First Coast Service Options, Inc.

Provider Enrollment Gateway

Target Audience: Medicare Fee-For-Service Providers

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Introduction

The Provider Enrollment Gateway can be used as a secure mechanism for providers and suppliers to upload paper enrollment applications, submit responses to development requests for an application submitted through the Gateway, request a copy of enrollment correspondence for a paper application submitted through the Gateway, or to check the status of a previously uploaded paper application submitted through the Gateway. It also provides an alternative for providers and suppliers unable to utilize PECOS Web or those that have automated processes for pre-populating paper enrollment applications from their credentialing databases. The Gateway accepts only the following paper enrollment application types in PDF form:

- CMS-855A for Institutional Providers: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf
- CMS-855B for Clinics/Group practices and Certain Other Suppliers: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf
- CMS-855I for Physicians and Non-Physician Practitioners: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf
- CMS-855O for Eligible Ordering and Referring Physicians and Non-physician Practitioners: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf
- CMS-20134 for Medicare Diabetes Prevention Program Suppliers: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf

- CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms588.pdf
- CMS-460 Medicare Participating Physician or Supplier Agreement: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS460.pdf

Please note that at this time, the Provider Enrollment Gateway will only accept the application types listed above. The Provider Enrollment Gateway will reject the following stand-alone submissions that are not submitted as part of the PDF enrollment application package (which include but are not limited to): EDI applications, Opt-out Affidavits, appeals (Corrective Action Plan (CAP), Reconsideration, or Rebuttals), or miscellaneous correspondence. Please continue to send stand-alone non-enrollment applications via mail, fax, or email, as applicable.

Getting Started

In order to submit your application(s) successfully, please ensure that you have gathered all necessary documents required to enroll for your provider or supplier type.

1. Download the appropriate application(s).
2. Complete the application(s) electronically and save the application(s) on your computer.
3. Upload or scan any necessary supporting documentation. Supporting documentation includes:

   - Licenses, certifications and registrations required by Medicare or State law.
   - Federal, State, and/or local (city/county) business licenses, certifications and/or registrations required to operate a health care facility.
   - Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., IRS CP 575) provided in Section 2.
   - Copy of IRS Determination Letter, if supplier is registered with the IRS as non-profit.
   - Written confirmation from the IRS confirming your Limited Liability Company (LLC) is automatically classified as a Disregarded Entity. (e.g., Form 8832). (NOTE**:** A disregarded entity is an eligible entity that is treated as an entity not separate from its single owner for income tax purposes.
   - Completed Form CMS-588, Authorization Agreement for Electronic Funds Transfer. NOTE**:** If you currently receive payments electronically and are not making a change to your banking information, the CMS-588 is not required. Physicians and non-physician practitioners who are reassigning all of their payments to a group/clinic or other health care organization are not required to submit the CMS-588.

   - CMS-855I form if you are a Part B provider or supplier that is newly enrolling, reactivating your Medicare benefits, or adding a new reassignment.

- If Medicare payments due to you are being sent to a bank (or similar financial institution) where you have a lending relationship (that is, any type of loan), you must provide a statement in writing from the bank (which must be in the loan agreement) that the bank has agreed to waive its right of offset for Medicare receivables.
- Copy of all bills of sale or sales agreements (CHOWS, Acquisition/Mergers, and Consolidations only).
- Copy of all documents that demonstrate meeting capitalization requirements (HHAs only).
- Copy of all documentation verifying the State licenses or certifications of the laboratory Director or non-physician practitioner personnel of an independent clinical laboratory.
- Statement in writing from the bank. If Medicare payment due a provider of services is being sent to a bank (or similar financial institution) with whom the provider has a lending relationship (that is, any type of loan), then the provider must provide a statement in writing from the bank (which must be in the loan agreement) that the bank has agreed to waive its right of offset for Medicare receivables.
- Copy(s) of all adverse legal action documentation (e.g., notifications, resolutions, and reinstatement letters).
- Copy of HRSA Notice of Grant Award if that is a qualifying document for FQHC status.
- Completed Form CMS-460, Medicare Participating Physician or Supplier Agreement. NOTE: The CMS-460 must be submitted for all initial enrollments or reactivations only if you want to be a Participating Practitioner in Medicare.
- Copy of an attestation for government entities and tribal organizations.
- Copy of FAA 135 certificate (air ambulance suppliers).
- Copy(s) of comprehensive liability insurance policy (IDTFs only).
- Copy of all documentation verifying IDTF Supervisory Physician(s) proficiency and/or State licenses or certification for IDTF non-physician personnel (IDTFs only).
- Copy of the CMS-1561 Health Insurance Benefit Agreement (OTPs only)
- Copy of the Opioid Treatment Program's Operating Certificate (OTPs only)

