NCPDP Profile - Part 2
Training Guide
Version 1.05
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Introduction
Effective February 12, 2017, NCPDP will collect information related to the CMS 455 subpart B regulatory requirements, as well as, credentialing information. The effect to your NCPDP Profile to collect this additional information is described below.

Changes effective February 12, 2017
The original screens and fields that represent your profile up to February 11, 2017 are displayed on their own tab within what is now called “Part 1”.

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

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

Verify and submit screens have been moved to a third tab.
Here’s the breakdown on the new tab layouts:

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

As in Part 1:

- Red Asterisks indicate required fields,
- Clicking the “Next” button at the bottom of each page will lead you through the profile taking you from one screen to the next, saving your progress as you go.
- Clicking the “Pend” button will save your changes in the “My Pended Pharmacies” queue.
- Clicking the “Cancel” button will exit the profile. If changes have been made on the profile, they will be saved in the “My Pended Pharmacies” queue.
- Clicking the “Back” button will take you to the previous screen.
- Clicking the “Submit” button will take you to the “Verify and Submit” tab.
At the bottom of all Part II pages, is a link that says "Click here, to submit without completing Part II".

When clicked, the system allows any completed pages in Part II (where you have clicked the Next button after filling out the page) to be submitted, without requiring all of the pages of Part II to be completed.
Additional Pharmacy Detail
This screen is lengthy, so let's look at it in two sections.

Section 1:
Select the option that most closely described your pharmacy location:

Select the option that most closely described your pharmacy location:

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

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

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

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

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

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

- Pharmacy Software Vendor Name:
  If the pharmacy has multiple then we want the primary software vendor’s name.
- Pharmacy Software System Name:
  If the pharmacy has multiple then we want the primary software system name.
- Pharmacy Software Vendor Contact Name:
  This is the person’s name at the vendor that the pharmacy can contact or reach out to if need be. For example, the sales rep or support person.
- Data Switch Vendor Name:
  If the pharmacy has multiple then we want the primary one.
- Date of last pharmacy record update:
  Not editable, this is system generated and indicates the last date that the profile was updated.
- **Credentialed as of date:** Not editable, this is system generated.
  
  This is the date the pharmacy indicates (by checking a box on the “Verify and Submit” page) that they have reviewed their profile and made sure all required fields and uploaded documents are correct and current for credentialing purposes.

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

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

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

- Yes
- No

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this pharmacy a retail walk-in pharmacy that services the general public?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>If not open to the general public, select all types that apply.</td>
<td>Specialty</td>
</tr>
<tr>
<td>If selected “Other” or “Specialty” (above), please explain.</td>
<td>Text box</td>
</tr>
</tbody>
</table>
Section 2:

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.

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

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

- 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.

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

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

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.

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.).

![Select list of owner or control entity](image)

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

![Select list of owner or control entity](image)

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

![Title Drop Down List]

b) Enter the date the title became effective (best guess if unknown).

c) Enter the individual’s first and last name. Enter the middle name if the individual has one.

d) Enter the individual’s date of birth.

e) Enter the individual’s Social Security Number (SSN). If the individual has not been assigned a SSN, click the check box to enter the Individual Taxpayer ID (ITIN) and enter the ITIN of the individual.

f) Enter the individual’s home address including city, state and zip code.

g) IMPORTANT: Click the “Add” button.

h) When added, the individual will appear in the grid below the “Add” button.

Click the “Next” button proceed.

You will be asked if you want to add another owner or control entity.
• 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:
  o The Owner Relationship Details page. If any individual owners have been indicated to be related to one another.
  o The Other Pharmacies Owned page. If any owners have indicated ownership in other pharmacies and there are no owners indicated to be related to one another.

• If you checked “Yes” you will proceed back to the Owner & Control Entities page where you can add another ownership entity.
Owner & Control Entity – Individual

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

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

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

List ANY MANAGING EMPLOYEE of the pharmacy

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

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

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

To complete the Ownership and control section you must:

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

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

This DMR 455 regulation requires the disclosure of ownership and control information.

**The ownership and control owner entity record must at least one owner entity record. At least one managing employee of the pharmacy must also be recorded.**

For individuals:

List the identity of any individual with a direct or indirect owning or control interest in the pharmacy (including corporate officers and directors).

