national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

Submitting Revalidation via PECOS

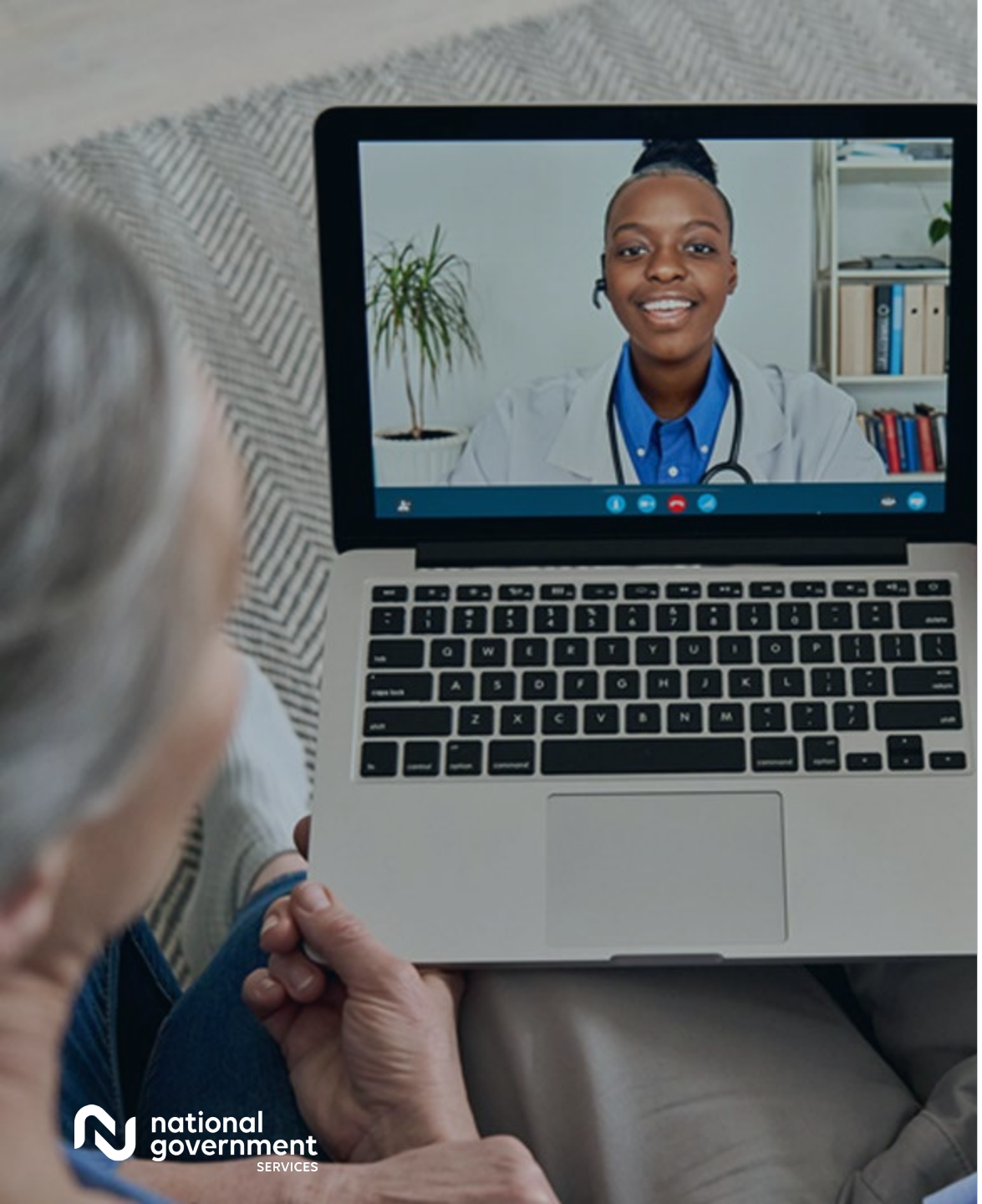
6/20/2023

NGSMU
NGS Medicare University
Meaningful | Informative | Simplified

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.



national government SERVICES

Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Today's Presenters

Provider Outreach and Education Consultants

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

national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

NGSMU

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

national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

NGSMU

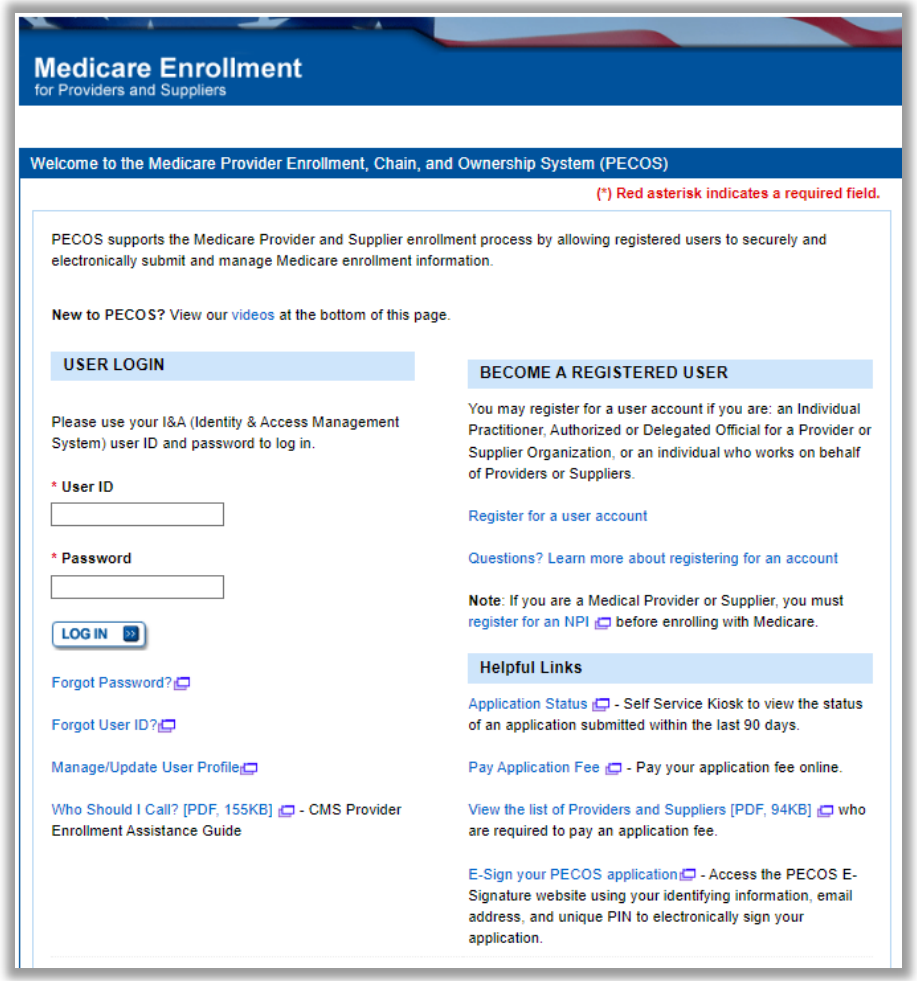
What Is PECOS?

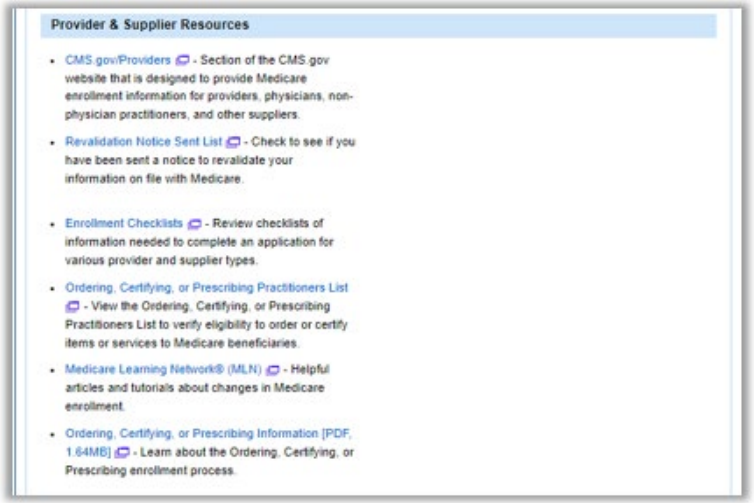
- Provider Enrollment, Chain and Ownership System (PECOS) is a CMS Internet-based system
  - PECOS is used to
    - ✓ Electronically submit applications
      - initial enrollment
      - revalidation
      - change of information
    - ✓ View and print reports to know what Medicare currently has on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

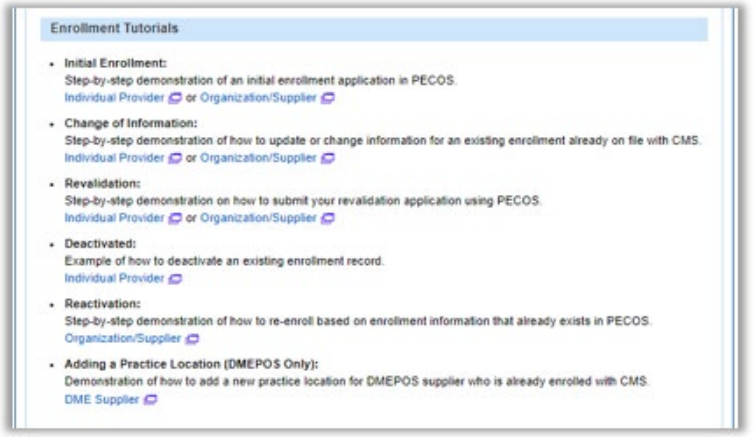
What Is PECOS?

- 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

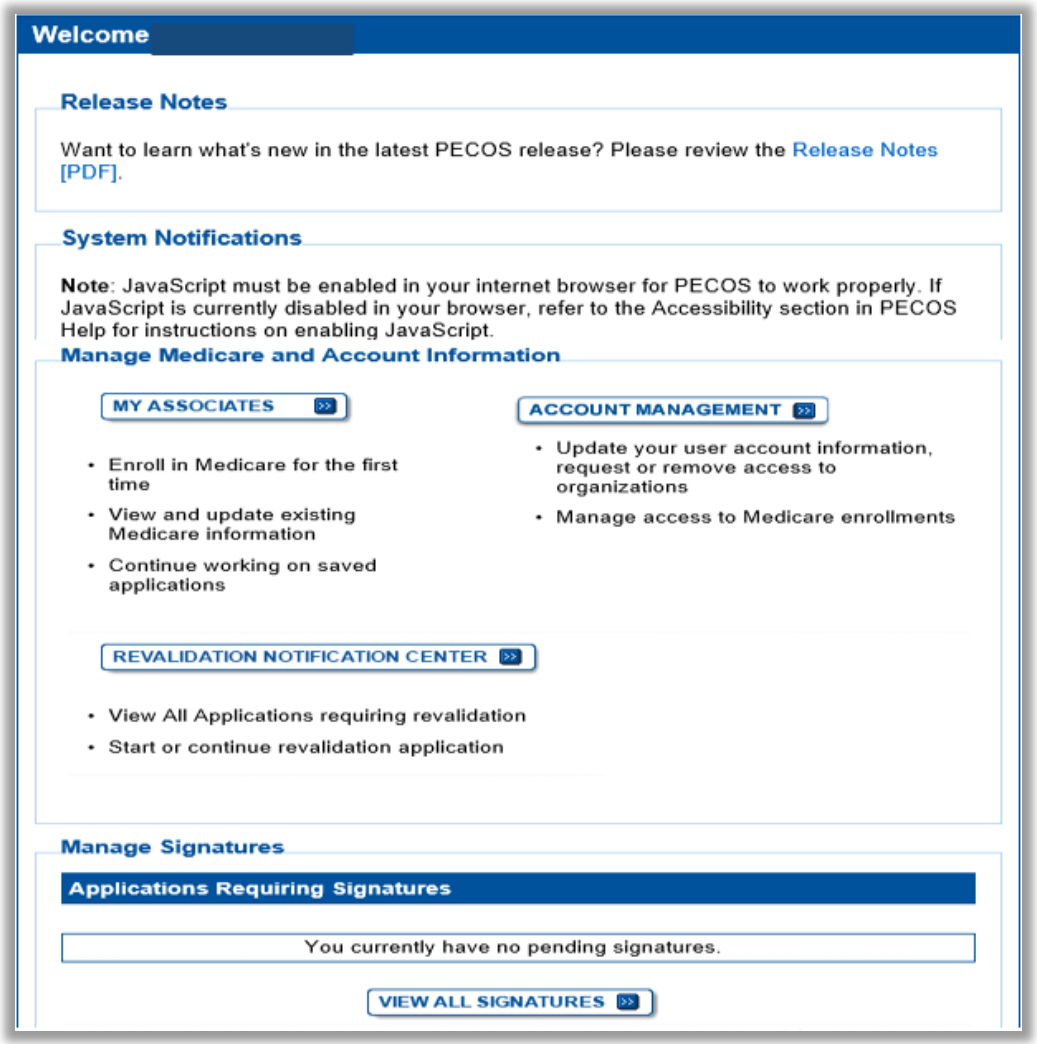
PECOS Home Page to Login



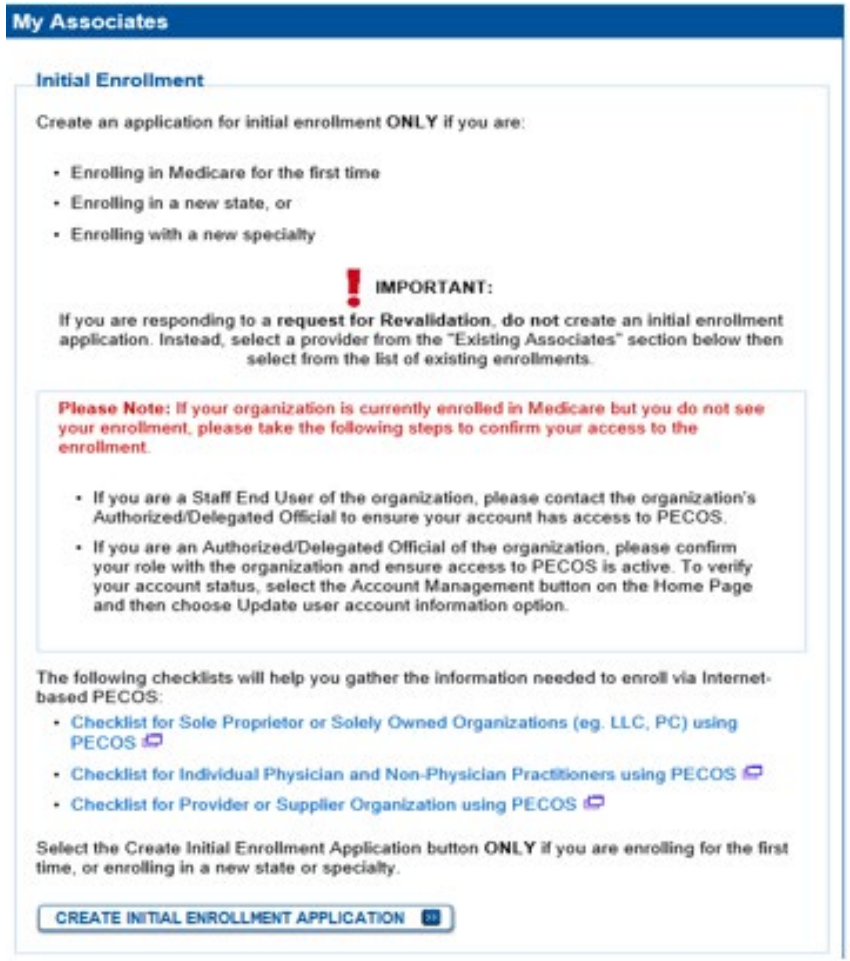


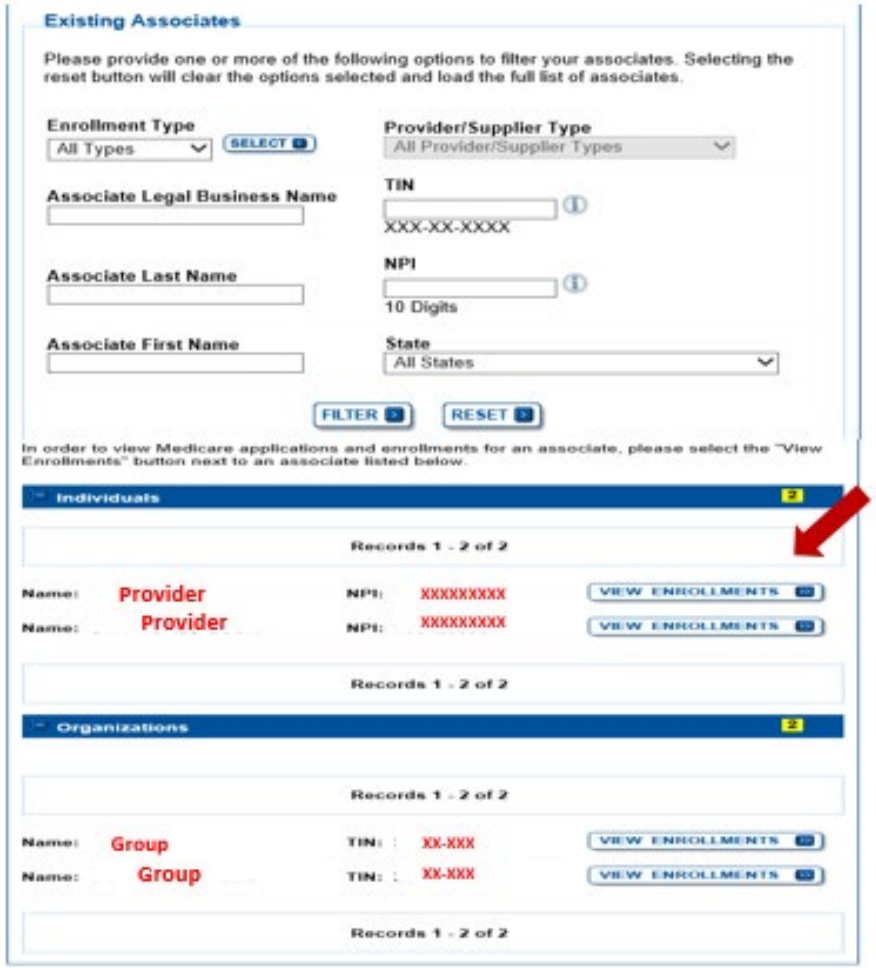


Welcome – My Associates



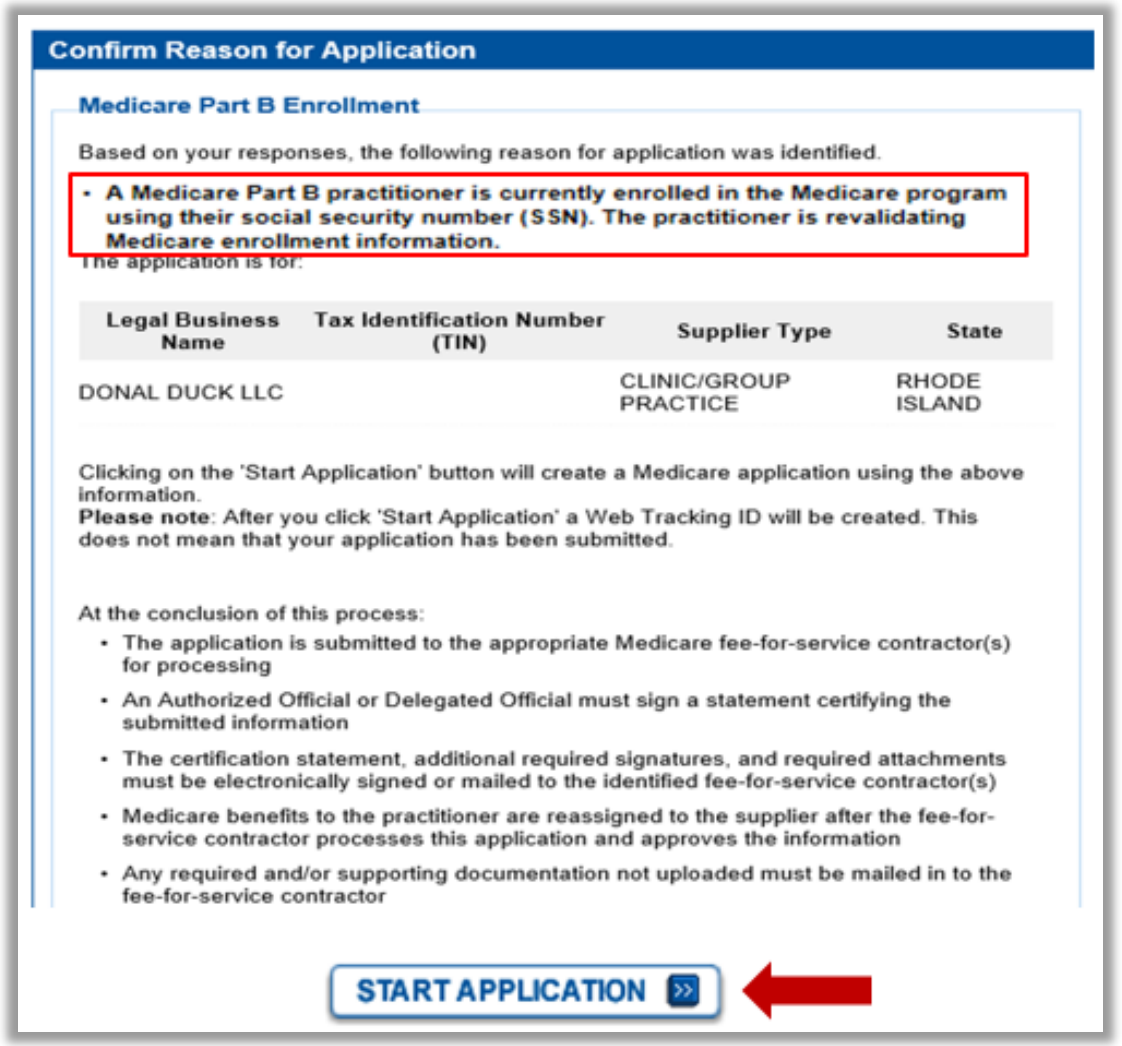
Existing Associates - View Enrollments





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

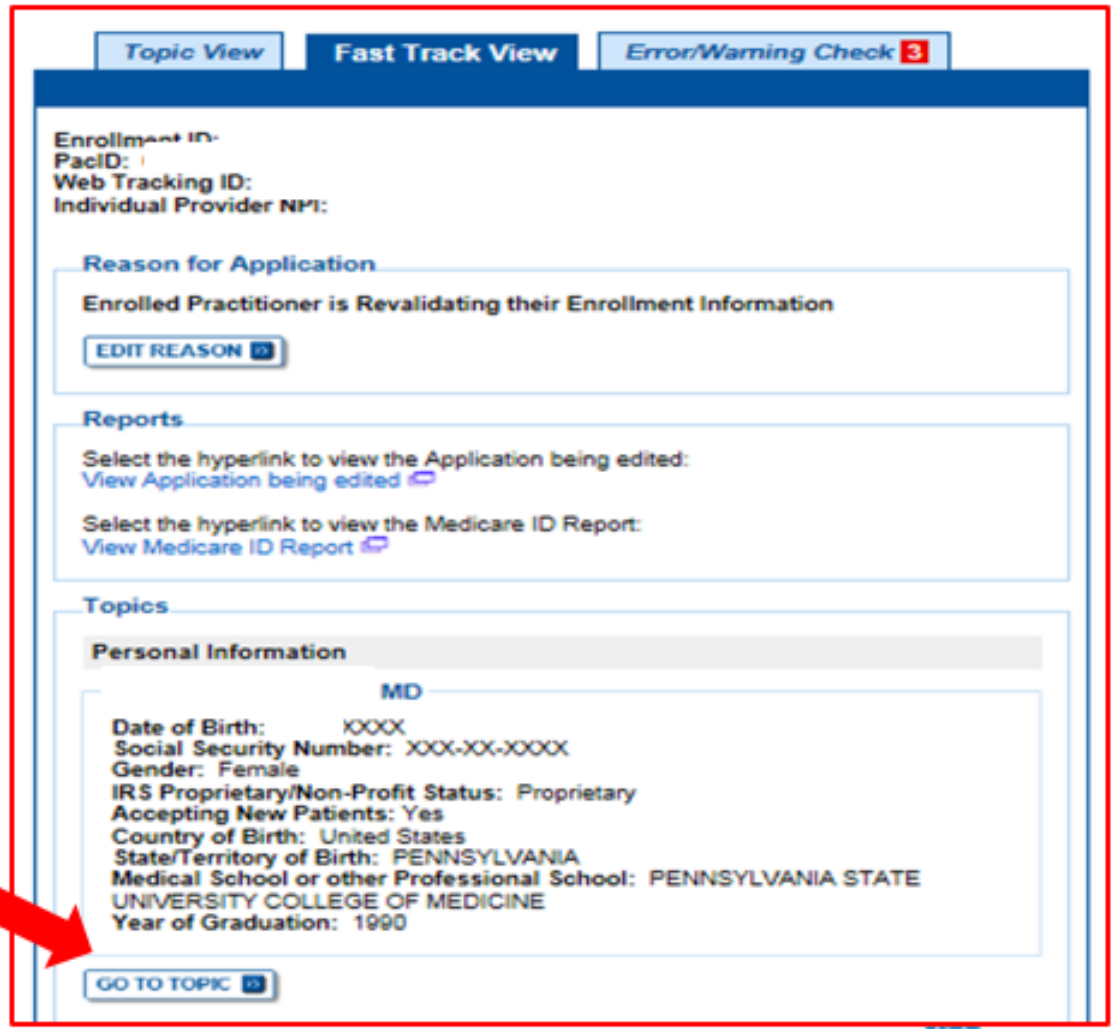
Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

