

Thank you for your interest in becoming a McKesson 340B covered entity /contracted pharmacy.

Please use the following checklist to guide you through the process.

If you do not have access to McKesson *Connect*, our online ordering tool, you, the Covered Entity, must complete the McKesson *Connect* 340B Contract Pharmacy Load Form, filling in the yellow highlighted fields. If you already have access to McKesson *Connect* and have a user ID, please provide that information.

Please complete all forms and requirements. Return them with the checklist to McKesson via your third party vendor. Once all documentation is received in its' entirety by McKesson, we will begin processing.

When your McKesson *Connect* access is ready, you will receive a follow-up email with your user ID and password from our eCommerce Technical Support team along with training support information about how to use the system and pay invoices.

Sincerely,

Your McKesson 340B Team



## McKesson 340B Covered Entity/Contracted Pharmacy – Form Checklist for Existing Customer

Please note requirements for both the Covered Entity and Contracted Pharmacy, both components are required for this type of account set-up.

This sheet must be completed and submitted back to McKesson via the 3<sup>rd</sup> party vendor with the packet.

If you are NOT using a 340B Software Vendor please submit back to your Field Account Manager.

SD01-P V.07-17

County of Ventura	CVS Pharmacy	CH098480	Wellpartner, LLC
Covered Entity (Legal Business Name/Sold To)	Contract Pharmacy (DBA or Business Trade Name)	340B ID# (Mandatory)	340B Software Solutions Vendor(s)
Covered Entity DEA _____			
<b>Covered Entity Forms and Requirements</b>  Please list the current McKesson Pharma Customer Account Number, preferably their 340B account. _____  <input type="checkbox"/> 1. To initiate access to McKesson Connect, link to this <a href="#">form</a> , complete, and email this form back with the packet to your designated contact. <b>Please note that this access request is only for the designated members of the covered entity.</b> a. To complete form, click on second worksheet tab titled "users". b. Enter the user name and user email in the yellow highlighted sections. c. <b>USER ID</b> must be populated if the user has an existing ID with McKesson or the set up will not be completed properly. d. This is the system/tool that you will look up your invoices for these accounts.  <input type="checkbox"/> 2. The OPA Website has been updated and is accurate (attach HRSA screenshot) "Bill to" is the 340B covered entity's information per the OPA website and the "ship to" information is specific to the contract pharmacy.  <input type="checkbox"/> 3. Covered Entity Authorization/Pricing Consent Form. If there is affiliation with two 340B Software Vendors due to Gateway processing you must list both.  <input type="checkbox"/> 4. State Tax Certification- requested current copy for all nonprofit entities with every set up request and based on shipping location. If State Tax Certification is not provided at account set up, Covered Entity will be subject to applicable state taxes.  <input type="checkbox"/> 5. Invoice Type Selection Document  <input type="checkbox"/> 6. McKesson Plasma & Biologics Account Questionnaire/Set Up Document: This is required in order to purchase MPB items on a MPB correlating account. This correlating account will be established after the new Pharma account is fully set up. <b>If you decline this option please sign here:</b> I DO NOT want a correlating MPB account for the accounts being requested in this application: _____ Date _____			
<b>Contract Pharmacy Forms and Requirements</b>  <input type="checkbox"/> Current McKesson distribution retail customer? <input type="checkbox"/> Yes <input type="checkbox"/> No Account# _____ (Spreadsheet can be provided with ship-to account numbers by ship to location BUT the ship to detail must also be listed as required within the body of the application.)  <input type="checkbox"/> If Non-McKesson distribution retail contract pharmacy customer please include:  <input type="checkbox"/> Pharmacy's DEA License <input type="checkbox"/> Pharmacy's State Pharmacy License <input type="checkbox"/> Resale Certificate <input type="checkbox"/> CS License (when applicable)  Completed by _____ Date _____  <b>This information is to be completed in its' entirety before submission to McKesson without exception. Any omission of information could cause indefinite delays in the implementation process.</b>			

