Health Affairs Compliance 360 Training Requester Guide

A Collaboration between Health Affairs

and
UCDAVIS
HEALTH
IT Education

Updated May 2025

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Introduction

The Compliance 360 (C360) replaces the manual submission, annual review, and renewal processes for all business agreements processed by the Health Affairs team. The system consists of multiple modules that organize and store data. The modules and folders that display are based on user's security.

Accessing and Logging Out of C360

We use single sign-on functionality to access C360. That means as long as users are logged in to the UCDH network, they do not need to enter a user name and password to access the system.

Accessing Logging in to C360

To accessC360:

- 1. Launch Chrome or Edge
- 2. Copy and paste the URL to your browser https://secure.compliance360.com/?organization=UCDH

Logging Out of C360

To log out of C360:

1. Hover the curser over your name in the top right corner. Then, select Logout.

	UCDH: Debbie Free DF
_	Site Map
	Reference Library
	What's New
	Help
	Logout

Logout Menu Option

2. Close the browser window.



Internet Explorer Browser Window

C360 Landing Page

After logging in, the C360 landing page displays on the **Today** tab. Access to the tabs in the system and the data contained within them are based on users' security. Listed below is a description of the tabs.

Important: Do not use the Web browser's back and forward buttons. Use only the buttons in C360 to navigate through the system.

Today:

- **To Do List** Tasks that require action. For example, whenever a task is assigned for completion, the record displays on the list.
- Announcements Access the Agreement Request Form in this section. Additionally, news and information may also appear in this section.

UCDAVIS HEALTH	Q		UCDHUAT: De	ebbie Fi	ree DF
Home Analytics Riak & Audit Operations					
Home My Home Page Information					
Today Active/Executed In Process In Review Inactive +					
			۲	?	Ð
	Announcements			(?)	Ð
a Third Party Risk Management / Contract / UCDH Contracts	1 SUBJECT	START DATE/TIME	END DATE/TIME		
	Agreement Request Form	1/1/2020 12:00:00 AM PST	11/30/2099 12 PST	2:00:00	AM

Landing Page: Today Tab

Active/Executed:

• Agreements that are active and/or executed display on this tab and have the workflow status: Executed ; –and Active- Scheduled for Close Out

	Т	day	Active/Exe	uted In Process	In Review II	nactive +							
~	Acti	/e/Ex	ecuted										
	С	ontra	ict List										For Selected 👻
		*	AGREEMENT NUMBER	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	DEPARTMENT CONT.	ACT PERSON AGREEMENT DESCRIPTION	STATUS	NEGOTIATION STATUS	ASSIGNED CONTRACT SPECIALIST	AMENDMENTS	0	ACTIONS
		☆	Q.	Alysia Alby-Talbot Contract	\ UCDMC \ Food and Nutrition Services	Q Alby-Talbot, Alysia	Alysia Contract	Executed	Draft at 2nd Party for Review	🖸 zzConsultant Wing, Julie 📘	0	Ø 2 🗩	4 Actions 👻

Landing Page: Active/Executed Tab

In Process

- Agreements that are being processed and have the following workflow statuses display on this tab:
 - Department Approval 1 and 2 (Approval of the Agreement Request).
 - Executive Approval 1 and 2 (Approval of the Agreement Request).
 - Agreement Request Rejected (Rejection of the Agreement Request by the Department or Executive Approvers).
 - Agreement Assignment (Health Affairs Contracting team prep for assignment to Contract Specialist).
 - In Process (Contract Specialist activity to complete the contract process).
 - Not Yet Submitted (Agreement created, pending submission by the Submitter).
 - Requester Review Required (If the Contract Specialist requires further information from the Submitter).
 - Secondary Executive Approval 2 (Approval request to Executive Approver 2 as applicable by the Contract Specialist).
 - Secondary Executive Approval 2 Rejected (Rejection of approval send by the the Contract Specialist to Executive Approver 2).
 - Scheduled Review Required:Scheduled reviews in process pending department managers or SMEs to complete and return to Contracts' Office
 - Scheduled Review Intake: Completed annual Schedule Review Form pending to be assigned to Contract Specialist
 - Triage: Request submitted successsfully by Department and it's in the Triage queue with Contract Office to do a first cursory review before it routes to the Approvers.
 - Amendment or Replacement In Process: An amendment is being drafted or pending negotiations

	Today	А	ctive/Execut	ed In Process	In Review	Inactive +									
≈In	Proces	s													(?)
	Contra	act List											For	Selected •	
	Filter By	Any Field	٣	Contains	Enter value	» 😨									1
	- *	AGREEMEN	IT NUMBER	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	DEPARTMENT CONTACT PERSON	AGREEMENT DESCRIPTION	STATUS	NEGOTIATION STATUS	ASSIGNED CONTRACT SPECIALIST	AMENDMENTS	Ø	• A	ACTIONS	
		Q.		ABC Contracting entity	Ta \ UCDMC \ Cancer Center		JULIE TEST EXEC2	Agreement Request Form Submission		🔍 zzConsultant Wing, Julie 📘	Q 2	1	9 6	Actions 👻	
		0 5000	-	Erick Jenkins Contract Test	\ SOM \ Cancer Center	🔍 Jenkins, Erick 📘	This is a full sentence - hopefully not too long.	Negotiation in Process		🖸 zzConsultant Wing, Julie 🧧	0	1	9 4	Actions 👻	

