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Texas

Comptroller of Public Accounts
Glenn Hegar



(<http://www.txsmartbuy.com>)

Contracts

SPD Applications

Help (/help/)

0 items

Contract Details: # 269-C1

Number	269-C1
Description	Biological Vaccines
Category	Managed
Type	Term
Start Date	6/8/2018
End Date	6/8/2019
Purchase Category Code (Agencies Only)	PCC A
Purchase Orders	Before placing an order for the first time, an MMCAP application must be submitted (please reference Contractors section below). Once approved, customers will order vaccines directly from each manufacturer.
NIGP Code(s)	269-36 269-80
CPA Contract Management	<p>Questions regarding contract management issues, price changes, amendments or other post-award concerns should be directed to:</p> <p>SPD Contract Management Office (SCMO) Texas Comptroller of Public Accounts (CPA) Phone: (512) 463-3034 option 3 Email: MMCAP.Texas@cpa.texas.gov (mailto:MMCAP.Texas@cpa.texas.gov)</p>

Contractors

The Statewide Procurement Division (SPD) is a part of the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP). All vaccines and biologicals previously on contract 269-M1 are now available through the MMCAP contract. **MMCAP membership is required.**

MMCAP membership requires an initial MMCAP application and subsequent paperwork for two vendors (Sanofi Pasteur and GlaxoSmithKline).

MMCAP Application Procedures:

1. Following the instructions attached, complete the **MMCAP Application** ([http://www.txsmartbuy.com/SSP Applications/NetSuite Inc. - Shopping/Custom ShopFlow/Documents/Contract Attachments/1 -269-C1-MMCAP Application+Instructions_6-2018.pdf](http://www.txsmartbuy.com/SSP%20Applications/NetSuite%20Inc.%20-%20Shopping/Custom%20ShopFlow/Documents/Contract%20Attachments/1%20-269-C1-MMCAP%20Application+Instructions_6-2018.pdf)).
2. Email the completed MMCAP application
 - To: MMCAP.Texas@cpa.texas.gov (mailto:MMCAP.Texas@cpa.texas.gov)
 - Cc: william.schneider@state.mn.us (mailto:william.schneider@state.mn.us)
 - Subject: MMCAP Application – (your organization name)
 - Please allow 8 working days for approval after completion.
3. Receive a Welcome Letter from MMCAP Membership Services
 - Further instructions will accompany the Welcome letter, including links to the Declaration (Dec) forms and Merck Sharp & Dohme Corp (Merck) Customer Service number to set up an account.
4. Complete and send the two required Dec forms back to the contractors, one for Sanofi Pasteur and one for GlaxoSmithKline (GSK). Please Cc: MMCAP.membership@state.mn.us (mailto:MMCAP.membership@state.mn.us). These forms must be submitted prior to receiving MMCAP pricing from GSK and Sanofi Pasteur.
5. Set up a direct order account with Merck (if needed) by calling their Customer Service and referencing MMCAP membership.
6. Contact each manufacturer directly to place orders and reference MMCAP membership.

Frequently Asked Questions ([http://www.txsmartbuy.com/SSP Applications/NetSuite Inc. - Shopping/Custom ShopFlow/Documents/Contract Attachments/269-C1 - FAQs_6-2018.pdf](http://www.txsmartbuy.com/SSP%20Applications/NetSuite%20Inc.%20-%20Shopping/Custom%20ShopFlow/Documents/Contract%20Attachments/269-C1-FAQs_6-2018.pdf))

Manufacturers available through MMCAP:

- GlaxoSmithKline
- Merck Sharpe & Dohme Corp.
- PaxVax
- Sanofi Pasteur

***SPECIAL NOTE:** While discount pricing for vaccines will be available to all state agencies and Texas SmartBuy Members, some individual members cannot access Merck vaccine discounts.

Per Merck's MMCAP contract policy:

"Notwithstanding the foregoing, in accordance with Vendor's policy, only those facilities wholly owned by the government, i.e., state, city, county, township, etc. will be eligible to participate under this contract. Other entities, such as quasi-political agencies, not-for-profit agencies and non-governmental, private or parochial schools are excluded from contract eligibility. In the event there are changes in the operation of and/or ownership of any of MMCAP Participating Facilities, MMCAP shall advise Vendor immediately."

This contract does not affect influenza vaccine or preorders already booked under 269-M2.



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- Contact Us (<http://comptroller.texas.gov/about/contact/>)

POLICIES

- Privacy and Security Policy (<https://comptroller.texas.gov/about/policies/privacy.php>)
- Accessibility Policy (<https://comptroller.texas.gov/about/policies/accessibility.php>)
- Link Policy (<https://comptroller.texas.gov/about/policies/links.php>)
- Texas.gov (<http://texas.gov>)
- Search from the Texas State Library (<https://www.tsl.texas.gov/trail/index.html>)
- Texas Homeland Security (<http://www.dhs.gov/geography/texas>)
- Texas Veterans Portal (<https://veterans.portal.texas.gov/>)
- Public Information Act (<https://comptroller.texas.gov/about/policies/public-information-act.php>)
- Texas Secretary of State (<http://www.sos.state.tx.us/>)
- HB855 Browser Statement

OTHER STATE SITES

- texas.gov (<https://www.texas.gov/>)
- Texas Records and Information Locator (TRAIL) (<http://www.tsl.state.tx.us/trail/>)
- State Link Policy (<http://publishingext.dir.texas.gov/portal/internal/resources/DocumentLibrary/State%20Website%20Linking%20and%20Privacy%20Policy.pdf>)
- Texas Veterans Portal (<http://veterans.portal.texas.gov/>)

MMCAP Frequently Asked Questions

What is MMCAP?

The Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) is a free, voluntary group purchasing organization (GPO) for government entities. Run by the State of Minnesota's Department of Administration, MMCAP offers contracts for healthcare products and services. The State of Texas's MMCAP Membership through the Statewide Procurement Division gives us access to competitively bid vaccines and biological products under MMCAP terms and conditions.

If my organization is not a Texas State Agency, are we eligible for MMCAP Membership?

Organizations eligible to purchase from the Texas Statewide Procurement Division (SPD) contracts can become MMCAP members under SPD's umbrella. This includes active members of our Texas SmartBuy Program, formerly the State of Texas Cooperative Purchasing Program.

Why switch to MMCAP as opposed to re-soliciting Contract 269-M1 (Vaccines, Biologicals)?

MMCAP provides vaccines from contract 269-M1's manufacturers at equivalent, or increased, discount pricing. In addition, MMCAP membership allows Texas Customers to purchase discounted Merck* vaccines, and under some scenarios, Dynavax* products.

*NOTE: While discount pricing for vaccines will be available to all agencies and Texas SmartBuy Members, some individual members cannot access Merck and Dynavax vaccines at discount. This is per each company's individual policy. Per Merck's MMCAP contract policy:

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Will joining MMCAP affect our discounts on vaccines & biologicals?

See question "Why switch to MMCAP..." above.

What does my organization need to do?

Texas state agencies and Texas SmartBuy Members need to become MMCAP Members. To join, you will submit an initial MMCAP application and subsequent paperwork for two vendors.

1. Complete the MMCAP application using the instructions provided.
Application questions? Contact MMCAP at 651-201-2420 or MMCAP.membership@state.mn.us
2. Email completed application

To: MMCAP.Texas@cpa.texas.gov

Cc: MMCAP.membership@state.mn.us; william.schneider@state.mn.us

Subject: MMCAP Application – <Your Organization Name>

Please allow 8 working days for approval after completion.

3. Receive a Welcome Letter from MMCAP Membership Services
Further instructions will accompany this letter, including links to the Declaration (Dec) forms and Merck Customer Service number to set up an account.
4. Complete two Dec forms, one for **Sanofi Pasteur** and one for **GlaxoSmithKline (GSK)**. These two companies require these forms for you to receive MMCAP discount pricing.
5. Set up a direct order account with **Merck** (if needed) by calling their Customer Service, *referencing MMCAP membership.*
6. Contact each manufacturer directly to place orders and reference MMCAP membership.

If our organization has multiple delivery points, can we submit one MMCAP application?

SPD recommends that each county/city completes its own application. For other types of Texas SmartBuy Members, SPD recommends a separate application for each shipping address. For entities with one billing address and multiple “ship to” locations, a single MMCAP application can be done. Please contact MMCAP directly for more information.

What if I have additional questions about the MMCAP application?

SPD has prefilled specific sections of the MMCAP application and has provided instructions. For additional application questions, please contact the MMCAP membership line 651-201-2420 or MMCAP.membership@state.mn.us

How does my organization order vaccines?

There are two ways to use MMCAP:

Option 1: Direct-To-Manufacturer Procurements*

Customers order vaccines directly from each manufacturer. This is similar to the way Texas Customers used contract 269-M1 for Vaccines & Biologicals.

Option 2: Procurements through an MMCAP Wholesaler

Customers order all vaccines from an MMCAP wholesaler. For the State of Texas, MMCAP recommends using Cardinal Health. While this method offers customers a slight cost advantage, the process is more complex.

******SPD Recommendation*** - The Statewide Procurement Division recommends the first option. The Direct-To-Manufacturer's route will ensure continuity of product during the transition from Statewide Contract 269-M1. Larger customers may wish to explore the wholesaler rate after the MMCAP implementation.***

Upon MMCAP Membership approval, you will receive a Welcome Letter with instructions to order directly from the manufacturers.

What if I miss the deadline for MMCAP applications?

Please complete the form as soon as possible and forward it to SPD. Transfers to MMCAP pricing can take up to the following timeframes once you receive the MMCAP Welcome Letter:

GSK – Up to 37 days (updated monthly)

Sanofi – 7 days

PaxVax – 7 days

Please plan accordingly.

When I become an MMCAP Member, will I get new direct account numbers for GSK, Sanofi Pasteur and PaxVax?

No, each entity will keep using current direct account numbers for GlaxoSmithKline, Sanofi Pasteur and PaxVax. Upon placing an initial order, inform the manufacturer of MMCAP membership.

How do I make sure I'm getting MMCAP discount pricing?

Two vendors, Sanofi Pasteur and GlaxoSmithKline require MMCAP Members to submit a Dec Form. This ensures that members will receive MMCAP pricing. In addition, SPD recommends customers call each manufacturer's customer service department prior to its first purchase order and inform them of MMCAP membership. See manufacturer phone numbers below:

GSK Customer Service: 866-475-8222

Sanofi Pasteur Customer Service: 800-822-2463

PaxVax Customers Service: 800-533-5899 x 5806

Merck Customer Service: 877-829-6372

Grifols Customer Service: 888-474-3657

What if I have a problem with a vendor?

Contact CPA's Statewide Procurement Division representatives or MMCAP representative:

Bradley Payne, SPD Contract Management Team Lead

Kristen Kocurek, SPD Contract Management

MMCAP.Texas@cpa.texas.gov

William Schneider, MMCAP Senior Account Executive, Southern Region

William.Schneider@state.mn.us, www.mmcap.org, 651-201-2420

Will becoming an MMCAP Member affect my influenza order under Texas Statewide Contract 269-M2?

