



# Medicare Diabetes Prevention Program (MDPP) Expanded Model Supplier Support

## ***MDPP Enrollment Tutorial Webinar***

*January 9, 2019*

# Disclaimer

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This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Agenda

## This webinar will walk through the PECOS Enrollment Application

<b>Welcome</b>	
<i>MDPP Pre-test</i>	8
<i>MDPP Enrollment Checklist</i>	9
<b>PECOS MDPP Enrollment Application</b>	
<i>Organizational Information and Supplier Type</i>	11
<i>CDC Recognition Status</i>	21
<i>Correspondence Address, MDPP Location and Special Payments Address</i>	25
<b>Q&amp;A Break</b>	
<i>Final Adverse Legal Actions</i>	33
<i>MDPP Coach Information</i>	36
<i>Organizational Control/Individual Control</i>	38
<b>Q&amp;A Break</b>	
<i>Patient Records Storage Location, Billing Agency, Contact Person, Electronic Funds Transfer</i>	46
<i>Required and/or Supporting Documentation and Application Submission</i>	51
<b>Q&amp;A Break</b>	
<b>Closing &amp; Evaluation</b>	
<i>MDPP Post-test</i>	57
<i>Resources</i>	59
<i>Acronyms &amp; Terminology</i>	60

# Welcome!

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Center for Medicare and Medicaid Innovation (CMMI)

Centers for Medicare & Medicaid Services (CMS)

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# MDPP Enrollment Quiz (Pre-test)

The MDPP Enrollment Quiz includes questions to assess the participants' level of self-efficacy in completing the MDPP enrollment application.

**1. What recognition status must an organization have from CDC's Diabetes Prevention Recognition Program before it can enroll in Medicare as an MDPP supplier?**

- a. No recognition is needed as long as it provides services that follow a CDC-approved curriculum
- b. Full recognition only
- c. Pending recognition
- d. Preliminary or Full recognition
- e. I do not know

**2. To enroll online (using PECOS) in Medicare you need:**

- a. A National Provider Identifier (NPI)
- b. An active or valid tax-identification number (TIN)
- c. An Identity and Access (I&A) account
- d. All of the above
- e. I do not know

**3. Who should you contact for the status of your MDPP enrollment application once it is submitted?**

- a. The CDC DPRP
- b. Your Medicare Administrative Contractor (MAC)
- c. 1-800-Medicare
- d. None of the above
- e. I do not know

# MDPP Supplier Resources: Enrollment Checklist

Use the Enrollment Checklist to gather the specific information and documentation needed to enroll as an MDPP supplier

**Medicare Diabetes Prevention Program (MDPP)**  
*Enrollment Checklist*

Prospective MDPP suppliers can use this checklist to gather the specific information and documentation needed to enroll as an MDPP supplier. Additional information generally required to enroll as a Medicare provider can be found at: <https://pecos.cms.hhs.gov/pecos/help-main/prvdrsplichecklist.jsp>

Choose ONE of the following options to enroll as an MDPP supplier:

**OPTION 1**  
Enroll online using the Provider Enrollment Chain and Ownership System (PECOS)  
Access PECOS at: <https://pecos.cms.hhs.gov/pecos/login.do>  
PECOS is recommended for a faster enrollment process

**OR**

**OPTION 2**  
Enroll using the paper CMS-20134 enrollment application

**Obtain a National Provider Identifier (NPI) and Tax Identification Number (TIN)**

- Obtain an NPI and active or valid TIN prior to completing and submitting the enrollment application
- Use the National Plan and Provider Enumeration System (NPPES) to obtain an NPI
- Find additional information on NPPES: <https://nppes.cms.hhs.gov/webhelp/index.html>

**Create an Identity and Access (I&A) account (only if enrolling online using PECOS, Option 1)**

- An I&A account connects MDPP suppliers to important CMS systems and gives others access to enrollment information
- Users with an existing I&A account do not need to create a new, MDPP specific I&A account
- To register for an I&A account, go to: <https://nppes.cms.hhs.gov/iAWeb/register/startRegistration.do>

**Gather documentation showing MDPP preliminary or full CDC DPRP recognition**

- Needed in section 2 and 17 of the CMS-20134 application
- Organizations must report the organizational code(s), recognition status, effective date, and expiration date
- Documentation to verify recognition status must be provided. They may include copies of either:
  - A certificate (for full recognition)
  - A letter (for MDPP preliminary recognition)

**Gather documentation on final adverse legal actions of your organization**

- Needed in section 3 of the CMS-20134 application
- All information related to final adverse legal actions must be reported on the enrollment application, regardless if the records were expunged or if any appeals are pending
- If an adverse legal action is reported, provide copies of related or supporting documentation (i.e., notifications, resolutions, and reinstatement)

**What are final adverse legal actions?**  
Final adverse legal actions are convictions, exclusions, revocations, and suspensions. More information regarding final adverse legal actions are included in the CMS-20134 enrollment application.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## What is the Enrollment Checklist?

A document prospective MDPP suppliers may use to gather all the information needed to include in the MDPP enrollment application.

**Audience:** Organizations with CDC preliminary or full recognition that are starting the MDPP enrollment process.

## Where can I find the Enrollment Checklist?

Go to: <http://go.cms.gov/mdpp>

Scroll to: *MDPP Enrollment and Recognition Information*

Click: *MDPP Enrollment Checklist*

# **PECOS MDPP Enrollment Application**

*Organizational Information and Supplier Type*

# PECOS Application – Login Page

**Medicare Enrollment**  
for Providers and Suppliers

CMS Validation

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

(\*) Red asterisk indicates a required field.

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.

**SYSTEM NOTIFICATIONS**

- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

**USER LOGIN**

Please use your I&A (Identity & Access Management System) user ID and password to log in.

\* User ID  
pecoscms1

\* Password  
\*\*\*\*\*

**LOG IN**

**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.


Insert your I&A user ID and password here

## How to Login

- Visit the Provider Enrollment Chain and Ownership System (PECOS) at <https://pecos.cms.hhs.gov>.
- Login using your Identity and Access Management System (I&A) user ID and password.
  - Organizations applying to enroll in Medicare for the first time must create a PECOS Identity and Access, or I&A, account by clicking “register for a user account.”

Register here if you do not have an I&A user ID and password

# PECOS Application - Home

[Home](#)  Look here to follow along the different parts of the application

Welcome Jane Lane

Release Notes

Want to learn what's new in the latest PECOS release? Please review the [Release Notes\[PDF\]](#).

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.

Details

- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

Manage Medicare and Account Information

MY ASSOCIATES 20

ACCOUNT MANAGEMENT 20

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER 20

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

You currently have no pending signatures.

VIEW ALL SIGNATURES 20

Help

User Account

Manage Access

Additional Resources

[How to Guides](#)


[FAQs](#)

[Glossary](#)

[Who Should I Call? \[PDF, 214 KB\]](#)

[Application Status Kiosk](#)

[Additional Links](#)

 Click here to enroll for the first time

Home

- ZOOMED VIEW -

Welcome Jane Lane

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- Enroll in Medicare for the first time
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- Manage access to Medicare enrollments

Help

User Account

Manage Access

Additional Resources

[How to Guides](#)

[FAQs](#)

[Glossary](#)

[Who Should I Call? \[PDF, 214 KB\]](#)

[Application Status Kiosk](#)

[Additional Links](#)

- Under My Associates, select “Enroll in Medicare for the first time”.
- If you have an existing enrollment with Medicare, your organization must enroll separately as an MDPP supplier and must satisfy all of the eligibility criteria for MDPP enrollment.

9

# PECOS Application - Home

## Home

The image shows the PECOS Home page for Jane Lane. The page is divided into several sections: Welcome, Release Notes, System Notifications, Details, Manage Medicare and Account Information, and a sidebar with Help and Additional Resources. A dashed box highlights the 'REVALIDATION NOTIFICATION CENTER' section, which is then shown in a larger 'ZOOMED VIEW' on the right. The zoomed view shows the 'REVALIDATION NOTIFICATION CENTER' with a list of actions: 'View All Applications requiring revalidation' and 'Start or continue revalidation application'. Below this is the 'Manage Signatures' section, which shows 'Applications Requiring Signatures' and a message: 'You currently have no pending signatures.' with a 'VIEW ALL SIGNATURES' button. The 'Contact Us' section provides information on how to provide feedback and where to go for technical support.

**Welcome Jane Lane**

**Release Notes**

Want to learn what's new in the latest PECOS release? Please review the [Release Notes\[PDF\]](#).

**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.

**Details**

- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

**Manage Medicare and Account Information**

**MY ASSOCIATES** **ACCOUNT MANAGEMENT**

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications
- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

**Help**

- [User Account](#)
- [Manage Access](#)

**Additional Resources**

- [How to Guides](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \(PDF, 214 KB\)](#)
- [Application Status Kiosk](#)
- [Additional Links](#)

**REVALIDATION NOTIFICATION CENTER**

- View All Applications requiring revalidation
- Start or continue revalidation application

**Manage Signatures**

**Applications Requiring Signatures**

You currently have no pending signatures.

**VIEW ALL SIGNATURES**

**Contact Us**

If you have a general comment or feedback, or a suggestion for enhancement, please send an email to [PECOSFeedback@cgifederal.com](mailto:PECOSFeedback@cgifederal.com) and indicate "PI Feedback" in the subject line. Please note this is an unmonitored mailbox.

For other questions, please see below:

- For questions regarding Medicare enrollment applications or an existing Medicare enrollment record, please contact your Medicare Administrative Contractor (MAC).
- For National Provider Identifier (NPI) questions, please contact the NPI Enumerator help desk via the NPPES website: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- For PECOS technical support, including I&A user account information, please access the External User Services (EUS) Customer Portal: <https://eus.custhelp.com>

## Have a Question?

- Contact your Medicare Administrative Contractor (MAC) for questions about your Medicare Enrollment Application or existing enrollment record.
- For questions about your National Provider Identifier (NPI), visit the NPPES website: <https://nppes.cms.hhs.gov>.
- For technical support with PECOS, including I&A user information, go to the External User Services (EUS) Customer Portal: <https://eus.custhelp.com>.

Home > [My Associates](#)

- Once logged in, select “Create Initial Enrollment Application”.

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > [Application Questionnaire](#)

## Complete the Questionnaire

- The questionnaire will display either an individual and their NPI or your organization with their TIN. This information will be populated from the I&A account you created.
- Only organizations may enroll as MDPP suppliers, so select the name of the organization.
- After selecting the name of the organization, click “Next Page”.



Select the organization name

Medicare Enrollment  
for Providers and Suppliers

CMS Validation  
Home | Help | Log Out

My Application Progress  0%

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(\*) Red asterisk indicates a required field.

Applicant Identification

\* Which provider is the application being created for?

Individuals

☐

Name: Lane, Jane (You)

NPI: 1477049559

Organizations

☒

Name: Central South Hospital

TIN: 76-1552536

NEXT PAGE

CANCEL

Help

Employer Organization

Additional Resources

How to Guides

FAQs

Glossary

Who Should I Call?  
[PDF, 214 KB]

Application Status Kiosk

Additional Links

12

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Application Questionnaire

CMS Validation  
Home | Help | Log Out

My Application Progress  0%

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(\*) Red asterisk indicates a required field.

Healthcare Services Rendered

\* Please select the option that best represents the healthcare service rendered for this application.

☐ Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)

☐ Clinics/Group Practices and Certain Other Suppliers (e.g., Ambulance Service Supplier, Clinic, Independent Diagnostic Testing Facility)

☐ Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

☒ Medicare Diabetes Prevention Program Supplier (MDPP)

NEXT PAGE

Select MDPP

CANCEL



- Complete the Questionnaire
- A pop up screen will appear. Select “Continue to MDPP Enrollment.”

CMS Validation  
Home | Help | Log Out

My Application

Application Questionnaire

Healthcare Services Rendered

\* Please select the option that best represents the healthcare service rendered for this application.

☐ Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)

☐ Clinics/Group Practices and Certain Other Suppliers (e.g., Ambulance Service Supplier, Clinic, Independent Diagnostic Testing Facility)

☐ Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

☒ Medicare Diabetes Prevention Program Supplier (MDPP)

NEXT PAGE

CANCEL

Navigation to MDPP Enrollment Alert

You will be navigated to the MDPP Enrollment Process to complete and submit your MDPP enrollment application.

Cancel

Continue To MDPP Enrollment

Click here to continue

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > [Application Questionnaire](#)

### MDPP Questionnaire

#### Reason for Application

A Medicare part B supplier is enrolling in the Medicare program for the first time.

The “Reason for Application” should say this

#### MDPP Supplier Type and State

\* Select a single state/territory where the applicant renders healthcare services.

**Attention:** DC/MD/VA Part B Suppliers

Part B Suppliers currently servicing the DC Metropolitan Area should select District of Columbia as the state or territory where health care services are rendered. The DC Metropolitan Area includes the following: Montgomery and Prince Georges counties in Maryland, and Arlington and Fairfax counties and the City of Alexandria in Virginia.

Please select District of Columbia as the enrollment state if you are providing services in the above areas.

MARYLAND

Select the state where your organization is furnishing services

\* Select the primary Medicare service rendered by the applicant.

IN-PERSON MDPP SUPPLIER

Select “in-person MDPP supplier”

**Note:** A separate application is required for each primary healthcare services rendered.

\* Select whether the applicant is an Indian Health Service (IHS) Facility.

☐ Yes

☒ No

Select “yes” or “no” according to your organization

**Note:**

- An authorized Official representing the supplier must sign a statement certifying the submitted information.
- This Medicare enrollment is not finalized until a free-for-service contractor processes and approves the application.

To continue, select the Start Application button and enter your Medicare enrollment application information.

Previous Page

Start Application

## Complete Questionnaire

- The reason for application should read “A Medicare part B supplier is enrolling in Medicare program for the first time”. Please select this regardless of whether you have an existing Medicare enrollment.
- Select the state where your organization has its administrative location.
- If the supplier has administrative locations in multiple states, they need to submit an enrollment application for each of those states.
- MDPP services are provided in-person (with a handful of virtual make up sessions allowable). Select in-person MDPP Supplier.
- To start the application, click “Start Application”.

14

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary

Enrollment Summary

Organization Information

Supplier Type ✓

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

View Errors and/or Warnings for this Application 0

Required Topics Remaining: 13

Welcome Jane Lane!

You are working on an MDPP Initial Application for CENTRAL SOUTH HOSPITAL!

Please review the MDPP supplier standards at 42 CFR 424.205(d) prior to submitting the enrollment application. An MDPP supplier must meet and must certify in this enrollment application that it meets and will continue to meet the standards.

Tracking Information

Tracking ID: T091120180000023

Enrollment ID: O091120180000020

MAC Information

N/A

Select this to view your application

View In-Progress Application

View All Coaches

View All Locations

MDPP Guidance

Topics Complete

7%

View Application

- You will be shown this screen with your application progress with your Tracking ID and Enrollment ID.
- At the bottom, select “View In-Progress Application”.

15

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > [Organization Information](#) > [Edit](#)

Home > My Associates > My Enrollments > Enrollment Summary > Organization Information

Central South Hospital | IN-PERSON M...

Enrollment Summary

Organization Information

Supplier Type ✓

Recognition Status

Correspondence Address

+ Learn More

No Organization Information has been listed. Please select the Add button.

