



DELAWARE DRUG REBATE INVOICE RETRIEVAL LABELER CERTIFICATION APPLICATION

Gainwell Technologies has developed, under the Delaware Health and Social Services (DHSS), a paperless invoice system that will process Delaware drug rebate labeler invoices electronically in lieu of mailing paper invoices.

SECTION I

_____ hereinafter referred to as “Labeler” hereby certifies as follows:

(Labeler Name)

1. Delaware Health and Social Services (DHSS) and its Division of Medicaid and Medical Assistance (DMMA) shall allow Labelers to access quarterly drug rebate invoices and claim level details through the use of the secure website.
2. The Labeler understands that this certification is made by and between the State of Delaware (DHSS), through Gainwell Technologies, and the aforementioned Labeler.
3. Certification must be executed for each Labeler Number that the Labeler represents prior to invoice retrieval for that Labeler. All invoices for Labeler Numbers not certified cannot be processed electronically.
4. The Labeler certifies that all services for which invoicing is provided shall be in accordance with all federal and state laws pertaining to the Delaware Medicaid and Medical Assistance programs. Any false claims, statements or documents, or concealments of a material fact may be subject to prosecution under federal and state law.
5. The Labeler assures that all retrievals will be performed by authorized personnel so as to preclude erroneous transactions regardless of the reason for such erroneous transactions.
6. If Gainwell Technologies determines that the retrieval of invoices fails to comply fully with the paperless invoice specifications then in effect or any guidelines governing the retrieval of invoices electronically, Gainwell Technologies may, with the approval of DHSS, terminate this certification five (5) workdays after the Labeler has received written notice from Gainwell Technologies.
7. The Labeler understands that all other terms and conditions of participation in the Federal and Delaware State specific Drug Rebate Programs remain in effect and unchanged by this certification.

8. Gainwell Technologies, as the fiscal agent for the Delaware Medicaid and Medical Assistance programs, has been granted the authority by DHSS to approve Labelers who wish to view/retrieve their drug rebate invoices electronically. An optional Process ID is also available for Labelers who wish to automatically retrieve information. Please check the Process ID request box on page 4.
9. Each business entity must complete an application in order to retrieve drug rebate invoices, associated claim level details and drug rebate notices. Once the application is processed and approved, the business entity can view/retrieve all Labeler invoices and applicable invoice types for a specific quarter. The Website will retain historical invoicing for up to four (4) quarters and claim level details for up to twelve (12) quarters.
10. E-mails alerting contacts of activity, notices, and invoices will appear from 'moveitdocumenttransfer'. Please add this contact to your inbox.

Return application to:

Gainwell Technologies
Delaware Drug Rebate
645 Paper Mill Road
Suite 1015
Newark, DE 19711

SECTION II

For assistance with this form, please contact the Gainwell Technologies Drug Rebate Department at:
moveitdocumenttransfer@gainwelltechnologies.com

I hereby certify that I have examined this agreement and that the representations that are contained in this agreement are true and correct and that I am legally authorized to make such certification and grant authorization. I hereby authorize the stated individuals as listed on the agreement as approved to retrieve electronic invoices and electronic claim level details on my behalf from the DMMA. I agree to notify DMMA, in writing, of any changes to this agreement, if the labeler number is sold or transferred to another entity, or if the labeler terminates from the rebate programs. I agree to notify DMMA, in writing, of any changes in contact information. The labeler will notify DMMA when a user or contact has been separated from the labeler so DMMA can immediately deactivate the user information.

LABELER INFORMATION

Please print or type the following information:

LABELER NUMBER:

Business Name: _____

Business Address: _____

City, State, Zip: _____

I accept responsibility 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 failure to maintain the confidentiality of my identification number, password, and retrieved data may lead to criminal prosecution.

Signature of Labeler Authorized Representative: _____

(Authorized representative must match CMS Invoice contact)

Printed Name: _____

Title: _____ Date: _____

**CONTACTS AUTHORIZED TO RETRIEVE
INVOICES/CLAIM LEVEL DETAIL ELECTRONICALLY**

Please list two contacts 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.

Contact #1 (please print)

Name: _____
Telephone Number: _____
E-mail Address (this will be your user ID): _____
Date: _____
Signature Contact #1: _____
Printed Name: _____

Contact #2 (please print)

Name: _____
Telephone Number: _____
E-mail Address (this will be your user ID): _____
Date: _____
Signature Contact #2: _____
Printed Name: _____

Yes, I am interested in obtaining a process ID for automatic invoice retrieval.

FOR INTERNAL USE ONLY:

Labeler Number: _____
Trading Partner ID: _____
PIN #: _____
Approver's Name: _____
Approved Date: _____
Date approval letter and user IDs sent to labeler: _____
Process ID issued: _____