Preclusion List FAQs

Q: What is the Preclusion List?

A: The Preclusion List is a list of prescribers and individuals or entities who fall within any of the following categories:

> (1) Are currently revoked from Medicare, are under an active reenrollment bar, and CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program; or
>
> (2) Have engaged in behavior for which CMS could have revoked the prescriber, individual or entity to the extent applicable if they had been enrolled in Medicare, and CMS determines that the underlying conduct that would have led to the revocation is detrimental to the best interests of the Medicare program. Such conduct includes, but are not limited to, felony convictions and Office of Inspector General (OIG) exclusions.

CMS will make the Preclusion List available to Part D sponsors and the Medicare Advantage (MA) plans. The initial list of providers will be precluded effective January 1, 2019, however, MA and Part D plans will not begin editing claims until April 1, 2019. This consists of 30 days for the MA and Part D plans to review the Preclusion List and notify the affected patients by mail if they have received a healthcare item or service or prescription drug in the past from a provider that has been added to the CMS Preclusion List. The notification will allow a 60-day period before Part D sponsors reject a pharmacy claim (or deny a beneficiary request for reimbursement) for a Part D drug that is prescribed by an individual on the Preclusion List, and MA plans deny payment for a health care item or service furnished by an individual or entity on the Preclusion List.

Q: Are Part D providers participating in Medicare Advantage (MA) required to enroll in Medicare?

A: No. CMS published CMS-4182-F on April 16, 2018, which rescinds the enrollment requirement for:

- Providers who prescribe drugs to patients enrolled in Medicare Part D, and
- Network providers and suppliers that furnish health care items or services to a Medicare beneficiary who receives his or her Medicare benefit through a Medicare Advantage (MA) organization.

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Q: Where can I go to obtain more information about the Preclusion List?

A: You can visit the Preclusion List homepage on CMS.gov.

Q: How will a provider know if they are on the Preclusion List?

A: CMS will issue an initial email notification to the impacted providers using the email addresses obtained from the Provider Enrollment, Chain and Ownership System (PECOS) the Medicare enrollment system of record or the National Provider Plan and Enumeration System (NPPES). CMS or a Medicare Administrative Contractor (MAC) will follow up with a written notice through mail to the impacted provider in advance of his or her inclusion on the Preclusion List and their applicable appeal rights.

Q: Where will the notification letter be sent?

A: The letter will be sent to the provider's most recent correspondence address found in PECOS if they are currently revoked from Medicare and are under an active reenrollment bar or the most recent mailing address found in NPPES if they have engaged in behavior for which CMS could have revoked, to the extent applicable, if they had been enrolled in Medicare.

Q: What are the appeal rights related to inclusion on the Preclusion List?

A: Impacted providers who are notified of their inclusion on the Preclusion List are afforded appeal rights in accordance with 42 CFR Part 498. These appeal rights allow a provider to challenge CMS' placement of the provider on the list and not to challenge the underlying reason for the revocation, OIG exclusion, or other adverse action that led to their inclusion on the Preclusion List. The preclusion appeals process will neither include nor affect appeals of payment denials or enrollment revocations, as there are separate appeals processes for these actions. Any appeal under this provision will be limited strictly to the individual's inclusion on the Preclusion List. Appeal instructions are included in the letter. Appeals are sent to CMS provider enrollment group through regular mail. People and impacted providers with questions regarding the letter may contact CMS via email at providerenrollment@cms.hhs.gov.

Q: What is the length of time a provider can expect to be on the CMS Preclusion List?

A: A provider will be precluded for the length of their re-enrollment bar if they are currently revoked or would have been revoked had they enrolled in the Medicare program. The re-enrollment bar is a minimum of 1 year, but not greater than 3 years depending on the severity

of the basis for revocation. The Preclusion List timeframe will be specified in the notification letter.

Q: Will providers be precluded retroactively?

A: No, the period for which a provider is precluded will not be effective prior to their addition to the list and will only extend through the expiration of the applicable re-enrollment bar.

Q: How will the provider's inclusion on the Preclusion List impact a beneficiary's ability to get their prescriptions filled?

A: Beneficiaries will be notified if they have received prescription drugs in the past 12 months from a specific provider that is being added to the Preclusion List. The notification will allow a 60-day period for beneficiaries to may make arrangements to receive prescriptions from another provider who is not precluded. Should a beneficiary decide to continue receiving prescriptions from a precluded provider, any prescription for a drug will be rejected or denied at the pharmacy and the beneficiary will have the option to pay out-of-pocket. The beneficiary would not be able to have the prescription filled using their Medicare Part D drug benefit.

Q: How will the provider's inclusion on the Preclusion List impact a beneficiary's ability to receive items or services through their Medicare Part C benefit?

A: Beneficiaries will be notified if they have received services in the past from a specific provider that is added to the Preclusion List. The notification will allow a 60-day period before the plans begin denying claims for an item or service rendered by a precluded provider. During this time beneficiaries are encouraged to make arrangements to receive items and services from a non-precluded provider.

Q: How are providers removed from the Preclusion List?

A: Impacted providers will not drop off the Preclusion List; however, the list will indicate the date that an impacted provider is no longer precluded. Providers aren't added to the list until they have exhausted their first level of appeal. If the appeal is found favorable, they would not be included on the list. If the appeal is unfavorable or the impacted provider fails to submit an appeal at all, they would be added to the list.

Q: Will the Preclusion List be shared publically?

A: No. The Preclusion List will not be made available publically.

Q: What should beneficiaries do if they have access to care issues due to the Preclusion List?

A: Impacted beneficiaries that have concerns or need assistance finding a new provider should contact Medicare's toll-free customer care operations at 1-800-MEDICARE (1-800-633-4227).