



NGS Medicare Virtual Conference Fall 2021

PECOS: Manage Signatures and Additional Information Request

11/10/2021





Today's Presenters

- Laura Brown, CPC
 - Provider Outreach and Education
- Susan Stafford
 - Provider Outreach and Education





Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.





No Recording

- Attendees/providers are never permitted to record (tape record or any other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events





Objectives

 Participants will be able to manage signature(s) and respond to additional information requested, after the submission of an application in PECOS





Agenda

- Verify and Manage Signature(s) After Submission
 - Print Certification Statements
 - Upload Certification Statements
 - E-signature Certification
- PECOS Application Status
- Request for Additional Information
 - Returned for Corrections
 - Verify and Manage Signatures after corrections
- Resources





Verify and Managing Signature(s) After Submission





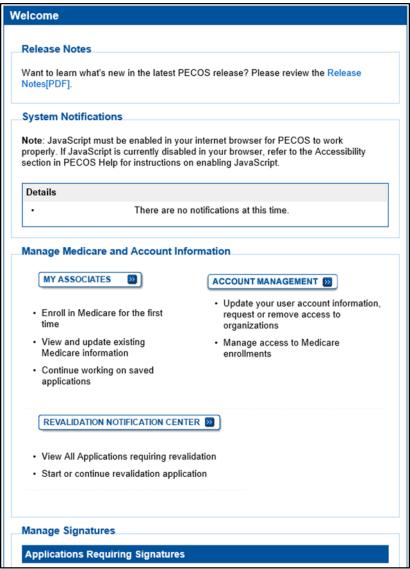
Log into PECOS

elcome to the Medicare Provider Enrollment, Chain,	and Ownership System (PECOS)
	(*) Red asterisk indicates a required field
PECOS supports the Medicare Provider and Supplier en electronically submit and manage Medicare enrollment in	rollment process by allowing registered users to securely and formation.
New to PECOS? View our videos at the bottom of this pa	age.
SYSTEM NOTIFICATIONS	
for any applications submitted on or after March	on 1135 of the Social Security Act to waive the application fee 1, 2020 in response to COVID-19. Please do not submit an information on provider enrollment flexibilities related to
USER LOGIN	BECOME A REGISTERED USER
Please use your I&A (Identity & Access Management System) user ID and password to log in.	You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.
User ID	Register for a user account
Password	Questions? Learn more about registering for an account
LOG IN 2	Note: If you are a Medical Provider or Supplier, you must register for an NPI 👝 before enrolling with Medicare.
	Helpful Links
Forgot Password? Forgot User ID?	Application Status 🚅 - Self Service Kiosk to view the status of an application submitted within the last 90 days.
Manage/Update User Profile □	Important Note: CMS is using its authority under Section 1135 of the Social Security Act to waive the application fee
Who Should I Call? [PDF, 155KB] 👝 - CMS Provider Enrollment Assistance Guide	for any applications submitted on or after March 1, 2020 in response to COVID-19. Please do not submit an application fee with your application. For more information on provider enrollment flexibilities related to COVID-19, please visit the CMS website [PDF].
	Pay Application Fee 🗗 - Pay your application fee online.
	View the list of Providers and Suppliers [PDF, 94KB] who are required to pay an application fee.





Select My Associates







My Associates

Initial Enrollment

Create an application for initial enrollment ONLY if you are:

- · Enrolling in Medicare for the first time
- · Enrolling in a new state, or
- · Enrolling with a new specialty



If you are responding to a **request for Revalidation**, **do not** create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

Please Note: If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

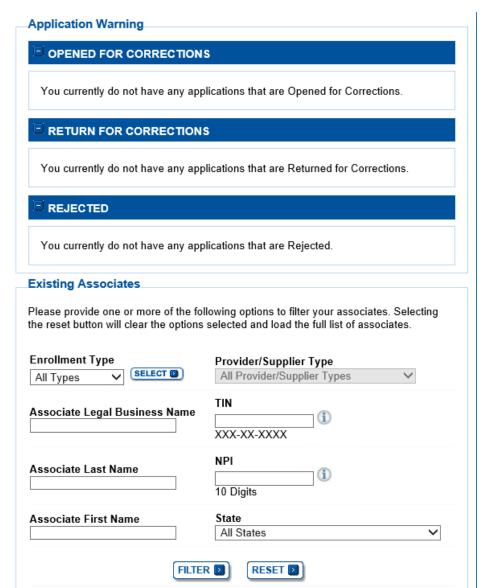
The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- Checklist for Sole Proprietor or Solely Owned Organizations (eg. LLC, PC) using PECOS □
- Checklist for Individual Physician and Non-Physician Practitioners using PECOS
- Checklist for Provider or Supplier Organization using PECOS

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION









Select "View Enrollments"

