Medicare 855O Enrollment Guide for House Staff

Log In Link to get started with Medicare Enrollment for Providers who solely order or Certify.

https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

Under "My Associates," click to start a new application, then select:

"Eligible Ordering, Certifying, and Prescribing Physicians, and Other Eligible Professionals"

PECOS Help Desk 866-484-8049 for technical/system issues

Please follow each step to submission page.

Your personal email address will be used for this application.

All the fields highlighted in <mark>yellow</mark> must be filled out.

Arrows in Red will show you how to proceed to the next steps.

IMPORTANT: If you are already enrolled with Medicare in another state. YOU DO NOT NEED TO ENROLL WITH AN 855O!!

Please select Palmetto GBA ONLY highlighted in Yellow for your option below

Convert 855I to 855O

You are currently enrolled in Medicare to bill for services rendered as an individual practitioner. Select an existing enrollment which you would like to convert to an ordering, certifying, or prescribing only enrollment. The enrollment information from the enrollment chosen for conversion will be auto-populated on your 855O application.

Existing Medicare Enrollments

* Select	Contractor	Enrollment Type	Type/Specialty	State	Status
○	▉▉▉▉▉	▉▉▉	▉▉▉▉	▉▉▉	▉▉▉
○	PALMETTO GBA	855I	PEDIATRIC MEDICINE	TENNESSEE	APPROVED

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

Cancel	Continue

Identifying Information

First Name (Edit Name?)
▉▉▉▉

Middle Name
▉▉▉▉

Last Name
▉▉▉▉

Suffix
Select ▾

Credentials (M.D., D.O., etc.)
MD

Gender
Male ▾

Date of Birth
08/15/XXXX

Social Security Number (SSN)
XXX-XX-XXXX

National Provider Identifier (NPI)
▉▉▉▉

* Does the applicant have any other name to supply? (e.g. former or maiden name, professional name, etc.)
○ Yes   ● No

Medicare ID (if issued)
[ ]

Medicare ID Type
Select ▾

Medicare ID Effective Date
[ ] 📅
MM/DD/YYYY

* Primary Medicare Specialty
PEDIATRIC MEDICINE ▾

Undefined Primary Specialty
[ ]

Apply Specialty

+ Add Secondary Specialty

Do you owe an existing debt to CMS?   Select ▾

Save

Education

* Medical or other Professional School (Training Institution, if non MD)

NEW YORK MEDICAL COLLEGE

Apply Medical School

* Year of Graduation

2016

YYYY

Save

Ordering and Certifying Reason

* Reason for Enrolling Solely to Order and Certify Items or Services

Select

Other (Please Specify)

Save

Final Adverse Legal Actions

* Has a final adverse legal action ever been imposed against the applicant under any current or former name or business entity?

○ Yes   ◉ No

For more information, view Final Adverse Legal Actions That Must Be Reported.

Save

- If you are not Licensed, please select the first option, "unlicensed Resident" and . For unlicensed individuals, the Medicare Administrative contractor (MAC) will only process the application if a letter is included on institution letterhead and confirming the applicant's status. Incoming House Staff, please check your VUMC email for this document as you should have received from GME.office@vumc.org . If you are unable to locate, please contact gme.office@vumc.org

Licenses

Use **Add Active License** to enter new License information. You can delete any License records that are not applicable.

Select only one valid license for which the state from the selected license will be used to route your application to the appropriate contractor. You do not need to submit an 855O form for each state you are licensed to practice.

NOTE: Active License Information is required to submit the Easy Enrollment with the following fields being required: Selection of new or existing license information radio button. The selected record must have the following information: State Issued, License Number, Effective Date.

Active License information is not required if you are an Unlicensed Resident. Please select the check box below and enter an appropriate State.

☐ Unlicensed Resident ⓘ

[Add Active License]

Active License Record Information

* Select	State Issued	License Number	Compact License	Effective Date	Expiration Date	Delete
◉	TENNESSEE	▬▬▬		03/01/2022	08/31/2024	❌

[Save]

Certifications

Use **Add Active Certification** to enter Certification information that is associated to you.

If you are certified by a national entity, select 'ALL' for the State Issued.

NOTE: Certification information is not required to submit the Easy Enrollment but if included, the following fields are required: State Issued, Certification Number, Effective Date.

Add Active Certification

Active Certification Record Information

State Issued	Certification Number	Effective Date	Expiration Date	Certifying Entity (Specialty Board, State, Other)	Delete
TENNESSEE	▆▆▆	10/18/2019			✖

Save

Drug Enforcement Agency (DEA) Registrations

Use **Add DEA** to enter DEA Registration information that is associated to you.

NOTE: DEA Registration information is not required to submit the Easy Enrollment but if included, the following fields are required: State Issued, DEA Registration Number.

Add DEA

DEA Registration Record Information

State Issued	DEA Registration Number	Effective Date	Expiration Date	Delete
PENNSYLVANIA	▆▆▆			✖
TENNESSEE	▆▆▆			✖

Save

Correspondence Mailing Address

Enter the mailing address where correspondence will be sent to you by your designated Medicare Administrative Contractor (MAC). If you choose to change your correspondence mailing address it will replace any current correspondence address on file.

