

CMS-4159 Frequently Asked Questions (FAQs)



1. Do prescribers, including dentists and pharmacists, who prescribe Part D drugs need to be enrolled in Medicare?

Yes, prescribers of Part D drugs must enroll in Medicare or have a valid record of opting-out. This includes dentists. However, there are circumstances, based on varying allowances of state laws that allow some pharmacists to prescribe. Pharmacists who fall into this small category should stay tuned for more detailed guidance. However, prescribers who are not enrolled and who have not opted-out may start enrolling in Medicare or submitting an opt-out affidavit by submitting the proper information through their respective Medicare Administrative Contractors (MACs). Prescribers can either visit their MACs website or access information on our enrollment website by going to CMS.gov and clicking on “Medicare Provider-Supplier Enrollment” under the “Provider Enrollment & Certification” heading. This requirement applies to those who bill Medicare as well as those who do not. Providers who wish to enroll solely to prescribe Part D drugs and who do not bill Medicare for services provided to Medicare beneficiaries can complete an abbreviated enrollment form and process that the MACs can explain.

2. What authority does Medicare have to require enrollment or opt-out?

CMS published the CMS-4159-F final rule titled *Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contractor Year 2015* on May 19, 2014. This regulation was authorized by section 6405(c) of the Affordable Care Act. The final rule gives CMS the authority to:

- Require physicians and eligible professionals who write prescriptions for Part D drugs to be enrolled in Medicare or have a valid record of opting-out of Medicare for their prescriptions to be covered under Part D.
- Revoke a physician or eligible professional’s Medicare enrollment if:
 - An abusive pattern or practice of prescribing Part D drugs is discovered
 - His/her Drug Enforcement Administration (DEA) Certificate of Registration is suspended or revoked

3. When will this provision become effective?

The enforcement date of the Part D enrollment requirement has been delayed until December 1, 2015. Therefore, if you write prescriptions for covered Part D drugs and you are not enrolled in Medicare 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) in order for any Part D drugs you prescribe to be eligible for coverage. Prescribers should submit their application to enroll or validly opt out by June 1, 2015 to ensure our contractors can process the applications/affidavits in time for the December 1, 2015 enforcement date.

4. How can I get more information on the Part D enrollment requirements?

Prescribers can either visit their MACs website or access information on our enrollment website by going to CMS.gov and clicking on “Medicare Provider-Supplier Enrollment” under the “Provider Enrollment & Certification” heading. CMS will also be communicating through

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MedLearn, posting FAQs to our website, conducting open door forums, and numerous other channels to provide ongoing and updated information to all impacted by this requirement.

Beneficiaries and enrollees should ensure that any prescriptions written for Part D are from a physician or eligible professional that's either enrolled in Medicare or has opted- out of Medicare. Beneficiaries/ enrollees are encouraged to check with their prescribers to ensure the prescriber is compliant. Beneficiaries/ enrollees may also check the physician compare website on CMS.gov to see if their prescriber is enrolled in Medicare.

5. **Where can I find the file that lists the providers that are enrolled in an approved or opt- out status?**

The file can be accessed at <https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx> and will be generated every two weeks with a purposeful goal toward more frequent updates on a set schedule.

6. **How do I interpret the information provided on the enrollment file?**

CMS had made available an enrollment file that identifies providers 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>. The file contains production data but is considered a test file since the part D enrollment requirements have not been implemented. An updated enrollment file will be generated every two weeks and continue through the December 1, 2015 enforcement date. The file will display provider 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 inactive providers or periods of inactivity for existing providers prior to November 1, 2014, will not be displayed on the enrollment file. However, any enrollments that become inactive after November 1, 2014, 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:

- National Provider Identifier (NPI)
- First and Last name
- Effective and End Dates
- Opt- Out Flag

7. **The only two options on the CMS 8551/8550 forms for dentists are Maxillofacial Surgery and Oral Surgery (dentist only). Will the forms be updated to list General Dentist to help the dentist make the proper choice?**

The CMS-8550 is being updated to include the General Dentist option. In the meantime, dentists should select from the Maxillofacial Surgery, Oral Surgery (dentist only) on the CMS-8551 or the Undefined Physician Specialty type and enter General Dentist in the space provided on the CMS-8550.

8. **What is the difference between completing the CMS 8551 or the CMS 8550 applications?**

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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 should only be completed if you are seeking to enroll solely to order and certify and/or prescribe Part D drugs.

9. How do I enroll in Medicare?

Providers can enroll in Medicare by using either Internet-based PECOS located at <https://pecos.cms.hhs.gov/pecos/login.do> or by completing the paper 855I or 855O application, which can be downloaded at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>.

10. How do I opt out and where can I find the opt out form?

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.

CMS does not have a standard affidavit form, although your Medicare contractor may have a form available on their website. You may provide the below information mentioned in writing to the Medicare contractor within their service jurisdiction.

