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

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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

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.

SYSTEM NOTIFICATIONS

- **[NOTICE] CMS is using its authority under Section 1135 of the Social Security Act to waive the application fee 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.**

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password

LOG IN »

Forgot Password?

Forgot User ID?

Manage/Update User Profile

Who Should I Call? [PDF, 155KB] - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

Helpful Links

Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.

Important Note: CMS is using its authority under Section 1135 of the Social Security Act to waive the application fee 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

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 »

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

REVALIDATION NOTIFICATION CENTER »

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

Manage Signatures

Applications Requiring Signatures

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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

❗ IMPORTANT:

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 »

Application Warning

⊟ OPENED FOR CORRECTIONS

You currently do not have any applications that are Opened for Corrections.

⊟ RETURN FOR CORRECTIONS

You currently do not have any applications that are Returned for Corrections.

⊟ REJECTED

You currently do not have any applications that are Rejected.

Existing Associates

Please provide one or more of the following options to filter your associates. Selecting the reset button will clear the options selected and load the full list of associates.

Enrollment Type
All Types ▾   **SELECT ▶**

Provider/Supplier Type
All Provider/Supplier Types ▾

Associate Legal Business Name
_____

TIN
_____ ⓘ
XXX-XX-XXXX

Associate Last Name
_____

NPI
_____ ⓘ
10 Digits

Associate First Name
_____

State
All States ▾

FILTER ▶   **RESET ▶**

Select "View Enrollments"

Verify All Signatures

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.
State: CONNECTICUT
Type/Specialty: CLINIC/GROUP PRACTICE

Enrollment Type: 855B
Medicare ID: [   ]   View Medicare ID Report
Status: APPROVED   View Approved Enrollment Record

Existing Reassignments: 1
Pending Reassignments Applications: 0
View/Manage Reassignments   ⬅

Type of Up date	Status	Tracking ID	Action
Change of In formation	AWAITING PROCESSING **View Awaiting Processing Application**	[ ]	VIEW ▶ ⬅

View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
[ ]	[ ]	PENDING E-SIGNATURES View Pending E-Signatures Application	[ ]	MANAGE SIGNATURES ▶ CORRECT & RE-SUBMIT ▶

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ⓘ	Enrollment Status	Relationship Status
All Statuses ▾	All Statuses ▾	All Relationships ▾

FILTER ▶   RESET ▶

You currently do not have any Existing Reassignments.

◀◀ RETURN TO MY ENROLLMENTS

Verify All Signatures

New Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.
State: CONNECTICUT
Type/Specialty: OPHTHALMOLOGY

VIEW ▶

MANAGE SIGNATURES ▶

CORRECT & RE-SUBMIT ▶

Enrollment Type: 855I

Status: PENDING E-SIGNATURES   View Pending E-Signatures Application 🖵
Tracking ID: [   ]
Pending Reassignments Applications: 1
View/Manage Reassignments

Records 1 - 1 of 1

◀ PREVIOUS PAGE

View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
[ ]c	[ ]	AWAITING PROCESSING View Awaiting Processing Application 🖵	[ ]	MANAGE SIGNATURES ▶

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ⓘ	Enrollment Status	Relationship Status
All Statuses ▾	All Statuses ▾	All Relationships ▾

FILTER ▶   RESET ▶

You currently do not have any Existing Reassignments.

◀◀ RETURN TO MY ENROLLMENTS

Signature Status

Print Certification Statements

Print Certification Statements

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 date	Status	Tracking ID	Action
Revalidatio n	AWAITING PROCESSIN G View Awaiting Proces sing Application 🖵	TXXXXXXX	VIEW ▶ MANAGE SIGNATURES ▶

Print Certification Statements

Application Questionnaire

(*) Red asterisk indicates a required field.

Submitted Application

* What type of action is the applicant trying to perform?

○ **View Printable Mailing Instructions**

○ **View Printable Supporting Documentation**

○ **View Printable Certification Statements**

○ **View Printable Submission History Report**

NEXT PAGE ▷

« RETURN TO MY ENROLLMENTS

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Print Certification Statements

View and Print Application

Printing Instructions

Each document listed below may be saved to your computer and/or printed for your personal records by clicking the "View and Print"link next to each document. Only the required supporting documentation must be printed and mailed to the Medicare contractor. Certification / Authorization Statement(s) must be printed and uploaded if not e-signed.

