

NGSMedicare University Virtual Conference

Medicare 2021

A Journey to a Healthier Future and Partnership

Provider Enrollment 101

5/11/2021



Today's Presenters

- Laura Brown, CPC
 - Provider Outreach and Education
- Susan Stafford
 - Provider Outreach and Education

Disclaimer

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No Recording

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

Objectives

- Understand the provider enrollment process from determining the appropriate application to submit through obtaining a Medicare identification number or Provider Transaction Access Number (PTAN) to bill

Agenda

- General Overview
- CMS Provider Enrollment Systems
- Active Providers with Medicare
- Applications and Forms
- Supporting Documentation and Application Fee
- Process After Submission
- Changes in Enrollment
- Revalidation
- Deactivation and Reactivate
- Contact Information

General Overview

General Overview

- [CMS.gov](https://www.cms.gov), select Medicare
 - [Medicare Administrative Contractors](#)
 - What is a MAC?
 - Who are the MACs?
 - [MAC Website List](#)
 - MAC names and websites
 - MACs per state, per business type
 - » Part A and B
 - » DME
 - » Home Health and Hospice

General Overview

- Medicare Provider-Supplier Enrollment (CMS primary provider enrollment webpage)
 - [Enrollment Applications](#)
 - [Ordering & Certifying](#)
 - [Revalidations\(Renewing Your Enrollment\)](#)
 - [Find Your Taxonomy Code](#)
 - [Manage Your Enrollment](#)
 - [Medicare Enrollment Assistance & Contacts](#)
 - [Provider Enrollment Events](#)

General Overview

- Provider Type (enrollment, billing and Medicare policy)
 - [Ambulatory Surgical Centers](#)
 - [Ambulance Services](#)
 - [Critical Access Hospitals](#)
 - [Federally Qualified Health Centers \(FQHC\)](#)
 - [Home Health Agencies \(HHA\)](#)
 - [Hospices](#)
 - [Hospitals](#)
 - [Opioid Treatment Programs](#)
 - [Physicians](#)
 - [Skilled Nursing Facilities \(SNF\)](#)

General Overview

- NGS Website



- National Government Services
 - Part A/B MAC – Jurisdiction 6
 - Part A/B MAC – Jurisdiction K

General Overview

The screenshot displays the National Government Services website. The header features the logo on the left, a breadcrumb trail for 'JURISDICTION 6 - PART B IN ILLINOIS' in the center, and a search bar on the right. Below the header is a navigation bar with links for Enrollment, Claims & Appeals, Medical Policy & Review, Education (highlighted with a red box), Overpayment, and Provider Resources (also highlighted with a red box). Above the Education link are links for 'Contact Us' and 'Subscribe to Email Updates', both highlighted with yellow boxes. The Education dropdown menu is open, showing a grid of links: COVID-19, News & Alerts, Webinars, Teleconferences & Events, Past Events, YouTube, Medicare University Courses, Medicare Arcade, Job Aids & Manuals, POE Advisory Group, and a dark blue sidebar containing Forms, Acronyms, Calculators & Tools, News & Alerts, Medicare Monthly Review, and NGSConnex.

National Government Services | *JURISDICTION 6 - PART B*
IN ILLINOIS

Enter keywords or phrases **Search >**

Contact Us | **Subscribe to Email Updates** | NGSConnex

ENROLLMENT **CLAIMS & APPEALS** **MEDICAL POLICY & REVIEW** **EDUCATION** **Overpayment** **Provider Resources**

- [COVID-19](#)
- [News & Alerts](#)
- [Webinars, Teleconferences & Events](#)
- [Past Events](#)
- [YouTube](#)
- [Medicare University Courses](#)
- [Medicare Arcade](#)
- [Job Aids & Manuals](#)
- [POE Advisory Group](#)

- [Forms](#)
- [Acronyms](#)
- [Calculators & Tools](#)
- [News & Alerts](#)
- [Medicare Monthly Review](#)
- [NGSConnex](#)

General Overview

- Part A, FQHC, Home Health & Hospice

The screenshot displays the National Government Services website interface. The header features the organization's logo, a navigation menu with 'ENROLLMENT' highlighted, and a search bar. Below the header, the 'ENROLLMENT' section is expanded, showing options like 'Submit an Initial Enrollment Application', 'Revalidate My Enrollment', and 'Report a Change of Information'. A central panel titled 'Medicare Enrollment' includes a 'Learn About PECOS Web' section with a 'Log in to PECOS Web' button. To the right, there are links for 'Enrollment Forms', 'Setup Electronic Funds Transfer', 'EDI Solutions', and 'EDI Enrollment'.

