



PECOS: View and Manage Reassignments through Group Enrollment

5/6/2025

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.







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Today's Presenters



- Provider Outreach and Education Consultants
 - Susan Stafford PMP, COA, AMR
 - Laura Brown, CPC







Agenda

- <u>View Reassignment Report</u>
- <u>Add Reassignment for Provider</u> with Active Enrollment
- <u>Terminate Reassignment</u>
- <u>Respond to E-Signature Email</u>
- <u>Manage Signatures, Verify</u> <u>Completion</u>
- Process After Submission
- <u>Check Application Status</u>
- <u>Resources</u>







View Reassignment Report

PECOS Home Page to Login

Medicare Enrollment

for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our videos at the bottom of this page.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

User ID

Password



LOG IN 🔡

Forgot Password?

Forgot User ID?

Manage/Update User Profile

Who Should I Call? [PDF, 155KB]
- CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI
perform before enrolling with Medicare.

Helpful Links

Application Status - Self Service Klosk to view the status of an application submitted within the last 90 days.

Pay Application Fee 🚍 - Pay your application fee online.

View the list of Providers and Suppliers [PDF, 94KB]
who are required to pay an application fee.

E-Sign your PECOS application - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

Provider & Supplier Resources

- CMS.gov/Providers P Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, nonphysician practitioners, and other suppliers.
- Medicare Learning Network® (MLN) (P Helpful articles and tutorials about changes in Medicare enrollment.

Enrollment Tutorials

- Initial Enrollment: Step-by-step demonstration of an initial enrollment application in PECOS. Individual Provider P or Organization/Supplier P
- 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 Notice Sent List - Check to see if you

have been sent a notice to revalidate your information

· Ordering, Certifying, or Prescribing Practitioners List

- View the Ordering, Certifying, or Prescribing

items or services to Medicare beneficiaries, or

Practitioners List to verify eligibility to order or certify

 Ordering, Certifying, or Prescribing Information [PDF, 1.84MB] - Learn about the Ordering, Certifying, or

on file with Medicare.

prescribe part D drugs.

Prescribing enrollment process.

- Revalidation: Step-by-step demonstration on how to submit your revalidation application using PECOS. Individual Provider C 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 III





My Associates

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.

Manage Medicare and Account Information

MY ASSOCIATES

ACCOUNT MANAGEMENT

- Enroll in Medicare for the first time
- View and update existing
- request or remove access to organizations • Manage access to Medicare enrollments

· Update your user account information,

- Medicare information
- Continue working on saved applications

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 22



8



View Enrollments

My Associates

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, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

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 Internetbased PECOS:

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

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

overnment

Existing Associates

All Types	Provider/Supplier All Provider/Suppl	Type ler Types 🗸
Associate Legal Business	Name	- 2
	xxx-xx-xxxx]@
Associate Last Name	NPI	
	10 Digits]@
Associate First Name	State All States	
order to view Medicare applic rollments" button next to an a Individuals	FILTER D RESET D cations and enrollments for an a sesociate listed below. Records 1 - 2 of 2	ssociate, please select the "View
order to view Medicare applic rollments" button next to an o Individuals	FILTER D RESET D cations and enrollments for an a sesociate listed below. Records 1 - 2 of 2 NP9: XXXXXXXX	SSOCIATE, please select the "View 2
order to view Medicare applic rollments" button next to an o Individuals me: Provider me: Provider	FILTER D RESET D cations and enrollments for an a sesociate listed below. Records 1 - 2 of 2 NPS: XXXXXXXX NPI: XXXXXXXXX	VIEW ENROLLMENTS
order to view Medicare applic rollments" button next to an o Individuals me: Provider me: Provider	FILTER D RESET D cations and enrollments for an a sesociate listed below. Records 1 - 2 of 2 NPS: XXXXXXXX NP1: XXXXXXXXX Records 1 - 2 of 2	VIEW ENROLLMENTS
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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 e nrollment 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 organizatio n's Authorized/Delegated Official to ensure your account has access to PECO S.
- 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 verif y your account status, select the Account Management button on the Home P age and then choose Update user account information option.