- Individuals		2
	Records 1 - 2 of 2	
Name: DUCK, DONALD	NPI:	VIEW ENROLLMENTS 20
Name:	NPI:	VIEW ENROLLMENTS 100
	Records 1 - 2 of 2	
(iii) Organizations		2
© Organizations	Records 1 - 2 of 2	2
Organizations Name: ABC Care	Records 1 - 2 of 2	VIEW ENROLLMENTS



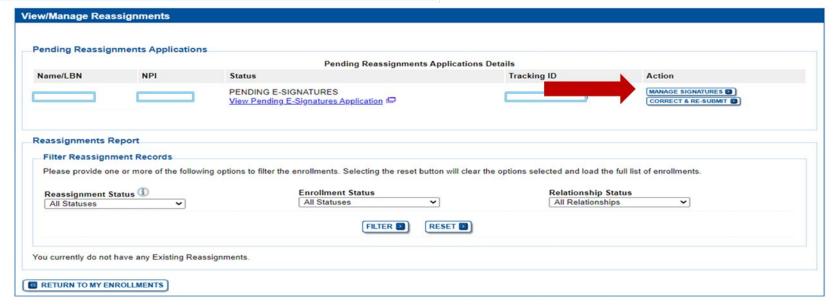


Existing Enrollments Contractor: NATIONAL GOVERNMENT SERVICES, INC. State: CONNECTICUT Type/Specialty: CLINIC/GROUP PRACTICE Enrollment Type: 855B Medicare ID: View Medicare ID Report ID Status: APPROVED View Approved Enrollment Record 🖵 Existing Reassignments: 1 Pending Reassignments Applications: 0 View/Manage Reassignments Type of Up Tracking ID Status Action date AWAITING PROCESSING VIEW D

View Awaiting Processing

Application 🖵







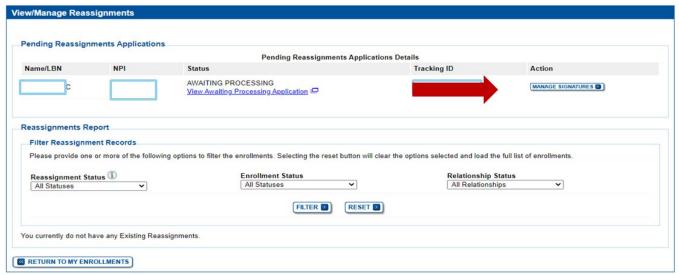
Change of In

formation





Verify All Signatures







Signature Status

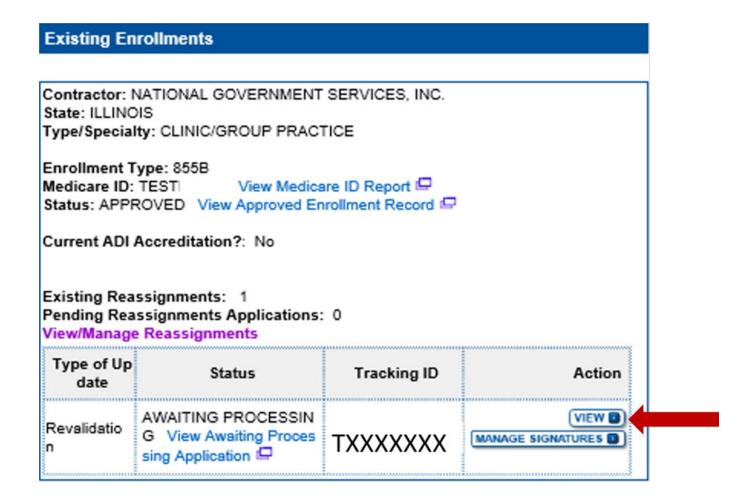
fanage Signatures	
Name: DONALD DUCK Web Tracking ID:	TIN: XXX-XX-XXXX NPI:
Any Authorized or Delegated Officials with an I signatures. Authorized or Delegated Officials v now upload their signature documents.	
Name: DONALD DUCK SSN: XXX-XX-XXXX Signature Method: UPLOAD Note: One or more signature documents have not been uploaded. To upload a signature document or change the signature method, please select the Update button for the appropriate document(s).	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Pending
Name: Organization: SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email:	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Pending
	Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners















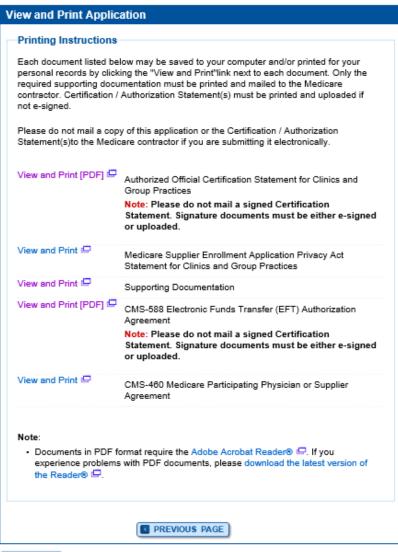
Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire	
Submitted Application * What type of action is the applicant trying to O View Printable Mailing Instructions O View Printable Supporting Documentate O View Printable Certification Statements O View Printable Submission History Rep	tion
NEXT PA	GE 1





