



# Getting Access to PECOS

9/5/2023





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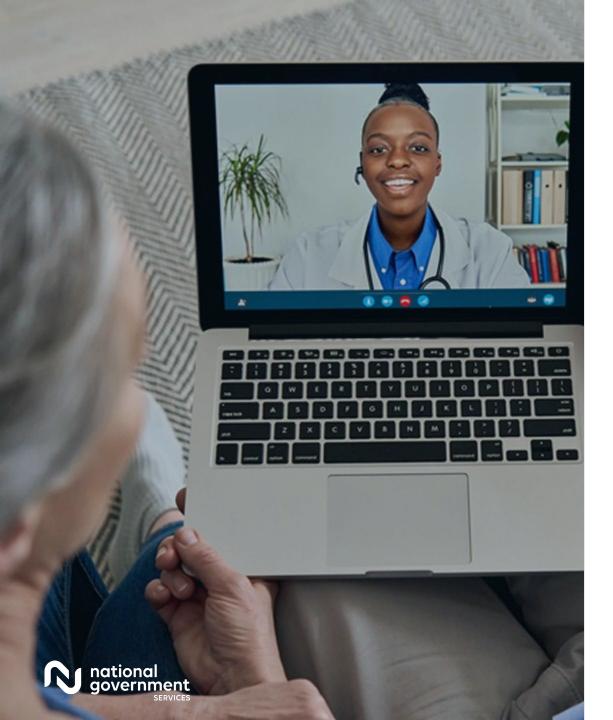


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#### Provider Outreach and Education Consultants

- Laura Brown, CPC
- Susan Stafford PMP, COA, AMR











#### Agenda

- Benefits of PECOS
- CMS Systems and Relationship
- Retrieve Forgotten User ID
- Create Your Account
- Register as an Authorized Official (AO), Access
   Manager (AM) or Staff End User for Your
   Employer
- Initiate a Connection Request to a Provider
- Initiate a Connection Request to a Group/Entity
- Manage Your Employees and Their Access
- Contact Information and Resources







# Benefits of PECOS

# Benefits of PECOS

- Access to provider enrollment information currently on file with Medicare, submitted
  - Electronic via PECOS
  - CMS paper application
- Submit electronic application for any scenario to update, add or delete provider enrollment information with the following features
  - Electronic signatures or upload certification statements
  - Upload supporting documents (PDF or TIFF)





# Benefits of PECOS

- View the following PECOS reports
  - Medicare ID Report (PTAN, Medicare Number)
  - Approved Enrollment Record (view current provider enrollment information)
  - Pending Reassignment Applications
  - Reassignment Report (PTAN, effective date, revalidation due date)





### PECOS Reports







## View/Manage Reassignments Report

			Pending Reassignmen	nts Applications Details			
Name/LBN	NPI	Stat	us		Tracking ID		Action
Provider	X0000000X	PENDING E-S View Pending	IGNATURES E-Signatures Application	0	TXXXXXX		AGE SIGNATURES
Provider	XXXXXXXXXXXX	PENDING E-S View Pending	IGNATURES E-Signatures Application	ø	тххххх	The second se	AGE SIGNATURES
Reassignments Rep Filter Reassignmen		ns to filter the enrollm	nents. Selecting the reset	button will clear the opti	ons selected and load th	e full list of enrollments.	
Reassignment Statu	-	Enro	Ilment Status		Relationship \$	tatus	
All Statuses	~	All S	Statuses	~	All Relationships 💙		
			FILTER	RESET			
he table below display	s Reassignment Information	for Approved, Deacti	Records	1-10/1	s. Any changes that you	submit will display here o	nly after the Medicar
The table below displays	s Reassignment Information r has processed the submit	for Approved, Deactited enroliment.	Records	1 - 1 of 1	s. Any changes that you	submit will display here o	nly after the Medicar
he table below displays dministrative Contracto Relationship	Reassignment Information r has processed the submit Provider Name/LBN	for Approved, Deactited enroliment.	Records	1-10/1	a. Any changes that you Effective Date	submit will display here or Reassignment End Date	nly after the Medicard Revalidation Dur Date
dministrative Contracto	or has processed the submit	ted enrollment.	Records ivated, Revoked, and Rej Reassignment Current Enrollment	1 - 1 of 1 jected enrollment records		Reassignment End	Revalidation Due
Relationship Receiving Benefits	Provider Name/LBN	NPI	Records wated, Revoked, and Rej Reassignment Current Enrollment Status APPROVED	1 - 1 of 1 jected enrollment records s Report Details Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Relationship Receiving Benefits	Provider Name/LBN	NPI	Records wated, Revoked, and Rej Reassignment Current Enrollment Status APPROVED	1 - 1 of 1 jected enrollment records s Report Details Medicare ID gtan	Effective Date	Reassignment End Date	Revalidation Du Date
dministrative Contracto Relationship Receiving Benefits from	Provider Name/LBN	NPI XXXXXXXXXXX	Records wated, Revoked, and Rej Reassignment Current Enrollment Status APPROVED Records	1 - 1 of 1 jected enrollment records s Report Details Medicare ID gtan	Effective Date	Reassignment End Date	Revalidation Du Date
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## Learn About PECOS

- NGS website
  - Learn About PECOS Web Part A or Part B
    - $\checkmark$  Links to all three systems, PECOS, I&A, NPPES
- CMS website
  - Internet-based PECOS
- PECOS website
  - Provider and Supplier Resources
    - ✓ <u>Enrollment Tutorials</u>
    - ✓ <u>Accessibility</u>





# CMS Systems and Relationship

#### Identity & Access (I&A) Management System

Provider Enrollment, Chain, and Ownership System (PECOS) National Plan & Provider Enumeration System (NPPES)

Electronic Health Records (EHR)





