



# 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".

NCPDP.			Wel	come NCPI	OP Administrator	Logout 🔒		
	<u> </u>			👘 Home	S NCPDP Provider ID	🛠 Tools	O My Preferences	? Help
Home > NCPDP Provid	er ID > Edit Pharmacy							
Part I	Part II	Verify And Submit						

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

Part I	Part II Verify And Submit

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.

Home > NCPDP Provide	er ID > Edit Pharmacy			
Part I	Part II	Verify And Submit		



Here's the breakdown on the new tab layouts:



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".

Cancel		Next
	Pend	Submit
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 <u>all</u> 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:

	armacy							
Part I Part II	Verify And Submit							
Additional Pharmacy Detail	1234567 My Pharmacy							
Ownership & Control	Additional Pharmacy	Detail						
Owners & Control Entities	Describe Your Location*	-Please Select-		• Pharmacy	Website			
Owner Relationship Details	Diama and Tall Con-			Dharman (	6			
Other Pharmacies Owned	Pharmacy ToirFree Phone # 1			Vendor	Name*			
Insurance	Pharmacy TTY/TTD # 📵			Pharmacy S System	oftware Name*			
Pharmacist In-Charge	5 J. J. 61 .							
Pharmacy Licenses / Certifications / Accreditations	under mu	Itiple NCPDP's?*	O O	Vendor Contac	ottware at Name			
Sanctions Exclusions Actions	If Yes, NCPDP #2 at this location			Pharmacy S Vendor Contact Email	oftware Address			
Practice Settings	If Yes, NCPDP #3 at this location			Data Switch Vendor N	lame* 📵			
Immunizations	Total Pharmacistet			Data of last share	00304			
Clinical Services	(employed or contracted)			record u	pdate 1	11/24/2016		Ĩ
Compounding	Total Technicians/Clerks* (employed or contracted)			Credentia	l Date 🕕			I
	Is this a Minority Owned Busin	ness/Pharmacy?* (	Ð				Yes O	No
	Is this a Woman Owned Busin	ess/Pharmacy?* [					Yes	No
	Is this a Small Business/Phar	macy? (under 250 e	employees)* 📵				Yes	No
	Does your pharmacy comply v exchange (or offer to exchang referral of federal health care	with the federal Anti ge), of anything of v program business?	i-Kickback Statute alue, in an effort t	which prohibits the o induce (or reward) the			Yes	No O
	If Yes, please provide the P	olicy and Procedure	es (P&P) (file atta	chment)			Browse	J
	Is this pharmacy a retail walk	in pharmacy that se	ervices the genera	al public?*			Yes O	No
	If not open to the general p	ublic, select all type	es that apply.		Plea	se Select –		
	If selected "Other" or "Spec	ialty" (above), pleas	e explain 🕕					
	Does your pharmacy accept N	Nedicare Part B assi	ignment?*				Yes	No
	Does your pharmacy provide	notifications of refil	l reminders? (NO	「autoship)*			Yes	No O
	Is local prescription delivery s (Excluding Mail Order busines	service provided as (ss)*	part your routine	oharmacy business?			Yes	No
	If Yes, approximate deliver	y radius (miles) 📵						
	If Yes, delivery fees? 🕚						Yes	No



Select the option that most closely described your pharmacy location:

Describe Your Location*	-Please Select-
	-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 <u>same</u> <u>location</u>.
- If you answer "Yes", then you must enter the 2<sup>nd</sup> NCPDP number.
- The 3<sup>rd</sup> NCPDP number is optional, only to be filled in if you have a 3<sup>rd</sup> 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:

this pharmacy a retail walk-in pharmacy that services the general public?*		Yes	
if not open to the general public, select all types that apply.*	Specialty		
	Select all		
	Assisted Living Facility		
	Clinic		
	Dispensing Physician		
	Home Infusion		
	Hospital		
	🔲 Indian Tribal Urban		
	Internet		
	Long Term Care		
	Mail Order		
	□ Other		
	Specialty		
	Worksite - services only emp	oyees	



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?*					
If not open to the general public, select all types that apply.*	Specialty	•			
If selected "Other" or "Specialty" (above), please explain* 🕕			¢		



# Section 2:

How does this pharmacy record prescription pick-up signatures?*	Paper	Electronic	Both O
Does pharmacy have Patient Consultation (written material available)?* 🟮		Yes	No O
Does pharmacy have Patient Consultation (counseling of all meds patient is taking) with electronic notes for future retrieval?*		Yes O	No
Does pharmacy have Patient Consultation (compliance monitoring) with electronic notes for future retrieval?*		Yes	No O
Does pharmacy have Disease State Consultation Services with electronic notes for future ()		Yes	No O
Are Infusion Therapy Services available?* ()		Yes	No O
Are Vision Services available?*		Yes	No
Does this pharmacy sell tobacco or tobacco related products?*		Yes	No O
A maximum of 5 printed languages can be chosen. If more than 5, choose the 5 most common.		Add Langua	ge
Language Printed on Label *	Action		
No records to display.			_^
			~
Is the pharmacy able to communicate using American Sign Language?*		Yes	No
Does pharmacy have ability to print labels in Braille?*		Yes	O
Does this pharmacy offer language translation service(s)/language line?*		Yes O	No O
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	No O
Is this pharmacy less than or equal to 1/4 mile walking distance from Public Transportation?*		Yes	No O
Does this pharmacy meet ADA (American Disabilities Act) Accessibility standards for the physically disabled?*		Yes O	No O
Does this pharmacy have Durable Medical Equipment for sale or rent?*		Yes	No O
If Yes, Durable Medical Equipment (limited/ full-stock)	Please Select		¥
Does this pharmacy subscribe to Institute of Safe Medicine Practices(ISMP) Medication Safety Alert Newsletters?		Yes	No
Does this pharmacy report filling errors to the Institute of Safe Medicine Practices(ISMP)?*		Yes	No O
Cancel	Pend	Ne	ext emit
lick 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.

	Action	
•	Update Cancel	
	•	Action 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.	Add Language
Language Printed on Label Action	
Select- Update Car	ncel 🔨
-Select-	
English	$\sim$
Spanish	
French	
a German	
Italian	
D 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. Add Language
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 ()	N	0
If Yes, Durable Medical Equipment (limited/ full-stock)*			•	
	Please Select		٦	
	Limited			
	Full-stock			

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





1234567 My Pharmacy

Ownership Type*Please Select		
as this pharmacy undergone a Change in Ownership or Management (i.e. a change in ntrol of 50% or more) in the last 12 months?*	Yes	No
yes, explain.		
es the state require that the owner of the pharmacy be the pharmacist in charge?*	Yes	No
an Owner of the pharmacy a Licensed Pharmacist?*	Yes O	No
the pharmacy license, or that of this pharmacy's owners, employees, agents or sociates with the pharmacy currently active and in good standing?*	Yes O	No
no, explain.		
ave any of this Pharmacy's owners, employees, agents or associates been denied a narmacy license or permit or any other type of license or permit applicable to your erations in any state, or had its license or permit revoked or suspended?*	Yes	N
yes, explain.		
ave any of this Pharmacy's owners, employees, agents or associates been convicted of olating State or Federal drug or healthcare regulations or any other laws or regulations oplicable to your operations?*	Yes	N
yes, explain.		
ave any of this Pharmacy's owners, employees, agents or associates been the subject of sciplinary action or debarred in front of a state pharmacy board or any other overnmental board or agency applicable to your operations?*	Yes O	N
yes, explain.		
Cancel	N	ext

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



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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 Type*	Corporation •		
Has this pharmacy undergon control of 50% or more) in the	e a Change in Ownership or Management (i.e. a change in e last 12 months?*	Yes (*)	No
f yes, explain.			
Field is required.			
Does the state require that th	e owner of the pharmacy be the pharmacist in charge?*	Yes	No
s an Owner of the pharmacy	a Licensed Pharmacist?*	Yes	No
s the pharmacy license, or th associates with the pharmacy	at of this pharmacy's owners, employees, agents or currently active and in good standing?*	Yes	No ()
f no, explain.			
Field is required.			
Have any of this Pharmacy's o pharmacy license or permit o operations in any state, or ha	owners, employees, agents or associates been denied a r any other type of license or permit applicable to your d its license or permit revoked or suspended?*	Yes ()	No
f yes, explain.			
Field is required.			
Have any of this Pharmacy's riolating State or Federal dru applicable to your operations	owners, employees, agents or associates been convicted of g or healthcare regulations or any other laws or regulations ?*	Yes (*)	No
f yes, explain.			
Field is required.			
Have any of this Pharmacy's disciplinary action or debarre governmental board or ageno	owners, employees, agents or associates been the subject of d in front of a state pharmacy board or any other y applicable to your operations?*	Yes ()	No
f yes, explain.			
Field is required.			
Cancel		N	ext

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.

Part I Part II	Verify And Submit			
Additional Pharmacy Detail	1234567 My Pharmacy			
Ownership & Control	Owner & Control E	Intities		
wners & Control Entities				
wner Relationship Details	The CMS 455 regulation	requires the disclosure of Ownership and Cor	ntrol information.	
ther Pharmacies Owned	THE OWNERSHIP AND C	ONTROL OWNER ENTITY SECTION REQUIRES OR A COMPANY (IF THE PHARMACY IS OWNED	AT LEAST ONE OWNER ENTITY RECORD. 1 ED BY A PARTNERSHIP, LLC, CORPORTION	THAT OWNER RECORD CAN BE FOR N, OR OTHER TYPE OF COMPANY).
nsurance	FOR A BUSINESS ENTITY	Y RECORD, AT LEAST ONE MANAGING EMPLO	YEE IS ALSO REQUIRED TO BE ENTERED.	
harmacist In-Charge	1 Enter all owners At	hip and control section you must:	e entered	
harmacy Licenses / ertifications / Accreditations	<ol> <li>Direct ownership ca owner. You will not</li> <li>You must enter all r</li> </ol>	not exceed 100%. This calculation includes a be able to save a record that will cause direct ( equired information for each record (* next to 1	Il records in this section in which it has bee wwnership to exceed 100% the field) including SSN and DOB.	n indicated the owner is a direct
anctions Exclusions Actions	List the identity of ANY P	ERSON (Individual or company, partnership, IIc	corporation etc.) with a direct or indirect o	whership or control interest in the
ractice Settings	pharmacy (including corp "ownership interest" and	oorate officers and directors). See 42 CFR 455. "indirect ownership interest" and 42 CFR 455.	101 for the definition of "person with an ow 102 for information regarding determination	nership or control interest", of ownership and control
mmunizations	percentages. The addres	s for corporate entities must include primary b	usiness address.	
linical Services	List ANY MANAGING EM (Source: 42 CFR 455.104	PLOYEE of the pharmacy (b)(4)). See 42 CFR 455.101 for the definition (	of "managing employee."	
ompounding	List ANY SUBCONTRACT (Source: 42 CFR 455.104 Click here for links to the IMPORTANT: • Social Security Num Taxpayer Identificat • Date of birth is requ	OR in which the pharmacy has a 5% or more in (b)(2)). above mentioned 42 CFR 455 regulation and r ober (SSN) is required for individuals.For an inc ion Number (ITIN). ired for all individuals.	iterest. related sub parts lividual who has not been assigned a SSN, y	rou must provide the individual
	Owner & Control Enti	ties		Add
	Name	Entity Type	% Ownership	Action
				10
		20 🔹 items per page		1 - 1 of 1 iter
	🖍 Edit 🕐 Delete			
	Cancel			Next