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

Fast Track View



Click the "Go To Topic" button to access the topic

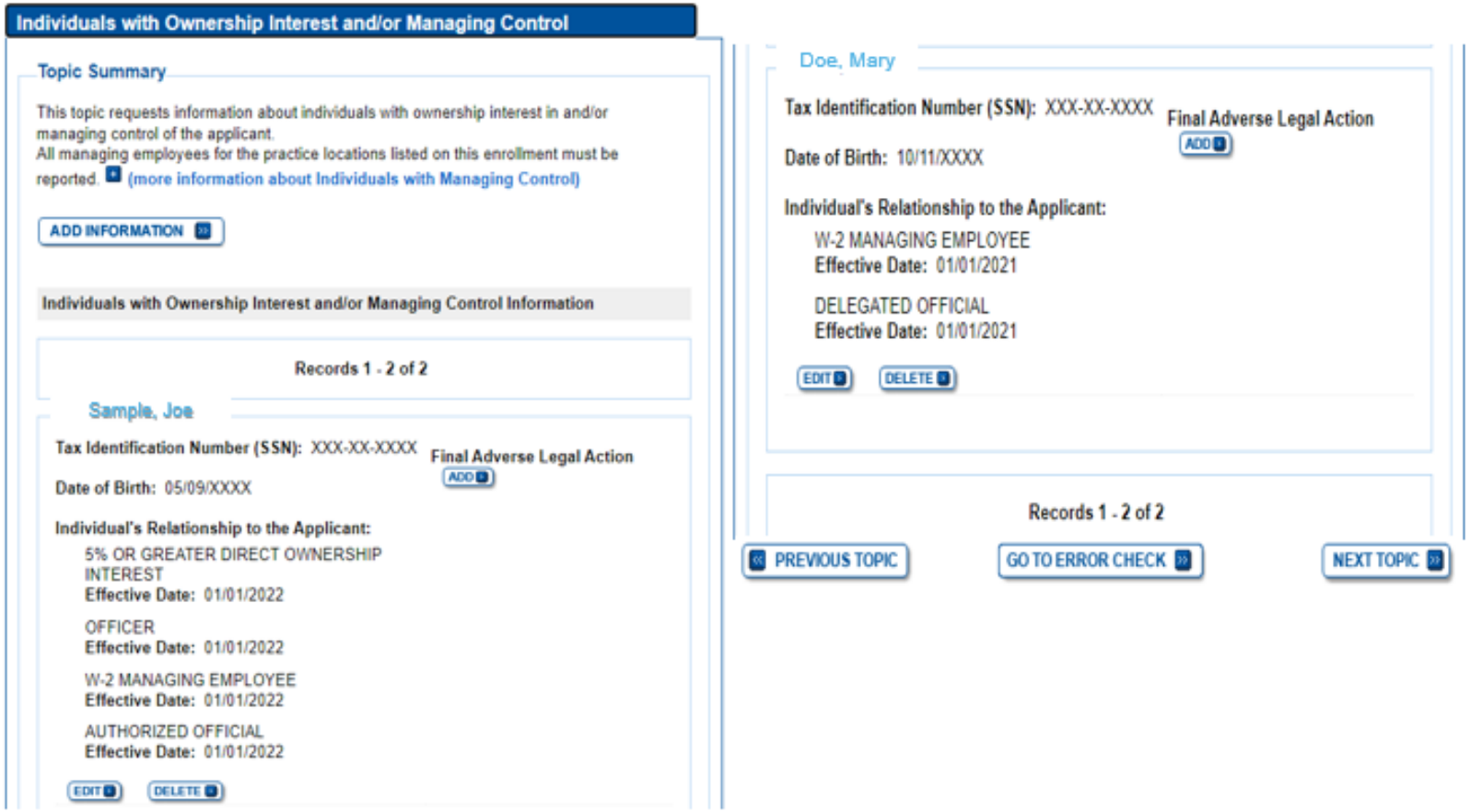
Topic View

Topic View
Fast Track View
Error/Warning Check 1
Enrollment ID:
PacID:
Web Tracking ID:
Individual Provider NPI:
Reason for Application
Practitioner is revalidating Medicare enrollment information
Topics
The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.
You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.
This application is collecting the following topics:
Completed
Topics
Personal Information more information about Personal Information
PA/PC/LLC Information more information about PA/PC/LLC Information
Practitioner Specialty more information about Practitioner Specialty
PAR Status Information more information about PAR Status Information
Physical Location and "Special Payments" Address more information about Physical Location and "Special Payments" Address
Vehicle Information more information about Vehicle Information
N/A
Geographic Location more information about Geographic Location
Rendering Healthcare Services at a Patient's Home more information about Rendering Healthcare Services at a Patient's Home

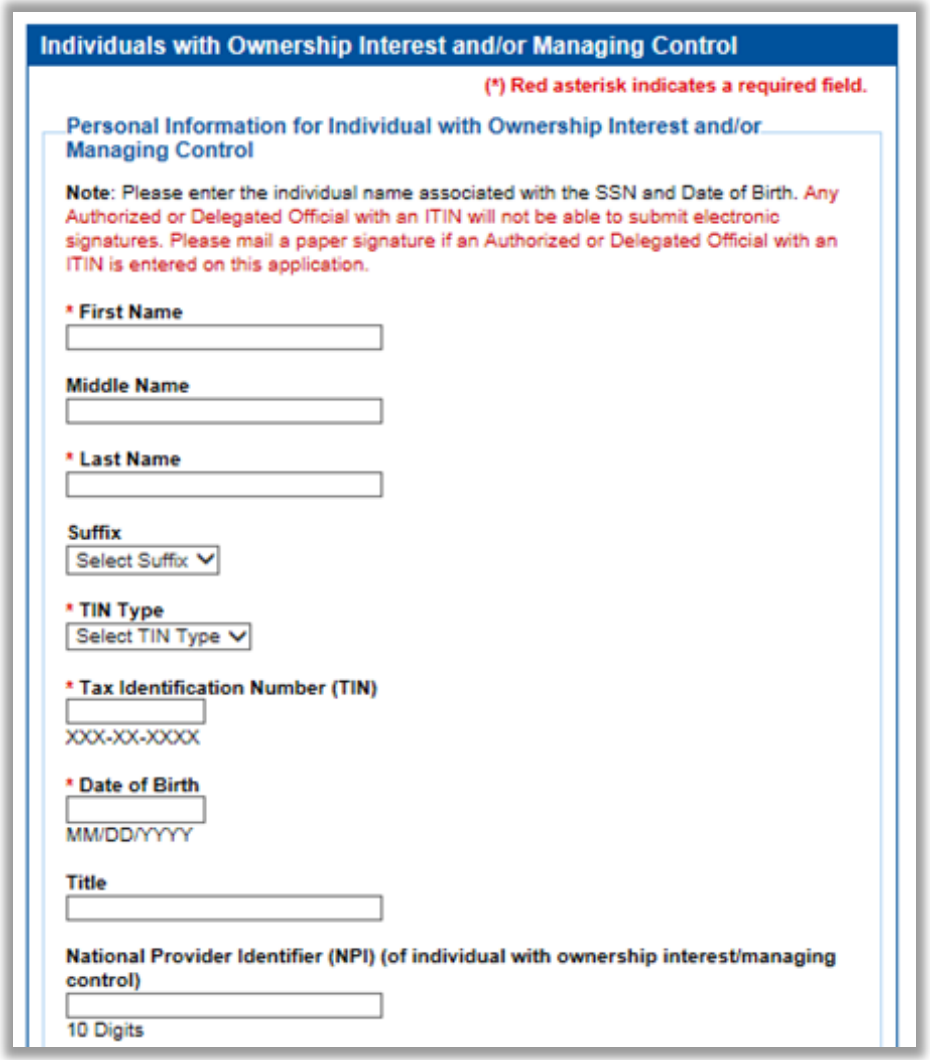
Topic View

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

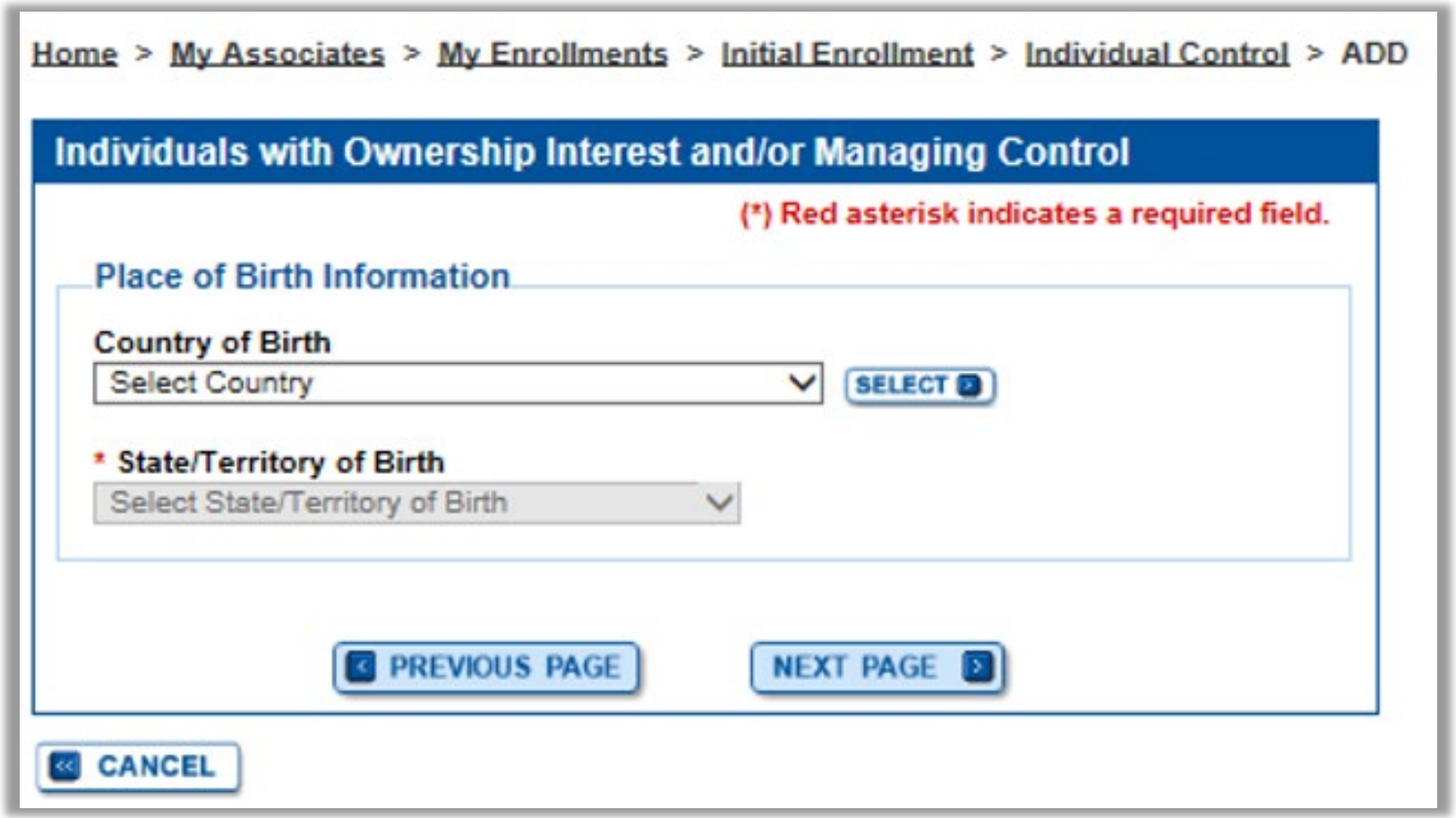
* **Tax Identification Number (TIN)**
XXX-XX-XXXX

* **Date of Birth**
MM/DD/YYYY

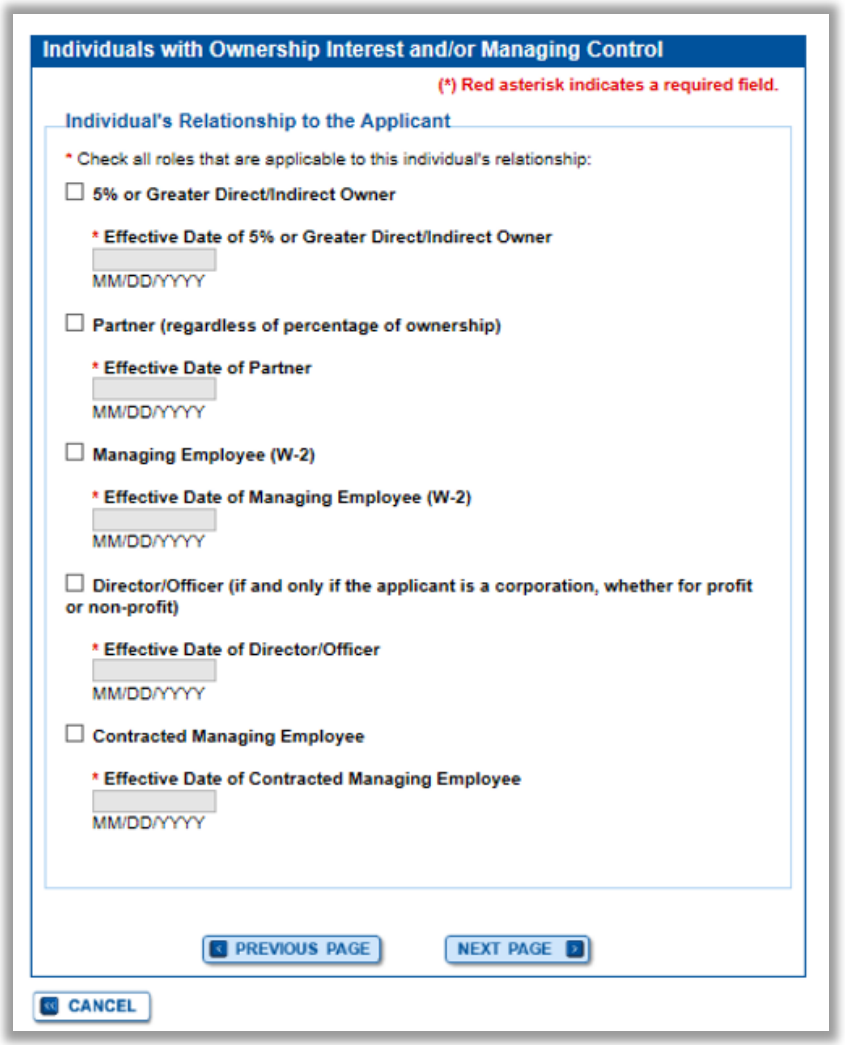
Title

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

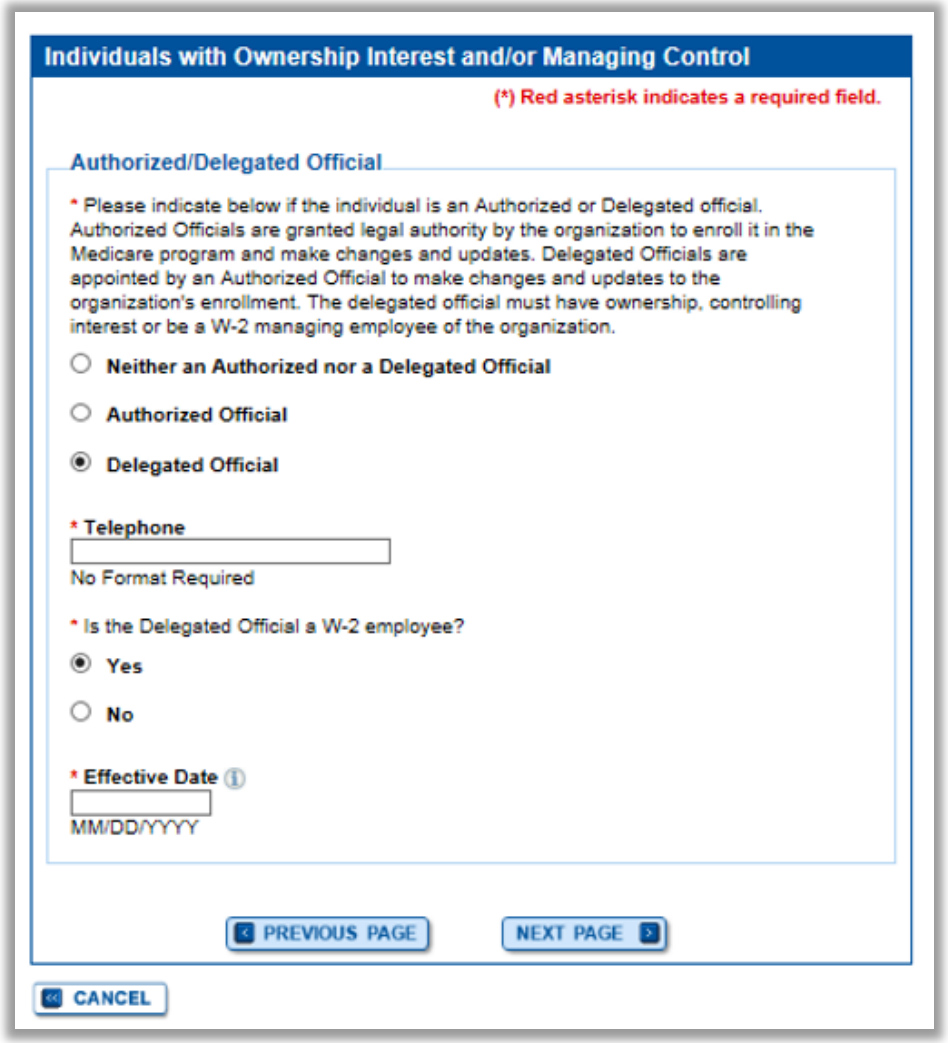
Individuals With Managing Control



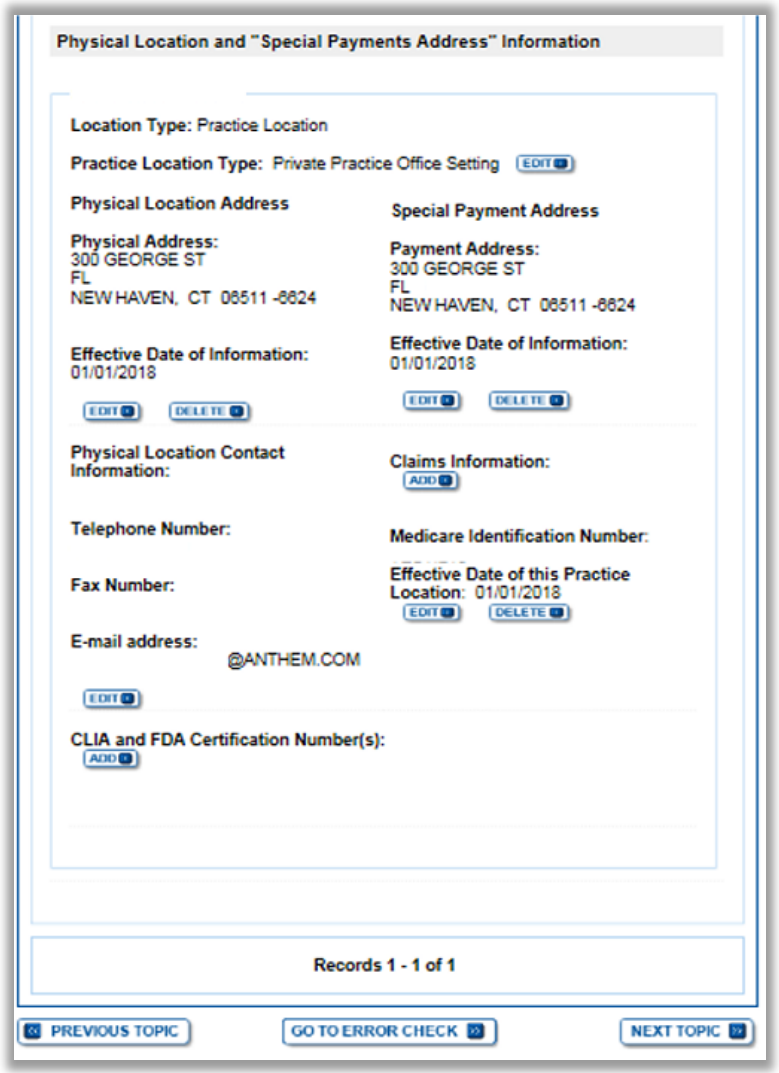
Individuals With Managing Control



Individuals With Managing Control



Physical Location and “Special Payment”



