

Fraud Waste and Abuse Training Attestation – Independent Pharmacies

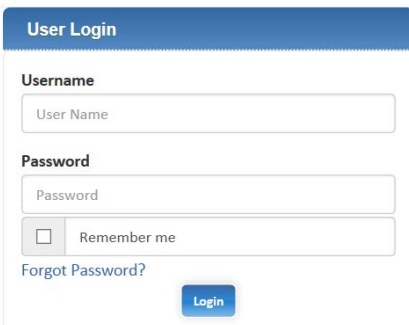
The Attestation allows you to confirm that all employees who have been identified as being involved directly or indirectly with the administration or delivery of the Medicare Part D Prescription Drug Benefit, including pharmacists and pharmacy technicians, have completed the Annual Medicare Part D Compliance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

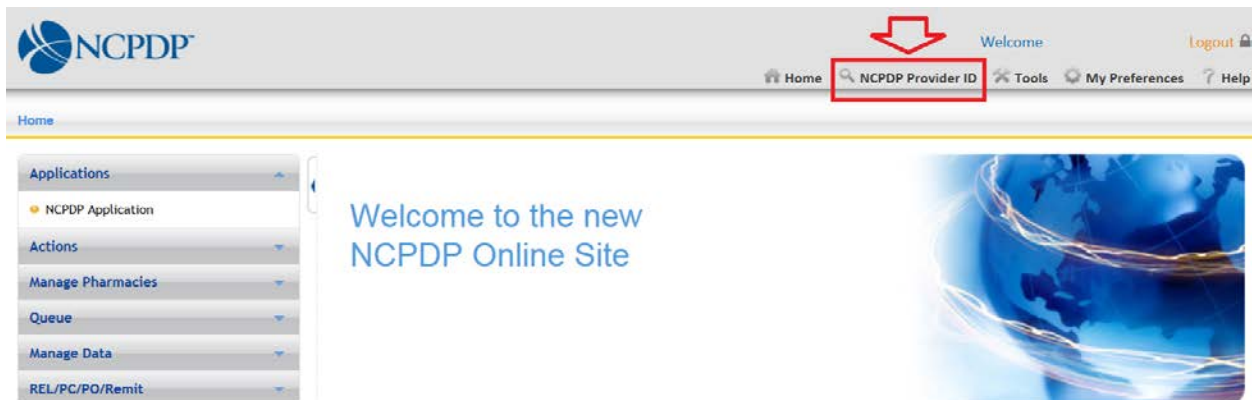
Note: NCPDP cannot interpret the FWA verbiage for pharmacies, for a layman's explanation of the FWA verbiage the pharmacy's PSAO or CMS (1-800-465-3203) should be contacted.

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



The image shows a 'User Login' form with a blue header. It contains two input fields: 'Username' with the placeholder text 'User Name' and 'Password' with the placeholder text 'Password'. Below the password field is a checkbox labeled 'Remember me' and a link for 'Forgot Password?'. A blue 'Login' button is positioned at the bottom right of the form.

After logging in, click on the NCPDP Provider ID link.



The image displays the NCPDP Online Site dashboard. At the top left is the NCPDP logo. The top right navigation bar includes 'Home', 'NCPDP Provider ID' (highlighted with a red box and a red arrow), 'Tools', 'My Preferences', and 'Help'. Below the navigation bar is a 'Home' section with a sidebar menu containing 'Applications', 'NCPDP Application', 'Actions', 'Manage Pharmacies', 'Queue', 'Manage Data', and 'REL/PC/PO/Remit'. The main content area features a 'Welcome to the new NCPDP Online Site' message and a graphic of a globe.

Enter the NCPDP Number and click the Search button.

Home > NCPDP Provider ID

Applications
Actions
Manage Pharmacies
All Pharmacies (160243)
My Pharmacies(80784)
Deactivated Pharmacies(79459)
CHOV Pharmacies(3423)
Queue
Manage Data
REL/PC/PO/Remit

How can we assist you?
By E-mail
By Phone
By Mail
Help Resources

Search Advance Search

NCPDP ID 1234567 Pharmacy Key Pharmacy Key DBA Name DBA Name

Search Reset

To sort results, click the column title you wish to sort by.
The following columns can be sorted: Pharmacy DBA Name, Store, NCPDP ID, NPI or Last Update.

Associate User

Pharmacy DBA Name	Store	NCPDP ID	NPI	Address	Main Phone	Last Update	Action
No records to display.							

