

Medicare Provider Enrollment Using PECOS

Joseph Schultz
*Center for Program Integrity,
Centers for Medicare &
Medicaid Services*



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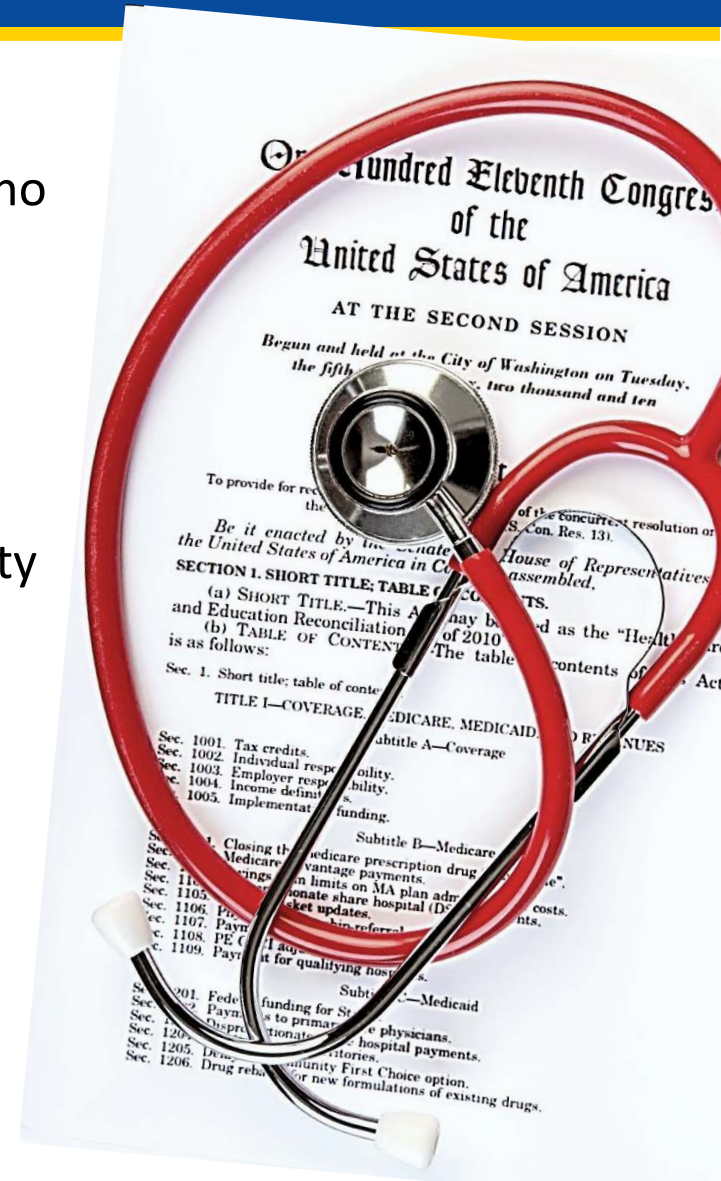
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Part D Prescriber Enrollment

Section 6405c of the Affordable Care Act supports enrollment in Medicare for health care providers who prescribe Part D drugs.

Value for the Provider & Public

- Stops fraudulent claims from invalid prescriber information. This **protects prescribers** from identity theft
- **Protects beneficiaries** by ensuring only licensed individuals enroll as Medicare providers
- Protects Medicare dollars



Prescriber Enrollment Deadlines

Part D prescribers must be enrolled in Medicare by **February 1, 2017**



This requirement impacts all physicians and other eligible professionals (including dentists, psychiatrists, residents, nurse practitioners and physician assistants*)

After February 1, Part D plans ***may not cover prescriptions*** unless the prescriber is enrolled in (or validly opted out) of Medicare

*For a full list of eligible providers go.cms.gov/EligibleProviders

Prescriber Enrollment Process

Medicare Enrollment

Prescribers can either enroll fully to bill Medicare OR enroll to fulfill the requirement and continue to prescribe.

Opt-Out Affidavit

Prescribers who opt-out cannot be reimbursed by Medicare (including Part C through private plans).

