



For Retail Chains and PSAO's ONLY

Organization Name:

Parent Affiliation Code:

Note: You are attesting on behalf of all of the affiliations/pharmacies within your organization.

For Independent Pharmacies ONLY

Pharmacy Name:

NPI Number:

Note: You must complete this form for each pharmacy location.

Certification Summary

This Certification of Compliance is for pharmacies/chains/PSAOs ("Organization") participating in the Prime Therapeutics Medicare (Part D) Network. By submitting this document, your Organization attests and certifies that the Medicare Part D training required of downstream entities has been completed in compliance with the requirements referenced below.

Certification Statement

By submitting this Certification, your Organization certifies as follows:

All persons (including its employees and contractors and subcontractors) involved in administering or delivering Medicare Part D benefits within your Organization have completed Medicare Compliance/Fraud, Waste and Abuse (FWA) training, as required by 42 C.F.R. § 423.504(b)(4)(vi)(C).

Individuals who have responsibilities in Medicare Part D business areas receive specialized training on issue posing compliance risks unique to their job functions, both at initial hire, at time of contract (if a contractor or subcontractor), when Part D requirements change, and at least annually as a condition of continued employment or contract.

Your Organization used training provided by a Plan Sponsor or has contracted with another entity to provide for its employees, contractors and subcontractors, a Medicare Part D Compliance/FWA training program that complies with the above requirements. As a result of such training, your Organization is informed about the Medicare Part D program, and more specifically, about the following:

- CMS requirements concerning benefit administration and management
- Standard benefits and requirements
- Individuals and entities excluded from performing Part D activities
- The importance of accurate reporting to the Government
- How to identify key components of prescription drug FWA
- How to report suspected Part D FWA to the appropriate Plan Sponsor or MEDIC.

Your Organization agrees to maintain training logs and make them available to Prime upon request.

Please identify the source of the training used by your Organization:

Prime Therapeutics:

Learnsomething.com:

Other (specify):

Submitter hereby attests on behalf of their Organization to the foregoing and certifies all required training has been completed.

Submitter E-Signature:

Submitter E-mail:

Submitter Title:

Submitter Phone: