MEDICARE ENROLLMENT APPLICATION

ENROLLMENT FOR ELIGIBLE ORDERING/CERTIFYING PHYSICIANS AND OTHER ELIGIBLE PROFESSIONALS

CMS-855O

See page 1 to determine if you are completing the correct application and page 2 for information on where to mail this completed application.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
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WHO SHOULD SUBMIT THIS APPLICATION

Physicians and eligible professionals can apply to enroll for the sole purpose of ordering or certifying items and/or services to beneficiaries in the Medicare program, or make a change in their ordering/certifying enrollment information using either:

- The CMS-855O application available on the Internet-based Provider Enrollment, Chain and Ownership System (PECOS), or
- The paper CMS-855O application. Be sure you are using the most current version.

For additional information regarding the Medicare ordering/certifying enrollment process, including Internet-based PECOS and to obtain a copy of the most current CMS-855O application, go to **CMS.gov/Medicare/Provider-Enrollment-and-Certification**.

NOTE: For purposes of this application only, the word "provider" is used universally and includes any providers or suppliers who are required to complete the CMS-855O application.

Most physicians and eligible professionals (as defined in section 1848(k)(3)(B) of the Social Security Act) enroll in the Medicare program to be reimbursed for the covered services they furnish to Medicare beneficiaries.

However, with the implementation of Section 6405 of the Affordable Care Act, CMS requires certain physicians and eligible professionals to enroll in the Medicare program for the sole purpose of ordering/certifying items or services for Medicare beneficiaries. These physicians and eligible professionals do not and will not send claims to a Medicare Administrative Contractor (MAC) for the services they furnish. The physicians and eligible professionals who may enroll in Medicare solely for the purpose of ordering/certifying include, but are not limited to, those who are:

- Employed by the Department of Veterans Affairs (DVA)
- Employed by the Department of Defense (DOD)/Tricare (moved from list below so the first two bullets are military related while the rest of the bullets are from HHS (ASPE))
- Employed by the Public Health Service (PHS)
- Employed by the Indian Health Service (IHS) or a Tribal Organization
- Employed by Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) or Critical Access Hospitals (CAH)
- Licensed Residents (as defined in 42 C.F.R. section 413.75(b)) in an approved medical residency program
- Dentists, including oral surgeons
- Pediatricians
- Retired physicians who are licensed

Once enrolled, you will be listed on a CMS database and will be deemed eligible to order/certify services and items for Medicare beneficiaries.

The information you provide on this form will not be shared. It is protected under 5 U.S.C. Section 552(b)(4) and/or (b)(6), respectively. See the last page of this application to read the Privacy Act Statement.

BILLING NUMBER AND NATIONAL PROVIDER IDENTIFIER INFORMATION

The Provider Transaction Access Number (PTAN), often referred to as a Medicare Provider Number or Medicare Billing Number, is a generic term for any number other than the National Provider Identifier (NPI) that is used by a provider to bill the Medicare program.

The National Provider Identifier (NPI) is the standard unique health identifier for health care providers and suppliers and is assigned by the National Plan and Provider Enumeration System (NPPES). To enroll in Medicare, you must obtain an NPI and furnish it on this application prior to enrolling in Medicare or when submitting a change to your existing Medicare enrollment information. Applying for the NPI is a process separate from Medicare enrollment. To obtain an NPI, you may apply online at **NPPES.cms.hhs.gov**. For more information about NPI enumeration, visit **CMS.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/enumeration**.

NOTE: The Legal Business Name (LBN) and Tax Identification Number (TIN) that you furnish in section 2A must be the same LBN and TIN you used to obtain your NPI. Once this information is entered into PECOS from this application, your LBN, TIN and NPI **must** match exactly in both PECOS and NPPES.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS APPLICATION

All information on this form is required with the exception of those fields specifically marked as "optional." Any field marked as optional is not required to be completed nor does it need to be updated or reported as a "change of information" as required in 42 C.F.R section 424.516. However, it is highly recommended that if once reported, these fields be kept up-to-date.

