  
Pharmacy Workshop Enrollment Form**

**FAX your registration to (262) 835-6861**

**ALL INFORMATION IS REQUIRED** (Please – Only One Participant Per Enrollment Form):

Participant Name: \_\_\_\_\_ Title: \_\_\_\_\_

NCPDP #: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check One:

- Pharmacist
- Technician
- Pharmacy Owner/Manager/Regional Manager
- BlueCross BlueShield Staff
- CVS Caremark Staff

√ **Desired**

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