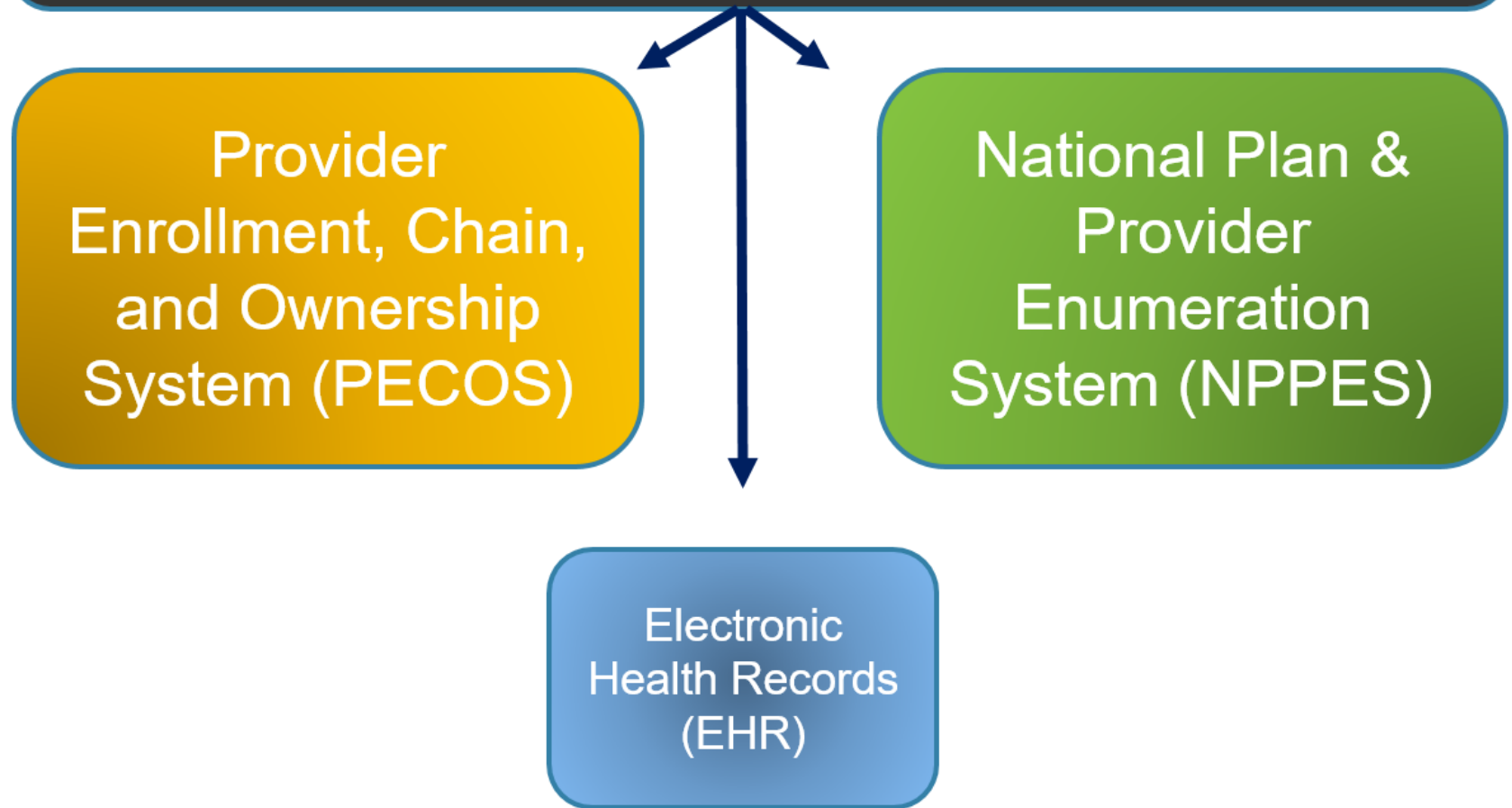
General Overview

■ Part B

The screenshot displays the National Government Services website interface. At the top, the logo for National Government Services is on the left, and a search bar with the text "Enter keywords or phrases" and a "Search >" button is on the right. Below the search bar are links for "Contact Us", "Subscribe to Email Updates", and "NGSConnex". A navigation bar below the header contains several menu items: "ENROLLMENT" (highlighted with a red box), "CLAIMS & APPEALS", "MEDICAL POLICY & REVIEW", "EDUCATION", "Overpayment", and "Provider Resources". The main content area is divided into several sections: "Enrollment Hot Topics" with links like "Enroll with Medicare for the First Time", "Change Existing Provider Enrollment Information", "Deactivation of Billing Privileges, Suspension and Reactivation", and "All Enrollment Topics"; "PECOS Web" with links "Learn about PECOS Web" and "Log in to PECOS Web"; "Revalidation" with links "Revalidate My Enrollment" and "When do I need to Revalidate"; "Opt Out" with links "Opt Out of Medicare" and "Opt Out Search"; "Find Participating Physicians" with a link to the "Medicare Participating Physicians Directory (MEDPARD)"; "Electronic Data Interchange" with links "EDI Solutions" and "EDI Enrollment"; and a "PAY APPLICATION FEE" section with a link "Check Provider Enrollment Application Status" and an "Enrollment Forms" link.