- This form must be typed. It may not be handwritten. If portions of this form are handwritten, the MAC may return this application to you.
- When necessary to report additional information, copy and complete the applicable section as needed.
- Keep a copy of your completed Medicare enrollment package for your own records.

TIPS TO AVOID DELAYS IN YOUR ENROLLMENT

To avoid delays in the enrollment process, you should:

- Complete all required sections, as shown in section 1.
- Ensure that the name shown in section 2 matches the name on your social security record.
- Enter your NPI in section 2.
- Sign and date section 8 using ink.
- Ensure all supporting documents are sent to your designated MAC.

ADDITIONAL INFORMATION

You may visit our website to learn more about the enrollment process via the Internet-Based Provider

- Enrollment Chain and Ownership System (PECOS) at: **CMS.gov/Medicare/Provider-Enrollment-and-Certification**. All of the CMS-855 applications are located on the CMS webpage: **CMS.gov/medicare/cms-forms/cms-forms/cms-forms-list.html**. Simply enter "855" in the "Filter On:" box on this page and only the application forms will be displayed to choose from.
- The MAC may request additional documentation to support and validate information reported on this application. You are responsible for providing this documentation within 30 days of the request per 42 C.F.R. section 424.525(a)(1).
- The information you provide on this form is protected under 5 U.S.C. section 552(b)(4) and/or (b)(6), respectively. For more information, see the last page of this application to read the Privacy Act Statement.

ACRONYMS COMMONLY USED IN THIS APPLICATION

C.F.R.: Code of Federal Regulations

MAC: Medicare Administrative Contractor

NPI: National Provider Identifier

NPPES: National Plan and Provider Enumeration System

PECOS: Provider Enrollment Chain and Ownership System

PTAN: Provider Transaction Access Number also referred to as the Medicare Identification Number

SSN: Social Security Number

WHERE TO MAIL YOUR APPLICATION

Send this completed application with original signatures and all required documentation to your designated MAC. The MAC that services your state is responsible for processing your enrollment application. To locate the mailing address for your designated MAC, go to **CMS.gov/Medicare/Provider-Enrollment-and-Certification**.

SECTION 1: BASIC INFORMATION

A. REASON FOR SUBMITTING THIS APPLICATION

Check one box and complete the sections of this application as indicated.

☐ You are enrolling for the sole purpose of ordering/certifying	Complete all sections
☐ You are currently enrolled solely to order/certify and are updating your information	Complete section 2A, all other applicable sections and section 8
☐ You are voluntarily withdrawing your Medicare enrollment to solely order/certify	Complete section 2A (Name, SSN and NPI) and section 8

B. REASON YOU ARE ENROLLING SOLELY TO ORDER/CERTIFY

Instructions: Choose only one reason from Group 1 OR one reason from Group 2

You are enrolling in Medicare solely to order/certify and you are:

Group 1:

- ☐ Employed by the DVA
- ☐ Employed by the PHS
- ☐ Employed by the DOD/Tricare
- ☐ Employed by the IHS or a Tribal Organization
- ☐ Employed by a Medicare-enrolled FQHC
- ☐ Employed by a Medicare-enrolled RHC
- ☐ Employed by a Medicare-enrolled CAH

Group 2:

- ☐ Physician not employed by any entity in Group 1
- ☐ Eligible Professional not employed by any entity in Group 1
- ☐ Licensed Resident not employed by any entity in Group 1
- ☐ Dentist not employed by any entity in Group 1
- ☐ Pediatrician not employed by any entity in Group 1
- ☐ Retired physicians who are licensed
- ☐ Other *(specify)*: _____

SECTION 2: IDENTIFYING INFORMATION

A. PERSONAL INFORMATION

Your name, date of birth, and social security number must match your social security record.

