

2024 Pharmacy Compliance Education and Training Requirements FAQ and Answers

Notable changes to this document

Humana has updated guidance in its answers to the following questions:

Q2: Humana clarified that the core Humana compliance documents listed are extensions of your organization's agreement with Humana.

Q2, Q4, Q5 and Q7: Humana added the new states (Indiana, Oklahoma and Virginia) where Humana administers a Medicaid-related plan, which could impact the compliance requirements that apply to your organization.

Q6: Humana clarified in the definition of member-facing personnel that interaction with a plan member's caregiver(s) also applies.

Compliance Program Requirements

1. Q: Do these compliance requirements apply to my organization?

A: Yes. As an entity that participates in Humana's pharmacy network, you must ensure that all persons employed by or contracted with your organization to support a Humana-administered plan* have completed the compliance trainings. In addition, your organization may be required to complete a Medicaid and/or Medicare training attestation form.

** An example of this is performing a function related to prescription drug fulfillment for a member of a Humana-administered plan.*

2. Q: What compliance requirements must participating pharmacies adhere to, and do I have to provide assurance of this?

A: The Centers for Medicare & Medicaid Services (CMS) and Humana's Medicaid contracts mandate Humana's contracted pharmacies—which may include first-tier, downstream and related entities (FDR) (as defined in question 3)—adhere to annual Compliance Program Requirements. The Compliance Program Requirements are outlined in the following 2 Humana documents for the current calendar year:

- Compliance Policy for Contracted Healthcare Providers and Third Parties (Compliance Policy) — <https://Apps.Humana.com/Marketing/Documents.asp?file=1827514>
- Ethics Every Day for Contracted Healthcare Providers and Third Parties (standards of conduct) — <https://Apps.Humana.com/Marketing/Documents.asp?file=1112774>

The above documents are extensions of your organization's agreement with Humana. Contracted pharmacies and those supporting the contracted pharmacies' contracts with Humana are required to review the Compliance Policy and standards of conduct documents or materially similar content.

Humana requires network pharmacies to train affected employees and subcontractors on the Compliance Program Requirements and to detect, correct and prevent fraud, waste and abuse (FWA) while tracking completion of this training. Your organization is responsible to meet the training requirements by either developing or adopting other content or integrating related content from the Compliance Policy and standards of conduct documents in the content you develop. Your organization must provide affected employees and subcontractors with content conveying the expectations and

requirements outlined in the Compliance Policy and standards of conduct documents (or materially similar documents) at the following frequencies: upon hire/contract and annually thereafter. Humana suggests the first time those in new support roles for Humana business be provided these materials is within 30 days of starting this support function.

All entities that support a Humana-administered plan for members who are Medicaid and/or dual Medicare and Medicaid beneficiaries, including parties contracted with a Humana subsidiary, must complete additional compliance training (Medicaid Training Modules). The Medicaid Training Modules below may be required for pharmacies located in the following states or pharmacies providing services or medications for the above-outlined members living in these states: Florida, Illinois, Indiana, Oklahoma, South Carolina, Virginia and/or surrounding areas. The Medicaid Training Modules are:

- Cultural Competency Training FL, IL, IN, SC, VA —
<https://Apps.Humana.com/Marketing/Documents.asp?file=4650893>
- Cultural Competency Training OK
<https://Apps.Humana.com/Marketing/Documents.asp?file=5423171>
- Health, Safety and Welfare Education Training FL, IL, IN, SC, VA —
<https://Apps.Humana.com/Marketing/Documents.asp?file=3828175>
- Health, Safety and Welfare Education Training OK —
<https://Apps.Humana.com/Marketing/Documents.asp?file=5436964>
- Medicaid Pharmacy Orientation and Provider Training —
<https://Apps.Humana.com/Marketing/Documents.asp?file=2366416>

Humana provides a separate notification with access instructions for these Medicaid Training Modules. Network pharmacies and vendors to which Medicaid training applies must review Medicaid Training Modules and confirm acknowledgment of their receipt and compliance with those materials by completing an attestation form.

Note: If your organization has multiple (pharmacy or related) locations under one contract with Humana, the expectation is your organization completes one attestation on behalf of all those locations.

For those pharmacies supporting a Humana Medicaid contract for Florida, Indiana, Oklahoma, South Carolina, Virginia or a dual Medicare and Medicaid contract for Illinois, Humana offers a manual attestation form to assist your organization in assuring additional requirements related to the Medicaid and/or dual Medicare and Medicaid requirements are met. Please fill out the Humana attestation form, located at Humana.com/Provider/Pharmacy-Resources/Manuals-Forms under the “Medicaid training resources” tab, and fax the completed form to Humana at **877-820-5740**.

3. Q: What is an FDR?

A: FDR is a CMS term adopted by Humana. Generally, an FDR is any individual or entity providing administrative or healthcare services for a Humana-administered plan for Medicare, Medicaid and/or dual Medicare and Medicaid-eligible beneficiaries on Humana’s behalf. An FDR includes, but is not limited to, delegated and non-delegated contracted healthcare providers, pharmacies, delegated entities, delegated agents, suppliers, and vendors.

First-tier entity – A party that enters into a written arrangement with a Humana entity to perform administrative services or provide healthcare services for any of the beneficiaries identified in question 2. Example: A pharmacy contracted directly with Humana is a first-tier entity.

Downstream entity – A party that a) enters into a written arrangement with 1 or more individuals or entities involved in supporting any of the beneficiaries listed in the response to question 2 and b) is below the level of the arrangement between Humana and a first-tier entity. The written arrangement continues down to the level of the ultimate provider of a service or product. Example: While a pharmacy contracted directly with Humana is a first-tier entity, the pharmacists and pharmacy technicians of the pharmacy are downstream entities.