CMS Provider Enrollment Systems

Identity & Access (I&A) Management System



CMS Provider Enrollment Systems

- **I&A Management System**
 - One profile for each individual with a unique email address and personal information
 - User ID and Password
 - Grant and gain access to enrollment information
 - Staff end users and surrogates
 - [I&A System Quick Reference Guide](#)
- **NPPES**
 - National Provider Identifiers (NPI)
 - Type 1 – individual
 - Type 2 – organization, facility, group
- **PECOS**
 - Medicare Enrollment Information
 - Per state
 - Per provider type/specialty
 - Enrollment ID issued per enrollment record
 - [Learn About PECOS Web](#)

CMS Provider Enrollment Systems

- Understanding Authorized Official and Delegated Official Roles
 - **Medicare Enrollment (Signature on application)**
 - An AUTHORIZED OFFICIAL means an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program.
 - A DELEGATED OFFICIAL means an individual who is delegated by an authorized official the authority to report changes and updates to the provider's enrollment record. A delegated official must be an individual with an "ownership or control interest in" (as that term is defined in Section 1124(a)(3) of the Social Security Act), or be a W-2 managing employee of, the provider.

CMS Provider Enrollment Systems

- Understanding Authorized Official and Delegated Official Roles
 - **I&A Management System (Access to enrollment information)**
 - Able to initiate or accept surrogacy connections, and manage staff on behalf of his or her organization
 - Authorized Official (AO) is an appointed official of an Organizational Provider or third Party Organization with the authority to legally bind that organization and conduct business on behalf of the organization. If an Organizational Provider, also ensure the organization's compliance with Medicare statutes, regulations and instructions.
 - Access Manager (AM) is an individual, delegated by the Authorized Official of an Organizational Provider or third Party Organization, with the authority to legally bind the organization and conduct business on behalf of the organization. If an Organizational Provider, also ensure the organization's compliance with Medicare statutes, regulations and instructions.

CMS Provider Enrollment Systems

Individual Enrollment (NPI Type 1)	Title in PECOS (Signature on application)	Title in I&A (Access to enrollment information)
Individual Provider	Authorized official (self)	Authorized Official
Person other than Individual Provider	n/a	Designated Official: Access Manager, Staff End User or Surrogate

CMS Provider Enrollment Systems

Organization Enrollment (NPI Type 2)	Title in PECOS (Signature on application)	Title in I&A (Access to enrollment information)
Authorized Official of group	Authorized Official	Designated Official: AO, Access Manager, Staff End User or Surrogate
Delegated Official of group	Delegated Official	Designated Official: AO, Access Manager, Staff End User or Surrogate
Staff member or Surrogate (Third Party)	n/a	Designated Official: AO, Access Manager, Staff End User or Surrogate

Active Providers with Medicare

Active Providers with Medicare

- [How to Determine if the Provider is Active and Get the Provider Enrolled in Medicare Part B](#)
 - If active, must enroll individual provider with Medicare to be assigned a PTAN to be connected to your group or to open a private practice
- [Data.cms.gov](#)
 - [Medicare Physician and Supplier Look Up](#)
 - Medicare Provider Utilization and Payment Data
 - [Medicare Revalidation List](#)
 - [Public Provider Enrollment](#)
 - Medicare Fee-For-Service Public Provider Enrollment Data
 - [Ordering and Referring Database](#)
 - [Opt Out Affidavits Database](#)

Applications and Forms

Applications and Forms

- Internet- based [PECOS](#)
 - Tailored applications according to how questionnaire is completed
 - Electronic signature and digital document upload
 - Faster processing time after submission
 - [Learn About PECOS Web](#)
- Contact Person Information
 - Those identified on the application are the only ones who can discuss enrollment information with the MAC as well as the AO/DO

Applications and Forms

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.

State: ILLINOIS

Type/Specialty:

Enrollment Type: 855A

Medicare ID: [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

Practice Location: SPRINGFIELD, IL 62703-1003

Existing Reassignments: 0

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Applications and Forms

Application Questionnaire

(*) Red asterisk indicates a required field.

Approved Existing Provider Enrollment

* What type of action is the applicant trying to perform?