Online with
PECOS



go.cms.gov/pecos

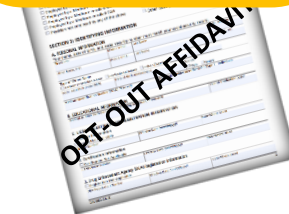
Paper Forms
855o or 855i



go.cms.gov/cms855o

go.cms.gov/cms855i

File with a
MAC



Contact Your Local
MAC

go.cms.gov/partdmaclist

PECOS

Provider Enrollment, Chain and Ownership System

go.cms.gov/pecos



**Enrollment is
absolutely FREE**



**Enroll in about
20 minutes**



**Check status
online**

Quick and easy online Medicare enrollment application tool

Collect Application Information



National Provider Identifier (NPI): register for NPI or confirm existing information in NPES (nppes.cms.hhs.gov)



Personal Information: legal name, date and place of birth, Social Security Number, IRS status



Education and Medical Specialty Information: name of medical or professional school, graduation year, specialty type



Professional License, Certification and/or DEA Registration Numbers: effective dates, renewal dates, licensing state(s)



Final Adverse Legal Actions: license probation or suspension, Medicare revocation, felony convictions, action date and who took action



Correspondence Address and Phone Number

Log in to PECOS: go.cms.gov/pecos

- Log in with User ID and password from  NPPES
National Plan & Provider Enumeration System
- Request forgotten User ID or password
- Register for a new user account
- Register as an authorized surrogate to submit an application

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

(*) Red asterisk indicates required field

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

New to PECOS? View our [videos](#) at the bottom of this page.


USER LOGIN


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


* User ID


* Password

[LOGIN](#) >>

[Forgot Password?](#) 

[Forgot User ID?](#) 

[Manage/Update User Profile](#) 


[Who Should I Call? \[PDF, 155KB\]](#)  - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER


You may register for a user account if you are a Medicare Practitioner, Authorized or Delegated Official, or Supplier Organization, or an individual who is acting on behalf of Providers or Suppliers.


[Register for a user account](#)


Questions? [Learn more about registering for a user account](#)

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

Helpful Links

[Application Status](#)  - Self Service Kiosk for checking the status of an application submitted within the last 90 days.

[Pay Application Fee](#)  - Pay your application fee.

[View the list of Providers and Suppliers](#)  [PDF] - View the list of Providers and Suppliers who are required to pay an application fee.

My Enrollments

- “My Enrollments”**
- Click **CREATE NEW APPLICATION**  to start a new application process
 - Click **VIEW ENROLLMENTS**  to see the status of an existing application


Welcome Bob Prescriber

System Notifications


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.

From	To	Details
There are no notifications at this time.		

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

Create New Application

My Enrollments

New Application




! IMPORTANT:
If you are responding to a request for Revalidation, please **do not** select the "New Application" button. Instead, select **one of your current enrollment records**.

If your organization is currently enrolled in Medicare, but you do not see your current enrollment information please take the following steps to confirm your access to the enrollment application before creating a new application.


If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.

If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

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.

CREATE NEW APPLICATION 

This is for new applications only!

Application Questionnaire: Ordering and Referring

REMEMBER:
Solely to order and refer means the provider can prescribe Part D drugs but cannot bill Medicare for services

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

NEXT PAGE 

Application Questionnaire: Applicant Identification Information

- Applicant data will auto-populate from NPPES
- Changes must be made on the NPPES website

Application Questionnaire

(*) Red asterisk indicates a required field.

Applicant Identification Information

* First Name

* Last Name

* Social Security Number (SSN)
XXX-XX-XXXX

* Date of Birth
mm/dd/yyyy

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
Select State/Territory
Select State/Territory
ALABAMA
ALASKA
AMERICAN SAMOA
ARIZONA
ARKANSAS
CALIFORNIA
COLORADO
CONNECTICUT

Application Questionnaire: Primary Medicare Services Rendered

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

Select Physician Specialty

Part B Non-physician Specialties

Select Non-Physician Specialty

Select Non-Physician Specialty
CERTIFIED NURSE MIDWIFE
CLINICAL NURSE SPECIALIST
CLINICAL PSYCHOLOGIST
CLINICAL SOCIAL WORKER
NURSE PRACTITIONER
PHYSICIAN ASSISTANT
UNDEFINED NON-PHYSICIAN TYPE (SPECIFY)

If listed options do not apply, or if a dentist enrolls as a Part D prescriber, choose "Undefined Physician Type"

