Tab 1

Initial Enrollment: 855I and 855R
Step-by-step demonstration of an initial provider enrollment application in PECOS

Use this application if you are enrolling in the Medicare program for the first time, or if you are enrolling in a new state

BEFORE YOU BEGIN THE ENROLLMENT PROCESS You need to gather the following:

Needed Documentation

1. **Your PECOS User ID and Password.**
    a. **If you have misplaced or forgotten your login go to the CMS I&A website to initiate username and password recovery. https://nppes.cms.hhs.gov/IAWeb/login.do or contact PECOS External User Services (EUS) Help Desk at 1-866-484-8049**
2. **Your medical license number and issue date (in pdf format)**
3. **Your school diploma (in pdf format)**
4. **There is NOT a fee to complete/submit this Medicare application.**

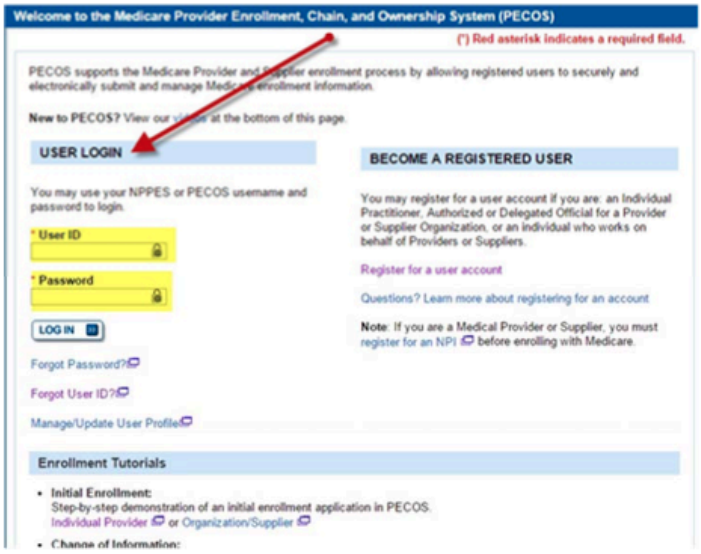
Beginning the PECOS Application

Go to the PECOS portal and log in to begin the Medicare application (please see below screenshot of PECOS portal) https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

Step 1

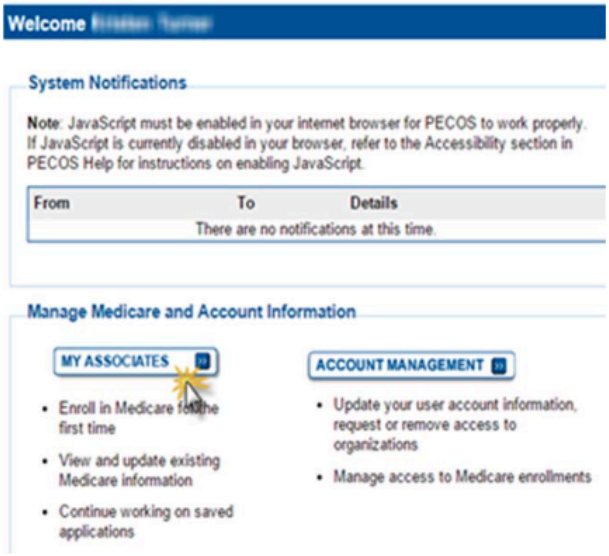
Log into PECOS enrollment system using your NPI User ID and Password.

Note: Java Script must be enabled in your internet browser for PECOS to work properly.



Step 2

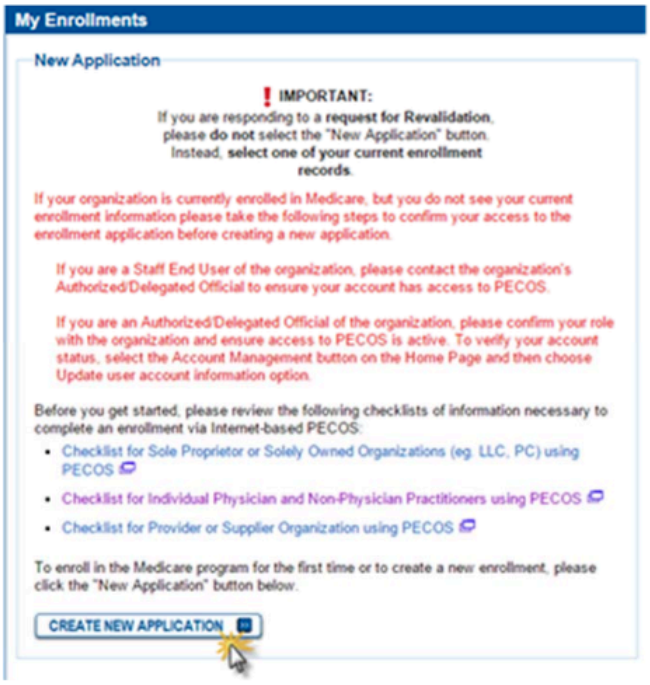
Click on "My Associates" to enroll as a Medicare Provider for the first time.



<u>If you DO NOT see My Associates when you log in you are NOT in the PECOS portal. Please see link to PECOS portal</u> https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

Step 3

Click on "Create New Application."



(Please only click "Create New Application" if you are enrolling in Medicare <u>for the first time, or if you are enrolling in a new state.</u> If you are already enrolled in Medicare, please only provide Rula with your Medicare (PTAN) Number)

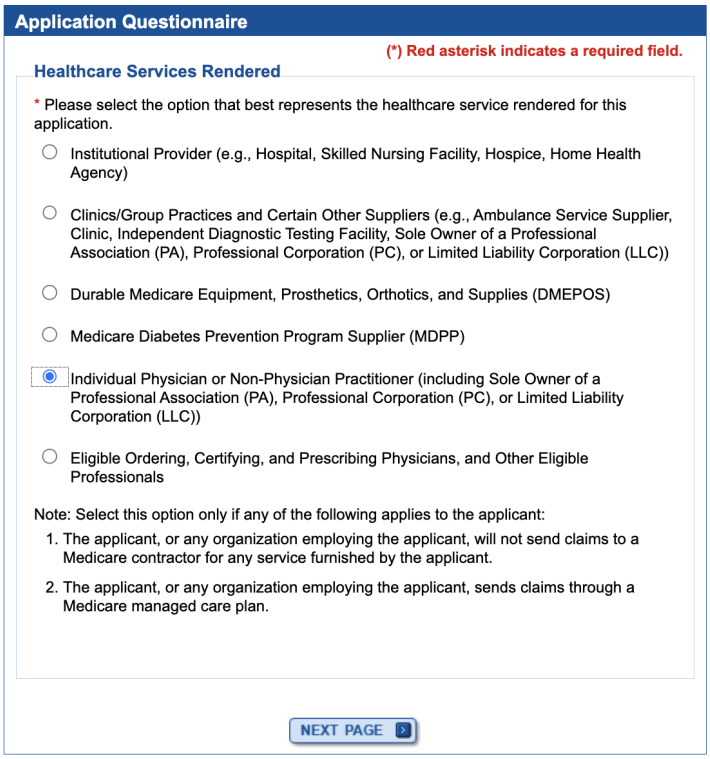
Rula

Step 4

Verify that you are the applicant, then select "Next Page."

