

2021 Pharmacy Compliance Education and Training Requirements Frequently Asked Questions and Answers (FAQ)

Notable changes to this document

Humana has updated guidance in answer to the following questions:

Q2: Humana clarifies that training on the separate topic of general compliance also must occur. Additionally, other content may be adopted to meet the training requirements on the separate topics of general compliance and combating fraud, waste and abuse. Medicaid states updated – removed Kentucky; added South Carolina.

Q4: Rendering services in a state where Humana administers a “Medicaid” plan or for a member living in one of those states does not automatically mean the pharmacy is supporting the plan or that it must conduct and attest to Medicaid training. Contact Humana if uncertain of plan(s) supported. Medicaid states updated – removed Kentucky; added South Carolina.

Q5: Medicaid states updated – removed Kentucky; added South Carolina.

Q6: Humana defines what it means to be member-facing.

Compliance program requirements

1. Q: Do these compliance requirements apply to my organization?

A: Yes, if you are an entity that participates in Humana’s pharmacy network, then compliance trainings must be conducted for those supporting Humana and, if applicable, the Medicaid training attestation must also be completed by your organization.

2. Q: What compliance requirements must participating pharmacies adhere to, and do I have to provide assurance of this?

A: The Centers for Medicare & Medicaid Services (CMS) and Humana’s Medicaid contracts mandate Humana’s contracted pharmacies, which may include first-tier, downstream or related entities (FDRs, see question 3 for this term’s definition), adhere to annual compliance program requirements. These requirements are outlined in two Humana documents for the current calendar year:

- [Compliance Policy for Contracted Healthcare Providers and Third Parties](#) (Compliance Policy)
- [Ethics Every Day for Contracted Healthcare Providers and Third Parties](#) (Standards of Conduct)

Review of these two documents, or materially similar content, is required of contracted pharmacies and those supporting the contracted pharmacies’ contract with Humana.

Humana requires network pharmacies to train those supporting a Humana-administered plan on the separate topics of general compliance and combating fraud, waste and abuse (FWA) and to track completion of this training. Your organization is responsible for developing or adopting other content to meet these training requirements. Your organization may integrate related content from Humana’s documents in the content you develop to meet the training requirements. Humana suggests the educational requirements outlined above occur within 30 days of contract or hire and annually thereafter.

Also, all entities that support a plan administered by Humana for members who are Medicare and/or dual Medicare-Medicaid beneficiaries, including parties contracted with a Humana subsidiary, must complete additional compliance training on several topics. The training modules below may be required for pharmacies located in the following states or providing services or medications for the above-outlined members living in these states: Florida, Illinois, South Carolina and/or surrounding areas. Those training modules are:

- [Cultural Competency Training](#)
- [Health, Safety and Welfare Education Training](#)
- [Medicaid Pharmacy Orientation and Provider Training](#)

Humana provided a separate notification with instructions for accessing these training materials. Network pharmacies and vendors to which Medicaid training applies must review those materials and confirm acknowledgment of their receipt and compliance with those materials by completing an attestation.

For those pharmacies supporting a Humana Medicaid contract for Florida, Illinois and/or South Carolina, Humana offers a manual attestation form to assist your organization in meeting additional requirements related to the Medicaid and dual Medicare-Medicaid requirements. Please fill out the Humana attestation form, located at [Humana.com/provider/pharmacy-resources/manuals-forms](https://www.humana.com/provider/pharmacy-resources/manuals-forms) under the “Medicaid training resources” tab, and fax the completed form to Humana at **877-820-5740**.

3. Q: What is a first-tier, downstream or related entity (FDR)?

A: FDR is a CMS term adopted by Humana. Generally, an FDR is any individual or entity providing administrative or healthcare services for a Humana-administered plan for Medicare, Medicaid and/or dual Medicare-Medicaid-eligible beneficiaries on Humana’s behalf. An FDR includes, but is not limited to, contracted healthcare providers that are delegated and non-delegated, pharmacies, delegated entities, delegated agents, suppliers and vendors.

First-tier entity – A party that enters into a written arrangement with a Humana entity to perform administrative services or provide healthcare services for any of the beneficiaries identified in question 2. Example: A pharmacy contracted directly with Humana is a first-tier entity.

Downstream entity – A party that: a) enters into a written arrangement with one or more individuals or entities involved in supporting any of the beneficiaries listed in the response to question 2, and b) is below the level of the arrangement between Humana and a first-tier entity. The written arrangement continues down to the level of the ultimate provider of a service or product. Example: While a pharmacy contracted directly with Humana is a first-tier entity, the pharmacists and pharmacy technicians of the pharmacy are downstream entities.

Related entity – Any entity that is related to Humana by common ownership or control. Within this scope are subsidiaries, either wholly or partially owned, such as Humana Pharmacy Solutions, as well as joint ventures of Humana and companies in which Humana has an investment interest and are performing a plan function or providing healthcare services.

4. Q: Why is Humana requiring me to do this?

A: Humana has contracts with government agencies that stipulate Humana’s contracted third parties must adhere to compliance requirements, including specific training per plan type supported:

Agency	Plan type
CMS	• Medicare-related
	• SNP
State agencies overseeing programs for the plan type	Benefits for Medicaid and dual Medicare-Medicaid beneficiaries who are members of plans in Florida, Illinois and/or South Carolina

A pharmacy located in one of these states does not automatically perform a function in support of that state's plan. If your organization is not certain it is supporting a "Medicaid" plan administered by Humana, please contact Humana for guidance.

5. Q: Who from my organization should complete the Medicaid attestation and submit it to Humana?

A: If your organization supports Humana Medicaid business in one or more of the states above, then someone authorized to complete attestations and acknowledgments related to compliance on behalf of your organization should complete the 2021 Medicaid-specific Training Attestation Form for Pharmacy Providers Supporting Florida, Illinois and/or South Carolina and submit it to Humana.

6. Q: Do non-member-facing personnel have to complete training?

A: Yes, but not on every topic, and none of them needs to submit an attestation to Humana. Please refer to the following for details:

To be considered member-facing is not limited to having an in-person interaction. It can also or only consist of communicating over the phone, via fax or email, or accessing member-specific information (e.g., processing a claim, authorization or prescription).

All who support a Humana-administered Medicare plan and/or Medicaid plan are required to complete training on the Compliance Policy and Standards of Conduct and be trained on the separate topics of general compliance and combating fraud, waste and abuse.

Note for those supporting a Humana-administered plan related to Medicaid:

- Medicaid Pharmacy Orientation and Provider Training does not apply to non-member-facing personnel, unless otherwise directed by your organization.
- Health, Safety and Welfare Education Training and Cultural Competency Training do apply.

7. Q: Are the trainings and attestations a one-time requirement?

A: No, they are not a one-time requirement.

- Training on the separate topics of general compliance and combating FWA must be provided to those supporting Humana upon contract and annually thereafter. Humana does not require a contracted pharmacy to submit an attestation for these training requirements.
- A contracted pharmacy supporting Medicaid and/or dual Medicare-Medicaid beneficiaries in a plan administered by Humana in Florida, Illinois and/or South Carolina must:
 - Complete additional, related compliance training; and
 - Attest accordingly via Humana's attestation form on an annual basis to meet Humana's contractual requirements within the above states.

Humana

Humana sends notifications at least annually as a reminder that all who participate in Humana's pharmacy network, including those contracted with Humana subsidiaries, must complete these requirements.

8. Q: My organization has its own similar documents and training, or we have already completed similar training and education furnished by another organization. Do I still have to do this?

A: Your organization still must:

- Adhere to the requirements outlined in the Compliance Policy and Standards of Conduct made available by Humana; and
- Conduct and track applicable training(s) and submit attestations where required by Humana to confirm completion of the training and compliance with training requirements.

Your organization does not have to utilize Humana materials to meet the training requirements. However, Humana documents are a good reference to assess the training content your organization seeks to use. Additionally, Humana reserves the right to request documentation (e.g., policies and tracking records) confirming that your organization has an effective compliance program that meets the requirements outlined in the Compliance Policy and Standards of Conduct.

9. Q: Where can I get more information about the requirements?

A: Requirements for plan sponsors, like Humana, and their first-tier, downstream or related entities, which include network pharmacies, are outlined in Title 42 of the Code of Federal Regulations, Part 422.503, Chapter 9 of the CMS Prescription Drug Benefit Manual, and Chapter 21 of the Medicare Managed Care Manual. These documents are publicly available online and can be accessed at the links below:

[42 C.F.R. § 422.503](#)

[CMS Prescription Drug Benefit Manual Chapter 9](#)

[Federal Register - Medicare Program; Contract Year 2019 Policy and Technical Changes](#)

Additionally, there are requirements in dual Medicare-Medicaid and Medicaid-specific contracts awarded to Humana.

Additional clarifications

10. Q: Is the material the same each year after the initial attestation requirement?

A: No, the material is not the same year after year. However, Humana's commitment to compliance does not change; the bulk of the material is retained.

Humana adds new requirements and clarifications to its materials when necessary. To simplify your review of Humana compliance materials, there is a notable changes section in each document.

11. Q: What will happen if I do not fulfill any compliance program requirements addressed in this document and fully outlined in the Compliance Policy and Standards of Conduct?

A: If you do not fulfill the requirements, you will be out of compliance with your contract with Humana, which could result in disciplinary action up to termination of your contract.

12. Q: What if I have a question that is not addressed in this FAQ?

A: Please call **888-204-8349** (toll-free) or send an email to HumanaPharmacyCompliance@humana.com.