Please do not mail a copy of this application or the Certification / Authorization Statement(s)to the Medicare contractor if you are submitting it electronically.

View and Print [PDF] — Authorized Official Certification Statement for Clinics and Group Practices

Note: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.

View and Print — Medicare Supplier Enrollment Application Privacy Act Statement for Clinics and Group Practices

View and Print — Supporting Documentation

View and Print [PDF] — CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement

Note: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.

View and Print — CMS-460 Medicare Participating Physician or Supplier Agreement

Note:

- Documents in PDF format require the Adobe Acrobat Reader®. If you experience problems with PDF documents, please download the latest version of the Reader®.

◄ PREVIOUS PAGE

« CANCEL

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Upload Certification Statements

Upload Certification Statements

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 Update	Status	Tracking ID	Action
Revalidation	AWAITING PROCESSING View Awaiting Processing Application 🖳	TXXXXXXX	VIEW ▶ MANAGE SIGNATURES ▶

View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
		PENDING E-SIGNATURES View Pending E-Signatures Application 🖳		MANAGE SIGNATURES ▶ CORRECT & RE-SUBMIT ▶

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ⓘ   Enrollment Status   Relationship Status
All Statuses ▼   All Statuses ▼   All Relationships ▼

FILTER ▶   RESET ▶

You currently do not have any Existing Reassignments.

◀◀ RETURN TO MY ENROLLMENTS

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Upload Certification Statements

Manage Signatures

Name: DONALD DUCK   **TIN:** XXX-XX-XXXX
Web Tracking ID: [   ]   **NPI** [   ]

Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents**.

Name: DONALD DUCK
SSN: XXX-XX-XXXX
Signature Method: UPLOAD

Role: PRACTITIONER
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Status: Pending

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).

[UPDATE ▶]

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]

Upload Certification Statements

Electronic Signature Status

(*) Red asterisk indicates a required field.

Update Signature Record

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents.**

Name

Role
AUTHORIZED OFFICIAL

Document
AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

E-Sign Status
Pending

Selected Signature Method
Upload

Update Signature Method to:

○ Electronic

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.

- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.
ⓘ

| | Browse... | UPLOAD ⊠ |

| ⊠ CANCEL | CONFIRM ⊠ |

⊠ RETURN TO MY ENROLLMENTS

Upload Certification Statements

Manage Signatures

Name: DONALD DUCK   **TIN:** XXX-XX-XXXX
Web Tracking ID: **NPI:**

Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents**.

Name: DONALD DUCK
SSN: XXX-XX-XXXX
Signature Method: UPLOAD

File Name: Certification statement.pdf
Date Uploaded: 02/26/2021

[REMOVE ►]

Role: PRACTITIONER
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Status: Complete
Date: 02/26/2021

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]

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E-Signature Certification

E-Signature Status

Resend E-Signature Email Confirmation

Electronic 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 ORGANIZATIONS (855R)

RETURN TO E-SIGNATURES »

« **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: [   ]LC
    Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE
    State: IL
    Form Type: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
    Practice Location .... Y, SPRINGFIELD, IL 627021507
    NPI:
    Web Tracking ID
    Signatory Name: [   ]
    Signatory Role: PRACTITIONER
    Topic/s Changed: Reassignment

> The email will provide 2 options for e-signing the application:
> 1. Log into Internet-based PECOS using your existing PECOS ID and password
> 2. 2. E-sign via the PECOS e-signature website if you don't have an existing PECOS ID and password

Instructions:
You may provide an electronic signature using your PECOS user ID at (https://urldefense.com/v3/__https://pecos.cms.hhs.gov__;!!IZ3lH8c!nJWZzGuzwfvG_QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvley1ND9jSg$) OR through the PECOS E-Signature website
(https://urldefense.com/v3/__https://pecos.cms.cmsval/pecos/eSignLogin.do__;!!IZ3lH8c!nJWZzGuzwfvG_QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvlewFKprDXQ$), using your identifying information, e-mail address, and unique PIN [XXXXXXX]5. 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.

Login to PECOS

Copy PIN and Select Link

Welcome to PECOS E-Signature Application

(*) Red asterisk indicates a required field.