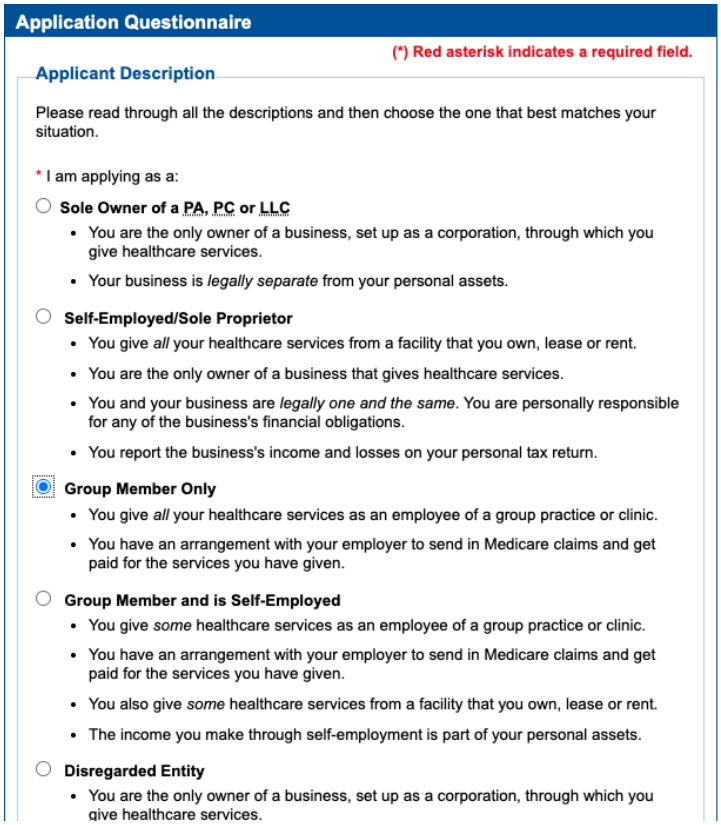
Step 5

Select Individual Physician or Non-Physician Practitioner (including Sole Owner of a Professional Association (PA), Professional Corporation (PC), or Limited Liability Corporation (LLC))



Rula

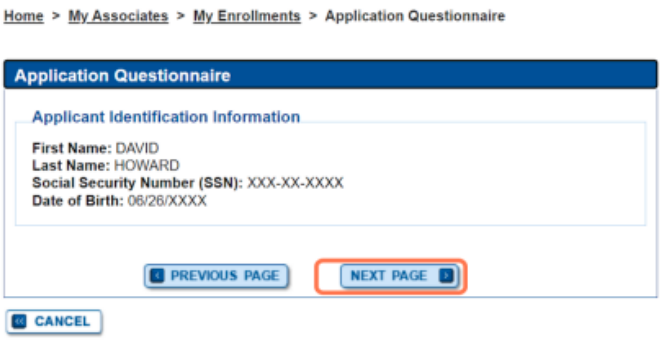
Step 6
Select Group Member Only



****If you choose to enroll as a Sole Owner, Self Employed/ Sole proprietor or Group Member/ Self-Employed, you will be asked to input information (Banking and EFT, patient records, TIN, NPI, practice location etc) regarding your practice. This IS NOT Rula information.**

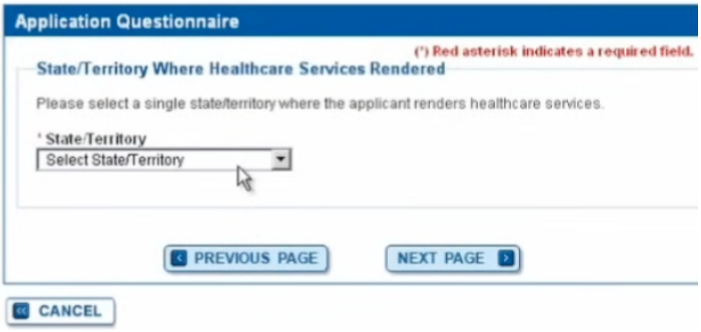
Step 7

Review your identifying information



Step 8

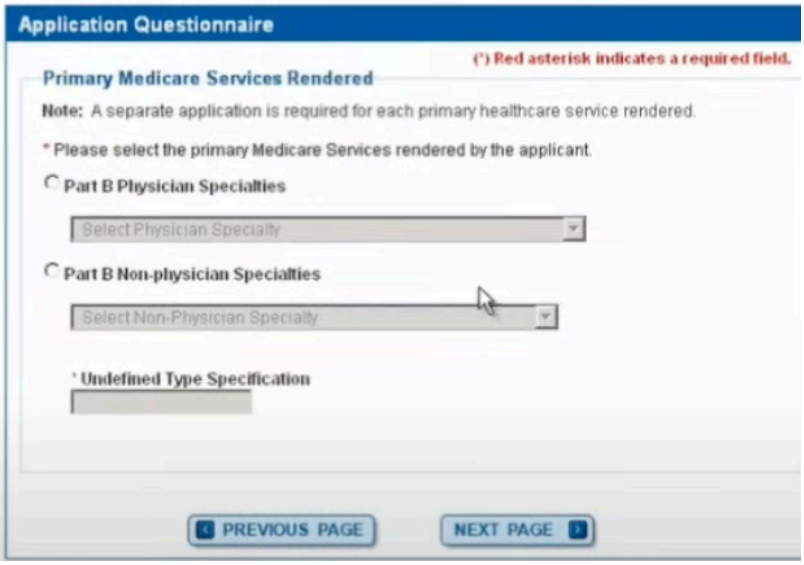
Select the state where services are being rendered



Rula

Step 9
Select your specialty type.
Physicians= (MD, DO, etc)

Non- Physicians= (CSW, MFT, Counselors, NP's, PA's etc)

