

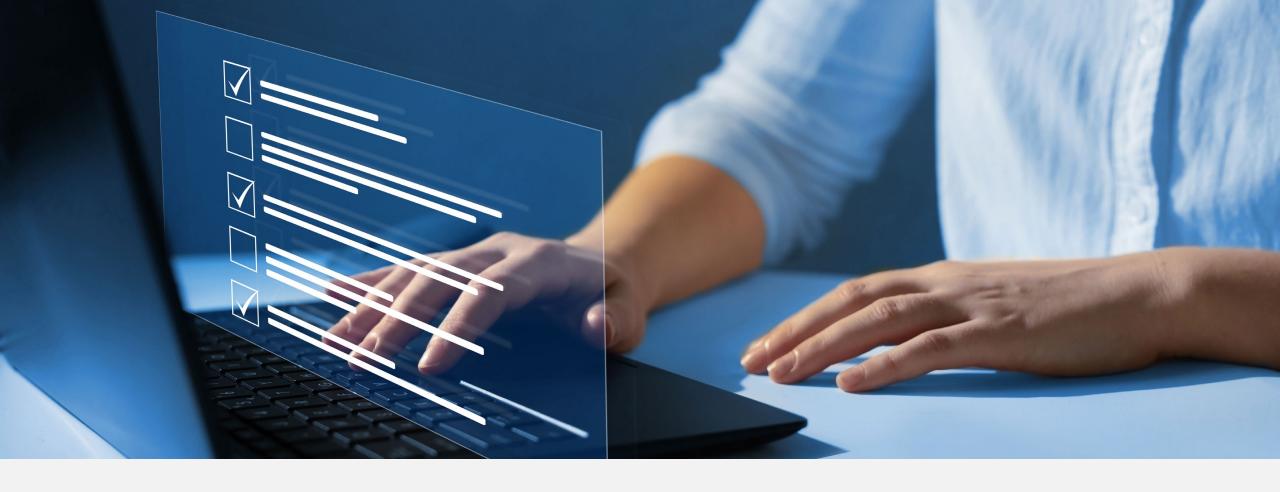


PECOS: View and Manage Reassignments through Group Enrollment

6/6/2023





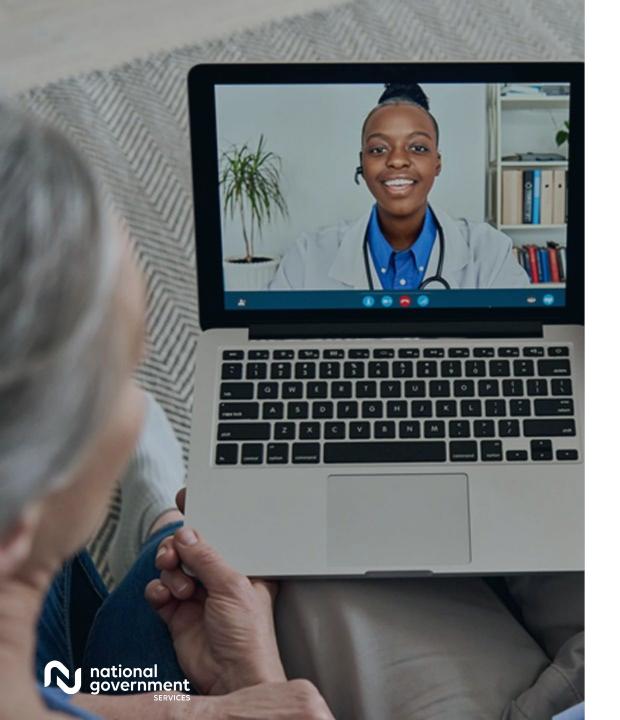


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Recording

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

Today's Presenters

Provider Outreach and Education Consultants

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











Agenda

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







View Reassignment Report

PECOS Home Page to Login

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] C - 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 p before enrolling with Medicare.

Helpful Links

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

Pay Application Fee C - Pay your application fee online.

View the list of Providers and Suppliers [PDF, 94KB] a 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.gow/Providers □ Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, nonphysician practitioners, and other suppliers.
- Enrollment Checklists - Review checklists of information needed to complete an application for various provider and supplier types.
- Medicare Learning Network® (MLN) Helpful articles and tutorials about changes in Medicare enrollment

- Revalidation Notice Sent List Check to see if you have been sent a notice to revalidate your information on file with Medicare.
- Ordering, Certifying, or Prescribing Practitioners List
 View the Ordering, Certifying, or Prescribing Practitioners List to verify eligibility to order or certify items or services to Medicare beneficiaries, or prescribe part D drugs.
- Ordering, Certifying, or Prescribing Information [PDF, 1.64MB] ☐ - Learn about the Ordering, Certifying, or Prescribing enrollment process.

Enrollment Tutorials

Initial Enrollment:

Step-by-step demonstration of an initial enrollment application in PECOS. Individual Provider or Organization/Supplier •

Change of Information:

Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS

Individual Provider P or Organization/Supplier P

Revalidation:

Step-by-step demonstration on how to submit your revalidation application using PECOS. Individual Provider 🗗 or Organization/Supplier 📮

Deactivated:

Example of how to deactivate an existing enrollment record.

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):

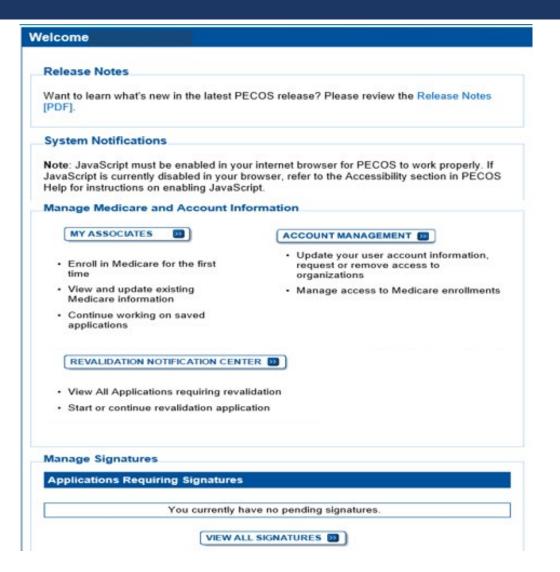
Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.