First Name	Middle Initial	Last Name	Jr., Sr., M.D., etc.
Other Name, First	**Middle Initial**	**Last Name**	**Jr., Sr., M.D., etc.**

Type of Other Name

☐ Former or Maiden Name ☐ Professional Name ☐ Other *(Describe)*: _____

Social Security Number (SSN)	Date of Birth *(mm/dd/yyyy)*	Gender ☐ Male ☐ Female

Medicare Identification Number (PTAN) *(if issued)*	National Provider Identifier (NPI) (Type 1 – Individual)

Do you owe an existing debt to CMS? ☐ Yes ☐ No

B. EDUCATIONAL INFORMATION

Medical or other Professional School *(Training Institution, if non-MD)*	Year of Graduation *(yyyy)*

SECTION 2: IDENTIFYING INFORMATION *(Continued)*

C. LICENSE/CERTIFICATION INFORMATION

Complete the appropriate subsection(s) below for your physician specialty reported in section 4A or 4B. If no subsection is associated with your physician specialty, check the box stating the information is not applicable.

*If you are certified by a national entity, put the word "all" in the "State Where Issued" data field.

Active License Information

☐ License Not Applicable

License Number	Effective Date *(mm/dd/yyyy)*	State Where Issued

Active Certification Information

☐ Certification Not Applicable

Certification Number	Effective Date *(mm/dd/yyyy)*	State Where Issued*

Certifying Entity *(Specialty Board, State, Other)*

Drug Enforcement Agency (DEA) Registration Information

☐ DEA Registration Not Applicable

DEA Registration Number	Effective Date *(mm/dd/yyyy)*	State Where Issued

SECTION 3: FINAL ADVERSE LEGAL ACTIONS

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: To satisfy the reporting requirement, section 3 must be filled out in its entirety, **and all applicable attachments must be included**.

A. FEDERAL AND STATE CONVICTIONS (CONVICTION 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 crime, under federal or state law, which received a sentence of deferred adjudication, adjudication withheld, stay of adjudication, withholding of judgment, or order of deferral—regardless of whether the court dismissed the case upon completion of probation, and regardless of whether the felony was reduced to a misdemeanor.
3. Any misdemeanor conviction, under federal or state law, related to: (a) the delivery of an item or service under Medicare or a state health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
4. Any misdemeanor conviction, under federal or state law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
5. Any misdemeanor conviction, under federal or state law, related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
6. Any misdemeanor conviction, under federal or state law, relating 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.

B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any current or past revocation, suspension, or voluntary surrender of a medical license in lieu of further disciplinary action.
2. Any current or past revocation or suspension of accreditation.
3. Any current or past suspension or exclusion imposed by the U.S. Department of Health and Human Service's Office of Inspector General (OIG).
4. Any current or past debarment from participation in any Federal Executive Branch procurement or non-procurement program.
5. Any other current or past federal sanctions (A penalty imposed by a federal governing body (e.g. Civil Monetary Penalties (CMP)).
6. Any Medicaid exclusion, enrollment suspension, payment suspension, revocation, or termination of any billing number.

C. FINAL ADVERSE LEGAL ACTION HISTORY

1. Have you, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against you?

   ☐ YES–continue below ☐ NO–skip to section 4

2. If yes, report each final adverse legal action, when it occurred, and the federal or state agency or the court/administrative body that imposed the action.

FINAL ADVERSE LEGAL ACTION	DATE	ACTION TAKEN BY

SECTION 4: MEDICAL SPECIALTY INFORMATION

A. PHYSICIAN SPECIALTY

Check your primary specialty below. Only check one (1) specialty. Physicians must meet all federal and state requirements for the type of specialty checked.