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- Checklist for Individual Physician and Non-Physician Practitioners using PECOS IP
- Checklist for Provider or Supplier Organization using PECOS IP

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







Existing Enrollments

Existing Enrollments

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

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



national

aovernment



VIEW 🔲

REVALIDATE

MORE OPTIONS

View/Manage Reassignments

			Pending Reassignments	Applications Details			
Name/LBN	NPI	Stat	lus		Tracking ID		Action
Provider	X0000000X	PENDING E-S View Pending	SIGNATURES E-Signatures Application #	•	TXXXXX	COR	AGE SIGNATURES
Provider	XXXXXXXXXX	PENDING E-S View Pending	SIGNATURES E-Signatures Application 6		тххххх	COR	NGE SIGNATURES
assignments Rep litter Reassignme	port Int Records						
Tease provide one of Reassignment Stat All Statuses	tus ①	Enro	nents. Selecting the reset by Alment Status Statuses	utton will clear the opti	Relationship	he tull list of enrollments. Status lips ❤	
			Records 1	- 1 of 1			
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Add Reassignment for Provider with Active Enrollment

Verify Active Enrollment

 <u>NGS Website</u> > Enrollment > Hot Topics > <u>How to Determine if</u> <u>the Provider is Active and Get the Provider Enrolled in Medicare</u> <u>Part B</u>





Manage Reassignments

nding Reassignments Applie	cations						
currently do not have any Pendir	ng Reassignments.						
assignments Report							
Filter Reassignment Records							
Please provide one or more of the	following options to filter the enrollment	s. Selecting the reset button will clea	ar the options selected and load the full list	of enrollments.			
Reassignment Status 🕕		Enrollm	ent Status		Relationship Status		
All Statuses	•	All Stat	uses •		All Relationships	•	
	ant Information for Approval Description	ed. Revoked, and Rejected enrolling	ent records. Any changes that you submit w	ill display here only after the Medica	are Administrative Contractor has p	rocessed the submitted enrollment.	
e table below displays Heassignin	and management of Paperson, Constraint		Reassignments R	eport Details			
Relationship	Provider Name/LBN	NPI	Reassignments R Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
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Application Questionnaire

Medicare Enrollment for Providers and Suppliers Home Help = Log My Application Progress 0% Home > My Associates > My Enrollments > Application Questionnaire
Home Help = Log My Application Progress 0% Home My Associates My Enrollments Application Questionnaire Application Questionnaire
My Application Progress 0% <u>Home</u> > <u>My Associates</u> > <u>My Enrollments</u> > Application Questionnaire
Home > My Associates > My Enrollments > Application Questionnaire
Application Questionnaire
(*) Red asterisk indicates a required field.
* 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)
O Change of information to Reassignment
NEXT PAGE
CANCEL
Home Helpt U Log Out





Application Questionnaire

Medicare Enrollment for Providers and Suppliers			
	Home	CMS Help 🖷	Validation Log Out
My Application Progress 0%			
Home > My Associates > My Enrollments > Application Questionnaire			
Application Questionnaire			
(*) Red asterisk indicates a required field. Additional Changes			
You are about to add a reassignment of benefits (where someone is reassigning benefits to the group/organization).			
* Does the applicant need to make any other updates or changes to this enrollment information	?		
\bigcirc Yes, I need to make other updates to my enrollment.			
○ No, I only need to make Reassignment Updates.			
PREVIOUS PAGE			
CANCEL			
Home Help 🖵 Log Out			



NGSM

Start Application

Confir	m Reason for App	lication		
Med	icare Part B Enrollm	ient		
Base	d on your responses, th	e following reason for a	pplication was identified.	
. ,	A Medicare Part B Sup	plier is accepting bene	fits from a Part B pract	titioner.
The	application is for:			
Le	gal Business Name	Tax Identification Number (TIN)	Supplier Type	State
PRA	FAMILY CTICE LLC	хх-хххх	CLINIC/GROUP PRACTICE	ILLINOIS
Click abov Plea does	ing on the Start Applica e information. se note: After you click not mean that your app e conclusion of this pro-	ition' button will create a 'Start Application' a Wel lication has been submi	Medicare application usi o Tracking ID will be crea tited.	ing the ited. This
• 1	The application is submi s) for processing	itted to the appropriate N	ledicare fee-for-service o	ontractor
• /	An Authorized Official or submitted information	Delegated Official must	t sign a statement certifyi	ng the
• 1	The certification stateme attachments must be ele contractor(s)	ent, additional required s actronically signed or ma	ignatures, and required iled to the identified fee-t	for-service
• •	Medicare benefits to the service contractor proce	practitioner are reassigned as this application and	ned to the supplier after t d approves the informatio	he fee-for-
• {	Any required and/or sup he fee-for-service contr	porting documentation n actor	ot uploaded must be ma	iled in to
		START APPLICATION		
CAN	CEL			