Application Questionnaire: Primary Medicare Services Rendered

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

Select Physician Specialty

Part B Non-physician Specialties

Select Non-Physician Specialty

- Select Non-Physician Specialty
- CERTIFIED NURSE MIDWIFE
- CLINICAL NURSE SPECIALIST
- CLINICAL PSYCHOLOGIST
- CLINICAL SOCIAL WORKER
- NURSE PRACTITIONER
- PHYSICIAN ASSISTANT
- UNDEFINED NON-PHYSICIAN TYPE (SPECIFY)

If unsure if you are permitted to enroll, identify and contact your regional MAC go.cms.gov/partdmaclist

If listed options do not apply, or if a dentist enrolls as a Part D prescriber, choose "Undefined Physician Type" then enter specialty where indicated

Application Questionnaire

(*) Red asterisk indicates a required field.

You must resolve the following error(s) to continue

- Please select Non-Physician Specialty from the list.

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

Select Physician Specialty

Part B Non-physician Specialties

UNDEFINED NON-PHYSICIAN TYPE (SPECIFY)

* Undefined Type Specification

Dentist

Confirm Information and 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). The practitioner is enrolling solely to order and refer services.

The application is for:


Name	Social Security Number (SSN)	Practitioner Specialty	State
Bob Prescriber	XXX-XX-XXXX	UNDEFINED NON-PHYSICIAN TYPE (SPECIFY)	ALASKA

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. 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 for processing.
- The practitioner must sign a statement certifying the submitted information.
- The certification statement, additional required signatures, and required attachments 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.

- Confirm personal information and reason for application
- If correct, click 
- Record tracking and identifier numbers for the new application

Topic View

Fast Track View

Error/Warning Check

Enrollment ID: I05212015000003
PaclD: A002109144I05212015000003
Web Tracking ID: T052120150000003
Individual Provider NPI: 1710378047

Reason for Application

Practitioner is Enrolling in Medicare for the First Time Solely to Order and Refer Services

Topic View and Fast Track View

Navigate application by individual topics or see all topics on one page

Topic View

Fast Track View

Error/...

Enrollment ID: I05212015000003
PacID: A002109144I05212015000003
Web Tracking ID: T0521201500000003
Individual Provider NPI: 1710378047

Reason for Application

Practitioner is Enrolling in Medicare for the First Time Services

Reports

Select the hyperlink to view the Application being edited:
[View Application being edited](#)

Completed Topics

Personal Information Information



Practitioner Specialty [+ more information about Practitioner Specialty](#)

Correspondence Address [+ more information about Correspondence Address](#)

License, Certification, and DEA Information [+ more information about License and Certification Information](#)

Final Adverse Actions [+ more information about Final Adverse Actions](#)

Ordering and Referring Reason [+ more information about Ordering and Referring Reason](#)

Contact Person [+ more information about Contact Person](#)

Required and/or Supporting Documentation [+ more information about Required and/or Supporting Documentation](#)

Information required to complete the enrollment application is organized by topic

Error/Warning Check

Navigate application
by individual topics
or see all topics on
one page

- Check for missing information
- Identify inconsistencies or discrepancies in entered data
- All errors must be addressed to submit application

Topic View | **Fast Track View** | **Error/Warning Check**

Enrollment ID: I05212015000003
PacID: A002109144I05212015000003
Web Tracking ID: T0521201500000003
Individual Provider NPI: 1710378047







Reason for Application







Practitioner is Enrolling in Medicare for the First Time Solely to Order and Refer Services

Reports

Select the hyperlink to view the Application being edited:
[View Application being edited](#)

Application Information by Topic

- Click topic of interest to open Topic Summary
- Click **ADD INFORMATION** 
- Navigate through topic pages using **PREVIOUS PAGE**  and **NEXT PAGE**  to enter all required information
- Review data in Topic Summary and edit, as needed
- Use **NEXT TOPIC**  and **PREVIOUS TOPIC**  to toggle between topics
- Check for missing information or data issues with **GO TO ERROR CHECK** 

Completed	Topics
—	Personal Information  more information about Personal Information
—	Practitioner Specialty  more information about Practitioner Specialty
—	Correspondence Address  more information about Correspondence Address
—	License, Certification, and DEA Information  more information about License and Certification Information
—	Final Adverse Actions  more information about Final Adverse Actions
—	Ordering and Referring Reason  more information about Ordering and Referring Reason
—	Contact Person  more information about Contact Person
—	Required and/or Supporting Documentation  more information about Required and/or Supporting Documentation

Ordering and Referring Reason

Ordering and Referring Reason

Topic Summary

The topic requests information about the reason the applicant is applying to Medicare solely to order and refer services. [* \[more information about Ordering and Referring Reason\]](#)

ADD INFORMATION >>

Ordering and Referring Reason Information

No ordering and referring reason has been listed above.