Landing Page: Active/Executed Tab

Review Required:

- Agreements that are currently being reviewed and have the following workflow statuses display on this tab:
 - Scheduled Review Required: Scheduled reviews in process pending department managers or SMEs to complete and return to Contracts's Office.
 - Delinquent Review: Past due scheduled reviews in process pending department managers or SMEs to complete and return to Contracts's Office.

lytics	Ris	k & Audit Op	erations Maintenan	De .												
Hom	e Page	Information	n Job Status													
Tri	age	Andrew's Dock	et Scheduled Review	v Intake In Process Inac	tive Leadership - Amendment	s Health Affairs - Lead	ership Review Required Active/Execute	ed Agreement /	Assignment Joua's Do	cket Leaders	hip - Amendments	Review Required Leade	ership - Amendments	Health A	Affairs - Asi	sessments +
Revi	w Rec	wired														
C	ontrac	t List														For Selected
F	ter By	Any Field	* Contains	Enter value	» Y											
	*	AGREEMENT NUMBER	AMENDMENTS	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	DEPARTMENT CONTACT PERSON	AGREEMENT DESCRIPTION	EFFECTIVE END DATE	STATUS	LAST TOUCHED	NEGOTIATION	ASSIGNED CONTRACT SPECIALIST	AGREEMENT SUPPORT	C	Q	ACTIONS
		2093	N 🛛 14	Barton Memorial Hospital	Ta \ SOM \ Center for Health and Technology		UC Provides Infectious Disease Telemedicine Consults	6/30/2025	 Scheduled Review Required 			Butler, Shelly D.	 Ramos, Jessica M. 	@1	P 0	Actions -
	ģ.	2096	N 🛛 11	Shasta Community Health Center	🚡 \ SOM \ Pediatrics	Bali, Shelina	Telemedicine Pediatric Endocrinology	6/30/2025	AScheduled Review Required	6/21/2024		 Butler, Shelly D. 	🗹 🔹 Yang, Joua	@1	₽⁰	Actions •
	ŝ	2121	N 🖸 6	Dignity Health: Mercy Medical Center Redding	and Technology		UC Provides Telemedicine Peds, Neonatal and Radiology Consults	6/30/2025	AScheduled Review Required			Butler, Shelly D.	 Butler, Shelly D. 	@6	<mark>۵</mark> و	Actions +
	ŵ.	2307	N 🛛 13	Shriners Hospitals for Children-Northern California	Te \ SOM \ Graduate Medical Education	🗹 🔹 Traynham, Ryan	Affiliation - ACGME Op Add #22 (Paid Rotations)		 Scheduled Review Required 	8/29/2024		Yang, Joua	🗹 🔹 Yang, Joua	@4	₽1	Actions -
	ŵ.	2638	Ы 🖸 з	Adventist Health: Lodi Memorial Hospital	Ta \ SOM \ OB/GYN		UC Provides Maternal Fetal Medicine (MFM) Services	6/30/2025	 			 Ramos, Jessica M. 	Ramos, Jessica M.	@ ²	₽⁰	Actions •
	ŝ	2626	📔 🛛 З	Ridgecrest Regional Hospital	a \ SOM \ Neurology		Telemedicine Services - Acute Neurological Care (+ Equip.)	12/31/2025	 Delinquent Review 			 Ramos, Jessica M. 	Ramos, Jessica M.	@0	<mark>۵</mark> و	Actions •
	ŝ	2688	N 🛛 13	Plumas District Hospital	a \ SOM \ Pediatrics	Bali, Shelina	UCD provides Telemedicine Pediatric Critical Care Services	6/30/2025	 	6/10/2024		Butler, Shelly D.	Miller, Andrew	©1	₽⁰	Actions 💌
	\$	2692	No 🖸 10	Oroville Hospital	Ta \ SOM \ Pediatrics		Telemedicine Pediatric Oritical Care/Peds. Emerg	5/31/2025	 ßScheduled Review Required 			 Butler, Shelly D. 	 Butler, Shelly D. 	@1	P 0	Actions •
	ŝ	2696	N 🛛 8	Jerold Phelps Community Hospital	Ta \ SOM \ Pediatrics		Telemedicine Consults UC Provides Pediatric Critical Care/Emergency	5/31/2025	 			 Butler, Shelly D. 	 Butler, Shelly D. 	@1	Р •	Actions 💌
	\$	2699	N 🖸 9	Barton Health System	Ta \ SOM \ Pediatrics		Telemedicine UC Provides Pediatric Critical Care Consults	6/30/2025	 			 Butler, Shelly D. 	 Butler, Shelly D. 	@1	<mark>۰</mark> ک	Actions •
-	ms per pa	igit 10 🔻	Showing 1-10 of 35											C C Page	1 of	4 > » C

Landing Page: Review Required

Inactive

• Agreements that are Inactive display on this tab.

	Today	Active/Exect	ted In Process	In Review	Inactive +						
~	Inactive										
	Contr	act List									For Selected 👻
		AGREEMENT NUMBER	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	DEPARTMENT CONTACT PERSON	AGREEMENT DESCRIPTION	STATUS	NEGOTIATION STATUS	ASSIGNED CONTRACT SPECIALIST	AMENDMENTS	🖉 🗭 ACTIONS
		Q.	Training Documentation	\ UCDMC \ Administration		Training Documentation	Inactive		🖸 zzConsultant Wing, Julie 🧧	Q, 1	🖉 1 🗩 4 🛛 Actions 💌
		Q		C UCDMC \ Administration		UPLOAD FOR DEPARTMENT FIELD LOOKUP VALUES	Inactive			0	🖉 0 🗩 0 🗛 🗸

Landing Page: Inactive Tab

Completing the Agreement Request Form

This section contains instructions on how to complete the Agreement Request Form.