Topic View

national government SERVICES

N

nrollment ID:				
acID:				
leb Tracking II	D:			
Reason for	Application			
Reassignmer Practitioner(s	nt of Benefits Betw s), Supplier(s), or P	een an Enrol rovider(s)	led Practitioner a	and another Enrolled
Reports				
Select the hyp View Applicati	erlink to view the Ap ion being edited 🖵	plication bein	g edited:	
Select the hyp View Medicare	erlink to view the Me e ID Report 🖵	edicare ID Re	port:	
Topics				
a la atra a la allur	submit this second term	t and the first	ris grouped into to	to all of the following
electronically s topics. You may view process by clic	submit this enrollment and print this enrolli cking the View and F	nt application ment applicat Print button be	you must complet on at any time du	te all of the following
electronically s topics. You may view process by clic This applicatio	submit this enrollment or and print this enroll cking the View and F on is collecting the fo	nt application, ment applicat Print button be flowing topics	on at any time due	te all of the following ring the enrollment
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Add Reassignment Information

To	pic Summary
This will of E	topic captures information to identify Medicare providers with whom the applicant establish a reassignment of benefits. (more information about Reassignment dentity)
_	ilter Reassignment of Benefits
F S e	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 nrollments.
A	DD INFORMATION
	assignment Information





Provider Information

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD
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)
* Date of Birth
* National Provider Identifier (NPI)
 Please choose the Specialty Type for the reassigning practitioner: Physician
O Non-Physician
NEXT PAGE
CANCEL





Group Information

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD

Reassignment of Benefits	Accept Reassignment
Medicare Identification Numbers Name: National Provider Identifier (NPI): Please provide any Medicare Identification numbers that apply to the group/provider that you are reassigning your benefits. Note: Use the Add More button to add more than one Medicare Identification number. Medicare Identification Number	Practice Location Address from where benefits are accepted Note: • To add Practice Locations (a location is not listed or dropdown lists are disabled), go to the Physical Location topic. • The locations you select here will be used to populate Physician Compare on Medicare.gov. Primary Practice Location: Please select the Primary Practice Location where you render services: Select a Primary Practice Location Address
CANCEL	Secondary Practice Location: Please select the Secondary Practice Location where you render services: Select a Secondary Practice Location Address





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

Records 1 - 1 of 1

Accepting Reassignment from: Provider Name Effective Date of Information: Medicare ID(s) for provider

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



Medicare ID(s) for provider reassigning benefits:

benefits:

ptan

(ADD D)

HL.

receiving reassignment of

Practice Location Address:

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

(DELETE 🙂)





Review Contact Information

government





Error/Warning Check and Begin Submission







Authorized/Delegated Official Selection

My Application Progress 90%
<u>Home > My Associates > My Enrollments > Reassignment > Submission Process</u>
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

	(*) Red asterisk indicates a required fiel
Group Name Web Tracking IC	TIN: XXX-XX-XXXX NPf
PECOS now allows users to upload signed tatement(s),authorization statement(s), an ubmission, by navigating to the My Enrollr ption.	documents. Please upload your certification d CMS-588 forms on this page, or after nents page and selecting the Manage Signature
tote: Users will no longer be able to mail in Electronic or Upload.	n signature documents. Please select either
Any Authorized or Delegated Officials with lignatures. Authorized or Delegated Officia how upload their signature documents.	an ITIN will not be able to submit electronic Is with an ITIN entered on this application <u>must</u>
Name: DONALD DUCK SSN: XXX-XX-XXXX * Signature Method for DONALD DUCK:	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
 ○ Electronic ○ Upload 	
Electronic Upload Vpload Vp	Role: AUTHORIZED OFFICIAL
Electronic Upload Vame: SSN: XXX-XXXX Signature Method for St E-Sign (Sign Now) Upload	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
Electronic Upload Vou SSN: XXX-XX-XXXX Signature Method for St E-Sign (Sign Now) Upload PREVIOUS PAGE	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)





Manage Signatures – Sign Now

Name: [You] SSN: XXX-XXX-XXXX * Signature Method for	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
/	
Sign Now	
Sign Now	
Sign Now	PAGE NEXT PAGE

gnature Instructions (*) Red asterisk indicates a requir	ed field
mplete your E-Signature follow the steps below:	
Click here if you wish to review the application #	
/iew and read the terms and conditions for the applicable document(s) that yo vish to e-sign.	u
Check the box if you agree with the terms and conditions	
Sick the Submit button to complete your E-Signature	
ns 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 (\$55R)	^
The signatures below authorize the reassignment of benefits to a upplier or the termination of a reassignment of benefits to a supplier, is indicated in Section 1. Title XVIII of the Social Security Act]~
is indicated in Section 1. Title XVIII of the Social Security: Act you accept the Terms and Conditions? es, I agree to the certification statement terms and conditions. I certify t id my electronic signature on this certification statement to be the legal ing equivalent of my traditional handwritten signature.	hat I