10 items per page No items to display

Edit Pharmacy View Pharmacy

The pharmacy will appear in the grid where you will click the pencil icon (far right) to edit the profile.

Search Advance Search

NCPDP ID 1234567 Pharmacy Key Pharmacy Key DBA Name DBA Name

Search Reset

To sort results, click the column title you wish to sort by.
The following columns can be sorted: Pharmacy DBA Name, Store, NCPDP ID, NPI or Last Update.

Associate User

Pharmacy DBA Name	Store	NCPDP ID	NPI	Address	Main Phone	Last Update	Action
My Rx, Inc.		1234567		123 Main Street Anytown, Az 85260	999-123-4567	12/25/2015	

10 items per page 1 - 1 of 1 items

Edit Pharmacy View Pharmacy

Click the radio button next to the option indicating “Edit NCPDP Provider ID Profile”.

Then click the Continue button.

Please select what type of action you are taking on this pharmacy

Edit NCPDP Provider ID Profile
(Any changes to information for an existing NCPDP ID Profile or Application)

Change of Relationship/Payment Center/Remit

Modify EFIO Permissions

Deactivate this NCPDP ID

Cancel Continue

1 2

Click the FWA tab on the left.

Home > NCPDP Provider ID > Edit Pharmacy

1234567 - My Rx, Inc.

Primary Information

Pharmacy Doing Business As Name* My Rx, Inc.

Pharmacy Legal Business Name* My Rx, Inc.

Same as DBA Name

NCPDP ID 1234567

Store Number

Store Open / Effective Date* Effective Date

Pharmacy E-mail* JohnSmith@Myrx.com

Cancel Next

Pend Submit

Primary Information

Address

NPI Information

State Board License

DEA License

Tax Information

Medicaid / Medicare

Class Designation

Services

Taxonomy Codes

Contact Details


Other Documents

FWA

Finish And Submit


Answer the question that is displayed and click the Next button.

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

Yes 

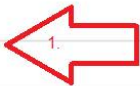
No

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 screenshot shows a web form titled "Complete your FWA attestation for". It contains two radio button options: "2016" and "2015". Below these is a checkbox labeled "I have completed my FWA attestation but will provide information at a later time." A red arrow labeled "1." points to the radio button area. At the bottom left is a "Cancel" button. At the bottom right are four buttons: "Pend", "Next", "Pend", and "Submit". A red arrow labeled "2." points to the "Next" button.

- 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

The screenshot shows a note box with the text: "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". Below this is another note: "Note: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) pharmacies are required to complete FWA attestation." At the bottom left is a "Cancel" button. At the bottom right are two buttons: "Next" and "Pend". A red arrow points to the "Next" button.

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 certifies and attests that:

