

# **Medicare PECOS Enrollment: Speed CMS Forms 855I and 855R Approval and Payments**

Presented by:  
**Gretchin Heckenlively, CPA, FHFMA**

[DISCLAIMER]

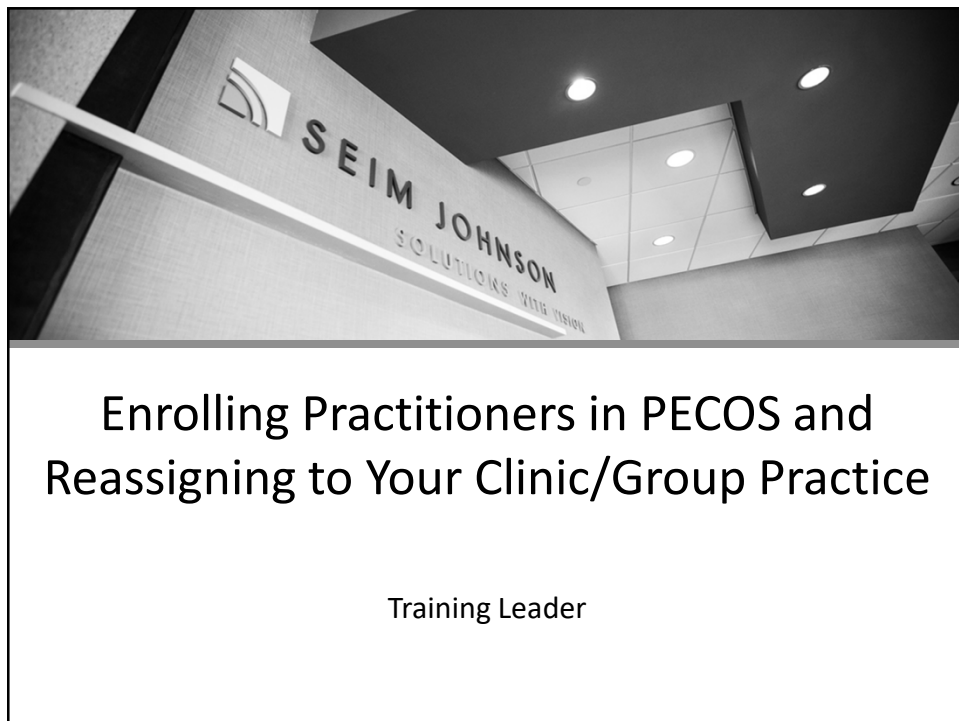
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## Objectives

- Review the CMS forms available for enrollment of practitioners
- Practitioners eligible to be enrolled in Medicare
- Determining effective dates of billing privileges
- MAC processing timeframes
- Checklist of items for adding a new practitioner to a clinic/group practice
- Demonstrate completion of practitioner enrollment and reassignment in PECOS (surrogacy access will need to be completed through PECOS Identity & Access in advance)



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## The Forms

- Reminders before beginning a Medicare enrollment for a practitioner.
  - The Medicare applicant must have applied for and received a National Provider Identifier (NPI) prior to enrolling in the Medicare program.
  - A practitioner cannot be added to a group unless the group is established in the Provider Enrollment Chain & Ownership System (PECOS) or is in the process of being established.



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## The Forms

- CMS-855I (12/18)
  - For physicians and non-physician practitioners who plan to bill Medicare for Part B medical services or would like to report a change to their existing Part B enrollment data. This includes a physician or practitioner who: (1) is the sole owner of a professional corporation, professional association, or limited liability company, and (2) will bill Medicare through this business entity.
- CMS-855R (01/20)
  - For physicians and non-physician practitioners who are reassigning their rights to bill the Medicare program and receive payments to a Medicare enrolled organization or to terminate an existing reassignment of benefits. The individual must be enrolled in the Medicare program as an individual prior to reassigning his or her benefits.

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## The Forms

- CMS-855O (01/17)
  - For registration of eligible ordering and referring physicians and non-physician practitioners who are required by §6405 of the Affordable Care Act (ACA) to register in the Medicare program for the sole purpose of ordering or referring items or services for Medicare beneficiaries.
- In lieu of completing the aforementioned paper version of these forms, providers and suppliers can electronically apply for Medicare enrollment and make changes to its existing Medicare enrollment via Internet-Based PECOS.
- In order to use Internet-Based PECOS, you must be properly registered with the PECOS Identity & Access system.

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## Who is Eligible to be Enrolled in Medicare

- Physicians
- Non-physician practitioners
  - Anesthesiology Assistants (AAs)
  - Audiologists
  - Certified Nurse-Midwives (CNMs)
  - Certified Registered Nurse Anesthetists (CRNAs)
  - Clinical Nurse Specialists (CNSs)
  - Clinical Psychologists (CPs)
  - Clinical Social Workers (CSWs)
  - Nurse Practitioners (NPs)
  - Occupational and Physical Therapists in Private Practice (OTs and PTs)
  - Physician Assistants (PAs)
  - Psychologists Practicing Independently
  - Registered Dietitians (RDs)
  - Speech Language Pathologists in Private Practice (SLPs)

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## Effective Date of Billing Privileges

- The effective date of Medicare enrollment for individual physicians and NPPs (specifically AAs, CNMs, CRNAs, CNSs, CSWs, NPs, PAs, CPs, PTs, OTs and Dietitians or nutrition professionals) is based on the date the 855I and/or 855R is received by the Medicare contractor that is subsequently approved.
- Medicare contractors are permitted to accept all 855Is, 855Rs up to 60 days prior to the effective date listed on the applications.

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## Effective Date of Billing Privileges

- Individual physicians and certain NPPs (AAs, CNMs, CRNAs, CNSs, CSWs, NPs, PAs, CPs, PTs, OTs and Dieticians or nutrition professionals) may retrospectively bill for services when these organizations and practitioners have met all program requirements, including State licensure requirements, and services were provided at the enrolled practice location for up to:
  - 30 days prior to their effective date if circumstances precluded enrollment in advance of providing services to Medicare beneficiaries, or
  - 90 days prior to their effective date if a Presidentially-declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206, precluded enrollment in advance of providing services to Medicare beneficiaries.

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## Effective Date of Billing Privileges

- The following individual NPPs are not impacted by this effective date policy and can still receive retroactive billing privileges beyond 30 days prior to the filing of the applicable 855 form(s).
  - Audiologists
  - Psychologists billing independently
  - Speech-language pathologists in private practice

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## Processing Timeframes

- Paper applications without a site visit –
  - MACs shall process 80% all Forms CMS-855 within 60 calendar days of receipt, 90% within 120 calendar days of receipt and 95% within 180 days of receipt.
  - Effective Feb 1, 2021, MACs shall process 95% of all Forms CMS-855 within 30 calendar days of receipt and 100% within 65 calendar days of receipt.
- Web-based applications without a site visit -
  - MACs shall process 80% of all Forms CMS-855 within 45 calendar days of receipt, 90% within 60 calendar days of receipt and 95% within 90 calendar days of receipt.
  - Effective Feb 1, 2021, MACs shall process 95% of all Forms CMS-855 within 15 calendar days of receipt and 100% within 50 calendar days of receipt.
- **Bottom line:** CMS is providing you with an incentive to switch from paper applications to web-based applications which should also result in more accurate PECOS records.
- If a development request is received requesting additional information or a correction to be made, this will need to be received by the MAC within 30 days of the development letter/email or the application may be rejected.

