PECOS: Manage Signatures and Additional Information Requests

4/20/2023

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Today's Presenters

- Laura Brown, CPC
  - Provider Outreach and Education, Consultant

- Susan Stafford PMP, COA, AMR
  - Provider Outreach and Education, Consultant

Agenda

Verify and Manage Signature(s) After Submission

- Print Certification Statements
- Upload Certification Statements
- E-signature Certification

PECOS Application Status

Request for Additional Information

- Returned for Corrections
- Verify and Manage Signatures after corrections

Resources

Verify and Managing Signature(s) After Submission

Log Into PECOS

Select My Associates

My Associates Filter

My Associates

- Select "View Enrollments"

Verify All Signatures - Existing Enrollment

Verify All Signatures - New Enrollment

Signature Status

Print Certification Statements

Enrollment Record

Existing Enrollments

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

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

Current ADI Accreditation?: No

Existing Reassignments: 1
Pending Reassignments Applications: 0
View/Manage Reassignments

Type of Up date	Status	Tracking ID	Action
Revalidation	AWAITING PROCESSING View Awaiting Processing Application	TXXXXXXX	VIEW MANAGE SIGNATURES

View Certification Statements

Print Certification Statements

Upload Certification Statements

Manage Signatures

Update

Upload Certification Statement

Electronic Signature Status

(*) Red asterisk indicates a required field.

Update Signature Record

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application **must now upload their signature documents.**

Name

Role
AUTHORIZED OFFICIAL

Document
AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

E-Sign Status
Pending

Selected Signature Method
Upload

Update Signature Method to:

○ Electronic

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.

- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.
ⓘ

Browse...   UPLOAD »

« CANCEL   CONFIRM »

« RETURN TO MY ENROLLMENTS

Verify Signature Status

E-Signature Certification

E-Signature Status

Resend E-Signature Email Confirmation

Electronic Signature Status

(*) Red asterisk indicates a required field.

Authorization Statement

Electronic Signature Confirmation E-mail:

An e-mail has been resent to:

Name

Role
AUTHORIZED OFFICIAL

Document
AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

RETURN TO E-SIGNATURES »

« RETURN TO MY ENROLLMENTS

E-Signature Email

From: customerservice-donotreply@cms.hhs.gov <customerservice-donotreply@cms.hhs.gov>
Sent: Monday, September 13, 2021 3:39 PM
To:
Subject: PECOS Electronic Signature Request

A Medicare application for [   ] 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: [   ] LLC
    Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE
    State: IL
    Form Type: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
    Practice Location _____ Y, SPRINGFIELD, IL 627021507
    NPI:
    Web Tracking ID
    Signatory Name: [   ]
    Signatory Role: PRACTITIONER
    Topic/s Changed: Reassignment

The email will provide 2 options for e-signing the application:
1. *Log into Internet-based PECOS using your existing PECOS ID and password*
2. *2. E-sign via the PECOS e-signature website if you don't have an existing PECOS ID and password*

Instructions:
You may provide an electronic signature using your PECOS user ID at (https://urldefense.com/v3/__https://pecos.cms.hhs.gov__;!!IZ3lH8c!nJWZzGuzwfvG_QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvley1ND9jSg$) OR through the PECOS E-Signature website (https://urldefense.com/v3/__https://pecos.cms.cmsval/pecos/eSignLogin.do__;!!IZ3lH8c!nJWZzGuzwfvG_QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvlewFKprDXQ$), using your identifying information, e-mail address, and unique PIN XXXXXXX 5. 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.

Login to PECOS

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.

Details
•   There are no notifications at this time.

