

# CT Annual Renewals

# **Process and Procedures**

(screenshots)

CT Renewals June 2023

The following screenshots are to be used to ensure all edits/changes are completed prior to submission of CT renewals. CT Renewals are done monthly throughout the year. Procurement or the VCFMS helpdesk can be contacted with questions regarding the CT renewal process.

During the transition from one fiscal (FY) to another the following are added edits that must be done on the header of the renewing CT document. This ensures that the system can place the encumbrance in the correct FY budget.

# June through July (additional edits)

The following edits should be done during the transition of one FY to another. This normally happens mid-June through mid-July. Notifications will be sent out as to when to use these edits:

Record Date: this is the date this procurement document starts.

Budget Year: this is the year of budget approval.

Fiscal Year: this is the approved fiscal year.

Period: this is the period of the fiscal year – normally 1 indicates the first month of the FY



Continue with the following instructions for the remainder of CT Renewal edits.

# The following CT edits are done on all CT renewals – both at FY crossover and during the fiscal year.

# <u>Header</u>

Areas that should be reviewed and/or updated:

#### **General Information Tab** –

Document Name - this can be the name of the vendor and the service being provided.

**Document Description** – this can be the name of the vendor and the service being provided. If there is a contract involved, please add – COV XXXX (contract number)

Effective Date and Expiration Date – This should be the full term of the agreement/renewal.

Contract(CT) Dept: HCA I	D: 3090FY2400000000002 Ver.: 1 Function: New Phase: Draft	Modified by 124751 , 05/08/2023	
Document Navigator 🛛 🔀	Header		
Header			Liet View
Renewal Period			
Accounting Distribution	General Information Contract Details Reference Requestor	Issuer Buyer Modification Extended Description Default Shipping/Billing Reporting Fixed Asset Inter	t Reference Document Information
Vendor	Documentaria AMERICAN INSURANCE	Award Status: Active	~
Business Type	ADMINISTRATOR - COV 8	PCard ID:	•
Commodity	Record Date:	Doerd Free	
Commodity T & C	Budget FY: 2024	PCard Exp:	
Accounting	Fiscal Year: 2024	Procurement Folder: 380733	
Posting	Period: 1	Procurement Type: Request t	Waive
Sub Vendor		Procurement Type ID: 11	<u>a</u>
Terms and Conditions	FUND - COV 8542	Ficave Begin Date:	
Special Instructions	Actual Amount: \$110,000,00	Expiration Date:	
Award Details	Closed Amount: \$0.00	Hearing Date:	
Surety/Insurance	Closed Date:	inearing Date.	
Supporting Documents	Supplier Received Date:	Authorization Date:	
	Open Amount: \$110,000,00	Procurement Initiation Date:	
	Open Amount. \$110,000.00	Cited Authority:	2
	Open Accrual Amount: \$0.00	Accounting Profile:	*
	Not to Exceed Amount: \$0.00	Town Townlots	
	Amendment Number:	ternis template:	
		Confirmation Order:	
		Electronic Order Type:	~
		Default Form:	٠ .
	R Save Dundo		Related Actions-
	🔁 Copy 🗈 Validate 😝 Submit 🙀 Discard		Print Processing Workflow File K Close

#### Requestor Issuer Buyer - Tab

Issuer Id – This should be the person 'updating' this CT renewal

Requestor ID – This should be the person who is using/responsible for this CT

Buyer: This is the Buyer for this CT – Please reach out to your buyer if this does not populate correctly.



You will need to 'Reset Buyer'. To do so, in the lower right hand corner click on the button noted as "Related Actions"



Click on Reset Buyer and the buyer should change to the buyer assigned to your Agency

#### Default Shipping/Billing Tab

Make sure the correct code for both the Shipping Location and the Billing Location are correct.

Shipping Method – this is always blank.

Free On Board – make sure this is 9 (for services)

Delivery Date – This should be the end date of the CT (Use the expiration date you used on the General Information Tab)

General Information	Contract Details	Reference	Requestor Issuer Buyer	Modification	Extended Description	Default Shipping/Billing	Reporting	Fixed Asset Intent Reference	Docume
•	Shipping Location	HCA135				ulling L	ocation:	HCA002	
		VCPH - EN	MERGENCY MEDICAL SER	VICES			Ň	CPH FISCAL - PUBLIC HEALTH A	'n
		EMERGE	NCY MEDICAL SERVICES				F	PUBLIC HEALTH ACCOUNTS PAYA	ABLE
		OXNARD					2	220 E GONZALES RD	
		2220 E GO	ONZALES RD				5	STE 210C	
		STE 200					C	DXNARD	
		CA					C	A	
		93036					ç	3036	
		US					U	JS	
	S opping Method	1:				Billing Additic	onal Info:		
	ree On Board	<b>i:</b> 9							
		N/A							4
	Delivery Date	e: 06/30/202	23						
	Delivery Type	9:	~						
Ship	ping Additional Info	now in su	ite 200	le le					

# **Reporting**



Reporting 1 - click on the arrow and choose one of the following options:

Reporting Code	Description
CEO/ITS	CEO and ITS Approval Required
HR	HR Approval Required
HR/ITS	HR and ITS Aprroval Required
ITS	ITS Approval Required
STANDARD	Standard Requisition

**Reporting 2** – this will be either NGP (non-green procurement) or GPP (green procurement policy). This should copy over from previous year – please leave as is.