## <u>Identity & Access Management System</u>

horized users are able to sign in to the Identity & Ad	ccess Management System. If you are a new user you must first register.
Sign In	One account to access multiple systems
Indicates required field(s)     User ID:	Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your
Password:	information. Create Account Now
Sign In     Forgot Password     Retrieve Forgotten User ID     Enter your PIN	Use this system to register for Medicare or update your current enrollment information Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.
	National Plan & Provider Enumeration System Use this system to apply for and manage National Provider Identifiers (NPIs).
Quick Reference Guide	Frequently Asked Questions Answers to common guestions about registration, who





# I&A Management System

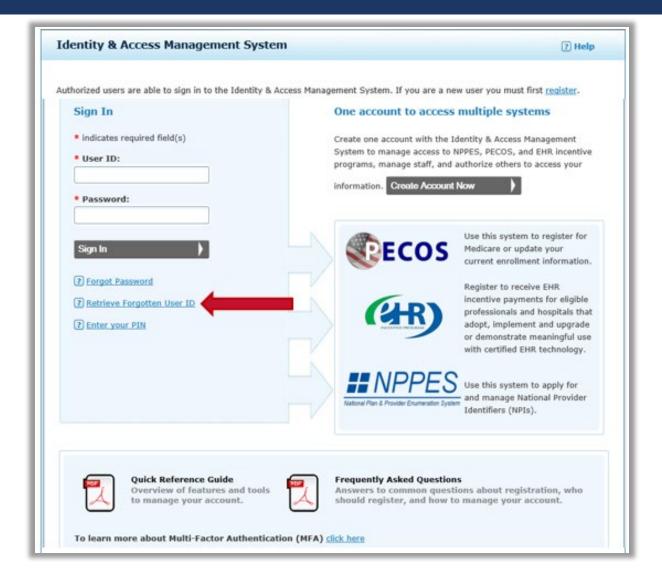
- Purpose for I&A security system
  - Individual profile for user ID to access multiple systems
    - ✓ <u>PECOS</u> (Medicare provider enrollment information)
    - ✓ <u>NPPES</u> (NPI information)
    - ✓ EHR (Electronic Health Records Incentive Program)
  - Connection to organization and individual enrollments
  - Authorize and manage staffs access to enrollment information





# Retrieve Forgotten User ID

### Retrieve Forgotten User ID







## Retrieve Forgotten User ID - Information

dentity & Access Management Sys	stem	3 He
etrieve Forgotten User ID - Informa	tion	
		< Back to Previous
🚯 Note: You have two options for retrieving yo	ur User ID.	
<ol> <li>To have your User ID e-mailed to you, ent</li> <li>To have your User ID immediately displayed</li> </ol>		ress associated with your account. the User Information associated with your account.
If you choose to receive your User ID by e-m enter the User Information associated with yo		ceive the e-mail within 24 hours, please return to this page and
indicates required field(s)		
-mail Information	OR	User Information
Continue		* Date of Birth: Ex: (MM/DD/YYY)  * First Name:  * Last Name:  * Last Name:  * Dersonal Phone Number:  * Home ZIP/ Postal Code:





## Retrieve Forgotten User ID - Confirmation







#### Reset Password

TMS Centers for Mentity & Access Management	edicare & Medicaid Services	? Help
eset Password indicates required field(s)		<u>« Back to Previous Page</u>
Please enter a new password, an * New Password: * Confirm New Password:	And the new password again for verification: Password Compliance: Must be different from your previous 6 passwords. Passwords may only be changed once every 24 hours Must be 8-12 alphanumeric characters. Must contain at least one letter. Must contain at least one number. Must contain at least one number. Must contain at least one valid special character. Must not contain any invalid special characters. Must not start with numeric characters. Must not contain three repeating characters. Must not contain first name or last name. Must not be the same as the User ID. New Password must match Confirm New Password.	lid Special Characters: @ # & ) ( ' " .
Reset	Cancel	





# Create Your Account

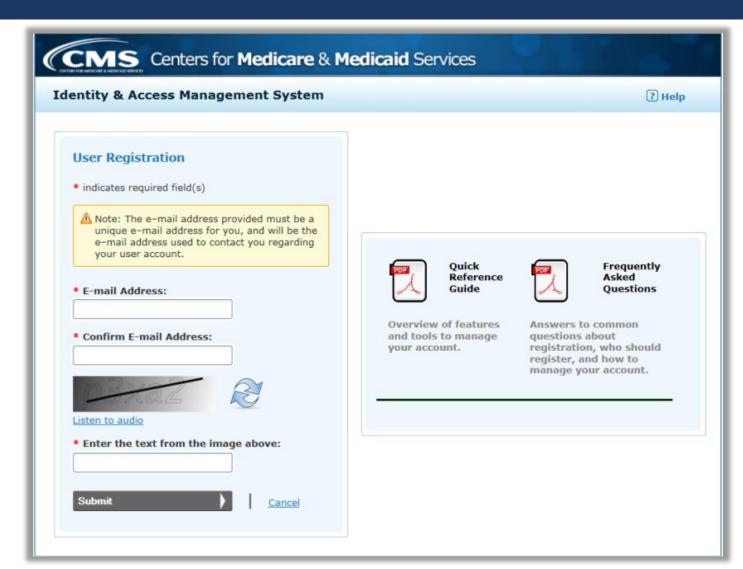
#### Create Account Now

norized users are able to sign in to the Identit	ty & Access Management System. If you are a new user you must first <u>register</u> .
Sign In	One account to access multiple systems
Indicates required field(s)	Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentiv programs, manage staff, and authorize others to access your
Password:	information. Create Account Now
Sign In	Use this system to register for Medicare or update your
7) Forgot Password	Current enrollment information
Retrieve Forgotten User ID	Incentive payments for eligible
T) Preniese Longorren waer 10	
Enter your PIN	professionals and hospitals thi adopt, implement and upgrade or demonstrate meaningful us with certified EHR technology.
	adopt, implement and upgrade or demonstrate meaningful us