- ☐ Deactivate this Enrollment Record from the Medicare Program
- ☐ Create an Initial Enrollment Application
- ☐ Perform a Change of Information to Current Enrollment Information
- ☐ Revalidate the information in this Enrollment Record
- ☐ Perform a Change of Ownership

Note: All Electronic Funds Transfer (EFT) changes must be made through the Change of Information Scenario. Please select the "Perform a Change of Information to Current Enrollment Information" option above to make changes to your EFT Record.

NEXT PAGE >

Applications and Forms

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.

State: ILLINOIS

Type/Specialty:

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[View/Manage Reassignments](#)

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Applications and Forms

Medicare Enrollment

for Providers and Suppliers

CMS Validation
Close | Print

Report Help (PDF 1.15 MB)

APPROVED MEDICARE ENROLLMENT RECORD

This is a report of your current Medicare enrollment in PECOS.

Note: This report is for your records only, please do not upload this report to your electronic submission or mail it to your Fee-For-Service Contractor.

[View Medicare ID Report](#)

Report Date: 03/04/2019

Enrollment Record Summary

Enrollment ID:

Enrollment Status:

APPROVED

FROM SECTION 2: IDENTIFYING INFORMATION

ORGANIZATION INFORMATION

Organization Name ABC CARE	Tax ID Number (TIN) <input type="text"/>	Year End Cost Report Date (MM/DD)
Other Name	Type of Other Name	Organization Structure Corporation
IRS Proprietary/Non-Profit Status No Data Provided	Incorporation Date	State Where Incorporated

FROM SECTION 2: IDENTIFYING INFORMATION

PROVIDER TYPE

Provider Type: HOSPITAL

HOSPITAL INFORMATION

Does this hospital have a compliance plan that states that the hospital checks all managing employees against the exclusion/debarment lists of both the HHS Office of the Inspector General (OIG) and the General Services Administration (GSA)?

No

Hospital Subgroup(s)/Unit(s)

Hospital - Acute Care

Is the provider a physician-owned hospital?

No

5: REHAB UNIT

Practice Location Information

Location Name REHAB UNIT	Location Type Practice Location	Practice Location Type Hospital Rehabilitation Unit
Address 3281 19TH ST NW ROCHESTER, MN 55901-8788	Effective Date 02/01/2017	
Telephone Number <input type="text"/>	Fax Number: <input type="text"/>	E-mail Address
CLIA Number	FDA Certification Number	

Payment Address Information

Effective Date: 02/01/2017	Payment Address 3281 19TH ST NW ROCHESTER, MN 55901-8788 US
----------------------------	--

Claims Information

• Claims Detail

Medicare ID <input type="text"/>	Primary Billing Information for Practice Location? No	Effective Date of Location 02/01/2017
NPI <input type="text"/>	Tax ID Number(TIN) <input type="text"/>	CP-575 Indicator? Yes

CLOSE PRINT

Applications and Forms

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC.

State: ILLINOIS

Type/Specialty: [REDACTED]

[REDACTED]

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

Enrollment Type: 855A

Medicare ID: [REDACTED] [View Medicare ID Report](#)

Status: APPROVED [View Approved Enrollment Record](#)

Practice Location: [REDACTED] SPRINGFIELD, IL 62703-100

3

Existing Reassignments: 0

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

Applications and Forms

Pending Reassignments Applications

Pending Reassignments Applications Details				
Name/LBN	NPI	Status	Tracking ID	Action
		AWAITING PROCESSING View Awaiting Processing Application		MANAGE SIGNATURES
		PENDING E-SIGNATURES View Pending E-Signatures Application		MANAGE SIGNATURES CORRECT & RE-SUBMIT
		REJECTED/WITHDRAWN View Rejected/Withdrawn Application		CORRECT & RE-SUBMIT DELETE

Reassignments Report

Filter Reassignment Records

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

Reassignment Status
All Statuses

Enrollment Status
All Statuses

Relationship Status
All Relationships

[FILTER](#)
[RESET](#)

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

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revocation Due Date
Receiving Benefits from			APPROVED	N/A	04/02/2005	01/01/2008	N/A
Receiving Benefits from			DEACTIVATED	N/A	12/15/2009	02/14/2014	N/A
Receiving Benefits from			DEACTIVATED	N/A	12/05/2005	02/14/2014	05/13/2013
Receiving Benefits from			APPROVED		04/02/2015	N/A	N/A
Receiving Benefits from			APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from			APPROVED		06/23/2013	02/14/2014	N/A
Receiving Benefits from			APPROVED		10/06/2005	N/A	N/A
Receiving Benefits from			APPROVED		07/04/2003	N/A	11/30/2017

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

[PRINT](#)
[DOWNLOAD REPORT](#)

[RETURN TO MY ENROLLMENTS](#)
[MANAGE REASSIGNMENTS](#)