Note: All fields marked with a red asterisk are required <u>and</u> must be completed to save any data entered on the form.

Make sure all required information is handy before starting the request form.

The form times out after 180 minutes. Work that is not saved is lost.

Hover over the icons to view a description.

To complete the Agreement Request Form:

1. Click the magnifying glass next to the Agreement Request Form in the Announcement

UCDAVIS HEATH			Q	ucdh	: Julie zzCons	ultant	Wing	JZ
Home Analytics Legal & Compliance Risk & Audit Operations Maintenance								
Home My Home Page Change Password Information								
Today Contract Assignment In Review In Process Active/Executed	Inactive	+						
					۲	(?		6
	0	۲	Announcements			(?		6
a Third Pany Risk Management / Contract / UCDH Contracts a Third Pany Risk Management / Contract Addendum / UCDH Contracts		32	SUBJECT	START DATE/TIME 1/1/2020 12:00:00 AM PST	END DATE/TIM 11/30/2099 1 PST	E 12:00:	:00 AM	

C360 Landing Page

2. Click the **here** link in the **Message** section. The **Agreement Request Form** opens in a new, secure page outside of Compliance 360.

VIEW ANNOUNCEME	NT			- EX
General Information				
		From Q, zzConsultant Wing, Julie		
		Start Date/Time 1/1/2020 12:00 AM PST		
		End Date/Time 11/30/2099 12:00 AM PST		
		Subject Agreement Request Form		
Message				
		Click <mark>here</mark> to access the Agreement Request Form. If y details.	you have any questions, please contact Health Affairs for	
Attachments				
NAME	ATTACHED BY	ТҮРЕ	DATE ATTACHED	SOURCE
		No Attach	nments to display	

View Announcement Window: Message section

The Agreement Number field populates later in the workflow process.

3. Click the ---- (ellipsis) next to the **Initiating Department** Field.

SAISO MATH		Q 😧 👐	dhtest Andrew Miller
Home Analytics Risk & Audit Operations Maintenance	2		
HOME My Home Page Information Job Status			
View Announcement			e II X
		Close Spell Check Save	Save and Close
Insucious	Please note: the form times out in 3 hours. Work that is not submitted through the Save and Close function will be lost.		
	Tip / All fields marked with a red astlerisk are required fields. All required fields must be completed in order to submit through the Save and Close function. Once you have utilized the Save and Close function, you can return to the form later to review and subsequently submit the form for approvals.		
	Agreenent Number		
	*Please update the Initiating Department field to your Department.		
	Contacts		2
	Submitter		
	Department Contact Person		
	Department Contact Person Phone		
	Department Contact Person Email		
	Is this request replacing an existing or prior agreement?		
	Will any other department(s) be involved?		
	· · · · · · · · · · · · · · · · · · ·		
	Please follow the instructions in selecting the appropriate approval routing based on your request to contract for services. Incorrect approval routing will result in delays in		
	processing and your request may be rejected or returned to you.		· · ·
2023.5 Terms of Use Privacy Policy		0 2025 SA	1360 - All rights reserved SAI36O

Agreement Request Form

- 4. Select the appropriate folder, and then click the X in the upper right corner.
 - a. There are subfolders for each section under UCDMC, SOM, and SON. If the subfolders for the appropriate department does not display, click the + (plus sign) next to the main folder to expand the list.

Note: Some departments are collapsed into one department. For example, all PCN clinics are under Ambulatory Clinics. SOM – Administration is the Dean's Office. If unsure which folder to select, please call or email Health Affairs.

If a department does not display in any of the folders, contact Health Affairs.

FOLDER SELECT		ē 🖾 🗙
	Select a division, if necessary, then click a folder to select it. Division UC Davis Health	·■ î
Contracts Contracts	Center Madorna	

Folder Select Window

- 5. Type your last name in the Submitterfield, and then choose your name from the list. Another option is to click the ⁻⁻⁻⁻ to search from a list of all employees within C360.
- 6. Type the last name of the **Department Contact Person**, and then choose a name from the list. Another option is to click the **to** search from a list of all employees within C360.
- 7. Enter **Department Contact Person Phone** (include the 10-digit number and the dashes).
- 8. Enter the **Department Contact Person Email** address.
- 9. Select the appropriate option from the **Is this Request replacing an existing or prior agreement?** drop down menu
 - a. If you select YES, there will be an area for you entire additional information regarding what Agreement we are replacing and why. This is required.
- 10. Click in the **Will any other department(s) be involved** field, and then select **Yes** or **No**.
 - a. If you select YES you will be given a series of areas to indicate what additional departments are involved, what there role is, and if there are any other contact people for this agreement. Click Add displayed below the If yes, which departments field to add additional departments. (If the incorrect department is added to the list, select the department in the list, and then click Remove).

