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.

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

(*) Red asterisk indicates a required field.

! IMPORTANT:

NPPES data is updated to PECOS periodically throughout the day. If you have recently created your NPPES User ID and Password, or changed any data, please allow couple of hours to one day for your login changes to take effect.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and 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

LOG IN »

Forgot Password?
Forgot User ID?
Manage/Update User Profile

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

Questions? Learn more about registering for an account

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

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.

Medicare Enrollment
for Providers and Suppliers

My Application Progress ☐ 0%

Home > My Enrollments > Application Questionnaire

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 ▼

◄ PREVIOUS PAGE   NEXT PAGE ►

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.

My Application Progress ☐ 0%

Home > My Enrollments > Application Questionnaire

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

UNDEFINED PHYSICIAN TYPE (SPECIFY) ▼

◯ Part B Non-physician Specialties

Select Non-Physician Specialty ▼

* Undefined Type Specification
Endodontics

◄ PREVIOUS PAGE   NEXT PAGE ►

8. Verify the application submittal reason is correct.

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
John Provider	XXX-XX-XXXX	UNDEFINED PHYSICIAN TYPE (SPECIFY)	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 »

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.

Topic View | Fast Track View | Error/Warning Check **8**

Enrollment ID: I01062015000010
PacID: A001854457I01062015000010
Web Tracking ID: T010620150000008
Individual Provider NPI: 1205231701

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 🖥

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment a~~pplication~~ ~~topics.~~

You may view and print this enrollmen~~t~~ process by clicking the View and Print

This application is collecting the follow

Completed	Topics
—	**Personal Information** Information
✓	**Practitioner Specialt** Specialty
—	**Correspondence Ad** Correspondence Add
—	**License and Certific**

Topic View | **Fast Track View** | Error/Warning Check **8**

Enrollment ID: I01062015000010
PacID: A001854457I01062015000010
Web Tracking ID: T010620150000008
Individual Provider NPI: 1205231701

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 🖥

Topics

Personal Information

This topic has not been completed.

GO TO TOPIC ⏩

Practitioner Specialty

Practitioner Specialties

Practitioner Type: Physician   **Secondary Physician Specialties**

Primary Physician Specialty
UNDEFINED PHYSICIAN TYPE
(SPECIFY) : Endodontics

GO TO TOPIC ⏩

11. Once all topics have been completed, and all errors addressed, select *Begin Submission*.

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
✔	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
✔	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

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.

VIEW AND PRINT ≫   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

(*) 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. ▼]   [APPLY ▶]

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-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 [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® 🖵.

[◀ PREVIOUS PAGE]   [COMPLETE SUBMISSION ▶]

14. The Complete Submission confirmation page is displayed which the provider should print and maintain for their records.

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.
- 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.

You have successfully submitted your application!

Remember to:

- Include the Tracking ID or a copy of this page if you are mailing supporting documentation to your Medicare Contractor
- Mail all other supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor receives all required fully signed documentation for your application.
- Print this page for your records. Note: You can print and/or save copies of the application and required documents for your records by also visiting the "My Enrollments" page.
- You will receive e-mail about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

Enrollment Tracking Information

Applicant Name: John Provider

Tracking ID: T010620150000008

Submitted Date: 06 - JANUARY - 2015

Submitted By: John Provider

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/MedicareProvider SupEnroll/Part-D-Prescriber-Enrollment-MAC-List.html