#### User Registration







# User Security

tity & Access Management	System	() нер
Registration - User Security		
	Step 3 MFA Setup	
dicates required field(s)	_	
• User ID:	Access Manageme	nanumeric characters and unique within the Identity & nt System and NPPES. more than four numeric characters, any spaces, or any
* Password:		personally identifiable information such as SSN or NPI.
Confirm Password:	<ul> <li>Must contain at les</li> <li>Must contain at les</li> <li>Must contain at les</li> <li>Must not contain at</li> <li>Must not contain at</li> <li>Must not contain ties</li> <li>Must not contain ties</li> <li>Must not contain ties</li> </ul>	ast one letter. Valid Special Characters: @ # & ) ast one number. ast one valid special character. any invalid special characters. h numeric characters.
Please select five different security Question 1:	questions and enter their	
		Answer 1:
Select		Answer 1:
Question 2:		* Answer 1: * Answer 2:
Question 2:	V V	
Question 2: Select Question 3:		* Answer 2:
Question 2: Select		* Answer 2:
Question 2: Select Question 3: Select Question 4:		* Answer 2: * Answer 3:
Question 2: Select Question 3: Select		* Answer 2: * Answer 3:



### User Information

Identity & Access Management System	? Help
User Registration - User Information	
Step 1 Step 2 User Security User Info MFA Setup Final Review	
Please provide the details below. They will be used to verify your identity. * indicates required field(s)	<u>« Back to Previous Page</u>
* First Name: * Personal Phone	Number:
Middle Name: * Home Address I	Line 1:
* Last Name: Home Address Lin	ne 2:
Suffix: * City:	
* Business Phone Number: * Country: United States	
Fax Number: * State/ Province SE - Select One	/ Territory:
* Date of Birth: (MM/DD/YYYY)   * Postal/ZIP Code	e:
* SSN:	
Primary E-mail Address: sam.elliot@email.com	
Continue	





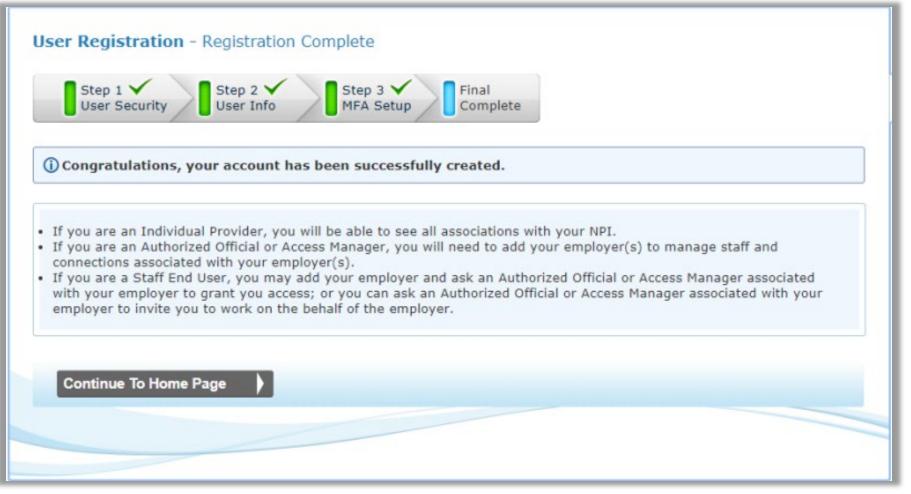
### Multi-Factor Authentication Setup

Atration - Multi-Factor Authentication (MFA) Setup         Image: Step 2 Image: Step 3 Image: Step 3 Image: Step 3 Image: Step 2 Image: Step 2 Image: Step 3 Image: Step	CMS Centers for Medicare & Medicaid Services	Logged in as SamElliot	Sign
Step 2 Step 2 MFA Setup Final Review ecurity Step 2 Step 3 MFA Setup Final Review e a required field(s) e a required field(s) e d a way to deliver a temporary code to you to verify your identity. We can do this via a phone er (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must this code on the next page. nust identify at least one method for receiving your verification code; however, you may provide two different methods. e note the following Text/SMS and Voice Call Details: ernational phone numbers are not supported. ndard message and data charges may be applied by your carrier. entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's	entity & Access Management System	(	7 Help
ecurity       User Info       MFA Setup       Review         s required field(s) <ul> <li>ed a way to deliver a temporary code to you to verify your identity. We can do this via a phone er (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must this code on the next page.</li> <li>nust identify at least one method for receiving your verification code; however, you may provide two different methods.</li> </ul> e note the following Text/SMS and Voice Call Details:           ernational phone numbers are not supported.           ndard message and data charges may be applied by your carrier.           entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's	er Registration - Multi-Factor Authentication (MFA) Setup		
ernational phone numbers are not supported. ndard message and data charges may be applied by your carrier. entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's			
er (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must this code on the next page. nust identify at least one method for receiving your verification code; however, you may provide two different methods. e note the following Text/SMS and Voice Call Details: ernational phone numbers are not supported. ndard message and data charges may be applied by your carrier. entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's	indicates required field(s)	« Back to Previo	us Page
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	number (either by voice or Text/SMS) or you can choose to have it sent to you enter this code on the next page. You must identify at least one method for receiving your verification code; hup to two different methods. Please note the following Text/SMS and Voice Call Details: • International phone numbers are not supported. • Standard message and data charges may be applied by your carrier. • By entering a Mobile Phone Number, you are certifying that you are the account h permission to use the phone number to receive a Text/SMS message. Please select a Multi-Factor Authentication Method:	ou in an e-mail. You must owever, you may provide	
ect Primary Authentication Method	number (either by voice or Text/SMS) or you can choose to have it sent to you enter this code on the next page. You must identify at least one method for receiving your verification code; hup to two different methods. Please note the following Text/SMS and Voice Call Details: • International phone numbers are not supported. • Standard message and data charges may be applied by your carrier. • By entering a Mobile Phone Number, you are certifying that you are the account h permission to use the phone number to receive a Text/SMS message.	ou in an e-mail. You must owever, you may provide	





