



Provider Enrollment – Getting Access to PECOS

10/5/2021



Today's Presenters

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

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- 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

- Know benefits of using PECOS
- Understand the CMS systems and their relationships
- How to retrieve or create an I&A user account
- How to get connected to organization/individual enrollments and manage staff's access

Agenda

- Benefits of PECOS
- CMS Systems and Relationship
- Retrieve/Create I&A User Account
- Organization/Individual Enrollment Access
- Manage Staff's Access
- Contact Information and Resources

Benefits of PECOS

Benefits of PECOS

- Access to current Medicare provider enrollment information submitted electronically or by paper
- Submit electronic application for any provider enrollment scenario with the following features
 - electronic signatures or upload certification statements
 - upload supporting documents (PDF or TIFF)

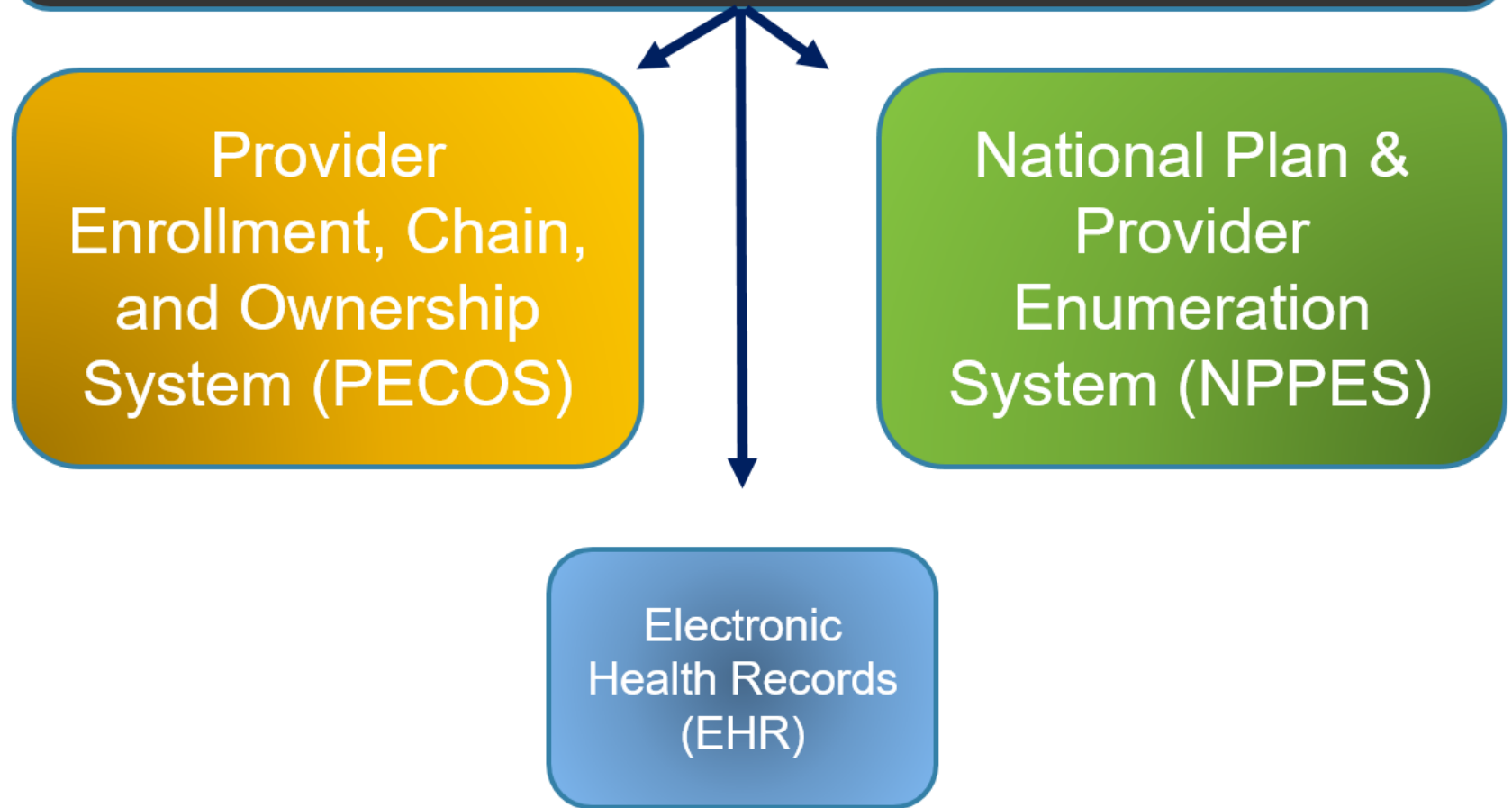
Benefits of PECOS

- References


- NGS website: Learn About PECOS Web [Part A](#) or [Part B](#)
- CMS website: [Internet-based PECOS](#)
- PECOS website: Provider & Supplier Resources, [Enrollment Tutorials](#) and [Accessibility](#)