Section I

Fraud, Waste & Abuse and General Compliance

1. Monthly during the past twelve (12) months, and going forward on at least a monthly basis, Participating Pharmacy has and will continue to review the Office of Inspector General List of Excluded Individuals and Entities (OIGIE) and General Services Administration (GSA) exclusion list and no Participating Pharmacy nor an employee, contractor, or agent providing services directly or indirectly ("Covered Individual"), and no Participating Pharmacy, is excluded from participation in government funded health care programs. Participating Pharmacy is subscribed to the OIG LISTSDRY via the OIG website to receive immediate notice of updates to the LEE. If any such Participating Pharmacy and/or Covered Individual appear on either the LEE or GSA list, Participating Pharmacy has and will continue to immediately remove that Covered Individual from the performance of services in support of government funded healthcare programs, including but not limited to Medicare Part D services.
2. * Indicate the applicable statement by checking the appropriate box:
 Within 90 days of hiring or contracting and annually thereafter, all Covered Individuals have participated in a fraud, waste, and abuse training program which complies with 42 C.F.R. §§422.503 (b) (4) (v) (C), 422.504 (b) (4) (v) (C) and Chapter 9, Section 50.3.2 of the Medicare Part D Prescription Drug Benefit Manual. In accordance with CMS guidance dated, June 17, 2015, Reducing the Burden of the Compliance Program Training Requirements, effective January 1, 2016, Pharmacies have two (2) options for ensuring that employees have satisfied this requirement. Pharmacies and its employees can complete the general compliance and /or FWA training modules located on the CMS Medicare Learning Network (MLN). Once the individual completes the training, the system will generate a certificate of completion. The second option allows the pharmacy the ability to download, view or print the content of the CMS standardized training modules from the CMS website to incorporate into the organization's existing compliance training materials/systems. The CMS training content cannot be modified to ensure the integrity and completeness of the training. However, an organization can add to the CMS training to cover topics specific to the organization. Additionally, Participating Pharmacy provides additional, specialized, or refresher training on issues posing fraud, waste, and abuse risks specific to an individual's job function as follows: (i) appointment to the job function, (ii) changed requirements, (iii) when an employee is found to be noncompliant, (iv) as a corrective action to address a noncompliance issue, and (v) when an employee works in an area implicated in past fraud, waste, and abuse. In addition to this certification, Participating Pharmacy has and will maintain for ten (10) years training records, copies of training material, including the date of the training, attendance, certificates of completion, test scores, and a copy of the training material, all of which records shall be available upon request.
 Participating Pharmacy is deemed to have met the fraud, waste, and abuse training certification requirements through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). (NOTE TO CLAIM PHARMACIES: If this box is checked, it must be true for each individual pharmacy location). Specify the date and organization that provided accreditation: _____ Accreditation Date _____
3. Participating Pharmacy has and will continue to provide annual training for Covered Individuals through its own General Compliance program and Code of Conduct that satisfies CMS' requirements in accordance with 42 C.F.R. §§ 422.503 (b) (4) (v) (C), 422.504 (b) (4) (v) (C) and Chapter 9, Section 50.3.2 of the Medicare Part D Prescription Drug Benefit Manual. In addition, Medicare Part D plan sponsors may distribute to Participating Pharmacy the Medicare Part D plan sponsor's standards of conduct and/or general compliance/fraud, waste, and abuse policies and procedures. Participating Pharmacy has and will continue to distribute such material to its Covered Individuals, provided it has not done so through its own General Compliance program and Code of Conduct, setting forth the Medicare Part D plan sponsor's compliance expectations for Participating Pharmacy, first tier, downstream or related entities (FDRE) that do not have its own General Compliance or Code of Conduct training.
4. Participating Pharmacy's managers, officers, and directors responsible for the administration or delivery of Part D benefits are free from any conflict of interest in administering or delivering Medicare Part D benefits.
5. Participating Pharmacy has and will continue to promptly report in writing to the Medicare Part D sponsor's or PGM's Compliance Officer any concerns related to compliance, suspected or actual violations of law or policy related to the services provided to beneficiaries covered by the Medicare Part D sponsor or PGM. Participating Pharmacy or Covered Individuals may report fraud, waste and abuse to the Medicare Part D sponsor's or PGM's Hotline or by email.
6. Participating Pharmacy has and will continue to provide Medicare Part D beneficiaries with notice instructing the beneficiaries to contact their plans to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist as required by CMS.
7. Participating Pharmacy's FDRE have certified to the Participating Pharmacy compliance with the certification requirements set forth herein.

Section II

Offshore Activities

1. For purposes of this attestation, the term "Offshore" shall be determined in accordance with CMS rules, regulations and guidance and the Health Insurance Portability and Accountability Act of 1996, as amended and all rules and regulations promulgated there under ("HIPAA") and currently refers to any location that is not one of the fifty (50) United States or one of the territories of the United States (American Samoa, Guam, Northern Mariana, Puerto Rico, and the United States Virgin Islands).
2. If Participating Pharmacy and its downstream and related entities DO NOT utilize Offshore subcontractors to perform activities under or in connection with Medicare Part D at an Offshore location, check here . If this box is checked, Participating Pharmacy shall promptly notify the Medicare Part D plan sponsor, or its PGM, if this statement becomes inaccurate.
3. If Participating Pharmacy and its downstream and related entities DO utilize Offshore subcontractors to perform activities under or in connection with Medicare Part D at an Offshore location, check here . If this box is checked, Participating Pharmacy will be asked by the Part D Plan Sponsor or its processor to provide all necessary information required to comply with CMS rules and regulations.

Disclaimer: Any CMS changes to Fraud, Waste and Abuse regulations are included as part of the overall Fraud, Waste and Abuse attestation.

Signature of Responsible Party*	<input type="text"/>	Date*	03/28/2016
Responsible Party (Print)*	<input type="text"/>		
Participating Pharmacy Name (Print)*	<input type="text"/>		
Address1 (Print)*	<input type="text"/>	City*	<input type="text"/>
Address2:	<input type="text"/>	State*	-Select State-
		ZipCode*	<input type="text"/>
NCPDP No.*	0308420	NPI No.*	<input type="text"/>
FAX*	<input type="text"/>	Email*	<input type="text"/>

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Note:
Please click here for FWA FAQ's

Cancel

Next




Print

Submit

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.