No, any pre-orders that have been submitted under 269-M2 (Influenza Vaccines) for this upcoming influenza season still stand. They will not be affected by the MMCAP transfer.

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William Schneider, MMCAP Senior Account Executive, Southern Region

William.Schneider@state.mn.us, www.mmcap.org, 651-201-2420

Will becoming an MMCAP Member affect my influenza order under Texas Statewide Contract 269-M2?

No, any pre-orders that have been submitted under 269-M2 (Influenza Vaccines) for this upcoming influenza season still stand. They will not be affected by the MMCAP transfer.

10. Facility's State Pharmacy License Number, if applicable: _____

11. Indicate which MMCAP programs the facility intends to use? (Check all that apply)

- X Pharmacy Program**
 - Pharmaceutical Wholesaler Services (AmerisourceBergen, Cardinal Health, or Morris & Dickson)
 - Products
 - Prescription Drugs (other than vaccines)
 - X Vaccines (other than influenza) + Immune Globulins**
 - Over-the-counter
 - Nutritionals
 - Diabetic Supplies (meters/strips/syringes)
 - Containers and Vials
 - Contract Price Auditing
 - Returned Goods Processing
 - Pharmaceutical Repackaging
- Influenza Vaccine Program**
- Prescription Filling/Pharmacy Service Program**
- Student Health Oral Contraceptives Program**
- Emergency Preparedness/Stockpiling Program**
- Healthcare Products and Services Program**
 - Medical Supplies & Distribution Services
 - Dental Supplies & Distribution Services
 - Drug Testing Kits and Services
 - Laboratory Supplies
 - Condoms

12. Is the facility 340B (PHS)* Eligible?

*The Federal 340B Drug Pricing Program provides significant pharmaceutical discounts to facilities receiving certain types of federal government funding.

- Yes
- No
- Unsure

13. Within the past year, has this facility been affiliated with a pharmaceutical group purchasing organization (GPO) other than MMCAP? (Please check one.)

- No
- Yes, but the facility is switching to MMCAP. Attach a signed letter on the facility's letterhead stating that it wishes to discontinue your association with its current pharmaceutical GPO and use MMCAP instead.**
- Yes and the facility will remain with its current GPO.

Current pharmaceutical GPO Name: _____

Products the facility currently purchases: _____

14. Which best describes this facility? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Juvenile Detention |
| <input type="checkbox"/> Adult Daycare | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Ambulatory Care Pharmacy | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Mail Order Pharmacy |
| <input type="checkbox"/> Clinic (if checked, then check all that apply) | <input type="checkbox"/> Mental Health (if checked, then check all that apply) |
| <input type="checkbox"/> city | <input type="checkbox"/> ICFMR (<i>intermediate care facility for mentally retarded</i>) |
| <input type="checkbox"/> dental | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> dialysis | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> oncology infusion clinic or practice | <input type="checkbox"/> developmental disabilities |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> No Care Provided |
| <input type="checkbox"/> radiology services | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> state | <input type="checkbox"/> convalescences |
| <input type="checkbox"/> surgical | <input type="checkbox"/> nursing home |
| <input type="checkbox"/> WIC (<i>women, infant, children</i>) | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> Central Purchasing/Business Office | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> Community/Public Health Nursing | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Other (State and Local Gov't) healthcare related: |
| <input type="checkbox"/> city Jail | <hr/> |
| <input type="checkbox"/> county Jail | <input type="checkbox"/> Patient Population Served |
| <input type="checkbox"/> state Prison | <input type="checkbox"/> pediatrics |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> adult |
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> geriatrics |
| <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Public Health |
| <input type="checkbox"/> school district | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> elementary | <input type="checkbox"/> Rehabilitation (if checked, then check all that apply) |
| <input type="checkbox"/> secondary | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> post-secondary | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> Emergency First Responders | <input type="checkbox"/> skilled nursing facilities |
| <input type="checkbox"/> Emergency Medicine & Ambulance | <input type="checkbox"/> Research/Training |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Health Service | <input type="checkbox"/> Skilled Nursing Facilities |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Specialty Pharmacy/Special Care |
| <input type="checkbox"/> home health provider, non-pharmacy | <input type="checkbox"/> Student Health |
| <input type="checkbox"/> home infusion | <input type="checkbox"/> Surgery Center |
| <input type="checkbox"/> home medical equipment | <input type="checkbox"/> University (if checked, then check all that apply) |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> teaching hospital |
| <input type="checkbox"/> Hospital (if checked, then check all that apply) | <input type="checkbox"/> training or research (<i>clinic research centers</i>) |
| <input type="checkbox"/> acute care | <input type="checkbox"/> college student health services |
| <input type="checkbox"/> city/county/state | <input type="checkbox"/> pharmacy school |
| <input type="checkbox"/> dialysis | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> long-term care | <input type="checkbox"/> Veterans Home – State |
| <input type="checkbox"/> oncology infusion clinic or practice | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> veterinary medicine |
| <input type="checkbox"/> radiology services | <input type="checkbox"/> veterinary medicine – university dept. |
| <input type="checkbox"/> surgical | <input type="checkbox"/> veterinary zoological medicine |

Facility Contacts: Not all facilities will have three contacts. Listing at least one main contact person is required.