CMS Systems and Relationship

Identity & Access (I&A) Management System



Identity & Access Management System

 Centers for Medicare & Medicaid Services

Identity & Access Management System [? Help](#)

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* Indicates required field(s)

* **User ID:**

* **Password:**

Sign In


[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)


[? Enter your PIN](#)

One account to access multiple systems


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 information. **Create Account Now**




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.



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.

To learn more about Multi-Factor Authentication (MFA) [click here](#)

I&A Management System

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

Retrieve Established I&A User Account

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* Indicates required field(s)

* User ID:

* Password:

Sign In ▶

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)

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Identity & Access Management System

[Help](#)

Retrieve Forgotten User ID - Information

[Back to Previous Page](#)

Note: You have two options for retrieving your User ID.

1. To have your User ID e-mailed to you, enter an e-mail address associated with your account.
2. To have your User ID immediately displayed to you, enter the User Information associated with your account.

If you choose to receive your User ID by e-mail and do not receive the e-mail within 24 hours, please return to this page and enter the User Information associated with your account.

* indicates required field(s)

E-mail Information

* E-mail Address:

Continue

OR User Information

* Social Security Number (Enter Last 4 Digits):

* Date of Birth:

Ex: (MM/DD/YYYY)

* First Name:

* Last Name:

* Personal Phone Number:

* Home ZIP/ Postal Code:

Continue

Retrieve Forgotten User ID - Confirmation



The User ID associated with this account is: XXXXXXXXX

Continue to Change Password ▶

Reset Password

[« Back to Previous Page](#)

* indicates required field(s)

Please enter a new password, and the new password again for verification:

* **New Password:**

* **Confirm New Password:**

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 **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.

Valid Special Characters: @ # &) (- _ ' " . , * ; : / \$!

Reset

[Cancel](#)

Create New I&A User Account

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* indicates required field(s)

* User ID:

* Password:

Sign In

[? Forgot Password](#)

[? Retrieve Forgotten User ID](#)

[? Enter your PIN](#)

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Identity & Access Management System

[? Help](#)

User Registration

* indicates required field(s)

 **Note:** The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

* **E-mail Address:**

* **Confirm E-mail Address:**



[Listen to](#)

[audio](#)

* **Enter the text from the image above:**

Submit



[Cancel](#)



**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.

User Registration - User Security



* indicates required field(s)

* User ID:

* Password:

* Confirm Password:

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- ✗ Must be 8-12 alphanumeric characters.
- ✗ Must contain at least one letter.
- ✗ 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 be the same as your User ID.
- ✗ Password must match Confirm Password.

Valid Special Characters: @ # &) (- _ ' " . , * ; : / \$!

Please select five different security questions and enter their answers below:

* Question 1:

* Question 2:

* Question 3:

* Question 4:

* Question 5:

* Answer 1:

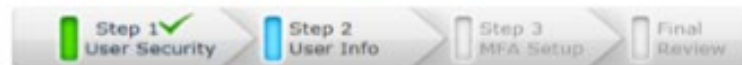
* Answer 2:

* Answer 3:

* Answer 4:

* Answer 5:

User Registration - User Information



Please provide the details below. They will be used to verify your identity.

[← Back to Previous Page](#)

* indicates required field(s)

* First Name:

Middle Name:

* Last Name:

Suffix:

* Business Phone Number:

Fax Number:

* Date of Birth: (MM/DD/YYYY)

* SSN:

Primary E-mail Address:

@email.com

* Personal Phone Number:

* Home Address Line 1:

Home Address Line 2:

* City:

* Country:

* State/ Province/ Territory:

* Postal/ZIP Code:

Continue

Cancel

Identity & Access Management System

[Help](#)

User Registration - Multi-Factor Authentication (MFA) Setup



* indicates required field(s)

[« Back to Previous Page](#)

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up 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 holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call

Continue

[Cancel](#)



Identity & Access Management System

[? Help](#)

User Registration - Registration Complete

Step 1 ✓ User Security Step 2 ✓ User Info Step 3 ✓ MFA Setup Final Complete

i Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or Access Manager, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Access Manager associated with your employer to grant you access; or you can ask an Authorized Official or Access Manager associated with your employer to invite you to work on the behalf of the employer.

