



Opt Out Affidavits Guidelines

In order for a physician or practitioner to "opt out" of Medicare, the provider must file an affidavit with the WPS Provider Enrollment department no later than ten days after the first private contract is entered into. The affidavit indicates that the provider will not submit any claim to Medicare for any item or services provided to Medicare beneficiaries during the two-year period after its effective date. They also agree not to receive any Medicare payments during this time period. After two years, a provider can return to Medicare or "opt out" again.

A provider cannot choose to "opt out" of Medicare for some Medicare beneficiaries but not others, or for some services but not others. The "opt out" status applies to all items or services the provider furnishes to Medicare beneficiaries regardless of the location where they are furnished. Therefore, it applies to all of a provider's Medicare numbers.

A valid opt out affidavit must:

- Be in writing and be signed by the physician/practitioner.
- Contain the physician's or practitioner's full name, address, telephone number, provider billing number, uniform provider identification number (UPIN), or, if neither a provider number nor a UPIN has been assigned, the physician's or practitioner's tax identification number (TIN).
- State that except for emergency or urgent care services the physician/practitioner will provide services to Medicare beneficiaries during the opt out period only through private contracts that meet the criteria for services that would have been Medicare-covered services.
- State that the physician/practitioner will not submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt out period, nor will the physician/practitioner permit any entity acting on his/her behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary.
- State that, during the opt out period, the physician/practitioner understands that he/she may receive no direct or indirect Medicare payment for services that he/she furnishes to Medicare beneficiaries with whom he/she has privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare Advantage plan.
- State that a physician/practitioner who opts out of Medicare acknowledges that, during the opt out period, his/her services are not covered under Medicare and that no Medicare payment may be made to any entity for his/her services, directly or on a capitated basis.
- State on acknowledgment by the physician/practitioner to the effect that, during the opt out period, the physician/practitioner agrees to be bound by the terms of both the affidavit and the private contracts that he/she has entered into.
- Acknowledge that the physician/practitioner recognizes that the terms of the affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by the physician/practitioner during the opt out period (except for emergency or urgent care services furnished to the beneficiaries with whom he/she has not previously privately contracted) without regard to any payment arrangements the physician/practitioner may make.



- With respect to a physician/practitioner who has signed a Part B participation agreement, acknowledge that such agreement terminates on the effective date of the affidavit.
- Acknowledge that the physician/practitioner understands that a beneficiary who has not entered into a private contract and who requires emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules for emergency and urgent care apply if the physician/practitioner furnishes such services.
- Identify the physician/practitioner sufficiently so that the carrier can ensure that no payment is made to the physician/practitioner during the opt out period. If the physician has already enrolled in Medicare, this would include the physician/practitioner's Medicare uniform provider identification number (UPIN), if one has been assigned. If the physician/practitioner has not enrolled in Medicare, this would include the information necessary to be assigned a UPIN.
- Be filed with all carriers who have jurisdiction over claims the physician/practitioner would otherwise file with Medicare and be filed no later than 10 days after the first private contract to which the affidavit applies is entered into.

Nebraska WPS Medicare - Provider Enrollment P.O. Box 8248 Madison, WI 53708	Iowa WPS Medicare -Provider Enrollment P.O. Box 8248 Madison, WI 53708
Kansas WPS Medicare -Provider Enrollment P.O. Box 8248 Madison, WI 53708	Missouri WPS Medicare -Provider Enrollment P.O. Box 8248 Madison, WI 53708

Effective Dates and Non-Participating Providers

Non-participating providers can "opt out" at any time by filing an affidavit. The effective date of the "opt out" period will be the date the provider indicates; if there is no designated date, it will be the date the affidavit was signed.

Effective Dates and Participating Providers

Participating providers can "opt out" if they file an affidavit that is received by Provider Enrollment at least 30 days before the first day of the next calendar quarter. The effective date of the "opt out" period is the first day in that quarter (1/1, 4/1, 7/1, or 10/1). They may not provide services under private contracts with beneficiaries earlier than the effective date of the affidavit.

Participating providers who "opt out" of Medicare also terminate their participation agreement since they no longer agree to accept assignment on all services furnished to Medicare beneficiaries. They will be considered non-participating for any emergency/urgent care services that are paid after the "opt out" effective date.