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	1234567 My Pharmac	y					
Ownership & Control	Owner & Control	Entities - Company					
Owners & Control Entities	As you've selected a c	ompany, you need to fill in the company's infor	mation.				
Other Pharmacies Owned	The CMS 455 regulat	ion requires the disclosure of Ownership and Cor	trol information.				
Insurance	THE OWNERSHIP AN FOR AN INDIVIDUAL	D CONTROL OWNER ENTITY SECTION REQUIRES OWNER OR A COMPANY (IF THE PHARMACY IS C	AT LEAST ONE OWNER ENTIT WNED BY A PARTNERSHIP, LL	Y RECORD. THAT OWNER RECORD CAN BE C, CORPORATION, OR OTHER TYPE OF			
Pharmacist In-Charge	List the identity of ANY Business Entity (partnership, IIc, corporation, etc.) with a direct or indirect ownership or control interest in the pharmacy						
Pharmacy Licenses /	provider.						
Certifications / Accreditations	See 42 CFR 455.101	for the definition of "person with an ownership or o	ontrol interest", "ownership inte	erest" and "indirect ownership interest".			
Sanctions Exclusions Actions	See also 42 CFR 455.	102 for information regarding determination of ow	nership control percentages.				
Practice Settings	Click here for links to	the above mentioned 42 CFR 455 regulation and r	elated sub parts.				
Immunizations	The address for corpo	prate entities must include, as applicable, primary	ousiness address.				
Clinical Services	1. Enter all owners	ership and control section you must: . For a business entity record (i.e. partnership, llc, (	corporation or other type of bus	siness as opposed to an individual) at least			
Compounding	one managing e 2. Direct ownership owner. You will i 3. You must enter	mployee is required to be entered. o cannot exceed 100%. This calculation includes a not be able to save a record that will cause direct o all required information for each record (* next to t	ll records in this section in whic wnership to exceed 100% he field) including SSN and DO	ch it has been indicated the owner is a direct B.			
This ownership / control entity is a*		O Direct Owner	Address 1* 🕚	Address 1			
		O Indirect Owner 0	Address 2 📵	Address 2			
		<ul> <li>Subcontractor in which the pharmacy owns a 5% or more interest</li> </ul>	City* 🙃	City			
	% of Ownershipt	% of Ourorphin	ury 😈	ony			
	a or ownership	- or ownership	State* 📵	-Select State-			
	Entity Legal Name* 📵	Entity Legal Name	Zip* 🕕	Zip Code			
	Entity DBA Name* 🕕	Entity DBA Name					
	Owner FEIN Document	Browse					
	Federal Employer Identification Number (FEIN)*	FEIN					
	Convicte	ed of Criminal Offense* 🔿 Yes 🔿 No					
	Ownership/Control ir	n Another Pharmacy* 🟮 🔿 Yes 🔿 No					
	Cancel			Next Pend Submit			
	Click here, to Submit with	out 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	1234567 My Pharmac	y .			
Ownership & Control	Officers/Directors	o/Owners of My Pharmacy Inc			
Owners & Control Entities					
Owner Relationship Details	As you have selected a minimum. You must ind	company, you have to add information on Owners, licate one individual as primary.	/Officers(s)/Director(s) of the	e company. One individual must be entered at	
Other Pharmacies Owned	Collected Social Securit Information reside withi	ty Numbers and Date of Birth data is immediately e in a highly secure HIPAA compliant environment w	encrypted upon submission. ith stringent information poli	The encompassing Application and icies certified by both ISO 20000 and ISO	
Insurance	27000.	· · · · · · · · · · · · · · · · · · ·		,	
Pharmacist In-Charge	Titlet	Plazas Salast	Address 18	Address 1	
Pharmacy Licenses / Certifications / Accreditations	nue 😈	- Tiesse Select -	Address 1		
Sanctions Exclusions Actions	Title Effective Date* 📵	m	Address 2 🕕	Address 2	
Practice Settings	First Name*	First Name	City* 🕕	City	
Immunizations					
Clinical Services	Middle Name	Middle Initial	State* 🕕	-Select State-	
Compounding	Last Name*	Last Name	Zip* 🚺	Zip Code	
	Date of Birth* 🏮		Is this t	he primary individual/contact for company?	
	Social Security Number*	SSN	Note: You must click the add b	outton after entering your information.	
	If you have not been	n assigned an SSN, check here to enter ITIN	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.		
	Individual Tax Id Number	Individual Tax Id Number		Add	
	Company Officer	s/Directors/Owners			
	Name	Title A	ddress	Action	
		No records	to display.	^	
				~	
	Cancel Ba	sck		Next Pend Submit	
	Click here, to Submit witho	out completing Part II.			





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

Title* 📵	Please Select	•
	- Please Select -	
	Director	
	Officer	
	Owner	

- 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.

.....

1

NF-

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

Additional Pharmacy Detail	1234567 My Pharmacy
Ownership & Control	Do you want to add another entity?
Owners & Control Entities	○ Yes
Owner Relationship Details	○ No
Other Pharmacies Owned	
Insurance	1
Pharmacist In-Charge	
Pharmacy Licenses / Certifications / Accreditations	
Sanctions Exclusions Actions	
Practice Settings	1
Immunizations	
Immunizations Clinical Services	



- 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.





# 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).



## **NCPDP Profile Part 2 Training Guide**



Part   Part	Verify And Submit						
Additional Pharmacy Detail	1234567 My Pharm	acy					
Ownership & Control	Owner & Control	Entities - Individu	Jal				
Owners & Control Entities							
Owner Relationship Details	As you've selected an i	individual, you need to fil	II in an individ	ual's info	ormation.		
Other Pharmacies Owned	The CMS 455 regulation requires the disclosure of Ownership and Control information.						
Insurance	THE OWNERSHIP AN EMPLOYEE OF THE F	ID CONTROL OWNER ENTI PHARMACY IS ALSO REQU	ITY SECTION A IRED TO BE EI	IEQUIRES VTERED.	SAT LEAST ONE OWNER ENTIT	Y RECORD. AT LEAST ONE MANAGING	
Pharmacist In-Charge	For Individuals:		CT OR INDIRE	OT OWNE		T in the observance (including composite	
Pharmacy Licenses / Certifications / Accreditations	officers and directors See 42 CFR 455.101 f	for the definition of "person	n with an own	ership or (	control interest", "ownership int	erest' and "indirect ownership interest" and	
Sanctions Exclusions Actions	42 CFR 455.102 for in	formation regarding deter	rmination of o	wnership	and control percentages.		
Practice Settings	List ANY MANAGING (Source 42 CFR 455.1	EMPLOYEE of the pharma 104(b)(4). See 42 CFR 455.	scy 101 for the de	finition o	f "managing employee").		
Immunizations	List ANY SUBCONTRA (Source 42 CFR 455.1	ACTOR in which the pharm 104(b)(2)).	nacy has a 5%	or more i	nterest.		
Clinical Services	Click here for links to	the above mentioned 42 0	CFR 455 regula	tion and	related sub parts.		
Compounding	To complete the Own 1. Enter all owners 2. Direct owners/hou will a. You must a. You must enter Collected Social Secu Information reside will 27000.	ership and control section . At least one managing er p cannot exceed 100%. This not be able to save a recor- all required information for urity Numbers and Date of thin a highly secure HIPAA	n you must: mployee is req is calculation i rd that will cau r each record ( Birth data is ir A compliant en	uired to b ncludes a se direct next to nmediate vironmen	e entered. all records in this section in whi ownership to exceed 100% the field) including SSN and DC dy encrypted upon submission. It with stringent information po	ch it has been indicated the owner is a direc NB. The encompassing Application and licies certified by both ISO 20000 and ISO	Ł
	This ownership / control entity is a*	O Direct Owner		0	Address 1* 🕕	Address 1	
		O Has no ownership		0	Address 2 🚺	Address 2	_
		O Indirect Owner		0	-		
		<ul> <li>Subcontractor in whi owns a 5% or more i</li> </ul>	ich the pharm interest	scy 🚯	City* 🚺	City	
	% of Ownership* 🟮	% of Ownership			State* 🌖	-Select State-	*
	First Name*	First Name			Zip* 🚺	Zip Code	
	Middle Name	Middle Initial					
	Last Name*	Last Name					
	Title* 🚺	- Please Select -		*			
	Title Effective Date* 🟮			Ē			
	Date of Birth* ()						
	Social Security Number* 0	SSN					
	If you have not been assig	ned an SSN, check here to Taxpayer Identificatio	o enter Individu on Number (ITI	ual □ N)			
	Individual Tax Id Number	Individual Tax Id Numbe	sr				
	Convicted	of Criminal Offense* 📵	() Yes	O No			
	Ownership/Control	l in Another Pharmacy*	() Yes	O No			
	Related to Another P	erson with Ownership*	() Yes	ONo			
	Cancel					Next Pend Submi	
	Click here, to Submit with	out completing Part II.					

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- 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.

Title* 🕕	Please Select	*
	– Please Select –	^
	Agent	
	Board Member	
	Director	
	Managing Employee	
	Officer	
	Other Employee	
	Owner	
	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.

) 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.

Part I Part II	Verify And Submit
Additional Pharmacy Detail	1234567 My Pharmacy
Ownership & Control	Do you want to add another entity?
Owners & Control Entities	⊖ Yes
Owner Relationship Details	○ No
Other Pharmacies Owned	
Insurance	
Pharmacist In-Charge	
Pharmacy Licenses / Certifications / Accreditations	
Sanctions Exclusions Actions	
Practice Settings	
Immunizations	
Clinical Services	<u> </u>
Compounding	Cancel Next
	reno Suomit

- 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.

Additional Pharmacy Detail	1234507 My Pharmacy					
Ownership & Control	Owner & Contr	ol Entities - Pl	narmacist License	for John Doe		
wners & Control Entities		License State*	Please Select-			
wner Relationship Details						
ther Pharmacies Owned		License Number*	License No		Note: You must click the add button after	enterina
surance		Evolution Date *			your information. Once you click add button your entr	y will
harmacist In-Charge		Expiration Date *			appear in the grid below.	
narmacy Licenses / ertifications / Accreditations		File Attachment	Choose File		Ac	dd License
anctions Exclusions Actions	If owner has a Ph	narmacist license	issued by a State Board	d of Pharmacy, add here		
actice Settings	License State	License #	Exp Date	Attachment	Action	
munizations			No rece	ords to display.		
inical Services						
ompounding						
ompounding	🖍 Edit 🕐 Delete					
ompounding	✓ Edit <sup>(1)</sup> Delete	Back				Next

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

- a) Select state from the drop down list.
- b) Type in the License number.
- c) Enter the Expiration date as shown on the license you are uploading; the license cannot be expired.
- d) 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.