4. Save the application(s) and supporting documentation as one PDF file to upload. Please note that the Gateway will only accept files that are in a PDF format for initial submission.
5. Have your NPI and an email account accessible since you will be receiving a one-time access code to enter into the Gateway.

Accessing the Provider Enrollment Gateway

The Provider Enrollment Gateway can be accessed by one of two ways:

1. Gateway Link https://medicare.fcso.com/Enrollment/EnrollmentGateway.asp or

2. https://medicare.fcso.com/, select "Provider Enrollment" from the left hand side, and click the Gateway option from the pop-up menu.

The Gateway welcome screen will look like this:

Provider Enrollment Gateway

Welcome to the First Coast Provider Enrollment Gateway. This tool can be used for uploading enrollment applications and responses to development requests, requesting a copy of enrollment correspondence sent to you, or to check the status of a previously uploaded application.

Note: The quickest, most efficient way to submit a Medicare enrollment application is by registering and using the Provider Enrollment Chain and Ownership System (PECOS).

Disclaimer

This disclaimer provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring. By using this system, you understand and consent to the following: The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose. Use of the FCSO Medicare site constitutes your agreement to use it only for authorized Medicare activities and you further understand that you are legally responsible for any electronic transactions performed with your access to the FCSO Medicare site. First Coast Service Options reserves the right to restrict access to its information systems outside of the United States, including system access that can be used to obtain beneficiary Protected Health Information (PHI), when it is known that the access attempt is located in high-risk areas. Additional security controls may be implemented to counter the risk of access in such areas. Sharing or loaning of Medicare assigned IDs and passwords is prohibited. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. Violation of this policy will result in revocation of all methods of system access.

[Accept]   [Decline]

You must accept the disclaimer in order to access the Gateway.

Using the Provider Enrollment Gateway

Once you have accepted the disclaimer, you will reach the entry page for the Gateway; please have your NPI and an email account accessible as you will be required to enter them in order to access the Gateway.

The entry page will look like this:

Provider Enrollment Gateway

Welcome to the First Coast Provider Enrollment Gateway. This tool can be used for uploading enrollment applications and responses to development requests, requesting a cop enrollment correspondence sent to you, or to check the status of a previously uploaded application.

Note: The quickest, most efficient way to submit a Medicare enrollment application is by registering and using the Provider Enrollment Chain and Ownership System (PECOS).

Note: * Indicates a required field.

* NPI: [   ]

* State: [Select ⌄]

To keep your online enrollment secure, we need to verify your email address. A one-time access code will be sent to your inbox. Please provide the email address where you would like to receive the one-time access code. This code will be valid for 30 minutes.

* Email: [   ]

○ Submit an application   ○ Check application status   ○ Submit development response

[Email one-time access code]

Enter your NPI, select the state in which you are enrolling from the drop-down menu (First Coast Service Options, Inc. services Florida, Puerto Rico, and US Virgin Islands), enter your email address, and select an option. The options include:

- Submit an application
- Check application status*
- Submit development response*
  *Please note that these two actions are only for paper applications that were submitted through the Gateway. To check the status of a paper application that was submitted either via mail, fax, email, or PECOS, please visit Check your application status, and have your NPI, PTAN, or DCN number. You can also check your application status by visiting https://medicare.fcso.com/, select "Provider Enrollment" from the left hand side, and click "Check your Application Status" from the pop-up menu.

Once you have made your selection, you will receive a one-time 6-digit access code to the email address that you entered. Please note that this code is only to be used for this transaction and is only available for 30 minutes. Once it has been used, it cannot be used again. The email subject line will be: URGENT: Provider Enrollment Gateway Access. The email will include the 6 digit access code, which you will enter in the newly populated *One-time access code* field. Click the "Continue" button.

Example:

Provider Enrollment Gateway

Welcome to the First Coast Provider Enrollment Gateway. This tool can be used for uploading enrollment applications and responses to development requests, requesting a copy enrollment correspondence sent to you, or to check the status of a previously uploaded application.

