

2012 Catamaran Pharmacy Reimbursement Attestation

The Centers for Medicare & Medicaid Services’ (“CMS”) regulations at 42 CFR 423.800(c) require Part D sponsors to reimburse subsidy-eligible individuals, and any organizations paying cost sharing on behalf of such individuals, (e.g. State Pharmaceutical Assistance Programs (SPAPS)), any excess premium or cost sharing paid by such individual or organization. This includes the refunding of cost sharing amounts that were paid during the period of LIS retroactive coverage. Per specific requirements found in Section 70.3.1 of Chapter 13 of the Medicare Prescription Drug Benefit Manual – Premium and Cost-Sharing Subsidies for Low-Income Individuals (Rev. 13, 07-29-11):

“Before reimbursement is made, Part D sponsors should ensure that the pharmacies in question have not collected cost-sharing amounts, or otherwise have waived the cost-sharing charges, and, in fact, are carrying a debt for the amounts incorrectly charged to the beneficiary. For auditing purposes, sponsors should ensure that pharmacies certify that the amounts reimbursed are appropriate, owed, and payable.”

Therefore, by signing this attestation, pharmacy certifies that as a condition for reimbursement from Catamaran for these claims that:

- *The pharmacy has not and will not collect cost-sharing amounts from the beneficiary (or any other party who paid on the beneficiary’s behalf)*
- or pharmacy has otherwise waived the same cost-sharing charges for the beneficiary (or any other party who paid on the beneficiary’s behalf)*
- *The pharmacy is in fact carrying a debt for the amounts incorrectly charged to beneficiaries*
- *The amounts reimbursed are appropriate, owed and payable in accordance with applicable federal and state laws and relevant CMS guidance*
- *The pharmacy will keep appropriate documentation / records to prove these certifications should there be an audit initiated by Catamaran or CMS*

This Attestation is collected in accordance with the requirements of applicable CMS regulations and instructions. Failure to provide this completed and signed attestation will affect your standing as a participating Catamaran network provider and may result in sanctions, up to and including termination of your current Pharmacy Provider Agreement.

Please have a duly authorized officer of the Pharmacy sign, date, and return this certification form to Catamaran. This completed document can sent via FAX to 866-244-8543 or scan and send via email ProviderRelations@catamaranrx.com.

Pharmacy Name: _____	
Contact phone number: _____	
Fax #: _____	NCPDP # _____
Address: _____	
City, State Zip: _____	
By (print name): _____	Title: _____
Signature** _____	Date: _____
_____ **A Duly Authorized Officer on behalf of the Pharmacy	