

ABOUT MEDICARE PARTICIPATION

To sign a Medicare participation agreement is to agree to accept assignment for all covered services that you provide to Medicare patients.

WHY PARTICIPATE?

If you bill for physicians' professional services, services and supplies (such as drugs and biologicals) provided incident to physicians' professional services, outpatient physical and occupational therapy services, diagnostic tests, and radiology services, your Medicare fee schedule amounts are not reduced by 5 percent as they are for nonparticipating physicians.

Also, regardless of the Medicare Part B services for which you are billing, participants have "one stop" billing for beneficiaries who have nonemployment-related Medigap coverage and who assign both their Medicare and Medigap payments to participants. After we have made payment, we automatically send the claim on to the Medigap insurer for payment of all coinsurance and deductible amounts due under the Medigap policy. The Medigap insurer must pay the participant directly.

The number of physicians, practitioners and suppliers who choose to participate in Medicare continues to grow. During CY 2001, 88.7 percent of all physicians, practitioners and suppliers are billing under signed Medicare participation agreements - this was a 0.4 percent increase over the number of CY 2000 participants.

WHAT TO DO

If you choose to be a participant:

- Do nothing if you are currently participating, or
- If you are not currently a Medicare participant, complete the blank agreement enclosed and mail it (or a copy) to each carrier to which you submit Part B claims. (On the form show the name(s) and identification number(s) under which you bill.)

When can the decision to participate be made:

- Toward the end of each calendar year (generally in November), all Medicare carriers have an open enrollment period. During this period, providers who are currently enrolled in the Medicare Program can change their current participation status for the next calendar year. This is the only time these providers are given the opportunity to change their participation status. **These providers should contact their local Medicare carrier to learn where to send the agreement.**
- **New physicians, practitioners and suppliers can sign the participation agreement and become a Medicare participant at the time of their enrollment into the Medicare Program or they can wait and sign the participation agreement during the open enrollment period (contact carrier to get exact dates) as mentioned above. They may also choose to sign the participation agreement in the middle of the year and should contact the carrier to find out about mid year participation enrollment in his or her particular case. Those who choose to sign the participation agreement in the middle of the year will only be paid as a participating physician, practitioner, or supplier for services furnished on and after that date. Physicians who enroll as a participant in the middle of the year will not be paid at the higher payment rate for services furnished before the effective date of the participation agreement. New physicians, practitioners and suppliers should contact the Medicare carrier to learn where to send the agreement.**

If you decide not to participate:

- Do nothing if you are currently not participating, or
- If you are currently a participant, write to each carrier to which you submit claims, advising of your termination effective the first day of the next calendar year. This written notice must be postmarked prior to the end of the current calendar year.

We hope you will decide to be a Medicare participant.

Please call the Medicare carrier in your jurisdiction (**link to carriers**) if you have any questions or need further information on participation.

MEDICARE
PARTICIPATING PHYSICIAN OR SUPPLIER AGREEMENT

Name(s) and Address of Participant*

**Physician or Supplier
Identification Code(s)***

The above named person or organization, called "the participant," hereby enters into an agreement with the Medicare program to accept assignment of the Medicare Part B payment for all services for which the participant is eligible to accept assignment under the Medicare law and regulations and which are furnished while this agreement is in effect.

1. Meaning of Assignment - For purposes of this agreement, accepting assignment of the Medicare Part B payment means requesting direct Part B payment from the Medicare program. Under an assignment, the approved charge, determined by the Medicare carrier, shall be the full charge for the service covered under Part B. The participant shall not collect from the beneficiary or other person or organization for covered services more than the applicable deductible and coinsurance.

2. Effective Date - If the participant files the agreement with any Medicare carrier during the enrollment period, the agreement becomes effective _____.

3. Term and Termination of Agreement - This agreement shall continue in effect through December 31 following the date the agreement becomes effective and shall be renewed automatically for each 12-month period January 1 through December 31 thereafter unless one of the following occurs:

a. During the enrollment period provided near the end of any calendar year, the participant notifies in writing every Medicare carrier with whom the participant has filed the agreement or a copy of the agreement that the participant wishes to terminate the agreement at the end of the current term. In the event such notification is mailed or delivered during the enrollment period provided near the end of any calendar year, the agreement shall end on December 31 of that year.

b. The Centers for Medicare & Medicaid Services may find, after notice to and opportunity for a hearing for the participant, that the participant has substantially failed to comply with the agreement. In the event such a finding is made, the Centers for Medicare & Medicaid Services will notify the participant in writing that the agreement will be terminated at a time designated in the notice. Civil and criminal penalties may also be imposed for violation of the agreement.

Signature of participant
(or authorized representative
of participating organization)

Title
(if signer is authorized
representative of organization)

Date

Office phone number
(including area code)

*List all names and identification codes under which the participant files claims with the carrier with whom this agreement is being filed.

Received by
(name of carrier)

Effective date

Initials of carrier official

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0373. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington D.C. 20503.