Home > My Associates > My Enrollments > Application Questionnaire









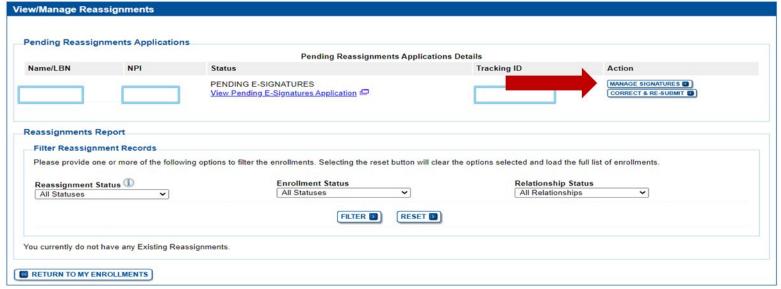




Existing Enrollments Contractor: NATIONAL GOVERNMENT SERVICES, INC. State: ILLINOIS Type/Specialty: CLINIC/GROUP PRACTICE Enrollment Type: 855B Medicare ID: TEST View Medicare ID Report -Status: APPROVED View Approved Enrollment Record -Current ADI Accreditation?: No Existing Reassignments: 1 Pending Reassignments Applications: 0 View/Manage Reassignments Type of Up Status Tracking ID Action date AWAITING PROCESSIN VIEW Revalidatio G View Awaiting Proces MANAGE SIGNATURES

TXXXXXXX

Upload Certification Statements





sing Application 🖵

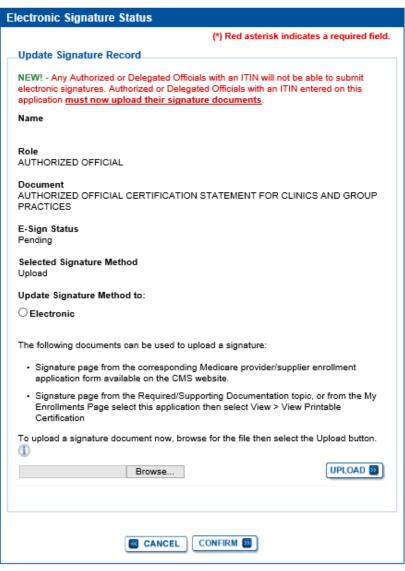


Manage Signatures	
Name: DONALD DUCK Web Tracking ID:	TIN: XXX-XX-XXXX NPI
Any Authorized or Delegated Officials with an I dignatures. Authorized or Delegated Officials w and an authorized or Delegated Officials were and an authorized or an authorized or an authorized or an authorized or authorized o	
Name: DONALD DUCK SSN: XXX-XX-XXXX	Role: PRACTITIONER
Signature Method: UPLOAD	Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Note: One or more signature documents have not been uploaded. To upload a	Status: Pending
signature document or change the signature method, please select the Update button for	UPDATE (II)
the appropriate document(s).	,
Name: Organization: SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email:	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Pending
	UPDATE RE-SEND EMAIL
	Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners

RETURN TO MY ENROLLMENTS













TIN: XXXX-XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXX
ITIN will not be able to submit electronic with an ITIN entered on this application must
Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Status: Complete Date: 02/26/2021
Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Pending
UPDATE RE-SEND EMAIL
Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners





E-Signature Certification





E-Signature Status

Manage Signatures	
Name: DONALD DUCK Web Tracking ID:	TIN: XXX-XX-XXXX NPI:
Any Authorized or Delegated Officials with an ignatures. Authorized or Delegated Officials now upload their signature documents.	ITIN will not be able to submit electronic with an ITIN entered on this application must
Name: DONALD DUCK SSN: XXX-XX-XXXX Signature Method: UPLOAD File Name: Certification statement.pdf Date Uploaded: 02/26/2021	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Complete Date: 02/26/2021
REMOVE	
Name: Organization: SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email:	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Pending
	Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners





Resend E-Signature Email Confirmation

lectronic Signature Status	
	(*) Red asterisk indicates a required field
Authorization Statement	
Electronic Signature Confirmation	E-mail:
An e-mail has been resent to:	
Name	
Role	
AUTHORIZED OFFICIAL	
Document	
AUTHORIZATION STATEMENT FOR OF	RGANIZATIONS (855R)
RETURN TO E-S	IGNATURES 🔯
RETURN TO MY ENROLLMENTS	