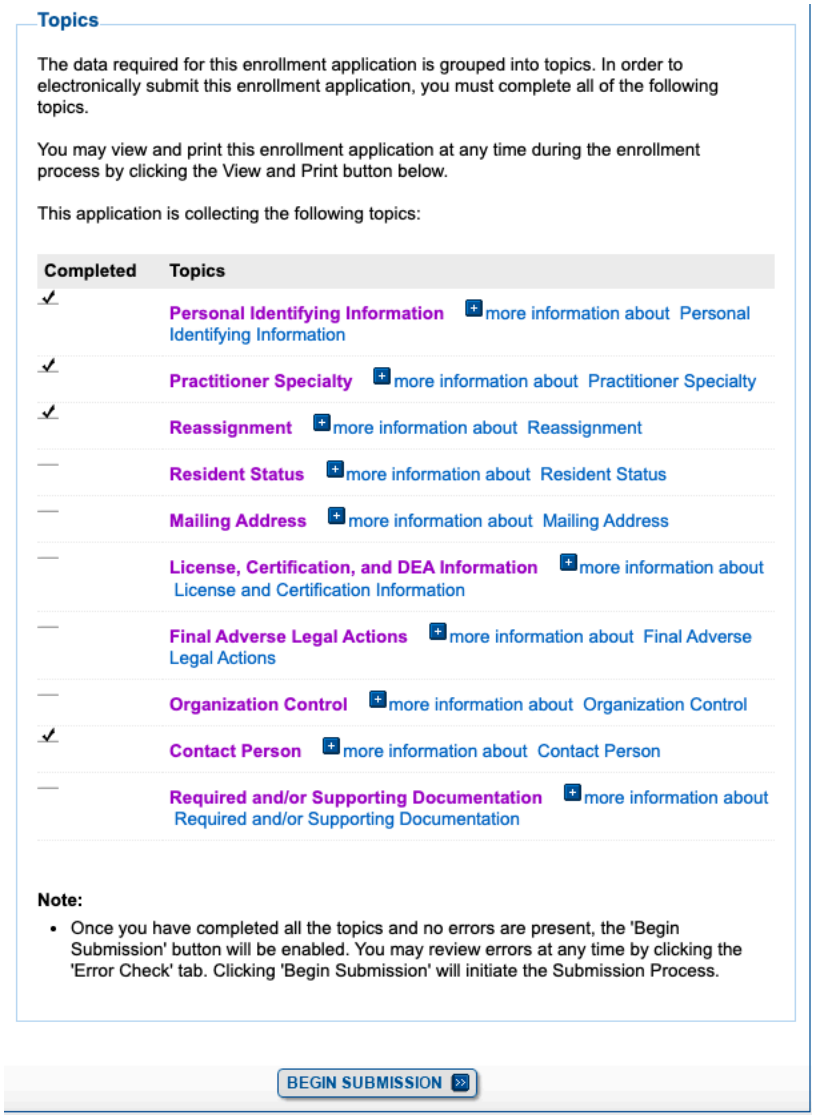


Step 10

Confirm that provider group you work for is already enrolled in Medicare

Please select "Yes" for this question

List of Topics that you will need to complete in order to submit your Medicare application



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 Identifying Information** more information about Personal Identifying Information
✓	**Practitioner Specialty** more information about Practitioner Specialty
✓	**Reassignment** more information about Reassignment
—	**Resident Status** more information about Resident Status
—	**Mailing Address** more information about Mailing Address
—	**License, Certification, and DEA Information** more information about License and Certification Information
—	**Final Adverse Legal Actions** more information about Final Adverse Legal Actions
—	**Organization Control** more information about Organization Control
✓	**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.

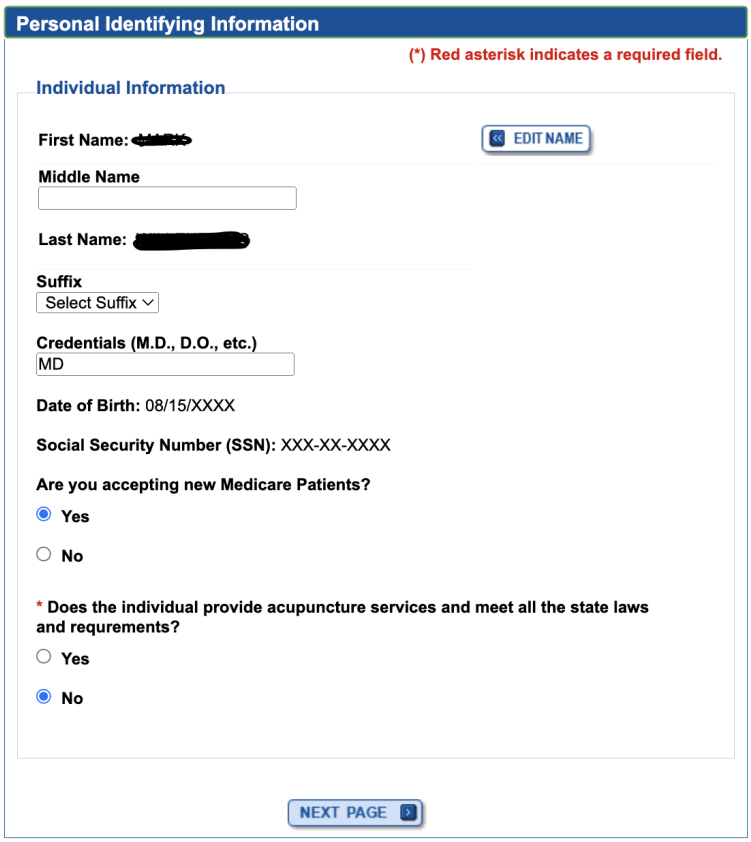
BEGIN SUBMISSION

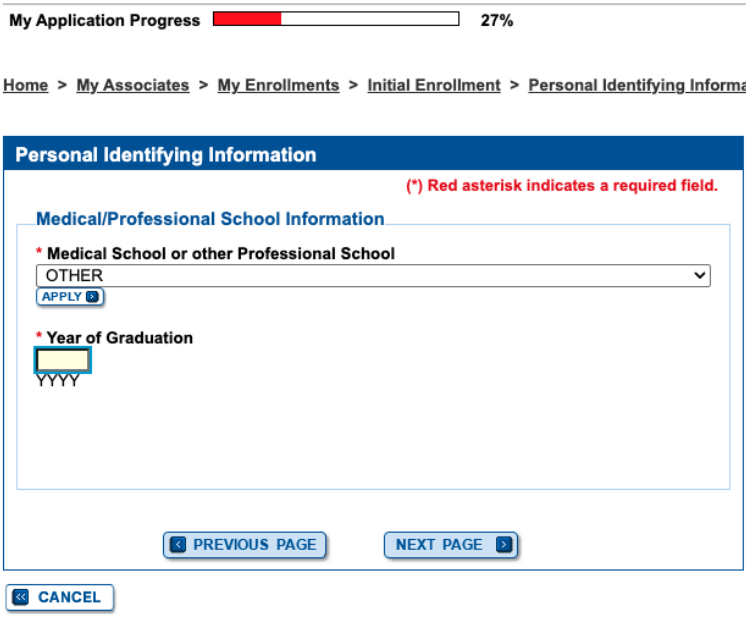
Complete each section/ topic needed to submit the Medicare application.

Once each topic is completed and no errors are present, the 'Begin Submission' button will be enabled. You can view errors by clicking th 'Error Check' tab

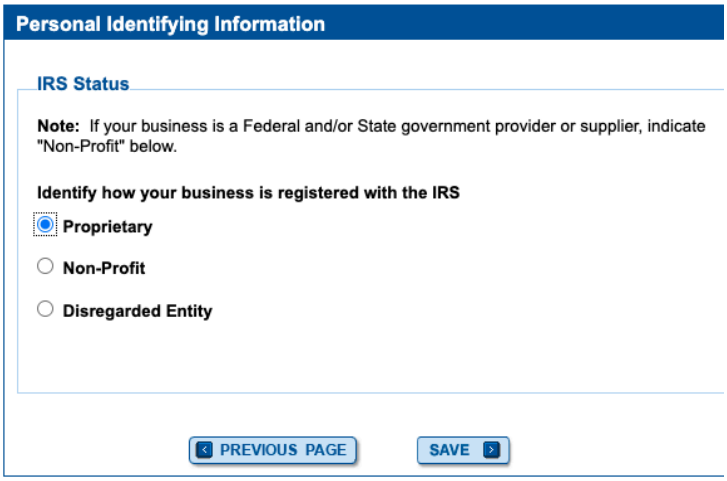
Personal Identifying Information - Click “Add Information”