Add



This screen appears when you choose “Add” Organization Information

Home > My Associates > My Enrollments > Enrollment Summary > Organization Information > EDIT

Central South Hospital | IN-PERSON M...

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Organization Information - Edit

(\*) Indicates required fields.

Supplier Identity

Legal Business Name (LBN) Central South Hospital Tax Identification Number (TIN) 76-1552536 Edit LBN

Other Name Other Name (Specify) (Disabled) Other Individual Name (Specify) (Disabled)

Is the applicant an Indian Health Service (IHS) Facility? Yes No

IRS Proprietary/Non-Profit Status

Note: If your business is a Federal and/or State government provider or supplier, select the Non-Profit option.

Identify how your business is registered with the IRS Proprietary Non-Profit

Organization Structure

Incorporation Date State Where Incorporated (Disabled)

MM/DD/YYYY Select

Type of Organization Structure Other Type of Organization (Specify) (Disabled)

Corporation

https://pecos.cms.cmsval/pecos/ScenarioTopicMap.do?topicID=34

## Complete the Questionnaire

- Select “Add” on the Organization Information Page.
- Identify whether your organization is a proprietary organization or a non-profit.
- Add the Organization Structure information and view the summary page.

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Organization Information

Home > My Associates > My Enrollments > Enrollment Summary > Organization Information

Central South Hospital | IN-PERSON M

Enrollment Summary

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Checkmarks show what you've completed

Organization Information - Summary

Information

Organization Information was successfully updated.

This topic requests information about the provider's corporate information. Organization data includes information about the organization's other name, corporate structure type, and incorporation information.

+ Learn More

Organization Information

Legal Business Name (LBN)	Central South Hospital
Tax Identification Number (TIN)	76-1552536
Other Name	-
Type of Other Name	-
Indian Health Facility	No
IRS Proprietary / Non-Profit Status	Proprietary
Incorporation Date	-
State Where Incorporated	-
Type of Organization	Corporation

Edit

You will see this summary page after you add the organization information

17

# **PECOS MDPP Enrollment Application**

*CDC Recognition Status*

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Recognition Status

Home > My Associates > My Enrollments > Enrollment Summary > Recognition Status

Central South Hospital | IN-PERSON M

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation


Recognition Status - Summary

This topic requests information about the Recognition status of the applicant.

+ Learn More

No Recognition information has been listed. Please select the Add button.

Add

 Click "Add"

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Recognition Status > Add

Home > My Associates > My Enrollments > Enrollment Summary > Recognition Status > ADD

Central South Hospital | IN-PERSON MDPP

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Recognition Status - Add

Refers to your organization's DPRP code

(\*) indicates required fields.

Recognition Status

Note: MDPP Preliminary Recognition includes both MDPP interim preliminary recognition and any preliminary recognition status given by the CDC.

\* Organizational Code

\* Recognition Status

\* Effective Date

Expiration/Renewal Date

Save

Save and Add Another Recognition Status

Cancel

You may need to add another Recognition Status if you are enrolling multiple sites

## Recognition Status

- When filling out the CDC recognition section of the MDPP application, organizations must report their organizational code, recognition status, effective date of their recognition status, and expiration date of their recognition status.
- As a reminder, organizations with pending, or no CDC recognition are **not** eligible to enroll as MDPP suppliers.

Supplier Type ✓

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Recognition Status - Add

(\*) indicates required fields.

Recognition Status

Note: MDPP Preliminary Recognition includes both MDPP interim preliminary recognition and any preliminary recognition status given by the CDC.

\* Organizational Code

\* Recognition Status

\* Effective Date

Expiration/Renewal Date

Save

Save and Add Another Recognition Status

Cancel

Click save when you finish

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Recognition Status

Home > My Associates > My Enrollments > Enrollment Summary > Recognition Status

Central South Hospital | IN-PERSON MDP

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Recognition Status - Summary

Information

Recognition Status Information was successfully added.

This topic requests information about the Recognition status of the applicant.



+ Learn More

Add

Recognition Status Information


+ Filter


Records per page: 10 ▼

Organizational Code ^	Recognition Status ⇅	Effective Date ⇅	Expiration/Renewal Date ⇅	Action
123456	FULL CDC DPRP RECOGNITION	08/26/2018		 

Displaying 1 to 1 of 1 entries

Previous 1 Next

 Once added, you will see the recognition status summary here



# **PECOS MDPP Enrollment Application**

*Correspondence Address, MDPP Location and Special Payments Address*

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Correspondence Address > EDIT

Home > My Associates > My Enrollments > Enrollment Summary > Correspondence Address

Central South Hospital | IN-PERSON MDP

Enrollment Summary

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer


Required and/or Supporting Documentation

Correspondence Address - Summary

This topic requests information about the correspondence address for the applicant.

**Note:** The correspondence address cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however be a P.O. Box or, in the case of an individual practitioner, the person's home address.

[+ Learn More](#)

 **Click "Add"**

No Correspondence Address has been listed. Please select the Add button.

Add

Home > My Associates > My Enrollments > Enrollment Summary > Correspondence Address > EDIT

Central South Hospital | IN-PERSON MDP

Enrollment Summary

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Correspondence Address - Edit

(\*) indicates required fields.

Previously Entered Address Information

Select an address previously entered in this application, or enter a new address.

Select

Apply

Correspondence Address (Domestic)

**Note:** The correspondence address cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.

\* Country

United States

Apply

\* Address Line 1

7500 SECURITY BLVD

Address Line 2

\* City

BALTIMORE

\* State/Territory

MARYLAND

\* ZIP Code

21244

ZIP Ext.

1849

\* Telephone

(111) 222-3333

Telephone Ext.

Fax

E-mail Address


jane.lane@centralsouthhospital.com

No Format Required

No Format Required

Save

Cancel

 **Click save when you finish**

## Correspondence Address

- This address should be the address associated with the supplier.
- Organizations are able to add multiple locations. Because this address is typically the administrative location, the organization can add the addresses of additional administrative locations located within the same state.
- Provide the specific street address as recorded by the United States Postal Service. Do not provide P.O. Boxes.

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Correspondence Address

Home > My Associates > My Enrollments > Enrollment Summary > Correspondence Address

Central South Hospital | IN-PERSON MD

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Correspondence Address - Summary

Information

Correspondence Address Information was successfully updated.

This topic requests information about the correspondence address for the applicant.

**Note:** The correspondence address cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however be a P.O. Box or, in the case of an individual practitioner, the person's home address.

+ Learn More

Correspondence Address Information

Address

7500 SECURITY BLVD  
BALTIMORE MD 21244 -1849  
US

Telephone

(111) 222-3333

E-mail Address

jane.lane@centralsouthhospital.com

Edit

Once added, you will see the correspondence address summary here

## Email Address

- Though not a required field, organizations are strongly encouraged to provide an email address where important MDPP expanded model and service delivery updates can be sent. This includes reminders about model requirements, such as quarterly crosswalk submissions. Organizations that do not enter an email will not receive these reminders.

24

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > MDPP Location & “Special Payments” Address > ADD

Home > My Associates > My Enrollments > Enrollment Summary > MDPP Location & "Special Payments" Address

Central South Hospital | IN-PERSON MD

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

MDPP Location & "Special Payments" Address - Summary

This topic requests information about the MDPP Location and "Special Payments" Address of the applicant's administrative location(s) and community setting(s).

Note: The Recognition Status topic must be completed before adding an MDPP Location.

[+ Learn More](#)

No MDPP Location and "Special Payments" address information has been listed. Please select the Add button.

Add

Home > My Associates > My Enrollments > Enrollment Summary > MDPP Location & "Special Payments" Address > ADD

Central South Hospital | IN-PERSON MDPP

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation


MDPP Location & "Special Payments" Address - Add

(\*) indicates required fields.