Physical Location and "Special Payments Address" Information

Location Type: Practice Location

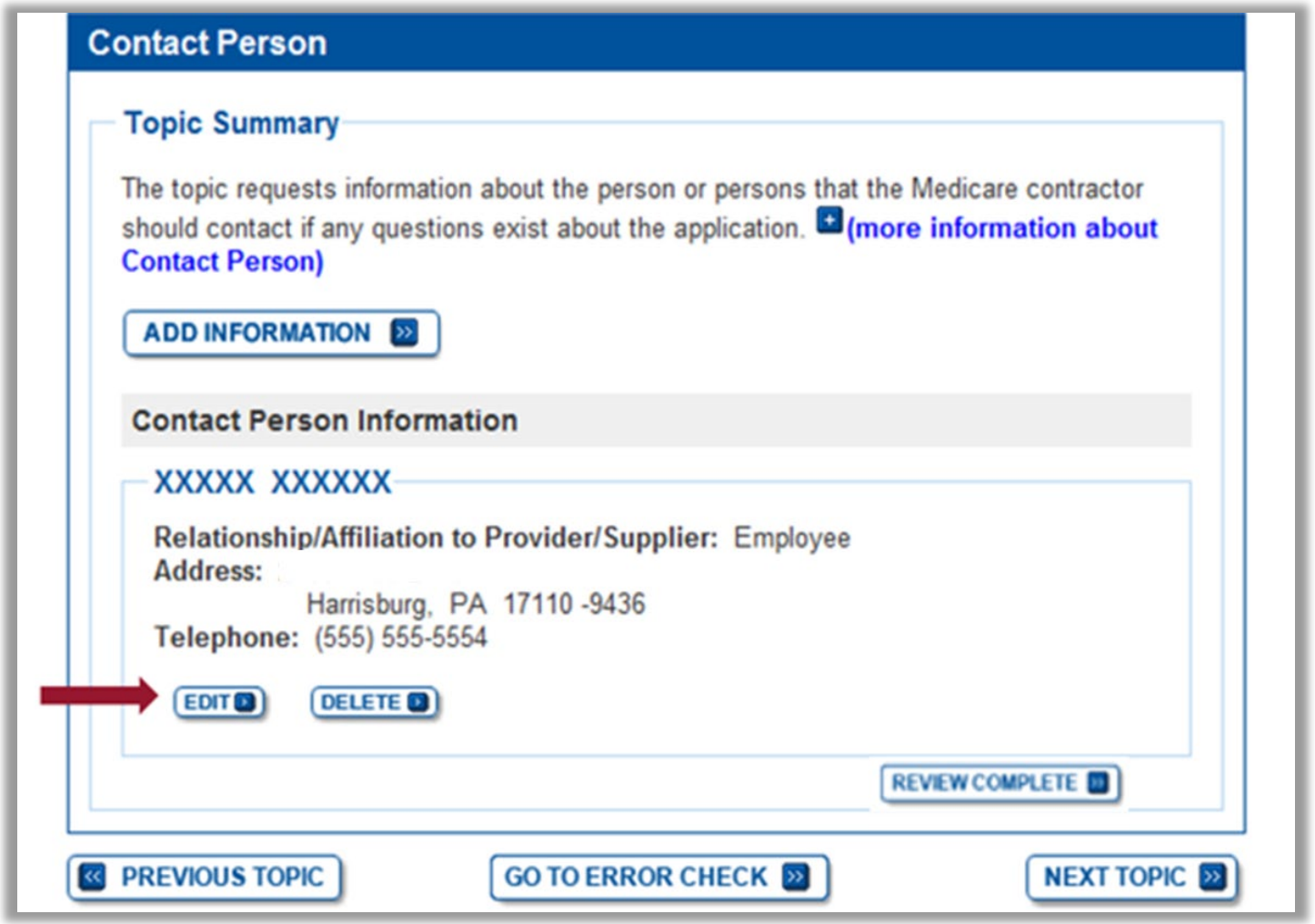
Practice Location Type: Private Practice Office Setting EDIT

Physical Location Address	Special Payment Address
Physical Address: 300 GEORGE ST FL NEW HAVEN, CT 06511 -6624	Payment Address: 300 GEORGE ST FL NEW HAVEN, CT 06511 -6624
Effective Date of Information: 01/01/2018	Effective Date of Information: 01/01/2018
EDIT DELETE	EDIT DELETE
Physical Location Contact Information:	Claims Information: ADD
Telephone Number:	Medicare Identification Number:
Fax Number:	Effective Date of this Practice Location: 01/01/2018 EDIT DELETE
E-mail address: @ANTHEM.COM EDIT	
CLIA and FDA Certification Number(s): ADD	

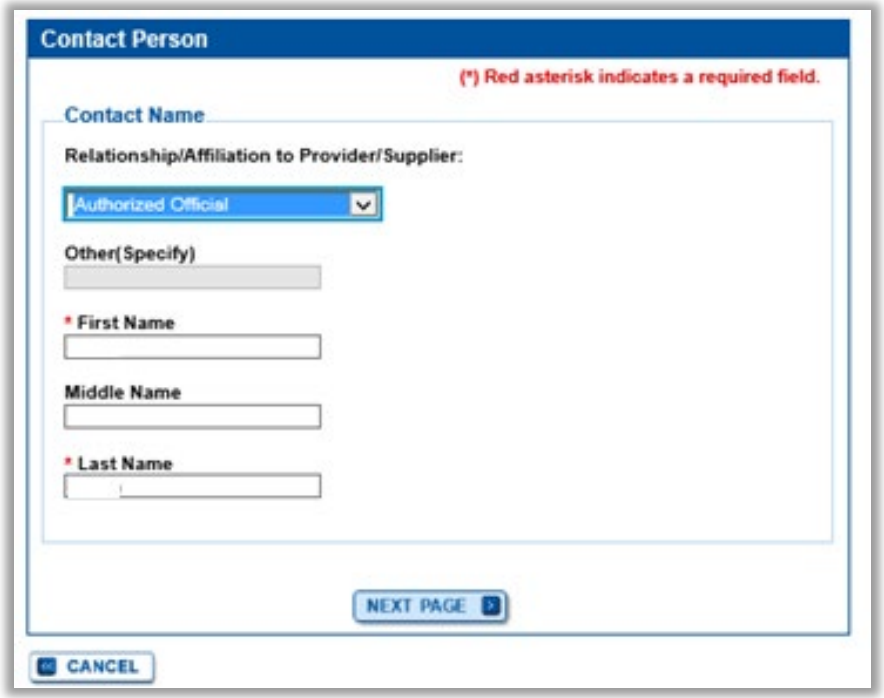
Records 1 - 1 of 1

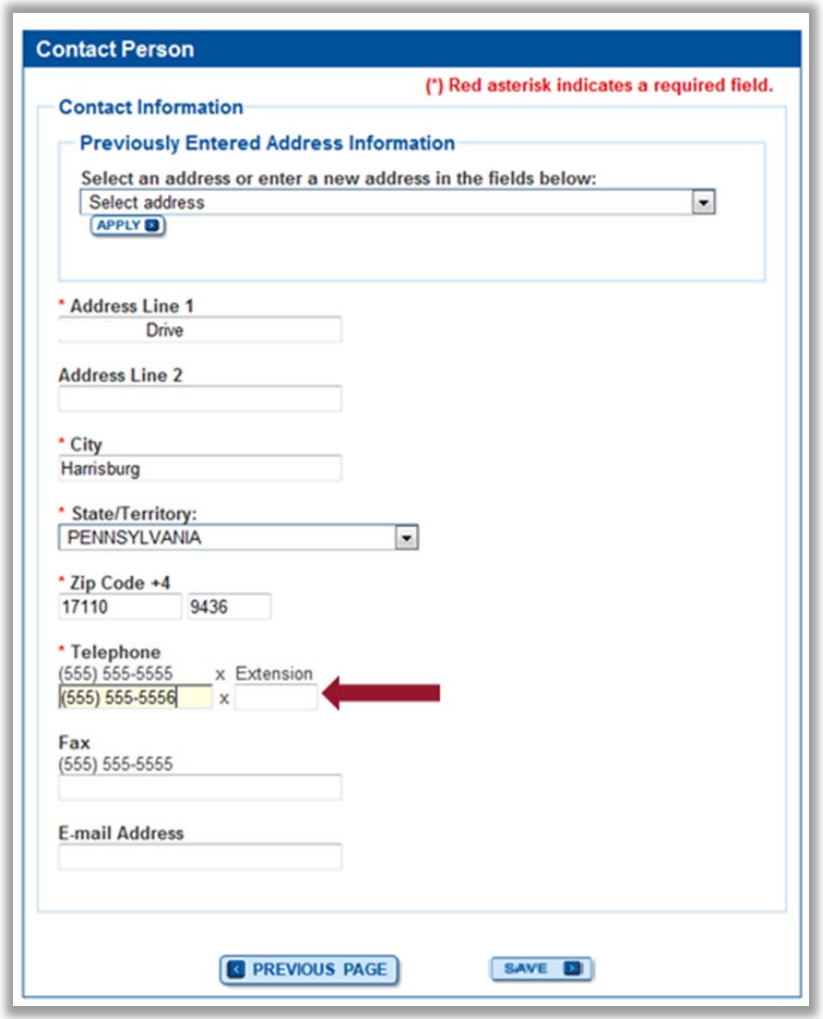
PREVIOUS TOPIC | GO TO ERROR CHECK | NEXT TOPIC

Contact Person Information

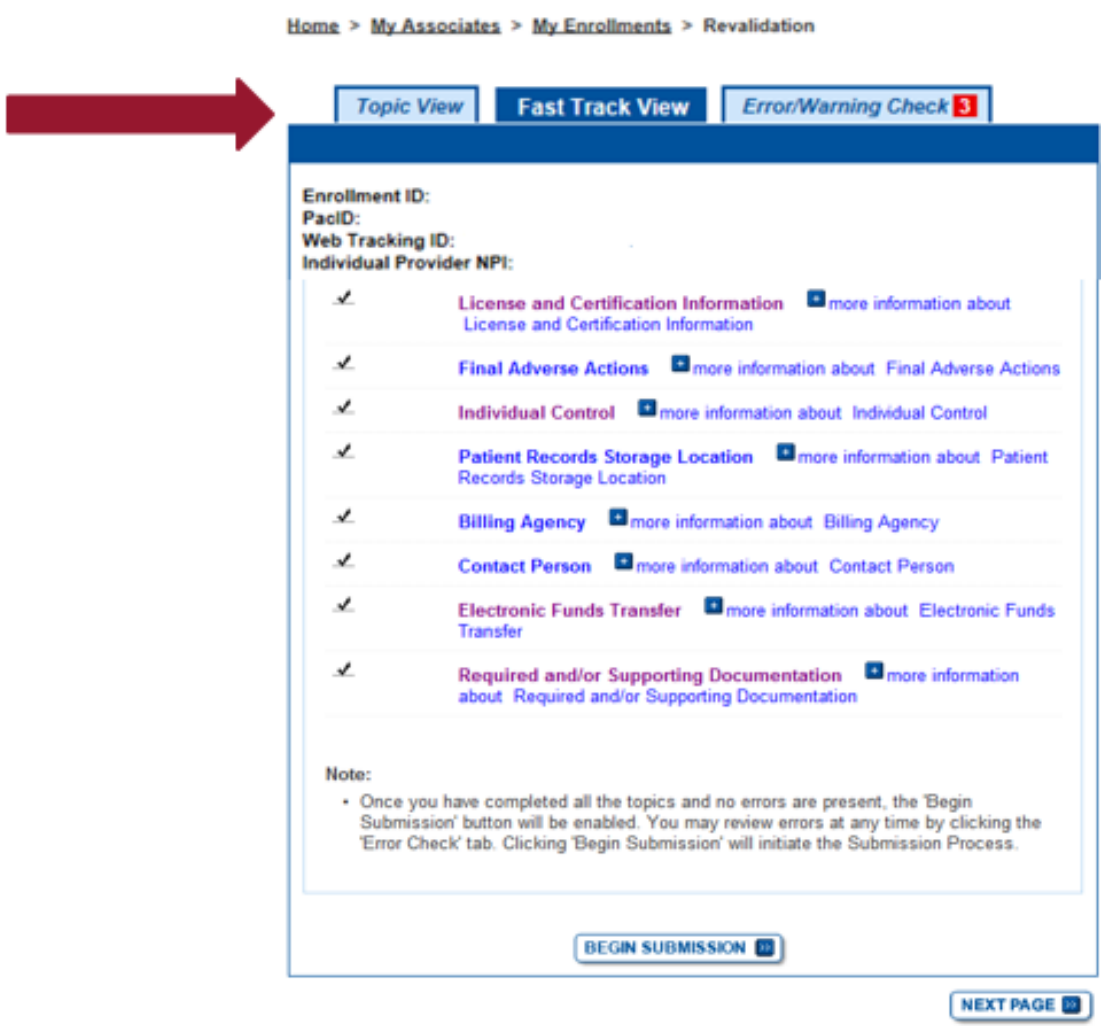


Edit and Save

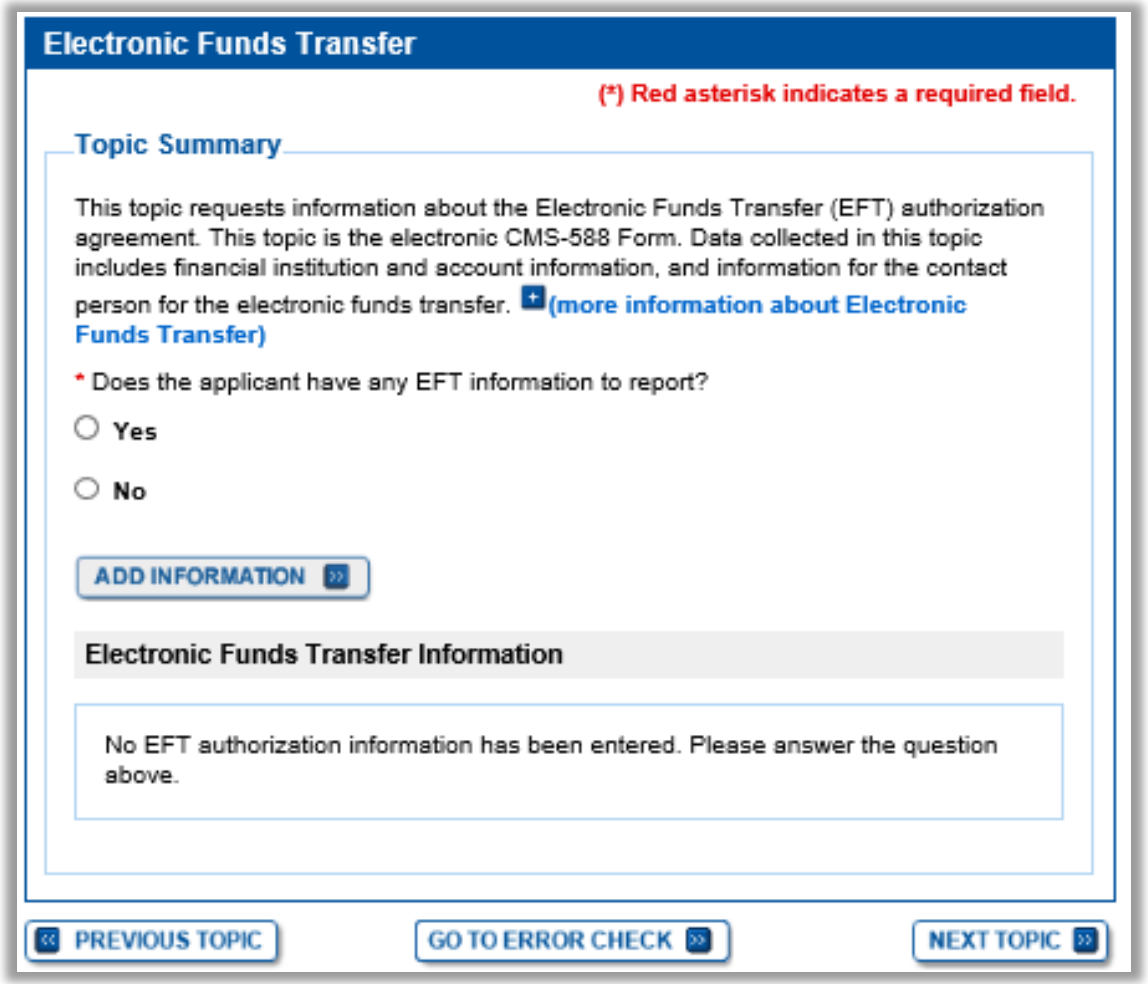




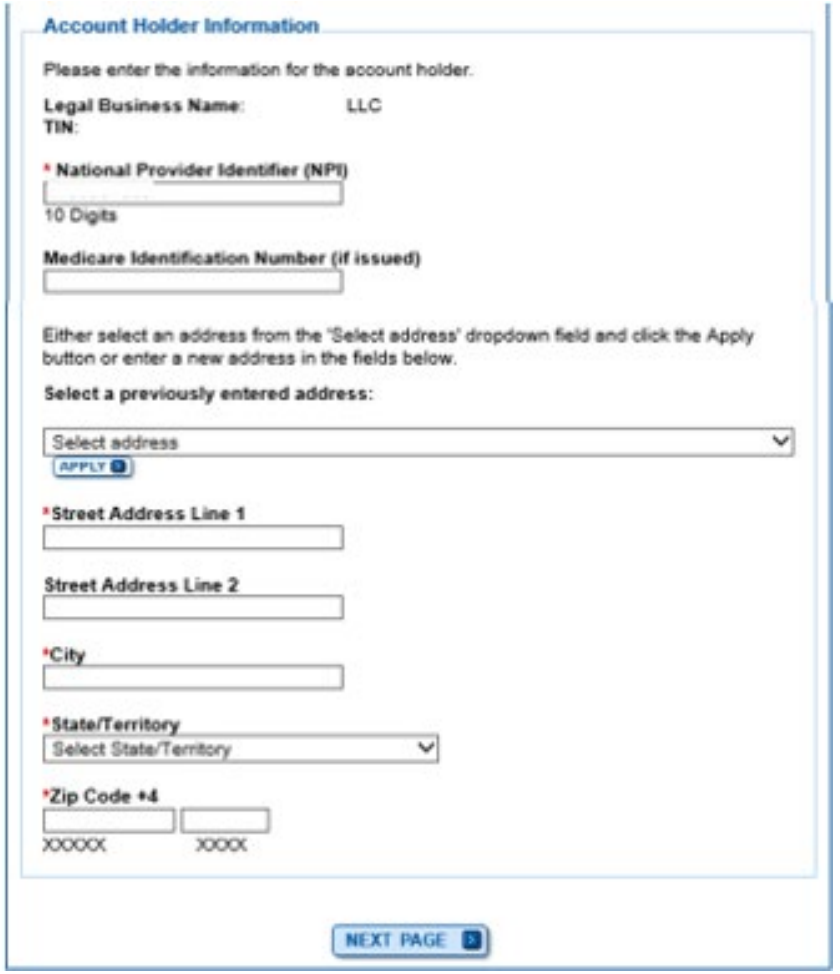
Topic View


Home > My Associates > My Enrollments > Revalidation
Topic View
Fast Track View
Error/Warning Check 3
Enrollment ID:
PacID:
Web Tracking ID:
Individual Provider NPI:
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

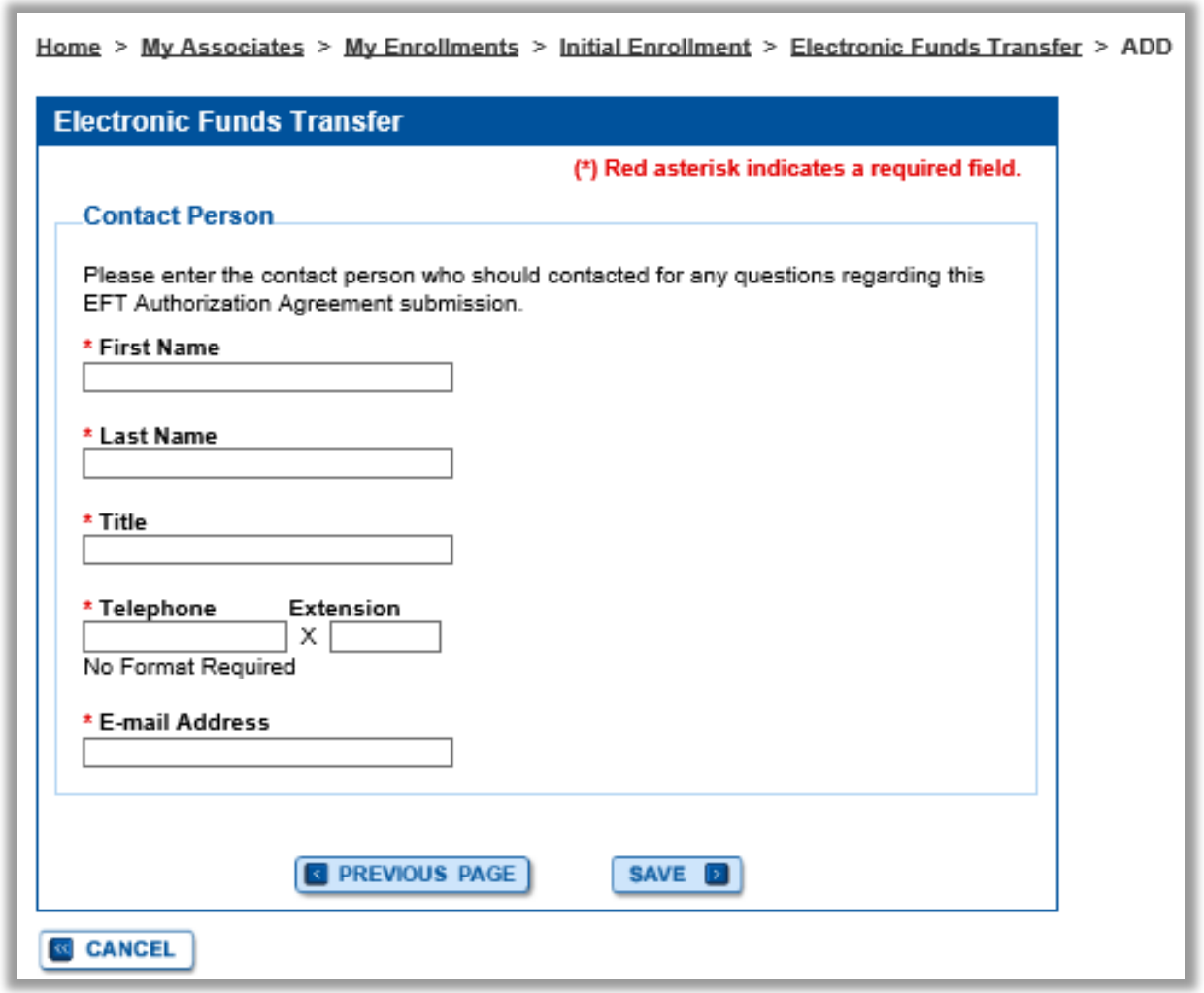
Electronic Funds Transfer



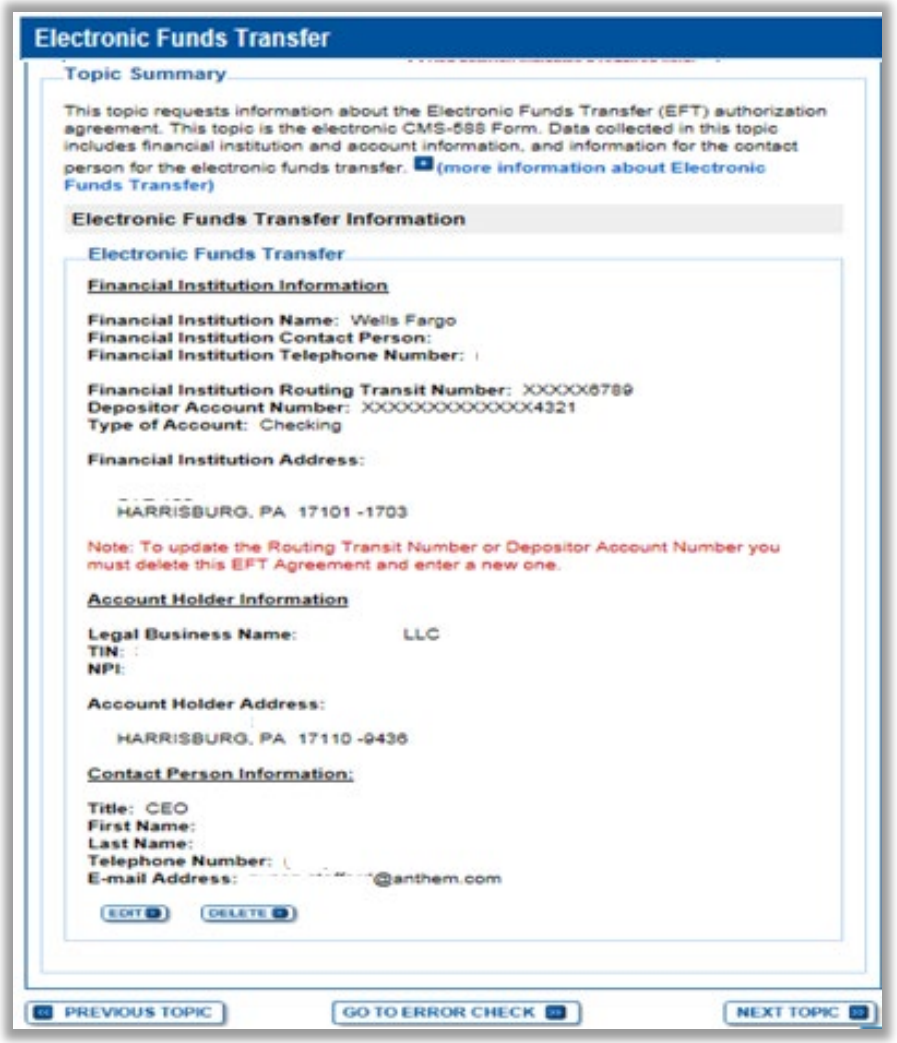
Electronic Funds Transfer



Electronic Funds Transfer



Electronic Funds Transfer



Electronic Funds Transfer

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)

