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Today's Presenters

Provider Outreach and Education Consultants

- Laura Brown CPC

- Susan Stafford PMP, COA, AMR

Agenda

- What is PECOS
- Locate Enrollment and Start Application
- Tabs and Topic View Examples
- Unfinished Application
- Signature Method
- E-signature
- Process after Submission
- Verify and Manage Signatures
- Application Status
- Resources

What Is PECOS?

- Provider Enrollment, Chain and Ownership System (PECOS) is a CMS Internet-based system
  - PECOS is used to
    - ✓ Electronically submit applications
      - initial enrollment
      - revalidation
      - change of information
    - ✓ View and print reports to know what Medicare currently has on file
    - ✓ Voluntarily withdraw
    - ✓ Track application status

What Is PECOS?

- Identity & Access Management System
  - Access PECOS by creating profile in the I&A System
    - ✓ Create User ID and Password
    - ✓ Establish a connection to the individual or groups information
  - Attend next Getting Access to PECOS Webinar
    - ✓ [Our Website](#) > Events > Current Events

PECOS Home Page to Login

Welcome – My Associates

Existing Associates - View Enrollments

Enrollment Box to Revalidate

Start Application

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- A Medicare Part B practitioner is currently enrolled in the Medicare program using their social security number (SSN). The practitioner is revalidating Medicare enrollment information.

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
DONAL DUCK LLC		CLINIC/GROUP PRACTICE	RHODE ISLAND

Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor(s) for processing

- An Authorized Official or Delegated Official must sign a statement certifying the submitted information

- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)

- Medicare benefits to the practitioner are reassigned to the supplier after the fee-for-service contractor processes this application and approves the information

- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION ≫

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Fast Track View

Topic View

Topic View

License and Certification Information [+] more information about License and Certification Information

Final Adverse Actions [+] more information about Final Adverse Actions

Individual Control [+] more information about Individual Control

Patient Records Storage Location [+] more information about Patient Records Storage Location

Billing Agency [+] more information about Billing Agency

Contact Person [+] more information about Contact Person

Electronic Funds Transfer [+] more information about Electronic Funds Transfer

Required and/or Supporting Documentation [+] more information about Required and/or Supporting Documentation

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

BEGIN SUBMISSION »

NEXT PAGE »

Individual Control

Individuals With Managing Control

Individuals with Ownership Interest and/or Managing Control

(*) Red asterisk indicates a required field.

Personal Information for Individual with Ownership Interest and/or Managing Control

Note: Please enter the individual name associated with the SSN and Date of Birth. Any Authorized or Delegated Official with an ITIN will not be able to submit electronic signatures. Please mail a paper signature if an Authorized or Delegated Official with an ITIN is entered on this application.

* First Name

Middle Name

* Last Name

Suffix
Select Suffix

* TIN Type
Select TIN Type

* Tax Identification Number (TIN)
XXX-XX-XXXX

* Date of Birth
MM/DD/YYYY

Title

National Provider Identifier (NPI) (of individual with ownership interest/managing control)
10 Digits

Individuals With Managing Control

Individuals With Managing Control

Individuals With Managing Control

Physical Location and "Special Payment"

Contact Person Information

Edit and Save

Topic View

Electronic Funds Transfer

Electronic Funds Transfer

(*) Red asterisk indicates a required field.

Topic Summary

This topic requests information about the Electronic Funds Transfer (EFT) authorization agreement. This topic is the electronic CMS-588 Form. Data collected in this topic includes financial institution and account information, and information for the contact person for the electronic funds transfer. ➕**(more information about Electronic Funds Transfer)**

* Does the applicant have any EFT information to report?

○ Yes

○ No

ADD INFORMATION ≫

Electronic Funds Transfer Information

No EFT authorization information has been entered. Please answer the question above.