- ☐ Addiction Medicine
- ☐ Adult Congenital Heart Disease
- ☐ Advanced Heart Failure and Transplant Cardiology
- ☐ Allergy/Immunology
- ☐ Anesthesiology
- ☐ Cardiac Electrophysiology
- ☐ Cardiac Surgery
- ☐ Cardiovascular Disease (Cardiology)
- ☐ Colorectal Surgery (Proctology)
- ☐ Critical Care (Intensivists)
- ☐ Dentist
- ☐ Dermatology
- ☐ Diagnostic Radiology
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Family Practice
- ☐ Gastroenterology
- ☐ General Practice
- ☐ General Surgery
- ☐ Geriatric Medicine
- ☐ Geriatric Psychiatry
- ☐ Gynecological Oncology
- ☐ Hand Surgery
- ☐ Hematology
- ☐ Hematology/Oncology
- ☐ Hematopoietic Cell Transplantation and Cellular Therapy
- ☐ Hospice/Palliative Care
- ☐ Hospitalist
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Interventional Cardiology
- ☐ Interventional Pain Management
- ☐ Interventional Radiology
- ☐ Maxillofacial Surgery
- ☐ Medical Genetics and Genomics
- ☐ Medical Oncology
- ☐ Medical Toxicology
- ☐ Micrographic Dermatologic Surgery
- ☐ Nephrology
- ☐ Neurology
- ☐ Neuropsychiatry
- ☐ Neurosurgery
- ☐ Nuclear Medicine
- ☐ Obstetrics/Gynecology
- ☐ Ophthalmology
- ☐ Optometry
- ☐ Oral Surgery
- ☐ Orthopedic Surgery
- ☐ Osteopathic Manipulative Medicine
- ☐ Otolaryngology
- ☐ Pain Management
- ☐ Pathology
- ☐ Pediatric Medicine
- ☐ Peripheral Vascular Disease
- ☐ Physical Medicine and Rehabilitation
- ☐ Plastic and Reconstructive Surgery
- ☐ Podiatry
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Pulmonary Disease
- ☐ Radiation Oncology
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Sports Medicine
- ☐ Surgical Oncology
- ☐ Thoracic Surgery
- ☐ Undersea and Hyperbaric Medicine
- ☐ Urology
- ☐ Vascular Surgery
- ☐ Undefined Physician Specialty
  (Specify): _____

B. ELIGIBLE PROFESSIONAL OR OTHER NON-PHYSICIAN SPECIALTY TYPE

If you are an eligible professional (as defined in section 1848(k)(3)(B) of the Social Security Act), check the appropriate box to indicate your specialty.

All individuals must meet specific licensing, certification, educational and work experience requirements. If you need information concerning the specific requirements for your specialty, contact your designated MAC.

Check only one of the following:

- ☐ Certified Nurse Midwife
- ☐ Clinical Nurse Specialist
- ☐ Clinical Psychologist
- ☐ Clinical Social Worker
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Unlisted Practitioner Type
  (Specify): _____

SECTION 5: CORRESPONDENCE ADDRESS INFORMATION

CORRESPONDENCE MAILING ADDRESS

This is the address where correspondence will be sent to you by your designated MAC. This address cannot be a billing agent or agency's address or a medical management company address. If you are reporting a change to your correspondence mailing address, check the box below. This will replace any current correspondence mailing address on file.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Business Location Name

Attention *(optional)*

Mailing Address Line 1 *(P.O. Box or Street Name and Number)*

Mailing Address Line 2 *(Suite, Room, Apt. #, etc.)*

City/Town	State	ZIP Code + 4
Telephone Number	Fax Number *(if applicable)*	

E-mail Address *(if applicable)*

SECTION 6: CONTACT PERSON INFORMATION *(Optional)*

If questions arise during the processing of this application, your designated MAC will attempt to contact the individual you list in this section.

First Name	Middle Initial	Last Name	Jr., Sr., MD., etc.

Address Line 1 *(P.O. Box or Street Name and Number)*

Address Line 2 *(Suite, Room, Apt. #, etc.)*

City/Town	State	ZIP Code + 4

Telephone Number	Fax Number *(if applicable)*	E-mail Address *(if applicable)*

Relationship or Affiliation to You

NOTE: The contact person listed in this section will only be authorized to discuss issues concerning this particular CMS-855O application. Your designated MAC will not discuss any other Medicare issues about you with the above Contact Person.

