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No 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

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

Agenda

View Reassignment Report

Add Reassignment for Provider with Active Enrollment

Terminate Reassignment

Respond to E-Signature Email

Manage Signatures, Verify Completion

Process After Submission

Check Application Status

Resources

View Reassignment Report

PECOS Home Page to Login

My Associates

View Enrollments

My Enrollments

My Enrollments

Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

! **IMPORTANT:**

If you are responding to a **request for Revalidation**, please **do not** create an initial enrollment application. Instead, select one of your current enrollment records below.

Please Note: If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- Checklist for Sole Proprietor or Solely Owned Organizations (eg. LLC, PC) using PECOS
- Checklist for Individual Physician and Non-Physician Practitioners using PECOS
- Checklist for Provider or Supplier Organization using PECOS

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION

Filter Existing Medicare Applications and Enrollments Section

Please provide one or more of the following options to filter your enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Enrollment Type

All Types SELECT

Provider/Supplier Type

All Provider/Supplier Types

Enrollment Status

All Statuses

State

All States

Medicare ID

FILTER   RESET

Records 1 - 2 of 2

Existing Enrollments

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

VIEW
REVALIDATE
MORE OPTIONS

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

Current ADI Accreditation?: No
Revalidation Status: Revalidation Due (i)
  Sample Revalidation Notice
Revalidation Due Date: 02/28/2017
Practice Location: , ROCHESTER, NY

Existing Reassignments: 2
Pending Reassignments Applications: 0
View/Manage Reassignments

Existing Enrollments

Existing Enrollments

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

VIEW ▸
REVALIDATE ▸
MORE OPTIONS ▸

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

Current ADI Accreditation?: No
Revalidation Status: Revalidation Due ⓘ
    Sample Revalidation Notice 🗗
Revalidation Due Date: 02/28/2017
Practice Location: :   ROCHESTER, NY

Existing Reassignments: 2
Pending Reassignments Applications: 0
View/Manage Reassignments

View/Manage Reassignments

Verify Active Enrollment

- [NGS Website](#) > Enrollment > Hot Topics >[How to Determine if the Provider is Active and Get the Provider Enrolled in Medicare Part B](#)

Manage Reassignments

View/Manage Reassignments

Pending Reassignments Applications

You currently do not have any Pending Reassignments.

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status	Enrollment Status	Relationship Status
All Statuses ▾	All Statuses ▾	All Relationships ▾

[FILTER ▸] [RESET ▸]

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment records. Any changes that you submit will display here only after the Medicare Administrative Contractor has processed the submitted enrollment.

Reassignments Report Details

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	APPROVED	N/A	05/02/2005	01/01/2008	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	DEACTIVATED	N/A	12/15/2009	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	DEACTIVATED	N/A	12/05/2005	02/14/2014	05/13/2013
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	APPROVED		09/28/2015	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	APPROVED		06/23/2013	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	APPROVED		10/06/2008	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	APPROVED		07/24/2003	N/A	11/30/2017

Note: Please select on the "Download Report" button to download this report in CSV format.

[PRINT ▸] [DOWNLOAD REPORT ▸]

[◂ RETURN TO MY ENROLLMENTS]   ➡ [MANAGE REASSIGNMENTS ▸▸]

Application Questionnaire

Application Questionnaire

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 Supplier is accepting benefits from a Part B practitioner.

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
FAMILY PRACTICE LLC	XX-XXXX	CLINIC/GROUP PRACTICE	ILLINOIS

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 ▶▶

◀◀ **CANCEL**

Topic View

Add Reassignment Information

Provider Information

Accept Reassignment

(*) Red asterisk indicates a required field.

Accept Reassignment

* **Effective Date of Information**

MM/DD/YYYY

* **First Name**

Middle Name

* **Last Name**

Suffix

Select Suffix ⌄

* **Social Security Number (SSN)**

XXX-XX-XXXX

* **Date of Birth**

MM/DD/YYYY

* **National Provider Identifier (NPI)**

10 Digits

* Please choose the Specialty Type for the reassigning practitioner:

○ **Physician**

○ **Non-Physician**

NEXT PAGE ▶

◄ CANCEL

Group Information

Reassignment Topic Summary

Review Contact Information

Error/Warning Check and Begin Submission

Topic View | Fast Track View | **Error/Warning Check**

Enrollment Submission

Note: Your application is ready for submission. Please select the Begin Submission button.

