Fraud Waste and Abuse Training Attestation – Independent Pharmacies

The Attestation allows you to confirm that all employees who have been identified as being involved directly or indirectly with the administration or delivery of the Medicare Part D Prescription Drug Benefit, including pharmacists and pharmacy technicians, have completed the Annual Medicare Part D Compliance / Fraud, Waste & Abuse Training as mandated by CMS.

It serves as a resource to record and confirm your annual documentation of participation in the Centers for Medicare and Medicaid Services (CMS) required annual compliance training program for all contracted Medicare Part D Plan pharmacies. Completion of the attestation is not a required section in your Pharmacy profile; however, it provides a resource to communicate your compliance with all of your contracted Medicare Part D sponsors that choose to utilize NCPDP as their source for this information.

Your pharmacy should continue to maintain separate attendance logs detailing the completed training date and time, and list employees who were in attendance to provide evidence to support compliance, when required.

Note: NCPDP cannot interpret the FWA verbiage for pharmacies, for a layman’s explanation of the FWA verbiage the pharmacy’s PSAO or CMS (1-800-465-3203) should be contacted.

To complete the attestation, go to https://accessonline.ncpdp.org and login. If you do not have your login information, please email NCPDP at pharmacyhelp@ncpdp.org and include your full name and NCPDP number(s).

After logging in, click on the NCPDP Provider ID link.
Enter the NCPDP Number and click the Search button.

The pharmacy will appear in the grid where you will click the pencil icon (far right) to edit the profile.
Click the radio button next to the option indicating “Edit NCPDP Provider ID Profile”.
Then click the Continue button.

Click the FWA tab on the left.
Answer the question that is displayed and click the Next button.

Do you dispense and bill Medicare Part D Plan sponsors for prescriptions of Medicare Part D beneficiaries?

☐ Yes
☐ No

Note:
Please click here for FWA FAQ's.

If you answer “No” you are done. If you answer “Yes”, a second question will be presented as shown below. Click “Yes” or “No” as appropriate for your situation then click the Next Button.

Have you completed your FWA training?

☐ Yes
☒ No

Note:
Please click here for FWA FAQ's.

If you answered “No” you are done but you will be reminded that this needs to be completed by the end of the current calendar year. Click the Next button.

It is required that you complete the FWA attestation by December 31st of the current calendar year for continued processing of your Medicare Part D claims.

Note:
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) pharmacies are required to complete FWA attestation.
If you answered “Yes” you will need to indicate one of the following:

- The year you are attesting to.
- If you would like to complete the electronic form at this time.
  - If you choose to provide the information at a later time, the system will not require that you fill out the form at this time. It will also remind you to complete the form by the end of the current calendar year.

If you indicate a year, you will be presented with the attestation form:
Fraud, Waste and Abuse Training

PARTICIPATING PHARMACY MEDICARE PART D CERTIFICATION FOR 2016 PLAN YEAR

by the signature below, Participating Pharmacy agrees and attests that:

Section I

Fraud, Waste & Abuse and General Compliance

1. Monthly during the past 24 months, a new, face-to-face or written, monthly test. The test shall be the same test used for the PHP or Medicare Part D Performance Assessment.

2. The test is administered by the pharmacy or pharmacy assistant, and is to be administered during the first week of the month. The test shall be administered by a pharmacist or pharmacy assistant who is not employed by the pharmacy. The test shall be administered on the same day of the month in which the test was administered. The test shall be administered to all employees who have access to controlled substances. The test shall be administered to all employees who have access to controlled substances.

3. The test is administered by the pharmacy or pharmacy assistant, and is to be administered during the first week of the month. The test shall be administered by a pharmacist or pharmacy assistant who is not employed by the pharmacy. The test shall be administered to all employees who have access to controlled substances. The test shall be administered to all employees who have access to controlled substances.

Section II

* Offsite Activities

1. The test is administered by the pharmacy or pharmacy assistant, and is to be administered during the first week of the month. The test shall be administered by a pharmacist or pharmacy assistant who is not employed by the pharmacy. The test shall be administered to all employees who have access to controlled substances. The test shall be administered to all employees who have access to controlled substances.

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Fraud Waste & Abuse General Compliance

Section 1.2 – check one or the other box. If you check the second box you must fill in the accreditation organization and date.

Offshore Activities

Section 2.2 & 2.3 Check one of the boxes as appropriate

Note:
Pharmacies may only check 1 box for completing the Offshore attestation. If pharmacies use an offshore vendor for any pharmacy services, the pharmacy must attest to using an offshore vendor.
Fill out the remaining information and click the Next button.

Those fields indicated are required:

If the pharmacy does not have a Fax Number enter the Phone Number in the Fax Number field.

Address listed on the form should be the pharmacy physical address.

Clicking the Next button takes you to the acknowledgement page, where you attest to the data changes and submit them to NCPDP for approval.
Click the Submit button.

You have now completed the FWA attestation.