# **Registration Complete**







# Register as an AO, AM or Staff End User for Your Employer

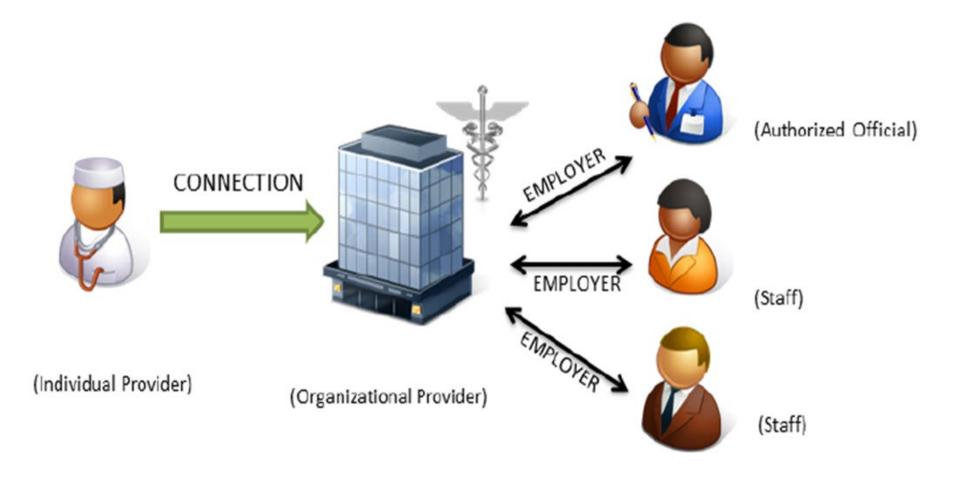


#### Roles

Role	Represent an Organization	Manage Staff	Approve/ Manage Connections	Act on Behalf of Provider in CMS systems
Individual Provider	Yes	Yes	Yes	Yes
Authorized Official	Yes	Yes	Yes	Yes
Access Manager	Yes	Yes	Yes	Yes
Staff End User	No	No	No	Yes
Surrogate	No	No	No	Yes



### Roles and Relationships







# Register With Employer

national government

ntity & Access Manageme	nt System			P Help
Home My Profile My Co	onnections			
My Profile				
4y Information				
Name: My Name		Home Address:		
Date of Birth:				
Business Phone Number:		Personal Phone Nun	nber:	
Fax Number:			Modify	My Information
Primary E-mail Address:	@email.com		Modify	Primary E-mail
Password		Multi-Eactor A	Authentication (MF/	()
Your Password will expire in 57 da	sy(s).		our MFA Methods	×
Security Change Security Questions & Answ	vers =			
Employer Information				
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iearch By: "Employer Name			Search	Cloar
io Employers Exist.	My Role with	this My Status with		



### Search on an NPI

Home My Profile My Conn	nections
ly Profile ► Add Employer Searc	ch <u>« Back to Previous Page</u>
	oviders that you wish to be associated with as your employer. You can search by rganization Name, Individual Provider's Last Name, City, State, ZIP or NPI. If you are behalf, please use My Connections.
Organization Name:	NPI: XXXXXXXX Search
First Name:	Last Name:
City:	State: SE - Select One ZIP:





### Search Results

	My Profile	My Connect	ions My	Staff					
y Prof	ile ► Add Em	ployer Search				<u>* Back</u>	to Previous	Page	
					ciated with as your employer vider's Last Name, City, Stat			are	
		work on their beh							
Organ	nization Name:			NPI:	XXXXXXXXXXX		Search		
First I	Name:			Last Name:					
City:				State:	SE - Select One	VZIP:			
earch R	Name	Doing Business As	NPI		/iew NPI	Viev	v Other Na	ime	
	up Name	3	CXXXXXXXX		View NPI(s)	Vie	w Other Nan	ne(s)	
Gro	plover informati	on does not exist.	please select "	Add Employer	Not in List". Add Employer	Not in Lis	at		