MDPP Location Type

\* This MDPP Location is a:

Select Type

 You will select administrative or community location here

## MDPP Location & “Special Payments” Address

- This requests information about the MDPP location and “Special Payments” addresses of the applicant’s administrative location(s) and community setting(s).
- Select “Type of MDPP Location” (administrative or community location).
- A location may either meet the definition of an administrative location or a community setting based on whether or not the MDPP supplier is the primary user of that space, including both MDPP services and any other services provided by the supplier.
- On a given application, you must disclose all administrative locations operating within that state, as well as any applicable community settings operating out of those administrative locations (on a given application, community settings may cross state lines, but administrative locations may not).

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > MDPP Location & "Special Payments" Address > Add

Home > My Associates > My Enrollments > Enrollment Summary > MDPP Location & "Special Payments" Address > ADD

Central South Hospital | IN-PERSON MDP

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

MDPP Location & "Special Payments" Address - Add

(\*) indicates required fields.

MDPP Location Type

\* This MDPP Location is a:

Administrative Location

\* This Administrative Location is a:

Select Type

MDPP Location Address

Note: The MDPP Location address being added or modified must be in the state in which you are enrolling.

\* Location Name

\* Effective Date of Information

MM/DD/YYYY

Select an address previously entered in this application, or enter a new address.

Select

Apply

\* Address Line 1

Address Line 2

\* City

\* State/Territory

Select State/Territory

\* ZIP Code

XXXXX

ZIP Ext.

XXXX

\* Telephone


Telephone Ext.

Fax

E-mail Address

No Format Required

https://pecos.cms.cmsval/pecos/ScenarioTopicMap.do?topicID=16

 Provide the address for administrative location(s) and any community location(s) here

26

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > MDPP Location & “Special Payments” Address > Add

Claims Information

Please provide the following information, which can be found in the NPPES Validation Letter or Medicare Contractor correspondence associated with this location.

\* National Provider Identifier (NPI)

10 Digits

Medicare ID Number (if issued)

No Format Required

\* Tax Identifier Number (TIN)

No Format Required

\* Is the CP-575 Legal Business Name of Central South Hospital the name printed on the NPPES Validation Letter?

Yes

No

\* Effective Date of this MDPP Location

MM/DD/YYYY

"Special Payments" Address

Note: If you choose to enter a Special Payments Address on this page, Effective Date of Information, Country, Address Line 1, City, State, and ZIP Code are required fields. If you wish to not enter a Special Payments Address at this time and enter it at a later point before you submit this application, ensure that all fields are blank or returned to their default values before saving this page.

Select an address previously entered in this application, or enter a new address.

Select

▼

Apply

Country

Select

▼

Apply

Address Line 1

Address Line 2

City

State/Territory

Select

▼

ZIP Code

XXXXX

ZIP Ext.

XXXX

Save

Save and Add Another MDPP Location

Cancel

Claims Information

- Please provide your organization’s NPI, Medicare ID (if issued) and Tax Identifier Number (TIN).
- The legal business name of the enrolling MDPP supplier must match the name printed on the NPPES validation letter.
- The administrative location is the address where billing is typically done.

Claims Information

Please provide the following information, which can be found in the NPPES Validation Letter or Medicare Contractor correspondence associated with this location.

\* National Provider Identifier (NPI)

1477049559

10 Digits

Medicare ID Number (if issued)

No Format Required

\* Tax Identifier Number (TIN)

678676123

No Format Required

\* Is the CP-575 Legal Business Name of Central South Hospital the name printed on the NPPES Validation Letter?

Yes

No

\* Effective Date of this MDPP Location

09/10/2018

MM/DD/YYYY

"Special Payments" Address

Note: If you choose to enter a Special Payments Address on this page, Effective Date of Information, Country, Address Line 1, City, State, and ZIP Code are required fields. If you wish to not enter a Special Payments Address at this time and enter it at a later point before you submit this application, ensure that all fields are blank or returned to their default values before saving this page.

Select an address previously entered in this application, or enter a new address.

7500 SECURITY BLVD, 21244 - 1849, (111) 222-3333, jane.lane@centralsouthhospital.com

▼

Apply

Country

Select

▼

Apply

Address Line 1

Address Line 2

City

State/Territory

Select

▼

ZIP Code

XXXXX


ZIP Ext.

XXXX

Save

Save and Add Another MDPP Location

Cancel

 Click save when you finish

27

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > MDPP Location & "Special Payments" Address

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address ✓

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

MDPP Location & "Special Payments" Address - Summary

Information

MDPP Location & "Special Payments" Address Information was successfully added for Central South Hospital at 7500 SECURITY BLVD.

This topic requests information about the MDPP Location and "Special Payments" Address of the applicant's administrative location(s) and community setting(s).

Note: The Recognition Status topic must be completed before adding an MDPP Location.



+ Learn More

Add

MDPP Location & "Special Payments" Address Information


+ Filter

Records per page: 10 ▾

Location Type ▴	Location Name ▾	Address Line 1 ▾	City ▾	CDC Organizational Code ▾	Action
Administrative Location	Central South Hospital	7500 SECURITY BLVD	BALTIMORE	123456	 

Displaying 1 to 1 of 1 entries

Previous 1 Next

 Once added, the summary will appear here



## Q&A

- Organizational Information and Supplier Type
- CDC Recognition Status
- Correspondence Address, MDPP Location and Special Payments

# **PECOS MDPP Enrollment Application**

*Final Adverse Legal Actions*

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Final Adverse Legal Action

Home > My Associates > My Enrollments > Enrollment Summary > Final Adverse Legal Action

Central South Hospital | IN-PERSON MD

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address ✓

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Final Adverse Legal Action - Summary

(\*) indicates required fields.

This topic requests information about final adverse legal actions imposed against the applicant.

+ Learn More

Final Adverse Legal Actions that must be reported

This section captures information regarding final adverse legal actions, such as convictions, exclusions, license revocations and license suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

NOTE: Providers/Suppliers are no longer required to report 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension'. Previously reported 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension' information, will not be displayed to Providers/Suppliers in PECOS PI.

A. CONVICTIONS (AS DEFINED IN 42 C.F.R. SECTION 1001.2) WITHIN THE PRECEDING 10 YEARS

1. Any federal or state felony conviction(s).

2. Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3. Any misdemeanor conviction, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. section 1001.101 or 1001.201.

5. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any current or past revocation or suspension of medical license.

2. Any current or past revocation or suspension of accreditation.

3. Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).

4. Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.

5. Any other current or past Federal Sanctions.

6. Any Medicaid exclusion, revocation, enrollment suspension or termination of any billing number.

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

☐ Yes

☒ No

## Legal Action

- This section captures information on final adverse legal actions, such as convictions, exclusions, revocations and suspensions.
- All final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.
- This information should be included for the organization (*intended supplier*).

31

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Final Adverse Legal Action

Home > My Associates > My Enrollments > Enrollment Summary > Final Adverse Legal Action

Central South Hospital | IN-PERSON MD

Enrollment Summary

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Final Adverse Legal Action - Summary

(\*) indicates required fields.

This topic requests information about final adverse legal actions imposed against the applicant.

+ Learn More

Final Adverse Legal Actions that must be reported

This section captures information regarding final adverse legal actions, such as convictions, exclusions, license revocations and license suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

NOTE: Providers/Suppliers are no longer required to report 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension'. Previously reported 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension' information, will not be displayed to Providers/Suppliers in PECOS PI.

A. CONVICTIONS (AS DEFINED IN 42 C.F.R. SECTION 1001.2) WITHIN THE PRECEDING 10 YEARS

1. Any federal or state felony conviction(s).

2. Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3. Any misdemeanor conviction, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. section 1001.101 or 1001.201.

5. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any current or past revocation or suspension of medical license.