### Information regarding the account set up process:

- **A wet signature is required on the application. Stamped or electronic signatures will not be accepted.**
- **Who fills out this form?** This form is intended for the Covered Entity to fill out and submit.
- **Who is the form submitted to upon completion?** If the covered entity is working with a 3<sup>rd</sup> party software vendor the application must be submitted to that software vendor. If the covered entity is NOT working with a 3<sup>rd</sup> party software vendor the application must be submitted back to the applicable field account manager.
- **How do we know when the account set up is finalized?** The McKesson PHS/340B Team provides weekly updates to our 3<sup>rd</sup> party software vendors and they will update the applicant accordingly. If you are not with a 340B software vendor please contact your field account manager.
- **How long does it take?** This varies based on the information provided on the application, credit review and applications currently in-queue. It is of upmost importance to provide all necessary information on the above checklist as well as an application that is fully completed.
- **Can I make changes to the wording on the application?** No, it is not meant to be updated, altered or changed. We cannot accept an application that has strikethroughs or additional language added.
- **ACH is a required payment method**



McKesson Corporation and its affiliated companies (collectively referred to as "McKesson")

## ACCOUNT SET UP FORM

(Please print in block letters)

CD02-P V.10-18

Request Type: ☐ Additional Account ☐ Change of Account Name ☐ Change of Ownership (Please complete a Customer Application) ☐ Change of Address ☒ 340BType of Business: ☐ Acute ☐ Primary Care ☐ Specialty ☐ Home Health ☐ Extended ☐ Long Term ☐ Pharmacy ☐ Closed Door ☐ Mail Order ☐ Supplier ☐ Other \_\_\_\_\_

County of Ventura

## Legal Company Name

800 S Victoria Ave.

Legal Address (Main Office)

Website Address

Ventura

City

Federal Tax ID / EIN

CA

93009

State

Zip

Contact Name we may call for questions regarding this application

800 S. Victoria Ave.; L4610

Billing / Statement Address (if different than Main Office)

Title

Ventura

City

Phone

CA

93009

State

Zip

Accounts Payable Contact Person

Accounts Payable Telephone

Accounts Payable Fax

Accounts Payable Email

## Shipping Information:

GARFIELD BEACH CVS, L.L.C. DBA: CVS/PHARMACY # 09631

\$ 5000

\$

DBA or Business Trade Name of Account

Estimated Monthly Purchases

Initial Order

Number of Employees

2825 COCHRAN ST.

SIMI VALLEY

CA

93065

Ship to Address

City

State

Zip

Christian Reid

(401) 770-2118

Christian.Reid@CVSHealth.com

Ship to Contact Person

Ship to Telephone

Ship to Fax

Ship to Email

## Shipping Information:

GARFIELD BEACH CVS, L.L.C. DBA CVS/PHARMACY #11305

\$ 5000

\$

DBA or Business Trade Name of Account

Estimated Monthly Purchases

Initial Order

Number of Employees

328 CENTRAL AVE

FILLMORE

CA

93015

Ship to Address

City

State

Zip

Christian Reid

(401) 770-2118

Christian.Reid@CVSHealth.com

Ship to Contact Person

Ship to Telephone

Ship to Fax

Ship to Email

## Shipping Information:

GARFIELD BEACH CVS, L.L.C. DBA: CVS/PHARMACY # 09790

\$ 5000

\$

DBA or Business Trade Name of Account

Estimated Monthly Purchases

Initial Order

Number of Employees

4440 ALAMO STREET

SIMI VALLEY

CA

93063

Ship to Address

City

State

Zip

Christian Reid

(401) 770-2118

Christian.Reid@CVSHealth.com

Ship to Contact Person

Ship to Telephone

Ship to Fax

Ship to Email

## Shipping Information:

DBA or Business Trade Name of Account

\$

Estimated Monthly Purchases

Initial Order

Number of Employees

Ship to Address

City

State

Zip

Ship to Contact Person

Ship to Telephone

Ship to Fax

Ship to Email

## Additional Information Required (If applicable, please attach these documents to this application):

☐ Copy of Resale/Tax Exemption Certificate☐ Copy of DEA Registration, State Pharmacy License, or Medical License

