

Part D Prescriber Enrollment FAQs

Part D Prescribers will be required to be enrolled in Medicare to prescribe Part D drugs. Below are some important facts about this upcoming deadline to help you comply with this requirement.

Important Dates

1. When will this provision become effective?

The enforcement date of the Part D enrollment requirement is January 1, 2019. However, in the lead up to this date, CMS will begin phasing in enforcement of the regulation. 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 enroll by submitting 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. Once your application is processed and approved, or your opt-out affidavit is accepted, you will be eligible to prescribe Part D drugs.

2. When should prescribers submit applications for enrollment in Medicare?

Prescriber should submit their application to enroll (or opt-out affidavit) now.

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

Visit CMS.gov Part D Prescriber Enrollment page: Go.cms.gov/PrescriberEnrollment. CMS will also be communicating through numerous other channels to provide ongoing and updated information to all impacted by this requirement.

Impacted Prescribers

1. Which prescribers are impacted by the requirements?

Prescribers of Part D drugs who are eligible to enroll must enroll in Medicare (or have a valid record of opting-out). This includes eligible professionals (such as dentists, physicians, residents, psychiatrists, nurse practitioners, and physician assistants).

2. Do dentists need to be enrolled in Medicare?

Prescribers of Part D drugs must enroll in Medicare (or have a valid record of opting-out). This includes Part D prescribing dentists.

Please Note: Dentist, including oral surgeons, will not be able to participate in a Medicare Advantage plan if they choose to opt-out of Medicare. Upon submission of an opt-out affidavit, a provider has 90 days to change their opt-out status. After 90 days, a provider is not able to terminate their opt-out designation and will remain in an opt-out status for a period of two years.

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

If a dentist prescribes Part D drugs he or she must be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare their prescriptions to be covered under Part D.

4. 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.

5. 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.

Retired physicians who are licensed, even partially, who are permitted by state law to prescribe, must be enrolled.

6. I am a pharmacist. How does this rule impact me?

Pharmacists by statute are not permitted to enroll in Medicare and are therefore excluded from having to enroll in Medicare or opt-out in order for Part D plans to cover the prescriptions they write. For more information refer to <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Prescriber-Enrollment-Information-for-Pharmacists.html>.

Prescribing pharmacists should note that they still must have an active and valid individual NPI and all other Part D coverage requirements still must be met. In addition, CMS strongly recommends that pharmacists make sure that their primary taxonomy associated with their NPI in the National Plan & Provider Enumeration System (NPPES) reflects that they are a pharmacist. Upon enforcement of this regulation in February 1, 2017- Part D plans will be required to reject pharmacy claims if the prescribing pharmacist's taxonomy code is not accurate in NPPES.

To review and update your NPPES information, visit NPPES:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

7. 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. 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 the Part D Prescriber Enrollment page on cms.gov at: go.cms.gov/PrescriberEnrollment for further information.

8. I am currently a resident, intern or fellow. Am I required to enroll or opt out?

Interns, residents and fellows who are authorized by state law to prescribe drugs (in particular Part D drugs) and who are in an accredited graduate medical education program that has opted to allow them to prescribe Part D drugs, must be enrolled in Medicare to prescribe Part D drugs. If the accredited graduate medical education program has opted to require the signature of the teaching physician on all prescriptions for Part D drugs, then the intern, resident or fellow, need not be enrolled. The person who is prescribing the drugs—whose name and NPI appear on the PDE—must be enrolled or validly opted out.

State licensed interns, residents, and fellows - who prescribe Part D drugs – must be enrolled in Medicare to prescribe. Licensure can include a provisional license or similarly- regulated credential. Licensed residents have the option to apply to enroll, opt out, or use the teaching physician on claims.

Un-licensed interns, residents, and fellows must use the teaching physician’s name and NPI on the prescription.

9. Who is considered an “other authorized prescriber?”

CMS has identified pharmacists as the only prescriber type that is not authorized by statute to enroll that can prescribe Part D drugs. We have posted a chart on the prescriber enrollment page if there are questions on provider types that need to enroll to prescribe.

Go.cms.gov/EligibleProviders.