DME Supplier





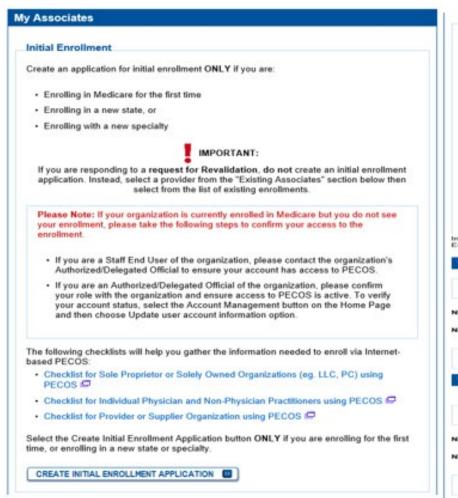
My Associates

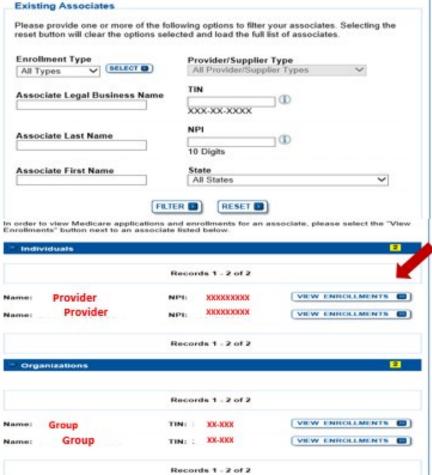






View Enrollments

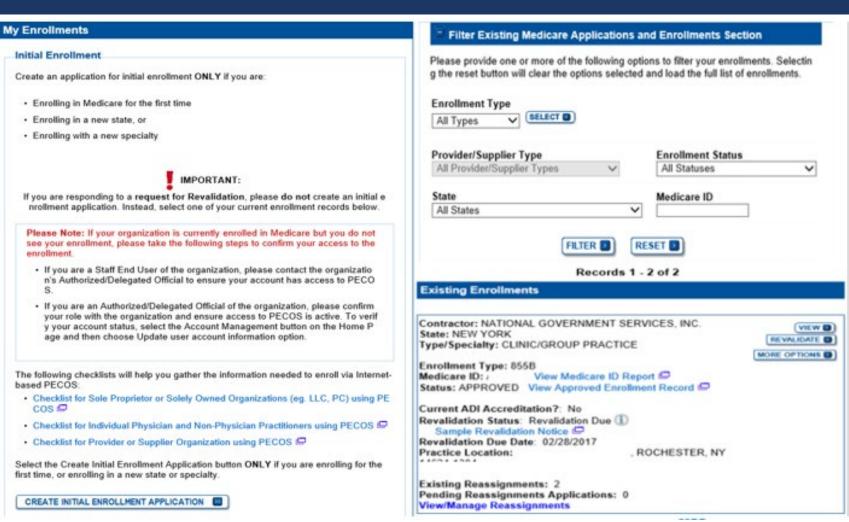








My Enrollments





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 (1)

Sample Revalidation Notice P
Revalidation Due Date: 02/28/2017

Practice Location: ROCHESTER, NY

Existing Reassignments: 2

Pending Reassignments Applications: 0

View/Manage Reassignments





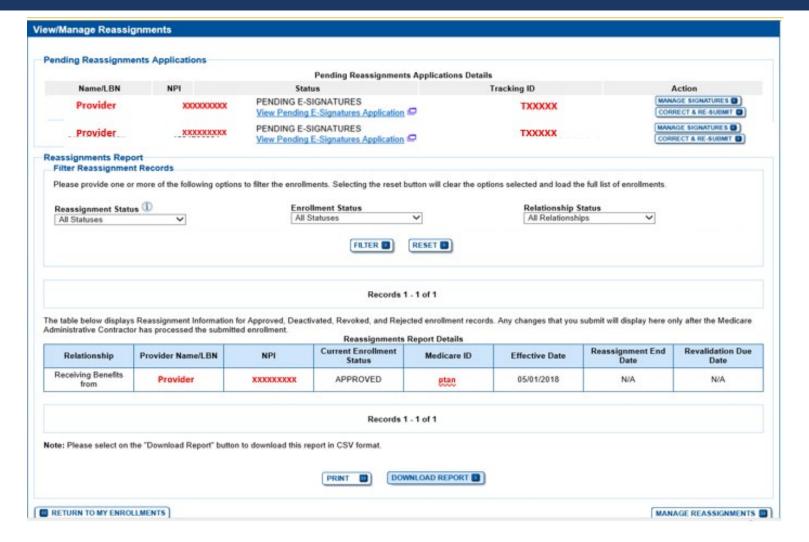


VIEW

REVALIDATE D

MORE OPTIONS

View/Manage Reassignments







Add Reassignment for Provider with Active Enrollment

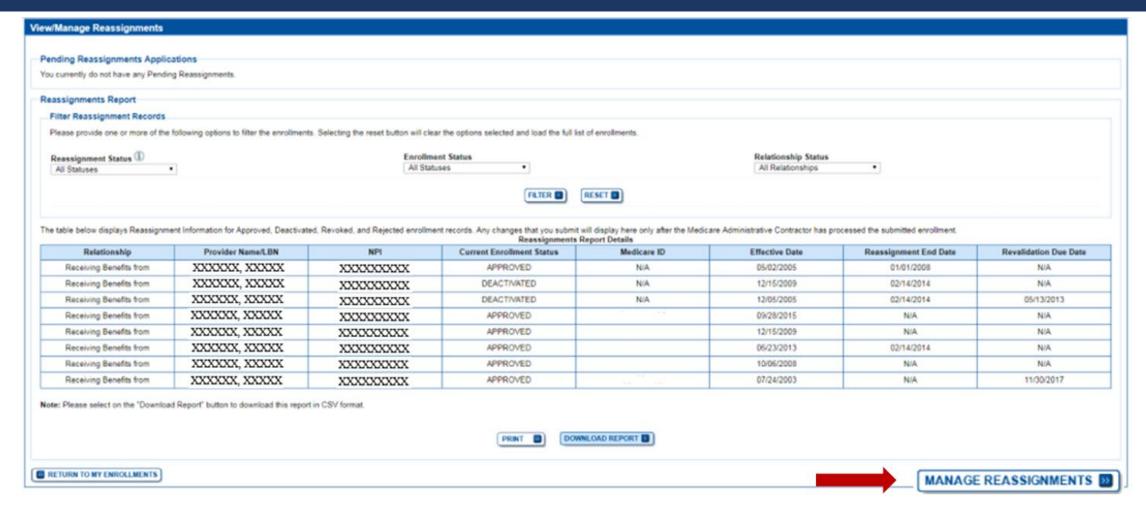
Verify Active Enrollment

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





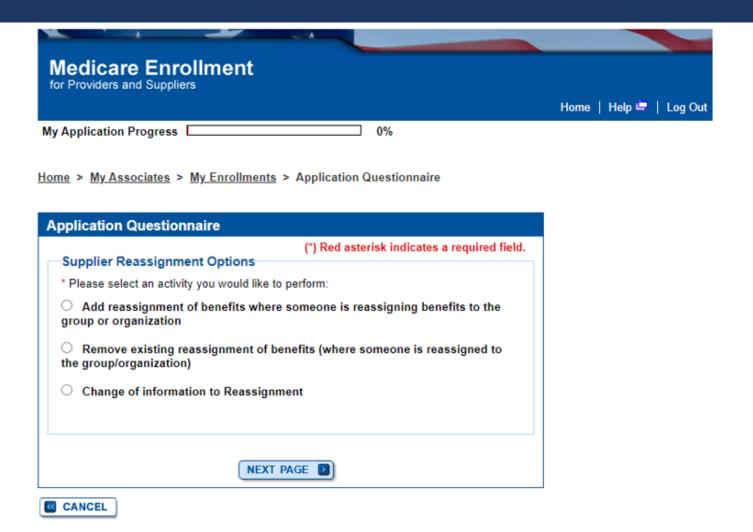
Manage Reassignments







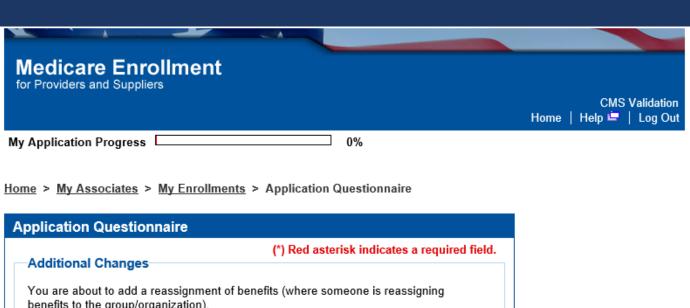
Application Questionnaire







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?