15. Designated Facility MMCAP contact person: Nelda Mendez
Title: Immunization Program Manager Phone: 956-383-6221 Fax: 956-318-0911
Email Address: nelda.mendez@hchd.org

16. Alternate Facility MMCAP contact person: _____
Title: _____ Phone: _____ Fax: _____
Email Address: _____

17. Facility's Purchasing MMCAP contact person: _____
Title: _____ Phone: _____ Fax: _____
Email Address: _____

APPROVALS

Applicant Facility:

The information above is true and correct.

Signed: _____ Date: _____
Facility Representative

MMCAP State Contact Review:

Forward signed application and agreement on to the applicable MMCAP State Contact for final processing. A list of MMCAP State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts." Facilities located in Connecticut, Illinois, Massachusetts, Ohio, and Pennsylvania mail directly to mn.multistate@state.mn.us.

I have reviewed and approve the facility's eligibility for membership in MMCAP.

Signed: _____ Date: _____
MMCAP State Contact



Minnesota Multistate Contracting Alliance for Pharmacy

50 Sherburne Avenue, Suite 112, St. Paul, MN 55155

651.201-2420

www.mmcap.org

Member Facility Agreement

This Agreement is by and between the State of Minnesota, acting through its Commissioner of Administration on behalf of Minnesota Multistate Contracting Alliance for Pharmacy (“MMCAP”) and

Facility’s complete legal name (do not use acronyms)

_____ (“Member Facility”).

Full address including city, state, and zip code

MMCAP is a free, voluntary, public sector group purchasing organization for government-authorized facilities and is operated by the Materials Management Division of the State of Minnesota's Department of Administration. It combines the purchasing power of its members to receive the best prices available for the products and services for which it contracts. Membership in MMCAP is limited to facilities with which the State of Minnesota may contract, as defined by Minnesota Statutes Section 471.59, subdivision 10.

The Member Facility desires to access MMCAP’s programs to purchase products and services for the Member Facility.

1. Term of Agreement and Cancellation

This Agreement, which is required by 42 C.F.R. § 1001.952(j) and Minnesota law, will be effective upon the date it is fully executed by all parties; and will remain in effect until cancelled by MMCAP or the Member Facility. This Agreement may be cancelled by either party upon 30 days’ written notice to the other party, or immediately upon material breach by one of the parties.

2. Member Facility

The Member Facility:

- A. Certifies it has authority to enter into this Agreement with the State of Minnesota and, where applicable, authorizes MMCAP to negotiate contracts on its behalf. For non-government entities, also certifies it has statutory authority under which it may purchase goods and services from its state’s contracts.
- B. Must comply with all applicable laws, rules, and regulations governing government purchasing of pharmaceuticals, and related products and services when utilizing MMCAP contracts and programs.
- C. Should endeavor, where practical, to purchase its goods and services from MMCAP contracts.
- D. Acknowledges it will be bound by applicable antitrust laws (Robinson-Patman (15 U.S.C. 13 (a)) and purchase products for its “own use” as defined by *Abbott Labs v. Portland Retail Druggists* (425 U.S. 1(1976)) and *Jefferson County Pharmaceutical Association, Inc. v. Abbott Labs* (460 U.S. 150 (1983))).
- E. Will not resell (as may be prohibited by law) or divert products obtained under the MMCAP contracts. If there are any questions about the propriety of the use of products purchased from the MMCAP contracts, the Member Facility will obtain an opinion from its legal counsel and notify MMCAP of the decision.
- F. When applicable, acknowledges that the prices made available under MMCAP’s contracts may represent a discount to price that must be properly and accurately accounted for and reported in accordance with all federal and state laws, including the anti-kickback law (42 C.F.R. § 1320a-7b(b)(3)(A)) and regulations thereunder (42 C.F.R. §1001.952(h)).

- G. Must comply with the terms and conditions of the applicable MMCAP vendor contract data sheets; found on the MMCAP website at www.mmcap.org.
- H. Understands that MMCAP is not liable for any denied pricing, chargeback, refusal of vendors to honor contract pricing, or failure of vendors to deliver the products or services. THE MEMBER FACILITY ACKNOWLEDGES THAT MMCAP IS NOT THE MANUFACTURER OR DISTRIBUTOR OF ANY PRODUCT AND SERVICE AND MAKES NO REPRESENTATION AS TO WARRANTY OF QUALITY, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, CONDITION, OR OTHER ATTRIBUTE OF THE PRODUCTS SUPPLIED BY VENDORS UNDER MMCAP CONTRACTS.
- I. Must update MMCAP regarding changes to the Member Facility information and contact person information.
- J. Must promptly pay MMCAP-contracted vendors for all products or services purchased. MMCAP does not assume any responsibility for the accountability of funds expended by the member Facility.
- K. May be inactivated from MMCAP membership if there is no participation for 18 consecutive months.

3. MMCAP

MMCAP will:

- A. Select products or services for cooperative contracting under the programs offered.
- B. Comply with Minnesota laws, including procurement and data practices, that require fair and open competition.
- C. Make available copies of contract documents.
- D. Maintain vendor performance records.
- E. Assist in resolving administrative, contract, or supplier problems that cannot be resolved by the Member Facility.
- F. Provide information to the Member Facility regarding products and services available through the MMCAP program.
- G. Distribute to Member Facilities any unused administrative fees collected from contracted vendors (Article 4 below); and annually disclose in writing to Member Facilities, and to the Secretary of the United States Department of Health and Human Services upon request, the amounts received by MMCAP from vendors that were directly attributable to the Member Facility's purchases.

