

The Basics of “Medicare Opt-out” for Florida Dentists

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Effective June 1, 2015, Medicare Part D will no longer reimburse patients (assuming they have purchased Part D coverage) or pharmacies for prescriptions

dentists write unless the dentist opts in and enrolls, or opts out and enters into a private contract with the patient. Confusing? To simplify, use what types of patients you see and what services you provide as a guide.

First, Medicare is different than Medicaid. Both Medicare and Medicaid are government programs paid for primarily through taxes. In general, Medicare is for patients over age 65, and Medicaid is for patients who are financially needy.

The opt-out issue has nothing to do with Medicaid reimbursement. In Florida, all Medicaid services are reimbursed through managed-care organizations. As a dentist, you opt in or opt out of Florida’s Medicaid program by, respectively, signing a participating provider agreement or not.

Second, if you don’t have Medicare patients in your practice, then you don’t have to do anything. Since Medicare pays for few dental procedures, many Florida dentists (e.g.,

pediatric specialists) are in this group and may be unaffected by the new rule.

Third, if you have Medicare patients (e.g., extractions, sleep apnea devices, prescription drugs), then you need to choose whether to enroll or opt out. Public health dentistry and oral and maxillofacial surgery provide Medicare services and therefore need to choose.

Next, consider the ramifications before you choose to enroll or opt out. For example, if you enroll as a Medicare treating provider, then you are subject to increased liability risks for false claims; the minimum records retention period increases from four to five years; you have to be careful about denying services to Medicare recipients; you can’t charge Medicare for missed appointments; you may have a percentage of your Medicare reimbursement withheld beginning next year if you don’t have electronic health records; etc. On the other hand, if you opt out of one part of Medicare, then you opt out of other parts as well, which can directly cause loss of revenue and patient dissatisfaction.

When choosing, know that Medicare consists of four parts, and while you may not provide services covered under Parts A and B, you may provide services covered under Parts C or D.

In general, Medicare Parts A and B provide basic coverage for hospital and physician

services and are administered by the government and paid for via taxes.

Part C, also known as Medicare Advantage, consists of the basic coverage under Parts A and B, but adds optional or supplemental dental and vision plan benefits not otherwise covered. Part C plans are administered by private health plans (not the government) and the supplemental coverage is paid for via premiums (not taxes) typically deducted from enrollees’ Social Security checks.

Part D plans are like Medicare Advantage plans for prescription drugs only. They provide supplemental optional coverage for prescription medication used in dentistry (e.g. antibiotics, anti-inflammatory or pain medications), are administered by private health plans and are paid for via premiums.