Applications and Forms

- CMS Paper Application and Forms
 - Part A – Institutional Providers
 - CMS 855A, CMS 855R (CAH Method II)
 - Part B – Individual and Suppliers
 - CMS 855B, CMS 855I, CMS 855R, 20134, CMS 855O
 - Other forms
 - CMS 460, CMS 588, CMS 1561 (OTP Providers)
- Contact Person Information
 - Those identified on the application are the only ones who can discuss enrollment information with the MAC as well as the AO/DO

Applications and Forms

CMS-855A Institutional Providers

- Community Mental Health Center
- Comprehensive Outpatient Rehabilitation Facility
- Critical Access Hospital
- End-Stage Renal Disease Facility
- Federally Qualified Health Center
- Histocompatibility Laboratory
- Home Health Agency
- Hospice
- Hospital
- Indian Health Services Facility
- Organ Procurement Organization
- Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services
- Religious Nonmedical Health Care Institution
- Rural Health Clinic
- Skilled Nursing Facility
- Other (Specify)
 - Opioid Treatment Program

Applications and Forms

CMS-855R Reassignment of Medicare Benefits

- Providers who can reassign Medicare benefits to a supplier enrolled as a Method II Biller
 - Doctor of Medicine (MD)
 - Doctor of Osteopathy (DO)
 - Doctor of Chiropractic (DC)
 - Doctor of Dentistry (DMD) (DDS)
 - Doctor of Optometry (OD)
 - Doctor of Podiatry (DPM)
 - Nurse Practitioner (NP)

Applications and Forms

CMS-855B Medicare Enrollment Application: Clinics/Group Practices and Certain Other Suppliers

- Ambulance Service Supplier
- Ambulatory Surgical Center
- Clinic/Group Practice
- Hospital Department(s)
- Independent Clinical Laboratory
- Independent Diagnostic Testing Facility
- Intensive Cardiac Rehabilitation
- Mammography Center
- Mass Immunization (Roster Biller Only)
- Opioid Treatment Program
- Pharmacy
- Physical/Occupational Therapy in Group Private Practice
- Portable X-ray Supplier
- Radiation Therapy Center
- Other (Specify)
 - Home Infusion Therapy

Applications and Forms

CMS-855I Physicians and Non-Physician Practitioners – All Physicians

- Anesthesiology Assistant
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Clinical Nurse Specialist (CNS) (See section 2L)
- Clinical Social Worker
- Mass Immunization Roster Biller (See section 2L)
- Nurse Practitioner (See section 2L)
- Occupational Therapist in Private Practice (See section 2K)
- Physical Therapist In Private Practice (See section 2K)
- Physician Assistant (See section 2I)
- Psychologist, Clinical (See section 2J)
- Psychologist Billing Independently (See section 2J2)
- Qualified Audiologist
- Qualified Speech Language Pathologist
- Registered Dietitian or Nutrition Professional

Applications and Forms

CMS-855R Reassignment of Medicare Benefits – All Physicians

- ALL Nonphysician Practitioners (Excludes Physician Assistant – No benefits to reassign)

Applications and Forms

CMS-855O Medicare Enrollment Application: Eligible Ordering, Certifying, and Prescribing Physicians and Other Eligible Professionals

- Practitioners who can enroll
 - Doctors of medicine or osteopathy
 - Doctors of dental surgery or dental medicine
 - Doctors of podiatry
 - Doctors of optometry
 - Certified Nurse Midwife
 - Clinical Nurse Specialist
 - Clinical Psychologist
 - Clinical Social Worker
 - Nurse Practitioner
 - Occupational Therapist
 - Physical Therapist
 - Physician Assistant
 - Qualified Audiologist
 - Qualified Speech-Language Pathologist
 - Registered Dietician or Nutritional Professional
- [Ordering and Referring Points of Interest](#)

Applications and Forms

- [CMS-20134 Medicare Enrollment Application for Medicare Diabetes Prevention Program \(MDPP\) Suppliers](#)
 - [Medicare Diabetes Prevention Program](#)
- [CMS-588 Electronic Funds Transfer \(EFT\) Authorization Agreement](#)
 - Billing providers
 - Voided check or bank confirmation letter
- [CMS-460 Medicare Participating Physician or Supplier Agreement Form](#)
 - Initial enrollment
 - Open enrollment
 - PAR can be mandatory for some enrollment types
 - [Medicare Participating Physicians Directory \(MEDPARD\)](#)

Applications and Forms

Understanding Participating, Nonparticipating and Opt Out Status

- Opt out and Private Contracting
 - Physicians or Practitioners Eligible to Enter into Private Contracts
 - Physicians
 - Physician assistants
 - Nurse practitioners
 - Clinical nurse specialists
 - Certified registered nurse anesthetists
 - Certified nurse midwives
 - Clinical social workers
 - Clinical psychologists
 - Registered dietitians
 - Nutritional professionals
 - [Medicare Private Contract](#) and [Medicare Opt-Out Affidavit](#)

