



MDPP Enrollment Tutorial

The Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

Center for Medicare and Medicaid Innovation (CMMI)

Centers for Medicare and Medicaid Services (CMS)

Updated November 2023

Agenda

The table below outlines the agenda for today's MDPP Webinar.

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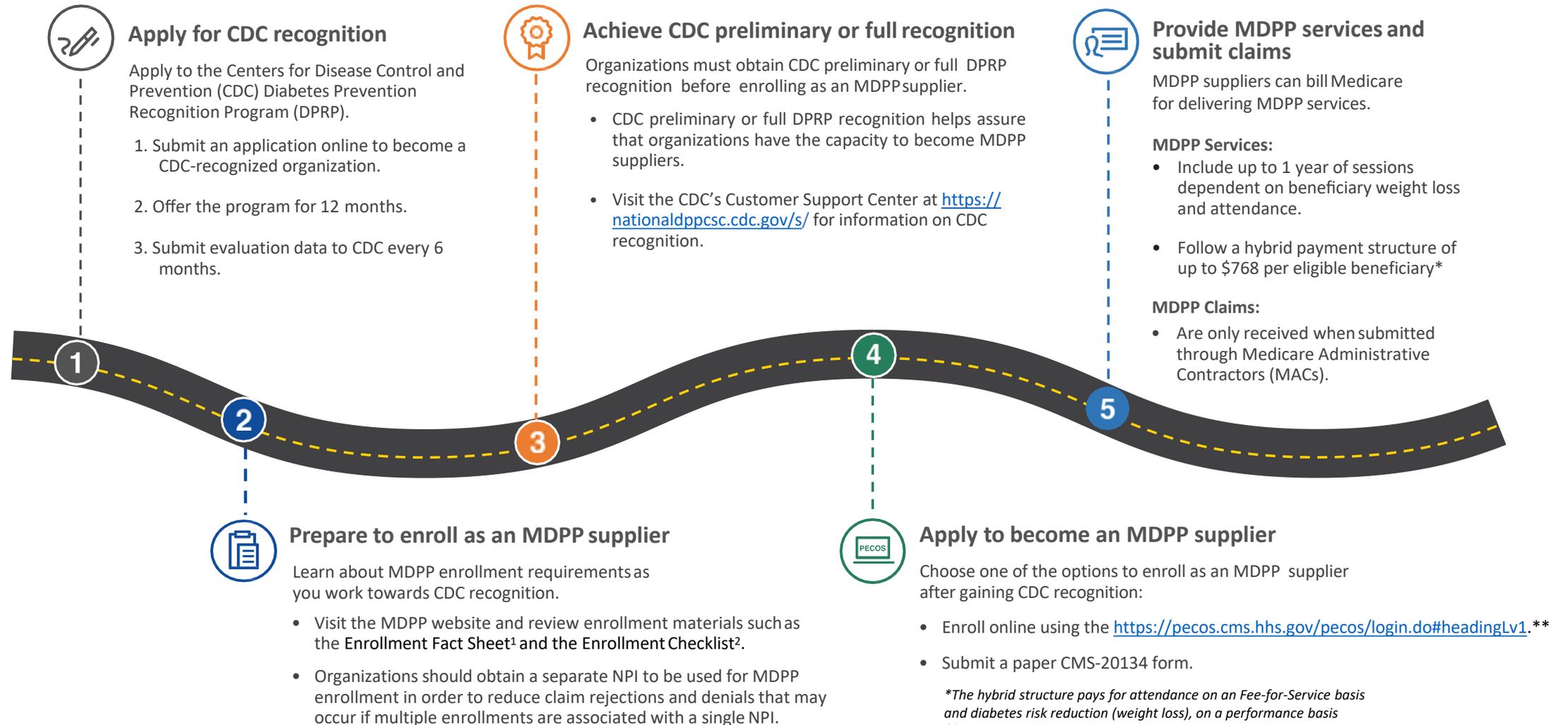
Objectives

Our primary objectives for today's webinar are outlined below.

- Provide a tutorial of the Medicare Diabetes Prevention Program Expanded Model (MDPP) supplier enrollment process.
- Share additional resources related to MDPP supplier enrollment.

Steps to Enrolling as an MDPP Supplier

Before applying to become an MDPP supplier, organizations must gain full or preliminary CDC recognition.



¹ <https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf>; ² <https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf>

Inter-Agency Coordination

CMS and CDC each have unique roles and responsibilities with respect to MDPP services.