	*Please update the Initiating Department field to your Department.	
*	Initiating Department	
	Contracts	🖄 📋 🤋
*	Submitter	
		🛛 📋 ?
*	Department Contact Person	
		🖄 📋 🤋
*	Department Contact Person Phone	
*	Department Contact Person Email	
*	Is this request replacing an existing or prior agreement?	
		•
*	Will any other department(s) be involved?	
	ſ	•

Agreement Request Form

- b. Click **Select** to add the additional department(s) from the list.
- c. Click Close.

HA OTHER DEPARTMENTS INVOLVED	MULTI LOOKUP SELECT				● 盟 X
	Division Global		(Select Division)		
Filter By Any Field Contains	•] [>			ACTIONS
VALUE					ACTIONS
UCDMC Ambulatory Clinics					Select
UCDMC Cancer Center					Select
UCDMC Care Services and Innovation					Select
UCDMC Center for Nursing Education					Select
UCDMC Clinical Case Management and Transfer Center					Select
UCDMC Community Hospital Partnerships and Affiliations					Select
UCDMC Compliance					Select
UCDMC Employee Health					Select
UCDMC Environmental Health and Safety					Select
Items per page: 10 Showing 1-10 of 79				Page 1 of 8	>>IC
					CLOSE

Have Other Departments Involved Multi Lookup Select Window

d. Enter a narrative in the How are the other department(s) are involved field.

w are the other department(s) involved?

Agreement Request Form

- e. If the incorrect department is added to the list, select the department in the list, and then click **Remove**.
- 11. Click the down-arrow next to the appropriate department to which the agreement will be routed for review and approval.

Γ	≫	Approval Routing for School of Medicine Departments
	⇒	Approval Routing for UDCMC Departments
	Ť	
L	≫	Approval Routing for School of Nursing Departments

12. Enter the **Department Approver 1** and **2** and the **Executive Approver 1** based on the instructions in the Approval Routing for the selected department. **Note**: Instructions are department specific. Entering incorrect approver information may cause the request to be rejected or returned to the requester, which delays the approval process.

Note: It is important to select the correct approvers for the request. An example of the correct approval process is as follows:

Clinical Service Agreement requests:

	School of Medicine	Hospital	School of Nursing
Department Approver 1	CAO	Department Manager	Holly Evans
Department Approver 2	Department Chair	Director	Holly Evans
Executive Approver 1	Susan Murin, MD	Joseph Galante, MD	Stephen Cavanaugh
Executive Approver 2	Joseph Galante, MD	Mike Condrin	Joseph Galante, MD

Non-Clinical Service Agreement requests:

	School of Medicine	Hospital	School of Nursing
Department Approver 1	CAO	Department Manager	Holly Evans
Department Approver 2	Department Chair	Director	Holly Evans
Executive Approver 1	Susan Murin, MD	Mike Condrin	Stephen Cavanaugh

Approval Routing for ODCMC Departments	
	Approval Routing for UCDMC Departments: For Clinical Service Agreement requests:
	Department Approver 1 is the Department Manager (or approved Designee) Department Approver 2 is the Director (or approved Designee) S. Executive Approver 1 is the CMO (or approved Designee) Executive Approver 2 is the UCDMC CEO (or approved Designee)
	For Non-Clinical Service and All Other Agreement requests:
	1. Department Approver 1 is the Department Manager (or approved Designee) 2. Department Approver 2 is the Director (or approved Designee) 3. Executive Approver 1 is the UCDMC CEO (or approved Designee) 4. Executive Approver 2 is not applicable for non-clinical service agreement requests
	rtments
Г	
• 0	Department Approver 1 * Executive Approver 1
* C	Department Approver 2 Executive Approver 2

Agreement Request Form: Approval for Routing

- 13. Enter a date (M/DD/YYYY) in the **Desired Start Date** field or click the calendar icon to choose a date.
- 14. Enter a **Desired End Date** (optional). Follow the same format as above.
- 15. Enter the Legal Name of 2nd Party.
- 16. Enter the Mailing Address of the 2nd Party.
- 17. Enter the **Social Security # Federal Tax ID#** or the **Foreign Tax ID#** if applicable.
- 18. Enter the NPI number if applicable.

S:\CIS\IT Education\Non-EMR TRAINING\P_Compliance 360\Final Reference Materials_Final_4.17.20

Compliance 360 Requester Guide

2ND PARTY INFORMATION	Desired End Date
Mailing Address Social Security # or Federal Tax ID #	If applicable, provide NPI Number

Agreement Request Form: Second Party Information

- 19. Provide the name and title of our **2nd Party contact** (the individual you would like us to send the contract to)
- 20. Provide the **phone number and email address of the 2nd Party contact**, so we have somewhere to deliver the contract
- 21. Select from the drop-down menu a description of the **2nd Party (City, County, Federal, Non-Profit, For-Profit or Individual, State)**
- 22. Indicate if the 2nd Party is a Foreign Entity (If so, select what country they originate)
- 23. Indicate if the 2nd Party is a Federally Qualified Health Center
- 24. Indicate if the **2nd Party is religious entity** (review the University Policy regarding agreements with Health Care Organizations that may have policy restrictions, and if needed complete the **department certification form**

* Name and Title		
* Phone	* Email	
* Description of 2nd Party		
		Ψ
* Is the 2nd Party a foreign entity?		
	Ŧ	
* Is the 2nd Party a Federally Qualified Health Center? (FQHC)		
		*
* Is the 2nd Party a religious entity?		
		*

- 25. Click in the **Is the 2nd Party a university employee**, or a near relative of a University **employee** field, and then select **Yes** or **No**.
- 26. Click in the **Does a University employee or their near relative own or control more than 10% interest in the 2nd Party**, and then select **Yes** or **No**.
- 27. Click the **P&PM 350-90** link to view the policy (if necessary) if the answer is **Yes** to either of the two questions in the **Conflict of Interest** section.