E-Signature Email

From: customerservice-donotreply@cms.hhs.gov <customerservice-donotreply@cms.hhs.gov> Sent: Monday, September 13, 2021 3:39 PM To: Subject: PECOS Electronic Signature Request A Medicare application for LLC for Reassignment has been submitted by . You have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature. Enrollment Application Information: Provider/Supplier Name: Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE State: IL Form Type: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) The email will provide 2 options for e-signing the Practice Location Y, SPRINGFIELD, IL 627021507 application: NPI: 1. Log into Internet-based PECOS using your existing Web Tracking ID PECOS ID and password Signatory Name: 2. 2. E-sign via the PECOS e-signature website if you don't Signatory Role: PRACTITIONER have an existing PECOS ID and password Topic/s Changed: Reassignment Instructions: You may provide an electronic signature using your PECOS user ID at (https://urldefense.com/v3/ https://pecos.cms.hhs.gov ;!!IZ3IH8c!nJWZzGuzwfvG QUbqrdGdMdDc2fiT0hi7FMWT9G5n6nBBooJyaUmsVvley1ND9jSg\$) OR through the PECOS E-Signature website (https://urldefense.com/v3/ https://pecos.cms.cmsval/pecos/eSignLogin.do ;!!!Z3lH8c!nJWZzGuzwfvG QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvlewFKprDXQ\$), using your identifying information, e-mail address, and unique PIN XXXXXX b. Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature. Please note the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.





Welcome

Release Notes

Want to learn what's new in the latest PECOS release? Please review the Release Notes[PDF].

System Notifications

Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

Details

There are no notifications at this time.

Manage Medicare and Account Information

MY ASSOCIATES



- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT [33]

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER [2]

- View All Applications requiring revalidation
- Start or continue revalidation application

Login to PECOS

Manage Signatures

Applications Requiring Signatures

Applicant Name:

TIN (SSN): XXX-XX-XXXX

Web Tracking ID:

Form Type: 855B

Application Submitted: 12/09/2020

Role: AUTHORIZED OFFICIAL

Document: CERTIFICATION STATEMENT FOR INDIVIDUAL

PRACTITIONERS

Role: AUTHORIZED OFFICIAL

Document: ELECTRONIC FUNDS TRANSFER (EFT)

AUTHORIZATION AGREEMENT

Applicant Name: ___

TIN (SSN): XXX-XX-XXXX

Web Tracking ID:

Form Type: 8551

Application Submitted: 12/09/2020

Role: PRACTITIONER

Document: CERTIFICATION STATEMENT FOR INDIVIDUAL

PRACTITIONERS

VIEW ALL SIGNATURES 2



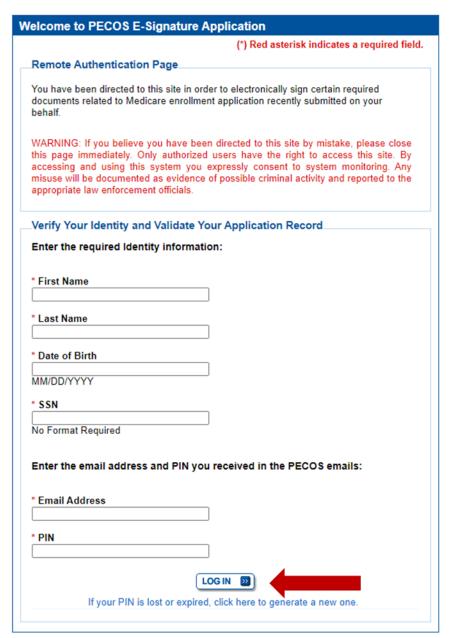


VIEW AND SIGN D

VIEW AND SIGN >>>

VIEW AND SIGN >>>

Copy PIN and Select Link







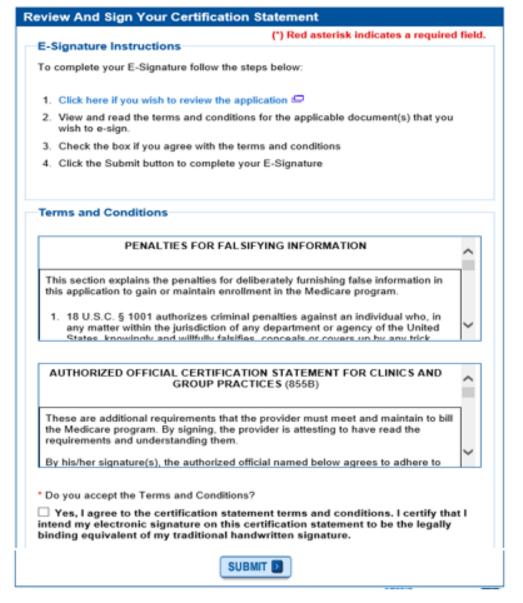
Application Requiring Signature

Applications Requiring Signatures	
A I' N	
Applicant Name:	
TIN (EIN):	
Web Tracking ID:	
Form Type: 855B	
Application Submitted: 03/23/2021	
Role: AUTHORIZED OFFICIAL	
Document: AUTHORIZED OFFICIAL CERTIFICATION	VIEW AND SIGN [22]
DOGUMENT TO THOME OF THE TOTAL	