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## Adding a New Practitioner to a Clinic/Group Practice

- Your CEO/Clinic Administrator just informed you there is a new practitioner joining your existing clinic/group practice effective November 1, 2020. From a Medicare enrollment perspective only, what do you need to do to be able to bill for his/her professional services?
  - Initially, gather the practitioner's legal name as on file with the Social Security Administration, Social Security Number, the exact locations (i.e. clinics, hospitals, nursing homes, etc.) where services will be provided, and determine if the practitioner has an NPI or if updates need to be made.
  - For non-physician practitioners, ask what type of services they will be performing. Determine based on the practitioner's qualifications if they are eligible to be enrolled in the Medicare program and can bill for the services based on where they will be provided (MPIM, Chapter 10, §10.2.3).
  - For physicians, inquire if they are currently a resident or fellow, and if so, are the services they will be performing at any of the clinic's practice locations are part of their requirements for graduation for which the teaching hospital will incur all or substantially all of the costs of training.

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### Adding a New Practitioner to a Clinic/Group Practice

- Review State licensure information to determine if the practitioner has a current license or if a license application has been submitted (a practitioner cannot render professional services until a license is issued for the State where services will be performed, which may impact the effective date desired).
- Decide if enrollments will be completed on paper or electronically in web-based PECOS. If completed in web-based PECOS, surrogacy/permissions may need to be obtained prior to completion.
- Determine if the practitioner already has a current Medicare enrollment on file in the State(s) where they will be performing services for your clinic/group practice. Consider using the Medicare revalidation lookup tool as a resource if not completing in web-based PECOS.
  - <https://data.cms.gov/revalidation>
  - If not, you will need to complete both the Form(s) CMS-855I to establish the practitioner in the State(s) where they physically will be performing services and Form(s) CMS-855R for any reassignment(s) to your clinic/group practice. Take into consideration multiple States and multiple group PTANs, if applicable. (Exception for Physician Assistants who only complete the Form CMS-855I).

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### Adding a New Practitioner to a Clinic/Group Practice

- If one or more Form(s) CMS-855I must be completed to establish the practitioner in the State(s) where services will be provided, the following additional information should be gathered, if applicable.
  - Copy of the practitioner's medical degree; federal DEA certificate; State license and/or verification (for the State(s) in which the Form CMS-855I is being established); board certification certificate and/or verification; whether or not they will be accepting new Medicare patients; correspondence & medical records address and phone number; address of the facility the practitioner is a resident or fellow at and anticipated graduation date, if applicable; and any final adverse legal history.
  - For physicians, one primary specialty any secondary specialties to report. Please note physicians have the ability to self-designate their specialties. The specialties selected are to be reflective of how they practice and do not need to match their board certification(s)/eligibility.
  - Additional considerations for clinical psychologists, psychologists billing independently, PTs & OTs in private practice and NPs and CNSs.

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### Adding a New Practitioner to a Clinic/Group Practice

- For physician assistants to establish employment arrangements (855I, §2.I.) and for all other practitioners to reassign their rights to bill (855I, §4.F. & 855R), the following information will be required.
  - Employer's legal name as on file with the IRS
  - Employer's federal tax identification number
  - Group PTAN(s)
  - Group NPI(s)
  - Authorized or Delegated Official on file for the clinic/group practice for signature purposes (855R only)

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### Adding a New Practitioner to a Clinic/Group Practice

- If a Form(s) CMS-855I does NOT need to be completed because the new practitioner is already established in the State(s) in which services will be performed, then you only need to complete the following to associate the practitioner with your clinic/group practice:
  - Form CMS-855I for physician assistants as a change of information to establish an employment arrangement.
  - Form CMS-855R for all other eligible practitioners to establish a reassignment.
    - Need to consider if there are multiple PTANs and/or if a Form CMS-855I should also be completed as a change of information to update the practitioner's correspondence address on file
- Based on the location(s) where services will be performed, consider if any updates will need to be made to the Form CMS-855B or if a new Form CMS-855B will need to be completed.
- Understand the timeframes for submission to ensure effective date requested.

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## Completing Initial Practitioner Enrollments in PECOS

### • Reminders

- If completing a practitioner enrollment in PECOS, need to have requested and been approved for surrogacy access through the PECOS Identity & Access (I&A) system.
  - Additional time may be needed to set up the proper permissions for PECOS access.
  - Separate webinar presentation called “Understanding PECOS Enrollment Requirements to Master CMS Surrogacy” at <https://trainingleader.com>
- A group enrollment record must be established or be in the process of being established to reassign a practitioner.
- There is more than one way to complete a practitioner enrollment in PECOS. The following slides demonstrate one way the enrollment of a brand new practitioner to the Medicare program or practitioner establishing an enrollment in a new State can be completed.
- The most common situation is the enrollment of a practitioner who will reassign all of his/her rights to a group. The following slides do not address sole proprietors, sole owners or any other enrollment scenarios.

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## PECOS – MANAGING ENROLLMENTS

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.

**USER LOGIN**

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

\* User ID

\* Password

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

**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.

**Helpful Links**

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

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## PECOS – MANAGING ENROLLMENTS

Welcome GRETCHIN HECKENLIVELY

**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**  
There are no notifications at this time.

**Manage Medicare and Account Information**

**MY ASSOCIATES**

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

**ACCOUNT MANAGEMENT**

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

**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**

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## PECOS – MANAGING ENROLLMENTS

**Existing Associates**

**Individuals**

Name: STONEHOCKER, LORI NPI: 1326041724 **VIEW ENROLLMENTS**

**Organizations**

Name: SEIM JOHNSON, LLP TIN: 52-8697339 **VIEW ENROLLMENTS**

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Medicare Enrollment  
for Providers and Suppliers

Home | Help | Log Out

Home > My Associates

My Associates

Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

**IMPORTANT:**

If you are responding to a request for Revalidation, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

**Please Note:** If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- Checklist for Sole Proprietor or Solely Owned Organizations (eg. LLC, PC) using PECOS
- Checklist for Individual Physician and Non-Physician Practitioners using PECOS
- Checklist for Provider or Supplier Organization using PECOS

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION

Help

- Medicare Part A Services
- Medicare Part B Services
- Legal Business Name
- National Provider Identifier (NPI)

Additional Resources

- Medicare ID New? Search Tool
- How To Guides
- FAQs
- Glossary
- Who Should I Call? (PDF, 214 KB)
- Application Status Page
- Additional Links

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Medicare Enrollment  
for Providers and Suppliers

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: Stonehooker, Lori NPI: 1320041724

NEXT PAGE

CANCEL

Help

- Employer Organization

Additional Resources

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

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, Sole Owner of a Professional Association (PA), Professional Corporation (PC), or Limited Liability Corporation (LLC))

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

☐ Medicare Diabetes Prevention Program Supplier (MDPP)

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

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

Note: Select this option only if any of the following applies to the applicant:

- The applicant, or any organization employing the applicant, will not send claims to a Medicare contractor for any service furnished by the applicant.
- The applicant, or any organization employing the applicant, sends claims through a Medicare managed care plan.

NEXT PAGE

CANCEL

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(\*) Red asterisk indicates a required field.

Applicant Description

Please read through all the descriptions and then choose the one that best matches your situation.

