

## Attestation of Need for/Exemption from Medicare Enrollment

The New York State (NYS) Medicaid program requires Medicare enrollment for pharmacies enrolling in Medicaid to ensure that Medicaid dual eligible members receive drugs and supplies from Medicaid providers enrolled in accordance with federal and State laws and regulations. The three types of Medicare enrollment discussed in this document include CMS-460 *Medicare Participating Physician or Supplier Agreement*, CMS-855B Medicare enrollment for clinics/group practices and other suppliers, and CMS-855S Medicare enrollment for Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers.

Pharmacies that choose to enroll in the CMS-460 *Medicare Participating Physician or Supplier Agreement*, agree to accept assignment for all their Medicare claims, including those not subject to Medicaid payment. This Medicare enrollment is optional. However, all Medicaid enrolled pharmacy providers are still required by federal law to submit claims and accept assignment for Medicare covered services provided to Medicaid dual eligible members, regardless of CMS-460 enrollment status.

Pharmacies must determine if their business situation or business model requires CMS-855B or CMS-855S Medicare enrollment or both. This attestation form enables pharmacy applicants the opportunity to clarify and attest to the need for an exemption from each type of Medicare enrollment. Pharmacies that do not have or maintain CMS-855S enrollment may not meet enrollment criteria and may not be enrolled or may be disenrolled. Please note, that the CMS-855S Medicare enrollment applies to Medicaid pharmacy categories of service 0441 and 0442.

Pharmacies are subject to audit, recovery, and Medicaid provider termination for non-compliance with the requirement of Medicare enrollment.

-----  
If newly applying for Medicaid enrollment or applying for revalidation or reinstatement, please include this form with your application.

If submitting this form as an update and not as part of a new enrollment application, please mail to:

eMedNY  
PO Box 4603  
Rensselaer NY 12144-4603

-----  
**Instructions: For each part below, select the statements that correspond to your pharmacy's business situation.**

Pharmacy Name \_\_\_\_\_ Provider ID # \_\_\_\_\_ NPI # \_\_\_\_\_

By submitting this form the pharmacy agrees to **accept** Medicare claims assignment and submit Medicare claims for **all Medicare covered services** on behalf of a Medicaid member.

### Part 1:

This pharmacy is enrolled as a **CMS-855B** provider (Medicare enrollment for clinics/group practices and certain other suppliers) as:

**Supplier Type - Pharmacy:** This pharmacy is dispensing drugs administered by a practitioner in a long-term care facility, practitioner's office, or home setting; or is dispensing drugs covered by National Government Services (NGS) enrollment that are self-administered; or is dispensing and administering vaccines.

**Supplier Type - Mass Immunizer:** This pharmacy only bills Medicare for Medicare Part B vaccinations using roster billing. This pharmacy does not dispense any other drug or supply covered by

NGS enrollment as described above, or this pharmacy is additionally enrolled as indicated by the Supplier Type: Pharmacy checked above.

This pharmacy is not enrolled as a **CMS-855B** provider (Medicare enrollment for clinics/group practices and certain other suppliers) as a Pharmacy or a Mass Immunizer. This pharmacy does not dispense drugs or dispense/administer vaccines that require this Medicare enrollment (see partial description above).

**Part 2:**

This pharmacy is enrolled as a **CMS-855S** provider (Medicare enrollment for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers).

This pharmacy is not enrolled as a **CMS-855S** provider. This pharmacy does not dispense Medicare Part B drugs or supplies as allowed by **CMS-855S** enrollment. For example, this pharmacy does not dispense diabetic supplies, nebulizer drugs, oral anticancer or antiemetic drugs to any patients of the pharmacy.

*Note: To obtain and continue New York State Medicaid enrollment, pharmacies are required to have and maintain CMS Medicare enrollments appropriate to the services offered. This form must be updated when the pharmacy adds or removes services requiring Medicare enrollment. **Failure to immediately notify the Department of any changes to the pharmacy's Medicare status may result in termination from the New York State Medicaid program.***

I hereby attest that the information contained in this document is correct and true and I have the authority to sign this document on behalf of the named pharmacy provider.

Applicant / Provider's Name (Print): \_\_\_\_\_

Applicant / Provider's Signature: \_\_\_\_\_

Applicant/ Provider's Job Title \_\_\_\_\_

Date Signed \_\_\_\_\_

Form Prepared By (Print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_