Yes, I need to make other updates to my enrollment.

No, I only need to make Reassignment Updates.





Start Application

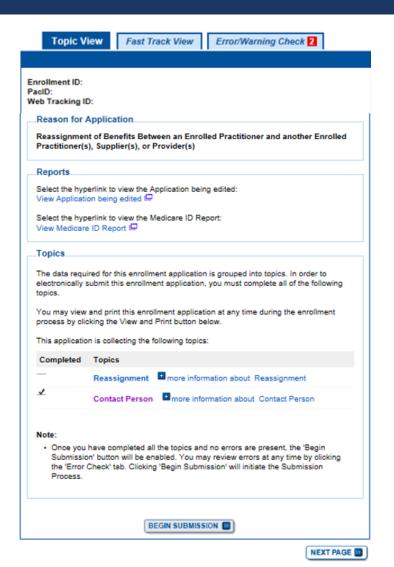
Confirm Reason for Application Medicare Part B Enrollment Based on your responses, the following reason for application was identified. A Medicare Part B Supplier is accepting benefits from a Part B practitioner. The application is for: Tax Identification Legal Business Name Supplier Type State Number (TIN) FAMILY CLINIC/GROUP ILLINOIS PRACTICE LLC XX-XXXX PRACTICE Clicking on the 'Start Application' button will create a Medicare application using the above information. Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted. At the conclusion of this process: The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing An Authorized Official or Delegated Official must sign a statement certifying the submitted information · The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s) · Medicare benefits to the practitioner are reassigned to the supplier after the fee-forservice 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 [33]







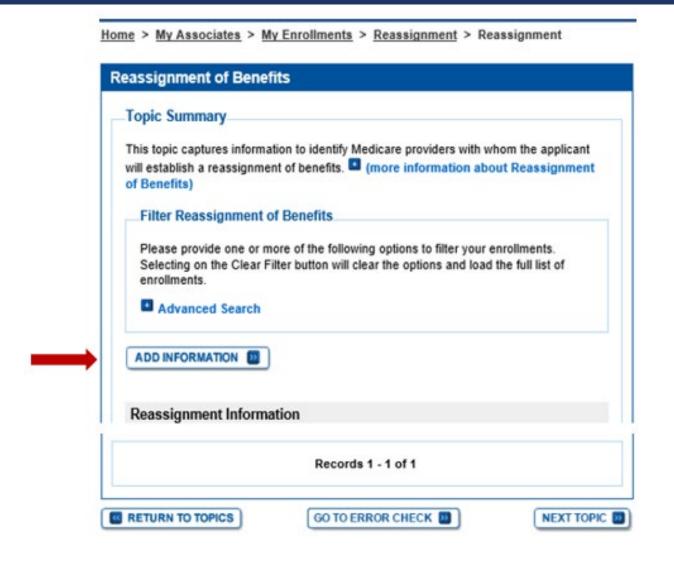
Topic View







Add Reassignment Information







Provider Information

CANCEL



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)	
10 Digits	
* Please choose the Specialty Type for the re-	assigning practitioner:
O Physician	
O Non-Physician	
NEXT PA	GE D





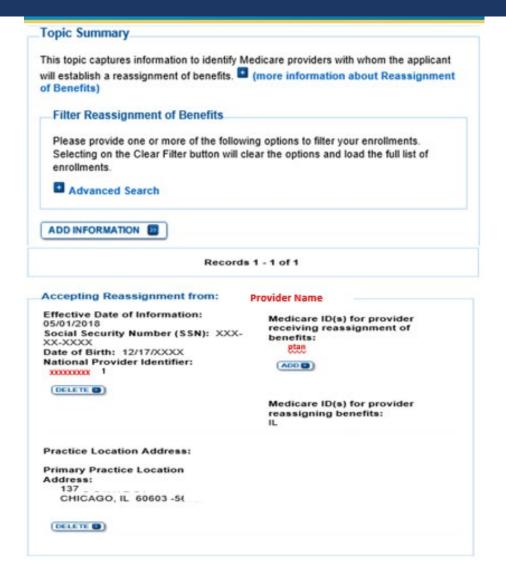
Group Information

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD **Accept Reassignment** Reassignment of Benefits Practice Location Address from where benefits are accepted Medicare Identification Numbers Note: Name: To add Practice Locations (a location is not listed or dropdown lists are disabled). go to the Physical Location topic. National Provider Identifier (NPI): . The locations you select here will be used to populate Physician Compare on Medicare.gov. 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. Primary Practice Location: Please select the Primary Practice Location where you render services: Medicare Identification Number Select a Primary Practice Location Address ADD MORE Secondary Practice Location: REVIOUS PAGE NEXT PAGE Please select the Secondary Practice Location where you render services: Select a Secondary Practice Location Address CANCEL REVIOUS PAGE SAVE D **CANCEL**



