

APPENDIX B –REQUIRED FORMS

- Exhibit 9 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions [45 C.F.R. Part 76])
- Exhibit 10 Financial Report Required Parameters
- Exhibit 11 Participating Pharmacies Audit by Contractor or Audit Subcontractor
- Exhibit 12 Participating Pharmacy Network Directory Parameters
- Exhibit 13 Protocol for Adding/Removing Pharmacies
- Exhibit 14 Process for Recoupment of Chargebacks
- Exhibit 15 Customer Service Call Center Team Scope of Each Staff Level and Call Escalation Matrix
- Exhibit 16 Customer Service Call Center Call Handling, Logging and Tracking Procedures

Proposer must complete and/or submit reports, sample files, or proposed procedures for the following Exhibits as part of Proposal to DMH. DMH will evaluate, negotiate, and approve submissions for incorporation into Contract Exhibit A (SOW and Attachments) before final Los Angeles County Board of Supervisor approval of Contract. Final processes shall be defined during Contract Implementation Phase no later than 30 calendar days prior to Contract Go-Live.

REQUIRED FORMS – EXHIBIT 9

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

1. This certification is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that Vendor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Vendor shall provide immediate written notice to the person to whom this proposal is submitted if at any time Vendor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. Vendor agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
5. Vendor further agrees by submitting this proposal that it will include the provision entitled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76),” as set forth in the text of the Master Agreement, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Vendor acknowledges that a participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. Vendor acknowledges that a participant may decide the method and frequency by which it determines the eligibility of its

principals. Vendor acknowledges that each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the required certification. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
9. Where Vendor and/or its subcontractor(s) is or are unable to certify to any of the statements in this Certification, Vendor shall attach a written explanation to its proposal in lieu of submitting this Certification. Vendor's written explanation shall describe the specific circumstances concerning the inability to certify. It further shall identify any owner, officer, partner, director, or other principal of the Vendor and/or subcontractor who is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. The written explanation shall provide that person's or those persons' job description(s) and function(s) as they relate to the contract which is being solicited by this solicitation.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Vendor hereby certifies that neither it nor any of its owners, officers, partners, directors, other principals or subcontractors is currently debarred, suspended proposed for debarment, declared ineligible or excluded from securing federally funded contracts by any federal department or agency.

REQUIRED FORMS – EXHIBIT 10

FINANCIAL REPORT REQUIRED PARAMETERS

Proposer must submit a sample financial report to substantiate that its current financial reporting system can produce the parameters identified below.

Client Information	Claim Information	Prescription Drug Information	Cost Information	PP Information	Prescriber Information
Last Name, First Name, Middle Initial, Date of Birth, Age, Age>=65 Indicator, Gender, Social Security Number, DMH Medical Record Number, Client's ID Number in Contractor's Database	Unique Claim Identifier, Service Date, Adjudication Date, Claim Type (e.g. Paid, Reversed, Rejected, Denied)	Prescription Number, Drug Label Name, Drug Brand/Generic Indicator, Drug Brand Name, Drug Generic Name, Drug Strength, 11-Digit National Drug Code (NDC), Drug Formulation, Dose/Sig/Direction For Use, Quantity Dispensed, Days' Supply, Number of Refills, Date Prescribed, Service/Fill/Dispensed Date, Service/Fill/Dispensed Month, Service/Fill/Dispensed Year, DAW Code, Therapeutic Drug Class, Therapeutic Drug Category, Controlled Substance Indicator, Controlled Substance Class, Multi-Source Indicator, Partial Fill Indicator, Package Size, Origin Code	Ingredient Cost Paid, Federal Upper Limit (FUL) Effective on DOS, FUL Effective on DOS Adjusted for Quantity Dispensed, FUL Effective Date, National Average Drug Acquisition Cost (NADAC) Effective on DOS, NADAC Effective on DOS Adjusted for Quantity Dispensed, NADAC Effective Date, Wholesale Acquisition Cost (WAC) Effective on DOS, WAC Effective on DOS Adjusted for Quantity Dispensed, WAC Effective Date, Usual & Customary Cost, Drug Price Effective on DOS per Proprietary Pricing Methodology, Drug Price Effective on DOS per Proprietary Pricing Methodology Adjusted for Quantity Dispensed, Drug Price per Proprietary Pricing Methodology Effective Date, Dispensing Fee, Professional Fee, Total Amount Paid to Participating Pharmacy, Out-of-Pocket Cost Charged to Client	Name, National Practitioner Identifier (NPI) number, NCPDP number, Street Address, City, State, Zip code, County, Phone number, Fax number, Surescripts Registered Indicator, Retail/Mail Order/Specialty Pharmacy Indicator	Last Name, First Name, Middle Initial, NPI number, NPI taxonomy and description, DEA registration number, Prescriber Location

REQUIRED FORMS – EXHIBIT 11
PARTICIPATING PHARMACIES AUDIT BY CONTRACTOR OR AUDIT
SUBCONTRACTOR

Proposer must establish and delineate procedures for all the audits conducted by Proposer of its Participating Pharmacies in the Participating Pharmacy Network (PPN), including the type of audit, purpose, process, and frequency. The procedures must at a minimum assess the criteria outlined in Section 5.3 of Exhibit A (SOW and Attachments) of Appendix A (Sample Contract).