Manage Signatures -Select Method

Name: DONALD DUCK

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	←



SSN: XXX-XX-XXX Signature Method for :DONALD DUCK Electronic Upload	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Note: You may upload a signature document n submission of this application. To upload a sign the signature method, navigate to the My Enrol the Manage Signatures option.	now, prior to application submission, or after the nature document after submission, or to change Ilments page, find this application, and select
The following documents can be used to uploa	d a signature:
 Signature page from the corresponding Me form available on the CMS website. 	edicare provider/supplier enrollment application
 Signature page from the Required/Support Enrollments Page select this application th 	ting Documentation topic, or from the My een 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)
RETURN TO MY ENROLLMENTS	



Submission Page

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

Documentation Requiring View and Print Signatures: MUST E-SIGN Comments Documentation Submission Page or UPLOAD Authorized Official (*) Red asterisk indicates a required field. View and Print [PDF] **Certification Statement for** Medicare Contractor **Clinics and Group Practices** [PDF] The Medicare Contractor(s) listed here would be responsible for processing your Note : Please do not mail electronic and printed application materials. If more than one contractor is listed, you a signed Certification must mail copies of print documents to each contractor listed. You must mail all Statement, Signature required print documents within 15 days of submitting the electronic part of your documents must be either application. e-signed or uploaded. Medicare Contractor: NATIONAL GOVERNMENT SERVICES, INC. Form CMS-855R. View and Print [PDF] NATIONAL GOVERNMENT SERVICES, INC. Authorization Statement for PO BOX Reassignment of Medicare INDIANAPOLIS, IN Benefits Note : Please do not mail a signed Certification Reason(s) for submission: Statement, Signature documents must be either e-signed or uploaded. A Medicare Part B Supplier is accepting benefits from a Part B practitioner. **Required Documentation Delivery Method** Comments Form CMS-460. Unspecified Medicare Participating Physician or Supplier **Required and Supporting Documents** Agreement 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 **Optional Documentation Delivery Method** Comments read the notes below. Other Documentation Unspecified Do not upload to your submission: requested by your Medicare · A copy of the Medicare provider/supplier enrollment application form (such as a Contractor(s) CMS-855 form). Note: Documents in PDF format require the Adobe Acrobat Reader® C. If you **Required and/or Supporting Documents:** experience problems with PDF documents, please download the latest version of the Note: Expand I for document details. Reader® . 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.



NGSMU

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PREVIOUS PAGE

COMPLETE SUBMISSION

Submission Confirmation

ssage from webpage	Submission Confirmation - Print Your Receipt
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 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 nequire 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 bhs gov" to your safe sender list

My Application Progress

You have successfully submitted your application!





100%

Terminate Reassignment

Manage Reassignments

issignments Report ilter Reassignment Records							
liter Reassignment Records							
lease provide one or more of the f	ollowing options to filter the enrollments	s. Selecting the reset button will cle	ar the options selected and load the full list	of enrollments.			
Casesionment Status		Enrollm	ent Status		Relationship Status		
All Statuses *]	All Stat	uses •		All Relationships	•	
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	XXXXXXXX	APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from	XXXXXX, XXXXX	XXXXXXXXX	APPROVED		06/23/2013	02/14/2014	N/A
	XXXXXX, XXXXX	XXXXXXXXX	APPROVED		10/06/2008	N/A	N/A
Receiving Benefits from		Construction of the second second black in the second	1000.01/00		07/24/2003	N/A	11/30/3017
Receiving Reports trong	AAAAAA, AAAAA		10000450		07/24/2003	N/A	11/20/2017
Receiving Benefits from		Color Read with the stars from this of pains (sains both sain")	10000100		07/24/2003	NICA	11/30/2017





Application Questionnaire

Medicare Enrollment	
for Providers and Suppliers	Home Help 🔄 Log Out
My Application Progress 0%	
<u>Home > My Associates > My Enrollments > Application Questionnaire</u>	
Application Questionnaire	
(*) Red asterisk indicates a required field.	
* Please select an activity you would like to perform:	
$\bigcirc\;$ 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) 	
O Change of information to Reassignment	
NEXT PAGE	
CANCEL	
Home Help - Log Out	





Application Questionnaire

Medicare Enrollment for Providers and Suppliers	Home	CMS Help 🛥	Validatio Log O
My Application Progress 0%			
Home > My Associates > My Enrollments > Application Questionnaire			
Application Questionnaire			
(*) Red asterisk indicates a required field.			
You are about to add a reassignment of benefits (where someone is reassigning benefits to the group/organization).			
* Does the applicant need to make any other updates or changes to this enrollment information	1?		
 Yes, I need to make other updates to my enrollment. 			
O No, I only need to make Reassignment Updates.			
CANCEL			
Home Help 🗁 Log Out			





