

NCPDP Profile - Part 2 Training Guide

Version 1.05

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Introduction

Effective February 12, 2017, NCPDP will collect information related to the CMS 455 subpart B regulatory requirements, as well as, credentialing information. The effect to your NCPDP Profile to collect this additional information is described below.

Changes effective February 12, 2017

The original screens and fields that represent your profile up to February 11, 2017 are displayed on their own tab within what is now called “Part 1”.



New screens and fields are added on a “Part 2” tab that relates to credentialing and CMS 455 regulatory requirements.



When the “Part 2” tab is clicked the entire menu in the left pane changes and shows the tabs that are relevant to Part 2. You can also get to Part 2 by clicking the “Next” button on the last page of what is now referred to as “Part 1”.

Verify and submit screens have been moved to a third tab.

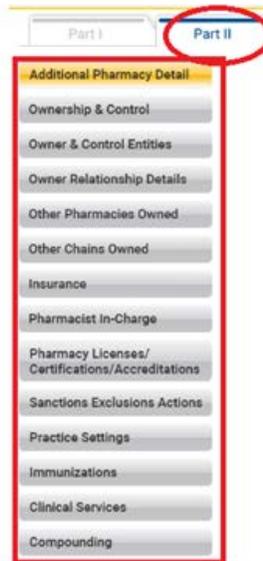


Here's the breakdown on the new tab layouts:

Part 1 tab



Part 2 tab



Verify and Submit tab



Each section of the Part 2 tab is described in this document in the order shown above in the breakdown, starting with **Additional Pharmacy Detail**.

As in Part 1:

- Red Asterisks indicate required fields,
- Clicking the “Next” button at the bottom of each page will lead you through the profile taking you from one screen to the next, saving your progress as you go.
- Clicking the “Pend” button will save your changes in the “My Pended Pharmacies” queue.
- Clicking the “Cancel” button will exit the profile. If changes have been made on the profile, they will be saved in the “My Pended Pharmacies” queue.
- Clicking the “Back” button will take you to the previous screen.
- Clicking the “Submit” button will take you to the “Verify and Submit” tab.

At the bottom of all Part II pages, is a link that says “Click here, to submit without completing Part II”.



When clicked, the system allows any completed pages in Part II (where you have clicked the Next button after filling out the page) to be submitted, without requiring all of the pages of Part II to be completed.

Additional Pharmacy Detail

This screen is lengthy, so let's look at it in two sections.

Section 1:

Home > NCPDP Provider ID > Edit Pharmacy

Part I **Part II** Verify And Submit

1234567 My Pharmacy

Additional Pharmacy Detail

Describe Your Location*

Pharmacy Toll-Free Phone #

Pharmacy TTY/TTD #

Does this pharmacy fill prescription drug claims under multiple NCPDP's?* Yes No

If Yes, NCPDP #2 at this location

If Yes, NCPDP #3 at this location

Total Pharmacists* (employed or contracted)

Total Technicians/Clerks* (employed or contracted)

Pharmacy Website

Pharmacy Software Vendor Name*

Pharmacy Software System Name*

Pharmacy Software Vendor Contact Name

Pharmacy Software Vendor Contact Email Address

Data Switch Vendor Name*

Date of last pharmacy record update

Credential Date

Is this a Minority Owned Business/Pharmacy?* Yes No

Is this a Woman Owned Business/Pharmacy?* Yes No

Is this a Small Business/Pharmacy? (under 250 employees)* Yes No

Does your pharmacy comply with the federal Anti-Kickback Statute which prohibits the exchange (or offer to exchange), of anything of value, in an effort to induce (or reward) the referral of federal health care program business? Yes No

If Yes, please provide the Policy and Procedures (P&P) (file attachment)

Is this pharmacy a retail walk-in pharmacy that services the general public?* Yes No

If not open to the general public, select all types that apply.

If selected "Other" or "Specialty" (above), please explain

Does your pharmacy accept Medicare Part B assignment?* Yes No

Does your pharmacy provide notifications of refill reminders? (NOT autoship)* Yes No

Is local prescription delivery service provided as part your routine pharmacy business? (Excluding Mail Order business)* Yes No

If Yes, approximate delivery radius (miles)

If Yes, delivery fees? Yes No

Select the option that most closely described your pharmacy location:

Describe Your Location*

- Please Select-
- Clinic
- Free Standing Building
- Grocery Store
- Hospital
- Medical Office Building
- Strip Center

Enter the pharmacy's Toll free phone number if there is one.

Enter the pharmacy's TTY/TDD number if there is one.

Note: TTY/TDD stands for a group of telecommunication devices that make it easier for deaf and/or mute people to talk over telephone lines.

Check either "Yes" or "No" in response to the question "Does this pharmacy fill prescription drug claims under multiple NCPDP's?"

- *To clarify this means filling prescription drug claims under multiple numbers at the same location.*
- *If you answer "Yes", then you must enter the 2nd NCPDP number.*
- *The 3rd NCPDP number is optional, only to be filled in if you have a 3rd NCPDP number at the same location.*

Fill in the remaining fields in the top section, please note the following:

- Pharmacy Software Vendor Name:
If the pharmacy has multiple then we want the primary software vendor's name.
- Pharmacy Software System Name:
If the pharmacy has multiple then we want the primary software system name.
- Pharmacy Software Vendor Contact Name:
This is the person's name at the vendor that the pharmacy can contact or reach out to if need be. For example, the sales rep or support person.
- Data Switch Vendor Name:
If the pharmacy has multiple then we want the primary one.
- Date of last pharmacy record update:
Not editable, this is system generated and indicates the last date that the profile was updated.

- Credentialed as of date: Not editable, this is system generated.
This is the date the pharmacy indicates (by checking a box on the “Verify and Submit” page) that they have reviewed their profile and made sure all required fields and uploaded documents are correct and current for credentialing purposes.

Continue to answer the remaining questions by clicking “Yes” or “No”. Please note:

- The federal **Anti-Kickback Statute** (“**Anti-Kickback Statute**”) is a criminal **statute** that prohibits the exchange (or offer to exchange), of anything of value, in an effort to induce (or reward) the referral of federal health care program business. See Appendix E for more information.
- Some questions, depending on your answer may require additional explanation or a document upload.
- If you need to upload a document, click the “Browse” button to navigate to the file you want to upload.
- If the pharmacy is not a retail pharmacy , open to the general public, you will be required to select the type of pharmacy it is from the drop down list:

Is this pharmacy a retail walk-in pharmacy that services the general public?*

Yes No

If not open to the general public, select all types that apply.*

Specialty
<input type="checkbox"/> Select all
<input type="checkbox"/> Assisted Living Facility
<input type="checkbox"/> Clinic
<input type="checkbox"/> Dispensing Physician
<input type="checkbox"/> Home Infusion
<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Tribal Urban
<input type="checkbox"/> Internet
<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Mail Order
<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Specialty
<input type="checkbox"/> Worksite - services only employees

If other or specialty is selected, you will be required to explain what type of “other” or “specialty” in the text box.

Is this pharmacy a retail walk-in pharmacy that services the general public?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If not open to the general public, select all types that apply.*	Specialty	
If selected "Other" or "Specialty" (above), please explain* 	<input type="text"/> 	

Section 2:

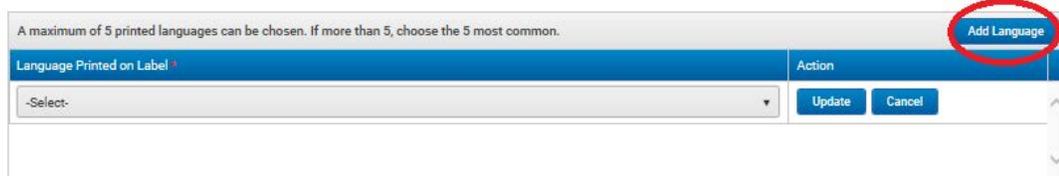
How does this pharmacy record prescription pick-up signatures?*	Paper <input type="radio"/>	Electronic <input type="radio"/>	Both <input type="radio"/>				
Does pharmacy have Patient Consultation (written material available)?* i		Yes <input type="radio"/>	No <input type="radio"/>				
Does pharmacy have Patient Consultation (counseling of all meds patient is taking) with electronic notes for future retrieval?*		Yes <input type="radio"/>	No <input type="radio"/>				
Does pharmacy have Patient Consultation (compliance monitoring) with electronic notes for future retrieval?*		Yes <input type="radio"/>	No <input type="radio"/>				
Does pharmacy have Disease State Consultation Services with electronic notes for future retrieval?*		Yes <input type="radio"/>	No <input type="radio"/>				
Are Infusion Therapy Services available?*		Yes <input type="radio"/>	No <input type="radio"/>				
Are Vision Services available?*		Yes <input type="radio"/>	No <input type="radio"/>				
Does this pharmacy sell tobacco or tobacco related products?*		Yes <input type="radio"/>	No <input type="radio"/>				
<p>A maximum of 5 printed languages can be chosen. If more than 5, choose the 5 most common. Add Language</p> <table border="1"> <thead> <tr> <th>Language Printed on Label *</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;"><i>No records to display.</i></td> </tr> </tbody> </table>				Language Printed on Label *	Action	<i>No records to display.</i>	
Language Printed on Label *	Action						
<i>No records to display.</i>							
Is the pharmacy able to communicate using American Sign Language?*		Yes <input type="radio"/>	No <input type="radio"/>				
Does pharmacy have ability to print labels in Braille?*		Yes <input type="radio"/>	No <input type="radio"/>				
Does this pharmacy offer language translation service(s)/language line?*		Yes <input type="radio"/>	No <input type="radio"/>				
Is pharmacy accessible by Public Transportation (bus, ferry, train, subway, or other form of transportation that charges set fares, run on fixed routes and are available to the public)?*		Yes <input type="radio"/>	No <input type="radio"/>				
Is this pharmacy less than or equal to 1/4 mile walking distance from Public Transportation?*		Yes <input type="radio"/>	No <input type="radio"/>				
Does this pharmacy meet ADA (American Disabilities Act) Accessibility standards for the physically disabled?*		Yes <input type="radio"/>	No <input type="radio"/>				
Does this pharmacy have Durable Medical Equipment for sale or rent?*		Yes <input type="radio"/>	No <input type="radio"/>				
If Yes, Durable Medical Equipment (limited/ full-stock)	<input type="text" value="-- Please Select --"/>						
Does this pharmacy subscribe to Institute of Safe Medicine Practices(ISMP) Medication Safety Alert Newsletters?		Yes <input type="radio"/>	No <input type="radio"/>				
Does this pharmacy report filling errors to the Institute of Safe Medicine Practices(ISMP)?*		Yes <input type="radio"/>	No <input type="radio"/>				
Cancel Next							
Pend Submit							
Click here, to Submit without completing Part II.							

Click on “Paper”, “Electronic” or “Both” to indicate how the pharmacy records pick-up signatures.

Continue to answer the remaining questions by clicking “Yes” or “No”. Please note:

- Some question may require additional explanation or a document upload, depending on your answer to the question.
- You must enter at least one language in regard to languages printed on labels.

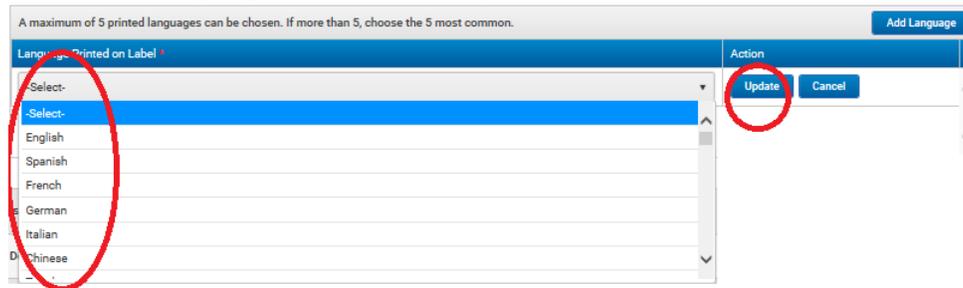
1. Click the “Add Language” button.



A maximum of 5 printed languages can be chosen. If more than 5, choose the 5 most common.

Language Printed on Label	Action
-Select-	Update Cancel

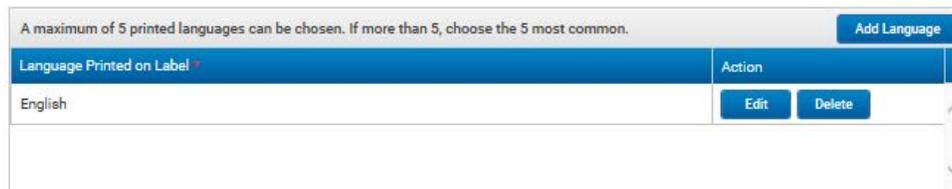
2. Select a language and click the “Update” button.



A maximum of 5 printed languages can be chosen. If more than 5, choose the 5 most common.

Language Printed on Label	Action
-Select-	Update Cancel
-Select-	
English	
Spanish	
French	
German	
Italian	
Chinese	

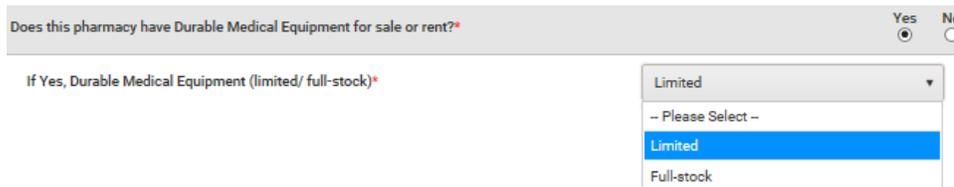
3. The language selected will be displayed in the grid.



A maximum of 5 printed languages can be chosen. If more than 5, choose the 5 most common.

Language Printed on Label	Action
English	Edit Delete

- If this pharmacy has Durable Medical Equipment (DME) for sale you are required to indicate if the pharmacy carries a limited inventory or full stock of DME by selecting the appropriate choice from the drop list.



Does this pharmacy have Durable Medical Equipment for sale or rent? Yes No

If Yes, Durable Medical Equipment (limited/ full-stock)*

Limited
- Please Select -
Limited
Full-stock

When you have answered all the questions, click the “Next” button to proceed to the **Ownership & Control** page.

Ownership & Control

1234567 My Pharmacy

Ownership & Control

Ownership Type* --Please Select--

Has this pharmacy undergone a Change in Ownership or Management (i.e. a change in control of 50% or more) in the last 12 months?*	Yes <input type="radio"/>	No <input type="radio"/>
If yes, explain.		
Does the state require that the owner of the pharmacy be the pharmacist in charge?*	Yes <input type="radio"/>	No <input type="radio"/>
Is an Owner of the pharmacy a Licensed Pharmacist?*	Yes <input type="radio"/>	No <input type="radio"/>
Is the pharmacy license, or that of this pharmacy's owners, employees, agents or associates with the pharmacy currently active and in good standing?*	Yes <input type="radio"/>	No <input type="radio"/>
If no, explain.		
Have any of this Pharmacy's owners, employees, agents or associates been denied a pharmacy license or permit or any other type of license or permit applicable to your operations in any state, or had its license or permit revoked or suspended?*	Yes <input type="radio"/>	No <input type="radio"/>
If yes, explain.		
Have any of this Pharmacy's owners, employees, agents or associates been convicted of violating State or Federal drug or healthcare regulations or any other laws or regulations applicable to your operations?*	Yes <input type="radio"/>	No <input type="radio"/>
If yes, explain.		
Have any of this Pharmacy's owners, employees, agents or associates been the subject of disciplinary action or debarred in front of a state pharmacy board or any other governmental board or agency applicable to your operations?*	Yes <input type="radio"/>	No <input type="radio"/>
If yes, explain.		

Cancel
Next

Pend
Submit

[Click here, to Submit without completing Part II.](#)

Select ownership type from the list that best described the entity that owns this pharmacy.

Ownership Type* --Please Select--

--Please Select--

Corporation

Estate

Government Entity

Limited Liability Company

Limited Partnership

Non Profit/Tax Exempt Organization

Partnership

Sole Proprietorship

Trust

Next, the system asks a series of questions.

- Check either “Yes” or “No” to answer the questions.
- Depending on the answer you may be required to provide further explanation in the text box directly below the question. When you click “Next”, the system will check and let you know if you have failed to enter an explanation (see below) by indicating in red letters that the field is required. You must fill in any required fields in order to proceed.

Ownership & Control

Ownership Type* Corporation ▼

Has this pharmacy undergone a Change in Ownership or Management (i.e. a change in control of 50% or more) in the last 12 months?*

Yes No

If yes, explain.

Field is required.

Does the state require that the owner of the pharmacy be the pharmacist in charge?*

Yes No

Is an Owner of the pharmacy a Licensed Pharmacist?*

Yes No

Is the pharmacy license, or that of this pharmacy's owners, employees, agents or associates with the pharmacy currently active and in good standing?*

Yes No

If no, explain.

Field is required.

Have any of this Pharmacy's owners, employees, agents or associates been denied a pharmacy license or permit or any other type of license or permit applicable to your operations in any state, or had its license or permit revoked or suspended?*

Yes No

If yes, explain.

Field is required.

Have any of this Pharmacy's owners, employees, agents or associates been convicted of violating State or Federal drug or healthcare regulations or any other laws or regulations applicable to your operations?*

Yes No

If yes, explain.

Field is required.

Have any of this Pharmacy's owners, employees, agents or associates been the subject of disciplinary action or debarred in front of a state pharmacy board or any other governmental board or agency applicable to your operations?*

Yes No

If yes, explain.

Field is required.

Cancel
Next

Pend
Submit

[Click here, to Submit without completing Part II.](#)

When you have answered all the questions on this page and provided explanations as required, click the “Next” button to proceed to the **Owner & Control Entities** page.

Owner & Control Entities

Ownership and control information is being collected in accordance with the CMS 455 regulation which requires the disclosure of ownership and control information as it relates to the pharmacy. If the pharmacy has questions regarding the regulation, NCPDP will refer you to CMS (1-800-465-3203) directly or to the CMS website (see appendix A for links), to review the regulation.

From a legal standpoint, NCPDP cannot interpret the law on behalf of the pharmacy. It is the pharmacies responsibility to understand the law.

Home > NCPDP Provider ID > Edit Pharmacy

Part I | **Part II** | Verify And Submit

1234567 My Pharmacy

Owner & Control Entities

The CMS 455 regulation requires the disclosure of Ownership and Control information.

THE OWNERSHIP AND CONTROL OWNER ENTITY SECTION REQUIRES AT LEAST ONE OWNER ENTITY RECORD. THAT OWNER RECORD CAN BE FOR AN INDIVIDUAL OWNER OR A COMPANY (IF THE PHARMACY IS OWNED BY A PARTNERSHIP, LLC, CORPORATION, OR OTHER TYPE OF COMPANY). FOR A BUSINESS ENTITY RECORD, AT LEAST ONE MANAGING EMPLOYEE IS ALSO REQUIRED TO BE ENTERED.

To complete the Ownership and control section you must:

1. Enter all owners. At least one managing employee is required to be entered.
2. Direct ownership cannot exceed 100%. This calculation includes all records in this section in which it has been indicated the owner is a direct owner. You will not be able to save a record that will cause direct ownership to exceed 100%
3. You must enter all required information for each record (* next to the field) including SSN and DOB.