Part I Part II	Venfy And Submit
Additional Pharmacy Detail	1234567 My Pharmacy
Ownership & Control	Do you want to add another entity?
Owners & Control Entities	○ Yes
Owner Relationship Details	O No
Other Pharmacies Owned	
Insurance	
Pharmacist In-Charge	
Pharmacy Licenses / Certifications / Accreditations	
Sanctions Exclusions Actions	
Practice Settings	
Immunizations	
Clinical Services	
Compounding	Lancer Next Pend Submit

- 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**

Part I Part II	Verify And Submit			
Additional Pharmacy Detail	1234567 My Pharmacy			
Ownership & Control	Relationship Details			
Owners & Control Entities				
Owner Relationship Details	If an individual's name does not ap check box to indicate the individua down list for selection	opear in the drop down list, the individual al is related to another owner was not che	has not been e cked on the en	entered into the system or the individual was entered but the entry page. When checked the name will appear in the drop
Other Pharmacies Owned				
Insurance	Owner Name* 🧃		•	Note:
Pharmacist In-Charge				You must click the add button after entering your information.
Pharmacy Licenses / Certifications / Accreditations	Specify Relationship* 📵	Select Relationship	*	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
Sanctions Exclusions Actions	Related Owner's Name* 📵		•	button again.
Practice Settings				Corresponding relationship entry will be created automatically.
Immunizations				system will automatically add corresponding entry of Eric Smith is sibling of John Smith
Clinical Services				
Compounding				Add
	Owner Relationships			
	Owner Name Rel	ated Name	Relationship	Action
		No records to	o display.	^
	A Edit (1) Delate			
	- Lair O Delete			
	Cancel			Next
	Click here, to Submit without comple	ting Part II.		Pend Submit

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
	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 individua	is info	rmetion.					
The CM8 455 regula	ation requires the disclosure of Ownership a	nd Con	troi information.					
THE OWNERSHIP AN EMPLOYEE OF THE	ND CONTROL OWNER ENTITY SECTION RE PHARMACY IS ALSO REQUIRED TO BE ENT	LINES. RED.	AT LEAST ONE OWNER ENTIT	TY REDORD. AT LEAST ONE MANAGING				
For Individuals: List the identity of Al	NY INDIVIDUAL with a DIRECT OR INDIRECT	OWNE	RSHIP OR CONTROL INTERES	T in the pharmacy (including corporate				
Collected Social Sec Information reside w		ediately	y encrypted upon submission. with stringent information pol	The encompassing Application and licies certified by both ISO 20000 and ISO				
27000. See 42 CFR 455.101	for the definition of "person with an owners	nip or e	ontrol interest", "ownership int	arest' and 'indirect ownership interest' and				
42 CFR 455.102 for I	Information regarding datermination of own © EMPLOYEE of the charmacy	rship e	nd control percentages.					
(Source 42 OFR 455.	104(b)(4). See 42 CFR 455.101 for the defin	tion of	"managing employee").					
(Source 42 OFR 455.	<ul> <li>Oct of in which the pharmacy has a 5% of 104(b)(2)).</li> </ul>	nore in	terwar.					
Click here for links to To complete the Ow	o the above mentioned 42 CFR 455 regulatio mership and control section you must:	n and n	eleted sub perts.					
<ol> <li>Enter all owners</li> <li>Direct ownershi owner. You will</li> <li>You must enter</li> </ol>	s. At least one managing employee is requir ip cannot exceed 100%. This calculation inc not be able to save a record that will cause r all required information for each record (* r	ad to be udes el direct o ext to t	a entered. Il records in this section in whi winership to exceed 100% he field) including SSN and DC	ch it has been indicated the owner is a direct 18.				
This ownership /								
control entity is et	Olirect Owner	0	Address 1* 😑	12 miam st				
	O Has no ownership	•	Address 2 🌖	Address 2				
	Subcontractor in which the pharmacy     owns a 5% or more interest	•	City* 🔵	mesa				
			State* 😑	Arizona *				
% of Ownership* 😑	5		Zint	96260				
First Neme*	Mary		Σιμ. 🕚	63260				
Middle Name	Middle Initial							
Last Name*	Smith							
Title* 👩	Owner	٠						
Title Effective Date* 📀	11/27/2016	Η						
Date of Birth* 👴	20170170002							
Social Security Number*	******							
If you have not been assigned	gned an SSN, check here to enter Individual Texpaver Identification Number (ITIN)			Number				1
Individual Tax Id Number	Individual Tax Id Number			Convicted of Criminal Offe	ense* O Y	es 💿 No		
Convict	ted of Criminal Offense* O Yea @	No						L
Ownership/Contro	ol In Another Phermacy*	No	••	nership/Control in Another Pharn	nacy* 💿 Y	es 🔿 No		
Related to Another I	Person with Ownership*	No	Relat	ed to Another Person with Owner	ship* 💿 Y	es 🔿 No	$\sim$	
Owner Relations	hips							
Ounce Name	Palated Name		Pe	ietioschin				
	Ne	records	s to display:					
Other Pharmacie	es Owned							
Owner Name	NCPDP # Chain Code Name		Perent Organization	Address				
contra realita	No of a chaireoda realite	records	(If applicable) FEIN s to display:					
				î				
				~				
Cancel				Next				



#### **Other Pharmacies Owned**

itional Pharmacy Detail	1234567 My Pharmacy						
nership & Control	Other Pharmacies Owned						
ners & Control Entities							
ner Relationship Details	Note: If you do not see the owners name in the o	drop down list, it was not entered in the owne	ership section or it was entered and the check box to indicate				
er Pharmanies Owned	ownership in another pharmacy was not c	hecked.					
and the Observe	If you have ownership in an entire chain o the FEIN for that Chain. If a match is foun	If pharmacies represented by a NCPCP chain the system will display the result. Click Ad	i code, then select the appropriate chain code below and enter id and the system will automatically associate each of the				
rmacist in-charge	pharmacies you have ownership in. You w	vill not have to enter the NCPDP number for (	each pharmacy in the chain. Federal Tax ID Associated with Other				
rmacy Licenses / tifications / Accreditations	Owner *	Chain Code of Other Chain Owned*	Chain Code*				
ctions Exclusions Actions	• •	Select Other Chain Code 🔻	Chain Code Search				
ctice Settings	If however you own a pharmacy or group	of pharmanies that are not represented by a	NCPDP chain code you will need to enter the NCPDP number				
nunizations	for each pharmacy in order to associate the enter the FEIN for that pharmacy and clic	he pharmacy as one you have ownership or k search. The system will search for the phar	control. Enter the NCPDP number for a pharmacy below then rmcv and display the result. In order to associate the oharmacy				
ical Services	as one you have ownership or control in, (	Click Add					
npounding	Owner's Legal Name*	Other Pharmacy's NCPDP*	VCPDP# Search				
	In order to retriev	e information, all three fields in the search b	box must be filled out				
			KESES				
	Pharmacy or Chain's Legal Name* 🕦	Legal Name					
	Pharmacy or Chain's Doing Business as Name*	DBA					
	NCPDP Number* 0	NCDDD					
		NGFDF					
	Chain Code* 🕦	Chain Code					
	NPI Number* 🕕	NPI					
	Physical Address 1* 🕦	Address 1					
	Physical Address 2 🕕	Address 2					
	Cinct 🔵	Chu	Note:				
	City-	City	You must click the Add Chain Owned / Add Pharmacy after entering your information.				
	State* 🕕	Please Select	<ul> <li>Once you click add your entry will appear in the grid below.</li> </ul>				
	Zip Code* 🕚	Zip Code					
	Other Pharmacies Owned						
	Owner Name NCPDP # Chain C	ode Name Parent Organiza	ation (if FEIN # Address Action				
	Owner Name         NULPUP #         Chain Code         Name         applicable         FEIN #         Address         Action						
		ste recerce te anipray.					
		ams ner narie	No items to displa				
	No items to display						
	🖒 Delete						
	(*) Delete Cancel		Next				

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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.

Owner*		Chain Code of Other Chain Owned*	Federal Tax ID Associated with Other Chain Code*	0
jo smythe	*	A1 Chain(123) +	123456123	Chain Code Search
If, however you own a phan for each pharmacy in order	macy or group	of pharmacies that are not represented by re pharmacy as one you have ownership o	a NCPDP chain code, you will need to enter r control. Enter the NCPDP number for a pl	r the NCPDP number
If, however you own a phan for each pharmacy in order enter the FEIN for that phar as one you have ownership Owner's Legal Name*	macy or group to associate t macy and click or control in, (	of pharmacies that are not represented by ne pharmacy as one you have ownership o search. The system will search for the ph lick Add Other Pharmacy's NCPDP*	a NCPDP chain code, you will need to enter r control. Enter the NCPDP number for a ph armcy and display the result. In order to as Other Pharmacy's Federal Tax ID*	er the NCPDP number narmacy below then sociate the pharmacy

## 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 o the FEIN for that Chain. If a match is foun pharmacies you have ownership in. You w	f pharmacies represented by a NCPCP chai d the system will display the result. Click Ad rill not have to enter the NCPDP number for	n code, then select the appropriate chain code below and ente Id and the system will automatically associate each of the each pharmacy in the chain.	ŧr
	Owner *	Chain Code of Other Chain Owned*	Federal Tax ID Associated with Other Chain Code*	
	jo smythe 🔹	A1 Chain(123) *	123456123 Chain Code Sea	irch
L				



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

the FEIN for that Chain. If a m pharmacies you have owners!	atch is found hip in. You w	d the system will display the r ill not have to enter the NCPD	esult. Click Ad P number for	Id and the system will automatic each pharmacy in the chain. Federal Tax ID Associated wit	ally associate each of the
Owner *		Chain Code of Other Chain	Owned*	Chain Code*	1
jo smythe		A1 Chain(123)	•	123456123	Chain Code Search
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* 🚺	A1 Chain	
Pharmacy or Chain's Doing Business as Name*	A1 Chain DBA Name	
NCPDP Number*	NCPDP	
Chain Code* 📵	123	
NPI Number* 🌖	NPI	
Physical Address 1* 📵	321 Main	
Physical Address 2 🔋	MANAGED CARE DEPT MSG	
City* 🏮	Scottsdale	Note: You must click the Add Chain Owned / Add Pharmacy after entering your information.
State* 🕕	Arizona v	Once you click add your entry will appear in the grid below.
Zip Code* 🏮	85259	Add Chain Owned

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

Owner Name	NCPDP #	Chain Code	Name	Parent Organization (if applicable)	FEIN #	Address	Action
jo smythe		123	A1 Chain (123)		123456	321 Main Scottsdale 85259	0
	» (н) [20	) 🔹 items	per page			No iter	ns to display
🖰 Delete							
Cancel						-	Next







- 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 pha for each pharmacy in orde enter the FEIN for that pha as one you have ownershi	rmacy or group ir to associate t irmacy and click p or control in, (	of pharmacies that are not represented he pharmacy as one you have ownerah k search. The system will search for the Click Add	I by a NCPDP chain code, you will need to enter ip or control. Enter the NCPDP number for a pha pharmcy and display the result. In order to assist the result.	the NCPDP number imacy below then ociate the pharmacy
Owner's Legal Name*		Other Pharmacy's NCPDP*	Other Pharmacy's Federal Tax ID* 🚺	Click
jo smythe		1234567	123456789	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*		Other Pharmacy's NCPDP* 🕕	Other Pharmacy's Federal Tax ID* 🕕	
jo smythe	*	1234567	123456789	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.

