**NC Medicaid**

**Report Information**

Report Name: Pharmacy Financial Arrangements Attestation

Report Description: Annual pharmacy financial arrangements attestation

Report ID: BCM006-J

Business Unit: Pharmacy

Reporting Frequency: Annual

Report Due Date: 30 Calendar Days After Annual Contract Date (or on the next business day if that day falls on a holiday and/or a weekend)

File naming convention: PHPID\_ BCM006-J-##\_Pharm Financial Arrgmts Attest\_YYYY\_MMDD

Document Type: Text Document

**PHP Information**

PHP ID:

PHP Name:

PHP Contact:

PHP Contact Email:

Report Period Start Date:

Report Period End Date:

Date Completed:

*(This plan can be submitted in any format. However, this document must be completed and submitted with the required plan)*

**Definitions and Instructions:**

The PHP shall report all financial arrangements between the PHP/subcontractors and all drug-related companies to the Department on an annual basis. Drug-related companies include manufacturers, labelers, compounders, and benefit managers.

**Version:**

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| Document version number | v1.0 | |  |  |  |  |  |  |  |  |  |  |
| Date of most recent update | 1/30/2019 | |  |  |  |  |  |  |  |  |  |  |
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| **Version Notes** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date** | **Section updated** | **Change** |  |  |  |  |  |  |  |  |  |  |
| 1/30/2019 | Initial Document Draft | Original |  |  |  |  |  |  |  |  |  |  |
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