This information is critical to the enrollment application!

Ordering and Referring Reason

(*) Red asterisk indicates a required field.

Ordering and Referring Reason

* Reason for Enrolling Solely to Order and Refer

Select Reason

Select Reason

EMPLOYED BY THE DVA

EMPLOYED BY THE PHS

EMPLOYED BY THE DOD/TRICARE

EMPLOYED BY IHS OR A TRIBAL ORGANIZATION

EMPLOYED BY A MEDICARE-ENROLLED FQHC

EMPLOYED BY A MEDICARE-ENROLLED RHC

EMPLOYED BY A MEDICARE-ENROLLED CAH

LICENSED INTERN RESIDENT OR FELLOW NOT EMPLOYED AT ANY OF THE ABOVE

DENTIST NOT EMPLOYED BY ANY OF THE ABOVE

PEDIATRICIAN NOT EMPLOYED BY ANY OF THE ABOVE

OTHER

PHYSICIAN NOT EMPLOYED BY ANY OF THE ABOVE

NON-PHYSICIAN PRACTITIONER NOT EMPLOYED BY ANY OF THE ABOVE

NON-LICENSED INTERN RESIDENT OR FELLOW NOT EMPLOYED AT ANY OF THE ABOVE

Required and Supporting Documentation

REMEMBER:

- Upload **up to 100 PDF or TIFF** formatted documents per enrollment application
- Each uploaded file should contain only a single document
- Review the list of uploaded documents or remove unnecessary files
- Required or supporting documentation may be mailed to the MAC

Missing or incomplete documentation in the application file will delay enrollment processing!

Begin Application Submission

Checkmarks confirm information is complete

Completed	Topics
✓	Personal Information + more information about Personal Information
✓	Practitioner Specialty + more information about Practitioner Specialty
✓	Correspondence Address + more information about Correspondence Address
✓	License, Certification, and DEA Information + more information about License and Certification Information
✓	Final Adverse Actions + more information about Final Adverse Actions
✓	Ordering and Referring Reason and Referring Reason
✓	Contact Person + more information about Contact Person
✓	Required and/or Supporting Documentation + more information about Required and/or Supporting Documentation

- **Application progress at 90% indicates application is ready to submit**

My Application Progress  **90%**

- **Click  at the bottom of the page to start the submission process**

E-Signature

Manage Signatures

Name: Bob Prescriber TIN: XXX-XX-XXXX
Web Tracking ID: T052120150000000 NPI: 1710378047

Please select a signature method for each signer:

Name: Bob Prescriber [You]	Role: ORDER AND REFERRING
SSN: XXX-XX-XXXX	Document: INDIVIDUAL PRACTITIONER
* Signature Method:	CERTIFICATION STATEMENT:
<input checked="" type="radio"/> Electronic or <input type="radio"/> Paper	Status: Pending
<input checked="" type="checkbox"/> Sign Now	

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. Accepting all applicable terms and conditions is a requirement to e-sign.

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.

* 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.

Agreeing to the Certification Statement Terms and Conditions makes the electronic signature legally binding

E-Signature Application

- E-Signature requires validation and verification of the personal identity and application record
- Enter information exactly as shown to prevent error messages
- Use the email address and PIN provided in emails from PECOS
- Click 

Verify Your Identity and Validate Your Application Record

Enter the required Identity information:

* First Name

* Last Name

* Date of Birth

mm/dd/yyyy

* SSN

XXX-XX-XXXX

Enter the email address and PIN you received in the PECOS emails:

* Email Address

* PIN



If your PIN is lost or expired, [click here to generate a new one](#)

Select MAC and Submit Application

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 Contractor's Home Office.

* Fee-For-Service Contractor

NORIDIAN HEALTHCARE SOLUTIONS ▼

APPLY

NORIDIAN HEALTHCARE SOLUTIONS
P.O. BOX 6703
FARGO, ND 58108-6703

- MAC is based on the application type and practice location
- Record address for reference
- Send hard copies of required documentation or statements not submitted electronically

Reason(s) for submission:

- A Medicare Part B practitioner is enrolling solely to order and refer services.