Electronic Funds Transfer Information

Electronic Funds Transfer

Financial Institution Information

Financial Institution Name: Wells Fargo
Financial Institution Contact Person:
Financial Institution Telephone Number:

Financial Institution Routing Transit Number: XXXXX6789
Depositor Account Number: XXXXXXXXXXXX4321
Type of Account: Checking

Financial Institution Address:

HARRISBURG, PA 17101 -1703

Note: To update the Routing Transit Number or Depositor Account Number you must delete this EFT Agreement and enter a new one.

Account Holder Information

Legal Business Name: LLC
TIN:
NPI:

Account Holder Address:

HARRISBURG, PA 17110 -9436

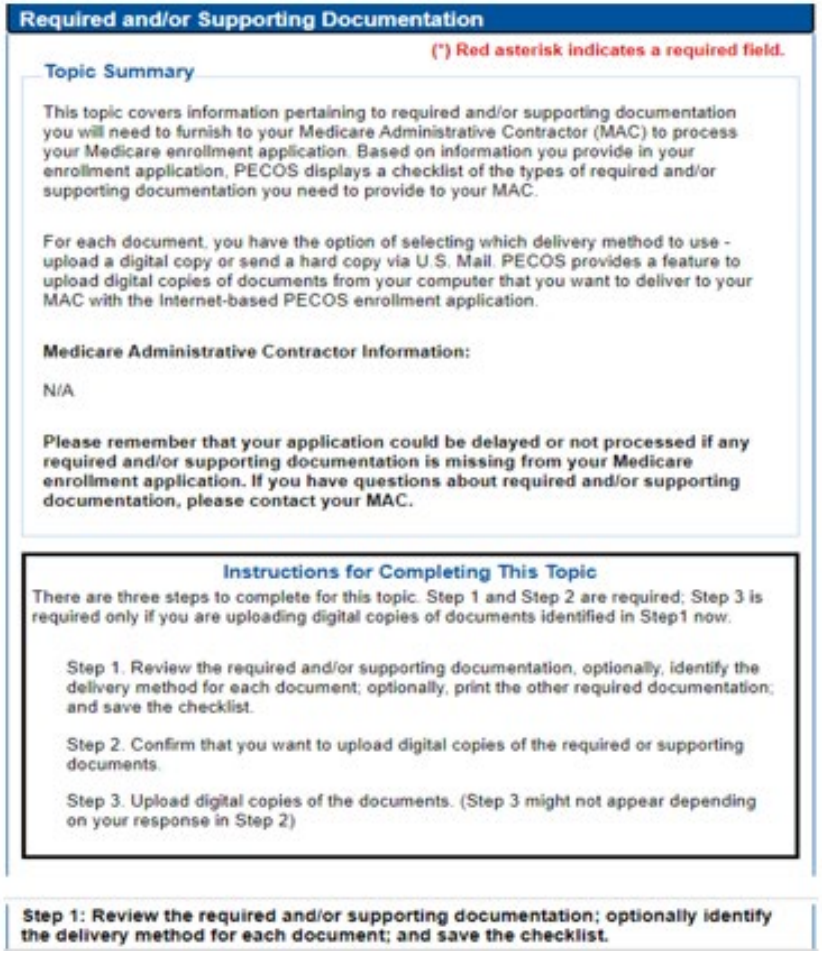
Contact Person Information:

Title: CEO
First Name:
Last Name:
Telephone Number:
E-mail Address: @anthem.com

EDIT DELETE

PREVIOUS TOPIC GO TO ERROR CHECK NEXT TOPIC

Required and/or Supporting Documentation



Required and/or Supporting Documentation

(*) Red asterisk indicates a required field.

Topic Summary

This topic covers information pertaining to required and/or supporting documentation you will need to furnish to your Medicare Administrative Contractor (MAC) to process your Medicare enrollment application. Based on information you provide in your enrollment application, PECOS displays a checklist of the types of required and/or supporting documentation you need to provide to your MAC.

For each document, you have the option of selecting which delivery method to use - upload a digital copy or send a hard copy via U.S. Mail. PECOS provides a feature to upload digital copies of documents from your computer that you want to deliver to your MAC with the Internet-based PECOS enrollment application.

Medicare Administrative Contractor Information:

N/A

Please remember that your application could be delayed or not processed if any required and/or supporting documentation is missing from your Medicare enrollment application. If you have questions about required and/or supporting documentation, please contact your MAC.

Instructions for Completing This Topic

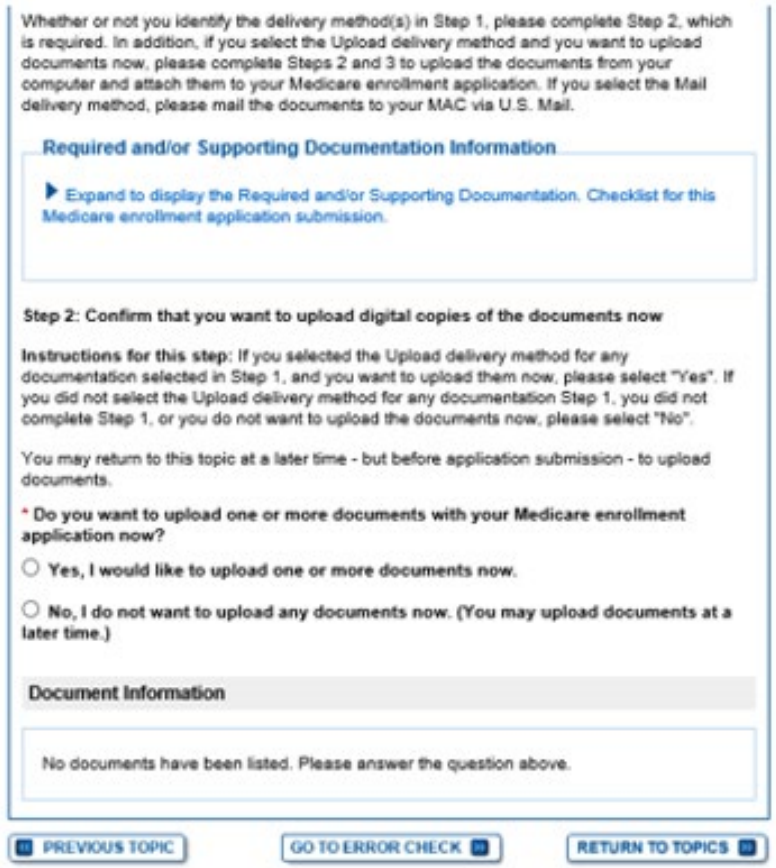
There are three steps to complete for this topic. Step 1 and Step 2 are required; Step 3 is required only if you are uploading digital copies of documents identified in Step1 now.

Step 1. Review the required and/or supporting documentation, optionally, identify the delivery method for each document; optionally, print the other required documentation; and save the checklist.

Step 2. Confirm that you want to upload digital copies of the required or supporting documents.

Step 3. Upload digital copies of the documents. (Step 3 might not appear depending on your response in Step 2)

Step 1: Review the required and/or supporting documentation; optionally identify the delivery method for each document; and save the checklist.



Whether or not you identify the delivery method(s) in Step 1, please complete Step 2, which is required. In addition, if you select the Upload delivery method and you want to upload documents now, please complete Steps 2 and 3 to upload the documents from your computer and attach them to your Medicare enrollment application. If you select the Mail delivery method, please mail the documents to your MAC via U.S. Mail.

Required and/or Supporting Documentation Information

▶ Expand to display the Required and/or Supporting Documentation. Checklist for this Medicare enrollment application submission.

Step 2: Confirm that you want to upload digital copies of the documents now

Instructions for this step: If you selected the Upload delivery method for any documentation selected in Step 1, and you want to upload them now, please select "Yes". If you did not select the Upload delivery method for any documentation Step 1, you did not complete Step 1, or you do not want to upload the documents now, please select "No".

You may return to this topic at a later time - but before application submission - to upload documents.

* **Do you want to upload one or more documents with your Medicare enrollment application now?**

○ **Yes, I would like to upload one or more documents now.**

○ **No, I do not want to upload any documents now. (You may upload documents at a later time.)**

Document Information

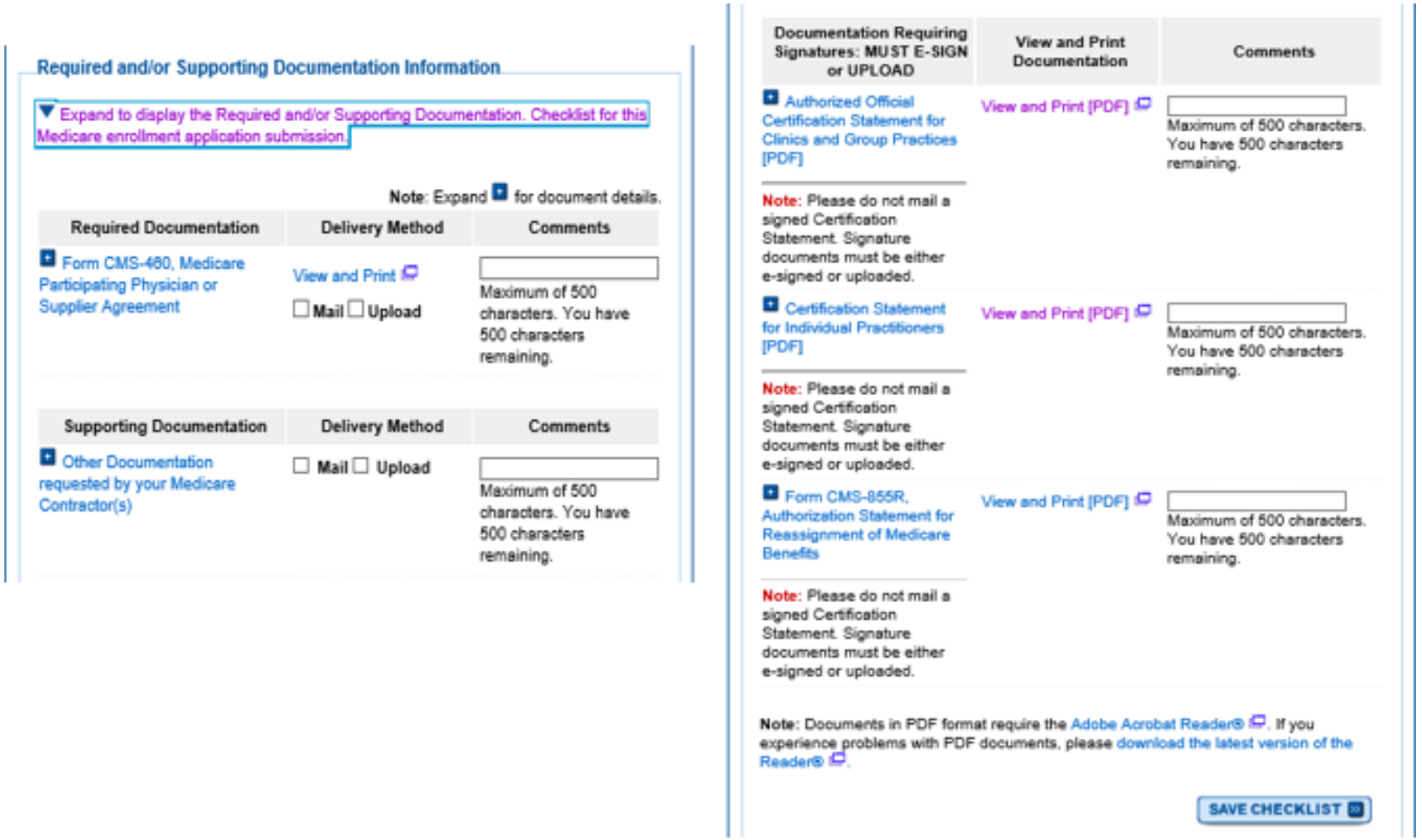
No documents have been listed. Please answer the question above.

PREVIOUS TOPIC | GO TO ERROR CHECK | RETURN TO TOPICS

national government SERVICES

NGSMU

Required and/or Supporting Documentation



Required and/or Supporting Documentation Information

Expand to display the Required and/or Supporting Documentation. Checklist for this Medicare enrollment application submission.

Note: Expand for document details.

Required Documentation	Delivery Method	Comments
Form CMS-460, Medicare Participating Physician or Supplier Agreement	View and Print Mail Upload	Maximum of 500 characters. You have 500 characters remaining.

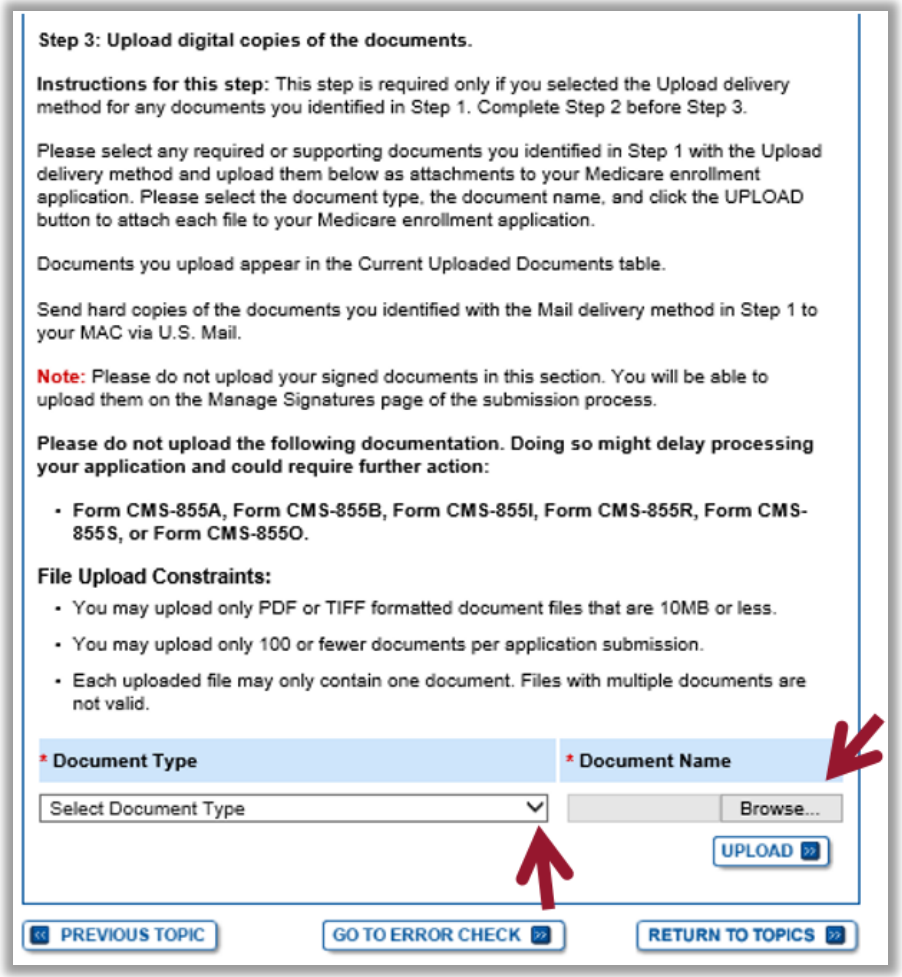
Supporting Documentation	Delivery Method	Comments
Other Documentation requested by your Medicare Contractor(s)	Mail Upload	Maximum of 500 characters. You have 500 characters remaining.

Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
Authorized Official Certification Statement for Clinics and Group Practices [PDF] **Note:** Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	Maximum of 500 characters. You have 500 characters remaining.
Certification Statement for Individual Practitioners [PDF] **Note:** Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	Maximum of 500 characters. You have 500 characters remaining.
Form CMS-855R, Authorization Statement for Reassignment of Medicare Benefits **Note:** Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	Maximum of 500 characters. You have 500 characters remaining.

Note: Documents in PDF format require the Adobe Acrobat Reader®. If you experience problems with PDF documents, please download the latest version of the Reader®.

SAVE CHECKLIST

Uploaded Documents



Step 3: Upload digital copies of the documents.

Instructions for this step: This step is required only if you selected the Upload delivery method for any documents you identified in Step 1. Complete Step 2 before Step 3.

Please select any required or supporting documents you identified in Step 1 with the Upload delivery method and upload them below as attachments to your Medicare enrollment application. Please select the document type, the document name, and click the UPLOAD button to attach each file to your Medicare enrollment application.

Documents you upload appear in the Current Uploaded Documents table.

Send hard copies of the documents you identified with the Mail delivery method in Step 1 to your MAC via U.S. Mail.

Note: Please do not upload your signed documents in this section. You will be able to upload them on the Manage Signatures page of the submission process.

Please do not upload the following documentation. Doing so might delay processing your application and could require further action:

- **Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, or Form CMS-855O.**

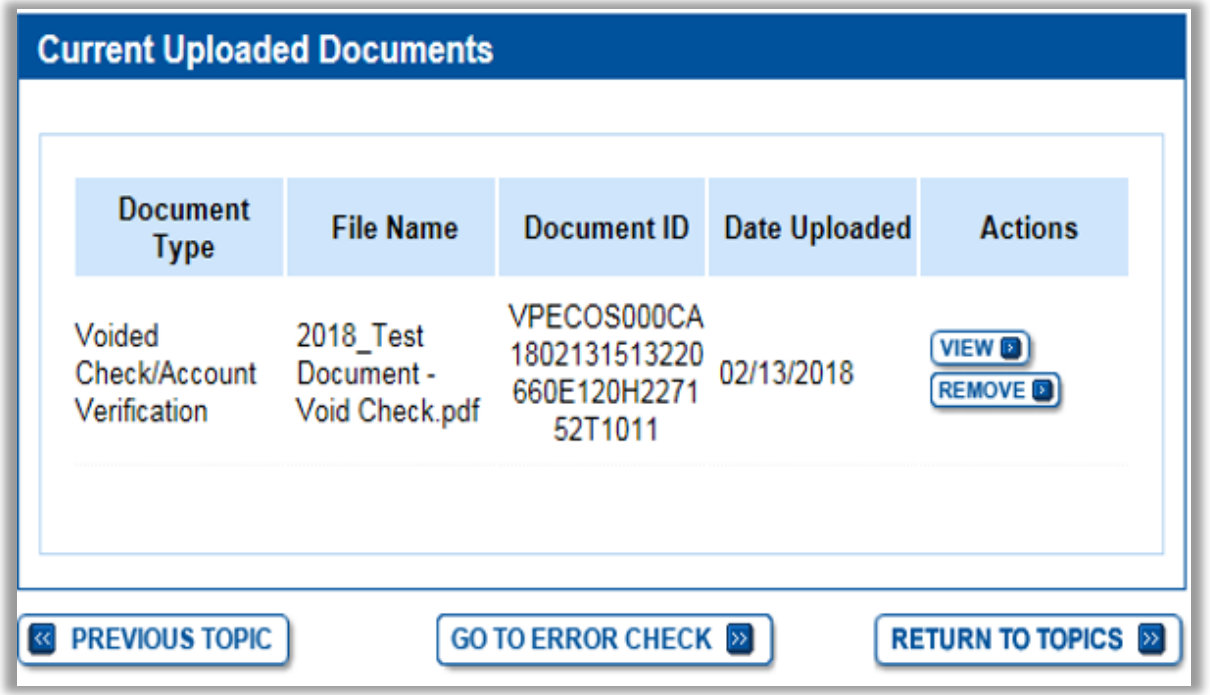
File Upload Constraints:

- You may upload only PDF or TIFF formatted document files that are 10MB or less.
- You may upload only 100 or fewer documents per application submission.
- Each uploaded file may only contain one document. Files with multiple documents are not valid.

* Document Type	* Document Name
Select Document Type	Browse...