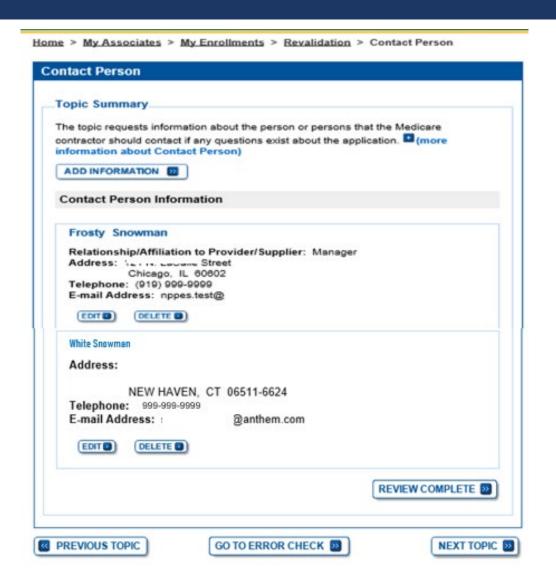


Reassignment Topic Summary





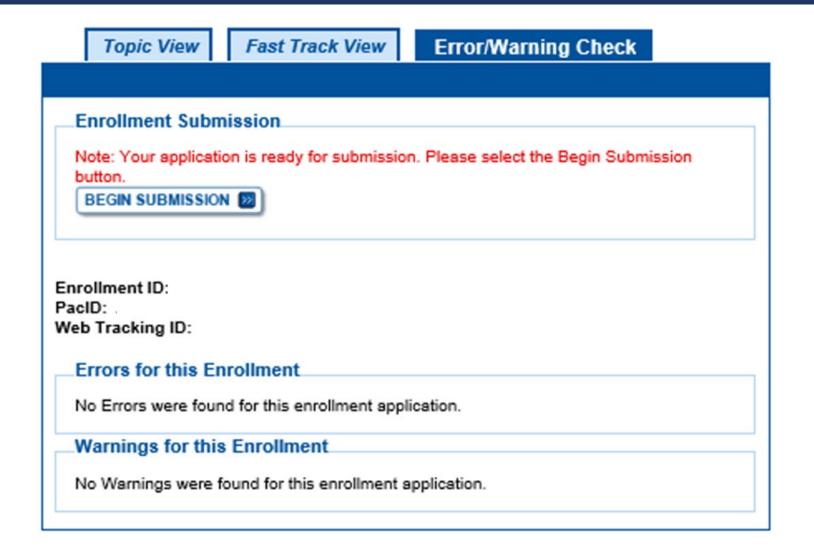
Review Contact Information







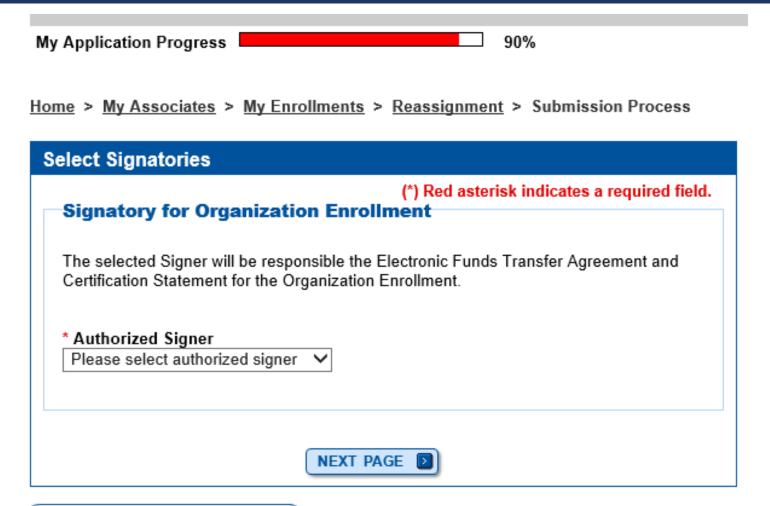
Error/Warning Check and Begin Submission







Authorized/Delegated Official Selection







Manage Signatures

RETURN TO MY ENROLLMENTS

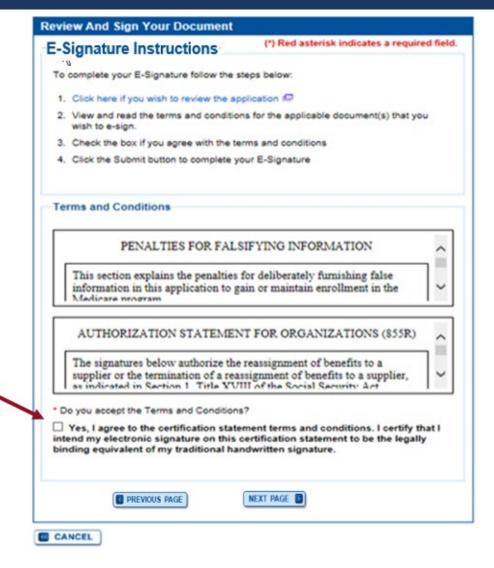
fanage Signatures	
	(*) Red asterisk indicates a required field
Group Name Web Tracking II	TIN: XXX-XX-XXXX NPf
tatement(s),authorization statement(s), an	documents. Please upload your certification d CMS-588 forms on this page, or after nents page and selecting the Manage Signatures
ote: Users will no longer be able to mail in lectronic or Upload.	n signature documents. Please select either
	an ITIN will not be able to submit electronic ls with an ITIN entered on this application must
Please select a signature method for	each signer:
Name: DONALD DUCK SSN: XXX-XX-XXXX * Signature Method for DONALD DUCK:	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Name:) [You] SSN: XXX-XX-XXXX * Signature Method for St	Role: AUTHORIZED OFFICIAL
	Document: AUTHORIZATION STATEMENT
© E-Sign (Sign Now) © Upload	Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)





Manage Signatures – Sign Now



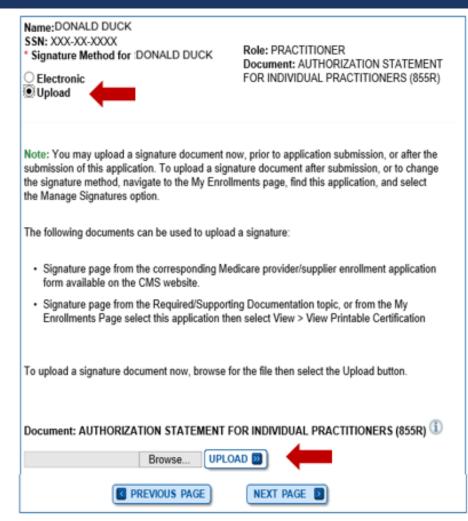






Manage Signatures –Select Method



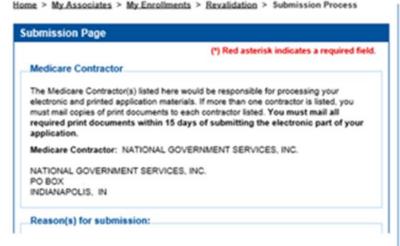




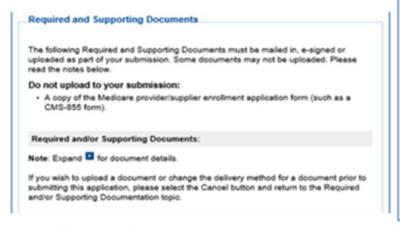


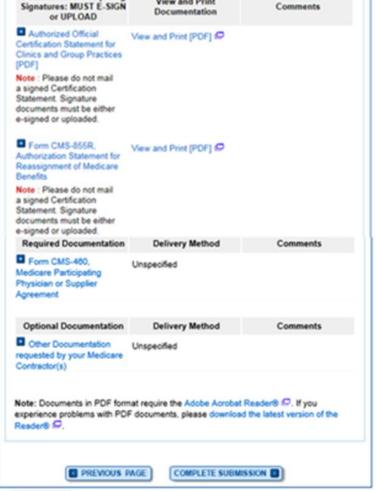


Submission Page



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





View and Print

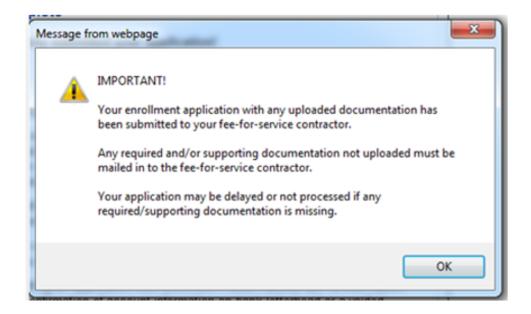
Documentation Requiring

CANCEL.





Submission Confirmation



My Application Progress

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.