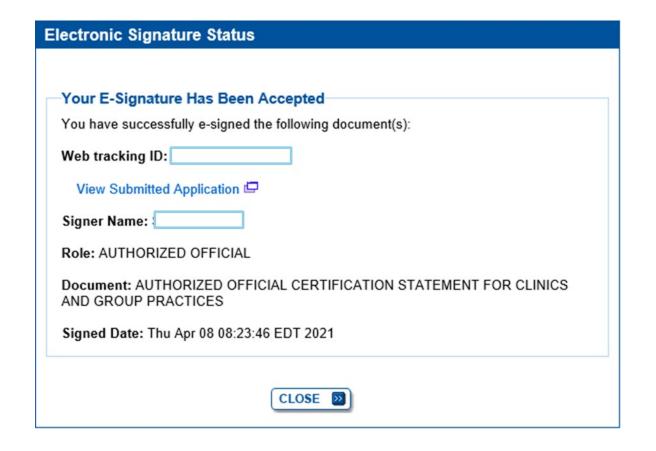
E-Signature Attestation







E-Signature Completion

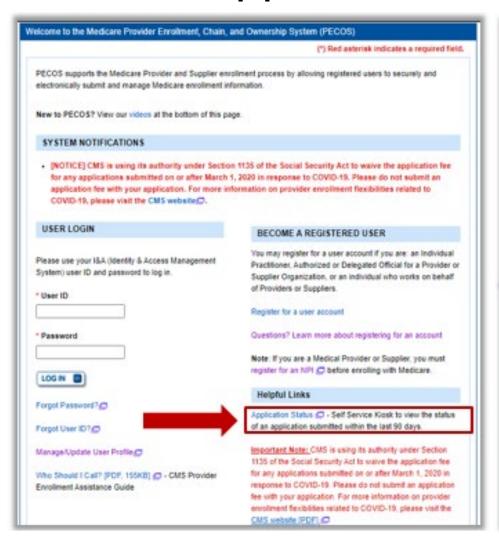












Provider & Supplier Resources

- CMS gov/Providers : Section of the CMS gov velocite that is designed to provide Medicare enrollment information for providers, physicians, conphysician practitioners, and other suppliers.
- Revalidation Notice Sent List Check to see if you have been sent a notice to revalidate your information on tile with Medicare
- Ordering, Certifying, or Prescribing Practitioners List
 View the Ordering, Certifying, or Prescribing Practitioners List to verify eligibility to order or certify items or services to Medicare beneficiaries, or prescribe part D drugs.
- Medicare Learning Network® (MLN)

 — Helpful articles and futorials about changes in Medicare enrollment
- Ordering, Centifying, or Prescribing Information (PDF, 1 64MB) (2) - Learn about the Ordering, Certifying, or Prescribing enrollment process.

Enrollment Tutorials

- Initial Enrollment:
 Step-by-step demonstration of an initial enrollment application in PECCS.
 Individual Provider © or Organization/Supplier ©
- Change of Information:
 Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS. Individual Provider © or Organization/Supplier ©
- · Revalidation:

Step-by-step demonstration on how to submit your revalidation application using PECOS. Individual Provider © or Organization/Supplier ©

Deactivated:

Example of how to deactivate an existing enrollment record. Individual Provider

· Reactivation:

Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.

Organization/Supplier

Adding a Practice Location (OMEPO'S Only):

Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS. DME Supplier (2)





PECOS Self Service Application

Search and View PECOS Application Status

Providers/Suppliers may run simple search queries to retrieve and view the status of their PECOS application. For example, users may search for the application status by the NPI or Legal Business Name. There is no charge to use this functionality.

Search & View PECOS application status for an:

Individual

View the enrollment application status of an individual provider in an organization or private practice setting.

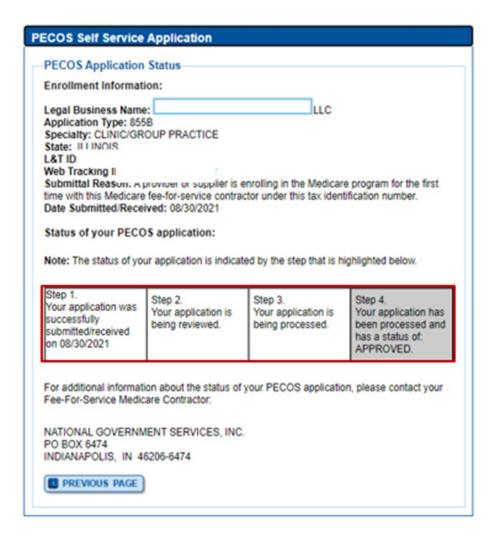
Organization

View the enrollment application status of an organization.