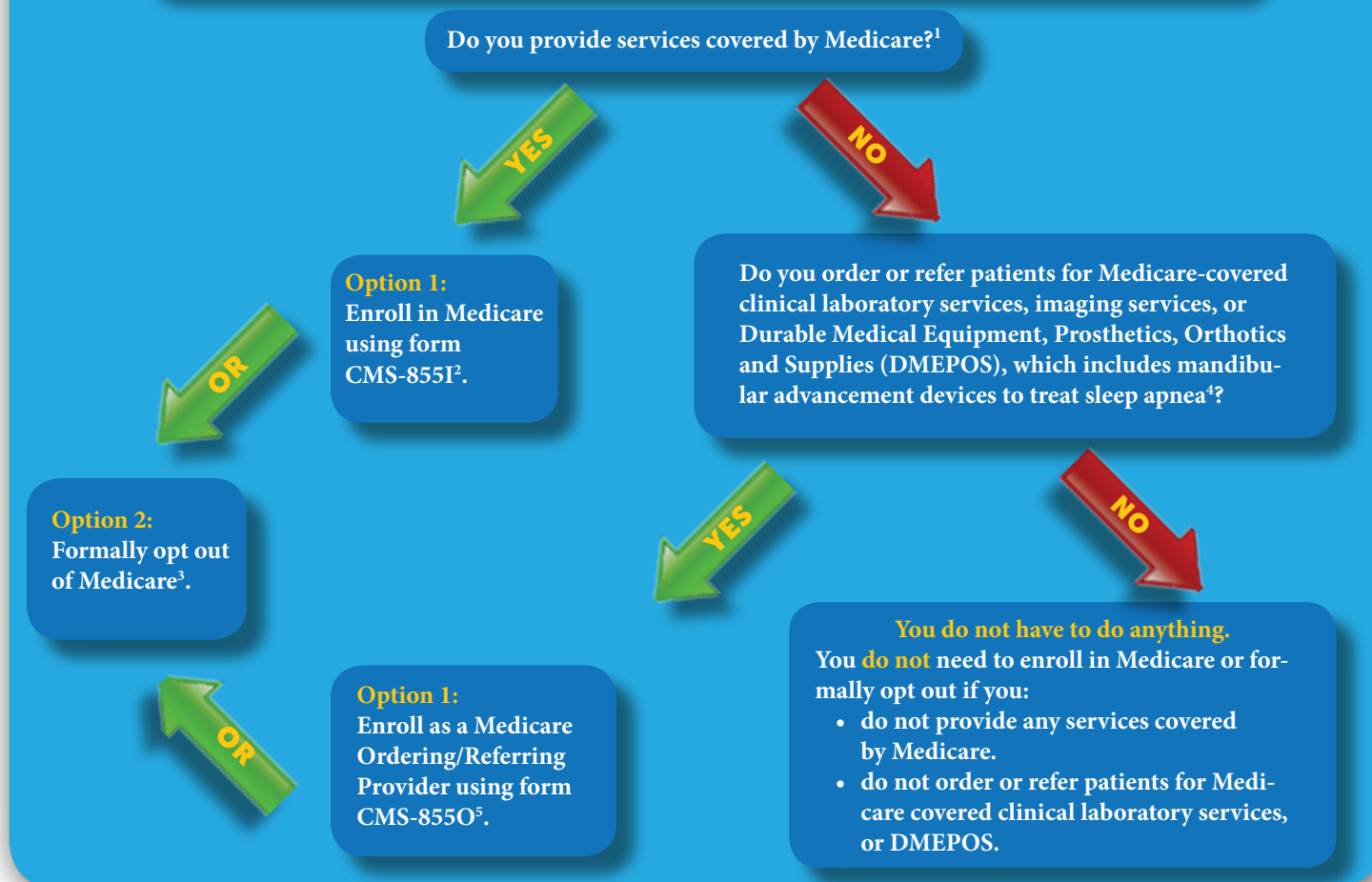
Your decision to enroll in or opt out of Medicare should be guided by the types of patients you treat and the services you provide. If you practice in The Villages, Medicare coverage is likely to be part of your practice. If you practice in a college town and all of your patients are under 65, then you may be entirely unaffected. If you have Medicare patients, then contact the ADA Center for Professional Success at 312.440.2500 for help on what to do next.

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MEDICARE DECISION: OPT IN OR OPT OUT?

As of **June 1, 2015**, if you have not enrolled or formally opted out, and you prescribe a drug covered by a Medicare Part D plan, the Medicare plan will not pay for the drug for your patients. Similarly, dentists must enroll in order to prescribe drugs covered by Medicare Advantage plans.

Note: dentists who opt out of Medicare **cannot** submit claims to Medicare Advantage plans.



The following forms are accessible on our website at <http://www.floridadental.org/members/member-resource/benefits/additional-practice-resources>.

¹**Dental services covered by Medicare.** Medicare covers a limited number of dental services, such as the extraction of teeth to prepare the jaw for radiation treatment, or an oral exam performed on an inpatient basis prior to renal transplant surgery (see CMS, [Medicare Dental Coverage](#)). However, certain biopsies performed in a dental office may be covered by Medicare.

How do I know whether a patient is on Medicare? Medicare is a health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease. You can only find out whether a patient is on Medicare by asking the patient or the patient's legal representative.

²**Form CMS-855I.** You can use the paper or electronic form (see CMS, [Enrollment Applications](#)).

What if I'm already enrolled, but as a Durable Medical Equipment (DME) supplier? If you also provide covered services, you also must enroll using CMS-855I. If you order/refer but you do not provide covered services, you must enroll using form CMS-855O (you may also use CMS-855I).

³**Opting Out.** Opting out requires you to file an affidavit with all applicable Medicare contractors and enter into private contracts with patients who are Medicare beneficiaries. Opting out lasts for two years. (See ADA, [Opting Out of the Medicare Program](#) and [Medicare Opt-Out FAQ](#); CMS, [Opting Out of Medicare and/or Electing to Order and Refer Services](#) (PDF). Note that dentists who opt out of Medicare cannot submit claims to a Medicare Advantage plan.

⁴**Ordering and referring.** For example, some oral pathology services are covered clinical laboratory services, and in some cases oral sleep apnea devices may be covered DMEPOS. Medicare will not pay for the clinical laboratory or imaging service or the DMEPOS if the ordering or referring dentist is not enrolled or formally opted out. For more information, see CMS, [Medicare Enrollment Guidelines for Ordering/Referring Providers](#) (PDF).

⁵**Form CMS-855O.** You can use the paper or electronic form (see CMS, [Enrollment Applications](#)). Note: If you only order/refer, you may choose to enroll as a Medicare provider using the longer form CMS-855I, but that offers no advantage if you are not seeking to provide Medicare covered services.