Appropriate Description   Appropriate Description Appropriate Descrip					
A process p			NC	PDP Profile Part 2 Tr	aining Gu
ff, however you own a pharmacy or group of pharmaceles that are not represented by a NCPDP chain code, you will need to enter the NCPDP number for each pharmacy and click search. The system will search for the pharmacy and display the result. In order to associate the pharmacy are not you have ownership or control. Click Add owner's Legal Name* Other Pharmacy's NCPDP* O Other Pharmacy's Federal Tax ID* NCPEP# 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 DBA Name Pharmacy or Chain's Legal Name* Other Pharmacy DBA Name I 1234567 Chain Code* Other Pharmacy DBA Name Sa Name* Other Pharmacy DBA Name Sa Name* Other Chain Code NPI Number* I 1234567 Chain Code* Chain Code NPI Number* I 1234567123 Physical Address 1* I 1234 Main Street Physical Address 1* I 1234 Main Street City* I Scottsdale State* Arizona Zip Code* I Arizona Zip Code* I Arizona Zip Code* I 25259 Mother Pharmacy and Ide Legal Tax ID* I Address 1 Add Pharmacy for Chain Code City* I Scottsdale Zip Code* I Arizona Zip Code* I 25259 Mother Pharmacy and Click Add Chain Conned / Add Pharmacy for Chain Code Zip Code* I Arizona Zip Code* I 25259 Mother Pharmacy and Click Add Chain Conned / Add Pharmacy fields and some a	NCPDI	P™			
a cone you have ownerably or control in Click Add Owner's Legal Name* Other Pharmacy's NCPDP* Other Pharmacy's Federal Tax ID* Other p emythe 1234567 I control in criterie information, all two fields in the search box must be filled out Rest Pharmacy or Chain's Legal Name* Other Pharmacy DBA Name Pharmacy or Chain's Legal Name* Other Pharmacy DBA Name as Name* Other Pharmacy DBA Name NCPDP Number* 1234567 Chain Code* Chain Code NPI Number* 1234567123 Physical Address 1 • 1234567123 Physical Address 2 • Address 2 City* Scottsdale State* Address 2 • Address 2 City* Scottsdale State* Address 2 • Address 2 Zip Code* State Zip Code* Zip State Zip State Zip Code* Zip State Zip State Zip State Zip State Zip State	If, however you own a pharmacy or group for each pharmacy in order to associate enter the FEIN for that observation and	of pharmacies that are not represented by ( the pharmacy as one you have ownership or k search. The server ow will search for the new	a NCPDP chain co control. Enter the	de, you will need to enter the NCPDP number NCPDP number for a pharmacy below then the result to reface to associate the pharmacy	
Owners & Expan ratine* Other Pinamacy or Obier Pinamacy Sin Or DP *   In order to retrieve information, all two fields in the search box must be filled out    Pharmacy or Chain's Legal Name*   Other Pharmacy Name   Pharmacy or Chain's Legal Name*   Other Pharmacy DBA Name   Pharmacy or Chain's Doing Business   Other Pharmacy DBA Name   Pharmacy or Chain's Doing Business   Other Pharmacy DBA Name   Pharmacy or Chain's Doing Business   Other Pharmacy DBA Name   Pharmacy or Chain's Legal Name*   Ital Code   Chain Code*   Chain Code   NPI Number*   Ital Code   Physical Address 1 *   Ital Code   Physical Address 2 *   Address 2 * <th>as one you have ownership or control in,</th> <th>Click Add</th> <th>Other Pharmar</th> <th>w/c Federal Tax IDt</th> <th></th>	as one you have ownership or control in,	Click Add	Other Pharmar	w/c Federal Tax IDt	
In order to retrieve information, all two fields in the search box must be filled out Pharmacy or Chain's Legal Name* Pharmacy or Chain's Doing Business Other Pharmacy DBA Name Pharmacy or Chain's Doing Business Other Pharmacy DBA Name I 2345677 Chain Code* Chain Code NPI Number* I 234567123 Physical Address 1* I 234567123 Physical Address 2* Address 2* Address 2* Address 2* Address 2* Add Pharmacy I 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	jo smythe *	1234567	123456789	NCPDP# Search	
Pharmacy or Chain's Doing Business as Name* NCPDP Number* 1234567 Chain Code* Chain Code* Chain Code NPI Number* 1234567123 Physical Address 1* 1234 Main Street Physical Address 2 City* Scottsdale State* Arizona Zip Code* 85259 State* 123559 Mote: Not	In order to retrie	we information, all two fields in the search b	oox must be filled	out Reset	
NCPDP Number* 1234567   Chain Code* Chain Code   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	Pharmacy or Chain's Doing Business as Name* 0	Other Pharmacy DBA Name			
Chain Code* Chain Code NPI Number* 1234567123 Physical Address 1* 1234 Main Street Physical Address 2 Address 2 City* Scottsdale State* Arizona Zip Code* 185259 Mote: 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. Add Pharmacy	NCPDP Number* 🕕	1234567			
NPI Number* 0       1234567123         Physical Address 1* 0       1234 Main Street         Physical Address 2       Address 2         City* 0       Scottsdale         State* 0       Arizona         Zip Code* 0       85259	Chain Code*	Chain Code			
Physical Address 1* ()       1234 Main Street         Physical Address 2 ()       Address 2         City* ()       Scottsdale         State* ()       Arizona         Zip Code* ()       85259	NPI Number* 🕕	1234567123			
Physical Address 2       Address 2         City* ill       Scottsdale         State* ill       Arizona         Zip Code* ill       85259             Address 2             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.             Add Pharmacy	Physical Address 1* 🚺	1234 Main Street			
City*     Scottsdale     Note:       State*     Arizona     You must click the Add Chain Owned / Add Pharmacy after entering your information.       Zip Code*     85259     Add Pharmacy	Physical Address 2 🕕	Address 2			
State* 1     Arizona     Pnarmacy are entering your information.       State* 1     Arizona     Once you click add your entry will appear in the grid below.       Zip Code* 1     85259     Add Pharmacy	City* 📵	Scottsdale		Note: You must click the Add Chain Owned / Add	
Zip Code* 👔 85259 Add Pharmacy	State* ()	Arizona	Ŧ	<ul> <li>Fnarmacy after entering your information.</li> <li>Once you click add your entry will appear in the grid below.</li> </ul>	
	Zip Code* 📵	85259		Add Pharmacy	1

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

Other Pharma	acies Owned		1	168	11 10		13	
Owner Name	NCPDP #	Chain Code	Name	Parent Organization (if applicable)	FEIN #	Address	Action	
jo smythe	1234567		Pharmacy Name		1234567	1234 Main Scottsdale 85259	Q	1
		itame	Der Dage			1	-1 of 1 ite	-
	· · · 21	) y items	per page				- I of I ite	n
Cancel							Next	
						Part of the second s	Calenda	

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

Part I Part II	Verify And Submit		
Additional Pharmacy Detail	1234567 My Pharmacy		
Ownership & Control	Insurance		
Owners & Control Entities	Professional Liability Insurance Carrier*		
Owner Relationship Details			
Other Pharmacies Owned	Professional Liability Insurance Policy Number*		
Insurance	Professional Liability Insurance Expiration Date *		
Pharmacist In-Charge			
Pharmacy Licenses / Certifications / Accreditations	Professional Liability Insurance File Attachment	Browse	
Sanctions Exclusions Actions	General Liability Amount Per Occurrence*	\$	
Practice Settings	Conoral Liability Aggregate (Evoluting Umbrolla Policy)		
Immunizations	*	•	
Clinical Services	Aggregate Additional Excess/Umbrella Policy Amount?	\$	
Compounding			
	Cancel		Next
			Pend Submit
	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
Additional Pharmacy Detail	1234567 My Pharmacy
Ownership & Control	Pharmacist In-Charge (PIC) License
Owners & Control Entities	Is the pharmacist in Charge(PIC) a pharmacy O Yes   No
Owner Relationship Details	owner?"
Other Pharmacies Owned	Pharmacist In Charge (PIC) First name*
Insurance	Pharmacist In Charge (PIC) Middle Name
Pharmacist In-Charge	
Pharmacy Licenses / Certifications / Accreditations	Pharmacist In Charge (PIC) Last name*
Sanctions Exclusions Actions	PIC License #*
Practice Settings	PIC Lingneard State*
Immunizations	
Clinical Services	PIC License File Attachment
Compounding	PIC License Expiration Date*
	PIC NPI# 🕦
	PIC NPI Confirmation File Attachment () Browse
	PIC Controlled Substance License #
	PIC Controlled Substance License File Browse
	PIC Controlled Substance License Expiration Date
	Cancel Next Pend Submit 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) Licen	se	
Is the pharmacist in Charge(PIC) a pharmacy owner?*	ම 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

dditional Pharmacy Lic	censing/Certi	ification And A	ccreditations	
oof of NO Exclusion from State Medicaid Program	Choose File			
State	Please Select		v	
Medicaid Number	Medicaid Numb	er	Add	
Proof of NO Exclusion from	State Medicaid	0		
roof of NO Exclusion from State N	ledicaid Program	State	Medicaid Number	Action
		Arizona	123456789	10
🖍 Edit 🕐 Delete				

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) - <u>https://exclusions.oig.hhs.gov/.</u> 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 Lice	ensing/Certi	fication And A	Accreditations		
Proof of NO Exclusion from State () Medicaid Program	Choose File				
State	Please Select		Ŧ		
Medicaid Number	Medicaid Numbe	er	Add		
Proof of NO Exclusion from S	tate Medicaid	Ð			
Proof of NO Exclusion from State Me	edicaid Program	State	Medicaid Number	Action	
		Arizona	123456789	× 🙂	~
				Û	~
🖍 Edit 🕐 Delete					
Note: If you have already added a State Me Click the Edit icon to the right of the profile. If you have a State Medicaid Numbe finished adding the Medicaid inform	edicaid Number on Medicaid Number t er and you did not ac ation, hit Add again	the NCPDP applicati to add a Proof of No dd it in Part 1, you ca to save it to your pr	ion in Part 1, It should appear belo Exclusion Document and then hit In hit Add to add the Medicaid Nu ofile.	ow. : Update to save tha document on the mber to your profile. When you have	
Cancel				Next	
Click here, to Submit without completi	ing Part II.			Pena Submit	



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

roof of NO Exclusion from State Medicaid Program	Choose File	Step 1			
State	Arizona		Step 2		
Medicaid Number	123456789		Update	Cancel	
Proof of NO Exclusion from	State Medicaid	0			
Proof of NO Exclusion from State M	Aedicaid Program	State	Medicaid Number	Action	
Proof of NO Exclusion from State N	Aedicaid Program	State Arizona	Medicaid Number	Action	
Proof of NO Exclusion from State N	Aedicaid Program	State Arizona	Medicaid Number 123456789	Action	
Proof of NO Exclusion from State N  Edit () Delete Note:	Aedicaid Program	State Arizona	Medicaid Number 123456789	Action	
Proof of NO Exclusion from State N Comparison of the exclusion from State Note: If you have already added a State If you have already added a State of the profile.	Aedicaid Program Vedicaid Number on e Medicaid Number	State Arizona the NCPDP application in P to add a Proof of No Exclusi	Medicald Number 123456789 art 1, It should appear belo on Document and then hit	Action  Action  Control  Action  W. Update to save tha document on the save the document on the document on the save the	he
Proof of NO Exclusion from State Model of NO Exclusion from State Model of the State Office. Ntycu have already added a State Office. If you have a State Medicaid Numi finished adding the Medicaid information of the Medicaid Information of the Medicaid Information.	Aedicaid Program Medicaid Number on e Medicaid Number ber and you did not a mation, hit Add again	State Arizona the NCPDP application in P to add a Proof of No Exclusi dd it in Part 1, you can hit Ar n to save it to your profile.	Medicald Number 123456789 Int 1, It should appear belo on Document and then hit d to add the Medicaid Nur	Action Action Ø O O O O O O O O O O O O O O O O O O	he

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).

