

COMPETITIVE ACQUISITION PROGRAM (CAP) PHYSICIAN ELECTION AGREEMENT FORM TIPS

Some of the CAP physician election agreement forms encounter delays in processing because information on the form is missing, incomplete or the form is sent to the wrong address. To expedite the CAP election process, this list of tips is offered to inform the Medicare provider community of common errors that delay the processing of CAP election agreement forms.

1. Missing and/or Unauthorized Signatures (Page 4 of Election Agreement):

Physician Election forms must be **signed and dated by an Authorized Official**. If an independent/individual provider is electing to participate in CAP, the form must be signed by that provider. If a group is electing to participate in CAP, the election form must be signed by the authorized or delegated official that is currently on file with your local carrier's provider enrollment department.

2. If re-electing into CAP for 2008 (Page 5):

If there are no information changes, the page can be photocopied from last year's physician election form. If there are changes, fill out page 5 in its entirety for all practice members.

3. Participating CAP Physician Name and Group Practices (Page 5):

All participating physicians within the group must be listed. Please note that when members of a group bill Medicare using the group's Physician Identification Number (PIN), or National Provider Identifier (NPI), they **commit as a group** to participate in CAP.

4. Practice Addresses (Page 5):

Applicants often list only one address; however, all practice addresses must be entered on the CAP election form. **The approved CAP vendor will only ship drugs to the address locations listed on the form** and those addresses must be on file at the local carrier's provider enrollment department.

5. Physician Election Forms Incorrectly Sent to the Centers for Medicare & Medicaid Services (CMS) or the Wrong Medicare Part B Carrier

Completed, signed and dated Physician Election Agreement forms must be **returned by mail to your local carrier**. Your local carrier is the carrier that processes your Part B drug claims. Please **do not** return completed forms to the CMS Central Office in Baltimore, or to the CMS Regional Offices. Your local carrier's address can be found on the CMS web site at

http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf