

Exhibit I.T Offeror Attestations Form (Amended April 4, 2012)

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		
Entity's Legal Form:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into separate contracts with the Procuring Agencies.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest it has the capability to dispense all covered prescriptions, including Compound Drugs, through the mail service pharmacy process. The Offeror must attest that it either owns or has subcontracted, a currently operational facility(ies) with available capacity to fully administer the Programs' Mail Service Pharmacy Process. The Offeror must attest that it will be capable of processing all the Programs' mail order prescriptions as of the contract's implementation date on January 1, 2014. The Programs do not require the facility(ies) processing prescriptions under the mail service pharmacy process be within New York State. Any facility serving the Programs' mail service pharmacy process must be registered with the NYS Education Department and meet all the requirements of Section 6808 of the New York State Education Law. The Offeror must recognize the full prescribing authority of medical professionals granted by NYS where allowed by state law.
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest it has the capability to dispense Specialty Medications through one or more Designated Specialty Pharmacy(ies), for those Employee groups participating in the Specialty Pharmacy Program.

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4.	Section III.B.4	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it provides Point of Service prescription claims adjudication and pharmacy benefit management services for a minimum of five million (5,000,000) lives. The Offeror must provide a list of client organizations with the number of lives served through each client to clearly demonstrate that the Offeror meets the minimum requirement of five million (5,000,000) lives. In determining lives, the Offeror should:</p> <ol style="list-style-type: none"> Include both at-risk and fee-for-service business; Include Medicaid business; Count all lives [i.e., DCS: an Enrollee, a Dependent Spouse and two (2) eligible Dependent Children count as four (4) – NYSIY: Claimant (1)]; Exclude any non-Pharmacy benefit management business; Exclude any mail service only lives and any discount savings card lives; and Exclude any discount card program lives.
5.	Section III.B.5	<p><u>As of the Proposal Due Date</u>, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>its proposed retail pharmacy network for the Programs meets the following <u>minimum</u> Retail Pharmacy Network access guarantees:</p> <ol style="list-style-type: none"> Ninety percent (90%) of Enrollees in urban areas will have at least one (1) Network Pharmacy <u>within two (2) miles</u>; Ninety percent (90%) of Enrollees in suburban areas will have at least one (1) Network Pharmacy <u>within five (5) miles</u>; and Seventy percent (70%) of Enrollees in rural areas will have at least one (1) Network Pharmacy <u>within fifteen (15) miles</u>.
6.	Section III.B.6	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it understands and agrees to comply with all specific duties and responsibilities set forth in Section IV.B.3. of this RFP, entitled Implementation, including Section IV.B.3.b.(2) requiring the Offeror to propose a financial guarantee supporting its commitment to satisfy all implementation requirements.</p>
7.	Section III.B.7	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>It will maintain and make available as required by the Procuring Agencies a complete and accurate set of records related to the Agreements resulting from this RFP as required by Appendices A and B and the draft Agreements set forth in Section VII of this RFP. This includes, but is not limited to, pharmacy contracts, manufacturer's rebate agreements, detailed claim records, and any and all other financial records as deemed necessary by the Procuring Agencies to discharge their fiduciary responsibilities to the Programs' participants and to ensure that public dollars are spent appropriately.</p>

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8.	Section III.B.8	<p>At time of bid submission, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it will participate in the Business Model Assessment a responsibility determination that will include an assessment of the Offeror's financial protections and transparency required by this RFP and that it will produce such documentation as the Procuring Agencies in their sole discretion may require during that process. The Business Model Assessment responsibility determination will evaluate compliance with the following:</p> <ol style="list-style-type: none"> Alignment of the Offeror's business model with the financial interests of the Programs; Adequacy of the financial protections proposed by the Offeror to address any conflicts presented between the Offeror's business model and the best financial interests of the Programs; and Transparency of all business relationships relating to the Programs. This includes but is not limited to sufficient documentation of existing business relationships to allow the Procuring Agencies to verify the reasonableness of the Offeror's proposal.
9.	Section III.B.9	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it has submitted as part of its Proposal, if so required by the RFP, or will submit all Transmittal letters, Statements, Formal Certifications and Exhibits as required in Section II of this RFP related to the Offeror's compliance with all rules, laws, regulations and executive orders.</p>
10.	Section III.B.10	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it will execute the duties and responsibilities set forth in Section IV of this RFP in strict conformance to the requirements described in that section of the RFP.</p>
11.	Section III.B.11	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it has the ability to adjudicate all Point of Service claims under the Programs using the applicable copayments (DCS only) for brand and generic drugs as defined in Section IV of this RFP.</p>
12.	Section III.B.12	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it has current URAC accreditation in the area of Pharmacy Benefit Management.</p>

Date: _____

_____ Signature

[INSERT OFFEROR NAME]

[INSERT TITLE]
 [INSERT COMPANY NAME]

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF _____ }
 : **SS.:**
 COUNTY OF _____ }

On the ____ day of _____ in the year 2012, before me personally appeared: _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at _____, Town of _____, County of _____, State of _____; and further that:

[Check One]

(____ If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(____If a partnership): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public