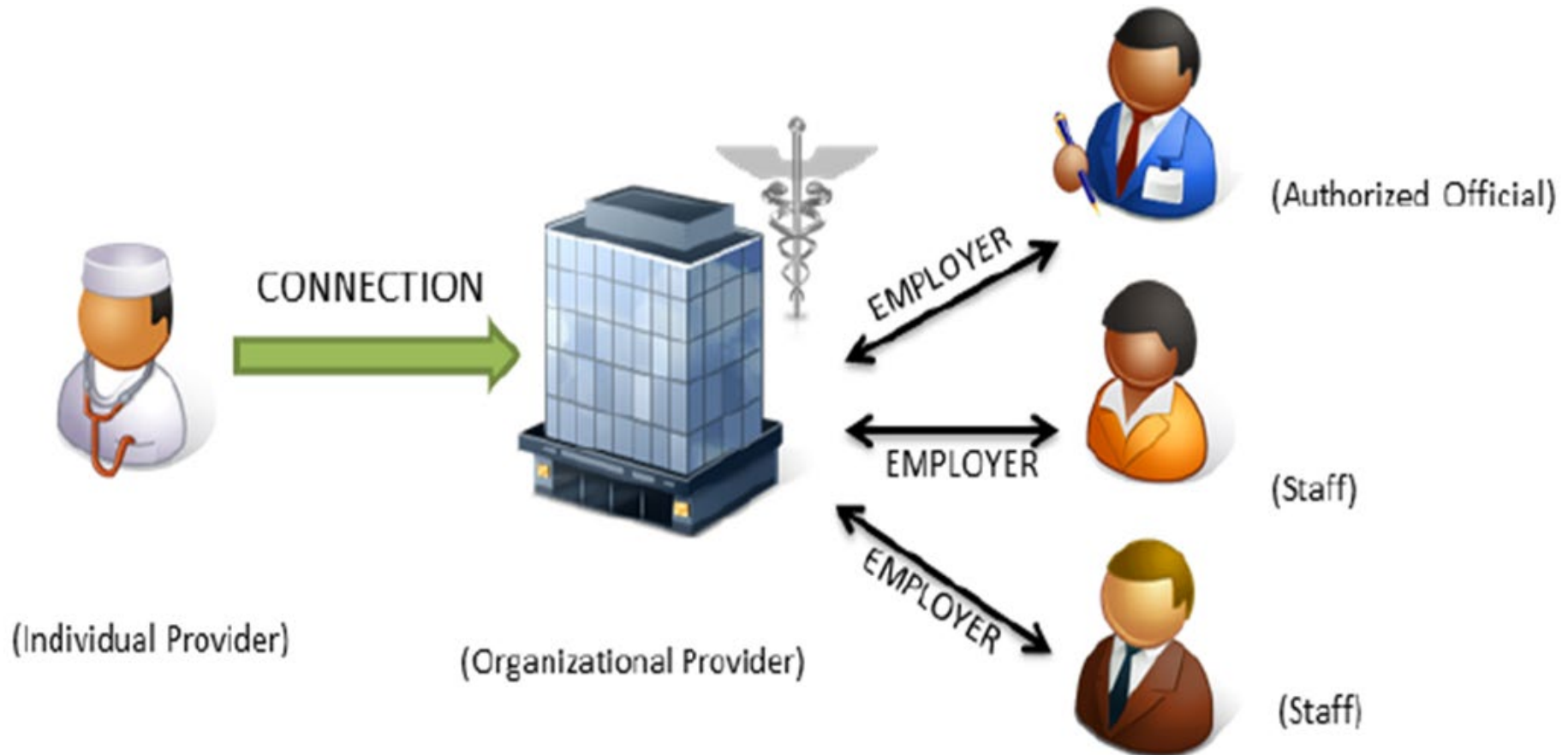
[Continue To Home Page](#)