List the identity of ANY PERSON (Individual or company, partnership, llc, corporation, etc.) with a direct or indirect ownership or control interest in the pharmacy (including corporate officers and directors). See 42 CFR 455.101 for the definition of "person with an ownership or control interest", "ownership interest" and "indirect ownership interest" and 42 CFR 455.102 for information regarding determination of ownership and control percentages. The address for corporate entities must include primary business address.

List ANY MANAGING EMPLOYEE of the pharmacy (Source: 42 CFR 455.104(b)(4)). See 42 CFR 455.101 for the definition of "managing employee."

List ANY SUBCONTRACTOR in which the pharmacy has a 5% or more interest. (Source: 42 CFR 455.104(b)(2)).

[Click here](#) for links to the above mentioned 42 CFR 455 regulation and related sub parts

IMPORTANT:

- Social Security Number (SSN) is required for individuals. For an individual who has not been assigned a SSN, you must provide the individual Taxpayer Identification Number (ITIN).
- Date of birth is required for all individuals.

Owner & Control Entities **Add**

Name	Entity Type	% Ownership	Action
			 

1 - 1 of 1 items

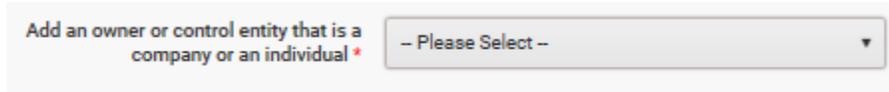
 Edit  Delete

Cancel **Next**

Pend **Submit**

1. Click the "Add" button to enter an Owner or Control entity.

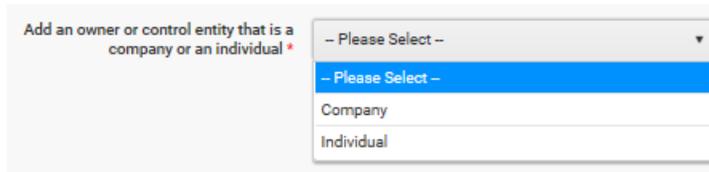
2. You will then be asked if the entity you want to add is an individual (person) or a company (meaning Corporation, LLC, Partnership, etc.).



Add an owner or control entity that is a company or an individual *

-- Please Select --

Click the down arrow to the right of “Please Select” to display the select list.



Add an owner or control entity that is a company or an individual *

-- Please Select --

- Please Select --
- Company
- Individual

3. Select “Company” or “Individual” depending on what type of owner or control entity you want to add.
4. Click “Next” to proceed.
 - a. If you selected “Company” you will proceed to the **Owner & Control Entity – Company** page to enter information about the company.
 - b. If you selected “Individual” you will proceed to the **Owner & Control Entity – Individual** page to enter information about the individual.

Owner & Control Entity – Company

Part I
Part II
Verify And Submit

Additional Pharmacy Detail

Ownership & Control

Owners & Control Entities

Owner Relationship Details

Other Pharmacies Owned

Insurance

Pharmacist In-Charge

Pharmacy Licenses / Certifications / Accreditations

Sanctions Exclusions Actions

Practice Settings

Immunizations

Clinical Services

Compounding

1234567 My Pharmacy

Owner & Control Entities - Company

As you've selected a company, you need to fill in the company's information.

The CMS 455 regulation requires the disclosure of Ownership and Control information.

THE OWNERSHIP AND CONTROL OWNER ENTITY SECTION REQUIRES AT LEAST ONE OWNER ENTITY RECORD. THAT OWNER RECORD CAN BE FOR AN INDIVIDUAL OWNER OR A COMPANY (IF THE PHARMACY IS OWNED BY A PARTNERSHIP, LLC, CORPORATION, OR OTHER TYPE OF COMPANY). FOR A BUSINESS ENTITY RECORD, AT LEAST ONE MANAGING EMPLOYEE IS ALSO REQUIRED TO BE ENTERED.

List the identity of ANY Business Entity (partnership, llc, corporation, etc.) with a direct or indirect ownership or control interest in the pharmacy provider.

See 42 CFR 455.101 for the definition of "person with an ownership or control interest", "ownership interest" and "indirect ownership interest".

See also 42 CFR 455.102 for information regarding determination of ownership control percentages.

[Click here](#) for links to the above mentioned 42 CFR 455 regulation and related sub parts.

The address for corporate entities must include, as applicable, primary business address.

To complete the Ownership and control section you must:

1. Enter all owners. For a business entity record (i.e. partnership, llc, corporation or other type of business as opposed to an individual) at least one managing employee is required to be entered.
2. Direct ownership cannot exceed 100%. This calculation includes all records in this section in which it has been indicated the owner is a direct owner. You will not be able to save a record that will cause direct ownership to exceed 100%
3. You must enter all required information for each record (* next to the field) including SSN and DOB.

This ownership / control entity is a* Direct Owner ?

Indirect Owner ?

Subcontractor in which the pharmacy owns a 5% or more interest ?

% of Ownership*

Entity Legal Name*

Entity DBA Name*

Owner FEIN Document

Federal Employer Identification Number (FEIN)*

Convicted of Criminal Offense* Yes No

Ownership/Control in Another Pharmacy* Yes No

Address 1*

Address 2

City*

State*

Zip*

[Click here, to Submit without completing Part II.](#)

a) Click the radio button to indicate if this company is a direct owner, indirect owner or subcontractor in which the pharmacy owns a 5% or more interest. See Appendix A for links to CFR 455.101 for the definitions (including the definition of “person with an

- ownership or control interest”, “ownership interest” and “indirect ownership interest”).
- b) Enter the percent of ownership (direct or indirect) or the percent of ownership the pharmacy has in the subcontractor. (see Appendix A for links to CFR 455.102 for information regarding determination of ownership control percentages).
Note: Direct ownership cannot exceed 100%. This includes all records in the ownership sections (individual and company records indicated to be direct owners). You will not be able to save a record that will cause total direct ownership to exceed 100%.
 - c) Enter the company’s legal name: the legal name that appears on the company’s Federal Employer Identification Number (FEIN) document supplied by the I.R.S.
 - d) Enter the company’s “Doing Business As” (DBA) name. This is the commonly known name of the business.
 - e) Upload the FEIN Document: the FEIN document must be preprinted by the IRS with your Tax ID and business name. Example: The letter the IRS sends you when they assign your FEIN number.
 - f) Enter the FEIN Number of the company.
 - g) Indicate whether or not the company has ever been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid, or Title XX services programs, since the inception of these programs (select “Yes” or “No”).
 - h) Indicate if the company has ownership or control in another pharmacy or pharmacies (select “Yes” or “No”).
 - i) Enter the address for the company including city, state and zip code.

Click the “Next” button to proceed to the “**Officers/Directors/Owners**” page for this company.

Owners & Control Entities Company – Officers/Directors/Owners

With regard to companies; the CMS regulation states that an individual be disclosed when the individual:

- Is an officer or director of a disclosing entity that is organized as a corporation; or
- Is a partner in a disclosing entity that is organized as a partnership.

(See Appendix A for links to CMS 455.101 for information regarding definitions, particularly *Person with an ownership or control interest*, items e & f)

At least one Officer/Director/Owner must be entered for each company added in the ownership section.

Part I
Part II
Verify And Submit

- Additional Pharmacy Detail
- Ownership & Control
- Owners & Control Entities
- Owner Relationship Details
- Other Pharmacies Owned
- Insurance
- Pharmacist In-Charge
- Pharmacy Licenses / Certifications / Accreditations
- Sanctions Exclusions Actions
- Practice Settings
- Immunizations
- Clinical Services
- Compounding

1234567 My Pharmacy

Officers/Directors/Owners of My Pharmacy Inc

As you have selected a company, you have to add information on Owners/Officers(s)/Director(s) of the company. One individual must be entered at minimum. You must indicate one individual as primary.

Collected Social Security Numbers and Date of Birth data is immediately encrypted upon submission. The encompassing Application and Information reside within a highly secure HIPAA compliant environment with stringent information policies certified by both ISO 20000 and ISO 27000.

Title*

Title Effective Date*

First Name*

Middle Name

Last Name*

Date of Birth*

Social Security Number*

If you have not been assigned an SSN, check here to enter ITIN

Individual Tax Id Number

Address 1*

Address 2

City*

State*

Zip*

Is this the primary individual/contact for company?

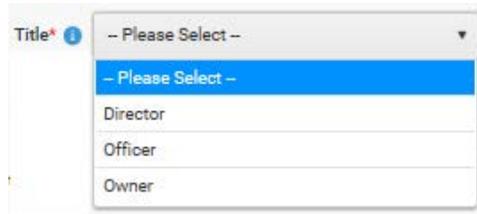
Note:
You must click the add button after entering your information. After you click the add button, your entry will appear in the grid below. To add another, just fill in the information and click the add button again.

Company Officers/Directors/Owners

Name	Title	Address	Action
No records to display.			

Click here, to Submit without completing Part II.

a) Indicate the type of individual by selecting a title from the drop down list.

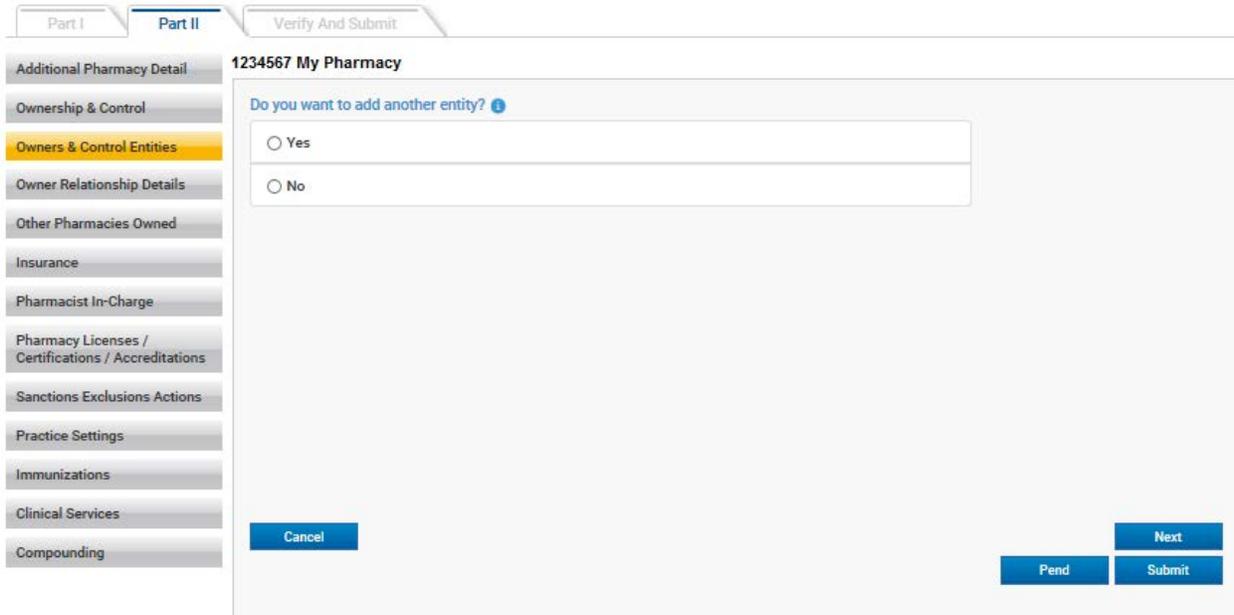


The screenshot shows a form field labeled 'Title' with a dropdown menu. The menu is open, showing the following options: '-- Please Select --', 'Director', 'Officer', and 'Owner'. The first option is currently selected and highlighted in blue.

- b) Enter the date the title became effective (best guess if unknown).
- c) Enter the individual's first and last name. Enter the middle name if the individual has one.
- d) Enter the individual's date of birth.
- e) Enter the individual's Social Security Number (SSN). If the individual has not been assigned a SSN, click the check box to enter the Individual Taxpayer ID (ITIN) and enter the ITIN of the individual.
- f) Enter the individual's home address including city, state and zip code.
- g) **IMPORTANT:** Click the "Add" button.
- h) When added, the individual will appear in the grid below the "Add" button.

Click the "Next" button proceed.

You will be asked if you want to add another owner or control entity.



The screenshot shows the NCPDP software interface. On the left is a navigation menu with items like 'Additional Pharmacy Detail', 'Ownership & Control', 'Owners & Control Entities' (highlighted), 'Owner Relationship Details', 'Other Pharmacies Owned', 'Insurance', 'Pharmacist In-Charge', 'Pharmacy Licenses / Certifications / Accreditations', 'Sanctions Exclusions Actions', 'Practice Settings', 'Immunizations', 'Clinical Services', and 'Compounding'. The main content area is titled '1234567 My Pharmacy' and contains a dialog box asking 'Do you want to add another entity?'. There are two radio buttons: 'Yes' and 'No'. At the bottom of the dialog are 'Cancel', 'Next', 'Pend', and 'Submit' buttons.

- If you are finished entering ownership and control entities, check “No”.
- If you would like to add another ownership or control entity, check “Yes”.
- Click “Next” to Proceed.

- If you check “No” you will proceed to the next appropriate tab based on the following criteria:
 - The **Owner Relationship Details** page. If any individual owners have been indicated to be related to one another.
 - The **Other Pharmacies Owned** page. If any owners have indicated ownership in other pharmacies and there are no owners indicated to be related to one another.

- If you checked “Yes” you will proceed back to the **Owner & Control Entities** page where you can add another ownership entity.

Owner & Control Entity – Individual

THE OWNERSHIP AND CONTROL OWNER ENTITY SECTION REQUIRES AT LEAST ONE OWNER ENTITY RECORD.

List the identity of ANY INDIVIDUAL with a DIRECT OR INDIRECT OWNERSHIP OR CONTROL INTEREST in the pharmacy (including corporate officers and directors).

See 42 CFR 455.101 for the definition of “person with an ownership or control interest”, “ownership interest” and “indirect ownership interest” and 42 CFR 455.102 for information regarding determination of ownership and control percentages.

List ANY MANAGING EMPLOYEE of the pharmacy

(Source 42 CFR 455.104(b)(4). See 42 CFR 455.101 for the definition of “managing employee”.)

List ANY SUBCONTRACTOR in which the pharmacy has a 5% or more interest.

(Source 42 CFR 455.104(b)(2))

To complete the Ownership and control section you must:

1. Enter all owners and at least one managing employee.
2. Direct ownership cannot exceed 100%. This calculation includes all records in this section in which it has been indicated the owner is a direct owner. You will not be able to save a record that will cause total direct ownership to exceed 100%.
3. You must enter all required information for each record (* next to the field) including SSN and Date of Birth (DOB).

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- Additional Pharmacy Detail
- Ownership & Control
- Owners & Control Entities
- Owner Relationship Details
- Other Pharmacies Owned
- Insurance
- Pharmacist In-Charge
- Pharmacy Licenses / Certifications / Accreditations
- Sanctions Exclusions Actions
- Practice Settings
- Immunizations
- Clinical Services
- Compounding

1234567 My Pharmacy

Owner & Control Entities - Individual

As you've selected an individual, you need to fill in an individual's information.

The CMS 455 regulation requires the disclosure of Ownership and Control information.

THE OWNERSHIP AND CONTROL OWNER ENTITY SECTION REQUIRES AT LEAST ONE OWNER ENTITY RECORD. AT LEAST ONE MANAGING EMPLOYEE OF THE PHARMACY IS ALSO REQUIRED TO BE ENTERED.

For Individuals:
List the identity of ANY INDIVIDUAL with a DIRECT OR INDIRECT OWNERSHIP OR CONTROL INTEREST in the pharmacy (including corporate officers and directors).
See 42 CFR 455.101 for the definition of "person with an ownership or control interest", "ownership interest" and "indirect ownership interest" and 42 CFR 455.102 for information regarding determination of ownership and control percentages.
List ANY MANAGING EMPLOYEE of the pharmacy (Source 42 CFR 455.104(b)(4). See 42 CFR 455.101 for the definition of "managing employee").
List ANY SUBCONTRACTOR in which the pharmacy has a 5% or more interest. (Source 42 CFR 455.104(b)(2)).

[Click here](#) for links to the above mentioned 42 CFR 455 regulation and related sub parts.

To complete the Ownership and control section you must:

1. Enter all owners. At least one managing employee is required to be entered.
2. Direct ownership cannot exceed 100%. This calculation includes all records in this section in which it has been indicated the owner is a direct owner. You will not be able to save a record that will cause direct ownership to exceed 100%.
3. You must enter all required information for each record (* next to the field) including SSN and DOB.

Collected Social Security Numbers and Date of Birth data is immediately encrypted upon submission. The encompassing Application and Information reside within a highly secure HIPAA compliant environment with stringent information policies certified by both ISO 20000 and ISO 27000.

This ownership / control entity is a* ?

Direct Owner ?

Has no ownership ?

Indirect Owner ?

Subcontractor in which the pharmacy owns a 5% or more interest ?

% of Ownership* ?

First Name*

Middle Name

Last Name*

Title* ? - Please Select -

Title Effective Date* ?

Date of Birth* ?

Social Security Number* ?

If you have not been assigned an SSN, check here to enter Individual Taxpayer Identification Number (ITIN)

Individual Tax Id Number

Convicted of Criminal Offense* ? Yes No

Ownership/Control in Another Pharmacy* Yes No

Related to Another Person with Ownership* Yes No

Address 1* ?

Address 2 ?

City* ?

State* ? -Select State-

Zip* ?

Cancel
Next

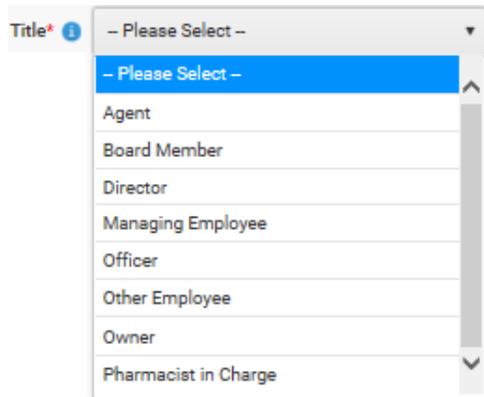
Pend
Submit

Click [here](#), to Submit without completing Part II.

- a) Click the radio button to indicate if this individual is a :
- direct owner
 - indirect owner
 - no ownership (such as managing employee)
 - subcontractor in which the pharmacy has a 5% or more interest

See CFR 455.101 for the definitions (including the definition of “person with an ownership or control interest”, “ownership interest” and “indirect ownership interest”).

- b) Enter the percent of ownership (direct or indirect) or the percent of ownership the pharmacy has in the subcontractor. (See CFR 455.102 for information regarding determination of ownership control percentages) ownership CFR 455.101 for the definitions (including the definition of “person with an ownership or control interest”, “ownership interest” and “indirect ownership interest”.) *Note: Direct ownership cannot exceed 100%. This includes all records in the ownership sections (individual and company records which have been indicated to be direct owners). You will not be able to save a record that will cause direct ownership to exceed 100%.*
- c) Enter the individual’s first and last name. Enter the middle name if the individual has one.
- d) Indicate the type of individual by selecting a title from the drop down list.



The image shows a web form field labeled "Title*" with a blue information icon. A dropdown menu is open, displaying the following options: "-- Please Select --", "Agent", "Board Member", "Director", "Managing Employee", "Officer", "Other Employee", "Owner", and "Pharmacist in Charge".

