

Nursing Home Administrators/Staff:

In addition to using the web-based Prescription Plan Finder tool at [www.medicare.gov](http://www.medicare.gov) for individual resident inquiries, nursing homes without Internet access or who need Medicare prescription drug plan enrollment information for multiple residents can now do so via a special CMS fax-based procedure.

Nursing homes should provide the required authentication information for each of their Medicare residents using the attached authentication form. Send the completed form, along with a fax-back cover sheet (sample attached) including the name and phone number of a voice contact, to Medicare at: 785-830-2593

Medicare customer service representatives will process the requests and fax them back to the nursing home within three (3) business days. Please use these forms to expedite your request. Failing to follow this approach will cause a delay in our ability to respond.

Complete instructions and sample forms are attached.

## Nursing Home Patient Prescription Drug Plan Information

### Nursing Home Actions:

1. Information should be for multiple beneficiaries and all the names may be included on a single request form.
2. Nursing home representatives will supply the required authentication information for each patient they are requesting information on to 1-800-MEDICARE via fax. The required authentication information includes:
  - Beneficiary Name
  - HIC #
  - Date of Birth
  - Address
  - Entitled to Part A or B (yes or no)
3. Use a Fax Cover Sheet to transmit the completed authentication form. CMS will fax back your Fax Cover Sheet with the patient Medicare prescription drug plan enrollment information. A sample Fax Cover Sheet is attached.
4. The Fax Cover Sheet must contain the following attestation statement signed by a nursing home representative:

*I attest that the Medicare prescription drug plan enrollment information to be provided by CMS about patients on the attached list will be used by the nursing home only for Medicare prescription drug coverage purposes.*
5. The Fax Cover Sheet must also contain the following:
  - a fax number for returning the requested Medicare prescription drug plan enrollment information to the nursing home
  - the name and phone number of a nursing home contact in case there are questions.
6. Use the following safeguards when faxing to CMS' secure site:
  - include a disclaimer on the Fax Cover Sheet (see attached sample Fax Cover Sheet)
  - get the transmission confirmation after the fax is sent

Do NOT put individually identifiable or sensitive information on the Fax Cover Sheet.

7. **The MEDICARE fax number is 785-830-2593.**

Medicare Customer Service Representative Actions:

1. Medicare CSRs will process these requests and fax them back to the nursing home within three (3) business days.
2. Due to privacy concerns, information faxed back to nursing homes will include only the first initial, last name, and prescription drug plan enrollment information for each beneficiary.

# Fax Cover Sheet

## CMS Medicare Prescription Drug Plan Enrollment Information Request

Date: \_\_\_\_\_

Fax Back Number:        Area Code (    ) \_\_\_\_\_

Voice Contact Name: \_\_\_\_\_

Voice Contact Phone # : \_\_\_\_\_

Number of pages (including cover sheet): \_\_\_\_\_

Identification:

Institution Name: \_\_\_\_\_

Medicare Billing Number: \_\_\_\_\_

Comments:

Attestation:

*I attest that the Medicare Prescription Drug Plan enrollment information to be provided by the Centers for Medicare & Medicaid Services (CMS) will be used by the nursing home only for Medicare prescription drug coverage purposes.*

\_\_\_\_\_  
Signature of Nursing Home Representative

*The attached information is CONFIDENTIAL and is intended only for the use of the addressee(s) identified above. If the reader of this message is not the intended recipient(s) or the employee or agency responsible for delivering the message to the intended recipient(s), please note that any dissemination, distribution, or copying of the communication is strictly prohibited. Anyone who receives this communication in error should notify us immediately by telephone and return the original message to us at the address above via U.S. Mail. Thank you.*

**Fax request to Medicare at 785-830-2593**