Payment, Enrollment, and Oversight Arm

MDPP suppliers receive payment from CMS and must meet and remain compliant with requirements established by Medicare



Quality Assurance Arm

MDPP suppliers must maintain CDC recognition and follow CDC quality standards, including use of a CDC-approved curriculum

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 Preparation Guide

Organizations with preliminary or full Centers for Disease Control (CDC) Diabetes Prevention Recognition Program (DPRP) recognition may enroll as an MDPP supplier. Take the following steps to prepare for enrollment.

Learn about Medicare Administrative Contractors (MACs)

MACs are regional contractors who process enrollment applications and Medicare fee-for-service (FFS) claims (also known as Original Medicare claims), among other activities. Contact your MAC with questions about enrollment, billing, and payment.

About MACs

- MACs perform many activities, including:
 - Review applications and enroll providers in the Medicare FFS program
 - Make and account for Medicare FFS payments
 - Respond to provider and supplier inquiries
 - Educate providers and suppliers about Medicare FFS billing requirements
 - Communicate information about the Medicare FFS program on behalf of CMS
 - Process Medicare FFS claims submitted in their region for services provided to beneficiaries

Helpful Resources

- [What is a MAC?](#)
- [MAC Provider Portal by State](#)
- [Find my MAC's contact information?](#)
- [Who are the MACs?](#)

Create an Identity and Access (I&A) account

Create one I&A account to access the CMS systems, such as PECOS, that support enrollment as an MDPP supplier.

About the I&A Management System

- Your I&A account connects you to important CMS systems relevant to MDPP suppliers including PECOS and the National Plan and Provider Enumeration System (NPDES).

Helpful Resources

- [I&A Management System Website](#)
- [I&A FAQs](#)

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-exp>

Scroll to: *CDC Recognition and Medicare Enrollment*

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 in the "User ID" field

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

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."

PECOS Application - Home

[Home](#)



Look at the "home" button 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 **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

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



Click here to enroll for the first time

Home

- ZOOMED VIEW -

Welcome Jane Lane

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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](#)

Enroll

- 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.

PECOS Application - Home

Home

Welcome Jane Lane

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Manage Medicare and Account Information

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REVALIDATION NOTIFICATION CENTER - ZOOMED VIEW -

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Manage Signatures

Applications Requiring Signatures

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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 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>.

PECOS Application – My Associates

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

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

Application Warning

- OPENED FOR CORRECTIONS**
You currently do not have any applications that are Opened for Corrections.
- RETURN FOR CORRECTIONS**
You currently do not have any applications that are Returned for Corrections.
- REJECTED**
You currently do not have any applications that are Rejected.

My Associates - ZOOMED VIEW -

Initial Enrollment

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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

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

Click "Create Initial Enrollment Application"

Create Application

- Once logged in, select "Create Initial Enrollment Application".