\* I am applying as a:

☐ Sole Owner of a PA, PC or LLC

- You are the only owner of a business, set up as a corporation, through which you give healthcare services.
- Your business is legally separate from your personal assets.

☐ Self-Employed/Sole Proprietor

- You give all your healthcare services from a facility that you own, lease or rent.
- You are the only owner of a business that gives healthcare services.
- You and your business are legally one and the same. You are personally responsible for any of the business's financial obligations.
- You report the business's income and losses on your personal tax return.

☒ Group Member Only

- You give all your healthcare services as an employee of a group practice or clinic.
- You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.

☐ Group Member and is Self-Employed

- You give some healthcare services as an employee of a group practice or clinic.
- You have an arrangement with your employer to send in Medicare claims and get paid for the services you have given.
- You also give some healthcare services from a facility that you own, lease or rent.
- The income you make through self-employment is part of your personal assets.

☐ Disregarded Entity

- You are the only owner of a business, set up as a corporation, through which you give healthcare services.
- You and your business are considered legally one and the same.

PREVIOUS PAGE

NEXT PAGE

CANCEL

Help

☒ Sole Owner

☒ Professional Corporation (PC)

☒ Professional Association (PA)

☒ Limited Liability Company (LLC)

☒ Disregarded Entity

Additional Resources

Medicare ID

New? Search Tool

How-to Guides

FAQs

Glossary

Who Should I Call?

PDF 2-14-18

Application Status

Reset

Additional Links

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

Applicant Identification Information

First Name: Lori

Last Name: Stonehooker

Social Security Number (SSN): XXX-XX-XXXX

Date of Birth: [REDACTED]

PREVIOUS PAGE

NEXT PAGE

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(\*) Red asterisk indicates a required field.

State/Territory Where Healthcare Services Rendered

Please select a single state/territory where the applicant renders healthcare services.

\* State/Territory

Select State/Territory

PREVIOUS PAGE

NEXT PAGE

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Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(\*) Red asterisk indicates a required field.

Primary Medicare Services Rendered

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

\* Please select the primary Medicare Services rendered by the applicant.

Part B Physician Specialties

Select Physician Specialty

Part B Non-physician Specialties

Select Non-Physician Specialty

Undefined Type Specification

PREVIOUS PAGE

NEXT PAGE

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

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Entity Receiving Benefits Enrollment Status

To avoid delays in processing this application, please ensure an enrollment application for the Entity Receiving Benefits has been submitted or will be submitted. The Entity Receiving Benefits must also be enrolled in the Medicare program.

\* Would you like to continue?

Yes

No

PREVIOUS PAGE

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Application Questionnaire

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

A Medicare Part B practitioner is enrolling in the Medicare program for the first time using their social security number (SSN). A reassignment of all benefits exists with this application.

The application is for:

Name	Social Security Number (SSN)	Practitioner Specialty	State
Lori Stonehocker	XXX-XX-XXXX	FAMILY MEDICINE	PUERTO RICO

Clicking on the 'Start Application' button will create a Medicare application using the above information. Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing

The practitioner must sign a statement certifying the submitted information

The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)

The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information

Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION

CANCEL

Help

Reassignment

Practitioner Specialty

Fee-for-Service Contractor

Certification Statement

Additional Resources

Medicare ID Search Tool

How To Guides

FAQs

Glossary

Who Should I Call?

PDF, 214 KB

Application Status

Links

Additional Links

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Initial Enrollment

Topic View

Fast Track View

Error/Warning Check

Enrollment ID: I09272020000197

PacID: A00624718009272020000197

Web Tracking ID: T092720200000200

Individual Provider NPI: 1328041724

Reason for Application

Practitioner is Enrolling in Medicare for the First Time

Reports

Select the hyperlink to view the Application being edited:

View Application being edited

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed	Topics
—	Personal Identifying Information <div>more information about Personal Identifying Information</div>
✓	Practitioner Specialty <div>more information about Practitioner Specialty</div>
—	Reassignment <div>more information about Reassignment</div>
—	Resident Status <div>more information about Resident Status</div>
—	Mailing Address <div>more information about Mailing Address</div>
—	License, Certification, and DEA Information <div>more information about License and Certification Information</div>
—	Final Adverse Legal Actions <div>more information about Final Adverse Legal Actions</div>
—	Organization Control <div>more information about Organization Control</div>
—	Contact Person <div>more information about Contact Person</div>
—	Required and/or Supporting Documentation <div>more information about Required and/or Supporting Documentation</div>

Note:

Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

### Personal Identifying Information

Topic Summary

This topic requests personal and identification information about the applicant. (more information about Personal Identifying Information)

**ADD INFORMATION**

### Personal Identifying Information

No Personal Identifying Information has been listed. Please click "Add Information" above.

### Personal Identifying Information

(\*) Red asterisk indicates a required field.

Individual Information

First Name: LORI **EDIT NAME**

Middle Name

Last Name: STONEHOCKER

Suffix  
Select Suffix

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

Date of Birth:

Social Security Number (SSN): XXX-XX-XXXX


\* Gender  
Select Gender

Are you accepting new Medicare Patients?

☐ Yes

☐ No

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

### Personal Identifying Information

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Other Name for the Applicant

\* Does the applicant have any other name to supply? (e.g. former or maiden name, professional name, etc.)

☐ Yes

☒ No

\* Type of Other Name  
Select Type

Other Type of Name

\* Other First Name

Other Middle Name

\* Other Last Name

Other Name Suffix  
Select Suffix

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

**PREVIOUS PAGE** **NEXT PAGE**

### Personal Identifying Information

(\*) Red asterisk indicates a required field.

Medical/Professional School Information

\* Medical School or other Professional School  
Select Medical School

\* Year of Graduation  
YYYY

**PREVIOUS PAGE** **NEXT PAGE**

### Personal Identifying Information

IRS Status

Note: If your business is a Federal and/or State government provider or supplier, indicate "Non-Profit" below.


Identify how your business is registered with the IRS

☐ Proprietary

☐ Non-Profit

☐ Disregarded Entity

**PREVIOUS PAGE** **SAVE**



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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Initial Enrollment > Personal Identifying Information

Personal Identifying Information

Information

Personal Identifying Information was successfully added.

Topic Summary

This topic requests personal and identification information about the applicant. (more information about Personal Identifying Information)

Personal Identifying Information

LORI L. STONEHOCKER

Date of Birth: [REDACTED]

Social Security Number: XXX-XX-XXXX

Gender: Female

IRS Status:

Accepting New Medicare Patients: Yes

Medical School or other Professional School: BARNES MEDICAL COLLEGE

Year of Graduation: 2000

EDIT

RETURN TO TOPICS

GO TO ERROR CHECK

NEXT TOPIC

Help

Applicant

Additional Resources

Medicare ID

New! Search Tool

How to Guides

FAQs

Glossary

Who Should I Call? [PDF, 214 KB]

Application Status Kiosk

Additional Links

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Initial Enrollment > Practitioner Specialty

Practitioner Specialty

Topic Summary

The practitioner specialty for this enrollment is listed below for your reference. This topic allows you to identify any secondary specialties for the practitioner. (more information about Practitioner Specialty)

Practitioner Specialty Information

Practitioner Specialties

Practitioner Type: Physician

Secondary Physician Specialties

Primary Physician Specialty

FAMILY MEDICINE

ADD

EDIT

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

### Reassignment of Benefits

(\*) Red asterisk indicates a required field.