- e) Enter the date the title became effective (best guess if unknown).
- f) Enter the individual’s date of birth.
- g) Enter the individual’s Social Security Number (SSN). If the individual has not been assigned a SSN, click the check box to enter Individual Taxpayer ID (ITIN) then enter the ITIN for the individual.
- h) Check “Yes” or “No” to indicate if the individual has a criminal conviction related to involvement in any program under Medicare, Medicaid, or Title XX services programs since the inception of these programs.

- i) Check “Yes” or “No” to indicate if the individual has ownership in another pharmacy(s).
- j) Check “Yes” or “No” to indicate if the individual is related to another person with ownership or control in the pharmacy (as a spouse, parent, child or sibling).
- k) Enter the individual’s home address including city, state and zip code.

Click the “Next” button.

You will be asked if this individual has a pharmacist license.

Does this individual owner have a Pharmacist license issued by a State Board of Pharmacy?

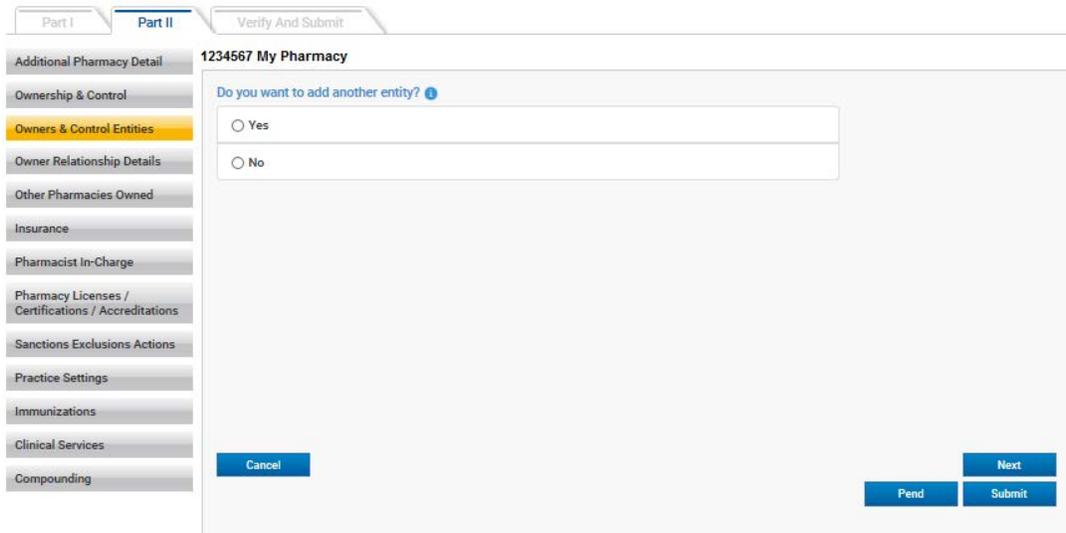
Yes

No

Check either “Yes” or “No” to answer the question.

Click the “Next” button to proceed:

- a) If you answered “Yes” then you will proceed to the Owner & Control Entity - **Pharmacist License page** for this individual.
- b) If you answered “No” then you will be asked if you want to add another entity.



The screenshot shows a software interface with a sidebar on the left containing menu items: Additional Pharmacy Detail, Ownership & Control, **Owners & Control Entities**, Owner Relationship Details, Other Pharmacies Owned, Insurance, Pharmacist In-Charge, Pharmacy Licenses / Certifications / Accreditations, Sanctions Exclusions Actions, Practice Settings, Immunizations, Clinical Services, and Compounding. The main content area is titled '1234567 My Pharmacy' and contains the question 'Do you want to add another entity?' with two radio button options: 'Yes' and 'No'. At the bottom of the main area, there are four buttons: 'Cancel', 'Next', 'Pend', and 'Submit'.

- If you are finished entering ownership and control entities, check “No”.
- If you would like to add another ownership or control entity, check “Yes”.
- Click “Next” to Proceed.
 - If you checked “No” you will proceed to the next tab based on the following criteria:

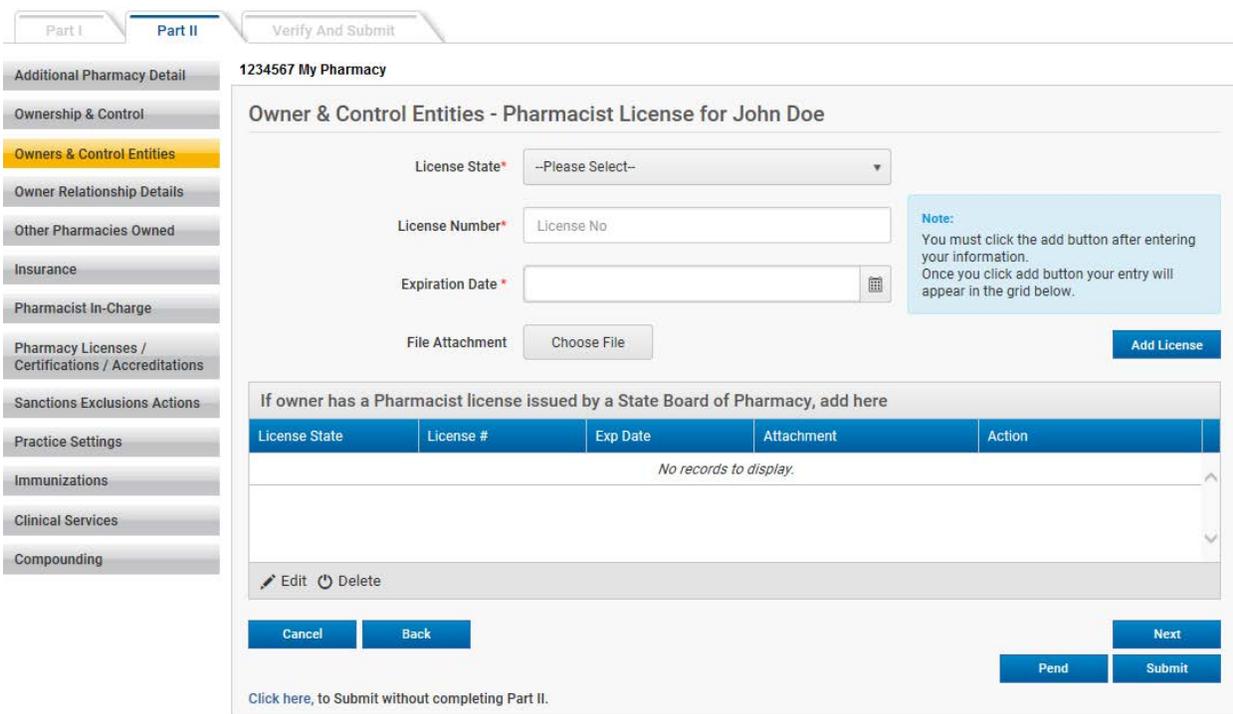
- The **Owner Relationship Details** page. If any individual owners have been indicated to be related to one another.
 - The **Other Pharmacies Owned** page. If any owners have indicated ownership in other pharmacies and there are no owners indicated to be related to one another.
 - The **Insurance** page if there is no indication of relationships or ownership in other pharmacies by any owners.
- If you checked “Yes” you will proceed back to the **Owner & Control Entities** page where you can add another entity.

Owner & Control Entity – Individual Pharmacists License

A red asterisk indicates the field is required and entry is mandatory.

A word about license attachments:

- The file uploaded should provide a legible copy or picture of the license.
- The license cannot be expired.
- Expired licenses will be rejected by NCPDP if submitted.
- If the license is rejected you will receive an email from NCPDP to let you know.



1234567 My Pharmacy

Owner & Control Entities - Pharmacist License for John Doe

License State* --Please Select--

License Number* License No

Expiration Date*

File Attachment

Note:
You must click the add button after entering your information. Once you click add button your entry will appear in the grid below.

If owner has a Pharmacist license issued by a State Board of Pharmacy, add here

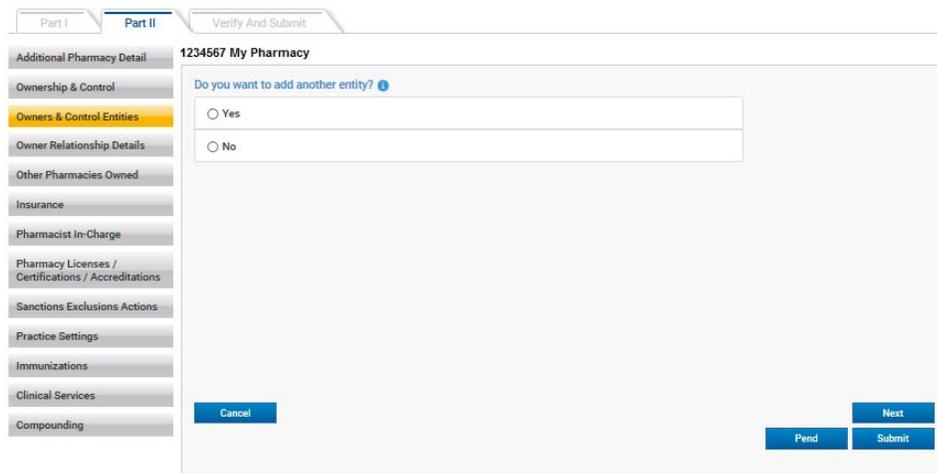
License State	License #	Exp Date	Attachment	Action
No records to display.				

[Click here, to Submit without completing Part II.](#)

To add the Pharmacist license(s) for this individual:

- Select state from the drop down list.
- Type in the License number.
- Enter the Expiration date as shown on the license you are uploading; the license cannot be expired.
- Expiration date must be in the future.

- e) Click on the “Choose File” button to navigate to the pharmacist license file you want to upload.
- f) **IMPORTANT:** Click the “Add License” button to save the license information.
- g) When the license has been added it will show in the grid below the “Add License” button.
- h) If you need to change any information for a license that is shown in the grid:
 - a. Click the “Edit” icon (looks like a pencil).
 - b. The information will be displayed in the fields above the grid for you to edit.
 - c. Make your changes and click the “Update License” button.
- i) Click the “Next” button to proceed.
- j) You will be asked if you want to add another entity.



1. If you are finished entering ownership and control entities, check “No”.
2. If you would like to add another ownership or control entity, check “Yes”.
3. Click “Next” to Proceed.
 - If you checked “No” you will proceed to the next tab based on the following criteria:
 - The **Owner Relationship Details** page. If any individual owners have been indicated to be related to one another.
 - The **Other Pharmacies Owned** page. If any owners have indicated ownership in other pharmacies and there are no owners indicated to be related to one another.
 - The **Insurance** page if there is no indication of relationships or ownership in other pharmacies by any owners.
 - If you checked “Yes” you will proceed back to the **Owner & Control Entities** page where you can add another entity.

Owner Relationship Details

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- Pharmacy Licenses / Certifications / Accreditations
- Sanctions Exclusions Actions
- Practice Settings
- Immunizations
- Clinical Services
- Compounding

Relationship Details

If an individual's name does not appear in the drop down list, the individual has not been entered into the system or the individual was entered but the check box to indicate the individual is related to another owner was not checked on the entry page. When checked the name will appear in the drop down list for selection.

Owner Name* ?

Specify Relationship* ?

Related Owner's Name* ?

Note:
 You must click the add button after entering your information.
 After you click the add button, your entry will appear in the grid below.
 To add another, just fill in the information and click the add button again.

Corresponding relationship entry will be created automatically.
 E.g. You entered John Smith is sibling of Eric Smith. The system will automatically add corresponding entry of Eric Smith is sibling of John Smith

Owner Name	Related Name	Relationship	Action
No records to display.			

✎ Edit 🗑 Delete

Click here, to Submit without completing Part II.

On this page you are to indicate how one owner is related to another owner.

1. Select the first owners name from the first (top) drop list.
2. Select the type of relationship from the Specify Relationship drop list in the middle.

Specify Relationship* ?

--Select Relationship--

Child

Parent

Sibling

Spouse

3. Select the second owner's name from the third (bottom) drop list.
4. Click the "Add" button.
5. When added, the relationship information will appear in the grid below the "Add" button.
6. The system will automatically make the opposing entry for you. Example: You make the entry "Jo Smith is parent of Mary Smith". The system will add that entry plus the entry "Mary Smith is child of Jo Smith". You will not have to make the second entry; it is automatically done for you. Some additional information:
 - a. If an entry is deleted the system automatically deletes its opposing entry as well.
 - b. If an entry is edited (by clicking the "Edit" icon next to it in the grid) the system will adjust the opposing entry accordingly.
7. In the event there are multiple owner relationships to be defined, simply repeat steps 1-4 as many times as needed, until all the relationships have been defined.
8. When finished, click "Next" to proceed to the next appropriate tab based on the following criteria:
 - a. The **Other Pharmacies Owned** page, if any owners have indicated ownership in other pharmacies.
 - b. The **Insurance** page, if there are no owners have indicated ownership in other pharmacies.

IMPORTANT NOTE: Owners' names will only appear in the drop down list if, on the owner page, the check box was checked to indicate the owner is related to another person with ownership (see image on next page).

Owner & Control Entities - Individual

As you've selected an Individual, you need to fill in an individual's information.

The OMB 455 regulation requires the disclosure of Ownership and Control Information.
THE OWNERSHIP AND CONTROL OWNER ENTITY SECTION REQUIRES AT LEAST ONE OWNER ENTITY RECORD. AT LEAST ONE MANAGING EMPLOYEE OF THE PHARMACY IS ALSO REQUIRED TO BE ENTERED.

For Individuals:
 List the identity of ANY INDIVIDUAL with a DIRECT OR INDIRECT OWNERSHIP OR CONTROL INTEREST in the pharmacy (including corporate officers and directors).
 Collected Social Security Numbers and Date of Birth data is immediately encrypted upon submission. The encompassing Application and Information reside within a highly secure HIPAA compliant environment with stringent information policies certified by both ISO 20000 and ISO 27000.
 See 42 CFR 455.101 for the definition of "person with an ownership or control interest", "ownership interest" and "indirect ownership interest" and 42 CFR 455.102 for information regarding determination of ownership and control percentages.
 List ANY MANAGING EMPLOYEE of the pharmacy (Source 42 CFR 455.104(b)(4)). See 42 CFR 455.101 for the definition of "managing employee".
 List ANY SUBCONTRACTOR in which the pharmacy has a 5% or more interest. (Source 42 CFR 455.104(b)(2)).
[Click here for links to the above mentioned 42 CFR 455 regulation and related sub parts.](#)

To complete the Ownership and control section you must:

1. Enter all owners. At least one managing employee is required to be entered.
2. Direct ownership cannot exceed 100%. This calculation includes all records in this section in which it has been indicated the owner is a direct owner. You will not be able to save a record that will cause direct ownership to exceed 100%.
3. You must enter all required information for each record (* next to the field) including SSN and DOB.

This ownership / control entity is a* Direct Owner Has no ownership Indirect Owner Subcontractor in which the pharmacy owns a 5% or more interest

Address 1* 12 mlam st
 Address 2 Address 2
 City* mesa
 State* Arizona
 Zip* 85260

% of Ownership* 5

First Name* Mary
 Middle Name Middle Initial
 Last Name* Smith
 Title* Owner
 Title Effective Date* 11/27/2016
 Date of Birth* xx/xx/xxxx
 Social Security Number* *****

If you have not been assigned an SSN, check here to enter Individual Taxpayer Identification Number (ITIN)

Individual Tax Id Number Individual Tax Id Number

Convicted of Criminal Offense* Yes No
 Ownership/Control in Another Pharmacy* Yes No
 Related to Another Person with Ownership* Yes No

Convicted of Criminal Offense* Yes No
 Ownership/Control in Another Pharmacy* Yes No
 Related to Another Person with Ownership* Yes No

Owner Relationships

Owner Name	Related Name	Relationship
No records to display.		

Other Pharmacies Owned

Owner Name	NCPDP #	Chain Code	Name	Parent Organization (if applicable)	FEIN #	Address
No records to display.						

Cancel Next

Other Pharmacies Owned

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Owners & Control Entities

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Pharmacy Licenses / Certifications / Accreditations

Sanctions Exclusions Actions

Practice Settings

Immunizations

Clinical Services

Compounding

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Other Pharmacies Owned

Note:
If you do not see the owners name in the drop down list, it was not entered in the ownership section or it was entered and the check box to indicate ownership in another pharmacy was not checked.

If you have ownership in an entire chain of pharmacies represented by a NCPDP chain code, then select the appropriate chain code below and enter the FEIN for that Chain. If a match is found the system will display the result. Click Add and the system will automatically associate each of the pharmacies you have ownership in. You will not have to enter the NCPDP number for each pharmacy in the chain.

Owner *

Chain Code of Other Chain Owned*

Federal Tax ID Associated with Other Chain Code*

If, however you own a pharmacy or group of pharmacies that are not represented by a NCPDP chain code, you will need to enter the NCPDP number for each pharmacy in order to associate the pharmacy as one you have ownership or control. Enter the NCPDP number for a pharmacy below then enter the FEIN for that pharmacy and click search. The system will search for the pharmacy and display the result. In order to associate the pharmacy as one you have ownership or control in, Click Add

Owner's Legal Name*

Other Pharmacy's NCPDP*

Other Pharmacy's Federal Tax ID*

In order to retrieve information, all three fields in the search box must be filled out

Pharmacy or Chain's Legal Name*

Pharmacy or Chain's Doing Business as Name*

NCPDP Number*

Chain Code*

NPI Number*

Physical Address 1*

Physical Address 2*

City*

State*

Zip Code*

Note:
You must click the Add Chain Owned / Add Pharmacy after entering your information. Once you click add your entry will appear in the grid below.

Other Pharmacies Owned

Owner Name	NCPDP #	Chain Code	Name	Parent Organization (if applicable)	FEIN #	Address	Action
No records to display.							

20 items per page

No items to display

Click here, to Submit without completing Part II.

An owner may have an ownership interest in a single pharmacy (NCPDP #) or group of pharmacies defined by an NCPDP Chain code (sometimes referred to as chain relationship id). Rather than type in all the information on the pharmacy or group of pharmacies, you may search on NCPDP # or Chain Code. The system knows all the pharmacies (NCPDP numbers) associated with a chain code; therefore you don't have to enter all the pharmacies manually. When you add a chain code, all the pharmacies associated with that chain code will be associated as pharmacies owned. There are two search boxes on this page; one for NCPDP # and one for Chain Code. In order to retrieve information, all three fields in one of the search boxes must be filled out.

If you have ownership in an entire chain of pharmacies represented by a NCPDP chain code, then select the appropriate chain code below and enter the FEIN for that Chain. If a match is found the system will display the result. Click Add and the system will automatically associate each of the pharmacies you have ownership in. You will not have to enter the NCPDP number for each pharmacy in the chain.

Owner * Chain Code of Other Chain Owned* Federal Tax ID Associated with Other Chain Code* ¹

jo smythe A1 Chain(123) 123456123 Chain Code Search

If, however you own a pharmacy or group of pharmacies that are not represented by a NCPDP chain code, you will need to enter the NCPDP number for each pharmacy in order to associate the pharmacy as one you have ownership or control. Enter the NCPDP number for a pharmacy below then enter the FEIN for that pharmacy and click search. The system will search for the pharmacy and display the result. In order to associate the pharmacy as one you have ownership or control in, Click Add

Owner's Legal Name* Other Pharmacy's NCPDP* ¹ Other Pharmacy's Federal Tax ID* ¹

jo smythe 1234567 123456789 NCPDP# Search



To indicate ownership in a group of pharmacies (defined by an NCPDP chain code):

1. Use the Chain code Search.
2. Select the owners name from the drop down list.
 - a. For an owner to appear in the drop list :
 - i. The owner must have been entered in the ownership section.
 - ii. The check box to indicate ownership in another pharmacy(s) must be checked (see Appendix B).
3. Fill in the NCPDP chain code (a.k.a. chain relationship id).
4. Fill in the Federal Tax Id (a.k.a. Federal Employer Identification Number) associated with the chain code. (Note: The EIN on the Chain Relationship Code profile must be populated)
5. Click the "NCPDP# Search" button.