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

N national government SERVICES

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Topic View

eb Trackin	ng ID:
Reason f	for Application
Practition Benefits	er, Supplier, or Provider is Terminating a Current Reassignment of
Reports	
Select the View Appli	hyperlink to view the Application being edited: ication being edited 🖨
Select the View Medi	hyperlink to view the Medicare ID Report: icare ID Report 🖙
Topics	
The data re electronica topics.	equired for this enrollment application is grouped into topics. In order to ally submit this enrollment application, you must complete all of the following
You may v process by	riew and print this enrollment application at any time during the enrollment y clicking the View and Print button below.
This applic	cation is collecting the following topics:
Complete	ed Topics
~	Reassignment Image: Provide the set of t
1	Contact Person Immore information about Contact Person
Note:	you have completed all the topics and as errors are present, the 'Begin







Remove Reassignment

My Associates > My Enrollments > Reassignment > Reassignment	Records 1 - 2 of 2
signment of Benefits	Accepting Reassignment from: XXXX XXXXX
Dic Summary stopic captures information to identify Medicare providers with whom the applicant establish a reassignment of benefits. (more information about Reassignment Benefits) Filter Reassignment of Benefits	Effective Date of Information: Medicare Identification Number(s) Social Security Number (SSN): XXX- XX-XXX Date of Birth: 12/17/XXXX National Provider Identifier: (unverified) Medicare Identification DELETE
Itease provide one or more of the following options to filter your enrollments. Itelecting on the Clear Filter button will clear the options and load the full list of nrollments. Advanced Search inter search criteria Reassignment Information	Practice Location Address: Primary Practice Location Address: 137 S STATE ST CHICAGO, IL 60603 -5606 DELETE
ndividual iirst Name First Name ①	Accepting Reassignment from: XXX Effective Date of Information: 05/01/2018 Social Security Number (SSN): XXX- XXX-XXXX Date of Birth: 12/17/XXXX National Provider Identifier: CELLERE Medicare ID(s) for provider reassigning benefits:
National Provider Identifier (NPI) Application Status National Provider Identifier (NPI) All Statuses FILTER ID CLEAR FILTER ID	Practice Location Address: Primary Practice Location Address: 137 S STATE ST CHICAGO, IL 60603 -5606
	Records 1 - 2 of 2





Termination Date

My Application Progress 90%
<u>Home</u> > <u>My Associates</u> > <u>My Enrollments</u> > <u>Reassignment</u> > <u>Reassignment</u> > 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: XXXXX XXXXXX
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 D





Reassignment Topic Summary

national government

signment of Benefits	
pic Summary	
s topic captures information to identify Me	dicare providers with whom the applicant
establish a spession matching the	arear information about Reasoning
Repetits)	
, and the second s	
ilter Reassignment of Benefits	
Please provide one or more of the followin	a onlights to filter your enrollments
Selecting on the Clear Filter button will cle	ar the options and load the full list of
nrollments.	
Advanced Second	
- Advanced search	
DD INFORMATION	
assignment Information	
Records	1 - 1 of 1
	Provider Name
Accenting Desceignment from	Torner Marie
Accepting Reassignment nom:	
Effective Date of Information:	Medicare ID(s) for provider
05/01/2018	receiving reassignment of
Social Security Number (SSN): XXX-	benefits:
Date of Birth: 12/17/XXXX	
National Provider Identifier:	(100.00)
DELETE D	
	Mediaara (D/s) for provider
	reassigning benefits:
Oraction I continue Addresses	
Fractice Location Address.	
Primary Practice Location	
Add	
13/ S STATE ST CHICAGO II. 60603-5606	
UNIONOU, IL 00003-0000	
DELETE	
Records	1 - 1 of 1
0.000 (D. 00)	C.) 5799961
URN TO TOPICS	ROR CHECK



Review Contact Information

Home > My Associates > My Enrollments > Reassignment > Contact Person Contact Person	
Topic Summary	
The topic requests information about the person or persons that the Medicare contractor should contact if any questions exist about the application. (more information about Contact Person)	
Contact Person Information	
Frosty Snowman	
Relationship/Affiliation to Provider/Supplier: Employee Address: DR HARRISBURG, PA 17110 -9436 Telephone: E-mail Address: @anthem.com	
(EDITO) (DELETE O)	
Śnowman	
Relationship/Affiliation to Provider/Supplier: Authorized Official Address: DR	
HARRISBURG, PA 17110-9436 Telephone:	
E-mail Address: @anthem.com	
REVIEW COMPLETE	•
PREVIOUS TOPIC GO TO ERROR CHECK GO RETURN TO TOPIC	C





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



-	Signature Instructions (*) Red asterisk indicates a required f
То	omplete 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
Те	rms and Conditions
Γ	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
Γ	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 YUIII of the Social Security Act
• 0	o you accept the Terms and Conditions?
int bin	Yes, I agree to the certification statement terms and conditions. I certify that end my electronic signature on this certification statement to be the legally using equivalent of my traditional handwritten signature.
	PREVIOUS PAGE NEXT PAGE





Manage Signatures – Select Method



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NGSMU

Submission Page

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

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.