≪ PREVIOUS TOPIC   **GO TO ERROR CHECK ≫**   **NEXT TOPIC ≫**

Electronic Funds Transfer

Electronic Funds Transfer

Electronic Funds Transfer

Required and/or Supporting Documentation

Required and/or Supporting Documentation

Uploaded Documents

Error/Warning Check

Unfinished Application

- My Associates > "View Enrollment"

Unfinished Application

Topic View

Error/Warning Check

Signature Method

- Authorized/Delegated Official Selection

Manage Signatures

Manage Signatures

Manage Signatures

Complete Submission

Submission Confirmation

IMPORTANT!

Your enrollment application with any uploaded documentation has been submitted to your fee-for-service contractor.

Required and/or supporting documentation not e-signed or uploaded must be mailed in to the fee-for-service contractor.

You indicated the following documentation will be provided by mail/paper:
• Form CMS-460, Medicare Participating Physician or Supplier Agreement
• Copy of IRS Form CP 575 or other official IRS communication confirming Tax Identification Number and Legal Business Name

Your application may be delayed or not processed if any required/supporting documentation is missing.

OK

My Application Progress ▬▬▬▬▬▬▬ 100%

Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember to:

- Make sure all required and supporting documents that require a signature are signed.
- Mail all required and supporting documents that has not been uploaded to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor(s) receives the signed required documentation of your application in the mail.
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.
- Your application may be delayed or not processed if any required/supporting documentation is missing.
- If you are submitting an application with Electronic Funds Transfer (EFT) Information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. **Note**: You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.
- You will receive e-mails about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

You have successfully submitted your application!

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E-Signature Email

'Subject: PECOS E-Signature Request
Sent: 02/21/2018 13:11 PM

A Medicare application for   for Reassignment has been submitted by:)anthem.com. You have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:
    Provider/Supplier Name: _ _ _ _____ / LLC
    Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE
    State: CT
    Form Type: 855R
    Practice Location: , NEW HAVEN, CT 065113010
    NPI:
    Web Tracking ID: 1

Instructions:
You may provide an electronic signature using your PECOS user ID at (https://urldefense.proofpoint.com/v2/url?u=http-3A__pecos.cms.hhs.gov&d=DwICAg&c=A-GX6P9ovB1qTBp7iQve2Q&r=o0BQ2penuwNIWd5iq9olqsac-PuUkF1BiiQCH1UPUIM&m=2BK5BOnt8oMkTihMCXcj5bLRC-SBDebIurKCrZvkjJ8&s=bWVRtfkSifjlL0143w5FEJOWplOehBpZ6Lvn_vqWA6Q&e=)
OR through the PECOS E-Signature website https://urldefense.proofpoint.com/v2/url?u=https-3A__pecos.cms.cmsval_pecos_eSignLogin.do&d=DwICAg&c=A-GX6P9ovB1qTBp7iQve2Q&r=o0BQ2penuwNIWd5iq9olqsac-PuUkF1BiiQCH1UPUIM&m=2BK5BOnt8oMkTihMCXcj5bLRC-SBDebIurKCrZvkjJ8&s=NgRmveqNrc_1JHmOtYZMSaUXsunkwYZl8GPM7oUU4-I&e=, using your identifying information, e-mail address, and unique PIN   XXXXXXX   Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Please note the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process, please refer to https://urldefense.proofpoint.com/v2/url?u=https-3A__eus.custhelp.com&d=DwICAg&c=A-GX6P9ovB1qTBp7iQve2Q&r=o0BQ2penuwNIWd5iq9olqsac-PuUkF1BiiQCH1UPUIM&m=2BK5BOnt8oMkTihMCXcj5bLRC-SBDebIurKCrZvkjJ8&s=shU50VCpjdjtiZR57BMnVnCjXvU6SjuiNsSWWdNwMWM&e= or dial 1-866-484-8049/TTY: 1-866-523-4759

Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed. If you are not the intended recipient, any use, distribution, printing or acting in reliance on the contents for this message is strictly prohibited. If you have received this message in error, please notify the sender and destroy all copies of the message.

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

PECOS Welcome Page to E-sign

E-Signature

Welcome to PECOS E-Signature Application

(*) Red asterisk indicates a required field.