If you have ownership in an entire chain of pharmacies represented by a NCPDP chain code, then select the appropriate chain code below and enter the FEIN for that Chain. If a match is found the system will display the result. Click Add and the system will automatically associate each of the pharmacies you have ownership in. You will not have to enter the NCPDP number for each pharmacy in the chain.

Owner * Chain Code of Other Chain Owned* Federal Tax ID Associated with Other Chain Code* ¹

jo smythe A1 Chain(123) 123456123 Chain Code Search



If the system cannot make a match on Chain Code and Tax ID you will get the message no data found.

If you have ownership in an entire chain of pharmacies represented by a NCPDP chain code, then select the appropriate chain code below and enter the FEIN for that Chain. If a match is found the system will display the result. Click Add and the system will automatically associate each of the pharmacies you have ownership in. You will not have to enter the NCPDP number for each pharmacy in the chain.

Owner * Chain Code of Other Chain Owned* Federal Tax ID Associated with Other Chain Code*

No data found.



If the system makes a match on Chain code and Tax ID, the information for that chain will be displayed.

Pharmacy or Chain's Legal Name*

Pharmacy or Chain's Doing Business as Name*

NCPDP Number*

Chain Code*

NPI Number*

Physical Address 1*

Physical Address 2

City*

State*

Zip Code*

Note:
You must click the Add Chain Owned / Add Pharmacy after entering your information. Once you click add your entry will appear in the grid below.

6. Click the "Add Chain Owned" button. The Chain is added and displayed in the grid below.

Other Pharmacies Owned

Owner Name	NCPDP #	Chain Code	Name	Parent Organization (if applicable)	FEIN #	Address	Action
jo smythe		123	A1 Chain (123)		123456...	321 Main Scottsdale 85259	

20 items per page

No items to display

[Click here, to Submit without completing Part II.](#)

To indicate ownership in single pharmacy (NCPDP#):

1. Use the NCPDP # search.
2. Select the owners name from the drop down list.
 - Note: For an owner to appear in the drop list:
 - i. The owner must have been entered in the ownership section.
 - ii. The check box to indicate ownership in another pharmacy(s) must be checked. (see Appendix B)
3. Fill in the NCPDP # of the “other” pharmacy owned.
4. Fill in the Federal Tax Id (a.k.a. Federal Employer Identification Number) of the “other” pharmacy owned.
5. Click the “NCPDP# Search” button.

If, however you own a pharmacy or group of pharmacies that are not represented by a NCPDP chain code, you will need to enter the NCPDP number for each pharmacy in order to associate the pharmacy as one you have ownership or control. Enter the NCPDP number for a pharmacy below then enter the FEIN for that pharmacy and click search. The system will search for the pharmacy and display the result. In order to associate the pharmacy as one you have ownership or control in, Click Add

Owner's Legal Name* <input type="text" value="jo smythe"/>	Other Pharmacy's NCPDP* ⓘ <input type="text" value="1234567"/>	Other Pharmacy's Federal Tax ID* ⓘ <input type="text" value="123456789"/>	 <input type="button" value="NCPDP# Search"/>
---	---	--	---

If the system cannot make a match on NCPDP# and Tax ID you will get the message no data found.

Owner's Legal Name* <input type="text" value="jo smythe"/>	Other Pharmacy's NCPDP* ⓘ <input type="text" value="1234567"/>	Other Pharmacy's Federal Tax ID* ⓘ <input type="text" value="123456789"/>	<input type="button" value="NCPDP# Search"/>
No data found.			



If the system makes a match on NCPDP # and Tax ID, the information for that pharmacy (NCPDP #) will be displayed.

If, however you own a pharmacy or group of pharmacies that are not represented by a NCPDP chain code, you will need to enter the NCPDP number for each pharmacy in order to associate the pharmacy as one you have ownership or control. Enter the NCPDP number for a pharmacy below then enter the FEIN for that pharmacy and click search. The system will search for the pharmacy and display the result. In order to associate the pharmacy as one you have ownership or control in, Click Add

Owner's Legal Name* jo smythe Other Pharmacy's NCPDP* 1234567 Other Pharmacy's Federal Tax ID* 123456789 **NCPDP# Search**

In order to retrieve information, all two fields in the search box must be filled out **Reset**

Pharmacy or Chain's Legal Name* **Other Pharmacy Name**

Pharmacy or Chain's Doing Business as Name* **Other Pharmacy DBA Name**

NCPDP Number* **1234567**

Chain Code* Chain Code

NPI Number* **1234567123**

Physical Address 1* **1234 Main Street**

Physical Address 2* Address 2

City* **Scottsdale**

State* **Arizona**

Zip Code* **85259** **Add Pharmacy**

Note:
You must click the Add Chain Owned / Add Pharmacy after entering your information. Once you click add your entry will appear in the grid below.



6. Click the “Add Pharmacy” button.
7. The pharmacy is added and displayed in the grid below.

Other Pharmacies Owned							
Owner Name	NCPDP #	Chain Code	Name	Parent Organization (if applicable)	FEIN #	Address	Action
jo smythe	1234567		Pharmacy Name		1234567...	1234 Main Scottsdale 85259	

20 items per page 1 - 1 of 1 items

Cancel **Next**

[Click here, to Submit without completing Part II.](#) **Pend** **Submit**

8. To delete a pharmacy or chain from the grid, click the “Delete” icon (looks like a circle) at the far right in the “Action” column.

When finished adding other pharmacies owned, click the “Next” button to proceed to the **Insurance** page.

Insurance

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1234567 My Pharmacy

Insurance

Professional Liability Insurance Carrier*

Professional Liability Insurance Policy Number*

Professional Liability Insurance Expiration Date * 

Professional Liability Insurance File Attachment

General Liability Amount Per Occurrence* \$

General Liability Aggregate (Excluding Umbrella Policy) * \$

Aggregate Additional Excess/Umbrella Policy Amount? \$

[Click here, to Submit without completing Part II.](#)

1. Type in the name of the pharmacy's liability insurance carrier.
2. Type in the liability insurance policy number.
3. Enter the expiration date of the liability insurance policy.
4. You will need to attach a copy of your liability policy, to do so, click the "Browse" button to navigate to the insurance policy file on your computer and upload it.
5. Type in the general liability \$ amount per occurrence indicated on the policy.
6. Type in the general liability aggregate \$ amount (excluding umbrella amount) indicated on the policy.
7. Type in the aggregate additional excess/umbrella \$ amount indicated on the policy.
8. Click the "Next" button to proceed to the **Pharmacist In-Charge** page.

Pharmacist In-Charge

Reminder: A red asterisk indicates the field is required and entry is mandatory.

A word about license attachments:

- The file uploaded should provide a legible copy or picture of the license.
- The license cannot be expired.
- Expired licenses will be rejected by NCPDP if they are submitted.
- If the license is rejected you will receive an email from NCPDP to let you know.

Part I
Part II
Verify And Submit

1234567 My Pharmacy

- Additional Pharmacy Detail
- Ownership & Control
- Owners & Control Entities
- Owner Relationship Details
- Other Pharmacies Owned
- Insurance
- Pharmacist In-Charge
- Pharmacy Licenses / Certifications / Accreditations
- Sanctions Exclusions Actions
- Practice Settings
- Immunizations
- Clinical Services
- Compounding

Pharmacist In-Charge (PIC) License

Is the pharmacist in Charge(PIC) a pharmacy owner?#* Yes No

Pharmacist In Charge (PIC) First name*

Pharmacist In Charge (PIC) Middle Name

Pharmacist In Charge (PIC) Last name*

PIC License #*

PIC Licensed State*

PIC License File Attachment

PIC License Expiration Date*

PIC NPI#

PIC NPI Confirmation File Attachment

PIC Controlled Substance License #

PIC Controlled Substance License File Attachment

PIC Controlled Substance License Expiration Date

[Click here](#), to Submit without completing Part II.

Select "Yes" or "No" to indicate if the Pharmacist In-Charge (PIC) is an owner of this pharmacy.

If you select “Yes” a drop down list containing the names of direct owners will appear:

Pharmacist In-Charge (PIC) License

Is the pharmacist in Charge(PIC) a pharmacy owner? Yes No

Owners* --Please Select-- 

Once an owner is selected the system will automatically populate:

- PIC name
- PIC license information if the PIC license for this owner was uploaded for this individual in the owner section and the license is from the state in which the pharmacy is located. Otherwise you will have to fill this in manually.

If you select “No” then you will need to fill out the page manually:

1. Enter the PIC’s first and last name. Enter middle name if there is one.
2. Enter the license number of Pharmacist In-Charge.
3. Select the state which issued the license from the drop down list.
4. Click the “Browse” button to navigate to the PIC license file and upload it.
 - The license cannot be expired.
 - Expired licenses will be rejected by NCPDP.
 - If the license is rejected you will receive an email from NCPDP to let you know.
5. Enter the expiration date displayed on the license. The date must be in the future.
6. Enter the NPI Number of the Pharmacist In-Charge if one has been assigned.
7. Click the “Browse” button to navigate to the PIC NPI document and upload it.
8. If the PIC has a controlled substance license:
 - Enter the PIC’s Controlled Substance License number.
 - Click the “Browse” button to navigate to the PIC’s Controlled Substance license file and upload it.
 - Enter the expiration date as displayed on the Controlled Substance license. The date must be a future date.
9. Click the “Next” button to proceed to the **Pharmacy Licenses/Certifications and Accreditations** tab to enter any additional licenses you may want to upload, including your Proof of No Exclusion documentation.

Pharmacy Licenses/Certifications and Accreditations

The Pharmacy Licenses/Certifications and Accreditations tab allows you to upload any additional licenses you may want to upload, including your Proof of No Exclusion documentation.

This tab has three pages. Clicking the “Next” button on each page will navigate through the three pages within the tab.

Pharmacy Licenses/Certifications and Accreditations (Page 1) Proof of No Exclusion

1234567 My Pharmacy

Additional Pharmacy Licensing/Certification And Accreditations

Proof of NO Exclusion from State Medicaid Program ⓘ

State:

Medicaid Number:

Proof of NO Exclusion from State Medicaid Program ⓘ	State	Medicaid Number	Action
	Arizona	123456789	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Note:
 If you have already added a State Medicaid Number on the NCPDP application in Part 1, It should appear below.
 Click the Edit icon to the right of the Medicaid Number to add a Proof of No Exclusion Document and then hit Update to save the document on the profile.
 If you have a State Medicaid Number and you did not add it in Part 1, you can hit Add to add the Medicaid Number to your profile. When you have finished adding the Medicaid information, hit Add again to save it to your profile.

Click here, to Submit without completing Part II.

The first page of the **Pharmacy Licenses/Certifications and Accreditations** tab is the page for uploading the Proof of No Exclusion document for each state Medicaid number on the profile. This information can be found at one of the following:

- Office of Inspector General (OIG) – U.S. Department of Health & Human Services (HHS) – List of Excluded Individuals/Entities (LEIE) - <https://exclusions.oig.hhs.gov/>. See Appendix D for more information on obtaining the Proof of No Exclusion document.
- An increasing number of states maintain Medicaid exclusion lists which can be uploaded as well for states that have them.

If your Medicaid number has already been entered (in Part 1):

You can add your proof of no exclusion by updating the related entry in the grid.

In the grid, click on the “Edit” icon (looks like a pencil) next to the record you want to update with the proof of no exclusion document.

Additional Pharmacy Licensing/Certification And Accreditations

Proof of NO Exclusion from State Medicaid Program 1

State

Medicaid Number

Proof of NO Exclusion from State Medicaid Program	State	Medicaid Number	Action
	Arizona	123456789	 

 Edit
 Delete

Note:
 If you have already added a State Medicaid Number on the NCPDP application in Part 1, It should appear below.
 Click the Edit icon to the right of the Medicaid Number to add a Proof of No Exclusion Document and then hit Update to save the document on the profile.
 If you have a State Medicaid Number and you did not add it in Part 1, you can hit Add to add the Medicaid Number to your profile. When you have finished adding the Medicaid information, hit Add again to save it to your profile.

Click here, to Submit without completing Part II.

The record will be displayed in the fields above the grid.

Additional Pharmacy Licensing/Certification And Accreditations

Proof of NO Exclusion from State Medicaid Program ⓘ **Step 1** ←

State: **Step 2** ↓

Medicaid Number:

Proof of NO Exclusion from State Medicaid Program	State	Medicaid Number	Action
	Arizona	123456789	

Note:
 If you have already added a State Medicaid Number on the NCPDP application in Part 1, it should appear below. Click the Edit icon to the right of the Medicaid Number to add a Proof of No Exclusion Document and then hit Update to save the document on the profile.
 If you have a State Medicaid Number and you did not add it in Part 1, you can hit Add to add the Medicaid Number to your profile. When you have finished adding the Medicaid information, hit Add again to save it to your profile.

[Click here, to Submit without completing Part II.](#)

To add the Proof of No Exclusion:

1. Click the “Choose File” button to navigate to the file and upload it.
2. Click the “Update” Button.
3. The record is updated and redisplayed in the grid with the proof of no exclusion attachment (see image below).

Additional Pharmacy Licensing/Certification And Accreditations

Proof of NO Exclusion from State Medicaid Program ⓘ

State:

Medicaid Number:

Proof of NO Exclusion from State Medicaid Program	State	Medicaid Number	Action
ProofOfNoExclusion.png	Arizona	123456789	

Note:
 If you have already added a State Medicaid Number on the NCPDP application in Part 1, it should appear below. Click the Edit icon to the right of the Medicaid Number to add a Proof of No Exclusion Document and then hit Update to save the document on the profile.
 If you have a State Medicaid Number and you did not add it in Part 1, you can hit Add to add the Medicaid Number to your profile. When you have finished adding the Medicaid information, hit Add again to save it to your profile.

[Click here, to Submit without completing Part II.](#)

To add your Proof of No Exclusion for a Medicaid number that has not already been entered in Part 1.

Part I | **Part II** | Verify And Submit

1234567 My Pharmacy

Additional Pharmacy Licensing/Certification And Accreditations

Proof of NO Exclusion from State Medicaid Program 

State:

Medicaid Number:

Proof of NO Exclusion from State Medicaid 

Proof of NO Exclusion from State Medicaid Program	State	Medicaid Number	Action
<i>No records to display.</i>			

 Edit  Delete

Note:
 If you have already added a State Medicaid Number on the NCPDP application in Part 1, it should appear below.
 Click the Edit icon to the right of the Medicaid Number to add a Proof of No Exclusion Document and then hit Update to save the document on the profile.
 If you have a State Medicaid Number and you did not add it in Part 1, you can hit Add to add the Medicaid Number to your profile. When you have finished adding the Medicaid information, hit Add again to save it to your profile.

[Click here, to Submit without completing Part II.](#)

1. Click the “Choose File” button to navigate to the file and upload it.
2. Select the state
3. Enter the Medicaid number.
4. Click the “Add” button, once added; it will appear in the grid below the “Add” button.
5. To add additional entries, repeat steps 1-4 as many times as needed.

To delete an entry:

Click the “Delete” icon (looks like a circle) next to the entry you want to delete.

When you have finished adding/ updating /deleting, click the “Next” button to proceed to the **Additional Licenses** page.

Pharmacy Licenses/Certifications and Accreditations (Page 2) – Additional Licenses

On the second page of the Additional Pharmacy Licensing /Certification /Accreditations tab, you can add any additional licenses you may have.

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1234567 My Pharmacy

Additional Pharmacy Licensing/Certification And Accreditations

License Number

License Type ? --Please Select--

File Attachment ?

State --Please Select--

Expiration Date

Note:
You must click the Add License button after adding your information. Once you click Add License button, your entry will be displayed in the grid below.

License #	Type	File Attachment	State	Exp Date	Action
No records to display.					

✎ Edit 🗑 Delete

[Click here](#), to Submit without completing Part II.

To enter a license or certification :

1. Enter the license number.
2. Select the license type from the drop down list.

If you select “Other” an explanation box will appear for you to explain what is meant by “Other”.

Additional Pharmacy Licensing/Certification And Accreditations

License Number

License Type i Other

If License Type is "Other", Explain* 

File Attachment i Choose File

State --Please Select--

Expiration Date 📅

Add License

Note:
You must click the Add License button after adding your information. Once you click Add License button, your entry will be displayed in the grid below.

Additional Pharmacy Licenses/Certification

License #	Type	File Attachment	State	Exp Date	Action
<i>No records to display.</i>					

✎ Edit 🔍 Delete

Cancel
Back

Next
Pend
Submit

Click here, to Submit without completing Part II.

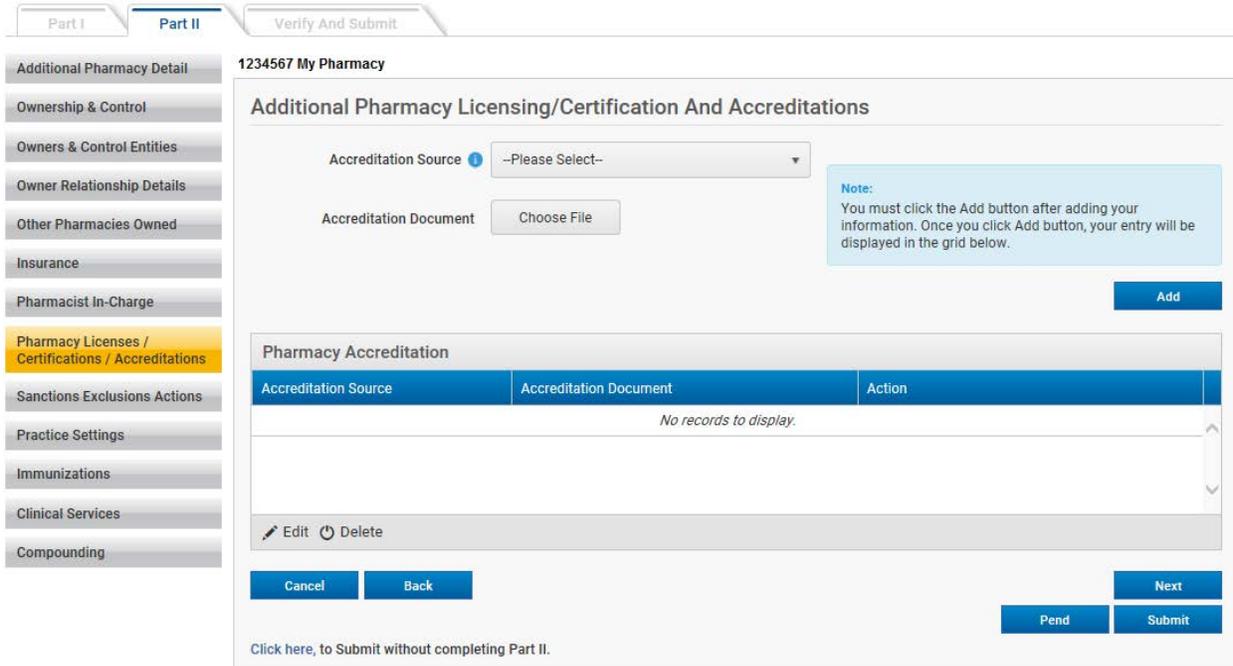
3. Click the "Choose File" button to navigate to the license file and upload it.
4. Select the state issuing the license from the drop list (if applicable).
5. Enter the expiration date of the license (if applicable).
6. Click the "Add License" button.

