

ATTESTATION SHEET STEP BY STEP INSTRUCTIONS

THE ATTESTATION SHEET states the following:

1. The pharmacy provides fraud, waste and abuse training to all employees and managers within 30-days of their date of hire and annually thereafter, who are directly or indirectly involved with the administration or delivery of Part D benefits programs.

This means that CMS is requiring everyone that is involved with Part D benefits which includes both administering and billing needs the training. I would think that just about everyone in the office is involved one way or another with patients with a Medicare D plan. It is safe to assume that all employees in the office need the training but that is up to you to decide. I would at least make sure the employee doing the physician dispensing program gets the training done

We have given a list to help with choosing some training options. As you notice they vary in price yet the one on the CMS website has no charge and is located at the following <http://cms.meridianksi.com>. My recommendation is to have someone take the training and copy it down. Then it can be administered to everyone else. CMS does not specify who must do the training.

2. The pharmacy has reviewed the DHHS OIG and General Services Administration (GSA) procurement and non-procurement lists for all new employees or contractors and will review at least once a year thereafter to ensure that any employee or contractor that assists in the administration or delivery of Part D benefits is not excluded from Federal healthcare programs. If an employee or contractor is on such lists, the pharmacy shall immediately remove the employee or contractor from any work related directly or indirectly to all Federal healthcare programs and will take appropriate corrective actions.

- a. <http://exclusions.oig.hhs.gov/> - OIG List of Excluded Individuals/Entities Search
- b. <http://www.epls.gov/> - GSA Excluded Parties List System

This statement means that you are not doing business with anyone that in on these lists located at these websites. You should look at the list now to make sure you are not associated with anyone on it and then once a year after. Meaning you should not be associated or doing business with anyone on the list....no contractors or employees.

3. The pharmacy will provide a copy of attendance logs, training materials, and other evidence in support of compliance with points 1 and 2 for inspection and review upon request during a scheduled on-site audit or other review process.

This states that you will need a log of all the employees who have had the original training, what training it was, and also documentation of yearly training after. You should also state on the log that you have checked the the excluded parties list, maybe put a date down when you checked it.

4. The pharmacy will have a code of conduct policy and procedures in place to detect, prevent, and correct fraud, waste and abuse.

This means that you need to have a policies and procedures manual for Medicare FWA in your office.....I have attached a sample P&P that you may use as a go by. The blank lines are where your clinic name would be inserted. You can print it out and put it in a binder and label it Medicare FWA.....you could also put your training materials, the documentation of training and the date you checked the excluded parties list in the same binder.

5. The pharmacy will require its managers, officers, and directors responsible for the administration or delivery of Part D benefits to sign a conflict of interest statement, attestation, or certification at the time of hire and annually thereafter certifying that the managers, officers, or directors are free from any conflict of interest in administering or delivering Part D benefits. This certification should state (1) that the individual has reviewed the organization's conflict of interests policy; (2) that the individual has disclosed any potential conflict of interests; and (3) that the individual has obtained management approval to work despite any conflicts or has eliminated the conflict.

This just means that when someone is hired that there is not a conflict of interest of them working for you that would give your clinic any monetary advantage above other clinics in the Medicare part D benefits arena. Usually this conflict of interest is done as part of the hiring process stated on an application. Most ask if there is a conflict of interest if you are hired. If you do not do this on your employment application you can create a single page statement about not having a conflict of interest and have each of the management team sign them. Conflict of Interest usually concerns only upper management.

6. The pharmacy has a record retention policy in place that complies with the ten-year record retention requirement.

This means that you store your records for at least 10 years before destroying them.

7. The pharmacy tracks employee and manager attendance for any training conducted.

This also means that you will track who has had attended the training as above

8. The pharmacy is aware of and follows the requirements for Medicare Part D sales and marketing activities.

This means you are abiding by Medicare Part D sales and marketing activities to sell Part D Plans....you do not sell Medicare Part D plans to patients so it really does not apply to us so yes you are abiding.

9. The pharmacy posts or distributes notices at the counter instructing beneficiaries to contact their plans to obtain a coverage determination, formulary exception or tier exception if they disagree with information provided by the pharmacist.

This requires that you post this notice your office lobby for view

MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS

I have attached this notice so you can print out and post it in your office lobby.

10. The pharmacy agrees that in no event shall pharmacy attempt to collect an amount greater than the Cost Share Amount or charge any additional fee to a Beneficiary in connection with the purchase of a Covered Pharmaceutical Service covered by a Medicare Part D Plan.

This just states you will collect the correct payment and not try to charge the patient any additional fees

11. The pharmacy dispensing home infusion agrees to provide delivery of home infusion drugs within 24 hours of discharge from an acute setting, or later if so prescribed.

This only applies if you are doing home infusion

Pharmacy understands that your ability to provide services to members with Medicare Part D Benefits is contingent upon compliance with all Centers for Medicare and Medicaid Services "CMS" guidance, rules and regulations as well as the terms and conditions outlined in this document.

PHARMACY HAS READ AND ATTESTS THAT IT AGREES AND IS IN COMPLIANCE WITH THE TERMS AND CONDITIONS SET FORTH ON THE ATTACHED PAGES.

Here is where you fill out and sign the Attestation sheet
And fax it back to (845)-483-1556

If you have more than one Physician Dispensing site just attach another sheet with this info.

FOR PHARMACY:

Pharmacy Name*

NCPDP#

NPI#

Authorized Signature

Printed Name of Authorized Person Signing

Title

Date

*Pharmacy owners with multiple GNPPN pharmacies may attach a separate sheet with the Pharmacy Name, NCPDP# and NPI#.