Provider Enrollment: Submitting Revalidations via PECOS

12/28/2021

Today's Presenters

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  - Provider Outreach and Education
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  - Provider Outreach and Education

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Objectives

- Complete and submit revalidation application via PECOS
- Understand how to upload supporting documents including any signed certification statements (if applicable)

Agenda

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

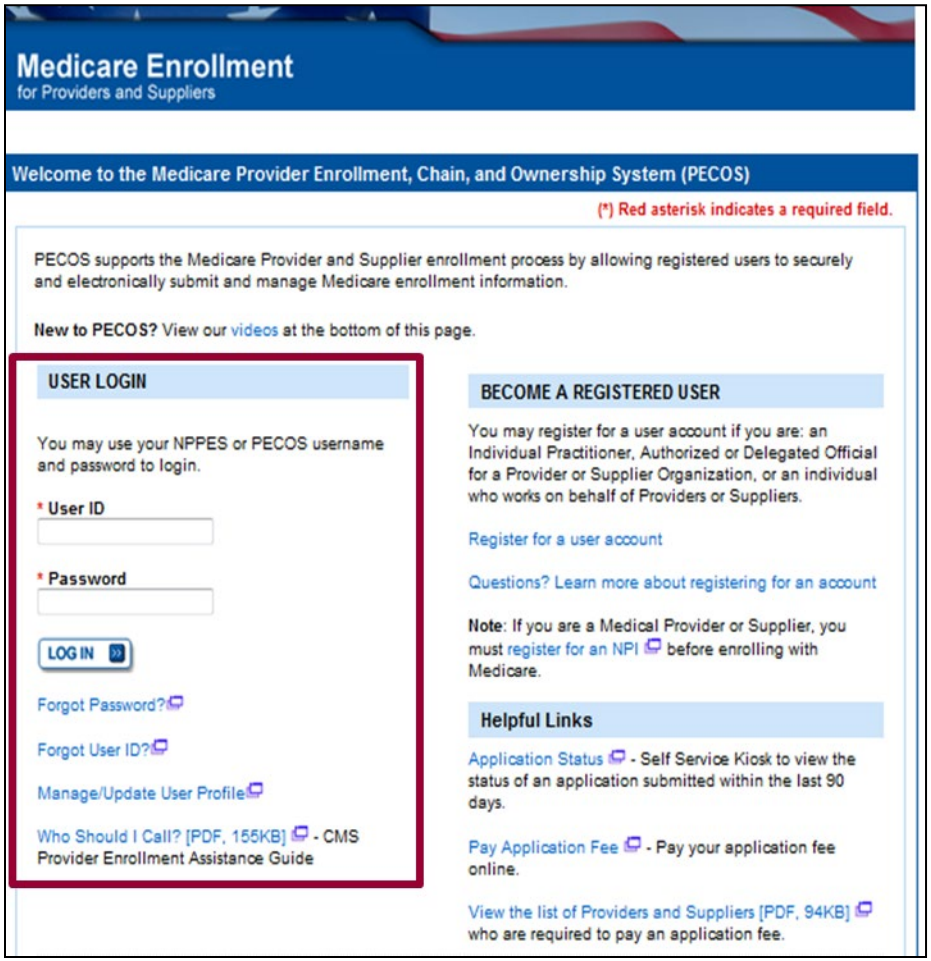
What Is PECOS?

- Provider Enrollment, Chain and Ownership System (PECOS)
- CMS Internet-based Medicare enrollment system used to
  - Submit Medicare enrollment applications
  - Update, view and print
  - Revalidate
  - Voluntarily withdraw
  - Track status

Access

- System requirements
- Identity & Access Management System
  - Individual
  - Groups
- Understanding users login and passwords
  - Getting Access to PECOS
    - Our website > Events > Current Events

PECOS Home Page to Login



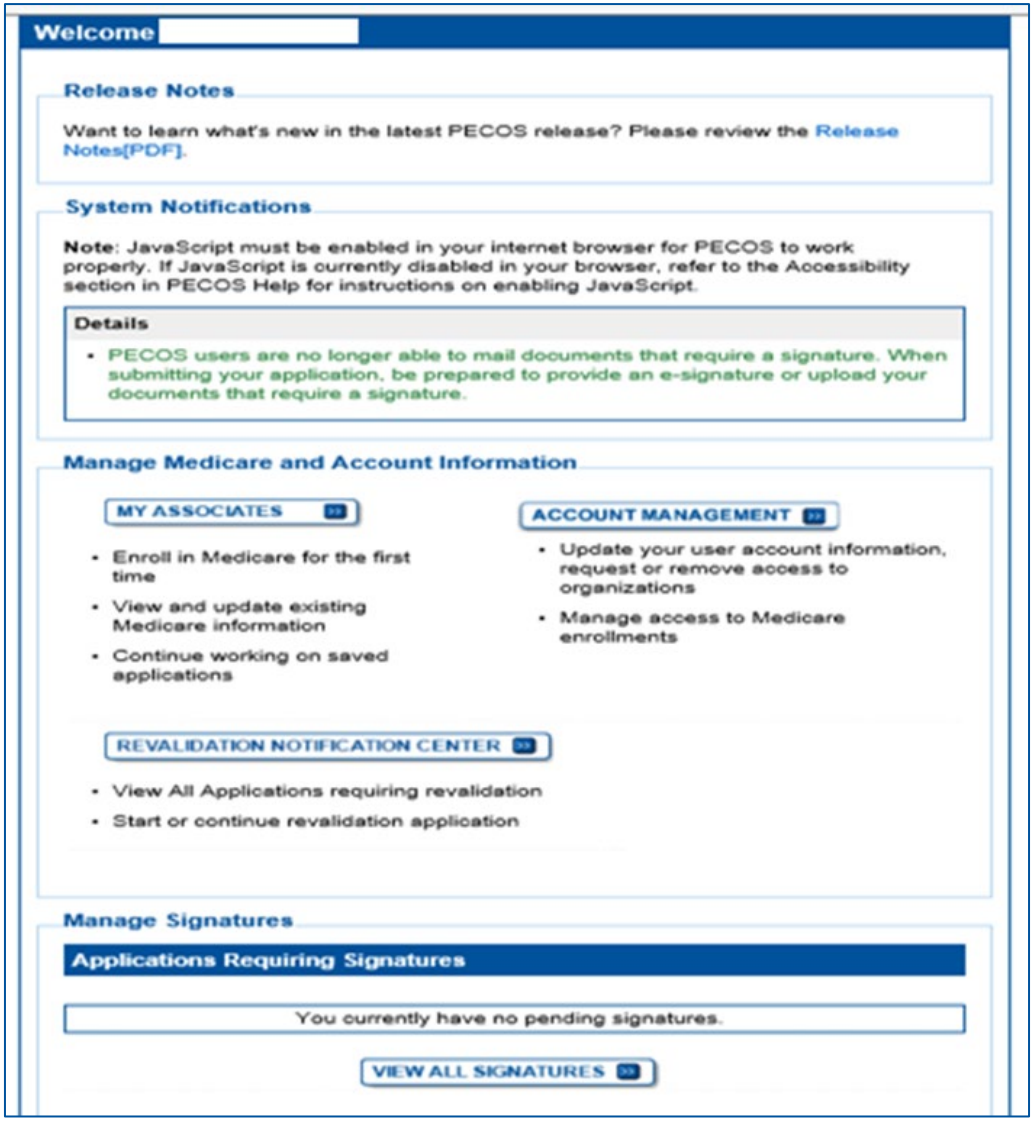
Provider & Supplier Resources

- CMS.gov/Providers - Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.
- Enrollment Checklists - Review checklists of information needed to complete an application for various provider and supplier types.
- Medicare Learning Network® (MLN) - Helpful articles and tutorials about changes in Medicare enrollment.
- Revalidation Notice Sent List - Check to see if you have been sent a notice to revalidate your information on file with Medicare.
- Ordering, Certifying, or Prescribing Practitioners List - View the Ordering, Certifying, or Prescribing Practitioners List to verify eligibility to order or certify items or services to Medicare beneficiaries, or prescribe part D drugs.
- Ordering, Certifying, or Prescribing Information [PDF, 1.64MB] - Learn about the Ordering, Certifying, or Prescribing enrollment process.

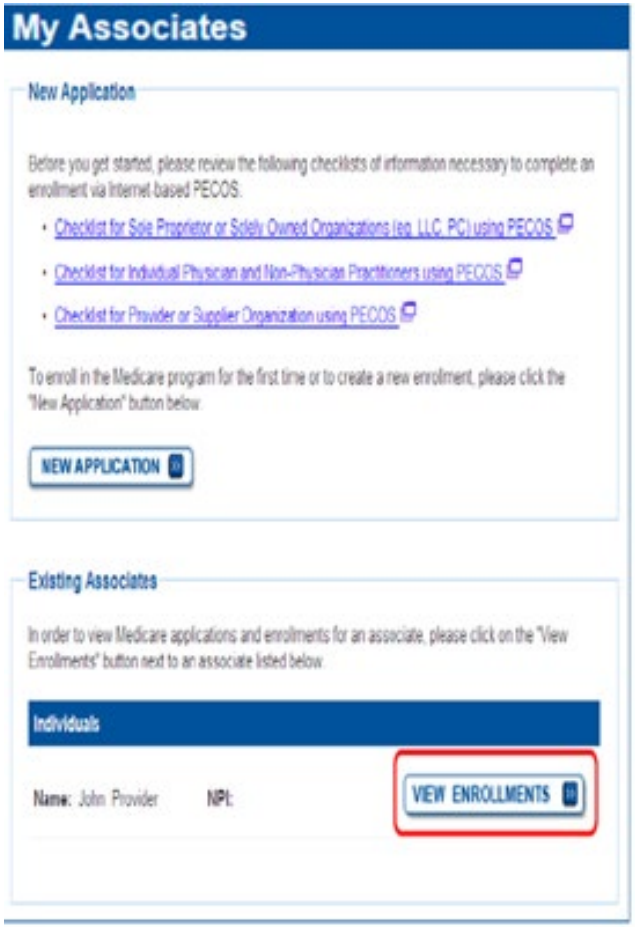
Enrollment Tutorials

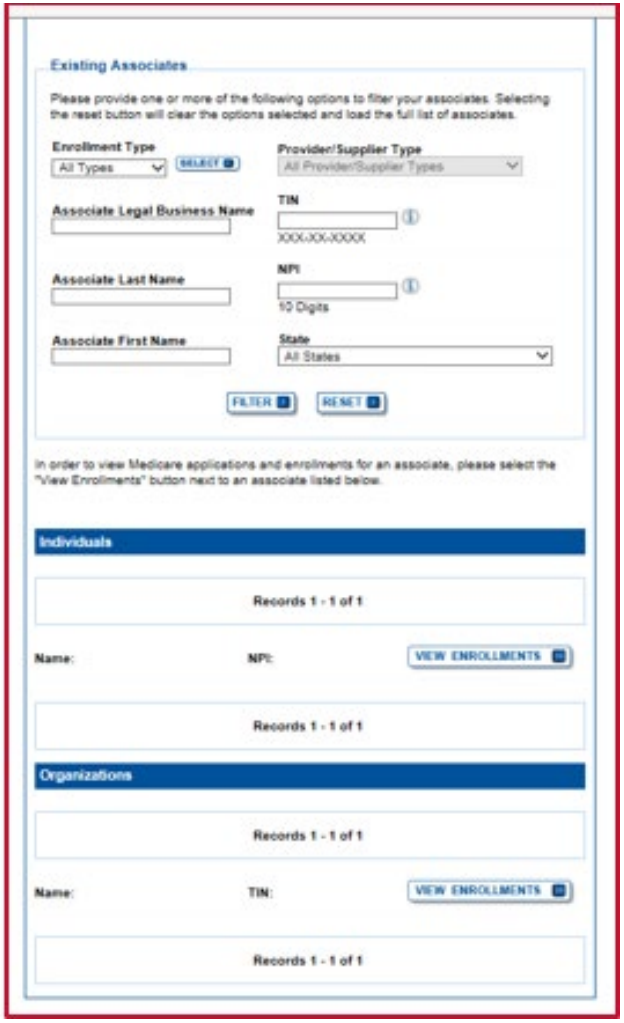
- **Initial Enrollment:**
  Step-by-step demonstration of an initial enrollment application in PECOS.
  Individual Provider or Organization/Supplier
- **Change of Information:**
  Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
  Individual Provider or Organization/Supplier
- **Revalidation:**
  Step-by-step demonstration on how to submit your revalidation application using PECOS.
  Individual Provider or Organization/Supplier
- **Deactivated:**
  Example of how to deactivate an existing enrollment record.
  Individual Provider
- **Reactivation:**
  Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
  Organization/Supplier
- **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

Welcome


Welcome
Release Notes
Want to learn what's new in the latest PECOS release? Please review the Release Notes[PDF].
System Notifications
Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.
Details
PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.
Manage Medicare and Account Information
MY ASSOCIATES
Enroll in Medicare for the first time
View and update existing Medicare information
Continue working on saved applications
ACCOUNT MANAGEMENT
Update your user account information, request or remove access to organizations
Manage access to Medicare enrollments
REVALIDATION NOTIFICATION CENTER
View All Applications requiring revalidation
Start or continue revalidation application
Manage Signatures
Applications Requiring Signatures
You currently have no pending signatures.
VIEW ALL SIGNATURES

Existing Associates





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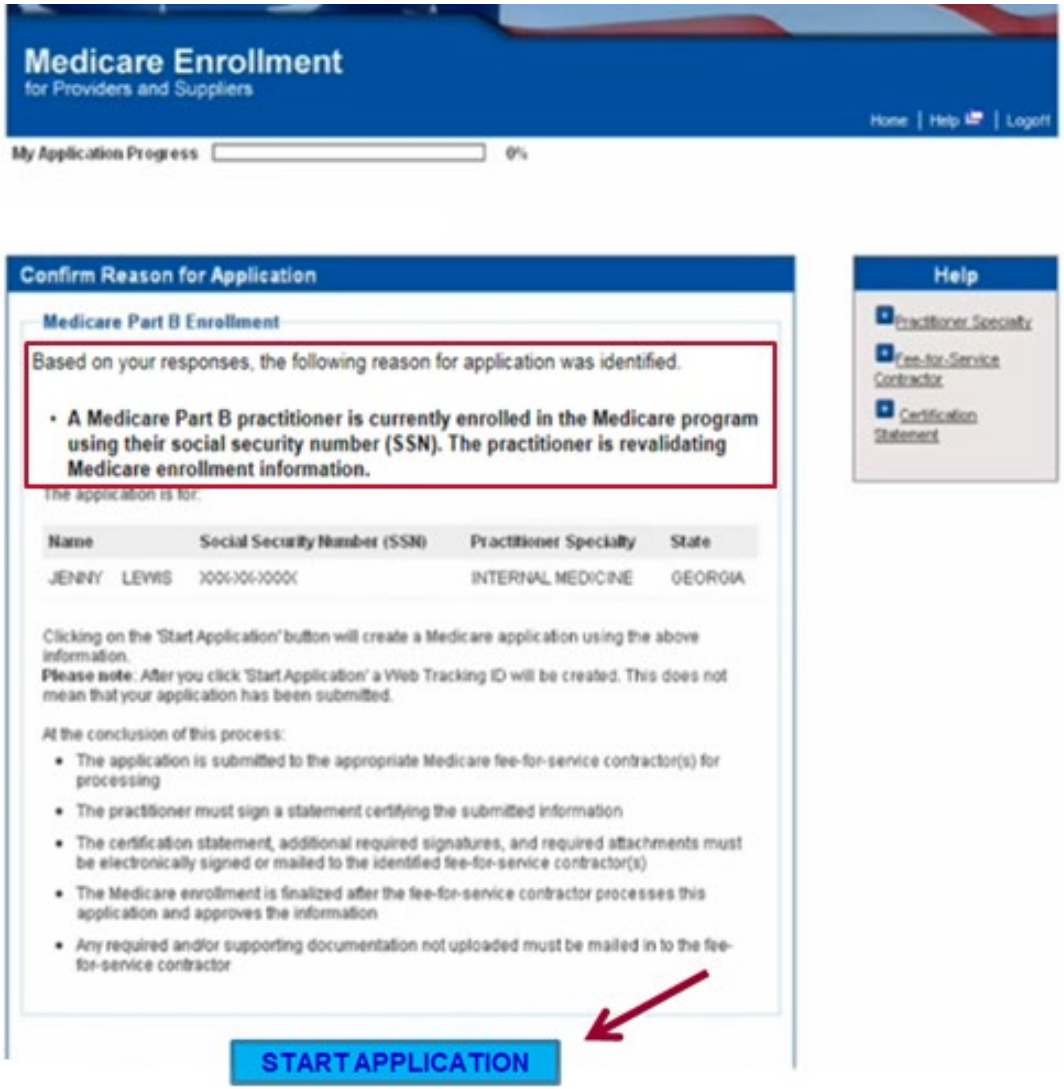
Enrollment Box to Revalidate