Verify your personal individual information (see below)



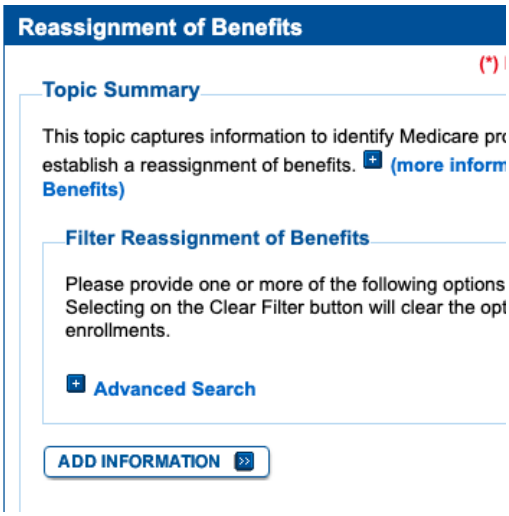


When adding Professional School Information: Please select **OTHER** from the dropdown menu and enter your year of graduation

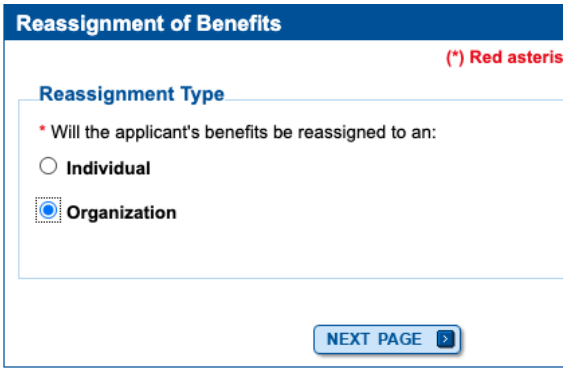


When choosing the IRS Status under the '**Personal Information**' tab choose 'Proprietary'

Reassignment

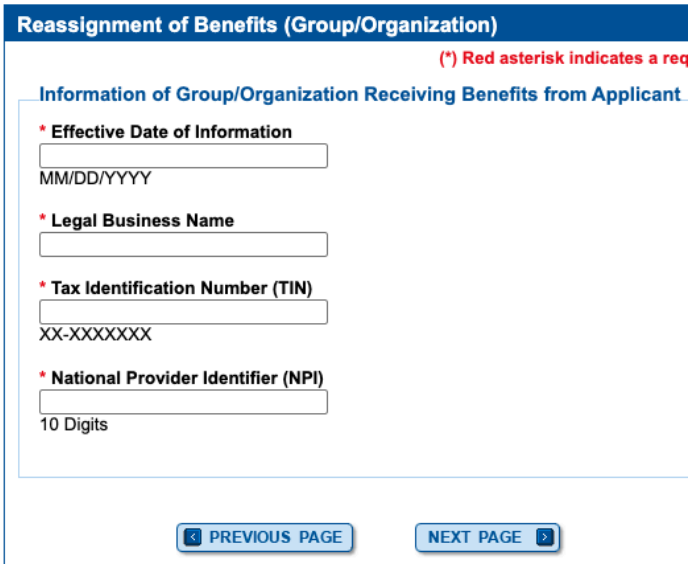


When you get to the '**Reassignment**' tab choose 'add information'

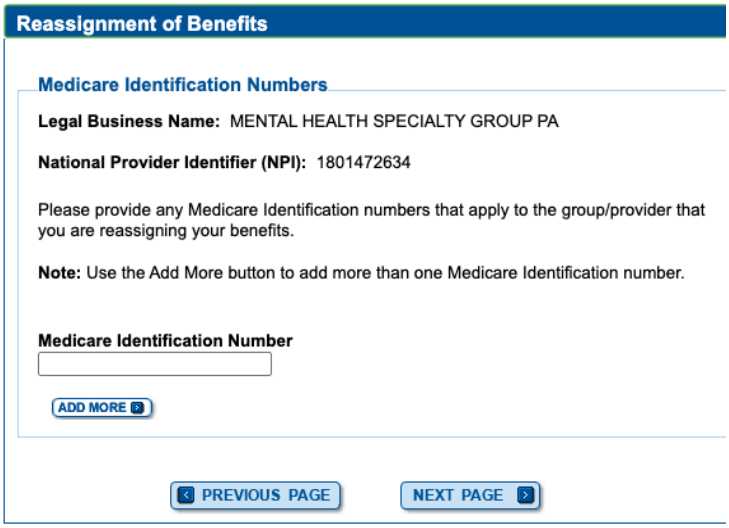


Choose Organization

Enter today's date, the groups Legal name, Tax ID Number and group NPI **(see last pages for information to complete this section)**



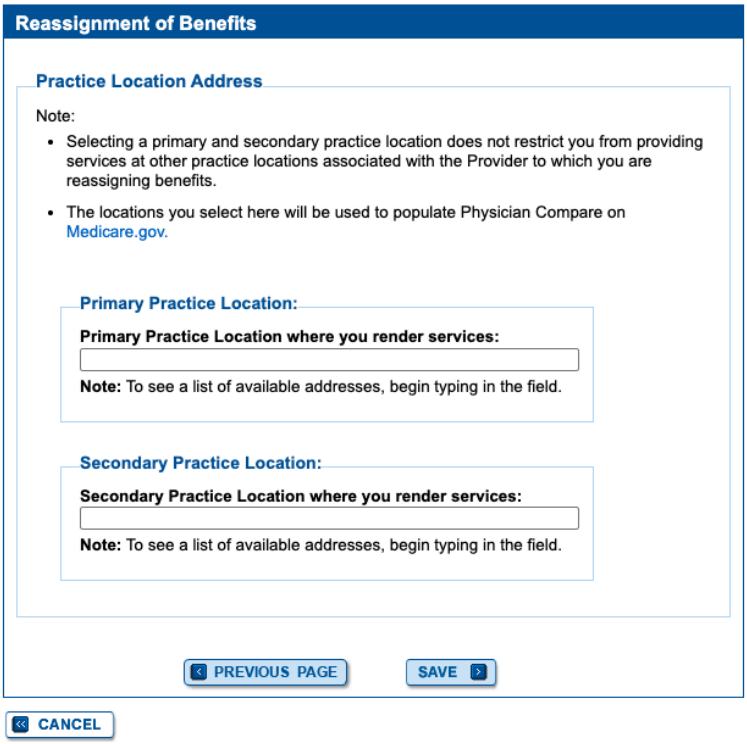
Enter the groups PTAN number
Choose the 'Add More' button if the group has more than one PTAN
(see last pages for information)



*Please review the "Group Reassignment Information" chart on the last page

Rula

Enter the groups practice location **(see last page)** click save, then continue to the next topic

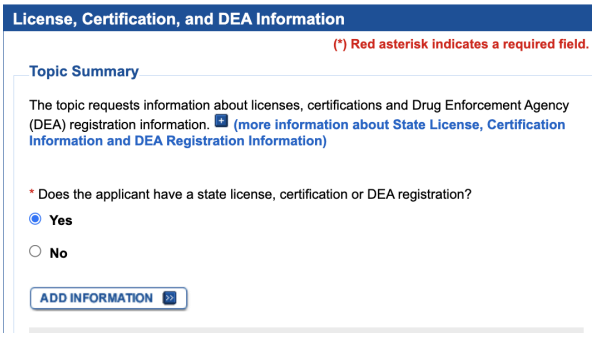


Mailing Address

Please enter your home address and information as the correspondence address/mailing address on the application