2. Any current or past revocation or suspension of accreditation.

3. Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).

4. Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.


5. Any other current or past Federal Sanctions.

6. Any Medicaid exclusion, revocation, enrollment suspension or termination of any billing number.

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

☐ Yes

☒ No

 You will see this when the information is successfully added (if applicable)

Enrollment Summary

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Final Adverse Legal Action - Summary

Information

Final Adverse Legal Action Information was successfully added.

(\*) indicates required fields.

This topic requests information about final adverse legal actions imposed against the applicant.

+ Learn More

Final Adverse Legal Actions that must be reported

This section captures information regarding final adverse legal actions, such as convictions, exclusions, license revocations and license suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

NOTE: Providers/Suppliers are no longer required to report 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension'. Previously reported 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension' information, will not be displayed to Providers/Suppliers in PECOS PI.

A. CONVICTIONS (AS DEFINED IN 42 C.F.R. SECTION 1001.2) WITHIN THE PRECEDING 10 YEARS

1. Any federal or state felony conviction(s).

2. Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3. Any misdemeanor conviction, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. section 1001.101 or 1001.201.

5. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any current or past revocation or suspension of medical license.

2. Any current or past revocation or suspension of accreditation.

3. Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).

4. Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.

5. Any other current or past Federal Sanctions.

ation, enrollment suspension or termination of any billing number.

<https://pecos.cms.cmsval/pecos/ScenarioTopicMap.do?topicID=39>

32

# **PECOS MDPP Enrollment Application**

*MDPP Coach Information*

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > [MDPP Coach Information](#)

The screenshot displays the PECOS application interface. The top navigation bar shows the path: Home > My Associates > My Enrollments > Enrollment Summary > MDPP Coach Information. The left sidebar contains a list of menu items, with 'MDPP Coach Information' highlighted. The main content area is titled 'MDPP Coach Information - Summary' and includes a note about adding, changing, or deleting coaches. A large black arrow points down from the 'Add' button in the summary section to the 'MDPP Coach Information - Add' form. The 'Add' form is titled 'MDPP Coach Information - Add' and contains a 'Personal Information' section with fields for First Name, Middle Name, Last Name, Suffix, Date of Birth, Social Security Number (SSN), National Provider Identifier (NPI), and Eligibility Start Date. The form also includes 'Save', 'Save and Add Another Coach', and 'Cancel' buttons. A lightbulb icon and the text 'Click save when you finish' are shown below the form.

## MDPP Coaches

- Coaches are individuals who furnish MDPP services for an MDPP supplier. They lead group sessions using topics from a CDC-approved curriculum. A coach can be an employee, contractor, or volunteer for the MDPP supplier.
- MDPP coaches must be trained per the CDC Diabetes Prevention Program (DPRP) requirements as listed in the DPRP standards, but are not required to have any additional training, credentialing, or licensing by CMS.
- All MDPP coaches must obtain NPI numbers, which are unique identification numbers issued to health care providers by CMS. If a coach already has an NPI, they may use it for MDPP.
- The eligibility start date should be the day you are filling out the application.
- MDPP suppliers are required to update their Coach Roster with any changes within 30 calendar days. Once your enrollment is approved, navigate back to this page to add and remove coaches from your roster.

# **PECOS MDPP Enrollment Application**

*Organizational Control/Individual Control*

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Organization Control

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Organizations with Ownership Interest and/or Managing Control - Add

(\*) indicates required fields.

Organization Information

\* Legal Business Name

\* Tax Identification Information (TIN)

"Doing Business As" Name

XX-XXXXXX

NPI

10 Digits

Organization Address

Select an address previously entered in this application, or enter a new address.

Select

Apply

\* Country

United States

Apply

\*Address Line 1

Address Line 2

\*City

\*State/Territory

Select

\* ZIP Code

XXXXX

ZIP Ext.

XXXX

Organization's Relationship to the Applicant

\*Check all roles that are applicable to this individual.

☐ 5% or more Ownership Control

☐ Partner (regardless of percentage of ownership)

Effective Date (Disabled)

Effective Date (Disabled)

Organization Control

- CMS defines “ownership” or “investment interest” as holding
  - Stock or stock option(s),
  - Partnership share(s),
  - Limited liability company membership(s),
  - Loans, bonds, or other financial instruments that are secured with an entity's property or revenue or a portion of that property or revenue, direct or indirect, and
  - Through debt, equity or other means in a prospective MDPP supplier.
- Please be aware, not every enrolling organization will necessarily have an organization that meets this definition. In such cases, simply click “No”.

36

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Organization Control

Organization's Relationship to the Applicant

\*Check all roles that are applicable to this individual.

☐ 5% or more Ownership Control

Effective Date (Disabled)

MM/DD/YYYY

☐ Managing Control

Effective Date (Disabled)

MM/DD/YYYY

☐ Partner (regardless of percentage of ownership)

Effective Date (Disabled)

MM/DD/YYYY

Final Adverse Legal Actions

Learn More About Final Adverse Legal Actions That Must Be Reported

This section captures information regarding final adverse legal actions, such as convictions, exclusions, license revocations and license suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

NOTE: Providers/Suppliers are no longer required to report 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension' information, will not be displayed to Providers/Suppliers in PECOS PI.

A. CONVICTIONS (AS DEFINED IN 42 C.F.R. SECTION 1001.2) WITHIN THE PRECEDING 10 YEARS

1. Any federal or state felony conviction(s).

2. Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3. Any misdemeanor conviction, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. section 1001.101 or 1001.201.

5. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any current or past revocation or suspension of medical license.

2. Any current or past revocation or suspension of accreditation.

3. Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).

4. Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.

5. Any other current or past Federal Sanctions.

6. Any Medicaid exclusion, revocation, enrollment suspension or termination of any billing number.

Final Adverse Legal Actions

Learn More About Final Adverse Legal Actions That Must Be Reported

This section captures information regarding final adverse legal actions, such as convictions, exclusions, license revocations and license suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

NOTE: Providers/Suppliers are no longer required to report 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension' information, will not be displayed to Providers/Suppliers in PECOS PI.

A. CONVICTIONS (AS DEFINED IN 42 C.F.R. SECTION 1001.2) WITHIN THE PRECEDING 10 YEARS

1. Any federal or state felony conviction(s).

2. Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3. Any misdemeanor conviction, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. section 1001.101 or 1001.201.

5. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any current or past revocation or suspension of medical license.

2. Any current or past revocation or suspension of accreditation.

3. Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).

4. Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.

5. Any other current or past Federal Sanctions.

6. Any Medicaid exclusion, revocation, enrollment suspension or termination of any billing number.

\* Has a final adverse legal action ever been imposed against this organization under any current or former name or business identity? If you select No, you are confirming that there are no final adverse legal actions to report.

☐ Yes

☐ No

Save

Save and Add Another Organization Control

Cancel

## Organization Control

- Any organization that exercises operational or managerial control over the supplier, or conducts the day-to-day operations of the supplier, must be reported. The organization does not need to have ownership interest in the supplier in order to qualify as a managing organization.
- Select the Organization's relationship to the applicant.
- You will be asked to add any Final Adverse Legal Actions again—this time for the organization with an ownership interest or managing control.

37

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Organization Control

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Organizations with Ownership Interest and/or Managing Control - Summary

(\*) indicates required fields.

This topic requests information about organizations with ownership interest in and/or managing control of the applicant.

All organization that have a 5 percent or more (direct or indirect) ownership interest of, any partnership interest in (regardless of the percentage of ownership), and/or managing control of, the applicant must be reported.


+ Learn More


\* Does the applicant have any Organizations having Ownership Interest and/or Managing Control to report?

Yes

No

You have indicated that the applicant does not need to report an organization with ownership and/or managing control.