**Topic Summary**

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. (more information about Reassignment of Benefits)

**Filter Reassignment of Benefits**

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

☐ Advanced Search

**ADD INFORMATION**

**Reassignment Information**

No Reassignments have been listed. Please select "Add Information" above.

### Reassignment of Benefits

(\*) Red asterisk indicates a required field.

**Reassignment Type**

\* Will the applicant's benefits be reassigned to an:

☐ Individual

☐ Organization

**NEXT PAGE**

### Reassignment of Benefits (Group/Organization)

(\*) Red asterisk indicates a required field.

**Information of Group/Organization Receiving Benefits from Applicant**

\* **Effective Date of Information**

MM/DD/YYYY

\* **Legal Business Name**

\* **Tax Identification Number (TIN)**

XX-XXXXXX

\* **National Provider Identifier (NPI)**

10 Digits

**PREVIOUS PAGE** **NEXT PAGE**

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

### Reassignment of Benefits

**Medicare Identification Numbers**

Legal Business Name: [REDACTED]

National Provider Identifier (NPI): [REDACTED]

Please provide any Medicare Identification numbers that apply to the group/provider that you are reassigning your benefits.

Note: Use the Add More button to add more than one Medicare Identification number.

**Medicare Identification Number**

[REDACTED]

**ADD MORE**

**PREVIOUS PAGE** **NEXT PAGE**

### Reassignment of Benefits

(\*) Red asterisk indicates a required field.

**Reassignment Practice Location Choice**

\* Please indicate what Practice Location information you would like to enter:

☐ Primary Practice location

☐ Primary and Secondary Practice location

☐ None

**PREVIOUS PAGE** **NEXT PAGE**

### Reassignment of Benefits

(\*) Red asterisk indicates a required field.

**Primary Practice Location Address**

Note: The entity where you are rendering services does not exist in PECOS. Please add a practice location in the fields below. This application may not be processed until the practitioner/organization is enrolled in PECOS.

\* **Address Line 1**

**Address Line 2**

\* **City**

\* **State/Territory**

Select State/Territory

\* **Zip Code +4**

XXXXX XXXXX

**PREVIOUS PAGE** **SAVE**

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

Reassignment Information

Records 1 - 1 of 1

Reassignment to: [REDACTED]

Effective Date of Information:  
11/01/2020

Medicare ID(s) of Individual/Group  
Receiving Benefits:

Tax Identification Number (TIN): 47-  
[REDACTED]

ADD

National Provider Identifier:  
[REDACTED]

DELETE

Practice Location Address:

Primary Practice Location  
Address:  
[REDACTED]


DELETE

Records 1 - 1 of 1

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC



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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Initial Enrollment > Resident Status

Resident Status

(\*) Red asterisk indicates a required field.

Topic Summary

The topic requests information about the applicant's residency status. (more information about Resident Status)

\* Is the applicant currently in an approved training program as a resident ?

☐ Yes

☐ No

ADD INFORMATION

Resident Status Information

No residency status has been listed. Please answer the question above.

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

Resident Status

(\*) Red asterisk indicates a required field.

Previously Entered Address Information

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

Select address

ADD

Resident Facility Address

\* Facility Name

\* Address Line 1

Address Line 2

\* City

\* State/Territory

Select State/Territory

\* ZIP Code +4

XXXX

XXXX

NEXT PAGE

CANCEL

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Resident Status

(\*) Red asterisk indicates a required field.

Resident Information

\* Is the applicant's current approved training program a:

Residency

\* Are the services rendered at this facility required for graduation from a formal residency program?

Yes

No

\* Date of Completion

MM/DD/YYYY

\* Is the date of completion prior to the beginning date of your practice?

Yes

No

PREVIOUS PAGE

NEXT PAGE

CANCEL

Resident Status

(\*) Red asterisk indicates a required field.

Resident Information

\* Does the applicant also render services at other facilities or practice locations?

Yes

No

\* Are the services you rendered in any of the practice locations reported in this application required for graduation from a formal residency program?

Yes

No

\* Has the teaching hospital reported above agreed to incur all or substantially all of the costs of training in the non-hospital facility or location?

Yes

No

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Initial Enrollment > Resident Status

Resident Status

Information

Resident Status Information was successfully updated.

Topic Summary

The topic requests information about the applicant's residency status. (more information about Residency Status)

Resident Status Information

GENERAL HOSPITAL

Address: 1 TIMES SQ  
NEW YORK, NY 10038-0580

EDIT

DELETE

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Initial Enrollment > Mailing Address

Mailing Address

Topic Summary

This topic requests information about the correspondence address for the applicant.  
[\(more information about Correspondence Address\)](#)

**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.

ADD INFORMATION

Correspondence Address Information

No Correspondence Address has been listed. Please click "Add Information" above.

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Mailing Address

(\*) Red asterisk indicates a required field.

Previously Entered Address Information

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

Select address

(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

SELECT

\* Address Line 1

Address Line 2

\* City

\* State/Territory

Select State/Territory

\* ZIP Code +4

XXXXX XXXXX

\* Telephone x Extension

10 digits without special characters included

Fax

10 digits without special characters included

E-mail Address

NEXT PAGE

Medical Record Correspondence Address

(\*) Red asterisk indicates a required field.

\* Is the applicant's Medical Record Correspondence Address same as the Correspondence address?

Yes

No

Medical Record Correspondence Address (Domestic)

**Note:** The Medical record 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.

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

Select address

(APPLY )

\* Country

United States

SELECT

\* Address Line 1

Address Line 2

\* City

\* State/Territory

Select State/Territory

\* ZIP Code +4

XXXXX XXXXX

\* Telephone x Extension

10 digits without special characters included

Fax

10 digits without special characters included

E-mail Address

CANCEL

PREVIOUS PAGE

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Mailing Address

Information

• Correspondence Address Information was successfully added.

• Medical Record Correspondence Address Information was successfully added.

Topic Summary

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

(more information about Correspondence Address)

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.

Correspondence Address Information

Correspondence Address

Address: 1 TIMES SQ  
NEW YORK, NY 10036-6560  
United States

Telephone: (555) 555-5555

EDIT

Medical Record Correspondence Address

Address: 1 TIMES SQ  
NEW YORK, NY 10036-6560  
United States

Telephone: (555) 555-5555

EDIT

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

License, Certification, and DEA Information

(\*) Red asterisk indicates a required field.

Topic Summary

The topic requests information about licenses, certifications and Drug Enforcement Agency (DEA) registration information.

(more information about State License, Certification Information and DEA Registration Information)

\* Does the applicant have a state license, certification or DEA registration?

Yes

No

ADD INFORMATION

Active License Information

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

Active Certification Information

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

DEA Registration Information

No DEA registration number(s) have been listed. Please answer the question above.

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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License, Certification, and DEA Information

(\*) Red asterisk indicates a required field.

Type of Information

\* What type of information would you like to enter?

Active License Information

Active Certification Information

DEA Registration Information

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### PECOS – MANAGING PRACTITIONER ENROLLMENTS

License, Certification, and DEA Information (\*) Red asterisk indicates a required field.

Active License Information

\* License Number

\* State/Territory Where Issued

Select State/Territory

\* Effective Date

MM/DD/YYYY

Expiration/Renewal Date

MM/DD/YYYY

PREVIOUS PAGE

SAVE

License, Certification, and DEA Information (\*) Red asterisk indicates a required field.