Remote Authentication Page

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

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

Verify Your Identity and Validate Your Application Record

Enter the required Identity information:

* First Name

* Last Name

* Date of Birth

MM/DD/YYYY

* SSN

No Format Required

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

* Email Address

* PIN

LOG IN

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

- Provider/AO or DO
  - First and last name
  - Date of birth
  - SSN
  - Telephone
  - Email
  - PIN

Process After Submission

- Contact person on application will receive by email
  - Acknowledgement Notice
    - ✓ Add to safe sender list
      - customerservice-donotreply@cms.hhs.gov
      - NGS-PE-Communications@elevancehealth.com
  - Development requests for additional information
    - ✓ Respond within 30 days
    - ✓ Log into PECOS to make necessary corrections or upload the required documents, view and manage signatures
  - Response letter
    - ✓ Deactivation for incomplete/no response to development request
    - ✓ Approval

Verify and Manage Signature

Verify and Manage Signatures

Verify and Manage Signatures

- View Printable Certification Statement

View and Print Certification Statement

Verify and Manage Signatures

Verify Signature Status

Update Signature Record

Electronic Signature Status

(*) Red asterisk indicates a required field.

Update Signature Record

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

Name

Role
AUTHORIZED OFFICIAL

Document
AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

E-Sign Status
Pending

Selected Signature Method
Upload

Update Signature Method to:

○ Electronic

The following documents can be used to upload a signature:

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

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

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

Browse...   UPLOAD »

«CANCEL   CONFIRM »

« RETURN TO MY ENROLLMENTS

Application Status

PECOS Application Status

PECOS Self-Service Application

- Check Status
  - Individual
  - Organization

PECOS Application Status

- **Step 1**
  - Received
- **Step 2**
  - Being Reviewed
  - Returned for Corrections
- **Step 3**
  - Entering Information In PECOS
- **Step 4**
  - Processed in PECOS and being transferred to claims system

Note: Wait for approval letter before you submit claims

Resources

Internet-Based PECOS Tutorials

Enrollment Tutorials

- **Initial Enrollment:**
  Step-by-step demonstration of an initial enrollment application in PECOS.
  Individual Provider - WMV [ZIP, 52MB] or Organization/Supplier - WMV [ZIP, 53MB]

- **Change of Information:**
  Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
  Individual Provider - WMV [ZIP, 46MB] or Organization/Supplier - WMV [ZIP, 48MB]

- **Revalidation:**
  Step-by-step demonstration on how to submit your revalidation application using PECOS.
  Individual Provider - WMV [ZIP, 29MB] or Organization/Supplier - WMV [ZIP, 32MB]

- **Deactivated:**
  Example of how to deactivate an existing enrollment record.
  Individual Provider - WMV [ZIP, 11MB]

- **Reactivation:**
  Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
  Organization/Supplier - WMV [ZIP, 39MB]

- **Adding a Practice Location (DMEPOS Only):**
  Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
  DME Supplier - WMV [ZIP, 64MB]