Note: The quickest, most efficient way to submit a Medicare enrollment application is by registering and using the Provider Enrollment Chain and Ownership System (PECOS).

Note: * Indicates a required field.

* NPI: `1111111111`

* State: `FL`

To keep your online enrollment secure, we need to verify your email address. A one-time access code will be sent to your inbox. Please provide the email address where you would like to receive the one-time access code. This code will be valid for 30 minutes.

* Email: `email@email.com`

◉ Submit an application   ○ Check application status   ○ Submit development response

[Email one-time access code]

Please input the one-time access code which was sent to your email address and then click the Continue button

* One-time access code: `111111`

[Continue]

Regarding the NPI

The NPI that the user chooses to log in will be required to be entered each time the user wants to check on that application submission, submit returned development, or review

a letter. The NPI that the user entered for the initial submission of the application(s) is tied to the submission ID.

Examples:

1. You are submitting an 855B for a group, and 4 855Is for different reassigners. You may log into the Gateway only one time to upload all 5 applications under one submission using 1 designated NPI, or you may log into the Gateway to submit each application separately using each provider's distinct NPI. However, if you choose the second option, you will be required to use the provider's distinct NPI to check on that application only.

If the user enters the NPI incorrectly the first time, the user may not be able to access any information for that application submission so it is important to ensure that the NPI entered for the initial submission is correct. The Gateway will only validate that the NPI field contains a 10 digit number and will not validate if the NPI is registered to a provider or supplier. The user will not be able to check the status of another NPI's application submission since the NPI is linked to the unique submission ID and DCN.

Examples:

1. An application was submitted for a provider using NPI 1234567890 and submission ID 1564 was assigned. The user wants to check on an application that was submitted for NPI 1569845651 with submission ID 1779. The user will not be able to log into the Gateway using 1234567890 with the submission ID 1779 for NPI 1569845651 to check on the application status for NPI 1569845651. You will receive the following error:

Check your application status

Submit an application
Submit development response

Use this form to check the status of an application previously submitted through the Provider Enrollment Gateway. To search, enter the submission ID received when you submitted your application and click Submit.

*.Indicates a required field.

Validation Errors.

• No DCNs are associated with the Submission ID/NPI Combination provided.

*Submission id: [1779]

[Submit]

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2. An 855B and 4 855Is were submitted using NPI 1659845100 and given submission ID 1222. If the user later tried to check the status of the applications with one of the individual's NPIs and submission ID 1779, the status will not be able to be shown since the NPI and submission ID do not match. The same error message above will be provided.

Submitting an Application

Once you have obtained entry into the Gateway, you will need to select the Application Type and Reason for the submission from the drop-down menus.

Application Types and Reasons:

- 855O
    - New Enrollee
        - You are an individual wanting to enroll to in Medicare to order and certify services.
    - Change of Information
        - You are an individual wanting to change information on your Medicare enrollment to order and certify services.
    - Voluntary Termination
        - You are an individual wanting to voluntarily terminate your Medicare enrollment to order and certify services.
- 855I
    - New Enrollee
        - You are an individual, sole proprietor, or sole owner wanting to enroll to in Medicare for the first time.
    - Enrolling w/new MAC
        - You are an individual, sole proprietor, or sole owner enrolled with a Medicare contractor and are now requesting to enroll in another Medicare contractor's state/jurisdiction.
    - Revalidation
        - You are an individual, sole proprietor, or sole owner revalidating your current Medicare enrollment in response to a revalidation request.
    - Reactivation
        - You are an individual, sole proprietor, or sole owner wanting to reactivate your Medicare billing privileges.
    - Change of Information
        - You are an individual, sole proprietor, or sole owner wanting to make changes to your existing Medicare enrollment (includes establishing or terminating a reassignment).
    - Voluntary Termination
        - You are an individual, sole proprietor, or sole owner wanting to voluntarily terminate your Medicare enrollment.
- 855B
    - New Enrollee
        - You are a Part B group or organization wanting to enroll to in Medicare for the first time.
    - Enrolling w/new FFS
        - You are a Part B group or organization enrolled with a Medicare contractor and is now requesting to enroll in another Medicare contractor's state/jurisdiction.
    - Reactivation

