national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

PECOS: View and Manage Reassignments through Group Enrollment

3/2/2023

NGSMU
NGS Medicare University
Meaningful | Informative | Simplified

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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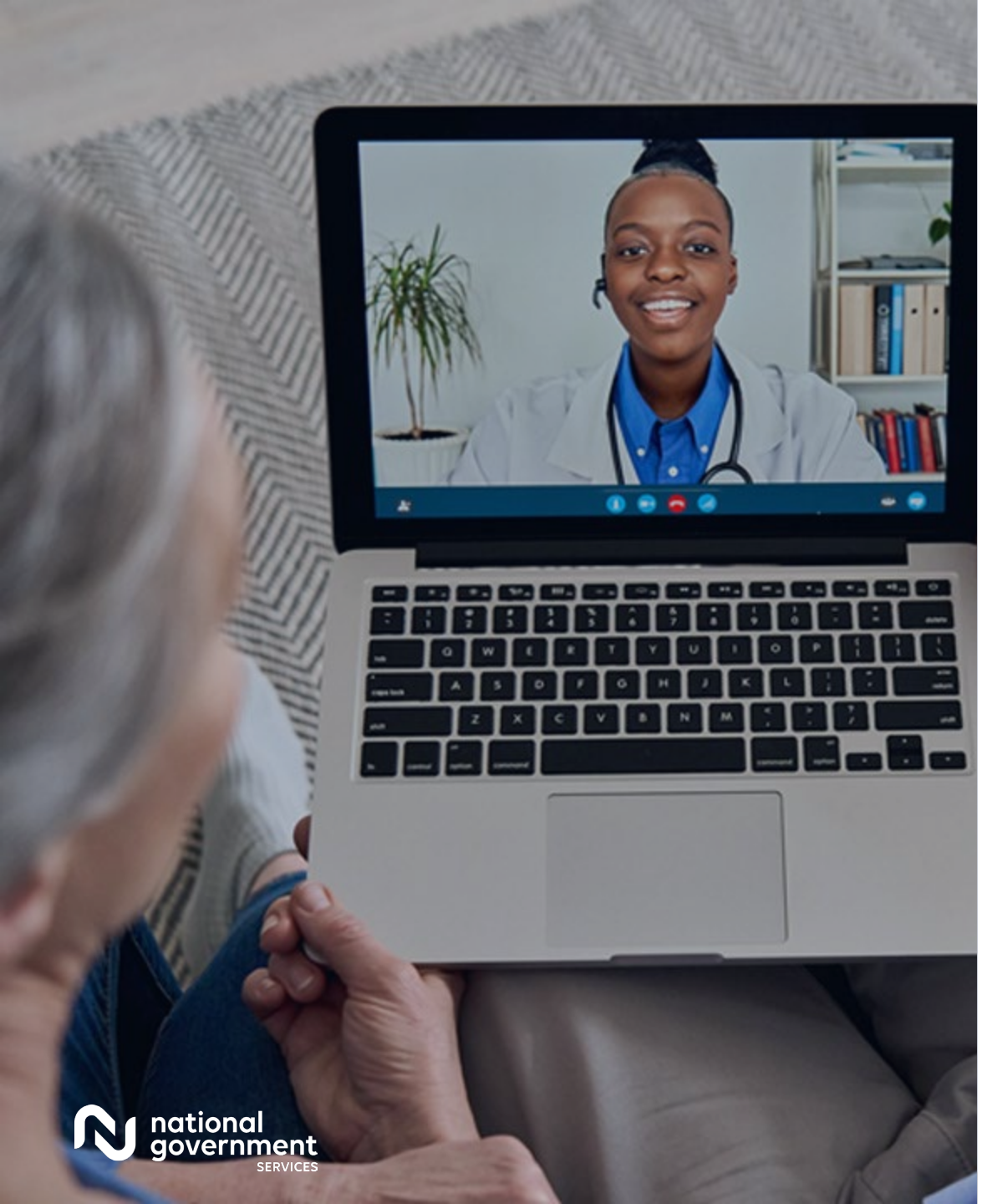

No Recording

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Today's Presenters

NGS PROVIDER EXPERIENCE
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- 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

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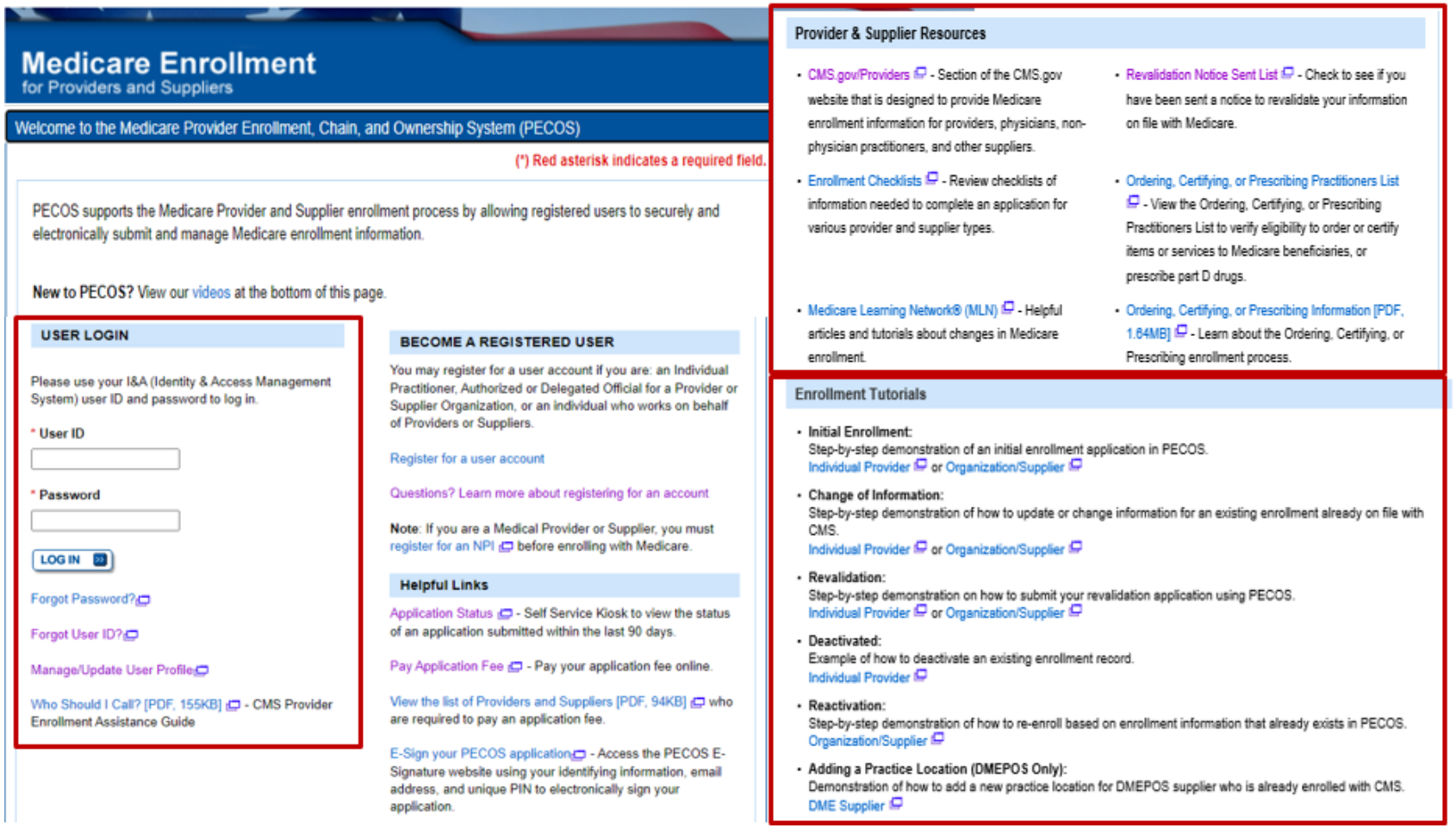
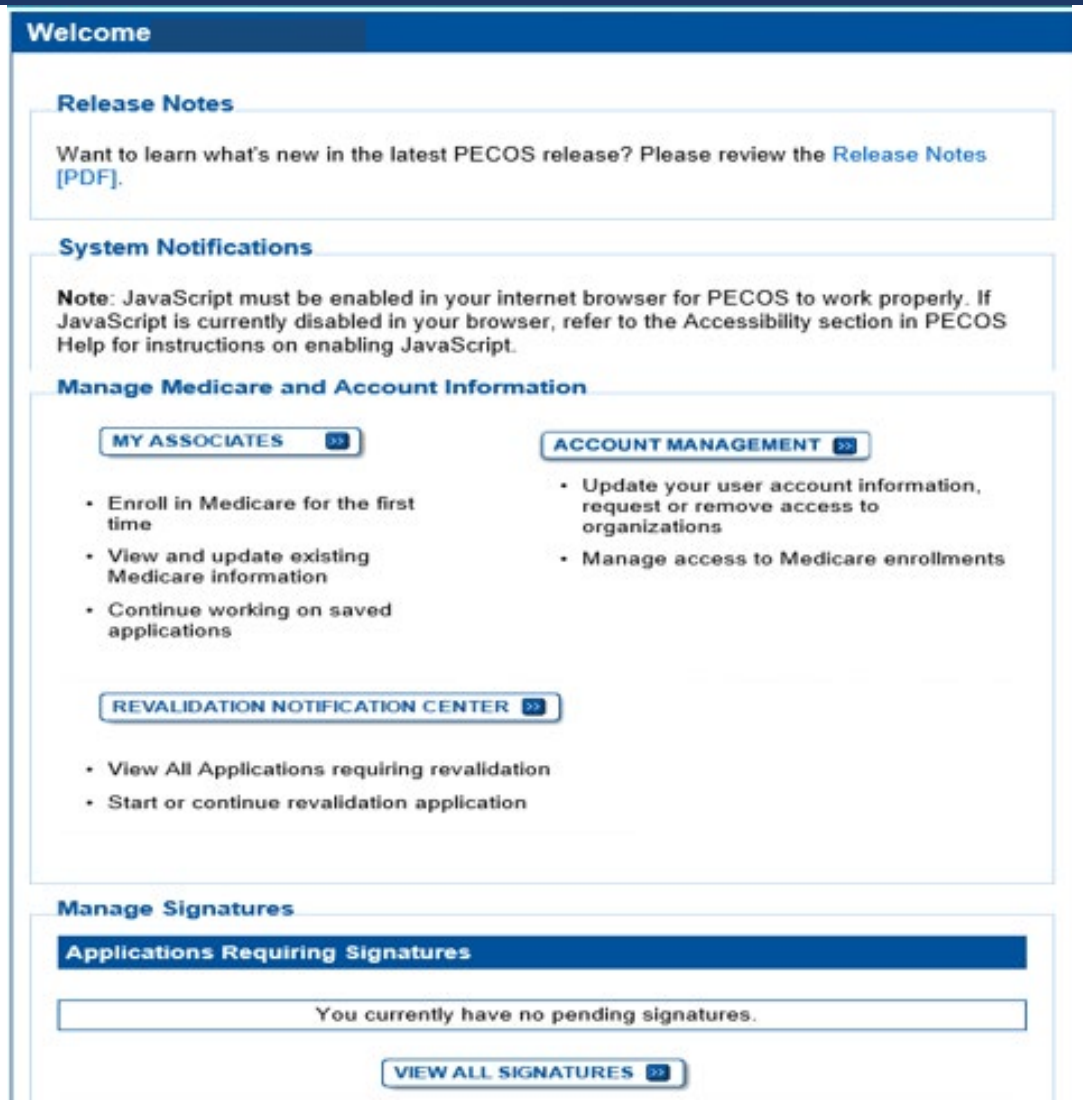
View Reassignment Report