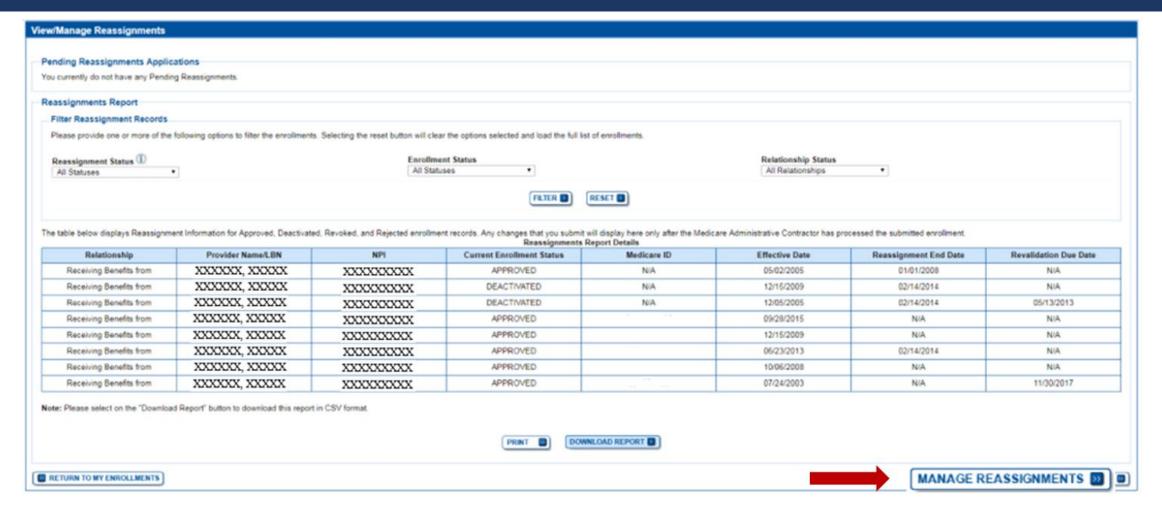
You have successfully submitted your application!





Terminate Reassignment

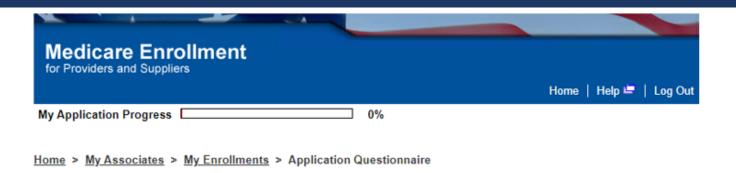
Manage Reassignments

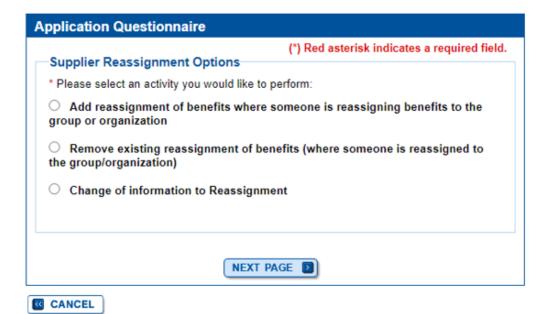






Application Questionnaire

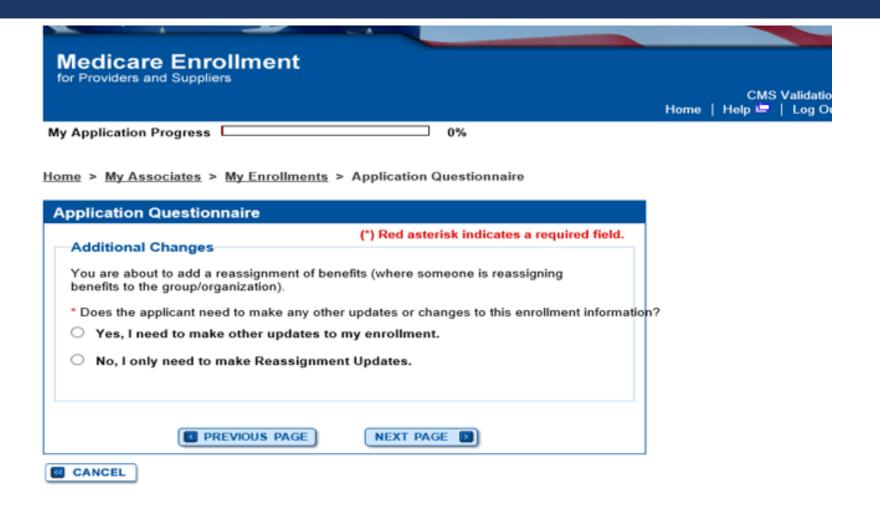








Application Questionnaire



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:

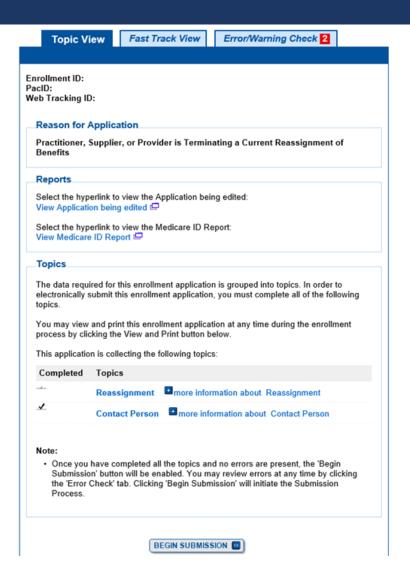
- The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing
- An Authorized Official or Delegated Official must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must 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 🔯



