

- guided by specific national standards-based criteria. <sup>(Core)</sup>
- VI.D.4.b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. <sup>(Detail)</sup>
- VI.D.4.c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. <sup>(Detail)</sup>
- VI.D.5. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions. <sup>(Core)</sup>
- VI.D.5.a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. <sup>(Outcome)</sup>
- VI.D.5.a).(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.] <sup>(Core)</sup>
- VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility. <sup>(Detail)</sup>
- VI.E. Clinical Responsibilities
- The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. <sup>(Core)</sup>
- [Optimal clinical workload will be further specified by each Review Committee.]
- VI.F. Teamwork
- Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty. <sup>(Core)</sup>
- [Each Review Committee will define the elements that must be present in each specialty.]
- VI.G. Resident Duty Hours

- VI.G.4.b).(2) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. <sup>(Core)</sup>
- VI.G.4.b).(3) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. <sup>(Core)</sup>
- VI.G.4.b).(4) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. <sup>(Detail)</sup>
- VI.G.4.b).(4).(a) Under those circumstances, the resident must:
- VI.G.4.b).(4).(a).(i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and, <sup>(Detail)</sup>
- VI.G.4.b).(4).(a).(ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. <sup>(Detail)</sup>
- VI.G.4.b).(4).(b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty. <sup>(Detail)</sup>
- VI.G.5. Minimum Time Off between Scheduled Duty Periods
- VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. <sup>(Core)</sup>
- VI.G.5.b) Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. <sup>(Core)</sup>
- VI.G.5.c) Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. <sup>(Outcome)</sup>
- VI.G.5.c).(1) This preparation must occur within the context of the 80-

graduate medical educational program.

**Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

**Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

# **INTERNAL RESIDENCY REVIEW**

## **Georgia Health Sciences University**

### **2013-2014**

#### **I. PROCESS OVERVIEW**

1. The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation and oversight of the internal review process.
2. The GMEC must designate an internal review committee(s) to review each ACGME-accredited program in the Sponsoring Institution.
3. The internal review committee will include faculty, residents, and administrators from within the institution but from GME programs other than the one that is being reviewed. There will be at a minimum a three-person team that will conduct the internal review sessions. There will be a physician team leader, a resident and an administrative person that are all external to the program and the department undergoing review but internal to the organization. External reviewers may also be included on the committee as determined by the GMEC.
4. The review must follow a written protocol approved by the GMEC that incorporates, at a minimum, the requirements by the ACGME.
5. Internal residency reviews (IRRs) will be conducted at approximately the midpoint between the ACGME program surveys. This midpoint information is now provided to us with the accreditation letter from the respective RRC.
6. While assessing the residency program=s compliance with each of the program standards, the review should also appraise the following:
  - a. the educational objectives of each program;
  - b. the effectiveness of each program in meeting its objectives;
  - c. the adequacy of available educational and financial resources to support the program;
  - d. the effectiveness of each program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters and previous internal reviews;
  - e. the effectiveness of each program in defining, in accordance with the Program and

Institutional Requirements (Section III.E), the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following:

- patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
- f. the effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above;
  - g. the effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above; and,
  - h. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

## **II. MATERIALS AND DATA**

1. The Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs from the Essentials of Accredited Residency Programs;
2. The accreditation letters from previous ACGME reviews and any progress reports or other communications sent to the RRC;
3. The reports from previous internal reviews of the program.
4. Completion of a Program Information Form (PIF is highly encouraged for all programs undergoing an internal review. This activity permits the program director and the training program personnel to do a thorough, in-depth review of their training program. Completion of the PIF permits the IRR team to gain greater insights into the training program and its compliance with both common and program specialty specific training requirements.

Note: There will be appropriate adjustments to the document review session in advance of the internal review based upon the detailed information in the completed PIF.

## **III. INTERNAL RESIDENCY REVIEW PROGRAM VISIT**

1. The IRR will follow the same format for program review as utilized by the RRC site visits. The initial interview will be with the program director and the program coordinator by the three member internal review team with all requested documents available for review (see attached checklist). The information requested on the document checklist should be available at the time of the initial visit. If the department chair or section chief is not the program director, a separate meeting can be arranged if desired by the department or section chief.

2. The second and third interview sessions will include the faculty, peer-selected residents from each level of training in the program, and other individuals deemed appropriate by the IRR committee. The “peer selection” of residents meeting with the internal review team will so designated in the final internal review report presented to the GMEC for its review and analysis of the report to ensure full compliance with the institutional requirements for the internal review process.
3. In larger programs with greater than 10 faculty members, the review team will meet with at least four or five key faculty members as a group. In smaller programs, it is desirable that all faculty be present.
4. The review team member desires to meet with a representative sampling of all year group residents. Their peers should select these residents. In smaller programs with fewer than 10 residents, it is desirable that as many residents as possible be present.
5. The residents will be asked to complete the ACGME resident survey two weeks in advance of the IRR survey date for the program. The surveys will be done in an anonymous fashion. The results will be reviewed by the Senior Associate Dean for Graduate Medical Education and will be tabulated and means determined for the survey results for each of the 30 questions on the survey. The resident survey results will be used as part of the IRR process in all three interviews on the day of the IRR and the results will become part of the official report for the survey.

#### **IV: INTERNAL REVIEW REPORT**

1. There will be a written report of the internal review for each ACGME-accredited specialty and subspecialty program that contains, at a minimum, the following:
  - a. the name of the program or subspecialty program reviewed and the date of the review;
  - b. the names and titles of the internal review committee members to include the resident(s);
  - c. a brief description of how the internal review process was carried out, including the list of the groups/individuals who were interviewed;
  - d. sufficient documentation or discussion of the specialty's or the subspecialty's Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the GMEC's internal review protocol;
  - e. a list of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter with a summary of how the program and /or institution addressed each one.

2. The report will be provided to the Internal Residency Review Committee for its review and approval of the findings and recommendations from the internal review team.
3. The Internal Residency Review Committee will make recommendations to the GMEC regarding areas of concern related to the program's compliance with RRC requirements.

## **V. GMEC ACTION**

1. The written report of each internal review report will then be presented to and reviewed by the GMEC.
2. The GMEC findings and recommendations will be summarized in the Internal Residency Review Report. This report will reflect the area(s) of concern related to the program's compliance with specific RRC requirements. The internal review citations will be monitored by the GMEC and DIO through the use of GMEC Action Plans for Program Quality Improvement addressing:
  - a) individual internal review citations with correction strategies
  - b) resources defined that are needed to correct the citation
  - c) a timeline for the correction and
  - d) the evaluation process to ensure the adequacy of the correction.
3. The written Internal Residency Review Reports will be shown to the ACGME site visitor for the institutional review and will be included in the Institutional Review Document submitted to the IRC.

NOTE: During the review of individual programs, these internal review reports will not be shown to the ACGME site visitor or specialist site visitors, who only will ascertain that an internal review was completed in the interval since the program's previous site visit. A copy of the cover sheet of the IRR report will be provided to the site visitor upon request by the site visitor.

## INTERNAL RESIDENCY REVIEW DOCUMENT CHECKLIST

1. The accreditation letters from previous ACGME reviews.
  - Response(s) to areas of concern on the last RRC site visit report
2. The reports from previous internal reviews of the program.
  - Response to areas of concern on last Internal Review site visit.
3. Description of major changes in your program since your last review
  - Changes in faculty since the last review
  - Changes in resident complement since the last review.
4. Information about any residents who have left the program prior to completion of training, including the reasons for leaving
5. A copy of the most recent Annual Program Evaluation Report will be made available to the IRR team.
6. A copy of the programs action plan (s) for the most recent internal review citations will be made available to the IRR Team.
7. A written copy of the written curriculum with goals and objectives for the program which address the six ACGME competencies (Patient Care Skills, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Systems-Based Practice):
  - goals and objectives for each separate resident rotation with designation of which competencies are addressed by the goal and objective and what measurement tool is used to measure the residents's achievement of the competency
8. Documentation that the faculty and residents have seen the written curriculum with its goals and objectives and have participated in its review and revision
9. Descriptions of learning activities such as lectures, conferences, reading assignments, and educational materials with documentation of attendance by residents and faculty for:
  - Core curriculum conferences
  - Basic science conferences
  - Research conferences
  - Journal club

- CPC/Mortality and morbidity conferences
  - Multidisciplinary conferences
10. Examples of rotation schedules for residents
11. Provide the program evaluation plan that spells out how the program is currently or planning to evaluate the six competencies
- description of tools developed to evaluate resident competencies in the six areas above.
  - Example(s) of changes in resident performance and changes in the training program based upon the above evaluation process
    - Describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health related agencies. Limit your response to 400 words.
    - Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. Limit your response to 400 words.
    - Describe one learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). Limit your response to 400 words.
    - Describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include: (1) locating information (2) using information technology (3) appraising information (4) assimilating evidence information (from scientific studies) (5) applying information to patient care  
Limit your response to 400 words
    - Give one example and the outcome of a planned quality improvement activity or project in which at least one resident participated in the past year that required the resident to demonstrate an ability to analyze, improve and change practice **or**

patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that guided this process. Limit your response to 400 words.

- Describe how residents: (1) develop teaching skills necessary to educate patients, families, students, and other residents; (2) teach patients, families, and others; and (3) receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.) Limit your response to 400 words.

12. Examples of evaluation forms

- Written documentation of bi-annual resident summative evaluations by the program director, or copy of One45 equivalent.
- Evaluations by faculty of residents at the end of rotations
- Resident evaluations of the faculty at least on an annual basis
- Documentation that resident evaluations have been shared with the faculty and an explanation of the format in which the information is shared with the faculty members by the program director, division chief, chair etc.
- Written evaluations of the faculty, and residents of the training program at least on an annual basis, or copy of One45 equivalent.
- Summary evaluations of each resident who are graduating from the program written prior to their graduation with the program director attesting to their competence in each of the six areas to practice independently in their specialty

13. Methods for keeping track of residents' and faculty's attendance at conferences, meetings etc.

14. Methods for documenting resident clinical experiences and how the program director knows they are accurate

15. Please provide a list of the Program Director's and key faculty members' research and scholarly activities (e.g., publications and presentations at regional, national or international meetings) for the last three years.

16. Program committee minutes and faculty meeting minutes with discussions of resident clinical competence and faculty meetings reviewing the program

- Documentation of attendance of faculty at the meetings.

17. Written policies and procedures for the program and the institution including guidelines for:

- the supervision of residents
- the selection, evaluation, promotion, dismissal of residents
- transition of care (TOC)

18. Duty hours policies and procedures monitoring duty hours by the training program, including back up support systems when patient care responsibilities are unusually difficult or prolonged.
19. Copies of resident duty hour logs
  - evidence of program director review of resident duty hours and action taken for excessive hours
20. Affiliation agreements, ~~and~~ rotation agreements and program letters of agreement (PLAs) for all training that the residents participate in during their residency.
21. Two current resident training files and two graduated resident files.
22. Moonlighting policies and procedures for the program (if allowed)
23. Specialty board first-time taker board pass rates as a measure of program effectiveness.
24. Review of any requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty specific program requirements that must be approved by the GMEC before submission to a Residency Review Committee.

## INTERVIEW QUESTIONS FOR INTERNAL RESIDENCY REVIEW

### PROGRAM DIRECTOR QUESTION LIST

1. What are the strengths of this program?
2. What are the weaknesses of the program?
3. How does the program's curriculum, including goals and objectives produce residents educated in the following six general competency areas?
  - Patient Care Skills
  - Medical Knowledge
  - Interpersonal and Communication Skills
  - Professionalism
  - Practice-based Learning
  - Systems-based Practice
4. What specific measurement tools that have been developed by your program to evaluate the resident competencies in the areas listed above?

