



FRAUD, WASTE & ABUSE FAQ

1. Why do we have to implement a Fraud Waste and Abuse program?

Providers are required to be in compliance with Centers for Medicare and Medicaid Services “CMS” regulatory requirements under 42 C.F.R. § 423.504(b)(4)(vi)(H) which states in its entirety: “A comprehensive fraud and abuse plan to detect, correct, and prevent fraud, waste, and abuse. This fraud and abuse plan should include procedures to voluntarily self-report potential fraud or misconduct related to the Part D program to the appropriate government authority.”

2. Why do I have to sign this Attestation?

Centers for Medicare and Medicaid Services “CMS” has set forth expressed guidance and requirements related to pharmacy participation in Medicare Part D. This Attestation form was created by GNPPN to satisfy our contractual obligations signed on your behalf with payers for CMS.

3. What happens if I don’t sign this Attestation?

GNPPN is contractually obligated to report to the PBM’s/Payers those pharmacies that are not in compliance with the language of our signed agreements. Non-compliance may result in your pharmacy not being able to process claims for Medicare Part D members.

4. What is GNPPN going to do with this Attestation once I fax it back?

The completed and signed Attestation will be on file at GNPPN Orange Office to be forwarded to PBM’s/Payers upon request. In addition we will report to all PBM’s/Payers that your pharmacy is in compliance with CMS fraud and abuse regulatory requirements.

5. Where can I fax the completed and signed Attestation?

The Attestation can be faxed to (845) 483-1778.

6. I own more than one pharmacy. Do I have to complete a separate Attestation for each pharmacy?

No - Pharmacies with the same owner may attach a separate sheet with the Pharmacy Name, NCPDP# and NPI# with the completed and signed Attestation.

7. For the NCPA Employee Policy and Procedure Wizard, the cost is nearly half if I am an NCPA member. How do I know if I am an NCPA member?

You can contact NCPA (The National Community Pharmacists Association) at 703-683-8200 to verify your current membership.

8. Some of these training resources charge a fee and since CMS has implemented this regulatory requirement, why is it a cost to my pharmacy?

You are not required to pay a fee in order to be in compliance with the CMS regulatory requirements. A pharmacy is only required to have a comprehensive fraud and abuse plan to detect, correct, and prevent fraud, waste, and abuse as written in CMS regulatory requirements under 42 C.F.R. § 423.504(b)(4)(vi)(H). (See FAQ #1)

9. There are so many training options. How do I choose the right one to meet CMS regulatory requirements?

We have contacted each of the training companies and here is how they apply to the Attestation requirements.



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- Training Resource Program 1 - satisfies the employee training stated on #1 of the Attestation only and a statement of completion can be printed at the end of the course.
- Training Resource Program 2 - satisfies the employee training stated on #1 of the Attestation only.
- Training Resource Program 3 – satisfies the employee training stated on #1 of the Attestation and puts together a policy and procedure in place to prevent and detect fraud, waste and abuse as stated on #4 of the Attestation.
- Training Resource Program 4 – puts together a policy and procedure to prevent and detect fraud, waste and abuse as stated on #4 of the Attestation only.

10. What are the requirements for Medicare Part D sales and marketing activities as stated on #8 of the Attestation?

CMS states that pharmacists/providers can make available plan marketing materials and they can display posters or other materials announcing the contractual relationship between the plan and provider, but providers/pharmacists cannot steer beneficiaries to a plan to further their own financial interests. Providers may, however, help a beneficiary choose the plan that best meets their needs. You can obtain this information on the CMS website: <http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=1535>.

11. What is the coverage determination, formulary exception or tier exception as stated on #9 of the Attestation?

This is the 'Medicare Prescription Drug Coverage and Your Rights' document required to be posted in clear view or provided as a hand-out to customers effective 01/01/06. The 'Medicare Prescription Drug Coverage and Your Rights' is available on *The LINK* by clicking on the GNP Provider Network link on the right hand side of the home page. Once on the GNP Provider Network page, look for the "Medicare Prescription Drug Coverage and Your Rights" link on the right hand side of the page under "Related Resources".

12. Item #11 on the Attestation talks about Home Infusion requirements but my pharmacy doesn't dispense home infusion.

This statement is only applicable if your pharmacy is a Home Infusion Provider.