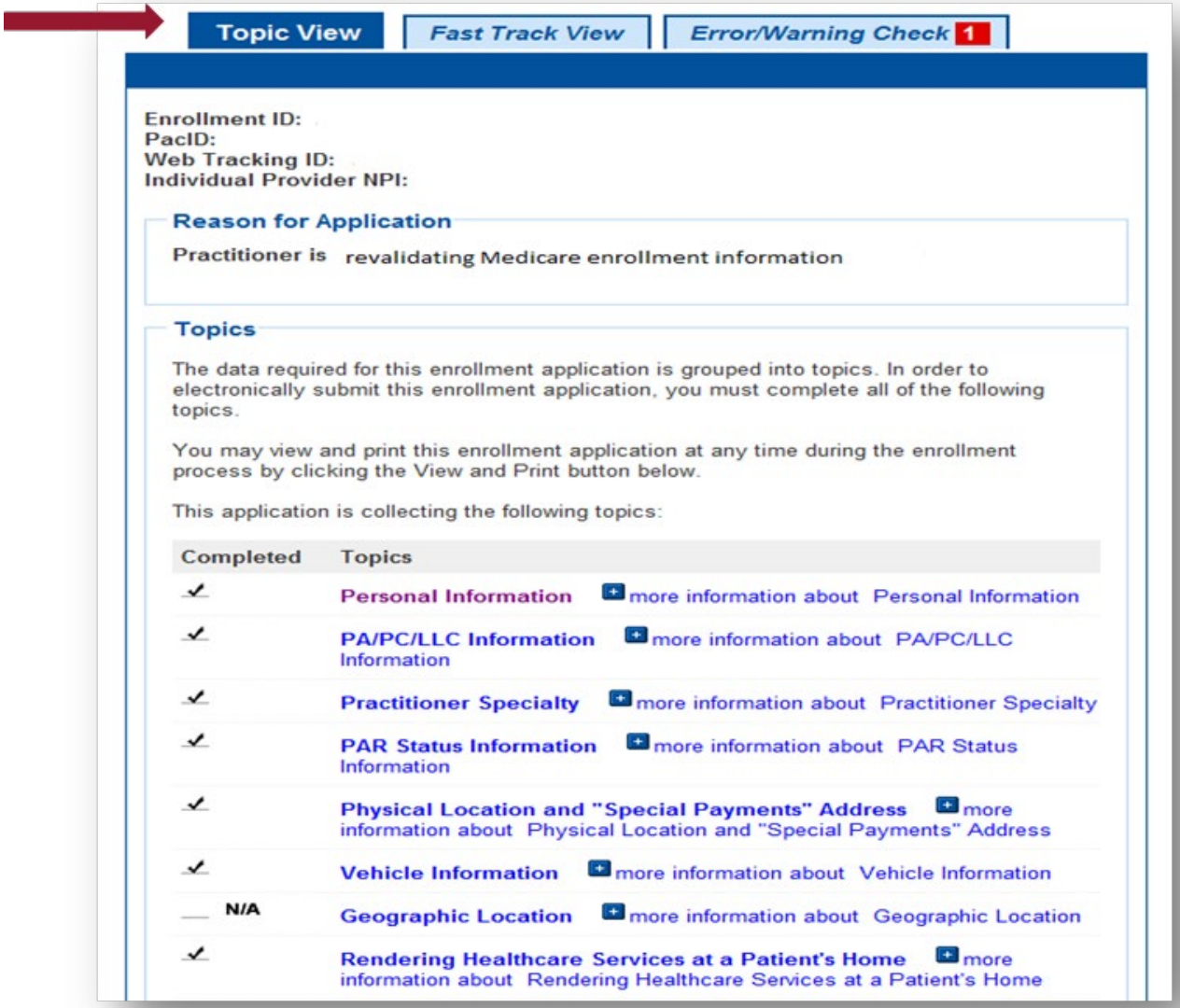
Start Application



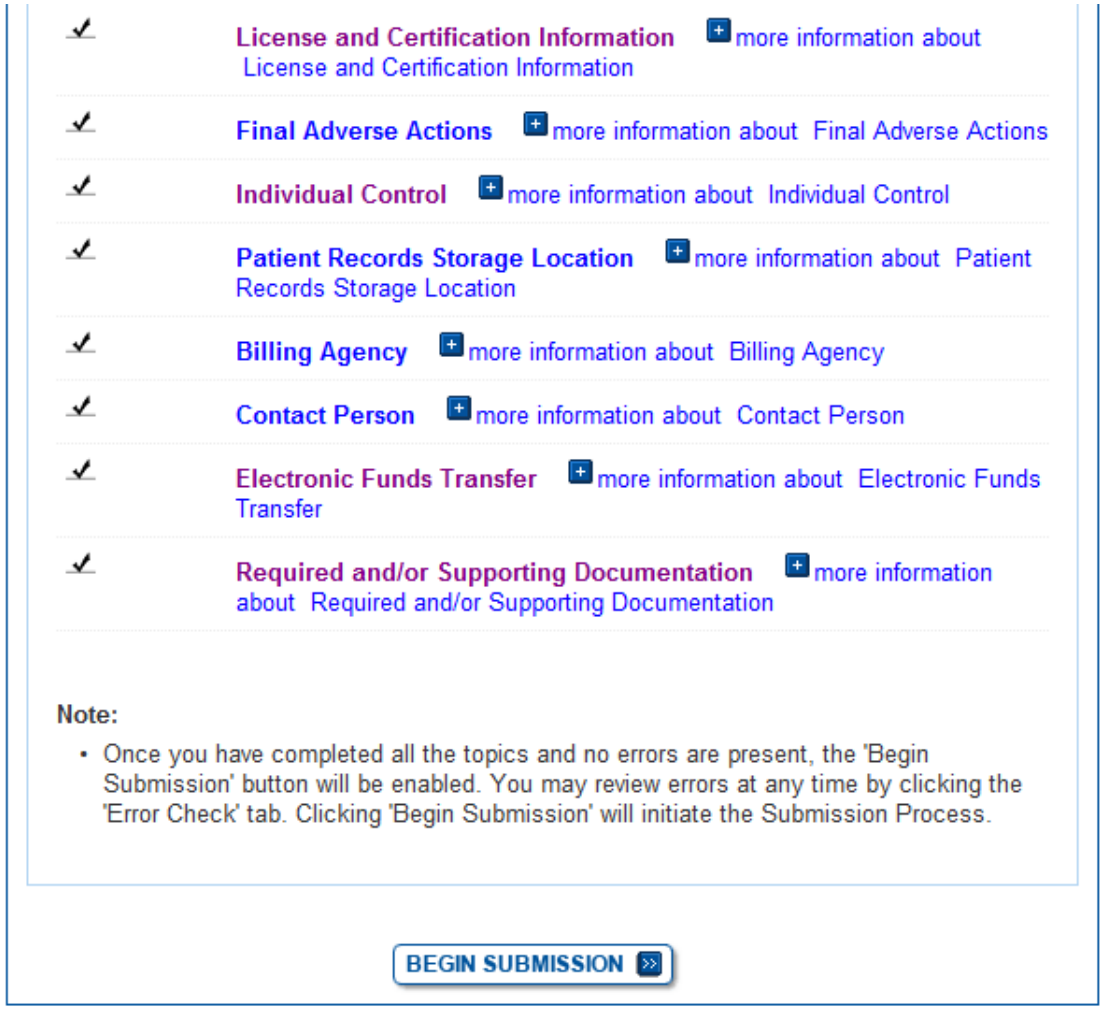
Fast Track View

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

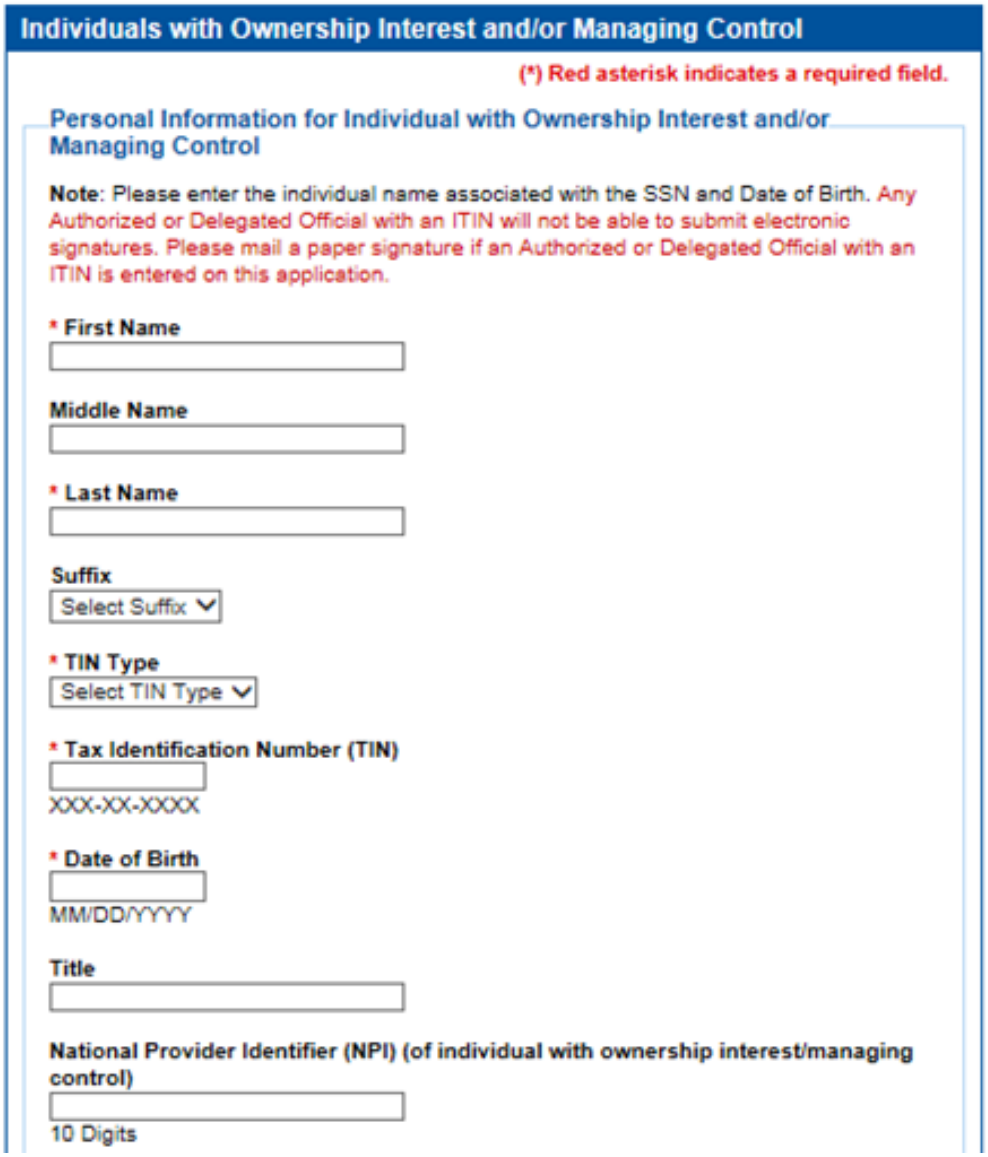
Topic View


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

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

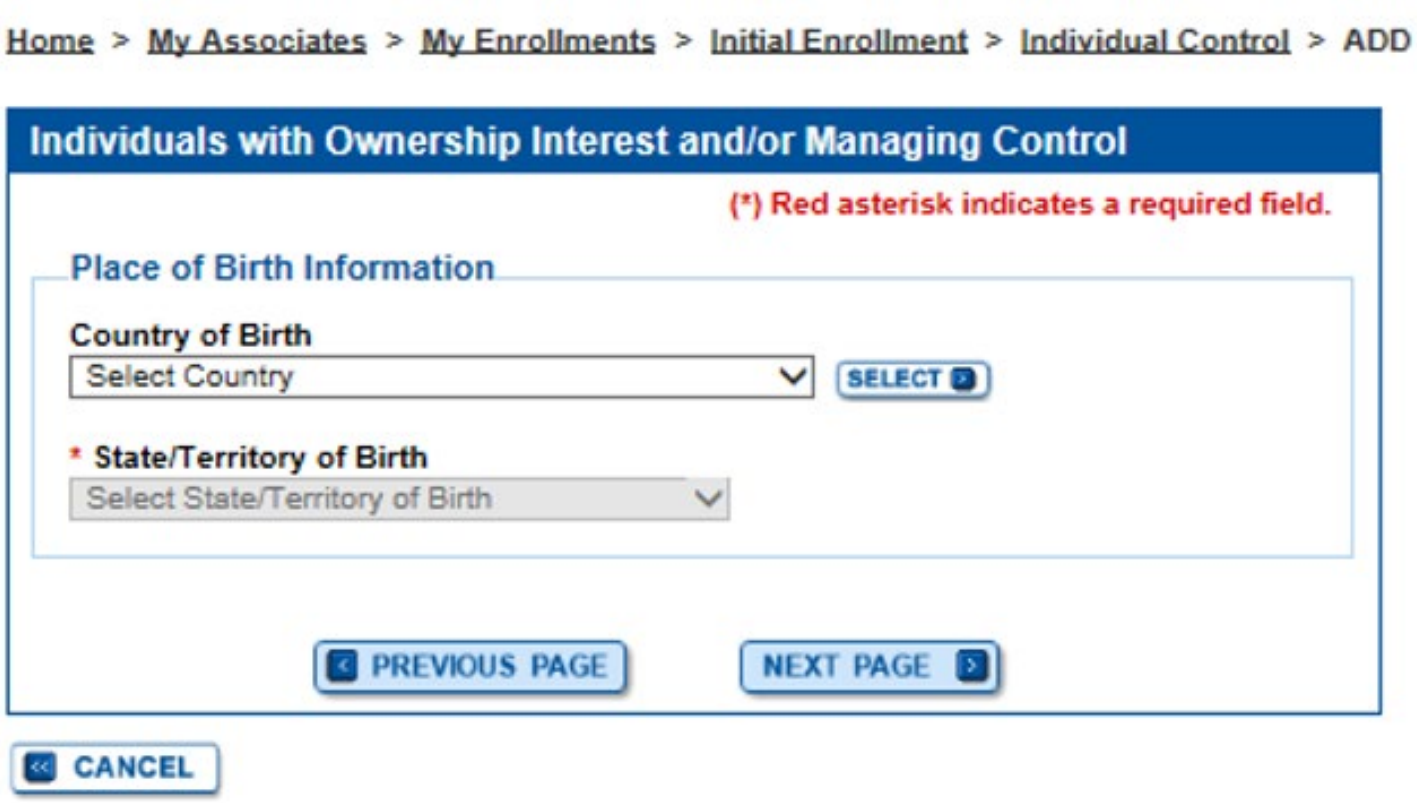
* **Tax Identification Number (TIN)**
XXX-XX-XXXX

