

Initial Enrollment: 855I and 855R

Step-by-step demonstration of an initial provider enrollment application in PECOS

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

BEFORE YOU BEGIN THE ENROLLMENT PROCESS You need to gather the following:
[Needed Documentation](#)

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

[Beginning the PECOS Application](#)

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

Step 1

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

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

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 video at the bottom of this page.

USER LOGIN

You may use your NPPES or PECOS username and password to login.

*** User ID**

*** Password**

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

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.

Enrollment Tutorials

- **Initial Enrollment:**
Step-by-step demonstration of an initial enrollment application in PECOS.
[Individual Provider](#) or [Organization/Supplier](#)
- **Change of Information:**

Step 2

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

Welcome Business Partner

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.

From	To	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

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

Step 3

Click on "Create New Application."

My Enrollments

New Application

IMPORTANT:
If you are responding to a request for Revalidation, please do not select the "New Application" button. Instead, select one of your current enrollment records.

If your organization is currently enrolled in Medicare, but you do not see your current enrollment information please take the following steps to confirm your access to the enrollment application before creating a new application.

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.

Before you get started, please review the following checklists of information necessary to complete an enrollment 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

To enroll in the Medicare program for the first time or to create a new enrollment, please click the "New Application" button below.

CREATE NEW APPLICATION

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

Step 4

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

Application Questionnaire (*) Red asterisk indicates a required field.

Applicant Identification

* Which provider is the application being created for?

Health Provider (You)
National Provider Identification (NPI): 1718274888

NEXT PAGE >

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:

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

NEXT PAGE >

Step 5

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

Step 6
Select Group Member
Only

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.

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

Step 7
 Review your identifying information

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

Applicant Identification Information

First Name: DAVID
 Last Name: HOWARD
 Social Security Number (SSN): XXX-XX-XXXX
 Date of Birth: 06/26/XXXX

PREVIOUS PAGE

NEXT PAGE

CANCEL

Step 8
 Select the state where services are being rendered

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

CANCEL

Step 9

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

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

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 [dropdown menu]

Part B Non-physician Specialties

Select Non-Physician Specialty [dropdown menu]

* Undefined Type Specification [text field]

PREVIOUS PAGE NEXT PAGE

Step 10

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

Application Questionnaire (*) Red asterisk indicates a required field.

Group/Clinic Enrollment Status

This application can not be approved until the Group/Clinic receiving benefits is also enrolled in the Medicare program. Please ensure that an enrollment application for the Group/Clinic has been submitted or will be submitted.

*Would you like to continue?

Yes

No

PREVIOUS PAGE NEXT PAGE

Please select "Yes" for this question

[List of Topics that you will need to complete in order to submit your Medicare application](#)

Topics

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

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

This application is collecting the following topics:

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

Note:

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

[BEGIN SUBMISSION](#) 

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

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

[Personal Identifying Information - Click "Add Information"](#)

Verify your personal individual information (see below)

Personal Identifying Information

(*) Red asterisk indicates a required field.

Individual Information

First Name: ██████████ EDIT NAME

Middle Name

Last Name: ██████████

Suffix
Select Suffix ▾

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

Date of Birth: 08/15/XXXX

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

Are you accepting new Medicare Patients?

Yes

No

* Does the individual provide acupuncture services and meet all the state laws and requirements?

Yes

No

NEXT PAGE

My Application Progress  27%

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Personal Identifying Information](#)

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

Personal Identifying Information

(*) Red asterisk indicates a required field.

Medical/Professional School Information

* Medical School or other Professional School
OTHER ▾
APPLY

* Year of Graduation
YYYY

PREVIOUS PAGE NEXT PAGE

CANCEL

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

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

Reassignment

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

Reassignment of Benefits

Topic Summary

(*)

This topic captures information to identify Medicare providers to establish a reassignment of benefits. [\(more information\)](#)

Filter Reassignment of Benefits

Please provide one or more of the following options. Selecting on the Clear Filter button will clear the option enrollments.

