

## 2020 Fraud, Waste and Abuse (FWA) and General Compliance Training Log

Pharmacy Name \_\_\_\_\_

List all training material provided and attach a copy or copies to this log:

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Employee Name	Title	Date Provided

NOTE: CMS requires records demonstrating compliance with these requirements be maintained for ten (10) years. This includes all individuals trained be listed along with the date the FWA and general compliance training information is provided/completed, and date of Department of Health and Human Services (HHS)- Office of Inspector General (OIG)/General Services Administration's (GSA) monitoring review.



## PharmPix Pharmacy Network Provider Fraud, Waste and Abuse (FWA) and General Compliance Training Attestation

PharmPix Contracted Network Provider Pharmacies are required to sign this attestation to satisfy mandatory compliance requirements regarding federal health care government sponsored programs regulatory requirements as well as related guidance issued by the Centers for Medicare & Medicaid Services (CMS). CMS has set forth expressed guidance within the Federal Register and at Title 42 of the Code of Federal Regulations (CFR), Parts 422, 423, 425 and 438, among others, and other agency guidance requiring Plan sponsors, or their delegates, first tier, related, and down-stream (FDR) entities to demonstrate compliance with the following:

1. Contracted Network Provider Pharmacy hereby verifies and certifies that it has reviewed and conducted satisfactory annual Fraud, Waste and Abuse (FWA) and general compliance training programs or has utilized the training program provided by CMS with pharmacy staff. In addition, Contracted Network Provider Pharmacy hereby verifies and certifies that neither it, nor its employees have been excluded from participation in federal health care programs by checking its status in Federal programs exclusion lists maintained by the General Services Administration (GSA) and the Department of Health and Human Services Office of Inspector General (HHS-OIG). Pharmacy has reviewed the Health & Human Services (HHS) Office of Inspector General (OIG) and General Services Administration's (GSA) lists prior to hire/contracting and monthly thereafter for its current employees/contractors, health professionals, or vendors that work on federal government sponsored programs, including among others, MA, Part D or Medicaid programs to ensure that none are excluded from participating in these programs. This information is available at the following sites:

Federal programs exclusion lists	Address
Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE)	<a href="https://oig.hhs.gov/">https://oig.hhs.gov/</a>
General Services Administration (GSA) Excluded Parties List System (EPLS)	<a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a>
General Services Administration (GSA) System for Award Management (SAM)	<a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a>
Healthcare Integrity and Protection Data Bank	<a href="https://www.npdb-hipdb.com">https://www.npdb-hipdb.com</a>

2. Contracted Network Provider Pharmacy hereby verifies and certifies that attendance logs, materials, training documents, and other evidence in support of compliance with item "1." above is and shall continue to be made available by Network Contracting Pharmacy for inspection and review by PharmPix during on-site audits or other review processes. This inspection may also be conducted by the Payer(s) and other federal regulatory agencies as outlined in regulations including, but not limited to, 42 CFR 422.504(e) and 422.503(d)(2)).

Pharmacy Name \_\_\_\_\_

NCPDP Number \_\_\_\_\_ NPI Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorized Individual Completing Attestation \_\_\_\_\_

Title of Authorized Individual Completing Attestation \_\_\_\_\_

Signature \_\_\_\_\_

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