Related entity – Any entity that is related to Humana by common ownership or control. Within this scope are subsidiaries either wholly or partially owned by Humana. Examples include Humana Pharmacy Solutions® and joint ventures of Humana and companies in which Humana has an investment interest and which are performing a plan function or providing healthcare services.

4. Q: Why is Humana requiring me to do this?

A: Humana has contracts with government agencies that stipulate Humana’s contracted third parties must adhere to compliance requirements, including specific training per plan type supported:

Agency	Plan type
CMS	• Medicare-related
	• Special Needs Plan
State agencies overseeing programs for the plan type	1 administered by Humana for members who are: <ul style="list-style-type: none"> • Medicaid beneficiaries in Florida, Indiana, Oklahoma, South Carolina and Virginia; and/or • Dual Medicare and Medicaid beneficiaries in Illinois

A pharmacy located in 1 of these states or surrounding areas does not automatically perform a function in support of that state’s plan. If your organization is not certain it is supporting a Medicaid plan administered by Humana, please contact Humana for guidance.

5. Q: Who should complete the Medicaid attestation form and submit it to Humana?

A: If your organization supports a Humana-administered Medicaid plan with members in 1 or more of the states above, someone authorized to complete attestations and acknowledgments related to compliance on behalf of your organization should complete the 2024 Medicaid-Specific Training Attestation Form for Pharmacy Providers supporting Florida, Illinois, Indiana, Oklahoma, South Carolina and/or Virginia and submit it to Humana.

6. Q: Do non-member-facing personnel have to complete training?

A: Yes, but not on every topic, and none of them need to submit an attestation form to Humana. Please refer to the following for details:

- To be considered member-facing personnel is not limited to having an in-person interaction with a plan member. It can consist of communicating over the phone, by fax or by email with a plan member or caregiver or accessing member-specific information to perform a function (e.g., processing a claim, authorization or prescription).
- All personnel who support a Humana-administered Medicare and/or Medicaid plan are required to be provided with the Compliance Policy and standards of conduct (or materially similar documents) and be trained on the Compliance Program Requirements and the detection, correction and prevention of FWA.

Please note the following for personnel supporting a Humana-administered plan related to Medicaid:

	Topic		
Audience	Health, Safety and Welfare Education Training	Cultural Competency Training	Medicaid Pharmacy Orientation and Provider Training
Member-facing personnel	Required	Required	Required
Non-member-facing personnel	Not required	Not required	Not required (unless otherwise directed by your organization due to 1 or more related functions performed)

7. Q: Are the training and attestations a 1-time requirement?

A: No, they are not a 1-time requirement.

- Training on the separate topics of general compliance and combating FWA must be provided to affected employees and subcontractors upon their initial hire/contract and annually thereafter. Humana reserves the right to require a contracted pharmacy to submit an attestation form for these training requirements.
- A contracted pharmacy supporting Medicaid and/or dual Medicare and Medicaid beneficiaries in a Humana-administered plan in Florida, Illinois, Indiana, Oklahoma, South Carolina and/or Virginia must:
 - Complete additional and related compliance training; and
 - Attest accordingly via Humana's attestation form on an annual basis to meet Humana's contractual requirements within the above states.

Humana sends notifications at least annually as a reminder that all who participate in Humana's pharmacy network, including those contracted with Humana subsidiaries, must complete these requirements.

8. Q: My organization has its own similar documents and training, or we have already completed similar training and education furnished by another organization. Do I still have to do this?

A: Your organization must continue to:

- Adhere to the requirements outlined in the Compliance Policy and standards of conduct made available by Humana; and
- Conduct and track applicable training(s) and submit attestations where required by Humana to confirm completion of the training and compliance with training requirements.

Your organization does **not** have to utilize Humana materials to meet the training requirements. However, Humana documents are a good reference to assess the training and educational content your organization seeks to use. Additionally, Humana reserves the right to request documentation (e.g., policies and tracking records) confirming that your organization has an effective compliance program that meets the requirements outlined in the Compliance Policy and standards of conduct.

9. Q: Where can I find more information about the requirements?

A: Requirements for plan sponsors like Humana and their FDRs, which include network pharmacies, are outlined in Title 42 of the Code of Federal Regulations, Part 422.503, Chapter 9, of the CMS Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual. These documents are publicly available online and can be accessed at the links below:

42 C.F.R. § 422.503

www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-K/section-422.503

CMS Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual, Chapter 21 (download file)

www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf

Federal Register – Medicare Program: Contract Year 2019 Policy and Technical Changes (download file)

www.govinfo.gov/content/pkg/FR-2018-04-16/pdf/2018-07179.pdf

Note: The changes outlined in the document above are not outdated. Instead, they were implemented to apply on a go-forward basis. Additionally, there are requirements in dual Medicare and Medicaid and Medicaid-specific contracts awarded to Humana.

Additional clarifications

10. Q: Is the material the same each year after the initial attestation requirement?

A: No, the material is not the same year after year. However, Humana's commitment to compliance does not change. Therefore, the bulk of the material is retained from the prior year.

Humana adds new requirements and clarifications to its materials when necessary. To simplify your review of Humana compliance materials, there is either a notable changes section in each Humana compliance and training document or language advising when there are no material changes.

11. Q: What will happen if I do not fulfill any Compliance Program Requirements addressed in this document and fully outlined in the Compliance Policy and standards of conduct?

A: If you do not fulfill the requirements, you will be out of compliance with your contract with Humana, which could result in disciplinary action up to termination of your organization's contract.

12. Q: What if I have a question that is not addressed in this FAQ?

A: Please call 888-204-8349 or send an email to HumanaPharmacyCompliance@humana.com.