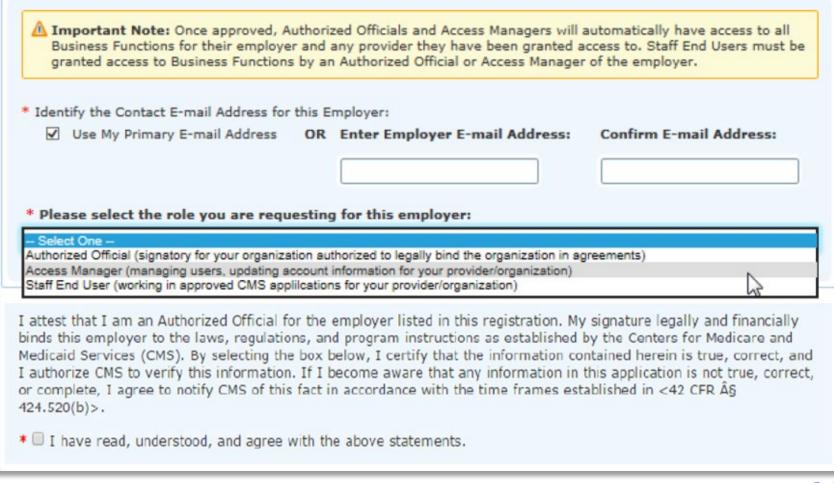
### Select Role

lome	My Profile	My Connection	ns My Staff				
arch for tering on	e or more of the	Individual Provider following: Organizi				<u>     Back to Previous Pa</u> You can search by , ZIP or NPI. If you are	
Organi	ization Name:		NPI:		xxxxx	Search	
First N	lame:		Last N	ame:			
City:			State:	SE - Select One		▼ ZIP:	
		oing Business	NPI		v NPI	View Other Name	
	0	oing Business	NPI				
A Im	Name Dr	nce approved, Auti	horized Officials and	Me Access Managers will y have been granted a	automatically access to. Staff	View Other Name(s)	
Im Bus gra	Name Dr portant Note: O intes Functions fi nited access to Bu	nce approved, Auti	horized Officials and and any provider the y an Authorized Offi	Me Access Managers will	automatically access to. Staff	View Other Name(s)	
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M Im Bus gra * Identi in t	Name Dr portant Note: O intess Functions fi nited access to Bu fy the Contact E- Use My Primary E se select the rol 10ne	nce approved, Aut or their employer a siness Functions b mail Address for th -mail Address for th	horized Officials and and any provider the y an Authorized Offi is Employer: DR Enter Employer	Me Access Managers will y have been granted a cial or Access Manage er E-mail Address:	automatically access to. Staff r of the employ	View Other Name(s) have access to all f End Users must be yer.	





# Authorized Official or Access Manager







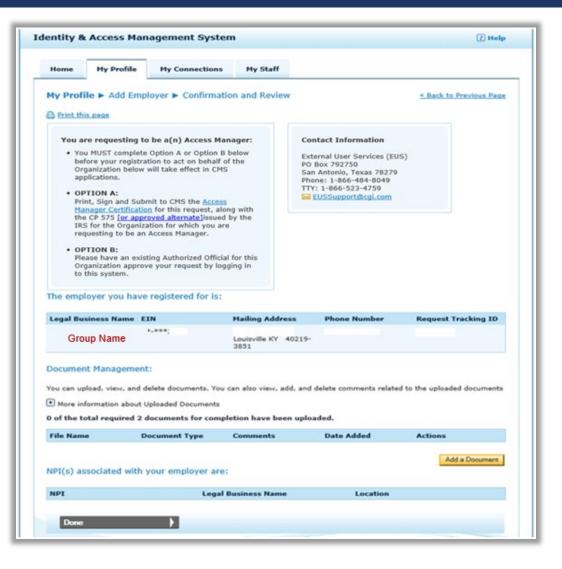
# Access Manager or Staff End User

Identify the Contact E-mail Address for this	Employer:		
Use My Primary E-mail Address O	R Enter Employer E-mail Address:	Confirm E-mail Address:	
Please select the role you are request	ing for this employer:		
Access Manager (managing users, updating acco Staff End User (working in approved CMS applic Please provide the required Authorized Authorized Official Name:	ations for your provider/organization)	this employer:	
Authorized Official Title:			
*Authorized Official Phone:			
Authorized Official E-mail Address:			
Authorized Official Confirm E-mail Ad	dress:		
your employer information does not exi	st, please select "Add Employer Not in	List". Add Employer Not in List	
your employer information does not exi	st, please select "Add Employer Not in	List". Add Employer Not in List	





### Confirmation and Review







### **Employer Information**

Identity & Access Mana	igement System				(?) Help
Home My Profile	My Connections				
My Profile					
Employer Information					
Employer Information	My Role with this Employer <del>v</del>	My Status with this Employer <del>•</del>	PECOS	EHR	NPPES
Employer <b>T</b>			PECOS NO	EHR NO	NPPES NO
Employer <b>v</b>	Employer 🔻	Employer - Pending Approval Tracking Id			





### AO Role Request Approval

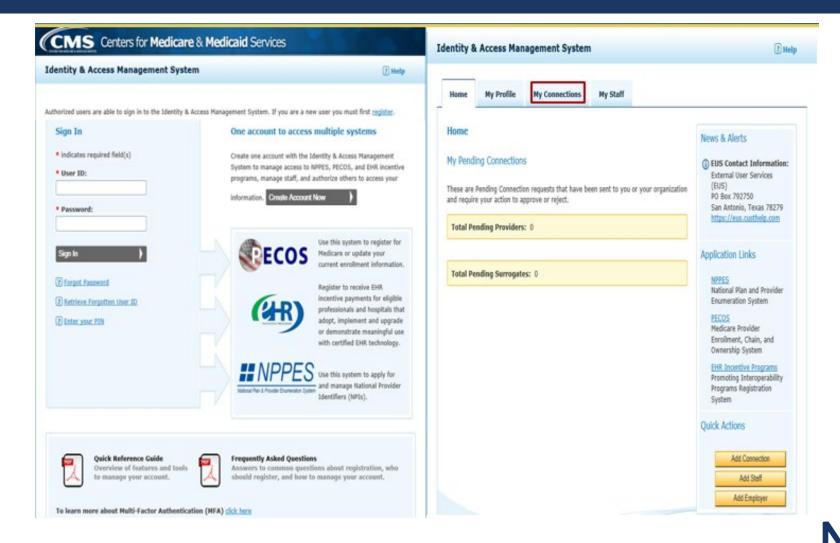
- Active	e Staff					
Г	Role Re	quests	Inactive St	aff	Add Staff	
CMS	Centers f	or <b>Medicare</b> 8	& Medicaid	Services	Logged in as Meh	li101 Sign Out
THE POINT HERE AND A MERCANITY	inter .	gement System			Last Logged on 04/09/:	? Help
Home	My Profile	My Connections	My Staff			
My Staff	Pending Role	Requests	-			
		ctive Staff	Inactive Staff	Ad	d Staff	
	ole Requests					
Pending R					loyee First Name	
Pending R Search by:	Employee I			Emp	Search	Clear
				Request Role	Action	
Search by:		lame			Action	