- You are a Part B group or organization wanting to reactivate your Medicare billing privileges.
  - o Change of Information
    - You are a Part B group or organization wanting to make changes to your existing Medicare enrollment.
  - o Voluntary Termination
    - You are a Part B group or organization wanting to voluntarily terminate your Medicare enrollment.
  - o Revalidation
    - You are a Part B group or organization revalidating your current Medicare enrollment in response to a revalidation request.
- 855A
  - o New Enrollee
    - You are a Part A organization wanting to enroll to in Medicare for the first time.
  - o Enrolling w/new FFS
    - You are a Part A organization enrolled with a Medicare contractor and is now requesting to enroll in another Medicare contractor's state/jurisdiction.
  - o Reactivation
    - You are a Part A organization wanting to reactivate your Medicare billing privileges.
  - o Voluntary Termination
    - You are a Part A organization wanting to voluntarily terminate your Medicare enrollment.
  - o CHOW seller
    - You are a Part A organization undergoing a Change of Ownership CHOW), and you are the seller/former owner.
  - o CHOW Buyer
    - You are a Part A organization undergoing a Change of Ownership CHOW), and you are the buyer/new owner.
  - o Acquisition Merger/Seller
    - You are a Part A organization undergoing an acquisition or merger, and you are the seller/former owner.
  - o Acquisition Merger/Buyer
    - You are a Part A organization undergoing an acquisition or merger, and you are the buyer/new owner.
  - o Consolidation Former Org
    - You are a Part A organization that has consolidated with another organization, and you are the former organization.
  - o Consolidation New Org
    - You are a Part A organization that has consolidated with another organization, and you are the new organization.
  - o Change of Information
    - You are a Part A organization wanting to make changes to your existing Medicare enrollment.

- o Revalidation
  - You are a Part A organization revalidating your current Medicare enrollment in response to a revalidation request.
- 20134
  - o New Enrollee
    - You are an MDPP supplier wanting to enroll to in Medicare for the first time.
  - o Reactivation
    - You are an MDPP supplier wanting to reactivate your Medicare billing privileges.
  - o Voluntary Termination
    - You are an MDPP supplier wanting to voluntarily terminate your Medicare enrollment.
  - o Change of Information
    - You are an MDPP supplier wanting to make changes to your existing Medicare enrollment.
  - o Revalidation
    - You are an MDPP supplier revalidating your current Medicare enrollment in response to a revalidation request.
- 588A- EFT application for a Part A provider
  - o N/A
- 588B- EFT application for a Part B provider/supplier
  - o N/A
- 460
  - o N/A

Once you have selected your Application Type and Reason, click the "Browse" button to find the application that you have completed and saved on your computer. It is recommended to save the document as a notable name, like "John Smith CMS-855I application.PDF" as the Gateway will not accept files that are not in a PDF format, or a non-CMS application type for initial enrollments. Click the "Upload" button once the appropriate document has been selected.

Check application status
Submit development response

Submit your enrollment application

To submit your completed enrollment application through the Provider Enrollment Gateway, select the application type and reason. Next, click Choose file and Upload. Once all files are displayed, click Submit.

* Application type: 855I ▾ * Reason: New Enrollee ▾

[   ] Browse...   Upload

Submit   Reset

Special note for revalidations: You must have your revalidation DCN available in order to upload an application in response to a revalidation request. Once you have chosen the Reason of Revalidation, an additional box will populate to request the revalidation DCN that has already been created for you.

Correct revalidation DCN:

Incorrect revalidation DCN:

The Gateway will display each document uploaded for the submission:

The user will be able to delete the documents prior to submission only. Once the user has selected the "Submit" button and the applications and documents have been submitted, the documents or applications cannot be rescinded.

When the application(s) have been submitted, you will receive a submission ID. The submission ID will display on the confirmation page of the Gateway:

You will also receive an email confirming the submission ID and the NPI used for the application submission.

IMPORTANT: You **must** retain your submission ID and NPI to check the status or submit additional documentation for the application. You will receive a separate submission ID for each application submission.

Please allow a few days for First Coast Service Options, Inc. to receive your application and assign it to a Provider Enrollment processing analyst. You will be able to obtain your Document Control Number (DCN) immediately after the application(s) have been submitted. You will receive a DCN for each separate application submitted. The DCN can be obtained by checking your application status.