UPLOAD

PREVIOUS TOPIC | GO TO ERROR CHECK | RETURN TO TOPICS

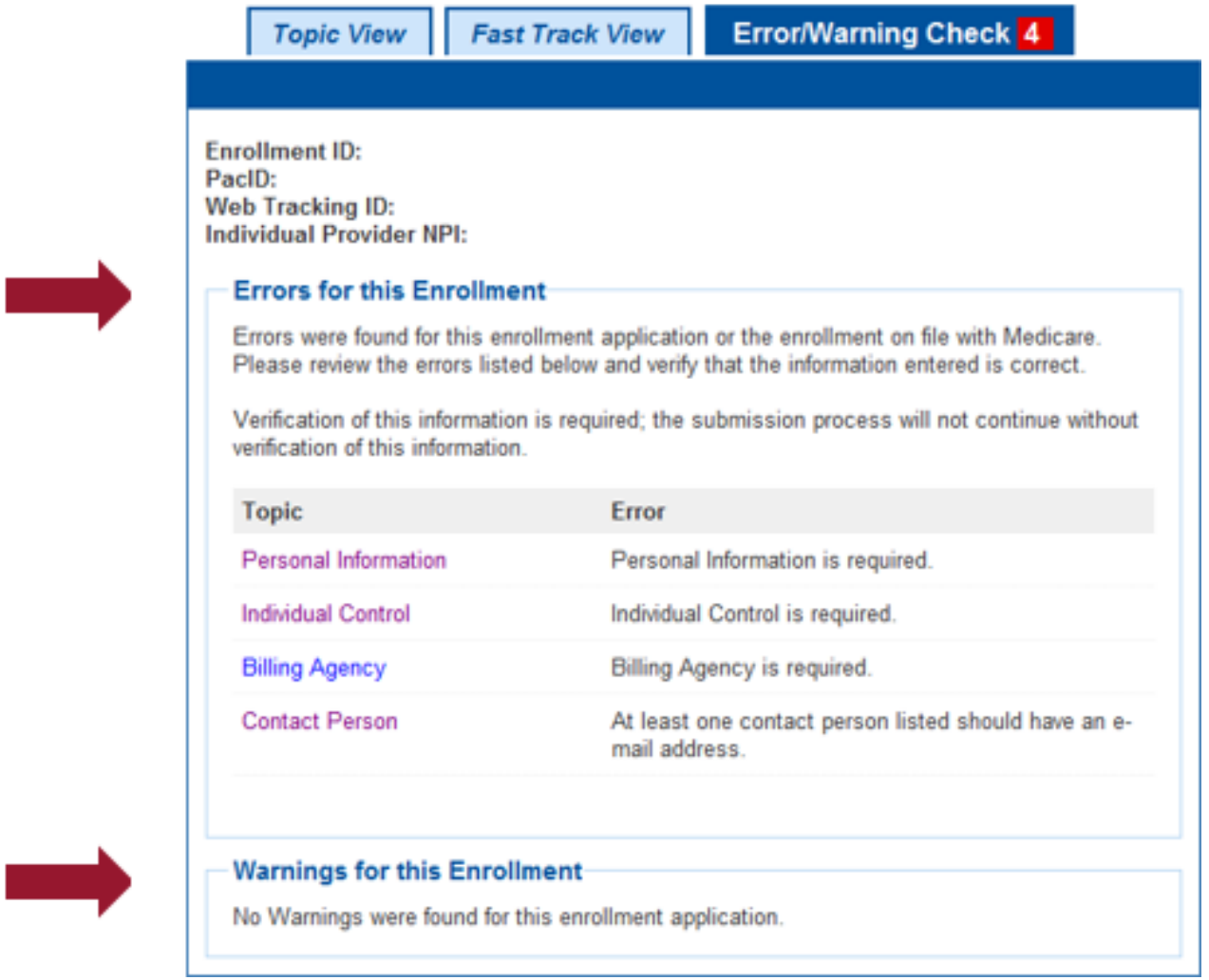


Current Uploaded Documents

Document Type	File Name	Document ID	Date Uploaded	Actions
Voided Check/Account Verification	2018_Test Document - Void Check.pdf	VPECOS000CA 1802131513220 660E120H2271 52T1011	02/13/2018	VIEW REMOVE

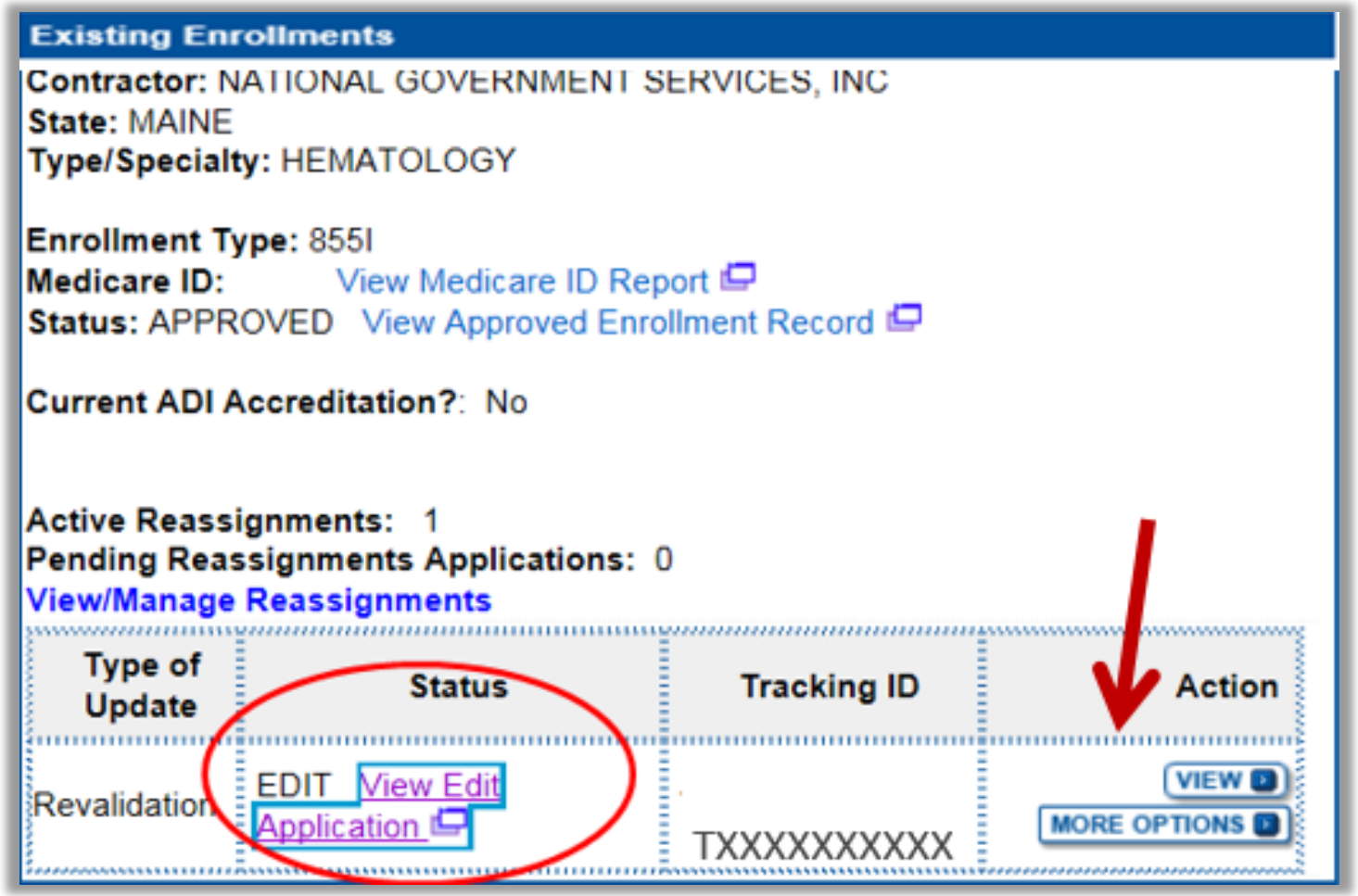
PREVIOUS TOPIC | GO TO ERROR CHECK | RETURN TO TOPICS

Error/Warning Check

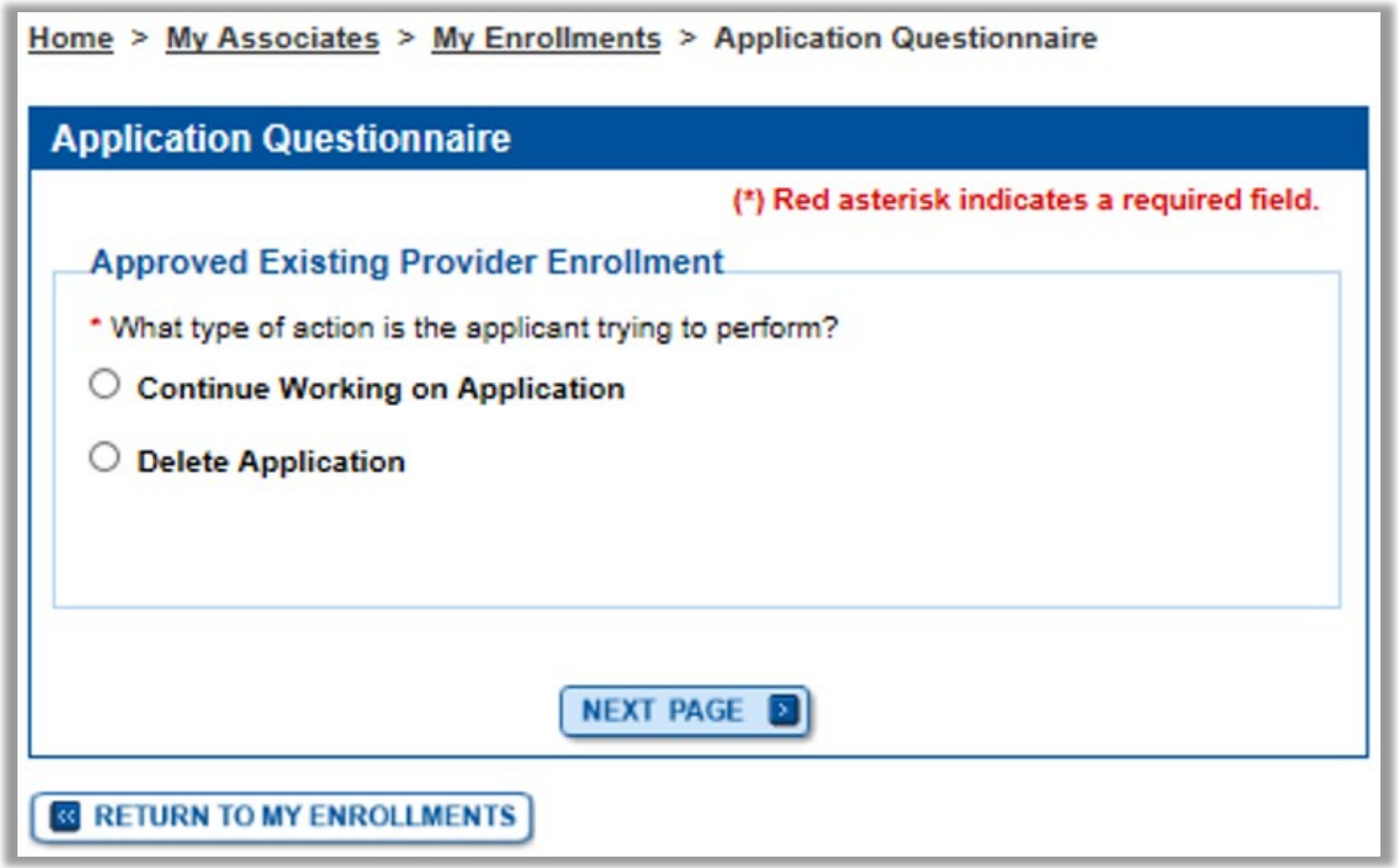


Unfinished Application

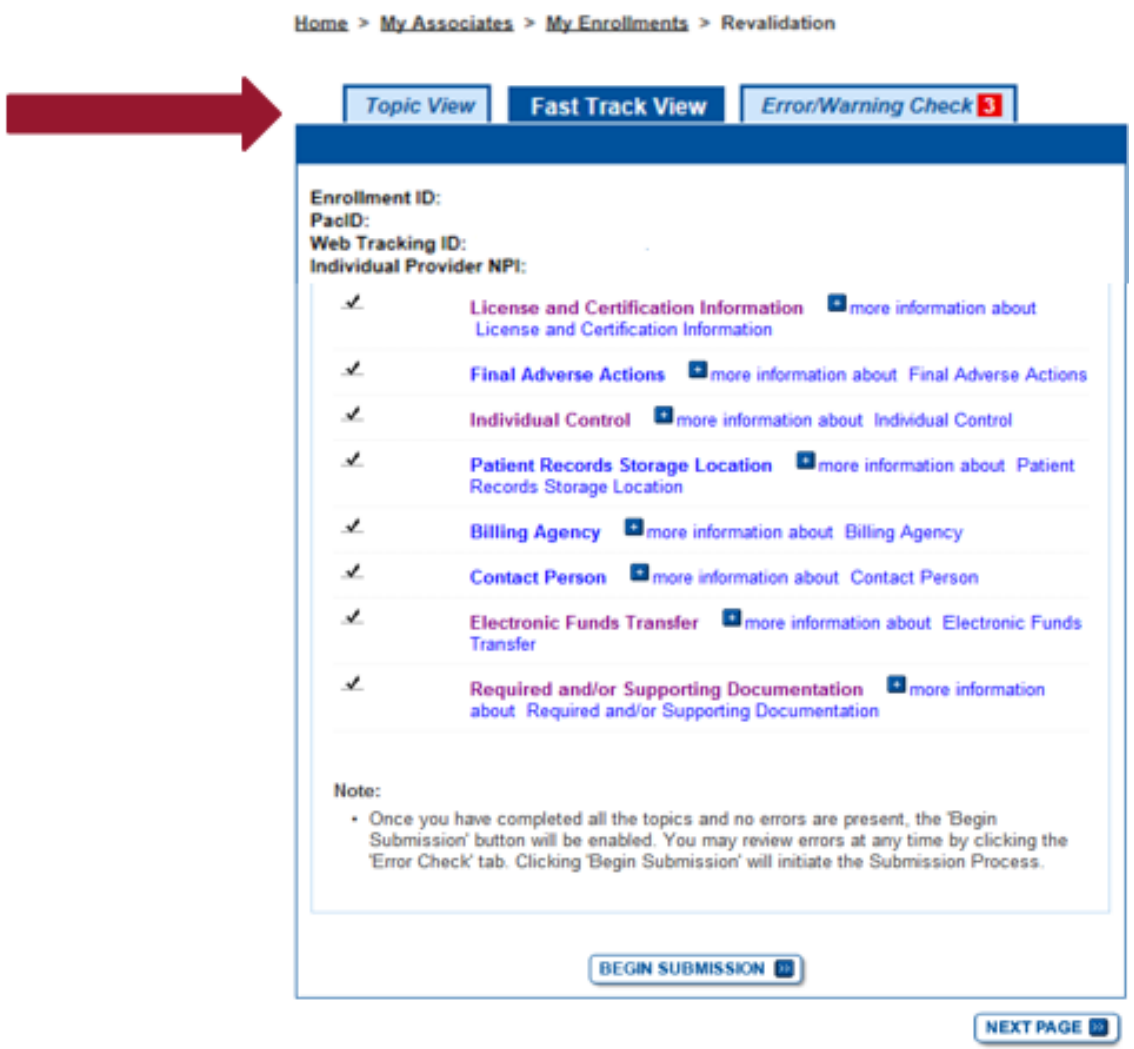
- My Associates > “View Enrollment”



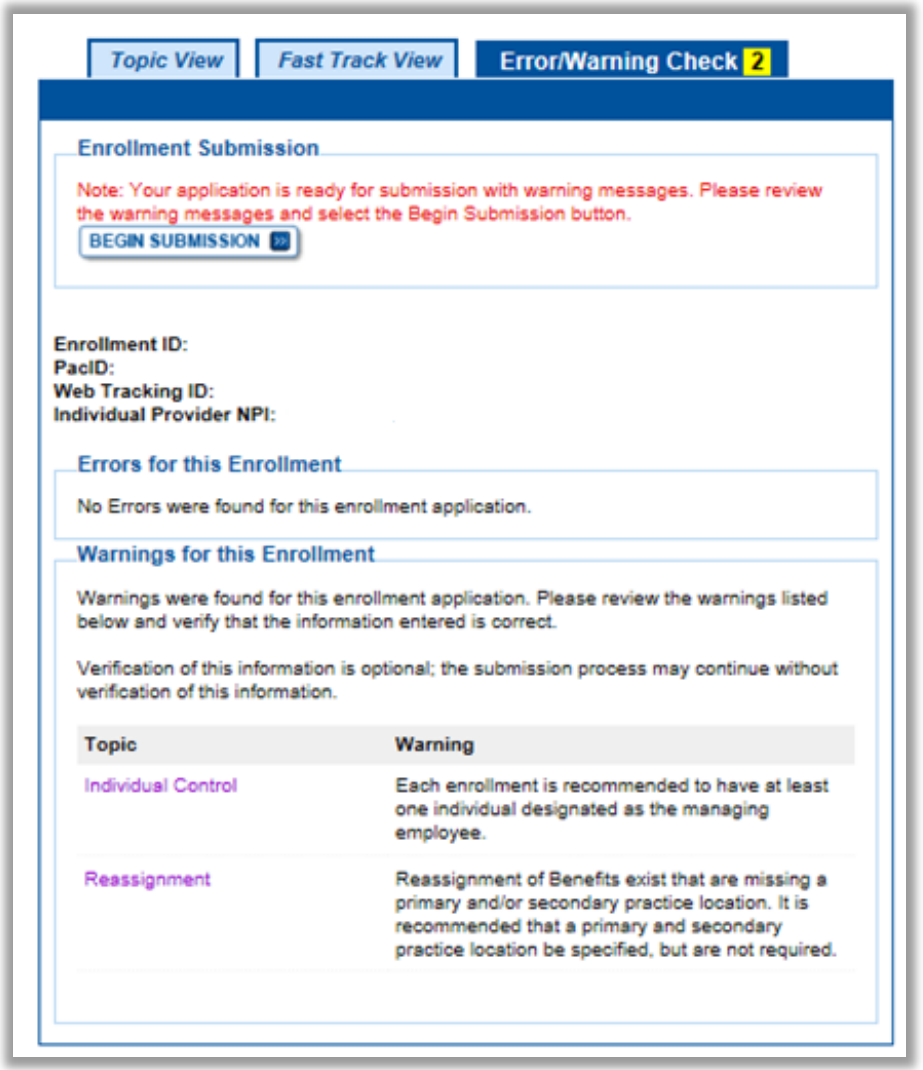
Unfinished Application



Topic View

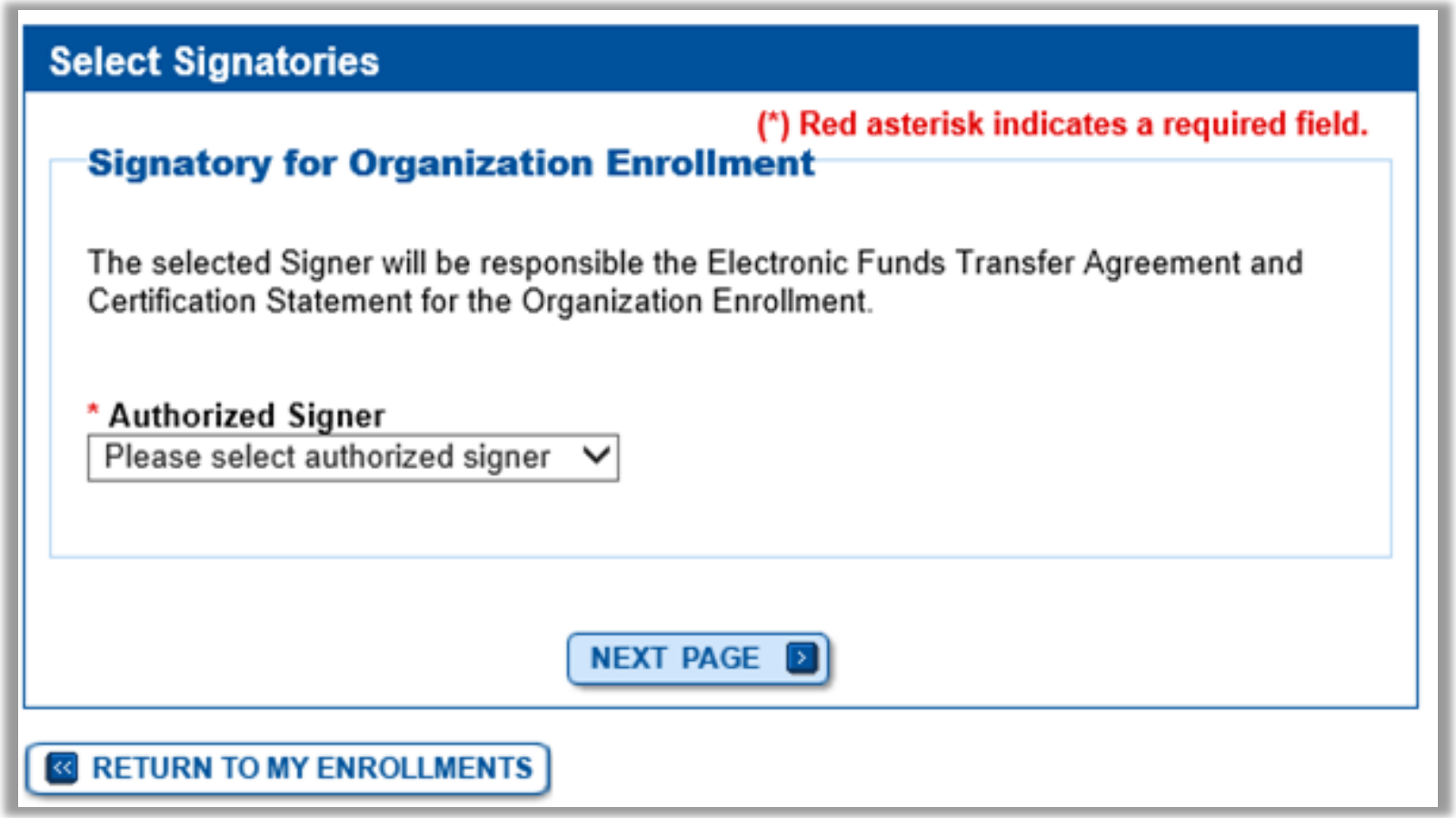

Home > My Associates > My Enrollments > Revalidation
Topic View
Fast Track View
Error/Warning Check 3
Enrollment ID:
PacID:
Web Tracking ID:
Individual Provider NPI:
License and Certification Information more information about License and Certification Information
Final Adverse Actions more information 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

Error/Warning Check

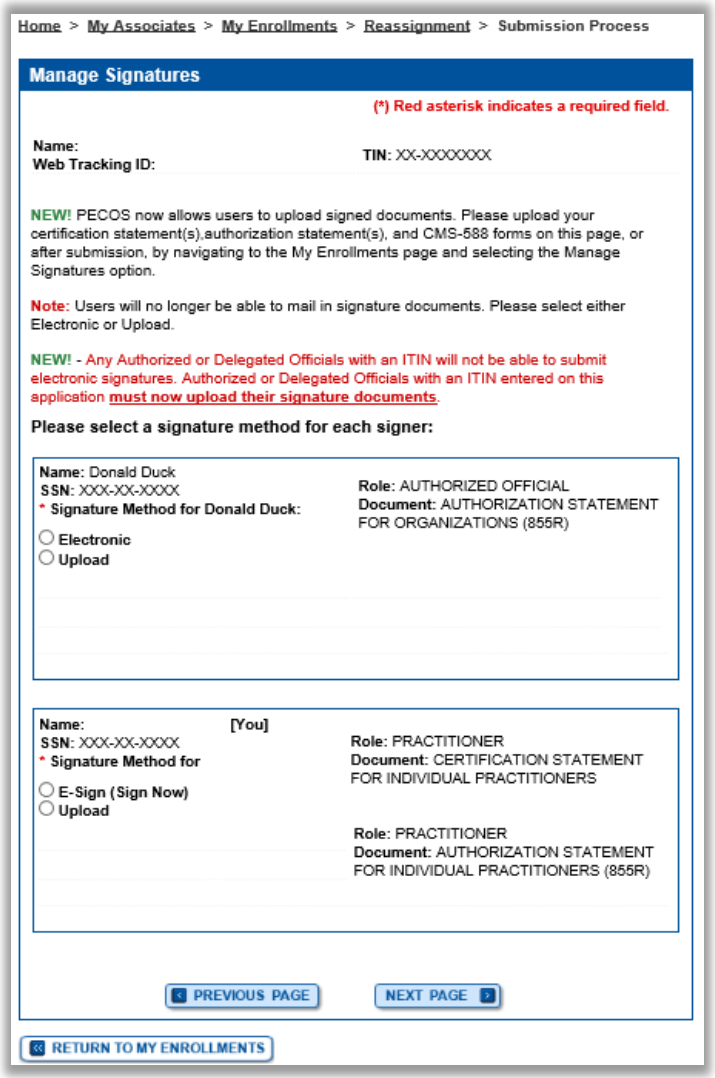


Signature Method

- Authorized/Delegated Official Selection



Manage Signatures



Home > My Associates > My Enrollments > Reassignment > Submission Process

Manage Signatures

(*) Red asterisk indicates a required field.