Agreement Request Form: Conflict Of Interest Section

- 28. Enter the **Nature and Purpose of Agreement** (attach detailed scope of services to be performed as necessary).
- 29. Click in the Are patient care services being purchased by the University or sold by the University under this Agreement field, and then select Yes or No. If Yes, CMO approval is required.
- 30. Click in the **Will either party have access to the other's protected health information** field, and then select **Yes** or **No.**
- 31. Complete the **Specify what PHI will be exchanged and in what direction the exchange will occur** field if applicable.

Note: A scope of work is required for income and expense agreements. The option to attach the information is at the bottom of this request form.



Agreement Request Form: Specific Service Requirements Section

32. Click Add under the Which Mission(s) does this Agreement support field? (If the incorrect mission is added to the list, select the mission in the list, and then click **Remove**).

	MISSION
	Note: Research agreements are not processed by this office. Please submit projects which involve research at the University to the UC Davis Office of Research.
*	Which Mission(s) does this Agreement support?
	Add Remove

Agreement Request Form: Mission Section

33. Click **Select** next to all of the appropriate missions.

34. Click Close.

HA MISSION SELECT			ē 🖽 🗙
	Division Global	(Select Division)	
VALUE			ACTIONS
Community/Service Patient Care			Select
Teaching/Education			CLOSE

HA Mission Select Window

- 35. Complete the **Describe how this Agreement will benefit the University or how is it related to the University mission** field.
- 36. Click in the Is this agreement intended to facilitate the rotation of Residents, Fellows, Medical Students, Nursing students, or other Allied Health trainees, and then select Yes or No.
- 37. Complete the **If yes, please specify what type of trainee(s) and if they are incoming or outgoing** field if applicable.

	* Describe how this Agreement will benefit the University or how is it related to the University mission	
l		
l		
	* Is this agreement intended to facilitate the rotation of Residents, Fellows, Medical Students, Nursing students, or other Allied Health trainees?	
I		Ψ
l	If yes, please specify what type of trainee(s) and if they are incoming or outgoing.	
I		
I		
l		

Agreement Request Form: Mission Section

- 38. Complete the **Provide a high-level description of the nature of the affiliation or transaction, including its purpose and information about the other party or parties** field.
- 39. Complete the Provide information about the importance or impact of the affiliation or transaction, particularly as it relates to the University's education, research, or service (patient care) missions field.
- 40. Complete the **Describe the anticipated consequences of disapproval of the affiliation or transaction** field.
- 41. Complete the **Describe any potential risks to the University under the proposed agreement** field.

	SUPPLEMENTAL QUESTIONS
*	Provide a high-level description of the nature of the affiliation or transaction, including its purpose and information about the other party or parties.
*	Provide information about the importance or impact of the affiliation or transaction, particularly as it relates to the University's education, research, or service (patient care) missions.
*	Describe the anticipated consequences of disapproval of the affiliation or transaction.
4	Describe any potential risks to the University under the proposed agreement
า	besche any potential risks to the oniversity under the proposed agreement.

Agreement Request Form: Supplemental Questions Section

- 42. Click in The proposed agreement does NOT include any fees that, directly or indirectly, take into account the volume or value of referrals or other business generated between the parties field, and then select Confirmed or Cannot Confirm
- 43. Click in the There is NO evidence or implication that UC is overpaying for goods/services received or undercharging for goods/services provided under the proposed agreement based on your department's reasonable due diligence in investigating appropriate costs field, and then select Confirmed or Cannot Confirm

44. If the answer to either of these questions is **Cannot Confirm**, stop filling out the Agreement Request form and consult with UCDH Legal, David Levine.

FAIR MARKET VALUE

* The proposed agreement does NOT include any fees that, directly or indirectly, take into account the volume or value of referrals or other business generated between the parties.

* There is NO evidence or implication that UC is overpaying for goods/services received or undercharging for goods/services provided under the proposed agreement based on your department's reasonable due diligence in investigating appropriate costs.

Agreement Request Form: Fair Market Value Section

45. Click in the **Will existing patients continue to have adequate access to physicians and/or University resources if the services above are provided** field, and then select Yes or No?

46. Complete the **If No, please explain why this agreement should be approved** field if applicable.

Γ	PATIENT ACCESS									
	The University must ensure that UC patients have adequate access to UC physicians and services.									
,	Will existing patients continue to have adequate access to physicians and/or University resources if the services above are provided?									
	×									
	If No, please explain why this agreement should be approved									

Agreement Request Form: Patient Access Section

47. Click in the **Financial Consideration** field, and then select the appropriate response.

FINANCE	
* Financial Consideration	
No Cost	
Expense	
Income	

Agreement Request Form: Finance Section

48. Click the drop-down arrow next to the response that matches the **Financial Consideration** selected in the previous step. Then, complete the applicable fields.

The **No Cost Financial Consideration** option does not require does not require additional details.