BEGIN SUBMISSION »

Enrollment ID:
PacID:
Web Tracking ID:

Errors for this Enrollment

No Errors were found for this enrollment application.

Warnings for this Enrollment

No Warnings were found for this enrollment application.

Authorized/Delegated Official Selection

My Application Progress — 90%

Select Signatories

(*) Red asterisk indicates a required field.

Signatory for Organization Enrollment

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

* Authorized Signer

Please select authorized signer ▾

NEXT PAGE ▶

◀◀ RETURN TO MY ENROLLMENTS

Manage Signatures

Manage Signatures – Sign Now

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

⦿ E-Sign (Sign Now) ⬅
○ Upload

☐ Sign Now ⬅

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL
CERTIFICATION STATEMENT FOR
CLINICS AND GROUP PRACTICES

Review And Sign Your Document

E-Signature Instructions   (*) Red asterisk indicates a required field.

To complete your E-Signature follow the steps below:

1. Click here if you wish to review the application
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program

AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1, Title XVIII of the Social Security Act

* Do you accept the Terms and Conditions?

☐ Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

[◀ PREVIOUS PAGE]   [NEXT PAGE ▶]

[✖ CANCEL]

Manage Signatures –Select Method

Name: DONALD DUCK
SSN: XXX-XX-XXXX
* Signature Method for DONALD DUCK:

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

○ Electronic
○ Upload

* Email Address

*Confirm Email Address

Name: DONALD DUCK
SSN: XXX-XX-XXXX
* Signature Method for DONALD DUCK

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

○ Electronic
● Upload

Note: You may upload a signature document now, prior to application submission, or after the submission of this application. To upload a signature document after submission, or to change the signature method, navigate to the My Enrollments page, find this application, and select the Manage Signatures option.

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.

Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) ⓘ

Browse...   UPLOAD »

◄ PREVIOUS PAGE   NEXT PAGE ►

◄◄ RETURN TO MY ENROLLMENTS

Submission Page

Submission Confirmation

My Application Progress █████████████ 100%

Message from webpage   ✕

⚠ **IMPORTANT!**

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

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.

[OK]

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!

Terminate Reassignment

Manage Reassignments

View/Manage Reassignments

Pending Reassignments Applications

You currently do not have any Pending Reassignments.

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ⓘ   Enrollment Status   Relationship Status
All Statuses   ▼   All Statuses   ▼   All Relationships   ▼

FILTER ▶   RESET ▶

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment records. Any changes that you submit will display here only after the Medicare Administrative Contractor has processed the submitted enrollment.

Reassignments Report Details

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED	N/A	05/02/2005	01/01/2008	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/15/2009	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/05/2005	02/14/2014	05/13/2013
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		09/28/2015	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		06/23/2013	02/14/2014	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		10/06/2008	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXXX	APPROVED		07/24/2003	N/A	11/30/2017

Note: Please select on the "Download Report" button to download this report in CSV format.

PRINT ▶   DOWNLOAD REPORT ▶

◀ RETURN TO MY ENROLLMENTS   MANAGE REASSIGNMENTS » ▣

Application Questionnaire

Medicare Enrollment
for Providers and Suppliers

My Application Progress [ ] 0%

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Supplier Reassignment Options

* Please select an activity you would like to perform:

○ Add reassignment of benefits where someone is reassigning benefits to the group or organization

○ Remove existing reassignment of benefits (where someone is reassigned to the group/organization)

○ Change of information to Reassignment

NEXT PAGE ▶

◀◀ CANCEL

Application Questionnaire

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 supplier is terminating a current reassignment of benefits from a practitioner.**

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
FAMILY PRACTICE LLC		CLINIC/GROUP PRACTICE	ILLINOIS

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 reassigned to the supplier are terminated 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 »

« CANCEL

Topic View

Remove Reassignment

Termination Date

My Application Progress �- 90%

Home > My Associates > My Enrollments > Reassignment > Reassignment > DELETE

Reassignment of Benefits

(*) Red asterisk indicates a required field.

Delete Existing Information

The following information is on file with Medicare. To remove the information from your enrollment, please enter a termination date.