See 42 CFR 435.100 for the definition of "person with an ownership or control interest," "ownership interest," and "indirect ownership interest" and 42 CFR 400.102 for information regarding determination of ownership and control percentages.

List any managing employee of the pharmacy.

See 42 CFR 435.100 for the definition of managing employee.

List any subcontractor in which the pharmacy has a 5% or more interest.

Source: 42 CFR 488.100(2)(2).

Click here for links to the above mentioned 42 CFR 455 regulation and related subsections.

To complete the ownership and control section you must:

1. Enter all owners, at least one managing employee is required to be entered.
2. Direct ownership cannot exceed 100%.
3. If a record indicates 7% or more ownership, the pharmacist must verify the information.
   - The pharmacy must verify the information.
   - The pharmacy must verify the information.
   - The pharmacy must verify the information.
   - The pharmacy must verify the information.
   - The pharmacy must verify the information.

Completed Social Security Numbers and Dates of Birth data is immediately encrypted upon submission. The accompanying Application and Information is within a highly secured HIPAA compliant environment with all personal information and data certified by both ISO 27000 and ISO 27001.

**This ownership/ control entity is:***

- [ ] Direct Owner
- [ ] Has no control
- [ ] Indirect Owner
- [ ] Subcontractor in which the pharmacy owns 5% or more interest

**% of Ownership:**

- [ ] 51 - 60%
- [ ] 61 - 70%
- [ ] 71 - 80%
- [ ] 81 - 90%
- [ ] 91 - 100%

**First Name:** First Name

**Middle Name:** Middle Initial

**Last Name:** Last Name

**Title:** Title

**Date of Birth:** Date of Birth

**Social Security Number:** SSN

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

**Individual Tax ID Number:** Individual Tax ID Number

- [ ] Yes
- [ ] No

**Convicted of Criminal Offense:** Convicted of Criminal Offense

- [ ] Yes
- [ ] No

**Ownership/Control in Another Pharmacy:** Ownership/Control in Another Pharmacy

- [ ] Yes
- [ ] No

**Related to Another Person with Ownership:** Related to Another Person with Ownership

- [ ] Yes
- [ ] No

**Address 1:** Address 1

**Address 2:** Address 2

**City:** City

**State:** State

**Zip Code:** Zip Code

**Submit**

Click here, to Submit without completing Part II.
a) Click the radio button to indicate if this individual is a:
- direct owner
- indirect owner
- no ownership (such as managing employee)
- subcontractor in which the pharmacy has a 5% or more interest

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

b) Enter the percent of ownership (direct or indirect) or the percent of ownership the pharmacy has in the subcontractor. (See CFR 455.102 for information regarding determination of ownership control percentages) ownership CFR 455.101 for the definitions (including the definition of “person with an ownership or control interest”, “ownership interest” and “indirect ownership interest”). Note: Direct ownership cannot exceed 100%. This includes all records in the ownership sections (individual and company records which have been indicated to be direct owners). You will not be able to save a record that will cause direct ownership to exceed 100%.

c) Enter the individual's first and last name. Enter the middle name if the individual has one.

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

e) Enter the date the title became effective (best guess if unknown).

f) Enter the individual's date of birth.

g) Enter the individual's Social Security Number (SSN). If the individual has not been assigned a SSN, click the check box to enter Individual Taxpayer ID (ITIN) then enter the ITIN for the individual.

h) Check “Yes” or “No” to indicate if the individual has a criminal conviction related to involvement in any program under Medicare, Medicaid, or Title XX services programs since the inception of these programs.
i) Check “Yes” or “No” to indicate if the individual has ownership in another pharmacy(s).

j) Check “Yes” or “No” to indicate if the individual is related to another person with ownership or control in the pharmacy (as a spouse, parent, child or sibling).

k) Enter the individual’s home address including city, state and zip code.

Click the “Next” button.

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

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

- Yes
- No

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

Click the “Next” button to proceed:

a) If you answered “Yes” then you will proceed to the Owner & Control Entity - Pharmacist License page for this individual.

b) If you answered “No” then you will be asked if you want to add another entity.

- 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:
o The Owner Relationship Details page. If any individual owners have been indicated to be related to one another.
o 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.
o 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.

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.