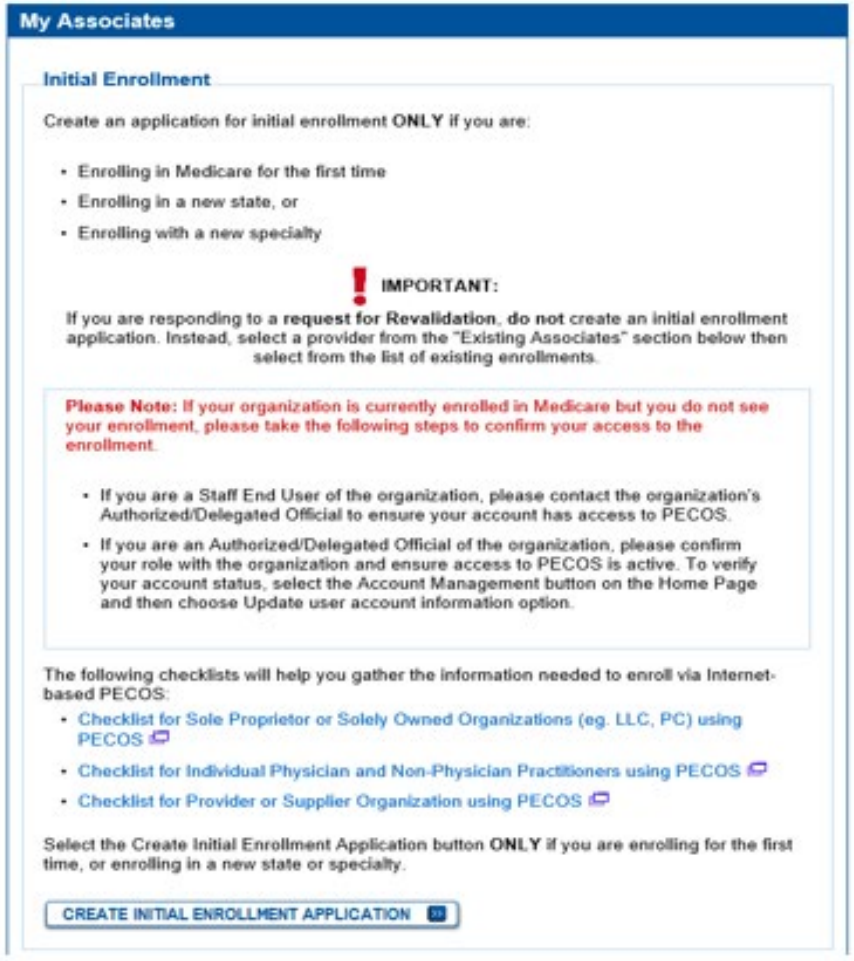
PECOS Home Page to Login

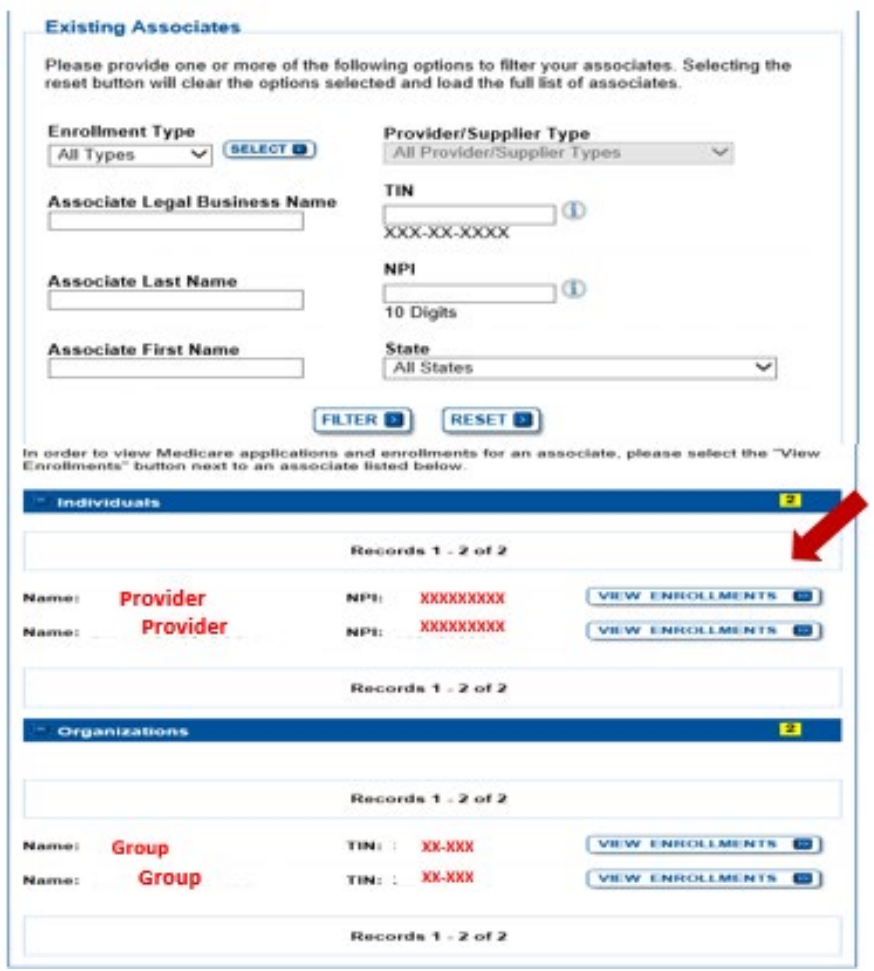


My Associates

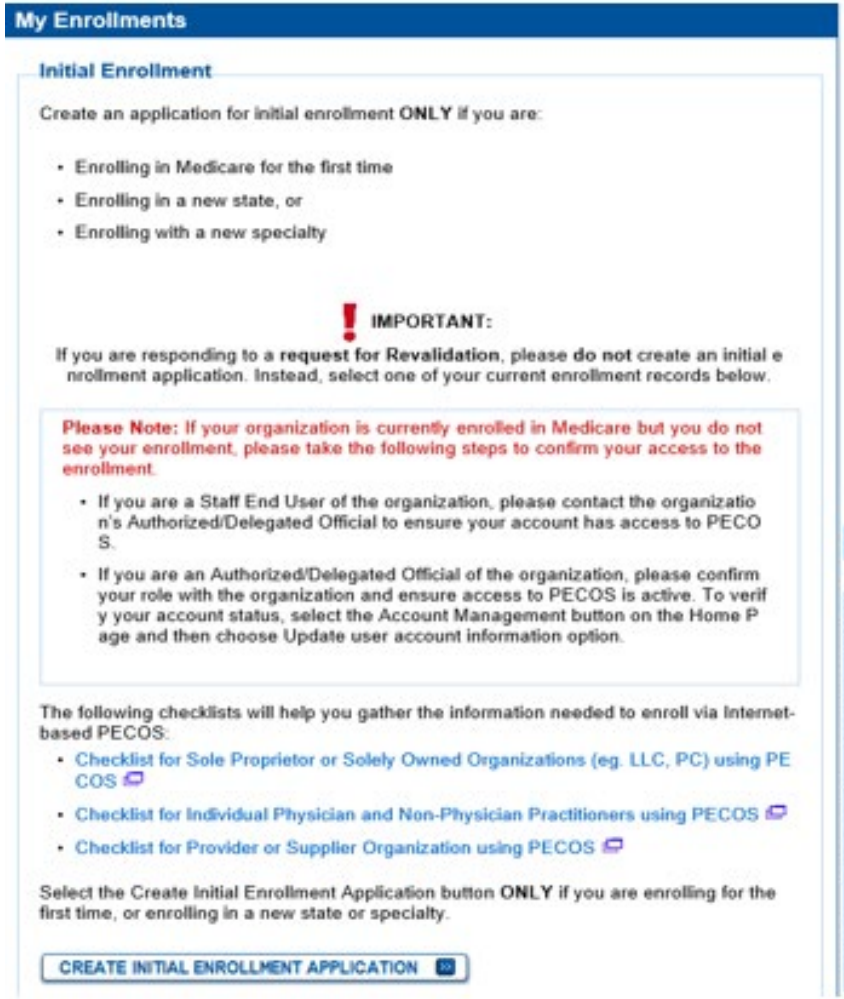


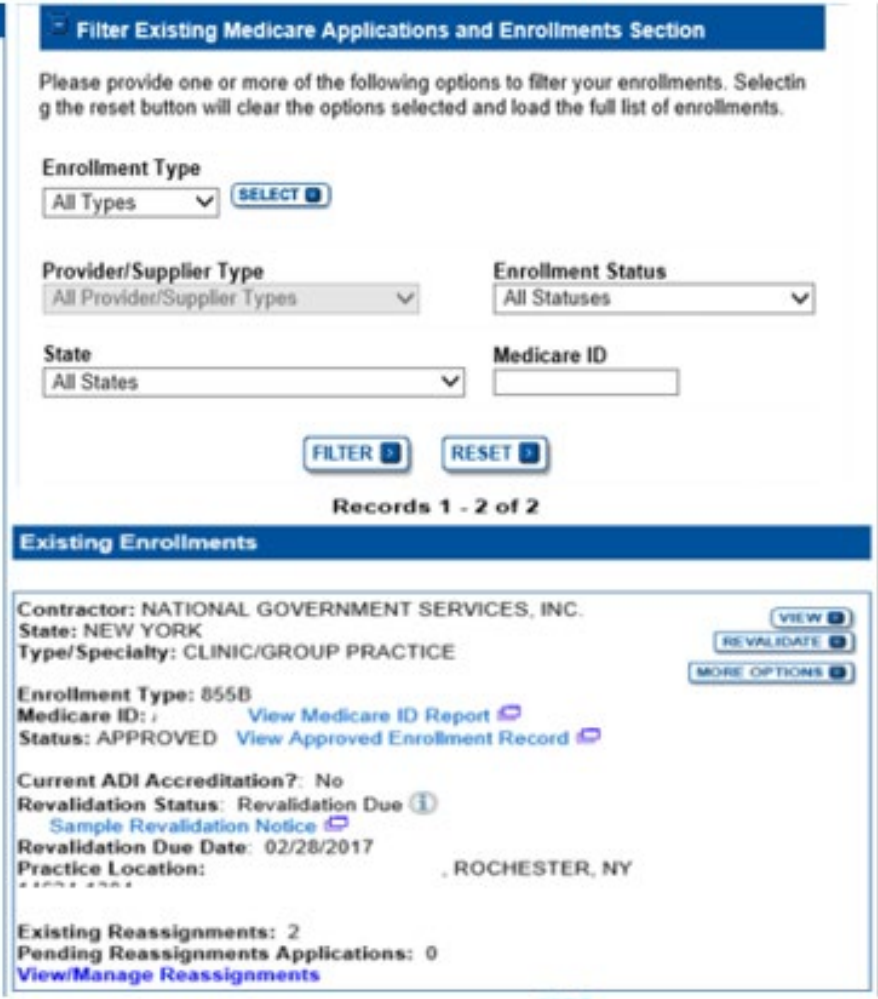
View Enrollments



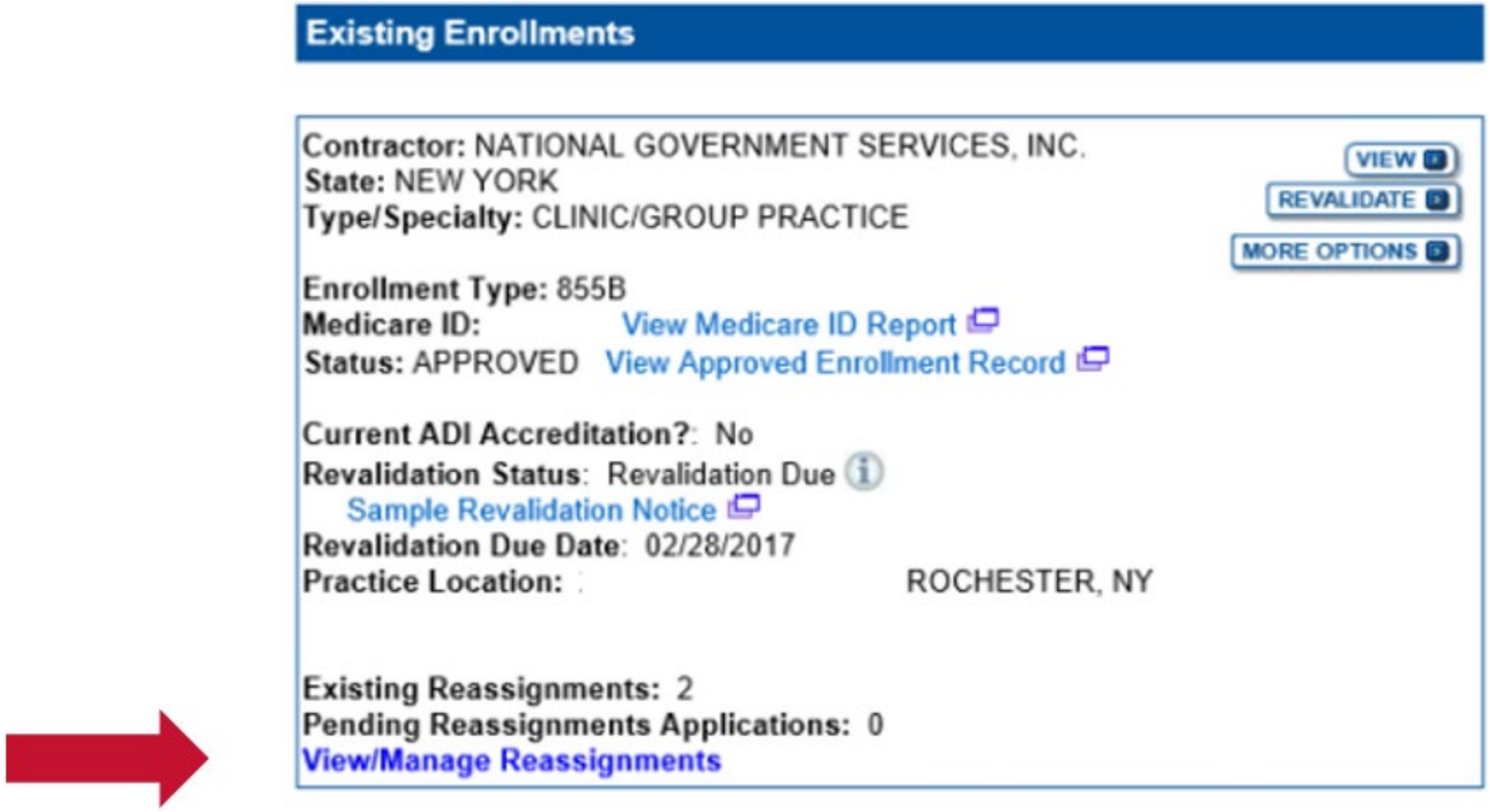


My Enrollments

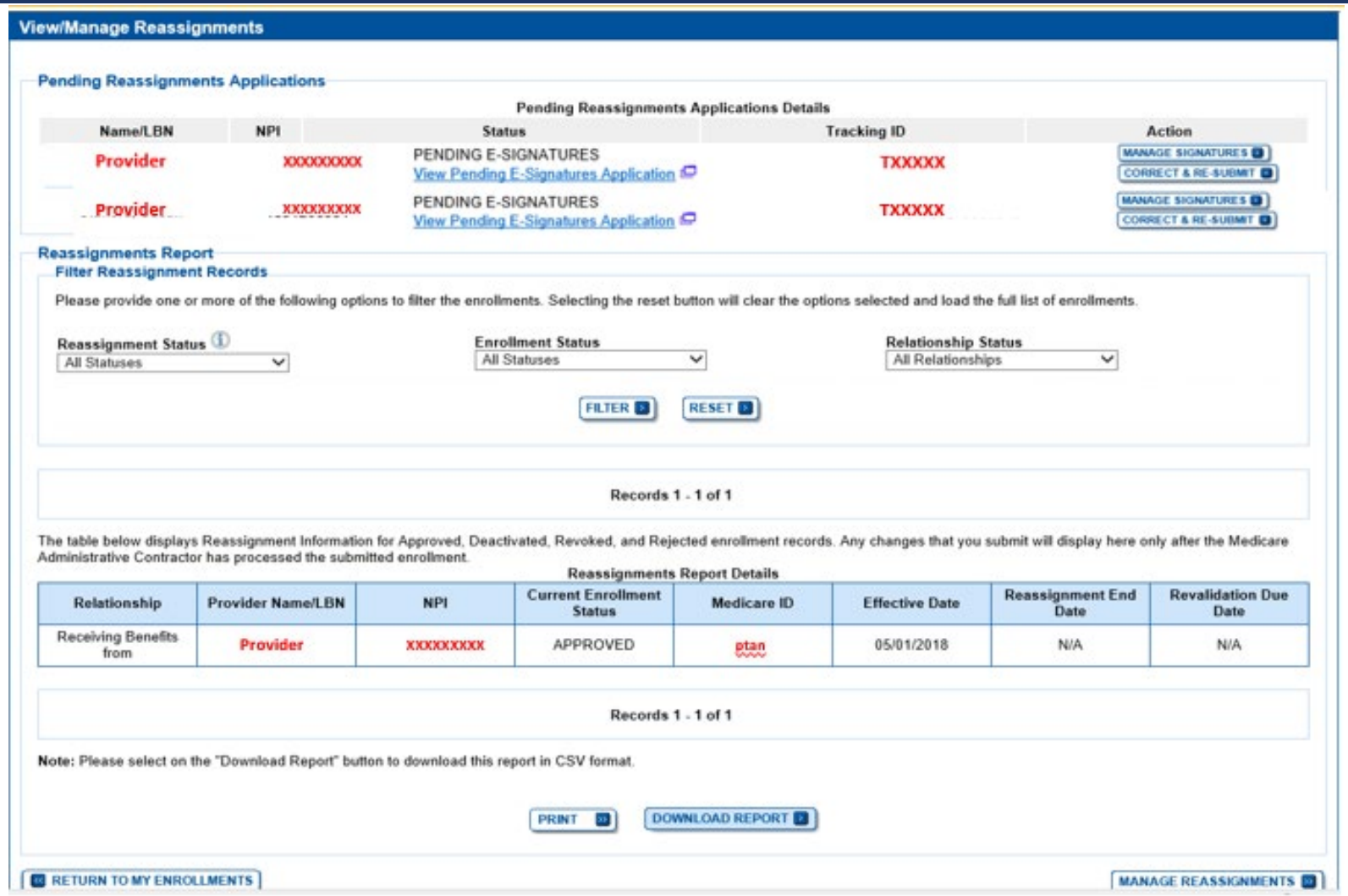




Existing Enrollments



View/Manage Reassignments



View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
Provider	XXXXXXXXX	PENDING E-SIGNATURES View Pending E-Signatures Application	TXXXXX	MANAGE SIGNATURES CORRECT & RE-SUBMIT
Provider	XXXXXXXXX	PENDING E-SIGNATURES View Pending E-Signatures Application	TXXXXX	MANAGE SIGNATURES CORRECT & RE-SUBMIT

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: All Statuses

Enrollment Status: All Statuses

Relationship Status: All Relationships

FILTER RESET

Records 1 - 1 of 1

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	Provider	XXXXXXXXX	APPROVED	ptan	05/01/2018	N/A	N/A

Records 1 - 1 of 1

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

PRINT DOWNLOAD REPORT

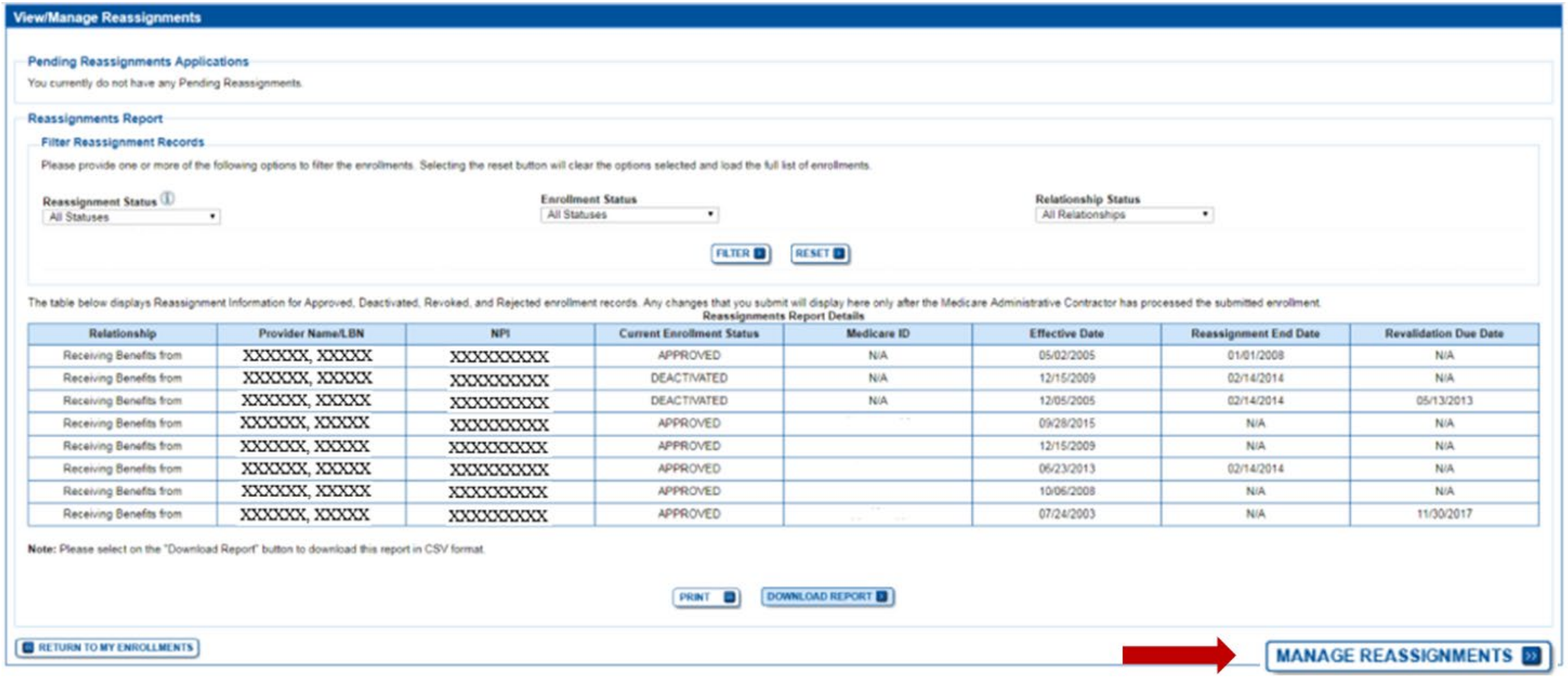
RETURN TO MY ENROLLMENTS MANAGE REASSIGNMENTS

Add Reassignment for Provider with Active Enrollment

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: All Statuses

Enrollment Status: All Statuses

Relationship Status: 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

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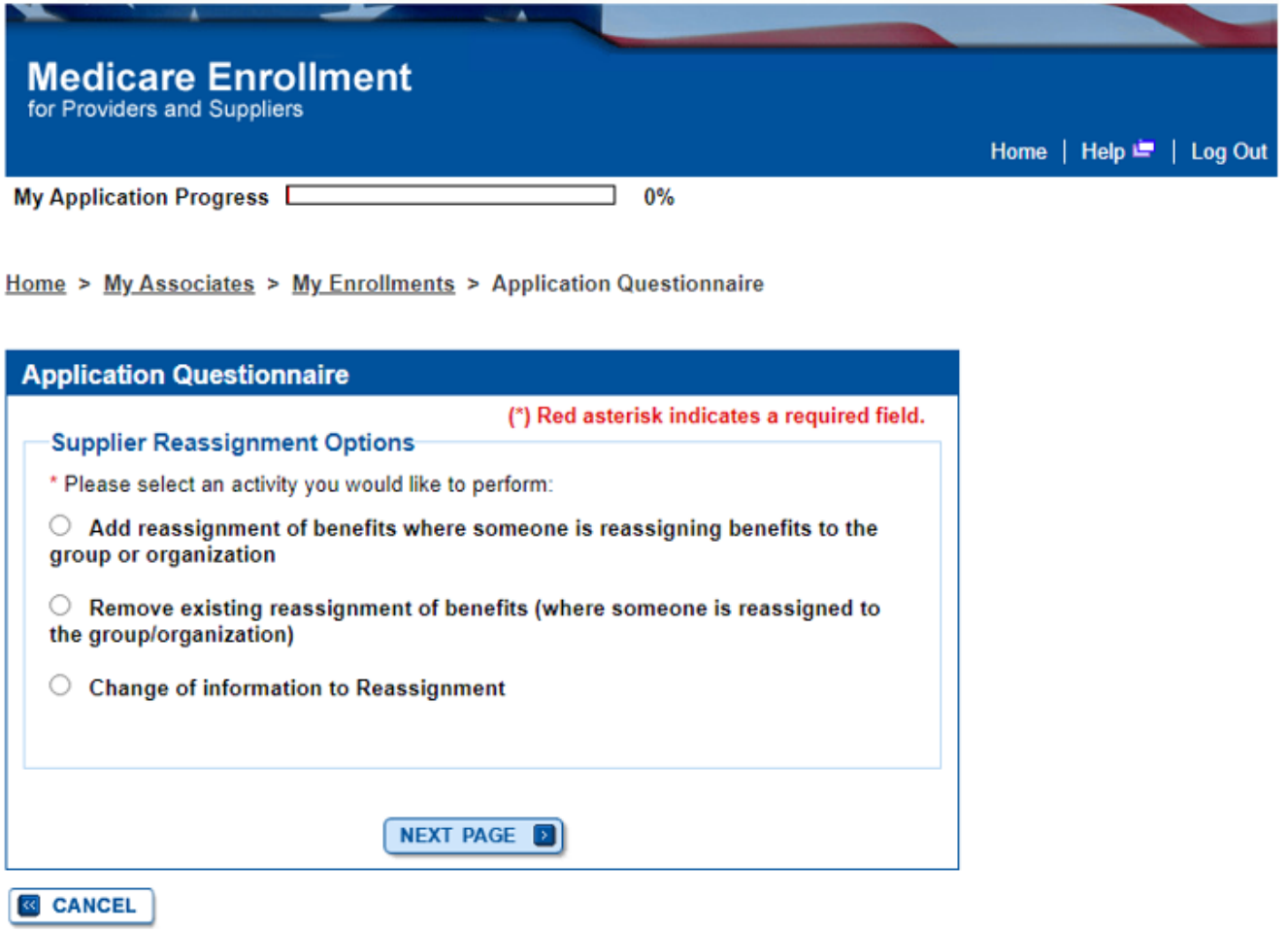
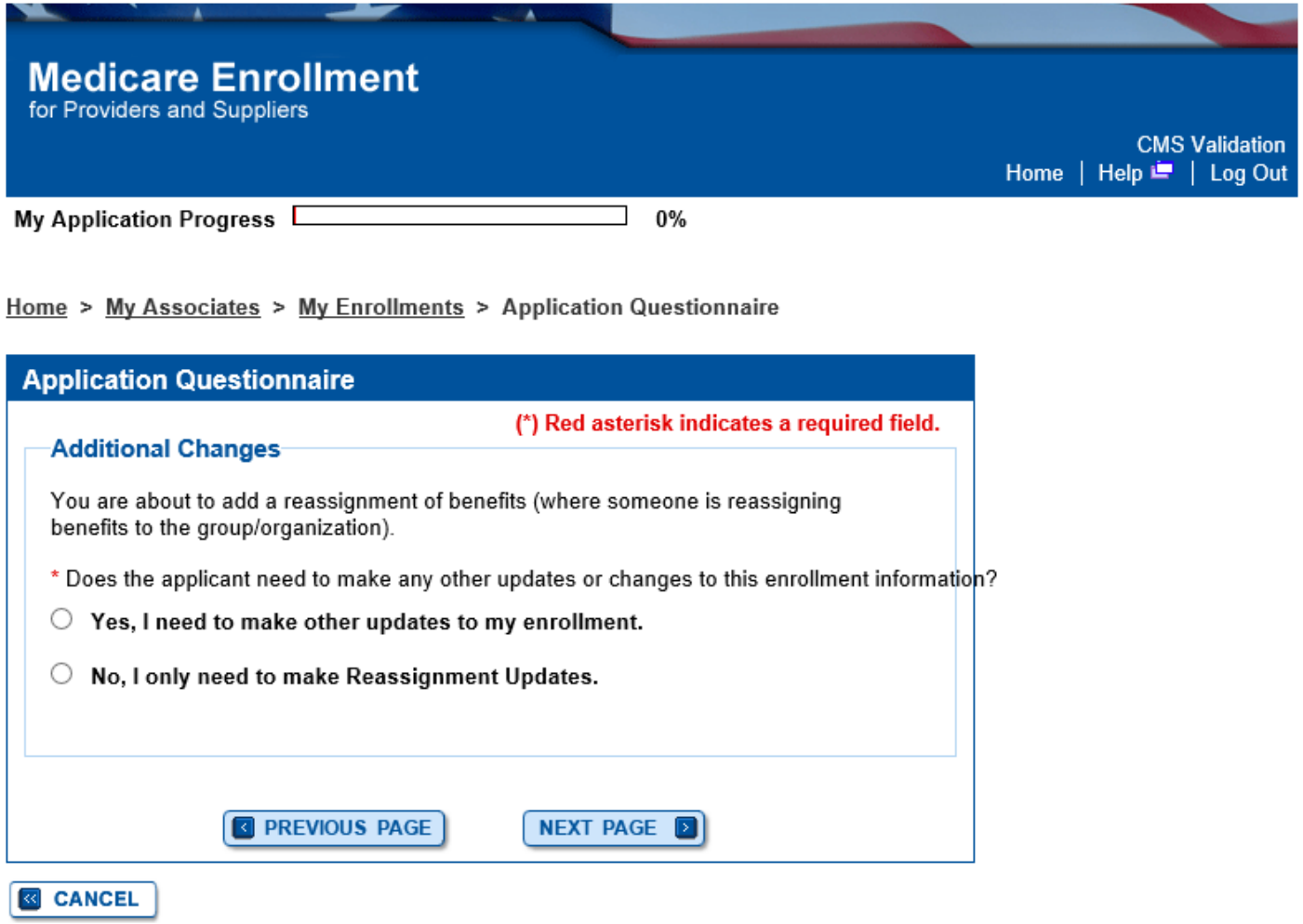
Application Questionnaire