4. Administrative Fee Collected from MMCAP's Vendors

The MMCAP Managing Director may, pursuant to contract terms and conditions, require the contracted vendors (not Member Facilities) to pay an administrative fee to MMCAP. The fee of not more than three percent will be based on a percentage of sales made through the individual contracted vendor. Fees will be collected by the MMCAP office and used to pay for the administrative costs incurred in the operation of MMCAP as approved by the MMCAP Managing Director. Any remaining balance of funds will be returned to active members by means of either a credit to their wholesaler or distributor account, or other mechanism agreed to by the parties, in an amount proportional to the Member Facility's on-contract purchases.

5. Assignment, Amendments, Waiver, and Contract Complete

5.1 **Assignment.** Neither party may assign or transfer any rights or obligations under this Agreement without the prior consent of the other party and a fully executed assignment agreement.

5.2 **Amendments.** Any amendment to this Agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original agreement.

5.3 **Waiver.** If either party fails to enforce any provision of this Agreement, that failure does not waive the provision or its right to enforce it.

6. Liability

Each party will be responsible for their own acts and behavior and the results thereof. Nothing in this membership agreement will be construed as expanding the limits of liability of the Member Facility beyond the limits of the law of its state. MMCAP's liability is governed by the Minnesota Tort Claims Act, Minnesota Statutes Section 3.736, and other applicable laws.

7. State Audits

As mandated by Minnesota Statutes Section 16C.05, subdivision 5, "the books, records, documents and accounting procedures and practices of the [Member Facility] relevant to this Agreement shall be made available and subject to examination by the State of Minnesota, including the contracting agency/division, Legislative Auditor, and State Auditor" for a minimum period of six years after the termination of this Agreement.

IN WITNESS WHEREOF, the undersigned parties represent they have the authority to bind their respective party and have signed intending to be bound thereby.

Member Facility:
(Person with legal authority to bind the facility)

By: _____

Title: _____

Date: _____

State of Minnesota, through its Commissioner of Administration on behalf of MMCAP:

By: _____

Title: _____

Date: _____

Commissioner of Administration, as delegated to the Materials Management Division:

By: _____

Date: _____

8. Enter your Health Industry Number (HIN)
- **What is an HIN?** It's a unique 9-digit alphanumeric identifier assigned by the Health Industry Business Communications Council (HIBCC). The number gives manufacturers transparency when shipping product to qualified health care facilities.
(<https://www.hibcc.org/hin-system/hin-resources/>)
Examples: 5L16JH38Y, 5LX3JH324 or 13D50H3FY
***NOTE:** If you do not know your HIN or you do not have one, type “**Please obtain an HIN for my facility**” on this line and MMCAP will assist you during the approval process.
9. Enter your Drug Enforcement Administration (DEA) Number.
- **What is a DEA Number?** The DEA registration number allows you to purchase prescription medications which includes vaccines. If you don't know your DEA number, reach out to your medical director or the physician responsible for medical oversight of your facility. If your overseeing physician does not know the DEA number, leave this section blank. But be aware, that MMCAP will need a copy of your medical oversight license to complete your application.
10. If your facility is a pharmacy, provide the Pharmacy License Number, otherwise leave blank.
11. This section has been completed for you.
12. Identify whether or not your facility is 340B eligible.
- **What is a 340B Facility?** The 340B is a federal program developed to allow safety net providers large discounts on outpatient medications in order to stretch resources and serve more eligible patients. Manufacturers that want their products covered by Medicaid must agree to provide significantly reduced prices.
 - **How do I know my organization is a 340B Facility?** Eligible entities are defined in statute and a list can be found here: <https://www.hrsa.gov/opa/eligibility-and-registration/index.html>. Many of our county health departments (CHDs) participate in the 340B program under family planning, STD, or TB clinic designations. The 340B program has a database you can search to see if any of your CHDs are participating:
<https://340bopais.hrsa.gov/>
 - Click <https://340bopais.hrsa.gov/>
 - Click Search button
 - Click> Covered Entities
 - State> Texas
 - Keyword> <<enter key words for entity here>>
13. If your facility has not bought vaccines from another Group Purchasing Organization (GPO), select “no” otherwise select “yes” and complete this section.
- Examples of GPOs: Novation, Amerinet, The Broadlane Group, Premier, etc.
- For further assistance, contact MMCAP directly at 651-297-3996 or MMCAP.membership@state.mn.us.

14. Select all checkboxes that describe your facility.
- 15-17 Please provide MMCAP with your facility contacts. You must provide at least one, but 3 contacts are preferred.

Continue to Page 6 of the form

18. Enter your facility's complete legal name
19. Enter your facility's address ****This must be the same as the bill to address****
20. Print the document
21. Go to page 5. Sign and date the form under Facility Representative.
22. Go to page 8. Sign and Date the form under Facility Representative.
23. Scan the document and email to
To: MMCAP.Texas@cpa.texas.gov
Cc: william.schneider@state.mn.us
24. Subject: MMCAP Application – <Your Organization Name>
*Please allow at least 8 working days for approval after *completion.*

For additional questions not addressed in this document

Contact MMCAP @ 651-201-2420 or MMCAP.membership@state.mn.us



Minnesota Multistate Contracting Alliance for Pharmacy

651.201.2420 www.mmcap.org

Membership Application and Membership Agreement Instructions for Completion

Thank you for your interest in membership with the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP). Processing a new membership application generally takes less than a week after MMCAP receives it. You will receive a welcome letter and copy of the fully executed Membership Agreement after the membership has been activated.

