

## Exhibit I.T Offeror Attestations Form

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 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 Program's Mail Service Pharmacy Process. The Offeror must attest that it will be capable of processing all the Programs' mail order prescriptions as of January 1, 2019. 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</p> <p><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"> <li>a. Include both at-risk and fee-for-service business;</li> <li>b. Include Medicaid business;</li> <li>c. Count all lives [i.e., DCS: an Enrollee, a Dependent Spouse and two (2) eligible Dependent Children count as four (4) – NYSIF: Claimant (1)];</li> <li>d. Exclude any non-Pharmacy benefit management business;</li> <li>e. Exclude any mail service only lives;</li> <li>f. Exclude any discount card program lives.</li> </ol>
5.	Section III.B.5	<p><u>No later than December 1, 2018, and throughout the term of the contract,</u> Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests</p> <p><input type="checkbox"/> does not attest</p> <p>it shall have one Retail Pharmacy Network which covers the three individual components (DCS Commercial, DCS EGWP and NYSIF). The Offeror's Retail Pharmacy Network must substantially maintain the composition of independent Network Pharmacies included in the Programs' current Retail Pharmacy Network. Substantially maintain the composition shall mean that an Offeror must include contracts with independent pharmacies accounting for seventy-five percent (75%) or more of the DCS Programs' prescription drugs dispensed through independent pharmacies, based on the information claims file for 2017 (Exhibit V.B). In addition, the Offeror warrants and attests that its Retail Pharmacy Network does not exclude chain pharmacies. The Offeror also warrants and attests that its proposed Retail Pharmacy Network meets the following <u>minimum</u> Retail Pharmacy Network access guarantees for each of the three individual component programs:</p> <ol style="list-style-type: none"> <li>a. Ninety percent (90%) of Enrollees in urban areas will have at least one (1) Network Pharmacy <u>within two (2) miles of an Enrollee's home</u>;</li> <li>b. Ninety percent (90%) of Enrollees in suburban areas will have at least one (1) Network Pharmacy <u>within five (5) miles of an Enrollee's home</u>; and</li> <li>c. Seventy percent (70%) of Enrollees in rural areas will have at least one (1) Network Pharmacy <u>within fifteen (15) miles of an Enrollee's home</u>.</li> </ol>
6.	Section III.B.6	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests</p> <p><input type="checkbox"/> does not attest</p> <p>it must understand and indicate its agreement to comply with all specific duties and responsibilities set forth in Section IV.B.3. of this RFP, entitled "Implementation Plan", including Section IV.B.3.b.(2) requiring the Offeror to propose a financial guarantee supporting its commitment to satisfy all implementation requirements.</p>

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7.	Section III.B.7	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests</p> <p><input type="checkbox"/> does not attest</p> <p>It agrees to 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>
8.	Section III.B.8	<p>At time of bid submission, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests</p> <p><input type="checkbox"/> does not attest</p> <p>It agrees to participate in a responsibility determination that will include an assessment of the Offeror's financial protections and transparency. This may require the Offeror, at the Procuring Agencies' sole discretion, to submit documentation in support of the responsibility determination. This part of the responsibility determination will evaluate compliance with, but not limited to, the following:</p> <ol style="list-style-type: none"> <li>a. Alignment of the Offeror's business model with the financial interests of the Programs;</li> <li>b. 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</li> <li>c. 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.</li> </ol>
9.	Section III.B.9	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests</p> <p><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</p> <p><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</p> <p><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>

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12.	Section III.B.12	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest it has current Utilization Review Accreditation Commission (URAC) accreditation in the area of Pharmacy Benefit Management.
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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 2018, 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**