 Select whether the application has any Organizations having ownership interest and/or Managing control to report



38

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Individual Control

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

**Individual Control**

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Individuals with Ownership Interest and/or Managing Control - Summary

This topic requests information about individuals with ownership interest and/or managing control of the applicant. All managing employees for the practice locations listed on this enrollment must be reported.

[+ Learn More](#)

No individuals with Ownership interest and/or Managing Control have been listed. Please select the Add button.

Add

Select "Add"



Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

**Individual Control**

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Individuals with Ownership Interest and/or Managing Control - Add

(\*) indicates required fields.

Personal Information

Note: Please enter the individual name associated with the SSN and Date of Birth.

New! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents.**

\* First Name

Middle Name

\* Last Name

Suffix

\* Date of Birth

\* TIN Type

\* Tax Identification Number (TIN)

National Provider Identifier (NPI)

MM/DD/YYYY

Select

No Format Required

10 Digits

Title

Country of Birth

Select

Individual's Relationship to the Applicant

\* Check all roles that are applicable to this individual.

☐ 5% or Greater Direct/Indirect Owner

☐ Partner (regardless of percentage of ownership)

Effective Date (Disabled)

Effective Date (Disabled)

MM/DD/YYYY

MM/DD/YYYY

☐ Managing Employee (W-2)

☐ Contracted Managing Employee

Effective Date (Disabled)

Effective Date (Disabled)

MM/DD/YYYY

MM/DD/YYYY

☐ Director/Officer (if and only if the applicant is a corporation, whether for profit or non-profit)

Effective Date (Disabled)

Effective Date (Disabled)

MM/DD/YYYY

MM/DD/YYYY

## Individual Control

- All persons who have a 5% or greater direct or indirect ownership interest in the supplier must be reported.
- If the supplier is a corporation, all officers and directors of the supplier must be reported including:
  - All managing employees of the supplier
  - All individuals with a partnership interest in the supplier, regardless of the percentage of ownership the partner has
  - Authorized and delegated officials
  - All board members

Check all the roles that apply to the applicant and effective date

39

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Individual Control

Authorized/Delegated official

\* Is this individual an Authorized or Delegated Official?

☒ Authorized Official

☐ Delegated Official

☐ Neither an Authorized nor Delegated Official

Is the Delegated Official a W-2 employee? (Disabled)

☐ Yes

☐ No

\* Telephone

(111) 222-3333

(XXX) XXX-XXXX

\* Effective Date

09/18/2015

MM/DD/YYYY

Final Adverse Legal Actions

Learn More About Final Adverse Legal Actions That Must Be Reported

This section captures information regarding final adverse legal actions, such as convictions, exclusions, license revocations and license suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

NOTE: Providers/Suppliers are no longer required to report 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension'. Previously reported 'CMS-Imposed Medicare Revocations' and 'Medicare Payment Suspension' information, will not be displayed to Providers/Suppliers in PECOS PI.

A. CONVICTIONS (AS DEFINED IN 42 C.F.R. SECTION 1001.2) WITHIN THE PRECEDING 10 YEARS

1. Any federal or state felony conviction(s).

2. Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

3. Any misdemeanor conviction, under federal or state law, related to the theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.

4. Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. section 1001.101 or 1001.201.

5. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any current or past revocation or suspension of medical license.

2. Any current or past revocation or suspension of accreditation.

3. Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).

4. Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.

5. Any other current or past Federal conviction.

Select whether this individual is an Authorized or Delegated Official or neither

## Individual Control

- The **authorized official** (required), or delegated official (if applicable) has the authority to make any changes/or updates to the enrollment application.
- The authorized official can do the following:
  - Legally enroll the organization in the Medicare program
  - Commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program.
- A **delegated official** is not required, but can be appointed by an authorized official. This individual cannot delegate their authority to another individual.

40

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Individual Control

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address ✓

Final Adverse Legal Actions ✓

MDPP Coach Information ✓

Organization Control ✓

Individual Control 2

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Individuals with Ownership Interest and/or Managing Control - Summary

Information

Individuals with Ownership Interest and/or Managing Control Information was successfully added for JANE LANE.

This topic requests information about individuals with ownership interest and/or managing control of the applicant. All managing employees for the practice locations listed on this enrollment must be reported.





+ Learn More

Add

Individuals with Ownership Interest and/or Managing Control

+ Filter

Records per page: 10 ▾

First Name ^	Last Name ^	Ownership and/or Managing Role ^	Effective Date ^	Final Adverse Legal Action? ^	Action
Jane	Lane	DIRECTOR/OFFICER	09/18/2015	No	 
Jane	Lane	AUTHORIZED OFFICIAL	09/18/2015	No	 

Displaying 1 to 2 of 2 entries

Previous 1 Next

## Individual Control

- Individuals with more than 5% ownership of the organization must submit fingerprints.
- Please be aware, not every organization will necessarily have an individual that meets this definition. For example, non-profit organizations generally do not have owners, and instead list their board of trustees or other governing body.



You will have a chance to review this information on the Individuals with Ownership Interest and/or Managing Control Summary Page



## Q&A

- Final Adverse Legal Actions
- MDPP Coach Information
- Organizational Control/Individual Control

# **PECOS MDPP Enrollment Application**

*Patient Records Storage Location, Billing Agency, Contact Person, Electronic Funds Transfer*

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Patient Records Storage Location

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address ✓

Final Adverse Legal Actions ✓

MDPP Coach Information ✓

Organization Control ✓

Individual Control 2

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Patient Records Storage Location - Summary

This topic requests information about where patient medical records are stored.

+ Learn More

\* Where are the patient medical records stored (for current and former patients)?


☒ At one of the Administrative Locations reported on this enrollment

☐ At a different location other than one of the Administrative Locations on this enrollment

☐ Electronically such as a website, URL, in-house software program, online service, vendor, etc.

You have indicated that the applicant's patient records storage location is located at one of the administrative locations reported on this enrollment.

Save

 Select whether the patient records will be stored at the administrative location, a different location or electronically

## — Patient Records Storage Location —

- This section asks about where patient medical records will be stored.
- You can use your existing records storage system as long as it complies with documentation and record keeping requirements.
- All beneficiary medical records must be kept in compliance with HIPAA and CMS standards.

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Billing Agency

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Billing Agency - Summary

This topic requests information about the billing agency name, address, and billing agreement/contact information. A billing agency is a company or individual that the provider hires or contracts with to furnish claims processing functions for its business locations.

+ Learn More

\* Does the applicant have any billing agencies for this application?

Yes

No

You have indicated that the applicant has a Billing Agency to report. Please select the Add button; otherwise, indicate that there are no Billing Agencies to report.

Add

You will be asked whether you want to add a billing agency to the application

## Billing Agency

- An organization is permitted to partner with third party billing agents to prepare claims, but the MDPP supplier is held accountable for compliance with all appropriate regulations and requirements.

Billing Agency - Add

\* Is this billing agency an individual or an organization?

Apply

Individual

Organization

Billing Agency Information (Organization)

\* Legal Business Name

\* Tax Identification Number (TIN)

XX-XXXXXXX

\* "Doing Business As" Name

\* Effective Date of Information

MM/DD/YYYY

Billing Agency Address Information (Domestic)

Select an address or enter a new address in the fields below:

Select

Apply

\* Country

United States

Apply

\* Address Line 1

Address Line 2

\* City

\* State/Territory

Select

\* ZIP Code

+4

XXXXX

XXXX

\* Telephone

x Extension

Fax

E-mail Address

No Format Required

No Format Required

Save

Save and Add Another Billing Agency

Cancel

45

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Contact Person

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Contact Person - Summary

This topic requests information about the person(s) whom the Medicare contractor should contact if any questions exist about the application.

+ Learn More

No contact person has been listed. Please select the Add button.