DEA#

HIN#

Medical License # &amp; State

## This section applies to all accounts with MCKESSON CORPORATION and its affiliated companies ("McKesson")

Customer agrees to abide by (I) standard terms of sale provided or made available by McKesson and/or shown on McKesson's invoices or statements and (II) any written agreement or terms of sale with McKesson governing Customer's account. Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed to a third-party agent on behalf of Customer). Any payment made after the net due date shall result in the loss of any prompt cash payment discount specified on the related invoice or statement and Customer shall pay the gross amount plus any applicable service charges. Without limiting McKesson's other legal rights, McKesson may exercise a right of set-off against amounts due Customer from McKesson Corporation or any of its affiliates. McKesson reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders to Customer if McKesson concludes that (I) there has been a material adverse change in the Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet McKesson's credit requirements.

Customer represents that it is entitled to discounted prices from manufacturers as it has notified McKesson ("Contract Prices"). In consideration of McKesson allowing Customer to purchase products at Contract Prices, Customer represents that McKesson will be paid by the appropriate manufacturer the difference between McKesson's acquisition price and the Contract Price ("Chargeback") and Customer will be liable to McKesson for any unpaid Chargeback if any manufacturer (I) denies a Chargeback for any reason, (II) makes an assignment for the benefit of creditors, files a petition in bankruptcy, is adjudicated insolvent or bankrupt, or if a receiver or trustee is appointed with respect to a substantial part of its property or a proceeding is begun which will substantially impair its ability to pay Chargebacks or (III) fails to pay McKesson Chargebacks for any reason other than McKesson's gross negligence.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating due to race, color, religion, national origin, sex, marital status, age; or because all or part of the Customer's income is from any public assistance program; or the Customer, in good faith, exercises any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with this law. Customer represents and warrants that Customer has read and understands this form and has reviewed the information provided in its entirety, including responses completed for Customer by a McKesson representative, and that all information is complete and correct. Customer agrees that McKesson will be relying on such information and will notify McKesson of any material changes to such information.

Customer agrees to provide McKesson with financial statements upon request. Customer authorizes McKesson, its employees, representatives, and agents to (I) investigate information provided and Customer's credit, financial and banking records, (II) obtain Customer's credit bureau report and (III) share with its affiliates experiential and transactional information regarding Customer and Customer's account. McKesson is authorized to retain information obtained as part of the application process whether or not the requested account and/or credit is granted. Customer agrees to pay all reasonable attorney fees and expenses or cost incurred by McKesson in enforcing its rights to collect amounts due from Customer. This form and any account opened in favor of Customer are subject to credit approval by McKesson.

Authorized Signature

Print Name

Title

Date

(By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)



## Price File and/or EDI Transmission Authorization

SD02-P V.10-15

### Covered Entity Authorization

County of Ventura

("Covered Entity")

Wellpartner, LLC

("Recipient")

Name of Facility

CH098480

Recipient of 340B Price Files (list all if there is more than one)

340B ID of Covered Entity

Covered Entity hereby directs McKesson Corporation ("McKesson") to deliver the following pricing to Recipient: **(Check one or both)** ☒ Your 340B Pricing ☐ GPO Pricing ☐ WAC Account (If existing accounts please list below.)

**OR**

**Contract/Retail Pharmacy Authorization- Please see disclaimer information below marked by \*\***

("Contract Pharmacy")

("Recipient")

Contract/Retail Pharmacy hereby directs McKesson Corporation ("McKesson") to deliver the following pricing to Recipient:

**(Check only option box)** ☐ Your Retail Pharmacy Pricing

This authorization shall continue until Covered Entity and/or Contract/Retail Pharmacy is no longer a pharmaceutical distribution customer of McKesson or Covered Entity revokes this authorization in writing, whichever occurs first. Further, Covered Entity or Contract/Retail Pharmacy (as applicable) hereby agrees to defend, indemnify and hold harmless McKesson from any and all liability arising out of or due to McKesson's delivery of pricing information to Recipient as directed by this authorization.