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

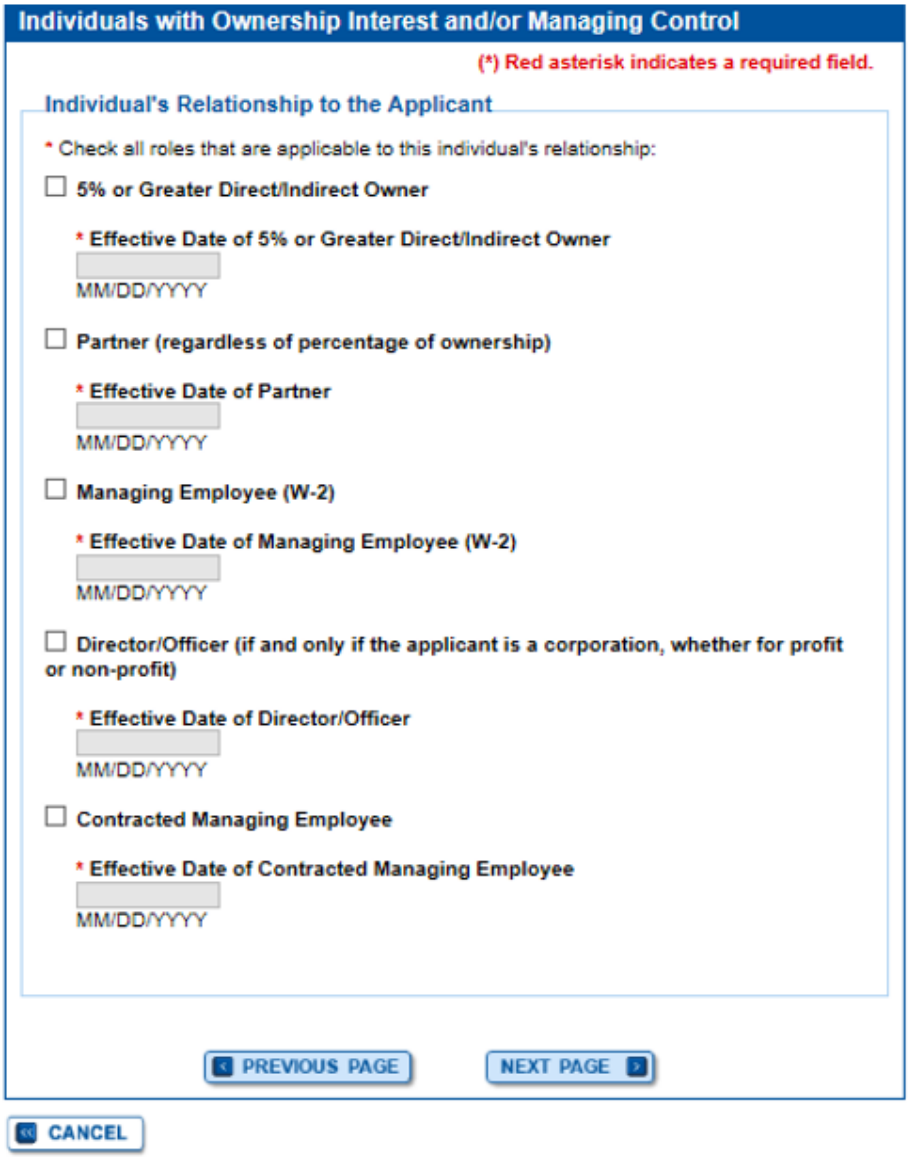
Title

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

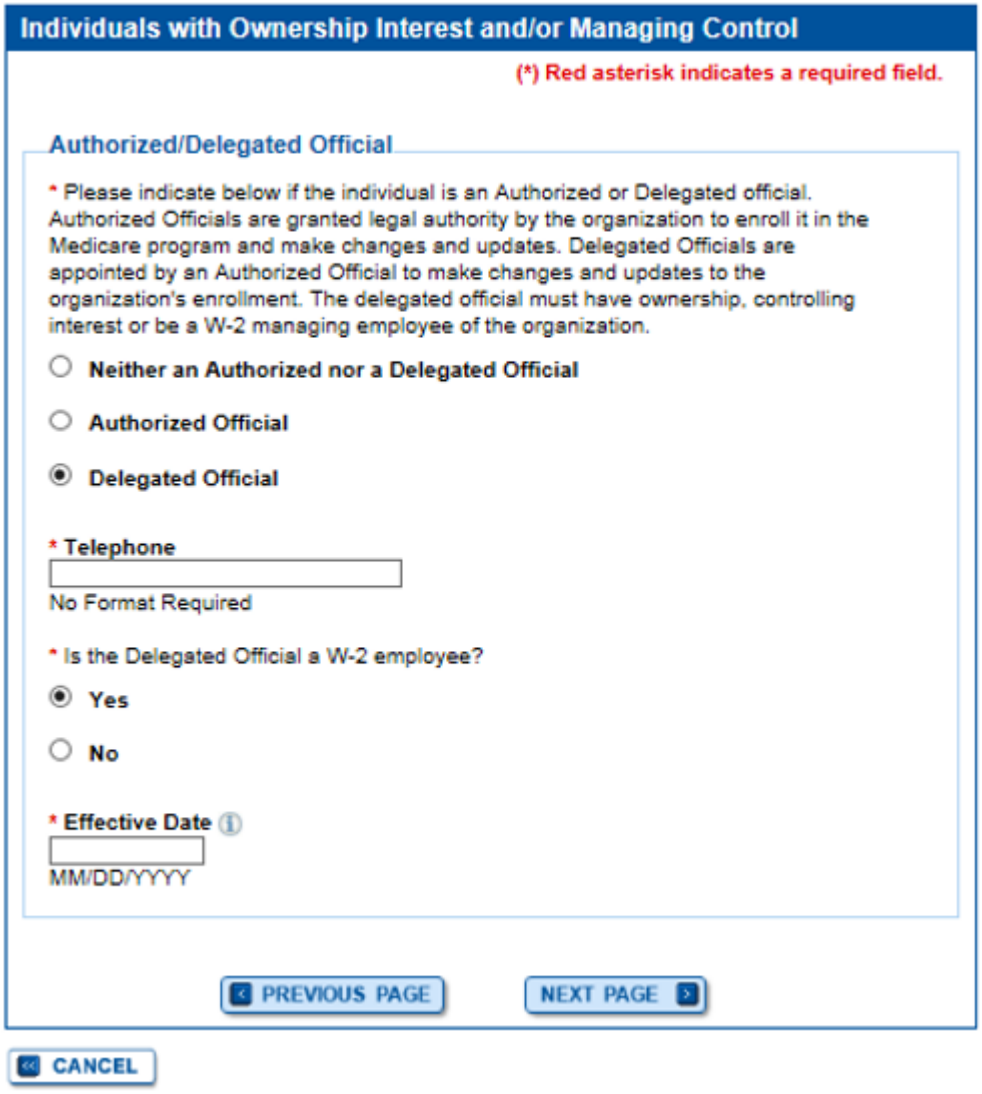
Individuals with Managing Control



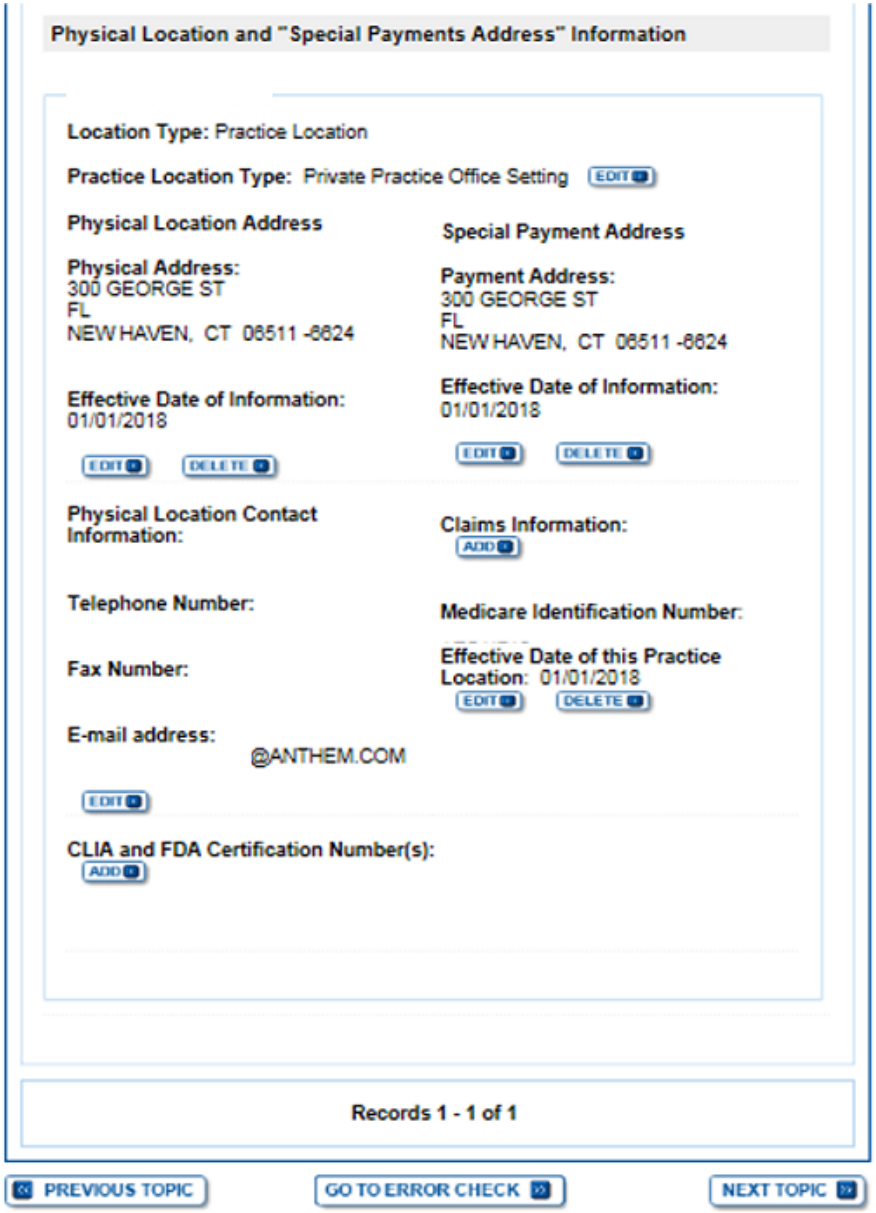
Individuals with Managing Control



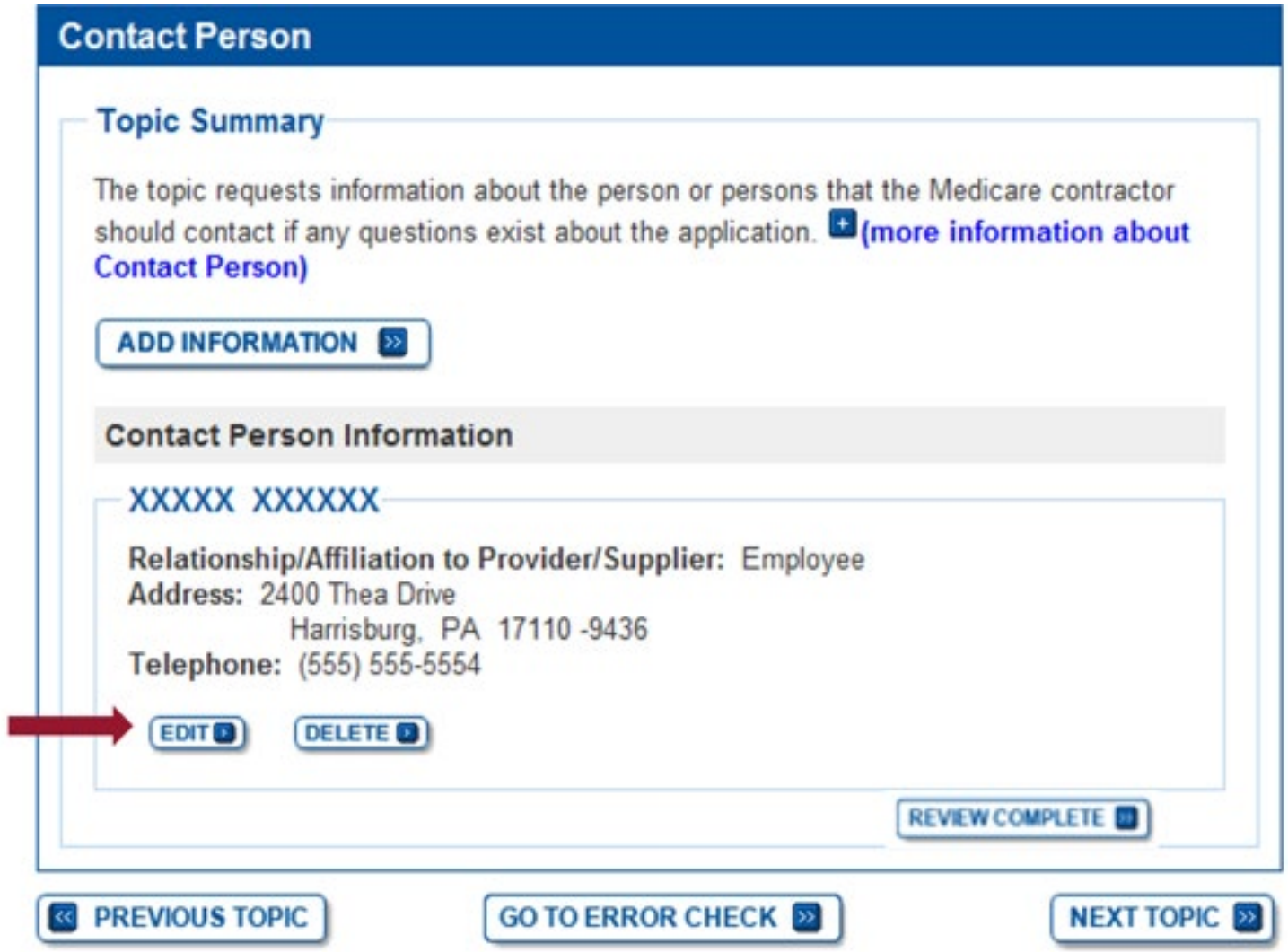
Individual with Managing Control



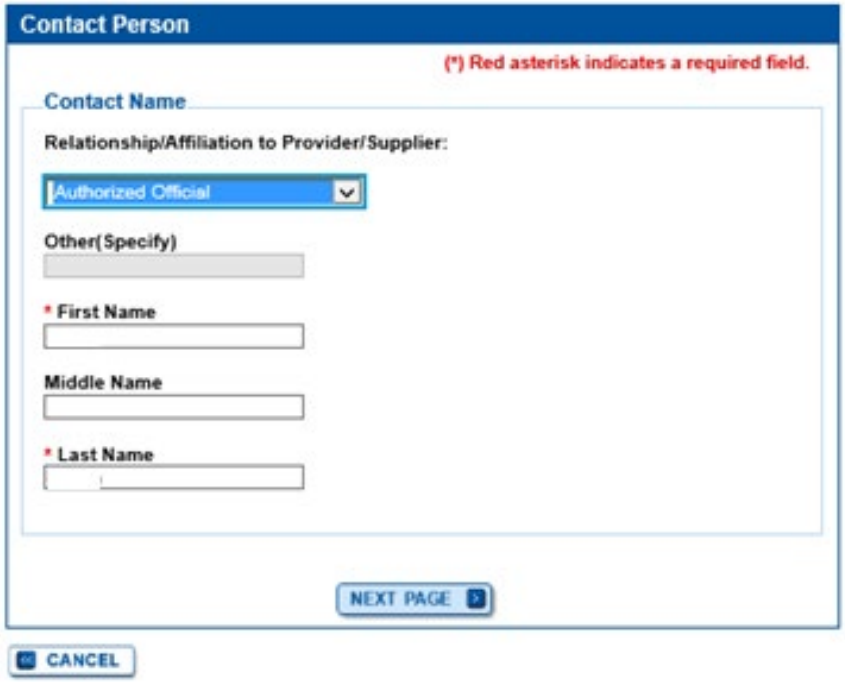
Physical Location and “Special Payment”

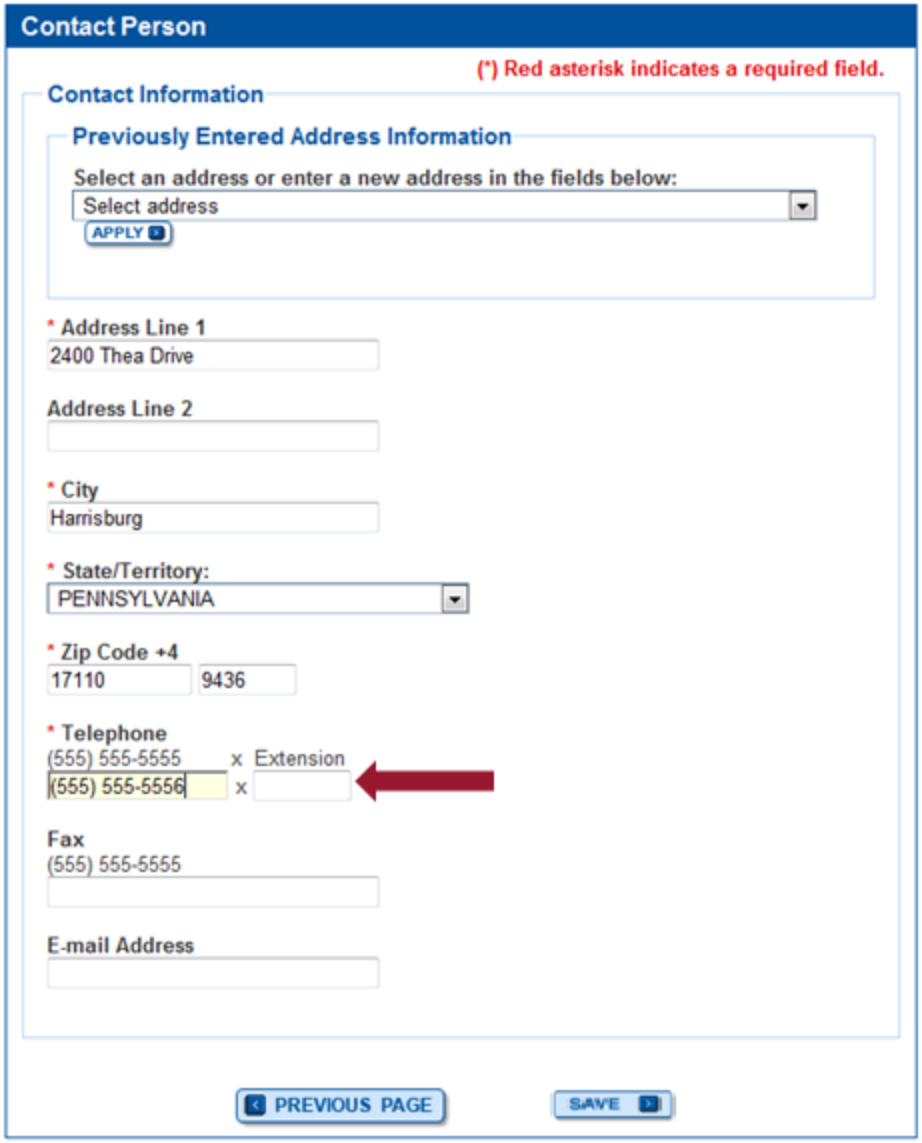


Contact Person Information



Review and Verify

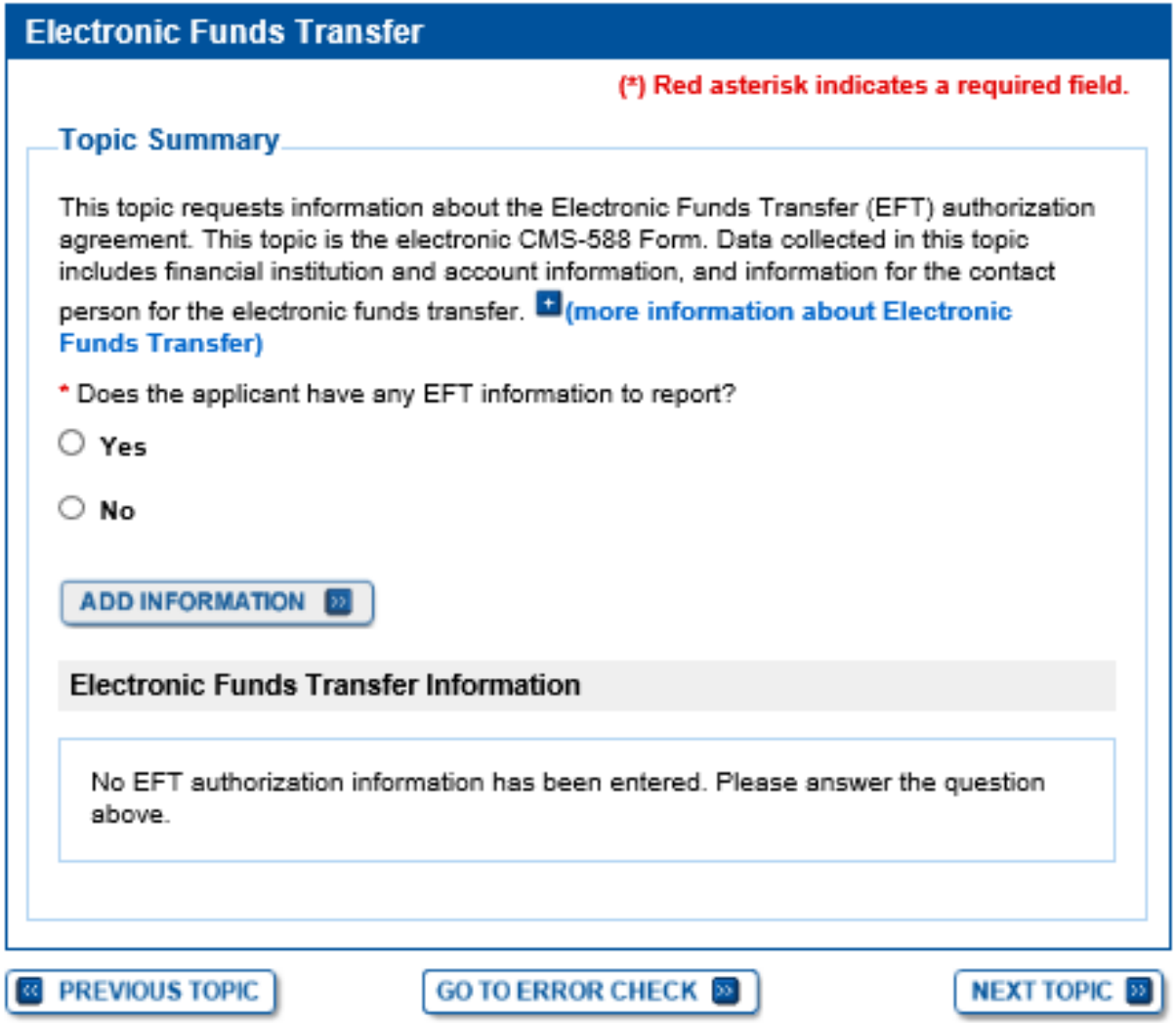




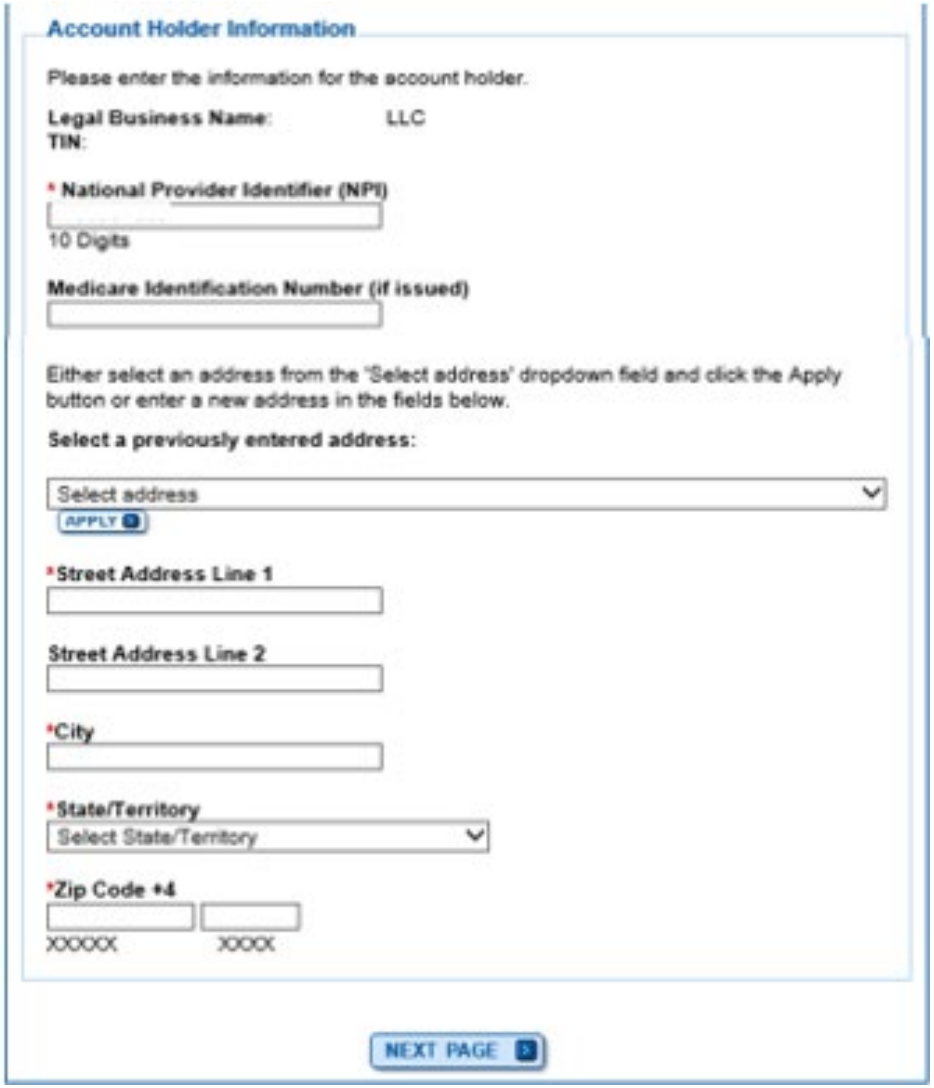
Topic View


Topic View
Fast Track View
Error/Warning Check 3
Enrollment ID:
PacID:
Web Tracking ID:
Individual Provider NPI:
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

