
WPS Guidelines:

In order to opt out of Medicare, a provider must file a valid opt out affidavit with the WPS Provider Enrollment Department no later than ten days after the first private contract is entered into with a Medicare beneficiary.

Note that a provider cannot choose to opt out of Medicare for some Medicare beneficiaries but not others, or for some services but not others. Opt out status applies to all items or services the provider furnishes to Medicare beneficiaries regardless of the location where they are furnished.

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, specialty, National Provider Identifier (NPI), Medicare Provider Transaction Number(s) (PTAN), if assigned, and Social Security Number (required if the provider does not have an NPI).
- 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 private contracts, for services that would have been Medicare-covered services but for their provision under a private contract.
- 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, except for emergency and urgent care services provided to a Medicare beneficiary with whom he or she has not signed a private contract.
- 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+Choice 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 a promise 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 Medicare contractor can ensure that no payment is made to the physician/practitioner during the opt out period.
- 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.