Eligibility

Membership in MMCAP is limited to facilities that:

1. Have legal authority to contract with the State of Minnesota, and
2. The State of Minnesota has legal authority to contract with the entity. Minnesota's authority is limited by Minnesota Statutes Section 471.59, subdivision 10 to:
 - Other states
 - Agencies of other states
 - Counties
 - Cities
 - School Districts
 - Federally recognized Indian tribes
 - Entities recognized by the member state's statutes as authorized to use that state's commodity or service contracts (Minnesota Statutes Section 16C.03, subdivision 10 – found at: <https://www.revisor.mn.gov/statutes/?id=16C.03>).

Application Check List:

Application fully completed with each question answered

If this application includes multiple ship-to locations contact MMCAP Membership at 651.201.2420.

Application signed by facility representative

Member Facility Agreement fully executed by proper authority of the facility applying

Application and Member Facility Agreement forwarded to the applicable MMCAP State Contact for final processing

If you have any questions, please contact MMCAP at 651.201.2420.

General Instructions for Completing the MMCAP Application

- Organizations eligible to purchase from Texas Statewide Procurement Division (SPD) contracts can become MMCAP members under SPD’s umbrella. This includes active members of our Texas SmartBuy Program, formerly the State of Texas Cooperative Purchasing Program.
- Complete all sections of the application with open fields.
- **Email completed application to Texas Comptroller’s Statewide Procurement Division**
 To: MMCAP.Texas@cpa.texas.gov
 CC: william.schneider@state.mn.us
 Subject: MMCAP Application – <Your Organization Name>
Please allow at least 8 working days for approval after completion.

Begin by Completing Fields starting on Page 2 of the MMCAP Application

1. Section number one has been completed for you.
2. Enter your Facility’s name
3. Enter your “Bill To” address
4. Enter your “Ship To” address
 - SPD recommends that each county/city complete its own application. For other types of Texas SmartBuy Members, we recommend a separate application for each shipping address. For entities with one billing address and multiple “ship to” locations, a single MMCAP application can be done. Please contact MMCAP membership at 651-201-2420 if you elect to do this.
5. Enter your facility’s website
6. Check your type of entity

<i>If you are.....</i>	<i>Select.....</i>
An Agency	State Government
County Health Department	Municipal Government
City Health Department	Municipal Government
Public University/College	State Government
Private University/College	Non-Government Private (for profit or non-profit whichever applies)

7. Select your entity’s primary purpose

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11. This section has been completed for you.

12. Identify whether or not your facility is 340B eligible.

- **What is a 340B Facility?** The 340B is a federal program developed to allow safety net providers large discounts on outpatient medications in order to stretch resources and serve more eligible patients. Manufacturers that want their products covered by Medicaid must agree to provide significantly reduced prices.
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<https://340bopais.hrsa.gov/>

- Click <https://340bopais.hrsa.gov/>
- Click Search button
- Click> Covered Entities
- State> Texas
- Keyword> <<enter key words for entity here>>

13. If your facility has not bought vaccines from another Group Purchasing Organization (GPO), select "no" otherwise select "yes" and complete this section.

Examples of GPOs: Novation, Amerinet, The Broadlane Group, Premier, etc.

For further assistance, contact MMCAP directly at 651-297-3996 or

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Continue to Page 6 of the form

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For additional questions not addressed in this document

Contact MMCAP @ 651-201-2420 or MMCAP.membership@state.mn.us



Minnesota Multistate Contracting Alliance for Pharmacy

651.201.2420 www.mmcap.org

Membership Application and Membership Agreement Instructions for Completion

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Eligibility

Membership in MMCAP is limited to facilities that:

1. Have legal authority to contract with the State of Minnesota, and
2. The State of Minnesota has legal authority to contract with the entity. Minnesota's authority is limited by Minnesota Statutes Section 471.59, subdivision 10 to:
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Application Check List:

Application fully completed with each question answered

If this application includes multiple ship-to locations contact MMCAP Membership at 651.201.2420.

Application signed by facility representative

Member Facility Agreement fully executed by proper authority of the facility applying

Application and Member Facility Agreement forwarded to the applicable MMCAP State Contact for final processing

If you have any questions, please contact MMCAP at 651.201.2420.



Minnesota Multistate Contracting Alliance for Pharmacy

Facility Membership Application

Forward the completed application and executed Member Facility Agreement to your State Contact for final processing. (A list of State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts.") The State Contact will then forward the authorized form to the MMCAP office for processing.

Type or Print Clearly

1. Indicate the **specific legal authority** under which this facility may purchase goods and services from MMCAP: Texas Government Code §2156.181 and 34 Texas Administrative Code §20.237 (i.e., statutory authority to be able to contract with the State of Minnesota or governing board resolution). Leave blank if you need assistance with this question from the MMCAP State Contact or MMCAP.

2. Facility's Full Legal Name (no abbreviations):

3. Complete "Bill To" Street Address: _____

City: _____ State: _____ Zip: _____

4. Complete "Ship To" Street Address, if different: _____

City: _____ State: _____ Zip: _____

* If this application includes multiple ship-to locations contact MMCAP Membership at 651.201.2420

5. Facility Website: _____

6. What type of entity is the facility? **(Check one)**

- | | |
|---|--|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Non-government Private – for profit |
| <input type="checkbox"/> County/Parish Government | <input type="checkbox"/> Non-government Private – non-profit |
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> Federal Government |

7. What is the primary purpose of your facility? **(Check one)**

- | | |
|---|---|
| <input type="checkbox"/> Central Purchasing/Business Office | <input type="checkbox"/> Public Safety/First Responders |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> School/College/University |
| <input type="checkbox"/> Convalescence/Nursing Facility | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Health | |

8. Health Industry Number (HIN), if known: _____
MMCAP can assist in obtaining this number when the application is processed. Indicate need for assistance on line above.

