



# Provider Enrollment Requirement for Writing Prescriptions for Medicare Members!

May 12, 2016

Page 1 of 2

## Background

The Centers for Medicare and Medicaid Services (CMS) finalized regulation CMS-4159-F. This regulation requires all providers, including dentists, who write prescriptions for Medicare enrollees, to be enrolled with CMS in an approved status *or* have a valid opt-out affidavit on file.

The CMS enforcement date is **February 1, 2017** *BUT* Prescribers must submit their Medicare enrollment applications or opt-out affidavits to their Part B Medicare Administrative Contractors (MACs) immediately *to ensure there is sufficient time to process the applications or opt out affidavits and avoid patient prescriptions from being denied.*

## Why you are receiving this communication

1. We confirmed 1 or more of the providers in your group is showing in the most recent CMS file as not enrolled.
2. We do not want any Medicare members to not be able to fill scripts so we are asking for your assistance in making certain all providers enroll!!!

## Providers Affected

Physicians and other eligible professionals, including dentists, psychiatrists, residents, nurse practitioners and physician assistants who write prescriptions for Medicare beneficiaries.

## Actions Needed

If you write prescriptions and you are **not** enrolled in Medicare in an approved status or have a valid record of opting out, you must submit an enrollment application or an opt out affidavit to your Medicare Administrative Contractor (MAC) **immediately** to ensure they have sufficient time to process. See below for instructions:

### Enrollment Application and Submission

You may submit your enrollment application electronically using one of the following methods:

1. Use the internet-based Provider Enrollment, Chain, and Ownership System (PECOS) located at <https://pecos.cms.hhs.gov/pecos/login.do> or
2. Complete the paper CMS-855I application, which is available at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html> on the CMS website. An application fee is **not** required as part of your application submission. If you do not see your specialty listed, select the Undefined Physician/Non-Physician Type option and identify your specialty in the space provided.

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Provider Network Operations

Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)

Email [PNOaz@care1st.com](mailto:PNOaz@care1st.com)

Fax 602.778.1875

Visit our website at [www.care1st.com/az](http://www.care1st.com/az)

## Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs Continued

### Opt Out Affidavit

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.

### **Potential Impact**

Unless you enroll or validly opt out, Medicare Part D plans will notify your Medicare patients that you are not able to prescribe covered Part D drugs. Please note that if you opt out, you cannot receive reimbursement from traditional Medicare or any Medicare Advantage plans.

This MLN Matters® article SE1434: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1434.pdf> provides all of the background and is a good resource.

We have the current list of providers from the CMS website that indicates each provider that is not enrolled. If you are uncertain about which providers in your group need to complete this action contact Provider Network Operations for assistance. *We want to avoid Medicare members not being able to obtain medication you prescribe so appreciate very much you completing this process ASAP!!!*

***Thank you!***

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**Provider Network Operations**  
**Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)**  
**Email [PNOaz@care1st.com](mailto:PNOaz@care1st.com)**  
**Fax 602.778.1875**

*Visit our website to find out who your Provider Rep is and how to contact them:*  
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