Applications and Forms

- Opt out and Private Contracting
 - Providers Who May Not Opt Out of the Medicare Program
 - Groups/Organizations
 - Institutional Providers
 - Chiropractor
 - Anesthesiologist assistant
 - Speech Language Pathologist
 - Physical Therapists
 - Occupational Therapists
 - Any specialty not eligible to enroll in Medicare
 - Any unlicensed practitioner

Supporting Documentation and Application Fee

Supporting Documentation

- Other Forms

- [CMS-588 Electronic Funds Transfer \(EFT\) Authorization Agreement](#)
- [CMS-460 Medicare Participating Physician or Supplier Agreement Form](#)
- [CMS-1561 Health Insurance Benefit Agreement](#)

Supporting Documentation

- IRS Form CP-575 or 147C and if disregarded entity (Form 8832)
- IRS 501c3 non-profit determination letter
- Medical license, diplomas, certifications
 - OTP SAMSHA certification
 - IDTF supervisory physician proficiency, nonphysician personnel
 - Independent clinical lab director, nonphysician practitioner personnel
 - Nonphysician practitioners: diplomas, National Board Certification
- Federal, state and/or local(city/county) business licenses
- Attestation for government entities or tribal organization
- FAA 135 certificate for air ambulance suppliers
- Certifications, and/or registrations specifically required to operate a health care facility

Supporting Documentation

- Final adverse legal action documentation
- Organizational flow chart (Managing Control)
- IDTF- Comprehensive liability insurance policy
- FQHC- HRSA notice of grant award
- CHOWS, Acquisition/Mergers, Consolidations - bill of sale or sales agreement
- Home Health Agency- demonstrate meeting capitalization requirements
- Application Fee Receipt

Application Fees

- All Part A Providers
- Ambulance Supplier
- Ambulatory Surgical Center
- Home Infusion Therapy
- Independent Clinical Laboratories
- Independent Diagnostic Testing Facility
- Intensive Cardiac Rehabilitation
- Mammography Center
- Mass Immunizer
- MDPP Suppliers
- Opioid Treatment Program
- Pharmacy
- Portable X-ray Supplier
- Radiation Therapy Center

Application Fees

- Section 6401(a) of Affordable Care Act
- 2021 application fee = \$599
- [Pay fee online](#) via credit card, debit card or check
 - No hardcopy checks can be accepted by National Government Services

Process After Submission

Process After Submission

- Contact person on application will receive by email
 - Acknowledgement Notice
 - Add to safe sender list
 - customerservice-donotreply@cms.hhs.gov
 - NGS-PE-Communications@anthem.com
 - Development requests for additional information
 - Respond within 30 days
 - Log into PECOS to make necessary corrections or upload supporting documents, re-submit and verify all required signatures are complete.
 - Response letter
 - Rejection letter for incomplete/no response to development request
 - Approval
 - Approval Recommendations
 - [State Survey Agency](#) and/or CMS Regional Office

Process After Submission

- Application Status

- [Check Provider Enrollment Application Status](#)

- Go to [our website](#) > Enrollment tab > Check Provider Enrollment Status

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 <input type="text"/>	NPI <input type="text"/>
	TIN (last five digits) <input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

Process After Submission

- Application Status

- Interactive voice response system

- [Our website](#) > 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)

Process After Submission

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.

SYSTEM NOTIFICATIONS

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.

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

Enrollment Tutorials

- **Initial Enrollment:**
Step-by-step demonstration of an initial enrollment application in PECOS.
[Individual Provider](#) or [Organization/Supplier](#)
- **Change of Information:**
Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
[Individual Provider](#) or [Organization/Supplier](#)
- **Revalidation:**
Step-by-step demonstration on how to submit your revalidation application using PECOS.
[Individual Provider](#) or [Organization/Supplier](#)
- **Deactivated:**
Example of how to deactivate an existing enrollment record.
[Individual Provider](#)
- **Reactivation:**
Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
[Organization/Supplier](#)
- **Adding a Practice Location (DMEPOS Only):**
Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
[DME Supplier](#)

Process After Submission

- EDI Enrollment

- [NGS Website](#) > Enrollment > EDI Enrollment

- [Start Enrollment Process](#)
 - [EDI Guided Enrollment User Guide](#)

- [NGSConnex](#)

- Provider portal for self-service functions

- [User Guide Part A](#)
 - [User Guide Part B](#)
 - Educational Tab: [YouTube Videos](#), Webinars Teleconferences & Events