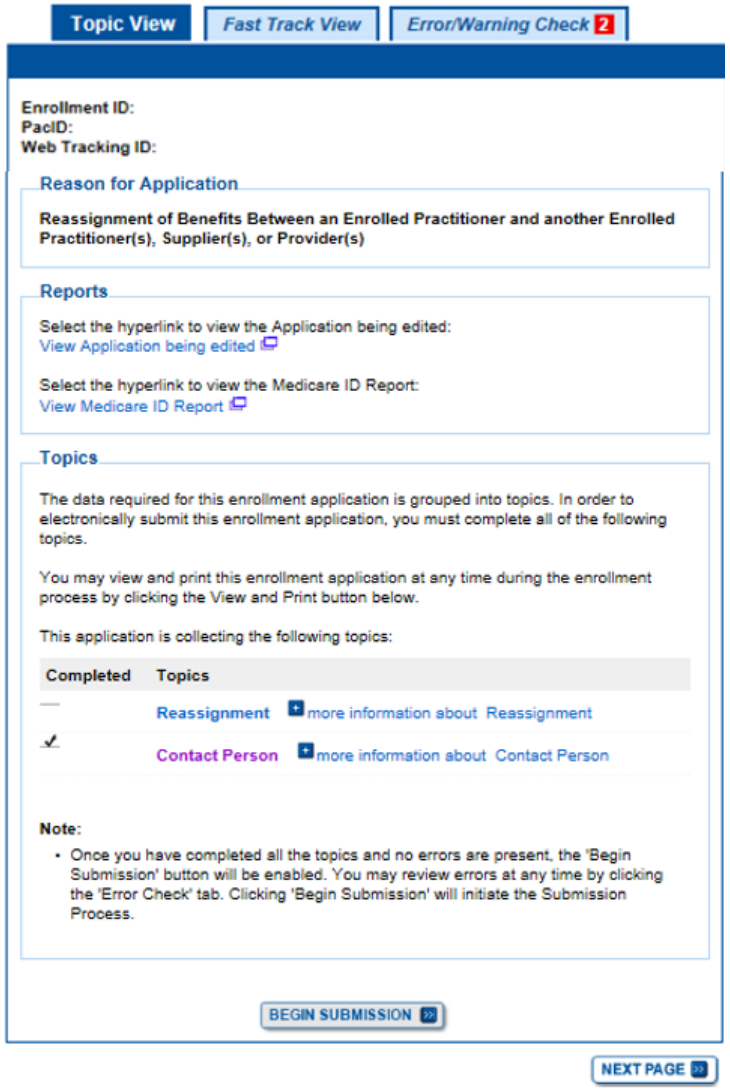


Application Questionnaire

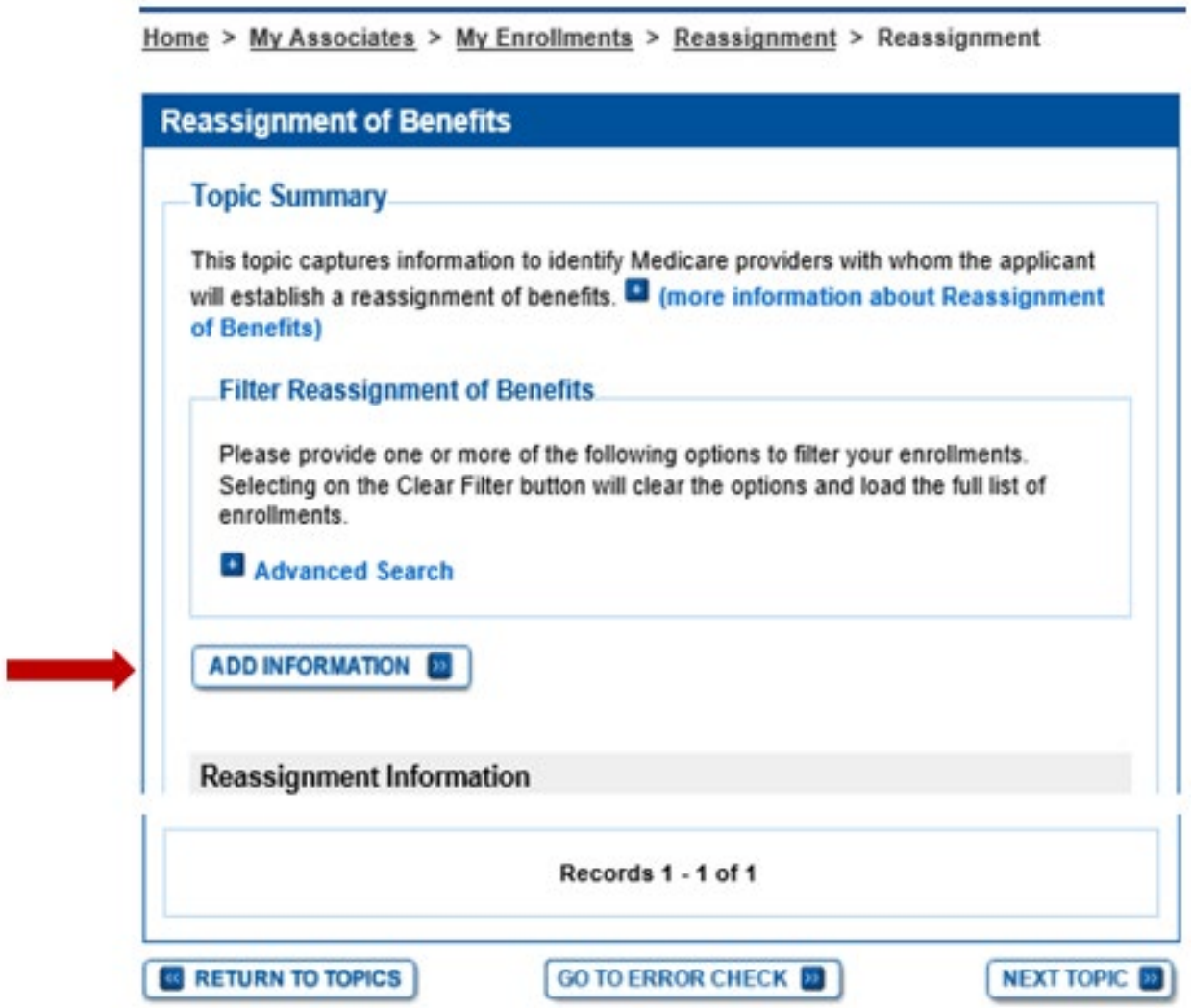


Start Application

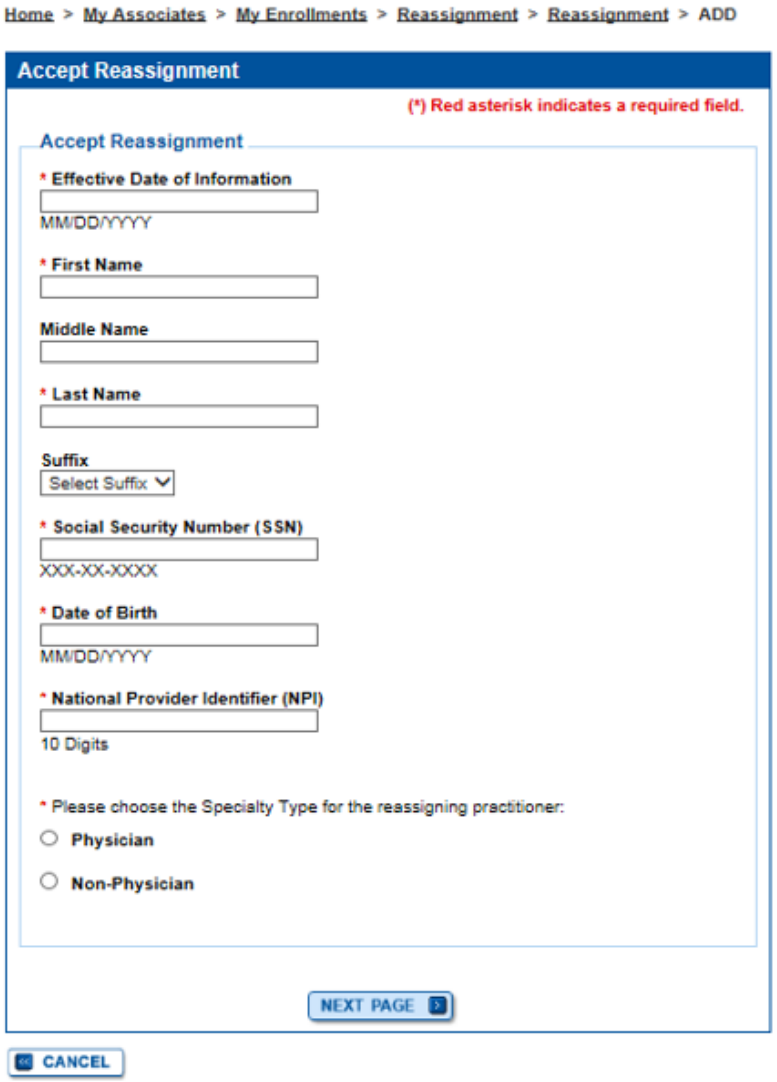
Topic View


Topic View
Fast Track View
Error/Warning Check 2
Enrollment ID:
PacID:
Web Tracking ID:
Reason for Application
Reassignment of Benefits Between an Enrolled Practitioner and another Enrolled Practitioner(s), Supplier(s), or Provider(s)
Reports
Select the hyperlink to view the Application being edited:
View Application being edited
Select the hyperlink to view the Medicare ID Report:
View Medicare ID Report
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
Reassignment
more information about Reassignment
Contact Person
more information about Contact Person
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

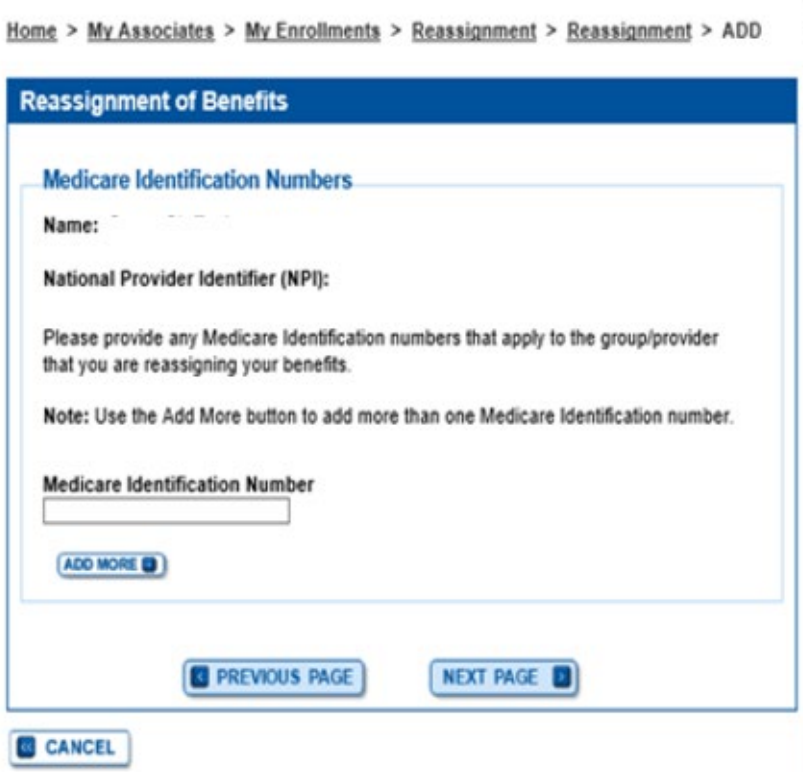
Add Reassignment Information

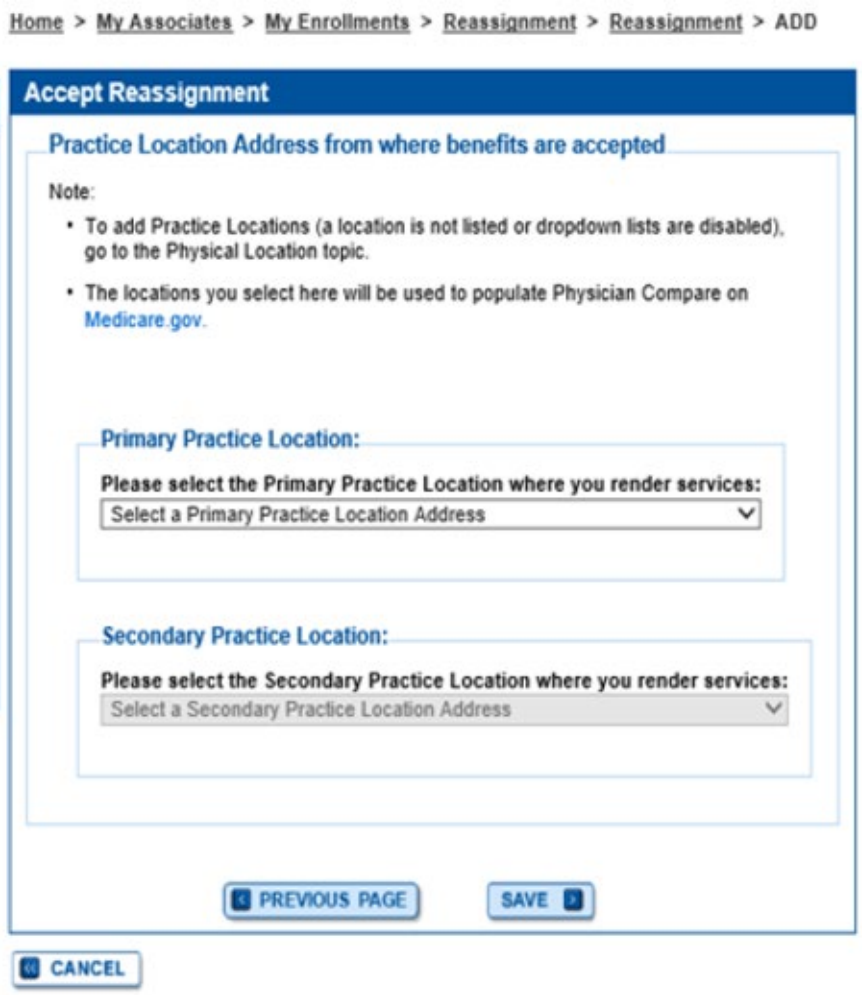


Provider Information

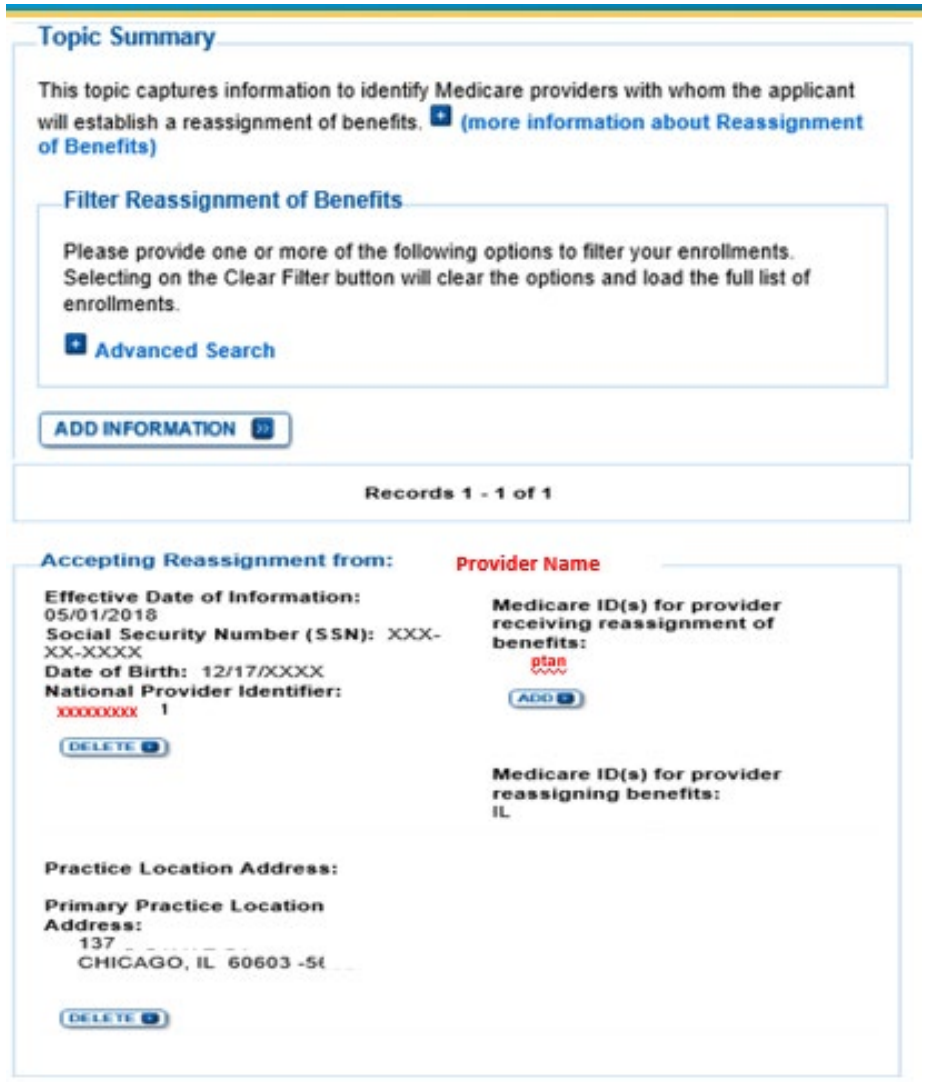


Group Information





Reassignment Topic Summary



Topic Summary

This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. (more information about Reassignment of Benefits)

Filter Reassignment of Benefits

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

Advanced Search

ADD INFORMATION

Records 1 - 1 of 1

Accepting Reassignment from: Provider Name

Effective Date of Information: 05/01/2018
Social Security Number (SSN): XXX-XX-XXXX
Date of Birth: 12/17/XXXX
National Provider Identifier: XXXXXXXX 1

DELETE

Medicare ID(s) for provider receiving reassignment of benefits:
ptan

ADD

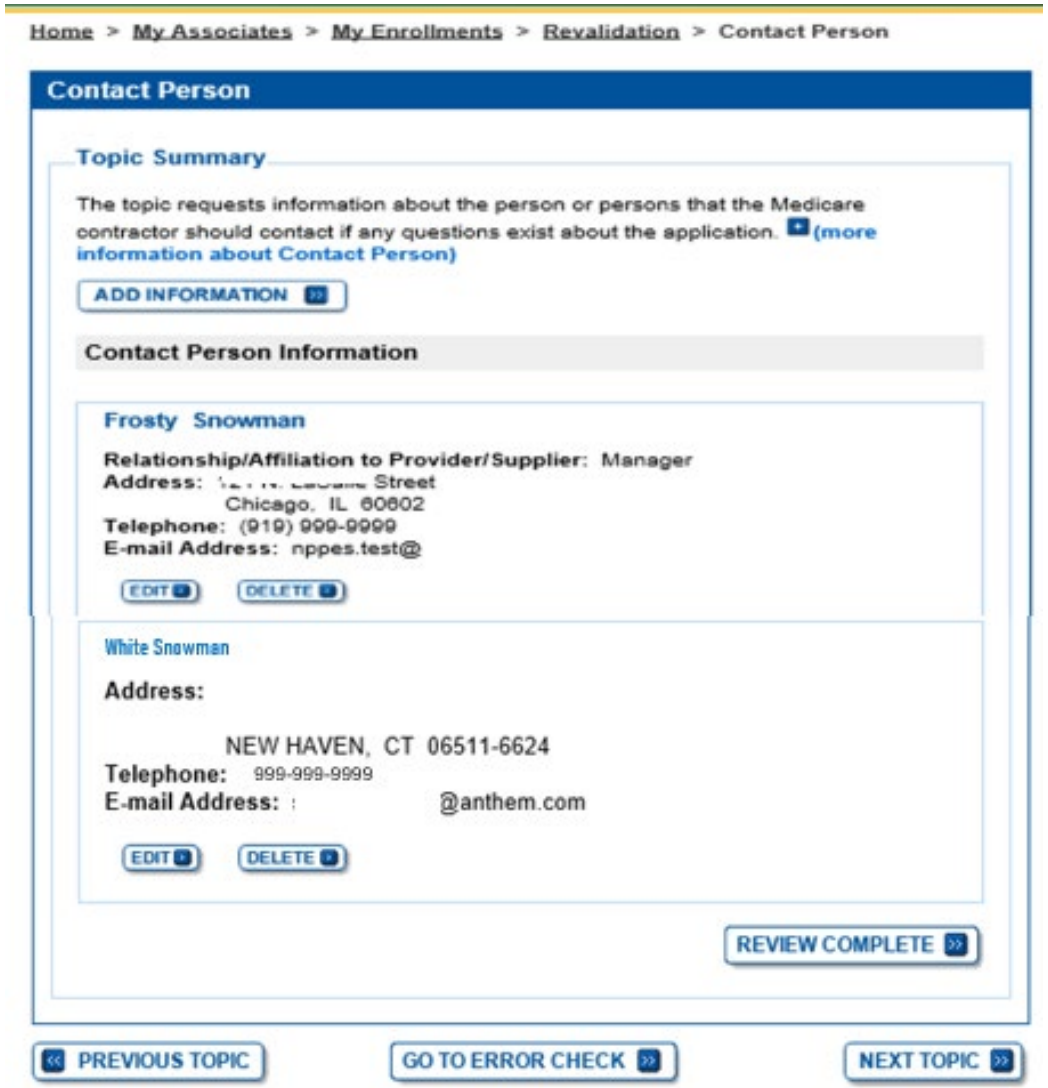
Medicare ID(s) for provider reassigning benefits:
IL

Practice Location Address:

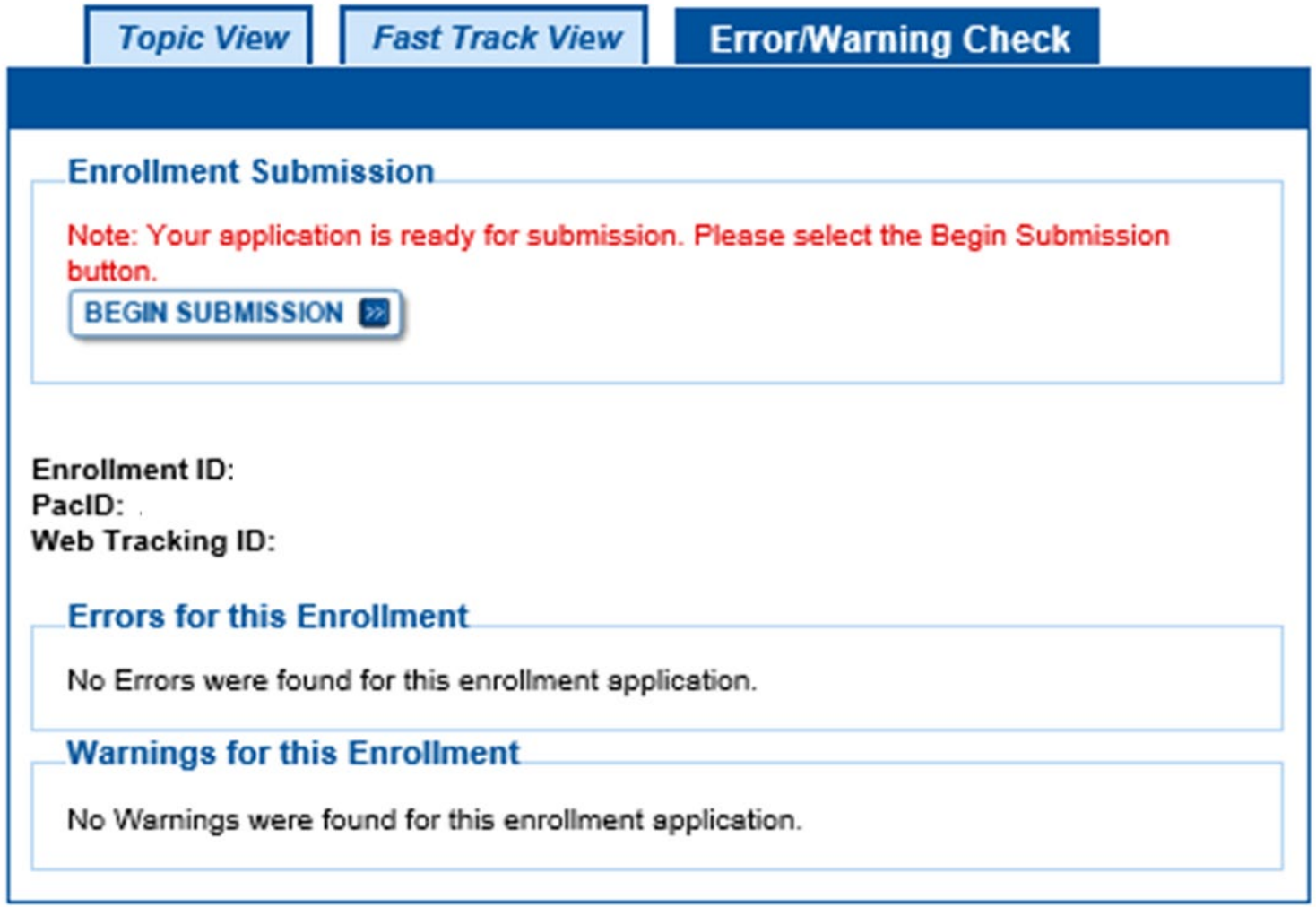
Primary Practice Location Address:
137
CHICAGO, IL 60603 -5(

DELETE

Review Contact Information



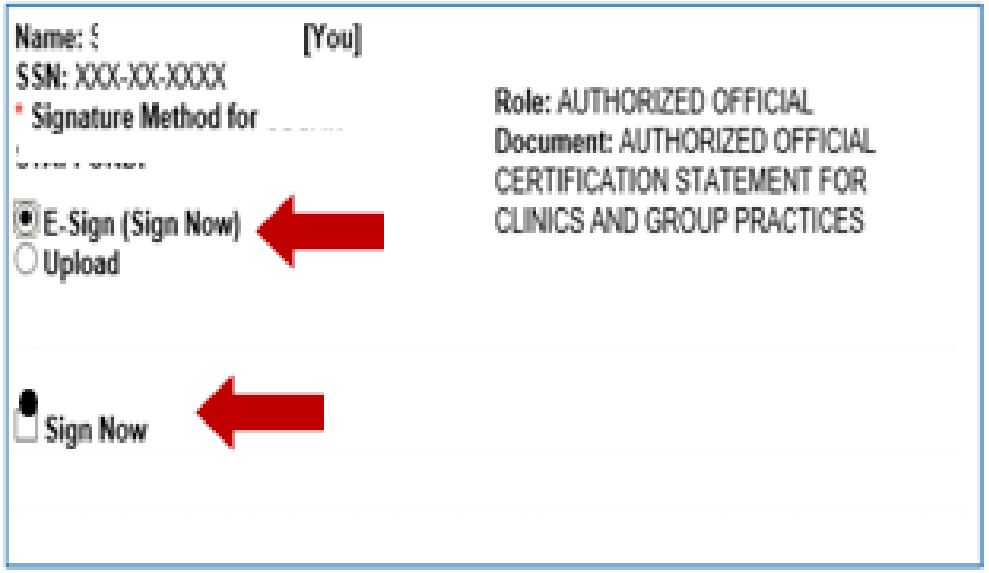
Error/Warning Check and Begin Submission

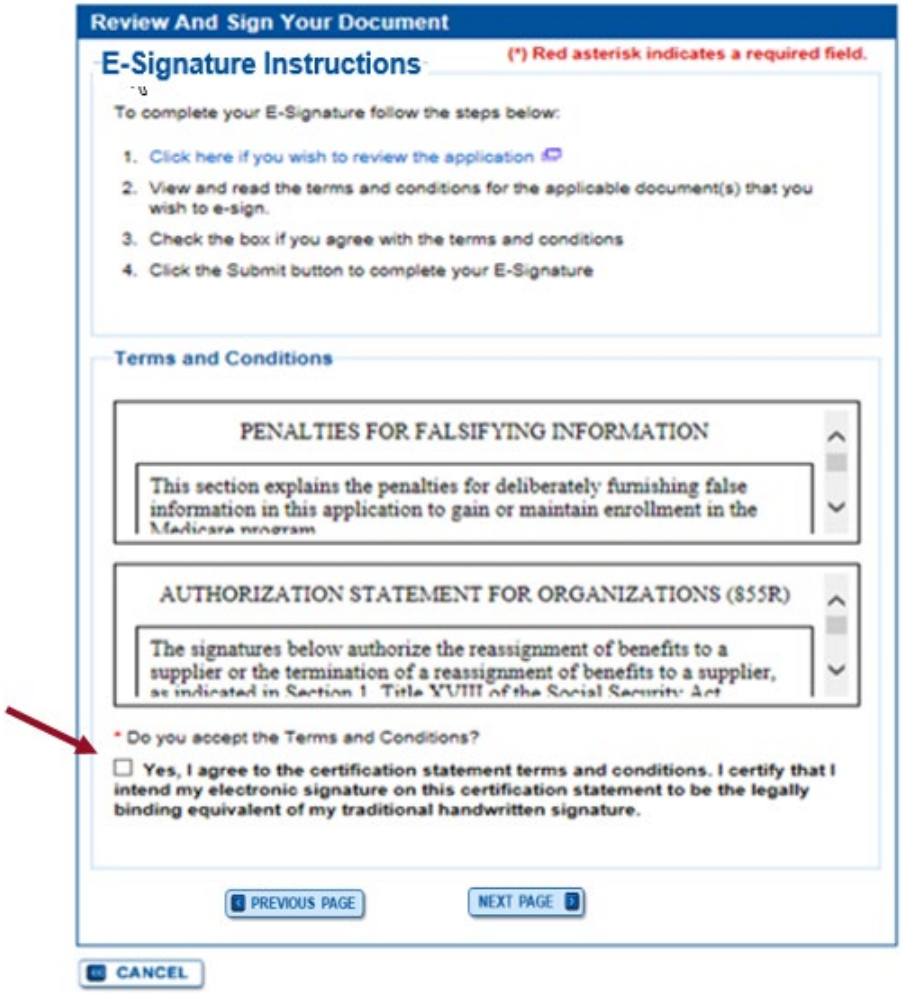


Authorized/Delegated Official Selection

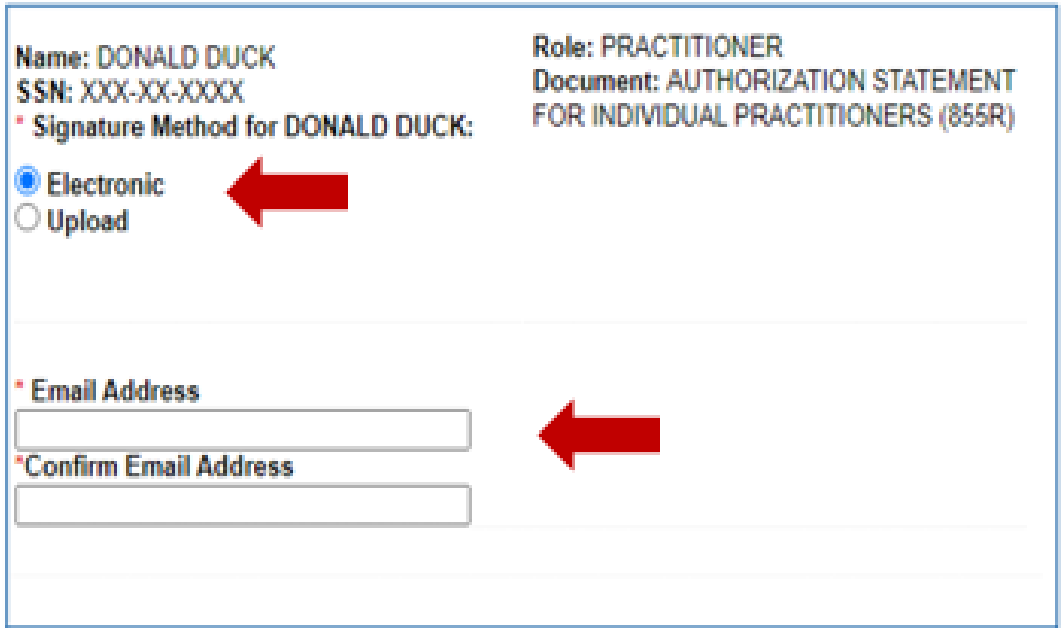
Manage Signatures

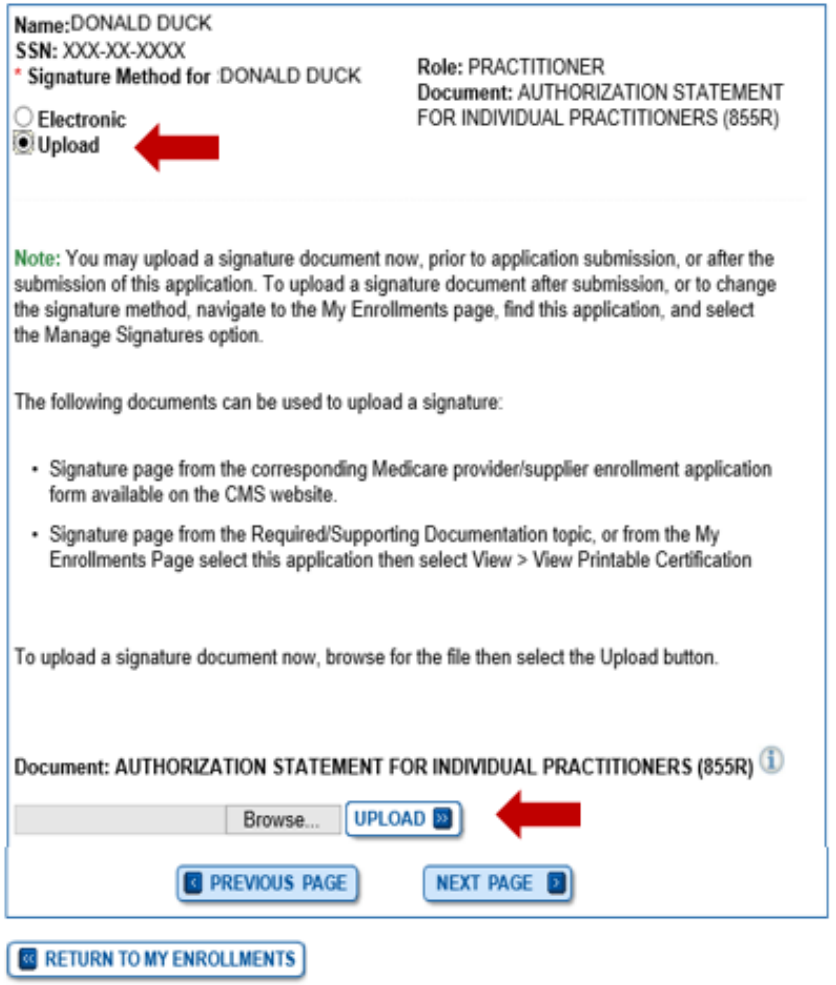
Manage Signatures – Sign Now



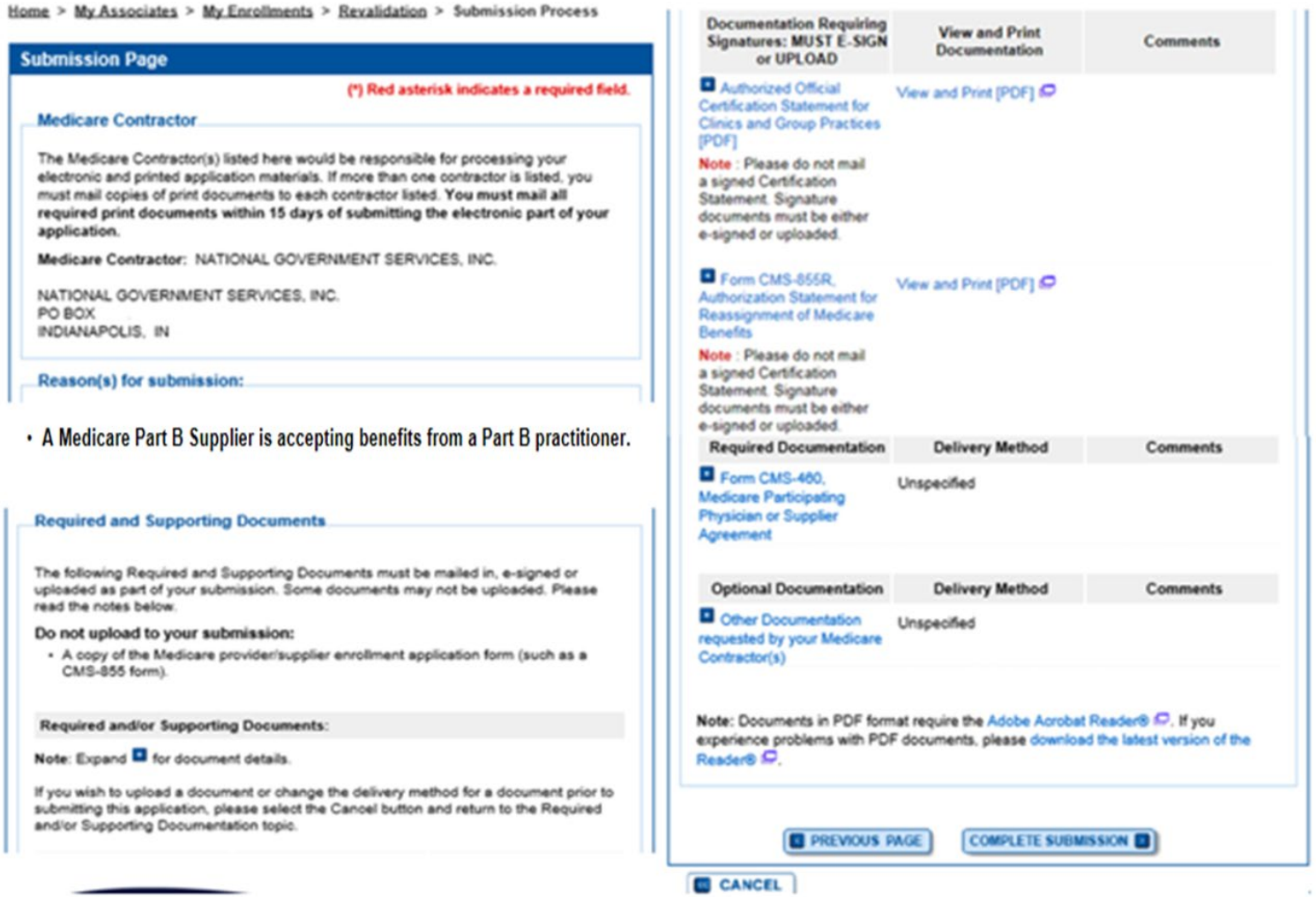


Manage Signatures –Select Method





Submission Page



Home > My Associates > My Enrollments > Revalidation > Submission Process

Submission Page

(*) Red asterisk indicates a required field.

Medicare Contractor

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. **You must mail all required print documents within 15 days of submitting the electronic part of your application.**

Medicare Contractor: NATIONAL GOVERNMENT SERVICES, INC.

NATIONAL GOVERNMENT SERVICES, INC.
PO BOX
INDIANAPOLIS, IN

Reason(s) for submission:

- A Medicare Part B Supplier is accepting benefits from a Part B practitioner.

Required and Supporting Documents

The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be uploaded. Please read the notes below.

Do not upload to your submission:

- A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form).

Required and/or Supporting Documents:

Note: Expand for document details.

If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

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]	
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]	

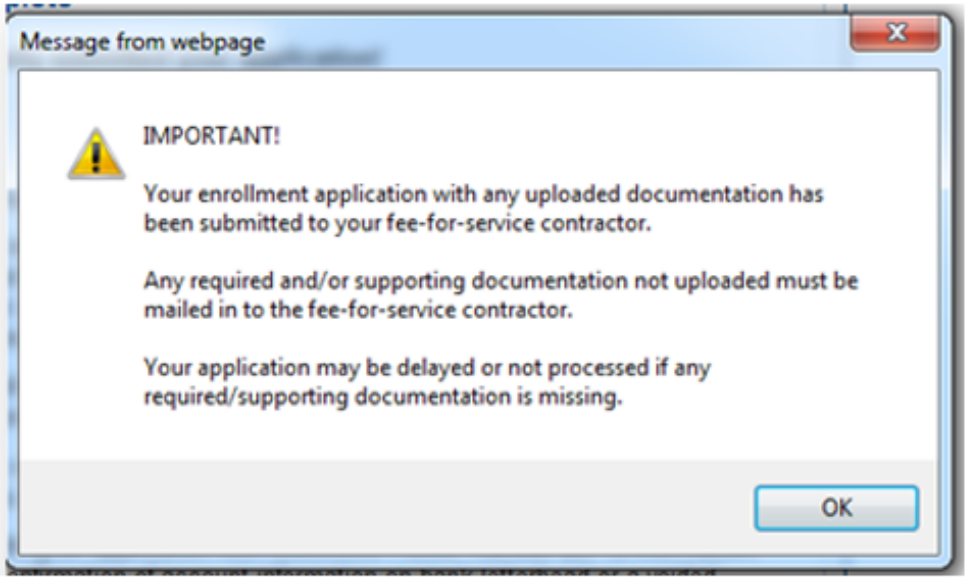
Required Documentation	Delivery Method	Comments
Form CMS-460, Medicare Participating Physician or Supplier Agreement	Unspecified	

Optional Documentation	Delivery Method	Comments
Other Documentation requested by your Medicare Contractor(s)	Unspecified	

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®.

PREVIOUS PAGE | COMPLETE SUBMISSION | CANCEL

Submission Confirmation



My Application Progress 100%

Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

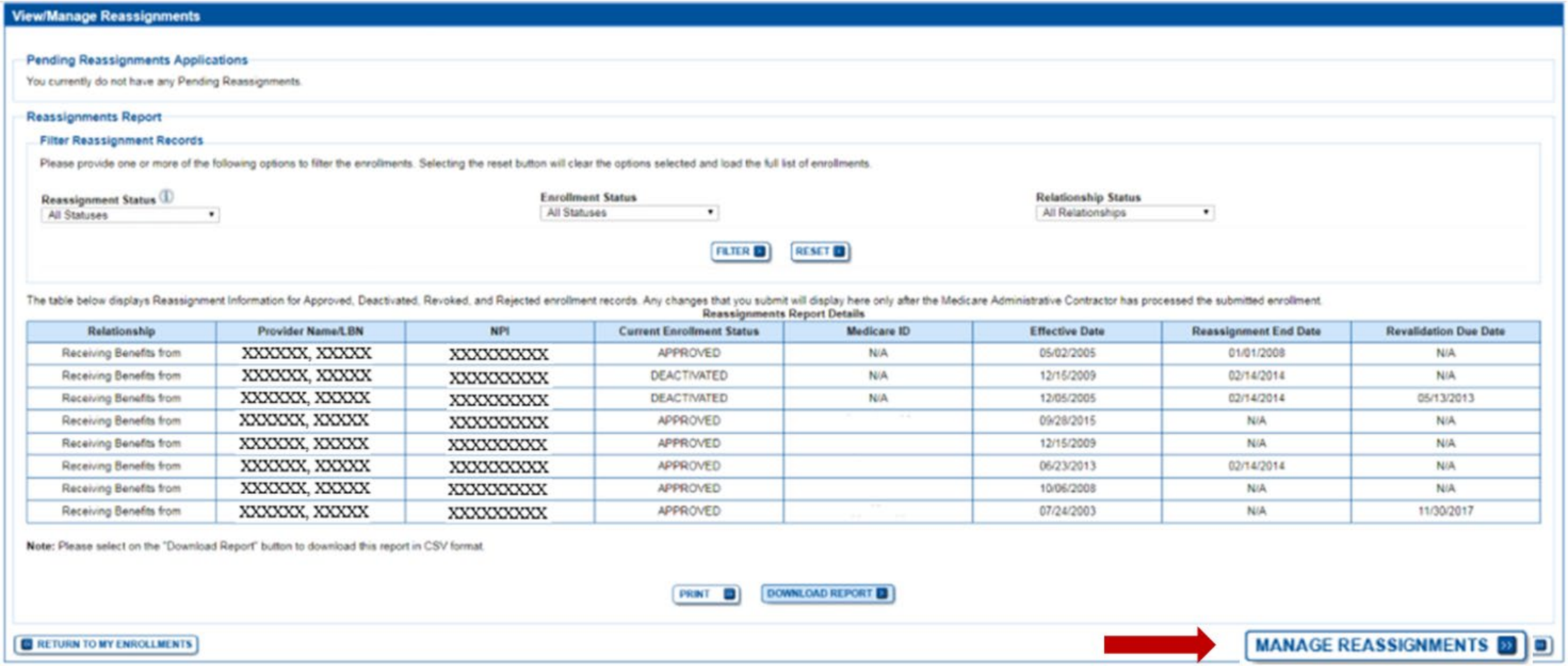
Remember to:

- 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.