roof of NO Exclusion from State Medicaid Program	Choose File				
State	Please Select		¥		
Medicaid Number	Medicaid Numb	er	Add		
Proof of NO Exclusion from S	State Medicaid	0			
Proof of NO Exclusion from State M	ledicaid Program	State	Medicaid Number	Action	
Tool of NO Exclusion noni otate in	iourouru rogram				
ProofOfNoExclusion.png		Arizona	123456789	10	
ProofOfNoExclusion.png ✓ Edit ტ Delete		Arizona	123456789	<b>₽</b> 0	
roofOfNoExclusion.png ✓ Edit () Delete Note:		Arizona	123456789	✓ 0	
<ul> <li>✓ Edit () Delete</li> <li>Note:</li> <li>If you have already added a State M</li> </ul>	fedicaid Number on	Arizona the NCPDP application i	n Part 1, it should appear belo	✓ ○	
ProofOfNoExclusion.png  Edit () Delete  Note:  If you have aiready added a State M Click the Edit icon to the right of the profile.	fedicaid Number on e Medicaid Number	Arizona the NCPDP application i to add a Proof of No Exc	n Part 1, It should appear belo lusion Document and then hit	✓ ♥ W. Update to save the document on the	e
ProofOfNoExclusion.png  Edit O Delete  Note: If you have already added a State M Click the Edit icon to the right of the profile.  If you have a State Medicaid Numb Inished adding the Medicaid inform	fedicaid Number on Medicaid Number Medicaid Number er and you did not a matlon, hit Add again	Arizona the NCPDP application i to add a Proof of NG Exc add it in Part 1, you can hi n to save it to your profile	n Part 1, It should appear belo lusion Document and then hit t Add to add the Medicaid Nur	W. Update to save tha document on the mber to your profile. When you have	e
ProofOfNoExclusion.png  Edit O Delete  Note:  If you have already added a State M Click the Edit icon to the right of the profile.  If you have a State Medicaid Numb finished adding the Medicaid inform	Aedicaid Number on Medicaid Number er and you did not a mation, hit Add again	Arizona the NCPDP application i to add a Proof of No Exc add it in Part 1, you can hi n to save it to your profile	n Part 1, it should appear belo usion Document and then hit t Add to add the Medicaid Nur	♥ ♥ W. Update to save tha document on the mber to your profile. When you have	e

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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
Additional Pharmacy Detail	1234567 My Pharmacy
Ownership & Control	Additional Pharmacy Licensing/Certification And Accreditations
Owners & Control Entities	Proof of NO Exclusion from State Choose File
Owner Relationship Details	Medicaid Program
Other Pharmacies Owned	StatePlease Select
Insurance	Medicaid Number Medicaid Number
Pharmacist In-Charge	
Pharmacy Licenses /	Proof of NO Exclusion from State Medicaid 0
Sanctions Exclusions Actions	Proof of NO Exclusion from State Medicaid Program State Medicaid Number Action
Sanctions Exclusions Actions	No records to display.
Practice Settings	
Immunizations	~
Clinical Services	🖍 Edit 🕐 Delete
Compounding	
	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 tha 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.
	Cancel Next Pend Submit 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.

tional Pharmacy Detail 123450	67 My Pharmacy				
ership & Control Ad	ditional Pharmacy Li	censing/Certification A	nd Accredita	tions	
ers & Control Entities	License Number	License No			
er Relationship Details					
r Pharmacies Owned	License Type 🄇	-Please Select-	٣		
ance	File Attachment	Choose File			
macist In-Charge				Note: You must click the Ad	d License button after adding
macy Licenses / fications / Accreditations	State	Please Select	٣	information. Once you will be displayed in the	click Add License button, you grid below.
tions Exclusions Actions	Expiration Date	License Exp Date			Add L
tice Settings	ditional Pharmacy Licens	es/Certification			
unizations	ense # Type	File Attachment	State	Exp Date	Action
al Services		No rec	ords to display.		
pounding					
1	Edit 🕐 Delete				
	Cancel Back				
	Cancer Dack				N

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 Lic	ensing/Certification A	And Accreditat	tions		
	License Number	123456				
	License Type 📵	Other	¥			
If License Type	is "Other", Explain*	Explanation	•			
	File Attachment 🌖	Choose File		Note:		
	State	Please Select	•	You must click the Add information. Once you o will be displayed in the	License button after click Add License but grid below.	tton, your entry
	Expiration Date	License Exp Date				Add License
Additional P	harmacy License	s/Certification				
License #	Туре	File Attachment	State	Exp Date	Action	
		No re	ecords to display.			~
						$\sim$
💉 Edit 🕐 De	elete					
Cancel	Back					Next
					Pend	Submit
Click here, to Sub	omit without complet	ing 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.

Additional Pharmacy Detail	1234567 My Pharmacy			
Ownership & Control	Additional Pharmacy Lice	ensing/Certification And A	ccreditations	
Owners & Control Entities	Accreditation Source	Please Select	•	
Owner Relationship Details			Note:	
Other Pharmacies Owned	Accreditation Document	Choose File	You must click the Add I information. Once you cl	outton after adding your ick Add button, your entry will be
nsurance			displayed in the grid bei	Jw.
Pharmacist In-Charge				Add
harmacy Licenses / Certifications / Accreditations	Pharmacy Accreditation			
harmacy Licenses / ertifications / Accreditations anctions Exclusions Actions	Pharmacy Accreditation Accreditation Source	Accreditation Document	Action	
harmacy Licenses / ertifications / Accreditations anctions Exclusions Actions ractice Settings	Pharmacy Accreditation Accreditation Source	Accreditation Document No records to	Action o display.	
harmacy Licenses / ertifications / Accreditations anctions Exclusions Actions ractice Settings nmunizations	Pharmacy Accreditation Accreditation Source	Accreditation Document No records to	o display.	
harmacy Licenses / ertifications / Accreditations anctions Exclusions Actions ractice Settings nmunizations linical Services	Pharmacy Accreditation Accreditation Source	Accreditation Document No records to	Action	
harmacy Licenses / ertifications / Accreditations anctions Exclusions Actions ractice Settings nmunizations linical Services ompounding	Pharmacy Accreditation Accreditation Source	Accreditation Document No records to	o display.	
Charmacy Licenses / Certifications / Accreditations anctions Exclusions Actions tractice Settings nmunizations linical Services compounding	Pharmacy Accreditation Accreditation Source	Accreditation Document No records to	Action o display.	Next

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

Accreditation Source 🕕	Please Select	
	Please Select	η
	DMEPOS	
	VIPPS	
	URAC	
	AHCA	
	Other	

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



- 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.



NCPDP Profile Part 2 Training Guide

# **Sanctions Exclusions Actions**

Part I Part II	Verify And Submit	
Additional Pharmacy Detail	1234567 My Pharmacy	
Ownership & Control	Sanctions, Exclusions, Disciplinary Actions	
Owners & Control Entities	Date of most recent site visit by The State Board	
Owner Relationship Details	record) Attach most recent site visit document	
Other Pharmacies Owned	Browse	
Insurance	Has the license of this pharmacy (current NCPDP #) ever been suspended or revoked? *	Yes No
Pharmacist In-Charge	there employ	0 0
Pharmacy Licenses / Certifications / Accreditations	ir yes, explain.	
Sanctions Exclusions Actions	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	Yes No
Practice Settings	yearsr -	
Immunizations	lf yes, explain.	
Clinical Services	Have any disciplinary actions against this pharmacy (current NCPDP #) been recorded by	Ves No
Compounding	the State Board of Pharmacy in the past 10 years? *	0 0
	If Yes, Is this a result of an inspection?	Yes No
	If Yes, Provide copy of inspection report.	Browse
	Has the DEA registration of this pharmacy (current NCPPD #) been suspended or revoked in the past 10 years? *	Yes No
	lf 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? $^{\star}$	Yes No
	If yea, 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	Browse
	Cancel	Next
	Click here to Submit without completing Part II	

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

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- 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.

Part I Part II	Verify And Submit						
Additional Pharmacy Detail	1234567 My Pharmacy						
Ownership & Control	Taxonomy Codes	s and Pharmacy P	Practice Settings	with % of Rx Volur	ne 📵		
Owners & Control Entities	(% based on script cou	nt)					
Owner Relationship Details							
Other Pharmacies Owned	Clinic Pharmacy (33	36C0002X)	0	Customized Equipment	t (332BC3200X)	% 🚺	
nsurance	University Health	System Pharmacy	% 🚺	Dialysis Equipment (33	2BD1200X)	% 🚺	
	Hospital Affiliate	d Clinic	% 🚺	DME (332B00000X)		% 🚺	
Pharmacist In-Charge	All other Clinical	Pharmacy Categories	% 🚺	Nursing Facility Supplie	es (332BN1400X)	% 🚺	
harmacy Licenses /	Community/Retail (	3336C0003X)	% 🕕	Oxygen Equipment (33	2BX2000X)	% 🚺	
	Compounding Phare	nacy (3336C0004X)	% 🕚	Parenteral and Enteral (3328P3500X)	Nutrition	% 🚺	
anctions Exclusions Actions	Home Infusion (333	6H0001X)	% 🚺	(332BF3300X)			
ractice Settings	Indian Health Servic Health (332800000)	e/Tribal/Urban Indian K)	% 🚺				
mmunizations	Institutional Pharma	acy (3336l0012X)	% 🚺		Total Percenta	ige: <u>0</u> %	
linical Services	Long Term Care (33	36L0003X)	0				
ompounding	Assisted Living		% 🚺				
	On-Site Nursing	Home	% 🕕				
	All other Long Te	rm Care Categories	% 🕕				
	Mail Order (3336M0	002X)	% 🚺				
	Managed Care Phar	macy (3336M0003X)	% 🚺				
	Military Pharmacy (	332000000X)	% ()				
	Nuclear Pharmacy (	3336N0007X)	% ()				
	Pharmacy (3336000)	000X)					
	Specialty Pharmacy	(3336S0011X)	% 🚺				
	Veterans Health Add (332100000X)	ninistration	% ()				
	Primary Taxonomy			Primary Provider			
	Code*	Community/Retail (3336)	C0003X) *	Туре*	Community/Retail (333	6C0003X)	•
				Secondary Provider Type	Please Select		•
				Tertiary Provider Type	Please Select		*
	Note: 1. Check as many taxon 2. Enter the % of Rx volu 3. The Pharmacy taxon purposes only.	omy code boxes as applica me (by script count) for ea my code (333600000X) is	able to your pharmacy. ch box checked. pre-selected and can on	ly be used in the Primary Taxo	nomy Code field, which is	s used for EFIO	
	Cancel					Next	
	Click here, to Submit with	out completing Part II.			Pend	Submit	

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- 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 pf 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).



% based on script count)			
<ul> <li>based on script count)</li> <li>Clinic Pharmacy (3336C0002X)</li> <li>University Health System Pharm Hospital Affiliated Clinic</li> <li>All other Clinical Pharmacy Cata</li> <li>Community/Retail (3336C0003X)</li> <li>Compounding Pharmacy (3336C00</li> <li>Home Infusion (3336H0001X)</li> <li>Indian Health Service/Tribal/Urban Health (332800000X)</li> <li>Institutional Pharmacy (333610012</li> <li>Long Term Care (3336L0003X)</li> <li>Assisted Living On-Site Nursing Home All other Long Term Care Categ</li> <li>Mail Order (3336M0002X)</li> <li>Managed Care Pharmacy (3336M0007X)</li> <li>Wiclear Pharmacy (333600000X)</li> <li>Pharmacy (333600000X)</li> </ul>	0 nacy % 0 agories % 0 75 % 0 1004X) 15 % 0 1 Indian % 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Customized Equipment (332BC3200X) Dialysis Equipment (332BD1200X) Mursing Facility Supplies (332BN1400X) Oxygen Equipment (332BX2000X) Parenteral and Enteral Nutrition (332BP3500X) Total Perc	entage: 100 %
Veterans Health Administration (332100000X) Primary Taxonomy Code*	Retail (3336C0003X)	Primary Provider Type* Secondary Provider Type* COMPOUNDING PF Tertiary Provider Type* DURABLE MEDICAT	AIL AIL ARMACY
lote: . Check as many taxonomy code boxe . Enter the % of Rx volume (by script c . The Pharmacy taxonomy code (3334 urposes only.	es as applicable to your pharmac count) for each box checked. 500000X) is pre-selected and can	y. s only be used in the Primary Taxonomy Code field, whi	ch is used for EFIO

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.