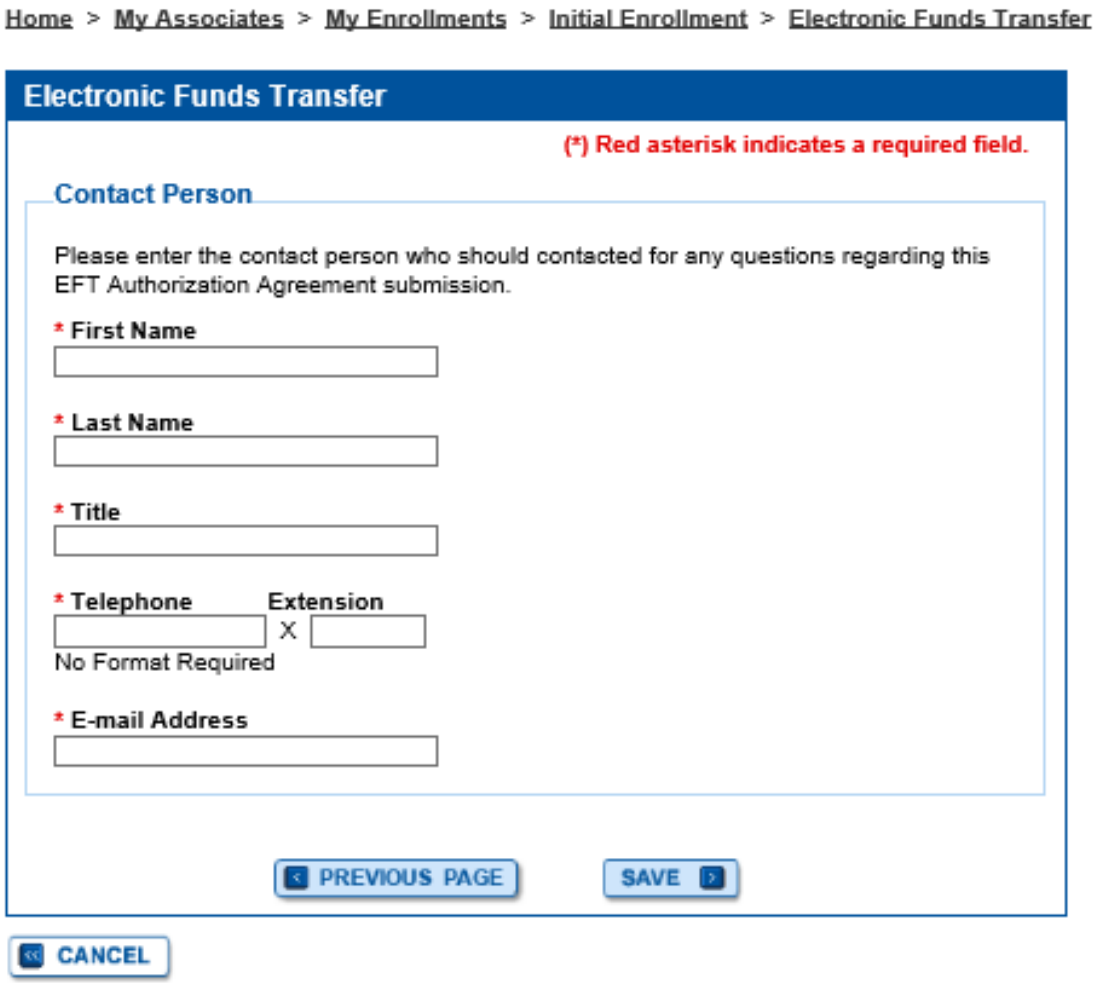
Electronic Funds Transfer



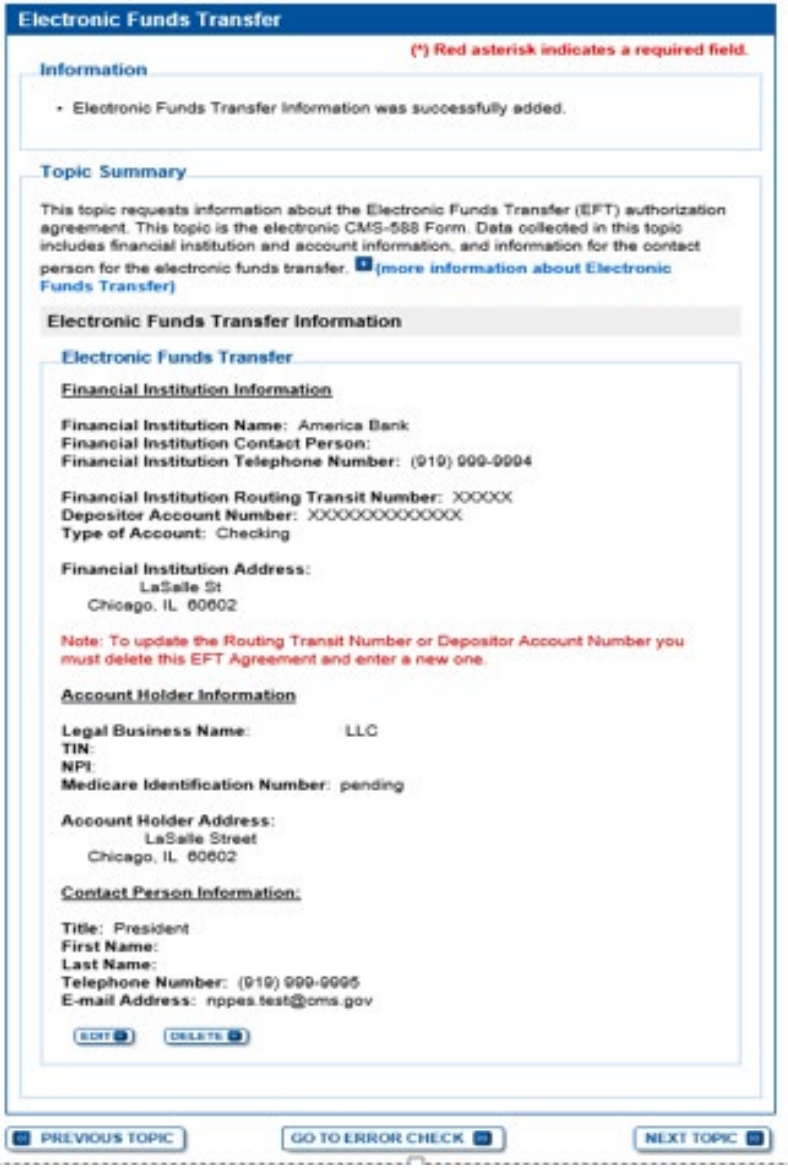
Electronic Funds Transfer



Electronic Funds Transfer



Electronic Funds Transfer



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.

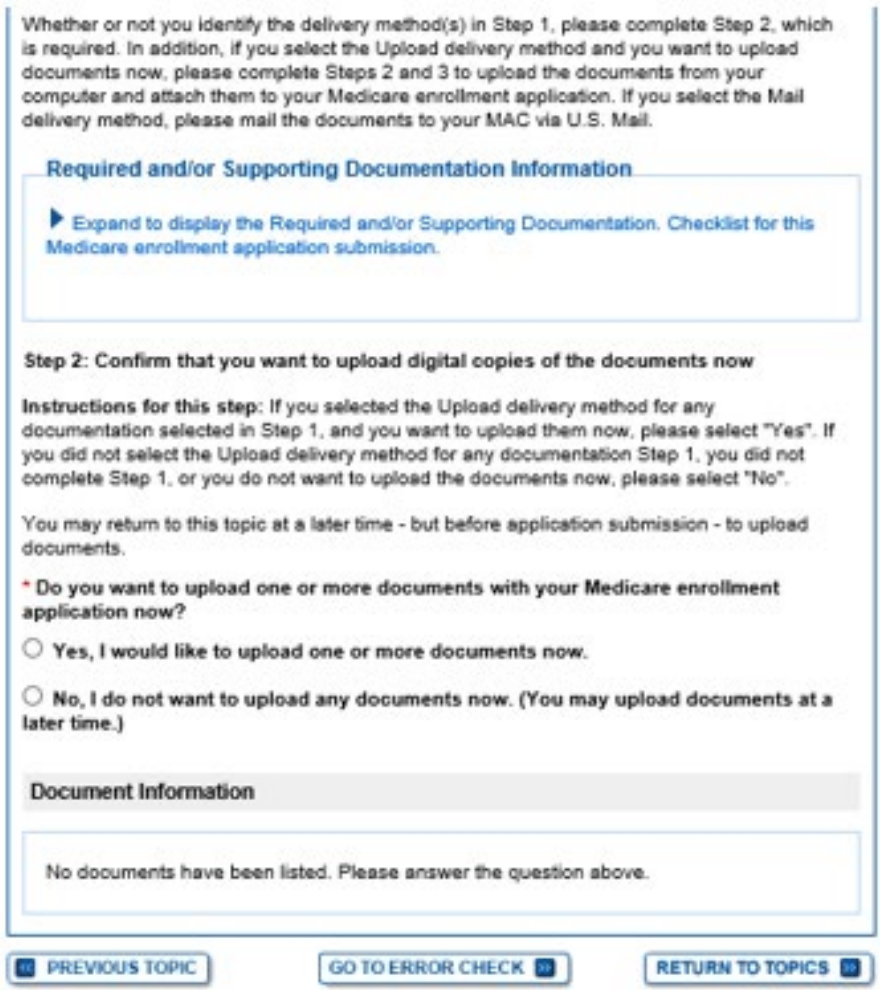
Instructions for this step: Please review the Required and/or Supporting Documentation Checklist pertaining to your enrollment application. For each type of documentation, you may select the delivery method-Mail or Upload. If more than one document is submitted, you may choose either the Upload or the Mail delivery method for each document. Please note that supporting documentation might include other documentation requested by your MAC to validate information reported on your Medicare enrollment application. Please remember that you cannot change the selected delivery method for a document once your Medicare enrollment application has been submitted to your MAC.

Please review the list of Documentation Requiring Signatures. They will need to be included with your application. You have two options for handling these documents:

- Print the document(s) requiring a signature, provide a wet signature, and upload digital copies of the document(s) during the Submission process.
- E-sign the document(s) requiring a signature during the Submission process.

Please select the SAVE CHECKLIST button after selecting the delivery method for each required and supporting document, and after reviewing Documentation Requiring Signatures that must be e-signed or uploaded. Use the saved checklist to track the delivery method(s) of the documentation as well as the Certification Statements(s) or Authorization Statement(s) needed for your application. To convey to your MAC additional information pertaining to a document, please use the Comments box.

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



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

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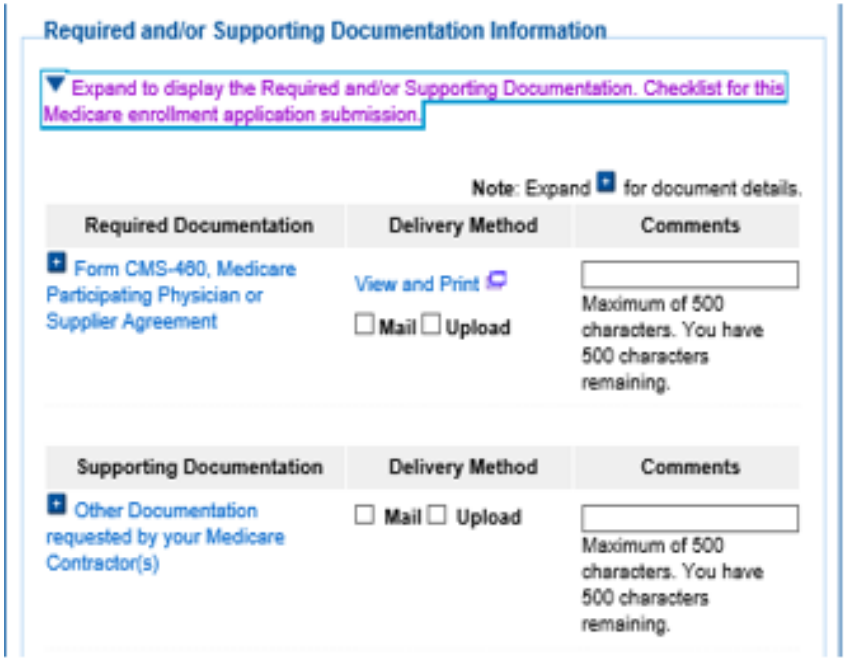
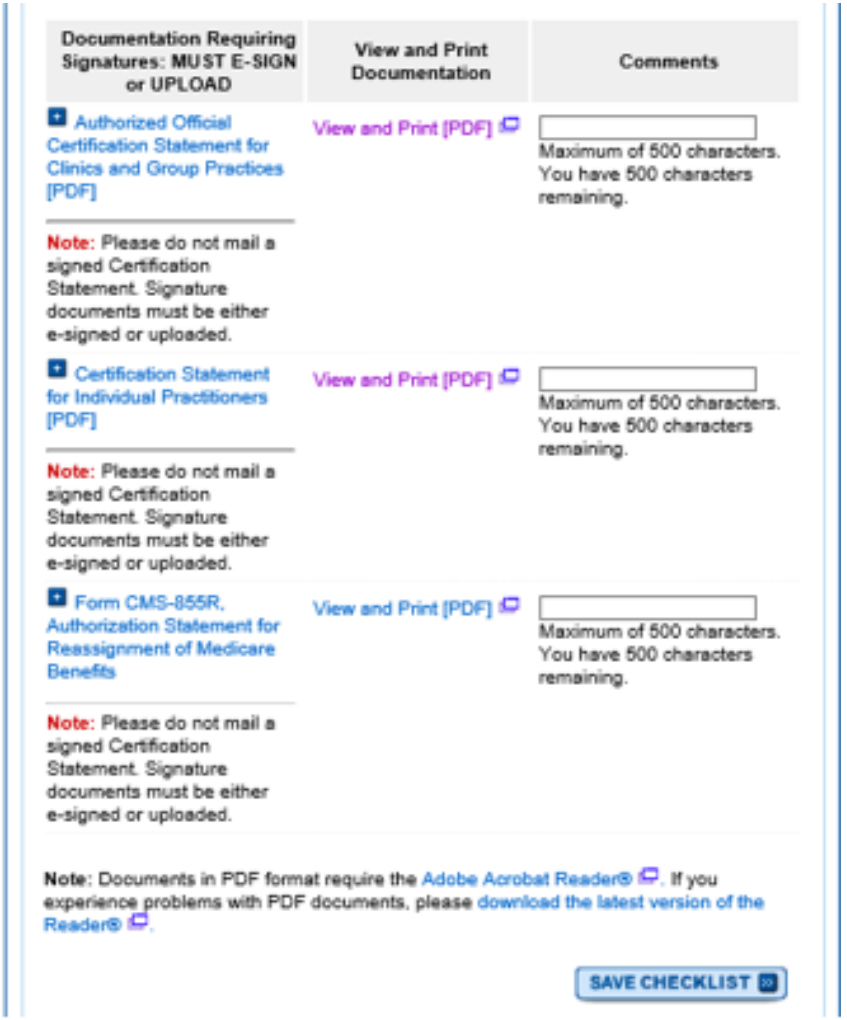
Required and/or Supporting Documentation