#### **Renewal Period**

If this CT is going to be renewed for an additional year – there should be information populated. These dates use the Effective / Expirations dates noted on the General Information tab and then adds one year.

Header	Line Number	Renewal Period Length	Renewal Period Unit
Renewal Period	1	1	Veare Ran Production
Accounting Distribution	Provide and a second	Print Print Print Print	
Vendor	From 1 to 1 lotal: 1		Go to line: Go
Business Type			
Commodity			
Commodity T & C	General Information		
Accounting	Renewal Peri	d Length: 1	
Posting	Renewal P	riod Unit: Years 🗸	
Sub Vendor	Notification Dave Prior to	variation: 00	
Terms and Conditions	Notification Days Photos		
Special Instructions	Effe	tive Date: 05/04/2023	
Award Details	Expir	tion Date: 05/03/2024	

# <u>Vendor</u>

Vendor Customer – ensure the correct vendor id is being used.

л	Vendor Line	Vendor Customer	r	Legal Name	Lin	e Amount
wal Period	1	VC00026287	MANAGEMENT APPLIED PROC	GRAMMING LLC		\$110.000
ounting Distribution	From 1 to 1 Total: 1		First Prov	rious Next Last		
dor						
iness Type						
nmodity						
nmodity T & C	Vendor Discount					
counting		endor Customer: VC00026287	2	Vendor Contact ID: P	C08	2
ting		Legal Name: MANAGEMENT	APPLIED PROGRAMMING LLC	Vendor Contact Name: M	IARTA CONTRERAS	
Vendor		Alias/DBA: AMERICAN INSU	JRANCE ADMINISTRATORS	Vendor Contact Phone: 2	13-406-2298	
ms and Conditions		Address Code: AD08	•		10-100-2200	
cial Instructions				Vendor Contact Phone Ext.:		
ard Details		1200 WILSHIRE	BLVD FL 5	Vendor Contact Email: m	arta@mapinc.com	
ety/Insurance		LOS ANGELES		Fax:		
porting Documents		CA		Fax Extension:		
		90017-1906		Fax Extension:		
		119		Secondary Reason:		

## **Discount**

This is where we convey our payment terms. County terms are normally NET 30.

<mark>Discount 1%</mark> = 0	<mark>Days</mark> = 30	
Commodity	Vendor Discount	
Commodity T & C		
Accounting	scount 1 %: 0.0000	Days: 30
Posting	Discount 2 %:	Days:
Sub Vendor	Discount 3 %:	Davs:
Terms and Conditions		
Special Instructions	Discount 4 %:	Days:
Award Dataila		

# **Commodity**

**CL Description** – normally there are no changes to this area, however, if there are dates noted here then update accordingly. If you need additional space to describe what is being order/requested, please use the **extended description** field.

Line Type – should always equal SERVICE

Contract Amount – update this to the amount required for this renewal.

Service From and To dates – update this according to the timeframe that will be needed for this renewal – these dates should match the dates noted on the header>General Information Tab..

cument Navigator 🛛 🔀	Commodity Total Lines:	Line: 1 Commodity: 9480740 Line Amount: \$110,000.00 Open Amount: 110000.00	
eader	Line .	CI Description	Line Amount
enewal Period	1 IN ACCORDANCE WITH COUNT	C. Description	Citie Athount
ccounting Distribution	From 1 to 1 Total: 1	First Previous Next Last	
endor			
usiness Type			
ommodity	General Information Reference Shipping/Billing Spec	ifications Matching Retainage Toterance Discount Worksites Fixed Asset Intent Reference	
commodity T & C	interest output and die		
ccounting	CC Description	: IN ACCORDANCE WITH COUNTY OF Maintenance:	~
osting	Western	T & C Template:	2
ub Vendor	warehouse	Fixed Asset:	0
erms and Conditions	Commodity	: 9480740	
pecial Instructions	Stock Item Suffix		
ward Details		MEDICAL CLAIMS ADJUDICATION	
urety/Insurance	Supplier Part Number	2 Vendor Preference Level:	99
Supporting Documents	Tine Type	Inactive Line:	
		Shipping Charge:	
	Quantity	: 0.00000 Commodity Specs:	
	Uni	a 🚖	
	Unit Price	: \$0.00	li li
	Discounted Unit Price	stended Description:	PROVIDE DISTRIBUTION OF THE
	List Drive	a (60.00	FUND FROM JULY 1, 2022 THROUGH
			JUNE 30, 2023.
		Non-Reserved Funding Open Amount Total	313,330,03
	Los From	tem Sub Total:	\$110,000.00
	Service To	: (06/30/2023	\$0.00
	Accounting Profile	2 Line Amount:	\$110,000.00
	Accounting Template	a Closed Amount:	\$0.00
	Tax Profile	Copen Amount:	\$110,000.00
	Tak Profik	Open Accrual Amount:	\$0.00
	Leased Item	: U Closed Quantity: 1	3.00000
		Once Once the	0.00000

Extended Description – in order to modify and/or see the fully extended description – click on Related Actions located in the lower right hand of the screen.