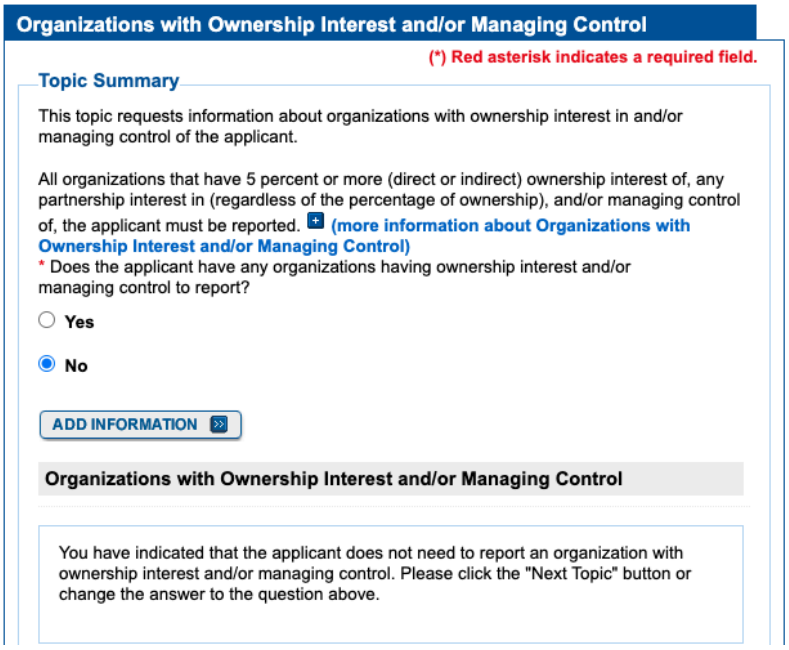
License, Certification, and DEA Information

Please enter your Active state license information: License number, State issued, Effective date, expiration date



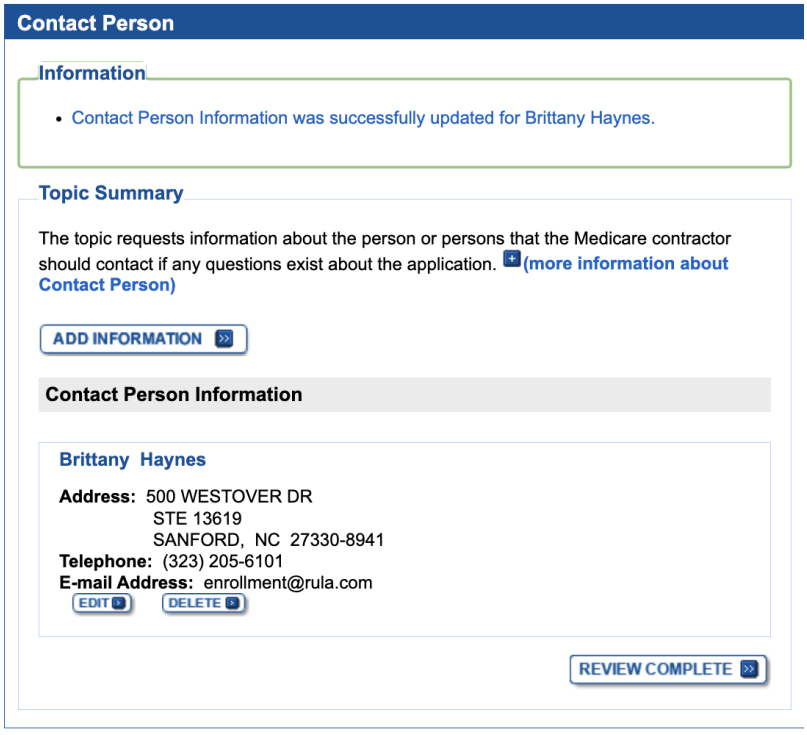
Final Adverse Legal Action- please answer YES or NO

Organizational Control



On the **'Organizational Control'** tab choose 'No' and continue to the next topic

Contact Person



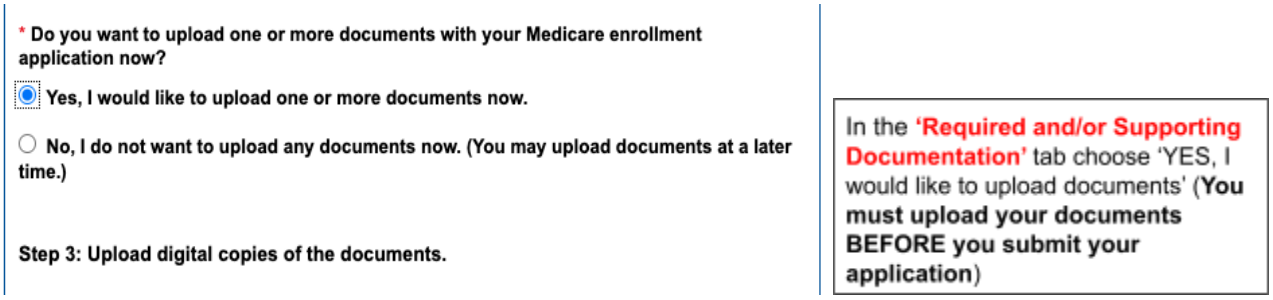
In the Contact Person tab, **list yourself as the Primary Contact so that you may receive notifications from PECOS.**

Then choose 'Add Information' and add Brittany Haynes as an **additional** contact then click 'Review Complete'

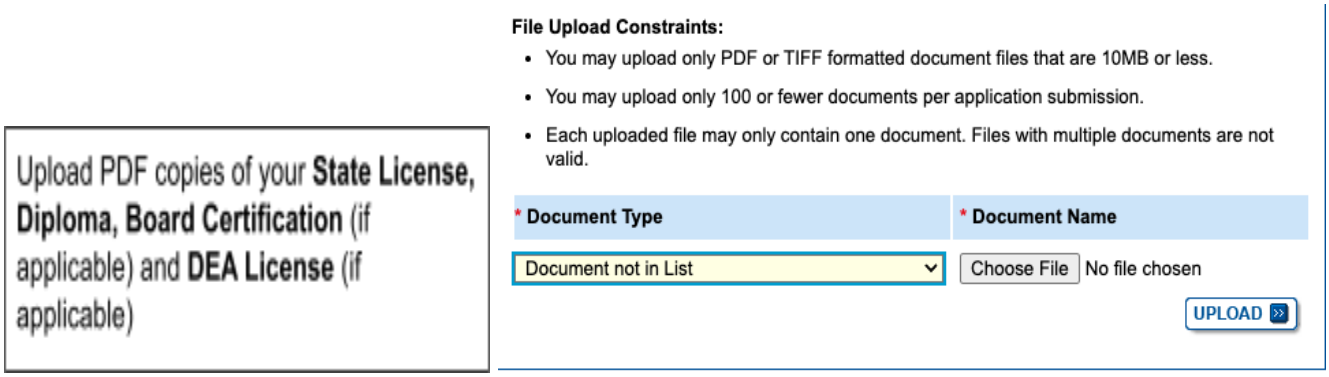
IF ASKED "REASON WHY AN ADDRESS NOT VERIFIED BY USPS IS BEING USED" PLEASE TYPE N/A INTO THE TEXT BOX

Required and/or Supporting Documentation

In this section you will need to upload your state license and school diploma. These documents cannot be uploaded after you submit your application. If not submitted with your application, your application will take longer to process and you will need to send via email.