## Initiate a Connection Request to a Provider

### My Connection Tab







### Find Provider

Identity & Access Management System	Identity & Access Management System Identity & Access Management System
Identity & Access Management System	Home Hy Profile Hy Connections My Staff My Connections Connections Connections will allow you to create surrogate relationships between Providers and individuals or organizations that work on the Providers' behalf.
Connections will allow you to create surrogate relationships between Providers and individuals or organizations that work on the Providers' behalf. Select the name of a Connection to update or view more information about that connection. Search By: "Employer Name Group Name EIN: xxxx	Select the name of a Connection to update or view more information about that connection.  Search By: "Employer Name Group Name Group is a surrogate for the following providers: Name Group has been authorized to work on behalf of the Individual Provider(s) or Healthcare Organization(s) listed below. Use use rind Provider button below to initiate a request to work on behalf of a Provider or Organization not listed here. Find Provider
	Group Name       has authorized the following surrogates:         The following Individual(s) or Organization(s) have been authorized to work on behalf       Group se the Add Surrogate button to initiate the process of authorizing an Individual or Organization to work on behalf         Add Surrogate       Add Surrogate





### Search for a Provider

	My Profile	My Connections	My Staff		
My Conn	ection ► Add	Provider			<u>« Back to Previo</u>
					surrogate to work on their ider's Last Name, City, Stat
Organi	zation Name:		NPI	XXXXXXXXX	Search
	First Name:		Last Name	:	
	City:		State	SE - Select One	ZIP:
Course D	sults				
Search Re					
Name	•		NPI		
Name Provi	der Name		NPI		
Name Provi View Other	der Name er Nome(s)	n(e) you would like to a	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Name Provi View Other Select the	der Name er Nome(s)	n(s) you would like to ac	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Name Provi View Other Select the on behalf of PECOS	der Name er Name(s) business function	n(s) you would like to ad	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		



NGSMU

### Submit and Review for a Provider

ntity & Access Management System	Identity & Access Management System
ome My Profile My Connections My Staff	Home My Profile My Connections My Staff
Connection ► Add Provider Provider You have requested to work on behalf ofarme automatically be connected to all associated NPTs. Review the information listed below before you continue.	My Connections Connections will allow you to create surrogate relationships between Providers and individuals or organizations that work on t Providers' behalf.
ne: Provider Name Iness Function(s) Selected: ECOS HR. Incentive Program IPPES end this connection request notification to a another e-mail address in addition to what is currently on file for this	Select the name of a Connection to update or view more information about that connection. Search By: "Employer Name Group Name is a surrogate for the following providers: Name
ider, enter the additional e-mail address below. dditional E-mail Address: Provider Email Address (s) Associated with this Provider:	Group has been authorized to work on behalf of the Individual Provider(s) or Healthcare Organization(s) listed below. Use the Find Provider button below to initiate a request to work on behalf of a Provider or Organization not listed here. Find Provider
Provider Name Doing Business As NPI Business Mailing Address	Name Tracking ID Business Function Access Status
Provider XXXXXXXXXX Harrisburg, PA 17110-9436	Provider Name         XXXX         PECOS         Pending           XXXXX         EHR Incentive Program         Pending
Satmit ) Cancel	XXXXX NPPES Pending





### Approve connection request by provider

	Identity & Access Management System	? Help
me Tab	Home My Profile My Connections My Staff	
	Home My Pending Connections These are Pending Connection requests that have been sent to you or your organization and require your action to approve or reject. Total Pending Providers: 0	News & Alerts () EUS Contact Information: External User Services (EUS) PO Box 792750 San Antonio, Texas 78279 https://eus.custhelp.com
	▲ Total Pending Surrogates: 3 Below are Individuals or Organizations who are asking you to authorize them as a Surrogate for you (or your organization). Approving these requests will allow them to access and update your information in the CMS systems you specify. ■ Pending Requests	Quick Actions Add Connection Add Staff Add Employer
	Surrogate     Provider     PECOS     EHR     NPPES       Group Name     Provider Name     Image: Comparison of the second seco	
ent		NGSM



# Initiate a Connection Request to a Group/Entity

### My Connection Tab – Individual Provider

CMS Centers for Medicare &	Medicaid Services	Identity & Access Management System	2 Help
Identity & Access Management System	() Help	Home My Profile My Connections My Staff	
Authorized users are able to sign in to the Identity & Access Sign In  Indicates required field(s) User ID:  Pessword: Sign In	s Nanagement System. If you are a new user you must first register.  One account to access multiple systems Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incontive programs, manage staff, and authorize others to access you Information.  Create Account Now	Home My Pending Connections These are Pending Connection requests that have been sent to you or your organization and require your action to approve or reject. Total Pending Providers: 0 Total Pending Surrogates: 0	PO Box 792750 San Antonio, Texas 78279 https://eus.custhelp.com Application Links
Enrypt Rassenord     Rathever Forgesten User 10     Enter your FDI	Register to receive EHR incentive payments for eligible professionals and hospital bard adopt, inplement and upgrade or demonstrate meaningful use with certified EHR technology.		National Plan and Provider Enumeration System PECOS Medicare Provider Enrollment, Chain, and Ownership System EHR Incentive Programs Promoting Interoperability Programs Registration System
Quick Reference Calde Overview of features and tools to manage your account.	Frequently Asked Questions Answers to common questions about registration, who should register, and how to manage your account.		Quick Actions Add Connection Add Steft Add Employer