NGSMU

Submission Confirmation

	Submission Confirmation - Print Your Receipt
IMPORTANT!	Submission Complete
Your enrollment application with any uploaded documentation has been submitted to your fee-for-service contractor.	You have successfully submitted your application!
Any required and/or supporting documentation not uploaded must be	Remember to:
mailed in to the fee-for-service contractor.	Make sure all required and supporting documents that require a signature are signed
Your application may be delayed or not processed if any required/supporting documentation is missing.	 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) receive 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.
OK	 Your application may be delayed or not processed if any required/supporting documentation is missing.
AUCK AF AARAUMI INIAFAAAJUAA AR KAAN INIFAMAAN AFA DAUAAN	 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

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 The email will provide 2 options for e-signing the Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE State: RI application: Form Type: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) 1. Log into Internet-based PECOS using your existing Practice Location , RI 029041824 PECOS ID and password NPI: Web Tracking ID: 2. 2. E-sign via the PECOS e-signature website if you don't Signatory Name: DONALD DUCK have an existing PECOS ID and password Signatory Role: AUTHORIZED OFFICIAL Topic/s Changed: Reassignment Instructions: You may provide an electronic signature using your PECOS user ID at (https://urldefense.com/v3/ https://pecos.cms.hhs.gov ;!!IZ3IH8c!kfgmU5O9gm J0tUE0IFnXqFbO2V8cBID9bmSEE5XKUAsZL23LYqFqUz37DeaFxkvXQ\$) OR through the PECOS E-Signature website [https://urldefense.com/v3/ https://pecos.cms.cmsval/pecos/eSignLogin.do ;11/231H8clkfqmU5O9gm J0tUE0IFnXqFbO2V8c8ID9bmSEE5XKLJAs2L23LYqFqU237DebtYbFo5), 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 ;!!IZ3IH8c!kfgmU5O9gm J0tUE0IFnXqFbO2V8cBID9bmSEE5XKLJAsZL23LYqFqUz37DeF SutgQ\$). 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

elease Notes	
ant to learn what's new in the latest PE tes[PDF].	ECOS release? Please review the Release
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etails	
There are no	notifications at this time.
name Madiana and Assount Inf	armatian
anage medicare and Account inf	ormation
MY ASSOCIATES	ACCOUNT MANAGEMENT
Enroll in Medicare for the first time	 Update your user account information, request or remove access to organizations
 View and update existing Medicare information 	Manage access to Medicare enrollments
 Continue working on saved applications 	
REVALIDATION NOTIFICATION CENT	ER 📵
View All Applications requiring reva	lidation
Start or continue revalidation applic	ation
anage Signatures	
pplications Requiring Signatures	
pplicant Name:	
eb Tracking ID:	
orm Type: 855R pplication Submitted: 02/21/2018	
rganization:	
ocument: AUTHORIZATION STATEM	ENT FOR