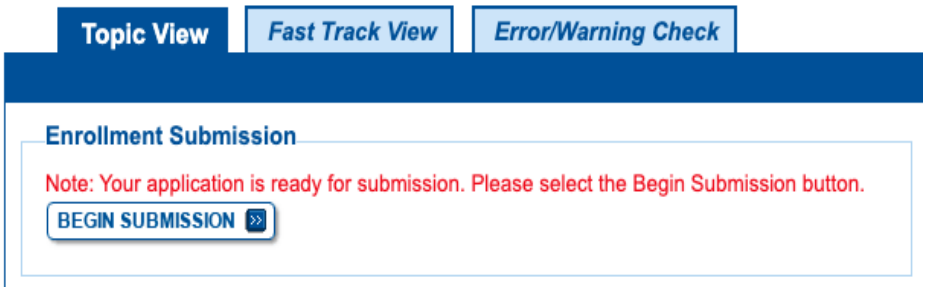


Please choose the Document Type “Document no in List” and upload your documents by clicking “choose file”

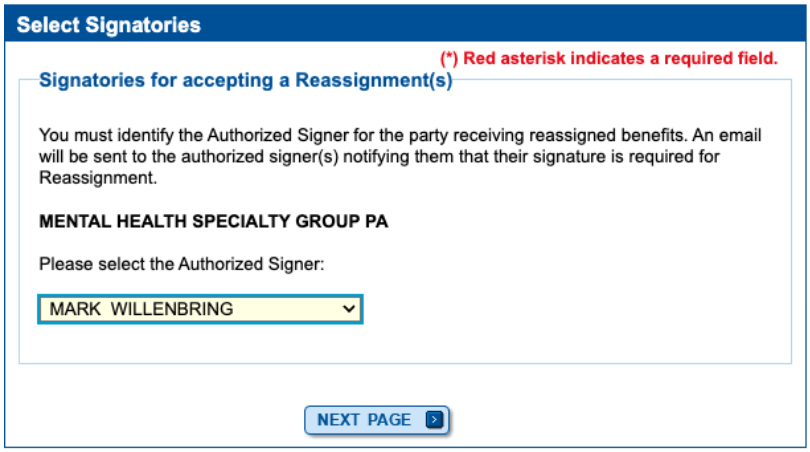


Submitting PECOS Medicare Application

Once all Topics have been completed and have a check mark next to them, you can click the 'Begin Submission' button



E-Signature



Select **Mark Willenbring** as the authorized signer for the group you are linking/ rendering services to

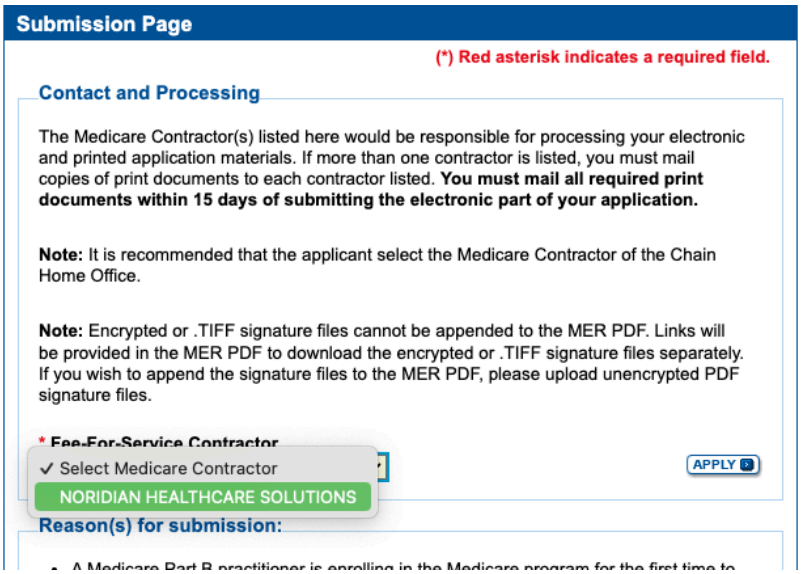
Select **'Electronic'** as the signature method
Enter **enrollment@rula.com** for Mark Willenbrings email address for signature

Check the '**E-SIGN Now**' box to complete your signature.

*** To complete your signature please click ESIGN (SIGN NOW)**
*** To complete Mark Willenbring's signature please click ELECTRONIC and enter the following email address: enrollment@rula.com**

Failure to do the above steps may result in the delay of your application.

Fee For Service Contractor



Select the Fee-for- Service contractor under the drop down that populates for you, click '**Apply**' then at the bottom of the page choose the **Complete Submission** button to submit your Medicare Application.

Once submitted please save your Tracking ID number and/or choose the print option to save a copy of the application for your records

For this section, please select the contractor in the drop down that populates for you. (Noridian is an example of what may populate)

Group Reassignment Information

Business Entity Name	State	TIN	NPI #	PTAN/ Medicare ID	Address
Mental Health Specialty Group, P.A.	AK	86-2493019	1801472634	K177838	641 Cloud Rd, North Pole, AK 99705
Mental Health Specialty Group, P.A.	AL	86-2493019	1801472634	A1256507	1460 COUNTY ROAD 32, CLANTON, AL 35046-3000
Mental Health Specialty Group, P.A.	AR	86-2493019	1801472634	6V5264	400 Capitol Ave, Little Rock AR 72201
Mental Health Specialty Group, P.A.	AZ	86-2493019	1801472634	Z96197	2550 W UNION HILLS DR, PHOENIX, AZ 85027-5163
SUD Specialty Group - CA	***CA***	84-5020669	1972138238	CA610386, CB428995	5201 Great America Pkwy Suite 320 Santa Clara, CA 95054-1140
Mental Health Specialty Group, P.A.	CO	86-2493019	1801472634	6V5402	1560 Broadway, Denver, CO 80202
Mental Health Specialty Group, P.A.	CT	86-2493019	1801472634	D101138320	100 PEARL ST, HARTFORD, CT 06103-4506
Mental Health Specialty Group, P.A.	DC	86-2493019	1801472634	7E8956	601 Pennsylvania Ave NW, Washington, DC 20004
Mental Health Specialty Group, P.A.	DE	86-2493019	1801472634	7F8838	1000 N West Street Wilmington, DE 19801-1050
Mental Health Specialty Group, P.A.	FL	86-2493019	1801472634	UH198	2328 10th Avenue North, Suite 201, Lake Worth, Florida 33461