You can add as many licenses and certifications as you wish by repeating steps 1-6.

When ready, click the "Next" button to proceed to the **Accreditations** page.

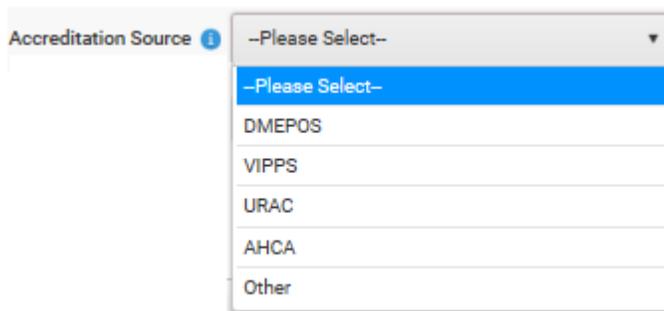
Pharmacy Licenses/Certifications and Accreditations (Page 3) – Accreditations

On this, the third and final page of the **Additional Pharmacy Licensing /Certification /Accreditations** tab, you can add any additional accreditations you may have.



The screenshot shows the 'Additional Pharmacy Licensing/Certification And Accreditations' page for pharmacy 1234567. The left sidebar contains navigation tabs: Additional Pharmacy Detail, Ownership & Control, Owners & Control Entities, Owner Relationship Details, Other Pharmacies Owned, Insurance, Pharmacist In-Charge, Pharmacy Licenses / Certifications / Accreditations (highlighted), Sanctions Exclusions Actions, Practice Settings, Immunizations, Clinical Services, and Compounding. The main content area has a header 'Additional Pharmacy Licensing/Certification And Accreditations' and a sub-header '1234567 My Pharmacy'. Below the header are two input fields: 'Accreditation Source' with a dropdown menu currently set to '--Please Select--' and 'Accreditation Document' with a 'Choose File' button. A blue note box states: 'Note: You must click the Add button after adding your information. Once you click Add button, your entry will be displayed in the grid below.' Below the note is an 'Add' button. A table titled 'Pharmacy Accreditation' is shown with columns 'Accreditation Source', 'Accreditation Document', and 'Action'. The table is currently empty with the text 'No records to display.' Below the table are 'Edit' and 'Delete' icons. At the bottom of the form are 'Cancel', 'Back', 'Next', 'Pend', and 'Submit' buttons. A link at the bottom left says 'Click here, to Submit without completing Part II.'

1. Select the accreditation Source from the drop down list.



The close-up shows the 'Accreditation Source' dropdown menu. The menu is open, displaying the following options: '--Please Select--', DMEPOS, VIPPS, URAC, AHCA, and Other.

- If you choose "Other" an explanation box will appear for you to describe what is meant by "other".

Additional Pharmacy Licensing/Certification And Accreditations

Accreditation Source Other

If Accreditation Source is "Other", Explain

Accreditation Document 

Note:
You must click the Add button after adding your information. Once you click Add button, your entry will be displayed in the grid below.

Pharmacy Accreditation

Accreditation Source	Accreditation Document	Action
<i>No records to display.</i>		

[Click here, to Submit without completing Part II.](#)

2. Click the "Choose File" button to navigate to the accreditation file and upload it.
3. Click the "Add" button.
4. The accreditation record will be displayed in the grid below the "Add" button.
5. You may add as many as you need by repeating steps 1-3.
6. Click the "Next" button to proceed to the **Sanctions Exclusions Actions** page.

Sanctions Exclusions Actions

Part I	Part II	Verify And Submit
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1234567 My Pharmacy

Additional Pharmacy Detail

Ownership & Control

Owners & Control Entities

Owner Relationship Details

Other Pharmacies Owned

Insurance

Pharmacist In-Charge

Pharmacy Licenses / Certifications / Accreditations

Sanctions Exclusions Actions

Practice Settings

Immunizations

Clinical Services

Compounding

Sanctions, Exclusions, Disciplinary Actions

Date of most recent site visit by The State Board of Pharmacy (provide copy of the site visit record) Attach most recent site visit document

Has the license of this pharmacy (current NCPDP #) ever been suspended or revoked? * Yes No

If yes, explain.

Has the license of any pharmacist currently employed at this pharmacy (current NCPDP #) had sanctions (i.e. state or Federal exclusion), been suspended or revoked in the past 10 years? * Yes No

If yes, explain.

Have any disciplinary actions against this pharmacy (current NCPDP #) been recorded by the State Board of Pharmacy in the past 10 years? * Yes No

If Yes, Is this a result of an inspection? Yes No

If Yes, Provide copy of inspection report.

Has the DEA registration of this pharmacy (current NCPDP #) been suspended or revoked in the past 10 years? * Yes No

If yes, explain.

Has this pharmacy (current NCPDP #) been named in any professional liability judgments or settlements in the past 10 years? * Yes No

If yes, explain.

Has any pharmacist or technician currently employed by this pharmacy (current NCPDP #) ever been convicted of a felony? * Yes No

If yes, explain.

Under current ownership, has this pharmacy (current NCPDP #), not an individual, ever filed bankruptcy, receivership or reorganization? * Yes No

If yes, explain.

Under current ownership, has this pharmacy's (current NCPDP #), professional liability (malpractice) coverage been denied or canceled within the past five years? * Yes No

If yes, explain.

Supporting documentation to contest a mistaken sanction (i.e. state or Federal exclusion) or disciplinary action

[Click here](#), to Submit without completing Part II.

- Enter the date of the most recent site visit by the State Board of Pharmacy.

- Provide a copy of the site visit record. Click the “Browse” button to navigate to a copy of the document and upload it.
- Answer all the questions.
- Check either “Yes” or “No” in response to the question being asked.
- Some questions may require additional explanation depending on whether you answered them with a “Yes” or a “No”. In these cases, a text box for the explanation is provided directly below the question.
- If a document is required to be uploaded as a result of your answer to a question, click the adjacent “Browse” button to navigate to the file and upload it.
- The supporting documentation to contest a mistaken sanction (bottom of the page) is optional. If you want to upload such a document you may do so by clicking the “Browse” button to navigate to the file and upload it.

Click the “Next” button to proceed to the **Practice Settings** page.

Practice Settings

The purpose of this page is to record the percent of Rx volume represented by each taxonomy code that has been checked. The percent is based on script count. You may add or remove taxonomies by checking or unchecking the box to the left of the taxonomy code. Any changes made here will be reflected in Part 1 so that taxonomies indicated on this page (by a check) are the same as those indicated in Part 1 (on the **Taxonomy Codes** tab). When a taxonomy code is checked on this page, the field to the right becomes editable and you can enter the percentage. The Pharmacy (333600000X) taxonomy code is preselected and cannot be changed or given a percentage.

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1234567 My Pharmacy

Taxonomy Codes and Pharmacy Practice Settings with % of Rx Volume

(% based on script count)

<input type="checkbox"/> Clinic Pharmacy (3336C0002X) 0 % ⓘ University Health System Pharmacy % ⓘ Hospital Affiliated Clinic % ⓘ All other Clinical Pharmacy Categories % ⓘ <input checked="" type="checkbox"/> Community/Retail (3336C0003X) % ⓘ <input type="checkbox"/> Compounding Pharmacy (3336C0004X) % ⓘ <input type="checkbox"/> Home Infusion (3336H0001X) % ⓘ <input type="checkbox"/> Indian Health Service/Tribal/Urban Indian Health (332800000X) % ⓘ <input type="checkbox"/> Institutional Pharmacy (3336I0012X) % ⓘ <input type="checkbox"/> Long Term Care (3336L0003X) 0 % ⓘ Assisted Living % ⓘ On-Site Nursing Home % ⓘ All other Long Term Care Categories % ⓘ <input type="checkbox"/> Mail Order (3336M0002X) % ⓘ <input type="checkbox"/> Managed Care Pharmacy (3336M0003X) % ⓘ <input type="checkbox"/> Military Pharmacy (332000000X) % ⓘ <input type="checkbox"/> Nuclear Pharmacy (3336N0007X) % ⓘ <input checked="" type="checkbox"/> Pharmacy (333600000X) % ⓘ <input type="checkbox"/> Specialty Pharmacy (3336S0011X) % ⓘ <input type="checkbox"/> Veterans Health Administration (332100000X) % ⓘ	0 %	<input type="checkbox"/> Customized Equipment (332BC3200X) % ⓘ <input type="checkbox"/> Dialysis Equipment (332BD1200X) % ⓘ <input type="checkbox"/> DME (332B00000X) % ⓘ <input type="checkbox"/> Nursing Facility Supplies (332BN1400X) % ⓘ <input type="checkbox"/> Oxygen Equipment (332BX2000X) % ⓘ <input type="checkbox"/> Parenteral and Enteral Nutrition (332BP3500X) % ⓘ	% ⓘ % ⓘ % ⓘ % ⓘ % ⓘ % ⓘ
---	--------	--	--

Total Percentage: 0 %

Primary Taxonomy Code* Community/Retail (3336C0003X)

Primary Provider Type* Community/Retail (3336C0003X)

Secondary Provider Type --Please Select--

Tertiary Provider Type --Please Select--

Note:

1. Check as many taxonomy code boxes as applicable to your pharmacy.
2. Enter the % of Rx volume (by script count) for each box checked.
3. The Pharmacy taxonomy code (333600000X) is pre-selected and can only be used in the Primary Taxonomy Code field, which is used for EFIO purposes only.

Cancel

Next

Pend

Submit

Click here, to Submit without completing Part II.

- Place the number representing the percentage in the box to the right of the taxonomy.
- The number representing the percentage must be a whole number (i.e. 1, 2, 3, etc.) not fractional (.5, 1.5, 2.75, 3.1, etc.)
- The total of all the percentages entered cannot exceed 100%.
- Taxonomies without a check in their respective checkbox do not allow entry of a percent.
- To enable entry of a percent for a taxonomy whose check box is not checked, simply check the checkbox next to that taxonomy. Once checked, the percent field will become editable.

Towards the bottom of the page you will see fields with drop down lists to identify the Primary Taxonomy Code as well as Primary, Secondary and Tertiary Provider Type. These fields will be auto populated based on the percentages entered for the taxonomies (see image on next page).

Taxonomy Codes and Pharmacy Practice Settings with % of Rx Volume

(% based on script count)

<input type="checkbox"/> Clinic Pharmacy (3336C0002X)	0	%	
University Health System Pharmacy		%	
Hospital Affiliated Clinic		%	
All other Clinical Pharmacy Categories		%	
<input checked="" type="checkbox"/> Community/Retail (3336C0003X)	75	%	
<input checked="" type="checkbox"/> Compounding Pharmacy (3336C0004X)	15	%	
<input type="checkbox"/> Home Infusion (3336H0001X)		%	
<input type="checkbox"/> Indian Health Service/Tribal/Urban Indian Health (332800000X)		%	
<input type="checkbox"/> Institutional Pharmacy (3336I0012X)		%	
<input type="checkbox"/> Long Term Care (3336L0003X)	0	%	
Assisted Living		%	
On-Site Nursing Home		%	
All other Long Term Care Categories		%	
<input type="checkbox"/> Mail Order (3336M0002X)		%	
<input type="checkbox"/> Managed Care Pharmacy (3336M0003X)		%	
<input type="checkbox"/> Military Pharmacy (332000000X)		%	
<input type="checkbox"/> Nuclear Pharmacy (3336N0007X)		%	
<input checked="" type="checkbox"/> Pharmacy (333600000X)		%	
<input type="checkbox"/> Specialty Pharmacy (3336S0011X)		%	
<input type="checkbox"/> Veterans Health Administration (332100000X)		%	

<input type="checkbox"/> Customized Equipment (332BC3200X)		%	
<input type="checkbox"/> Dialysis Equipment (332BD1200X)		%	
<input checked="" type="checkbox"/> DME (332B00000X)	10	%	
<input type="checkbox"/> Nursing Facility Supplies (332BN1400X)		%	
<input type="checkbox"/> Oxygen Equipment (332BX2000X)		%	
<input type="checkbox"/> Parenteral and Enteral Nutrition (332BP3500X)		%	

Total Percentage: 100 %

Primary Taxonomy Code* Community/Retail (3336C0003X)

Primary Provider Type* COMMUNITY / RETAIL

Secondary Provider Type* COMPOUNDING PHARMACY

Tertiary Provider Type* DURABLE MEDICAL EQUIPMENT

Note:
 1. Check as many taxonomy code boxes as applicable to your pharmacy.
 2. Enter the % of Rx volume (by script count) for each box checked.
 3. The Pharmacy taxonomy code (333600000X) is pre-selected and can only be used in the Primary Taxonomy Code field, which is used for EFIO purposes only.

Buttons: Cancel, Next, Pend, Submit

[Click here, to Submit without completing Part II.](#)

In the event two of the percentages are equal, you may override the order they are presented in the Provider Type fields if you prefer one to be ranked ahead of the other.

A note on the provider type drop lists:

- The first list (Primary Provider Type) will include all the taxonomies checked.
- The second list (Secondary Provider Type) will include all the taxonomies checked less the one selected for primary provider type.
- The third list (Tertiary Provider Type) will include all the taxonomies checked less the one selected for primary provider type and the one selected for secondary provider type).

- If you need to move an item from one field to another, for example: Primary Provider Type to Secondary Provider Type, you must first deselect it from Primary Provider Type so that it will appear in the Secondary Provider Type list, then you can select it for the Secondary Provider Type.

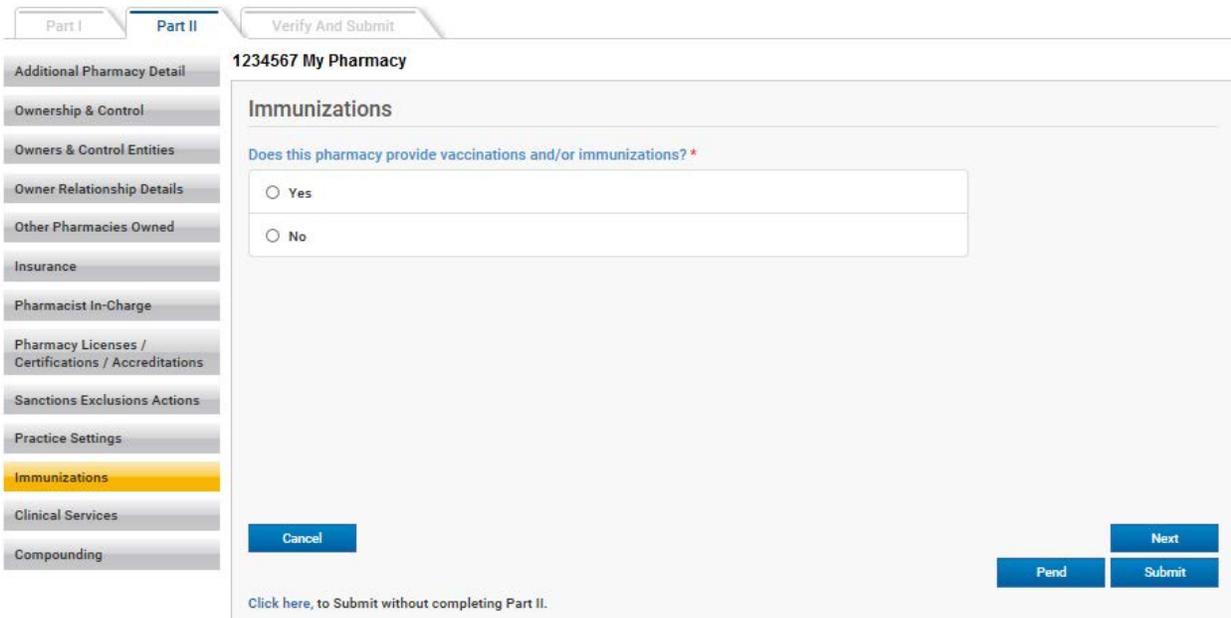
Primary Taxonomy Code:

The drop list values are based on the check boxes checked, plus 333600000X-Pharmacy. The system will pre-select the value based on the highest percentage entered but you can change it if needed (i.e. the two highest percentages are the same).

Once you have filled out the page, click the “Next” button to proceed to the **Immunizations** section.

Immunizations

On the first page of Immunizations tab, the question “Does this pharmacy provide vaccinations and/or immunizations?” is asked.



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Immunizations

Does this pharmacy provide vaccinations and/or immunizations? *

Yes

No

Cancel

Next

Pend Submit

[Click here, to Submit without completing Part II.](#)

Check either “Yes” or “No” as applicable to your pharmacy.

Click the “Next” button.

If you checked “No” you will proceed to the **Clinical Services** tab.

If you checked “Yes” you will proceed to page 2 of the **Immunizations** tab.

Immunizations (page 2)

The purpose of the page is to collect all the Certified Immunization Pharmacists (CIP) certification information for each CIP at the pharmacy.

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Immunizations

Mass Immunization Provider #*
(If you do not have one, enter 0000 (4 zeroes))

First Name Certified Immunization Pharmacist(CIP)*

Middle Name Certified Immunization Pharmacist(CIP)

Last Name Certified Immunization Pharmacist(CIP)*

On what date were you certified to administer immunizations?*
?

Through which accreditation authority did you acquire certification?*

Immunization Certification Expiration Date*
?

Immunization Certificate File Attachment

Note:
You must click the Add button after entering your information.
After you click the Add button, your entry will be displayed in the grid below.
To add another CIP, enter information and click the add button again.

Certified Immunization Pharmacists (CIP) for this Pharmacy

Mass Immunization Provider #	Name	Date Certified	Accreditation Authority	Certificate Attachment	Exp Date	Action
<i>No records to display.</i>						

[Edit](#) [Delete](#)

[Click here, to Submit without completing Part II.](#)

1. Enter the Immunization Provider #.
2. Enter the first and last name of the Certified Immunization Pharmacists (CIP). Enter middle name if there is one.
3. Enter the date the CIP was certified. Date cannot be a future date.
4. Enter the accreditation authority under which the certification was acquired.
5. Enter the expiration date as shown on the immunization certificate. (Date must be in the future. Certificate cannot be expired.)
6. Upload a copy of the immunization certificate. Click the "Choose File" button to navigate to the certification file and upload it.
7. Click the "Add" button.
8. When added, the CIP information will appear in the grid below the "Add" button.
9. Repeat these steps as necessary to add any additional CIPs.
10. Click the "Next" button to proceed to Page 3 of the **Immunizations** tab.