Checking your Application Status

The user can check the status of an application one of two ways:

1. Immediately after submitting an application to obtain the DCN.
2. Logging info the Gateway after an application has already been submitted.

Checking the application status immediately after submitting an application to obtain the DCN.

1. To obtain the DCN immediately after submitting an application, click on the "CheckStatus" button:

You have successfully uploaded the following application(s) under the submission ID 3806. Please keep this submission ID for your records and for future status inquiries.

Sno.	Application type	Reason	File name
1	855B	New Enrollee	JN 855B Medical Group.pdf
2	855I	Change of Information	JN 855I Reassignment 1.pdf

Sno.	Application type	Reason	File name

Submit New Application   Check Status

2. Enter the Submission ID that you were just assigned, and select the "Submit" button:

Check your application status

Use this form to check the status of an application previously submitted through the Provider Enrollment Gateway. To search, enter the submission ID received when you submitted your application and click Submit.

*.Indicates a required field.

*Submission id: [1906]

[Submit]

3. You will receive information regarding the DCN, including the submitted application type, reason for application, DCN, and status of the application:

[Submit]

Application type	Reason	DCN	Status	Action
855B	New Enrollee	793510943	First Coast Service Options has received this application. If we require additional information during the processing of the application, we will contact you.	

Please note that the application status is subject to change based on the processing of your application.

4. While checking on the status, you will be able to either submit another application, or submit a development response. Please note that you are submitting an application or development response for the NPI that you chose to use when initially signing in. If you are enrolling multiple providers, you may choose to log into the Gateway using each individual NPI, but it is not required.

Checking the application status by logging info the Gateway after an application has already been submitted.

1. Log into the Gateway using the same NPI that you used to submit the application and select "Check application status". Please note that the email address you choose to use is not required to be the same for all actions. You will receive another one-time code to the email address entered and enter it in the *One-time access code* field.
2. Enter the Submission ID that you were assigned, and select Submit:

Check your application status

Submit an application
Submit development response

Use this form to check the status of an application previously submitted through the Provider Enrollment Gateway. To search, enter the submission ID received when you submitted your application and click Submit.

*.Indicates a required field.

*Submission id: 1779

Submit

3. You will receive information regarding the DCN, including the submitted application type, reason for application, DCN, and status of the application:

*Submission id: 1779

Submit

Application type	Reason	DCN	Status	Action
855B	New Enrollee	793510943	First Coast Service Options has received this application. If we require additional information during the processing of the application, we will contact you.	

Please note that you will not receive a notification email when the status of your application changes since the Gateway does not store your email address.

Submitting a Development Response

IMPORTANT: You can only submit a development response for an application that was submitted through the Gateway. You may not submit a development response for an application that was submitted outside the Gateway, i.e., PECOS web, mail, fax, etc.

1. Log into the Gateway using the same NPI that you used to submit the application and select "Submit development response". Please note that the email address you choose to use is not required to be the same for all actions. You will receive another one-time code to the email address entered and enter it in the *One-time access code* field.

2. Enter the DCN that you have been assigned; please refer to the DCN indicated on the development letter that you received. The Gateway will confirm the DCN

and NPI combination after the DCN has been entered:

Submit development response to an enrollment application

Use this form to respond to the development request related to your enrollment application. Please include the development response letter and any supporting documentation.

*.Indicates a required field.

- Found

* DCN: 793110115   ❌

* Supporting Document: Browse...   Upload

Submit development response

If the DCN and NPI combination do not match, you will receive this error:

Submit development response to an enrollment application

Use this form to respond to the development request related to your enrollment application. Please include the development response letter and any supporting documentation.

*.Indicates a required field.

- The DCN 793110117 could not be found for this NPI

* DCN: 793110117   ❌

* Supporting Document: Browse...   Upload

Submit development response

If the DCN that you entered was assigned for an application that was not submitted through the Gateway, you will receive this error:

Submit development response to an enrollment application

Use this form to respond to the development request related to your enrollment application. Please include the development response letter and any supporting documentation.

*.Indicates a required field.

- The DCN status: No information available for this DCN. The DCN is not valid.

* DCN: 580019001   ❌

3. Find the application or documentation you wish to submit saved on your computer by clicking the "Browse" button. Please note that the file you wish to upload as development does not need to be saved as a PDF file. Once you have

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selected your document, click the "Upload" button. The user will be able to delete the documents prior to submission only using the "Delete" button.