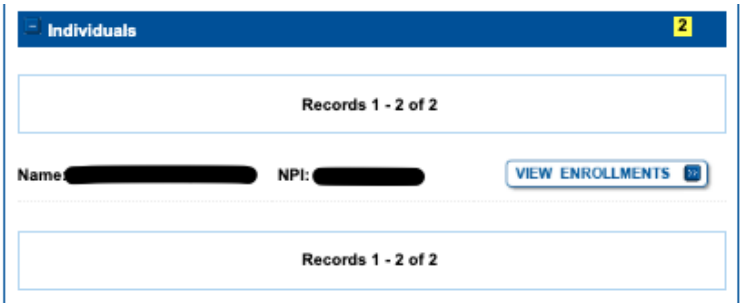
Mental Health Specialty Group, P.A.	GA	86-2493019	1801472634	8224	3424 PEACHTREE RD NE, STE 2200, ATLANTA, GA 30326-1156
Mental Health Specialty Group, P.A.	HI	86-2493019	1801472634	H127263	500 ALA MOANA BLVD STE 7400 HONOLULU HI 96813
Mental Health Specialty Group, P.A.	IA	86-2493019	1801472634	IB6144	122 SKYLINE DR, KNOXVILLE, IA 50138-8832
Mental Health Specialty Group, P.A.	ID	86-2493019	1801472634	20034455	950 W BANNOCK ST, BOISE, ID 83702-5999
Mental Health Specialty Group, P.A.	IL	86-2493019	1801472634	F101152500	332 S MICHIGAN AVE, CHICAGO, IL 60604
Mental Health Specialty Group, P.A.	IN	86-2493019	1801472634	IN6774	333 N ALABAMA ST, INDIANAPOLIS, IN 46204-2034
Mental Health Specialty Group KS, P.A.	KS	99-0513614	1063282390	KA6813	1526 HOUSTON ST MANHATTAN KS 66502
Mental Health Specialty Group, P.A.	KY	86-2493019	1801472634	K0012046	312 S 4TH ST, LOUISVILLE, KY 40202
Mental Health Specialty Group, P.A.	LA	86-2493019	1801472634	7J4139	203 HELEN ST, TALLULAH, LA 71282-4616
Mental Health Specialty Group, P.A.	MA	86-2493019	1801472634	S101127803	101 FEDERAL ST, BOSTON, MA 02110-1817
Mental Health Specialty Group, P.A.	MD	86-2493019	1801472634	7E6874	526 S Bouldin St, Baltimore, MD, 21224
Mental Health Specialty Group, P.A.	ME	86-2493019	1801472634	E101127749	400 CONGRESS ST, PORTLAND, ME 04101-3515
Mental Health Specialty Group, P.A.	MI	86-2493019	1801472634	MI19123	400 Renaissance Center Detroit, MI 48243-1502
Mental Health Specialty Group, P.A.	MN	86-2493019	1801472634	H101125258	729 WASHINGTON AVE N, STE 600, MINNEAPOLIS, MN 55401-1118
Mental Health Specialty Group, P.A.	MO	86-2493019	1801472634	MA10552	10304 BUST SUBDIVISION RD POTOSI MO 63664
Mental Health Specialty Group, P.A.	MS	86-2493019	1801472634	6V4850	232 MARKET ST, FLOWOOD, MS 39232-3339
Mental Health Specialty Group, P.A.	MT	86-2493019	1801472634	M011028164	3916 18TH AVE S, GREAT FALLS, MT 59405-7805
Mental Health Specialty Group, P.A.	NC	86-2493019	1801472634	P558	110 N CORCORAN ST, DURHAM, NC 27701-5015
Mental Health Specialty Group, P.A.	ND	86-2493019	1801472634	N735808	3523 45th Street South, Fargo, ND 58104-8962
Mental Health Specialty Group, P.A.	NE	86-2493019	1801472634	NA4960	1107 NEBRASKA AVE, GRAND ISLAND, NE 68801-8103
Mental Health Specialty	NH	86-2493019	1801472634	T101138083	170 COMMERCE WAY, PORTSMOUTH,

Group, P.A.					NH 03801
Mental Health Specialty Group NJ, PC	***NJ***	87-3342012	1548928450	7J3303	83 NOTTINGHAM SQ, HACKETTSTOWN, NJ 07840-4225
Mental Health Specialty Group, P.A.	NM	86-2493019	1801472634	6V5127	500 Marquette Avenue Northwest, Albuquerque, NM 87102-5340
Mental Health Specialty Group, P.A.	NV	86-2493019	1801472634	V90416	203 S WATER ST, STE 206, HENDERSON, NV 89015-7226
Mental Health Specialty Group, P.A.	NY	86-2493019	1801472634	A100355792	300 CADMAN PLZ W, BROOKLYN, NY 11201
Mental Health Specialty Group, P.A.	OH	86-2493019	1801472634	H0026834	800 N HIGH ST, COLUMBUS, OH 43215-1430
Mental Health Specialty Group, P.A.	OK	86-2493019	1801472634	6V5179	101 Park Avenue, Oklahoma City, OK 73102-7209
Mental Health Specialty Group, P.A.	OR	86-2493019	1801472634	R268619	14125 SW Ridge Place, Terrebonne, OR, 97760
Mental Health Specialty Group, P.A.	PA	86-2493019	1801472634	6V1294	1650 MARKET ST, PHILADELPHIA, PA 19103-7301
Mental Health Specialty Group, P.A.	RI	86-2493019	1801472634	U101165228	1 Dorrance Street, Providence, RI 02903-1741
Mental Health Specialty Group, P.A.	SC	86-2493019	1801472634	Q955	170 MEETING ST, CHARLESTON, SC 29401-3153
Mental Health Specialty Group, P.A.	SD	86-2493019	1801472634	S58708	101 South Reid Street Sioux Falls, SD 57103-7030
Mental Health Specialty Group, P.A.	TN	86-2493019	1801472634	T1260931	400 BALSAM DR, KNOXVILLE, TN 37918-3001
Mental Health Specialty Group, P.A.	TX	86-2493019	1801472634	6U0960	600 CONGRESS AVE, AUSTIN, TX 78701
Mental Health Specialty Group, P.A.	UT	86-2493019	1801472634	U000128835	15419 S EAGLE CREST DR, DRAPER, UT 84020
Mental Health Specialty Group, P.A.	VA	86-2493019	1801472634	R991	131 MOFFETT BRANCH RD, CHURCHVILLE, VA 24421-2313
Mental Health Specialty Group, P.A.	VT	86-2493019	1801472634	Y101224731	145 Pine Haven Shores Road Suite 1000-77 Shelburne, VT, 05482-7703
Mental Health Specialty Group, P.A.	WA	86-2493019	1801472634	G9102818	41 E NOBLE PL, SHELTON, WA 98584-9745
Mental Health Specialty Group, P.A.	WI	86-2493019	1801472634	K101133318	811 E WASHINGTON AVE, MADISON, WI 53703-3688
Mental Health Specialty Group, P.A.	WV	86-2493019	1801472634	Q956	204 8TH ST, MARLINTON, WV 24954-1027
Mental Health Specialty Group, P.A.	WY	86-2493019	1801472634	W38810	3109 RIDGECREST DR, GILLETTE, WY 82718-6009