Immunizations (page 3)

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Owners & Control Entities

Owner Relationship Details

Other Pharmacies Owned

Insurance

Pharmacist In-Charge

Pharmacy Licenses / Certifications / Accreditations

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1234567 My Pharmacy

Immunizations

This pharmacy administers:

On Site	Off Site	Both	Does Not Administer	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Influenza-TAIV (Flu Shot) vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Influenza-LAIV (Intranasal Flu) vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pneumococcal (PPV, PCV) vaccine(s)*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Zoster (Shingles) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Polio (IPV) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Human Papillomavirus (HPV) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tetanus, Diphtheria, Pertussis (Td, Tdap) vaccine(s)*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Varicella (Chickenpox) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis A & B vaccine(s)*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Measles, Mumps, Rubella (MMR) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Meningococcal vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Travelers vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ACTHIB*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ATTENUVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	COMVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ENGERIX-B*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GARDASIL*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HAVRIX*
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	HIBTITER*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IMOVAX RABIES*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IPOD*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	JE-VAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MENACTRA*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MENOMUNE-A/C/Y/W-135 VIAL*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MERUVAX II VACCINE/DILUENT*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M-M-R II*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M-R-VAX II*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MUMPSVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PEDVAXHIB*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROQUAD VIAL*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RABAVERT RABIES*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RECOMBIVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ROTATEQ VACCINE*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TWINRIX VACCINE*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TYPHIM*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TYPHOID*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VAQTA*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VARIVAX VACCINE W/DILUENT*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VIVOTIF BERNA*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	YF VAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ZOSTAVAX VIAL*

Do you roster bill for the administration of Influenza and Pneumococcal vaccines? Yes No

If Yes, Explain the billing software and protocol used to obtain reimbursement for the administration of immunizations If yes, explain.

Cancel
Back
Next

Pend
Submit

Click here, to Submit without completing Part II.

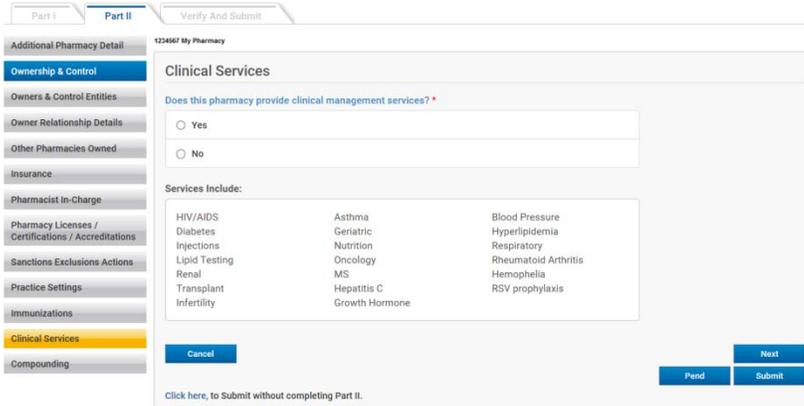
1. For each of the vaccinations/immunization listed on this page, you must indicate if it is administered:
 - a. On Site
 - b. Off Site
 - c. Both On Site and Off Site
 - d. Not administered at all

Click the radio button (little circle) in the appropriate column.

Note: You must indicate that you administer at least one immunization on this page.

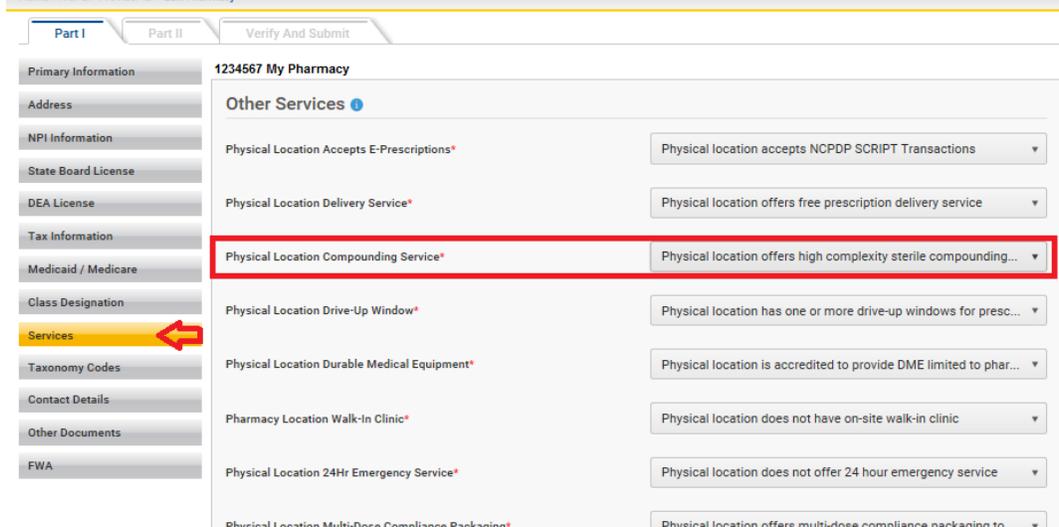
2. Answer the question at the bottom of the page regarding roster billing by clicking either “Yes” or “No”.
3. If you answer “Yes” to indicate you roster bill, you will be required to enter an explanation of the billing software and protocol used to obtain reimbursement.
4. Click the “Next” button to proceed to the **Clinical Services** tab.

Clinical Services



1. Answer the question and click the “Next” button to proceed.
 - If you clicked “Yes” you will proceed to page 2 of the **Clinical Services** section.
 - If you clicked “No”, and your answer for Physical Location Compounding Service in Part 1 (see below) indicates this pharmacy location does sterile compounding or complex non sterile compounding, then you will proceed to the compounding page. Otherwise you will get a reminder to the effect that the compounding section only needs to be completed by a pharmacy that does sterile compounding or complex non-sterile compounding. If your pharmacy does sterile compounding you need to go back to Part 1 and correct this in the **Services** section.

(Part 1 – 3rd page on Services Tab, Physical Location Compounding question):



Clinical Services (page 2)

The purpose of this page is to collect information regarding what clinical services are offered and the modality in which the services are offered (appointment, walk in, both).

Part I
Part II
Verify And Submit

- Additional Pharmacy Detail
- Ownership & Control
- Owners & Control Entities
- Owner Relationship Details
- Other Pharmacies Owned
- Insurance
- Pharmacist In-Charge
- Pharmacy Licenses / Certifications / Accreditations
- Sanctions Exclusions Actions
- Practice Settings
- Immunizations
- Clinical Services
- Compounding

1234567 My Pharmacy

Clinical Services

Clinical Services Offered:

Appt	Walk-In	Both	Not Offered	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIV/AIDS*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asthma*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood Pressure*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diabetes*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Geriatric*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hyperlipidemia*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Injections*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nutrition*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lipid Testing*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oncology*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rheumatoid Arthritis*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Renal*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MS*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hemophilia*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Transplant*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis C*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RSV prophylaxis*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Infertility*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Growth Hormone*

[Click here](#), to Submit without completing Part II.

1. For each of the services listed on this page, click the radio button (little circle) in the appropriate column to indicate how the service is offered.
 - a. Appointment
 - b. Walk-in
 - c. Both appointment and walk-in
 - d. Not offered at all.

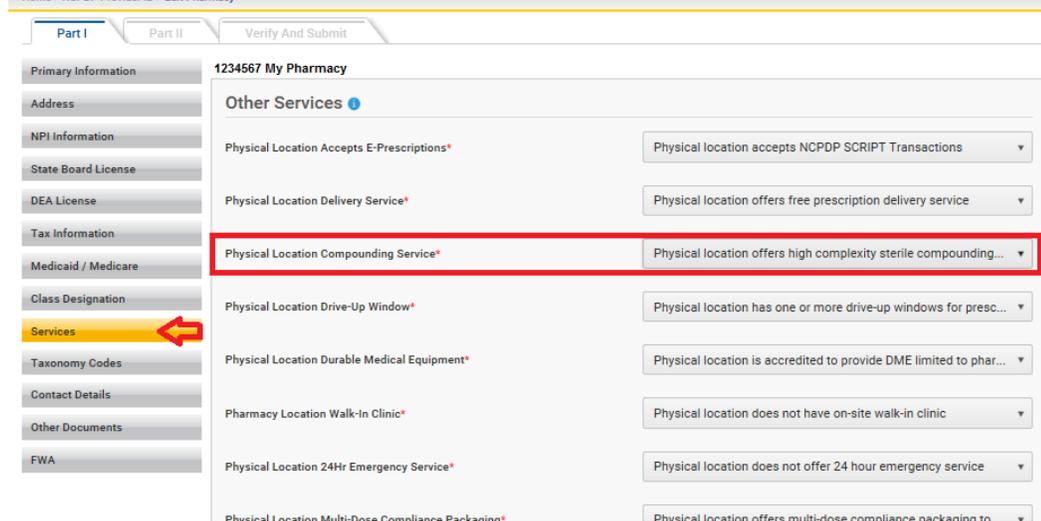
Note: If the pharmacy does not offer any of these services, click the “Back” button and go back to the previous page and answer “NO” to the question “Does this pharmacy provide clinical management services?”

2. Click the “Next” button to proceed to the Compounding page.

Compounding

When you come to this page you will see one of two things depending on what was indicated for Physical Location Compounding Service in Part 1.

(Part 1 – 3rd page on Services Tab, Physical Location Compounding question):



The screenshot shows the 'Other Services' section of a pharmacy profile. The 'Physical Location Compounding Service*' dropdown menu is highlighted with a red box and set to 'Physical location offers high complexity sterile compounding...'. A red arrow points to the 'Services' tab in the left sidebar.

1. You will get the **Compounding** page (see next page) if the option selected for Physical Location Compounding Service in Part 1(see image above) is one of the following:
 - Physical Location offers complex nonsterile compounding.
 - Physical Location offers low to medium complexity sterile compounding
 - Physical Location offers high complexity sterile compounding
2. You will get the **Compounding Reminder** message (see below),if the option selected for Physical Location Compounding Service in Part 1 (see above) is one of the following:
 - Physical Location does not offer prescription compounding service
 - Physical Location offers basic non-sterile compounding services

Note:

The compounding section only needs to be completed by a pharmacy that does sterile compounding or complex non-sterile compounding. If you get this message, you have not indicated in Services section on the Part 1 tab, that your pharmacy does sterile compounding or complex non-sterile compounding. If it does, you will need to correct this. Go back to the Services section in Part 1 and select one of the following options for the Physical Location Compounding Services question:

- Physical Location offers complex non-sterile compounding services
- Physical Location offers low-medium complexity sterile compounding services
- Physical Location offers high complexity sterile compounding services

Once the correction is made, come back to the compounding section on the Part 2 tab and complete the section.

This message will remind you that the compounding section only needs to be completed by a pharmacy that does sterile compounding or complex non-sterile compounding. If your pharmacy does these you need to go back to Part 1 and correct this in the **Services** section.

A Word on Non Sterile vs. Sterile Compounding:

Sterile (Usually intended for the eye, or injection into body tissues or the blood). The preparation of sterile products involves more stringent controls (i.e., air quality evaluation, sterility-testing of products, training and testing of personnel in aseptic technique, etc.) than the preparation of non-sterile products.

Nonsterile (Ointments, creams, liquids, or capsules that are used in areas of the body where absolute sterility is not necessary).

For more information on sterile/non sterile compounding refer to the U.S. Pharmacopeial (USP).

The compounding of non-sterile products is described in **USP Chapter 795**, whereas the compounding of sterile products is described in **USP Chapter 797**.

There are three general levels of non-sterile compounding, which may require different levels of experience, training, and operational facility.

Level of Non-Sterile Compounding	Description
Simple	<p>These preparations have a USP monograph or appear in a peer-reviewed journal with specific quantities of all components, procedures, equipment needed, and stability data. OR</p> <p>Reconstituting or manipulating commercial products with the addition of more ingredients as directed by the manufacturer. This includes mixing amoxicillin suspension or preparing captopril oral solution.</p> <p>**In some states reconstituting commercial products is not defined as compounding.</p>
Moderate	<p>These preparations require special calculations or procedures to measure quantities. This also includes making preparations for which stability data are not available, such as morphine sulfate suppositories.</p>
Complex	<p>These preparations require special training, equipment, facilities, or procedures. This includes transdermal or modified-release preparations.</p>

The **Compounding** page is a series of questions. It's lengthy, so let's look at it in two sections.

Section 1:

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Verify And Submit

- Additional Pharmacy Detail
- Ownership & Control
- Owners & Control Entities
- Owner Relationship Details
- Other Pharmacies Owned
- Insurance
- Pharmacist In-Charge
- Pharmacy Licenses / Certifications / Accreditations
- Sanctions Exclusions Actions
- Practice Settings
- Immunizations
- Clinical Services
- Compounding

1234567 My Pharmacy

Compounding

Describe your compounding business* Enter description here

Is this pharmacy accredited for compounding?* Yes No

If Yes, which accreditation? Enter description here

If Yes, accreditation certificate (file attachment) Browse...

Does your pharmacy have compound marketing materials?* Yes No

If Yes, please provide all marketing materials related to compounding (file attachment) Browse...

Does your pharmacy have a sales force?* Yes No

If Yes, please provide detailed information if they are employees or contractors (1099) (file attachment) Browse...

Does your pharmacy have pre-printed prescriptions?* Yes No

If Yes, please provide a copy of each one (file attachment) Browse...

Does your pharmacy have a process to check for allergies?* Yes No

If Yes, please provide the Policy and Procedures (P&P) (file attachment) Browse...

Does your pharmacy provide samples or medications to physician or prescriber offices?* Yes No

If Yes, please provide the Policy and Procedures (P&P) (file attachment) Browse...

Does your pharmacy have Policy and Procedures for USP 795 compliance?* Yes No

If Yes, please provide the Policy and Procedures (P&P) (file attachment) Browse...

Does your pharmacy have Policy and Procedures for USP 797 compliance?* Yes No

If Yes, please provide the Policy and Procedures (P&P) (file attachment) Browse...

- Enter a description of your compounding business (in 200 characters or less).
- Answer all the questions.
- Check either “Yes” or “No” in response to the question being asked.
- Most questions require that you upload a document, if you answer “Yes”. If a document is required to be uploaded as a result of your answer to a question, click the adjacent “Browse” button to navigate to the file and upload it.

Section 2:

Does your pharmacy have Standard Operating Procedures (SOP) for compounding a gel, cream, ointment, etc?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please provide a copy of each Standard Operating Procedure (SOP) (file attachment)	<input type="text"/> <input type="button" value="Browse..."/>	
Does your pharmacy provide compounds to be dispensed or to be sold by other parties?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please provide the Policy and Procedures (P&P) (file attachment)	<input type="text"/> <input type="button" value="Browse..."/>	
Does your pharmacy have Material Safety Data Sheets (MSDS sheets) and a P&P for accessing them?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please provide the Policy and Procedures (P&P) (file attachment)	<input type="text"/> <input type="button" value="Browse..."/>	
Does your pharmacy submit a Usual and Customary (U&C) price?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please provide the Policy and Procedures (P&P) (file attachment)	<input type="text"/> <input type="button" value="Browse..."/>	
Does your pharmacy compound only prescriptions for specific patients after prescriptions are received by doctors?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please explain any times that you may compound under other circumstances	<input type="text" value="Enter description here"/>	
Does your pharmacy engage in anticipatory compounding?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please provide the Policy and Procedures (P&P) (file attachment)	<input type="text"/> <input type="button" value="Browse..."/>	
Does your pharmacy compound any other pharmacy's trademarked or patented compound (s)?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please provide additional information	<input type="text" value="Enter description here"/>	
Does your pharmacy provide new medical criteria for each ingredient when used in a compound to ensure that it meets State guidelines?*	Yes <input type="radio"/>	No <input checked="" type="radio"/>
If Yes, please provide an example	<input type="text" value="Enter description here"/>	

[Click here, to Submit without completing Part II.](#)

- Answer all the questions.
- Check either “Yes” or “No” in response to the question being asked.
- Most questions require that you upload a document if you answer “Yes”. If a document is required to be uploaded as a result of your answer to a question, click the adjacent “Browse” button to navigate to the file and upload it.
- When you have completed the page, click the “Next” button to proceed to the **Verify And Submit** section.

Verify and Submit

Part I
Part II
Verify And Submit

1234567 My Pharmacy

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge. ← Must be checked to submit

Note : Your record does not have a Credential as of Date.

Credentialing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ™ Pharmacy Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP profile means performing a thorough review of the data in the profile for completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.

I have reviewed and verified all my data and documents to be current and correct and wish to credential my profile as of this date:
[Click here](#) to view missing documents required for credentialing.

Cancel
Back
Submit

PROFILE SUMMARY
▼

The purpose of this page is to provide a mechanism in which you can review the pharmacy profile (including the updates made within the current session) and allow you to certify that the information provided is true and correct. You cannot submit without doing so. Additionally, this page allows you to set a Credential Date for the profile.

Note: Credentialing your NCPDP profile is now an annual requirement to keep your NCPDP number active. Your NCPDP online pharmacy profile offers a single source for payors to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through a consensus of PSAOs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/payer with whom you participate. Credentialing as it relates to your NCPDP profile means reviewing the data in the profile for completeness and accuracy, and making sure all data, documents, licensing and expiration dates are current.

If all the required fields and documents have not been entered or uploaded then the credential date check box will be greyed out and you cannot set the date. Email reminders will be sent to the pharmacy 11 months after the credential date as a reminder to review and update the profile, as well as, reset the credential date to indicate all required fields and documents are on the profile and the profile is accurate and up to date.

In summary:

- You can submit updates without documents uploaded, you just can't set the Credential Date without documents uploaded. In order to submit updates you must have the required fields filled in. To set the credential date you must have all the required fields filled in and all the required documents uploaded.
- On this page you must check the first check box to certify that the information provided is true and correct in order to proceed. You cannot submit without doing so.
- To view all the information contained in the profile (including your current session updates), click the down arrow to the right of "Profile Summary".

Part I
Part II
Verify And Submit

1234567 My Pharmacy

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge.

Note : Your record does not have a Credential as of Date.

Credentialing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ™ Pharmacy Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP profile means performing a thorough review of the data in the profile for completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.