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:
     o The Owner Relationship Details page. If any individual owners have been indicated to be related to one another.
     o 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.
     o 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

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.
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).
Other Pharmacies Owned

1234567 My Pharmacy

Other Pharmacies Owned

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

- Owner:
  - Chain Code of Other Chain Owned
  - Federal Tax ID Associated with Other Chain Code

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

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

- Pharmacy or Chain's Legal Name
- Pharmacy or Chain's Doing Business as Name
- NCPDP Number
- Chain Code
- NPI Number
- Address 1
- Address 2
- City
- State
- Zip Code

Other Pharmacies Owned

- Owner Name
- NCPDP #: NCPDP Number
- Chain Code
- Name
- Parent Organization (if applicable)
- FEIN #: Federal Tax ID
- Address
- Action

No results to display.

Click here to Submit without completing Part II.
An owner may have an ownership interest in a single pharmacy (NCPDP #) or group of pharmacies defined by an NCPDP Chain code (sometimes referred to as chain relationship id). Rather than type in all the information on the pharmacy or group of pharmacies, you may search on NCPDP # or Chain Code. The system knows all the pharmacies (NCPDP numbers) associated with a chain code; therefore you don’t have to enter all the pharmacies manually. When you add a chain code, all the pharmacies associated with that chain code will be associated as pharmacies owned. There are two search boxes on this page; one for NCPDP # and one for Chain Code. In order to retrieve information, all three fields in one of the search boxes must be filled out.

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

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

6. Click the “Add Chain Owned” button. The Chain is added and displayed in the grid below.
To indicate ownership in single pharmacy (NCPDP#):

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

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

If the system makes a match on NCPDP # and Tax ID, the information for that pharmacy (NCPDP #) will be displayed.
6. Click the “Add Pharmacy” button.
7. The pharmacy is added and displayed in the grid below.

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

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.

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:

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

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:

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

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

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.

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”.

Add License

Add License button

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

Additional Pharmacy Licenses/Certification

License # | Type | File Attachment | Exp Date | Action
--- | --- | --- | --- | ---

Click here to submit without completing Part II.

Cancel | Back | Next | Send | Submit
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.

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

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

Note: You must click the Add button after adding your information. Once you click Add button, your entry will be displayed in the grid below.
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.
Enter the date of the most recent site visit by the State Board of Pharmacy.
• Provide a copy of the site visit record. Click the “Browse” button to navigate to a copy of the document and upload it.
• Answer all the questions.
• Check either “Yes” or “No” in response to the question being asked.
• Some questions may require additional explanation depending on whether you answered them with a “Yes” or a “No”. In these cases, a text box for the explanation is provided directly below the question.
• If a document is required to be uploaded as a result of your answer to a question, click the adjacent “Browse” button to navigate to the file and upload it.
• The supporting documentation to contest a mistaken sanction (bottom of the page) is optional. If you want to upload such a document you may do so by clicking the “Browse” button to navigate to the file and upload it.

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

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

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.

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)

**1234567 My Pharmacy**

### Immunizations

This pharmacy administers:

<table>
<thead>
<tr>
<th>Disease</th>
<th>On Site</th>
<th>Off Site</th>
<th>Both</th>
<th>Does Not Administer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza TIV (Flu Shot)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Influenza LAIV (nasal spray)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Pneumococcal (PPV, PCV)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Zoster (Shingles)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Polio (IPV)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Hepatitis B &amp; Booster</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (T.T.P)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
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<tr>
<td>Meningococcal</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Travelers Vaccines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>AtIVax®</td>
<td>☐</td>
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<td>☑</td>
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<tr>
<td>GARDASIL®</td>
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<tr>
<td>SHINGRIX®</td>
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<tr>
<td>MAVAXYN®</td>
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<tr>
<td>TIVAX®</td>
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<tr>
<td>MEDIJETPAK®</td>
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<tr>
<td>MERASWIV®</td>
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<tr>
<td>POOL®</td>
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<tr>
<td>JEVAX®</td>
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<tr>
<td>MEOXACT®</td>
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<tr>
<td>MERAVAX ELIGENT®</td>
<td>☐</td>
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<tr>
<td>MAAAR IP</td>
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<tr>
<td>MRS VAX®</td>
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<tr>
<td>MRUPVAX®</td>
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<tr>
<td>PZVAX®</td>
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<tr>
<td>PROAVAX®</td>
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<tr>
<td>NVRADVAX®</td>
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<tr>
<td>BOCOMB®</td>
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<tr>
<td>ROTAVAX®</td>
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<td>☑</td>
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<tr>
<td>TYRINIX VAX®</td>
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<tr>
<td>TRAVAX®</td>
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<tr>
<td>TRIPVAX®</td>
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<tr>
<td>VAXQ®</td>
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<tr>
<td>VARYVAX®</td>
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<tr>
<td>VRVAX®</td>
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<tr>
<td>YTVAX®</td>
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<tr>
<td>ZOSTAVAX®</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Do you store Hill for the administration of Influenza and Pneumococcal vaccines?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If Yes, briefly describe the billing software and protocol used to obtain reimbursement for the administration of immunizations.