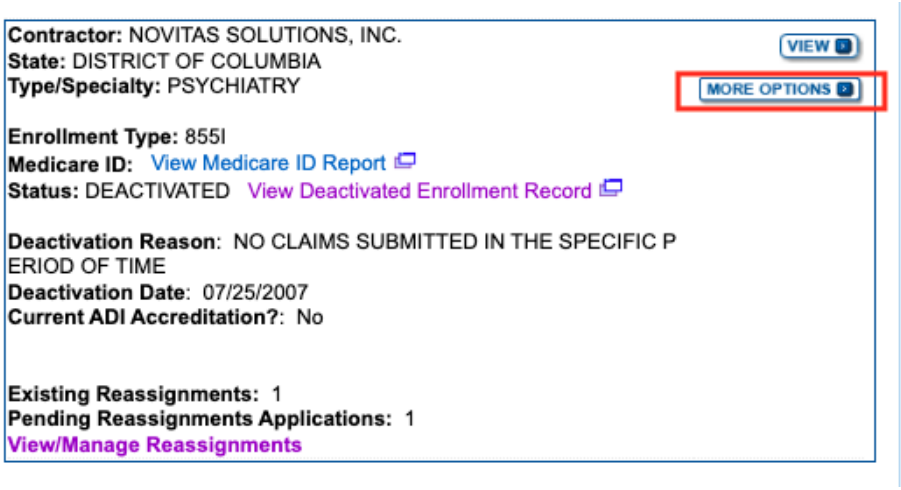
REACTIVATION

If your Medicare application is in a DEACTIVATED status, you will need to reactivate your enrollment. This reactivation will populate information from your previous enrollment

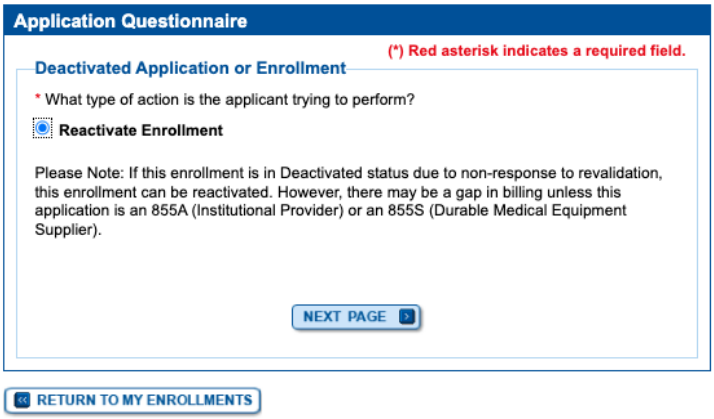
Step 1: Log-in
Step 2: Click My Associates
Step 3: Click “View Enrollments” next to your name under the Individuals Tab



Step 4: Go to your Deactivated Enrollment and click “MORE OPTIONS”



Step 5: Click “Reactivate Enrollment” then click Next Page

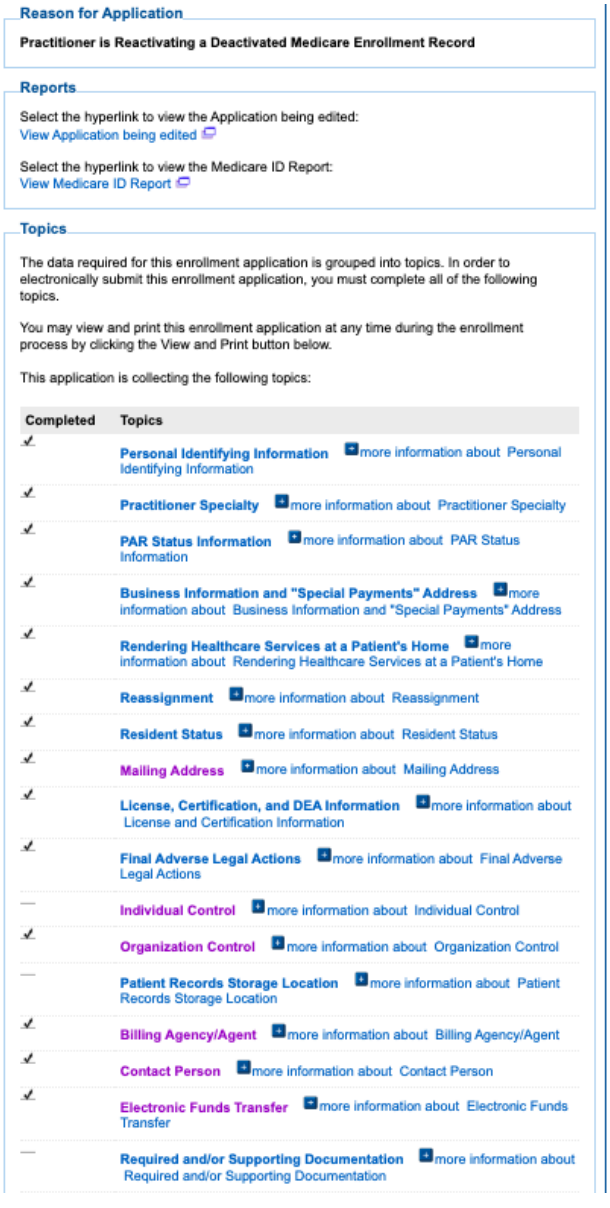


Step 6: The below is **an example** of what a deactivated 855I looks like and what topics you may have. Please go through each topic to validate OR CHANGE the information that has populated from your previous enrollment.

**When you get to the "Reassignment" Topic please follow the above steps to reassign your benefits to Rula.

PLEASE NOTE: If you have any of the below Topics, they are NOT related to RULA but related to your previous enrollment. If these Topics no longer apply to you please review the topic and update your response to "NO" or choose the option that is most relevant to your practice.

- **Organizational Control**
- **Billing Agency**
- **Patient Records Storage Location**
- **Electronic Funds Transfer**
- **Rendering Healthcare Services at a Patients Home**
- **Business Information "Special Payments"**



Reason for Application

Practitioner is Reactivating a Deactivated Medicare Enrollment Record

Reports

Select the hyperlink to view the Application being edited:
View Application being edited

Select the hyperlink to view the Medicare ID Report:
View Medicare ID Report

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 Identifying Information** more information about Personal Identifying Information
✓	**Practitioner Specialty** more information about Practitioner Specialty
✓	**PAR Status Information** more information about PAR Status Information
✓	**Business Information and "Special Payments" Address** more information about Business Information and "Special Payments" Address
✓	**Rendering Healthcare Services at a Patient's Home** more information about Rendering Healthcare Services at a Patient's Home
✓	**Reassignment** more information about Reassignment
✓	**Resident Status** more information about Resident Status
✓	**Mailing Address** more information about Mailing Address
✓	**License, Certification, and DEA Information** more information about License and Certification Information
✓	**Final Adverse Legal Actions** more information about Final Adverse Legal Actions
—	**Individual Control** more information about Individual Control
✓	**Organization Control** more information about Organization Control
—	**Patient Records Storage Location** more information about Patient Records Storage Location
✓	**Billing Agency/Agent** more information about Billing Agency/Agent
✓	**Contact Person** more information about Contact Person
✓	**Electronic Funds Transfer** more information about Electronic Funds Transfer
—	**Required and/or Supporting Documentation** more information about Required and/or Supporting Documentation

Step 7: 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.