



Santa Clara
Family Health Plan
The Spirit of Care

To: SCFHP Cal MediConnect Provider
From: Jennifer Clements, Director of Provider Operations
Date: December 15, 2015
Subject: **CMS to enforce Medicare prescriber enrollment requirement: Enroll today!**

Dear Provider:

Starting on June 1, 2016, claims for prescribers not enrolled in Medicare will **temporarily** be covered through the provisional fill policy, which will allow Cal MediConnect members to receive up to a 3-month fill for each of their drugs. **After the 3-month provisional fill, subsequent claims for the drug will be rejected at the point of sale if the prescriber is still not actively enrolled or opted-out.**

Providers who prescribe Part D drugs for Medicare patients are required to enroll in Medicare. SCFHP has identified over 700 providers who are currently writing prescriptions for Medicare patients in our Cal MediConnect plan but are not enrolled with Medicare.

Please enroll with Medicare, if you have not already, as we are approaching the enforcement of this requirement by the Centers for Medicare and Medicaid Services (CMS). A delay on your part could result in your Cal MediConnect patients not being able to obtain drugs you prescribe for them.

Please see attached memo from CMS for more information.

Thank you.

**Important official message for providers
who prescribe drugs for Medicare patients.**



ENROLL IN MEDICARE AS A PROVIDER NOW!

Dear Prescriber: You have been identified as a provider who currently prescribes drugs for Medicare patients, but who is not enrolled in (or validly opted-out of) Medicare. Because of a new Medicare requirement, it is crucial for your patients' health that you enroll in Medicare (or validly opt out, if appropriate). **As soon as possible**, please follow the below steps. A delay on your part could result in your Medicare patients not being able to obtain drugs you prescribe for them.

What's changed & when?

We have published rules that will soon require nearly all providers (for example, dentists, physicians, psychiatrists, residents, nurse practitioners, and physician assistants), including Medicare Advantage providers, who prescribe drugs for Part D patients to enroll in Medicare (or validly opt out, if appropriate). Beginning June 1, 2016, we will enforce a requirement that Medicare Part D prescription drug benefit plans *may not cover drugs* prescribed by providers who are not enrolled in (or validly opted out of) Medicare, except in very limited circumstances.

Why is this important to my patients and me?

Unless you enroll (or validly opt out), Medicare Part D plans will be required to notify your Medicare patients that you are not able to prescribe covered Part D drugs. *Please also note that if you opt out, you cannot receive reimbursement from traditional Medicare or a Medicare Advantage plan, either directly or indirectly (except for emergency and urgent care services; see 42 CFR 405.440 for details.)*

What steps do I need to take?

To help your Medicare patients, please **enroll in Medicare either fully to bill or for the limited purpose of prescribing Part D drugs**. There are **no fees** to complete the process. You can do so electronically or on paper:

1. *Electronic process:* Use the PECOS system at go.cms.gov/pecos. For limited enrollment, we recommend using the step-by-step instructions at go.cms.gov/PECOSsteps and a video tutorial at Go.cms.gov/PECOSVideo; or
2. *Paper process:* Complete the paper application for limited enrollment at go.cms.gov/cms855o and submit it to the MAC in your geographic area. To locate your MAC, please refer to the MAC list at: go.cms.gov/partdmaclist.

If you need assistance with the process of enrolling in (or validly opting out) of Medicare, please contact the MAC within your geographic area.

Thank you for your prompt and careful attention to this important matter, and for serving Medicare beneficiaries. These new CMS rules will enable federal officials to better combat fraud and abuse in the Part D program through verification of providers' credentials via the Medicare enrollment/opt-out process.

The Centers for Medicare & Medicaid Services

QUESTIONS? NEED ASSISTANCE?

Please contact CMS at providerenrollment@cms.hhs.gov if you have questions about this letter, you do not prescribe drugs, or if you believe that:

- You are already enrolled in (or validly opted out of) Medicare.
- You have a pending application.
- You are not eligible to enroll in Medicare (for example, you are a pharmacist).

If you need assistance with the process of enrolling in (or validly opting out) of Medicare, please contact the MAC within your geographic area. To locate your MAC, please refer to the MAC list on the CMS website at: go.cms.gov/partdmaclist.

Please visit the CMS Part D Prescriber Enrollment website at go.cms.gov/PrescriberEnrollment for helpful information about the new requirement, such as resources to check your application status, or to sign up for the listserv to receive updates.

Background Information

The Medicare program is administered by the Centers for Medicaid & Medicare (CMS) within the U.S. Department of Health and Human Services. The Medicare program is divided into four parts: 1) Part A generally covers inpatient hospital services; 2) Part B generally covers physician services; 3) Part C (Medicare Advantage) refers to Medicare-approved private health insurance plans for individuals enrolled in Parts A and B; and 4) Part D covers the cost of most prescription medications.

The Part D prescriber enrollment rules referred to in this notice are CMS-4159-F *Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs* (79 FR 29843; May 23, 2014); and CMS-6107-IFC *Medicare Program; Changes to the Requirements for Part D Prescribers* (80 FR 25958; May 6, 2015).