Add

Select "Add"

Enrollment Summary

Organization Information

Supplier Type

Recognition Status

Correspondence Address

MDPP Location & "Special Payments" Address

Final Adverse Legal Actions

MDPP Coach Information

Organization Control

Individual Control

Patient Records Storage Location

Billing Agency

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Contact Person - Add

(\*) indicates required fields.

Contact Name

Relationship/Affiliation to Supplier

Authorized Official

Apply

\* First Name

Jane

Middle Name

\* Last Name

Lane

Contact Information

Select an address previously entered in this application, or enter a new address.

Select

Apply

\* Address Line 1

7500 SECURITY BLVD

Address Line 2

\* City

BALTIMORE

\* State/Territory

MARYLAND

\* ZIP Code

21244

ZIP Ext

1849

XXXX

XXXX

E-mail Address

jane.lane@centralsouthhospital.com

\* Telephone

1112223333

Telephone Ext.

Fax

No Format Required

No Format Required

Save

Save and Add Another Contact Person

Cancel

- Contact Person
- You will be asked for contact information for the individual who the Medicare contractor should contact if any questions exist about the application.

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Electronic Funds Transfer

Home > My Associates > My Enrollments > Enrollment Summary > Electronic Funds Transfer

Central South Hospital | IN-PERSON

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address ✓

Final Adverse Legal Actions ✓

MDPP Coach Information ✓

Organization Control ✓

Individual Control 2

Patient Records Storage Location ✓

Billing Agency ✓

Contact Person ✓

Electronic Funds Transfer

Required and/or Supporting Documentation


Electronic Funds Transfer - Summary

This topic requests information about the Electronic Funds Transfer (EFT) authorization agreement. This topic is the electronic CMS-588 Form. Data collected in this topic includes financial institution and account information, and information for the contact person for the electronic funds.

+ Learn More

No EFT authorization information has been listed. Please select the Add button.

Add

 Select "Add"



- Electronic Funds Transfer
- You will be asked to provide the financial institution and account information for the contact person for the electronic funds.
  - This information is for payment of claims submitted.

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address ✓

Final Adverse Legal Actions ✓

MDPP Coach Information ✓

Organization Control ✓

Individual Control 2

Patient Records Storage Location ✓

Billing Agency ✓

Contact Person ✓

Electronic Funds Transfer

Required and/or Supporting Documentation

Electronic Funds Transfer - Add

Financial Institution Information (\*) indicates required fields.

Please enter the information for the Financial Institution where the account was opened

\*Name

City Bank

\*Address Line 1:

12 Main Street

Address Line 2:

\*City

Baltimore

\*State/Territory

MARYLAND

\*ZIP Code

21244

ZIP Ext.

XXXXX

Contact Person First Name

Contact Person Last Name

\*Telephone

2223334444

Telephone Ext

XXXXX

\*Routing Transit Number:

123456789

\*Depositor Account Number:

123456789

\*Type of Account

Checking Account

9 Digits

Maximum of 17 Digits

Account Holder Information

Please enter the information for the Account Holder

Legal Business Name: Central South Hospital

TIN: 76-1552536

\*National Provider Identifier (NPI)

1477049559

Medicare Identification Number (if issued)

10 Digits

Select an address previously entered in this application, or enter a new address.

Select address

\*Address Line 1

7500 SECURITY BLVD

Address Line 2

Apply

# **PECOS MDPP Enrollment Application**

Required and/or Supporting Documentation and Application Submission

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > [Required and/or Supporting Documentation](#)

Contact Person

Electronic Funds Transfer

Required and/or Supporting Documentation

Step 1: Review the required and/or supporting documentation; optionally identify the delivery method for each document; and save the checklist.

Instructions for this step:

Please review the Required and/or Supporting Documentation Checklist pertaining to your enrollment application. For each type of documentation, you may select the delivery method-Mail or Upload. If more than one document is submitted, you may choose either the Upload or the Mail delivery method for each document. Please note that supporting documentation might include other documentation requested by your MAC to validate information reported on your Medicare enrollment application. Please remember that you cannot change the selected delivery method for a document once your Medicare enrollment application has been submitted to your MAC.

Please review the list of Documentation Requiring Signatures. They will need to be included with your application. You have two options for handling these documents:

• Print the document(s) requiring a signature, provide a wet signature, and upload digital copies of the document(s) during the Submission process.

• E-sign the document(s) requiring a signature during the Submission process.

Please select the SAVE CHECKLIST button after selecting the delivery method for each required and supporting document, and after reviewing Documentation Requiring Signatures that must be e-signed or uploaded. Use the saved checklist to track the delivery method(s) of the documentation as well as the Certification Statement(s) or Authorization Statement(s) needed for your application. To convey to your MAC additional information pertaining to a document, please use the Comments box.

Whether or not you identify the delivery method(s) in Step 1, please complete Step 2, which is required. In addition, if you select the Upload delivery method and you want to upload documents now, please complete Steps 2 and 3 to upload the documents from your computer and attach them to your Medicare enrollment application. If you select the Mail delivery method, please mail the documents to your MAC via U.S.Mail.

Required and/or Supporting Documentation Information

+ Expand to display the Required and/or Supporting Documentation Checklist for this Medicare enrollment application submission.

Step 2: Confirm that you want to upload digital copies of the documents now

Instructions for this step:

If you selected the Upload delivery method for any documentation selected in Step 1, and you want to upload them now, please select "Yes". If you did not select the Upload delivery method for any documentation in Step 1, you did not complete Step 1, or you do not want to upload the documents now, please select "No".

You may return to this topic at a later time-but before application submission-to upload documents.

\* Do you want to upload one or more documents with your Medicare enrollment application now?

☐

Yes, I would like to upload one or more documents now.

☐

No, I do not want to upload any documents now.(You may upload documents at a later time.)

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

Select “Yes, I would like to upload one or more documents”.

## Required and/or Supporting Documentation

- Please provide the letter from CDC verifying your organization’s CDC preliminary or full recognition status.
- You may need to provide supporting tax documentation for your organization. Below are a examples of this type of documentation:
  - A written confirmation from the IRS confirming the organization’s TIN with the legal business name
  - A copy of an IRS Determination letter

49

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Required and/or Supporting Documentation

Required and/or Supporting Documentation Information

Expand to display the Required and/or Supporting Documentation Checklist for this Medicare enrollment application submission.

Required Documentation Checklist	Delivery Method	Comments (Maximum of 500 characters)
<div><div></div>A voided check or letter from bank confirming account information</div>	<div><input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload</div>	<div></div> <div>Maximum of 500 characters.</div>
<div><div></div>Copy of IRS Form CP 575 or other official IRS communication confirming Tax Identification Number and Legal Business Name</div>	<div><input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload</div>	<div></div> <div>Maximum of 500 characters.</div>
<div><div></div>Copy(s) of all documentation verifying Recognition Status</div>	<div><input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload</div>	<div></div> <div>Maximum of 500 characters.</div>

Supporting Documentation Checklist	Delivery Method	Comments (Maximum of 500 characters)
<div><div></div>Receipt of Pay.gov Payment Information</div>	<div><input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload</div>	<div></div> <div>Maximum of 500 characters.</div>
<div><div></div>Other Documentation requested by your Medicare Contractor(s)</div>	<div><input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload</div>	<div></div> <div>Maximum of 500 characters.</div>

Documentation Requiring Signatures to E-SIGN or UPLOAD	View and Print	Comments (Maximum of 500 characters)
<div><div></div>Authorized Official Certification Statement for Medicare Diabetes Prevention Program (MDPP) Suppliers [PDF]</div>	<div>View and Print [PDF] <div></div></div>	<div></div> <div>Maximum of 500 characters.</div>
<div><div>Note</div>:Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.</div>		
<div><div></div>Form CMS-588, Electronic Funds Transfer (EFT) Authorization Agreement</div>	<div>View and Print [PDF] <div></div></div>	<div></div> <div>Maximum of 500 characters.</div>



For each Required and/or Supporting Documentation, select whether the documentation will be delivered by mail or uploaded

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > Application Submission

Enrollment Summary

Organization Information ✓

Supplier Type ✓

Recognition Status ✓

Correspondence Address ✓

MDPP Location & "Special Payments" Address ✓

Final Adverse Legal Actions ✓

MDPP Coach Information ✓

Organization Control ✓

Individual Control 1

Patient Records Storage Location ✓

Billing Agency ✓

Contact Person ✓

Electronic Funds Transfer ✓

[Required and/or Supporting Documentation](#) ✓

Notification: This application has been validated. You may now submit this application. [Begin Submission](#)

[View Errors and/or Warnings for this Application](#) 1

Required Topics Remaining: 0

Welcome Jane Lane!