DEA Registration Information

\* DEA Registration Number

\* State/Territory Where Issued

Select State/Territory

Effective Date

MM/DD/YYYY

PREVIOUS PAGE

SAVE

License, Certification, and DEA Information (\*) Red asterisk indicates a required field.

Active Certification Information

\* Certification Number

\* State/Territory Where Issued

Select State/Territory

\* Effective Date

MM/DD/YYYY

Expiration/Renewal Date

MM/DD/YYYY

Certifying Entity (Specialty Board, State, Other)

PREVIOUS PAGE

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### PECOS – MANAGING PRACTITIONER ENROLLMENTS

License, Certification, and DEA Information

Topic Summary

The topic requests information about licenses, certifications and Drug Enforcement Agency (DEA) registration information. (more information about State License, Certification Information and DEA Registration Information)

ADD INFORMATION

Active License Information

1111

State/Territory Where Issued: PUERTO RICO

Effective Date: 01/01/2020

Expiration/Renewal Date:

EDIT DELETE

Active Certification Information

No certifications have been added. Please click on Add Information above to add a certification.

DEA Registration Information

B123456789

State/Territory Where Issued: PUERTO RICO

EDIT DELETE

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Final Adverse Legal Actions

(\*) Red asterisk indicates a required field.

Topic Summary

The topic requests information about final adverse legal actions imposed against the applicant. (more information about Final Adverse Legal Actions)

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

☐ Yes

☐ No

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) by the provider, supplier, or any owner or managing employee of the provider or supplier.

2. Any crime, under Federal or State law, which received a sentence of deferred adjudication, adjudication withheld, stay of adjudication, withholding of judgment, or order of deferral - regardless of whether the court dismissed the case upon completion of probation, and regardless of whether the felony was reduced to a misdemeanor.

3. 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.

4. 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.

5. 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.

6. 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, suspension, or voluntary surrender of a medical license in lieu of further disciplinary action.

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 (A penalty imposed by a Federal governing body (e.g. Civil Monetary Penalties (CMP))).

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

ADD INFORMATION

Final Adverse Legal Actions Information

No final adverse legal actions have been listed. Please answer the question above.

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Final Adverse Legal Action Information

\* Category:

Select Category

Help with Category Definitions

\* Final Adverse Legal Action

\* Date of Final Adverse Legal Action

MM/DD/YYYY

\* Taken By

SAVE

SAVE & ADD ANOTHER

CANCEL

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Organizations with Ownership Interest and/or Managing Control

(\*) Red asterisk indicates a required field.

Topic Summary

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

All organizations that have 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. (more information about Organizations with Ownership Interest and/or Managing Control)

\* Does the applicant have any organizations having ownership interest and/or managing control to report?

☐ Yes

☐ No

ADD INFORMATION

Organizations with Ownership Interest and/or Managing Control

No organization with ownership interest and/or managing control has been listed. Please answer the question above.

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Contact Person

(\*) Red asterisk indicates a required field.

Topic Summary

The topic requests information about the person or persons that the Medicare contractor should contact if any questions exist about the application. (more information about Contact Person)

ADD INFORMATION

Contact Person Information

No contact person has been listed. Please click "Add Information" above.

NEXT PAGE

Contact Person

(\*) Red asterisk indicates a required field.

Previously Entered Address Information

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

Select address

APPLY

Contact Information

\* Address Line 1

Address Line 2

\* City

\* State/Territory: Select State

\* Zip Code +4  XXXXX XXXX

\* Telephone  x  Extension

No Format Required

Fax

No Format Required

E-mail Address

Note: At least one contact person listed must have an e-mail address.

PREVIOUS PAGE

SAVE

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Contact Person

Topic Summary

The topic requests information about the person or persons that the Medicare contractor should contact if any questions exist about the application. [\(more information about Contact Person\)](#)

ADD INFORMATION

Contact Person Information

GRETCHIN S HECKENLIVELY

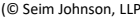

Address: 18081 BURT ST  
STE 200  
OMAHA, NE 68022-4722  
Telephone: (402) 330-2860 x 5568  
E-mail Address: gheckenlively@seimjohnson.com

EDIT DELETE

PREVIOUS TOPIC

GO TO ERROR CHECK

NEXT TOPIC



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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Required and/or Supporting Documentation

Topic Summary

This topic covers information pertaining to required and/or supporting documentation you will need to furnish to your Medicare Administrative Contractor (MAC) to process your Medicare enrollment application. Based on information you provide in your enrollment application, PECOS displays a checklist of the types of required and/or supporting documentation you need to provide to your MAC.

For each document, you have the option of selecting which delivery method to use - upload a digital copy or send a hard copy via U.S. Mail. PECOS provides a feature to upload digital copies of documents from your computer that you want to deliver to your MAC with the Internet-based PECOS enrollment application.

Medicare Administrative Contractor Information:

N/A

Please remember that your application could be delayed or not processed if any required and/or supporting documentation is missing from your Medicare enrollment application. If you have questions about required and/or supporting documentation, please contact your MAC.

Instructions for Completing This Topic

There are three steps to complete for this topic. Step 1 and Step 2 are required. Step 3 is required only if you are uploading digital copies of documents identified in Step 1 now.

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

Step 2. Confirm that you want to upload digital copies of the required or supporting documents.

Step 3. Upload digital copies of the documents. (Step 3 might not appear depending on your response in Step 2.)

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

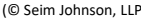

Instructions for this step: If you selected the Upload delivery method for any documentation selected in Step 1, and you want to upload them now, please select "Yes." If you did not select the Upload delivery method for any documentation Step 1, you did not complete Step 1, or you do not want to upload 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.)



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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Step 3: Upload digital copies of the documents.

Instructions for this step: This step is required only if you selected the Upload delivery method for any documents you identified in Step 1. Complete Step 2 before Step 3.

Please select any required or supporting documents you identified in Step 1 with the Upload delivery method and upload them below as attachments to your Medicare enrollment application. Please select the document type, the document name, and click the UPLOAD button to attach each file to your Medicare enrollment application.

Documents you upload appear in the Current Uploaded Documents table.

Send hard copies of the documents you identified with the Mail delivery method in Step 1 to your MAC via U.S. Mail.

Note: Please do not upload your signed documents in this section. You will be able to upload them on the Manage Signatures page of the submission process.

Please do not upload the following documentation. Doing so might delay processing your application and could require further action.

- Form CMS-855A, Form CMS-855B, Form CMS-855C, Form CMS-855D, Form CMS-855E, Form CMS-855F, or Form CMS-855G.

File Upload Constraints:

- You may upload only PDF or TIFF formatted document files that are 10MB or less.
- You may upload only 100 or fewer documents per application submission.
- Each uploaded file may only contain one document. Files with multiple documents are not valid.

Document Type

Document Name

Select Document Type

Browse

UPLOAD

Current Uploaded Documents

Document Type	File Name	Document ID	Date Uploaded	Actions
Document not in List	Medical Degree.pdf	FFECOS000CA2002716002077081201892T182	06/27/2020	<div>VIEW</div> <div>DELETE</div>
Business License/Certification/Registration	License.pdf	FFECOS000CA20027160434020811204188T195	06/27/2020	<div>VIEW</div> <div>DELETE</div>

PREVIOUS TOPIC

GO TO ERROR CHECK

RETURN TO TOPICS

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PECOS – MANAGING PRACTITIONER ENROLLMENTS

Topic View

Fast Track View

Error/Warning Check

Enrollment Submission

Note: Your application is ready for submission. Please select the Begin Submission button.