### Add Surrogate

Identity & Access Management System 2 Help	Identity & Access Management System	? Help
Home Ny Profile Ny Connections Ny Staff	Home My Profile My Connections My Staff	
My Connections         Connections will allow you to create surrogate relationships between Providers and individuals or organizations that work on the Providers' behalf.         Select the name of a Connection to update or view more information about that connection.         Search By: "Employer Name         Provider Name	My Connections Connections will allow you to create surrogate relationships between Providers and individuals of Providers' behalf. Select the name of a Connection to update or view more information about that connection. Search By: "Employer Name Provider Name Provider Name Provider is a surrogate tor the following providers: Name Provider is been authorized to work on behalf of the Individual Provider(s) or Healthcare of Use the Find Provider Find Provider	earch Clear
	Provider Name has authorized the following surrogates: The following Individual(s) or Organization(s) have been authorized to work on beha Prov Surrogate button to initiate the process of authorizing an Individual or Organization to work Add Surrogate	ider se the Add on behalf of Provider





### Search for a Group

	My Profile	My Connections	My Staff				
My Conne	ection ► Add	Provider			« Back to Pro	evious Page	
				o work on your behalf. You c		ng one or	
		ization Name, Individu	al Provider's Las	t Name, City, State, ZIP or N			
Organi	zation Name:			NPI: XXXXXXXXXX	So	arch	
	First Name:		Last N	L			
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### Submit and Review for a Group

Home My Profile My Connections My Staff	Identity 8	Access Man	agement System	n		(?) Help
	Home	My Profile	My Connections	My Sta	и	
ty Connection ➤ Add Surrogate  You have requests continue.       Group name     :to work on behalf of your provider. Review the information listed below before you	Providers' b	s will allow you to ehalf.				is or organizations that work on the
Provider Information Provider Name		*Employer Name		ore informa	tion about that connection.	Search Clear
Doing Business As (DBA): IPI: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Provider Name	rovider Name r is a surro	ogate for the follow	ving provi	ders:	
arrogate Information arres Group name	Duck, Doni below. Use here.	ald has been aut the Find Provide	horized to work on bel er button below to initi	half of the I ate a reque	ndividual Provider(s) or H st to work on behalf of a i	salthcare Organization(s) listed rovider or Organization not listed
usiness Mailing Address: Harrisburg, PA 17110-9436 usiness Function(s) Selected: PECOS ENR Incentive Program NPPES	Provider Name	has auth	orized the followin	g surroga	tes:	
o send this connection request notification to a another e-mail address in addition to what is currently on file for this rrogate, enter the additional e-mail address below. Additional E-mail Address:					horized to work on behalf lividual or Organization to	of   Provider Use the Add work on behalf of Provider
Submit ) Carrol	Name		Tr	ocking ID	<b>Business Function</b>	Access Status
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### Approval connection request by AO/AM

### Home Tab

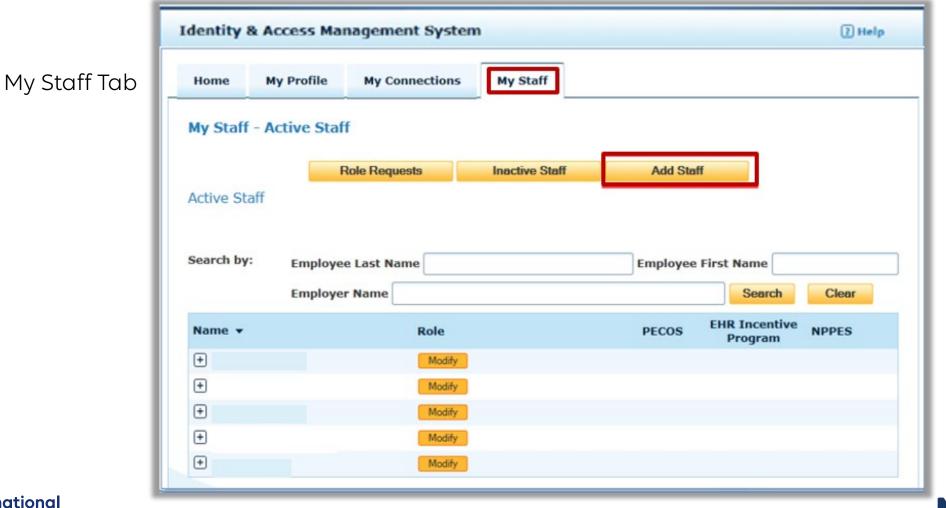
ome						News & Alerts
hese are l	ng Connection Pending Connecti e your action to a	on requests that have b	been sent to	you or	your organization	(i) EUS Contact Information: External User Services (EUS) PO Box 792750 San Antonio, Texas 78279
🔥 Total	Pending Provid	ers: 🗍				https://eus.custhelp.com
you (o	r your organizati	oviders or Healthcare O on) to work on their bel if to work on their beha	half. Approv	s who h ring the	ave requested se requests will	Quick Actions
- Per	nding Requests					Add Connection
	Provider	Surrogate	PECOS	EHR	NPPES	Add Staff
Pro	ovider Name	Group Name				Add Employer





### Manage Your Employees and Their Access

### Add/Modify Staff, Approve Role Requests







### Add Staff

my otom	Add Staff							* Back to Pre	vious Pa
<ul> <li>indicates</li> </ul>	required field(s)								
	e name and e-m d to all the select			aff user you wi	sh to add.	Note that t	he specified	d e-mail address v	vill be
Then, se	elect the Employe			e granted acce	ess to and	the select R	tole the stat	ff user should hav	e for
that emp			for this is ited	in a sufficient in a	in The barrier				
Please b	e aware the PIN	generated	for this invitat	ion will expire	in 72 hour	5.			
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### Approval By Staff