Reports

Select the hyperlink to view the Application being submitted.
[View Application being submitted](#)

Medicare Administrative Contractor (MAC) will not process the enrollment application without valid electronic signature and all required supporting documentation on file

Application Status

Welcome Bob Prescriber

System Notifications

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.

From	To	Details
There are no notifications at this time.		

Use **VIEW ENROLLMENTS** to check application status

- Received by MAC
- Reviewed by MAC
- Returned for additional information
- Approved
- Rejected

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

Prescriber Enrollment Resources

Instructional tutorials
and checklists on the
PECOS homepage



Medicare Provider Enrollment
through PECOS



CMS Outreach & Education
MEDIC

Video overview of the
enrollment process at
[go.cms.gov/PECOSVideo](https://www.cms.gov/PECOSVideo)

Technical support
EUSupport@cgi.com
866-484-8049
TTY/TDD 866-523-4759



Prescriber Enrollment Resources: go.cms.gov/PrescriberEnrollment

Any physician or other eligible professional who prescribes Part D drugs must either enroll in the Medicare program or opt out in order to prescribe drugs to their patients with Part D prescription drug benefit plans. Medicare Part D may no longer cover drugs that are prescribed by physicians or other eligible professionals who are neither validly enrolled, nor opted out of Medicare. All prescribers should enroll before January 1, 2016 to allow for the processing of applications and to ensure enrollees get their prescriptions.

[enrollment requirements.](#)

For Dentists

[Information specifically for dentists](#) can be found here.

Medicare Administrative Contractors (MACs) are here to help. [Locate the MAC that services your geographic area.](#)

- Find contact information for MAC

- Verify enrollment application is submitted and pending processing
- Check enrollment file to confirm status



Check Your Enrollment Status

Start by verifying that your application has been submitted and is awaiting processing:



Enroll to Prescribe

- Enroll online: Use [PECOS, the online application](#), to fast-track your enrollment. Our [how-to guide](#) is here to help.



Learn more about Opting-Out

Physicians and practitioners may [opt-out of Medicare](#). Please note that you must enroll in Medicare in order

Prescriber Enrollment Resources: go.cms.gov/PrescriberEnrollment

FREE STEP-BY-STEP MEDICARE ONLINE ENROLLMENT WEBINAR FEBRUARY 18, 2016 [REGISTER NOW](#)

Any physician or other eligible professional who prescribes Part D drugs must either enroll in the Medicare program or opt out in order to prescribe drugs to their patients with Part D prescription drug benefit plans. Medicare Part D may no longer cover drugs that are prescribed by physicians or other eligible professionals who are neither validly enrolled, nor opted out of Medicare. All prescribers should enroll before January 1, 2016 to allow for the processing of applications and to ensure enrollees get their prescriptions.

Medicare Administrative Contractors (MACs) are here to help. [Locate the MAC that services your geographic area.](#)

For Pharmacists

Please read this [important information concerning your enrollment requirements.](#)

For Dentists

[Information specifically for dentists](#) can be found here.

- Access online enrollment or download hard copy enrollment forms
- Learn more about enrollment process
- View decision matrix to learn impact of enrolling or opting out



Check Your Enrollment
Status

Enroll to Prescribe

- Enroll online: Use [PECOS](#), the



Learn more about Opting-
Out

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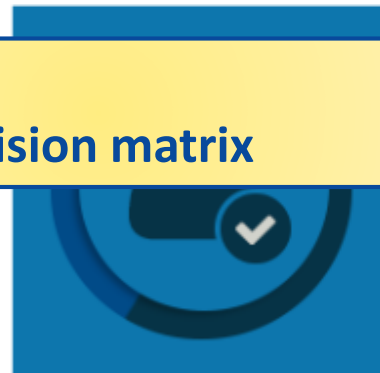
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Please read this [important information concerning your enrollment requirements.](#)

For Dentists

[Information specifically for dentists](#) can be found here.

- Learn about opting out
- Access the opting out decision matrix



Check Your Enrollment Status



Enroll to Prescribe

- Enroll online: Use [PECOS](#), the



Learn more about Opting-Out

Enrollment Timeline



CMS encourages prescribers to submit completed enrollment applications **as soon as possible** to allow adequate time for processing

Part D plans will deny prescriptions from non-compliant prescribers at the point-of-sale as of the enforcement date, **February 1, 2017**



Questions