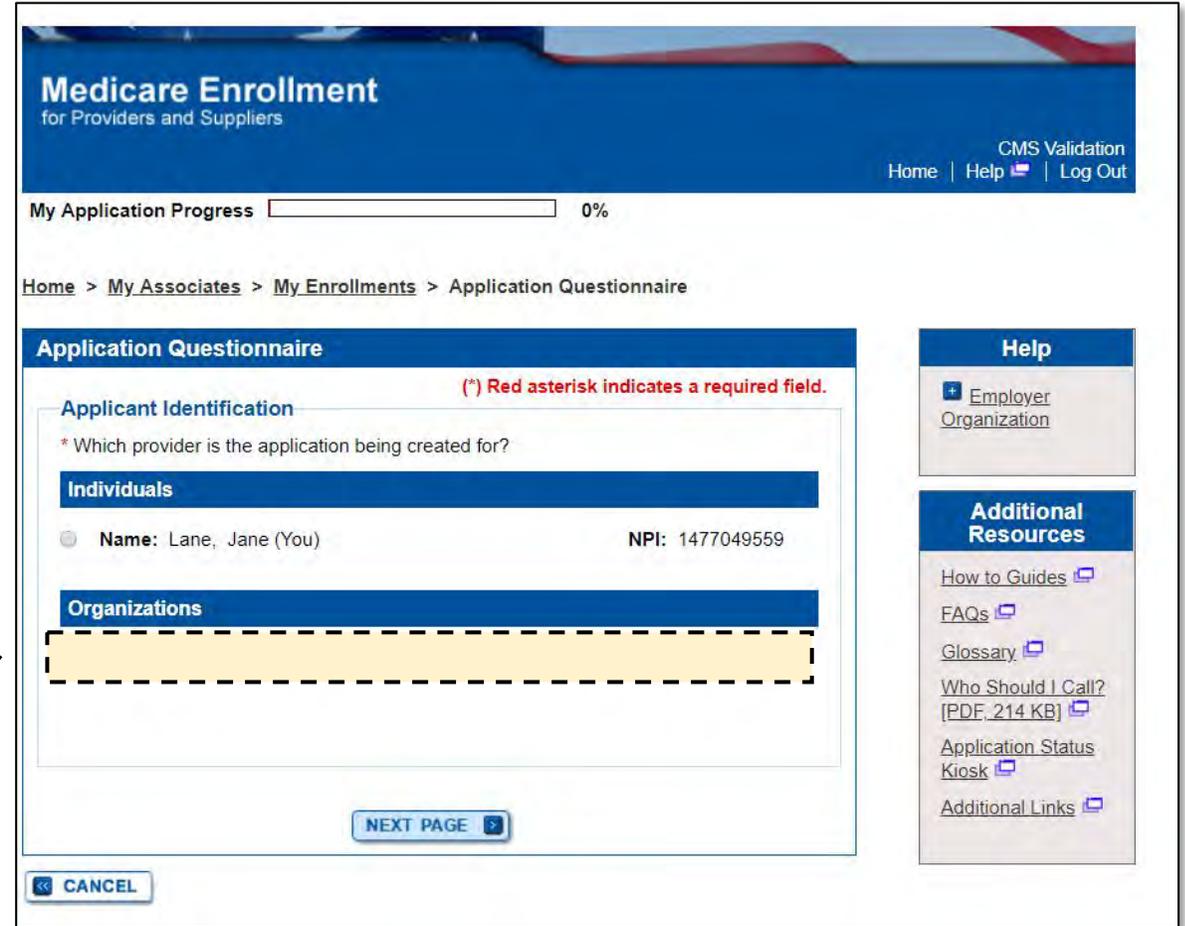
PECOS Application – My Enrollments

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

Help

+ Employer Organization

Additional Resources

[How to Guides](#)

[FAQs](#)

[Glossary](#)

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

[Application Status Kiosk](#)

[Additional Links](#)

NEXT PAGE

CANCEL

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)

 Select MDPP



Complete the Questionnaire

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

CMS Validation
Home | Help | Log Out

Navigation to MDPP Enrollment Alert

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

 Click the “Continue To MDPP Enrollment” button

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”.

PECOS Application – My Enrollments

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

Enrollment Summary View Errors and/or Warnings for this Application 0
Required Topics Remaining: 13

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

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

Topics Complete
7%

Select this to view your application

[View In-Progress Application](#) [View All Coaches](#) [View All Locations](#) [MDPP Guidance](#)

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”.

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

MDPP Location & "Special Payments" Address

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

Add

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



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

Organization Information - Edit

(*) indicates required fields.

Supplier Identity

Legal Business Name (LBN) Central South Hospital Tax Identification Number (TIN) 76-1592936 Edit LBN

Other Name Other Individual Name (Specify) (Disabled)

Type of Other Name (Disabled) Select

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 MM/DD/YYYY State Where Incorporated (Disabled) 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

Organization Information - Summary

Information

Organization Information was successfully updated.

[+ Learn More](#)

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.

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](#)

Checkmarks show what you've completed

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

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 MDPPI

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.

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

* Organizational Code * Recognition Status * Effective Date Expiration/Renewal Date

MM/DD/YYYY MM/DD/YYYY

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 MDPPI 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 MDPPI suppliers.

Recognition Status - Add

(*) indicates required fields.

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

* Recognition Status * Effective Date Expiration/Renewal Date

FULL CDC DPRP RECOGNITION 08/26/2018 MM/DD/YYYY MM/DD/YYYY

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:

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

Displaying 1 to 1 of 1 entries Previous 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](#)



EDIT

Central South Hospital | IN-PERSON MDP

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.

PECOS Application – My Enrollments

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

The top screenshot displays the 'MDPP Location & "Special Payments" Address - Summary' page. The left sidebar contains a navigation menu with 'MDPP Location & "Special Payments" Address' selected. The main content area shows a summary of the topic, a note that the Recognition Status must be completed first, and a message stating 'No MDPP Location and "Special Payments" address information has been listed. Please select the Add button.' A large black arrow points down to the 'Add' button.