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

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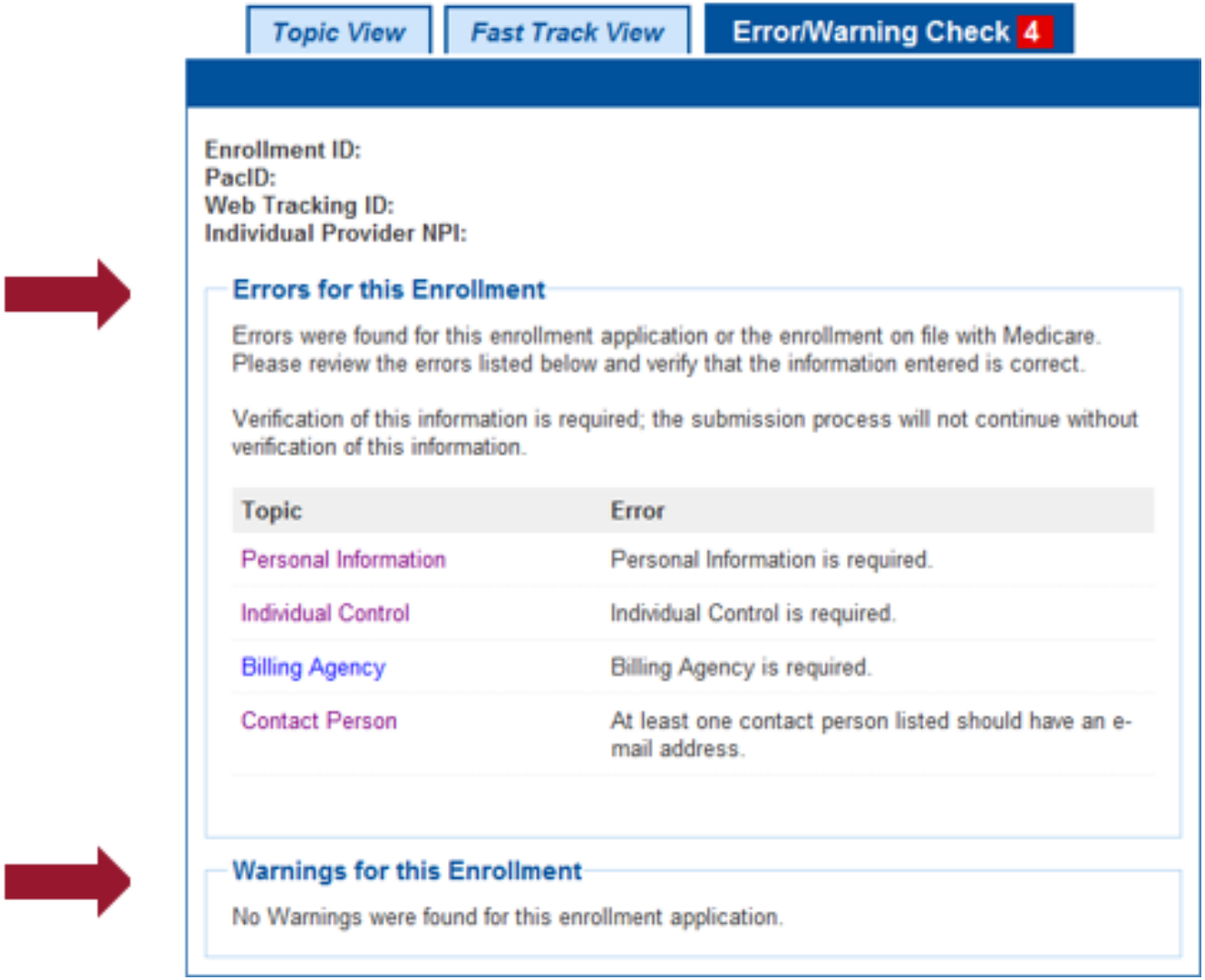
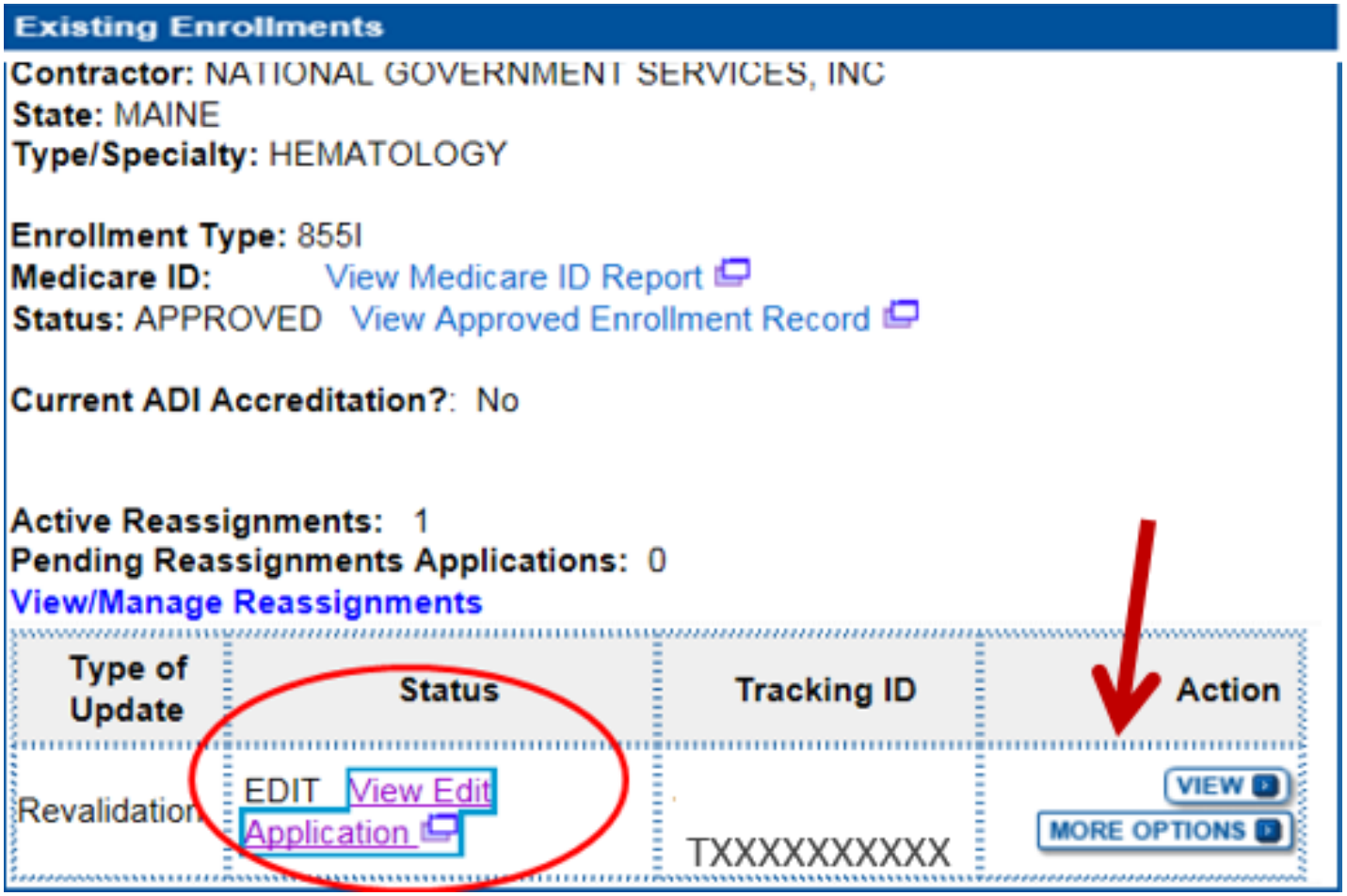
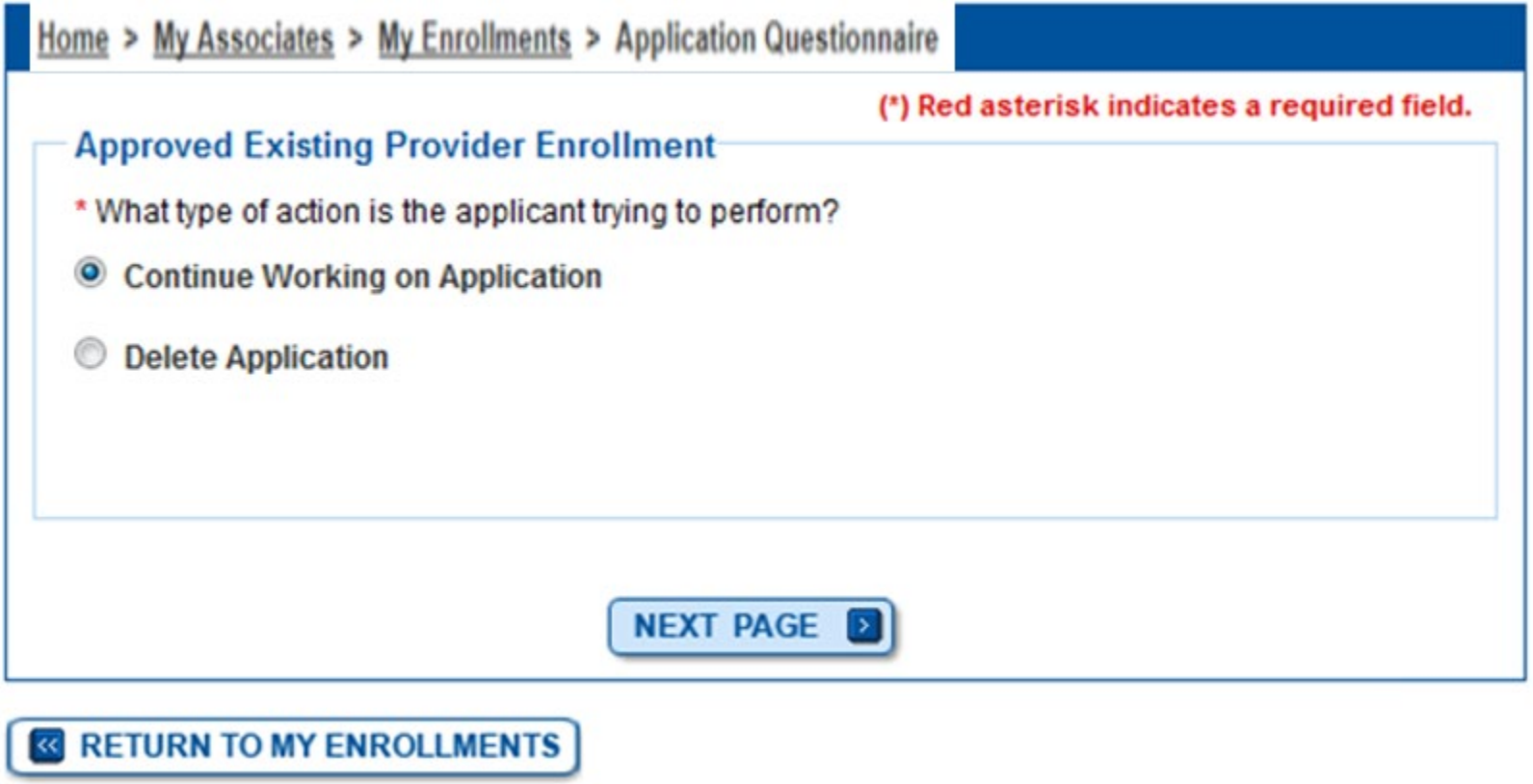
Error/Warning Check



Unfinished Application



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
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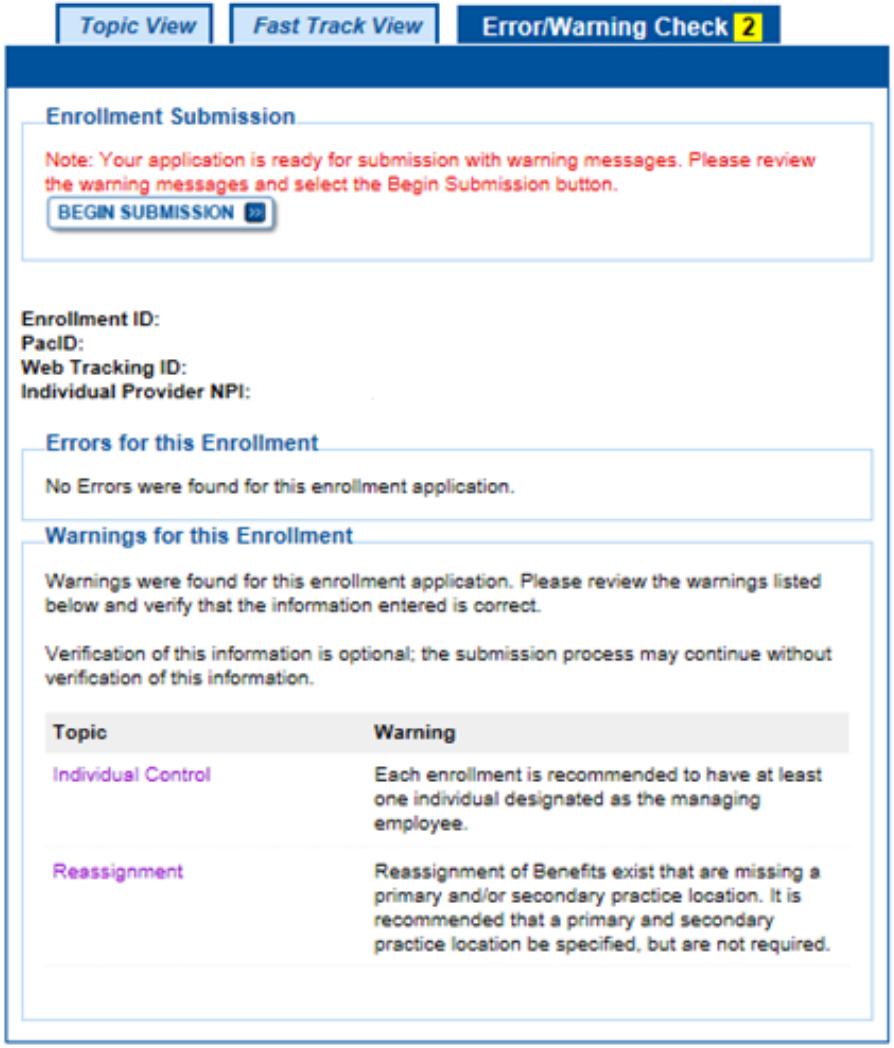
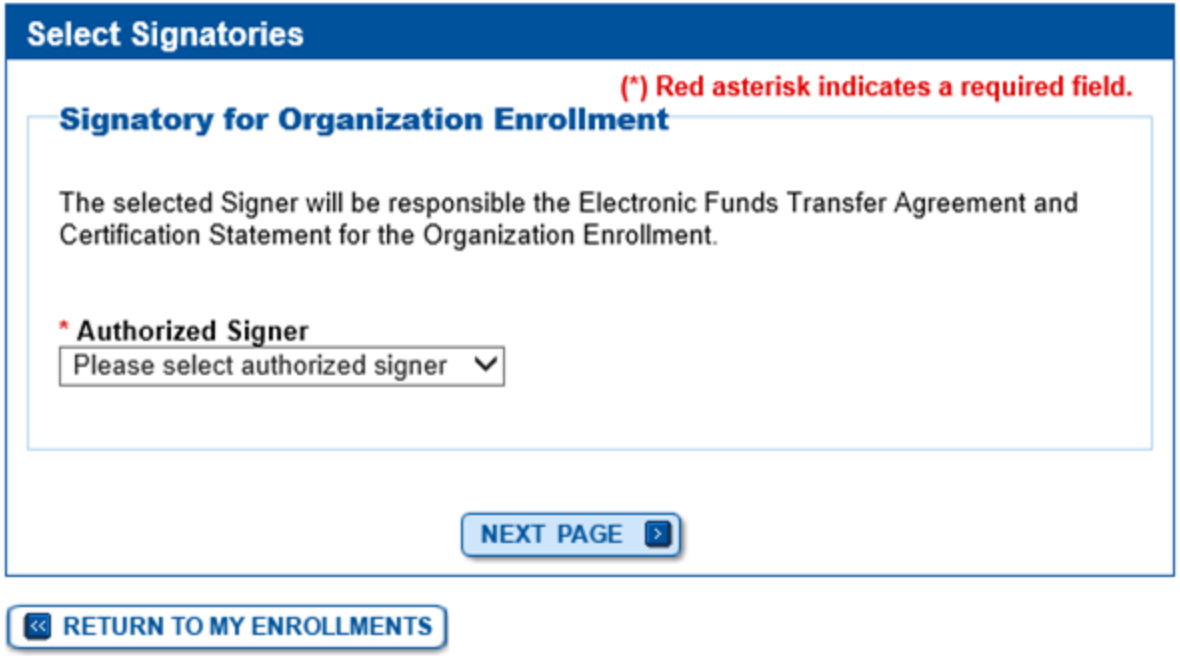
BEGIN SUBMISSION
NEXT PAGE

