CMS Provider Enrollment Systems

NGS Provider Outreach & Education - April 2022

Identity & Access (I&A) Management System

Topic.	Field Area(s)
My Profile tab	**My Information –** name, business phone, personal phone & address, and email _____ **Employer Information** – list of organizations or individual records you have access (organization and/or individual must grant access)
My Connections tab	**My Connections - Surrogate relationships** between providers and individual/organizations that work on the provider's behalf (Provider must grant access to have surrogate relationship)
My Staff tab	**My Staff –** list of staff with access to work on the behalf of organization or individual (individual provider, authorized official (AO) or access manager must grant and/or remove access for staff)

National Plan & Provider Enumeration (NPPES)

Topic	Field Area(s)
Profile	NPI Type 1 – individual legal name NPI Type 2 – organization legal business name, TIN, authorized official
Address	Business mailing address (correspondence address) Practice location address
Health Information Exchange	securely share vital medical information electronically (optional)
Other Identifiers	Provider identifiers - insurance information that is not PHI
Taxonomy	Taxonomy codes (mark primary)
Contact Information	Contact person, email, telephone (mark primary)

Provider Enrollment Chain & Ownership System (PECOS)

Topic (Selections)	Field Area(s)
Personal/Organization Identifying Information	Individual legal name
	Organization legal business name, TIN
Practitioner Specialty/Provider Type	Physician: 1 primary & multiple secondary
	Nonphysician/organization: 1 primary
	(primary specialty changes may require initial enrollment)
PAR Status Information	Change can occur 90 days after initial enroll or during open enrollment
Business/Physical Location and "Special Payment" Address	Practice/business location address, telephone, fax, email
	Primary practice location (identify)
	Remittance/special pay to address
	NPI/PTAN combinations for billers (individual in private practice/organization)
	Certification #'s for CLIA and/or FDA equipment
Rendering Healthcare Services at a Patients Home	Geographical area
Physician Assistant Employment Association	Individual employment association
	Organization remove employment association
Reassignment	List reassignment information
	Primary/secondary practice location
Resident Status	Resident/intern information
Mailing Address	Correspondence and medical records correspondence address
License, Certification and DEA Information	Local/state license or certification (attach supporting document(s)
Final Adverse Legal Action	Legal actions (attach supporting document(s))
Topic	Field Area(s)
Organization Control	Organization ownership/managing control for a biller

Topic (Selections)	Field Area(s)
Individual Control	Individual ownership/managing control for a biller
	(owners, directors/officers, board of directors, authorized/delegated officials)
	(Opioid Treatment Program- program sponsor, medical director)
Patient Records Storage Location	Biller physical/electronic storage area
Billing Agency/Agent	Name, address, TIN, telephone
Contact Person	Name, address, telephone, email
Electronic Funds Transfer	Bank information, contact person
Required and/or Supporting Documentation	Up to date documents
Ambulance Service Suppliers	Geographical area, vehicle
Independent Diagnostic Testing Facilities (IDTF)	CPT-4 & HCPC codes, interpreting & supervising physician, technical personnel
Opioid Treatment Program Personnel	Ordering and dispensing personnel
MDPP Coach	Name

Note: *not an all-inclusive list*