

Annual Network Pharmacy Attestation

Please complete, sign and return to: Elixir
Attn: Provider Relations Department
E-Mail: pharmacyattestation@elixirsolutions.com

You, Pharmacy, are receiving this attestation because you are a contracted pharmacy with Elixir Solutions, LLC (“Elixir”) as a First Tier, Downstream or Related Entity (FDR). In order to ensure compliance with Medicare regulations, sub-regulatory guidance and Elixir contract obligations, FDRs must annually attest to the following requirements that apply to your pharmacy. Further, as an FDR, your employees, contractors, and agents providing services directly or indirectly (“Covered Individuals”) must comply with federal laws related to the Medicare program as well as the Center for Medicare & Medicaid (CMS) rules, regulations and sub- regulatory guidance (“Medicare Laws”).

Distribution of Compliance Policies and Procedures

Pharmacy has Compliance Policies and Procedures and/or Standards of Conduct that meet the applicable Medicare Laws and Pharmacy has disseminated such to Covered Individuals within 90 days of hire and annually thereafter. Pharmacy maintains proof of this distribution and can provide evidence upon request.

Record Retention

Pharmacy has a record retention policy in place to ensure any documents, books and records that substantiate compliance with this attestation or related to the organization’s performance are retained for a period of at least ten (10) years and can be provided, upon request, to Elixir, CMS, or the CMS plan sponsor for auditing and monitoring purposes.

FWA and General Compliance Training

All of Pharmacy’s Covered Individuals have participated in a compliance and fraud, waste, and abuse training program in accordance with the applicable Medicare Laws and plan sponsor requirements. In accordance with CMS 4182-F Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program guidance dated April 2, 2018, Reducing the Burden of the Compliance Program Training Requirements (“Guidance”); effective January 1, 2019, FDRs are no longer required to complete the CMS generated FWA training. Plan sponsors are still required to ensure FWA oversight of pharmacies and their employees and downstream entities. To meet this requirement, Pharmacy and its Covered Individuals may complete the general compliance and FWA training modules located on the CMS Medicare Learning Network (MLN) or they may use a non-CMS program that meets all applicable Medicare Laws. Pharmacy maintains proof of employee training and can provide evidence upon request.

Reporting Mechanisms

Pharmacy has distributed and widely publicized for all employees the method of reporting suspected FWA and compliance issues.

Offshore Contracting

If pharmacy is offshoring, it will complete the additional Offshore Subcontractor Attestation that is attached to this attestation. Pharmacy will submit a new offshore subcontract attestation within 30 days of: (1) Pharmacy entering into a contract with an offshore subcontractor for the first time; or (2) Pharmacy changing the functions that a current offshore subcontractor performs.

Sub-Delegating

Pharmacy provides notification at least 90 days in advance of any sub-delegation contract to ensure that all Medicare requirements and delegation language is included in the contract (e.g., record retention requirements, Medicare Part C & D compliance) and to complete the required attestation.

Exclusion Screening

Neither Pharmacy nor any of its Covered Individuals are excluded from participating in any federal program under any exclusion list set forth by applicable law, including but not limited to the OIG List of Excluded Individuals and Entities, System for Awards Management (SAM)/ General Services Administration (GSA) exclusion list, and the CMS Preclusion List. All Covered Individuals are screened prior to hire and monthly thereafter to ensure good standing under any of the exclusion lists named above. If it is discovered that a Covered Individual is excluded, Pharmacy will remove the Covered Individual from any work related to federal healthcare programs. Pharmacy will take appropriate corrective action and notify Elixir.

Conflict of Interest

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.

ATTESTATION

The criteria listed above are required by Medicare and/or the Participating Pharmacy Agreement between Pharmacy and Elixir. If Pharmacy is unable to attest to one or more of the requirements above or there are any changes during the calendar year that would impact the Pharmacy's attestation, please contact Elixir via email at the address listed above.

We, _____ ("Pharmacy"), do hereby attest, for the calendar year 2020, that we have satisfied the above requirements.

Name of Responsible Party

Title

Name of Chain/PSAO

Chain Code

Email Address

Telephone

Signature

Date

Offshore Subcontractor Attestation

If Pharmacy is offshoring, it should complete this document. In addition, Pharmacy should submit a new offshore subcontract attestation within 30 days of: (1) Pharmacy entering into a contract with an offshore subcontractor for the first time; or (2) Pharmacy changing the functions that a current offshore subcontractor performs.

Pharmacy Name:

NCPDP/Chain Code Affiliation:

Enter your name, your title and the date that you completed this attestation:

Name:

Title:

Signature:

Date:

Please provide the completed attestation to the Provider Relations Department:

pharmacyattestation@elixirsolutions.com.

Part I. Offshore Subcontractor Information

Offshore Subcontractor Name:

Offshore Subcontractor Address:

Describe Offshore Subcontractor Functions:

Proposed or Actual Effective Date for Offshore Subcontractor Work (Month, Day, Year):

Part II. Precautions for Protected Health Information (PHI)

Describe the PHI that will be provided to the Offshore Subcontractor. Also, please specify the type of data provided, such as *Member Name, Member ID, Phone Number, Drug Type* and/or *Diagnosis*.

Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:

Is the Offshore Sub-contractor provided with the minimum PHI necessary to perform delegated services?

YES

NO

Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:

Part III. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract

Attestation

Yes or No

Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary PHI and other personal information remains secure.

Yes No

Offshore subcontracting arrangement prohibits subcontractor's access to data not associated with the sponsor's contracts.

Yes No

Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.

Yes No

Offshore subcontracting arrangement includes all required Medicare Part C and D language such as record retention requirements, compliance with all Medicare Part C and D requirements, etc.

Yes No

Part IV. Attestation of Audit Requirements to Ensure Protection of PHI

Attestation	Yes or No
Pharmacy will conduct an annual audit of the offshore subcontractor.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Audit results will be used by the Pharmacy to evaluate the continuation of its relationship with the offshore subcontractor.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pharmacy agrees to share offshore subcontractor's audit results with CMS upon request.	Yes <input type="checkbox"/> No <input type="checkbox"/>