E-Signature – PIN

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

Remote Authentication Page. You have been directed to this site in order to electronically sign certain required documents related to Medicare enrollment application recently submitted on your behalf. WARNING: If you believe you have been directed to this site by mistake, please close this pape immediately. Only authorized users have the right to access this site. By misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials. Verity Your Identity and Validate Your Application Record Enter the required Identity information: * First Name * Date of Birth MW/DD/YYYY * SSN No Format Required Enter the email address and PIN you received in the PECOS emails: * Email Address • PIN		(*) Red asterisk indicates a required field.
You have been directed to this site in order to electronically sign certain required documents related to Medicare enrollment application recently submitted on your behalf. WARNING: If you believe you have been directed to this site by mistake, please close this pape immediately. Only authorized users have the right to access this site. By accessing and using this system you expressly consent to system monitoring. Any misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials. Verify Your Identity and Validate Your Application Record Enter the required Identity information: First Name Last Name Solate of Birth MM/DD/YYYY SSN No Format Required Enter the email address and PIN you received in the PECOS emails: PIN	Densels Authoritication	- Dene
You have been directed to this site in order to electronically sign certain required documents related to Medicare enrollment application recently submitted on your behalf. WARNING: If you believe you have been directed to this site by mistake, please close this page immediately. Only authorized users have the right to access this site. By accessing and using this system you expressly consent to system monitoring. Any misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials. Verify Your Identity and Validate Your Application Record Enter the required Identity information: * First Name * Last Name * Date of Birth MWDDOYYY * SSN No Format Required Enter the email address and PIN you received in the PECOS emails: * Email Address • PIN	Remote Autienticatio	on rage
WARNING: If you believe you have been directed to this site by mistake, please close this page immediately. Only authorized users have the right to access this site. By accessing and using this system you expressly consent to system monitoring. Any misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials. Verify Your Identity and Validate Your Application Record Enter the required Identity information: * First Name * Last Name * Last Name * Date of Birth MM/DD/YYYY * SSN No Format Required Enter the email address and PIN you received in the PECOS emails: * Email Address * PIN	You have been directed to documents related to Me behalf.	to this site in order to electronically sign certain required dicare enrollment application recently submitted on your
Verify Your Identity and Validate Your Application Record Enter the required Identity information: First Name Last Name Last Name Date of Birth MM/DD/YYYY SSN No Format Required Enter the email address and PIN you received in the PECOS emails: Email Address PIN LOG IM	WARNING: If you believe this page immediately. (accessing and using this misuse will be document appropriate law enforcements	e you have been directed to this site by mistake, please close Only authorized users have the right to access this site. By is system you expressly consent to system monitoring. Any ed as evidence of possible criminal activity and reported to the rent officials.
Enter the required Identity information: First Name Last Name Last Name Last Name Loci M III LOG M III LOG M III	Verify Your Identity a	nd Validate Your Application Record
	Enter the required Ide	ntity information:
Last Name Date of Birth MM/DD//YYY SSN No Format Required Enter the email address and PIN you received in the PECOS emails: Email Address PIN	* First Name	
Last Name Date of Birth MM/DD/YYYY SSN No Format Required Enter the email address and PIN you received in the PECOS emails: Email Address PIN		
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PIN		
	Email Address	
	PIN	
LOG IN		
		LOG IN
If your PIN is lost or expired, click here to generate a new one.		





View and Sign

Welcome	Review And Sign Your Document
Signatures Applications Requiring Signatures Applicant Name: Organization: TIN (EIN): Web Tracking ID: Formation: Town of Epse	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 IP 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
Form Type: 855R Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Application Submitted: 02/21/2018 Documents. Signed in the Last 30 Days	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
No signature completed in the last 30 days	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,
	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.







Confirmation Page

-Signature Confirma	ation
Your E-Signature Ha	s Been Accepted
You have successfully e	-signed the following document(s):
Web tracking ID:	
View Submitted Appli	cation 🖙
Signer Name:	
Role: AUTHORIZED OF	FICIAL
Document: AUTHORIZ	ATION STATEMENT FOR ORGANIZATIONS (855R)
Signed Date: Wed Feb	21 13:25:51 EST 2018





Manage Signatures, Verify Completion

Select View/Manage Reassignments

Existing Enrollments

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

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

Current ADI Accreditation?: No Revalidation Status: Revalidation Due (1) Sample Revalidation Notice -Revalidation Due Date: 02/28/2017 Practice Location: ROCHESTER, NY

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





VIEW 🔝

REVALIDATE

MORE OPTIONS

Verify Signature

				Home Help 🖉 Log Out
Associates > My Enrollments >	> View/Manage Reassignments			
g Reassignments Application				
		Pending Reassignments Applications Deta	is .	
. XXXX X		PENDING E-SIGNATURES	1720King IU	
remente Depart		View Pending E-Signatures Application S	0	OMECTA REGUMENT
Reassignment Records	ing options to filter the enrollments. Se	ecting the reset button will clear the options selected and load the full list of	enroliments.	
signment Status ① tatuses ~		Enrollment Status All Statuses	Relationship Status All Relationships	
		FRITER D RESET D		





Signature Status

Manage Signatures		Manage Signatures		
Name: Web Tracking ID:	TIN: X005-305-3000X NPI:	Name: FAMILY PRACTICE LLC Web Tracking ID:	TIN: ;	
NEW! - Any Authorized or Delegated Official electronic signatures. Authorized or Delegate application must now upload their signatu	is with an ITIN will not be able to submit of Officials with an ITIN entered on this re documents.	NEW! - Any Authorized or Delegated Officials electronic signatures. Authorized or Delegated application <u>must now upload their signature</u>	with an ITIN will not be able to submit d Officials with an ITIN entered on this <u>e documents</u> .	
Name: SSN: XXX-XXX-XXXX Signature Method: ELECTRONIC Email: test@com	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Pending	Name: Organization: SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email: nppes.test@yahoo.com	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Complete Date: 09/26/2018	
	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Complete Date: 08/03/2018	Name: SSN: XXX-XX-XXXX Signature Method: UPLOAD	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Pending	
Name: Organization: Family Practice LLC SSN: XXX-XXXXX Signature Method: ELECTRONIC Email:	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Pending	have not been uploaded. To upload a signature document or change the signature method, please select the Update button for the appropriate document(s).	WPDATE Medicare Supplier Enrollment Application Privacy Act Statement for Clinics and Group Practices	
	Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners	RETURN TO MY ENROLLMENTS		