Online Account Self-Service Features

Resources

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

NGS Website
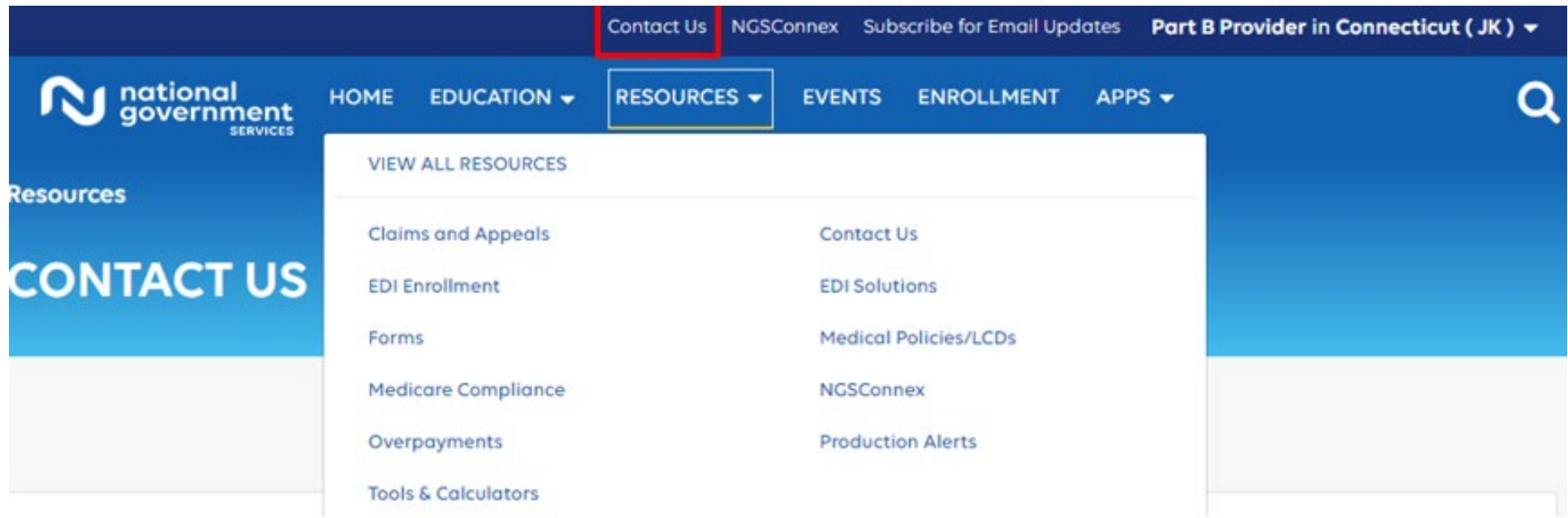
Resources

- [Prevent Revalidation Processing Delays](#)
- [Supporting Documentation Required for Enrollment Revalidations](#)

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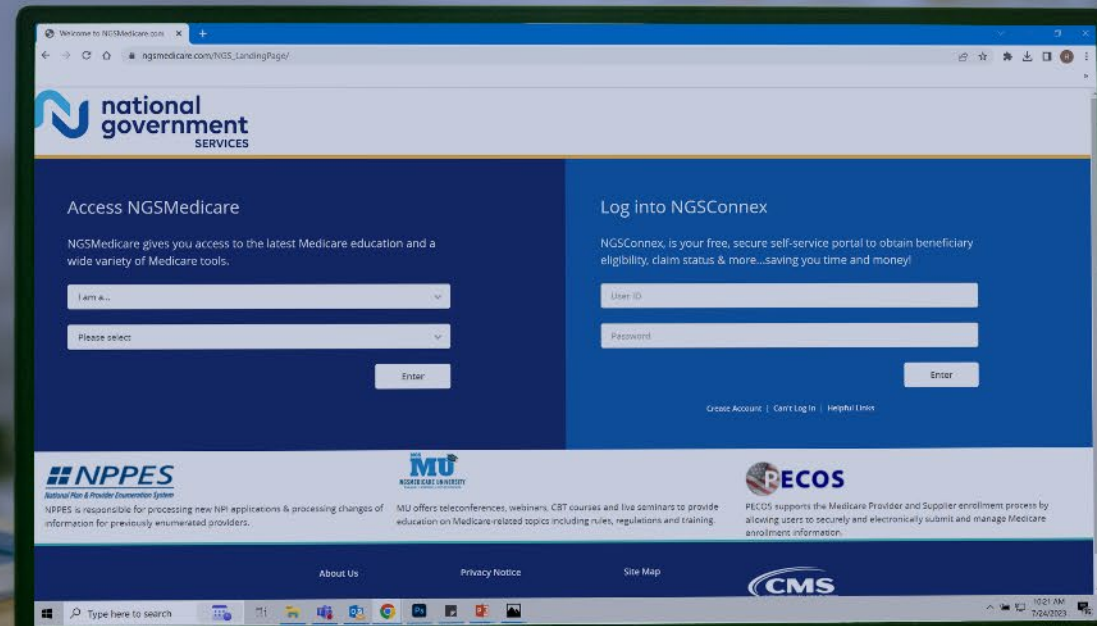NGSMU

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Questions?

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