Parti	Verity And Submit	
Additional Pharmacy Detail	1234567 My Pharmacy	
Ownership & Control	Immunizations	
Owners & Control Entities	Does this pharmacy provide vaccinations and/or immunizations?*	
Owner Relationship Details	O Yes	
Other Pharmacies Owned	O No	
Insurance		
Pharmacist In-Charge		
Pharmacy Licenses / Certifications / Accreditations		
Sanctions Exclusions Actions		
Practice Settings		
Immunizations		
Clinical Services		
Compounding	Cancel	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.

Part I	Verify And Su	Ibmit							
Additional Pharmacy Detail	1234307 My Pila	пасу							
Ownership & Control	Immunizati	ons							
Owners & Control Entities	Mass Im	munization Provider #*	Mass Immu	nization Provider No					
Owner Relationship Details	(il you do not nave	one, enter 0000 (4 zeroes))							
ther Pharmacies Owned	First Name	Certified Immunization Pharmacist(CIP)*	First Name						
surance	Middle Name	Certified Immunization Pharmacist(CIP)	Middle Initia	I					
harmacist In-Charge									
harmacy Licenses / ertifications / Accreditations	Last Name	Certified Immunization Pharmacist(CIP)*	Last Name						
anctions Exclusions Actions	On what da admi	te were you certified to nister Immunizations?*				Note:			
ractice Settings	Through which	accreditation authority				your info	ormation.	utton atter entering	
1	did you	acquire certification?*	Certified By			After yo	u click the Add b	utton, your entry will	
nmunizations						be displa	ayed in the grid b	elow.	
linical Services	Immunization	Date*			Ē	click the	add button agai	n.	
ompounding	Immu	nization Certificate File Attachment	Choose Fi	le				Add	
	Certified Imn	nunization Pharma	cists (CIP) for	this Pharmacy					
	Mass Immunization Provider #	Name	Date Certified	Accreditation Authority	Certificate Attac	chment	Exp Date	Action	
				No records to display	:				~
									~
	🖍 Edit 🕚 Del	ete							
	Cancel	Back						Next	
							Pend	Submit	
	Click here, to Sub	mit 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)

& Control	Immunizati	ons			
Control Entities	This pharmacy a	dministers:			
tionship Details	On Site	Off Site	Both	Does Not Administer	
macies Owned	0	0	0	0	Influenza-TAIV (Flu Shot) vaccines*
	0	0	0	0	Influenza-LAIV (Intranasal Flu) vaccines*
t In-Charge	0	0	0	0	Pneumococcal (PPV, PCV) vaccine(s)*
Licenses /	0	0	0	0	Zoster (Shingles) vaccine*
ns / Accreditations	0	0	0	0	Polio (IPV) vaccine*
Exclusions Actions	0	0	0	0	Human Papillomavirus (HPV) vaccine*
ttings	0	0	0	0	Verially (Chickense) version
ons	0	0	0	0	Varicella (Chickenpox) vaccine*
vices	0	0	0	0	Hepatrits A & B vaccine(s)*
	0	0	0	0	Maningsconceal vaccinest
-9	0	0	0	0	Tenaler vacines
	0	0	0	0	
	0	0	0	0	
	0	0	0	0	COMVAX*
	0	0	0	0	ENGERIX-B*
	0	0	0	0	GARDASE*
	0	0	0	0	HAVEN'
	0	0	0	0	HIRTITER*
	0	0	0	0	IMOVAX RABIES*
	0	0	0	0	IPOL*
	0	0	0	0	JE-VAX*
	0	0	0	0	MENACTRA*
	0	0	0	0	MENOMUNE-A/C/Y/W-135 VIAL*
	0	0	0	0	MERUVAX II VACCINE/DILUENT*
	0	0	0	0	M-M-R II*
	0	0	0	0	M-R-VAX II*
	0	0	0	0	MUMPSVAX*
	0	0	0	0	PEDVAXHIB*
	0	0	0	0	PROQUAD VIAL*
	0	0	0	0	RABAVERT RABIES*
	0	0	0	0	RECOMBIVAX*
	0	0	0	0	ROTATEQ VACCINE*
	0	0	0	0	TWINRIX VACCINE*
	0	0	0	0	TYPHIM*
	0	0	0	0	TYPHOID*
	0	0	0	0	VAQTA*
	0	0	0	0	VARIVAX VACCINE W/DILUENT*
	0	0	0	0	VIVOTIF BERNA*
	0	0	0	0	YF VAX*
	0	0	0	0	ZOSTAVAX VIAL*
	Do you roster	bill for the adminis	stration of Influ	enza and Pneumonococcal	vaccines?  Ve
	If Yes, Explain administration	the billing softwar of immunizations	e and protocol	used to obtain reimbursem	ent for the If yes, explain.

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- 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**

Additional Pharmacy Detail	1234567 My Pharmacy			
Ownership & Control	<b>Clinical Services</b>			
Owners & Control Entities	Does this pharmacy provid	e clinical management services? *		
Dwner Relationship Details	O Yes			
Other Pharmacies Owned	O No			
insurance	Comisso Includes			
Pharmacist In-Charge	Services include.			
Pharmacy Licenses / Certifications / Accreditations	HIV/AIDS Diabetes Injections	Asthma Geriatric Nutrition	Blood Pressure Hyperlipidemia Respiratory	
Sanctions Exclusions Actions	Lipid Testing Renal	Oncology MS	Rheumatoid Arthritis Hemophelia	
Practice Settings	Transplant	Hepatitis C	RSV prophylaxis	
immunizations	merony	Srowar Hormone		
Clinical Services				
Compounding	Cancel			Next

- 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 I Part II	Verify And Submit	
Primary Information	1234567 My Pharmacy	
Address	Other Services 0	
NPI Information	Physical Location Accepts E-Prescriptions*	Physical location accepts NCPDP SCRIPT Transactions
State Board License		
DEA License	Physical Location Delivery Service*	Physical location offers free prescription delivery service *
Tax Information		
Medicaid / Medicare	Physical Location Compounding Service*	Physical location offers high complexity sterile compounding 🔹
Class Designation	Physical Location Drive-Up Window*	Physical location has one or more drive-up windows for presc *
Services		
Taxonomy Codes	Physical Location Durable Medical Equipment*	Physical location is accredited to provide DME limited to phar 🔻
Contact Details		
Other Documents	Pharmacy Location Walk-In Clinic*	Physical location does not have on-site walk-in clinic *
FWA	Physical Location 24Hr Emergency Service*	Physical location does not offer 24 hour emergency service *
	Rhusiaal Laastian Multi-Dana Compliance Paskaningt	Physical location offers multi-dose compliance packaging to

(Part 1 – 3<sup>rd</sup> 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).

Additional Pharmacy Detail	1234567 My Phar	macy				
Ownership & Control	Clinical Se	rvices				
Owners & Control Entities	Clinical Services	offered:				
Owner Relationship Details	Appt	Walk-In	Both	Not Offered		
Other Pharmacies Owned	0	0	0	0	HIV/AIDS*	
Insurance	0	0	0	0	Asthma*	
Pharmasist In Charge	0	0	0	0	Blood Pressure*	
Filamiacist in-Gilarge	0	0	0	0	Diabetes*	
Pharmacy Licenses / Certifications / Accreditations	0	0	0	0	Geriatric*	
Sanctions Exclusions Actions	0	0	0	0	Hyperlipidemia*	
Densities Continue	0	0	0	0	Injections*	
Practice Settings	0	0	0	0	Nutrition*	
Immunizations	0	0	0	0	Respiratory*	
Clinical Services	0	0	0	0	Lipid Testing*	
Compounding	0	0	0	0	Oncology*	
	0	0	0	0	Rheumatoid Arthritis*	
	0	0	0	0	Renal*	
	0	0	0	0	MS*	
	0	0	0	0	Hemophelia*	
	0	0	0	0	Transplant*	
	0	0	0	0	Hepatitis C*	
	0	0	0	0	RSV prophylaxis*	
	0	0	0	0	Infertility*	
	0	0	0	0	Growth Hormone*	

- 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  $1 - 3^{rd}$  page on Services Tab, Physical Location Compounding question):

Part I Part II	Verify And Submit	
Primary Information	1234567 My Pharmacy	
Address	Other Services 0	
NPI Information	Physical Location Accepts E-Prescriptions*	Physical location accepts NCPDP SCRIPT Transactions
State Board License		
DEA License	Physical Location Delivery Service*	Physical location offers free prescription delivery service *
Tax Information		
Medicaid / Medicare	Physical Location Compounding Service*	Physical location offers high complexity sterile compounding •
Class Designation	Physical Location Drive-Up Window*	Physical location has one or more drive-up windows for presc *
Services		
Taxonomy Codes	Physical Location Durable Medical Equipment*	Physical location is accredited to provide DME limited to phar $\   \bullet \  $
Contact Details		
Other Documents	Pharmacy Location Walk-In Clinic*	Physical location does not have on-site walk-in clinic *
FWA	Physical Location 24Hr Emergency Service*	Physical location does not offer 24 hour emergency service *
	Physical Location Multi-Dose Compliance Packaging*	Physical location offers multi-dose compliance packaging to

- 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
	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
Simple	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.
	**In some states reconstituting commercial products is not defined as compounding.
Moderate	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.
Complex	These preparations require special training, equipment, facilities, or procedures. This includes transdermal or modified-release preparations.



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

Part I N Part II	Verify And Submit			
dditional Pharmacy Detail	1234567 My Pharmacy			
wnership & Control	Compounding			
wners & Control Entities	Provide an annual de la circa de	Fotos description have		
wner Relationship Details	Describe your compounding business*	Enter description here		
ther Pharmacies Owned	Is this pharmacy accredited for compounding?*		Yes	No
surance	If Yes, which accreditation?	Enter description here		
harmacist In-Charge			-	
harmacy Licenses / ertifications / Accreditations	If Yes, accreditation certificate (file attachment)	J	Browse	·
anctions Exclusions Actions	Does your pharmacy have compound marketing materials?*		Yes O	No
ractice Settings	If Yes, please provide all marketing materials related to compounding (file attachment)		Browse	
nmunizations	Description of the second s		Yes	N
inical Services	Does your pharmacy have a sales torce /*		0	C
ompounding	If Yes, please provide detailed information if they are employees or contractors (1099) (file attachment)		Browse	
	Does your pharmacy have pre-printed prescriptions?*		Yes O	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?* 0		Yes	N
	If Yes please provide the Policy and Procedures (P&P) (file attachment)		Browse	1

- 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	No ()
f Yes, please provide a copy of each Standard Operating Procedure (SOP) (file attachment)		Browse	
Does your pharmacy provide compounds to be dispensed or to be sold by other parties?*		Yes	No
f Yes, please provide the Policy and Procedures (P&P) (file attachment)		Browse	
Does your pharmacy have Material Safety Data Sheets (MSDS sheets) and a P&P for accessing them?*		Yes 〇	No ()
f Yes, please provide the Policy and Procedures (P&P) (file attachment)		Browse	
Does your pharmacy submit a Usual and Customary (U&C) price?*		Yes	No
f Yes, please provide the Policy and Procedures (P&P) (file attachment)		Browse	
Does your pharmacy compound only prescriptions for specific patients after prescriptions are received by doctors?*		Yes	No ()
f Yes, please explain any times that you may compound under other circumstances	Enter description here		
Does your pharmacy engage in anticipatory compounding?*		Yes O	No ()
f Yes, please provide the Policy and Procedures (P&P) (file attachment)		Browse	
Does your pharmacy compound any other pharmacy's trademarked or patented compound $(s)?^{\star}$		Yes	No ()
f Yes, please provide additional information	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	No ()
f Yes, please provide an example	Enter description here		
Cancel		Nex	xt
	Pend	Subr	mit