My Profile Tab

Add An Employer

Role	Represent an Organization	Manage Staff	Approve/Manage Connections	Act on Behalf of Individual or Organizational Providers
Individual Provider	Yes	Yes	Yes	Yes
Authorized Official	Yes	Yes	Yes	Yes
Access Manager	Yes	Yes	Yes	Yes
Staff	No	No	No	Yes
Surrogate	No	No	No	Yes

Roles and Relationships



[Home](#)**[My Profile](#)**[My Connections](#)

My Profile

My Information

Name: **My Name**

Home Address:

Date of Birth:

SSN:

Business Phone Number:

Personal Phone Number:

Fax Number:

[Modify My Information](#)

Primary E-mail Address: sam.elliott@email.com

[Modify Primary E-mail](#)

Password

Your Password will expire in **57 day(s)**.[Change Password >](#)

Security

[Change Security Questions & Answers >](#)

Multi-Factor Authentication (MFA)

Setup/Change your MFA Methods

[MFA Setup >](#)

Employer Information

Show:

- ☒ All Employers
- ☐ Only Approved Employers
- ☐ Only Approved and Pending Employers
- ☐ Only Cancelled, Disassociated, and Rejected Employers

Search By: *Employer Name

[Search](#)[Clear](#)

No Employers Exist.

Employer ▾	My Role with this Employer ▾	My Status with this Employer ▾	PECOS	EHR	NPDES
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If you wish to add an employer, click "Add an Employer".

[Add an Employer](#)

[Home](#)
[My Profile](#)
[My Connections](#)

My Profile ► Add Employer Search

[◀ Back to Previous Page](#)

Search for Organizations or Individual Providers that you wish to be associated with as your employer. You can search by entering one or more of the following: Organization Name, Individual Provider's Last Name, City, State, ZIP or NPI. If you are searching for a Provider to work on their behalf, please use My Connections.

Organization Name:

NPI:

Search

First Name:

Last Name:

City:

State:

SE - Select One



ZIP:

Home

My Profile

My Connections

My Staff

My Profile ► Add Employer Search

[« Back to Previous Page](#)

Search for Organizations or Individual Providers that you wish to be associated with as your employer. You can search by entering one or more of the following: Organization Name, Individual Provider's Last Name, City, State, ZIP or NPI. If you are searching for a Provider to work on their behalf, please use My Connections.

Organization Name:	<input type="text"/>	NPI:	<input type="text" value="XXXXXXXXXX"/>	<input type="button" value="Search"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	
City:	<input type="text"/>	State:	SE - Select One <input type="button" value="v"/>	ZIP: <input type="text"/>

Search Results

Name	Doing Business AS	NPI	Address	View NPI	View Other Name
<input type="radio"/> Group Name		XXXXXXXXXX		<input type="button" value="View NPI(s)"/>	<input type="button" value="View Other Name(s)"/>

If your employer information does not exist, please select "Add Employer Not in List".

Identity & Access Management System

[Help](#)

[Home](#) [My Profile](#) [My Connections](#) [My Staff](#)

My Profile ▶ Add Employer Search

[Back to Previous Page](#)

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Organization Name:	<input type="text"/>	NPI:	<input type="text" value="XXXXXXXXXX"/>	<input type="button" value="Search"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	
City:	<input type="text"/>	State:	<input type="text" value="SE - Select One"/>	ZIP: <input type="text"/>

Search Results

Name	Doing Business As	NPI	Address	View NPI	View Other Name
Group Name		XXXXXXX		<input type="button" value="View NPI(s)"/>	<input type="button" value="View Other Name(s)"/>

Important Note: Once approved, Authorized Officials and Access Managers will automatically have access to all Business Functions for their employer and any provider they have been granted access to. Staff End Users must be granted access to Business Functions by an Authorized Official or Access Manager of the employer.

* Identify the Contact E-mail Address for this Employer:

☒ Use My Primary E-mail Address **OR** Enter Employer E-mail Address: Confirm E-mail Address:

* Please select the role you are requesting for this employer:

--- Select One ---

Authorized Official (signatory for your organization authorized to legally bind the organization in agreements)

Access Manager (managing users, updating account information for your provider/organization)

Staff End User (working in approved CMS applications for your provider/organization)

If your employer information does not exist, please select "Add Employer Not in List".