DMH will evaluate, negotiate, and approve submission for incorporation into the Contract under corresponding Exhibit, before the final approval of the Contract by Los Angeles County Board of Supervisor. Final processes shall be defined during Contract Implementation Phase no later than 30 calendar days prior to Contract Go-Live.

REQUIRED FORMS – EXHIBIT 12
PARTICIPATING PHARMACY NETWORK (PPN) DIRECTORY PARAMETERS

Proposer must submit a sample PPN directory to substantiate that its current PPN directory complies with the National Council Prescription Drug Programs (NCPDP) data parameters identified below.

NCPDP Data Parameters:

1. Pharmacy name; and
2. NPI number; and
3. NCPDP ID number; and
4. Address; and
5. County; and
6. LA County Service Area Number; and
7. Phone number; and
8. Fax number; and
9. Days and hours of operation; and
10. 24-hour operation flag; and
11. Delivery capability flag; and
12. Mailing capability flag; and
13. Bubble-pack capability flag; and
14. Sublocade pharmacy flag; and
15. Clozapine pharmacy flag; and
16. Esketamine pharmacy flag; and
17. ADAP pharmacy flag; and
18. Language capabilities.

REQUIRED FORMS – EXHIBIT 13
PROTOCOL FOR ADDING/REMOVING PHARMACIES

Proposer must delineate and provide a protocol for adding and/or removing pharmacies from PPN, which must include the following:

1. Criteria for adding and/or removing pharmacies consistent with DMH program requirements as set forth in this Contract; and
2. Specific actions needed by DMH and Contractor to add or remove pharmacies; and
3. Timelines for each action.

DMH will evaluate, negotiate, and approve submission for incorporation into Contract under corresponding Exhibit, before final Los Angeles County Board of Supervisor approval of Contract. Final processes shall be defined during Contract Implementation Phase no later than 30 calendar days prior to Contract Go-Live.

REQUIRED FORMS – EXHIBIT 14
PROCESS FOR RECOUPMENT OF CHARGEBACKS

Proposer must delineate the process of chargeback amount determination and recovery that complies with the requirements outlined in Paragraph 3.2 of Attachment 3 (Financial Exhibit) of Exhibit A (SOW and Attachments).

DMH will evaluate, negotiate, and approve submission for incorporation into Contract under corresponding Exhibit, before final Los Angeles County Board of Supervisor approval of Contract. Final processes shall be defined during Contract Implementation Phase no later than 30 calendar days prior to Contract Go-Live.

REQUIRED FORMS – EXHIBIT 15
CUSTOMER SERVICE CALL CENTER TEAM SCOPE OF EACH STAFF LEVEL AND
CALL ESCALATION MATRIX

Proposer must create a Customer Service Call Center Team (CSCCT) Call Escalation Matrix. Proposer must outline procedures for the call escalation matrix and define the scope of each CSCCT staff level in the matrix. The proposed scope and matrix procedures must comply with the requirements outlined in Paragraph 4.1 of Exhibit A (SOW and Attachments).

DMH will evaluate, negotiate, and approve submission for incorporation into Contract under corresponding Exhibit, before final Los Angeles County Board of Supervisor approval of Contract. Final processes shall be defined during Contract Implementation Phase no later than 30 calendar days prior to Contract Go-Live.

REQUIRED FORMS – EXHIBIT 16
CUSTOMER SERVICE CALL CENTER CALL HANDLING, LOGGING AND
TRACKING PROCEDURES

Proposer must generate and delineate a Customer Service Call Center (CSCC) call handling, logging, and tracking procedures that comply with the requirements outlined below.

Proposer must include at minimum the following:

- Contractor shall require Contractor's CSCCT staff to document in Call Tracking Log the following:
 - Requestor's Name
 - Requestor's Title (if not client)
 - Requestor's Callback Number
 - Client's Name
 - Client's DOB
 - Client's ID Number in Contractor's system (if available)
 - Client's Social Security Number (if available)
 - Prescriber/Clinic contact information (if available)
 - the Inquiry
 - the Solution
- Information documented in the Call Tracking Log shall be readily accessible to all CSCCT members and DMH's Pharmacy Staff.
- Post- Go-Live modifications to CSCC call handling, logging and tracking procedures, if directed by DMH in writing, shall not require an Amendment of Contract with County.

DMH will evaluate, negotiate, and approve submission for incorporation into Contract under corresponding Exhibit, before final Los Angeles County Board of Supervisor approval of Contract. Final processes shall be defined during Contract Implementation Phase no later than 30 calendar days prior to Contract Go-Live.