- Step 1:
 - Received
- Step 2:
 - Being Reviewed
 - Returned for Corrections
- Step 3:
 - Entering Information In PECOS
- Step 4
 - Processed in PECOS and being transferred to claims system
 - Note: Wait for approval letter before you submit claims.







Request for Additional Information





Request for Additional Information

- Email to Contact Person
 - customerservice-donotreply@cms.hhs.gov
- Information on Email
 - Tracking number, NPI, legal name, state and MAC
 - Instructions for request
 - States additional information needed
 - Directions on "How to Correct & Resubmit" in the PECOS system
 - Processor contact and phone number





Request for Additional Information

- Sign into PECOS
 - Select "Return for Corrections" or "Correct & Resubmit" button
 - Update Topics where needed
 - Upload missing supporting documents in PDF or TIFF format
 - Resubmit application to return for review to MAC
 - Verify all signatures are complete
 - Even if no signatures were required when resubmitting



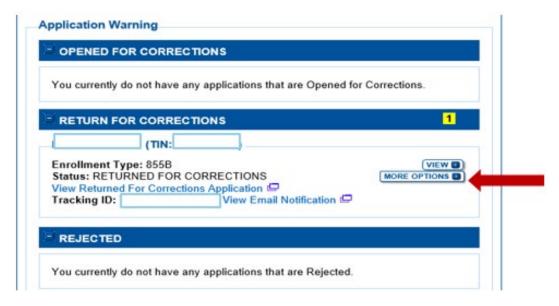


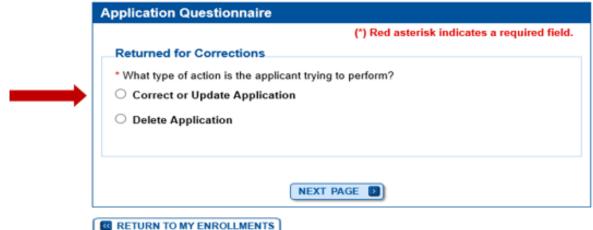
Return for Corrections





Return for Corrections – Select "More Options"

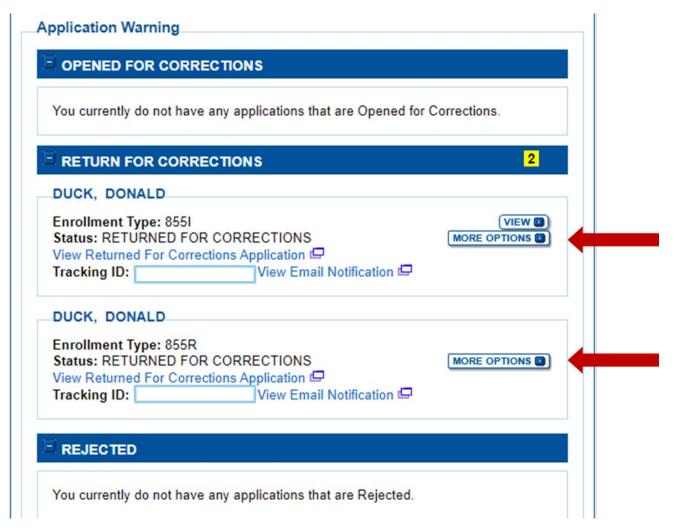








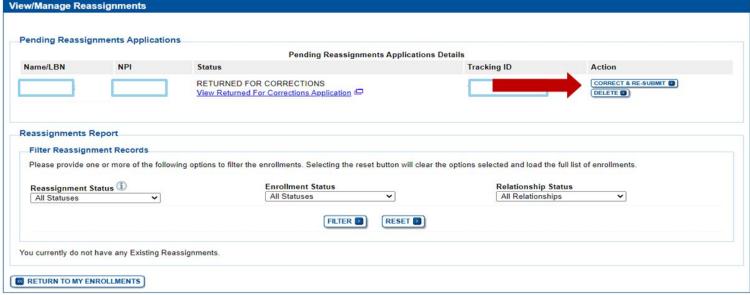
Return for Corrections – Select "More Options"













