

## 2018 Notice of Compliance Requirement

Humana requires that all entities that contract with Humana or a Humana subsidiary to perform one or more functions in support of Humana's Medicare and/or Medicaid offerings, including pharmacies, meet and attest this calendar year to adherence with compliance program requirements outlined below.

Your compliance program requirements include review of and agreement to comply with at least the following materials, which can be accessed at [www.humana.com/fraud](http://www.humana.com/fraud):

- Compliance Policy for Contracted Health Care Providers and Business Partners (Compliance Policy)
- Ethics Every Day for Contracted Health Care Providers and Business Partners (Standards of Conduct)
- Medicare Parts C and D Fraud, Waste, and Abuse Training and Medicare Parts C and D General Compliance Training (CMS training)

**Please complete your assigned requirements through the National Council for Prescription Drug Program's (NCPDP's) website within 30 days, using the following steps:**

1) Go to <https://accessonline.ncdp.org> and log in.

- If you do not have your log in information, please email NCPDP at [pharmacyhelp@ncdp.org](mailto:pharmacyhelp@ncdp.org) and include your full name and NCPDP number(s).
- If you do not have an account, you may register for one at the site.

### User Login

**Username**

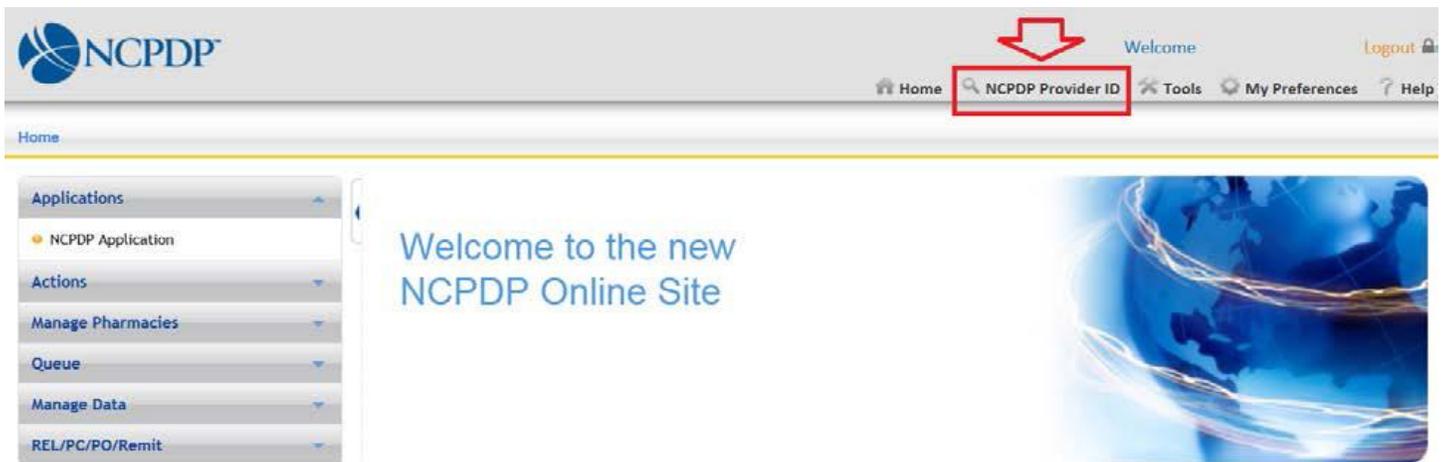
**Password**

Remember me

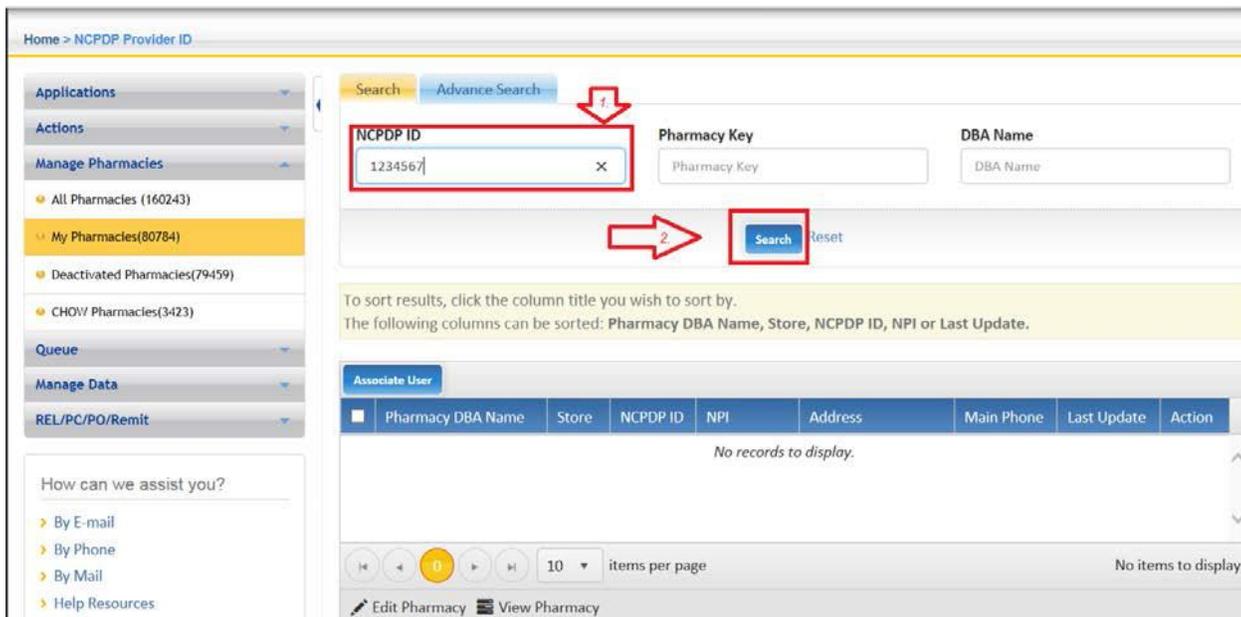
[Forgot Password?](#)