Error/Warning Check

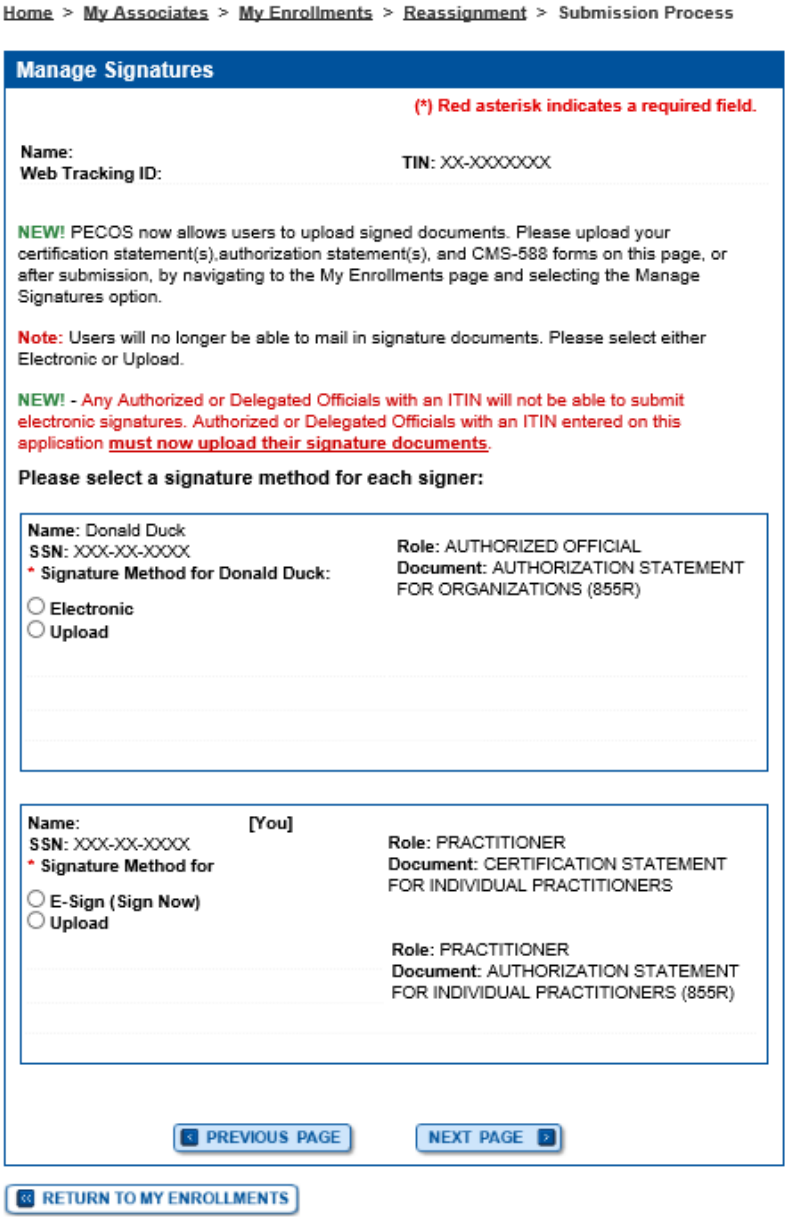


Signature Method

- Authorized/Delegated Official Selection



Manage Signatures



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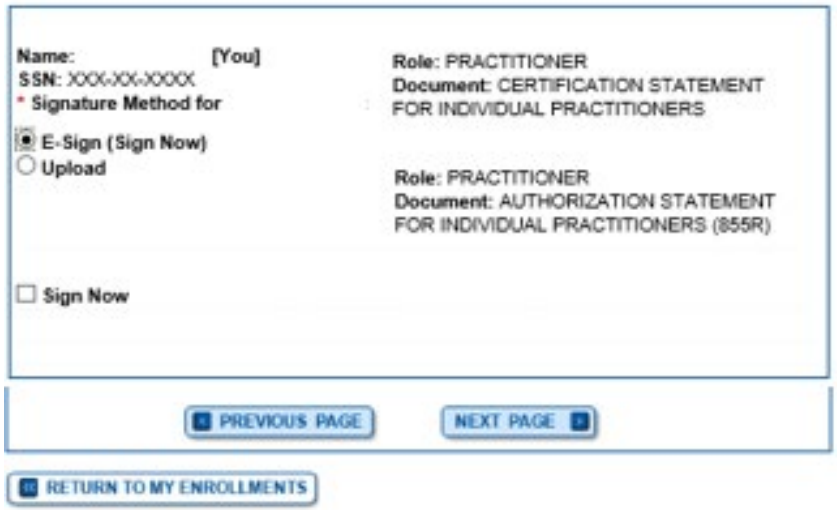
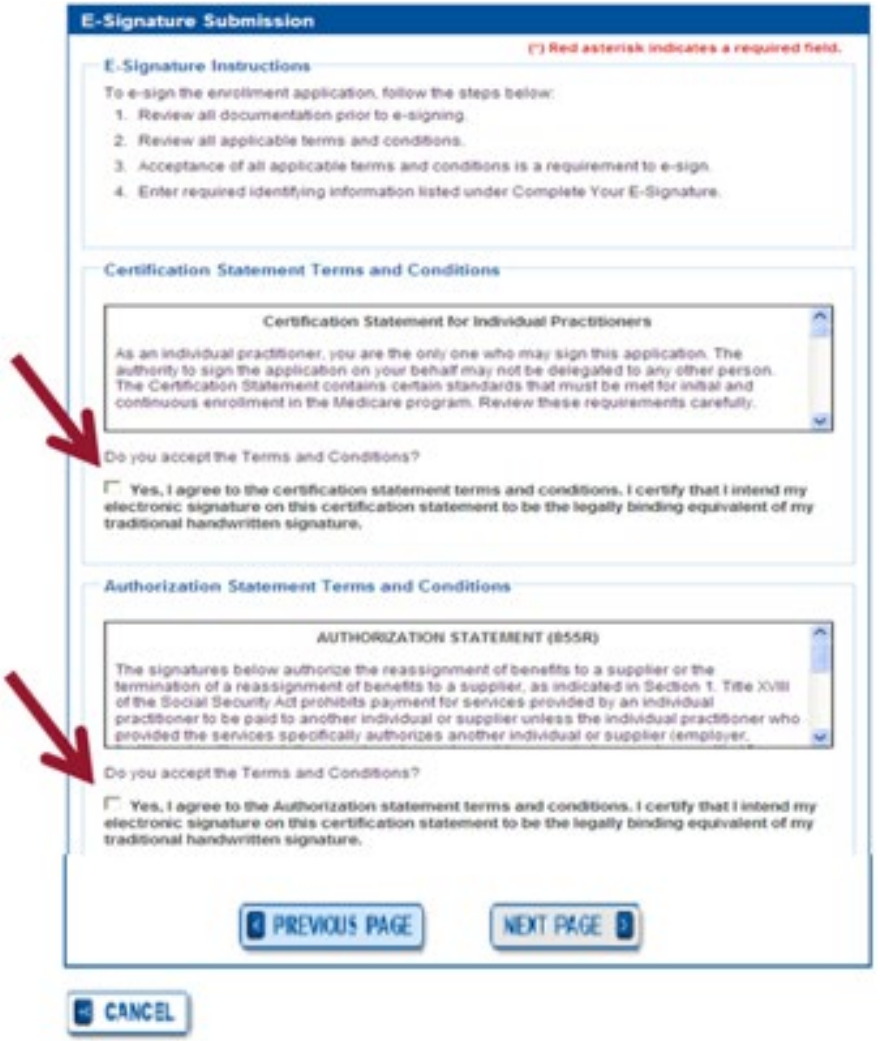
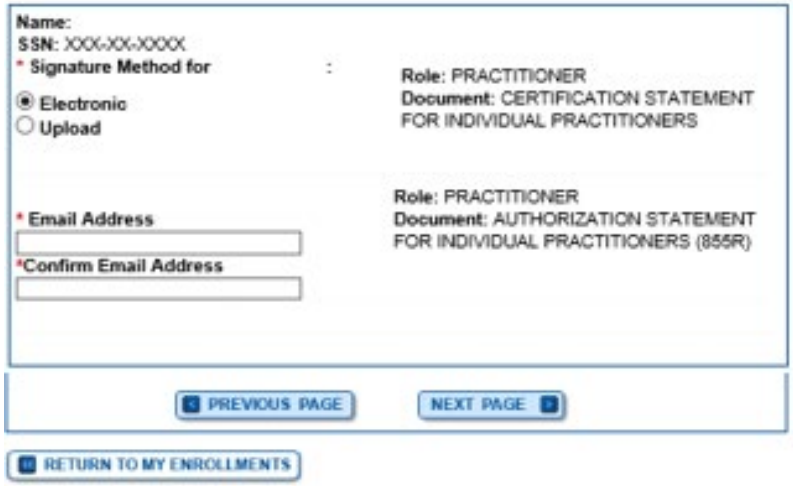
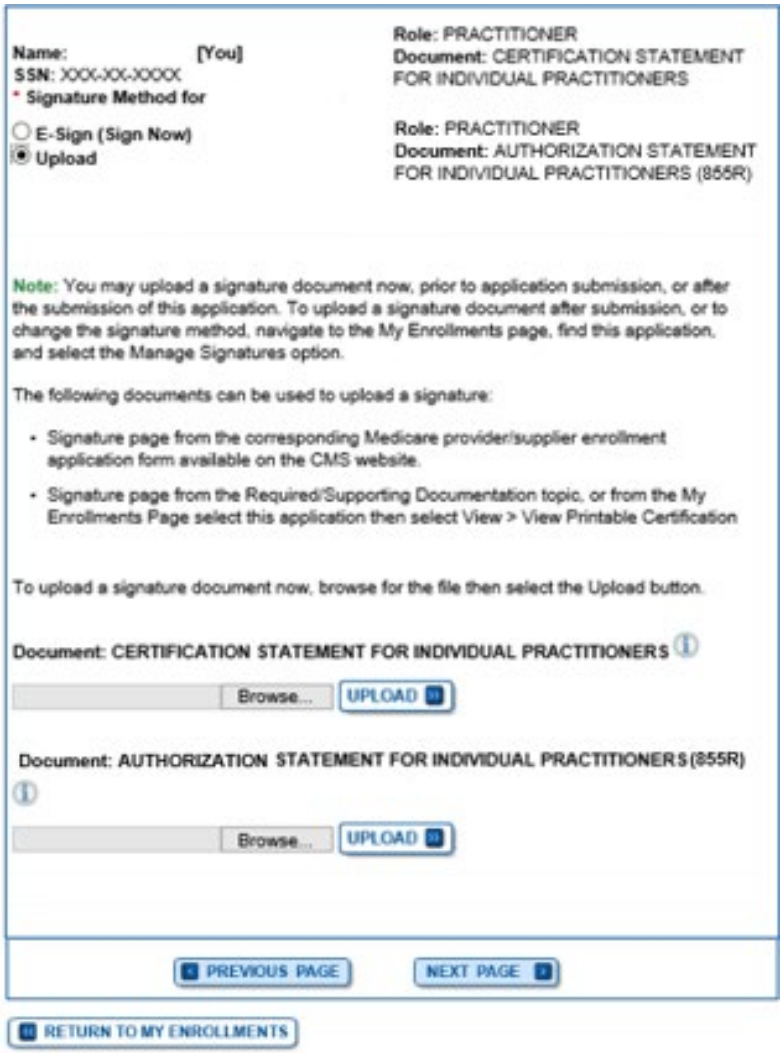
Manage Signatures



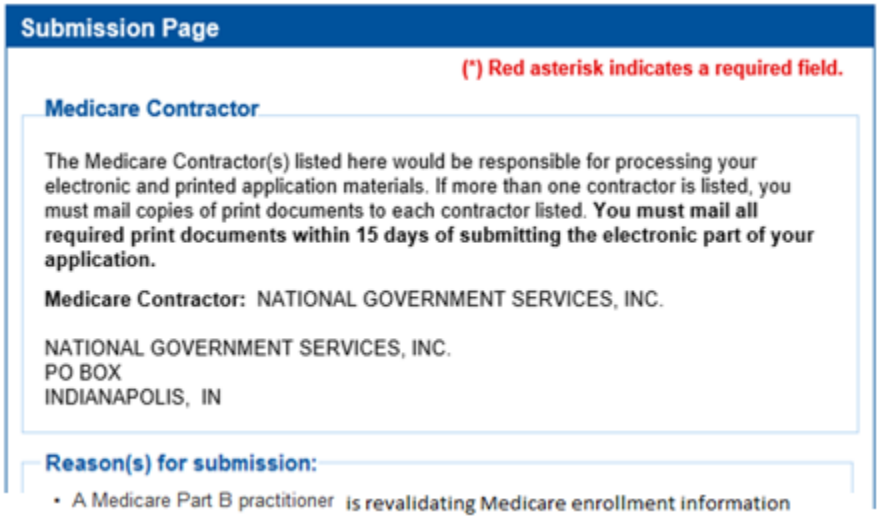


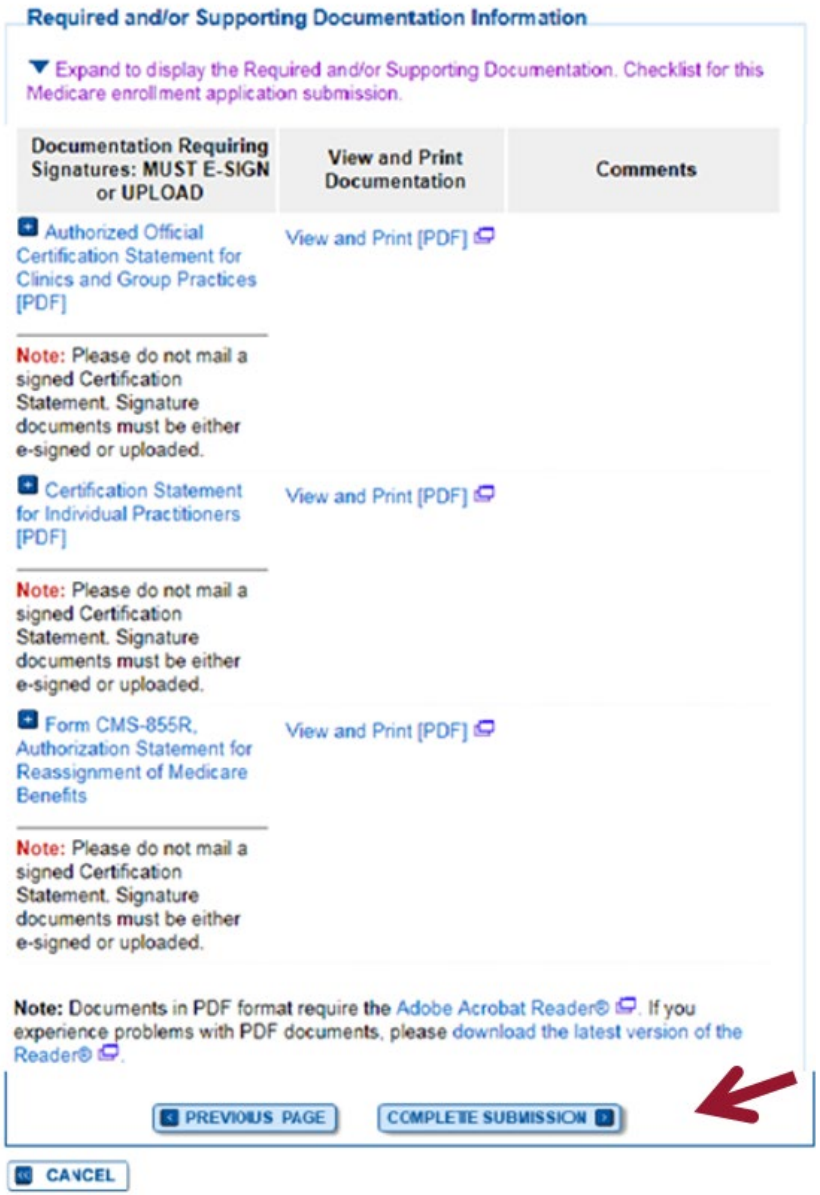
Manage Signatures



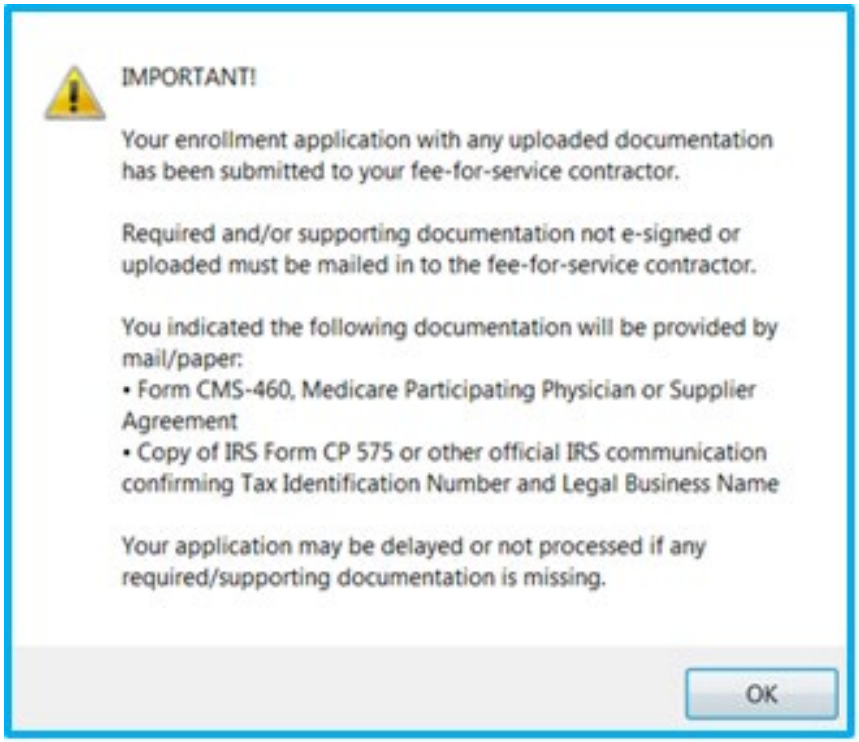


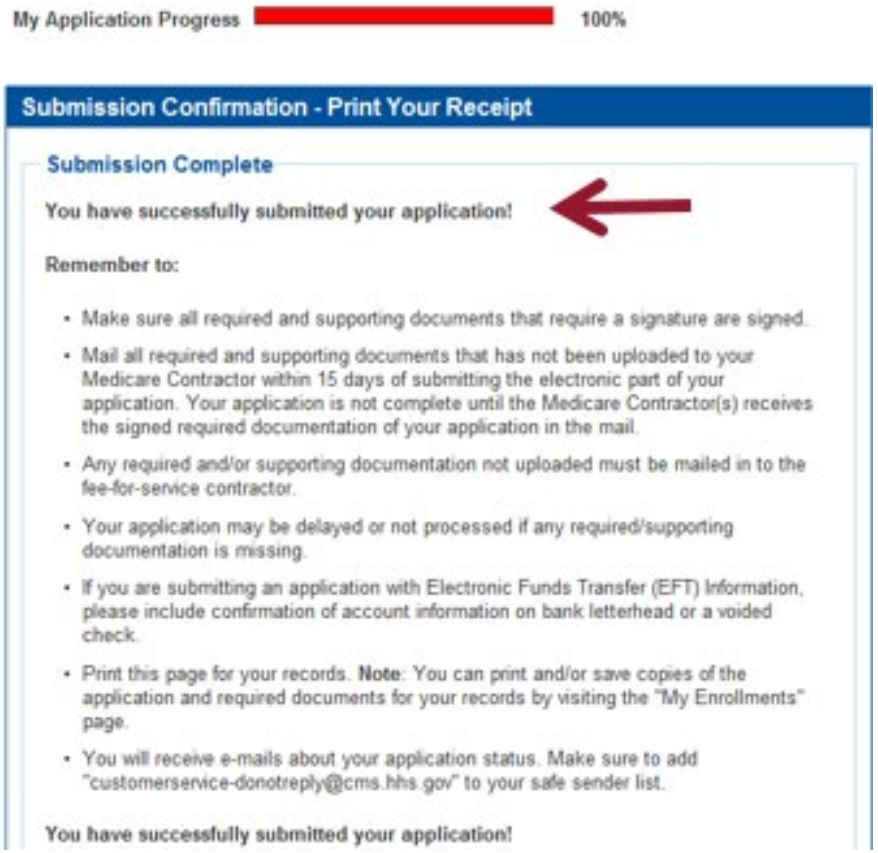
Submission Page





Submission Confirmation





E-Signature Email

To: _____@anthem.com
Subject: PECOS E-Signature Request
Sent: 02/21/2018 13:19 PM

A Medicare application for LLC 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:

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-GX6P9ovB1qTBp7kQve2Q&r=De4c3C0DavxQnxVOzU2u9lv-Opd0bN7dNDjI5rWxhAs&m=9clmcEExjJId-BkZ70Hf99T9u5P2255J6ruGHIlVXw&s=zaa2-vEIQ7mUVW3DeUhrwG88o5JAJsZ7kkwZ8ecGK0&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-GX6P9ovB1qTBp7kQve2Q&r=De4c3C0DavxQnxVOzU2u9lv-Opd0bN7dNDjI5rWxhAs&m=9clmcEExjJId-BkZ70Hf99T9u5P2255J6ruGHIlVXw&s=ZTRw9Hh1ggkOlwvaF3cWg2QNlmb2PWwcq6okXpXXy58&e=, using your identifying information, e-mail address, and unique PIN XXXXXX . Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

