



# Provider Enrollment – Getting Access to PECOS

12/7/2021



# Today's Presenters

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  - Provider Outreach and Education
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  - 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)



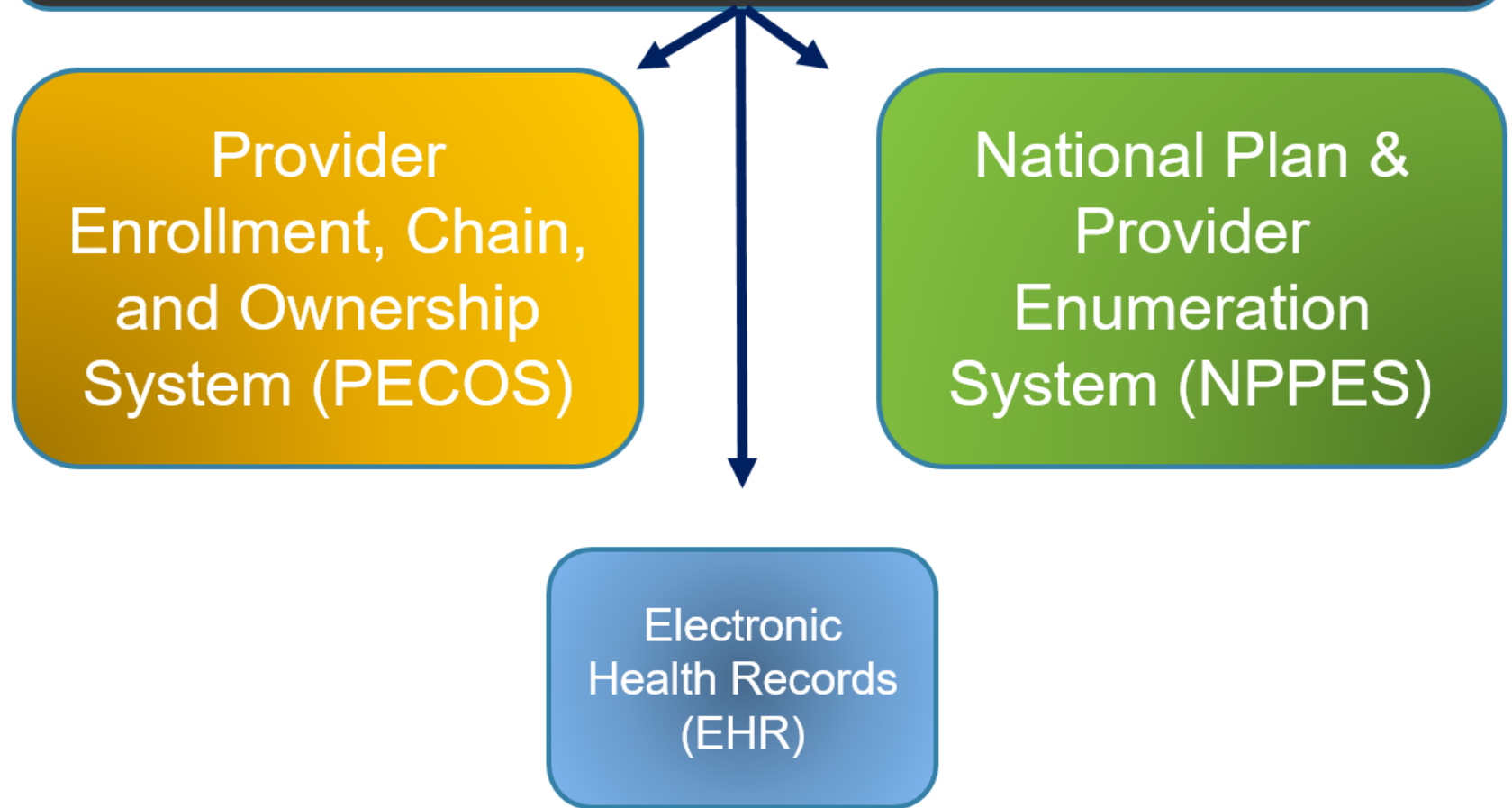
# Benefits of PECOS

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

## Identity &amp; 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:

\* Answer 1:

\* Question 2:

\* Answer 2:

\* Question 3:

\* Answer 3:

\* Question 4:

\* Answer 4:

\* Question 5:

\* 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.