Manage Medicare and Account Information

MY ASSOCIATES »

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

ACCOUNT MANAGEMENT »

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

REVALIDATION NOTIFICATION CENTER »

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

Applicant Name:
TIN (SSN): XXX-XX-XXXX
Web Tracking ID:
Form Type: 855B
Application Submitted: 12/09/2020

Role: AUTHORIZED OFFICIAL
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS   **VIEW AND SIGN »**

Role: AUTHORIZED OFFICIAL
Document: ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT   **VIEW AND SIGN »**

Applicant Name:
TIN (SSN): XXX-XX-XXXX
Web Tracking ID:
Form Type: 855I
Application Submitted: 12/09/2020

Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS   **VIEW AND SIGN »**

VIEW ALL SIGNATURES »

Copy PIN and Select Link

Welcome to PECOS E-Signature Application

(*) Red asterisk indicates a required field.

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 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

MM/DD/YYYY

* SSN

No Format Required

Enter the email address and PIN you received in the PECOS emails:

* Email Address

* PIN

LOG IN ➤➤

If your PIN is lost or expired, click here to generate a new one.

Application Requiring Signature

Manage Signatures

Applications Requiring Signatures

Applicant Name:
TIN (EIN):
Web Tracking ID:
Form Type: 855B
Application Submitted: 03/23/2021

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

VIEW AND SIGN »

E-Signature Attestation

E-Signature Completion

Electronic Signature Status

Your E-Signature Has Been Accepted

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

Web tracking ID:

View Submitted Application

Signer Name:

Role: AUTHORIZED OFFICIAL

Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

Signed Date: Thu Apr 08 08:23:46 EDT 2021

CLOSE »

PECOS Application Status

PECOS Application Status

PECOS Self-Service Application

PECOS Self Service Application

Search and View PECOS Application Status

Providers/Suppliers may run simple search queries to retrieve and view the status of their PECOS application. For example, users may search for the application status by the NPI or Legal Business Name. There is no charge to use this functionality.

Search & View PECOS application status for an:

- Individual

  View the enrollment application status of an individual provider in an organization or private practice setting.

- Organization

  View the enrollment application status of an organization.

PECOS Application Status Steps

- **Step 1**
  - Received

- **Step 2**
  - Being Reviewed
  - Returned for Corrections

- **Step 3**
  - Entering Information In PECOS

- **Step 4**
  - Processed in PECOS and being transferred to claims system
  - Note: Wait for approval letter before you submit claims

PECOS Self Service Application

PECOS Application Status

Enrollment Information:

Legal Business Name: _____ LLC
Application Type: 855B
Specialty: CLINIC/GROUP PRACTICE
State: ILLINOIS
L&T ID:
Web Tracking II
Submittal Reason. A provider or supplier is enrolling in the Medicare program for the first time with this Medicare fee-for-service contractor under this tax identification number.
Date Submitted/Received: 08/30/2021

Status of your PECOS application:

Note: The status of your application is indicated by the step that is highlighted below.

| Step 1. Your application was successfully submitted/received on 08/30/2021 | Step 2. Your application is being reviewed. | Step 3. Your application is being processed. | Step 4. Your application has been processed and has a status of: APPROVED. |

For additional information about the status of your PECOS application, please contact your Fee-For-Service Medicare Contractor.

NATIONAL GOVERNMENT SERVICES, INC.
PO BOX 6474
INDIANAPOLIS, IN 46206-6474

PREVIOUS PAGE

Request for Additional Information

Email Request

- **Email to Contact Person**
  - customerservice-donotreply@cms.hhs.gov

- **Information on Email**
  - Tracking number, NPI, legal name, state and MAC
  - Instructions for request
    - ✓ States additional information needed
    - ✓ Directions on "How to Correct & Resubmit" in the PECOS system
  - Processor contact and phone number

Respond to Request

- Sign into PECOS
  - Select "Return for Corrections" or "Correct & Resubmit" button
  - Update Topics where needed
    - ✓ Upload missing supporting documents in PDF or TIFF format
  - Resubmit application to return for review to MAC
  - Verify all signatures are complete
    - ✓ Even if no signatures were required when resubmitting

Return for Corrections

My Associates – Return for Corrections

My Associates – Multiple Return for Corrections

Application Warning

OPENED FOR CORRECTIONS

You currently do not have any applications that are Opened for Corrections.