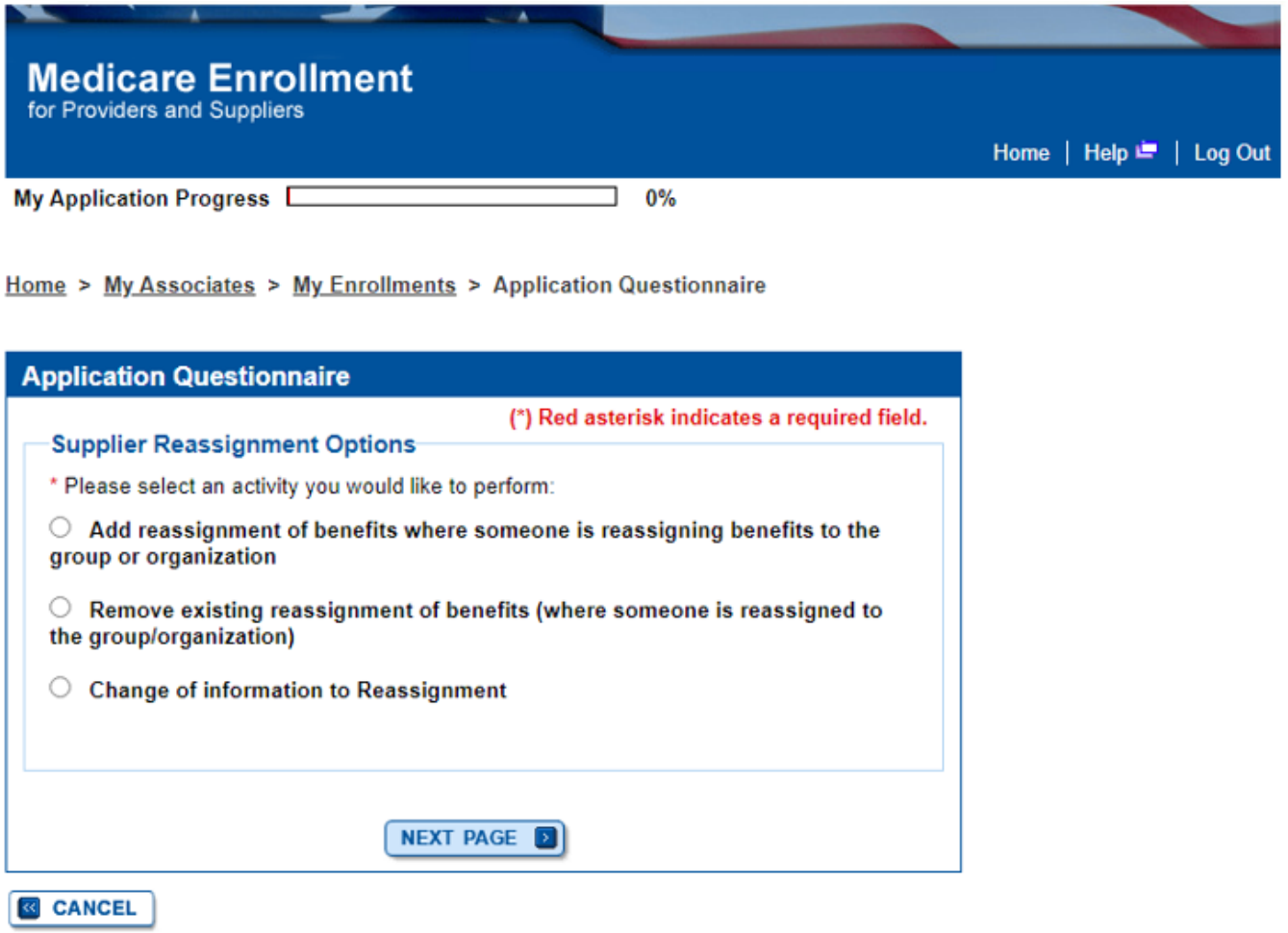
You have successfully submitted your application!

Terminate Reassignment

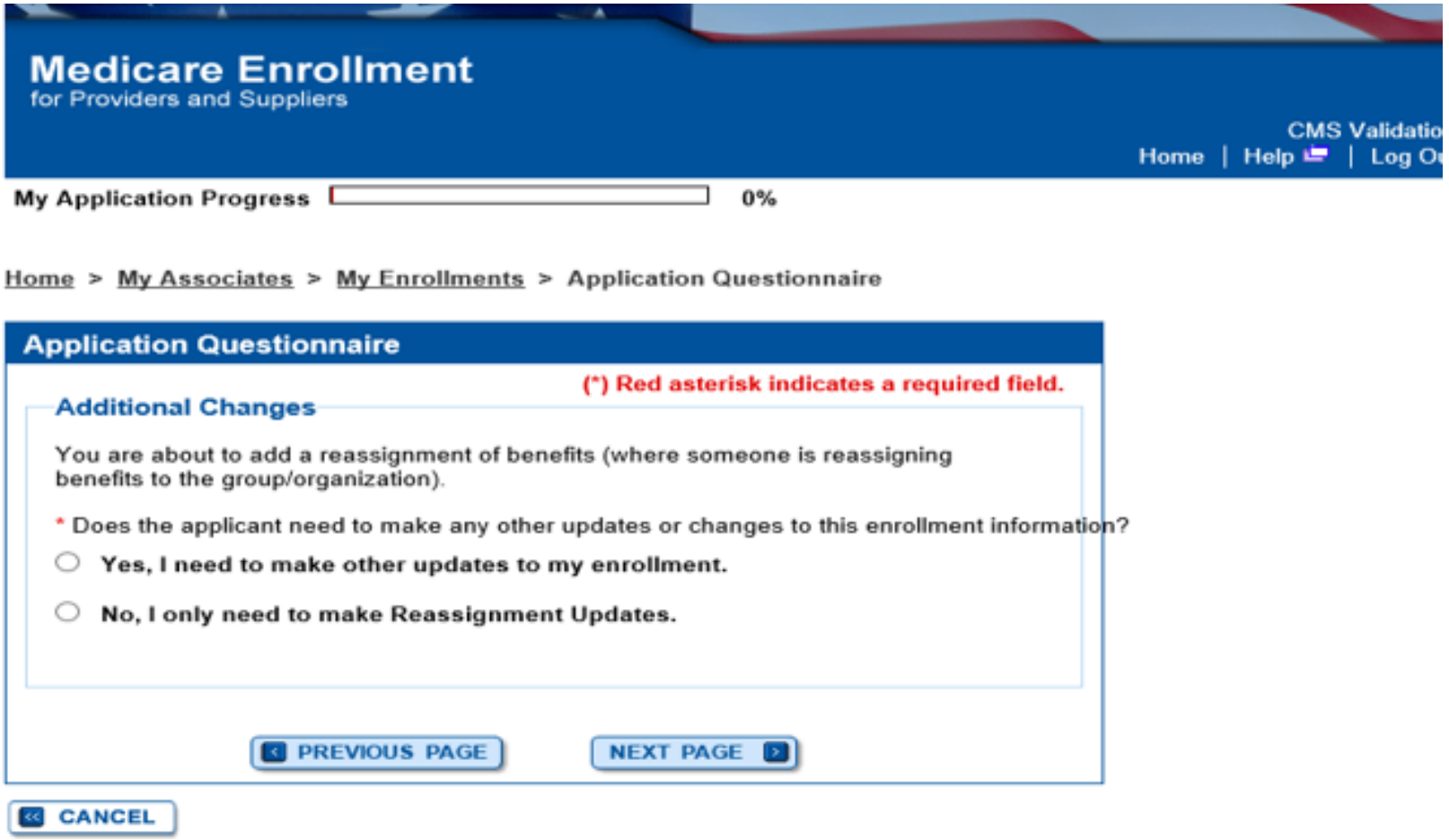
Manage Reassignments



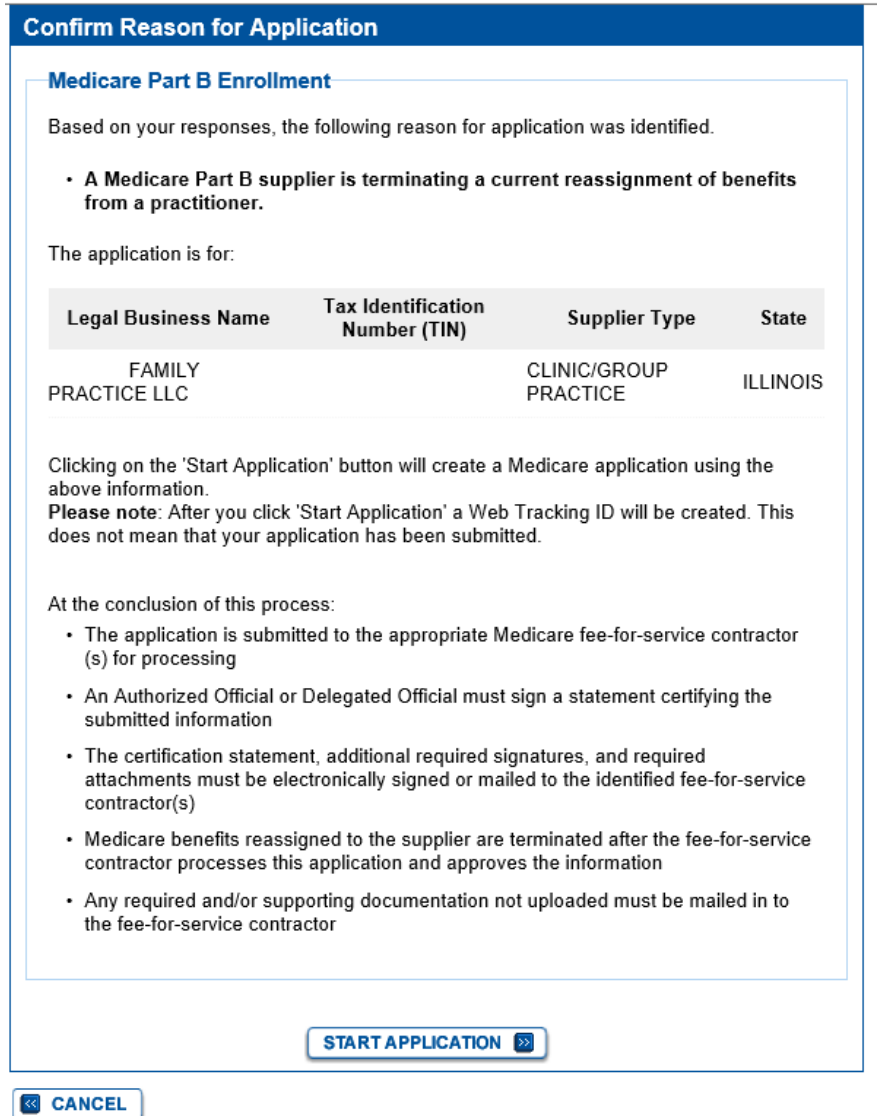
Application Questionnaire



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 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.

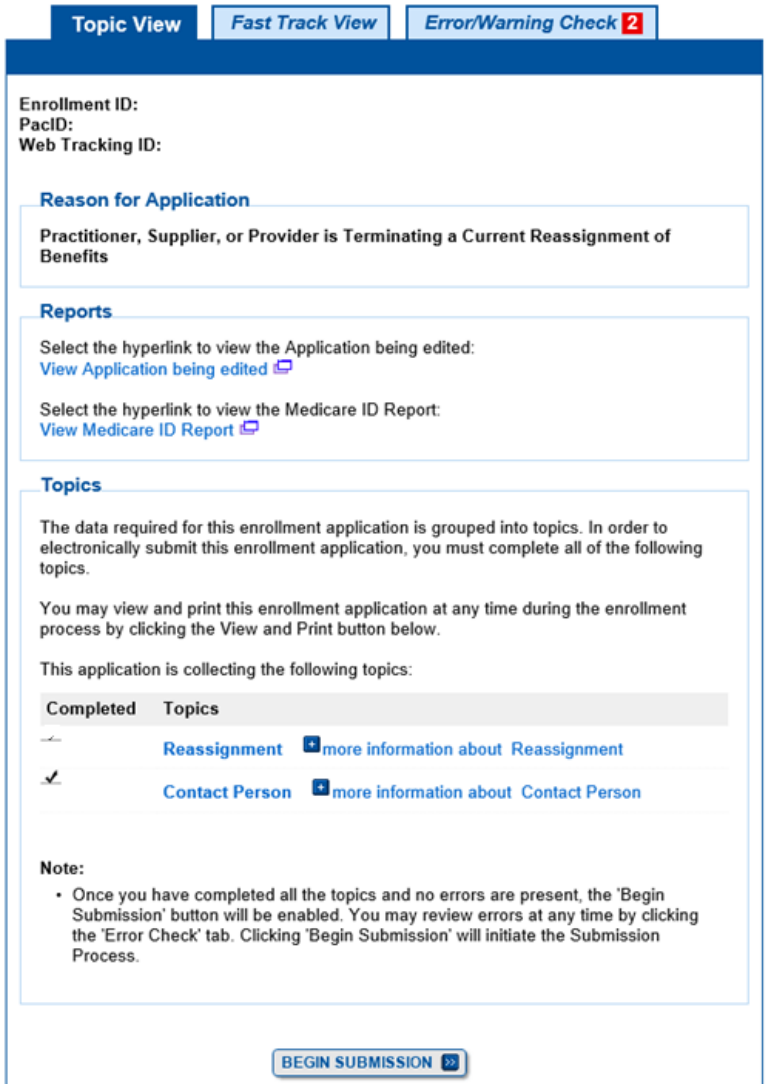
At the conclusion of this process:

- 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


Topic View
Fast Track View
Error/Warning Check 2
Enrollment ID:
PacID:
Web Tracking ID:
Reason for Application
Practitioner, Supplier, or Provider is Terminating a Current Reassignment of Benefits
Reports
Select the hyperlink to view the Application being edited:
View Application being edited
Select the hyperlink to view the Medicare ID Report:
View Medicare ID Report
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.
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Topics
Reassignment
more information about Reassignment
Contact Person
more information about Contact Person
Note:
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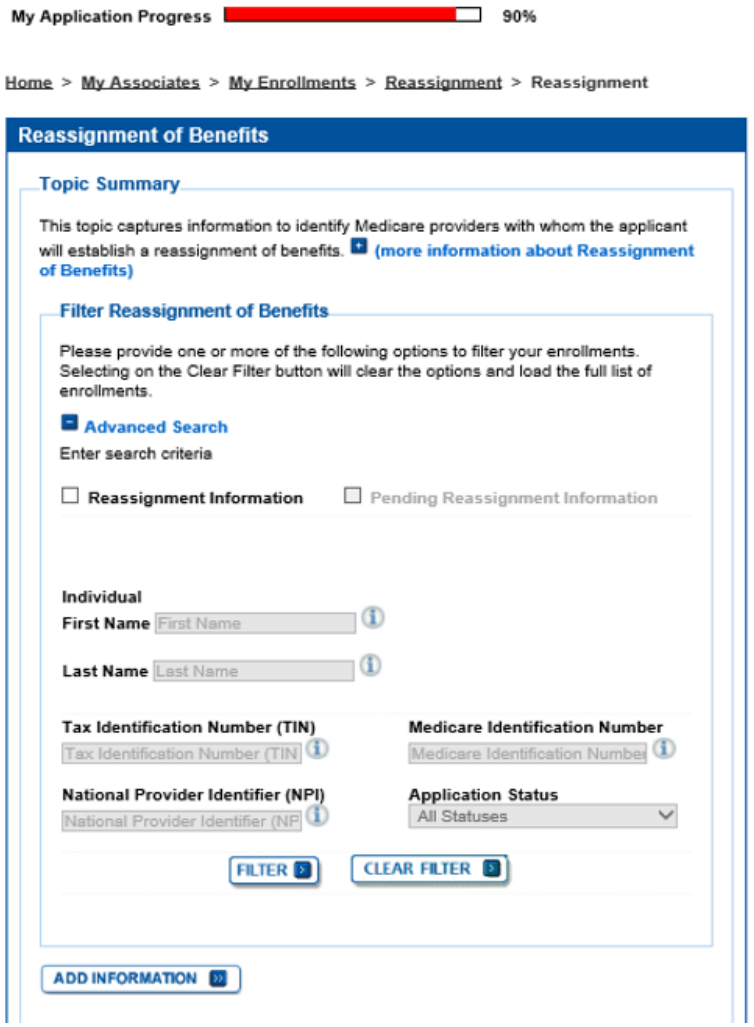
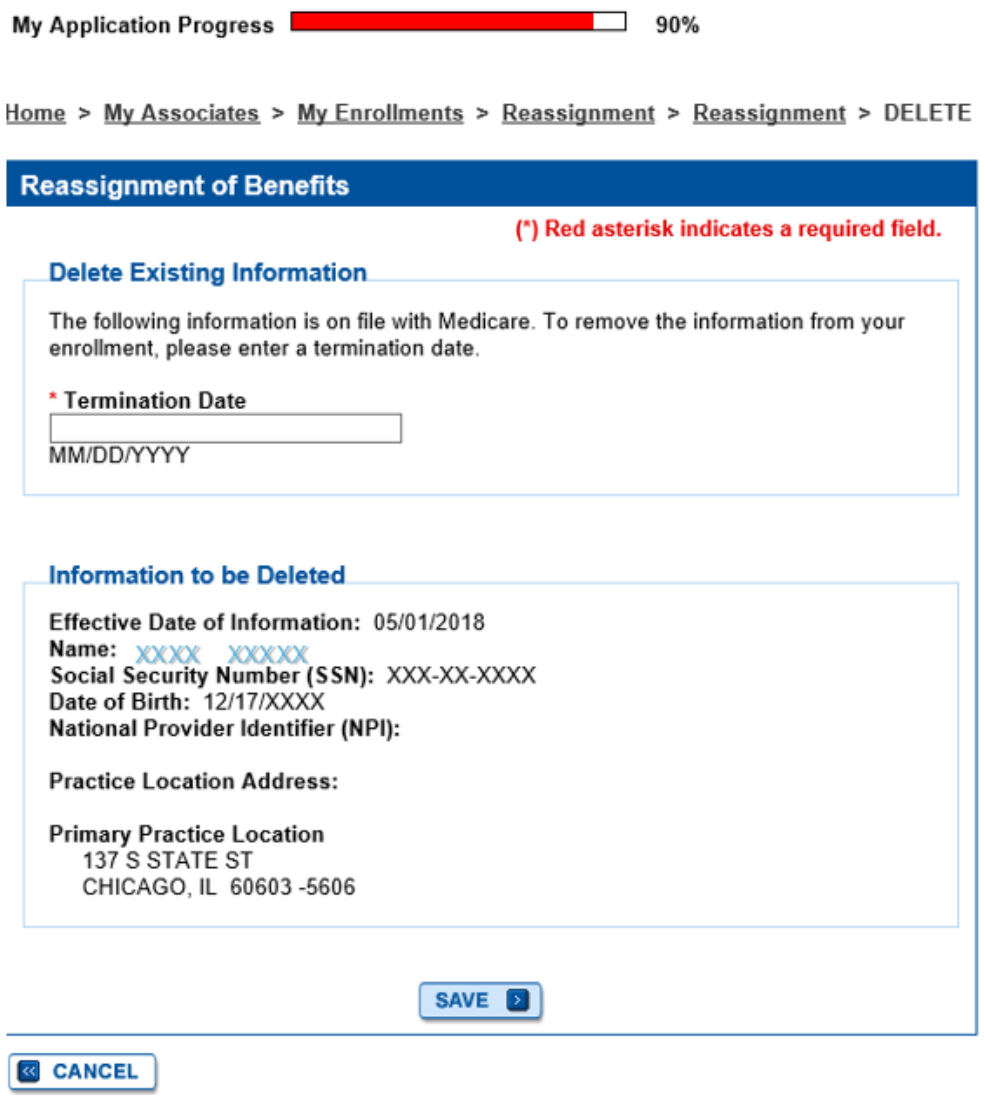
BEGIN SUBMISSION