Discuss examples of these measurement tools
5. Are sufficient resources available to achieve the goals and objectives of the training program?
6. Do residents evaluate faculty members?
7. How are the resident evaluation results communicated to you?
8. How do you, as the program director, supervise the following activities:
  - selection of residents
  - evaluation of residents
  - promotion of residents
  - dismissal of residents
9. How do you ensure that the residents do not have excessive duty hours? How does your program's rotation schedule accommodate the no overnight call requirement for interns, as well as the 24 + 6 / 80-hour total workweek for more senior residents?

10. Does your residency-training program provide education and procedures to handle the issue of resident stress and fatigue? What is your approach to recognition of excessive resident fatigue?
11. Are back up support systems available for residents when patient care responsibilities are unusually difficult or prolonged?
12. Do the residents moonlight in the training program? If so, is all moonlighting, regardless of location, recorded by residents as work hours?
13. How does the faculty supervise the residents in this program?
14. Do you believe the residents will pass the Boards when they finish the program?
15. What are the first time taker board pass rates for your program?
16. Do residents participate in institutional activities and/or serve on institutional committees?
17. Is there resident participation in formal quality-assurance programs within the training program, department and/or at an institutional level?
18. Does the training program with the faculty and residents review patient complications and deaths?
19. What changes would you recommend for this program?
20. Do you have any plans for experimentation or innovation projects where the project may deviate from the institutional, common and/or specialty specific program requirements?

## INTERVIEW QUESTIONS FOR INTERNAL RESIDENCY REVIEW

### FACULTY QUESTION LIST

1. What are the strengths of this program?
2. What are the weaknesses of the program?
3. How does the program's curriculum, including goals and objectives that will produce residents educated in the following six general competency areas?
  - \_ Patient Care Skills
  - \_ Medical Knowledge
  - \_ Interpersonal and Communication Skills
  - \_ Professionalism
  - \_ Practice-based Learning
  - \_ Systems-based Practice
4. What specific measurement tools that have been developed by your program to evaluate the resident competencies in the areas listed above?

Discuss examples of these measurement tools
5. Are there sufficient resources available to achieve the goals and objectives of the training program?
6. Do residents evaluate faculty members?
7. How are the resident evaluation results communicated to you?
8. How do you as a faculty member participate in the following activities:
  - selection of residents
  - evaluation of residents
  - promotion of residents
  - dismissal of residents
9. How do you ensure that the residents do not have excessive duty hours? How does your program's rotation schedule accommodate the no overnight call requirement for interns, as well as the 24 + 4 / 80-hour total workweek for more senior residents?
10. Does your residency-training program provide education and procedures to handle the issue of resident stress and fatigue? What is your approach to recognition of excessive resident fatigue?

11. Are back up support systems available for residents when patient care responsibilities are unusually difficult or prolonged?
12. Do the residents moonlight in the training program? If so, is all moonlighting, regardless of location, recorded by residents as work hours?
13. How does the faculty supervise the residents in this program?
14. Do you believe the residents will pass the Boards when they finish the program?
15. What are the first time taker board pass rates for your program?
16. Do residents participate in institutional activities and/or serve on institutional committees?
17. Is there resident participation in formal quality-assurance programs within the training program, department and/or at an institutional level?
18. Does the training program with the faculty and residents review patient complications and deaths?
19. What changes would you recommend for this program?

**INTERVIEW QUESTIONS  
INTERNAL RESIDENCY REVIEW  
RESIDENTS' QUESTION LIST**

1. What are the strengths of this program?
2. What are the weaknesses of the program?
3. Are you aware of the six general competency areas?
  - \_ Patient Care Skills
  - \_ Medical Knowledge
  - \_ Interpersonal and Communication Skills
  - \_ Professionalism
  - \_ Practice-based Learning
  - \_ Systems-based Practice
4. Are you aware of specific tools that have been developed by your program to evaluate the Residents' competencies in the areas listed above?
  - \_ Discuss examples of these tools
5. Is your program's faculty supervision program structured as to permit you progressively increasing levels of responsibility according to a resident's level of education, ability and experience?
6. Are there available resources available to achieve the goals and objectives of the training program from your perspective?
  - \_ Are you getting enough of the right kinds of cases/clinical experiences to meet your expectations and ACGME or board specialty training requirements for specific numbers of cases/procedures?
  - How have you learned about the ACGME and/or board specialty training requirements?
7. What is your opinion of the following services/systems at GHSU?
  - \_ Food services
  - \_ Call rooms
  - \_ Support services: IV team, phlebotomy, laboratory services, messenger and transport services, and information technology support
  - \_ Laboratory/pathology/radiology services
  - \_ Medical records availability and vital patient information
  - \_ Security/safety

8. What major deficiencies in resources or facilities, if remediated, would improve the program?
9. Are you evaluated by the faculty and how are these evaluations shared with you?
10. Do you get biannual summative evaluations of your progress?
11. Is supervision readily available to you by your attendings?
  - \_ How do the faculty supervise the residents in this program?
12. Do you evaluate the faculty and are your reviews anonymously done?
13. Do you formally evaluate your training program at least on an annual basis in a written format?
14. Do faculty attend conferences and journal club activities on a regular basis?
15. What are your average weekly work hours?
16. Is your program in compliance with the new ACGME duty hours requirements covering the various aspects of the duty hours requirements regarding:
  - night call averages per 28 days (no more than one in three nights) for senior residents
  - A maximum of 14 hour workdays for interns
  - days off per week (average one day off in seven averaged over 28 days)
  - time off between rotation shifts (ten hours)
  - continuous periods of time you are on call and can complete unfinished work on patients known to you (24 hours plus six hours)
16. Is moonlighting permitted in your training program? Are you aware of the requirement for permission from your program director and the approval process through the GME Office? How is moonlighting monitored in your program if your program permits it?
17. Do you believe the residents will pass the Boards when they finish the program and are you aware of the first time takers board pass rate for your training program?
18. Do the residents participate in institutional activities and/or serve on institutional committees?
19. Do you have opportunities and protected time for research activities in your training program?
20. How are you informed of changing ACGME training requirements such as the new ACGME Resident Survey or new RRC training requirements?
21. What changes would you recommend for this program?

## Moore, Walter

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**From:** Stephens, Mary  
**Sent:** Friday, April 12, 2013 2:50 PM  
**To:** Legg, Amy; Truesdale, Angel; Bailey, Hope; Carrera, Betty; McCorkle, Brandi; Gibson, Carol; Hardy, Carol; Rucker, Catherine; Chavous, Tracy; Davis, Janelle; Langston, Debbie; Scott, Donna01; Harmon, Dorothy; Haynes, Elizabeth; Bass, Erica; Gavalas, Charlotte; Smith, Helen01; Herron, Mandy; Andrews, Holly; Walp, Holly; Leverett, Jann; Foskey, Jennifer; Fichtel, Joanie; Jones, Allison; Mosley, Khalelah; Maddox, Kim; Kline, Kathy; Johnson, Laura; Lucas, Christine; Ellison, Lynnette; Mays, Maria; Stephens, Mary; Medeiros, Regina; Hays, Michelle; Torres, Michelle; Mueller, Rebecca; Harrison, Patrice; Cawley, Rachel; Renew, Donna; Williford, Shannon; Claxton, Shawnda; Smith, Lucinda; Dawkins, Susan; Story, Tonia; Towns, Edith; Ward, Martha; Wolff, Fran  
**Cc:** Walp, Holly; Moore, Walter; Stephenson, Patricia Joy  
**Subject:** Referrals to Home Health  
**Attachments:** Residents Info.xlsx; MedEnroll application.pdf; MedEnroll\_Phys\_Infreq\_Reimb\_FactSheet\_ICN006881.pdf; MedEnroll\_OrderReferProv\_factSheet\_ICN906223.pdf; Residents due by May 1, 2013.pdf

Ladies:

It just came to our attention that residents MUST be enrolled in Medicare to order something from Home Health for their patients. If the resident is not enrolled in this program then Medicare WILL NOT pay for what the physician has ordered for their patients.

Attached is the instruction booklet for the residents on who, why and how, and also attached is a list of the residents that MUST be enrolled by May 1, 2013 or anything that they have ordered for their patients will not be paid for by Medicare – the list has those residents on it that must do this by May 1, 2013.

We noticed that it will probably take approximately 30 minutes to do this on-line application but there are a few items they will need to have in front of them to fill out this on-line application to get registered:

- 1.) Effective date of their Residency Training Permit # or GA License #(RTP should be their start date in the program – July 1, 2009 etc...)
- 2.) DEA Number (if you were assigned a DEA by MCG then it belongs to the institution not you – so put n/a if it will let you if not use the institutional DEA)
- 3.) NPI Number – everyone has one
- 4.) You must create a user account and REMEMBER IT.

I have attached the instruction booklet and below I have attached the on-line like to the application they will need to fill out – you will need the items listed above to fill this application out. I have attached a list called Residents (has all their info) in case they have to come to you for any of their information you will have it and another list called Residents due by May 1, 2013 (has names of those that NEED to be done by May 1, 2013) –

Link to login:

<https://pecos.cms.hhs.gov/pecos/login.do>

Thank you

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



## The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement

PROVIDER-SUPPLIER ENROLLMENT FACT SHEET SERIES



ICN 006881 March 2013



The Affordable Care Act requires physicians or other eligible professionals to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries. Since some physicians or other eligible professionals do not and will not send claims to a Medicare Contractor for the services they furnish, and, therefore are not enrolled in the Medicare Program, the Centers for Medicare & Medicaid Services (CMS) permits such physicians or other eligible professionals to enroll for the sole purpose of ordering/referring items or services for Medicare beneficiaries.

The submission and approval of a completed Form CMS-855O or its Internet-based Provider Enrollment, Chain and Ownership System (PECOS)

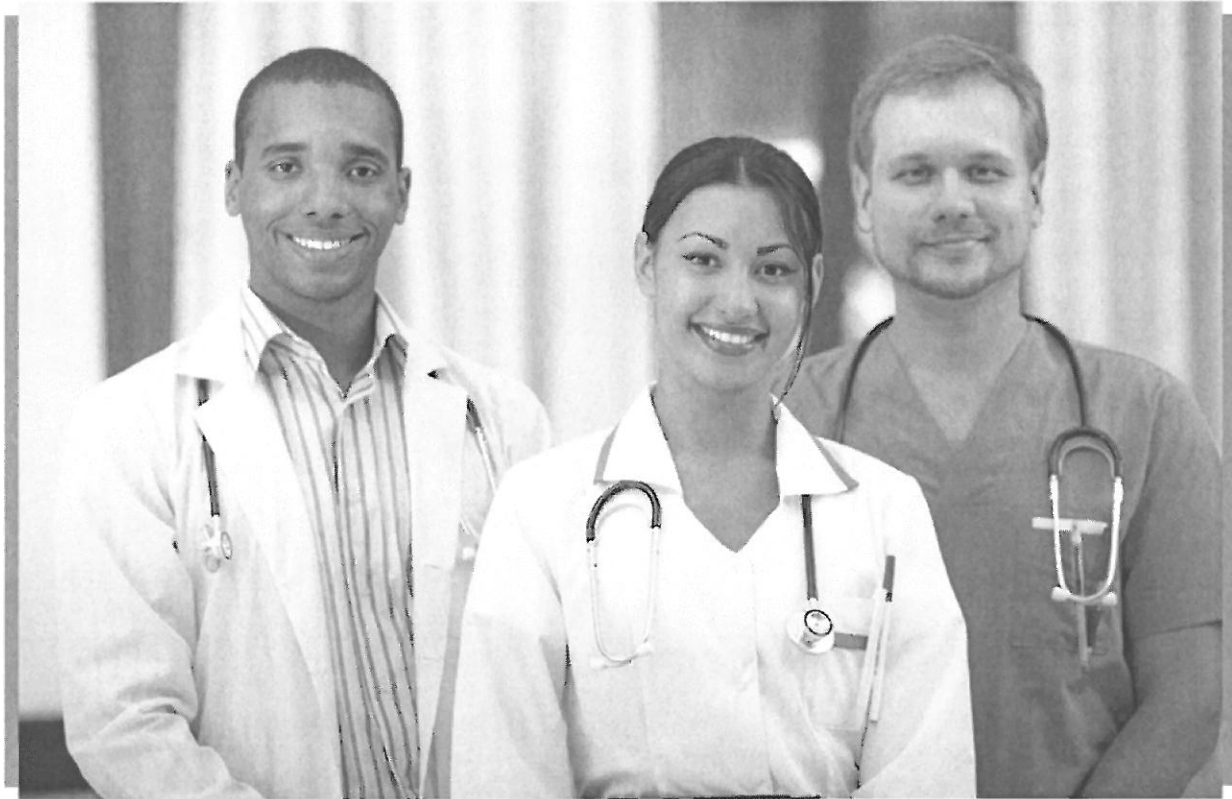
equivalent enrolls physicians or other eligible professionals in the Medicare Program for the sole purpose of ordering/referring specific services for Medicare beneficiaries. If you previously submitted an abbreviated Form CMS-855I to enroll solely to order and refer, prior to the implementation of Form CMS-855O, your enrollment is still valid and you are not required to reapply using Form CMS-855O. This fact sheet provides education for ordering/referring providers on how to enroll in Medicare.

