

Pharmacy Compliance and Fraud, Waste & Abuse Training Attestation

I. Regulatory Training Confirmation

I hereby certify that I am an Authorized Representative of the **Pharmacy** ("The Pharmacy"), who maintains direct or indirect responsibility for all employees, Board of Directors, officials, contracted personnel, providers, contractors and subcontractors and any other representatives affiliated with my organization, having direct or indirect contact for provided services to Medicare Part D beneficiaries.

I hereby certify that MC-21 LLC ("MC-21") has facilitated their required regulatory trainings, as mandated by the Centers for Medicare and Medicaid Services ("CMS"), containing information related to Fraud, Waste and Abuse; Compliance Program; HIPAA Privacy; Confidentiality, Federal Healthcare Program Exclusions (OIG/HHS, GSA) and Integrating Compliance with MC-21.

I hereby certify that these regulatory trainings and all related documents have not been altered, as such to maintain and distribute an exact copy of the original.

I hereby certify that once the required trainings have been completed, all related certifications and documents will be maintained for a period of at least, 10 years from the completion of the training. In addition, these documents will be provided to MC-21 upon request.

I hereby certify that all personnel having signed **section III**, has received the required regulatory trainings, as mandated by CMS (42 C.F.R. 422.503, 423.504). Therefore, this certification is evidence that all employees have read and understood the information provided as part of the trainings offered and understand their responsibility.

I hereby certify we are in compliance with all applicable state and federal laws, rules and regulations, including Medicare requisites.

II. Trainings

Please write an "X" in front of the corresponding training resource and detail any other resources obtained:

- Training obtained through the CMS portal.
- Training obtained through MC-21s' webpage: www.mc-21.com.
- Training obtained through other webpages: _____.
- Continuing education or educational activity provided by: _____.
- Other (specify): _____.

III. Employees, Contractors and Representatives Training Participation

If you require additional space, please provide the information in an attached document.

NAME	SIGNATURE	TITLE	DATE
1.			
2.			
3.			
4.			
5.			

IV. Compliance Certification

I hereby certify and declare, as an Authorized Representative of The Pharmacy, the following:

- a. It is our policy to require all new employee, contractor, subcontractor, agent or representative to participate in MC-21s' regulatory trainings within 90 days of initial hiring and annually thereafter, where topics discussed include the Compliance Program, Fraud, Waste and Abuse, HIPAA Privacy, Confidentiality, Exclusions from Federal Healthcare Programs (OIG/HHS, GSA), Standards of Ethics and Conduct and other related policies concerning state and federal laws and regulations, as applicable.
- b. It is our policy to monitor potential cases of Fraud, Waste and Abuse and any identified HIPAA violations for services provided to MC-21. These cases will be reported immediately to MC-21 through their confidential lines of communication, whether by phone **(787) 286-6032 ext. 3800** or by e-mail at: cumplimiento@mc-21.com.
- c. The Pharmacy has policies and procedures in place to verify and validate the exclusion lists published by the Office of the Inspector General (OIG) and the General Administration Services (GSA) prior to hiring new employees, representatives and/or contractors to ensure no employee, representative or contractor has been excluded from federal health care programs (for example Medicare and Medicaid). In addition and on a monthly basis thereafter, these exclusion lists are verified to ensure no employee, representative, managerial personnel or contractor who has direct or indirect responsible for administering or delivering Medicare Part D benefits (i.e. prescriptions), has been excluded from participation of Federal healthcare programs. Additionally, if any employee or contractor is identified through the exclusion lists, said employee or contractor will be immediately removed from performing any direct or indirectly Federal healthcare program related duties (for example Prescription administration, dispatch or delivery). Thus far, appropriate corrective actions will be taken and MC-21 will be notified immediately.
- d. It is our policy not to contract or maintain contracted any employees, representatives or contractors, including agents which have direct or indirect business related duties, with any representative or family member who has been excluded from participating in federal healthcare programs.
- e. It is our policy to assure all employees, representatives, contractors, delegated or related entities, including agents which provide services to Medicare Part D beneficiaries sign a conflict of interest statement at the moment of hire, in which they confirm that they are free from any personal or business related conflicts of interest for the administration or services provided to Medicare Part D beneficiaries.

V. Signature and Attestation

I hereby certify that all information provided is true and accurate, to the best of my knowledge.

Pharmacy Name:	NPI:	NABP:
Phone:	E-mail:	
Name of Authorized Representatives:	Title:	
Authorized signature:	Date:	

It is important to fill in all required information and ensure authorized signature to avoid any invalidation of this document.

➡ Please send the signed attestation by fax: (787) 653-2856 or by e-mail: Pharmacycontracting@mc-21.com.