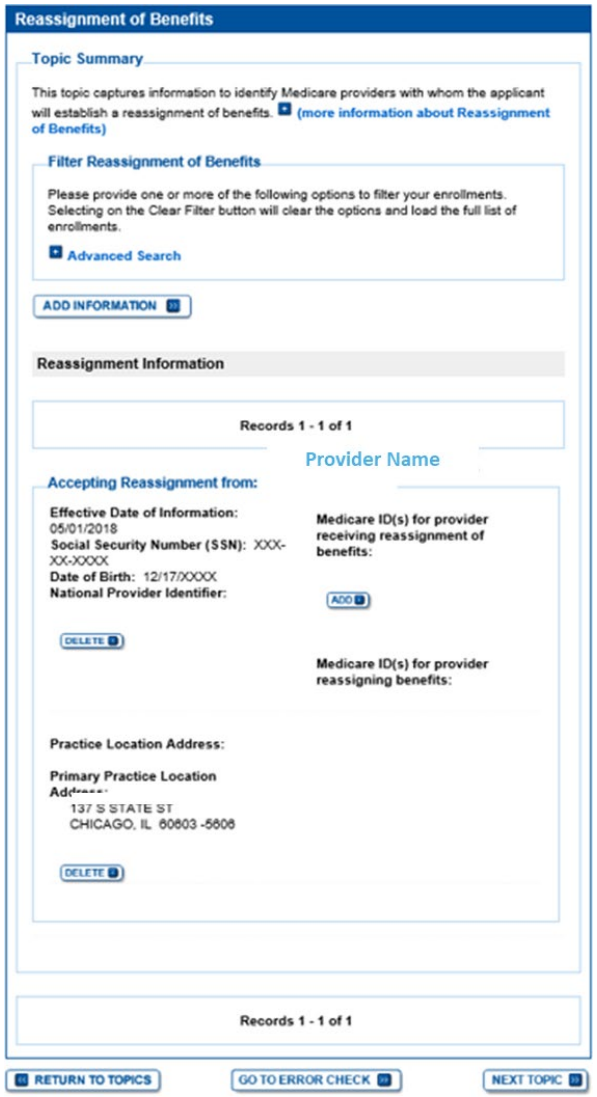
Remove Reassignment



Termination Date

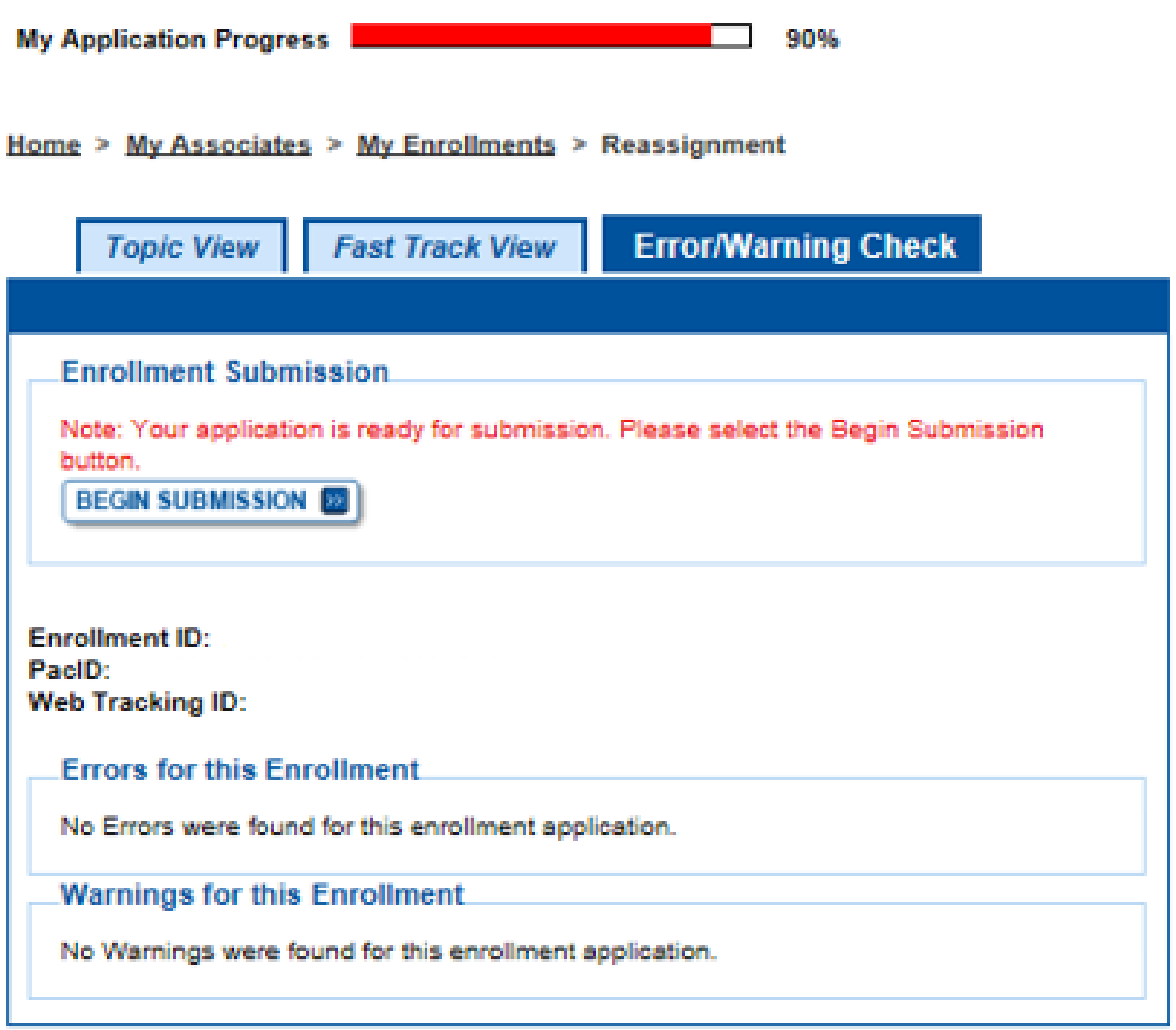


Reassignment Topic Summary

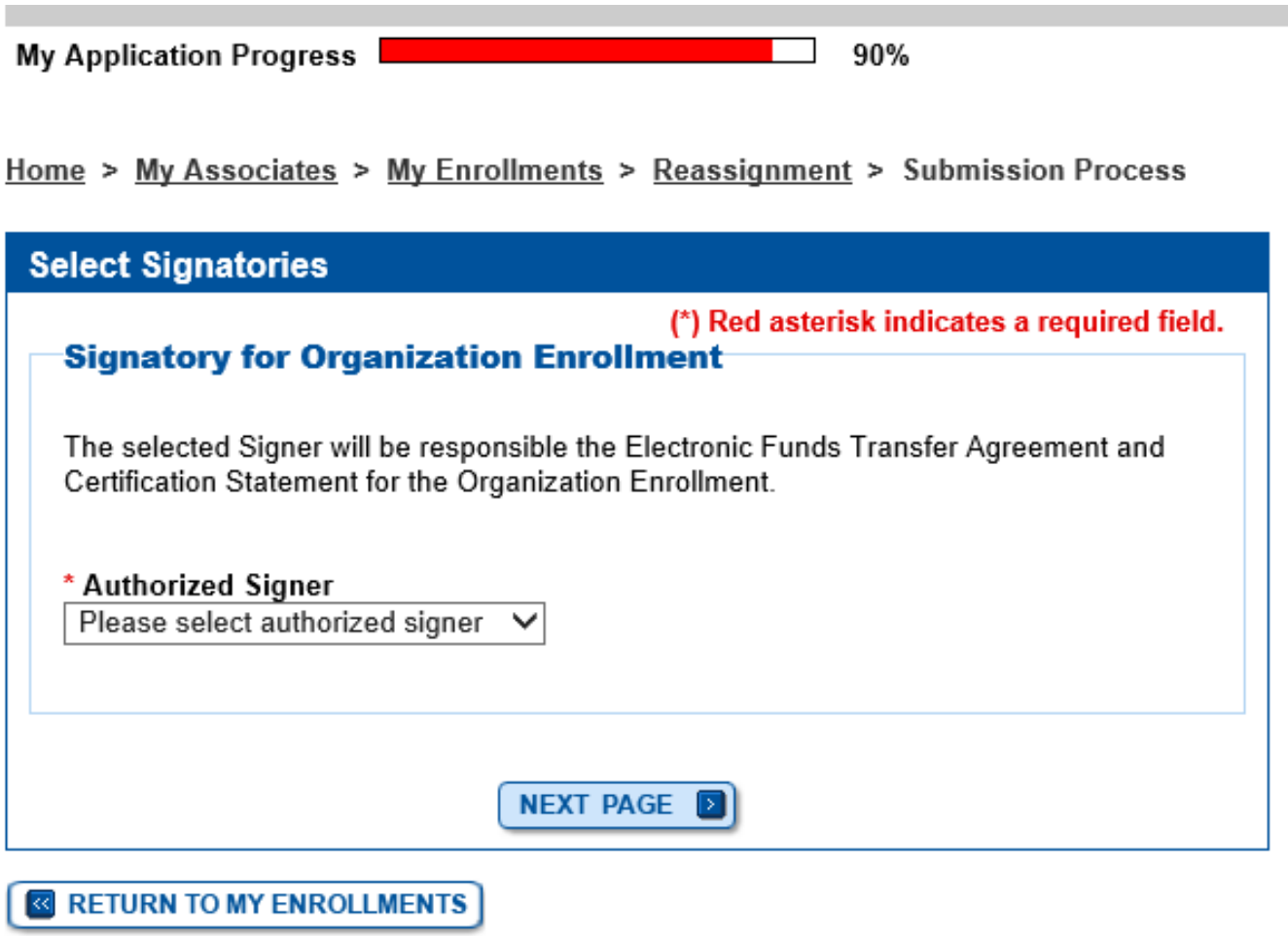


Review Contact Information

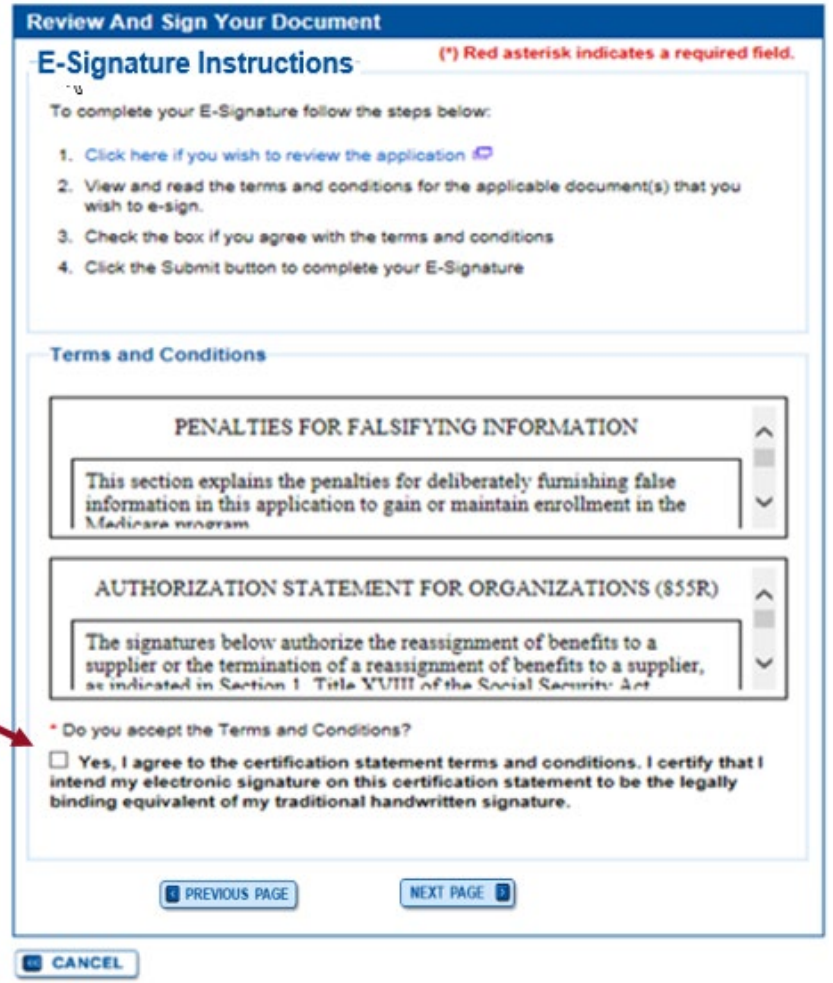
Error/Warning Check and Begin Submission