	FINANCE
	* Financial Consideration
	No Cost
	Please expand and complete applicable section below.
No Cost	
	A no cost agreement is an agreement in which no payment is made by UC Davis Health to the 2nd Party, or by the 2nd Party to UC Davis Health.

Agreement Request Form: Finance Section – No Cost Financial Consideration Expanded

The **Expense Financial Consideration** option requires additional details and includes a link to pre-hire worksheet.

Expense	2
y completing the form below and submitting a completed fee schedule, I certify on behalf of my department that the proposed payment will cover all costs of the project and that all ra r hospital and that all fees or amounts are inclusive of any overhead, indirect costs, taxes, department or School fees or any other costs required to be charged by the University. Plex Millice if there are questions with respect to the applicable fees or rates. Income agreements involving a cost reimbursement budget, rather than a fee schedule with approved rates, million of the schedule with approved rates.	es included are approved by the University ise contact the appropriate Accounting ist be directed to Sponsored Programs,
lease complete the section below.	
In expense agreement is an agreement whereby UC Davis pays for goods or services from a 2nd Party. All expense agreements for the Hospital should be directed to Hospital equidates professional, clinical service agreements for the School of Medicine and School of Nursing, all other expense agreements and be directed to Procurement and Cogreements and any agreement that meets the threshold for a Competitive Bid requirement must be submitted to the appropriate Purchasing Office.	Purchasing. Health Contracts only intracting Services on campus. Staffing
stimated Not to Exceed Expense Amount	
Itimated Annual Expense	
Please attach a full fee schedule with any applicable rate or cost down breakdown for this expense.	
Yease complete a pre-hire worksheet and submit to HR for approval for any engagement of an independent contractor or consultant. Once HR has approved the ittach the completed form (or email indicating waiver) to this request prior to submission.	form (or indicated a waiver), please
ndependent Contractor (Individual) Pre-Hire Worksheet - PreHireIndCont.pdf (ucdavis.edu)	
nancial Account Number	
und Source (grants, contracts, etc)	

Agreement Request Form: Finance Section – Expense Financial Consideration Expanded

The Income Financial Consideration option requires additional details, including a fee schedule. Follow the directions below on how to attach files.

	FINANCE	
	Financial Consideration	
	Income	*
	By completing the form below and submitting a completed fee schedule, I certify on behalf of my department that the proposed payment will cover all costs of the project and that all rates included are approved by the University or Hospital and that all fees or amounts are inclusive of any overhead, indirect costs, taxes, department or School fees or any other costs required to be charged by the University. Please contact the appropriate Accounting Office if there are questions with respect to the applicable fees or rates. Income agreements involving a cost reimbursement budget, rather than a fee schedule with approved rates, must be directed to Sponsored Programs, even if no research is involved.	¥
	Please complete the section below.	
	An income agreement is an agreement whereby a 2nd Party shall make payment(s) to UC Davis Health. Please complete either the Fixed Income Amount field or Estimated Annual Rate-Based Income Field below, depending on whether the income under this agreement is fixed or is a projection based on a per-service or hourly rate.	,
	Fixed Income Amount	
	Estimated Annual Rate-Based Income	
	Please attach a full fee schedule for services provided under this agreement.	
	*** REIMBURSEMENT MUST BE MADE TO DEPARTMENT. DIRECT PHYSICIAN REIMBURSEMENT IS NOT ALLOWED. ***	
	Does the proposed budget/ee schedule:	
		*
	Does the proposed fee schedule fully cover the cost of providing services?	
		*
*	Are there any other costs or reimbursements that should be included in the Agreement? (Staff, Supplies, Equipment, Travel, etc.)	
		٣

Agreement Request Form: Finance Section – Income Financial Consideration Expanded

- 49. Optional: Fill out the Additional Info section if there is anything unique you would like the drafter to know, or if you believe this should be assigned to a particular specialist (cannot be guaranteed)
- 50. Attach any documents relevant to the agreement. (The instructions are on the request and outlined in this document.)

a. Click Save. (Do not click Save and Close.)									
Attachment Instructions:									
 Click SAVE at the bottom of this screen (DO NOT CLICK SAVE AND CLOSE). Click New on the Attachment List box on this submission form. Click Select File and choose the appropriate file using the Windows browser function. Click Open. Once the file has uploaded (showing in green, 100%), click Close. 									
Attachments									
No records to display									
Approvals and Comments									
No records to display									
	Close Spell Check Save SAVE CLOSE								

Agreement Request Form: Attachment Information Section

a. Click New in the Attachment section.

Attachments	New
	No records to display

Agreement Request Form: Attachment Information Section

b. Click Select File.

Attachment Information:	
	Type
	External FleVURL v Change
	Name
	Classification
	Notes
	He information
	Upload File(s) URL
	Select File Select or drop files here. NOTE: Attachments added IMMEDIATELY upon selection (using current field values).
	File Display Ontions
	Ø PDF
	Close

Agreement Request Form: Attachment Information Section

- c. Choose a file to attach.
- d. Click Open.