Remote Authentication Page

You have been directed to this site in order to electronically sign certain required documents related to Medicare enrollment application recently submitted on your behalf.

WARNING: If you believe you have been directed to this site by mistake, please close this page immediately. Only authorized users have the right to access this site. By accessing and using this system you expressly consent to system monitoring. Any misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials.

Verify Your Identity and Validate Your Application Record

Enter the required Identity information:

* First Name

* Last Name

* Date of Birth

MM/DD/YYYY

* SSN

No Format Required

Enter the email address and PIN you received in the PECOS emails:

* Email Address

* PIN

LOG IN ≫

If your PIN is lost or expired, click here to generate a new one.

Application Requiring Signature

Manage Signatures

Applications Requiring Signatures

Applicant Name:
TIN (EIN):
Web Tracking ID:
Form Type: 855B
Application Submitted: 03/23/2021
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION
STATEMENT FOR CLINICS AND GROUP PRACTICES

VIEW AND SIGN »

E-Signature Attestation

Review And Sign Your Certification Statement

(*) Red asterisk indicates a required field.

E-Signature Instructions

To complete your E-Signature follow the steps below:

1. Click here if you wish to review the application 🖥
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

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

1. 18 U.S.C. § 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

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AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES (855B)

These are additional requirements that the provider must meet and maintain to bill the Medicare program. By signing, the provider is attesting to have read the requirements and understanding them.

By his/her signature(s), the authorized official named below agrees to adhere to

---

* Do you accept the Terms and Conditions?

☐ Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

SUBMIT ▶

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E-Signature Completion

Electronic Signature Status

Your E-Signature Has Been Accepted

You have successfully e-signed the following document(s):

Web tracking ID:

View Submitted Application

Signer Name:

Role: AUTHORIZED OFFICIAL

Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

Signed Date: Thu Apr 08 08:23:46 EDT 2021

CLOSE »

PECOS Application Status

PECOS Application Status

PECOS Application Status

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.

PECOS Application Status

- 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.

PECOS Self Service Application

PECOS Application Status

Enrollment Information:

Legal Business Name: [ ] LLC
Application Type: 855B
Specialty: CLINIC/GROUP PRACTICE
State: ILLINOIS
L&T ID
Web Tracking II
Submittal Reason. A provider or supplier is enrolling in the Medicare program for the first time with this Medicare fee-for-service contractor under this tax identification number.
Date Submitted/Received: 08/30/2021

Status of your PECOS application:

Note: The status of your application is indicated by the step that is highlighted below.

Step 1. Your application was successfully submitted/received on 08/30/2021	Step 2. Your application is being reviewed.	Step 3. Your application is being processed.	Step 4. Your application has been processed and has a status of: APPROVED.

For additional information about the status of your PECOS application, please contact your Fee-For-Service Medicare Contractor:

NATIONAL GOVERNMENT SERVICES, INC.
PO BOX 6474
INDIANAPOLIS, IN 46206-6474

◄ PREVIOUS PAGE

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"

Application Warning

OPENED FOR CORRECTIONS

You currently do not have any applications that are Opened for Corrections.

RETURN FOR CORRECTIONS [1]

(TIN:)

Enrollment Type: 855B
Status: RETURNED FOR CORRECTIONS
View Returned For Corrections Application
Tracking ID: View Email Notification

VIEW ▶
MORE OPTIONS ▶

REJECTED

You currently do not have any applications that are Rejected.

Application Questionnaire

(*) Red asterisk indicates a required field.

Returned for Corrections

* What type of action is the applicant trying to perform?

○ **Correct or Update Application**

○ **Delete Application**

NEXT PAGE ▶

◀◀ RETURN TO MY ENROLLMENTS

Return for Corrections – Select "More Options"

Contractor: NATIONAL GOVERNMENT SERVICES, INC.
State: CONNECTICUT
Type/Specialty: CLINIC/GROUP PRACTICE

Enrollment Type: 855B
Medicare ID: [   ]   View Medicare ID Report 🖻
Status: APPROVED   View Approved Enrollment Record 🖻

Existing Reassignments: 1
Pending Reassignments Applications: 0
View/Manage Reassignments ⬅

Type of Update	Status	Tracking ID	Action
Change of Information	RETURNED FOR CORRECTIONS View Returned For Corrections Application 🖻	[ ]	VIEW ▶ CORRECT & RE-SUBMIT ▶ ⬅ DELETE ▶

View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
[ ]	[ ]	RETURNED FOR CORRECTIONS View Returned For Corrections Application 🖻	[ ] ⬅	CORRECT & RE-SUBMIT ▶ DELETE ▶

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ⓘ	**Enrollment Status**	**Relationship Status**
All Statuses ▾	All Statuses ▾	All Relationships ▾

FILTER ▶   RESET ▶

You currently do not have any Existing Reassignments.