If Yes, explain:

---

**Click here to Submit without completing Part II.**
1. For each of the vaccinations/immunization listed on this page, you must indicate if it is administered:
   a. On Site
   b. Off Site
   c. Both On Site and Off Site
   d. Not administered at all

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

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

2. Answer the question at the bottom of the page regarding roster billing by clicking either “Yes” or “No”.

3. If you answer “Yes” to indicate you roster bill, you will be required to enter an explanation of the billing software and protocol used to obtain reimbursement.

4. Click the “Next” button to proceed to the **Clinical Services** tab.
Clinical Services

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

(Part 1 – 3rd page on Services Tab, Physical Location Compounding question):
Clinical Services (page 2)
The purpose of this page is to collect information regarding what clinical services are offered and the modality in which the services are offered (appointment, walk in, both).

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.

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

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.

<table>
<thead>
<tr>
<th>Level of Non-Sterile Compounding</th>
<th>Description</th>
</tr>
</thead>
</table>
| Simple                           | 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  
  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.

**Section 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
  - **If Yes, please provide a copy of each Standard Operating Procedure (SOP) (file attachment)**

- **Does your pharmacy provide compounds to be dispensed or to be sold by other parties?**
  - Yes
  - No
  - **If Yes, please provide the Policy and Procedures (P&P) (file attachment)**

- **Does your pharmacy have Material Safety Data Sheets (MSDS sheets) and a P&P for accessing them?**
  - Yes
  - No
  - **If Yes, please provide the Policy and Procedures (P&P) (file attachment)**

- **Does your pharmacy submit a Usual and Customary (U&C) price?**
  - Yes
  - No
  - **If Yes, please provide the Policy and Procedures (P&P) (file attachment)**

- **Does your pharmacy compound only prescriptions for specific patients after prescriptions are received by doctors?**
  - Yes
  - No
  - **If Yes, please explain any times that you may compound under other circumstances**

- **Does your pharmacy engage in anticipatory compounding?**
  - Yes
  - No
  - **If Yes, please provide the Policy and Procedures (P&P) (file attachment)**

- **Does your pharmacy compound any other pharmacy’s trademarked or patented compound(s)?**
  - Yes
  - No
  - **If Yes, please provide additional information**

- **Does your pharmacy provide new medical criteria for each ingredient when used in a compound to ensure that it meets State guidelines?**
  - Yes
  - No
  - **If Yes, please provide an example**

- **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.**
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”.
Completing the Verify and Submit page:

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

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

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.
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

8. If all required fields have been filled out, You will receive a confirmation
9. If any of the required fields are missing, you will receive a message indicating the missing fields.

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

11. Click the “Go” button to be taken to the appropriate page to fix the issue.
12. The fields that need to be filled in will be highlighted in yellow. *Note: on lengthy pages you may need to scroll up or down to get to the field in question.*

13. All tabs that have an issue that needs to be addressed will be highlighted with red text.

14. Once the issue(s) have been fixed, click the “Submit” button again.
Appendices
Appendix A - Links to the CMS 455 regulation

42 CFR 455 REGULATION (42 CFR 455 subpart B)

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

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

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

42 CFR 455.101 DEFINITIONS (455.101)

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

See 42 CFR 455.101 for the definition of “managing employee”.