**NOTE:** Part B claims use the term “ordering/referring provider” to denote the person who ordered, referred, or certified an item or service reported in that claim. The Final Rule uses the following technically correct terms: (1) a provider “orders” non-physician items or services for the beneficiary, such as Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), clinical laboratory services, or imaging services; and (2) a provider “certifies” home health services for a beneficiary. The health care industry use the terms “ordered,” “referred,” and “certified” interchangeably. Because it would be cumbersome to be technically correct, CMS uses the term “ordered/referred” on its website and in educational materials directed to a broad provider audience.

#### **Internet-based Provider Enrollment, Chain and Ownership System (PECOS)**

We encourage you to use Internet-based PECOS in place of the Medicare enrollment application. Advantages of using Internet-based PECOS include:

- Completely paperless process including electronic signature and digital document feature;
- Faster than paper-based enrollment;
- Tailored application process means you only supply information relevant to your application;
- More control over your enrollment information, including reassignments;
- Easy to check and update your information for accuracy; and
- Less staff time and administrative costs to complete and submit enrollment to Medicare.



The following types of physicians and non-physician practitioners of a certain specialty type should use Form CMS-855O or its Internet-based PECOS equivalent to enroll in Medicare for the purpose of ordering/referring items or services for Medicare beneficiaries:

- Physicians/practitioners employed by Indian Health Service (IHS) or tribal organizations;
- Physicians/practitioners employed by Medicare-enrolled Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Critical Access Hospitals (CAHs);
- Physicians/practitioners employed by the Department of Defense (DOD) TRICARE program;
- Physicians/practitioners employed by the Department of Veterans Affairs (DVA);
- Physicians/practitioners employed by the Public Health Service (PHS);
- Dentists, including oral surgeons;
- Pediatricians; and
- Interns, residents, and fellows.

**NOTE:** The Final Rule mandates that all interns and residents who order/refer specify the name and National Provider Identifier (NPI) of a teaching physician on the claim. The Final Rule states that state-licensed residents may enroll to order/refer and may be listed on claims. Claims for covered items and services from unlicensed interns and residents must still specify the name and NPI of the teaching physician. However, if states provide provisional licenses or otherwise permit residents to order/refer services, CMS allows interns and residents to enroll to order/refer, consistent with State law.



Physicians and non-physician practitioners that complete Form CMS-855O do not and will not send claims to Medicare for services they furnish. They are not afforded Medicare billing privileges for the purpose of submitting claims to Medicare directly for services that they furnish to beneficiaries.

## How Do I Enroll in Medicare for the Purpose of Ordering/Referring Items or Services for Medicare Beneficiaries?

You can apply for enrollment in the Medicare Program, revalidate your enrollment, or make a change to your enrollment information by using either:

- Internet-based PECOS located at <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website; or
- The paper enrollment application, Form CMS-855O, located at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html> on the CMS website.

Form CMS-855O is the current form used to enroll solely to order and refer. However, if you previously submitted an abbreviated Form CMS-855I to enroll solely to order and refer, prior to the implementation of Form CMS-855O, your enrollment is still valid and you are not required to reapply using Form CMS-855O.

### Improvements to Internet-based PECOS

CMS improved Internet-based PECOS in the following ways to reduce data entry time and increase access to information:

- **Electronic Signature** – You may digitally sign and certify the application.
- **Access to More Information** – You can see if your Medicare enrollment contractor sent you a request for revalidation.
- **Multiple Views of Your Information** – You can switch between Topic View and Fast Track View (the Fast Track View allows you to quickly review all enrollment information on a single screen).
- **Overall Usability** –
  - You can access previously used address information when completing an application.
  - You can quickly update and resubmit an application returned for correction via Internet-based PECOS as part of any application submission.
  - You now have fewer screens and steps to navigate when you are changing information or revalidating your application(s).



There is **no** application fee for physicians, non-physician practitioners, physician organizations, and non-physician organizations.

For more information, refer to [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll\\_OrderReferProv\\_FactSheet\\_ICN906223.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_OrderReferProv_FactSheet_ICN906223.pdf) on the CMS website.

### **How Can I Verify if I Have an Enrollment Record in Internet-based PECOS?**

Ordering/referring providers should verify they have an enrollment record in Internet-based PECOS. There are five ways to verify that an enrollment record exists in PECOS:


1. Refer to the Ordering and Referring Report available at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringFile-PDF.zip> on the CMS website. If you are listed on that report, you have a current enrollment record in Internet-based PECOS.
2. Use Internet-based PECOS to locate your PECOS enrollment record. For Internet-based PECOS, visit <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. If a record is displayed, you have a current enrollment record in PECOS.

**NOTE:** You must have a National Plan and Provider Enumeration System (NPPES) User ID and password to access PECOS.



3. Contact your Medicare enrollment contractor and ask if you have an enrollment record in Internet-based PECOS. To identify your Medicare enrollment contractor, refer to the “Medicare Fee-For-Service Provider Enrollment Contact List” at [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact\\_list.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf) on the CMS website.
4. If you submitted an enrollment application for ordering/referring purposes on paper or via Internet-based PECOS and would like to check the status, refer to <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialPhysicians.zip> or <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialNonPhysicians.zip> on the CMS website. Please remember that these applications have not been fully processed and are awaiting contractor review.
5. If you do not have an enrollment record in Internet-based PECOS, refer to “The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Physicians and Non-Physician Practitioners” at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll\\_PECOS\\_PhysNonPhys\\_FactSheet\\_ICN903764.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_PECOS_PhysNonPhys_FactSheet_ICN903764.pdf) on the CMS website. This fact sheet contains instructions on creating an enrollment record in PECOS.

## Resources

- For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment web page at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device. 
- To report Internet-based PECOS navigation, access, or printing problems, contact the CMS External User Services (EUS) Help Desk at 1-866-484-8049, or send an e-mail to [EUSsupport@cgi.com](mailto:EUSsupport@cgi.com).
- Contact your Medicare enrollment contractor about any additional questions regarding the Medicare enrollment process. For Medicare provider enrollment contact information for each State, visit [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact\\_list.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf) on the CMS website.
- For more information about the NPI, visit <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand> on the CMS website.
- The Medicare Learning Network® (MLN) Educational Web Guides MLN Guided Pathways to Medicare Resources helps providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the “MLN Guided Pathways to Medicare Resources Provider Specific” booklet at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided\\_Pathways\\_Provider\\_Specific\\_Booklet.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf) on the CMS website. For all other “Guided Pathways” resources, visit [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided\\_Pathways.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html) on the CMS website.



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN's web page at <http://go.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network® (MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://go.cms.gov/MLNProducts> and click on the link called 'MLN Opinion Page' in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov).

Check out CMS on:





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# MEDICARE ENROLLMENT APPLICATION

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REGISTRATION FOR ELIGIBLE ORDERING AND REFERRING  
PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS

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**CMS-8550**

SEE PAGE 1 TO DETERMINE IF YOU ARE COMPLETING THE CORRECT APPLICATION  
AND FOR INFORMATION ON WHERE TO MAIL THIS COMPLETED APPLICATION.



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## WHO SHOULD COMPLETE AND SUBMIT THIS APPLICATION

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Most physicians and non-physician practitioners 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 non-physician practitioners to register in the Medicare program for the sole purpose of ordering or referring items or services for Medicare beneficiaries. These physicians and non-physician practitioners do not and will not send claims to a Medicare Administrative Contractor for the services they furnish. The physicians and non-physician practitioners who may register in Medicare solely for the purpose of ordering and referring include, but are not limited to, those who are:

- Employed by the Department of Veterans Affairs (DVA)
- Employed by the Public Health Service (PHS)
- Employed by the Department of Defense (DOD)/Tricare
- 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 and Non-licensed Interns, Residents and Fellows in an approved medical residency program
- Dentists, including oral surgeons
- Pediatricians

Once registered, you will be placed on the Medicare Ordering and Referring Registry and will be deemed eligible to order and refer patients to Medicare enrolled providers and suppliers.

Physicians and non-physician practitioners can apply to register for the sole purpose of ordering and referring items and/or services to beneficiaries in the Medicare program or make a change in their registration information using either:

- 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 and Referring registration process, including Internet-based PECOS and to get a copy of the most current CMS-855O application, go to <https://www.cms.gov/MedicareProviderSupEnroll>.

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.

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## NATIONAL PROVIDER IDENTIFIER INFORMATION

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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). **As a registering Medicare supplier, you must obtain an NPI prior to registering in Medicare.** Applying for the NPI is a process separate from Medicare registration or enrollment. To obtain an NPI, you may apply online at <https://NPPES.cms.hhs.gov/NPPES/Welcome.do>. For more information about NPI enumeration, visit <https://www.cms.gov/NationalProvdentStand>.

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## INSTRUCTIONS FOR COMPLETING THIS APPLICATION

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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 CFR § 424.516. However, it is highly recommended that once reported, these fields be kept up-to-date.

- Type or print all information so that it is legible. Do not use pencil. Blue ink is preferred.
- Complete all applicable sections and furnish your NPI.
- Keep a copy of your completed Medicare registration application for your records.
- Sign and date Section 8 of this application using blue ink.

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## ACRONYMS COMMONLY USED IN THIS APPLICATION

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**MAC:** Medicare Administrative Contractor

**PECOS:** Provider Enrollment Chain and Ownership System

**NPI:** National Provider Identifier

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## WHERE TO MAIL YOUR APPLICATION

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The MAC that services your State is responsible for processing your registration application. To locate the mailing address for your designated MAC, go to <https://www.cms.gov/MedicareProviderSupEnroll>.