Name:
Web Tracking ID:

TIN: XX-XXXXXXX

NEW! PECOS now allows users to upload signed documents. Please upload your certification statement(s),authorization statement(s), and CMS-588 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures option.

Note: Users will no longer be able to mail in signature documents. Please select either Electronic or Upload.

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**.

Please select a signature method for each signer:

Name: Donald Duck
SSN: XXX-XX-XXXX
* **Signature Method for Donald Duck:**

○ **Electronic**
○ **Upload**

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Name: [You]
SSN: XXX-XX-XXXX
* **Signature Method for**

○ **E-Sign (Sign Now)**
○ **Upload**

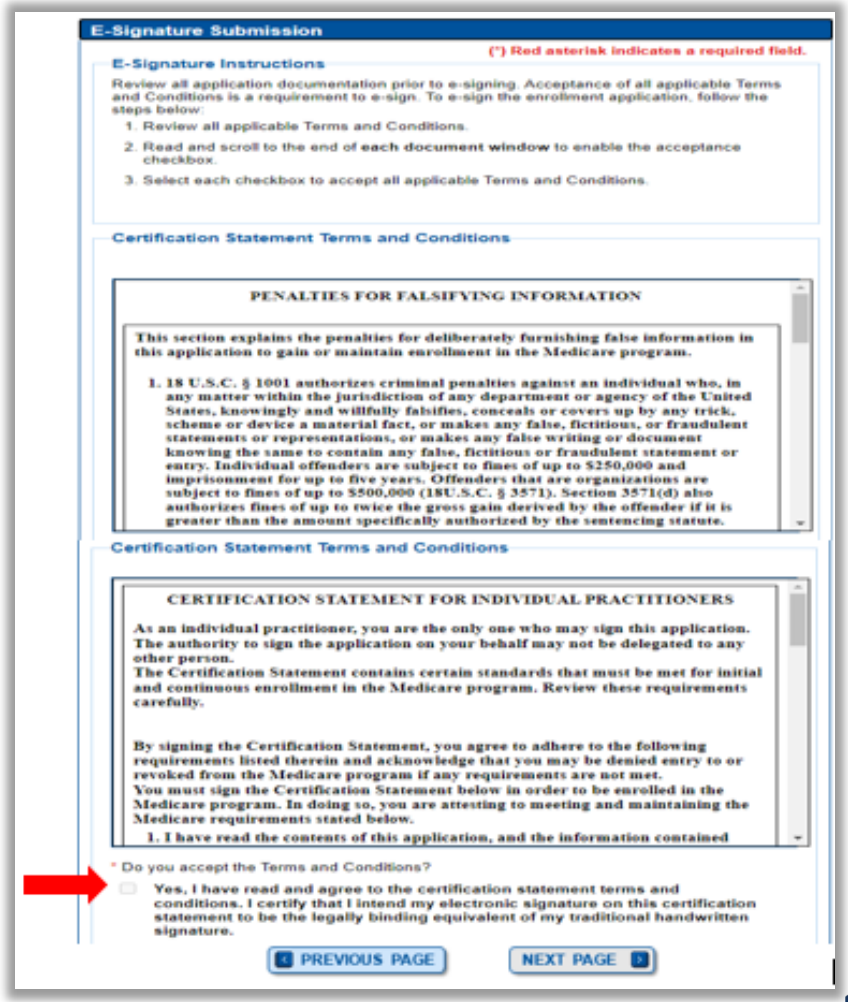
Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

Role: PRACTITIONER
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)

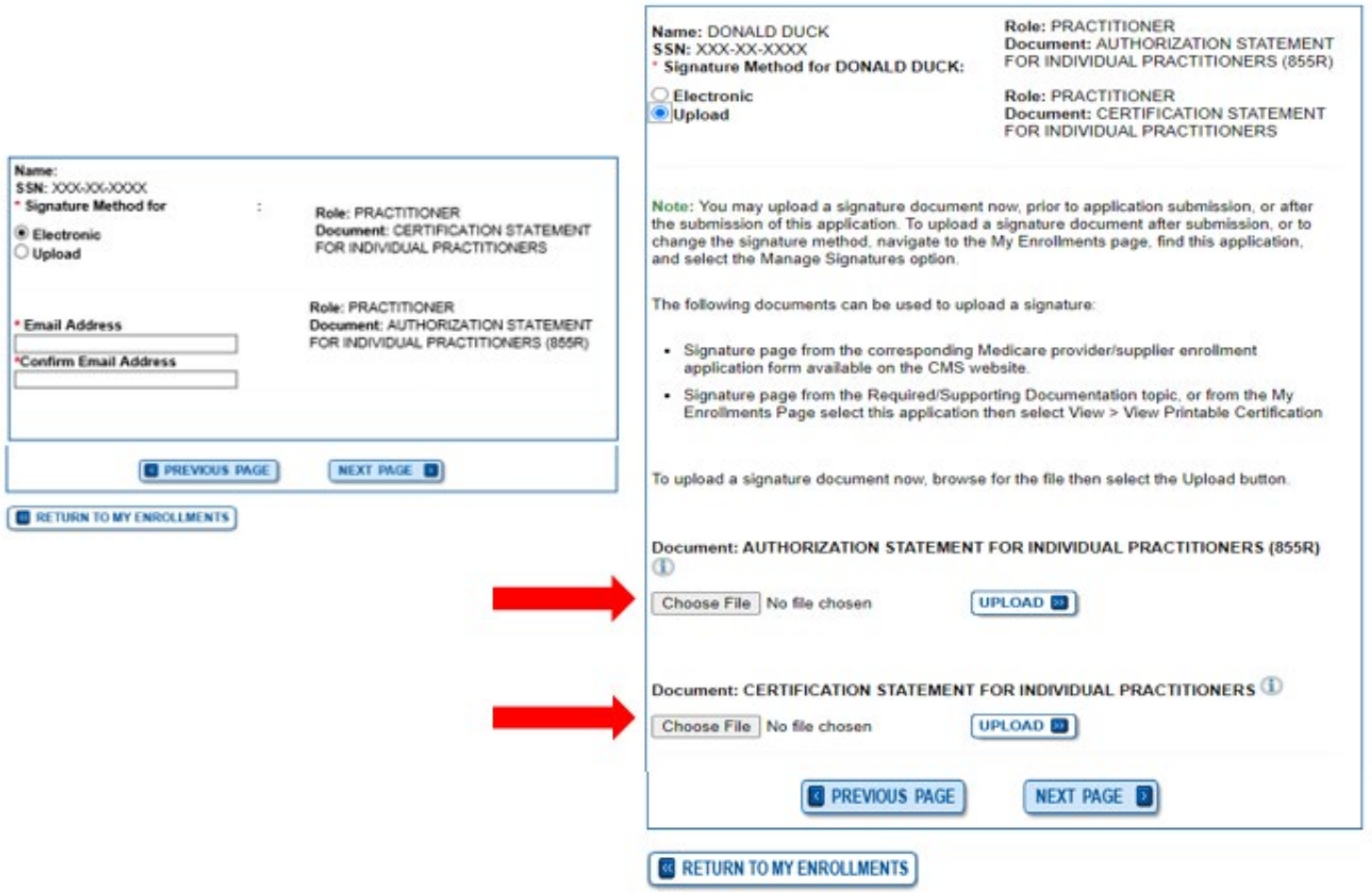
PREVIOUS PAGE NEXT PAGE

RETURN TO MY ENROLLMENTS

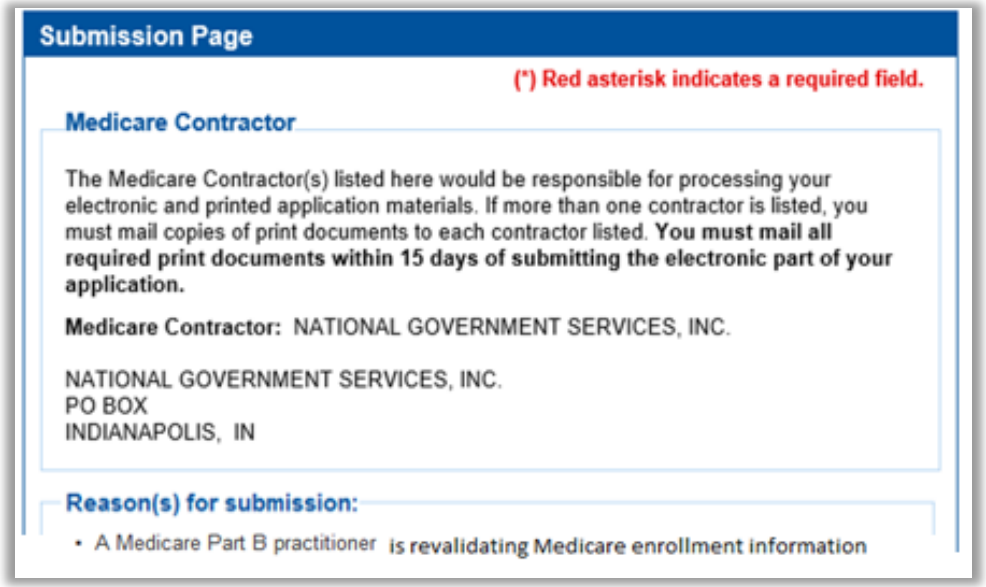
Manage Signatures

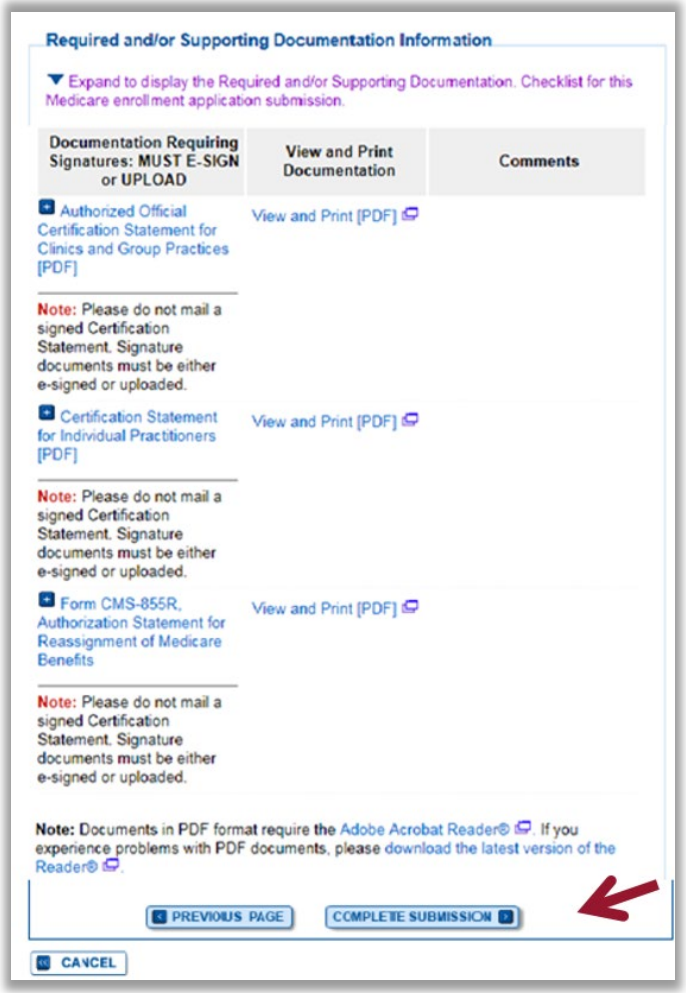


Manage Signatures

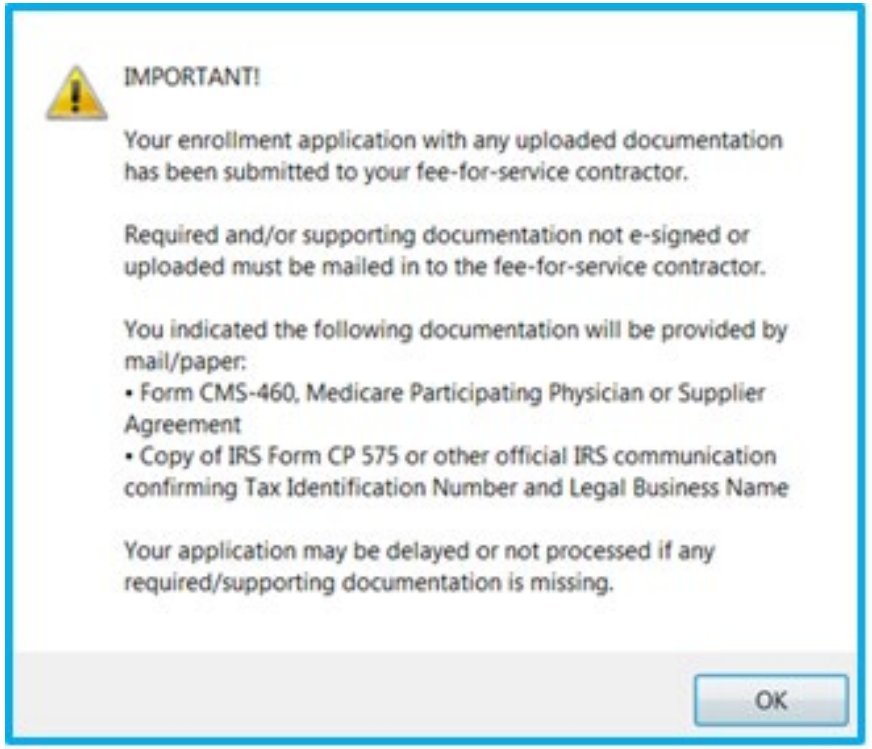


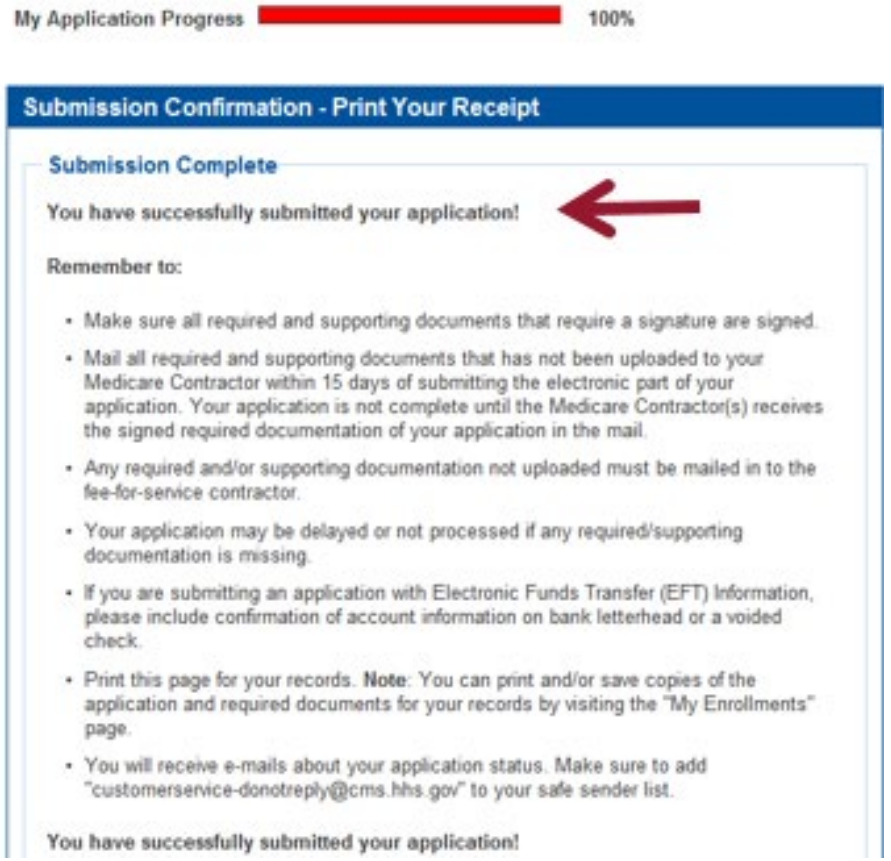
Complete Submission



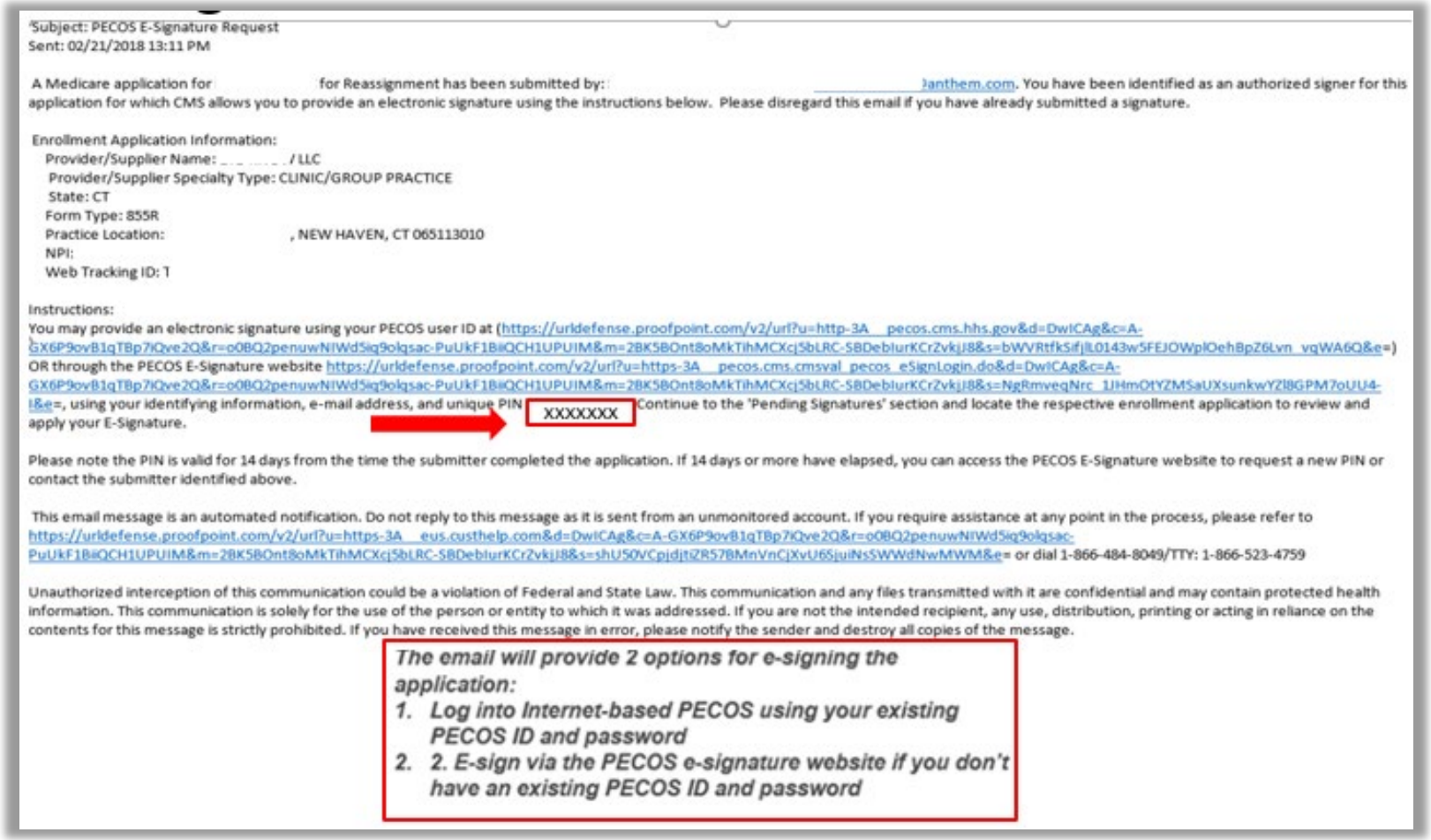


Submission Confirmation





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-PuUkF1BiQCH1UPUIM&m=2BK5BOnt8oMkTihMCXcj5bLRC-SBDeblurKCrZvkjI8&s=bWVRtfkSifjIL0143w5FEJOWplOehBpZ6Lvn_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-PuUkF1BiQCH1UPUIM&m=2BK5BOnt8oMkTihMCXcj5bLRC-SBDeblurKCrZvkjI8&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.