42 CFR 455.102 DETERMINATION OF OWNERSHIP CONTROL (455.102)

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

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

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

(Source 42 CFR 455.104(b)(4). Regarding disclosure of managing employees)

(Source 42 CFR 455.104(b)(2). Regarding disclosure of subcontractors in which the pharmacy has a 5% or more interest)
Appendix B - Making names appears in the “Other Pharmacies Owned” owner lists

If the owner is a company:

- [Image of a screenshot showing the form for entering owner information, including options for Direct Owner, Indirect Owner, or Subcontractor, and fields for % of Ownership, Entity Legal Name, Entity DBA Name, and address information.]
If the owner is an individual:

<table>
<thead>
<tr>
<th><strong>Owner &amp; Control Entries - individual</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>As you’ve selected an individual, you need to fill in individual information.</td>
</tr>
<tr>
<td>The ORG-456 regulation requires the disclosure of ownership and control information.</td>
</tr>
<tr>
<td>The ORG-456 also requires that the individual owner, at least one of the owner entities, or at least one owning entity of the pharmacy, is also required to be entered.</td>
</tr>
<tr>
<td>For individuals:</td>
</tr>
<tr>
<td>Listing the identity of an INDIVIDUAL with a DIRECT OR INDIRECT OWNERSHIP OR CONTROL INTEREST in the pharmacy (including corporate officers and directors).</td>
</tr>
<tr>
<td>A General Social Security Number and Date of Birth details immediately exempted upon automation. The accompanying application and information shall be the data that should, when necessary, be used to verify INTRAs compliance with relevant information policies (as defined by both ISO 15523 and ISO 8583.03).</td>
</tr>
<tr>
<td>Use ORG-456:113, 114, 115, and 116 for the definition of parties with an ownership or control interest in an organization and for information regarding determination of ownership and control percentages.</td>
</tr>
<tr>
<td>Use ORG-456:137, 141, and 142 for the definition of managing ownership, and ownership.</td>
</tr>
<tr>
<td>Use ORG-456:177, 178, and 179 for the definition of managing ownership, and ownership.</td>
</tr>
<tr>
<td>Use ORG-456:137, 141, and 142 for the definition of managing ownership, and ownership.</td>
</tr>
</tbody>
</table>

**This ownership/ control verify for:**
- Direct Owner
- Managing Owner
- Indirect Owner
- Subcontractor in which the pharmacy owns 5% of net interest

<table>
<thead>
<tr>
<th><strong>Address 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TCM 5000</td>
</tr>
<tr>
<td>Suite 400</td>
</tr>
<tr>
<td>City: Torrance</td>
</tr>
<tr>
<td>State: CA</td>
</tr>
<tr>
<td>ZIP: 90302</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Address 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TCM 5000</td>
</tr>
<tr>
<td>Suite 400</td>
</tr>
<tr>
<td>City: Torrance</td>
</tr>
<tr>
<td>State: CA</td>
</tr>
<tr>
<td>ZIP: 90302</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Title Effective Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11/27/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Social Security Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>************</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>If you have not been assigned an EDI, please enter to enter individual identification number (ID) Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Tax ID Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Convicted of Criminal Offense?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ownership/Control in Another Pharmacy?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Related to Another Person with Ownership?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Owner Relationships**

**Other Pharmacies Owned**

- Owner Name
- NCPDP #
- Chain Code
- Name
- Aadmission Date
- Address

- Owner Name
- NCPDP #
- Chain Code
- Name
- Aadmission Date
- Address
Appendix C - Chain Relationship page changes

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

Note:

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

Under Tools> Manage Relationships

Click the edit icon (looks like a pencil) to bring up the relationship page.
The following changes have occurred to facilitate CMS 455 ownership disclosures.
Summary of changes to the relationship page (chain relationships types only):

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

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

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

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

1. Click the link to search for a single entity.
2. Enter the pharmacy name.
3. Click the “Search” button.

4. Print and save the results of the search to a file for uploading to your NCPDP profile.
Appendix E - Federal Anti-Kickback Statute

42 U.S.C.
United States Code,
Title 42 - THE PUBLIC HEALTH AND WELFARE
CHAPTER 7 - SOCIAL SECURITY
SUBCHAPTER XI - GENERAL PROVISIONS, PEER REVIEW, AND ADMINISTRATIVE SIMPLIFICATION
Part A - General Provisions
Sec. 1320a-7b - Criminal penalties for acts involving Federal health care programs

Related Links:

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