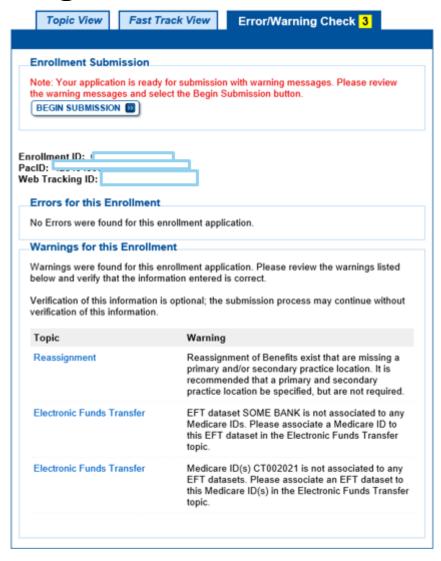


Make Corrections or Upload Document(s)





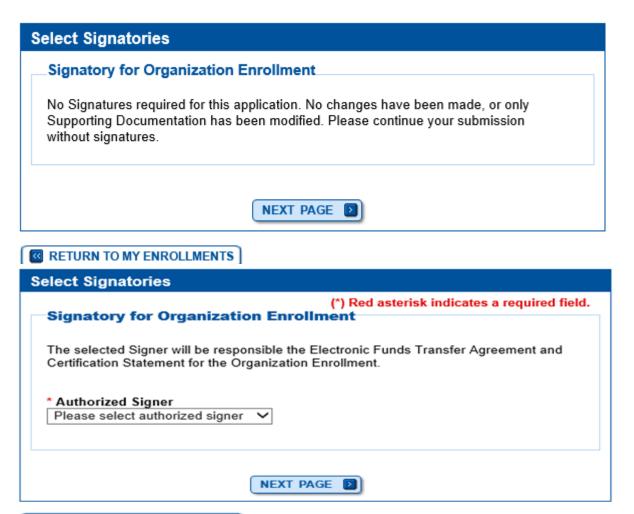
Error/Warning Check Tab







Select Signatories









Submission Page

(*) Red asterisk indicates a required field.

Medicare Contractor

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. You must mail all required print documents within 15 days of submitting the electronic part of your application.

Medicare Contractor: NATIONAL GOVERNMENT SERVICES, INC.

NATIONAL GOVERNMENT SERVICES, INC. P.O. BOX 7149 INDIANAPOLIS. IN 46207-7149

Reason(s) for submission:

 A Part B supplier is currently enrolled in the Medicare program. The supplier is adding, deleting, or changing general Medicare enrollment information.

Reports

Select the hyperlink to view the Application being submitted:

View Application being submitted 🗗

Select the hyperlink to view the Medicare ID Report:

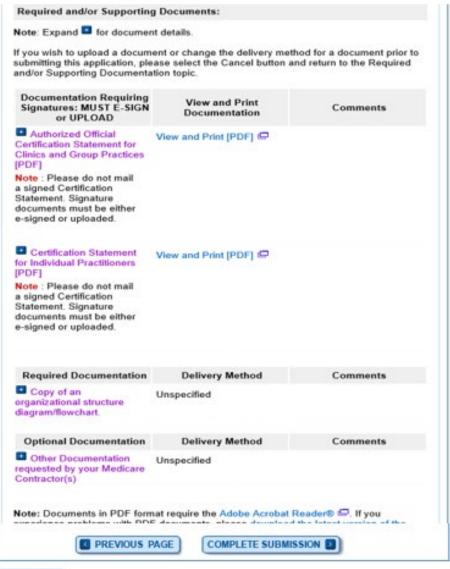
View Medicare ID Report 🗗

Required and Supporting Documents

The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be uploaded. Please read the notes below.

Do not upload to your submission:

 A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form).









Message from webpage





IMPORTANT!

Your enrollment application with any uploaded documentation has been submitted to your fee-for-service contractor.

Required and/or supporting documentation not e-signed or uploaded must be mailed in to the fee-for-service contractor.

You indicated the following documentation will be provided by mail/paper:

Copy of an organizational structure diagram/flowchart.

Your application may be delayed or not processed if any required/supporting documentation is missing.

OK

My Application Progress

100%

Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember:

- If you selected to electronically sign this application, an e-mail containing the PIN and Web Tracking ID have been sent to the Authorized Signer(s) to complete the E-Signature process for documents pertaining to this enrollment application.
- If you selected to upload the signature for any Authorized Signer(s) for this
 application, and have not done so yet, please navigate to the My Enrollments page,
 find this application, and select the Manage Signatures option to upload a signature
 document, or change your signature method.
- Your application is not complete until the Medicare Contractor receives fully signed documentation for your application.
- Mail all remaining supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of our application.
- Include the Tracking ID or a copy of this page when you mail supporting documentation to your Medicare Contractor.
- Print this page for your records. Note: You can print and/or save copies of the application and required documents for your records by also visiting the "My Enrollments" page.
- When submitting an application with Electronic Funds Transfer (EFT) Information, please include a voided check or confirmation of account information on bank letterhead
- Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list. You will receive e-mail from this address about your application status.