The Extended Description will 'open' so that you can see all information. Be sure to update the dates of service appropriately.

Save Cancel Return to Line Item

Vendor Line Number : 1 Commodity Line Item: 1

PROVIDE DISTRIBUTION OF THE PHYSICIANS SHARE OF THE MADDY FUND FROM ULY 1, 2022 THROUGHOUNE 30, 2023

AIA SHALL BE COMPENSATED WITH AN AMOUNT EQUAL TO EIGHTEEN THOUSAND (\$18,000) PER QUARTER. IF CLAIMS ADJUDICATION FEES EXCEED A TOTAL OF \$18,000 PER QUARTER, WHEN CALCULATED AT \$6.00 PER EACH MANUAL CLAIM OR \$5.00 PER EACH ELECTRONIC CLAIM, THEN, AIA WILL BE PAID FOR THE ACTUAL CALCULATED AMOUNT.

Information that should be included: reference to price lists, agreements, contracts, enclosures and prior year procurement document ID.

#### **Accounting**

Update accordingly.

Document Navigator 🛛 🔀		Accounting		Total Li	nes: 1 Line: 1 l	Line Amount: \$110,000.00	Line Open Amount
Header							
Renewal Period		Line		Line Amount		Line Closed An	nount
Accounting Distribution	From	1		\$	110,000.00		
Vendor	FION						
Business Type							
Commodity			(		(		
Commodity T. P. C	Ger	neral Information	Reference	Fund Accounting	Detail Accounting	Fixed Asset Intent Referen	ce    Payment Deta
Accounting				Event Type: PR05	<b>2</b>		
Posting			Accountin	g Template:	4		
Sub Vender							

#### **Terms and Conditions**

If there is ST034 noted on this page, insurance is required.

Document Navigator 🛛 🔀		Terms and Condit	tions	Total Lines: 2 T & C: ST034	Name: Insur	rance		
Header		0 1						
Renewal Period		Section	180	Name		Date	Inc by	Mod
Accounting Distribution		1	ST034	Insurance HIRAA already in contract		06/23/2015	by full text	No
Vendor	Eron	1 to 2 Total: 2	01110			First Previous N	ext Last	140
Business Type								
Commodity								
Commodity T & C	Ge	neral Information						
Accounting								
Posting			T & C:	ST034 🚖				
Sub Vendor			Name:	Insurance				
Terms and Conditions			Section:	1				In
Special Instructions			Paguapaa	2				
Award Details			Sequence.	3				
Surety/Insurance			Details:	INDEMNITY AND INSURANCE REQUIREMENTS:	<b>^</b>			
Supporting Documents				POLICY LIMITS AND ENDORSEMENTS VARY, AND ARE	•			

#### Surety/Insurance

If ST034 is noted in the Terms and Conditions, please check the vendors insurance. You can request the insurance from the vendor or you can check Ebix (see information on Ebix on our website link: <u>Ebix</u> <u>RCS Certificate of Insurance Login Page (ebixcerts.com)</u>

In the **Policy Number** field – please add when the insurance will expire the date and your initials. EXP 3/26/2024 JM

Document Navigator 🛛 🔀	Surety/Insurance	Total Line	es: 1 Li	ine Number: 1	Policy Number:	EXP 1/2022 ML
Header		Line Number				
Renewal Period	1	Line Number		NAICC	ode	EVD 4/2021
Accounting Distribution	From 4 to 4 Totals 4					EAP 1/202
Vendor	From 1 to 1 Total: 1					
Business Type						
Commodity						
Commodity T & C	General Information	Defaulted/Terminated Award Info	rmation	Insurance Prov	ider Information	Broker Inform
Accounting		Certificate Rec	ceived: 🛛	2		
Posting		Surety Honored	Bond:			
Sub Vendor		Reason for Previous Agreemer	nt End:	Not Applicable 🗸		
Terms and Conditions		Incurrence	. Times			
Special Instructions		Insurance	e type:	2		
Award Details		Closure	e Date:			
Surety/Insurance		Policy N	umber:	EXP 1/2022 ML		
Supporting Documents		Value of Policy/	Bond:			

Once all information has been updated return to the header and upload any supporting documents. Validate and submit into workflow for approvals.