Authorized Official or Access Manager

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☒ Use My Primary E-mail Address OR Enter Employer E-mail Address: Confirm E-mail Address:

* Please select the role you are requesting for this employer:

-- Select One --

Authorized Official (signatory for your organization authorized to legally bind the organization in agreements)

Access Manager (managing users, updating account information for your provider/organization)

Staff End User (working in approved CMS applications for your provider/organization)

I attest that I am an Authorized Official for the employer listed in this registration. My signature legally and financially binds this employer to the laws, regulations, and program instructions as established by the Centers for Medicare and Medicaid Services (CMS). By selecting the box below, I certify that the information contained herein is true, correct, and I authorize CMS to verify this information. If I become aware that any information in this application is not true, correct, or complete, I agree to notify CMS of this fact in accordance with the time frames established in <42 CFR Â§ 424.520(b)>.

* ☐ I have read, understood, and agree with the above statements.

Access Manager or Staff End User

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* Identify the Contact E-mail Address for this Employer:

☒ Use My Primary E-mail Address OR Enter Employer E-mail Address: Confirm E-mail Address:

* Please select the role you are requesting for this employer:

Access Manager (managing users, updating account information for your provider/organization)

Staff End User (working in approved CMS applications for your provider/organization)

Please provide the required Authorized Official information associated with this employer:

*Authorized Official Name:

*Authorized Official Title:

*Authorized Official Phone:

* Authorized Official E-mail Address:

* Authorized Official Confirm E-mail Address:

[Home](#)[My Profile](#)[My Connections](#)[My Staff](#)[My Profile](#) ► [Add Employer](#) ► Confirmation and Review[◀ Back to Previous Page](#)[Print this page](#)**You are requesting to be a(n) Access Manager:**

- You MUST complete Option A or Option B below before your registration to act on behalf of the Organization below will take effect in CMS applications.
- OPTION A:**
Print, Sign and Submit to CMS the [Access Manager Certification](#) for this request, along with the CP 575 [\[or approved alternate\]](#) issued by the IRS for the Organization for which you are requesting to be an Access Manager.
- OPTION B:**
Please have an existing Authorized Official for this Organization approve your request by logging in to this system.

Contact Information

External User Services (EUS)
 PO Box 792750
 San Antonio, Texas 78279
 Phone: 1-866-484-8049
 TTY: 1-866-523-4759
EUSsupport@cgi.com

The employer you have registered for is:

Legal Business Name	EIN	Mailing Address	Phone Number	Request Tracking ID
Group Name	****	Louisville KY 40219-3851		

Document Management:

You can upload, view, and delete documents. You can also view, add, and delete comments related to the uploaded documents

[More information about Uploaded Documents](#)

0 of the total required 2 documents for completion have been uploaded.

File Name	Document Type	Comments	Date Added	Actions
Add a Document				

NPI(s) associated with your employer are:

NPI	Legal Business Name	Location
Done		

[Home](#)
[My Profile](#)
[My Connections](#)

My Profile

Employer Information

Employer ▼	My Role with this Employer ▼	My Status with this Employer ▼	PECOS	EHR	NPPES
+ Group Name	Access Manager	Pending Approval Tracking Id xxxxxxxxxx	NO	NO	NO
+ Doe, John	Authorized Official	Approved	YES	YES	YES
+	Staff End User	Approved	NO	NO	YES

My Connections Tab

Authorized Official/Access Manager

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Sign In

* indicates required field(s)

* User ID:

* Password:

Sign In

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

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Answers to common questions about registration, who should register, and how to manage your account.

Home

My Profile

My Connection

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

Total Pending Surrogates: 0

News & Alerts

EUS Contact Information:

External User Services (EUS)
 PO Box 792750
 San Antonio, Texas 78279
<https://eus.cmshelp.com>

Quick Actions

Add Connection

Add Staff

Add Employer

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"

Search

Clear



Group Name



Group Name

Group Name is a surrogate for the following providers:

Group Name

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



Group Name has authorized the following surrogates:

The following Individual(s) or Organization(s) have been authorized to work on behalf of Group Name. Use the Add Surrogate button to initiate the process of authorizing an Individual or Organization to work on behalf of Group Name.

Add Surrogate

My Connection ► Add Provider

[◀ Back to Previous Page](#)

Search for an Organization or an Individual Provider that you wish to be associated with as a surrogate to work on their behalf. You can search by entering one or more of the following: Organization Name, Individual Provider's Last Name, City, State, ZIP or NPI.

