

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs

Note: This article was revised on December 5, 2014, to add language to emphasize that form CMS-855O is appropriate for use by prescribers. All other information remains the same.

Provider Types Affected

This MLN Matters® Special Edition is intended for physicians and other eligible professionals who write prescriptions for Medicare beneficiaries for Medicare Part D drugs. The article is also directed to Medicare Part D plan sponsors.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) finalized CMS-4159-F “Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs” on May 23, 2014. This rule requires physicians and, when applicable, other eligible professionals who write prescriptions for Part D drugs to be enrolled in an approved status or to have a valid opt-out affidavit on file for their prescriptions to be covered under Part D. The final regulation stated that the

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effective date for this requirement would be June 1, 2015. However, CMS is announcing that it will delay enforcement of the requirements in 42 CFR 423.120(c)(6) until December 1, 2015. Nevertheless, prescribers of Part D drugs must submit their Medicare enrollment applications or opt-out affidavits to their Part B Medicare Administrative Contractors (MACs) by June 1, 2015, or earlier, to ensure that MACs have sufficient time to process the applications or opt out affidavits and avoid their patients' prescription drug claims from being denied by their Part D plans, beginning December 1, 2015. Note that enrollment functions for physicians and other prescribers are handled by Part B MACs.

Background

If you write prescriptions for covered Part D drugs and you are not enrolled in Medicare in an approved status or have a valid record of opting out, you need to submit an enrollment application or an opt out affidavit to your Medicare Administrative Contractor (MAC) by June 1, 2015, or earlier. You may submit your enrollment application electronically using the Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) located at <https://pecos.cms.hhs.gov/pecos/login.do> or by completing the paper CMS-855I or CMS-855O application, which is available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html> on the CMS website. Note that an application fee is not required as part of your application submission.

If you wish to enroll to be reimbursed for the covered services furnished to Medicare beneficiaries, you must complete the CMS-855I application. The CMS-855O, which is a shorter, abbreviated form, should only be completed if you are seeking to enroll solely to order and refer and/or prescribe Part D drugs. (While the CMS-855O form states it is for physicians and non-physician practitioners who want to order and refer, it is appropriate for use by prescribers, who also want to enroll to prescribe Part D drugs.) If you do not see your specialty listed on either of the applications, select the Undefined Physician/Non-Physician Type option and identify your specialty in the space provided.

If you are a physician or eligible professional who wants to opt out of Medicare, you must submit an opt-out affidavit to the MAC within your specific jurisdiction. Your opt-out information must be current (an affidavit must be completed every 2 years, and a National Provider Identifier (NPI) is required to be submitted on the affidavit). For more information on the opt-out process, refer to MLN Matters® article SE1311, titled "Opting out of Medicare and/or Electing to Order and Refer Services," which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1311.pdf> on the CMS website.

In an effort to prepare the prescribers and Part D sponsors for the December 1, 2015 enforcement date, CMS is making available an enrollment file that identifies physician and eligible professional who are enrolled in Medicare in an approved or opt out status. The first iteration of the enrollment file is now available at <https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx> on the CMS website. The file contains production data but is considered a test file since the Part D prescriber enrollment requirement is not yet

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applicable. An updated enrollment file will be generated every two weeks and continue through the December 1, 2015 enforcement date. The file displays physician and eligible professional eligibility as of and after November 1, 2014, (i.e., currently enrolled, new approvals, or changes from opt-out to enrolled as of November 1, 2014). Any periods, prior to November 1, 2014, for which a physician or eligible professional was not enrolled in an approved or opt-out status will not be displayed on the enrollment file. However, any periods after November 1, 2014, for which a physician or eligible professional was not enrolled in an approved or opt-out status will be on the file with its respective end dates for that given provider. For opted out providers, the opt out flag will display a Y/N (Yes/No) value to indicate the periods the provider was opted out of Medicare. The file will include the provider's:

- (NPI);
- First and Last Names;
- Effective and End Dates; and
- Opt Out Flag

Example 1– Dr. John Smith’s effective date of enrollment is January 1, 2014. Since he was enrolled prior to the generation of the test file, his effective date will display as November 1, 2014. Dr. Smith submits an enrollment application to voluntarily withdraw from Medicare effective December 15, 2014. Dr. Smith will appear on the applicable file as:

NPI	First Name	Last Name	Effective Date	End Date	Opt Out Flag
123456789	John	Smith	11/01/2014	12/15/2014	N

Example 2 - Dr. Mary Jones submits an affidavit to opt out of Medicare, effective December 1, 2014. Since she has opted out after the generation of the test file, her effective date will display as December 1, 2014. After the 2 year opt out period expires, Dr. Jones decides she wants to enroll in Medicare to bill, order, and refer, or to write prescriptions. The enrollment application is received on January 31, 2017, and the effective date issued is January 1, 2017. Dr. Jones will display on the applicable file as:

NPI	First Name	Last Name	Effective Date	End Date	Opt Out Flag
987654321	Mary	Jones	12/01/2014	12/01/2016	Y
987654321	Mary	Jones	01/01/2017		N

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After the enforcement date of December 1, 2015, the applicable effective dates on the file will be adjusted to December 1, 2015, and it will no longer be considered a test file. All inactive periods prior to December 1, 2015, will be removed from the file and it will only contain active and inactive enrollment or opt out periods as of December 1, 2015, and after. The file will continue to be generated every two weeks, with a purposeful goal toward more frequent updates on a set schedule. Part D sponsors may utilize the file to determine a prescriber's Medicare enrollment or opt out status when processing Part D pharmacy claims. The file will not validate the provider's ability to prescribe under applicable laws. Please submit questions or issues encountered in accessing the file to providerenrollment@cms.hhs.gov.

Additional Information

For more information on the enrollment requirements, visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Enrollment-Information.html> on the CMS website. If you have questions and need to speak with the Part B contractor that handles your enrollment, you may find their toll-free number at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf on the CMS website. To identify your Medicare contractor, locate the state in which you provide services and refer to the contractor listed on the "Part B Contractor" line.

Seasonal Flu Vaccinations - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information on coverage and billing of the influenza vaccine and its administration, please visit [MLN Matters® Article #MM8890](#), "Influenza Vaccine Payment Allowances - Annual Update for 2014-2015 Season" and [MLN Matters® Article #SE1431](#), "2014-2015 Influenza (Flu) Resources for Health Care Professionals."

While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community. The [HealthMap Vaccine Finder](#) is a free online service where users can search for locations offering flu and other adult vaccines. If you provide vaccination services and would like to be included in the HealthMap Vaccine Finder database, [register](#) for an account to submit your information in the database. Also, visit the CDC [Influenza \(Flu\)](#) web page for the latest information on flu including the CDC 2014-2015 recommendations for the prevention and control of influenza.

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