2. * Indicate the applicable statement by checking the appropriate box:

-  Within 90 days of hiring or contracting and annually thereafter, all Covered Individuals have participated in a fraud, waste, and abuse training program which complies with 42 C.F.R. §§422.503 (b) (4) (vi) (C), 423.504 (b) (4) (vi) (C) and Chapter 9, Section 50.3.2 of the Medicare Part D Prescription Drug Benefit Manual. In accordance with CMS guidance dated, June 17, 2015, Reducing the Burden of the Compliance Program Training Requirements; effective January 1, 2016, Pharmacies have two (2) options for ensuring that employees have satisfied this requirement. Pharmacies and its employees can complete the general compliance and /or FWA training modules located on the CMS Medicare Learning Network (MLN). Once the individual completes the training, the system will generate a certificate of completion. The second option allows the pharmacy the ability to download, view or print the content of the CMS standardized training modules from the CMS website to incorporate into the organizations' existing compliance training materials/systems. The CMS training content cannot be modified to ensure the integrity and completeness of the training. However, an organization can add to the CMS training to cover topics specific to the organization. Additionally, Participating Pharmacy provides additional, specialized, or refresher training on issues posing fraud, waste, and abuse risks specific to an individual's job function as follows: (i) appointment to the job function, (ii) changed requirements, (iii) when an employee is found to be noncompliant, (iv) as a corrective action to address a noncompliance issue, and (v) when an employee works in an area implicated in past fraud, waste, and abuse. In addition to this certification, Participating Pharmacy has and will maintain for ten (10) years training records, copies of training material, including the date of the training, attendance, certificates of completion, test scores, and a copy of the training materials, all of which records shall be available upon request;
-  Participating Pharmacy is deemed to have met the fraud, waste, and abuse training certification requirements through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). (NOTE TO CHAIN PHARMACIES: If this box is checked, it must be true for each individual pharmacy location). Specify the date and organization that provided accreditation _____ Accreditation Date 

Offshore Activities

Section 2.2 & 2.3 Check one of the boxes as appropriate

Section II

* Offshore Activities





1. For purposes of this attestation, the term "Offshore" shall be determined in accordance with CMS rules, regulations and guidance and the Health Insurance Portability and Accountability Act of 1996, as amended and all rules and regulations promulgated there under ("HIPAA") and currently refers to any location that is not one of the fifty (50) United States or one of the territories of the United States (American Samoa, Guam, Northern Marianas, Puerto Rico, and the United States Virgin Islands).
2. If Participating Pharmacy and its downstream and related entities **DO NOT** utilize Offshore subcontractors to perform activities under or in connection with Medicare Part D at an Offshore location, check here . If this box is checked, Participating Pharmacy shall promptly notify the Medicare Part D plan sponsor, or its PBM, if this statement becomes inaccurate.
3. If Participating Pharmacy and its downstream and related entities **DO** utilize Offshore subcontractors to perform activities under or in connection with Medicare Part D at an Offshore location, check here . If this box is checked, Participating Pharmacy will be asked by the Part D Plan Sponsor or its processor to provide all necessary information required to comply with CMS rules and regulations.

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:

Signature of Responsible Party* 	<input type="text"/>	Date*	09/28/2016 
	Signature Of Responsible Party is required		
Responsible Party (Print)*	<input type="text"/>		
	Responsible Party is required		
Participating Pharmacy Name (Print)*	<input type="text"/>		
	Participating Pharmacy is required		
Address1 (Print)*	<input type="text"/>	City*	<input type="text"/>
	Address line 1 is required		City is required
Address2:	<input type="text"/>	State*	-Select State- 
			State is required
ZipCode*	<input type="text"/>		
	Zip is required		
NCPDP No.*	0308420	NPI No.*	<input type="text"/>
			NPI No is required
FAX* 	<input type="text"/>	Email*	<input type="text"/>
	Fax is required		Email is required

Version: 1.0 / 2016

Note:
Please click [here](#) for FWA FAQ's.

<input type="button" value="Cancel"/>	<input type="button" value="Next"/>
	<input type="button" value="Pend"/> <input type="button" value="Submit"/>

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.

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge.

Cancel



Submit

Click the Submit button.

You have now completed the FWA attestation.