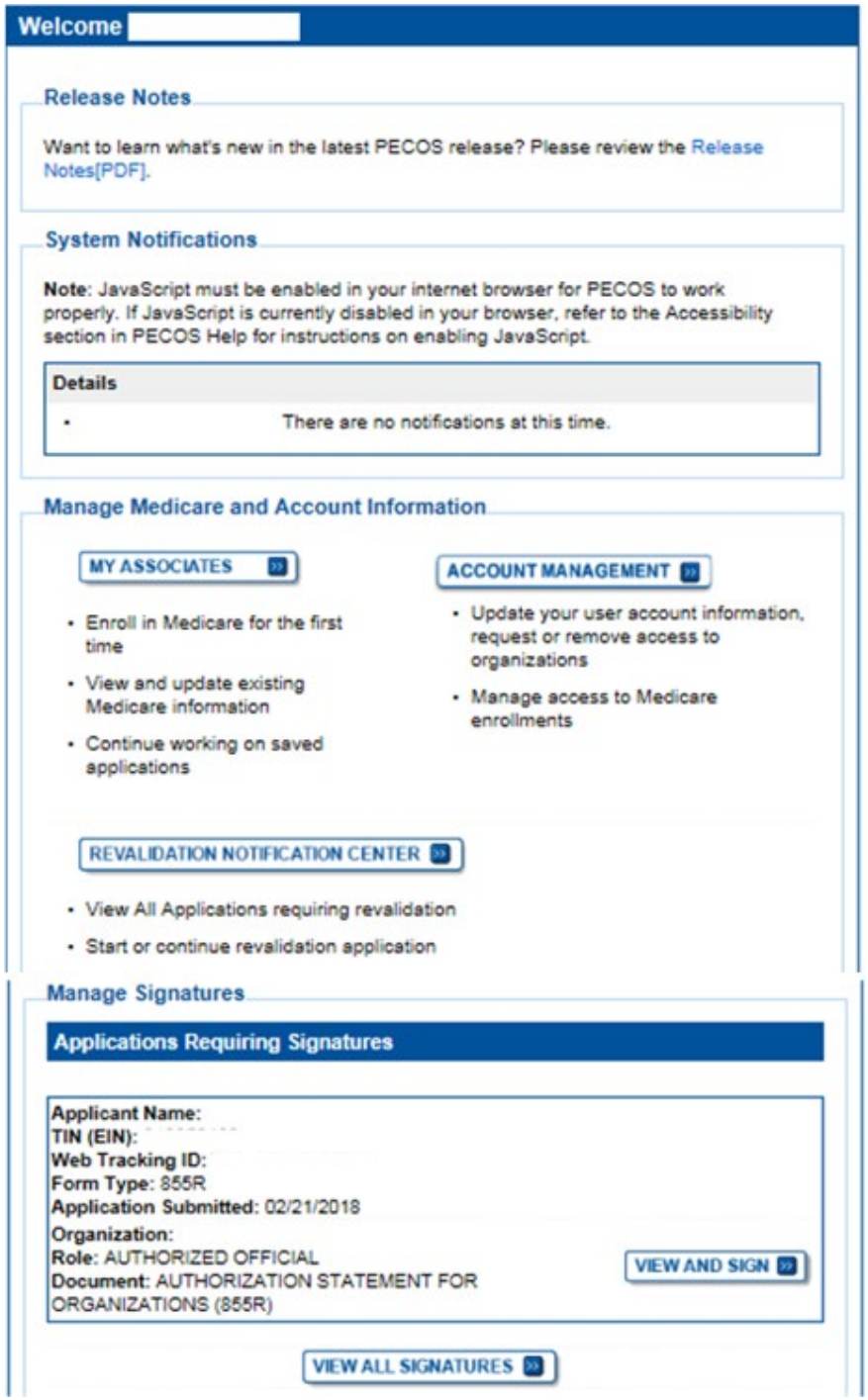
Please note the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

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-GX6P9ovB1qTBp7kQve2Q&r=De4c3C0DavxQnxVOzU2u9lv-Opd0bN7dNDjI5rWxhAs&m=9clmcEExjJId-BkZ70Hf99T9u5P2255J6ruGHIlVXw&s=vJYrEDOHkzVIVcE5qJt_5hsw5yN8CT7fMC585uZq81I&e= or call 1-866-484-8049/TTY: 1-866-523-4759

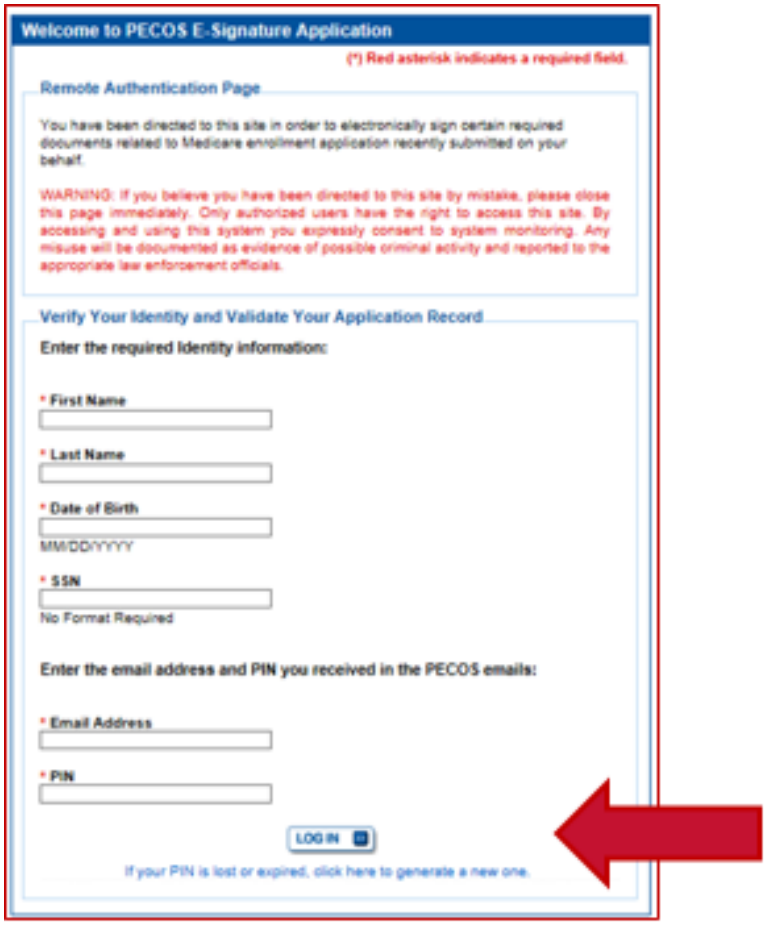
Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed. 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***


Welcome
Release Notes
Want to learn what's new in the latest PECOS release? Please review the Release Notes[PDF].
System Notifications
Note: JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.
Details
There are no notifications at this time.
Manage Medicare and Account Information
MY ASSOCIATES
Enroll in Medicare for the first time
View and update existing Medicare information
Continue working on saved applications
ACCOUNT MANAGEMENT
Update your user account information, request or remove access to organizations
Manage access to Medicare enrollments
REVALIDATION NOTIFICATION CENTER
View All Applications requiring revalidation
Start or continue revalidation application
Manage Signatures
Applications Requiring Signatures
Applicant Name:
TIN (EIN):
Web Tracking ID:
Form Type: 855R
Application Submitted: 02/21/2018
Organization:
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
VIEW AND SIGN
VIEW ALL SIGNATURES

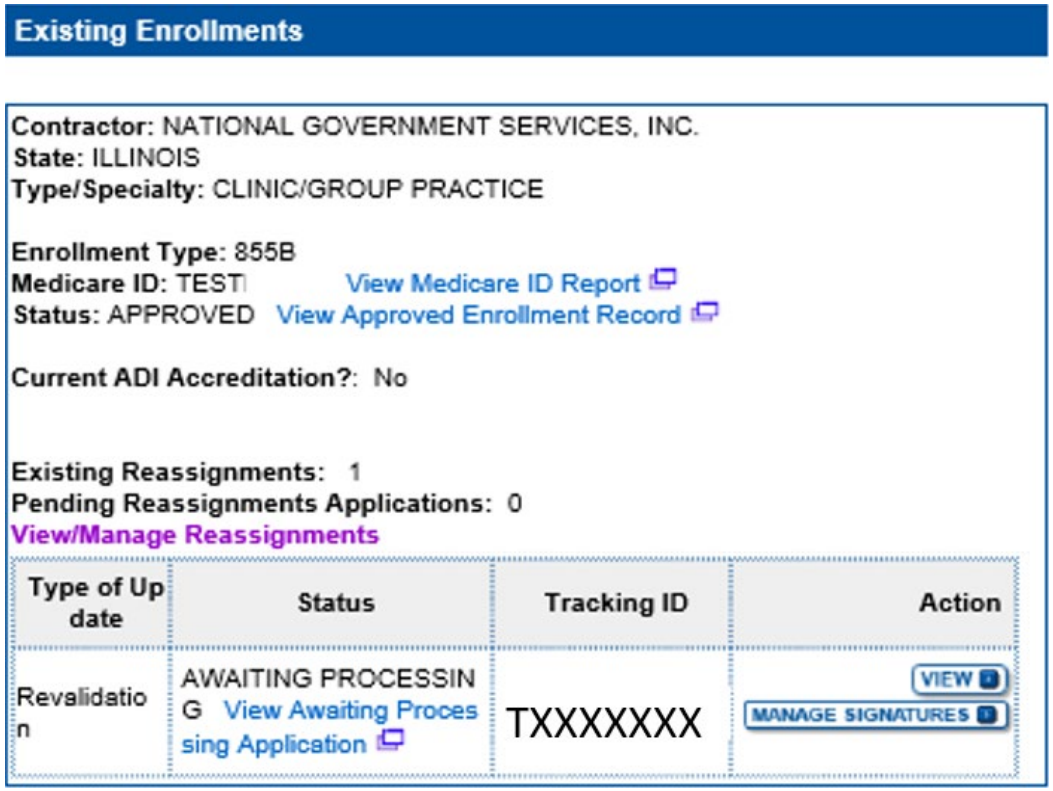
E-Signature



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

Verify and Manage Signatures

- Print Certification Statement



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

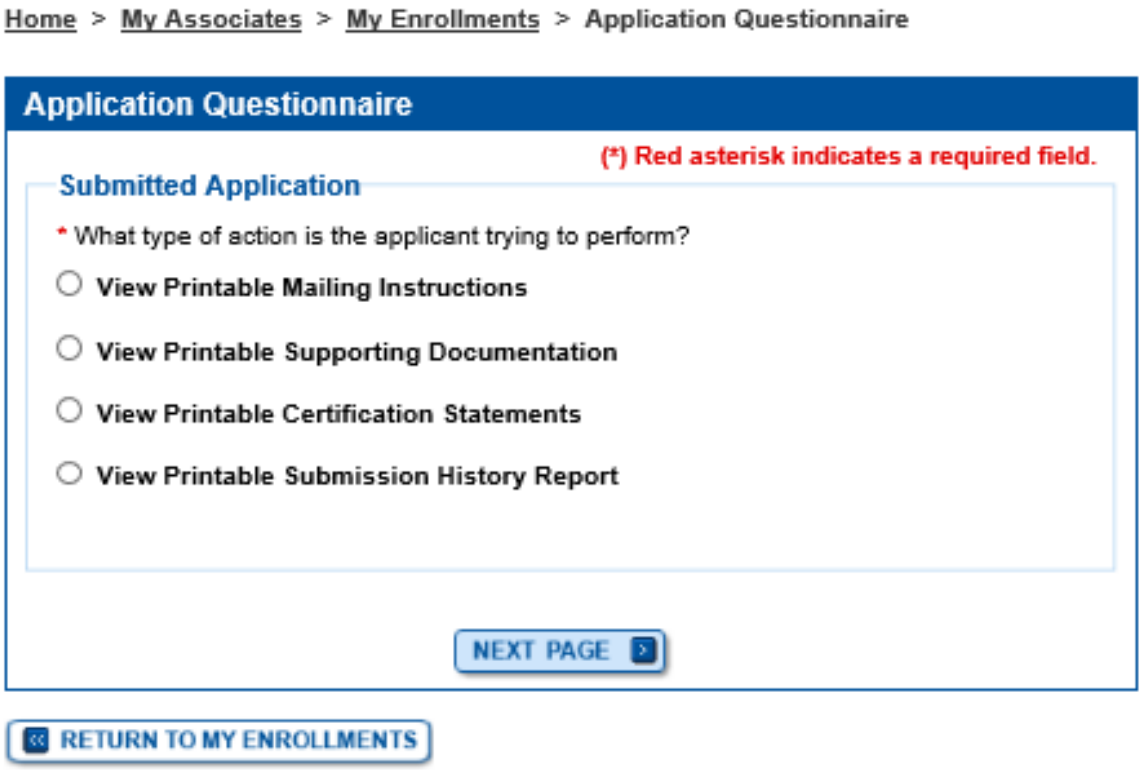
Current ADI Accreditation?: No

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

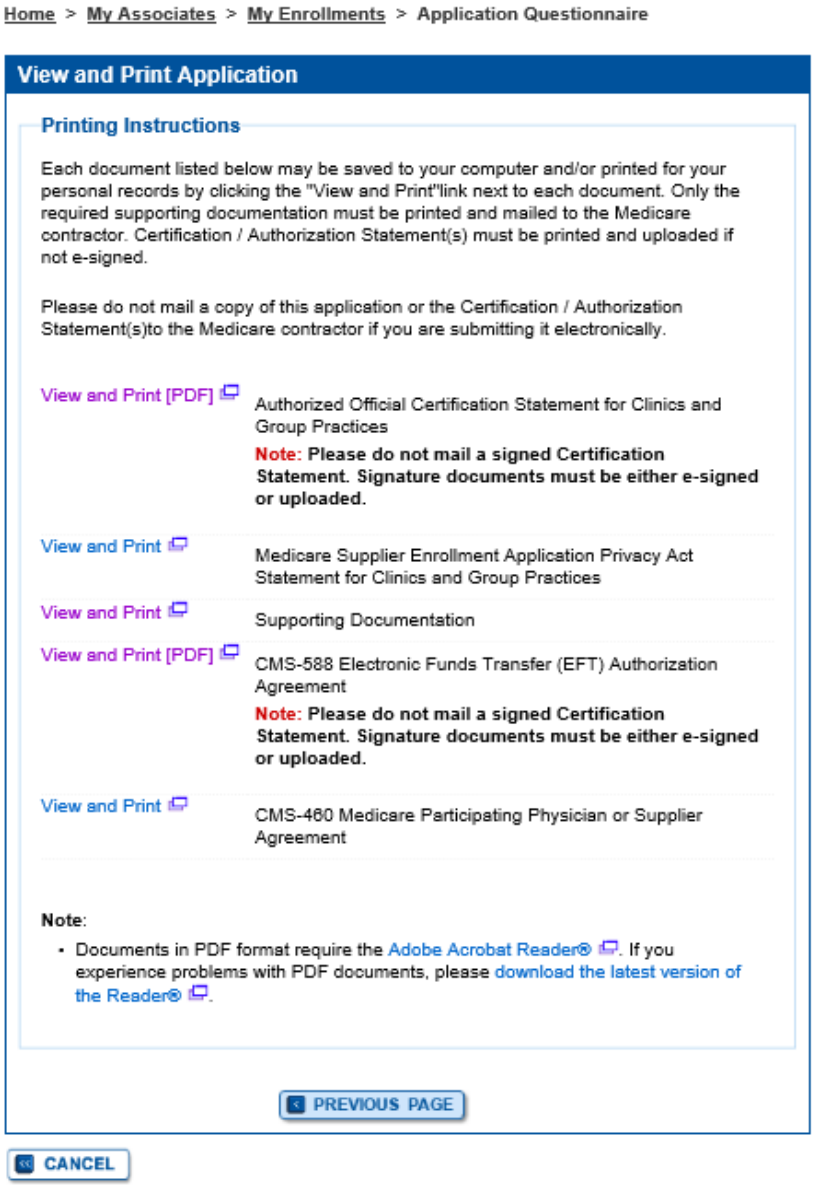
Type of Update	Status	Tracking ID	Action
Revalidation	AWAITING PROCESSING View Awaiting Processing Application	TXXXXXXX	VIEW MANAGE SIGNATURES

Verify and Manage Signatures

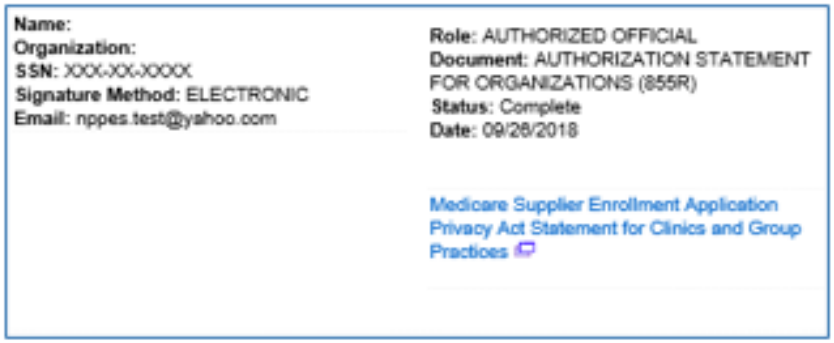
- View Printable Certification Statement