BEGIN SUBMISSION

Enrollment ID: 109272020000197

PacID: A008247180109272020000197

Web Tracking ID: T092720200000200

Individual Provider NPI: 1328041724

Reason for Application

Practitioner is Enrolling in Medicare for the First Time

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed Topics

Personal Identifying Information

more information about Personal Identifying Information

Practitioner Specialty

more information about Practitioner Specialty

Reassignment

more information about Reassignment

Resident Status

more information about Resident Status

Mailing Address

more information about Mailing Address

License, Certification, and DEA Information

more information about License and Certification Information

Final Adverse Legal Actions

more information about Final Adverse Legal Actions

Organization Control

more information about Organization Control

Contact Person

more information about Contact Person

Required and/or Supporting Documentation

more information about Required and/or Supporting Documentation

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

BEGIN SUBMISSION

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

Home > My Associates > My Enrollments > Initial Enrollment > Submission Process

### Select Signatories

(\*) Red asterisk indicates a required field.

#### Signatories for accepting a Reassignment(s)

You must identify the Authorized Signer for the party receiving reassigned benefits. An email will be sent to the authorized signer(s) notifying them that their signature is required for Reassignment.

Please select the Authorized Signer:

NEXT PAGE

RETURN TO MY ENROLLMENTS

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

### Manage Signatures

(\*) Red asterisk indicates a required field.

Name: LORI STONEHOCKER  
Web Tracking ID: T092720200000200

TIN: XXX-XX-XXXX  
NPI: 1326041724

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

Note: Users will no longer be able to mail in signature documents. Please select either Electronic or Upload.

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.

Please select a signature method for each signer:

Name: LORI STONEHOCKER  
SSN: XXX-XX-XXXX  
\* Signature Method for LORI STONEHOCKER:

☒ Electronic  
☐ Upload

Role: PRACTITIONER  
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)

Role: PRACTITIONER  
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

\* Email Address

\*Confirm Email Address

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Name: [REDACTED]

SSN: XXX-XX-XXXX

\* Signature Method for [REDACTED]

☐ Electronic  
☒ Upload

Role: AUTHORIZED OFFICIAL  
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Note: You may upload a signature document now, prior to application submission, or after the submission of this application. To upload a signature document after submission, or to change the signature method, navigate to the My Enrollments page, find this application, and select the Manage Signatures option.

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) ⓘ

Browse... UPLOAD

PREVIOUS PAGE

NEXT PAGE

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

### Submission Page

(\*) Red asterisk indicates a required field.

**Contact and Processing**

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. You must mail all required print documents within 15 days of submitting the electronic part of your application.

**Note:** It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

**\* Fee-For-Service Contractor**  
 APPLY

**Reason(s) for submission:**

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services. A reassignment of benefits may exist.

**Required and Supporting Documents**

The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be updated. Please read the notes below.

**Do not upload to your submission:**

- A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form)

**Required and/or Supporting Documents:**

**Note:** Expand + for document details.

If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

Documentation Requiring Signature: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
<input checked="" type="checkbox"/> Certification Statement for Individual Practitioners (PDF) <b>Note:</b> Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print (PDF) <span style="float: right;">ID</span>	
<input checked="" type="checkbox"/> Form CMS-855R, Authorization Statement for Reassignment of Medicare Benefits <b>Note:</b> Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print (PDF) <span style="float: right;">ID</span>	

Required Documentation	Delivery Method	Comments
<input checked="" type="checkbox"/> Copy of Business License, Certifications and/or Registrations	Unspecified	
<input checked="" type="checkbox"/> Other Documentation requested by your Medicare Contractor(s)	Unspecified	

**Note:** Documents in PDF format require the Adobe Acrobat Reader®. If you experience problems with PDF documents, please download the latest version of the Reader® ID.

PREVIOUS PAGE
COMPLETE SUBMISSION

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

- If you are unable to complete the practitioner application in one session, the application will be saved and you can access through the “My Associates” page in PECOS the next time you login.
- Applications in edit mode which have not been submitted will be held in PECOS for 120 days. Editing the application will reset the 120 days clock.

**Existing Associates**

<b>Individuals</b>	<p><b>Name:</b> STONEHOCKER, LORI    <b>NPI:</b> 1326041724</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">VIEW ENROLLMENTS</span> <span style="float: right;">ID</span></p>
<b>Organizations</b>	<p><b>Name:</b> SEIM JOHNSON, LLP    <b>TIN:</b> 62-8697339</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">VIEW ENROLLMENTS</span> <span style="float: right;">ID</span></p>

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## PECOS – MANAGING PRACTITIONER ENROLLMENTS

Name: LORI STONEHOCKER    NPI: 1326041724

Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

**Existing Enrollments**

Contractor: WISCONSIN PHYSICIANS SERVICE    [VIEW](#)

State: NEBRASKA    [REVALIDATE](#)

Type/Specialty: FAMILY MEDICINE    [MORE OPTIONS](#)

Enrollment Type: 855I

Medicare ID: 281202    [View Medicare ID Report](#)

Status: APPROVED    [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

Existing Reassignments: 0

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

**New Enrollments**

State: PUERTO RICO    [VIEW](#)

Type/Specialty: FAMILY MEDICINE    [MORE OPTIONS](#)

Enrollment Type: 855I

Status: NEW    [View New Application](#)

Tracking ID: T092720200000200

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

[PREVIOUS PAGE](#)

**Application Questionnaire**

(\*) Red asterisk indicates a required field.

**New Application**

\* What type of action is the applicant trying to perform?

☒ Continue Working on Application

☐ Delete Application

[NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

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## Completing CMS-855R – PECOS - Organizations

- If you determine a practitioner already has a Medicare enrollment in the State(s) for which reassignments are needed and there are no additional updates needed to the practitioner's record, a simple reassignment (Form CMS-855R) can be completed.
- A practitioner reassignment can be initiated from either the organization's enrollment record or individual practitioner's enrollment record in PECOS.
- The following slides demonstrate completion of the practitioner reassignment from the organization's enrollment record.
- Would need to have PECOS access to the organization record to be able to complete.

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## Completing CMS-855R – PECOS - Organizations

**Existing Associates**

**Individuals**

Name: STONEHOCKER, LORI    NPI: 1326041724    [VIEW ENROLLMENTS](#)

**Organizations**

Name: SEIM JOHNSON, LLP    TIN: 52-8697339    [VIEW ENROLLMENTS](#)

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## Completing CMS-855R – PECOS - Organizations

- Within the organization's enrollment record, the practitioner reassignment can be completed in one of two ways.
- Option one – View/Manage Reassignments
  - This keeps the group record open for changes needed while the 855R is processing.

Contractor: WISCONSIN PHYSICIANS SERVICE    [VIEW](#)

State: NEBRASKA    [REVALIDATE](#)

Type/Specialty: CLINIC/GROUP PRACTICE    [MORE OPTIONS](#)

Enrollment Type: **855B**

Medicare ID:    [View Medicare ID Report](#)

Status: APPROVED    [View Approved Enrollment Record](#)

Current ADI Accreditation?: No

Practice Location:

Existing Reassignments: 6

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

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## Completing CMS-855R – PECOS - Organizations

Home > My Associates > My Enrollments > View/Manage Reassignments

### View/Manage Reassignments

Pending Reassignments Applications  
You currently do not have any Pending Reassignments.

