

Pharmacy Attestation of Completed FWA Training

You are receiving this attestation because you are a contracted pharmacy (through Rx Options, Inc.) for EnvisionRx Plus, a CMS approved Prescription Drug plan. In accordance with the pharmacy contract, you have agreed to conduct Fraud, Waste, and Abuse (FWA) training of your pharmacists and pharmacy employees engaged in delivering any Medicare services, as required by Medicare regulations (42 C.F.R. § 423.504 (b)(4)(vi)), and attest to your compliance with this provision.

You may use EnvisionRx Plus' Pharmacy FWA Training module found on our website at <http://www.envisionrxplus.com/healthdrug/providerinfo.aspx> to meet this requirement, or you may use another FWA training module, provided it covers the following minimum topics:

- Laws and regulations related to Medicare Part D FWA,
- Your obligation to maintain appropriate policies and procedures regarding detecting, preventing and reporting potential Part D FWA,
- Your obligations to assure employees who report suspected FWA are protected from reprisals,
- Types of FWA associated with Medicare prescription drug coverage,
- Resources for reporting suspected FWA.

By signing this attestation you are certifying that all pharmacists and pharmacy employees engaged in delivering any Medicare services have completed EnvisionRx Plus' Pharmacy FWA Training module or another FWA training module that covers the minimum topics listed above. We ask that you keep records of completed FWA training since CMS or a CMS contractor may ask to review your records to assure compliance.

(Please insert the name of the pharmacy or pharmacy organization in the blank space provided below).

We, _____ do hereby attest that personnel within our organization who are involved with the administration and delivery of Medicare Part D benefits have completed EnvisionRx Plus' Pharmacy FWA Training, or a similar training that meets the minimum criteria listed above.

Print Name of responsible person

Pharmacy Name/Chain and NCPDP#

Signature of responsible person

Date

Once you have completed and signed this attestation, please return it using one of the two sources listed below **by December 31, 2009**. Thank you!

- Fax to (330) 486-6390
- Email to FWA_Attestations@envisionrx.com

To Report Suspected FWA to Envision:
Email complianceofficer@envisionrxplus.com, or
Call the FWA hotline @ (866) 417-3069