9. DEA Number, if applicable (required for controlled substances): _____

10. Facility's State Pharmacy License Number, if applicable: _____

11. Indicate which MMCAP programs the facility intends to use? (Check all that apply)

- X Pharmacy Program**
 - Pharmaceutical Wholesaler Services (AmerisourceBergen, Cardinal Health, or Morris & Dickson)
 - Products
 - Prescription Drugs (other than vaccines)
 - X Vaccines (other than influenza) + Immune Globulins**
 - Over-the-counter
 - Nutritionals
 - Diabetic Supplies (meters/strips/syringes)
 - Containers and Vials
 - Contract Price Auditing
 - Returned Goods Processing
 - Pharmaceutical Repackaging
- Influenza Vaccine Program**
- Prescription Filling/Pharmacy Service Program**
- Student Health Oral Contraceptives Program**
- Emergency Preparedness/Stockpiling Program**
- Healthcare Products and Services Program**
 - Medical Supplies & Distribution Services
 - Dental Supplies & Distribution Services
 - Drug Testing Kits and Services
 - Laboratory Supplies
 - Condoms

12. Is the facility 340B (PHS)* Eligible?

*The Federal 340B Drug Pricing Program provides significant pharmaceutical discounts to facilities receiving certain types of federal government funding.

- Yes
- No
- Unsure

13. Within the past year, has this facility been affiliated with a pharmaceutical group purchasing organization (GPO) other than MMCAP? (Please check one.)

- No
- Yes, but the facility is switching to MMCAP. Attach a signed letter on the facility's letterhead stating that it wishes to discontinue your association with its current pharmaceutical GPO and use MMCAP instead.
- Yes and the facility will remain with its current GPO.

Current pharmaceutical GPO Name: _____

Products the facility currently purchases: _____

14. Which best describes this facility? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Juvenile Detention |
| <input type="checkbox"/> Adult Daycare | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Ambulatory Care Pharmacy | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Mail Order Pharmacy |
| <input type="checkbox"/> Clinic (if checked, then check all that apply) | <input type="checkbox"/> Mental Health (if checked, then check all that apply) |
| <input type="checkbox"/> city | <input type="checkbox"/> ICFMR (<i>intermediate care facility for mentally retarded</i>) |
| <input type="checkbox"/> dental | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> dialysis | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> oncology infusion clinic or practice | <input type="checkbox"/> developmental disabilities |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> No Care Provided |
| <input type="checkbox"/> radiology services | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> state | <input type="checkbox"/> convalescences |
| <input type="checkbox"/> surgical | <input type="checkbox"/> nursing home |
| <input type="checkbox"/> WIC (<i>women, infant, children</i>) | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> Central Purchasing/Business Office | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> Community/Public Health Nursing | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Other (State and Local Gov't) healthcare related: |
| <input type="checkbox"/> city Jail | |
| <input type="checkbox"/> county Jail | <input type="checkbox"/> Patient Population Served |
| <input type="checkbox"/> state Prison | <input type="checkbox"/> pediatrics |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> adult |
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> geriatrics |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> school district | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> elementary | <input type="checkbox"/> Rehabilitation (if checked, then check all that apply) |
| <input type="checkbox"/> secondary | <input type="checkbox"/> inpatient |
| <input type="checkbox"/> post-secondary | <input type="checkbox"/> outpatient |
| <input type="checkbox"/> Emergency First Responders | <input type="checkbox"/> skilled nursing facilities |
| <input type="checkbox"/> Emergency Medicine & Ambulance | <input type="checkbox"/> Research/Training |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Health Service | <input type="checkbox"/> Skilled Nursing Facilities |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Specialty Pharmacy/Special Care |
| <input type="checkbox"/> home health provider, non-pharmacy | <input type="checkbox"/> Student Health |
| <input type="checkbox"/> home infusion | <input type="checkbox"/> Surgery Center |
| <input type="checkbox"/> home medical equipment | <input type="checkbox"/> University (if checked, then check all that apply) |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> teaching hospital |
| <input type="checkbox"/> Hospital (if checked, then check all that apply) | <input type="checkbox"/> training or research (<i>clinic research centers</i>) |
| <input type="checkbox"/> acute care | <input type="checkbox"/> college student health services |
| <input type="checkbox"/> city/ county/ state | <input type="checkbox"/> pharmacy school |
| <input type="checkbox"/> dialysis | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> long-term care | <input type="checkbox"/> Veterans Home – State |
| <input type="checkbox"/> oncology infusion clinic or practice | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> veterinary medicine |
| <input type="checkbox"/> radiology services | <input type="checkbox"/> veterinary medicine – <i>university dept.</i> |
| <input type="checkbox"/> surgical | <input type="checkbox"/> veterinary zoological medicine |

Facility Contacts: Not all facilities will have three contacts. Listing at least one main contact person is required.

15. Designated Facility MMCAP contact person: _____

Title: _____ Phone: _____ Fax: _____

Email Address: _____

16. Alternate Facility MMCAP contact person: _____

Title: _____ Phone: _____ Fax: _____

Email Address: _____

17. Facility's Purchasing MMCAP contact person: _____

Title: _____ Phone: _____ Fax: _____

Email Address: _____

APPROVALS

Applicant Facility:

The information above is true and correct.