Reassignments Report  
Filter Reassignment Records  
Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status <sup>(\*)</sup>  Enrollment Status  Relationship Status

You currently do not have any Existing Reassignments.

---

#### Application Questionnaire

(\*) Red asterisk indicates a required field.

Provider Reassignment Options  
\* Please select an activity you would like to perform:

- ☒ Add reassignment of benefits where someone is reassigning benefits to the group or organization
- ☐ Remove existing reassignment of benefits (where someone is reassigned to the group/organization)
- ☐ Change of information to Reassignment

#### Application Questionnaire

(\*) Red asterisk indicates a required field.

Additional Changes  
You are about to add a reassignment of benefits (where someone is reassigning benefits to the group/organization).

\* Does the applicant need to make any other updates or changes to this enrollment information?

- ☐ Yes, I need to make other updates to my enrollment.
- ☒ No, I only need to make Reassignment Updates.

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## Completing CMS-855R – PECOS - Organizations

Home > My Associates > My Enrollments > Reassignment > Reassignment

**Topic View** **Fast Track View** **Error/Warning Check 2**

### Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

**Completed** Topics

- ☒ Reassignment
- ☒ Contact Person

**Note:**

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

### Reassignment of Benefits

(\*) Red asterisk indicates a required field.

**Topic Summary**

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits.

**Filter Reassignment of Benefits**

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

**Reassignment Information**

No Reassignments have been listed. Please select "Add Information" above.

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## Completing CMS-855R – PECOS - Organizations

Accept Reassignment

(\*) Red asterisk indicates a required field.

Accept Reassignment

\* Effective Date of Information

MM/DD/YYYY

\* First Name

Middle Name

\* Last Name

Suffix

Select Suffix

\* Social Security Number (SSN)

XXXX-XX-XXXX

\* Date of Birth

MM/DD/YYYY

\* National Provider Identifier (NPI)

10 Digits

\* Please choose the Specialty Type for the reassigning practitioner:

☐ Physician

☐ Non-Physician

NEXT PAGE

CANCEL

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD

Reassignment of Benefits

Medicare Identification Numbers

Name: Lori Stonehooker

National Provider Identifier (NPI): 1326041724

Please provide any Medicare Identification numbers that apply to the group/provider that you are reassigning your benefits.

Note: Use the Add More button to add more than one Medicare Identification number.

Medicare Identification Number

ADD MORE

PREVIOUS PAGE

NEXT PAGE

CANCEL

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## Completing CMS-855R – PECOS - Organizations

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD

Accept Reassignment

Practice Location Address from where benefits are accepted

Note:

To add Practice Locations (a location is not listed or dropdown lists are disabled), go to the Physical Location topic.

The locations you select here will be used to populate Physician Compare on Medicare.gov.

Primary Practice Location:

Primary Practice Location where you render services:

Note: To see a list of available addresses, begin typing in the field.

Secondary Practice Location:

Secondary Practice Location where you render services:

Note: To see a list of available addresses, begin typing in the field.

PREVIOUS PAGE

SAVE

CANCEL

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Completing CMS-855R – PECOS - Organizations

Home > My Associates > My Enrollments > Reassignment

Topic ViewFast Track ViewError/Warning Check 1

Enrollment Submission

Note: Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

BEGIN SUBMISSION

Enrollment ID: X02272020004583  
PacID: 1153239777X02272020004583  
Web Tracking ID: T022720200005171

Reason for Application

Reassignment of Benefits Between an Enrolled Practitioner and another Enrolled Practitioner(s), Supplier(s), or Provider(s)

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed	Topics
✓	Reassignment <div>more information about Reassignment</div>
✓	Contact Person <div>more information about Contact Person</div>

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Completing CMS-855R – PECOS - Organizations

Home > My Associates > My Enrollments > Reassignment > Submission Process

Select Signatories

(\*) Red asterisk indicates a required field.

Signatory for Organization Enrollment

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

\* Authorized Signer

Please select authorized signer

NEXT PAGE

RETURN TO MY ENROLLMENTS

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## Completing CMS-855R – PECOS - Organizations

Please select a signature method for each signer:

Name: [REDACTED]  
 SSN: XXX-XX-XXXX  
 \* Signature Method for [REDACTED]  
☐ Electronic  
☐ Upload

Role: AUTHORIZED OFFICIAL  
 Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Name: [REDACTED]  
 SSN: XXX-XX-XXXX  
 \* Signature Method for [REDACTED]  
☐ Electronic  
☐ Upload

Role: PRACTITIONER  
 Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)

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RETURN TO MY ENROLLMENTS

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## Completing CMS-855R – PECOS - Organizations

- Second Option for establishing reassignments in an organization's enrollment record is through change of information.
  - This method will not allow additional changes to the group or enrollment until the 855R has been processed.

Contractor: WISCONSIN PHYSICIANS SERVICE  
 State: NEBRASKA  
 Type/Specialty: CLINIC/GROUP PRACTICE

Enrollment Type: **855B**  
 Medicare ID: [REDACTED] View Medicare ID Report  
 Status: APPROVED View Approved Enrollment Record

Current ADI Accreditation?: No

Practice Location: [REDACTED]

Existing Reassignments: 0  
 Pending Reassignments Applications: 0  
 View/Manage Reassignments

VIEW  
 REVALIDATE  
 MORE OPTIONS

←

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## Completing CMS-855R – PECOS - Organizations

Home > My Associates > My Enrollments > Application Questionnaire

**Application Questionnaire**

(\*) Red asterisk indicates a required field.

Approved Existing Provider Enrollment

\* What type of action is the applicant trying to perform?

☐ Deactivate this Enrollment Record from the Medicare Program

☐ Create an Initial Enrollment Application

☐ Perform a Change of Information to Current Enrollment Information

☐ Revalidate the information in this Enrollment Record

☐ Perform a Change of Ownership

Note: All Electronic Funds Transfer (EFT) changes must be made through the Change of Information Scenario. Please select the "Perform a Change of Information to Current Enrollment Information" option above to make changes to your EFT Record.

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RETURN TO MY ENROLLMENTS

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## Completing CMS-855R – PECOS - Organizations

Home > My Associates > My Enrollments > Application Questionnaire

**Application Questionnaire**

(\*) Red asterisk indicates a required field.

Physical Location State

\* Are any of the updates on this enrollment related to healthcare services rendered or physical location?

☐ Yes

☐ No

PREVIOUS PAGE NEXT PAGE

CANCEL

Home > My Associates > My Enrollments > Application Questionnaire

**Application Questionnaire**

(\*) Red asterisk indicates a required field.

Additional Changes

\* Does the applicant need to make any other updates or changes to this enrollment information?

☐ Yes, I need to make other updates to my enrollment.

☐ No, I only need to make Reassignment Updates.

PREVIOUS PAGE NEXT PAGE

CANCEL

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## Completing CMS-855R – PECOS - Organizations

Topic ViewFast Track ViewError/Warning Check 1

Reason for Application

Enrolled Provider is Updating their Enrollment by Adding, Deleting, and/or Changing Information

EDIT REASON

Reports

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

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

Topics

The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.

You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.