## SECTION 1: BASIC INFORMATION

### A. REASON FOR SUBMITTING THIS APPLICATION

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

<input type="checkbox"/> You are registering for the sole purpose of ordering/referring	Complete all sections
<input type="checkbox"/> You are currently registered solely to order and refer and are updating your information	Complete Section 2A, all other applicable sections and Section 8
<input type="checkbox"/> You are voluntarily withdrawing your Medicare registration to solely order and refer	Complete Section 2A (Name, SSN and NPI) and Section 8

### B. REASON YOU ARE REGISTERING SOLELY TO ORDER OR REFER

You are registering in Medicare solely to order or refer because you are (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Employed by the DVA                          | <input type="checkbox"/> Non-physician practitioner not employed by any of the above              |
| <input type="checkbox"/> Employed by the PHS                          | <input type="checkbox"/> Licensed intern resident or fellow not employed at any of the above      |
| <input type="checkbox"/> Employed by the DOD/Tricare                  | <input type="checkbox"/> Non-Licensed intern, resident or fellow not employed at any of the above |
| <input type="checkbox"/> Employed by the IHS or a Tribal Organization | <input type="checkbox"/> Dentist not employed by any of the above                                 |
| <input type="checkbox"/> Employed by a Medicare-enrolled FQHC         | <input type="checkbox"/> Pediatrician not employed by any of the above                            |
| <input type="checkbox"/> Employed by a Medicare-enrolled RHC          | <input type="checkbox"/> Other ( <i>Specify</i> ): _____  |
| <input type="checkbox"/> Employed by a Medicare-enrolled CAH          |   |
| <input type="checkbox"/> Physician not employed by any of the above   |   |

## 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 ( <i>mm/dd/yyyy</i> )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Medicare Identification Number (PTAN) ( <i>if issued</i> )	National Provider Identifier (NPI) (Type 1 – Individual)	

### B. EDUCATIONAL INFORMATION

Medical or other Professional School (*Training Institution, if non-MD*)

Year of Graduation (*yyyy*)

### C. LICENSE/CERTIFICATION/REGISTRATION INFORMATION

#### 1. License Information

- License Not Applicable

License Number	Effective Date ( <i>mm/dd/yyyy</i> )	State Where Issued
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#### 2. Certification Information

- Certification Not Applicable

Certification Number	Effective Date ( <i>mm/dd/yyyy</i> )	State Where Issued
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#### 3. Drug Enforcement Agency (DEA) Registration Information

- Registration Not Applicable

DEA Registration Number	Effective Date ( <i>mm/dd/yyyy</i> )	State Where Issued
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### SECTION 3: FINAL ADVERSE LEGAL ACTIONS

This section captures information regarding final adverse legal actions, such as convictions, exclusions, revocations and suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

#### A. CONVICTIONS

1. If you were, within the last 10 years preceding enrollment/registration, convicted of a Federal or State felony offense, you must report it in this section. Reportable offenses include, but are not limited to:
  - Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions;
  - Financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions;
  - Any felony that placed the Medicare program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and
  - Any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 CFR § Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

#### B. EXCLUSIONS, REVOCATIONS OR SUSPENSIONS

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any past or current Medicare payment suspension under any Medicare billing number.
5. Any Medicare revocation of any Medicare billing number.

#### C. FINAL ADVERSE LEGAL ACTION HISTORY

If you are reporting a change in this section, check the box below and furnish the effective date.

Change    Effective Date (mm/dd/yyyy): \_\_\_\_\_

1. Have you, under any current or former name, 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, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any.

Attach a copy of the relevant final legal adverse action documents.

FINAL ADVERSE LEGAL ACTION	DATE	TAKEN BY	RESOLUTION

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## SECTION 4: MEDICAL SPECIALTY INFORMATION

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### A. PHYSICIAN SPECIALTY

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

- |  |  |
|--|--|
| <input type="checkbox"/> Addiction Medicine                  | <input type="checkbox"/> Neurology   |
| <input type="checkbox"/> Allergy/Immunology                  | <input type="checkbox"/> Neuropsychiatry                                   |
| <input type="checkbox"/> Anesthesiology                      | <input type="checkbox"/> Neurosurgery                                      |
| <input type="checkbox"/> Cardiac Electrophysiology           | <input type="checkbox"/> Nuclear Medicine                                  |
| <input type="checkbox"/> Cardiac Surgery                     | <input type="checkbox"/> Obstetrics/Gynecology                             |
| <input type="checkbox"/> Cardiovascular Disease (Cardiology) | <input type="checkbox"/> Ophthalmology                                     |
| <input type="checkbox"/> Colorectal Surgery (Proctology)     | <input type="checkbox"/> Optometry   |
| <input type="checkbox"/> Critical Care (Intensivists)        | <input type="checkbox"/> Oral Surgery (Dentist only)                       |
| <input type="checkbox"/> Dermatology                         | <input type="checkbox"/> Orthopedic Surgery                                |
| <input type="checkbox"/> Diagnostic Radiology                | <input type="checkbox"/> Osteopathic Manipulative Medicine                 |
| <input type="checkbox"/> Emergency Medicine                  | <input type="checkbox"/> Otolaryngology                                    |
| <input type="checkbox"/> Endocrinology                       | <input type="checkbox"/> Pain Management                                   |
| <input type="checkbox"/> Family Practice                     | <input type="checkbox"/> Pathology   |
| <input type="checkbox"/> Gastroenterology                    | <input type="checkbox"/> Pediatric Medicine                                |
| <input type="checkbox"/> General Practice                    | <input type="checkbox"/> Peripheral Vascular Disease                       |
| <input type="checkbox"/> General Surgery                     | <input type="checkbox"/> Physical Medicine and Rehabilitation              |
| <input type="checkbox"/> Geriatric Medicine                  | <input type="checkbox"/> Plastic and Reconstructive Surgery                |
| <input type="checkbox"/> Geriatric Psychiatry                | <input type="checkbox"/> Podiatry  |
| <input type="checkbox"/> Gynecological Oncology              | <input type="checkbox"/> Preventive Medicine                               |
| <input type="checkbox"/> Hand Surgery                        | <input type="checkbox"/> Psychiatry  |
| <input type="checkbox"/> Hematology                          | <input type="checkbox"/> Pulmonary Disease                                 |
| <input type="checkbox"/> Hematology/Oncology                 | <input type="checkbox"/> Radiation Oncology                                |
| <input type="checkbox"/> Hospice/Palliative Care             | <input type="checkbox"/> Rheumatology                                      |
| <input type="checkbox"/> Infectious Disease                  | <input type="checkbox"/> Sleep Medicine                                    |
| <input type="checkbox"/> Internal Medicine                   | <input type="checkbox"/> Sports Medicine                                   |
| <input type="checkbox"/> Interventional Pain Management      | <input type="checkbox"/> Surgical Oncology                                 |
| <input type="checkbox"/> Interventional Radiology            | <input type="checkbox"/> Thoracic Surgery                                  |
| <input type="checkbox"/> Maxillofacial Surgery               | <input type="checkbox"/> Urology   |
| <input type="checkbox"/> Medical Oncology                    | <input type="checkbox"/> Vascular Surgery                                  |
| <input type="checkbox"/> Nephrology                          | <input type="checkbox"/> Undefined Physician Specialty<br>(Specify): _____ |

### B. NON-PHYSICIAN SPECIALTY

If you are a non-physician practitioner, check the appropriate box to indicate your specialty.

All non-physician practitioners 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Certified Nurse Midwife   | <input type="checkbox"/> Nurse Practitioner   |
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Physician Assistant  |
| <input type="checkbox"/> Clinical Psychologist     | <input type="checkbox"/> Unlisted Non-Physician Practitioner Type (Specify):<br>_____ |
| <input type="checkbox"/> Clinical Social Worker    |   |

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## SECTION 5: IMPORTANT ADDRESS INFORMATION

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### CORRESPONDENCE MAILING ADDRESS

Once registered, the address provided below will be used by the MAC if it needs to contact you directly.

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 <i>(if applicable)</i>	
E-mail Address <i>(if applicable)</i>		

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## SECTION 6: CONTACT PERSON INFORMATION

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If questions arise during the processing of this application, your designated MAC will attempt to contact you directly at the location given in Section 5. If you are not available, you may designate an alternate contact person below.

First Name	Middle Initial	Last Name	Jr., Sr., MD., etc.
Address Line 1 <i>(P.O. Box or Street Name and Number)</i>			
Address Line 2 <i>(Suite, Room, Apt. #, etc.)</i>			
City/Town	State	ZIP Code + 4	
Telephone Number	Fax Number <i>(if applicable)</i>	E-mail Address <i>(if applicable)</i>	
Relationship or Affiliation to You			

**NOTE:** The Contact Person reported in this section will only be authorized to discuss issues concerning this registration application. Your designated MAC will not discuss any other registration or Medicare issues about you with the above Contact Person.

**NOTE:** The Medicare Administrative Contractor (MAC) may request, at any time during the registration process, documentation to support and validate information reported on this application. You are responsible for providing this documentation in a timely manner, usually within 30 days.

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## SECTION 7: PENALTIES FOR FALSIFYING INFORMATION ON THIS APPLICATION

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

1. 18 U.S.C. § 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. § 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. § 3729, imposes civil liability, in part, on any person who:
  - a) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
  - b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
  - c) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

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 execute 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.

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## SECTION 8: CERTIFICATION STATEMENT AND SIGNATURE

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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 registration in the Medicare program solely to order and refer items and services for Medicare beneficiaries. 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 registering 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 registered 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 MAC of any changes to the information to this form within 90 days of the effective date of change. 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 and/or administrative penalties including, but not limited to the imposition of fines, civil damages and/or imprisonment.
5. I agree to abide by all Medicare regulations, program instructions and Title XVIII of the Social Security Act. The Medicare laws, regulations and program instructions are available through the MAC. 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 and the Stark law), and on my compliance with all applicable conditions of participation in Medicare.
6. I will not knowingly order and/or refer 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 and referring 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 ( <i>First, Middle, Last Name, Jr., Sr., M.D., etc.</i> )			Date Signed ( <i>mm/dd/yyyy</i> )

**All signatures must be original and signed in blue ink. Applications with signatures deemed not original or not dated will not be processed. Stamped, faxed or copied signatures will not be accepted.**

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## MEDICARE SUPPLIER REGISTRATION APPLICATION PRIVACY ACT STATEMENT

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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: <http://www.cms.gov/RegulationsandGuidance/Guidance/PrivacyActSystemofRecords/downloads/0532.pdf>.

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 applicant should be aware that the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503) amended the Privacy Act, 5 U.S.C. § 552a, to permit the government to verify information through computer matching.

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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.