Signed: _____ Date: _____

Facility Representative

MMCAP State Contact Review:

Forward signed application and agreement on to the applicable MMCAP State Contact for final processing. A list of MMCAP State Contacts may be found at www.mmcap.org, click on "What is MMCAP," then on "State Contacts." Facilities located in Connecticut, Illinois, Massachusetts, Ohio, and Pennsylvania mail directly to mn.multistate@state.mn.us.

I have reviewed and approve the facility's eligibility for membership in MMCAP.

Signed: _____ Date: _____

MMCAP State Contact



Minnesota Multistate Contracting Alliance for Pharmacy

50 Sherburne Avenue, Suite 112, St. Paul, MN 55155

651.201-2420

www.mmcap.org

Member Facility Agreement

This Agreement is by and between the State of Minnesota, acting through its Commissioner of Administration on behalf of Minnesota Multistate Contracting Alliance for Pharmacy (“MMCAP”) and

Facility’s complete legal name (do not use acronyms)

_____ (“Member Facility”).

Full address including city, state, and zip code

MMCAP is a free, voluntary, public sector group purchasing organization for government-authorized facilities and is operated by the Materials Management Division of the State of Minnesota's Department of Administration. It combines the purchasing power of its members to receive the best prices available for the products and services for which it contracts. Membership in MMCAP is limited to facilities with which the State of Minnesota may contract, as defined by Minnesota Statutes Section 471.59, subdivision 10.

The Member Facility desires to access MMCAP’s programs to purchase products and services for the Member Facility.

1. Term of Agreement and Cancellation

This Agreement, which is required by 42 C.F.R. § 1001.952(j) and Minnesota law, will be effective upon the date it is fully executed by all parties; and will remain in effect until cancelled by MMCAP or the Member Facility. This Agreement may be cancelled by either party upon 30 days’ written notice to the other party, or immediately upon material breach by one of the parties.

2. Member Facility

The Member Facility:

- A. Certifies it has authority to enter into this Agreement with the State of Minnesota and, where applicable, authorizes MMCAP to negotiate contracts on its behalf. For non-government entities, also certifies it has statutory authority under which it may purchase goods and services from its state’s contracts.
- B. Must comply with all applicable laws, rules, and regulations governing government purchasing of pharmaceuticals, and related products and services when utilizing MMCAP contracts and programs.
- C. Should endeavor, where practical, to purchase its goods and services from MMCAP contracts.
- D. Acknowledges it will be bound by applicable antitrust laws (Robinson-Patman (15 U.S.C. 13 (a)) and purchase products for its “own use” as defined by *Abbott Labs v. Portland Retail Druggists* (425 U.S. 1(1976)) and *Jefferson County Pharmaceutical Association, Inc. v. Abbott Labs* (460 U.S. 150 (1983))).
- E. Will not resell (as may be prohibited by law) or divert products obtained under the MMCAP contracts. If there are any questions about the propriety of the use of products purchased from the MMCAP contracts, the Member Facility will obtain an opinion from its legal counsel and notify MMCAP of the decision.
- F. When applicable, acknowledges that the prices made available under MMCAP’s contracts may represent a discount to price that must be properly and accurately accounted for and reported in accordance with all federal and state laws, including the anti-kickback law (42 C.F.R. § 1320a-7b(b)(3)(A)) and regulations thereunder (42 C.F.R. §1001.952(h)).

- G. Must comply with the terms and conditions of the applicable MMCAP vendor contract data sheets; found on the MMCAP website at www.mmcap.org.
- H. Understands that MMCAP is not liable for any denied pricing, chargeback, refusal of vendors to honor contract pricing, or failure of vendors to deliver the products or services. THE MEMBER FACILITY ACKNOWLEDGES THAT MMCAP IS NOT THE MANUFACTURER OR DISTRIBUTOR OF ANY PRODUCT AND SERVICE AND MAKES NO REPRESENTATION AS TO WARRANTY OF QUALITY, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, CONDITION, OR OTHER ATTRIBUTE OF THE PRODUCTS SUPPLIED BY VENDORS UNDER MMCAP CONTRACTS.
- I. Must update MMCAP regarding changes to the Member Facility information and contact person information.
- J. Must promptly pay MMCAP-contracted vendors for all products or services purchased. MMCAP does not assume any responsibility for the accountability of funds expended by the member Facility.
- K. May be inactivated from MMCAP membership if there is no participation for 18 consecutive months.

3. MMCAP

MMCAP will:

- A. Select products or services for cooperative contracting under the programs offered.
- B. Comply with Minnesota laws, including procurement and data practices, that require fair and open competition.
- C. Make available copies of contract documents.
- D. Maintain vendor performance records.
- E. Assist in resolving administrative, contract, or supplier problems that cannot be resolved by the Member Facility.
- F. Provide information to the Member Facility regarding products and services available through the MMCAP program.
- G. Distribute to Member Facilities any unused administrative fees collected from contracted vendors (Article 4 below); and annually disclose in writing to Member Facilities, and to the Secretary of the United States Department of Health and Human Services upon request, the amounts received by MMCAP from vendors that were directly attributable to the Member Facility's purchases.

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IN WITNESS WHEREOF, the undersigned parties represent they have the authority to bind their respective party and have signed intending to be bound thereby.

Member Facility:

(Person with legal authority to bind the facility)

By: _____

Title: _____

Date: _____

State of Minnesota, through its Commissioner of Administration on behalf of MMCAP:

By: _____

Title: _____

Date: _____

Commissioner of Administration, as delegated to the Materials Management Division:

By: _____

Date: _____