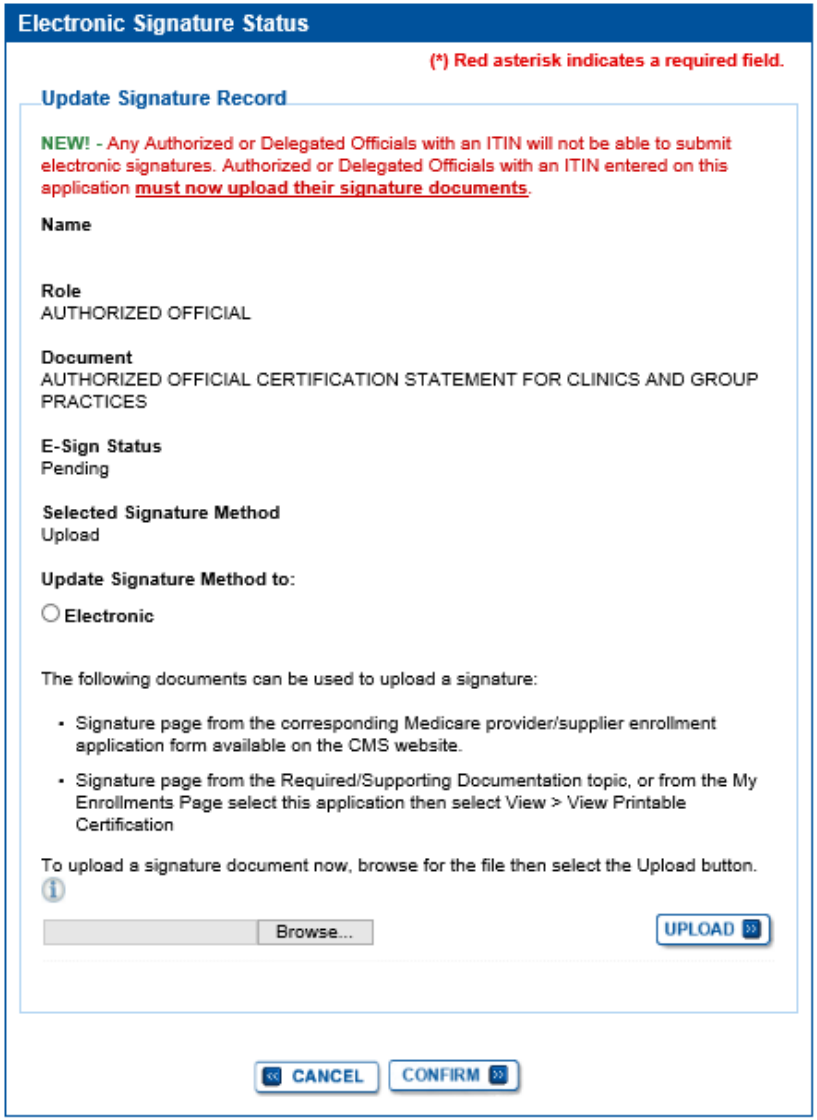
View and Print Certification Statement



Verify Signature Status



Update Signature Record

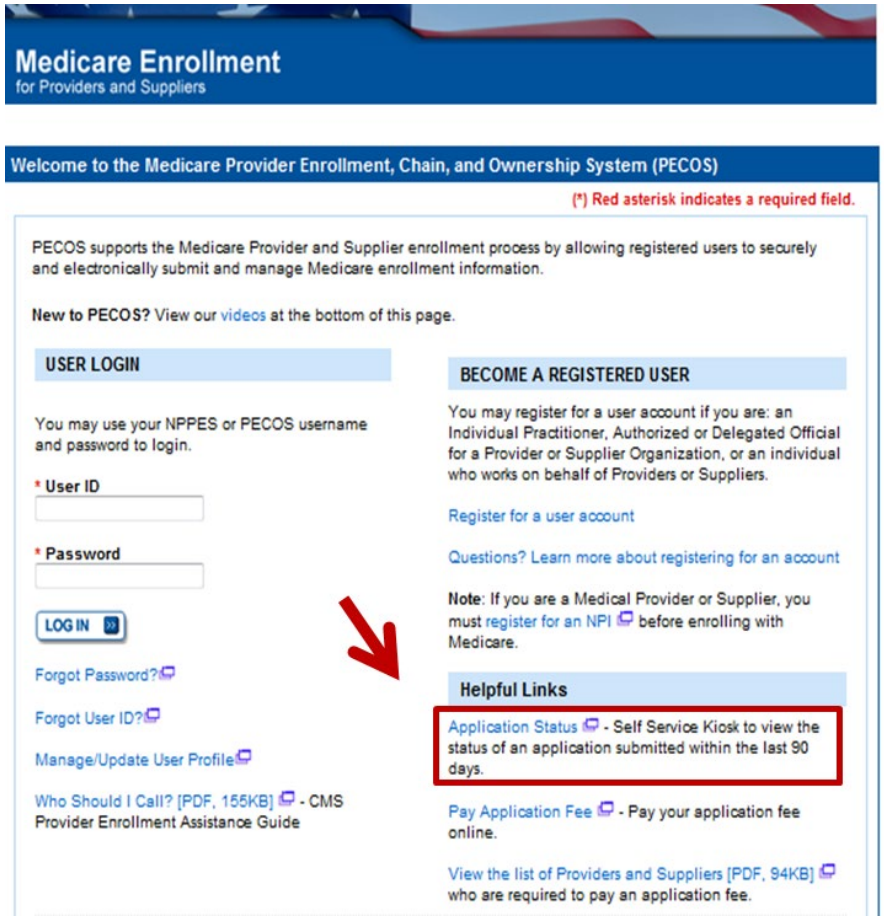


Process After Submission

- Contact person on application will receive by email
  - Acknowledgement Notice
    - Add to safe sender list
      - customerservice-donotreply@cms.hhs.gov
      - NGS-PE-Communications@anthem.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

Application Status

PECOS Application Status



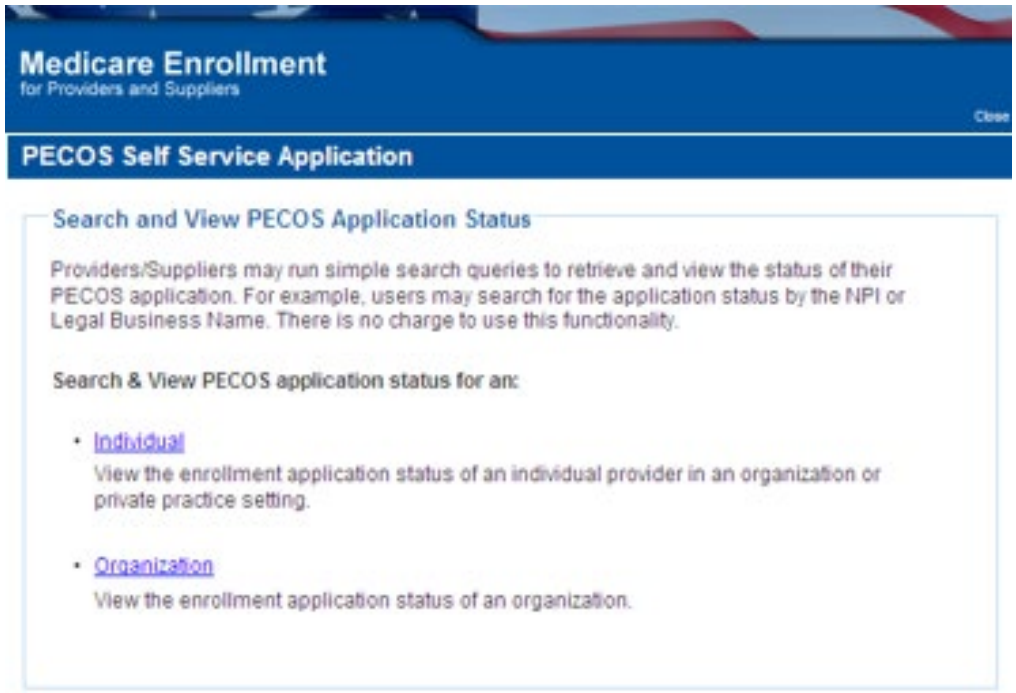
Provider & Supplier Resources

- CMS.gov/Providers - Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.
- Enrollment Checklists - Review checklists of information needed to complete an application for various provider and supplier types.
- Medicare Learning Network® (MLN) - Helpful articles and tutorials about changes in Medicare enrollment.
- Revalidation Notice Sent List - Check to see if you have been sent a notice to revalidate your information on file with Medicare.
- Ordering, Certifying, or Prescribing Practitioners List - View the Ordering, Certifying, or Prescribing Practitioners List to verify eligibility to order or certify items or services to Medicare beneficiaries, or prescribe part D drugs.
- Ordering, Certifying, or Prescribing Information [PDF, 1.64MB] - Learn about the Ordering, Certifying, or Prescribing enrollment process.

Enrollment Tutorials

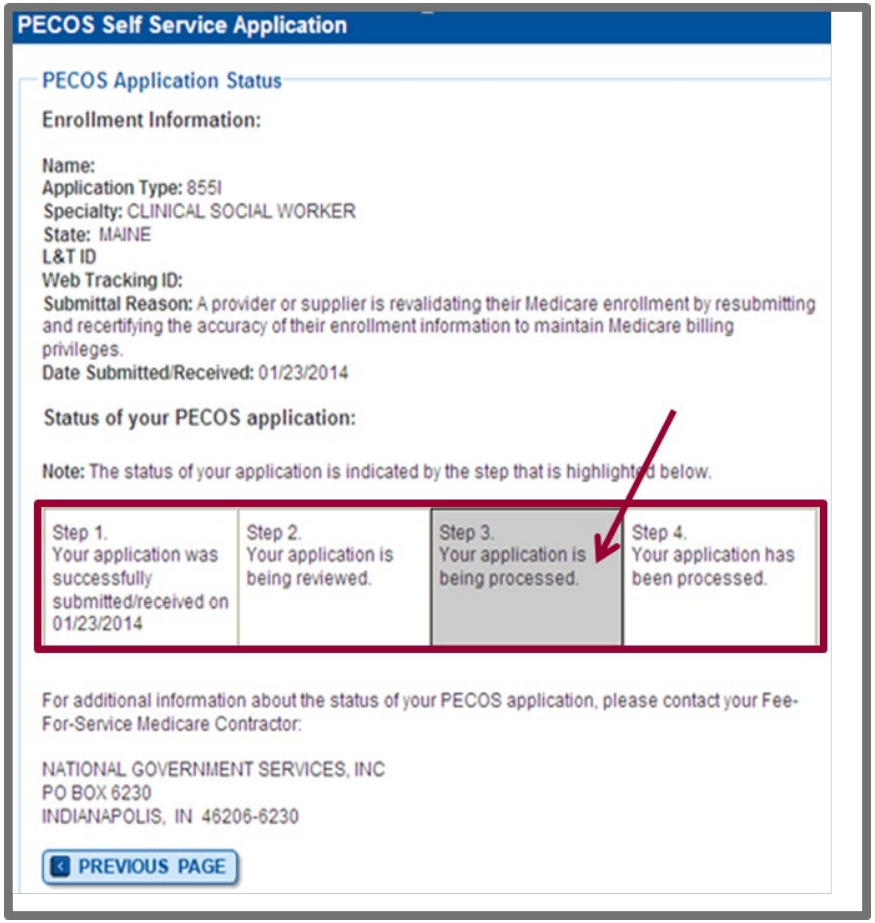
- **Initial Enrollment:**
  Step-by-step demonstration of an initial enrollment application in PECOS.
  Individual Provider or Organization/Supplier
- **Change of Information:**
  Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
  Individual Provider or Organization/Supplier
- **Revalidation:**
  Step-by-step demonstration on how to submit your revalidation application using PECOS.
  Individual Provider or Organization/Supplier
- **Deactivated:**
  Example of how to deactivate an existing enrollment record.
  Individual Provider
- **Reactivation:**
  Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
  Organization/Supplier
- **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

PECOS Self-Service Application



- Check Status
  - Individual
  - Organization

PECOS Application Status


PECOS Self Service Application

PECOS Application Status

Enrollment Information:

Name:
Application Type: 855I
Specialty: CLINICAL SOCIAL WORKER
State: MAINE
L&T ID
Web Tracking ID:
Submittal Reason: A provider or supplier is revalidating their Medicare enrollment by resubmitting and recertifying the accuracy of their enrollment information to maintain Medicare billing privileges.
Date Submitted/Received: 01/23/2014

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 01/23/2014	Your application is being reviewed.	Your application is being processed.	Your application has been processed.

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

NATIONAL GOVERNMENT SERVICES, INC
PO BOX 6230
INDIANAPOLIS, IN 46206-6230

PREVIOUS PAGE

- Status section
  - Steps 1, 2, 3, 4
  - One will be highlighted with current status
  - If Application Fee is required another Step is added

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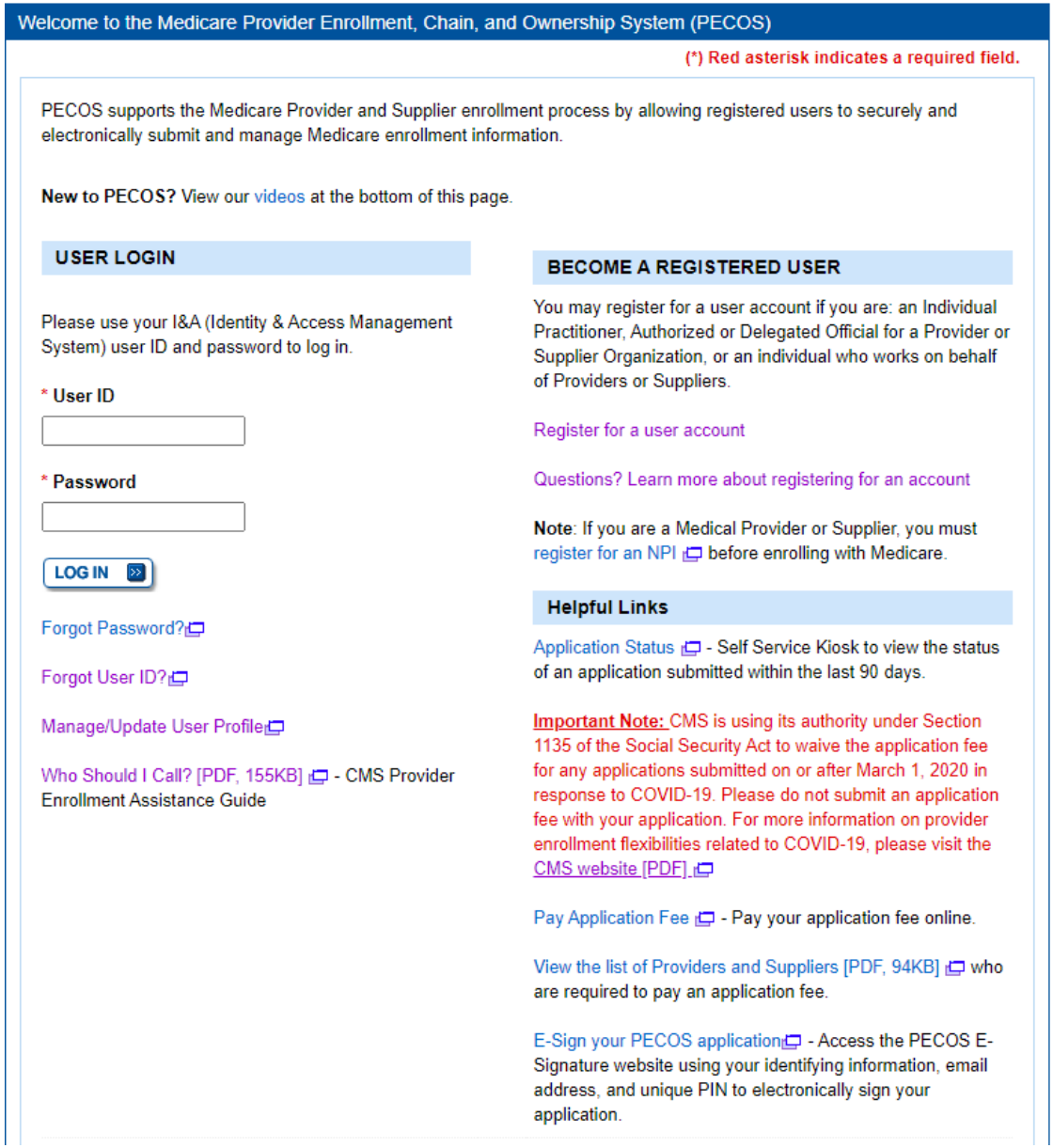
Resources

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/

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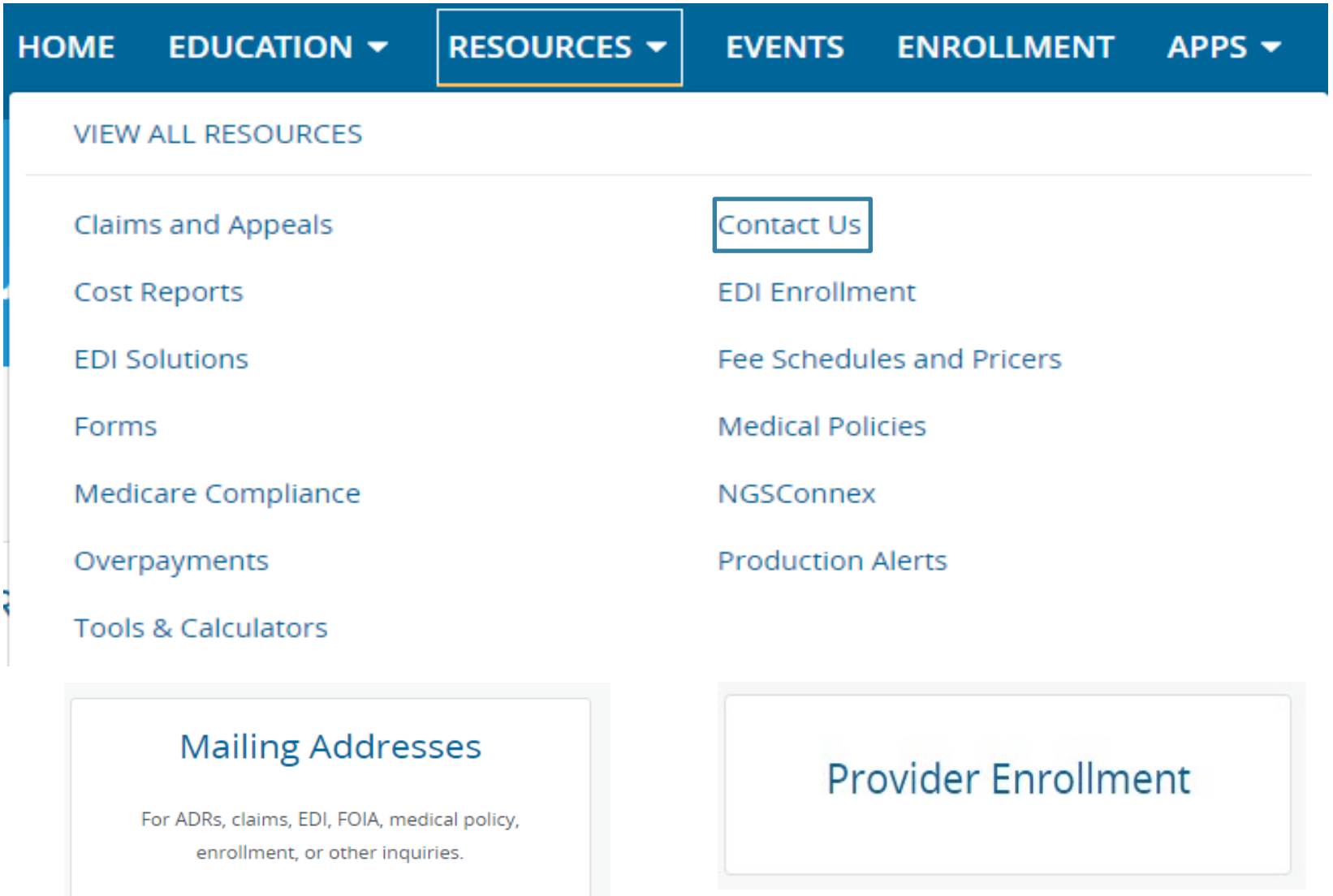
NGSMedicare.com



Resources

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

Thank You!

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

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