- The affidavit must be in writing and signed by the physician/non-physician practitioner.
- It must include various statements to which the physician/non-physician practitioner must agree; for example, the physician/non-physician practitioner must agree not to submit claims to Medicare for any services furnished during the opt-out period, except for emergency or urgent care services furnished to beneficiaries with whom the physician/non-physician practitioner has not previously entered into a private contract.
- It must identify the physician/non-physician practitioner sufficiently so that the Medicare contractor can ensure that no payment is made to the physician/non-physician practitioner during the opt-out period.
- It must be filed with all Medicare contractors who have jurisdiction over the claims the physician/non-physician practitioner would have otherwise filed with Medicare and must be filed no later than 10 days after entering into the first private contract to which the affidavit applies.

The following specific information must be included in the affidavit:

- The physician/non-physician practitioner’s legal name;
- Medicare specialty;
- Taxpayer Identification Number (TIN) (Social Security Number (SSN)) (required if a National Payer Identifier (NPI) has not been assigned);
- Address (If the address in the affidavit is a P.O. Box, the Medicare contractor may request a different address);
- Telephone number;
- Medicare Billing ID/Provider Transaction Number (PTAN) (if the provider was previously enrolled and one had been assigned); and
- NPI (only if one has been assigned).

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11. If a dentist opts- out of Medicare, can he/she still participate in Medicare Advantage Plans?

Medicare payment cannot be made directly or indirectly for services furnished by an opt- out physician, except for certain emergency and urgent care services. Therefore, no payment may be made under Medicare or under a Medicare Advantage Plan for the services furnished by an opt- out physician. (The drug is still Part D coverable.)

12. In addition to the Medicare Enrollment file, do plans need to separately check the Office of Inspector General (OIG) file to see if the provider is Medicare excluded or sanctioned?

This Medicare Enrollment file should not take the place of any other verifications or checks that occur with the OIG file, NPPES, or any other file. This is a supplementary file. The owner of the file or system's information should be considered the most up-to-date and should be the authority in any discrepancy.

13. What is the source used to produce the Medicare Enrollment file?

The Provider Enrollment Chain and Ownership System (PECOS). The test file, which is currently available on data.cms.gov, was created from the PECOS production data as of 11/05/2014.

14. What is the difference between the Ordering and Referring file on CMS.gov and the Medicare Enrollment file on data.cms.gov?

The CMS ordering and referring file only contains providers that are qualified to order and refer items and services for Medicare beneficiaries. The test Medicare enrollment file includes all providers who are currently enrolled in Medicare in an approved status or have a valid opt out record.

15. Does CMS or the MAC currently notify the provider prior to an opt-out affidavit reaching the 2 year expiration date?

No, it is the provider's responsibility to renew their opt out status prior to the 2 year expiration date, however, CMS will communicate, through its outreach, the importance of maintaining an active enrollment or opt out status.

16. Is there a how to guide on completing the CMS-855O application online?

Yes. It can be found at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderReferHowToGuide.pdf>.

17. Where can I obtain a list of Part D drugs?

Medicare Part D generally covers FDA approved prescription drugs with the exception of some drug categories that are excluded by law (e.g., cough/cold and weight loss drugs). There is no list

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of Part D covered drugs, as each prescription drug benefit plan has its own formulary. Please see this CMS link for more information:

<http://www.medicare.gov/part-d/coverage/part-d-coverage.html>

18. Our office is a dental office. How do these requirements affect our patients in need of prescriptions? Medicare does not cover dental treatment.

Most dental services are not covered by Medicare; therefore, most dentists do not enroll in Medicare. However, if the dentists in your office write prescriptions for Part D drugs they must be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare for their prescriptions to be covered under Part D beginning December 1, 2015. We encourage all dentists who prescribe Part D drugs to enroll or validly opt out by June 1, 2015 to ensure our contractors can process the applications/affidavits in time for the December 1, 2015 enforcement date.

19. What is the difference between opting out and enrolling via the CMS-8550 application?

For more information, 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. Please note that once you’ve opted out, that opt out is in place for two years. You are also required to update the opt out affidavit every two years. CMS does *not* notify opt out providers of the need to renew the opt out affidavit every two years.

20. Who can I contact if I have questions?

You may refer to the interactive map to find your MAC <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html>.

21. Where do I submit my enrollment application or opt out affidavit?

You may refer to the interactive map to find your MAC <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html>.

22. Where can I get a copy of the CMS-8550/CMS855I form?

Depending on which option you choose, the forms can be found below:

CMS 855I – allows you to enroll to be reimbursed for the covered services furnished to Medicare beneficiaries.

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf>

CMS-8550 - a shorter, abbreviated form, which allows you to enroll solely to order and/certify and/or prescribe Part D drugs. (While the CMS-8550 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.)

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<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf>.