Enrollment Tracking Information

Applicant Name:

Tracking ID:

Submitted Date: WED - MARCH 24 2021 01:22:24 PM EST

Submitted By

Contact Email(s):





Verify and Manage Signatures after Corrections







Verify and
Manage
Signatures after
Corrections

		Pending Reassignments App	lications Details	
ame/LBN	NPI	Status	Tracking ID	Action
		AWAITING PROCESSING View Awaiting Processing Application		MANAGE SIGNATURES (2)
assignments F				
de la companya de la		ng options to filter the enrollments. Selecting the reset button	will clear the options selected and load the	full list of enrollments.
Please provide or	e or more of the followi	ng options to filter the enrollments. Selecting the reset button Enrollment Status	will clear the options selected and load the Relationship Sta	
alaman and a second	e or more of the followi			atus





Resources





Internet-Based PECOS Tutorials

Enrollment Tutorials

-	In iti :	ıl En	roll	lmen	٠

Step-by-step demonstration of an initial enrollment application in PECOS. Individual Provider or Organization/Supplier

Change of Information:

Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS. Individual Provider or Organization/Supplier

Revalidation:

Step-by-step demonstration on how to submit your revalidation application using PECOS. Individual Provider or Organization/Supplier

Deactivated:

Example of how to deactivate an existing enrollment record. Individual Provider

Reactivation:

Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS. Organization/Supplier

Adding a Practice Location (DMEPOS Only):

Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS. DME Supplier 📮





Online Account Self-Service Features

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) (*) Red asterisk indicates a required field. PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information. New to PECOS? View our videos at the bottom of this page. **USER LOGIN BECOME A REGISTERED USER** You may register for a user account if you are: an Individual Please use your I&A (Identity & Access Management Practitioner, Authorized or Delegated Official for a Provider or System) user ID and password to log in. Supplier Organization, or an individual who works on behalf of Providers or Suppliers. * User ID Register for a user account Questions? Learn more about registering for an account * Password Note: If you are a Medical Provider or Supplier, you must register for an NPI - before enrolling with Medicare. LOG IN 🔊 **Helpful Links** Forgot Password? Application Status 🗗 - Self Service Kiosk to view the status of an application submitted within the last 90 days. Forgot User ID? Important Note: CMS is using its authority under Section Manage/Update User Profile 1135 of the Social Security Act to waive the application fee for any applications submitted on or after March 1, 2020 in Who Should I Call? [PDF, 155KB] - CMS Provider response to COVID-19. Please do not submit an application Enrollment Assistance Guide fee with your application. For more information on provider enrollment flexibilities related to COVID-19, please visit the CMS website [PDF] [Pay Application Fee <a> - Pay your application fee online.





View the list of Providers and Suppliers [PDF, 94KB] . who

E-Sign your PECOS application: - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your

are required to pay an application fee.

application.

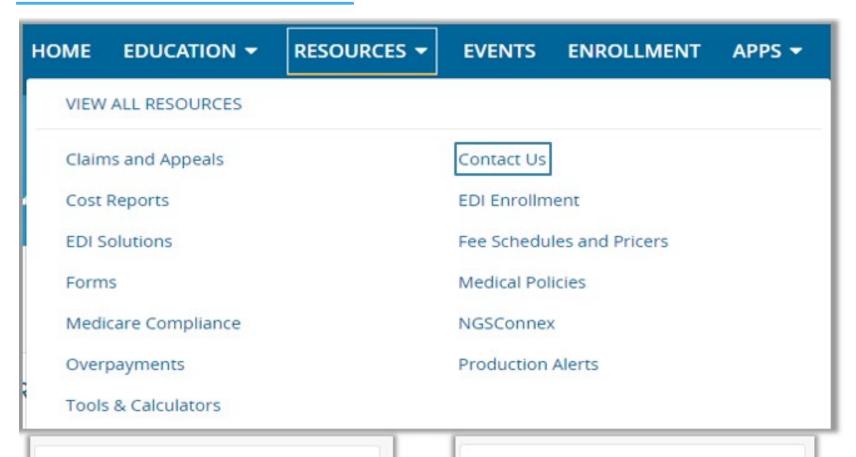
Contact Information

For Assistance With	Contact	Contact Information
 Changing an NPPES password Establishing a new user ID and password for NPPES Questions related to the NPI and/or application 	NPI Enumerator	Phone: 800-465-3203 TTY: 800-692-2326 Email: customerservice@npienumerator.com
 Errors encountered while accessing or entering information in PECOS Forgotten PECOS user ids and passwords 	EUS Help Desk	Phone: 866-484-8049 TTY: 866-523-4759 Email: EUSSupport@cgi.com Live Chat: https://eus.custhelp.com/





NGSMedicare.com



Mailing Addresses

For ADRs, claims, EDI, FOIA, medical policy, enrollment, or other inquiries. Provider Enrollment





Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?
- Follow us