The bottom screenshot displays the 'MDPP Location & "Special Payments" Address - Add' page. The left sidebar is the same. The main content area has a section for 'MDPP Location Type' with a dropdown menu labeled 'Select Type'. A callout box with a lightbulb icon and the text 'You will select administrative or community location here' points to the dropdown menu.

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: * This Administrative Location is a:

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

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

* Address Line 1 Address Line 2

* City * State/Territory * ZIP Code ZIP Ext.

* Telephone Telephone Ext. Fax E-mail Address

<https://pecos.cms.cmsval/pecos/ScenarioTopicMap.do?topicID=16> No Format Required

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

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)	* Tax Identifier Number (TIN) No Format Required
<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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

Country
 Select

Address Line 1 Address Line 2

City State/Territory ZIP Code ZIP Ext.

XXXXX XXXX



Click save when you finish

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)	* Tax Identifier Number (TIN) No Format Required
1477049559	<input type="text"/>	678676123

* 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

Country
 Select

Address Line 1 Address Line 2

City State/Territory ZIP Code ZIP Ext.

XXXXX XXXX

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



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

- Any federal or state felony conviction(s).
- 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.
- 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.
- Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offence described in 42 C.F.R. section 1001.101 or 1001.201.
- 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

- Any current or past revocation or suspension of medical license.
- Any current or past revocation or suspension of accreditation.
- Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).
- Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.
- Any other current or past Federal Sanctions.
- 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*).

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)

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

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

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

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 'MDPP Coach Information - Summary' page. The left sidebar shows a navigation menu with 'MDPP Coach Information' selected. The main content area shows a summary of coach information, with a note explaining the data collection and a '+ Learn More' link. A large black arrow points down from the summary to the 'Add' button. Below the summary is the 'MDPP Coach Information - Add' form, which includes 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 has 'Save', 'Save and Add Another Coach', and 'Cancel' buttons. A callout box with a lightbulb icon and the text 'Click save when you finish' points to the 'Save' button.

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)

XX-XXXXXX

NPI

10 Digits

"Doing Business As" Name

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 * ZIP Code ZIP Ext.

XXXXX 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)

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”.

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

Partner (regardless of percentage of ownership)
Effective Date (Disabled) MM/DD/YYYY

Managing Control
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'. 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

- Any federal or state felony conviction(s).
- 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.
- 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.
- Any misdemeanor conviction, under federal or state law, related to the interference with or obstruction of any investigation into any criminal offence described in 42 C.F.R. section 1001.101 or 1001.201.
- 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

- Any current or past revocation or suspension of medical license.
- Any current or past revocation or suspension of accreditation.
- Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).
- Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.
- Any other current or past Federal Sanctions.
- Any Medicaid exclusion, revocation, enrollment suspension or termination of any billing number.

OR SUSPENSIONS

- Any current or past revocation or suspension of medical license.
- Any current or past revocation or suspension of accreditation.
- Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).
- Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.
- Any other current or past Federal Sanctions.
- Any Medicaid exclusion, revocation, enrollment suspension or termination of any billing number.

^a 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.

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	
<u>Electronic Funds Transfer</u>	
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**



PECOS Application – My Enrollments

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

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"



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

Individual's Relationship to the Applicant

* Check all roles that are applicable to this individual.

5% or Greater Direct/Indirect Owner Effective Date (Disabled)
 Partner (regardless of percentage of ownership) Effective Date (Disabled)
 Managing Employee (W-2) Effective Date (Disabled)
 Contracted Managing Employee Effective Date (Disabled)
 Director/Officer (if and only if the applicant is a corporation, whether for profit or non-profit) Effective Date (Disabled)

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

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 * Effective Date

(111) 222-3333 09/18/2015

(XXX) XXX-XXXX 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 offence 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.



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.

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



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

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 (*) Indicates required fields.

Is this billing agency an individual or an organization? [Apply](#)

Individual
 Organization

Billing Agency information (Organization)

* Legal Business Name * Tax Identification Number (TIN)
XXXXXXXXXX

* "Doing Business As" Name * Effective Date of Information [Apply](#)
MM/DD/YYYY

Billing Agency Address Information (Domestic)

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

Select [Apply](#)

* Country [Apply](#)
United States

* Address Line 1 Address Line 2

* City * State/Territory * ZIP Code +4
Select

* Telephone x Extension Fax E-mail Address
No Format Required No Format Required

[Save](#) [Save and Add Another Billing Agency](#) [Cancel](#)

PECOS Application – My Enrollments

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

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.