I have reviewed and verified all my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016

Cancel
Back
Submit

PROFILE SUMMARY ▼

Primary Information

Pharmacy NCPDP # 1234567	DBA Name My Pharmacy	Pharmacy Legal Name MyPharmcies, LLC	Store Number
Open Effective Date 11/1/2016	Store Closing Date	Create Date 6/14/2016	Pharmacy Email
Last Update Date 11/24/2016	Pharmacy Key 1234		

Physical Address

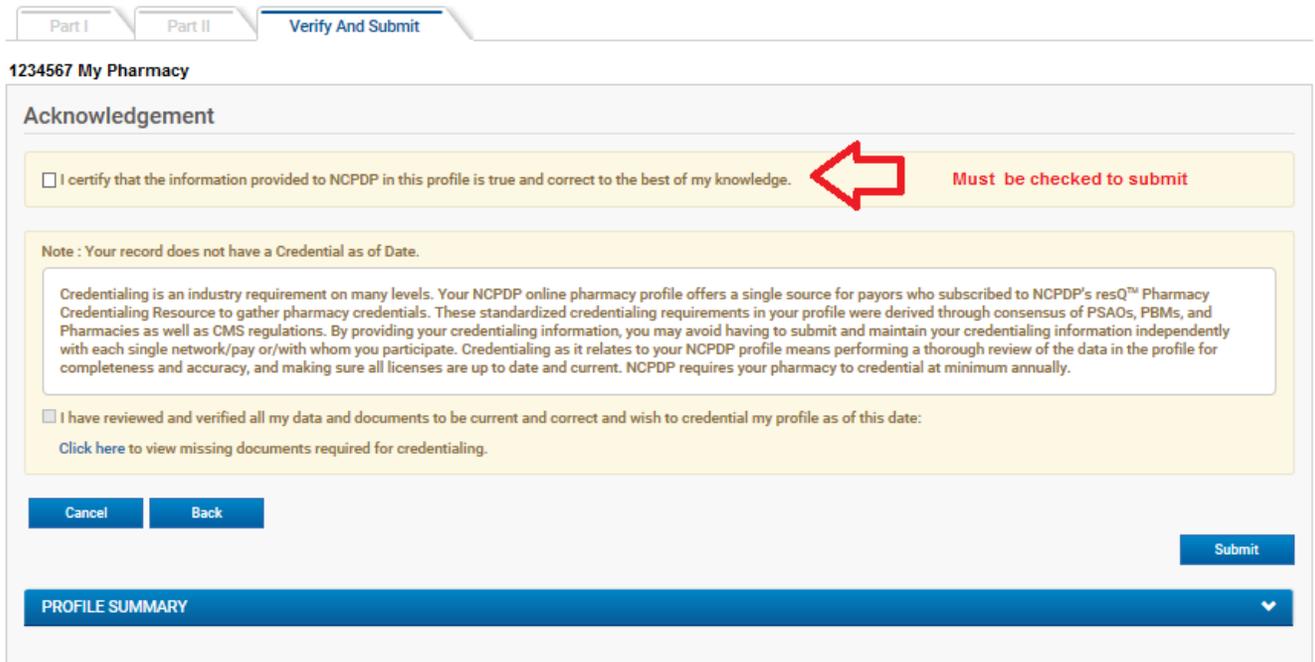
Address 1 123 Main Street	Address 2	City Scottsdale	State Arizona
Zip Code 85259	Phone Number (123)456-7890	Extension	Fax (111)222-3333
MSA Code	PMSA Code	Congressional District	Cross Street or Directions 1st & Main
County/Parish Code 53025			

Mailing Address

Address 1 123 Main Street	Address 2	City Scottsdale	State Arizona
Zip Code 85259	Phone Number (123)456-7890	Extension	Fax (111)222-3333

Completing the Verify and Submit page:

1. Check the box to indicate the information provided to NCPDP in this profile is true and correct.



Part I Part II **Verify And Submit**

1234567 My Pharmacy

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge. **Must be checked to submit**

Note : Your record does not have a Credential as of Date.

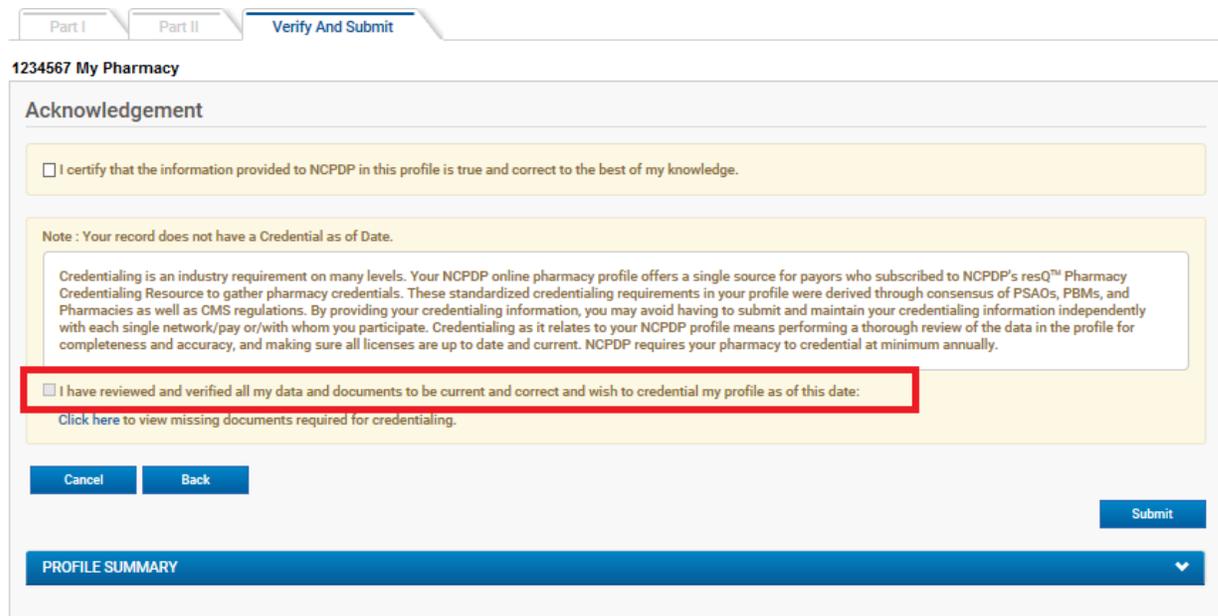
Credentialing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ™ Pharmacy Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP profile means performing a thorough review of the data in the profile for completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.

I have reviewed and verified all my data and documents to be current and correct and wish to credential my profile as of this date:
[Click here to view missing documents required for credentialing.](#)

Cancel Back **Submit**

PROFILE SUMMARY ▾

2. Look to see if the Credential Date check box is checked or greyed out.



Part I Part II **Verify And Submit**

1234567 My Pharmacy

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge.

Note : Your record does not have a Credential as of Date.

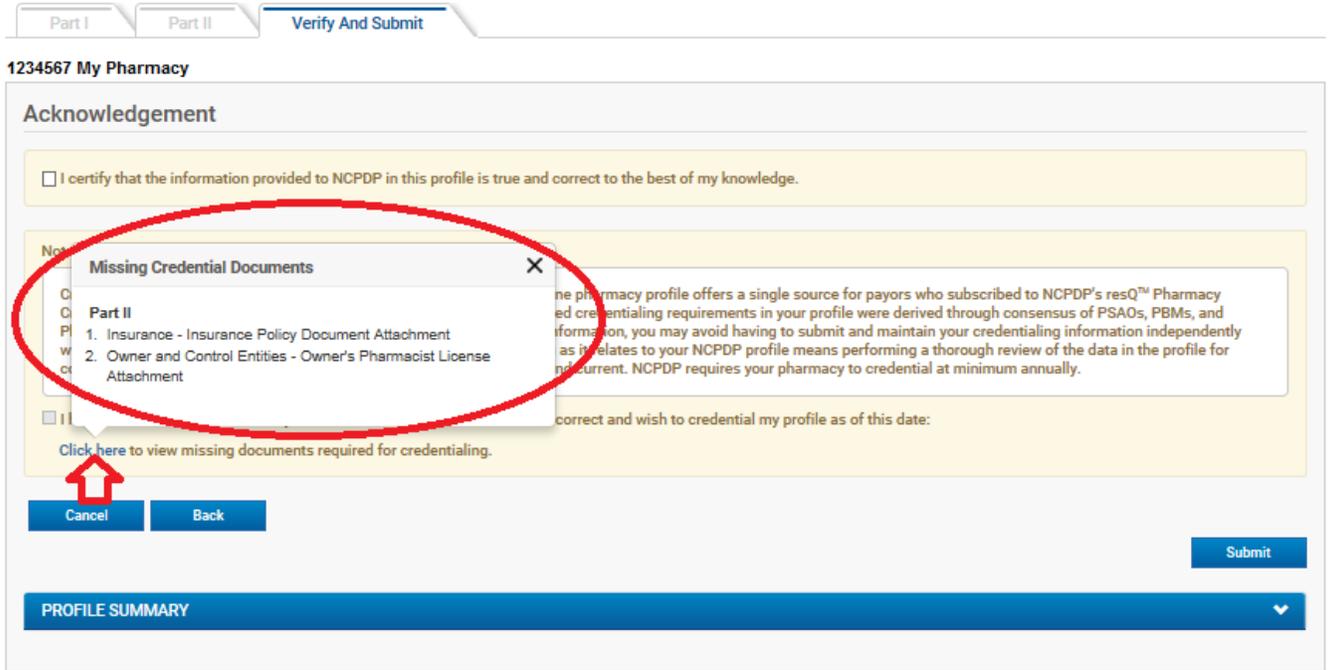
Credentialing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ™ Pharmacy Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP profile means performing a thorough review of the data in the profile for completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.

I have reviewed and verified all my data and documents to be current and correct and wish to credential my profile as of this date:
[Click here to view missing documents required for credentialing.](#)

Cancel Back **Submit**

PROFILE SUMMARY ▾

- If you would like to set the credential date but the check box is greyed out, you may click the "Click Here" link to view a list of missing documents required in order to set the credential date.



Part I | Part II | **Verify And Submit**

1234567 My Pharmacy

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge.

Note: Your record does not have a Credential as of Date.

Credentialing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ™ Pharmacy Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP profile means performing a thorough review of the data in the profile for completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.

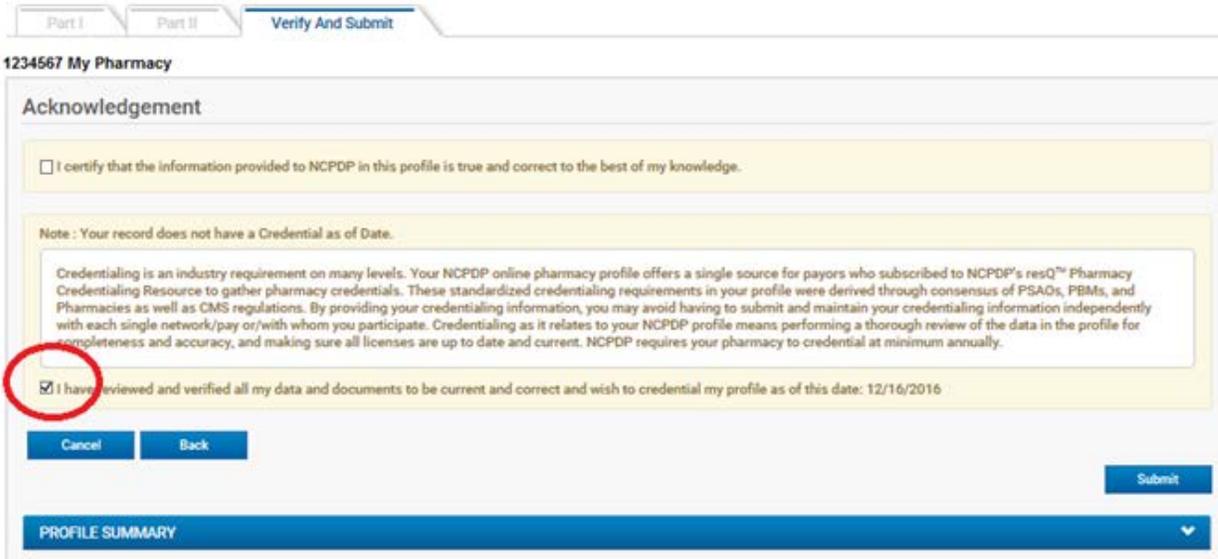
I have reviewed and verified all my data and documents to be current and correct and wish to credential my profile as of this date:

[Click here](#) to view missing documents required for credentialing.

Cancel | Back | Submit

PROFILE SUMMARY

- Once all the fields and documents required to set the credential date have been entered, the credentialing check box will automatically appear with a check.



Part I | Part II | **Verify And Submit**

1234567 My Pharmacy

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge.

Note: Your record does not have a Credential as of Date.

Credentialing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ™ Pharmacy Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP profile means performing a thorough review of the data in the profile for completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.

I have reviewed and verified all my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016

Cancel | Back | Submit

PROFILE SUMMARY

5. If the Credential Date check box is checked and for any reason you do not wish to set the credential date, then uncheck the box.
6. Make sure you have reviewed the profile to confirm everything is true and up to date.
7. Click the “Submit” button”

Part I Part II **Verify And Submit**

1234567 My Pharmacy .

Acknowledgement

I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowledge.

Note : Your record does not have a Credential as of Date.

Credentialing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ™ Pharmacy Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAs, PBMs, and Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP profile means performing a thorough review of the data in the profile for completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.

I have reviewed and verified all my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016

[Cancel](#) [Back](#) [Submit](#)

PROFILE SUMMARY >

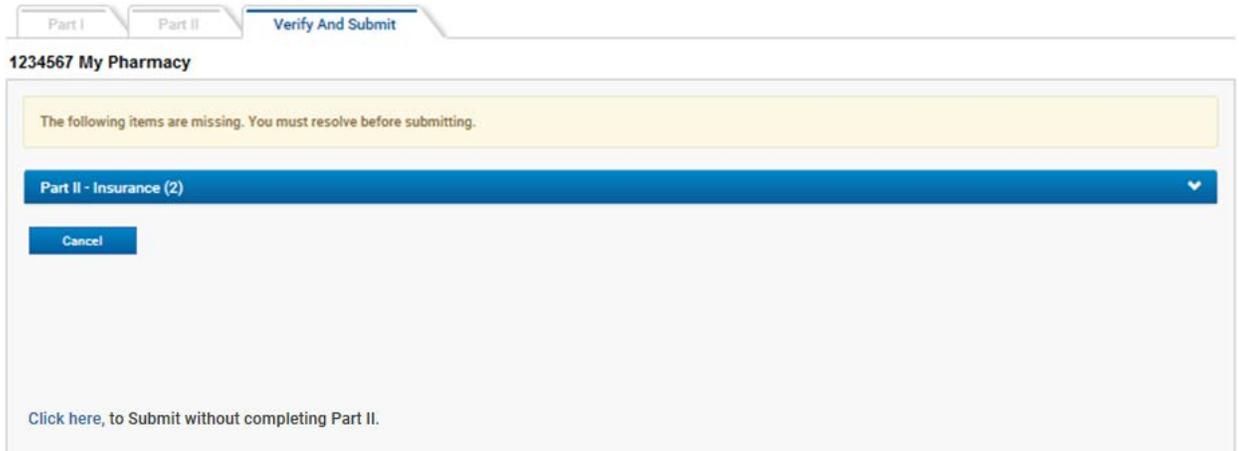
8. If all required fields have been filled out, You will receive a confirmation

Confirmation

Your request has been successfully submitted.
Requests must be approved by NCPDP before data is updated. Please allow 3-5 business days for processing.

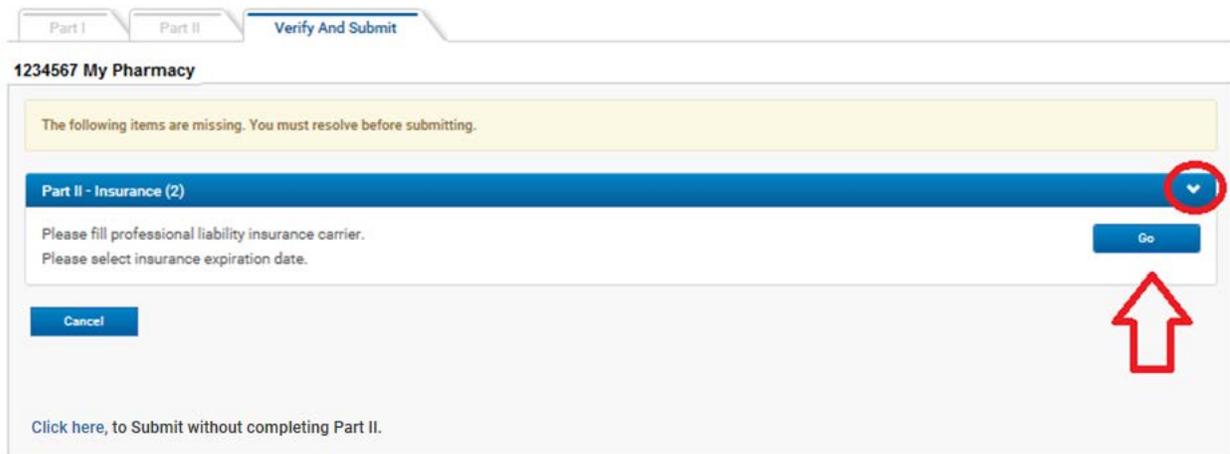
[OK](#)

9. If any of the required fields are missing, you will receive a message indicating the missing fields.



The screenshot shows a web interface with three tabs: "Part I", "Part II", and "Verify And Submit". The "Verify And Submit" tab is active. Below the tabs, the text "1234567 My Pharmacy" is displayed. A yellow message box contains the text: "The following items are missing. You must resolve before submitting." Below this message is a blue header bar labeled "Part II - Insurance (2)" with a downward arrow. A "Cancel" button is visible. At the bottom of the message box, there is a link: "Click here, to Submit without completing Part II."

10. Click the down arrow to view the missing fields that are required in each section.



The screenshot shows the same interface as above, but with the "Part II - Insurance (2)" dropdown menu expanded. The dropdown menu contains the text: "Please fill professional liability insurance carrier." and "Please select insurance expiration date." A "Go" button is located to the right of the dropdown menu. A red circle highlights the downward arrow on the dropdown menu, and a red arrow points to the "Go" button. A "Cancel" button is also visible. At the bottom of the message box, there is a link: "Click here, to Submit without completing Part II."

11. Click the "Go" button to be taken to the appropriate page to fix the issue.

Part I
Part II
Verify And Submit

- Additional Pharmacy Detail
- Ownership & Control
- Owners & Control Entities
- Owner Relationship Details
- Other Pharmacies Owned
- Insurance
- Pharmacist In-Charge
- Pharmacy Licenses / Certifications / Accreditations
- Sanctions Exclusions Actions
- Practice Settings
- Immunizations
- Clinical Services
- Compounding

1234567 My Pharmacy

Insurance

Professional Liability Insurance Carrier*

Professional Liability Insurance Policy Number*

Professional Liability Insurance Expiration Date *

Professional Liability Insurance File Attachment

Amount Per Occurrence*

Aggregate (Excluding Umbrella Policy)*

Additional Excess/Umbrella Policy Amount?

[Click here](#), to Submit without completing Part II.

12. The fields that need to be filled in will be highlighted in yellow. *Note: on lengthy pages you may need to scroll up or down to get to the field in question.*
13. All tabs that have an issue that needs to be addressed will be highlighted with red text.
14. Once the issue(s) have been fixed, click the "Submit" button again.

Appendices

Appendix A - Links to the CMS 455 regulation

42 CFR 455 REGULATION ([42 CFR 455 subpart B](#))

42 CFR 455 subpart B Sets forth State plan requirements regarding:

- a. Disclosures of ownership and control information; and
- b. Disclosure of information on owners and other persons convicted of criminal offenses against Medicare, Medicaid, or title XX services program.

The subpart also specifies conditions under which the Administrator will deny Federal financial participation for services furnished by providers or fiscal agents who fail to comply with the disclosure requirements.

42 CFR 455.101 DEFINITIONS ([455.101](#))

See 42 CFR [455.101](#) for the definitions (including the definition of “person with an ownership or control interest”, “ownership interest” and “indirect ownership interest”).

See 42 CFR [455.101](#) for the definition of “managing employee”.

42 CFR 455.102 DETERMINATION OF OWNERSHIP CONTROL ([455.102](#))

See 42 CFR [455.102](#) for information regarding determination of ownership control percentages

455.104 DISCLOSURE BY MEDICAID PROVIDERS AND FISCAL AGENTS: INFORMATION ON OWNERSHIP AND CONTROL. ([455.104](#))

See 42 CFR [455.104](#) for: a) Who must provide disclosures and (b) What disclosures must be provided.

(Source 42 CFR [455.104\(b\)\(4\)](#). Regarding disclosure of managing employees)

(Source 42 CFR [455.104\(b\)\(2\)](#). Regarding disclosure of subcontractors in which the pharmacy has a 5% or more interest)

Appendix B - Making names appears in the “Other Pharmacies Owned” owner lists

If the owner is a company:

Owner & Control Entities - Company

As you've selected a company, you need to fill in the company's information.

