

Converting a CMS 855O to a CMS 855I Enrollment

How To Guide

Internet-based PECOS allows an Individual provider currently enrolled in Medicare solely to order and refer to easily convert their CMS 855O enrollment to a CMS 855I enrollment and vice versa.

This How to Guide only covers the scenario of converting from a CMS 855O to a CMS 855I enrollment.

Step 1: User Logs into PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>.

Medicare Enrollment
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

USER LOGIN

You may use your NPPES or PECOS username and password to login.

* User ID

* Password

LOG IN

[Forgot Password?](#)

[Manage/Update User Profile](#)

If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8049/TTY 1-866-523-4759.

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

Note: If you are a Medical Provider or Supplier, you must [register for an NPI](#) before enrolling with Medicare.

Individual providers – access PECOS using the same user Id and password used for NPPES.

Organization providers – access PECOS using the user Id and password created in the PECOS I&A system.

Step 2: User selects My Enrollments.

Medicare Enrollment
for Providers and Suppliers

Home

Welcome John Provider

Notifications

Welcome to PECOS.

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Manage Medicare and Account Information

MY ENROLLMENTS

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

Step 3: User selects View Enrollments.

My Enrollments

New Application

Before you get started, please review the following checklists of information necessary to complete an enrollment via Internet-based PECOS:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(eg. LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

To enroll in the Medicare program for the first time or to create a new enrollment, please click the "New Application" button below.

NEW APPLICATION >>

Existing Associates

In order to view Medicare applications and enrollments for an associate, please click on the "View Enrollments" button next to an associate listed below.

Individuals

Name: JANE PROVIDER NPI: 1437439379

VIEW ENROLLMENTS >>

Step 4: From the My Enrollments page the User selects New Application.

My Enrollments

New Application

Before you get started, please review the following checklists of information necessary to complete an enrollment via Internet-based PECOS:

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- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

To enroll in the Medicare program for the first time or to create a new enrollment for this associate, please click the "New Application" button below.

NEW APPLICATION >>

Name: JANE PROVIDER NPI: XXXXXX

Existing Enrollments

Contractor: NOVITAS SOLUTIONS, INC. Enrollment Type: 8550 Type/Specialty: PODIATRY State: MARYLAND Status: APPROVED	VIEW > REVALIDATE > MORE OPTIONS >
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Step 5: User chooses which provider the application is being created for.

Application Questionnaire (*) Red asterisk indicates a required field.

Applicant Identification

You are associated to the following Employer:

* Which provider is the application being created for?

Jane Provider (You)

Step 6: User answers "No" to the ordering and referring question.

Application Questionnaire (*) Red asterisk indicates a required field.

Ordering and Referring

* Is the applicant enrolling solely to order and refer? Answering Yes to this question means that you, or any organization you may be employed by, will not send claims to a Medicare contractor for any service you furnish.

Yes

No

Step 7: User selects the enrollment they would like to convert to create their CMS 855I enrollment.

Application Questionnaire

(*) Red asterisk indicates a required field.

Convert 855O to 855I

* You are currently enrolled in Medicare for the sole purpose of ordering and referring services. Select an existing ordering and referring enrollment which you would like to convert to an 855I enrollment. The enrollment information from the ordering and referring enrollment chosen for conversion will be auto-populated on your 855I application.

Contractor: NOVITAS SOLUTIONS, INC.
Enrollment Type: 855O
Type/Specialty: PODIATRY
State: MARYLAND
Status: APPROVED

I do not want to auto-populate my new application with information from any of my existing enrollments.

Step 8: User completes the Applicant Description questionnaire.

Application Questionnaire

(*) Red asterisk indicates a required field.

Applicant Description

Please read through all the descriptions and then choose the one that best matches your situation.

* I am applying as a:

Sole Owner of a PA, PC or LLC

- You are the only owner of a business, set up as a corporation, through which you give healthcare services.
- Your business is *legally separate* from your personal assets.