This application is collecting the following topics:

Completed Topics

Organization Information

more information about Organization Information

Provider Type

more information about Provider Type

Physical Location and "Special Payments" Address

more information about Physical Location and "Special Payments" Address

Vehicle Information

more information about Vehicle Information

NA

more information about NA

Geographic Location

more information about Geographic Location

Correspondence Address

more information about Correspondence Address

Reassignment

more information about Reassignment

License and Certification Information

more information about License and Certification Information

Final Adverse Legal Actions

more information about Final Adverse Legal Actions

Organization Control

more information about Organization Control

Individual Control

more information about Individual Control

Patient Records Storage Location

more information about Patient Records Storage Location

Billing Agency

more information about Billing Agency

Chain Home Office

more information about Chain Home Office

Accreditation

more information about Accreditation

Physician Owned Hospitals - Organization Ownership

more information about Physician Owned Hospitals - Organization Ownership

Physician Owned Hospitals - Individual Ownership

more information about Physician Owned Hospitals - Individual Ownership

Contact Person

more information about Contact Person

Electronic Funds Transfer

more information about Electronic Funds Transfer

Required and/or Supporting Documentation

more information

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## Completing CMS-855R – PECOS - Organizations

Reassignment of Benefits

Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. (more information about Reassignment of Benefits)

Filter Reassignment of Benefits

Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

Advanced Search

ADD INFORMATION

Accept Reassignment

(\*) Red asterisk indicates a required field.

Accept Reassignment

\* Effective Date of Information

MM/DD/YYYY

\* First Name

Middle Name

\* Last Name

Suffix

Select Suffix

\* Social Security Number (SSN)

XXX-XX-XXXX

\* Date of Birth

MM/DD/YYYY

\* National Provider Identifier (NPI)

10 Digits

\* Please choose the Specialty Type for the reassigning practitioner:

Physician

Non-Physician

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CANCEL

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## Completing CMS-855R – PECOS - Organizations

### Reassignment of Benefits

**Medicare Identification Numbers**

**Name:** LORI STONEHOCKER

**National Provider Identifier (NPI):** 1328041724

Please provide any Medicare Identification numbers that apply to the group/provider that you are reassigning your benefits.

**Note:** Use the Add More button to add more than one Medicare Identification number.

**Medicare Identification Number**

ADD MORE

PREVIOUS PAGE NEXT PAGE

CANCEL

### Accept Reassignment

**Practice Location Address from where benefits are accepted**

**Note:**

- To add Practice Locations (a location is not listed or dropdown lists are disabled), go to the Physical Location topic.
- The locations you select here will be used to populate Physician Compare on Medicare.gov.

**Primary Practice Location:**

**Primary Practice Location where you render services:**

**Note:** To see a list of available addresses, begin typing in the field.

**Secondary Practice Location:**

**Secondary Practice Location where you render services:**

**Note:** To see a list of available addresses, begin typing in the field.

PREVIOUS PAGE SAVE

CANCEL

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## Completing CMS-855R – PECOS - Organizations

Accepting Reassignment from: STONEHOCKER, LORI

**Effective Date of Information:**  
11/01/2020

**Social Security Number (SSN):** XXX-XX-XXXX

**Date of Birth:** [REDACTED]

**National Provider Identifier:**  
1328041724

DELETE

**Medicare ID(s) of Individual/Group Receiving Benefits:**

ADD

**Medicare ID(s) of Individual Reassigning Benefits:**

**Practice Location Address:**

ADD

Topic View **Fast Track View** Error/Warning Check 1

**Enrollment Submission**

**Note:** Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

BEGIN SUBMISSION

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## Completing CMS-855R – PECOS - Organizations

**Select Signatories**

(\*) Red asterisk indicates a required field.

**Signatory for Organization Enrollment**

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

\* Authorized Signer  
Please select authorized signer ▼

[NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

Please select a signature method for each signer:

Name: [REDACTED]  
SSN: XXX-XX-XXXX  
\* Signature Method for [REDACTED]

☐ Electronic  
☐ Upload

Role: DELEGATED OFFICIAL  
Document: DELEGATED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES


Role: DELEGATED OFFICIAL  
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Name: LORI STONEHOCKER  
SSN: XXX-XX-XXXX  
\* Signature Method for LORI STONEHOCKER:

☐ Electronic  
☐ Upload

Role: PRACTITIONER  
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)

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## Completing CMS-855R – PECOS - Individuals

- Practitioner reassignments can also be initiated similarly from the individual practitioner's side.
- Would need to have PECOS surrogacy access to the individual practitioner's enrollment record to be able to complete.
- Reassignments can be done through "View/Manage Reassignments" or as a change of information to the practitioner's enrollment record through the reassignment section.
  - The reassignment section completed as as a change of information to the practitioner's enrollment was shown on slides 37-39.

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Completing CMS-855R – PECOS - Individuals

Existing Associates

Individuals

Name: STONEHOCKER, LORI

NPI: 1326041724

VIEW ENROLLMENTS

Organizations

Name: SEIM JOHNSON, LLP

TIN: 52-8687339

VIEW ENROLLMENTS

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Completing CMS-855R – PECOS - Individuals

Existing Enrollments

Contractor: WISCONSIN PHYSICIANS SERVICE

State: KANSAS

Type/Specialty: FAMILY MEDICINE

Enrollment Type: 855I

Medicare ID: View Medicare ID Report

Status: DEACTIVATED View Deactivated Enrollment Record

Current ADI Accreditation?: No

Existing Reassignments: 0

Pending Reassignments Applications: 0

View/Manage Reassignments

Contractor: WISCONSIN PHYSICIANS SERVICE

State: NEBRASKA

Type/Specialty: FAMILY MEDICINE

Enrollment Type: 855I

Medicare ID: View Medicare ID Report

Status: APPROVED View Approved Enrollment Record

Current ADI Accreditation?: No

Existing Reassignments: 6

Pending Reassignments Applications: 0

View/Manage Reassignments

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## Submission and Approval Reminders

- Maintain copies and files of all enrollments exactly as submitted to the MAC with supporting documents whether completed on the applicable paper CMS-855 form or via internet-based PECOS, including any courier tracking identification documentation.
- Once the submitted enrollment is approved, verify the approved enrollment with the information you submitted to the MAC.
  - Follow up with the MAC regarding any revisions to be completed due to the MAC's processing errors.
  - Also review all approval letters for accuracy and follow up with the MAC regarding any corrections needed.

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# SEIM JOHNSON

## Presented by

Gretchin S. Heckenlively, CPA, FHFMA  
Partner in Healthcare Consulting  
[gheckenlively@seimjohnson.com](mailto:gheckenlively@seimjohnson.com)



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A black and white photograph of a glass mug filled with a dark liquid, sitting on a surface next to a book. The book's cover has the name 'SEIM JOHNSON' embossed on it. The background is blurred.

# Q&A

**Disclaimer**

A presentation can neither promise nor provide a complete review of the myriad of facts, issues, concerns and considerations that impact upon a particular topic. This presentation is general in scope, seeks to provide relevant background, and hopes to assist in the identification of pertinent issues and concerns. The information set forth in this outline is not intended to be, nor shall it be construed or relied upon, as legal advice. Recipients of this information are encouraged to contact their legal counsel for advice and direction on specific matters of concern to them. The content of the presentation has been reviewed for accuracy and is applicable as of the date of the live presentation. Any Medicare regulatory or manual provision changes subsequent to the live presentation date may not be included.

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