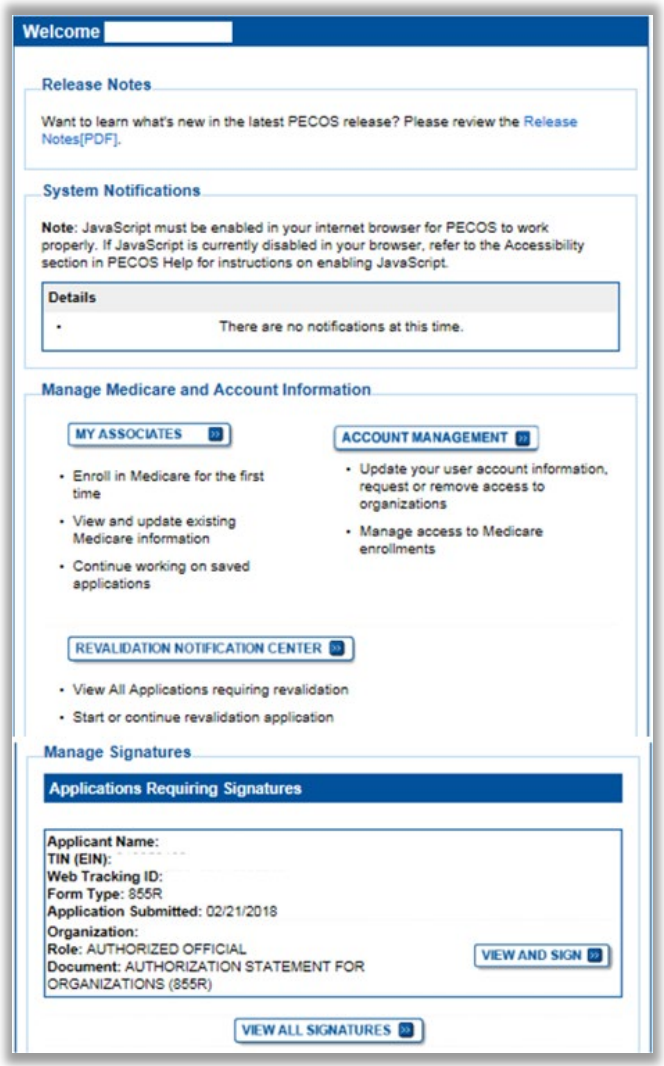
This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process, please refer to https://urldefense.proofpoint.com/v2/url?u=https-3A__eus.custhelp.com&d=DwICAg&c=A-GX6P9ovB1qTBp7iQve2Q&r=o0BQ2penuwNIWd5iq9olqsac-PuUkF1BiQCH1UPUIM&m=2BK5BOnt8oMkTihMCXcj5bLRC-SBDeblurKCrZvkjI8&s=shU50VCpjdjtiZR57BMnVnCjXvU65juiNs5WWdNwMWM&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.

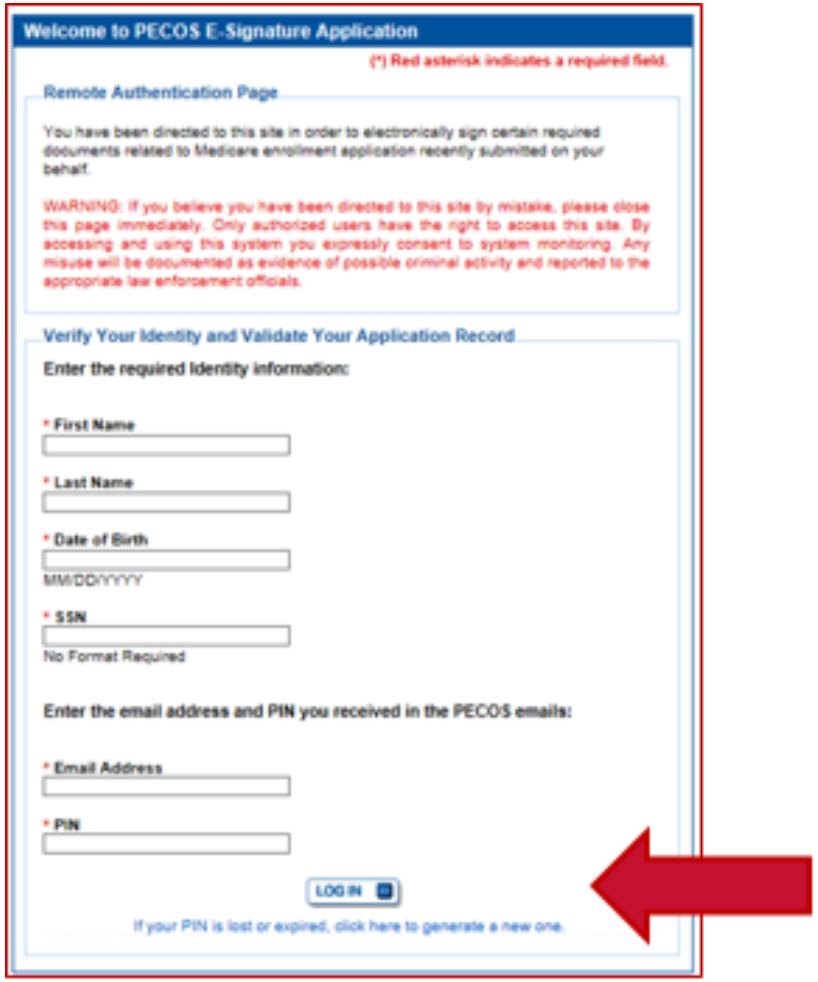
The email will provide 2 options for e-signing the application:

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



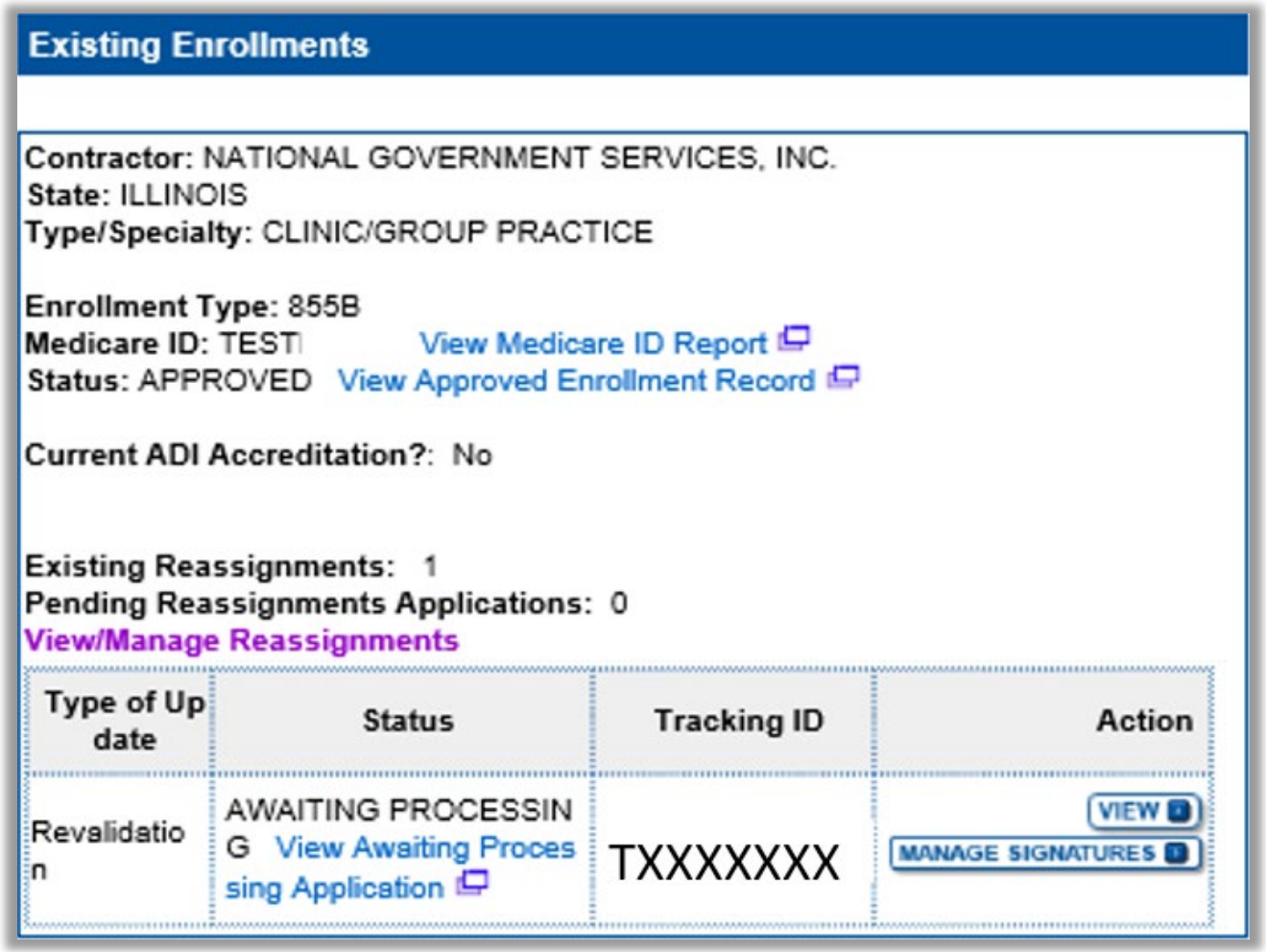
- Provider/AO or DO
  - First and last name
  - Date of birth
  - SSN
  - Telephone
  - Email
  - PIN

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



Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.
State: ILLINOIS
Type/Specialty: CLINIC/GROUP PRACTICE

Enrollment Type: 855B
Medicare ID: TEST View Medicare ID Report
Status: APPROVED View Approved Enrollment Record

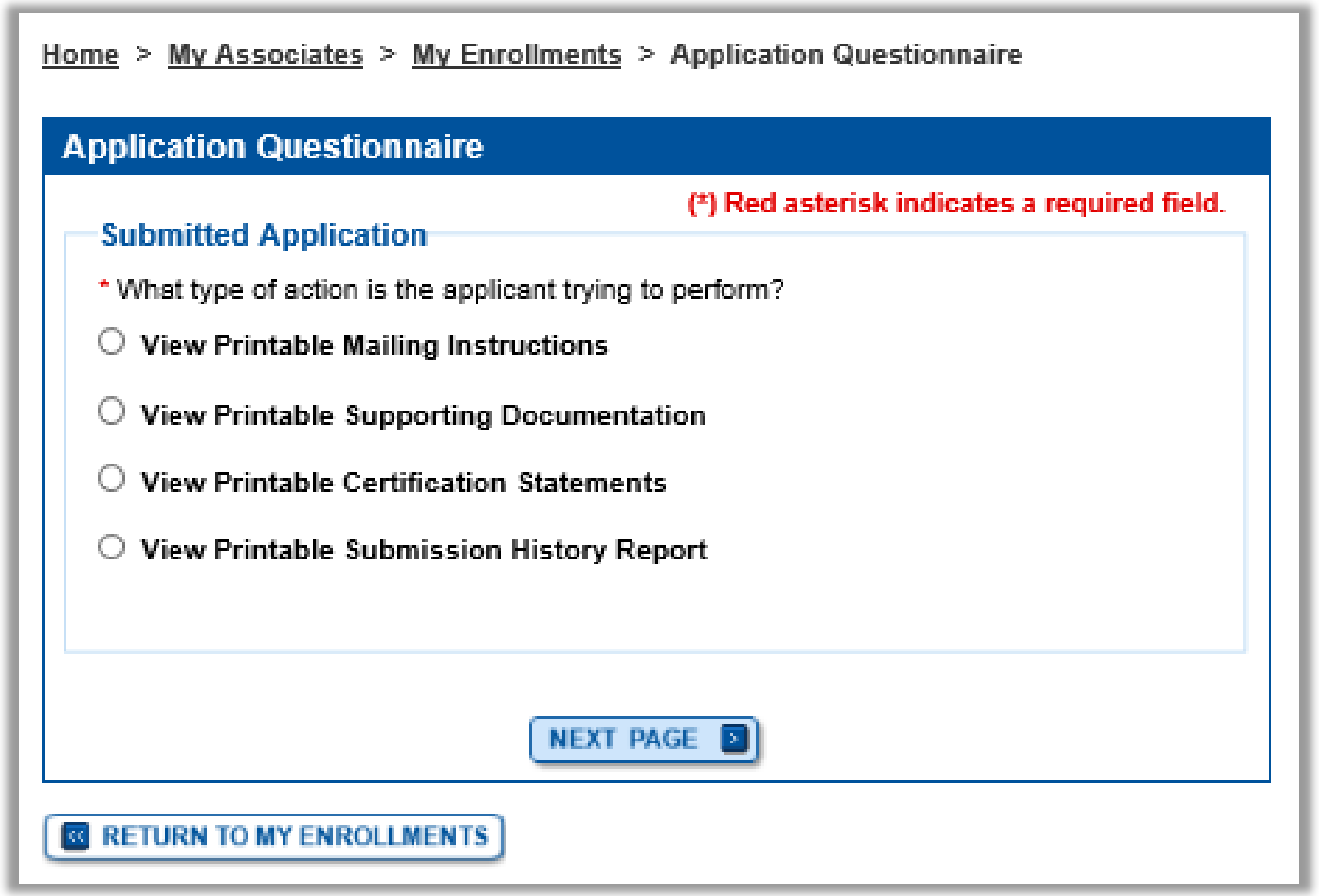
Current ADI Accreditation?: No

Existing Reassignments: 1
Pending Reassignments Applications: 0
View/Manage Reassignments

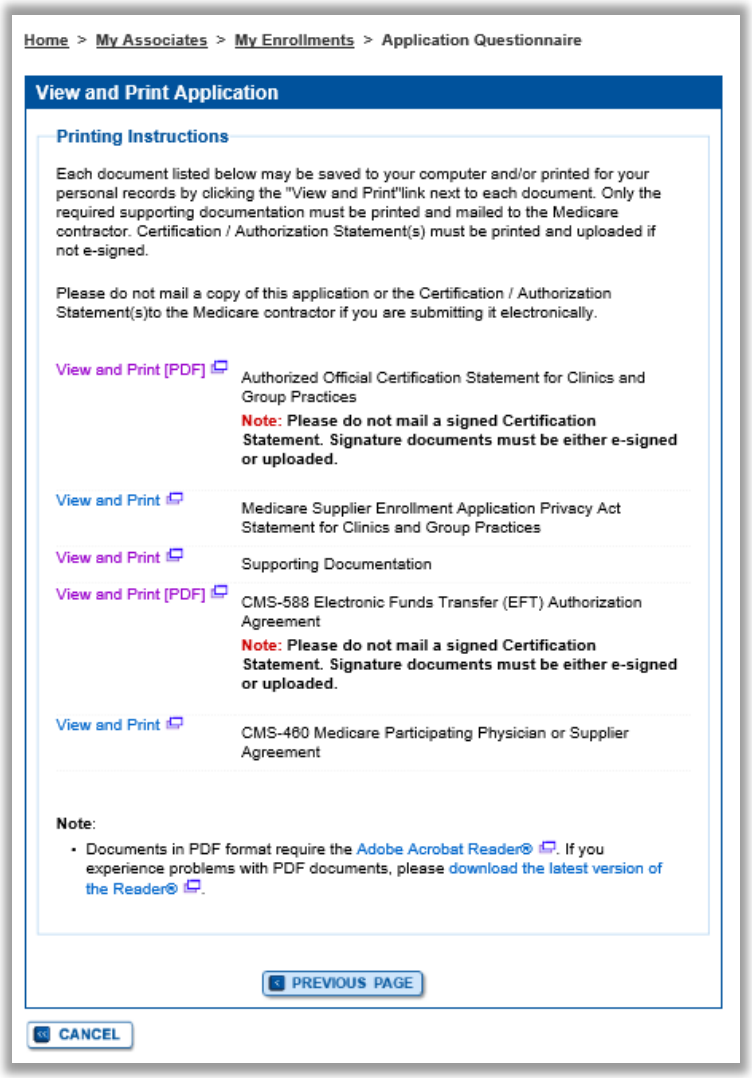
Type of Update	Status	Tracking ID	Action
Revalidation	AWAITING PROCESSING View Awaiting Processing Application	TXXXXXXX	VIEW MANAGE SIGNATURES

Verify and Manage Signatures

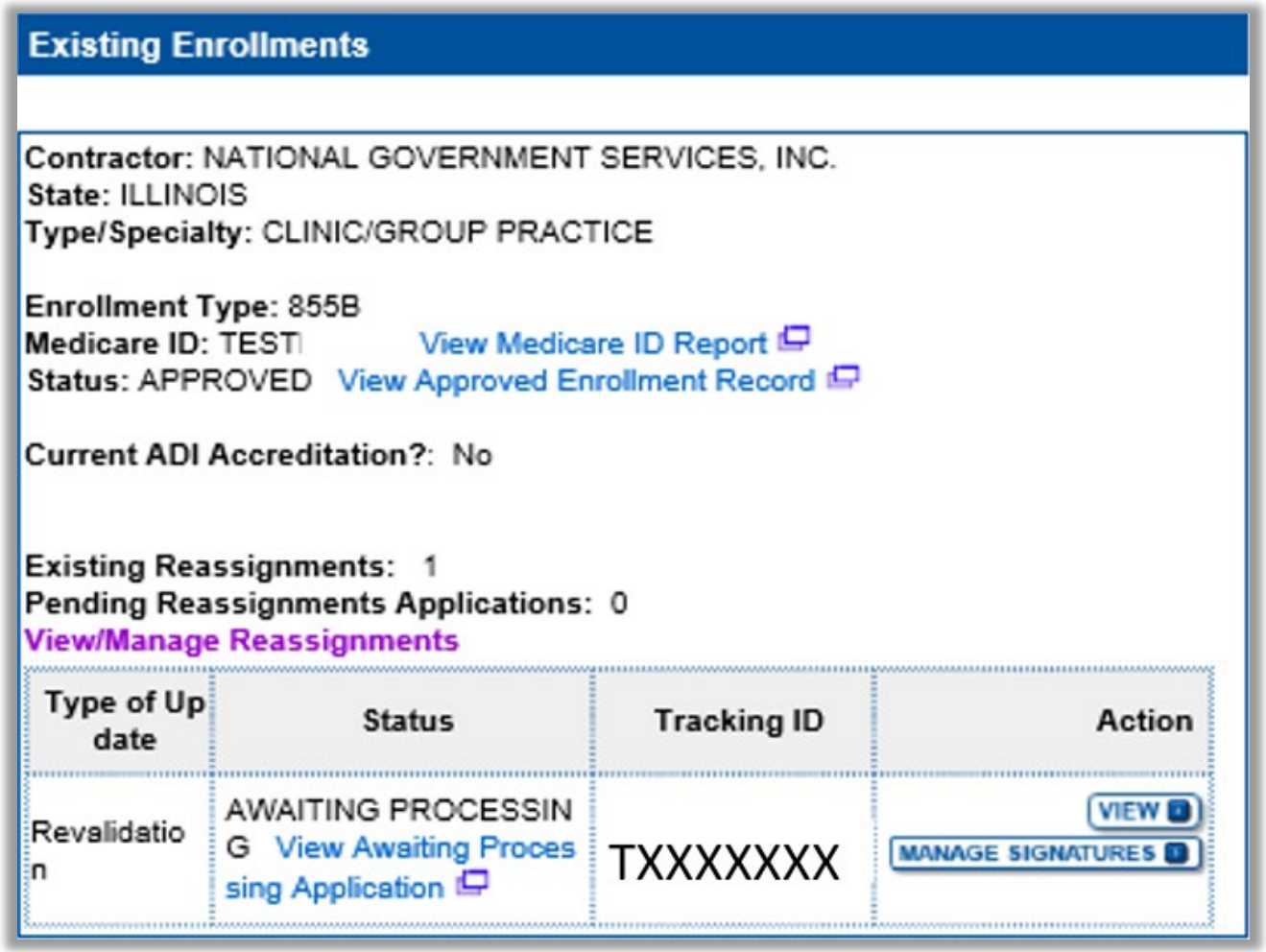
- View Printable Certification Statement