- 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**

knowledgement	
I certify that the information provided to NCPDP in this profile is true and correct to the best of my knowle	dge. Must be checked to submit
te : 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 sin- Credentialing Resource to gather pharmacy credentials. These standardized credentialing requirements in	gle source for payors who subscribed to NCPDP's resQ™ Pharmacy
Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP prof completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires you	y to submit and maintain your credentialing information independently file means performing a thorough review of the data in the profile for r pharmacy to credential at minimum annually.
Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP prof completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires you I have reviewed and verified all my data and documents to be current and correct and wish to credential m Click here to view missing documents required for credentialing.	y to submit and maintain your credentialing information independently file means performing a thorough review of the data in the profile for r pharmacy to credential at minimum annually.
Pharmacies as well as CMS regulations. By providing your credentialing information, you may avoid having with each single network/pay or/with whom you participate. Credentialing as it relates to your NCPDP prof completeness and accuracy, and making sure all licenses are up to date and current. NCPDP requires you I have reviewed and verified all my data and documents to be current and correct and wish to credential m Click here to view missing documents required for credentialing.	y to submit and maintain your credentialing information independently file means performing a thorough review of the data in the profile for r pharmacy to credential at minimum annually. y profile as of this date:

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 payers 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".

owledgement			
certify that the information provid	led to NCPDP in this profile is true and correc	at to the best of my knowledge.	
: Your record does not have a Cr	edential as of Date.		
redentialing is an industry require redentialing Resource to gather p harmacies as well as CMS regula ith each single network/pay or/wi mpleteness and accuracy, and m	ement on many levels. Your NCPDP online ph harmacy credentials. These standardized cre tions. By providing your credentialing inform th whom you participate. Credentialing as it naking sure all licenses are up to date and cu	armacy profile offers a single source for payor edentialing requirements in your profile were de ation, you may avoid having to submit and main relates to your NCPDP profile means performin rrent. NCPDP requires your pharmacy to creder	s who subscribed to NCPDP's res0 <sup>th</sup> Pharmacy trived through consensus of PSAOs, PBMs, and tain your credentialing information independently g a thorough review of the data in the profile for tial at minimum annually.
have reviewed and verified all my	data and documents to be current and corre	ct and wish to credential my profile as of this d	ate: 12/16/2016
Sancel Back			Sub
		Primary Information	
Pharmacy NCPDP # 1234567	DBA Name My Pharmacy	Pharmacy Legal Name MyPharmcies, LEC	Store Number
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016	DBA Name My Pharmacy Store Closing Date	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016	Store Number Pharmacy Email
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016	DBA Name Mý Pharmacy Store Closing Date Pharmacy Key 1234	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016	Store Number Pharmacy Email
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address	Store Number Pharmacy Email
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City	Store Number Pharmacy Email State
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale	Store Number Pharmacy Email State Arizona
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street Zip Code	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2 Phone Number	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale Extension	Store Number Pharmacy Email State Arizona Fax
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street Zip Code 85259	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2 Phone Number (123)456-7890	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale Extension	Store Number Pharmacy Email State Arizona Fax (111)222-3333
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street Zip Code 85259 MSA Code	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2 Phone Number (123)456-7890 PMSA Code	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale Extension Congressional District	Store Number Pharmacy Email State Arizona Fax (111)222-3333 Cross Street or Directions 1et & Main
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street Zip Code 85259 MSA Code County/Parish Code 33025	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2 Phone Number (123)456-7890 PMSA Code	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale Extension Congressional District	Store Number Pharmacy Email State Arizona Fax (111)222-3333 Cross Street or Directions 1st & Main
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street Zip Code 85259 MSA Code County/Parish Code 53025	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2 Phone Number (123)456-7890 PMSA Code	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale Extension Congressional District Mailing Address	Store Number Pharmacy Email State Arizona Fax (111)222-3333 Cross Street or Directions 1st & Main
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street Zip Code 85259 MSA Code County/Parish Code 53025 Address 1 123 Main Street	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2 Phone Number (123)456-7890 PMSA Code Address 2	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale Extension Congressional District Mailing Address City Scottsdale	Store Number Pharmacy Email State Arizona Fax (111)222-3333 Cross Street or Directions 1st & Main State Arizona
Pharmacy NCPDP # 1234567 Open Effective Date 11/1/2016 Last Update Date 11/24/2016 Address 1 123 Main Street Zip Code S3025 Address 1 123 Main Street Z3 Main Street Z3 Main Street	DBA Name My Pharmacy Store Closing Date Pharmacy Key 1234 Address 2 Phone Number (123)456-7890 PMSA Code Address 2 Address 2	Pharmacy Legal Name MyPharmcies, LEC Create Date 6/14/2016 Physical Address City Scottsdale Extension Congressional District Mailing Address City Scottsdale Extension	Store Number Pharmacy Email State Arizona Fax (111)222-3333 Cross Street or Directions 1st & Main State Arizona Erv:

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Completing the Verify and Submit page:

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

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
te : Your record does not hav	e a Credential as of Date.	
credendaling is an industry r	equirement on many levels. Your Nor Dr online pharmacy profile offers a single source for payo	ors who subscribed to NGPDP's result Pharmacy
Credentialing Resource to ga Pharmacies as well as CMS i with each single network/pay completeness and accuracy,	ther pharmacy credentials. These standardized credentialing requirements in your profile were regulations. By providing your credentialing information, you may avoid having to submit and ma or/with whom you participate. Credentialing as it relates to your NCPDP profile means perform and making sure all licenses are up to date and current. NCPDP requires your pharmacy to cred	derived through consensus of PSAOs, PBMs, and aintain your credentialing information independently ing a thorough review of the data in the profile for lential at minimum annually.
Credentialing Resource to ga Pharmacies as well as CMS r with each single network/pay completeness and accuracy, I have reviewed and verified	ther pharmacy credentials. These standardized credentialing requirements in your profile were 'egulations. By providing your credentialing information, you may avoid having to submit and ma or/with whom you participate. Credentialing as it relates to your NCPDP profile means perform and making sure all licenses are up to date and current. NCPDP requires your pharmacy to cred all my data and documents to be current and correct and wish to credential my profile as of this	derived through consensus of PSAOs, PBMs, and aintain your credentialing information independently ing a thorough review of the data in the profile for lential at minimum annually. date:
Credentialing Resource to ga Pharmacies as well as CMS i with each single network/pay completeness and accuracy, I have reviewed and verified Click here to view missing do	ther pharmacy credentials. These standardized credentialing requirements in your profile were regulations. By providing your credentialing information, you may avoid having to submit and may or/with whom you participate. Credentialing as it relates to your NCPDP profile means perform and making sure all licenses are up to date and current. NCPDP requires your pharmacy to cred all my data and documents to be current and correct and wish to credential my profile as of this cuments required for credentialing.	derived through consensus of PSAOs, PBMs, and aintain your credentialing information independently ing a thorough review of the data in the profile for lential at minimum annually. date:
Credentialing Resource to gs Pharmacies as well as CMS i with each single network/pay completeness and accuracy, I have reviewed and verified : Click here to view missing do Cancel Back	ther pharmacy credentials. These standardized credentialing requirements in your profile were regulations. By providing your credentialing information, you may avoid having to submit and mi or/with whom you participate. Credentialing as it relates to your NCPDP profile means perform and making sure all licenses are up to date and current. NCPDP requires your pharmacy to cred all my data and documents to be current and correct and wish to credential my profile as of this cuments required for credentialing.	derived through consensus of PSAOs, PBMs, and aintain your credentialing information independently ing a thorough review of the data in the profile for lential at minimum annually. date:

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

Part I	Part II Verify And Submit
234567 My Ph	armacy
Acknowle	igement
I certify th	at the information provided to NCPDP in this profile is true and correct to the best of my knowledge.
Note : Your r	acord does not have a Credential as of Date.
Credentia Credentia Pharmaci with each complete	ing is an industry requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ <sup>™</sup> Pharmacy ing Resource to gather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and so as well as CMS regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently 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 tess and accuracy, and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.
🗆 I have rev	ewed 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 SU	MMARY

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3. 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.

Missing Credential Documents       ×         Part II       •         1. Insurance - Insurance Policy Document Attachment       •         2. Owner and Control Entities - Owner's Pharmacist License Attachment       •         2. Owner and Control Entities - Owner's Pharmacist License Attachment       •         Click here to view missing documents required for credentialing.       •	knowledgement	and correct to the best of my knowledge
Click here to view missing documents required for credentialing.	Missing Credential Documents  Part II  1. Insurance - Insurance Policy Document Attachment 2. Owner and Control Entities - Owner's Pharmacist License  Attachment	And correct to the best of my knowledge. In provide the provide offers a single source for payors who subscribed to NCPDP's resQ <sup>™</sup> Pharmacy ed crementialing requirements in your profile were derived through consensus of PSAOs, PBMs, and formation, you may avoid having to submit and maintain your credentialing information independently as it relates to your NCPDP profile means performing a thorough review of the data in the profile for profile urrent. NCPDP requires your pharmacy to credential at minimum annually.
	Click here to view missing documents required for credentialing.	correct and wish to credential my profile as of this date:

4. 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.

67 My Pharmacy	
knowledgement	
] I certify that the information	rovided to NCPDP in this profile is true and correct to the best of my knowledge.
lote : Your record does not hav	a Credential as of Date.
Inte : Your record does not hav Credentialing is an industry of Credentialing Resource to ga Pharmacies as well as CMS of with each single network/pay completeness and accuracy.	a Credential as of Date. quirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ <sup>™</sup> Pharmacy her pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and igulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently 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 and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.
Inte : Your record does not have Credentialing is an industry of Credentialing Resource to ga Pharmacies as well as CMS of with each single network/pay completeness and accuracy.	a Credential as of Date. quirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ <sup>76</sup> Pharmacy her pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSADs, PBMs, and gulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently 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 and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually. If my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016
Inte : Your record does not have Credentialing is an industry of Credentialing Resource to ga Pharmacies as well as CMS of with each single network/pay completeness and accuracy. It have reviewed and verified of Cancel Back	a Credential as of Date. quirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ <sup>™</sup> Pharmacy her pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and gulations. By providing your credentialing information, you may avoid having to subnit and maintain your credentialing information independently 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 and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually. If my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016





- 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"

knowledgement	
I certify that the informatio	provided to NCPDP in this profile is true and correct to the best of my knowledge.
Note : Your record does not h	ve a Credential as of Date.
Credentialing is an industry Credentialing Resource to Pharmacies as well as CMS with each single network/p	requirement on many levels. Your NCPDP online pharmacy profile offers a single source for payors who subscribed to NCPDP's resQ <sup>TM</sup> Pharmacy ather pharmacy credentials. These standardized credentialing requirements in your profile were derived through consensus of PSAOs, PBMs, and regulations. By providing your credentialing information, you may avoid having to submit and maintain your credentialing information independently y 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 , and making sure all licenses are up to date and current. NCPDP requires your pharmacy to credential at minimum annually.
completeness and accurac	
completeness and accurac I have reviewed and verifie	all my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016
completeness and accurac I have reviewed and verifie Cancel Back	all my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016
completeness and accurac I have reviewed and verifie Cancel Back	all my data and documents to be current and correct and wish to credential my profile as of this date: 12/16/2016

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.	
	ОК



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

Part I Part II	Verify And Submit		
1234567 My Pharmacy			
The following items are missing. Y	You must resolve before submitting.		
Part II - Insurance (2)			•
Cancel			
Click here, to Submit without c	completing Part II.		