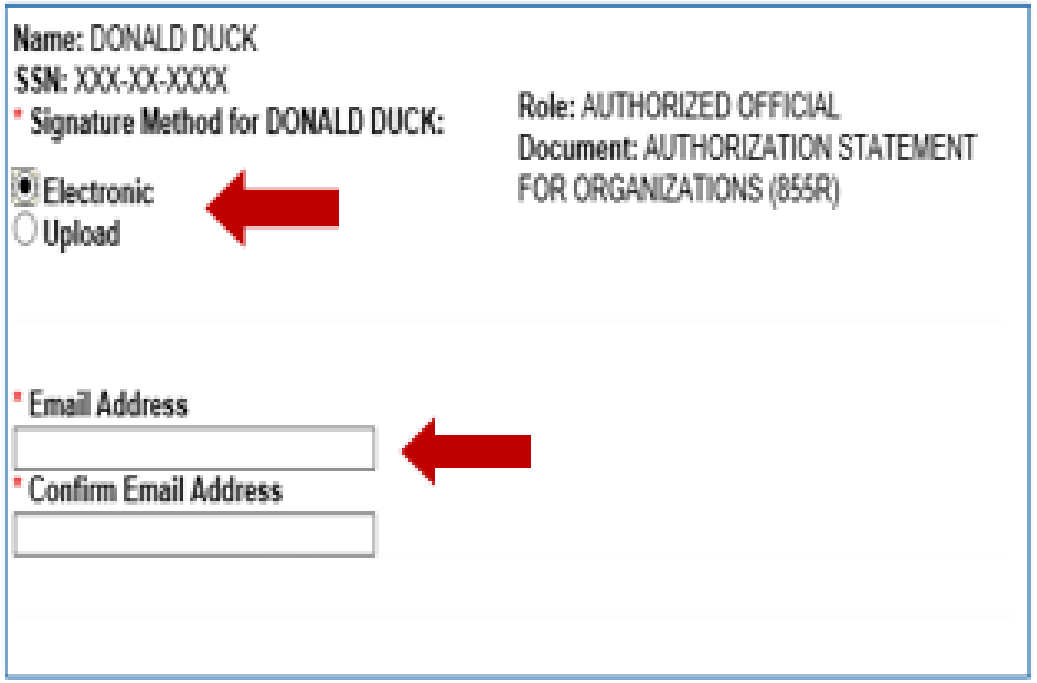
Authorized/Delegated Official Selection

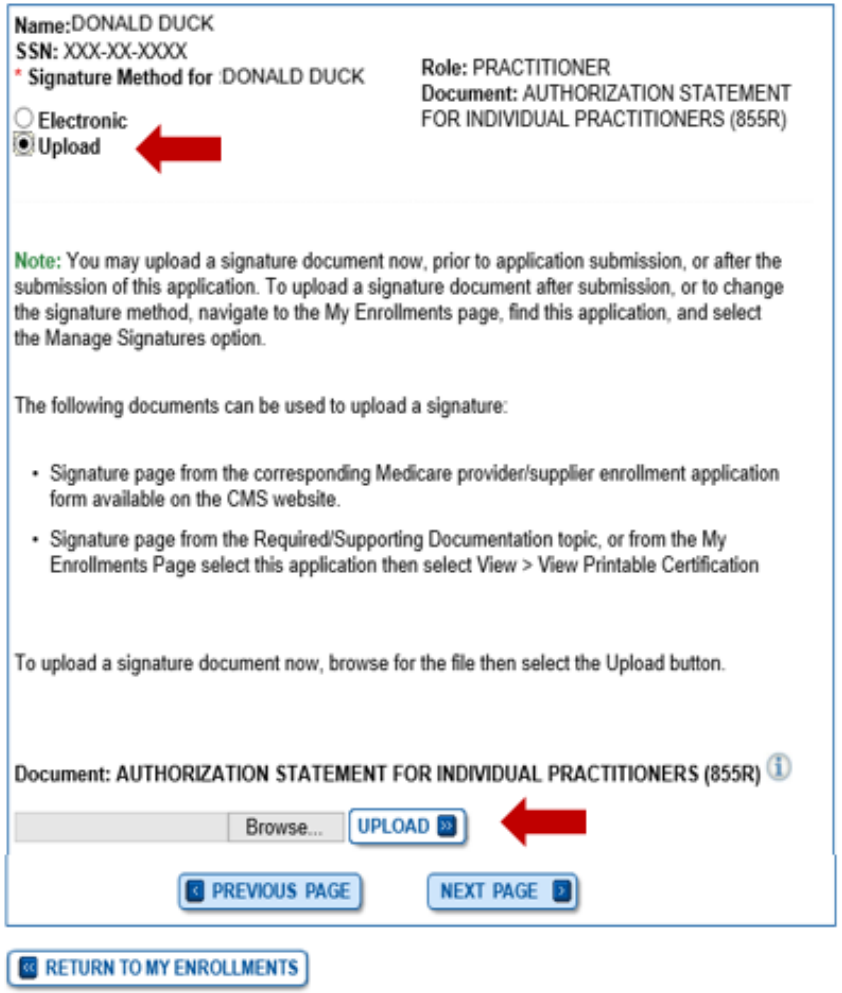


Manage Signatures – Sign Now

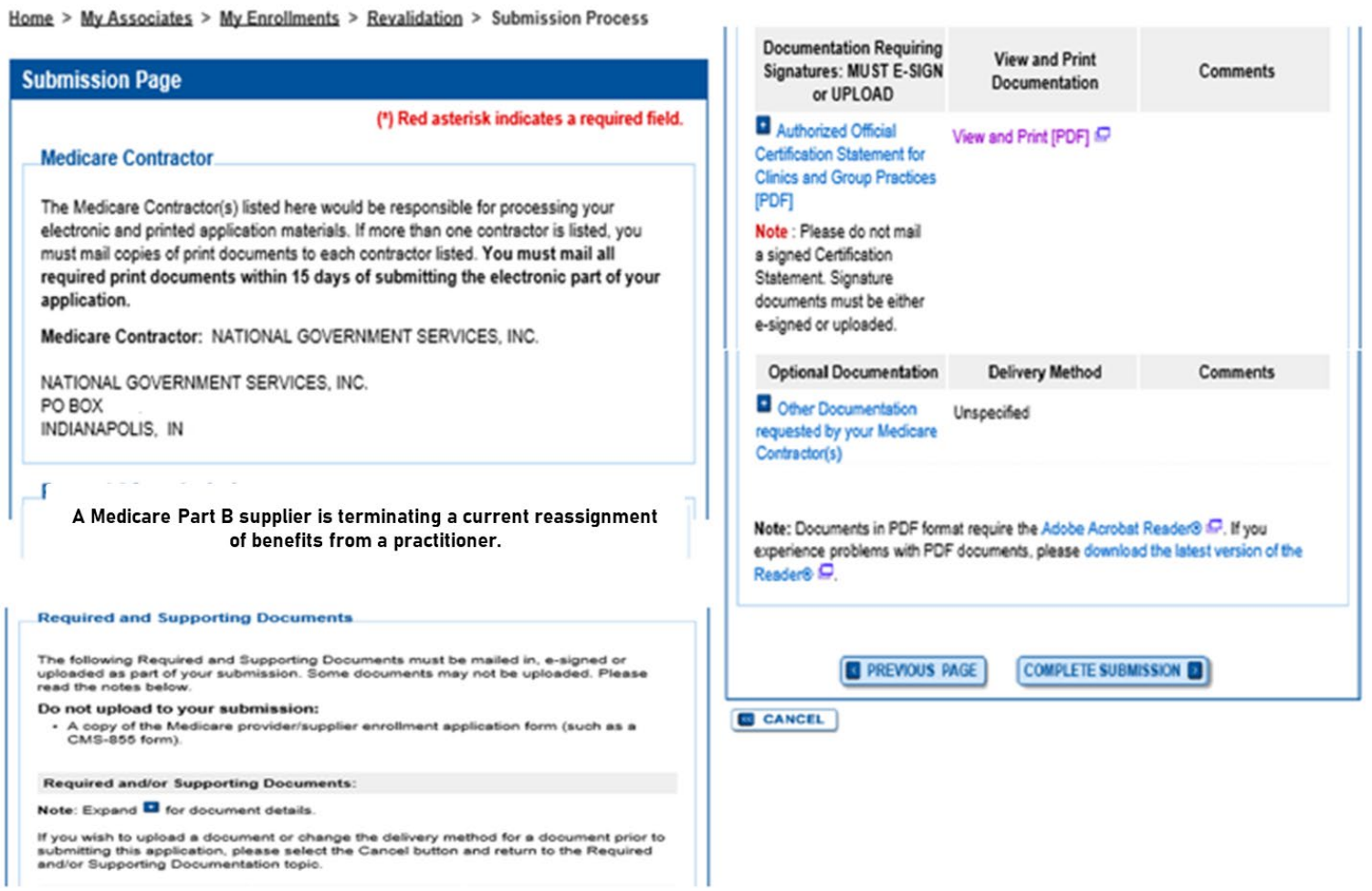


Manage Signatures – Select Method

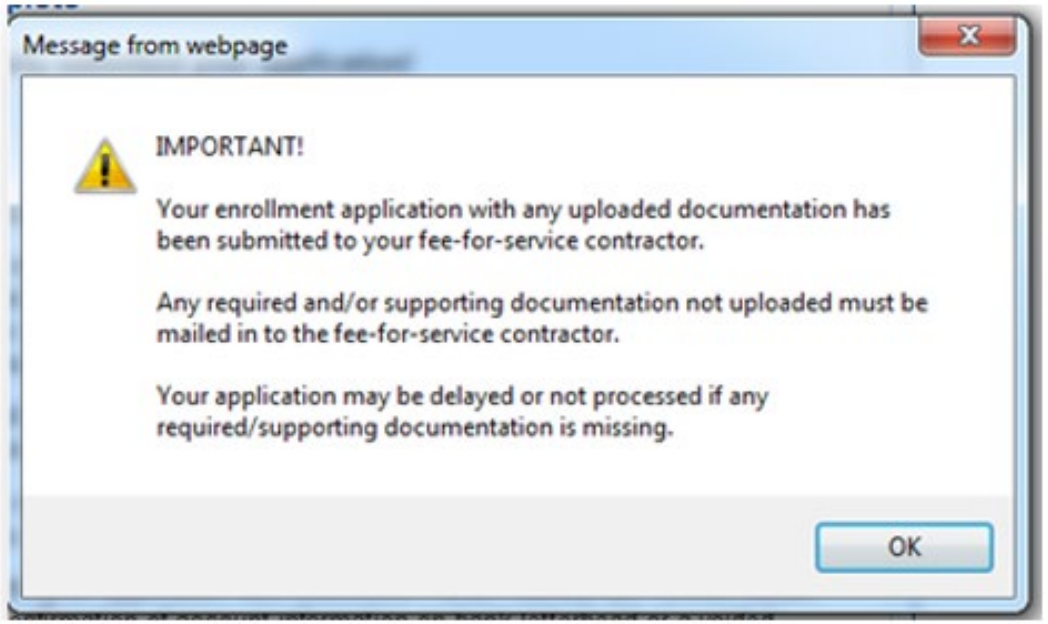


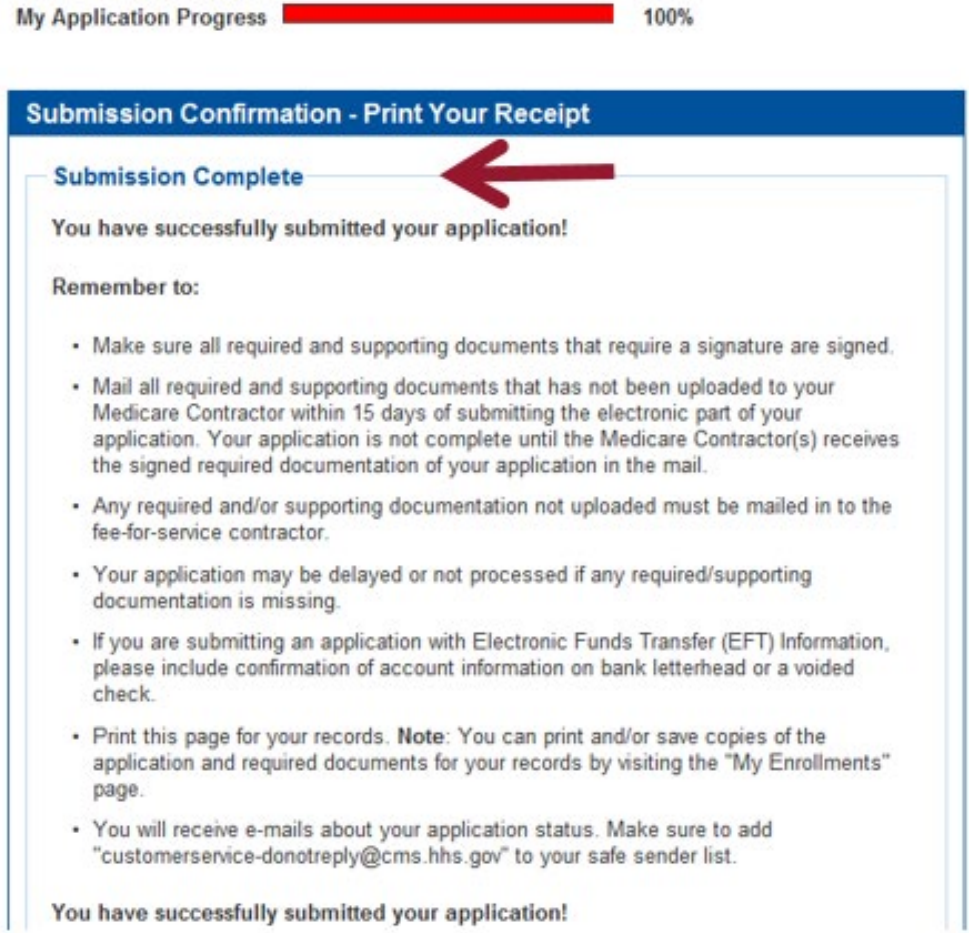


Submission Page



Submission Confirmation





Respond to E-Signature Email

Email

Mon 12/13/2021 2:58 PM

customerservice-donotreply@cms.hhs.gov

PECOS Electronic Signature Request

DONALD DUCK,

A Medicare application for DONAL DUCK LLC for Reassignment has been submitted by 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 Group Name
Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE
State: RI
Form Type: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
Practice Location , RI 029041824
NPI:
Web Tracking ID:
Signatory Name: DONALD DUCK
Signatory Role: AUTHORIZED OFFICIAL
Topic/s Changed: Reassignment

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***

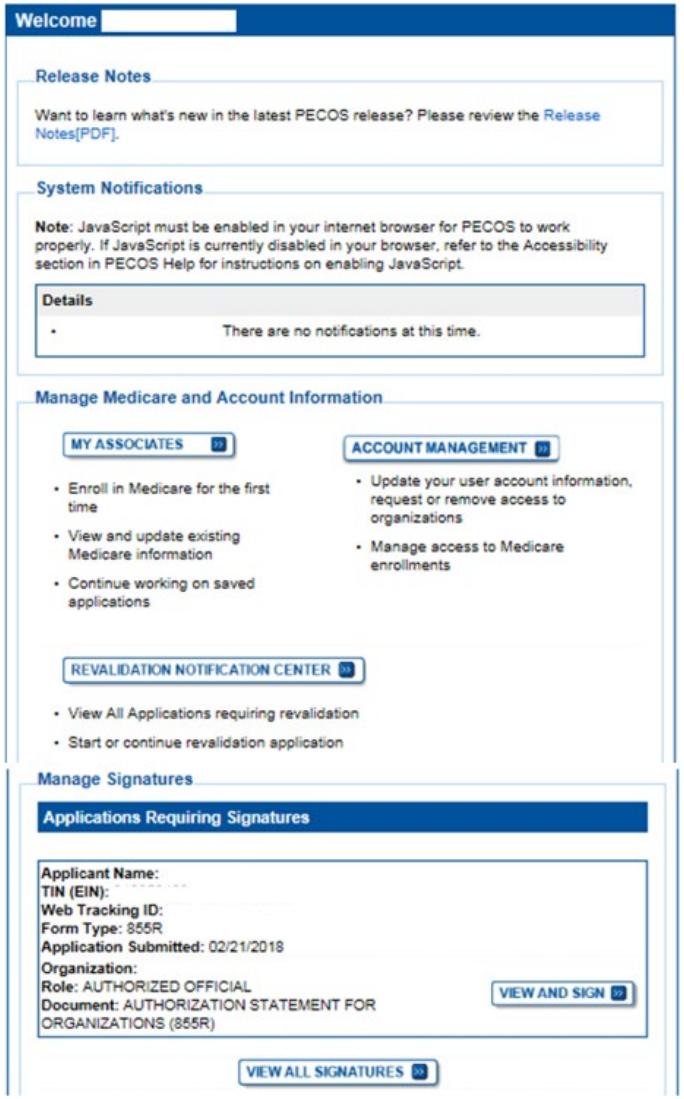
Instructions:
You may provide an electronic signature using your PECOS user ID at (https://urldefense.com/v3/__https://pecos.cms.hhs.gov__;!!IZ3lH8c!kfqmU5O9gm_J0tUE0IFnXqFbO2V8cBlD9bmSEE5XKLJAsZL23LYqFqUz37DeaFxkvXQ$) OR through the PECOS E-Signature website (https://urldefense.com/v3/__https://pecos.cms.cmsval/pecos/eSignLogin.do__;!!IZ3lH8c!kfqmU5O9gm_J0tUE0IFnXqFbO2V8cBlD9bmSEE5XKLJAsZL23LYqFqUz37DebtfYbFo$), using your identifying information, e-mail address, and unique PIN : xxxxxxxxx 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 call PECOS External User Services (EUS) at: 1-866-484-8049/TTY: 1-866-523-4759 or visit us at (https://urldefense.com/v3/__https://eus.custhelp.com__;!!IZ3lH8c!kfqmU5O9gm_J0tUE0IFnXqFbO2V8cBlD9bmSEE5XKLJAsZL23LYqFqUz37DeF_5utgQ$).

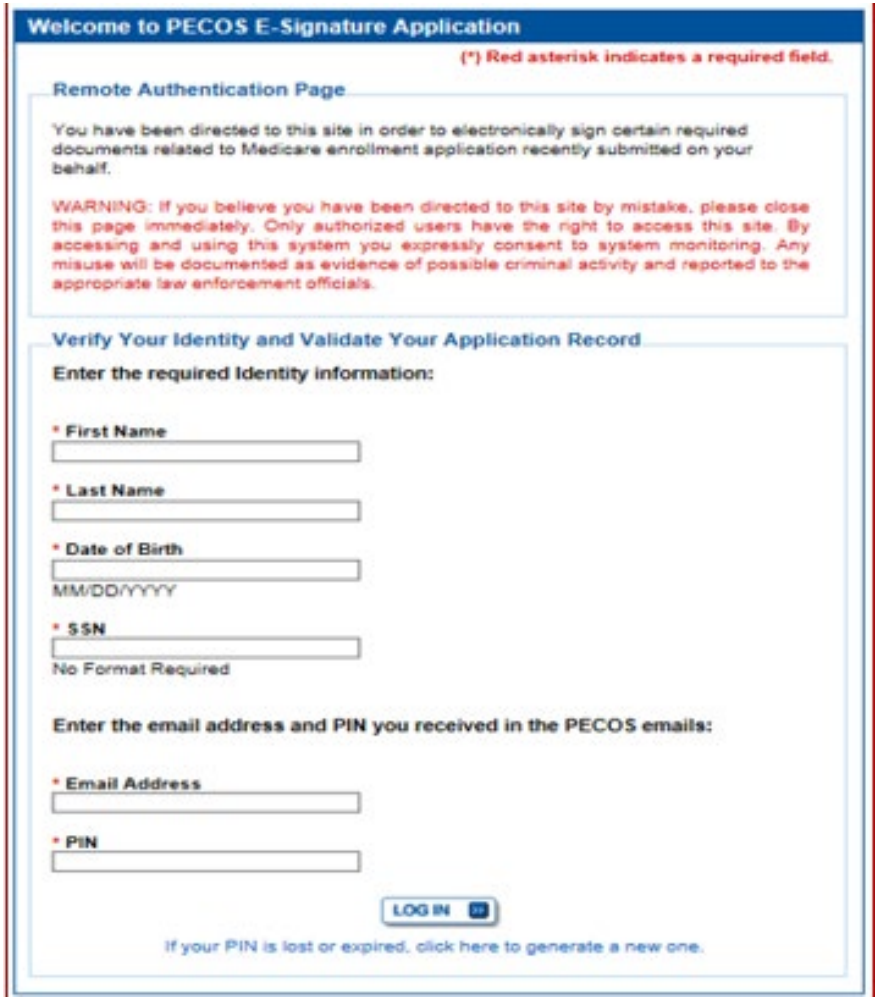
Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed.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