However, please note that retired physicians (licensed and unlicensed) and interns, residents, and fellows do not fall under the category of “other authorized prescriber.” They must be licensed, authorized by state law to prescribe, and must enroll if they are prescribing Part D drugs.

Enrollment in Medicare & Help Completing

1. Is there a cost to enroll in Medicare?

No. There is no application fee for providers enrolling to prescribe Part D drugs.

2. How do I enroll in Medicare?

Providers can enroll in Medicare by using either PECOS: go.cms.gov/pecos or by completing the paper 855I or 855O application, which can be downloaded from CMS Forms listing <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html>.

When submitting paper applications, the information should be submitted through their respective Medicare Administrative Contractors (MACs). Contact information for MACS can be found here: go.cms.gov/partdmaclist.

3. What is a MAC (Medicare Administrative Contractor)?

MACs process Medicare claims, enroll health care providers in the Medicare program, and educate providers on Medicare billing requirements. Contact information for MACS can be found here: go.cms.gov/partdmaclist

4. Is there a how to guide to help enroll in PECOS?

Yes. It can be found at go.cms.gov/PECOSsteps. There is also a video tutorial available at: Go.cms.gov/PECOSVideo.

5. What is the difference between completing the CMS 855I or the CMS 855O applications?

If you wish to enroll to bill and be paid 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 certain items or services and/or prescribe Part D drugs.

6. Where can I get a copy of the CMS-855O/CMS855I form?

CMS-855O - a shorter, abbreviated form, allows providers to enroll to order and/or certify certain items or services, and/or prescribe Part D drugs. *(While the CMS-855O form states it is for physicians and non-physician practitioners who want to order, it is appropriate for use by prescribers who also want to enroll to prescribe Part D drugs.)*

go.cms.gov/cms855o.

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

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

7. The only two options on the CMS 855I/855O forms for dentists are Maxillofacial Surgery and Oral Surgery. Will the forms be updated to list General Dentist to help the dentist make the proper choice?

If you are using the CMS 855I to enroll in Medicare to be paid for covered services furnished to Medicare beneficiaries, select from either the Maxillofacial Surgery, Oral Surgery (dentist only), if applicable, or select Undefined Physician type and write in 'GeneralDentist.'

CMS is updating the CMS-855O to include the General Dentist option. Until that form is updated, dentists should select from either the Maxillofacial Surgery, Oral Surgery (dentist only), if applicable, or select Undefined Physician type and write in 'General Dentist' on the CMS-855O.

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

For more information on the opt-out process, refer to: go.cms.gov/optoutinfo

9. 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 (including a dentist who opts out of Medicare), 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 (or dentist).

10. Who can I contact if I have questions?

Find your local Medicare Administrative Contractor (MAC): go.cms.gov/partdmaclist.

Checking Your Status: Enrollment Files**1. What is the Medicare Enrollment file on data.cms.gov?**

The Medicare enrollment file: Go.cms.gov/ProviderList includes all providers who are currently enrolled in Medicare in an approved status or have a valid opt out record.

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

The file contains production data (from PECOS) 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 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 do 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

3. 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 Go.cms.gov/ProviderList on the CMS website. The file identifies those physicians and eligible professionals who are enrolled in Medicare in an approved or opt out status.

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

Yes, 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.

Miscellaneous

1. How will this impact beneficiaries and enrollees?

Beneficiaries and enrollees should ensure that any prescriptions written for Part D drugs are by a physician or eligible professional who is 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.

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

CMS published the CMS-4159-F on May 23, 2014 and CMS-6107-IFC on May 6, 2015. These regulations were 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 paid under Part D.

3. 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>

4. Does opting out of Medicare have an impact on Medicaid enrollment?

When a physician or practitioner submits an opt out affidavit that meets the requirements of 42 CFR 405.420, he or she is opting out of Medicare, not Medicaid.

5. How do I update my legal name with Medicare?

- Step 1: Update your name with the Social Security Administration (SSA)
- Step 2: Update your name in the NPPES
- Step 3: Update your name using PECOS or the paper version of the 855 form

6. What is required from a provider that is going from a temporary to a permanent license?

The provider is required to mail a copy of their permanent license to their Medicare Administrative Contractor (MAC). Failure to do so may result in revocation.