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

he following items are missing. You must resolve before submitting.	
art II - Insurance (2)	(
lease fill professional liability insurance carrier. lease select insurance expiration date.	Go
Cancel	介

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



dditional Pharmacy Detail	1234567 My Pharmacy		
wnership & Control	Insurance		
wners & Control Entities	Professional Liability Insurance Carrier*		
wner Relationship Details			
ther Pharmacies Owned	Professional Liability Insurance Policy Number*	1258979	
isurance	Professional Liability Insurance Expiration Date *		
harmacist In-Charge			
harmacy Licenses / ertifications / Accreditations	Professional Liability Insurance File Attachment	Browse	
anctions Exclusions Actions	Amount Per Occurrence*	\$ 5000.00	
ractice Settings			
nmunizations	Aggregate (Excluding Umbrella Policy)*	\$ 1000.00	
linical Services	Additional Excess/Umbrella Policy Amount?	\$ 0.00	
ompounding			
	Cancel		Next

- 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 <u>455.101</u> 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 <u>455.102</u> 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 <u>455.104</u> for: a) Who must provide disclosures and (b) What disclosures must be provided.

(Source 42 CFR <u>455.104(b)(4)</u>. Regarding disclosure of managing employees)

(Source 42 CFR <u>455.104(b)(2)</u>. 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:

you've selected a compa	ny, you need to fill in the company's information.		
The CMS 455 regulation re	quires the disclosure of Ownership and Control information.		
THE OWNERSHIP AND COI COMPANY (IF THE PHARM EMPLOYEE IS ALSO REQUI	NTROL OWINER ENTITY SECTION REQUIRES AT LEAST ONE C IACV IS OWNED BY A PARTNERSHIP, LLC, CORPORATION, OF RED TO BE ENTERED.	WINER ENTITY RECORD. THAT OWNE R OTHER TYPE OF COMPANY). FOR A	R RECORD CAN BE FOR AN INDIVIDUAL OWNER OR A BUSINESS ENTITY RECORD, AT LEAST ONE MANAGINI
List the identity of ANY Bus	iness Entity (partnership, Ilc, corporation, etc.) with a direct or	r 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 owne	rship interest".
See also 42 CFR 455.102 fc	r information regarding determination of ownership control p	ercentages.	
Click here for links to the ab	pove mentioned 42 CFR 455 regulation and related sub parts.		
The address for corporate e	entities must include, as applicable, primary business address	I.	
To complete the Ownership	o and control section you must:		
<ol> <li>Enter all owners. For a to be entered.</li> </ol>	business entity record (i.e. partnership, llc, corporation or oth	her type of business as opposed to an	individual) at least one managing employee is required
2. Direct ownership cann	not exceed 100%. This calculation includes all records in this s a direct supership to exceed 100%	section in which it has been indicated t	he owner is a direct owner. You will not be able to save
3. You must enter all req	uired information for each record (* next to the field) including	g SSN and DOB.	
This ownership / control entity is a*	Direct Owner     .	Address 1* 🚺	123 main Street
	O Indirect Owner	Address 2 0	Address 2
	O Subcontractor in which the pharmacy owns a 5% 0		
	or more interest	City* 📵	scottsdale
% of Ownership* 🕔	25		
		State* (1)	Arizona
Entity Legal Name* 🕚	XYZ Corpoartion	Zip* 🕚	85260
Entity DBA Name* 🟮	XYZ Pharmacies		
wner FEIN Document			
	Browse		
Federal Employer Identification Number () (FEIN)*	123456789 ×	)	
~			
		1	
Ownership/Co	ntrol in Another Pharmacy 🏮 💿 Yes 🔿 No 🛛 🧲		


#### If the owner is an individual:

Owner & Control	Entities - Individual					
As you've selected an	Individuel, you need to fill in an individual	s information.				
The CM8 455 regula	ation requires the disclosure of Ownership an	d Control Information.				
THE OWNERSHIP A EMPLOYEE OF THE	ND CONTROL OWNER ENTITY SECTION REQ RHARMACY IS ALSO REQUIRED TO BE ENTE	URES AT LEAST ONE OWNER ENT. RED.	TY RECORD. AT LEAST ONE MANAGING			
For Individuals: List the identity of Al officers and director	NY INDIVIDUAL with a DIRECT OR INDIRECT ( s).	OWNERSHIP OR CONTROL INTERE	ST in the pharmecy (including corporate			
Collected Social Sec Information reside w 27000.	with Numbers and Date of Birth data is imme (thin a highly secure HIPAA compliant enviro	diately encrypted upon submission rment with stringent information p	n. The encompassing Application and olicies cartified by both ISO 20000 and ISO			
See 42 CFR 455.101 42 CFR 455.102 for	for the definition of "person with an ownershinformation regarding determination of owner	ip or control interest", "ownership ir ship and control percentages.	nterest" and "Indirect ownership Interest" and			
List ANY MANAGING (Source 42 CFR 455	EMPLOYEE of the pharmacy 104(b)(4). See 42 CFR 455.101 for the definit	ion of "managing employee").				
List ANY SUBCONTR (Source 42 CFR 455	ACTOR in which the phermacy has a 5% or m 104(b)(2)).	ore interest.				
Click here for links to	the above mentioned 42 CFR 455 regulation	and related sub parts.				
To complete the Ow 1. Enter all owner 2. Direct ownersh	nership and control section you must: a. At least one managing employee is require in carnet exceed 100%. This calculation inclu-	d to be entered.	high it has been indicated the owner is a direct			
owner. You will 3. You must enter	not be able to save a record that will cause d all required information for each record (* ne	irect ownership to exceed 100% at to the field) including SSN and D	IOB.			
This ownership / control entity is at	Direct Owner	Address 1* 6	12 mlam st			
	O Has no ownership	Address 2 0	Address 2			
	O Subcontractor in which the pharmacy		mesa			
	owns a 5% or more interest	State*	Arizona *			
% of Ownership* 🌖	5					
First Name*	Mary	210- 0	85260			
Middle Name	Middle Initial					
Lest Name*	Smith					
Title*	Owner	*				
		-				
The Effective Date"	11/2//2016	н				
Date of Birth* 💿	300/100/10000					
Number*	•••••					
If you have not been essi	gned an SSN, check here to enter Individual Texpayer Identification Number (ITIN)		Number			
Individual Tax Id Number	Individual Tax Id Number		Convicted of Criminal Offer	nse* 🔿 Yes	No	
Convict	ted of Criminal Offense* O Yes @ N					
Ownership/Contro	ol in Another Pharmacy*	•	wnership/Control in Another Pharma	acy* 💿 Yes	○ No ┥	
Related to Another	Person with Ownership*	o Rela	ited to Another Person with Owners	ship* 🖲 Yes	⊖ No	
Owner Relations	hips					
Owner Name	Related Name	F	Ieletionship			
	Non	ecords to display:	^			
Other Pharmacie	es Owned					
Owner Name	NCPOP # Chain Code Name	Parent Organization	N # Address			
	Non	ecords to display:				
			~			
Cancel			Next			



# 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".

Tools		The Home Schere Contract of the Schere Scher
eports	♥ Relationships and Users	♥ Other Tools
Dispenser Class Codes	Manage Parent Organizations	Manage Communication
Provider Type Codes	Manage Relationships	View Archived Files
NPI Duplicate Report	Manage Remit and Reconciliation	License Expiry Reminder
Relationship Report	Manage Payment centers	
Financial Reconciliation Report	Manage Usera	User Mapping 🗸 🗸
Login Activity		Resources V
Pharmacy Activity	EFIO Tools	·
Profle completeness report	Finance Tools	· ·
Subscriber Options		
Subscriber Files Status		
NPI Deactivation report		
NPPES accept/reject report		
PaymentCenter Report		
Reconciliation Report		
ParentOrganization Report		
Hi-Level Usage Report(Logins)		
Hi-Level Usage Report (Activity)		
Missing Documents Report		

Under Tools> Manage Relationships

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

9 Active Relationship		Relationship Name	Contact Name	Relationship Type Name	Parent Organization Name	Ac	tion	
Inactive Relationship		ABC Solutions (777)	Sam Smith	Chain		1	Ċ	^
Actions 👻	d.					₽		101

Relationship Info



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

Relationship Info 🔺	Primary Information			
Total Pharmacies: 14	Relationshin ID	777	Type*	Chain
<ul> <li>View Associated Pharmacies</li> </ul>	Relationship to		type	Gran
Actions 👻	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*	○ Yes	/	
	Officer, Director or Owne	r	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*	хх/хх/хоох		
	Social Security Number*	•••••		
	If you have not been as	signed an SSN, check here to enter ITIN		
	Individual Tax Id Number	Individual Tax Id Number		
	Now requ	uired Federal Tax ID	Federal Tax ID	
		EIN file attachment	Choose file No file	chosen
	If you do not have an ele NCPDP. The NCPDP addr	ctronic copy, click here to print a cove ess and fax number is on the coversh	ersheet. Mail or fax the cover eet.	sheet with the confirmation letter to





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 assign	ned an SSN, check here to enter ITIN	
Individual Tax Id	Individual Tax Id Number	
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 <u>https://exclusions.oig.hhs.gov</u>:

AND	LUS Department	t of Health & Human Ser		Home •	FAQS • FOIA • Care	eers • HEAT • Contac	ctUs 😏
	Office of	Office of Inspector General			Report #, Top	bic, Keyword	Search
OR GIN	U.S. Departr	nent of Health	& Human Services		Advanced		
bout OIG	Reports &	Fraud	Compliance	Recovery Act	Exclusions	Newsroom	
bout OIG	Reports & Publications	Fraud	Compliance	Recovery Act Oversight	Exclusions	Newsroom	
Home > Exclusions							
Home > Exclusions	e Exclusions D	Database 🤒					
Home > Exclusions	e Exclusions D	Database P					
Home > Exclusions Search the Search For A	e Exclusions D	Database P	.)				
Home > Exclusions Search the Search For A	E Exclusions D An Individual	Database CLICK HERE	Entity	Itiple Entities			

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



ettmert of Health & Human Se e of Inspecte oartment of Health ns Fraud	or General a & Human Services Compliance	Recovery Act Oversight	Report #. To Advanced Exclusions	pic, Keyword Newsroom	Searc
Fraud ns	Compliance	Recovery Act Oversight	Exclusions	Newsroom	
Det lass 9					
is Database 💆					
ity 🤒					
Search For An Individual	I   🍈 Search For Multiple	e Individuals			
-					
	ns Database 🤗 ity 🤗 Search For An Individua	ns Database 👂 ity 🤒 Search For An Individual   👶 Search For Multiple	ns Database 🎐 ity 👂 Search For An Individual   👶 Search For Multiple Individuals	ns Database 🎐 ity 👂 Search For An Individual   👶 Search For Multiple Individuals	ns Database 🎐 ity 👂 : Search For An Individual   * Search For Multiple Individuals

- 2. Enter the pharmacy name.
- 3. Click the "Search" button.

	U.S. Depart	f Inspect ment of Healt	or General h & Human Services		Report #, To Advanced	opic, Keyword.	
bout OIG	Reports & Publications	Fraud	Compliance	Recovery Act Oversight	Exclusions	Newsroom	
Home > Exclusions							
Exclusion	s Search Resu	ılts: Entitie	s 🤒				
No Resi	ults were found for			_			
IV	o results are found, t	his individual or	entity (if it is an entity se	arch) is not currently	excluded. Print this	Web page for your	>
docum							

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: <u>http://uscode.house.gov/</u> United States Code Title 42: <u>Title 42, CHAPTER 7, SUBCHAPTER XI, Part A – General</u> <u>Provisions</u>

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 <u>42 U.S.C. § 1320a-7b</u>.