[Advanced Search](#)

ADD INFORMATION

Reassignment of Benefits

(*) Red asteris

Reassignment Type

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

- Individual
- Organization

NEXT PAGE

Choose Organization

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

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-XXXXXXX

* **National Provider Identifier (NPI)**

10 Digits

[PREVIOUS PAGE](#) [NEXT PAGE](#)

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

Reassignment of Benefits

Medicare Identification Numbers

Legal Business Name: MENTAL HEALTH SPECIALTY GROUP PA

National Provider Identifier (NPI): 1801472634

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](#)

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

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

Reassignment of Benefits

Practice Location Address

Note:

- Selecting a primary and secondary practice location does not restrict you from providing services at other practice locations associated with the Provider to which you are reassigning benefits.
- The locations you select here will be used to populate Physician Compare on [Medicare.gov](http://www.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.

[Mailing Address](#)

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

[License, Certification, and DEA Information](#)

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

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

[Final Adverse Legal Action](#)- please answer YES or NO

Organizational Control

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

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

You have indicated that the applicant does not need to report an organization with ownership interest and/or managing control. Please click the "Next Topic" button or change the answer to the question above.

Contact Person

Contact Person

Information

- Contact Person Information was successfully updated for Brittany Haynes.

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

Brittany Haynes

Address: 500 WESTOVER DR
STE 13619
SANFORD, NC 27330-8941

Telephone: (323) 205-6101

E-mail Address: enrollment@rula.com

EDIT

DELETE

REVIEW COMPLETE >>

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

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

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

[Required and/or Supporting Documentation](#)

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

* 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.)

Step 3: Upload digital copies of the documents.

In the **'Required and/or Supporting Documentation'** tab choose 'YES, I would like to upload documents' (**You must upload your documents BEFORE you submit your application**)

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

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.

Upload PDF copies of your **State License, Diploma, Board Certification** (if applicable) and **DEA License** (if applicable)

* Document Type	* Document Name
Document not in List	Choose File No file chosen
	UPLOAD >>

[Submitting PECOS Medicare Application](#)

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

Topic View	<i>Fast Track View</i>	<i>Error/Warning Check</i>
Enrollment Submission		
<p>Note: Your application is ready for submission. Please select the Begin Submission button.</p>		
BEGIN SUBMISSION >>		

E-Signature

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.

MENTAL HEALTH SPECIALTY GROUP PA

Please select the Authorized Signer:

MARK WILLENBRING

NEXT PAGE

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

Please select a signature method for each signer:

Name: [Redacted] [You] SSN: XXX-XX-XXXX * Signature Method for [Redacted]	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
<input checked="" type="radio"/> E-Sign (Sign Now) <input type="radio"/> Upload	Role: PRACTITIONER Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS
<input checked="" type="checkbox"/> Sign Now	

Name: MARK WILLENBRING SSN: XXX-XX-XXXX * Signature Method for MARK WILLENBRING:	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
<input checked="" type="radio"/> Electronic <input type="radio"/> Upload	
* Email Address enrollment@rula.com	
* Confirm Email Address enrollment@rula.com	

PREVIOUS PAGE NEXT PAGE

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

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

* To complete your signature please click **ESIGN (SIGN NOW)**

* To complete Mark Willenbring's signature please click **ELECTRONIC** and enter the following email address: **enrollment@rula.com**

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

Fee For Service Contractor

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.

Note: Encrypted or .TIFF signature files cannot be appended to the MER PDF. Links will be provided in the MER PDF to download the encrypted or .TIFF signature files separately. If you wish to append the signature files to the MER PDF, please upload unencrypted PDF signature files.