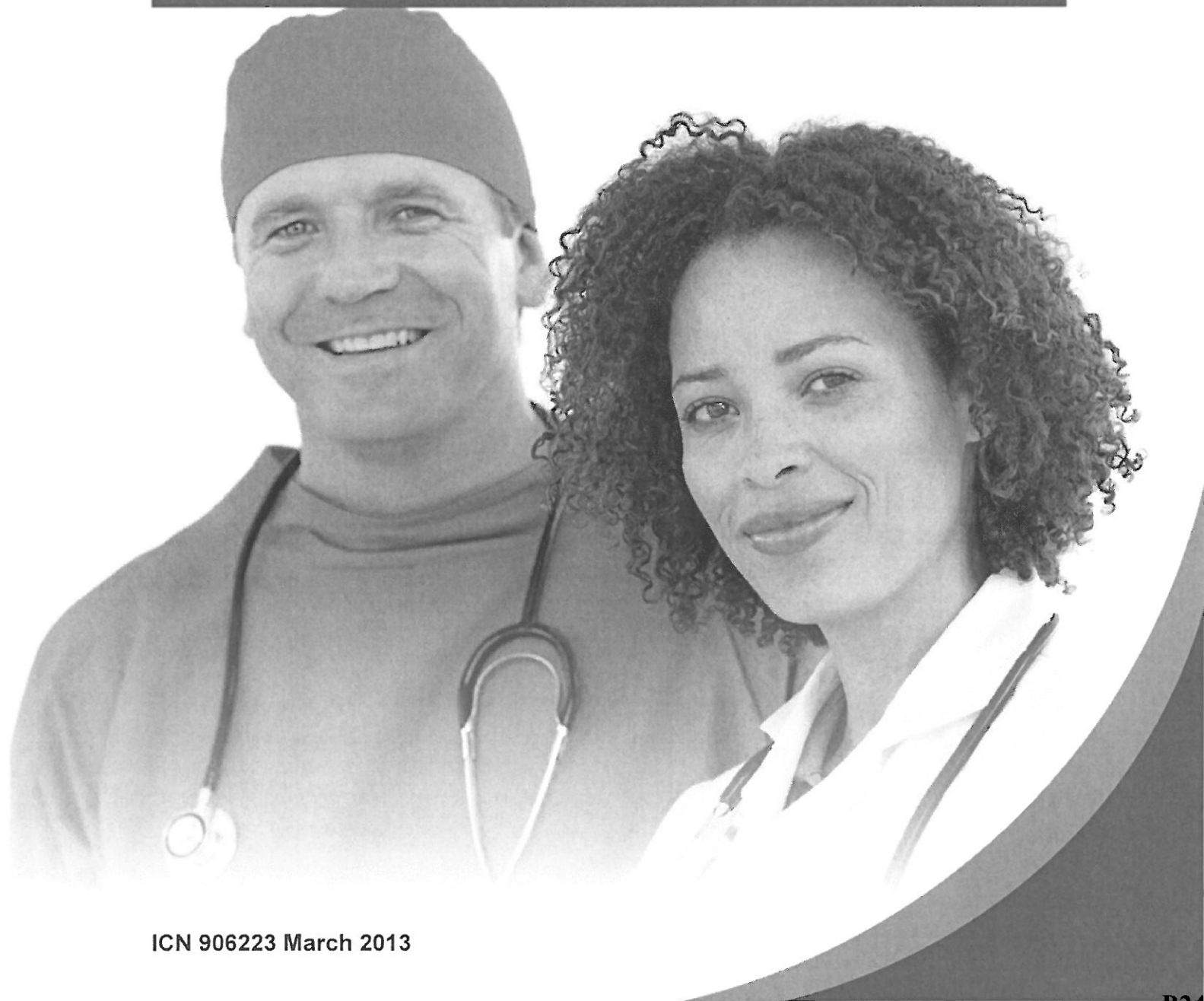
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



Official CMS Information for  
Medicare Fee-For-Service Providers

## Medicare Enrollment Guidelines for Ordering/Referring Providers

**PROVIDER-SUPPLIER ENROLLMENT FACT SHEET SERIES**



ICN 906223 March 2013



The Affordable Care Act requires physicians or other eligible Non-Physician Practitioners (NPPs) to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries, including those physicians and other eligible NPPs who do not and will not send claims to a Medicare Contractor for the services they furnish. The Centers for Medicare & Medicaid Services (CMS) permits such physicians and other eligible NPPs to enroll for the sole purpose of ordering/referring items or services for Medicare beneficiaries. The submission and approval of a completed Form CMS-855O or its Internet-based Provider Enrollment, Chain and Ownership System (PECOS) equivalent enrolls physicians and other eligible NPPs in the Medicare Program for the sole purpose of ordering/referring specific items or services for Medicare beneficiaries.

This fact sheet provides education for providers who file claims with ordering/referring provider information and details the enrollment requirements for ordering/referring physicians and other eligible NPPs.

**NOTE:** Part B claims use the term “ordering/referring provider” to denote the person who ordered, referred, or certified an item or service reported in that claim. The Final Rule uses the following technically correct terms: (1) a provider “orders” non-physician items or services for the beneficiary, such as Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), clinical laboratory services, or imaging services; and (2) a provider “certifies” home health services for a beneficiary. The health care industry use the terms “ordered,” “referred,” and “certified” interchangeably. Because it is cumbersome to be technically correct, CMS uses the term “ordered/referred” on its website and in educational materials directed to a broad provider audience.

## Background

### What Are the Requirements for Ordering/Referring?

There are three basic requirements for ordering/referring:

1. The physician or NPP must enroll in Medicare, either in an approved or an opt-out status.
2. The ordering/referring National Provider Identifier (NPI) must be for an individual physician or NPP (not an organizational NPI).
3. The physician or NPP must be of a specialty type that is eligible to order and refer.



### **Who May Order/Refer for Medicare Part B and DMEPOS Beneficiary Services?**

Only Medicare-enrolled individual physicians and NPPs of a certain specialty type may order/refer for Medicare Part B and DMEPOS beneficiary services. These individuals include:

- Certified Nurse Midwives,
- Clinical Nurse Specialists,
- Clinical Psychologists,
- Clinical Social Workers,
- Interns, Residents, and Fellows,
- Nurse Practitioners,
- Optometrists may only order and refer laboratory and X-Ray services payable under Medicare Part B and DMEPOS products/services,
- Physician Assistants, and
- Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Doctors of Dental Surgery, Doctors of Podiatric Medicine, or Doctors of Optometry).

This includes providers and suppliers (including residents, fellows, and those who are employed by the Department of Veterans Affairs (DVA), Department of Defense (DoD), or the Public Health Service (PHS)) who order or refer items or services for Medicare beneficiaries. For more information, refer to [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll\\_Phys\\_Infreq\\_Reimb\\_FactSheet\\_ICN006881.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_Phys_Infreq_Reimb_FactSheet_ICN006881.pdf) on the CMS website.

**NOTE:** The Final Rule mandates that all interns and residents who order/refer specify the name and NPI of a teaching physician on the claim. The Final Rule states that State-licensed residents may enroll to order/refer and may be listed on claims. Claims for covered items and services from unlicensed interns and residents must still specify the name and NPI of the teaching physician. However, if states provide provisional licenses or otherwise permit residents to order/refer services, CMS allows interns and residents to enroll to order/refer, consistent with State law.

Organizational providers **cannot** order and refer.



### **Who May Order and Refer for Medicare Part A Home Health Agency (HHA) Beneficiary Services?**

When an HHA submits a plan of treatment for beneficiary services, only Medicare-enrolled individual physicians of a certain specialty type may order/refer for Part A. These individuals include:

- Doctors of Medicine or Osteopathy, and
- Doctors of Podiatric Medicine.

### **Who May File Claims with Ordering/Referring Information?**

Any Medicare-enrolled Part B organizational provider, DMEPOS supplier, or Part A HHA provider may file claims.

## **Information for Providers Who File Claims with Ordering/Referring Provider Information**

### **Why Do I Currently Get Informational Messages When I Submit a Claim for Ordering/Referring?**

Laboratories, imaging centers, DMEPOS suppliers, and HHAs get an informational message if the ordering/referring or attending physician/NPP reported on the claim does not meet the three basic requirements for ordering/referring.



Effective May 1, 2013, CMS will turn on the edits to deny Part B, DME, and Part A HHA claims that fail the ordering/referring provider edits. Once the edit activates, if the billed service requires an ordering/referring provider and the ordering/referring provider is not identified on the claim, the claim will not be paid. If the ordering/referring provider is identified on the claim, but is not enrolled in Medicare, the claim will not be paid. In addition, if the ordering/referring provider is identified on the claim, but is not of a specialty that is eligible to order/refer, the claim will not be paid. CMS encourages laboratories, imaging centers, DMEPOS suppliers, and HHAs to work with their ordering/referring providers to ensure they are prepared for this change.

## Information for Ordering/Referring Providers

### What Do I Need to Do?

You need to ensure you have an NPI and a current Medicare enrollment record in Internet-based PECOS that includes your NPI. For more information, refer to [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll\\_Phys\\_Infreq\\_Reimb\\_FactSheet\\_ICN006881.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_Phys_Infreq_Reimb_FactSheet_ICN006881.pdf) or <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1305.pdf> on the CMS website.

### What Are the Types of NPIs? How Can I Verify Which Type of NPI I Have?

There are two types of NPIs: Type 1 and Type 2. An individual's NPI is Type 1, and an organization's NPI is Type 2.

**NOTE:** Only Type 1 NPIs can be used for ordering/referring purposes.

To verify your NPI, visit <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do> on the CMS website.

### How Do I Obtain an NPI?

Providers may apply for an NPI in one of three ways:

1. Apply through the web-based application process. Visit the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> on the CMS website.

2. Complete, sign, and mail a paper application to the NPI Enumerator. For a copy of the application (Form CMS-10114), refer to <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf> on the CMS website, or request a hard copy application through the NPI Enumerator by calling 1-800-465-3203 or TTY 1-800-692-2326.
3. Give permission to have an Electronic File Interchange Organization (EFIO) submit the application data on behalf of the health care provider (i.e., through a bulk enumeration process). For more information on this option, visit <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/efi.html> on the CMS website.

### Once I Have an NPI, How Do I Enroll in Medicare via Internet-based PECOS?

Ordering/referring providers should verify they have an enrollment record in Internet-based PECOS. There are five ways to verify that an enrollment record exists in PECOS:


1. Refer to the Ordering and Referring Report available at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringFile-PDF.zip> on the CMS website. If you are listed on that report, you have a current enrollment record in Internet-based PECOS.
2. Use Internet-based PECOS to locate your PECOS enrollment record. For Internet-based PECOS, visit <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. If a record displays, you have a current enrollment record in PECOS.

**NOTE:** You must have an NPPES User ID and password to access PECOS.

3. Contact your Medicare enrollment contractor and ask if you have an enrollment record in Internet-based PECOS. To identify your Medicare enrollment contractor, refer to the “Medicare Fee-For-Service Provider Enrollment Contact List” at [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact\\_list.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf) on the CMS website.
4. If you submitted an enrollment application for ordering/referring purposes on paper or via Internet-based PECOS and want to check the status, refer to <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialPhysicians.zip> or <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/OrderingReferringPendingInitialNonPhysicians.zip> on the CMS website. Please remember that these applications have not been fully processed and are awaiting contractor review.
5. If you do not have an enrollment record in Internet-based PECOS, refer to “The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Physicians and Non-Physician Practitioners” at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll\\_PECOS\\_PhysNonPhys\\_FactSheet\\_ICN903764.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_PECOS_PhysNonPhys_FactSheet_ICN903764.pdf) on the CMS website. This fact sheet contains instructions on creating an enrollment record in PECOS.



## Resources

- For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment web page at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device. 
- To report Internet-based PECOS navigation, access, or printing problems, contact the CMS External User Services (EUS) Help Desk at 1-866-484-8049, or send an e-mail to [EUSSupport@cgi.com](mailto:EUSSupport@cgi.com).
- Contact your Medicare enrollment contractor about any additional questions about the Medicare enrollment process. For Medicare provider enrollment contact information for each state, visit [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact\\_list.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf) on the CMS website.
- For more information about the NPI, visit <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand> on the CMS website.
- The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources helps providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the “MLN Guided Pathways to Medicare Resources Provider Specific” booklet at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided\\_Pathways\\_Provider\\_Specific\\_Booklet.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf) on the CMS website. For all other “Guided Pathways” resources, visit [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided\\_Pathways.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html) on the CMS website.



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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Please send your suggestions related to MLN product topics or formats to [MLN@cms.hhs.gov](mailto:MLN@cms.hhs.gov).