Organization Name:

NPI:

Search

First Name:

Last Name:

City:

State: SE - Select One

ZIP:

Search Results

Name ▼

NPI

Business Mailing Address

Provider Name

View Other Name(s)

NEW HAVEN, CT 06511-6624

Select the business function(s) you would like to access on behalf of the provider:

- ☐ PECOS
☐ EHR Incentive Program
☐ NPPES

Continue

[Cancel](#)

[Home](#) [My Profile](#) [My Connections](#) [My Staff](#)
[My Connection](#) ▶ [Add Provider](#)
[Back to Previous Page](#)

Provider

You have requested to work on behalf of **NameW** as a surrogate. Once the connection has been approved, you will automatically be connected to all associated NPI's. Review the information listed below before you continue.

Name: **Provider Name**
Business Function(s) Selected:

- PECOS
- EHR Incentive Program
- NPES

To send this connection request notification to a another e-mail address in addition to what is currently on file for this provider, enter the additional e-mail address below.

Additional E-mail Address: **Provider Email address**
NPI(s) Associated with this Provider:

Provider Name	Doing Business As	NPI	Business Mailing Address
Provider Name		XXXXXXXX	Sterling, VA 20164-4621

[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**

 Group Name

Group Name is a surrogate for the following providers:

Group

Name 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.

Name	NPI	Tracking ID	Business Function	Access Status
------	-----	-------------	-------------------	---------------

 Provider Name

Approval by Provider (Home Tab)

Identity & Access Management System? [Help](#)

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

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

Surrogate	Provider	PECOS	EHR	NPPES
Group Name	Provider Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select All

Approve All Selected

Reject All Selected

News & Alerts

EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
<https://eus.custhelp.com>

Quick Actions

Add Connection

Add Staff

Add Employer

My Connections Tab Individual Provider

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Sign In

* indicates required field(s)

* User ID:

* Password:

Sign In

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

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Home

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Total Pending Providers: 0

Total Pending Surrogates: 0

News & Alerts

EUS Contact Information:

External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
<https://eus.cmshelp.com>

Quick Actions

Add Connection

Add Staff

Add Employer

[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"

Search

Clear

[Provider Name](#)



Provider Name

Provider Name is a surrogate for the following providers:

Provider Name

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 has authorized the following surrogates:

The following Individual(s) or Organization(s) have been authorized to work on behalf of Provider Name. Use the Add Surrogate button to initiate the process of authorizing an Individual or Organization to work on behalf of Provider Name.

Add Surrogate



[Home](#) [My Profile](#) [My Connections](#) [My Staff](#)

My Connection ▶ [Add Provider](#) [◀ Back to Previous Page](#)

Search for an Organization or an Individual Provider that you wish to be associated with as a surrogate to work on their behalf. You can search by entering one or more of the following: Organization Name, Individual Provider's Last Name, City, State, ZIP or NPI.

Organization Name:

NPI:

First Name:

Last Name:

City:

State:

Search Results

Name ▼	NPI	Business Mailing Address
Group Name <input type="button" value="View Other Name(s)"/>		<input type="text"/> NEW HAVEN, CT 06511-6624

Select the business function(s) you would like to access on behalf of the provider:

☐ PECOS
☐ EHR Incentive Program
☐ NPPES

| [Cancel](#)

[Home](#) [My Profile](#) [My Connections](#) [My Staff](#)

[Home](#) [My Profile](#) [My Connections](#) [My Staff](#)

My Connection ▶ [Add Surrogate](#)

[◀ Back to Previous Page](#)

 You have requested **Group Name** to work on behalf of your provider. Review the information listed below before you continue.

Your Provider Information

Name: **Provider Name**

Doing Business As (DBA):

NPI: **XXXXXXXXXX**

Surrogate Information

Name: **Group Name**

Business Mailing Address: **, Louisville, KY 40219-3851**

Business Function(s) Selected:

- PECOS
- EHR Incentive Program
- NPDES

To send this connection request notification to another e-mail address in addition to what is currently on file for this surrogate, enter the additional e-mail address below.

Additional E-mail Address:

Submit

[Cancel](#)

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**

Search

Clear

☐ **Provider Name**

Provider Name is a surrogate for the following providers:

Provider

Name

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 has authorized the following surrogates:

The following Individual(s) or Organization(s) have been authorized to work on behalf of **Provider Name**. Use the Add Surrogate button to initiate the process of authorizing an Individual or Organization to work on behalf of **Provider Name**.