View additional Correspondence Mailing Address Information.

Business Location Name

Attention (optional)

* Address Line 1   Address Line 2

* City   * State   * Zip   +4
TENNESSEE   XXXXX   XXXX

* Telephone Number   Fax Number   * Email Address
(XXX) XXX-XXXX   (XXX) XXX-XXXX

Save

Please use the Light Hall address:

Vanderbilt University Medical Center
Graduate Medical Education
303 Light Hall
Nashville, TN 37232-5283
Phone: (615) 322-4916
Fax: (615) 343-1496
Email Address: per above, we encourage you to use your own email address

Next page should be your information only as the contact person.

Please use your Personal information and Email address to get your correspondence from PECOS.

Contact Person

If questions arise during processing of this application, your designated MAC will attempt to contact the individual you list in this section.

View additional Contact Person Information.

██████████████████

* First Name	Middle Name	* Last Name
███████		██████

* Address Line 1	Address Line 2
███████████████	██████

* City	* State	* ZIP	+4
NASHVILLE	TENNESSEE ⌄	37215	2691
		XXXXX	XXXX

* Telephone Number	Fax Number	* Email Address
████████		███████████████
(XXX) XXX-XXXX	(XXX) XXX-XXXX	

Relationship or Affiliation to You	* Other (Please Specify)
Other ⌄	██████████

☐ * Is contact person listed the designated Primary Contact?

Save

+Add Additional Contact

Contact Person Review Complete

View In-Progress Application Report   **Save My Application Progress**

Save and Continue

Save and Continue

(?) Have you reviewed your application and are ready to Save and Continue?

Yes - Save and Continue   **No - Return to My Application**

The screen below is where you upload your License, DEA and Certifications

Documentation Upload

(*) Indicates required fields

You may digitally upload most Required and/or Supporting documentation for submission as part of the application.

Use the Required and/or Supporting Documentation Checklist to review documentation applicable to this submission and track the delivery method(s) of each type of document submitted. Both Upload and Mail may be checked when there is more than one document, indicating some are uploaded and some are mailed.

View additional Required and/or Supporting Documentation Information.

+   Required Documentation Checklist

+   Optional Documentation Checklist

Save

Upload Documents

* Do you wish to upload supporting documents?

○ Yes   ○ No

No documents have been listed. Please answer the question above.

Return to Withdraw Existing Enrollments   Continue to Certification/Signatures

Certification Statement/Signatures

(*) Indicates required fields

* Select one of the following options to submit your Certification Statement:

⭘ Electronically sign (E-Sign) Certification Statement

- Directly sign Certification Statement and provide approval if you are the provider indicated in this enrollment

- For surrogate users, designate an email address to reach the provider of this enrollment to E-Sign directly

⭘ Upload Certification Statement

- Instructions will be given for signing and uploading a Certification Statement

- PECOS now allows users to upload signed documents. Please upload your certification statement(s), authorization statement(s), and CMS-588 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures options.

[Continue]

Certification Statement/Signatures

Certification Method Options

You have selected to electronically sign the certification statement. If you wish to change your certification method, please select one of the options below.
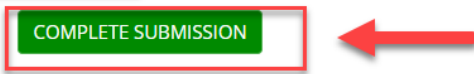
✎ E-sign	⬆ Upload
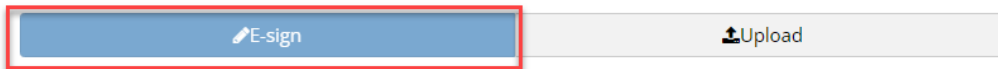
E-Signature Instructions

(*) Indicates required fields

Please enter an email address below where the designated individual of this application can be informed to E-Sign this enrollment.

* E-mail Address

[   ]

* Confirm E-mail Address

[   ]

[COMPLETE SUBMISSION]

MEDICARE ENROLLMENT FAQ

The GME Medicare enrollment guide says "Under 'My Associates,' click to start a new application, then select:...". However, after clicking the Log In Link provided in the guide, I do not see a section called My Associates with a spot to click to start a new application.

You should already have a log in user name and password. It's the same as NPPES

When I complete the Medicare enrollment application, should I use my personal TN medical license, or should I say that I am an unlicensed and upload the enrollment letter since as a fellow I will prescribe under the VUMC license?

Use your TN License

Ordering and Certifying Reason – what do I select?

Select the 2nd line in Group 2 *if you have a TN License*. If you do not have a TN License, you will select, "Other" and indicate "non-licensed", and upload the letter in the documents section that confirms your status as a resident or fellow.

Why did I receive the following message regarding address?

The address you provided could not be confirmed as a valid United States Postal Service (USPS) delivery point.

Address Footnotes:

- The input ZIP Code is identified as a unique ZIP Code. Unique ZIP codes are used for governmental agencies, universities, businesses, or buildings that receive such extremely high volumes of mail that they need their own ZIP codes. All delivery is routed internally by the assigned organization so the address cannot be validated beyond the ZIP Code; a precise address and address correctness cannot be guaranteed.

You may proceed with the address as entered after providing a reason or select the Cancel button to try a different address.

VUMC has their own zip codes with the postal service.