* Termination Date

[   ]

MM/DD/YYYY

Information to be Deleted

Effective Date of Information: 05/01/2018
Name: XXXX   XXXXX
Social Security Number (SSN): XXX-XX-XXXX
Date of Birth: 12/17/XXXX
National Provider Identifier (NPI):

Practice Location Address:

Primary Practice Location
137 S STATE ST
CHICAGO, IL 60603 -5606

SAVE ▶

◄◄ CANCEL

Reassignment Topic Summary

Review Contact Information

Error/Warning Check and Begin Submission

My Application Progress [████████████░░] 90%

Home > My Associates > My Enrollments > Reassignment

Topic View	Fast Track View	**Error/Warning Check**

Enrollment Submission

Note: Your application is ready for submission. Please select the Begin Submission button.

[BEGIN SUBMISSION]

Enrollment ID:
PacID:
Web Tracking ID:

Errors for this Enrollment

No Errors were found for this enrollment application.

Warnings for this Enrollment

No Warnings were found for this enrollment application.

Authorized/Delegated Official Selection

Manage Signatures – Sign Now

Manage Signatures – Select Method

Name: DONALD DUCK
SSN: XXX-XX-XXXX
* Signature Method for DONALD DUCK:

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

◉ Electronic
○ Upload

* Email Address

* Confirm Email Address

Name: DONALD DUCK
SSN: XXX-XX-XXXX
* Signature Method for :DONALD DUCK

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

○ Electronic
◉ Upload

Note: You may upload a signature document now, prior to application submission, or after the submission of this application. To upload a signature document after submission, or to change the signature method, navigate to the My Enrollments page, find this application, and select the Manage Signatures option.

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.

Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) ⓘ

Browse...   UPLOAD »

◄ PREVIOUS PAGE   NEXT PAGE ►

◄ RETURN TO MY ENROLLMENTS

Submission Page

Submission Confirmation

Message from webpage

IMPORTANT!

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

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.

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!

Respond to E-Signature Email

Email

E-Signature – PECOS

E-Signature – PIN

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

View and Sign

Welcome [_____]

Signatures

Applications Requiring Signatures

Applicant Name:
Organization:
TIN (EIN):
Web Tracking ID:
Form Type: 855R
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
Application Submitted: 02/21/2018

[VIEW AND SIGN »]

Documents Signed in the Last 30 Days

No signature completed in the last 30 days

[« RETURN TO HOME]

Review And Sign Your Document

(*) Red asterisk indicates a required field.

E-Signature Instructions

To complete your E-Signature follow the steps below:

1. Click here if you wish to review the application
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program.

AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1, Title XVIII of the Social Security Act

* Do you accept the Terms and Conditions?

☐ Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

[SUBMIT »]

[« CANCEL]

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Confirmation Page

E-Signature Confirmation

Your E-Signature Has Been Accepted

You have successfully e-signed the following document(s):

Web tracking ID:

View Submitted Application 🖻

Signer Name:

Role: AUTHORIZED OFFICIAL

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Signed Date: Wed Feb 21 13:25:51 EST 2018

HOME »

Manage Signatures, Verify Completion

Select View/Manage Reassignments

Existing Enrollments

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

[VIEW ▶]
[REVALIDATE ▶]
[MORE OPTIONS ▶]

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

Current ADI Accreditation?: No
Revalidation Status: Revalidation Due ⓘ
   Sample Revalidation Notice ⬚
Revalidation Due Date: 02/28/2017
Practice Location: .   ROCHESTER, NY

Existing Reassignments: 2
Pending Reassignments Applications: 0
View/Manage Reassignments

Verify Signature

Signature Status

Upload

Process After Submission

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, verify and manage signatures
  - Response letter
    - ✓ Rejection letter for incomplete/no response to development request
    - ✓ Approval

Check Application Status

Check Application Status PECOS

- **PECOS**
- Helpful Links
  - Application Status

Check Application Status Tool

- Go to our website > Resources > Tools & Calculators > Check Provider Enrollment Application Status

Check Application Status: IVR System

- IVR system
  - [Our website](#) > Resources > Contact Us > Interactive Voice Response System
  - IVR will request following information after selecting Provider Enrollment
    - ✓ Case number/web tracker ID; or
    - ✓ National Provider Identifier (NPI) and Tax Identification Number (TIN of group) or Social Security Number (SSN of individual)