Check out CMS on:



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### INSTITUTION INFORMATION

#### Atlanta Medical Center [120198] [8001200098]

Atlanta Medical Center  
303 Parkway Drive, NE  
Box 423  
Atlanta, Georgia 30312  
<http://www.amc-grmc.com>

HIPAA Business Associate Agreement On Record: Yes

### CEO INFORMATION

William T. Moore  
Chief Executive Officer

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Email: [william.moore@tenethealth.com](mailto:william.moore@tenethealth.com)

### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

George Fuhrman, MD  
Designated Institution Official

Phone: (404) 265-6420  
Fax: (404) 265-4989  
Email: [george.fuhrman@tenethealth.com](mailto:george.fuhrman@tenethealth.com)

### ACCREDITATION INFORMATION

Accreditation Status: Continued Accreditation  
Effective: 10/20/2009  
Last Site Visit Date: June 23, 2009  
Cycle Length: 3  
Next Site Visit Date (approximate): October 1, 2012

Ownership or Control Type: Corporation  
Type of Institution: General/Teaching Hospital

### MEDICAL SCHOOL AFFILIATIONS

Med Coll of Georgia, Augusta, GA

### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
<a href="#">[1201221536] Atlanta Medical Center Program</a>	Family medicine	18
<a href="#">[1401212106] Atlanta Medical Center Program</a>	Internal medicine	30
<a href="#">[2601222113] Atlanta Medical Center Program</a>	Orthopaedic surgery	17
<a href="#">[4401222080] Atlanta Medical Center Program</a>	Surgery	14
<a href="#">[4501221079] Atlanta Medical Center Program</a>	Vascular surgery	1

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### INSTITUTION INFORMATION

#### Atlanta Sports Medicine Foundation, Inc [128066] [8001201113]

Atlanta Sports Medicine Foundation, Inc  
3200 Downwood Circle, NW  
Suite 500

Atlanta, Georgia 30327  
<http://www.atlantasportsmedicine.com>

HIPAA Business Associate Agreement On Record: No  
Single/Limited Site Sponsor

**CEO INFORMATION**

Scott D. Gillogly, MD  
Chief Executive Officer

Phone: (404) 352-4500 ext. 649  
Fax: (404) 693-9003  
Email: [sdg14@mindspring.com](mailto:sdg14@mindspring.com)

**DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION**

Scott D. Gillogly, MD  
Director, Orthopaedic Sports Medicine Residency Program

Phone: (404) 352-4500 ext. 649  
Fax: (404) 693-9003  
Email: [sdg14@mindspring.com](mailto:sdg14@mindspring.com)

**ACCREDITATION INFORMATION**

Accreditation Status:  
Effective:  
Last Site Visit Date:  
Next Site Visit Date (approximate):

Ownership or Control Type: Corporation  
Type of Institution: Education/Research Foundation or Institution

**MEDICAL SCHOOL AFFILIATIONS**

No Affiliations Found!

**LIST OF SPONSORED PROGRAMS**

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[2681231126] Atlanta Sports Medicine Foundation Program	Orthopaedic sports medicine	1

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**INSTITUTION INFORMATION**

**Children's Healthcare of Atlanta [120111] [8001200678]**

Children's Healthcare of Atlanta  
1001 Johnson Ferry Rd, NE  
Atlanta, Georgia 30342  
<http://www.choa.org>

HIPAA Business Associate Agreement On Record: Yes  
Single/Limited Site Sponsor

**CEO INFORMATION**

Donna W. Hyland

**DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION**

Barbara J. Stoll, MD

Chief Executive Officer

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SVP/Chief Academic Officer

Phone: (404) 727-2456

Fax: (404) 727-5737

Email: [barbara.stoll@choa.org](mailto:barbara.stoll@choa.org)

#### ACCREDITATION INFORMATION

Accreditation Status:

Effective:

Last Site Visit Date:

Next Site Visit Date (approximate):

Ownership or Control Type: Other Non-profit

Type of Institution: Children's Hospital

#### MEDICAL SCHOOL AFFILIATIONS

Emory Univ Sch of Med, Atlanta, GA

Morehouse Sch of Med, Atlanta, GA

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[2651221022] <u>Children's Healthcare of Atlanta Scottish Rite Program</u>	Pediatric orthopaedics	2

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#### INSTITUTION INFORMATION

### Dwight David Eisenhower Army Medical Center [120492] [8001200100]

Dwight David Eisenhower Army Medical Center

Building 300

Hospital Road

Fort Gordon, Georgia 30905-5650

<http://www.ddeamc.amedd.army.mil/>

HIPAA Business Associate Agreement On Record: Yes

#### CEO INFORMATION

Christopher M. Castle, PhD, MS  
Hospital Commander

Phone: (706) 787-0300

Fax:

Email: [christopher.castle@us.army.mil](mailto:christopher.castle@us.army.mil)

#### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

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Director of Medical Education

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Fax: (706) 787-1745

Email: [anthony.ramage@us.army.mil](mailto:anthony.ramage@us.army.mil)

#### ACCREDITATION INFORMATION

Accreditation Status: Continued Accreditation

Effective: 10/18/2011

Last Site Visit Date: February 8, 2011

Cycle Length: 4  
Next Site Visit Date (approximate): October 1, 2015

Ownership or Control Type: Army  
Type of Institution: General/Teaching Hospital

#### MEDICAL SCHOOL AFFILIATIONS

Med Coll of Georgia, Augusta, GA  
Uniformed Services Univ of the Hlth Sci, F Edward Hebert Sch of Med, Bethesda, MD

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
<a href="#">[1201221009] Dwight David Eisenhower Army Medical Center Program</a>	Family medicine	18
<a href="#">[1401222458] Dwight David Eisenhower Army Medical Center Program</a>	Internal medicine	18
<a href="#">[2601221192] Dwight David Eisenhower Army Medical Center Program</a>	Orthopaedic surgery	10
<a href="#">[4401221365] Dwight David Eisenhower Army Medical Center Program</a>	Surgery	15
<a href="#">[9991200029] Dwight David Eisenhower Army Medical Center Program</a>	Transitional year	6

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#### INSTITUTION INFORMATION

##### **Floyd Medical Center [120402] [8001200681]**

Floyd Medical Center  
Turner Mc Call Blvd  
304 Turner McCall Blvd  
Rome, Georgia 30165  
<http://www.floyd.org>

HIPAA Business Associate Agreement On Record: Yes  
Single/Limited Site Sponsor

#### CEO INFORMATION

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#### ACCREDITATION INFORMATION

Accreditation Status:  
Effective:  
Last Site Visit Date:  
Next Site Visit Date (approximate):

Ownership or Control Type: Hospital District or Authority  
Type of Institution: General/Teaching Hospital

#### MEDICAL SCHOOL AFFILIATIONS

Med Coll of Georgia, Augusta, GA  
Mercer Univ Sch of Med, Macon, GA  
Morehouse Sch of Med, Atlanta, GA

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[1201231094] Floyd Medical Center Program	Family medicine	19

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#### INSTITUTION INFORMATION

### Georgia Colon & Rectal Surgical Clinic [128031] [8001210001]

Georgia Colon & Rectal Surgical Clinic  
5555 Peachtree Dunwoody Road, Suite 206  
Atlanta, Georgia 30342  
<http://www.gcrsa.com>

HIPAA Business Associate Agreement On Record: No  
Single/Limited Site Sponsor

#### CEO INFORMATION

David N. Armstrong, MD  
Program Director

Phone: (770) 277-4277  
Fax: (404) 252-5745  
Email: [gacrs@aol.com](mailto:gacrs@aol.com)

#### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

David N. Armstrong, MD  
Program Director

Phone: (770) 277-4277  
Fax: (404) 252-5745  
Email: [gacrs@aol.com](mailto:gacrs@aol.com)

#### ACCREDITATION INFORMATION

Accreditation Status:  
Effective:  
Last Site Visit Date:  
Next Site Visit Date (approximate):

Ownership or Control Type: Corporation  
Type of Institution: Other

#### MEDICAL SCHOOL AFFILIATIONS

No Affiliations Found!

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
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**INSTITUTION INFORMATION**

**Georgia Health Sciences University [129503] [8001200099]**

Medical College of Georgia  
 1120 15th Street  
 (AE-3042)  
 Augusta, Georgia 30912-5000  
<http://www.georgiahealth.edu>

HIPAA Business Associate Agreement On Record: Yes

**CEO INFORMATION**

Ricardo Azziz, MD, MBA  
 President and CEO  
  
 Phone: (706) 721-2301  
 Fax: (706) 721-2303  
 Email: [president@georgiahealth.edu](mailto:president@georgiahealth.edu)

**DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION**

Walter J. Moore, MD  
 Sr. Associate Dean for GME and VA Affairs  
  
 Phone: (706) 721-3052  
 Fax: (706) 721-7501  
 Email: [wmoore@georgiahealth.edu](mailto:wmoore@georgiahealth.edu)

**ACCREDITATION INFORMATION**

Accreditation Status: Continued Accreditation  
 Effective: 4/13/2010  
 Last Site Visit Date: January 12, 2010  
 Cycle Length: 5  
 Next Site Visit Date (approximate): April 1, 2015

Ownership or Control Type: State  
 Type of Institution: Medical School - LCME University Medical Center

**MEDICAL SCHOOL AFFILIATIONS**

Med Coll of Georgia, Augusta, GA

**LIST OF SPONSORED PROGRAMS**

[Number]/Name	Specialty	Number of Filled Positions
<a href="#">[0201221013] Georgia Health Sciences University Program</a>	Allergy and immunology	4
<a href="#">[0401211038] Georgia Health Sciences University Program</a>	Anesthesiology	32
<a href="#">[0801211029] Georgia Health Sciences University Program</a>	Dermatology	9
<a href="#">[1101221090] Georgia Health Sciences University Program</a>	Emergency medicine	32
<a href="#">[1141212014] Georgia Health Sciences University Program</a>	Pediatric emergency medicine	2
<a href="#">[1201221091] Georgia Health Sciences University Program</a>	Family medicine	26
<a href="#">[1201221637] Georgia Health Sciences University/Satilla Regional Medical Center Program</a>	Family medicine	7
<a href="#">[1271213128] Georgia Health Sciences University Program</a>	Sports medicine	1
<a href="#">[1401221107] Georgia Health Sciences University Program</a>	Internal medicine	58
<a href="#">[1411221004] Georgia Health Sciences University Program</a>	Cardiovascular disease	12
<a href="#">[1431221002] Georgia Health Sciences University Program</a>	Endocrinology, diabetes, and	2

[1441221003] Georgia Health Sciences University Program	metabolism	
[1461221003] Georgia Health Sciences University Program	Gastroenterology	7
[1481221002] Georgia Health Sciences University Program	Infectious disease	2
[1501221002] Georgia Health Sciences University Program	Nephrology	6
[1541221125] Georgia Health Sciences University Program	Rheumatology	2
[1551231015] Georgia Health Sciences University Program	Clinical cardiac electrophysiology	1
[1561231017] Georgia Health Sciences University Program	Hematology and oncology	7
[1601221021] Georgia Health Sciences University Program	Pulmonary disease and critical care medicine	7
[1801221029] Georgia Health Sciences University Program	Neurological surgery	8
[1851221019] Georgia Health Sciences University Program	Neurology	12
[1871221070] Georgia Health Sciences University Program	Child neurology	1
[1881221011] Georgia Health Sciences University Program	Clinical neurophysiology	2
[2201221078] Georgia Health Sciences University Program	Vascular neurology	1
[2401221046] Georgia Health Sciences University Program	Obstetrics and gynecology	16
[2601221114] Georgia Health Sciences University Program	Ophthalmology	9
[2801221032] Georgia Health Sciences University Program	Orthopaedic surgery	17
[3001221082] Georgia Health Sciences University Program	Otolaryngology	10
[3051221053] Georgia Health Sciences University Program	Pathology-anatomic and clinical	12
[3201221062] Georgia Health Sciences University Program	Blood banking/transfusion medicine	1
[3251211011] Georgia Health Sciences University Program	Pediatrics	40
[3291221067] Georgia Health Sciences University Program	Pediatric cardiology	2
[3601221111] Georgia Health Sciences University Program	Neonatal-perinatal medicine	4
[4001221054] Georgia Health Sciences University Program	Plastic surgery	4
[4051221148] Georgia Health Sciences University Program	Psychiatry	22
[4201221053] Georgia Health Sciences University Program	Child and adolescent psychiatry	4
[4231221006] Georgia Health Sciences University Program	Radiology-diagnostic	18
[4401231082] Georgia Health Sciences University Program	Neuroradiology	0
[4421231130] Georgia Health Sciences University Program	Surgery	28
[4801221040] Georgia Health Sciences University Program	Surgical critical care	2
[5301204105] Georgia Health Sciences University Program	Urology	8
	Pain medicine	3

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### INSTITUTION INFORMATION

#### Hughston Foundation [128023] [8001101035]

Hughston Foundation  
6262 Veterans Parkway  
PO Box 9517  
Columbus, Georgia 31908-9517  
<http://www.hughston.com/>

*HIPAA Business Associate Agreement On Record: No  
Single/Limited Site Sponsor*

### CEO INFORMATION

Fred C. Flandry, MD  
President

### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

Fred Flandry, MD  
DIO

Phone: (706) 494-3255  
Fax:  
Email: [docflandry@aol.com](mailto:docflandry@aol.com)

Phone: (706) 494-3235  
Fax: (706) 494-3379  
Email: [DOCFLANDRY@AOL.COM](mailto:DOCFLANDRY@AOL.COM)

#### ACCREDITATION INFORMATION

Accreditation Status:  
Effective:  
Last Site Visit Date:  
Next Site Visit Date (approximate):

Ownership or Control Type: Other Non-profit  
Type of Institution: Education/Research Foundation or Institution

#### MEDICAL SCHOOL AFFILIATIONS

No Affiliations Found!