The CMS 455 regulation requires the disclosure of Ownership and Control information.

THE OWNERSHIP AND CONTROL OWNER ENTITY SECTION REQUIRES AT LEAST ONE OWNER ENTITY RECORD. THAT OWNER RECORD CAN BE FOR AN INDIVIDUAL OWNER OR A COMPANY (IF THE PHARMACY IS OWNED BY A PARTNERSHIP, LLC, CORPORATION, OR OTHER TYPE OF COMPANY). FOR A BUSINESS ENTITY RECORD, AT LEAST ONE MANAGING EMPLOYEE IS ALSO REQUIRED TO BE ENTERED.

List the identity of ANY Business Entity (partnership, llc, corporation, etc.) with a direct or indirect ownership or control interest in the pharmacy provider.

See 42 CFR 455.101 for the definition of "person with an ownership or control interest", "ownership interest" and "indirect ownership interest".

See also 42 CFR 455.102 for information regarding determination of ownership control percentages.

[Click here](#) for links to the above mentioned 42 CFR 455 regulation and related sub parts.

The address for corporate entities must include, as applicable, primary business address.

To complete the Ownership and control section you must:

1. Enter all owners. For a business entity record (i.e. partnership, llc, corporation or other type of business as opposed to an individual) at least one managing employee is required to be entered.
2. Direct ownership cannot exceed 100%. This calculation includes all records in this section in which it has been indicated the owner is a direct owner. You will not be able to save a record that will cause direct ownership to exceed 100%.
3. You must enter all required information for each record (* next to the field) including SSN and DOB.

<p>This ownership / control entity is a*</p> <p><input checked="" type="radio"/> Direct Owner ⓘ</p> <p><input type="radio"/> Indirect Owner ⓘ</p> <p><input type="radio"/> Subcontractor in which the pharmacy owns a 5% or more interest ⓘ</p> <p>% of Ownership* ⓘ <input type="text" value="25"/></p> <p>Entity Legal Name* ⓘ <input type="text" value="XYZ Corpoartion"/></p> <p>Entity DBA Name* ⓘ <input type="text" value="XYZ Pharmacies"/></p> <p>Owner FEIN Document ⓘ <input type="text"/> <input type="button" value="Browse..."/></p> <p>Federal Employer Identification Number (FEIN)* ⓘ <input type="text" value="123456789"/> <input type="button" value="X"/></p> <p>Convicted of Criminal Offense* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Ownership/Control in Another Pharmacy* ⓘ <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Address 1* ⓘ <input type="text" value="123 main Street"/></p> <p>Address 2 ⓘ <input type="text" value="Address 2"/></p> <p>City* ⓘ <input type="text" value="scottsdale"/></p> <p>State* ⓘ <input type="text" value="Arizona"/></p> <p>Zip* ⓘ <input type="text" value="85260"/></p>
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←

If the owner is an individual:

Owner & Control Entities - Individual

As you've selected an Individual, you need to fill in an individual's information.

The CMS 455 regulation requires the disclosure of Ownership and Control Information.
THE OWNERSHIP AND CONTROL OWNER ENTITY SECTION REQUIRES AT LEAST ONE OWNER ENTITY RECORD. AT LEAST ONE MANAGING EMPLOYEE OF THE PHARMACY IS ALSO REQUIRED TO BE ENTERED.

For Individuals:
 List the identity of ANY INDIVIDUAL with a DIRECT OR INDIRECT OWNERSHIP OR CONTROL INTEREST in the pharmacy (including corporate officers and directors).
 Collected Social Security Numbers and Date of Birth data is immediately encrypted upon submission. The encompassing Application and information reside within a highly secure HIPAA compliant environment with stringent information policies certified by both ISO 20000 and ISO 27000.
 See 42 CFR 455.101 for the definition of "person with an ownership or control interest", "ownership interest" and "indirect ownership interest" and 42 CFR 455.102 for information regarding determination of ownership and control percentages.
 List ANY MANAGING EMPLOYEE of the pharmacy (Source 42 CFR 455.104(b)(4). See 42 CFR 455.101 for the definition of "managing employee").
 List ANY SUBCONTRACTOR in which the pharmacy has a 5% or more interest. (Source 42 CFR 455.104(b)(2)).
 Click here for links to the above mentioned 42 CFR 455 regulation and related sub parts.

To complete the Ownership and control section you must:

1. Enter all owners. At least one managing employee is required to be entered.
2. Direct ownership cannot exceed 100%. This calculation includes all records in this section in which it has been indicated the owner is a direct owner. You will not be able to save a record that will cause direct ownership to exceed 100%.
3. You must enter all required information for each record (* next to the field) including SSN and DOB.

This ownership / control entity is a* Direct Owner Has no ownership Indirect Owner Subcontractor in which the pharmacy owns a 5% or more interest

Address 1* 12 miam st
 Address 2 Address 2
 City* miam
 State* Arizona
 Zip* 85260

% of Ownership* 5

First Name* Mary
 Middle Name Middle Initial
 Last Name* Smith
 Title* Owner
 Title Effective Date* 11/27/2016
 Date of Birth* xx/xx/xxxx
 Social Security Number* *****

If you have not been assigned an SSN, check here to enter Individual Taxpayer Identification Number (ITIN)

Individual Tax Id Number Individual Tax Id Number

Convicted of Criminal Offense* Yes No
 Ownership/Control in Another Pharmacy* Yes No
 Related to Another Person with Ownership* Yes No

Owner Relationships

Owner Name	Related Name	Relationship
No records to display.		

Other Pharmacies Owned

Owner Name	NCPDP #	Chain Code	Name	Parent Organization (if applicable)	FEN #	Address
No records to display.						

Cancel Next

Convicted of Criminal Offense* Yes No

Ownership/Control in Another Pharmacy* Yes No

Related to Another Person with Ownership* Yes No

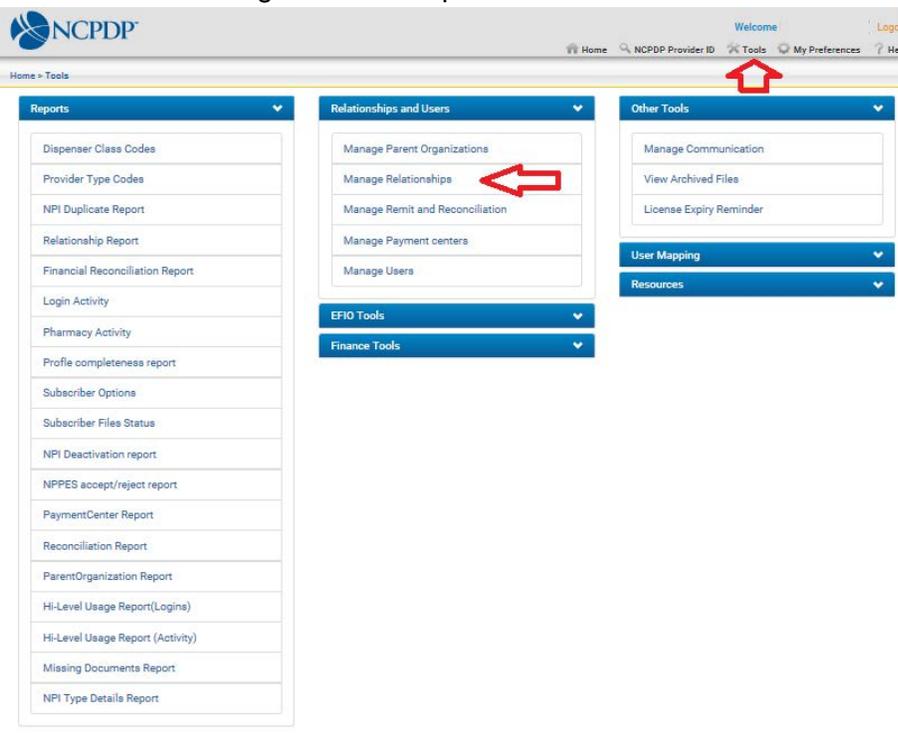
Appendix C - Chain Relationship page changes

The following changes have occurred to facilitate CMS 455 ownership disclosures. By adding ownership at the chain level one can avoid the need to individually add the same owner for each pharmacy associated with the chain relationship id as long as the chain relationship id has been added to the pharmacy's NCPDP Profile.

Note:

- *Only Chain Admins and PSAO Admins have access to the “Manage Relationships” section therefore this applies only to these login roles.*
- *You must reach out to your NCPDP Chain Admin or PSAO Admin to have the chain relationship information updated.*
- *This is applicable only to the relationships whose type is defined as “Chain”.*

Under Tools > Manage Relationships



The screenshot shows the NCPDP web application interface. At the top, there is a navigation bar with 'Home', 'NCPDP Provider ID', 'Tools', 'My Preferences', and 'Help'. Below this, there are three main sections: 'Reports', 'Relationships and Users', and 'Other Tools'. The 'Relationships and Users' section is expanded, and the 'Manage Relationships' option is highlighted with a red arrow. A red house icon is also present above the 'Tools' menu item.

Click the edit icon (looks like a pencil) to bring up the relationship page.



The screenshot shows a table titled 'Relationship Info' with a dropdown menu on the left. The table has columns for 'Relationship Name', 'Contact Name', 'Relationship Type Name', 'Parent Organization Name', and 'Action'. The first row is highlighted in yellow and contains the following data: 'ABC Solutions (777)', 'Sam Smith', 'Chain', and an empty 'Action' cell. A red arrow points to the edit icon (pencil) in the 'Action' column of this row.

Relationship Name	Contact Name	Relationship Type Name	Parent Organization Name	Action
ABC Solutions (777)	Sam Smith	Chain		

The following changes have occurred to facilitate CMS 455 ownership disclosures.

Relationship Info

Total Pharmacies: 14

[View Associated Pharmacies](#)

Actions

Primary Information

Relationship ID: 777	Type*: Chain
Parent Organization: ABC Solutions Corp	Address 1*: 123 Main Street
Relationship Name*: ABC	Address 2: Address 2
Entity DBA Name*: ABC Solutions	City*: Anytown
Required Legal Name*: ABC Holding Corporation	State*: South Dakota
Phone*: (123) 111-2222	Zip Code*: 11111
Extension: Extension	
Fax: (123) 111-2223	
Effective Date*: 01/01/2001	
Convicted of Criminal Offense* <input type="radio"/> Yes <input checked="" type="radio"/> No	New

Officer, Director or Owner
NEW SECTION

Title*: Director	Address 1*: 222 E. Second Street
Title Effective Date*: Effective Date	Address 2: Address 2
First Name*: Charley	City*: Scottsdale
Middle Initial: Middle Initial	State*: Arizona
Last Name*: ChainDirector	Zip*: 85250
Date of Birth*: xx/xx/xxxx	
Social Security Number*:	
If you have not been assigned an SSN, check here to enter ITIN <input type="checkbox"/>	
Individual Tax Id Number: Individual Tax Id Number	

Now required Federal Tax ID*: Federal Tax ID

EIN file attachment: No file chosen

If you do not have an electronic copy, [click here](#) to print a coversheet. Mail or fax the coversheet with the confirmation letter to NCPDP. The NCPDP address and fax number is on the coversheet.

Summary of changes to the relationship page (chain relationships types only):

- Legal Name is now a *required field
- Convicted of a criminal offense is new and *required.
- Federal Tax Id is now a *required field
- FEIN document is now *required.
- Officer, Director or Owner section is new and *required.
 - First name – *Required field
 - Middle name – not required
 - Last name – *Required field
 - DOB – *Required field
 - SSN – *Required field unless the check here to enter ITIN check box (see below) is checked.

If you have not been assigned an SSN, check here
to enter ITIN

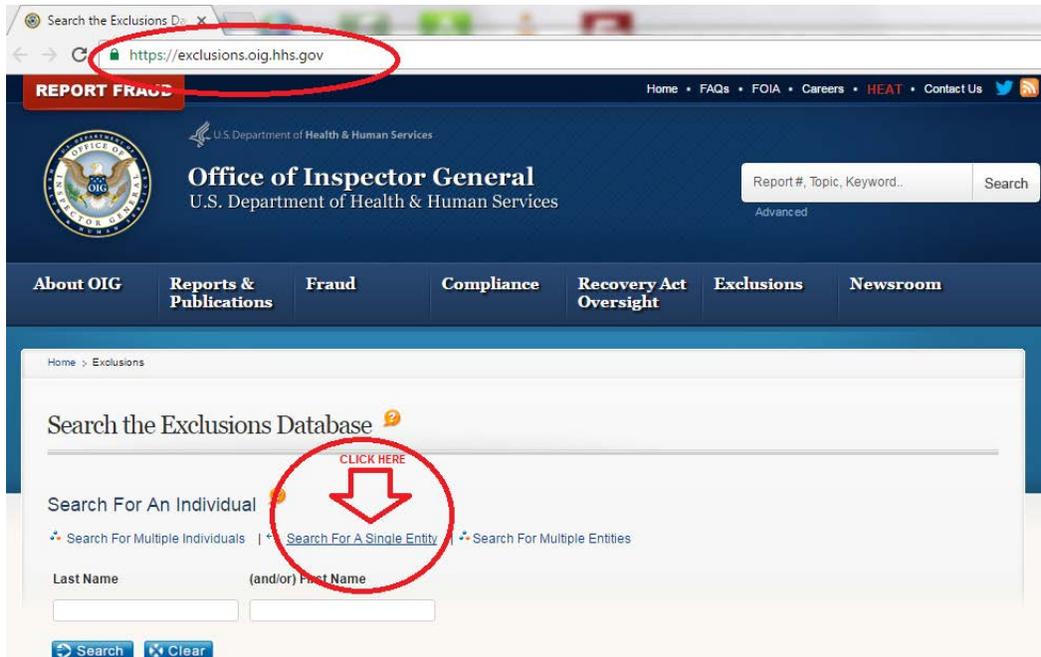
Individual Tax Id Number

If you have not been assigned an SSN, check here to enter ITIN; when this check box is checked – SSN is not required but ITIN becomes required

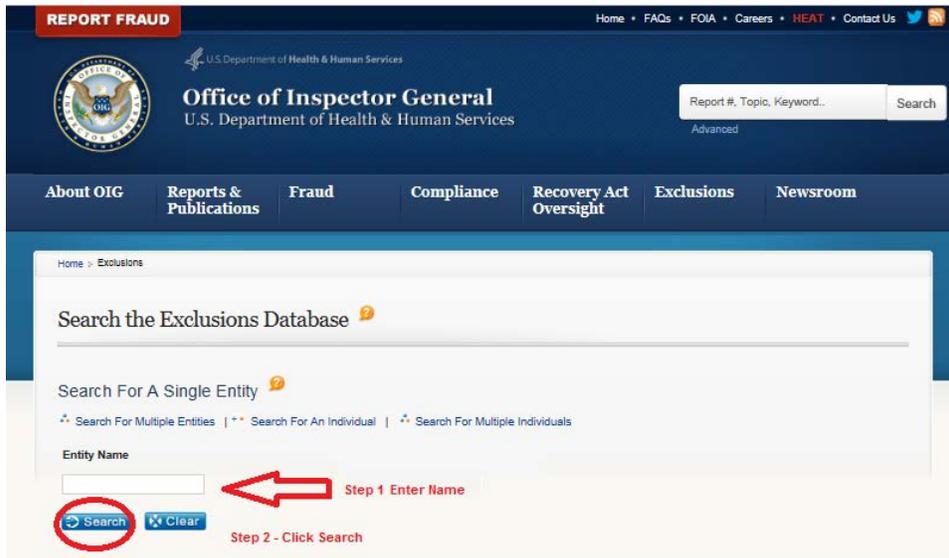
- Individual Taxpayer identification Number (ITIN) - required only when you have not been assigned an SSN, and the “Check here to enter ITIN” check box has been checked. If not checked, then it is not required and is greyed out and no entry can be made.
- Fill in the owners address (for individuals this is their home address):
 - Address 1 – *required
 - Address 2 – not required
 - City – *required
 - State – *required
 - Zip – *required

Appendix D – Proof of No Exclusion Document from OIG Website.

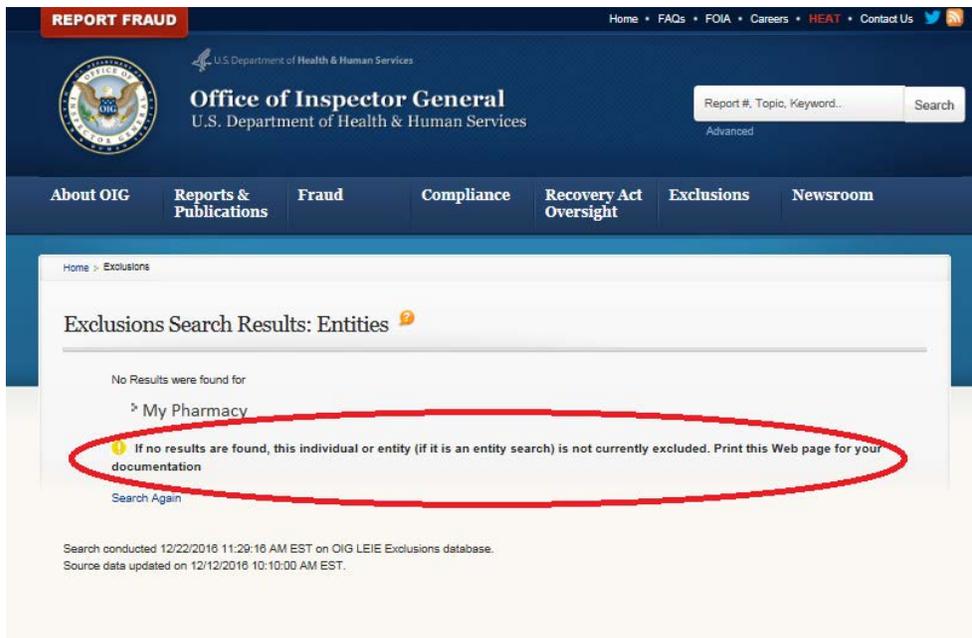
Step one go to the Office of Inspector General (OIG) – U.S. Department of Health & Human Services (HHS) website, List of Excluded Individuals/Entities (LEIE) page at <https://exclusions.oig.hhs.gov>:



1. Click the link to search for a single entity.



2. Enter the pharmacy name.
3. Click the “Search” button.



4. Print and save the results of the search to a file for uploading to your NCPDP profile.

Appendix E - Federal Anti-Kickback Statute

42 U.S.C.

United States Code,

Title 42 - THE PUBLIC HEALTH AND WELFARE

CHAPTER 7 - SOCIAL SECURITY

SUBCHAPTER XI - GENERAL PROVISIONS, PEER REVIEW, AND ADMINISTRATIVE SIMPLIFICATION

Part A - General Provisions

Sec. 1320a-7b - Criminal penalties for acts involving Federal health care programs

Related Links:

United States Code website: <http://uscode.house.gov/>

United States Code Title 42: [Title 42, CHAPTER 7, SUBCHAPTER XI, Part A – General Provisions](#)

The federal **Anti-Kickback Statute** (“**Anti-Kickback Statute**”) is a criminal **statute** that prohibits the exchange (or offer to exchange), of anything of value, in an effort to induce (or reward) the referral of federal health care program business. See [42 U.S.C. § 1320a-7b](#).