SECTION 7: PENALTIES FOR FALSIFYING INFORMATION ON THIS APPLICATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

1. 18 U.S.C. section 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000 (18 U.S.C. section 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a federal health care program. The offender is subject to fines of up to $25,000 and/or imprisonment for up to five years.
3. The Civil False Claims Act, 31 U.S.C. Section 3729, imposes civil liability, in part, on any person who, with actual knowledge, deliberate ignorance or reckless disregard of truth or falsity (a) presents or causes to be presented to the United States Government or its contractor or agent a false or fraudulent claim for payment or approval; (b) uses or causes to be used a false record or statement material either to a false or fraudulent claim or to an obligation to pay the Government; (c) conceals or improperly avoids or decreases an obligation to pay or transmit money or property to the Government; or (d) conspires to violate any provision of the False Claims Act. The False Claims Act imposes a civil penalty of between $5,000 and $10,000 per violation, as adjusted for inflation by the Federal Civil Penalties Inflation Adjustment Act, 28 U.S.C. 2461, plus three times the amount of damages sustained by the Government.

   The Act imposes a civil penalty of $5,000 to $10,000 per violation, plus three times the amount of damages sustained by the Government
4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any state agency…a claim…that the Secretary determines is for a medical or other item or service that the person knows or should know:
   a. was not provided as claimed; and/or
   b. the claim is false or fraudulent.
5. This provision authorizes a civil monetary penalty of up to $10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and state health care programs.
6. 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.
7. 18 U.S.C. 1347 authorizes criminal penalties against individuals who knowing and willfully execute, or attempt, to executive a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of any, health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual will be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.
8. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment."

   Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

SECTION 8: CERTIFICATION STATEMENT AND SIGNATURE

As an individual practitioner, you are the only person who can sign this application. The authority to sign this application on your behalf may not be delegated to any other person.

The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program solely to order/certify items and services for Medicare beneficiaries, or prescribe Part D drugs. Review these requirements carefully.

By signing the Certification Statement, you agree to adhere to all of the requirements listed herein and acknowledge that you may be denied or revoked from enrolling in the Medicare program if any requirements are not met.

A. CERTIFICATION STATEMENT

You **MUST SIGN AND DATE** the certification statement below in order to be enrolled in the Medicare program. In doing so, you are attesting to meeting and maintaining the Medicare requirements stated below.

Under the penalty of perjury, I, the undersigned, certify to the following:

1. I understand that if I wish to be reimbursed by Medicare for services I have performed, I must first enroll in Medicare as an individual supplier using the CMS-855I.
2. I have read the contents of this application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct and complete, I agree to notify my designated MAC immediately.
3. I authorize the MAC to verify the information contained herein. I agree to notify the Medicare contractor of any future changes to the information contained in this application in accordance with the timeframes established in 42 C.F.R. section 424.516. I understand that any change to my status as an individual practitioner may require the submission of a new application.
4. I have read and understand the Penalties for Falsifying Information, as printed in this application. I understand that any deliberate omission, misrepresentation or falsification of any information contained in this application or contained in any communication supplying information to Medicare, or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to the imposition of fines, civil damages and/or imprisonment.
5. I agree to abide by the Medicare laws, regulations and program instructions that apply to me or to the organization listed in Section 2A of this application. The Medicare laws, regulations, and program instructions are available through the Medicare Administrative Contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations and program instructions (including, but not limited to, the Federal Anti-Kickback Statute, 42 U.S.C. section 1320a-7b(b) (section 1128B(b) of the Social Security Act) and the Physician Self-Referral Law (Stark Law), 42 U.S.C. section 1395nn (section 1877 of the Social Security Act)).
6. I will not knowingly order and/or certify an item and/or service that allows a false or fraudulent claim to be presented for payment by Medicare.
7. I further certify that I am the individual practitioner who is applying for the sole purpose of ordering/certifying items or services to Medicare beneficiaries, and I have signed and dated this application.

B. SIGNATURE AND DATE

First Name (Print)	Middle Initial	Last Name (Print)	Jr., Sr., M.D., etc.

Practitioner Signature *(First, Middle, Last Name, Jr., Sr., M.D., etc.)*	Date Signed *(mm/dd/yyyy)*

In order to process this application it MUST be signed and dated.