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[2681221046] <a href="#">Hughston Foundation Program</a>	Orthopaedic sports medicine	4

#### SPONSORING INSTITUTION SEARCH - VIEW INSTITUTION

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#### INSTITUTION INFORMATION

### Medical Center of Central Georgia [120266] [8001200101]

Medical Center of Central Georgia  
777 Hemlock  
MSC # 165  
Macon, Georgia 31201  
<http://www.mccg.org>

HIPAA Business Associate Agreement On Record: Yes

#### CEO INFORMATION

Donald A. Faulk  
President & CEO

Phone: (478) 633-6805  
Fax: (478) 633-5381  
Email: [Faulk.Donald@mccg.org](mailto:Faulk.Donald@mccg.org)

#### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

Marcia B. Hutchinson, MD  
Chief Academic Officer

Phone: (478) 633-1944  
Fax: (478) 633-2442  
Email: [hutchinson.marcia@mccg.org](mailto:hutchinson.marcia@mccg.org)

#### ACCREDITATION INFORMATION

Accreditation Status: [Continued Accreditation](#)  
Effective: 4/13/2011  
Last Site Visit Date: September 22, 2010  
Cycle Length: 5  
Next Site Visit Date (approximate): April 1, 2016

Ownership or Control Type: Corporation  
Type of Institution: General/Teaching Hospital

#### MEDICAL SCHOOL AFFILIATIONS

Mercer Univ Sch of Med, Macon, GA

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
<a href="#">[1201212093] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Family medicine	24
<a href="#">[1251213063] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Geriatric medicine	3
<a href="#">[1401221491] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Internal medicine	29
<a href="#">[2201211079] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Obstetrics and gynecology	14
<a href="#">[3201221398] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Pediatrics	17
<a href="#">[4401221083] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Surgery	20
<a href="#">[4421212119] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Surgical critical care	2
<a href="#">[5401212072] Medical Center of Central Georgia/Mercer University School of Medicine Program</a>	Hospice and palliative medicine	1

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#### INSTITUTION INFORMATION

##### Phoebe Putney Memorial Hospital [120315] [8001200679]

Phoebe Putney Memorial Hospital  
417 Third Avenue  
PO Box 1828  
Albany, Georgia 31701  
<http://www.phoebeputney.com>

HIPAA Business Associate Agreement On Record: Yes  
Single/Limited Site Sponsor

#### CEO INFORMATION

Joel Wernick  
Chief Executive Officer

Phone: (229) 312-4100  
Fax: (229) 312-4105  
Email: [jwernick@ppmh.org](mailto:jwernick@ppmh.org)

#### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

Douglas W. Patten, MD  
Senior VP, Medical Affairs, Chief Medical Officer

Phone: (229) 312-1408  
Fax: (229) 312-1417  
Email: [dpatten@ppmh.org](mailto:dpatten@ppmh.org)

#### ACCREDITATION INFORMATION

Accreditation Status:  
Effective:  
Last Site Visit Date:  
Next Site Visit Date (approximate):

Ownership or Control Type: Other Non-profit  
Type of Institution: General/Teaching Hospital

#### MEDICAL SCHOOL AFFILIATIONS

Med Coll of Georgia, Augusta, GA  
Mercer Univ Sch of Med, Macon, GA

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
<u>[1201221525] Phoebe Putney Memorial Hospital (Southwest Georgia) Program</u>	Family medicine	17
<u>[1271231075] Phoebe Putney Memorial Hospital (Southwest Georgia) Program</u>	Sports medicine	1

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#### INSTITUTION INFORMATION

##### **The Medical Center Inc [120209] [8001200535]**

The Medical Center Inc  
710 Center Street  
PO Box 951  
Columbus, Georgia 31901  
<http://www.columbusregional.com>

HIPAA Business Associate Agreement On Record: Yes

#### CEO INFORMATION

Lance B. Duke  
President and Chief Executive Officer

Phone: (706) 571-1200  
Fax: (706) 571-1216  
Email: [Lance.Duke@crhs.net](mailto:Lance.Duke@crhs.net)

#### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

John R. Bucholtz, DO  
Director of Medical Education/DIO

Phone: (706) 571-1430  
Fax: (706) 571-1604  
Email: [john.bucholtz@crhs.net](mailto:john.bucholtz@crhs.net)

#### ACCREDITATION INFORMATION

Accreditation Status: Continued Accreditation  
Effective: 10/18/2011  
Last Site Visit Date: June 15, 2011  
Cycle Length: 4  
Next Site Visit Date (approximate): October 1, 2015

Ownership or Control Type: Hospital District or Authority  
Type of Institution: General/Teaching Hospital

#### MEDICAL SCHOOL AFFILIATIONS

Med Coll of Georgia, Augusta, GA  
Mercer Univ Sch of Med, Macon, GA  
Morehouse Sch of Med, Atlanta, GA  
Nova Southeastern Univ Coll of Osteopathic Med, Miami, FL

**LIST OF SPONSORED PROGRAMS**

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[1201211092] <a href="#">The Medical Center (Columbus) Program</a>	Family medicine	37
[9991200229] <a href="#">The Medical Center Program</a>	Transitional year	5

**SPONSORING INSTITUTION SEARCH - VIEW INSTITUTION**

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**INSTITUTION INFORMATION**

**Emory University School of Medicine [120490] [8001200097]**

Emory University School of Medicine  
 1648 Pierce Drive, NE  
 Suite 327  
 Atlanta, Georgia 30322  
<http://www.med.emory.edu>

HIPAA Business Associate Agreement On Record: Yes

**CEO INFORMATION**

Thomas J. Lawley, MD  
 Dean  
  
 Phone: (404) 727-5631  
 Fax:  
 Email: [tlawley@emory.edu](mailto:tlawley@emory.edu)

**DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION**

James R. Zaidan, MD, MBA  
 Associate Dean for Graduate Medical Education  
  
 Phone: (404) 727-5658  
 Fax: (404) 727-3744  
 Email: [jzaidan@emory.edu](mailto:jzaidan@emory.edu)

**ACCREDITATION INFORMATION**

Accreditation Status: Continued Accreditation  
 Effective: 4/18/2007  
 Last Site Visit Date: December 12, 2006  
 Cycle Length: 5  
 Next Site Visit Date (approximate): April 24, 2012

Ownership or Control Type:  
 Type of Institution: Medical School - LCME University Medical Center

**MEDICAL SCHOOL AFFILIATIONS**

Emory Univ Sch of Med, Atlanta, GA

**LIST OF SPONSORED PROGRAMS**

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[0201212130] <a href="#">Emory University Program</a>	Allergy and immunology	2
[0401221037] <a href="#">Emory University Program</a>	Anesthesiology	48
[0411221010] <a href="#">Emory University Program</a>	Adult cardiothoracic anesthesiology	6
[0421221041] <a href="#">Emory University Program</a>	Pediatric anesthesiology	5
[0451221059] <a href="#">Emory University Program</a>	Critical care medicine	1
[0801221028] <a href="#">Emory University Program</a>	Dermatology	16
[0811213049] <a href="#">Emory University Program</a>	Procedural dermatology	1
[1001221044] <a href="#">Emory University Program</a>	Dermatopathology	2

<a href="#">[1101212012] Emory University Program</a>	Emergency medicine	59
<a href="#">[1181212021] Emory University Program</a>	Medical toxicology	4
<a href="#">[1201221562] Emory University Program</a>	Family medicine	22
<a href="#">[1301221048] Emory University Program</a>	Medical genetics	1
<a href="#">[1401221105] Emory University Program</a>	Internal medicine	169
<a href="#">[1411221161] Emory University Program</a>	Cardiovascular disease	34
<a href="#">[1431221109] Emory University Program</a>	Endocrinology, diabetes, and metabolism	6
<a href="#">[1441221136] Emory University Program</a>	Gastroenterology	12
<a href="#">[1461221129] Emory University Program</a>	Infectious disease	10
<a href="#">[1481221115] Emory University Program</a>	Nephrology	12
<a href="#">[1501221095] Emory University Program</a>	Rheumatology	6
<a href="#">[1511221100] Emory University Program</a>	Geriatric medicine	3
<a href="#">[1521231009] Emory University Program</a>	Interventional cardiology	6
<a href="#">[1541221015] Emory University Program</a>	Clinical cardiac electrophysiology	3
<a href="#">[1551221014] Emory University Program</a>	Hematology and oncology	14
<a href="#">[1561221016] Emory University Program</a>	Pulmonary disease and critical care medicine	15
<a href="#">[1581214047] Emory University School of Medicine Program</a>	Transplant hepatology	1
<a href="#">[1601221020] Emory University Program</a>	Neurological surgery	16
<a href="#">[1801221028] Emory University Program</a>	Neurology	23
<a href="#">[1871221080] Emory University Program</a>	Clinical neurophysiology	7
<a href="#">[1881231023] Emory University Program</a>	Vascular neurology	3
<a href="#">[1901213008] Emory University Program</a>	Molecular genetic pathology	1
<a href="#">[2001221083] Emory University Program</a>	Nuclear medicine	3
<a href="#">[2201221076] Emory University Program</a>	Obstetrics and gynecology	36
<a href="#">[2401221045] Emory University Program</a>	Ophthalmology	18
<a href="#">[2601221039] Emory University Program</a>	Orthopaedic surgery	25
<a href="#">[2681212107] Emory University Program</a>	Orthopaedic sports medicine	2
<a href="#">[2801221031] Emory University Program</a>	Otolaryngology	15
<a href="#">[3001221080] Emory University Program</a>	Pathology-anatomic and clinical	34
<a href="#">[3011221054] Emory University Program</a>	Selective pathology	3
<a href="#">[3011221056] Emory University Program B</a>	Selective pathology	1
<a href="#">[3011231057] Emory University Program C</a>	Selective pathology	1
<a href="#">[3051231056] Emory University Program</a>	Blood banking/transfusion medicine	0
<a href="#">[3071221058] Emory University Program</a>	Cytopathology	2
<a href="#">[3101221052] Emory University Program</a>	Forensic pathology	1
<a href="#">[3111221027] Emory University Program</a>	Hematology	2
<a href="#">[3141231013] Emory University Program</a>	Medical microbiology	0
<a href="#">[3151221012] Emory University Program</a>	Neuropathology	1
<a href="#">[3201221061] Emory University Program</a>	Pediatrics	61
<a href="#">[3231221030] Emory University Program</a>	Pediatric critical care medicine	6
<a href="#">[3241221007] Emory University Program</a>	Pediatric emergency medicine	8
<a href="#">[3251221010] Emory University Program</a>	Pediatric cardiology	12
<a href="#">[3261221042] Emory University Program</a>	Pediatric endocrinology	6
<a href="#">[3271221041] Emory University Program</a>	Pediatric hematology/oncology	9
<a href="#">[3281231074] Emory University Program</a>	Pediatric nephrology	4
<a href="#">[3291221085] Emory University Program</a>	Neonatal-perinatal medicine	7
<a href="#">[3301212062] Emory University Program</a>	Pediatric pulmonology	3
<a href="#">[3321231057] Emory University Program</a>	Pediatric gastroenterology	6

