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## **Instructions for Completing Physician/Authorized Prescriber CMS Attestations for Long-Term Care Medication Orders**

The Physician/Authorized Prescriber CMS Attestation for Long-Term Care (LTC) Medication Orders (henceforth “Physician Attestation”) is used by Part D sponsors to obtain a record of physician approval for LTC medication orders that do not contain a signature by a provider with prescriptive authority. Part D sponsors must submit a separate Physician Attestation, along with the original LTC medication order, for each record/PDE\_ID in which the LTC medication order is not signed by a provider with prescriptive authority. **Physician Attestations are to be used only for LTC medication orders that are unsigned by a provider with prescriptive authority or improperly signed by someone other than an authorized prescriber.** The Physician Attestation will allow an authorized prescriber to attest that they authorized the LTC medication order in question.

By signing and documenting credentials in the CMS attestation form and identifying the date of service, physicians or authorized prescribers are attesting to the validity of the LTC medication order. Per this process, Part D sponsors are not required to submit an attestation; however, if they do, they must use the official, blank Physician Attestation provided to Part D sponsors by CMS. Only the Physician Attestation referenced in this notice will be accepted in support of the Calendar Year (CY) 2024 Medicare Part D Improper Payment Measure (Part D IPM). Please do not submit third-party provider attestation forms, as these will not be accepted.

### **Section I – Enrollee Information**

This section of the Physician Attestation should be completed **by the Part D sponsor** to match the attestation to the appropriate Prescription Drug Event (PDE) record.

Instructions:

1. Complete this section with:
  - Medicare Identification Number (MBI)
  - Last Name of Enrollee
  - First Name of Enrollee
  - Date of Birth of Enrollee
  - Drug Name and Strength (per the PDE record)
  - Date of Service (per the PDE record)
  - CY 2024 Contract ID Number
  - CY 2024 Part D Sponsor Name

## **Section II – Attestation Statement**

This section of the Physician Attestation should be completed **by the physician or authorized prescriber (physician assistant, nurse practitioner, etc.)** who ordered the prescription, not by a licensed practical nurse (LPN) or registered nurse (RN). If the practitioner is no longer associated with the facility due to retirement, relocation, or death, another licensed provider with prescriptive authority may attest to the LTC medication order at the facility's discretion. This practitioner should be familiar with the beneficiary's medical records and the medication/date of service indicated in the PDE record.

Instructions:

1. The Part D sponsor completes Section I and sends the Physician Attestation to the physician or authorized prescriber.
2. The physician or authorized prescriber prints their name and credentials in the body of Section II, enters the date of service (either the date the order was written or the PDE date of service is acceptable) for the LTC medication order to which they are attesting, then signs and dates the Physician Attestation.
3. The physician or authorized prescriber returns the Physician Attestation to the requesting Part D sponsor. The sponsor should ensure the physician or authorized prescriber has completed each field in the Physician Attestation correctly before submitting it to CMS. Physicians or authorized prescribers may not submit attestations directly to CMS or the Part D IPM Module in the Health Plan Management System (HPMS).

## **Submitting Physician Attestations for LTC Medication Orders**

Part D sponsors should include both the Physician Attestation and the original LTC medication order in the same PDF file and submit the documentation via the HPMS Part D IPM Module.

Instructions:

1. Upon receiving the completed Physician Attestation from the physician or authorized prescriber, combine the signed Physician Attestation and LTC medication order into one PDF file.
2. Upload the PDF file to the HPMS Part D IPM Module using the following naming convention: *PDE ID\_RxRec* (example *T3515\_2024\_0001\_RxRec*).
  - o This is the same naming convention used to upload prescription record hardcopies/medication orders during the CY 2024 Part D IPM process.

Part D sponsors can find additional information about the CY 2024 Part D IPM process, including the attestation process, in the CY 2024 Part D IPM Submission Instructions. Part D sponsors should send technical questions to the HPMS Part D Module at [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov). For other attestation process questions, direct inquiries to [PartD\\_IPM@cms.hhs.gov](mailto:PartD_IPM@cms.hhs.gov) with "Physician Attestations" in the subject line. Questions can also be posted on the HPMS Part D IPM Module Discussion Board.