Self-Employed/Sole Proprietor

- You give *all* your healthcare services from a facility that you own, lease or rent.
- You are the only owner of a business that gives healthcare services.
- You and your business are *legally one and the same*. You are personally responsible for any of the business's financial obligations.
- You report the business's income and losses on your personal tax return.

Group Member Only

- You give *all* your healthcare services as an employee of a group practice or clinic.
- You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.

Group Member and is Self-Employed

- You give *some* healthcare services as an employee of a group practice or clinic.
- You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.
- You also give *some* healthcare services from a facility that you own, lease or rent.
- The income you make through self-employment is part of your personal assets.

Disregarded Entity

- You are the only owner of a business, set up as a corporation, through which you give healthcare services.
- You and your business are considered *legally one and the same*.

Step 9: User confirms applicant identification information.

Application Questionnaire

(*) Red asterisk indicates a required field.

Applicant Identification Information

* First Name
Jane

* Last Name
Provider

* Social Security Number (SSN)
123-45-6789
XXX-XX-XXXX

* Date of Birth
mm/dd/yyyy
09/28/XXXX

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Step 10: User selects the State/Territory where services will be rendered.

Application Questionnaire

(*) Red asterisk indicates a required field.

State/Territory Where Healthcare Services Rendered

Please select a single state/territory where the applicant renders healthcare services.

* State/Territory
MARYLAND

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Step 11: User selects their Medicare specialty.

Application Questionnaire (*) Red asterisk indicates a required field.

Primary Medicare Services Rendered

Note: A separate application is required for each primary healthcare service rendered.

* Please select the primary Medicare Services rendered by the applicant.

Part B Physician Specialties

PODIATRY

Part B Non-physician Specialties

Select Non-Physician Specialty

* Undefined Type Specification

PREVIOUS PAGE NEXT PAGE

CANCEL

Step 12: User completes the Identification Numbers questionnaire.

Application Questionnaire (*) Red asterisk indicates a required field.

Identification Numbers

* Does the applicant want Medicare payments reported under the applicant's EIN instead of the applicant's SSN? (to qualify for this payment arrangement, the applicant must be a sole proprietor and cannot reassign all Medicare payments)

Yes

No

* Employer Identification Number (EIN)

12-3456789

Ownership Information

* Effective Date of Ownership

mm/dd/yyyy

01/01/2012

* Telephone

(555) 555-5555 x Extension

4105550500 x

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Step 13: User completes the Reassignment of Benefits question.

Application Questionnaire

(*) Red asterisk indicates a required field.

Reassignment of Benefits

* Is the applicant employed by a business or individual that will receive the practitioner's Medicare claims payments?

Yes

No

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[<< CANCEL](#)

Step 14: User confirms the reason for the application and clicks "Start Application."

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time using their social security number (SSN). No reassignment of benefits exists with this application.

The application is for:

Name	Social Security Number (SSN)	Practitioner Specialty	State
Jane Provider	XXX-XX-XXXX	PODIATRY	MARYLAND

Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor(s) for processing
- The practitioner must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

[START APPLICATION >>](#)

[<< CANCEL](#)

Step 15: User completes all topics not marked with a check mark including the Withdraw Existing Medicare Enrollments section.

[Topic View](#)
[Fast Track View](#)
[Error/Warning Check 12](#)

Enrollment ID: 10921 XXXXXXX
 PacID: A000817618109282012000004
 Web Tracking ID: T092 XXXXXXX