Choose File to Upload X								
\leftarrow \rightarrow \checkmark \uparrow = \rightarrow This PC \rightarrow dfree (\\hshome02\home\SMC\CIS) (H:) \rightarrow C360 Project - \checkmark \heartsuit Search Search SMC \land SMC \land Search SMC \land Search SMC \land Search SMC \land SMC \land Search SMC \land SMC \land Search SMC \land					Search C360 Project -			ρ
Organize 🔻 New folder							?	
🔚 Pictures	*	^	Name			Date mod	dified	Ţ
DOCUMENTATION EMR Process	*		📜 Project Status Reports			4/1/2020	11:28 AM	F
📜 AMB Epic Ambassador Program	*		📜 Training Materials			4/3/2020	12:28 PM	F
Documentation Templates	*		📑 Agreement Request Form Test Attachment.docx			4/3/2020	12:31 PM	N
P_Quarterly Release Cycles	*							
📜 Training Tasks - Debbie Free	*	¥	<					>
File name: Agreement Request Form Test Attachment.docx ✓ All Files (*.*)								~
					Open	▼	Cancel	

File Explorer Window

e. Click Close.

File Information		
Upload File(s)	URL	
Select File Select or drop files it	here. NOTE: Attachments added IMMEDIA	ELY upon selection (using current field values). Done 🧹
Agreement Request Form T	est Att	100%
File Display Options		
✓ Original		
✓ PDF		

Agreement Request Form: Attachment Information Section

51. Click **Save and Close**. This does not submit the **Agreement Request**. It simply saves the information completed on the form.

Attachments						New	
NAME	ATTACHED BY	TYPE	CLASSIFICATION	DATE ATTACHED	SOURCE	ACTIONS	
Agreement Request Form Test Attachment.docx	Free, Debbie	File		4/3/2020	Contract	Actions 💌	
Agreement Request Form Test Attachment.docx	Free, Debbie	File		4/11/2020	Contract	Actions	
Approvals and Comments	i						
No records to display							
					Close Spell Check Save	SAVE AND CLOSE	

Agreement Request Form: Attachment Information Section

52. Click the X top right corner to close the **View Announcement** window. The **Home Page** displays. **Note**: Clicking the **Close** button does not close the window.

VIEW ANNOUNCEMENT	ē	16 20 10 30	×
UC DAVIS HEALTH			
Thank you for your response. Please close your browser.			
CLOSE			

View Announcement Window

Submitting the Agreement Request Form for Approval

After saving and closing the **Agreement Request Form**, the request displays on the **Today** tab in the **TO Do List** section. The next step in the process is edit the Agreement Request, if applicable, before sending it for approval. After sending the Agreement for approval, the form is not editable.

Follow the steps in this section edit and submit the Agreement Request Form for approval.

To submit the Agreement Request Form for approval:

1. Click + next to **Third Party Risk Management / Contract / UCDH Contracts** displayed under the **To Do List** section.

Today	Active/Executed	In Process		In Review	Inactive	+		
						۲	?	D
		(?)	Ð		nents		?	Ð
🗉 Third Party Risk Man	agement / Contract / UC	DH Contracts	2					
				SUBJECT	START DATE/TIME	END DATE/TIM	E	
				Agreement Request For	1/1/2020 12:00:00 AM m PST	11/30/2099 1 PST	2:00:0	0 AM

Compliance 360 Home Page: To Do List Section

2. Click Agreement Request Form Submission.

~	Third Party Risk Management / Contract / UCDH Contracts	117
	Active - Scheduled for Close Out	4
	Agreement Assignment	4
	Amendment or Replacement - In Process	40
	Delinquent Review	1
	Department Approval 1	1
	In Process	22
	Request Not Yet Submitted	1
	Scheduled Review Form Intake	35
	Scheduled Review Required	1
	Triage	8

Compliance 360 Home Page: To Do List Section

3. Click Actions next to the desired Agreement Request.

TODAY	·						
							RETURN
Cor	ntracts						Ċ
*	AGREEMENT NUMBER	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	AGREEMENT DESCRIPTION	STATUS	NEGOTIATION STATUS	ACTIONS
☆		Cindy Jacobs	\ UCDMC \ Administration		Agreement Request Form Submission		Actions -
☆		Cindy Williams	\ UCDMC \ Administration		Agreement Request Form Submission		Actions 💌
							RETURN

Contracts Page

- 4. Select **Send for Approval**. The **Agreement Request** no longer displays on the **To Do List**; it only returns to the list if an action is required.
 - a. To update information on the **Agreement Request** prior to sending it for approval, click **Actions**, and then select **Edit Agreement Request**. The agreement request form opens.
 - b. Make changes as appropriate.
 - c. Click Save and Return.

Home	9						
TODA	Y						
							RETURN
Co	ntracts						Ċ
*	AGREEMENT NUMBER	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	AGREEMENT DESCRIPTION	STATUS	NEGOTIATION STATUS	ACTIONS
☆		Q Josah Aims	1 \ UCDMC \ Administration		Agreement Request Form Submission		Actions 💌
<						·	 Edit Agreement Request
							Send for Approval
						The second se	Copy/Move

Contracts Page: Menu List

5. Click Return. The Home Page displays.

							RETURN
Co	ntracts						Ċ
*	AGREEMENT NUMBER	LEGAL NAME OF 2ND PARTY	INITIATING DEPARTMENT	AGREEMENT DESCRIPTION	STATUS	NEGOTIATION STATUS	ACTIONS
☆		Cindy Jacobs	Le VUCDMC \ Administration		Agreement Reque Form Submission	st	Actions -

Contracts Page

Withdrawing an Agreement Request

If an **Agreement Request** is no longer applicable, follow the steps below to withdraw the request. After withdrawing the **Agreement Request**, it is no longer available (once you have submitted the request, it will no longer be available to withdraw, please contact the Contracts Office with a request to withdraw).