The screenshot displays the 'Contact Person - Summary' page on the left and the 'Contact Person - Add' form on the right. The 'Contact Person - Summary' page has a sidebar with a list of enrollment categories: Organization Information, Supplier Type, Recognition Status, Correspondence Address, MDPP Location & "Special Payments" Address, Final Adverse Legal Actions, MDPP Coach Information, Organization Control, Individual Control (with a red '2' icon), Patient Records Storage Location, Billing Agency, Contact Person (highlighted), and Electronic Funds Transfer. Below the sidebar, the 'Contact Person - Summary' page shows a title, a description, a '+ Learn More' link, and a message: 'No contact person has been listed. Please select the Add button.' An 'Add' button is visible. A lightbulb icon with the text 'Select "Add"' and an arrow points to the 'Add' button. A large black arrow points from the 'Contact Person - Summary' page to the 'Contact Person - Add' form.

The 'Contact Person - Add' form is titled 'Contact Person - Add' and includes a note: '(*) indicates required fields.' The form is divided into two sections: 'Contact Name' and 'Contact Information'. The 'Contact Name' section has a dropdown menu for 'Relationship/Affiliation to Supplier' with 'Authorized Official' selected and an 'Apply' button. Below this are input fields for '* First Name' (Jane), 'Middle Name', and '* Last Name' (Lane). The 'Contact Information' section has a dropdown menu for 'Select an address previously entered in this application, or enter a new address.' with 'Select' chosen and an 'Apply' button. Below this are input fields for '* Address Line 1' (7500 SECURITY BLVD), 'Address Line 2', '* City' (BALTIMORE), '* State/Territory' (MARYLAND), '* ZIP Code' (21244), 'ZIP Ext' (1849), '* Telephone' (1112223333), 'Telephone Ext.', 'Fax', and 'E-mail Address' (jane.lane@centralsouthhospital.com). The form ends with 'Save', 'Save and Add Another Contact Person', and 'Cancel' buttons.

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

(* 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.:

Contact Person First Name: Contact Person Last Name: * Telephone: 2223334444 Telephone Ext.:

* 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

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)
A voided check or letter from bank confirming account information	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters.
Copy of IRS Form CP 575 or other official IRS communication confirming Tax Identification Number and Legal Business Name	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters.
Copy(s) of all documentation verifying Recognition Status	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters.
Supporting Documentation Checklist	Delivery Method	Comments (Maximum of 500 characters)
Receipt of Pay.gov Payment Information	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters.
Other Documentation requested by your Medicare Contractor(s)	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Upload	<input type="text"/> Maximum of 500 characters.
Documentation Requiring Signatures to E-SIGN or UPLOAD	View and Print	Comments (Maximum of 500 characters)
Authorized Official Certification Statement for Medicare Diabetes Prevention Program (MDPP) Suppliers [PDF]	View and Print [PDF]	<input type="text"/> Maximum of 500 characters.
Note :Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.		
Form CMS-588, Electronic Funds Transfer (EFT) Authorization Agreement	View and Print [PDF]	<input type="text"/> Maximum of 500 characters.

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 ⚠

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](#) ⚠

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: O09112018000055

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](#)

PECOS Application – My Enrollments

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



Please review the Submission Confirmation message

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.



Congratulations! Your application is complete.

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.

Resources

Helpful Resources



Ready to become a CDC-recognized National DPP delivery organization?

Head to the [National DPP website](#).¹



Already CDC-recognized and ready to enroll as an MDPP supplier?

Once recognized by CDC (either full or preliminary status), enroll online through the Provider Enrollment Chain and Ownership System ([PECOS](#)).² Review the enrollment [application](#).³



Want to access supplier support resources?

Head to the [MDPP website](#).⁴



Want to access a complete list of existing MDPP suppliers?

Head to the [current list of MDPP suppliers](#).⁵



Want to find out which organizations are eligible to become MDPP suppliers?

Head to [CDC's National DPP Registry](#) and look for “Full” or “Preliminary” recognition organizations.⁶



Other ways to stay updated, ask questions, or provide feedback

Sign up for our listserv by emailing mdpp@cms.hhs.gov.