Changes in Enrollment

Changes in Enrollment

- You must report changes of information in your Medicare enrollment records within 30 days for
 - Change(s) in ownership
 - Change(s) in practice location
 - Final adverse legal action(s)
 - IDTF supplier change(s) in general supervision, authorized or delegated official
 - MDPP supplier change(s) in coach roster
 - OTP supplier change(s) in authorized or delegated official
- All other changes to your existing Medicare enrollment records must be reported within 90 days
 - EFT/banking account

Changes in Enrollment

- The request may be submitted no more than 60 days prior to the effective date of the change reported on the application
- Reminder: terminate reassignments and employment arrangements timely
 - MLN Matters® [SE1617: Timely Reporting of Provider Enrollment Information Changes](#)
 - [Centers for Medicare & Medicaid Services Internet-Only Manual Publication 100-08, Medicare Program Integrity Manual, Chapter 10, Section 10.2.2 \(I\) 2\) & 10.2.6.\(C\) & 10.4.\(J\)](#)

Revalidation

Revalidation

- Mandated by Section 6401(a) of Affordable Care Act
 - National Fraud Prevention Program
- Process to verify all information on file for existing Medicare providers
 - Keeps provider enrollment information current
 - Ensures providers meet Medicare Program requirements
- MLN Matters®
 - [SE1211 Revised: Information on the Centers for Medicare & Medicaid Services \(CMS\) Fraud Prevention: Automated Provider Screening and National Site Visit Initiatives](#)
 - [SE1605 Revised: Provider Enrollment Revalidation – Cycle 2](#)

Revalidation

- Each provider/supplier receive separate letter
- Revalidation letters may be sent to
 - Special payments and correspondence address simultaneously
 - Practice address
- Name on delivery address
 - Group/Institutional name
 - Group and individual provider name
 - Individual provider name

Revalidation

- Revalidation Due Dates

- Check [PECOS](#)

- Check the CMS website

- [Revalidations page](#)

- [Medicare Revalidation List Tool](#)

- » Due date will display

- » “TBD” (To Be Determined)

- [How to Use the Medicare Revalidation List Tool on the CMS Website](#)

Revalidation



Medicare

[Return Address](#)

[DateRevalidationNoticeSent](#)

Dear [Salutation](#),

Every five years, CMS requires you to revalidate your Medicare enrollment record. You need to update or confirm all the information in your record, including your practice locations and reassignments.

We need this from you by [Due Date](#).

Failure to respond to this notice will result in a hold on your payments, and possible deactivation of your Medicare enrollment. If you are a non-certified provider or supplier, and your enrollment is deactivated, you will maintain your original [PTAN](#), however will not be paid for services rendered during the period of deactivation. This will cause a gap in your reimbursement.

What record needs revalidating by [Due Date](#)

[Name] | [NPI](#) [NPI] | [PTAN](#) [PTAN]

Reassignments: *<Only include this title if the record has any reassignments>*

[Legal Business Name] | [[dba Name](#)] | [[State abbrev.](#)] | Tax ID [Tax ID, mask all but last 4 digits]

CMS lists the records that need revalidating at go.cms.gov/MedicareRevalidation.

