Part D Prescribers
Medicare Enrollment
Instructions via PECOS

For use to prescribe Part D drugs (enrollment for ordering and referring services)

PECOS – Provider Enrollment Chain and Ownership System for Medicare enrollment.
NPPES – National Provider Plan and Enumeration System used to assign National Provider Identifiers (NPIs) for health care providers and health plans.

1. Log into PECOS: https://pecos.cms.hhs.gov/pecos/login.do. Use your NPPES ID information. If you don’t have a NPPES account, select the Register for a user account option.
2. Select the *My Enrollments* button.

3. Select the *Create New Application* button.
4. Select Yes.

5. Confirm your identifying information and click Next Page.
6. Select the state where you render healthcare services.

7. Choose your specialty from the drop down box. For those dentists who do not meet the listed specialties, select the Undefined Physician Type and specify dentist in the space provided.
8. Verify the application submittal reason is correct.

![Confirm Reason for Application]

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time using their social security number (SSN). The practitioner is enrolling solely to order and refer services.

The application is for:

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number (SSN)</th>
<th>Practitioner Specialty</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Provider</td>
<td>XXX-XX-XXXX</td>
<td>UNDEFINED PHYSICIAN TYPE (SPECIFY)</td>
<td>MARYLAND</td>
</tr>
</tbody>
</table>

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.

9. Click *Start Application*. 
10. Complete each topic listed. Use ‘Topic View’ (access each topic individually) or ‘Fast Track View’ (view all topics on a single page) to complete.
11. Once all topics have been completed, and all errors addressed, select **Begin Submission**.
12. E-sign the enrollment application, or print, sign, and mail a hard copy certification statement to your local Medicare Administrative Contractor (MAC). E-signature allows faster processing.

If using e-signature, review and agree to the Certification Terms and Conditions. For the hard copy certification statement, look under the Required Documents section.
13. Select your MAC from the drop down box and click **Complete Submission**.

**Submission Page**

**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.][1]

**Reason(s) for submission:**

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time solely to order and refer services.

**Reports**

Select the hyperlink to view the Application being submitted:

[View Application being submitted](#)

**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-855L, 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 PDF](#)

  **Certification Statement for Ordering and Referring Individual Practitioners**

**Required/Supporting Documents:**

- Additional documentation or letters

**Note:**

- Expand **[ ]** for document details.
- Documents in PDF format require the Adobe Acrobat Reader®. If you experience problems with PDF documents, please download the latest version of the Reader®.
14. The Complete Submission confirmation page is displayed which the provider should print and maintain for their records.

If you have questions about the enrollment process you can contact your local Medicare Administrative Contractor (MAC). State MAC contact information can be found at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Prescriber-Enrollment-MAC-List.html