◀◀ RETURN TO MY ENROLLMENTS

Make Corrections or Upload Document(s)

Topic View | **Fast Track View** | **Error/Warning Check 4**

Enrollment ID:
PacID:
Web Tracking ID:

Reason for Application

Enrolled Supplier is Updating their Enrollment by Adding, Deleting, and/or Changing Information

[EDIT REASON]

Reports

Select the hyperlink to view the Application being edited:
View Application being edited

Select the hyperlink to view the Medicare ID Report:
View Medicare ID Report

Topics

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

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

This application is collecting the following topics:

Completed	Topics
✓	**Business Information** ⊞ more information about Business Information
✓	**Supplier Type** ⊞ more information about Supplier Type
✓	**PAR Status Information** ⊞ more information about PAR Status Information
✓	**Physical Location and "Special Payments" Address** ⊞ more information about Physical Location and "Special Payments" Address

Error/Warning Check Tab

Topic View | **Fast Track View** | **Error/Warning Check 3**

Enrollment Submission

Note: Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

BEGIN SUBMISSION »

Enrollment ID:
PacID:
Web Tracking ID:

Errors for this Enrollment

No Errors were found for this enrollment application.

Warnings for this Enrollment

Warnings were found for this enrollment application. Please review the warnings listed below and verify that the information entered is correct.

Verification of this information is optional; the submission process may continue without verification of this information.

Topic	Warning
Reassignment	Reassignment of Benefits exist that are missing a primary and/or secondary practice location. It is recommended that a primary and secondary practice location be specified, but are not required.
Electronic Funds Transfer	EFT dataset SOME BANK is not associated to any Medicare IDs. Please associate a Medicare ID to this EFT dataset in the Electronic Funds Transfer topic.
Electronic Funds Transfer	Medicare ID(s) CT002021 is not associated to any EFT datasets. Please associate an EFT dataset to this Medicare ID(s) in the Electronic Funds Transfer topic.

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Select Signatories

Select Signatories

Signatory for Organization Enrollment

No Signatures required for this application. No changes have been made, or only Supporting Documentation has been modified. Please continue your submission without signatures.

NEXT PAGE ▶

« RETURN TO MY ENROLLMENTS

Select Signatories

(*) Red asterisk indicates a required field.

Signatory for Organization Enrollment

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

* **Authorized Signer**

Please select authorized signer ▾

NEXT PAGE ▶

« RETURN TO MY ENROLLMENTS

Submission Page

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).

Required and/or Supporting Documents:

Note: Expand ➕ for document details.

If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
➕ Authorized Official Certification Statement for Clinics and Group Practices [PDF] **Note**: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	
➕ Certification Statement for Individual Practitioners [PDF] **Note**: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	

Required Documentation	Delivery Method	Comments
➕ Copy of an organizational structure diagram/flowchart.	Unspecified	

Optional Documentation	Delivery Method	Comments
➕ Other Documentation requested by your Medicare Contractor(s)	Unspecified	

Note: Documents in PDF format require the Adobe Acrobat Reader®. If you
~~experience problems with PDF documents, please download the latest version of the~~

[◄ PREVIOUS PAGE]   [COMPLETE SUBMISSION ►]

[◄ CANCEL]

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]

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

National Government Services

Verify and Manage Signatures after Corrections

Resources

Internet-Based PECOS Tutorials

Enrollment Tutorials

- **Initial Enrollment:**
  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

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password

LOG IN »

Forgot Password?

Forgot User ID?

Manage/Update User Profile

Who Should I Call? [PDF, 155KB] - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

Helpful Links

Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.

Important Note: CMS is using its authority under Section 1135 of the Social Security Act to waive the application fee 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.

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

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?
- [Follow us](#)

We're on Twitter! @NGSMedicare