Reason for Application

Practitioner Is Enrolling In Medicare for the First Time

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed	Topics
✓	Personal Information + more information about Personal Information
✓	Practitioner Specialty + more information about Practitioner Specialty
—	PAR Status Information + more information about PAR Status Information
✓	Physical Location and "Special Payments" Address + more information about Physical Location and "Special Payments" Address
—	Rendering Healthcare Services at a Patient's Home + more information about Rendering Healthcare Services at a Patient's Home
—	Resident/Fellow Status + more information about Resident/Fellow Status
✓	Correspondence Address + more information about Correspondence Address
✓	License and Certification Information + more information about License and Certification Information
✓	Final Adverse Actions + more information about Final Adverse Actions
—	Organization Control + more information about Organization Control
—	Individual Control + more information about Individual Control
—	Patient Records Storage Location + more information about Patient Records Storage Location
—	Billing Agency + more information about Billing Agency
✓	Contact Person + more information about Contact Person
—	Electronic Funds Transfer + more information about Electronic Funds Transfer
—	Required and/or Supporting Documentation + more information about Required and/or Supporting Documentation
—	Withdraw Existing Medicare Enrollments + more information about Withdraw Existing Medicare Enrollments

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

[Withdraw Existing Medicare Enrollments](#) + more information about Withdraw Existing Medicare Enrollments

Step 16: User must confirm, in the Withdraw Existing Medicare Enrollments section, that they wish to have their existing Medicare enrollment (CMS 8550) withdrawn once this application is submitted. An individual provider completing a new application to bill Medicare for services rendered must confirm the withdrawal of all their current ordering and referring only enrollments.

Withdraw Existing Medicare Enrollments

Topic Summary

This topic requests that the practitioner confirm the enrollments which will be withdrawn from Medicare when this application is submitted.

[+ \(more information about withdrawal of enrollments\)](#)

Enrollments to be Withdrawn

Please confirm that you wish to withdraw from Medicare the enrollments displayed below by clicking the [Confirm] button. **CONFIRM >>**

This application cannot be submitted unless you agree to withdraw these enrollments. If you do not wish to submit this application and withdraw these enrollments from Medicare at this time, or you change your mind after clicking the [Confirm] button, you may navigate back to the My Enrollments page and delete this application or use this page to unconfirm your decision and withhold this application from submission.

Contractor: 12302 - NOVITAS SOLUTIONS, INC. - MARYLAND
Enrollment Type: 8550
Type/Specialty: PODIATRY
State: MARYLAND
Status: APPROVED

<< PREVIOUS TOPIC **GO TO ERROR CHECK >>** **RETURN TO TOPICS >>**

Step 18: Provider is given the option to e-sign the enrollment application or print, sign and mail a hard copy certification statement to the Medicare contractor.

Medicare Enrollment

for Providers and Suppliers

Applicant: John Provider | PEDIATRIC MEDICINE | MARYLAND

Topics: Topics for this Enrollment

My Application Progress  90%

[Home](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Submission Process](#)

E-Signature Option

(*) Red asterisk indicates a required field.

Electronic Signature

The following documents are available for electronic signature:

- Certification Statement

* Would you like to proceed with the Electronic Signature process?

Yes.

No, I choose to submit a hard copy of the supporting documents to CMS containing my traditional hand-written signature signed in ink

Step 19: If the Provider chooses the e-signature option they must review and agree to the Terms and Conditions and validate their identity.

E-Signature Submission (*) Red asterisk indicates a required field.

E-Signature Instructions

To e-sign the enrollment application, follow the steps below:

1. Review all documentation prior to e-signing.
2. Review all applicable terms and conditions.
3. Accept of all applicable terms and conditions is a requirement to e-sign.
4. Enter required identifying information listed under Complete Your E-Signature.

Certification Statement Terms and Conditions

Certification Statement for Individual Practitioners

As an individual practitioner, you are the only one who may sign this application. The authority to sign the application on your behalf may not be delegated to any other person. The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

* Do you accept the Terms and Conditions?

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

Complete Your E-Signature

In order to complete the e-signature process, you must validate your identity by providing the required information below.

* First Name

* Last Name

* Date of Birth
mm/dd/yyyy

* Social Security Number (SSN)
123-45-6789

* Telephone
(555) 555-5555

[PREVIOUS PAGE](#) [NEXT PAGE](#)

Provider must agree to the terms and conditions by checking the box and validate their identity before proceeding with e-signature.