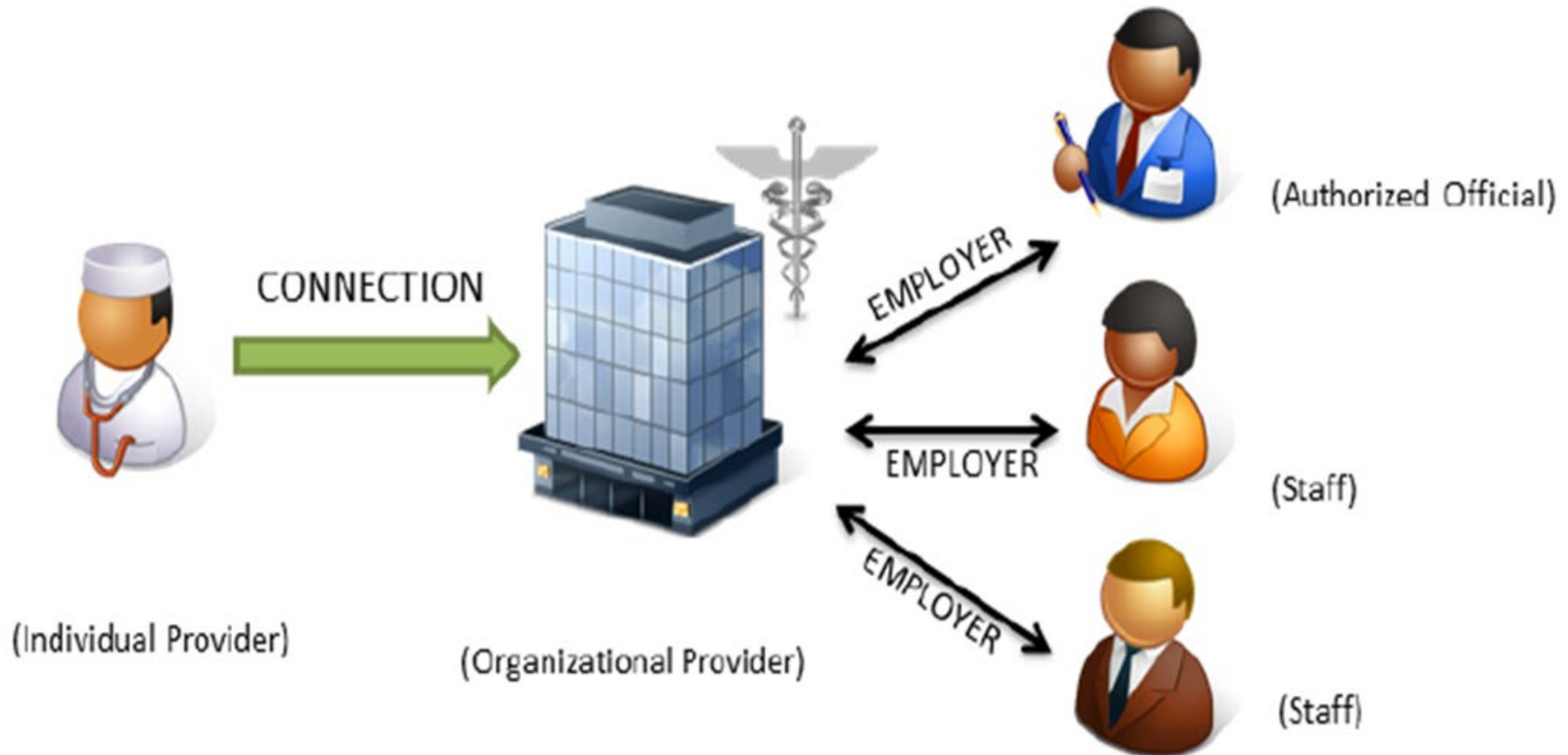
[Continue To Home Page](#) ▶

# My Profile Tab

## Add An Employer

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



First Name:

Last Name:

City:

State:



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".



**CMS** Centers for Medicare & Medicaid Services

Logged in as Mehdi101 Sign Out  
 Last Logged on 01/09/2020 10:43AM

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

[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:

NPI:

XXXXXXX

Search

First Name:

Last Name:

City:

State:

SE - Select One

ZIP:

Search Results

Name	Doing Business As	NPI	Address	View NPI	View Other Name
Group Name		XXXXXX		<a href="#">View NPI(s)</a>	<a href="#">View Other Name(s)</a>

**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 --  
 -- 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".

Add Employer Not in List



# Authorized Official or Access Manager

**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)

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

**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:

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](mailto: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
<a href="#">Add a Document</a>				

NPI(s) associated with your employer are:

NPI	Legal Business Name	Location
<a href="#">Done</a>		

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 <a href="#">Tracking Id</a> 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




**Centers for Medicare & Medicaid Services**

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

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\* indicates required field(s)

\* User ID:

\* Password:

**Sign In**


[Forgot Password](#)

[Retrieve Forgotten User ID](#)


[Enter your PIN](#)

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**Centers for Medicare & Medicaid Services**

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

Logged in as  [Sign Out](#)  
 Last Logged on 08/05/2019 07:10AM

[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"

 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.



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.

## 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](#)



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[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
<b>Provider Name</b>		XXXXXXX	Sterling, VA 20164-4621

 
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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

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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**

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Add Employer

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\* Password:

Sign In

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[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

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(EUS)  
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San Antonio, Texas 78279  
<https://eus.cmshelp.com>

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Select the name of a Connection to update or view more information about that connection.

Search By: "Employer Name"

[Search](#)

[Close](#)

[+ 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](#)



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**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
<b>Group Name</b> <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](#)



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## My Connection ▶ Add Surrogate

◀ Back to Previous Page

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

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 XXXXXXXX

## Surrogate Information

Name: Group Name

Business Mailing Address: Louisville, KY 40219-3851

Business Function(s) Selected:

- PECOS
- EHR Incentive Program
- NPES

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

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## 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

# (Home Tab) Approval by Authorized Official/ Access Manager

Identity & Access Management System

Help

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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
<a href="#">+</a>	<a href="#">Modify</a>			
<a href="#">+</a>	<a href="#">Modify</a>			
<a href="#">+</a>	<a href="#">Modify</a>			
<a href="#">+</a>	<a href="#">Modify</a>			
<a href="#">+</a>	<a href="#">Modify</a>			

**My Staff** ► **Add Staff**

[◀ Back to Previous Page](#)

\* 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"/> <b>Provider Name</b>	<div> -- Select One --  Staff End User  Access Manager </div>	<input type="checkbox"/> PECOS	<input type="checkbox"/> EHR	<input type="checkbox"/> NPPES
<input type="checkbox"/> <b>Group Name</b> EIN: ***.***	<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://npes.cms.cmstest/IAWeb/register/register\\_pin.do](https://npes.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://npes.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](mailto:EUSsupport@cgi.com)

## Identity &amp; 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.



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

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[NGSConnex](#)  
[Production Alerts](#)

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?

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@NGSMedicare

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