Submit development response to an enrollment application

Use this form to respond to the development request related to your enrollment application. Please include the development response letter and any supporting documentation.

*.Indicates a required field.

• You successfully uploaded 'license.jpg'

* DCN: 793110115

* Supporting Document: [Browse...]   [Upload]

S No	File Name	File Size	DateTime	Delete
1	license.jpg	104305	12/17/2019 11:05:42	Delete

[Submit development response]

Once the user has selected the "Submit development response" button and the applications and documents have been submitted, the documents or applications cannot be rescinded.

You have successfully uploaded the following documents.

S No	File Name	File Size	DateTime
1	license.jpg	104305	12/17/2019 11:05:42

[Submit development response]   [CheckStatus]

Accessing Decision Letters

The Gateway application will make certain decision letters available after they have been issued. As we continue to develop the program, more decision letters will be available for review via the Gateway.

1. Log into the Gateway using the same NPI that you used to submit the application and select "Check application status". Please note that the email address you choose to use is not required to be the same for all actions. You will receive another one-time code to the email address entered and enter it in the *One-time access code* field.
2. Enter the Submission ID that you were assigned and select Submit.

3. You will receive information regarding the DCN, including the submitted application type, reason for application, DCN, status of the application, and the Action column will display a new "View" button.

*Submission id: [1411]

[Submit]

Application type	Reason	DCN	Status	Action
855I	New Enrollee	793110114	First Coast Service Options has received and is in the process of reviewing this CMS-855, CMS-20134, EFT application, or [Opt Out Request]. The application is being processed in accordance with CMS timeliness standards. Refer to the enrollment timeframes table for a list of CMS enrollment timeliness standards. If we require additional information during the processing of the application, we will contact you.	View

4. Click the "View" button and scroll down below the table.
5. Click on the PDF icon in the Action column, and the letter will be displayed in a new browser tab, where you will be able to view, save, or print the decision letter.

File name	Action
HMSWEB_793110114_DEV_01062020_1578327434233504000.pdf	
HMSWEB_793110114_DEV_01062020_1578332354276973000.pdf	
HMSWEB_793110114_DEN_01062020_1578332360727592000.pdf	

Please note that you will not receive a notification email when a decision letter has been issued through the Gateway since the Gateway does not store your email address.

Leaving the Gateway

The Gateway does not store your information, so you may simply close your browser and your current Gateway session will be complete. If you wish to start your Gateway session over to perform another action or resubmit an application for a different provider or supplier, you may select the Home link to be directed back the main page with the Disclaimer. You will be asked to confirm that you would like to start over.

Submit your enrollment application

To submit your completed enrollment application through the Provider Enrollment Gateway, select the application type and reason. Next, click Choose file and Upload. Once all files are displayed, click Submit.

NOTE: Please ensure that you are submitting a complete enrollment application package to avoid delays with the processing of your application. Your enrollment package may include: 1) the CMS-588 Electronic Funds Transfer Agreement, if you will be the billing provider/supplier, so that Medicare payments can be deposited directly into your bank account or, 2) the CMS-855R Reassignment of Medicare Benefits application if you are reassigning your benefits to an organization/group. Reassigning your Medicare benefits allows an eligible organization/group to submit claims and receive payment for Medicare Part B services that you have provided as a member of the organization/group. The CMS-855R may be required when you are newly enrolling, reactivating your Medicare benefits, adding a new practice location in a different locality or adding a new/terminating a current reassignment.

* Application type: [Select One ∨] * Reason: [Select Reason Type ∨]

[Submit] [Reset]

FAQs

Q. How do I check the status of my Gateway application that has already been submitted?

A. You may log into the Gateway using your NPI and submission ID and select Check Status.

Q. How do I submit multiple applications for different providers or suppliers?

A. You may log into the Gateway one time using one NPI to submit an enrollment package for multiple providers, i.e., an 855B for Dr. Mullins MD PA and multiple 855Is for providers reassigning to Dr. Mullins MD PA. Please note that the NPI used for the initial application submission is linked to the submission ID that you will receive for that submission; you will not be able to check on the application submission with your submission ID using any other NPI that was not used to obtain access into the Gateway. If you choose to, you may submit multiple applications for different providers or suppliers by obtaining access to the Gateway multiple times, using a different NPI each time; in this instance, you will receive multiple submission IDs- one for each different NPI.