Fro reply@cms.gov
To: jane.doe@email.com
Subject: You've been invited to register with the Centers for Medicare and Medicaid Identity & Access System
Jon Snow requested that you register as a staff user for your employer(s) AAG Org One, JON SNOW in the Centers for Medicare and Medicaid Services Identity & Access (I&A) system. To continue, please either click on the PIN Entry Page link provided below or cut and paste the link into your browser and enter the e-mail address and the PIN provided below. Note that the PIN will expire in 72 hours if not used.
PIN Entry Page: https://nppes.cms.cmstest/IAWeb/register/register_pin.do
PIN: XXXXXXXXX
Invitation Tracking ID: XXXX
Systems that currently accept I&A log in credentials: Internet-based PECOS (https://pecos.cms.hhs.gov)
EHR Incentive Program (https://ehrincentives.cms.gov)
NPPES (https://nppes.cms.hhs.gov)
Please do not reply to this message via e-mail. This address is automated, unattended, and cannot help with questions or requests. If you have any questions, please contact the External User Services (EUS) Help Desk: External User Services (EUS) Help Desk PO Box 792750
San Antonio, TX 78279 1-866-484-8049
EUSSupport@cgi.com





### Enter Your PIN

ntity & Access Management System	2 Help
orized users are able to sign in to the Identity & Access M	anagement System. If you are a new user you must first register.
ign In	One account to access multiple systems
indicates required field(s) User ID:	Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your
Password:	information. Croate Account Now
Sign In )	Use this system to register for Medicare or update your current enrollment information.
Eorgot Pasaword     Eorgot Pasaword     Enter your PIN	Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.
	Netronal Plan & Provider Enumeration System Use this system to apply for and manage National Provider Identifiers (NPIs).
Quick Reference Guide Overview of features and tools to manage your account.	Frequently Asked Questions Answers to common questions about registration, who should register, and how to manage your account.





### Enter Email and PIN

national government

SERVICE

ter PIN ndicates required field(s) mail Address:	ter PIN adicates required field(s) mail Address: IN:	Enter PIN * indicates required field(s) *E-mail Address:  *PIN:	CMS Centers for Medicare & Medicaid Services	
ndicates required field(s) mail Address:	adicates required field(s) mail Address:	<pre>* indicates required field(s) *E-mail Address:  *PIN: </pre>	entity & Access Management System	? Help
	bmit Cancel	Submit Cancel	* indicates required field(s) *E-mail Address:	

57

### Modify Role

Name 🔻	Role	PECOS	EHR Incentive Program	NPPES
🛨 Jones, Samuel	Modify			
🛨 nppes, Kavitha	Modify			
+ Shelton, Blake	Modify			

lodify All Current A	ccess Role - Sele	ct One 🔻 🔻	PECOS	EHR	■ NPPES
	Employer	Role	PECOS	EHR	NPPES
Add Access	mercy EIN: **-***6668		PECOS	EHR	NPPES
Modify Access	trussell pharmacy EIN: **-***9974	Access Manager		EHR	☑ NPPES

Modify All Current Access	Role	Select One	Ţ	EHR		I
		Select One Staff End User				
		Access Manager			NI	GSM
					IN	GSMU





### AO Role Request Approval

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Clear
Clear





### Contact Information and Resources



### Contact Information

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



national government services			TS ENROLLMENT	APPS 👻	
ources	VIEW ALL RESOURCES				
	Claims and Appeals	Con	act Us		
ONTACT US	EDI Enrollment	EDI	olutions		
	Forms	Med	ical Policies/LCDs		
	Medicare Compliance	NGS	Connex		
	Overpayments	Pro	uction Alerts		
	Tools & Calculators				
Mailing A	ddresses	Pro	vider Enrol	Iment	
For ADRs, claims, EDI, F enrollment, or o					







- Quick reference guides and FAQs for creating and managing accounts
  - Identity & Access System Quick Reference Guide
  - <u>CMS Identity & Access Management System</u>



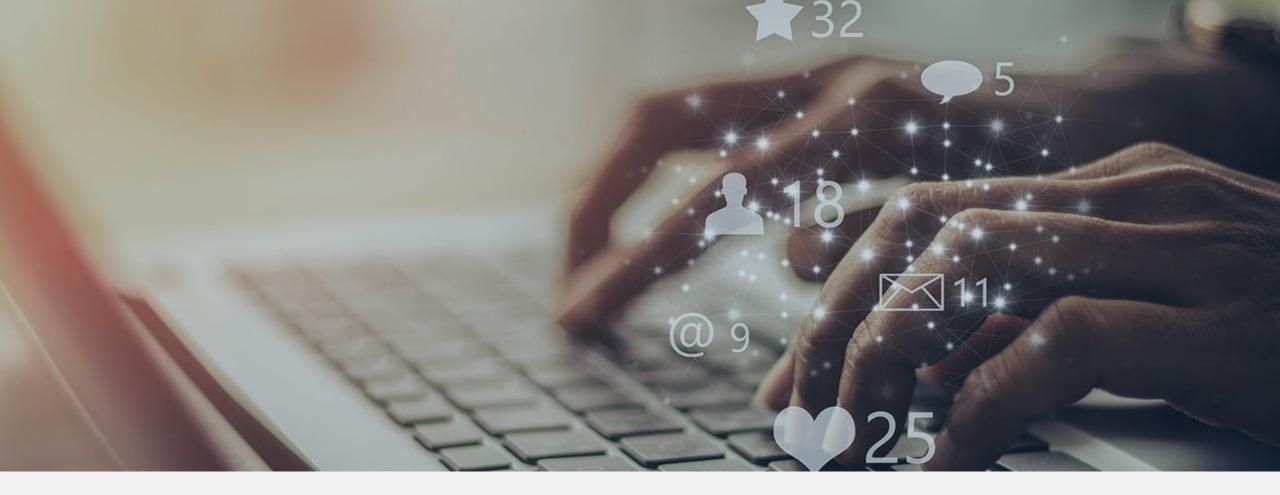


### Summary

- CMS systems and relationships
  - NPPES
  - PECOS
  - I&A
- Retrieve and create I&A user account and accessing enrollments
- Manage staff's access
- Contact information and resources











Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare





## Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.