

PARTICIPATING PHARMACY MEDICARE PART D CERTIFICATION FOR PLAN YEAR

By the signature below, Participating Pharmacy or Pharmacy Service Administration Organization (PSAO) on behalf of itself and each Participating Pharmacy it is authorized to bind certifies and attests to Navitus 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 (LEIE) 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 LISTSERV via the OIG website to receive immediate notice of updates to the LEIE. If any such Participating Pharmacy and/or Covered Individual appear on either the LEIE or GSA list, Participating Pharmacy or PSAO 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.

	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 compliance and 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 December 28, 2015, Additional Guidance — Compliance Program Training Requirements and Audit Process Update; 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 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 and incorporate the content 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 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 Parts A or B of the Medicare program or accreditation as a supplier of 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. Organization
	Participating Pharmacy is deemed to have met the fraud, waste, and abuse training certification requirements through enrollment into Parts A or B of the Medicare program or accreditation as a supplier of 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

(3) Participating Pharmacy's Covered Individuals completed general compliance training within 90 days of hiring or contracting and annually thereafter. The compliance training complies with CMS compliance training requirements as described above and included CMS content without modification. Additionally, 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. 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 materials 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 (FDR) 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 Navitus 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 Navitus. Participating Pharmacy or Covered Individuals may report fraud, waste and abuse to Navitus' Hotline (855-673-6503) or email (FDR@navitus.com).
- (6) Participating Pharmacy has and will continue to provide Medicare Part D beneficiaries with notices 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 FDRs 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 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 that involves receiving, processing, transferring, handling, storing, or accessing PHI under or in connection with Medicare Part D at an Offshore location, check here . If this box is checked, Participating Pharmacy shall promptly notify Navitus if this statement becomes inaccurate.
- (3) If Participating Pharmacy and its downstream and related entities DO utilize Offshore subcontractors to perform activities that involves receiving, processing, transferring, handling, storing, or accessing PHI 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 Navitus 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_		Date:
Responsible Party Name (Print)		
Participating Pharmacy or PSAC	Name (Print)	
Address (Print)		
Chain Code(s)		
NCPDP No	NPI No	
Fax:	Email:	