E-Signature – PECOS

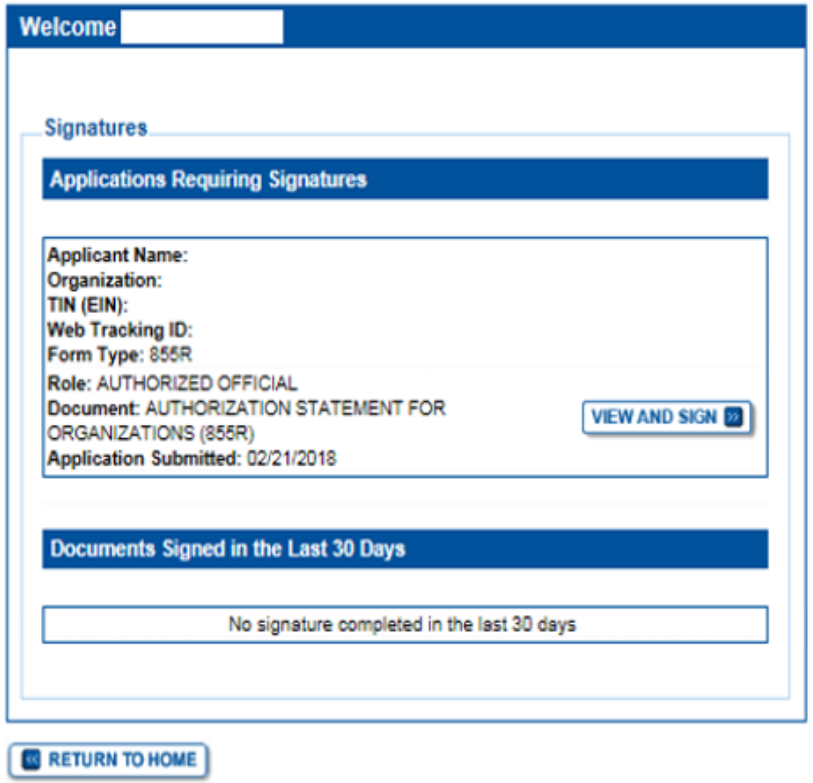


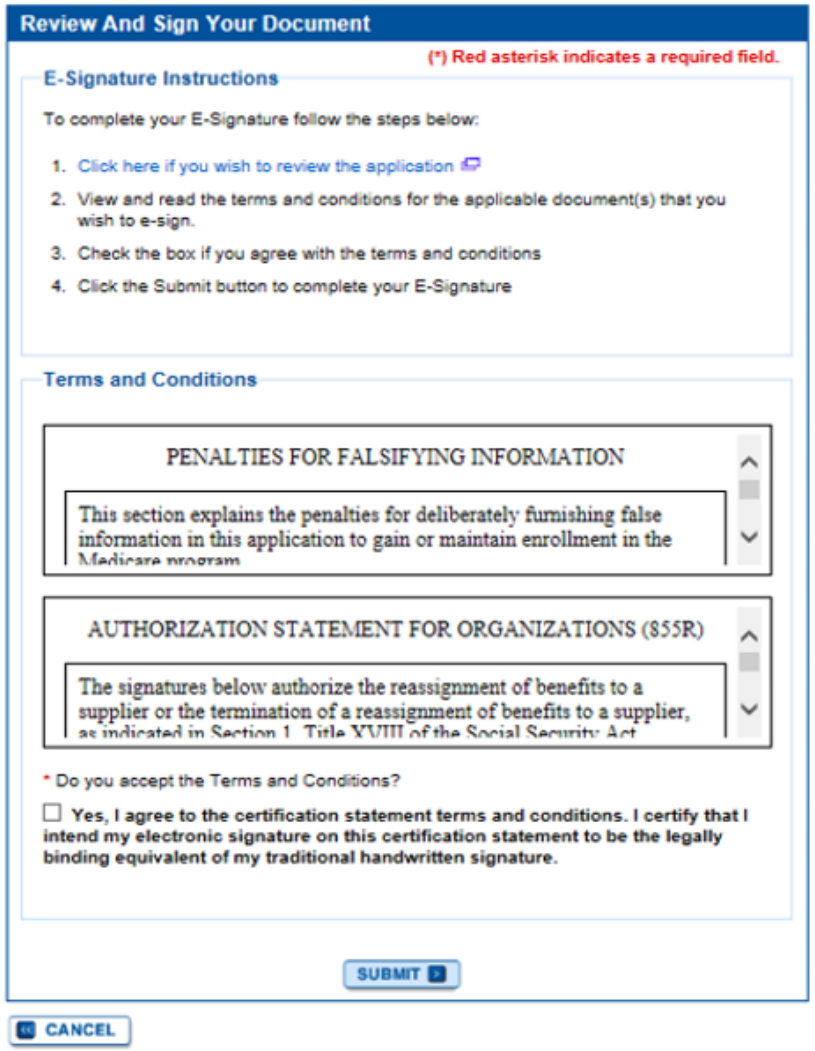
E-Signature – PIN

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

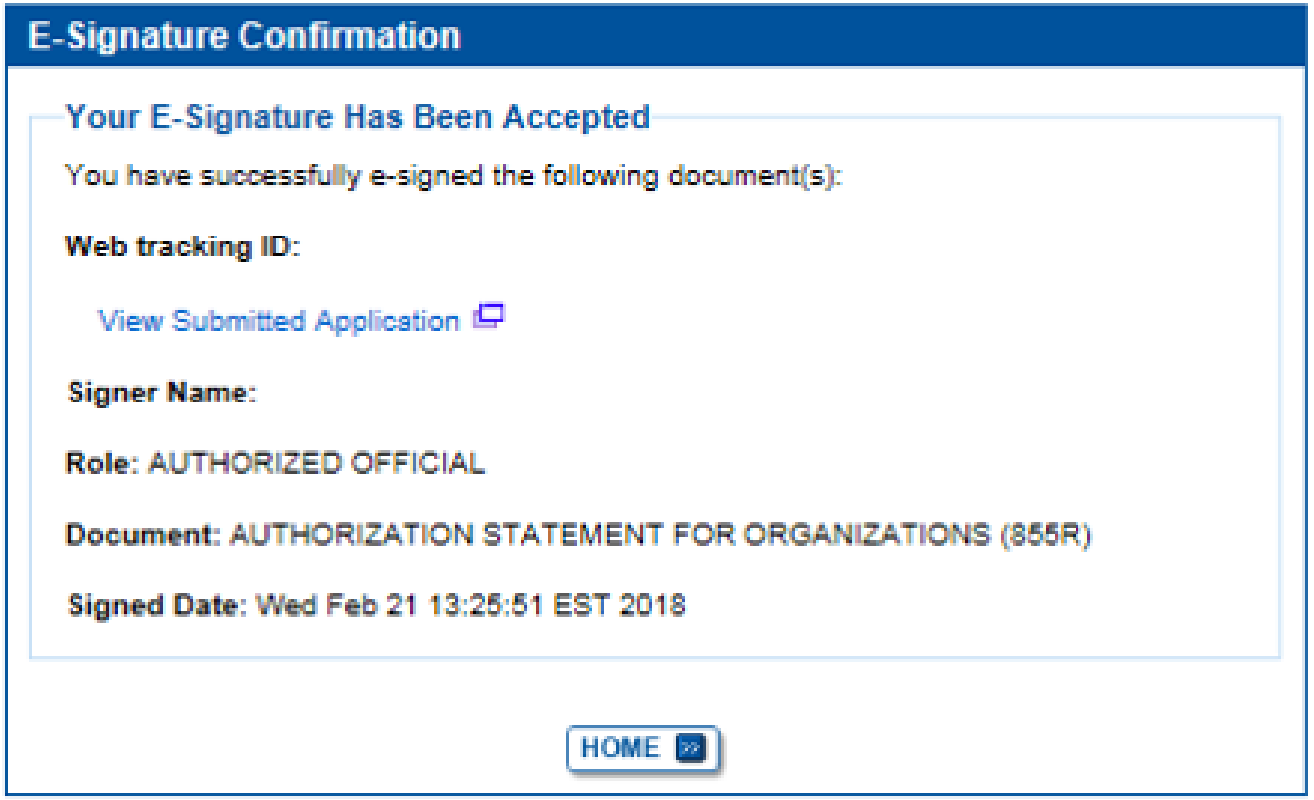


View and Sign





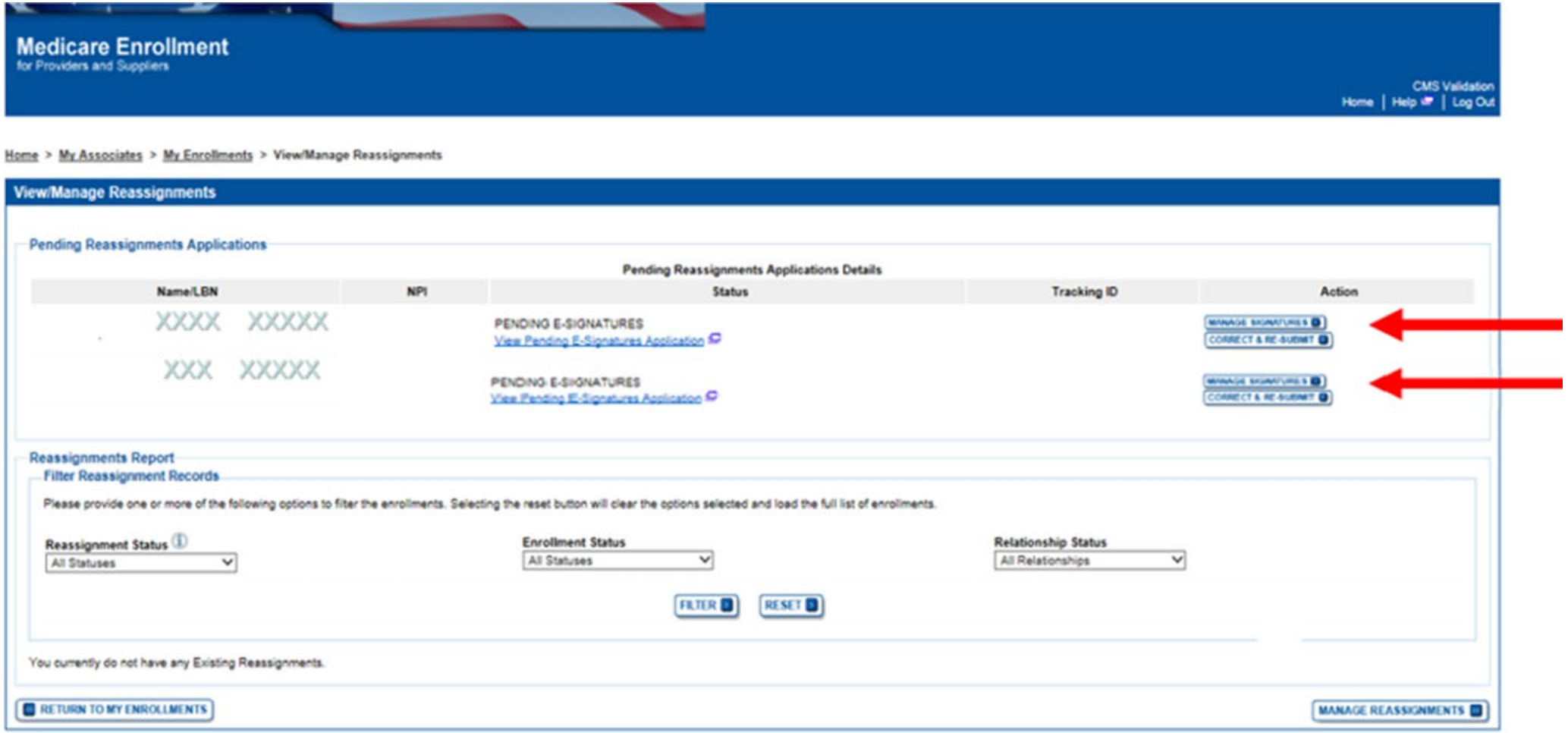
Confirmation Page



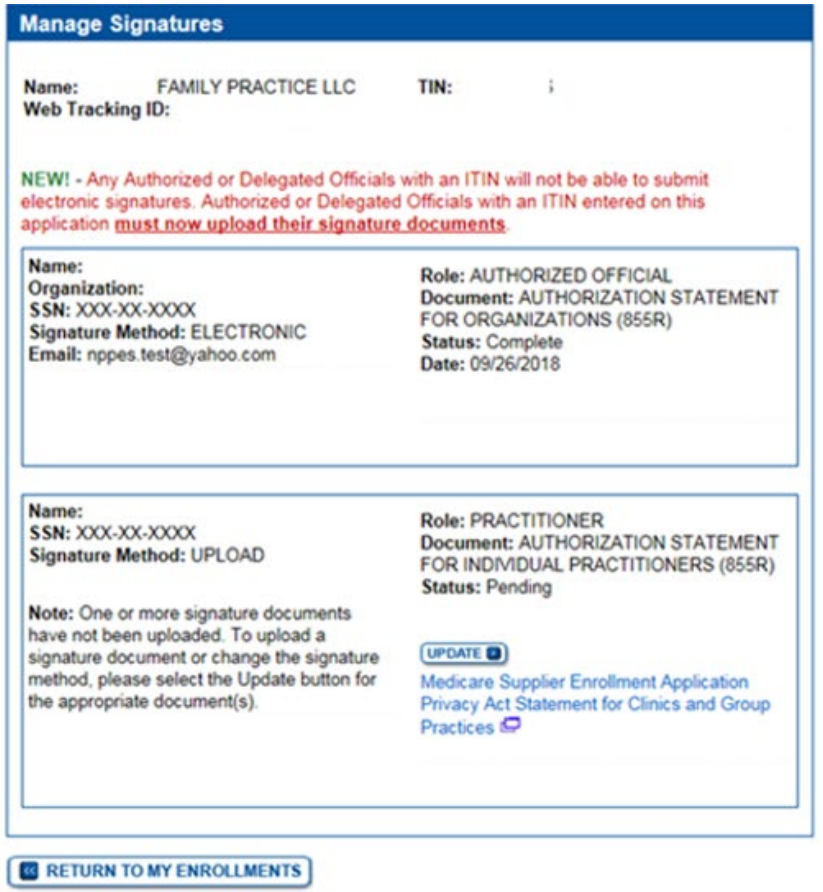
Manage Signatures, Verify Completion

Select View/Manage Reassignments

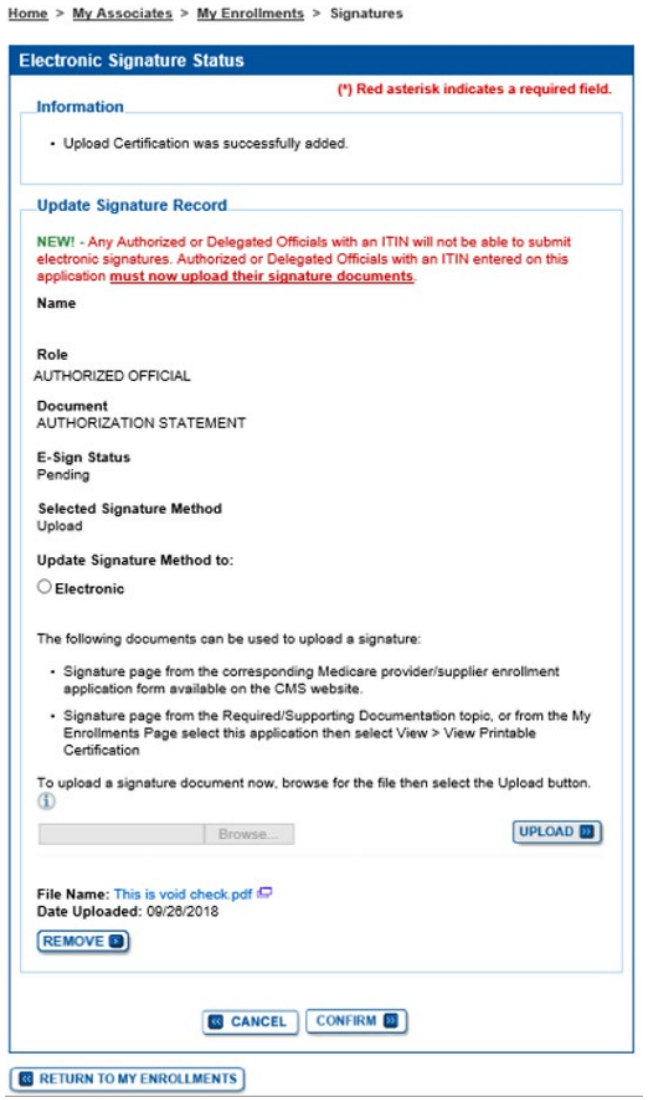
Verify Signature



Signature Status



Upload


Home > My Associates > My Enrollments > Signatures
Electronic Signature Status
(*) Red asterisk indicates a required field.
Information
• Upload Certification was successfully added.
Update Signature Record
NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.
Name
Role
AUTHORIZED OFFICIAL
Document
AUTHORIZATION STATEMENT
E-Sign Status
Pending
Selected Signature Method
Upload
Update Signature Method to:
Electronic
The following documents can be used to upload a signature:
• Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
• Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification
To upload a signature document now, browse for the file then select the Upload button.
Browse...
UPLOAD
File Name: This is void check.pdf
Date Uploaded: 09/26/2018
REMOVE
CANCEL
CONFIRM
RETURN TO MY ENROLLMENTS

Process After Submission

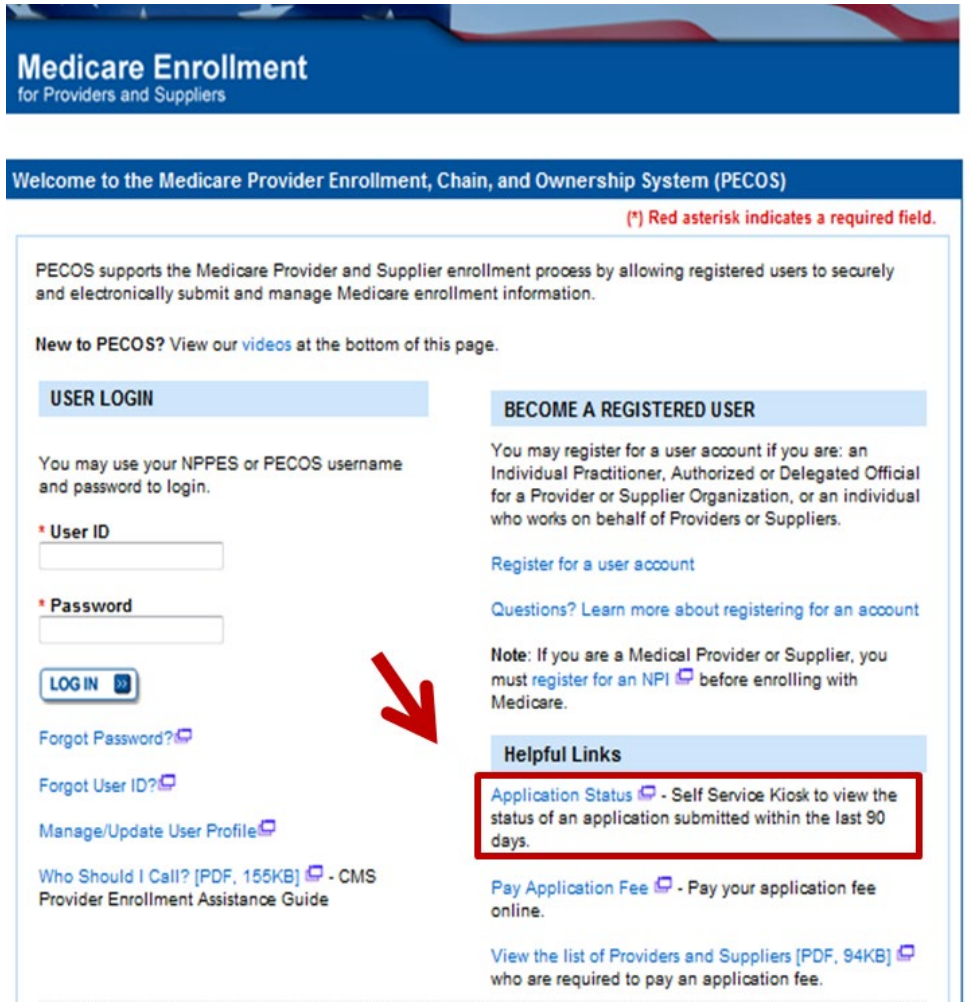
After Submission

- 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

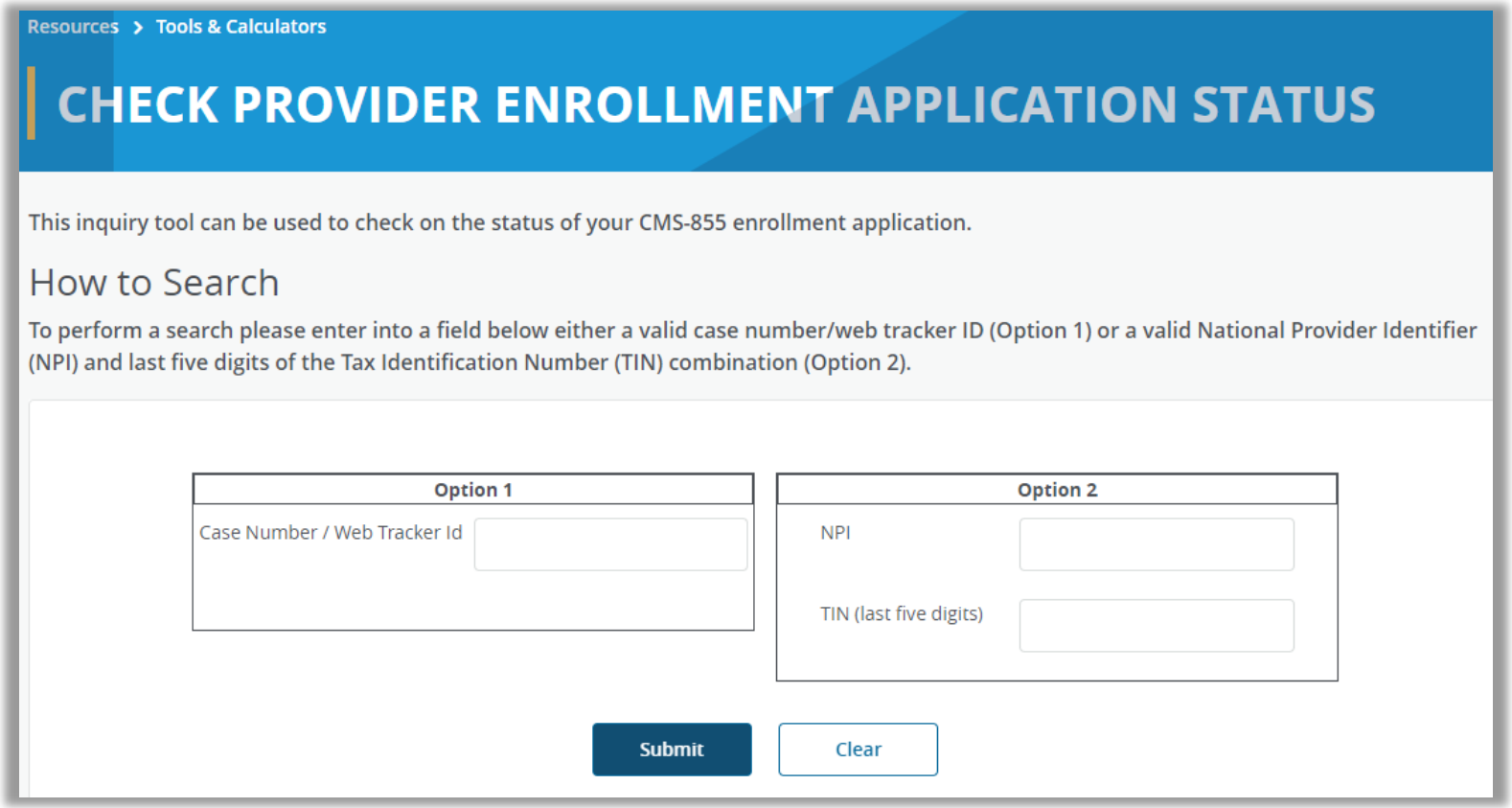
Check Application Status PECOS

- PECOS
- Helpful Links
  - Application Status



Check Application Status Tool

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

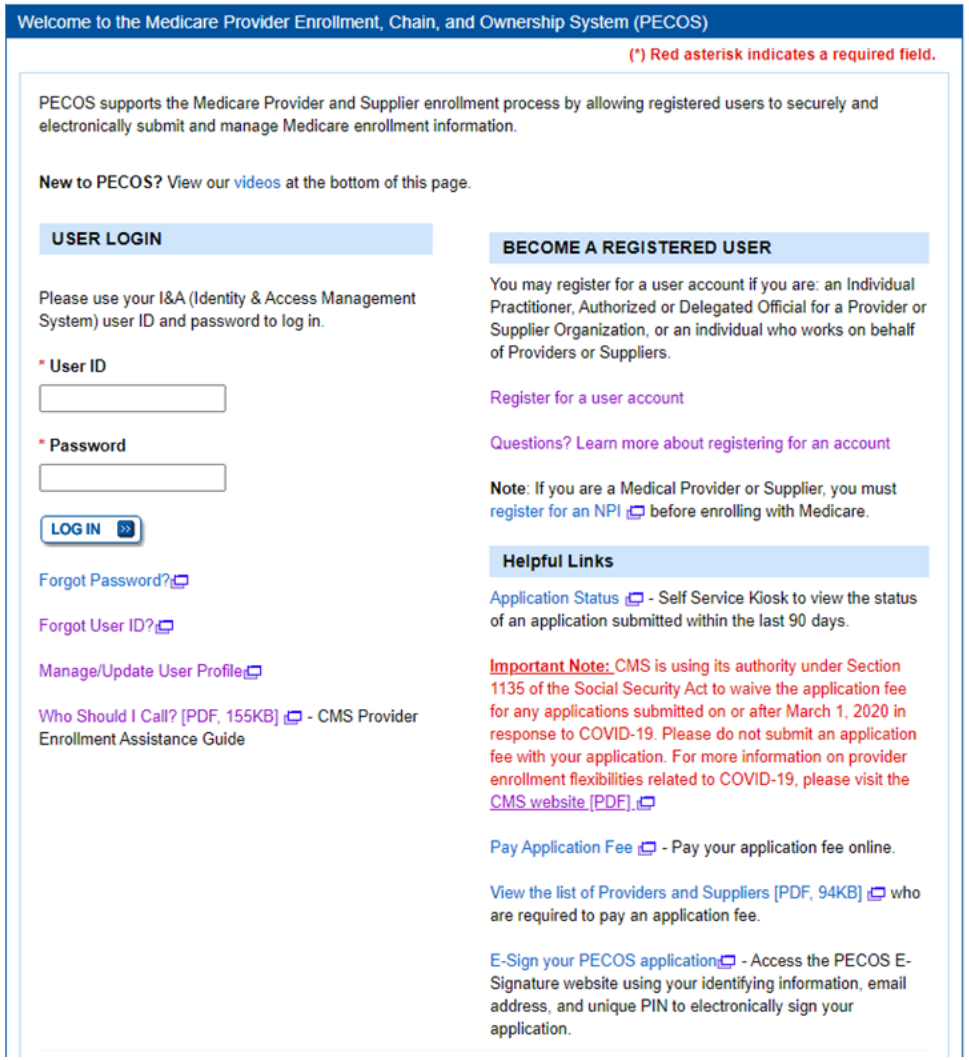


Check Application Status: IVR System

- 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

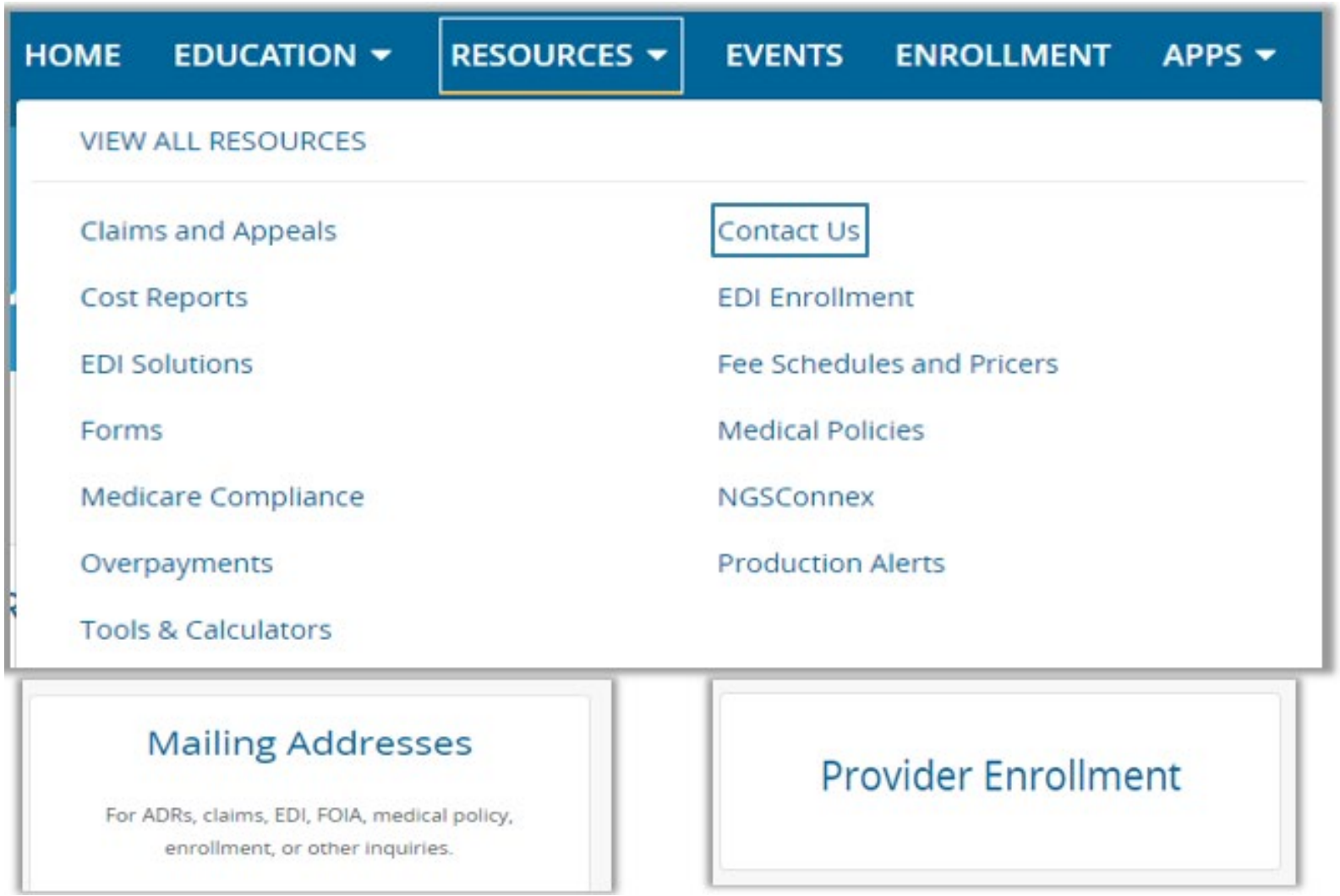
Enrollment Tutorials

- **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


HOME
EDUCATION
RESOURCES
EVENTS
ENROLLMENT
APPS
VIEW ALL RESOURCES
Claims and Appeals
Cost Reports
EDI Solutions
Forms
Medicare Compliance
Overpayments
Tools & Calculators
Contact Us
EDI Enrollment
Fee Schedules and Pricers
Medical Policies
NGSConnex
Production Alerts
Mailing Addresses
For ADRs, claims, EDI, FOIA, medical policy, enrollment, or other inquiries.
Provider Enrollment

Questions?

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

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national government SERVICES

NGSMU