Resources

Online Account Self-Service Features
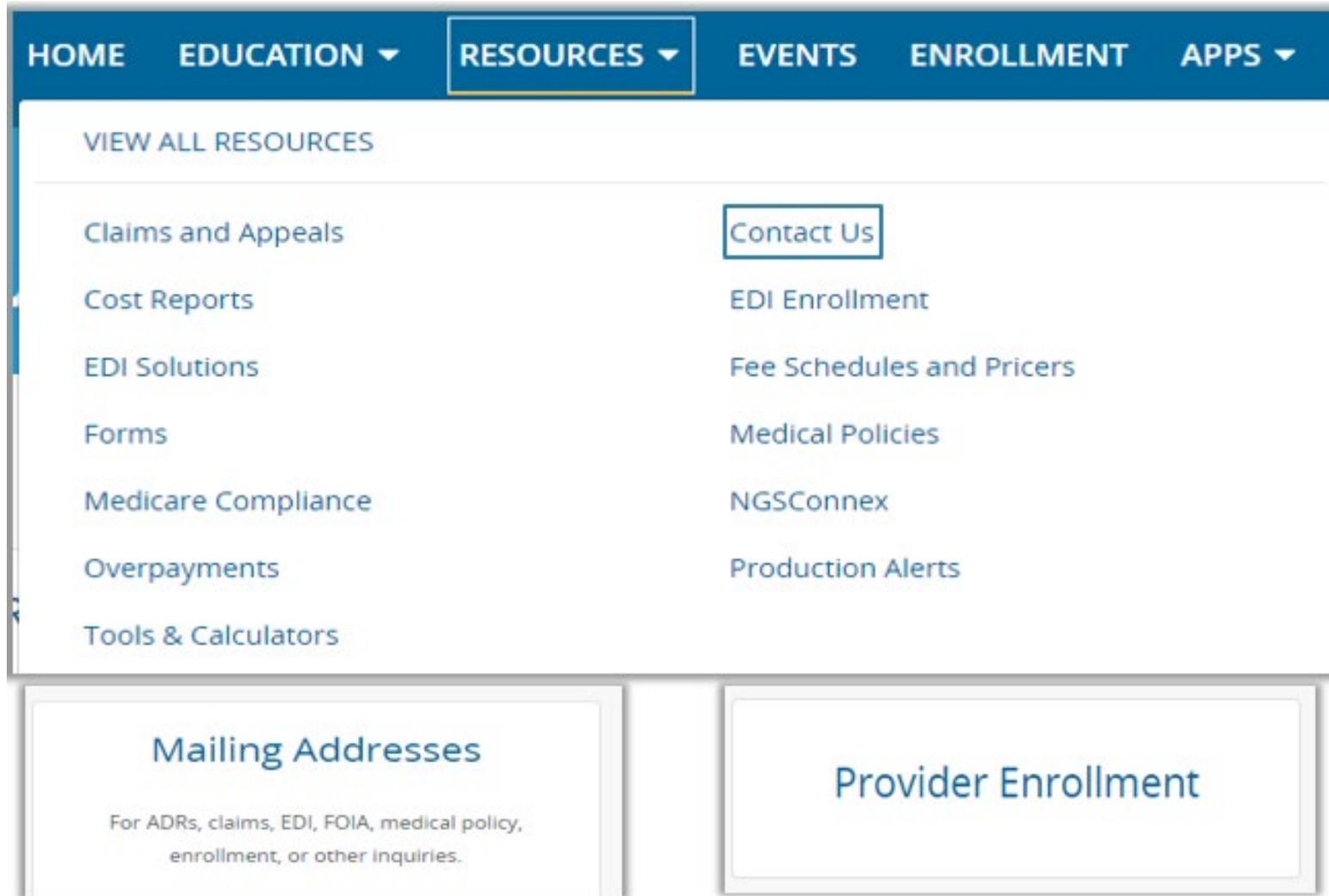
Internet-Based PECOS Tutorials

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]

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

Questions?

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

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medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702

youtube.com/ngsmedicare

national government SERVICES

NGSMU