Opt Out Affidavit – will allow you to prescribe Part D drugs but Medicare will cover no services provided by that individual and no Medicare payment can be made to that physician or practitioner directly or on a capitated basis. Additionally, no Medicare payment may be made to a beneficiary for items or services provided directly by a physician or practitioner who has opted out of the program. The only exception is in an emergency or urgent care situation.

CMS does not have a standard affidavit form. You may provide the below information mentioned in writing to the Medicare contractor within their service jurisdiction.

- The affidavit must be in writing and signed by the physician/non-physician practitioner.
- It must include various statements to which the physician/non-physician practitioner must agree; for example, the physician/non-physician practitioner must agree not to submit claims to Medicare for any services furnished during the opt-out period, except for emergency or urgent care services furnished to beneficiaries with whom the physician/non-physician practitioner has not previously entered into a private contract.
- It must identify the physician/non-physician practitioner sufficiently so that the Medicare contractor can ensure that no payment is made to the physician/non-physician practitioner during the opt-out period.
- It must be filed with all Medicare contractors who have jurisdiction over the claims the physician/non-physician practitioner would have otherwise filed with Medicare and must be filed no later than 10 days after entering into the first private contract to which the affidavit applies.

The following specific information must be included in the affidavit:

- The physician/non-physician practitioner's legal name;
- Medicare specialty;
- Taxpayer Identification Number (TIN) (Social Security Number (SSN)) (required if a National Payer Identifier (NPI) has not been assigned);
- Address (If the address in the affidavit is a P.O. Box, the Medicare contractor may request a different address);
- Telephone number;
- Medicare Billing ID/Provider Transaction Number (PTAN) (if the provider was previously enrolled and one had been assigned); and
- NPI (only if one has been assigned).

23. All of the providers in my group are currently enrolled in Medicare. What additional action is needed?

If all of your provider's are currently enrolled in an approved or opt out status, no further action is needed at this time.

24. How do I enroll my physicians?

Please refer to [MLN Matters® Article SE1434](#), "Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs."

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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. For faster and shorter application processing timeframes, CMS encourages you to use Internet-based PECOS.

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.) Note that an application fee is not required as part of your application submission.

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.

25. I have already submitted the Opt out form and received confirmation that it was processed. What further action is needed?

You may also verify your enrollment status by viewing the enrollment file now available at <https://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx> on the CMS website. The file identifies those physicians and eligible professionals who are enrolled in Medicare in an approved or opt out status.

26. I am a pharmacist that has the ability to prescribe medications. Currently, Medicare does not recognize pharmacists as providers. Am I able to enroll with Medicare?

We have received a number of inquiries about this issue and are looking into the issue. At this time, pharmacists may not enroll in Medicare; however, we will be issuing future guidance. Pharmacists should refer back to our Provider Enrollment website for future updates and direction.

27. Our office is a dental office. How do these requirements affect our patients in need of prescriptions? Medicare does not cover dental treatment.

If the dentists in your office write prescriptions for Part D drugs they must be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare for their prescriptions to be covered under Part D beginning December 1, 2015. We encourage all dentists who prescribe Part D drugs to enroll or validly opt out by June 1, 2015 to ensure our contractors can process the applications/affidavits in time for the December 1, 2015 enforcement date.

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28. I am a retired physician with an active/inactive license but occasionally write prescriptions for myself or my immediate family (wife, etc.). Do I still need to meet these requirements?

Yes, if you write prescriptions that you want to be covered under Part D you must be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare for your prescriptions to be covered under Part D beginning December 1, 2015. Retired physicians who are licensed, even partially, who are permitted by state law to prescribe, may enroll. However, physicians who are not licensed may not enroll.

29. I have never been part of the Medicare 'system' consequently do not write Part D prescriptions.

If you are not a physician or other eligible professional who writes prescriptions for Part D drugs for Medicare beneficiaries, this requirement does not apply to you. You may disregard the previous message.

30. We are a pharmacy. What action is needed from us?

Since pharmacies do not prescribe Part D drugs to Medicare beneficiaries, no further action is needed. You may disregard the email received. However, it's important that you understand the requirements of this rule, as many of your prescribers will need information and may contact you for clarification. We request that you direct them to our website at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Enrollment-Information.html> for further information to ensure compliance.

31. I am currently a resident am I required to enroll or opt out?

If you write prescriptions for Part D drugs you must to be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare for your prescriptions to be covered under Part D beginning December 1, 2015.

32. Where can I obtain a list of Part D drugs?

Medicare Part D generally covers FDA approved prescription drugs with the exception of some drug categories that are excluded by law (e.g., cough/cold and weight loss drugs). There is no list of Part D covered drugs, as each prescription drug benefit plan has its own formulary. Please see this CMS link for more information:

<http://www.medicare.gov/part-d/coverage/part-d-coverage.html>