You are working on an MDPP Initial Application for CENTRAL SOUTH HOSPITAL!

Please review the MDPP supplier standards at 42 CFR 424.205(d) prior to submitting the enrollment application. An MDPP supplier must meet and must certify in this enrollment application that it meets and will continue to meet the standards.

Tracking Information

Tracking ID: T091120180000063

Enrollment ID: O091120180000055

MAC Information

N/A

If you see a caution triangle, go back to the section to review any errors that need to be corrected

Topics Complete

100%

You will have a chance to see whether you have completed all the required sections of the MDPP enrollment application

View In-Progress Application

View All Coaches

View All Locations

MDPP Guidance

51

# PECOS Application – My Enrollments

Home > My Associates > **My Enrollments** > Enrollment Summary > [Submission Confirmation](#)



Please review the Submission Confirmation message

The screenshot shows a 'Submission Confirmation' modal window. It states: 'Your enrollment application with any uploaded documentation has been submitted to your fee-for-service contractor.' Below this, it says 'IMPORTANT:' and lists required documentation: 'Required and/or supporting documentation not e-signed or uploaded must be mailed in to the fee-for-service contractor.' It then lists documentation provided by mail/paper: 'A voided check or letter from bank confirming account information', 'Copy of IRS Form CP 575 or other official IRS communication confirming Tax Identification Number and Legal Business Name', and 'Copy(s) of all documentation verifying Recognition Status'. It also notes: 'Your application may be delayed or not processed if any required/supporting documentation is missing.' An 'OK' button is at the bottom.

## Application Status and Changes

- To check the status of your submitted MDPP enrollment application, please contact your MAC.
- Any changes of ownership, changes to the coach roster, or new final adverse action history must be made within 30 calendar days of the change. All other changes to information on the enrollment application must be reported within 90 calendar days of the event.

The screenshot shows the 'Online Submission Complete' page. It says: 'Congratulations! You have Successfully submitted your application. Please view the details of your Enrollment Summary below.' Below this, it lists 'Steps to Take:' including: 'An e-mail containing the PIN and Web Tracking ID has been sent to the Authorized Signer(s) to complete the E-Signature process for documents pertaining to this enrollment application.', 'If you selected to upload the signature for any Authorized Signer(s) for this application and have not done so, navigate to this application on the My Enrollments Page, search for this application, then select the Manage Signatures option.', 'Mail all remaining supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of our application.', 'Include the Tracking ID(see below) or a copy of this page when you mail supporting documentation to your Medicare Contractor.', '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.', 'When submitting an application with Electronic Funds Transfer (EFT) information, please include a voided check or confirmation of account information on bank letterhead.', 'Add "customerservice-donotreply@cms.hhs.gov" to your safe sender list. You will receive e-mail from this address about your application status.', and 'Remember: Your application is not complete until the Medicare Contractor receives fully signed documentation for your application.' Below this, it shows 'Enrollment Tracking Information' for 'Central South Hospital' with Tracking ID 'T091120180000063', Submitted Date 'TUE - SEPTEMBER11 2018 06:42:29 PM EST', Submitted By 'Jane Lane', and Contact Email(s) 'JANE.LANE@CENTRALSOUTHOSPITAL.COM'. The reason for submission is 'A Medicare Part B supplier is enrolling in the Medicare program for the first time to bill for Part B services.' A 'Medicare Contractor(s)' field is at the bottom.

## Application Denial

- If your application is denied or revoked for non-compliance, you may submit a Corrective Action Plan (CAP) to correct the deficiencies that resulted in the denial of the application.
- The CAP must be submitted within 30 calendar days from the date of the denial notice.

## Q&A

- Patient Records Storage Location
- Billing Agency
- Contact Person
- Electronic Funds Transfer
- Required and/or Supporting Documentation and Application Submission

# **MDPP Enrollment Application**

## Self-Efficacy Evaluation

# MDPP Enrollment Quiz (Post-test)

The MDPP Enrollment Quiz includes questions to re-assess the participants' level of self-efficacy in completing the MDPP enrollment application.

**1. What recognition status must an organization have from CDC's Diabetes Prevention Recognition Program before it can enroll in Medicare as an MDPP supplier?**

- a. No recognition is needed as long as it provides services that follow a CDC-approved curriculum
- b. Full recognition only
- c. Pending recognition
- d. Preliminary or Full recognition
- e. I don't know

**2. To enroll online (using PECOS) in Medicare you need:**

- a. A National Provider Identifier (NPI)
- b. A active or valid tax-identification number (TIN)
- c. An Identity and Access (I&A) account
- d. All of the above
- e. I don't know

**3. Who should you contact for the status of your MDPP enrollment application once it's submitted?**

- a. The CDC DPRP
- b. Your Medicare Administrative Contractor (MAC)
- c. 1-800-Medicare
- d. None of the above
- e. I don't know

# Thank you!



## **Ready to enroll as an MDPP supplier?**

Enroll online through the Provider Enrollment Chain and Ownership System (PECOS) [here](#)

Review the enrollment application [here](#)



## **Want to access supplier support resources?**

Head to the [MDPP website](#)



## **Other ways to stay updated or ask questions**

Sign up for our listserv at [MDPP website](#) or email us at [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov)

# Acronyms

Below is a list of acronyms frequently used throughout this presentation.

Acronym	Description
CDC	Centers for Disease Control and Prevention
CDC DPRP	Centers for Disease Control and Prevention Diabetes Prevention Recognition Program
National DPP	National Diabetes Prevention Program
CMS	Centers for Medicare & Medicaid Services
CMMI	Center for Medicare and Medicaid Innovation
MDPP	Medicare Diabetes Prevention Program
PFS	Physician Fee Schedule
NPI	National Provider Identifier
TIN	Tax Identification Number
MACs	Medicare Administrative Contractors
NPPES	National Plan and Provider Enumeration System
PECOS	Provider Enrollment Chain and Ownership System

# Terminology

The table below defines terminology specific to MDPP services.

Term	Description
MDPP Set of Services	Structured health behavior change sessions aimed at lowering the risk of type 2 diabetes by engaging eligible beneficiaries to promote weight loss through healthy eating and physical activity
MDPP Beneficiary	Eligible Part B Medicare beneficiary engaged in MDPP services
MDPP Supplier	An organization enrolled both in Medicare and the MDPP expanded model, and that can therefore bill for MDPP services provided to eligible beneficiaries
MDPP Coach	Employees, contractors, or volunteers who provide MDPP services on behalf of an MDPP supplier to MDPP beneficiaries
Supplier Support Needs	Specific needs that MDPP suppliers have as they enroll in the MDPP expanded model and furnish MDPP services to eligible beneficiaries
Supplier Support Product	Materials and resources developed to meet the specific support needs of MDPP suppliers
Supplier Support Package	Complementary set of supplier support products developed to meet supplier support needs in different phases of the expanded model