



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
LABELER CERTIFICATION APPLICATION
FOR ACCESS TO THE
TENNESSEE ELECTRONIC DRUG REBATE
INVOICE RETRIEVAL SYSTEM**

The purpose of this application is for approval and certification of Labeler access to Tennessee Medicaid (TennCare) data relative to payment for covered outpatient drugs of a manufacturer, pursuant to 42 U.S.C. § 1396r-8. By making application to TennCare for access to said data, Labeler certifies that it has entered into and has in effect a rebate agreement with the Secretary, on behalf of the States. This application is ancillary to a Memorandum of Understanding between the Labeler and TennCare.

LABELER:

LABELER NUMBER: _____

Entity Name: _____

Entity Address: _____

City, State, Zip: _____

Phone/Fax: _____

LABELER acknowledges and agrees to the following:

1. This application is made by the Labeler in furtherance of Labeler's rebate agreement under federal law;
2. TennCare may allow Labeler to access quarterly drug rebate invoices and claim level details through an electronic drug rebate invoice retrieval system made available on a secure website;
3. Certification must be executed for each Labeler Number that the Labeler represents prior to invoice retrieval for that Labeler;
4. All invoices for Labeler Numbers not certified shall not be processed electronically;
5. That all services for which invoicing is provided shall be in accordance with all federal and state laws;
6. That any false claims, statements or documents, or concealments of a material fact may be subject to prosecution under federal and state law;

7. That all retrievals shall be performed by authorized personnel so as to preclude erroneous transactions, regardless of the reason for such erroneous transactions;
8. Notice regarding invoices or other activity shall be made from the email address below;
9. That indentifying and sensitive data is protected by federal and state law and shall not be redisclosed without express permission from TennCare;
10. That Labeler's access shall be immediately terminated should TennCare suspect unauthorized access to the electronic drug rebate invoice retrieval system by Labeler; and,
11. All other terms and conditions of participation in the Federal and Tennessee State specific Drug Rebate Programs remain in effect and unchanged by this certification.

TENNCARE:

TENNCARE acknowledges and agrees to the following:

1. TennCare shall make available information on the total number of units of each dosage form and strength and package size of each covered outpatient drug dispensed for which payment was made;
2. Upon approval by TennCare, a Labeler may view and/or retrieve its drug rebate invoices electronically;
3. Automatic electronic drug rebate invoice retrieval may be available through the Process ID request;
4. Claims level detail shall be retained for up to twelve (12) quarters; and,
5. Invoices shall be retained for up to four (4) quarters.

Applications shall be returned to:

**HP Enterprise Services
Tennessee Drug Rebate
Bristol Building
University Office Plaza
248 Chapman Road Suite 100
Newark, DE 19702**

For assistance with this application process, please send an email to moveitdocumenttransfer@hp.com

FOR INTERNAL USE ONLY:

Labeler Number: _____
Trading Partner ID: _____
Approver's Name: _____
Approved Date: _____
Date approval letter and User
IDs sent to labeler: _____

USER IDs:

Entity Process ID issued _____
OR
Individual ID #1 **AND** _____
Individual ID #2 _____
PIN #: _____

ATTACHMENT A

Labelers may request either i) one (1) Entity Process ID# AND one (1) Individual ID#, or ii) Two (2) Individual ID#s. Please list two (2) individuals for each labeler number. This will ensure that if the primary contact is out of the office the secondary contact would receive notification and be able to access the data.

The following individuals of the Labeler request access to the electronic drug rebate invoice retrieval system:

ENTITY PROCESS ID OR INDIVIDUAL USER ID request (please print):

Entity/Individual Name: _____

Telephone/Fax Number: _____

Email Address: _____

(this will be your Entity/Individual User ID)

Date: _____

Signature: _____

Print Name: _____ Title: _____

By affixing my signature above, I accept responsibility individually and on behalf of the Entity Labeler, if signing on behalf of the Entity in my official capacity, for the retrieval of invoices/claim level detail, and understand that a confidential user identification number will be assigned for my use only. I understand that the sharing of or failure to maintain the confidentiality of my identification number, password, and retrieved data may lead to civil and/or criminal prosecution.

INDIVIDUAL USER ID request (please print):

Entity/Individual Name: _____

Telephone/Fax Number: _____

Email Address: _____

(this will be your Entity/Individual User ID)

Date: _____

Signature: _____

Print Name: _____ Title: _____

By affixing my signature above, I accept responsibility individually for the retrieval of invoices/claim level detail, and understand that a confidential user identification number will be assigned for my use only. I understand that the sharing of or failure to maintain the confidentiality of my identification number, password, and retrieved data may lead to civil and/or criminal prosecution.