To withdraw an Agreement Request:

1. Click 🛨 next to Third Party Risk Management / Contract / UCDH Contracts displayed under the To Do List section.

Today	Active/Executed	In Proces	SS		In I	Review	Inactive	+			
									+	?	D
		(?	٢	≈A	nnounceme	ents			?	Ð
■ Third Party Risk Mar	nagement / Contract / UC	DH Contracts		2		SUBJECT	START DATE/TIME	END D	ATE/TIME	2.00.00	
					C	Request Form	1/1/2020 12:00:00 AM PST	PST	/2099 12	2:00:00	AM

Compliance 360 Home Page: To Do List Section

2. Click Agreement Request Form Submission.

Third Party Risk Management / Contract / UCDH Contracts	117
Active - Scheduled for Close Out	4
Agreement Assignment	4
Amendment or Replacement - In Process	40
Delinquent Review	1
Department Approval 1	1
In Process	22
Request Not Yet Submitted	1
Scheduled Review Form Intake	35
Scheduled Review Required	1
Triage	8

Compliance 360 Home Page: To Do List Section

3. Click Actions next to the desired Agreement Request, and then select Withdraw.

Compliance 360 Requester Guide

	•						0	Edit Agreement Request
Home	My Home Page	Information						Edit
								Send for Approval
Home							1	Copy/Move
TODAY							Ø	Attach
								Comment
							Ŕ	Workflow History
							4	Workflow Delegation
Con	tracts						Ê	History
	ACREEMENT	LEGAL NAME OF 2ND		AGDEEMENT		NECOTIA	Q	Audit Trail
	NUMBER	PARTY	DEPARTMENT	DESCRIPTION	STATUS	STATUS	E	Resend Message
			1		Agreement Request		۲	Withdraw
$\stackrel{\frown}{\simeq}$		Cindy Jacobs	\ UCDMC \		Form Submission			Actions

Contracts Page: Menu List

4. Click Return. The Home Page displays.

Contracts	Ċ
No records to display	
	RETURN

Contracts Page

Handling Rejected Agreement Requests

If Approvers or the Contracts Office Triage team reject an **Agreement Request**, the system routes an email notification to the Requester. The email contains comments regarding why the Approver rejected the request. **Rejected Agreement Requests** starts the approval process over.

Follow the steps below to address rejected requests:

- 1. Open the email and read the **Comments** to determine why the Approver rejected the request.
- 2. Click the here link in the email under the Log in to Compliance 360 heading.

Compliance 360 Requester Guide

Compliance	360 <msgsystem@compliance< th=""><th>360.com> Debbie</th><th>A Free</th><th>10:08 PM</th></msgsystem@compliance<>	360.com> Debbie	A Free	10:08 PM
Agreement	Request Rejected - Josah Ai	ms		
lick here to download	pictures. To help protect your priva	icy, Outlook prevented au	tomatic download of some pictures in this message.	
Message Info	ormation			4
	From Free, Debbie			
	To Free, Debbie:			
St	ubject Agreement Request F	Rejected - Josah Ain	IS	
Addi Inform	itional Please log in to Comp nation the item titled "Agree Agreement Request t restart the approval p	liance 360 using th ment Request Reje o correct any items process, click Action	e link below and click on the numbered hyper cted" on your To Do list. Click Actions then Ec for submission, then click Save and Return. I s, then Resend for Approval.	link next to dit in order to
Log in to Cor	npliance 360			
Click <mark>here</mark> to	access the login pag	je.		
Contract Info	ormation			
Di	vision UC Davis Health			
	Folder Contracts \ UCDMC \	Administration		
	Status Agreement Request R	eiected		
Legal Name o	of 2nd Party Josah Aims			
Fin Conside	ancial ration No Cost			
Comments				
Туре	Classification	Date	Employee Comments	
Approval		4/12/2020	Free, Debbie	
Rejection		4/12/2020	Free, Debbie	
Attachmente				
Attachments				
Name		Description Ty	peCurrent File	
Agreement Requ	est Form Test Attachment.d	locx Fil	e x F	mont door
			Agreement Request Form Test Attach	ment.docx

Agreement Request Rejected Email Notification to Requester Example

- 3. Click **H** next to **Third Party Risk Management / Contract / UCDH Contracts** displayed under the **To Do List** section.
- 4. Click Agreement Request Rejected.

Today	Active/Executed	In Process	In Review	Inactive	+			
							÷ (?	D
				 (a) (b) (c) (c)			(2	6
Third Party Risk Ma Agreement R	nagement / Contract / UC	DH Contracts		<u>2</u> 1	SURIECT	START DATE/TIME	END DATE/TIME	
Department A	pproval 1			1	Agreement Request Form	1/1/2020 12:00:00 AM PST	11/30/2099 12:00 PST	:00 AM

Compliance 360 Home Page: To Do List Section

- a. If an Approver requested changes to the request:
 - Click Actions next to Agreement Request Rejected. Then, select Edit Agreement Request.
 - Make the appropriate changes. Then, click **Save and Return**.

- Click Actions, and then select Resend for Approval. The Agreement Request no longer displays on the **To Do List**; it only returns to the list if an action is required.
- b. If the **Agreement Request** is no longer applicable, follow the steps in the *Withdrawing an Agreement Request* section.
- 5. Click Return. The Home Page displays.