Step 20: User reviews the Submission Page and clicks the “Complete Submission” button.

Submission Page (*) Red asterisk indicates a required field.

Contact and Processing

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. **You must mail all required print documents within 15 days of submitting the electronic part of your application.**

Note: It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

* Fee-For-Service Contractor
NOVITAS SOLUTIONS, INC.

NOVITAS SOLUTIONS, INC.
PROVIDER ENROLLMENT SERVICES
P.O. BOX 890157
CAMP HILL, PA 17089-0157

Required and Supporting Documents

The following are Required and Supporting Documents that must be mailed in or uploaded as part of your submission. Some documents may not be applicable for digital upload. Please view the notes below.

Notes:

- The following CMS Forms **should not** be uploaded to your submission and may result in delays in application processing: Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, Form CMS-855O, Form CMS-588, or any certification statement(s) and authorization statement(s).
- Any certification statement(s), authorization statement(s), or CMS-588 forms must be e-signed or mailed as part of the submission and should not be uploaded. Uploading these documents may cause a delay in processing the application and may require further action if these documents are not e-signed or mailed.

Required Documents:

View and Print	Certification Statement for Individual Practitioners
View and Print	Copy of CMS-588 Electronic Funds Transfer Authorization Agreement

Supporting Documents:

Required Supporting Documentation

- Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., CP 575) provided in Section 4. (NOTE: This information is needed if the application is enrolling a professional corporation, professional association, or limited liability company with this application, or is enrolling as a sole proprietor using an Employer Identification Number.)
- Written confirmation from the IRS confirming your Limited Liability Company (LLC) is automatically classified as a Disregarded Entity. (e.g., Form 8832). (NOTE: A disregarded entity is an eligible entity that is treated as an entity not separate from its single owner for income tax purposes. A “disregarded entity” is treated as separate from its owner.)

Required, if applicable, Supporting Documentation

- Completed Form CMS 450 - Medicare Participating Physician or Supplier Agreement.
- Completed Form CMS 588, Authorization Agreement of Electronic Funds Transfer. Note if a supplier already receives payments electronically and is not making a change to his/her banking information, the CMS-588 is not required.
- Copy of IRS Determination Letter, if provider is registered with the IRS as non-profit.

Optional Supporting Documentation

- Any additional documentation or letters of explanation as needed.

Note:

- Documents in PDF format require the [Adobe Acrobat Reader](#). If you experience problems with PDF documents, please [download the latest version of the Reader](#).

Step 21: User is directed to the Submission Confirmation page.

Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember to:

- Make sure all required and supporting documents that require a signature are signed.
- Mail all required and supporting documents that has not been uploaded to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor(s) receives the signed required documentation of your application in the mail.
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.
- Your application may be delayed or not processed if any required/supporting documentation is missing.
- If you are submitting an application with Electronic Funds Transfer (EFT) Information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. **Note:** You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.
- You will receive e-mails about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

Enrollment Tracking Information

Applicant Name: Jane Provider

Tracking ID: T092820 XXXXXXX

Submitted Date: 28 - SEPTEMBER - 2012

Submitted By: Jane Provider

Contact Email(s):
XXXXXXXX@XX XXXXXXX

Reason(s) for submission:

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services. A reassignment of benefits may exist.

Medicare Contractor(s)

Medicare Contractor(s):The identified contractors are responsible for processing electronically submitted and mailed materials for this enrollment application. If you have more than one contractor, you will need to submit all certification statements and supporting documentation to each contractor.

NOVITAS SOLUTIONS, INC.
PROVIDER ENROLLMENT SERVICES
P.O. BOX 890157
CAMP HILL PA 17089-0157

NOTE: Upon approval of your CMS 855I application your CMS 855O will be removed. In the event your CMS 855I application is not approved no action will be taken with your CMS 855O application, and it will remain in effect.