* Fee-For-Service Contractor

✓ Select Medicare Contractor

NORIDIAN HEALTHCARE SOLUTIONS

Reason(s) for submission:

• A Medicare Part B practitioner is enrolling in the Medicare program for the first time to

APPLY

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

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

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

Group Reassignment Information

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

Mental Health Specialty Group, P.A.	GA	86-2493019	1801472634	8224	3424 PEACHTREE RD NE, STE 2200, ATLANTA, GA 30326-1156
Mental Health Specialty Group, P.A.	HI	86-2493019	1801472634	H127263	500 ALA MOANA BLVD STE 7400 HONOLULU HI 96813
Mental Health Specialty Group, P.A.	IA	86-2493019	1801472634	IB6144	122 SKYLINE DR, KNOXVILLE, IA 50138-8832
Mental Health Specialty Group, P.A.	ID	86-2493019	1801472634	20034455	950 W BANNOCK ST, BOISE, ID 83702-5999
Mental Health Specialty Group, P.A.	IL	86-2493019	1801472634	F101152500	332 S MICHIGAN AVE, CHICAGO, IL 60604
Mental Health Specialty Group, P.A.	IN	86-2493019	1801472634	IN6774	333 N ALABAMA ST, INDIANAPOLIS, IN 46204-2034
Mental Health Specialty Group KS, P.A.	KS	99-0513614	1063282390	KA6813	1526 HOUSTON ST MANHATTAN KS 66502
Mental Health Specialty Group, P.A.	KY	86-2493019	1801472634	K0012046	312 S 4TH ST, LOUISVILLE, KY 40202
Mental Health Specialty Group, P.A.	LA	86-2493019	1801472634	7J4139	203 HELEN ST, TALLULAH, LA 71282-4616
Mental Health Specialty Group, P.A.	MA	86-2493019	1801472634	S101127803	101 FEDERAL ST, BOSTON, MA 02110-1817
Mental Health Specialty Group, P.A.	MD	86-2493019	1801472634	7E6874	526 S Bouldin St, Baltimore, MD, 21224
Mental Health Specialty Group, P.A.	ME	86-2493019	1801472634	E101127749	400 CONGRESS ST, PORTLAND, ME 04101-3515
Mental Health Specialty Group, P.A.	MI	86-2493019	1801472634	MI19123	400 Renaissance Center Detroit, MI 48243-1502
Mental Health Specialty Group, P.A.	MN	86-2493019	1801472634	H101125258	729 WASHINGTON AVE N, STE 600, MINNEAPOLIS, MN 55401-1118
Mental Health Specialty Group, P.A.	MO	86-2493019	1801472634	MA10552	10304 BUST SUBDIVISION RD POTOSI MO 63664
Mental Health Specialty Group, P.A.	MS	86-2493019	1801472634	6V4850	232 MARKET ST, FLOWOOD, MS 39232-3339
Mental Health Specialty Group, P.A.	MT	86-2493019	1801472634	M011028164	3916 18TH AVE S, GREAT FALLS, MT 59405-7805
Mental Health Specialty Group, P.A.	NC	86-2493019	1801472634	P558	110 N CORCORAN ST, DURHAM, NC 27701-5015
Mental Health Specialty Group, P.A.	ND	86-2493019	1801472634	N735808	3523 45th Street South, Fargo, ND 58104-8962
Mental Health Specialty Group, P.A.	NE	86-2493019	1801472634	NA4960	1107 NEBRASKA AVE, GRAND ISLAND, NE 68801-8103
Mental Health Specialty Group, P.A.	NH	86-2493019	1801472634	T101138083	170 COMMERCE WAY, PORTSMOUTH, NH 03801