Q. Who do I contact if I have questions?

A. You may reach out to our Provider Enrollment customer service for your designated area via phone; please refer to Resources and Contacts. If you have a received a decision letter, you may also reach out to the analyst via the phone number specified on your letter.

Q. Will submitting an application through the Gateway speed up my processing time?

A. The Gateway was designed to increase efficiency with entering a paper application in our processing system by avoiding processing times with the US Postal Service. First Coast Service Options, Inc. strives to screen, validate, and process our applications within the CMS designated timeframes.

Q. What are the advantages for submitting paper applications through the Gateway?

A. The Gateway was designed to increase efficiency with entering a paper application in our processing system by avoiding processing times with the US Postal Service. The Gateway is a free service available for providers and suppliers who are serviced by First Coast Service Options, Inc.

Q. How do I know if I am up for revalidation?

A. Navigate to https://data.cms.gov/revalidation, and enter your Organization Name, First name, Last Name or NPI. Your information will be displayed by name, due date, state, specialty, and NPI. You may have also received a letter requesting you to revalidate up to 3 months prior to your revalidation due date. The DCN assigned to you to revalidate will be referenced on that letter and required to upload your revalidation application. If you do not have a copy of the revalidation request letter but your revalidation is due, you may reach out to our Provider Enrollment Customer Service line to request the DCN.

Q. How do I know what CMS form is appropriate for my submission?

A. Please refer to the Application Types and Reasons above. There are also additional Provider Enrollment FAQs at https://medicare.fcso.com/, select "Provider Enrollment" from the left hand side, click "Provider Enrollment FAQs" from the pop-up menu, and select the appropriate topic you would like to review.

Q. How do I submit documentation that is not a CMS form accepted by the Gateway?

A. You may submit additional documentation or forms (i.e., appeal, or letterhead request) via mail to:

Regular mail:

Provider Enrollment
P.O. Box 3409
Mechanicsburg, PA 17055-1849

Overnight mail:

Provider Enrollment
2020 Technology Parkway
Suite 100
Mechanicsburg PA 17050

Or fax to:

1-904-361-0737

Q. Can I use the Gateway with multiple different email addresses?

A. Yes, the email address provided to the Gateway is simply to provide you with the one-time access code to enter the Gateway. The email address is not tied to your NPI, submission ID, or DCN.

Resources and Contacts

If you need have questions about….	Website or Phone Number
First Coast Service Options, Inc. website	https://medicare.fcso.com/
Provider Enrollment applications, requests, or general provider enrollment information	Phone: 888-845-8614 between the hours of 8:00 AM - 4:00 PM ET (Florida, US Virgin Islands, and Puerto Rico) TTY: 877-660-1759 Fax: 904-361-0737
Provider Customer Service Department	Between the hours of 8:00 AM - 4:00 PM ET (Monday through Friday): ○ Part A providers/suppliers in Florida and Virgin Islands: 888-664-4112 ○ Part A providers/suppliers in Puerto Rico: 877-908-8433 ○ Part B providers/suppliers in Florida and Virgin Islands: 866-454-9007 ○ Part B providers/suppliers in Puerto Rico: 877-715-1921.
FCSO Gateway	https://medicare.fcso.com/Enrollment/EnrollmentGateway.asp
National Plan and Provider Enumeration System (NPPES)	Website: https://nppes.cms.hhs.gov Phone: 800-465-3203 TTY: 800-692-2326
Revalidations	Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations
Medicare Revalidation Lookup Tool	Website: https://data.cms.gov/revalidation
Revalidate Your Enrollment Information	Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProvider SupEnroll/Downloads/RevalidationChecklist.pdf
Medicare Application Fee	Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProvider SupEnroll/MedicareApplicationFee.html Phone: 866-484-8049 TTY: 866-523-4759

Medicare Program Integrity Manual Chapter 15	Website: https://www.cms.gov/Regulations-and-Guidance/ Guidance/Manuals/Downloads/pim83c15.pdf
Medicare Provider-Supplier Enrollment	Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProvider SupEnroll
Office of Inspector General	Website: https://oig.hhs.gov
Timely Reporting of Provider Enrollment Information Changes	Website: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/ MLNMattersArticles/downloads/SE1617.pdf