RETURN TO MY ENROLLMENTS



Upload

national government SERVICES

Informatio	n		(*) Red asterisk in	idicates a required fie
- Upload	Certification was	successfully adde	ed.	
Update Si	gnature Record	-		
NEW! - Any electronic si application j	Authorized or Del gnatures. Authoriz nust now upload	legated Officials zed or Delegated I their signature	with an ITIN will no Officials with an IT documents.	t be able to submit TN entered on this
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Role AUTHORIZE	D OFFICIAL			
Document AUTHORIZ	ATION STATEME	NT		
E-Sign Stat Pending	us			
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 Signatu Enrollm Certifica 	re page from the F ents Page select t tion	Required/Suppor this application th	ting Documentation ten select View > V	topic, or from the My /iew Printable
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	E	Irowse		UPLOAD
File Name: Date Uploa	This is void check ded: 09/26/2018	cpdf iΩ		





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





After Submission Reminder

- Update Individual Enrollment Record
 - Correspondence address
 - Contact information





Check Application Status

Check Application Status PECOS

- <u>PECOS</u>
- Helpful Links
 - Application Status

Providers and Suppliers	
come to the Medicare Provider Enrollment, C	Chain, and Ownership System (PECOS) (*) Red asterisk indicates a required fiel
ECOS supports the Medicare Provider and Supplier nd electronically submit and manage Medicare enro	enrollment process by allowing registered users to securely Ilment information.
lew to PECOS? View our videos at the bottom of thi	s page.
USER LOGIN	BECOME A REGISTERED USER
fou may use your NPPES or PECOS username and password to login.	You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.
	Register for a user account
Password	Questions? Learn more about registering for an account
	Note: If you are a Medical Provider or Supplier, you must register for an NPI 🖨 before enrolling with Medicare.
Forgot Password?	Helpful Links
forgot User ID? 📮 Manage/Update User Profile 🖵	Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.
Vho Should I Call? [PDF, 155KB] 🖨 - CMS Provider Enrollment Assistance Guide	Pay Application Fee - Pay your application fee online.
	View the list of Providers and Suppliers [PDF, 94KB] who are required to pay an application fee.





Check Application Status Tool

 Go to <u>our website</u> > Resources > Tools & Calculators > <u>Check</u> <u>Provider Enrollment Application Status</u>

Resources > Tools & Calculators

CHECK PROVIDER ENROLLMENT APPLICATION STATUS

This inquiry tool can be used to check on the status of your CMS-855 enrollment application.

How to Search

To perform a search please enter into a field below either a valid case number/web tracker ID (Option 1) or a valid National Provider Identifier (NPI) and last five digits of the Tax Identification Number (TIN) combination (Option 2).

Option 1		Option 2	
Case Number / Web Tracker Id		NPI	
		TIN (last five digits)	
	Submit	Clear	





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

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our videos at the bottom of this page.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password



LOG IN 🛛

Forgot Password?

Forgot User ID?

Manage/Update User Profile

Who Should I Call? [PDF, 155KB] 🚍 - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI 🖨 before enrolling with Medicare.

Helpful Links

Application Status 🗗 - Self Service Kiosk to view the status of an application submitted within the last 90 days.

Important Note: CMS is using its authority under Section 1135 of the Social Security Act to waive the application fee for any applications submitted on or after March 1, 2020 in response to COVID-19. Please do not submit an application fee with your application. For more information on provider enrollment flexibilities related to COVID-19, please visit the CMS website [PDE].

Pay Application Fee 🗁 - Pay your application fee online.

View the list of Providers and Suppliers [PDF, 94KB]
who are required to pay an application fee.

E-Sign your PECOS application - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.





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]





Contact Information

- External User Services (EUS) Website https://eus.cms.gov
 - Resources for PECOS, I&A and NPPES
 - Guides
 - Tutorials
 - FAQs
 - Live Chat
 - Email Address
 - Mailing Address
 - Phone numbers
 - EUS helpdesk (866) 484-8049
 - NPI Enumerator helpdesk (800) 465-3203





NGS Website



Mailing Addresses

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











Connect with us on social media



YouTube Channel Educational Videos









Find us online





www.NGSMedicare.com Online resources, event calendar,

LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



NGSConnex Web portal for claim information



Sign up for Email Updates

Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news




Questions?

Thank you!