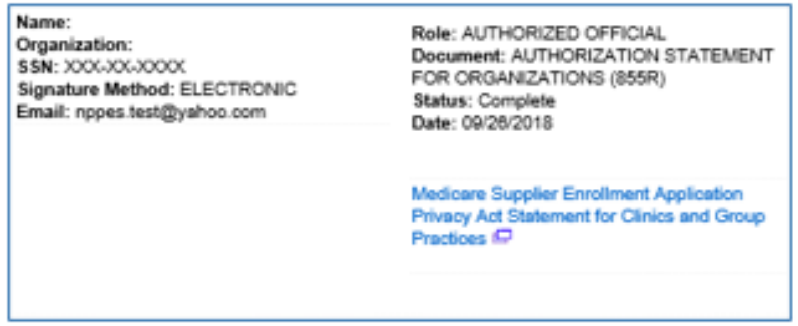
View and Print Certification Statement

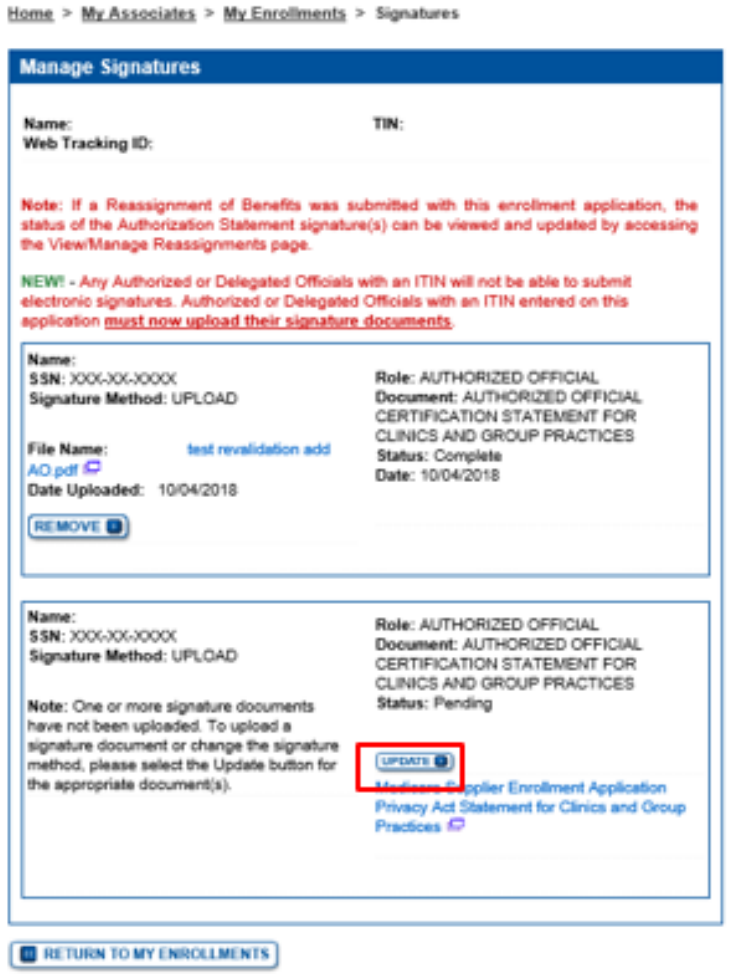


Verify and Manage Signatures

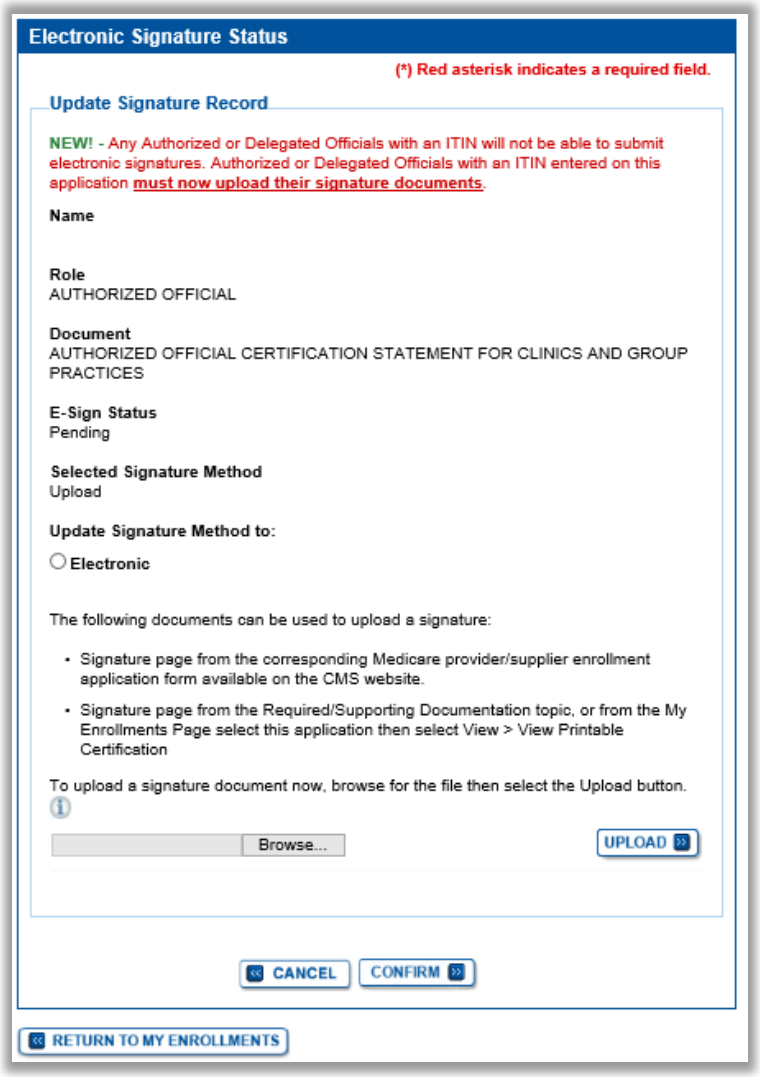


Verify Signature Status



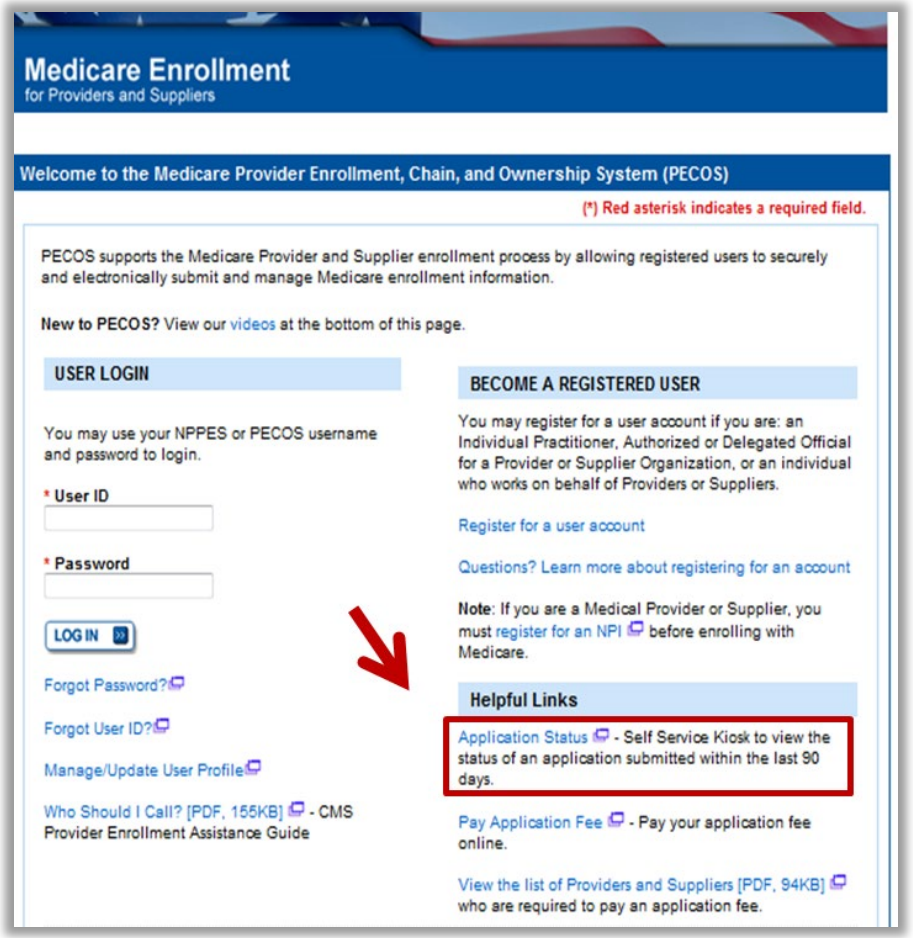


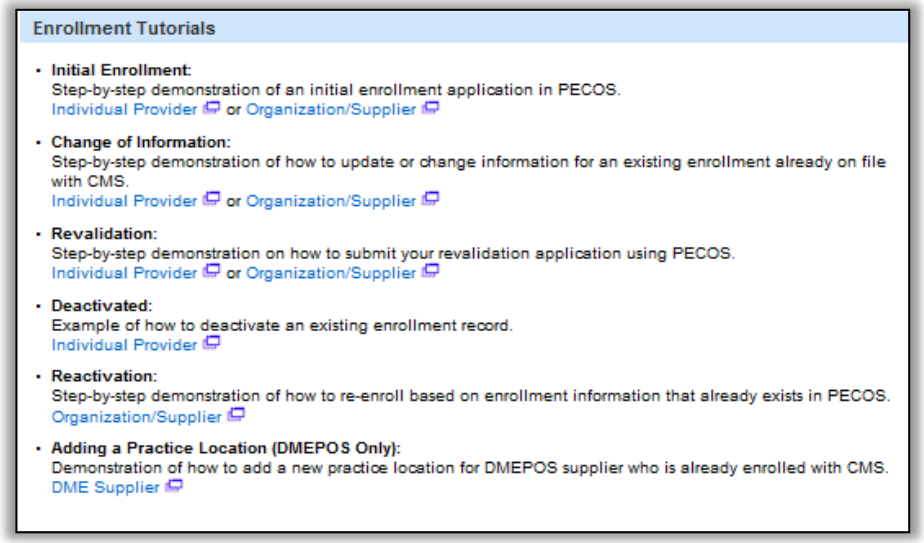
Update Signature Record



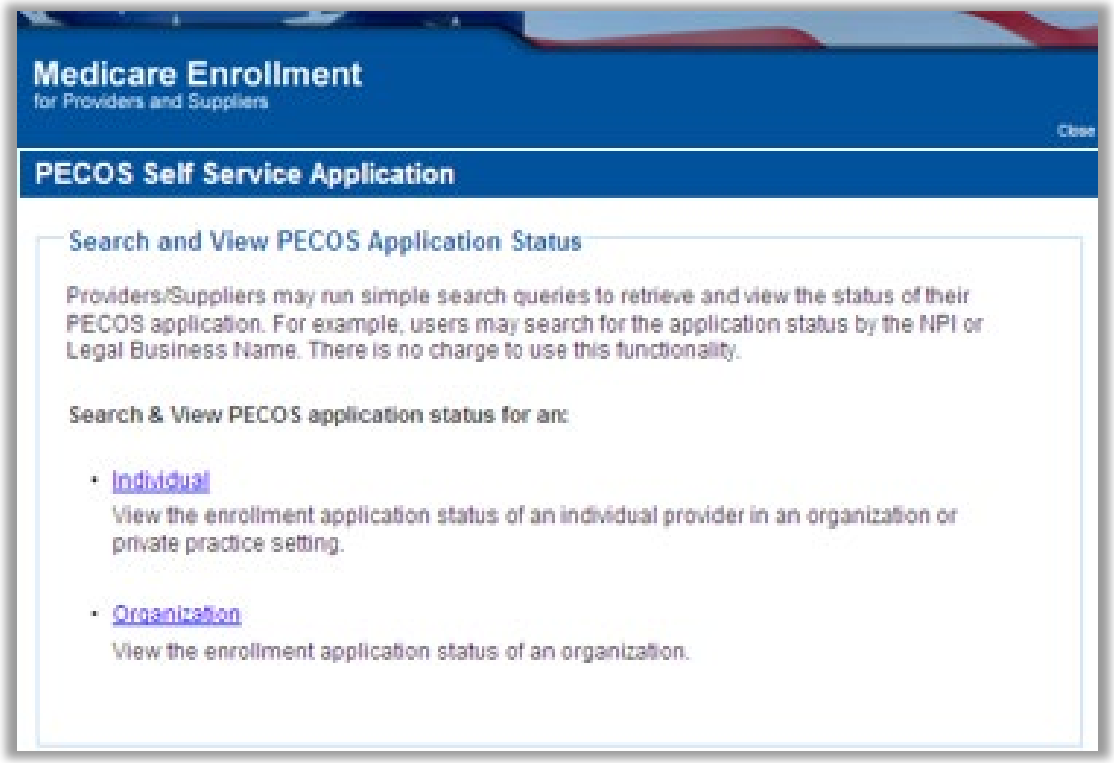
Application Status

PECOS Application Status





PECOS Self-Service Application

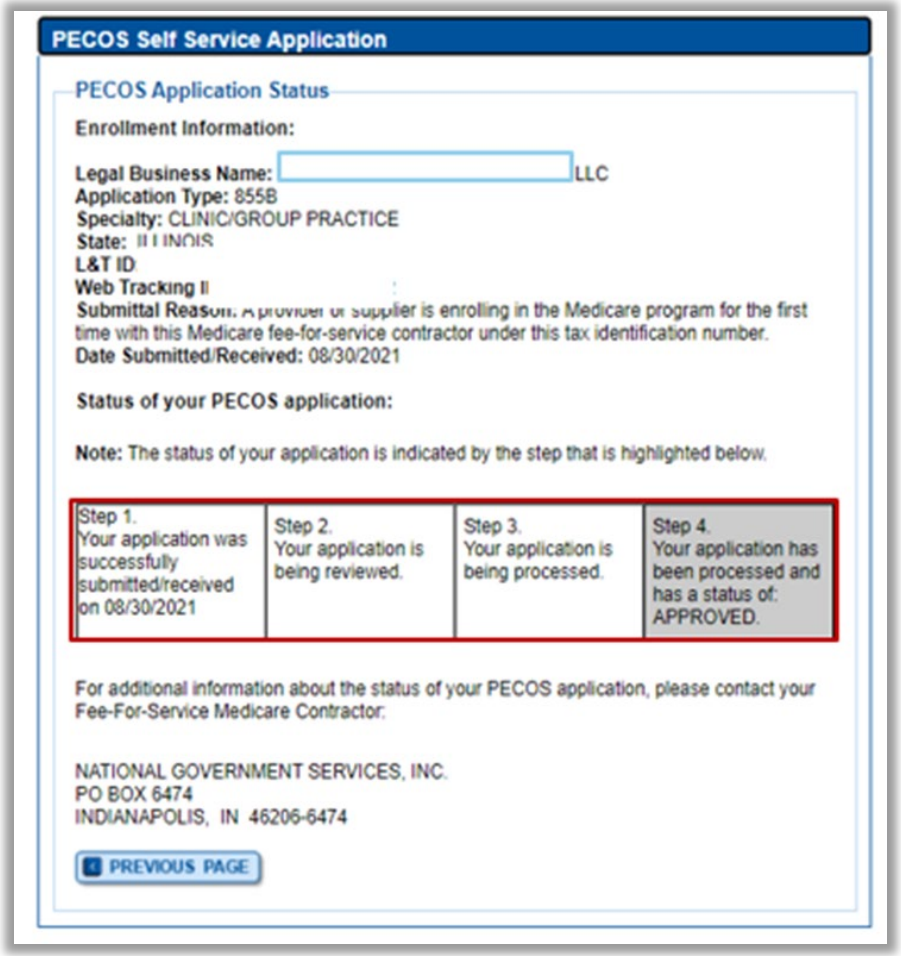


- Check Status
  - Individual
  - Organization

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



PECOS Self Service Application

PECOS Application Status

Enrollment Information:

Legal Business Name: [redacted] LLC
Application Type: 855B
Specialty: CLINIC/GROUP PRACTICE
State: ILLINOIS
L&T ID
Web Tracking #
Submittal Reason: A provider or supplier is enrolling in the Medicare program for the first time with this Medicare fee-for-service contractor under this tax identification number.
Date Submitted/Received: 08/30/2021

Status of your PECOS application:

Note: The status of your application is indicated by the step that is highlighted below.

Step 1.	Step 2.	Step 3.	Step 4.
Your application was successfully submitted/received on 08/30/2021	Your application is being reviewed.	Your application is being processed.	Your application has been processed and has a status of: APPROVED.

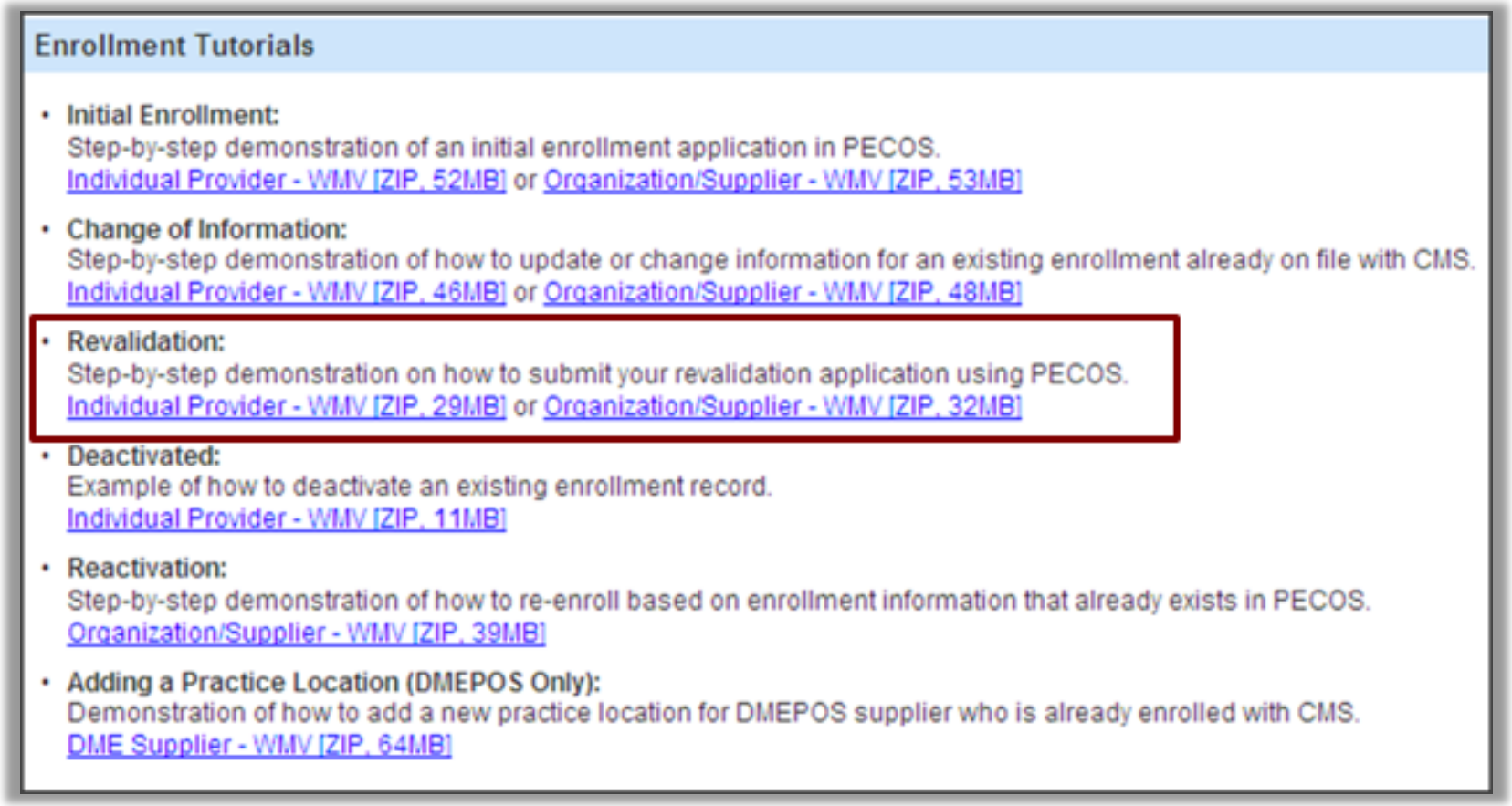
For additional information about the status of your PECOS application, please contact your Fee-For-Service Medicare Contractor:

NATIONAL GOVERNMENT SERVICES, INC.
PO BOX 6474
INDIANAPOLIS, IN 46206-6474

PREVIOUS PAGE

Resources

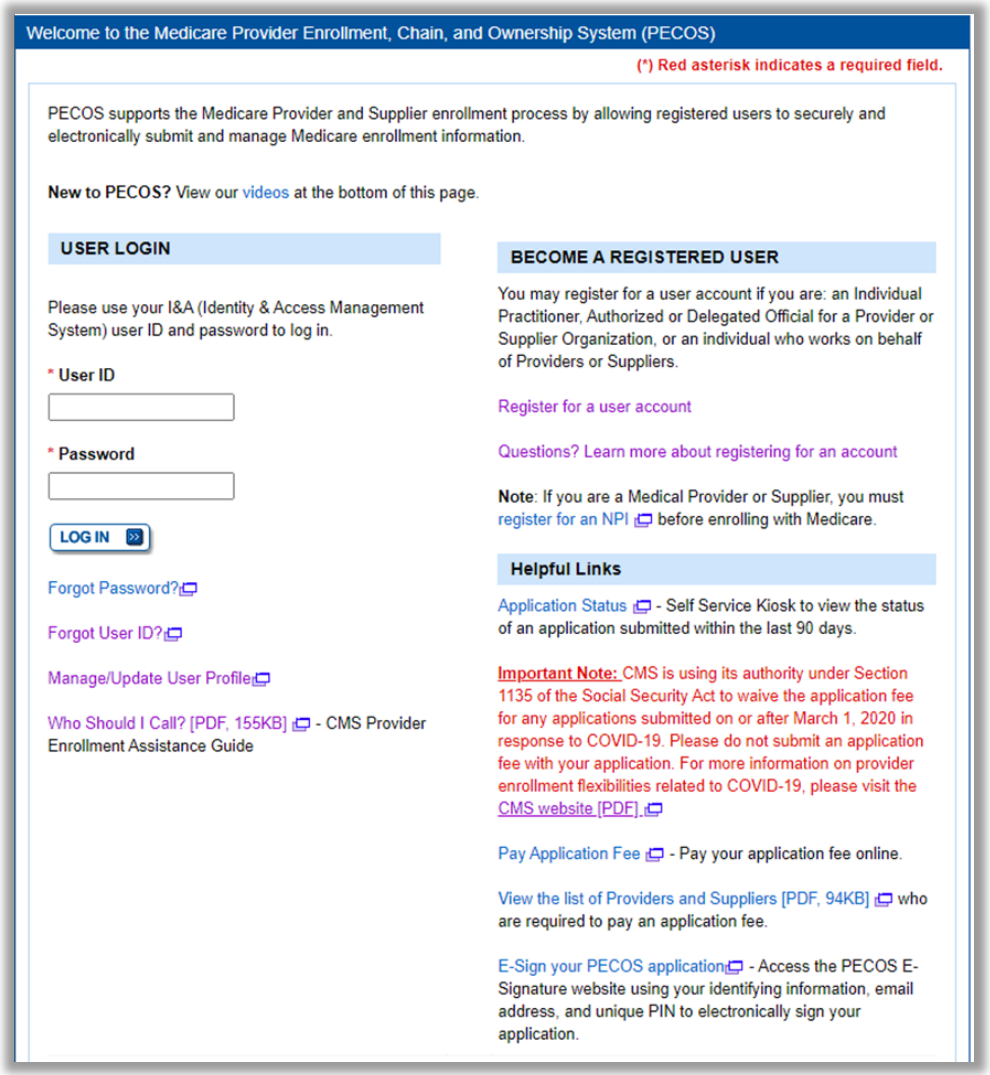
Internet-Based PECOS Tutorials



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]

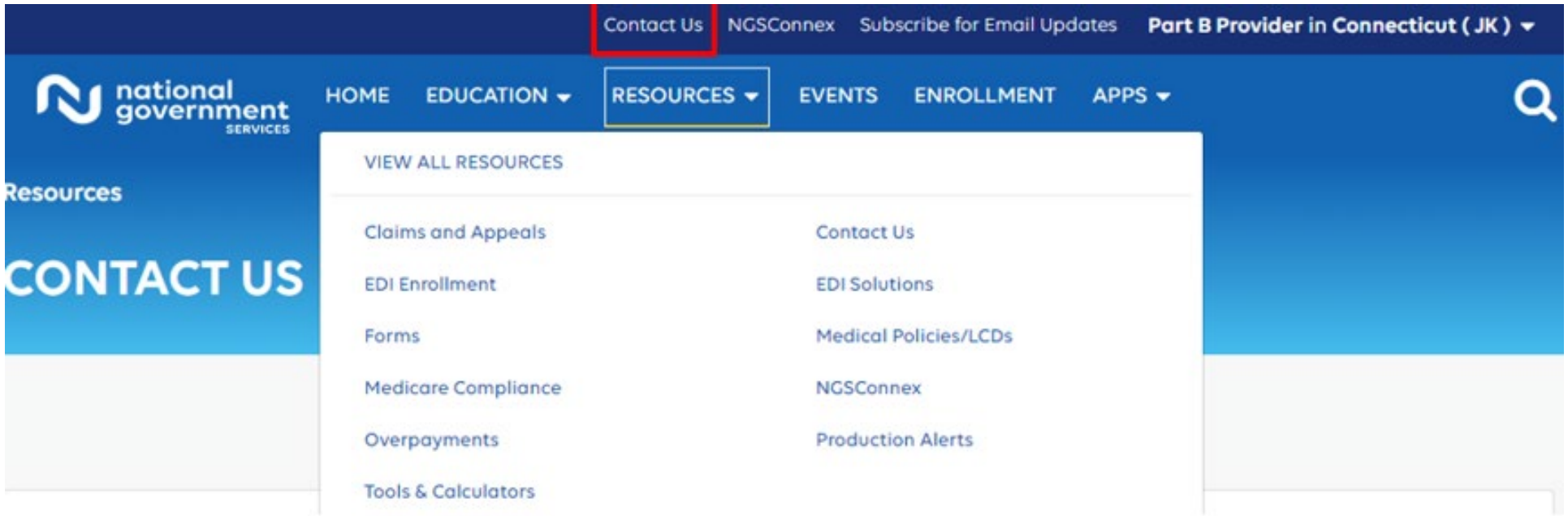
Online Account Self-Service Features



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



Mailing Addresses

For ADRs, claims, EDI, FOIA, medical policy, enrollment, or other inquiries.

Provider Enrollment

Resources

- Prevent Revalidation Processing Delays
- Supporting Documentation Required for Enrollment Revalidations

follow us on twitter

@ngsmedicare

medicare mobile

Text NEWS to 37702; Text GAMES to 37702

youtube.com/ngsmedicare

national government SERVICES

NGSMU

Questions?

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