Instructions for Completing the Medicare Enrollment Application

Program Coordinator Instructions
1. Ensure ALL Residents and Fellows are enrolled in PECOS/Medicare (required for ALL – even Pediatric Residents/Fellows). You can use the www.oandp.com/pecos website to check if and when your residents and fellows are enrolled. We also recommend that you have the residents/fellows login to the CMS website directly to check their enrollment status as it is more accurate than the oandp.com website.

   NOTE: Residents/fellows only need to enroll once until they become a billable provider. If residents/fellows enrolled while in a previous residency or fellowship program they should not have to enroll again as it is connected to their NPI number.

2. If they are not enrolled, have them complete the Medicare Enrollment Application.

3. Record enrollment status in MedHub for each of your Residents/Fellows (under the “Certifications” tab of their Resident Management Profile please choose “Yes” or “No”). The date of enrollment field is optional but the completion of the “Enrolled” field is required as it is the means by which GME will determine compliance.

4. If you have questions regarding status, problems, etc. please call 888-379-3807.

Program Coordinator Recommendations/Tips
- Program coordinator should fill out as much of the form as possible, then send to Resident/Fellow for full completion and signature (note that they must sign in blue ink).
- For Section 6, choose one person in your office to be the contact for all Residents/Fellows and enter that individual’s contact information in that section.

Enrollment Instructions

Internet-based Enrollment

Enrollment
If enrolling in PECOS for the first time, follow the steps laid out under the “Individual Physicians and Non-Physician Practitioners” section of the following webpage:  http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetBasedPECOS.html

Additional instructions are also provided in that section for those who have not yet established a user ID and password for their online PECOS account because they have either 1) not yet enrolled in PECOS or 2) enrolled using a paper application.

Once your enrollment application is approved, you should receive a letter in the mail informing you of this approval, as well as providing additional information regarding your enrollment. Click here for sample letter.

*Medicare Enrollment Website: https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

Checking Status
Those who have enrolled in PECOS and would like to check their status can follow the instructions laid out in the document below:
Internet-based PECOS – Instructions for Viewing Physician and Non-Physician Practitioner Status and Specialty Type
**Updating Information**

Those who are already enrolled in PECOS but need to update their information can follow the instructions laid out below:

1. Go to the [Medicare Enrollment website](#).
2. Choose the “My Enrollments” option.
3. Select the enrollment application you would like to update.
4. Choose “Perform change of information to Current Enrollment Information” option and click “Next page”.
5. If need to add a brand new physical location, choose “Yes”, and it will walk you through creating an entirely new application.
6. If your physical location has not changed but you need to update the information because of minor changes (typographical errors, change of suite number, etc.), then choose “No”, and it will walk you through how to make those updates.

More detailed instructions are accessible via the following webinar video: [PECOS Enrollment Example Webinar – Change of Information](#).

**Contact Information**

- **Who Should I Call? – CMS Provider Enrollment Assistant Guide**
- For Login Assistance, contact the NPI Enumerator at 1-800-465-3203 or customerservice@npienumerator.com.

**Mail-In Enrollment**

Before filling out the Medicare Enrollment Application, please carefully review the information and instructions listed below to ensure this form is filled out correctly and in its entirety. Otherwise, the application will be returned and you will need to resubmit it with a new signature page.

**Important Information:**

- All sections of this form must be completed.
- This form must be completed, signed and dated using blue ink. Pencil is not permitted.
- You must include the Resident/Fellow’s NPI number on the form. This is not optional.

**Recommendations:**

- Prefill as much of the form as possible via computer.
- For Section 6, if program coordinator is completing application(s), choose one person in your office to be the contact for all Residents/Fellows and enter that individual’s contact information in that section.

**Step-by-Step Instructions:**

- Section 1A: Check the 1st box – “registering for the sole purpose of ordering/referring”.
- Section 1B: Check the box titled “Licensed intern resident or fellow not employed at any of the above”.
- Section 2A-C: Complete all fields or the application will be returned. Pay particular attention to the license information. Novitas is looking for the full number on the medical license (i.e. TL.000XXXX). A partial version (TL-XXXX) will not be accepted. The full license number can be found on the DORA website. Most Residents and Fellows do not yet have board certification so they may check the “certification not applicable” box.
- Section 3C: Check NO if there is no adverse legal action history.
- Section 4: Check the appropriate specialty.
- Section 4: Enter the provider’s correspondence address.
- Section 6: If the provider wants someone other than themselves to receive correspondence, list that person in the
contact section – this section is not required; however, if it is completed, all mail will be sent to the contact person and NOT to the provider.

- Section 8: Sign and date the form in blue ink.
- Mail the completed form to:

Novitas Solutions
Provider Enrollment Services
P.O. Box 3095
Mechanicsburg, PA 17055-1813