MEDICARE SUPPLIER ENROLLMENT APPLICATION PRIVACY ACT STATEMENT

The Authority for maintenance of the system is given under provisions of sections 1102(a) (Title 42 U.S.C. 1302(a)), 1128 (42 U.S.C. 1320a–7), 1814(a)) (42 U.S.C. 1395f(a)(1), 1815(a) (42 U.S.C. 1395g(a)), 1833(e) (42 U.S.C. 1395l(3)), 1871 (42 U.S.C. 1395hh), and 1886(d)(5)(F), (42 U.S.C. 1395ww(d)(5)(F) of the Social Security Act; 1842(r) (42 U.S.C. 1395u(r)); section 1124(a)(1) (42 U.S.C. 1320a–3(a)(1), and 1124A (42 U.S.C. 1320a–3a), section 4313, as amended, of the BBA of 1997; and section 31001(i) (31 U.S.C. 7701) of the DCIA (Pub. L. 104–134), as amended.

The information collected here will be entered into the Provider Enrollment, Chain and Ownership System (PECOS).

PECOS will collect information provided by an applicant related to identity, qualifications, practice locations, ownership, billing agency information, reassignment of benefits, electronic funds transfer, the NPI and related organizations. PECOS will also maintain information on business owners, chain home offices and provider/chain associations, managing/ directing employees, partners, authorized and delegated officials, supervising physicians of the supplier, ambulance vehicle information, and/or interpreting physicians and related technicians. This system of records will contain the names, social security numbers (SSN), date of birth (DOB), and employer identification numbers (EIN) and NPI's for each disclosing entity, owners with 5 percent or more ownership or control interest, as well as managing/directing employees. Managing/directing employees include general manager, business managers, administrators, directors, and other individuals who exercise operational or managerial control over the provider/ supplier. The system will also contain Medicare identification numbers (i.e., CCN, PTAN and the NPI), demographic data, professional data, past and present history as well as information regarding any adverse legal actions such as exclusions, sanctions, and felonious behavior.

The Privacy Act permits CMS to disclose information without an individual's consent if the information is to be used for a purpose that is compatible with the purpose(s) for which the information was collected. Any such disclosure of data is known as a "routine use." The CMS will only release PECOS information that can be associated with an individual as provided for under Section III "Proposed Routine Use Disclosures of Data in the System." Both identifiable and non-identifiable data may be disclosed under a routine use. CMS will only collect the minimum personal data necessary to achieve the purpose of PECOS. Below is an abbreviated summary of the six routine uses. To view the routine uses in their entirety go to: **CMS.gov/Regulations-and-Guidance/Guidance/PrivacyActSystemofRecords/Systems-of-Records-Items/CMS023307.html**.

1. To support CMS contractors, consultants, or grantees, who have been engaged by CMS to assist in the performance of a service related to this collection and who need to have access to the records in order to perform the activity.
2. To assist another federal or state agency, agency of a state government or its fiscal agent to:
   a. Contribute to the accuracy of CMS's proper payment of Medicare benefits,
   b. Enable such agency to administer a federal health benefits program that implements a health benefits program funded in whole or in part with federal funds, and/or
   c. Evaluate and monitor the quality of home health care and contribute to the accuracy of health insurance operations.
3. To assist an individual or organization for research, evaluation or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for payment related projects.
4. To support the Department of Justice (DOJ), court or adjudicatory body when:
   a. The agency or any component thereof, or
   b. Any employee of the agency in his or her official capacity, or
   c. Any employee of the agency in his or her individual capacity where the DOJ has agreed to represent the employee, or
   d. The United States Government, is a party to litigation and that the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which CMS collected the records.
5. To assist a CMS contractor that assists in the administration of a CMS administered health benefits program, or to combat fraud, waste, or abuse in such program.
6. To assist another federal agency to investigate potential fraud, waste, or abuse in, a health benefits program funded in whole or in part by federal funds.

The information you provide on this form may be verified through computer matching.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1135. The time required to complete this information collection is estimated to be 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.