If "340B Pricing" is selected, Recipient shall be provided the 340B Pricing for the limited purpose of permitting Recipient to provide certain 340B software services for the sole benefit of Covered Entity. Further, prior to McKesson's disclosure of 340B Pricing, Covered Entity shall have first obtained Recipient's written agreement to keep such 340B Pricing confidential. Covered Entity shall be and remain responsible for any breach by Recipient of such confidentiality obligation.

If "GPO Pricing" is selected, Covered Entity agrees to deliver to McKesson, prior to McKesson's disclosure of GPO Pricing to Recipient, written confirmation from Covered Entity's GPO(s) upon request based on the GPO agreement, that McKesson is authorized to release the GPO Pricing pursuant to this authorization.

**\*\*Contract/Retail Pharmacy's can only authorize their price files to submitted to the "Recipient", McKesson cannot receive authorization from a Contract/Retail Pharmacy to release any other entities price files/information to "Recipient". Account information and EDI Transactions must be listed below, exact account number must be reflected or authorization will not be granted. Recipient will not use price files outside the scope of its 340B relationship with the 340B covered entity and further agrees not to disclose to any other 3<sup>rd</sup> party.**

Please return this authorization directly to Recipient.

Duly executed on behalf of Covered Entity or Contract Pharmacy as of the date written below:

Signature

Name

Title

Date

**Instructions to Recipient : Return the original, fully executed form to McKesson as follows:**

McKesson Pharmaceutical  
6555 North State Highway 161  
Irving, TX 75039  
Attn: MHS National Accounts 340B

Acct Name	Acct Number	PHS, GPO, WAC OR Contract/Retail Pharmacy Account number.	EDI Transactions Authorized

**McKesson 340B/PHS Invoice Type**  
**Selection Document**

Invoice Information: There are multiple ways that you can receive your invoice: McKesson Connect, Fax or Email. McKesson Connect will be set up for **all 340B** accounts via the form submitted in step 1 of this document. If you also would like to receive your invoice via fax or email please provide this information in the Invoice Request Form attached.

Covered Entity Name: County of Ventura

In addition to the ability to download these invoices from McKesson Connect we also prefer to receive our invoices via:

- ☐ Fax  
☐ Email

Please fill out applicable information below based on your selection above.

- Existing 340B Accounts please list all information.
- New 340B Accounts that are being set up with this application please fill out only the Email Address or Fax number in one line. Once the accounts are set up McKesson will populate the rest and submit to our internal team to set up either the fax or the email option you have selected. Please only select and populate the fax or the email address.

Date	Account Number	Account Name	Email Address	Fax Number (10 digits)

\*\*\*\*This is for 340B/PHS accounts ONLY\*\*\*\*

## McKesson Plasma & Biologics New Account Information

One advantage of opening an account with McKesson is gaining access to our McKesson Plasma and Biologics product portfolio. To ensure that your new McKesson account includes McKesson Plasma and Biologics catalog access and order functionality, please fill out the information below. A Plasma Account Representative will contact you after full set up of your new Pharma PHS/340B accounts to update you on the status of your account as well as provide a brief McKesson Plasma and Biologics overview.

For further questions POST SET-UP, contact us directly at 1-877-625-2566, option 1. Please do not contact prior to the Pharma PHS/340B accounts being set up, this will cause possible delays in the set up process.

Name of Account: \_\_\_\_\_ Acct #: \_\_\_\_\_

If this is a part of a new account set up application, your McKesson team will populate this information.

### Contact Info (Covered Entity Director of Pharmacy/Pharmacy Buyer)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Invoice Delivery Method (must complete at least one)

Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

EDI (list 3<sup>rd</sup> Party Vendor): \_\_\_\_\_

Connect Access (User ID or email): \_\_\_\_\_

340B Splitting Software/Third Party Vendor. If applicable, name of company: \_\_\_\_\_

Please note that some McKesson Plasma and Biologics items have distribution restrictions set by the manufacturers.

\*\*\***For Internal Use Only**\*\*\*

**If multiple accounts are being set up please list all accounts below for submission to our MPB Team.  
Insert acct numbers and names below via SAP extract.**