RETURN FOR CORRECTIONS `2`

DUCK, DONALD

Enrollment Type: 855I
Status: RETURNED FOR CORRECTIONS
View Returned For Corrections Application
Tracking ID: [   ] View Email Notification

VIEW ▶
MORE OPTIONS ▶

DUCK, DONALD

Enrollment Type: 855R
Status: RETURNED FOR CORRECTIONS
View Returned For Corrections Application
Tracking ID: [   ] View Email Notification

MORE OPTIONS ▶

REJECTED

You currently do not have any applications that are Rejected.

Correct and Resubmit

Make Corrections or Upload Document(s)

Error/Warning Check Tab

| Topic View | Fast Track View | **Error/Warning Check 3** |

Enrollment Submission

Note: Your application is ready for submission with warning messages. Please review the warning messages and 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

Warnings were found for this enrollment application. Please review the warnings listed below and verify that the information entered is correct.

Verification of this information is optional; the submission process may continue without verification of this information.

Topic	Warning
Reassignment	Reassignment of Benefits exist that are missing a primary and/or secondary practice location. It is recommended that a primary and secondary practice location be specified, but are not required.
Electronic Funds Transfer	EFT dataset SOME BANK is not associated to any Medicare IDs. Please associate a Medicare ID to this EFT dataset in the Electronic Funds Transfer topic.
Electronic Funds Transfer	Medicare ID(s) CT002021 is not associated to any EFT datasets. Please associate an EFT dataset to this Medicare ID(s) in the Electronic Funds Transfer topic.

Select Signatories

Select Signatories

Signatory for Organization Enrollment

No Signatures required for this application. No changes have been made, or only Supporting Documentation has been modified. Please continue your submission without signatures.

NEXT PAGE ▶

« RETURN TO MY ENROLLMENTS

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

Complete Submission

Submission Confirmation

My Application Progress [████████████] 100%

Submission Confirmation - Print Your Receipt

Message from webpage ✕

⚠️ **IMPORTANT!**

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

Required and/or supporting documentation not e-signed or uploaded must be mailed in to the fee-for-service contractor.

You indicated the following documentation will be provided by mail/paper:
• Copy of an organizational structure diagram/flowchart.

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:

- If you selected to electronically sign this application, an e-mail containing the PIN and Web Tracking ID have been sent to the Authorized Signer(s) to complete the E-Signature process for documents pertaining to this enrollment application.

- If you selected to upload the signature for any Authorized Signer(s) for this application, and have not done so yet, please navigate to the My Enrollments page, find this application, and select the Manage Signatures option to upload a signature document, or change your signature method.

- Your application is not complete until the Medicare Contractor receives fully signed documentation for your application.

- Mail all remaining supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of our application.

- Include the Tracking ID or a copy of this page when you mail supporting documentation to your Medicare Contractor.

- Print this page for your records. **Note:** You can print and/or save copies of the application and required documents for your records by also visiting the "My Enrollments" page.

- When submitting an application with Electronic Funds Transfer (EFT) Information, please include a voided check or confirmation of account information on bank letterhead.

- Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list. You will receive e-mail from this address about your application status.

Enrollment Tracking Information

Applicant Name: [   ]

Tracking ID: [   ]

Submitted Date: WED - MARCH 24 2021 01:22:24 PM EST

Submitted By [   ]

Contact Email(s):
[   ]

Verify and Manage Signatures after Corrections

Verify Signature Completed

Resources

Internet-Based PECOS Tutorials

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

Online Account Self-Service Features

Contact Information

| For Assistance With	Contact	Contact Information
• 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
• Errors encountered while accessing or entering information in PECOS • Forgotten PECOS user ids and passwords	EUS Help Desk	Phone: 866-484-8049 TTY: 866-523-4759 Email: EUSSupport@cgi.com Live Chat: https://eus.custhelp.com/