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

****REACTIVATION****

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

Step 1: Log-in

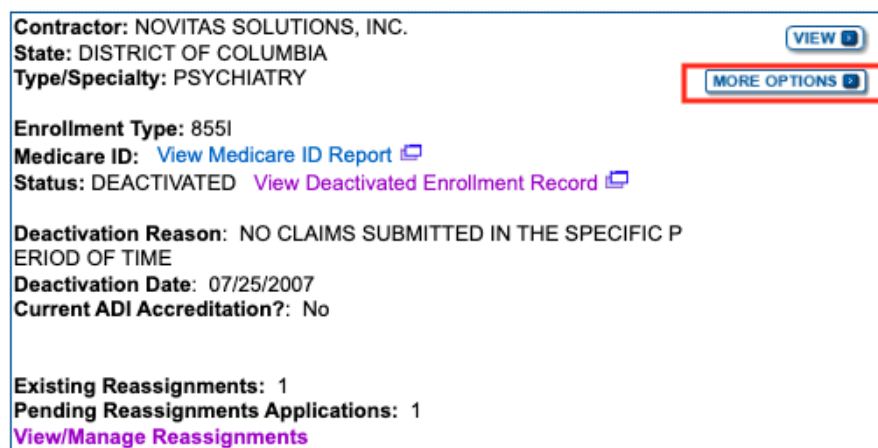
Step 2: Click My Associates

Step 3: Click “View Enrollments” next to your name under the Individuals Tab



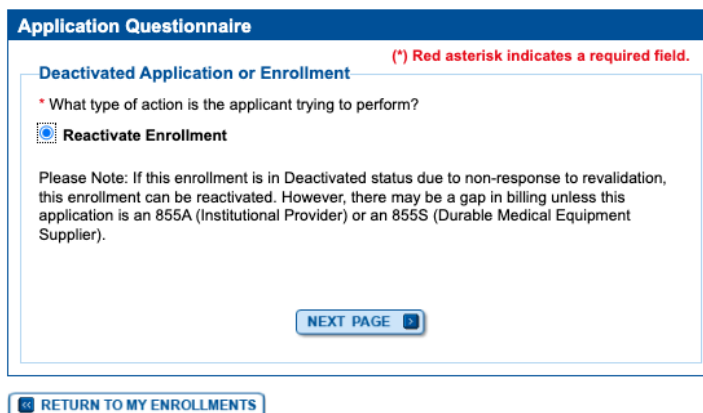
The screenshot shows a web interface with a blue header bar labeled "Individuals" and a yellow badge with the number "2". Below the header is a white box containing the text "Records 1 - 2 of 2". Underneath, there are two fields: "Name" and "NPI", both containing redacted black text. To the right of these fields is a blue button labeled "VIEW ENROLLMENTS" with a right-pointing arrow. Below this is another white box with the text "Records 1 - 2 of 2".

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



The screenshot displays a detailed view of a deactivated enrollment. At the top, it lists: "Contractor: NOVITAS SOLUTIONS, INC.", "State: DISTRICT OF COLUMBIA", and "Type/Specialty: PSYCHIATRY". To the right of this information is a blue "VIEW" button. Below this, the "Enrollment Type" is 855I, "Medicare ID" has a "View Medicare ID Report" link, and "Status" is DEACTIVATED with a "View Deactivated Enrollment Record" link. The "Deactivation Reason" is "NO CLAIMS SUBMITTED IN THE SPECIFIC PERIOD OF TIME", "Deactivation Date" is 07/25/2007, and "Current ADI Accreditation?" is No. At the bottom, it shows "Existing Reassignments: 1" and "Pending Reassignments Applications: 1" with a "View/Manage Reassignments" link. A red rectangular box highlights the "MORE OPTIONS" button in the top right corner.

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



The screenshot shows the "Application Questionnaire" for a "Deactivated Application or Enrollment". A red asterisk indicates a required field. The question is "What type of action is the applicant trying to perform?". The "Reactivate Enrollment" option is selected with a radio button. Below the question, there is a "Please Note" section explaining that deactivation due to non-response to revalidation can be reversed, but there may be a billing gap for 855A or 855S applications. At the bottom of the questionnaire is a blue "NEXT PAGE" button. Below the questionnaire is a blue button labeled "RETURN TO MY ENROLLMENTS".

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

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

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

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

Reason for Application

Practitioner is Reactivating a Deactivated Medicare Enrollment Record

Reports

Select the hyperlink to view the Application being edited:
[View Application being edited](#)

Select the hyperlink to view the Medicare ID Report:
[View Medicare ID Report](#)

Topics

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

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

This application is collecting the following topics:

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

Step 7: Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.