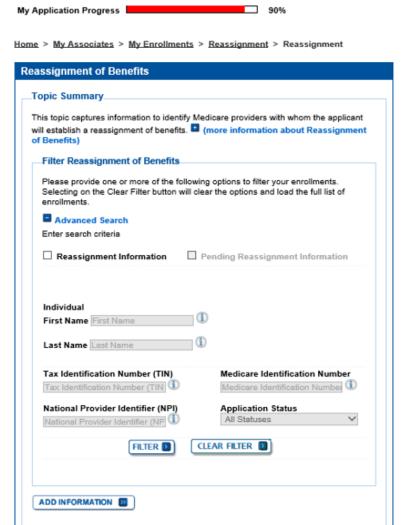


Topic View





Remove Reassignment

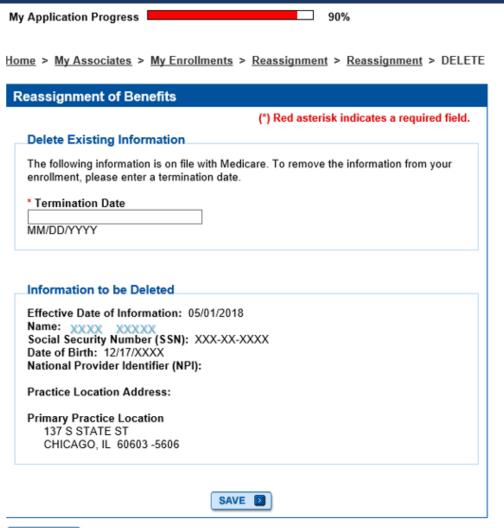








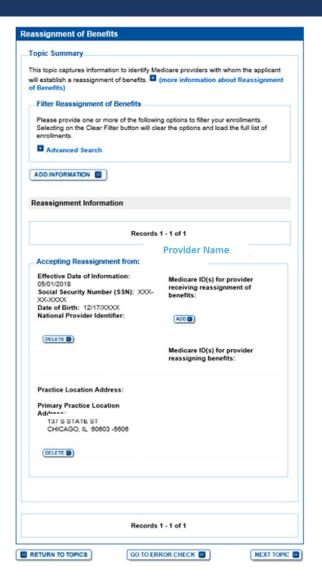
Termination Date







Reassignment Topic Summary

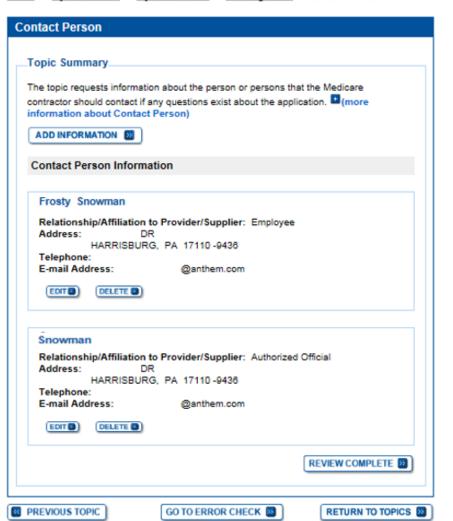






Review Contact Information

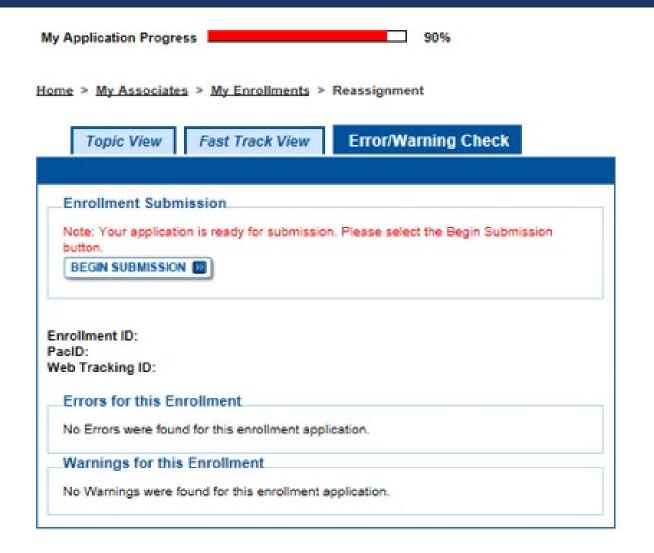
Home > Mv Associates > Mv Enrollments > Reassignment > Contact Person







Error/Warning Check and Begin Submission







Authorized/Delegated Official Selection



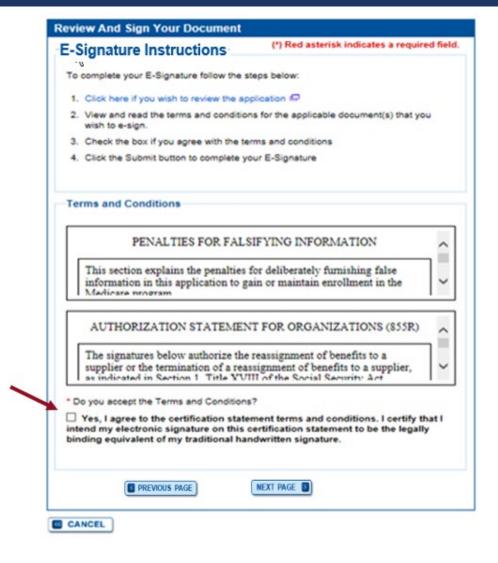






Manage Signatures – Sign Now

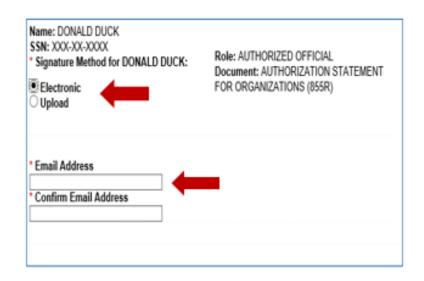


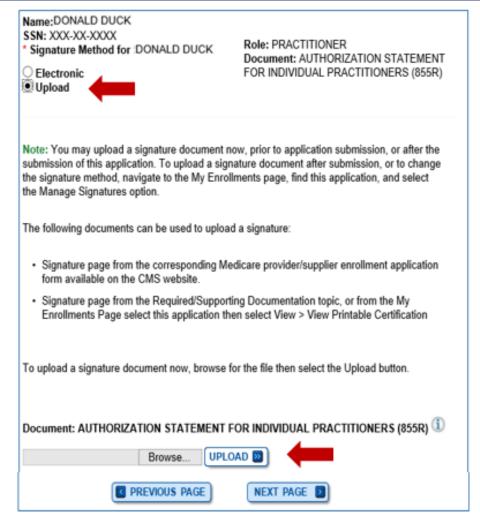






Manage Signatures – Select Method



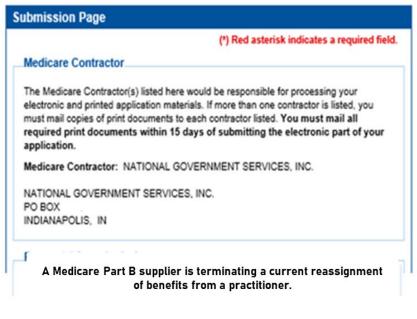




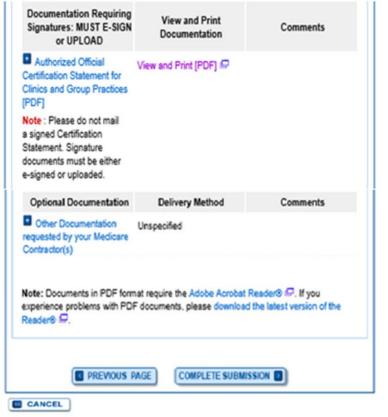


Submission Page

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

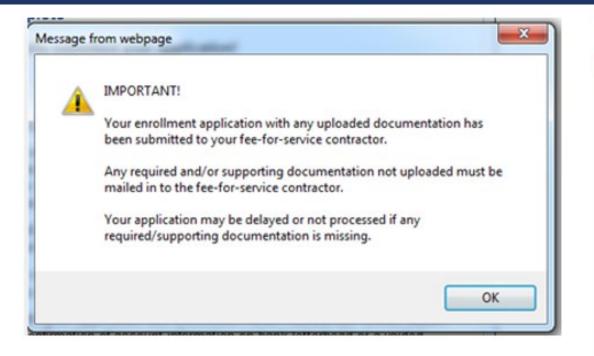


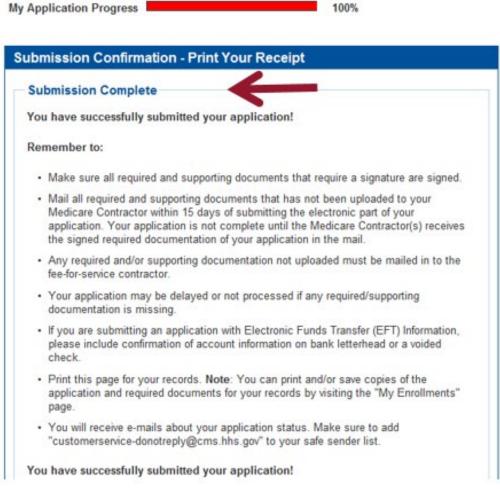






Submission Confirmation







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

ractice tocation

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:

- 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

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

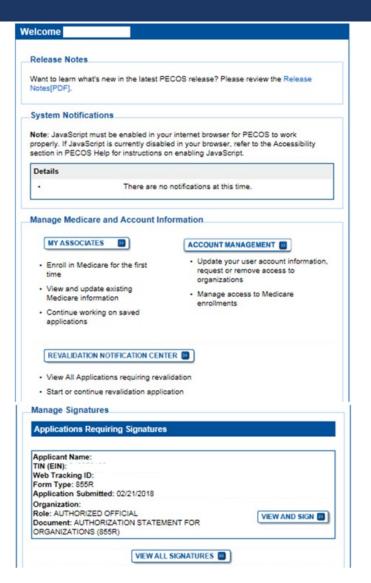
(https://urldefense.com/v3/ https://eus.custhelp.com ;!!IZ3lH8c!kfgmU5O9gm J0tUE0IFnXqFbO2V8cBiD9bmSEESXKLJAsZL23LYqFqUz37DeF 5utgQ\$).

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



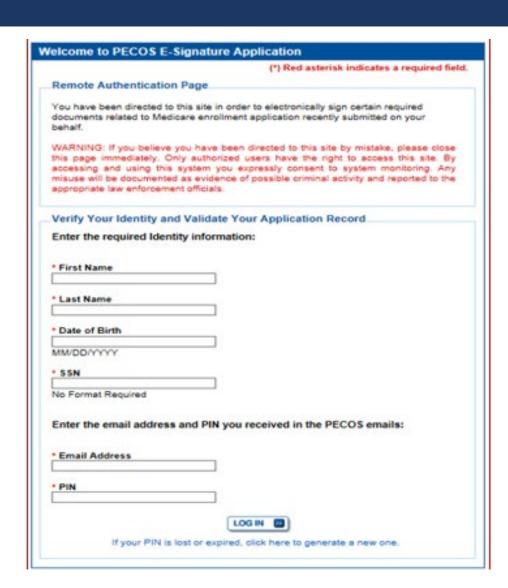




E-Signature – PIN

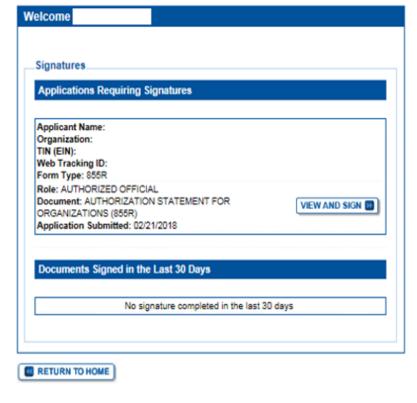
- Provider/AO or DO
- First and last name
- Date of birth
- SSN
- Telephone
- Email
- PIN