Add Surrogate

Name	Tracking ID	Business Function	Access Status
Group Name			

Group Name



(Home Tab) Approval by Authorized Official/ Access Manager

The screenshot displays the 'Identity & Access Management System' interface. At the top, there is a navigation bar with tabs for 'Home', 'My Profile', 'My Connections', and 'My Staff'. The 'Home' tab is selected and highlighted with a red border. Below the navigation bar, the main content area is titled 'Home' and 'My Pending Connections'. A message states: 'These are Pending Connection requests that have been sent to you or your organization and require your action to approve or reject.' A yellow box contains a warning icon and the text 'Total Pending Providers: 0'. Below this, it explains that these are requests from individual providers or healthcare organizations. A section titled 'Pending Requests' contains a table with columns for 'Provider', 'Surrogate', 'PECOS', 'EHR', and 'NPPES'. The 'Provider' column has a sub-header 'Provider Name', and the 'Surrogate' column has a sub-header 'Group Name'. Below the table are three buttons: 'Select All', 'Approve All Selected', and 'Reject All Selected'. On the right side of the interface, there is a 'News & Alerts' section with 'EUS Contact Information' and a 'Quick Actions' section with buttons for 'Add Connection', 'Add Staff', and 'Add Employer'.

Identity & Access Management System Help

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

These are Individual Providers or Healthcare Organizations who have requested you (or your organization) to work on their behalf. Approving these requests will allow you and your staff to work on their behalf.

☐ Pending Requests

Provider	Surrogate	PECOS	EHR	NPPES
Provider Name	Group Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select All Approve All Selected Reject All Selected

News & Alerts

EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
<https://eus.custhelp.com>

Quick Actions

Add Connection
Add Staff
Add Employer

My Staff Tab Manage Access

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My Staff - Active Staff

[Role Requests](#)
[Inactive Staff](#)
[Add Staff](#)

Active Staff

Search by:

Employee Last Name

Employee First Name

Employer Name

[Search](#)
[Clear](#)

Name ▼	Role	PECOS	EHR Incentive Program	NPPES
+	Modify			
+	Modify			
+	Modify			
+	Modify			
+	Modify			

My Staff ► Add Staff

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* indicates required field(s)

Enter the name and e-mail address of the new staff user you wish to add. Note that the specified e-mail address will be assigned to all the selected employers.

Then, select the Employer(s) the staff user is to be granted access to and the select Role the staff user should have for that employer.

Please be aware the PIN generated for this invitation will expire in 72 hours.

* First Name:

Middle Name:

* Last Name:

* E-mail Address:

* Confirm E-mail Address:

<input type="checkbox"/> Employer	Role	<input type="checkbox"/> PECOS	<input type="checkbox"/> EHR	<input type="checkbox"/> NPPES
<input type="checkbox"/> Provider Name	<div> -- Select One -- Staff End User Access Manager </div>	<input type="checkbox"/> PECOS	<input type="checkbox"/> EHR	<input type="checkbox"/> NPPES
<input type="checkbox"/> Group Name	<div> -- Select One -- </div>	<input type="checkbox"/> PECOS	<input type="checkbox"/> EHR	<input type="checkbox"/> NPPES


Submit


Cancel

Approval by Staff

From: donotreply@cms.gov
To: @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: XXXXXXXXXX 

Invitation Tracking ID:

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

Identity & Access Management System

[Help](#)

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

* indicates required field(s)

* User ID:

* Password:

Sign In

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

One account to access multiple systems

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 information. [Create Account Now](#)



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
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.



Identity & Access Management System

[? Help](#)

Enter PIN

* indicates required field(s)

*E-mail Address:

*PIN:

Submit



[Cancel](#)

Contact Information and Resources

Contact Information and Resources

For Assistance With	Contact	Contact Information
<ul style="list-style-type: none">• Changing an NPES password• Establishing a new user ID and password for NPES• Questions related to the NPI application	NPI Enumerator	Phone: 800-465-3203 TTY: 800-692-2326 Email: customerservice@npienumerator.com
<ul style="list-style-type: none">• 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: EUSupport@cgi.com Live Chat: https://eus.custhelp.com/

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Provider Enrollment

Contact Information and Resources

- Quick reference guides and FAQs for creating and managing accounts
 - [Identity & Access System Quick Reference Guide](#)
 - [CMS Identity & Access Management System](#)

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

Thank You!

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

We're on Twitter!



@NGSMedicare

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