<a href="#">[3351221017] Emory University Program</a>	Pediatric infectious diseases	7
<a href="#">[3381232004] Emory University Program</a>	Pediatric transplant hepatology	1
<a href="#">[3401221011] Emory University Program</a>	Physical medicine and rehabilitation	18
<a href="#">[3421212005] Emory University Program</a>	Sports medicine	1
<a href="#">[3461221019] Emory University Program</a>	Pediatric rehabilitation	1
<a href="#">[3601221024] Emory University Program</a>	Plastic surgery	9
<a href="#">[3801288110] Emory University Program A</a>	Preventive medicine	4
<a href="#">[4001221053] Emory University Program</a>	Psychiatry	43
<a href="#">[4011221050] Emory University Program</a>	Addiction psychiatry	3
<a href="#">[4051221028] Emory University Program</a>	Child and adolescent psychiatry	8
<a href="#">[4061221008] Emory University Program</a>	Forensic psychiatry	2
<a href="#">[4071221006] Emory University Program</a>	Geriatric psychiatry	1
<a href="#">[4091212017] Emory University Program</a>	Psychosomatic medicine	0
<a href="#">[4201221052] Emory University Program</a>	Radiology-diagnostic	57
<a href="#">[4211231002] Emory University Program</a>	Abdominal radiology	6
<a href="#">[4231221005] Emory University Program</a>	Neuroradiology	8
<a href="#">[4241221035] Emory University Program</a>	Pediatric radiology	3
<a href="#">[4251221056] Emory University Program</a>	Nuclear radiology	1
<a href="#">[4271221022] Emory University Program</a>	Vascular and interventional radiology	6
<a href="#">[4301221125] Emory University Program</a>	Radiation oncology	14
<a href="#">[4401221079] Emory University Program</a>	Surgery	58
<a href="#">[4421221069] Emory University Program</a>	Surgical critical care	3
<a href="#">[4451221033] Emory University Program</a>	Pediatric surgery	2
<a href="#">[4501221012] Emory University Program</a>	Vascular surgery	4
<a href="#">[4601221022] Emory University Program</a>	Thoracic surgery	9
<a href="#">[4661231008] Emory University Program</a>	Congenital cardiac surgery	0
<a href="#">[4801221039] Emory University Program</a>	Urology	12
<a href="#">[4651221017] Emory University Program</a>	Pediatric urology	1
<a href="#">[5201214130] Emory University School of Medicine Program</a>	Sleep medicine	0
<a href="#">[5301204004] Emory University Program</a>	Pain medicine	5
<a href="#">[5401214082] Emory University School of Medicine Program</a>	Hospice and palliative medicine	2
<a href="#">[7151244034] Emory University Program</a>	Internal medicine/Psychiatry (non-accredited)	8
<a href="#">[9991200026] Emory University Program</a>	Transitional year	24

\*Combined training consists of a coherent educational experience in two or more closely related specialties or subspecialties available for selected individuals. The educational plan for combined training is approved by the specialty board of each of the specialties to assure that resident physicians completing combined training are eligible for board certification in each of the component specialties. Each specialty or subspecialty program is separately accredited by ACGME through its respective specialty review committee. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all of its component specialty programs together.

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### INSTITUTION INFORMATION

#### Memorial Health-University Medical Center [120362] [8001200102]

Memorial Health-University Medical Center  
 PO Box 23089  
 Savannah, Georgia 31404-3089  
<http://www.memorialhealth.com>

HIPAA Business Associate Agreement On Record: Yes

#### CEO INFORMATION

Magaret Gill, MBA  
President and Chief Executive Officer

Phone: (912) 350-8518

Fax:

Email: [maggiegill@memorialhealth.com](mailto:maggiegill@memorialhealth.com)

#### DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION

Edward E. Abrams, DEd, MEd  
Executive Director, Medical Education

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Fax: (912) 350-8998

Email: [abramed1@memorialhealth.com](mailto:abramed1@memorialhealth.com)

#### ACCREDITATION INFORMATION

Accreditation Status: Continued Accreditation

Effective: 4/16/2008

Last Site Visit Date: January 14, 2008

Cycle Length: 4

Next Site Visit Date (approximate): April 1, 2012

Ownership or Control Type: Other Non-profit

Type of Institution: General/Teaching Hospital

#### MEDICAL SCHOOL AFFILIATIONS

Mercer Univ Sch of Med, Macon, GA

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[1201211095] <u>Memorial Health-University Medical Center/Mercer University School of Medicine (Savannah) Program</u>	Family medicine	19
[1401212108] <u>Memorial Health-University Medical Center/Mercer University School of Medicine (Savannah) Program</u>	Internal medicine	37
[2201211080] <u>Memorial Health-University Medical Center/Mercer University School of Medicine (Savannah) Program</u>	Obstetrics and gynecology	16
[3201221400] <u>Memorial Health-University Medical Center/Mercer University School of Medicine (Savannah) Program</u>	Pediatrics	17
[4201212054] <u>Memorial Health-University Medical Center/Mercer University School of Medicine (Savannah) Program</u>	Radiology-diagnostic	13
[4401231084] <u>Memorial Health-University Medical Center/Mercer University School of Medicine (Savannah) Program</u>	Surgery	18

#### SPONSORING INSTITUTION SEARCH - VIEW INSTITUTION

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#### INSTITUTION INFORMATION

### Centers for Disease Control and Prevention [120491] [8001200682]

Centers for Disease Control and Prevention

Public Health Service - DHHS

1600 Clifton Road, NE MS E-92

Atlanta, Georgia 30333

<http://www.cdc.gov/prevmed>

HIPAA Business Associate Agreement On Record: No

Single/Limited Site Sponsor

CEO INFORMATION	DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION
Thomas R. Frieden, MD, MPH Director, CDC and Administrator, ATSDR  Phone: (404) 639-7000 Fax: (404) 639-7111 Email: <a href="mailto:txf2@cdc.gov">txf2@cdc.gov</a>	Denise Koo, MD, MPH Director, SEPDPO  Phone: (404) 498-6080 Fax: (404) 498-6085 Email: <a href="mailto:dxk1@cdc.gov">dxk1@cdc.gov</a>

**ACCREDITATION INFORMATION**  
Accreditation Status:  
Effective:  
Last Site Visit Date:  
Next Site Visit Date (approximate):

Ownership or Control Type: Public Health Service  
Type of Institution: Public Health Facility

**MEDICAL SCHOOL AFFILIATIONS**  
Emory Univ Sch of Med, Atlanta, GA

**LIST OF SPONSORED PROGRAMS**

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[3801288109] Centers for Disease Control and Prevention Program	Preventive medicine	4

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**INSTITUTION INFORMATION**  
**Morehouse School of Medicine [120499] [8001200503]**  
Morehouse School of Medicine  
720 Westview Drive, SW  
Atlanta, Georgia 30310-1495  
<http://www.msm.edu>

HIPAA Business Associate Agreement On Record: Yes

CEO INFORMATION	DESIGNATED INSTITUTIONAL OFFICIAL INFORMATION
Valerie Montgomery Rice, MD Dean and Executive Vice Pres., Academic Affairs  Phone: (404) 752-1720 Fax: (404) 752-1594 Email: <a href="mailto:vmrice@msm.edu">vmrice@msm.edu</a>	Yolanda H. Wimberly, MD, MS Assistant Dean for Graduate Medical Education  Phone: (404) 756-1373 Fax: (404) 752-1088 Email: <a href="mailto:ywimberly@msm.edu">ywimberly@msm.edu</a>

**ACCREDITATION INFORMATION**  
Accreditation Status: Continued Accreditation

Effective: 4/13/2010  
Last Site Visit Date: October 8, 2009  
Cycle Length: 3  
Next Site Visit Date (approximate): April 1, 2013

Ownership or Control Type: Corporation  
Type of Institution: Medical School - LCME University Medical Center

#### MEDICAL SCHOOL AFFILIATIONS

Morehouse Sch of Med, Atlanta, GA

#### LIST OF SPONSORED PROGRAMS

<u>[Number]/Name</u>	<u>Specialty</u>	<u>Number of Filled Positions</u>
[1201221439] Morehouse School of Medicine Program	Family medicine	15
[1401221502] Morehouse School of Medicine Program	Internal medicine	58
[2201221348] Morehouse School of Medicine Program	Obstetrics and gynecology	12
[3201221414] Morehouse School of Medicine Program	Pediatrics	17
[3801288108] Morehouse School of Medicine Program	Preventive medicine	6
[4001221262] Morehouse School of Medicine Program	Psychiatry	14
[4401221397] Morehouse School of Medicine Program	Surgery	17

## Moore, Walter

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**From:** Walp, Holly  
**Sent:** Friday, March 29, 2013 10:57 AM  
**To:** Legg, Amy; Truesdale, Angel; Bailey, Hope; Carrera, Betty; McCorkle, Brandi; Gibson, Carol; Hardy, Carol; Rucker, Catherine; Chavous, Tracy; Davis, Janelle; Langston, Debbie; Scott, Donna01; Harmon, Dorothy; Haynes, Elizabeth; Bass, Erica; Gavalas, Charlotte; Smith, Helen01; Herron, Mandy; Andrews, Holly; Walp, Holly; Leverett, Jann; Foskey, Jennifer; Fichtel, Joanie; Jones, Allison; Mosley, Khalelah; Maddox, Kim; Kline, Kathy; Johnson, Laura; Lucas, Christine; Ellison, Lynnette; Mays, Maria; Stephens, Mary; Medeiros, Regina; Hays, Michelle; Torres, Michelle; Mueller, Rebecca; Harrison, Patrice; Stephenson, Patricia Joy; Cawley, Rachel; Renew, Donna; Williford, Shannon; Claxton, Shawnda; Smith, Lucinda; Dawkins, Susan; Story, Tonia; Towns, Edith; Ward, Martha; Wolff, Fran  
**Cc:** Stephens, Mary; Moore, Walter  
**Subject:** Arrangements for Dorothy Harmon  
**Importance:** High

Arrangements for Dorothy are as follows:

Visitation will be Saturday evening from 6:00 p.m. to 8:00 p.m. at Garrar Funeral Home, 721 New Street, Louisville, GA 30434.

Funeral services will be Sunday at 2:00 p.m. at Eden Baptist Church, 3525 GA Highway 17, Louisville. When traveling to the church, take Highway 1 to Louisville. Highway 1 is also GA Highway 17. Bear left at the caution light as you enter Louisville, the church will be about 1 and a half miles ahead on the left.

All from the Orthopaedic family are asked to be at the church no later than 1:30 to be seated after Dorothy's family in the sanctuary. The funeral director will ask those from Orthopaedics to gather to enter together. Others attending will follow in afterward. Dorothy touched many lives here and outside the department and they are expecting a large number to come and pay their respects.

A flower arrangement from the department has been ordered.

If you have any questions, please let me know.

Thanks,  
Debbie

**Debbie Conley** | Administrative Assistant  
**Department of Orthopaedic Surgery**  
**Medical College of Georgia**  
Georgia Regents University  
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