

## Annual Network Pharmacy Attestation

Please complete, sign and return to:  
EnvisionRx, Attn: Network Compliance Department  
E-Mail: [pharmacyattestation@envisionrx.com](mailto:pharmacyattestation@envisionrx.com)

You are receiving this attestation because you are a contracted pharmacy with EnvisionRxOptions/RxOptions ("Envision") as a First Tier, Downstream or Related Entity (FDR). In order to ensure compliance with Medicare regulations, sub-regulatory guidance and Envision contract obligations, FDRs must annually attest to the following requirements that apply to your pharmacy. Further, as an FDR, the organization's employees and downstream contractors 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.

### Professional Liability Insurance

The organization will maintain valid liability insurance coverage policy with minimum rates of \$1 million per occurrence and \$3 million in the aggregate per policy year.

### Distribution of Compliance Policies and Procedures

Compliance Policies and Procedures and/or Standards of Conduct that meet the applicable requirements set forth by CMS have been disseminated to employees and contractors within 90 days of hire and annually thereafter. The organization maintains proof of this distribution and can provide evidence upon request.

### Record Retention

A record retention policy is 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 Envision, CMS, or the CMS plan sponsor for auditing and monitoring purposes.

### FWA and General Compliance Training

The organization adopts and trains its employees and downstream entities using the CMS Part C&D FWA and Compliance training available on the Medicare Learning Network. The organization maintains proof of employee training and can provide evidence upon request. <https://www.cms.gov/Outreach-and-Education/MedicareLearning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf>

### Reporting Mechanisms

The method of reporting suspected FWA and compliance issues has been distributed and widely publicized for all pharmacy employees.

### Offshore Contracting

No offshore vendors or subcontractors are utilized to perform Medicare Part D functions.

### Sub-Delegating

Notification will be provided 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, compliance with all Medicare Part C & D as required) and to complete the required attestation.

### ATTESTATION

The criteria listed above are required by Medicare and/or the Participating Pharmacy Agreement between your organization and Envision. If you are unable to attest to one or more of the requirements above, please contact Envision via email at the address listed above.

We, \_\_\_\_\_ (Pharmacy Name), do hereby attest for calendar year 2017 that we have satisfied the above requirements for calendar year 2017 and represent and warrant that the Organization will be in compliance with the above requirements for calendar year 2018.

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Name of Responsible Party	Title
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Name of Pharmacy	NCPDP
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Email Address	Telephone
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Signature	Date
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