2) Click on the NCPDP Provider ID link.



3) Enter the NCPDP number and click the "Search" button.



4) Click the pencil icon (far right) to edit the pharmacy's profile.

Search **Advance Search**

NCPDP ID: 1234567

Pharmacy Key:

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**

<input type="checkbox"/>	Pharmacy DBA Name	Store	NCPDP ID	NPI	Address	Main Phone	Last Update	Action
<input type="checkbox"/>	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

5) Click the radio button next to the option indicating "Edit NCPDP Provider ID Profile."  
- 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**

6) Click the “FWA” tab on the left.

Home > NCPDP Provider ID > Edit Pharmacy

1234567 - My Rx, Inc.

**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

Primary Information

Pharmacy Doing Business As Name\*

Pharmacy Legal Business Name\*

NCPDP ID

Store Number

Pharmacy E-mail\*

Same as DBA Name

Store Open / Effective Date\*

Cancel

Next

Pend

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 Medicare Part D beneficiaries?

Yes

No

Note:

Please click here for FWA FAQ's.

Cancel

Next

Pend

Submit

If you answer “No,” no further action is necessary in the NCPDP portal.

7) 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.

Cancel

Next

Pend

Submit

If you answer “No” to the FWA training questions, you are finished. You will be reminded that this needs to be completed by the end of the current calendar year. No future reminders will be sent to you by NCPDP, although you may receive one or more reminders from Humana.

8) 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.



9) If you answer “Yes” to the FWA question, you will need to indicate the year for which you are attesting (e.g., 2018):

**Complete your FWA attestation for**

2018  
 2017

I have completed my FWA attestation but will provide information at a later time.

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

- Note: The additional information needed in the attestation form is basic demographic information.

If you choose to provide this information at a later time, the system will not require that you fill out the attestation form at this time. It will remind you to complete the form by the end of the current calendar year.

You need to indicate a year to 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 (LEIE) and General Services Administration (GSA) exclusion list and so 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 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 assuring 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 to 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 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 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 the Medicare Part D sponsor or PBM's Compliance Officer any concerns related to compliance suspected or actual violations of law or policy related to the activities provided to beneficiaries covered by the Medicare Part D sponsor or PBM. Participating Pharmacy or Covered Individuals may report fraud, waste and abuse to the Medicare Part D sponsor's or PBM's hotline or by email.
6. Participating Pharmacy has and will continue to provide Medicare Part D beneficiaries with notices instructing the beneficiaries to contact their plan 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 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 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.

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 (Print)\*

Participating Pharmacy Name (Print)\*

Address1 (Print)\*  City\*

Address2:  State\*

ZipCode\*

NCPDP No.\*  NPI No.\*

FAX\*  Email\*

Note:  
Please click here for FWA FAQ's

Cancel Next  
Print Submit

## Fraud Waste & Abuse General Compliance

10) In Section 1.2, check the box that applies to your organization. Note: 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

11) In Section 2.2 and 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.

12) Fill out the remaining information.

**Note:** The fields with an “\*” are required.

The screenshot shows a registration form with the following fields and error messages:

- Signature of Responsible Party\*** (with an information icon): Error: Signature Of Responsible Party is required
- Date\***: Error: Date is required
- Responsible Party (Print)\***: Error: Responsible Party is required
- Participating Pharmacy Name (Print)\***: Error: Participating Pharmacy is required
- Address1 (Print)\***: Error: Address line 1 is required
- City\***: Error: City is required
- Address2:**: No error message
- State\***: Error: State is required
- ZipCode\***: Error: Zip is required
- NCPDP No.\***: No error message
- NPI No.\***: Error: NPI No is required
- FAX\* (with an information icon)**: Error: Fax is required
- Email\***: Error: Email is required

A blue note box at the bottom states: "Note: Please click here for FWA FAQ's." Below the form are buttons for "Cancel", "Next", "Pend", and "Submit".

- If the pharmacy does not have a fax, enter the phone number in the fax number field.
- The address listed on the form should be the pharmacy’s physical address.

13) Click the “Next” button to open the acknowledgement page. This page allows you to attest to the data changes and submit them to NCPDP for approval.

The screenshot shows the "Acknowledgement" page with a yellow box containing the text: "I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge." There is a checked checkbox next to this text. At the bottom left is a "Cancel" button, and at the bottom right is a "Submit" button, which is highlighted with a red arrow.

14) Click the “Submit” button.

- You have now completed the FWA training and General Compliance training attestation.