What you need to do

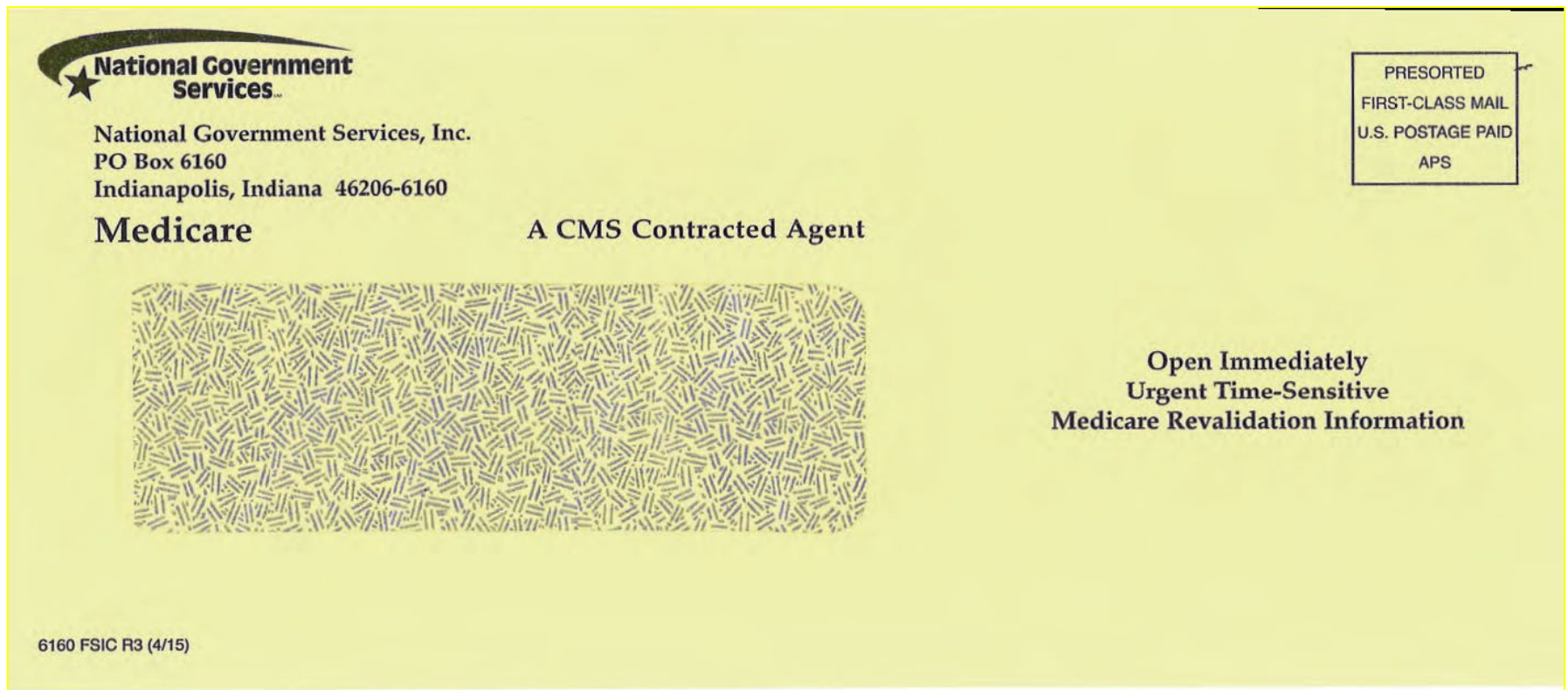
Revalidate your Medicare enrollment record, through [PECOS.cms.hhs.gov](#), or form CMS-855.

- **Online:** [PECOS](#) is the fastest option. If you don't know your username or password, PECOS offers ways to retrieve them. Our customer service can also help you by phone at 866-484-8049.
- **Paper:** Download the right version of form CMS-855 for your situation at [cms.gov](#). We recommend getting proof of receipt for your mailing. Mail to [Return Address](#).

If you have a fee due, use PECOS to pay. If you feel you qualify for a hardship waiver, mail us a request on practice letterhead with financial statements, application form, and certification. For more on fees and exceptions, search [cms.gov](#) for "[CR 7350](#)" or "[Fee Matrix](#)".

Revalidation

- Watch for yellow envelope



Deactivation and Reactivate

Deactivation and Reactivate

- Payment Hold
 - Do not forward (DNF)
 - Returned mail or EFT payments from the post office or banking institution
 - Non-response to revalidation
- Deactivation
 - No claim submission within 12 months
 - Failure to revalidate or respond to a revalidation development request timely
 - Failure to update enrollment information (practice location, banking)
 - Site visit failure
- Part A, FQHC, HHH: [Deactivation of Billing Privileges/Suspension of Payment](#)
- Part B: [Reasons for Deactivation/Suspension of Payment](#)

Deactivation and Reactivate

- Part A/B Rebuttal
 - [Medicare Part A Rebuttal Form](#)
 - [Rebuttal for Deactivation of Medicare Billing Privileges](#)
 - [Medicare Part B Rebuttal Form](#)
 - [Rebuttal for Deactivation of Medicare Billing Privileges](#)
- Part B Appeals
 - [Provider Enrollment Appeals Process](#)
 - [Provider Enrollment Appeal Cover Sheet](#)
 - Corrective Action Plan
 - Reconsideration

Deactivation and Reactivate

- Reactivate
 - Submit Reactivation Application
 - Internet-based PECOS
 - CMS-855 paper form
 - Part A, FQHC, HHH: [Reactivation of Billing Privileges](#)
 - Part B: [Reactivation of Billing Privileges](#)

Contact Information



Contact Information

- EDI Help Desk Information
 - [Our website](#) > Contact Us > EDI Help Desk Information
- Contact information
 - [Our website](#) > Contact Us > Provider Enrollment
- Mailing addresses
 - [Our website](#) > Contact Us > P.O. Box Mailing Addresses > Business Function (Provider Enrollment)

[Search >](#)

[Contact Us](#) | [Subscribe to Email Updates](#) | [NGSConnex EXT 7](#)

Contact Information

For Assistance With	Contact	Contact Information
<ul style="list-style-type: none">• Changing an NPPES password• Establishing a new user ID and password for NPPES• Questions related to the NPI and/or application	NPI Enumerator	Phone: 800-465-3203 TTY: 800-692-2326 Email: customerservice@npienumerator.com
<ul style="list-style-type: none">• 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/

Thank You!

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

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@NGSMedicare

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