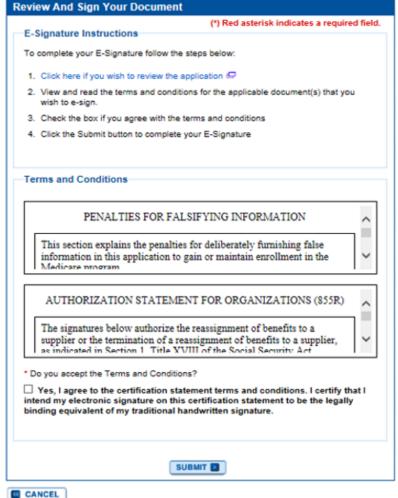






View and Sign

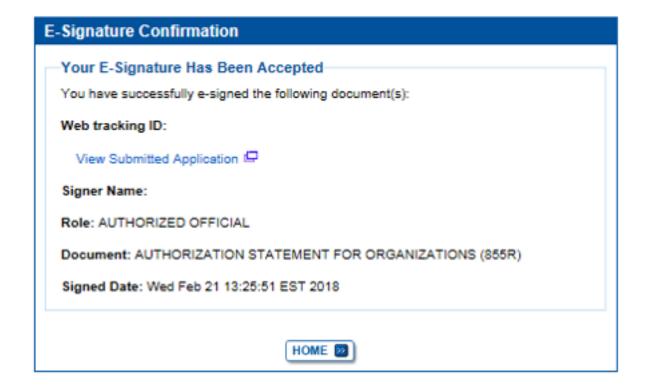








Confirmation Page





Manage Signatures, Verify Completion

Select View/Manage Reassignments

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



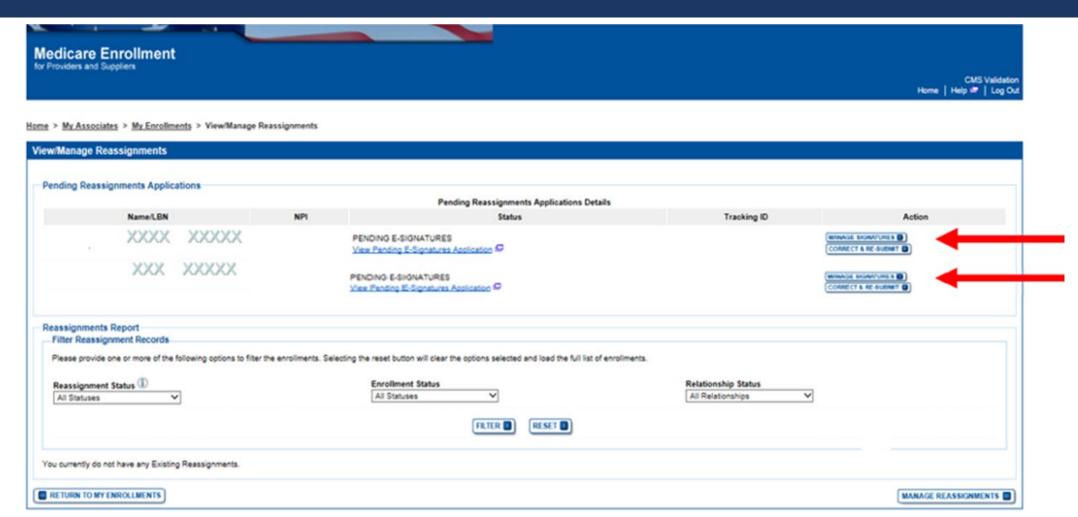


VIEW

REVALIDATE D

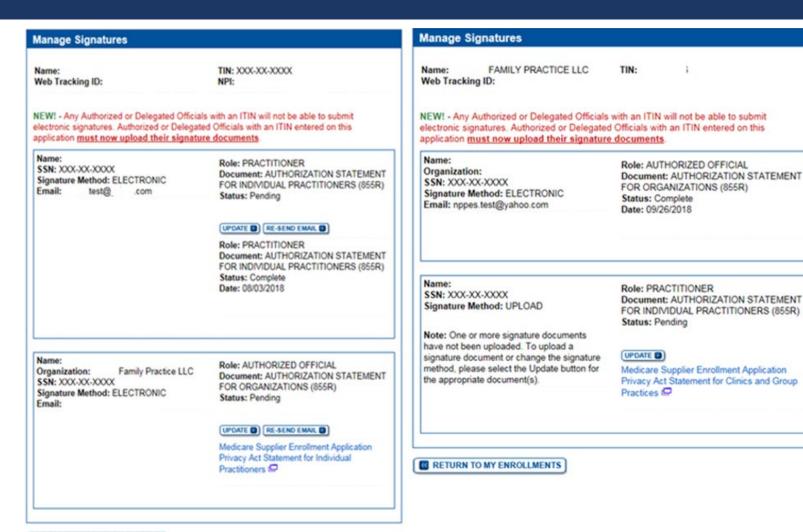
MORE OPTIONS

Verify Signature





Signature Status

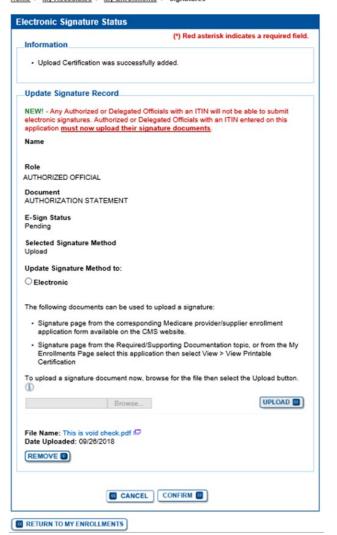






Upload

Home > My Associates > My Enrollments > Signatures





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

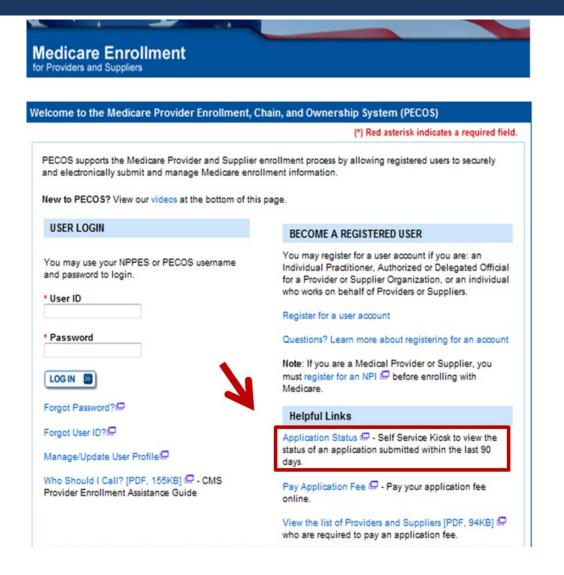




Check Application Status

Check Application Status PECOS

- PECOS
- Helpful Links
 - Application Status

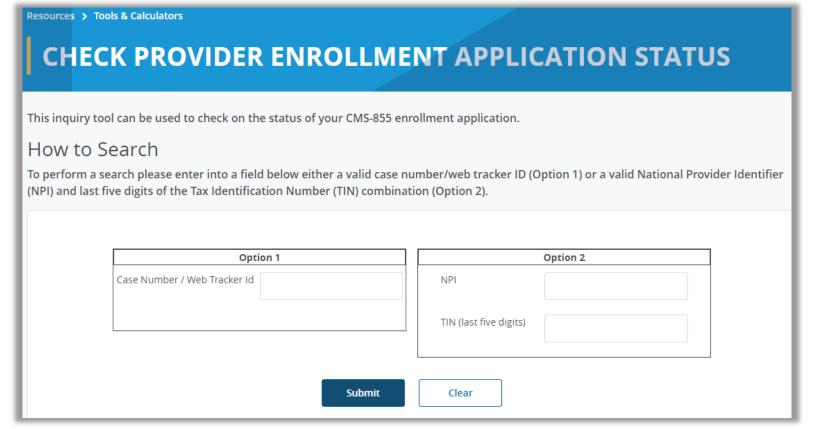






Check Application Status Tool

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







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

elcome to the Medicare Provider Enrollment, Chain, a	and Ownership System (PECOS)
	(*) Red asterisk indicates a required fie
PECOS supports the Medicare Provider and Supplier enrelectronically submit and manage Medicare enrollment inf	ollment process by allowing registered users to securely and formation.
New to PECOS? View our videos at the bottom of this pa	ge.
USER LOGIN	BECOME A REGISTERED USER
Please use your I&A (Identity & Access Management System) user ID and password to log in. * User ID * Password LOG IN * Porgot Password? Forgot User ID? Manage/Update User Profile Who Should I Call? [PDF, 155KB] - CMS Provider Enrollment Assistance Guide	You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider Supplier Organization, or an individual who works on behall 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 fe for any applications submitted on or after March 1, 2020 is response to COVID-19. Please do not submit an applicatione with your application. For more information on provide enrollment flexibilities related to COVID-19, please visit the CMS website [PDF].
	Pay Application Fee 🗗 - Pay your application fee online.
	View the list of Providers and Suppliers [PDF, 94KB] whare 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





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. <u>DME Supplier - WMV [ZIP, 64MB]</u>

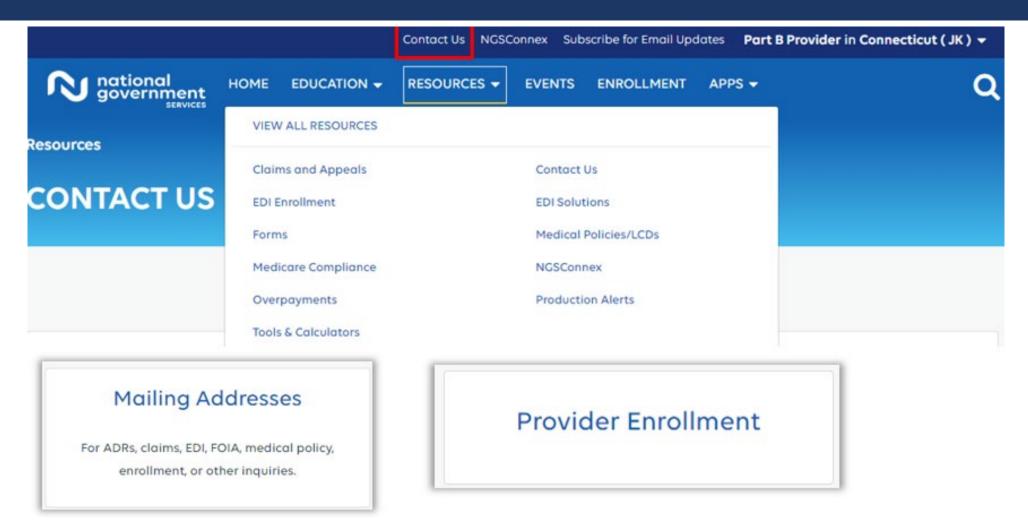




Resources

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/

<u>NGS Website</u>











Text NEWS to 37702; Text GAMES to 37702







Questions?

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