NGS Website
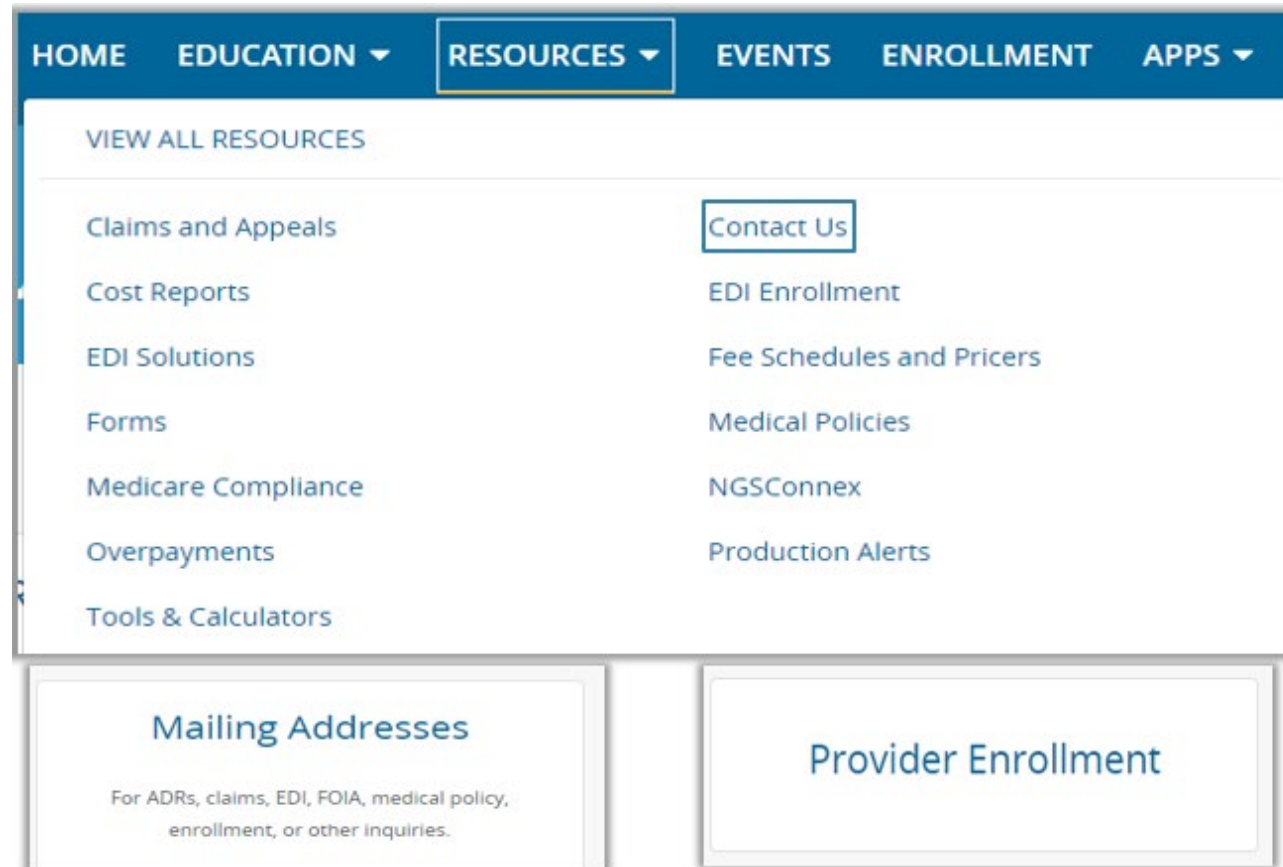
Questions?

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

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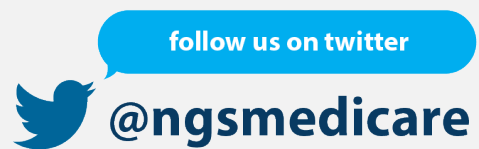
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