



PECOS: Manage Signatures and Additional Information Requests

12/18/2023

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

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











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 <u>PECOS</u>

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

BECOME A REGISTERED USER

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

* User ID

* Password



Forgot 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 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 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 (PDF) (

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.

NGSMU 7



Select My Associates

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SERVICE

Welcome	
Release Notes	
Want to learn what's new in the latest PE Notes[PDF].	COS release? Please review the Release
System Notifications	
Note: JavaScript must be enabled in you properly. If JavaScript is currently disable section in PECOS Help for instructions o	rr internet browser for PECOS to work ed in your browser, refer to the Accessibility n enabling JavaScript.
Details	
There are no	notifications at this time.
Manage Medicare and Account Inf	ormation
MY ASSOCIATES	
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 题
View All Applications requiring reval	lidation
Start or continue revalidation application	ation
Manage Signatures	
Applications Requiring Signatures	



My Associates Filter

government



OPENED FOR CORRECTIONS You currently do not have any applications that are Opened for Corrections. **RETURN FOR CORRECTIONS** You currently do not have any applications that are Returned for Corrections. REJECTED You currently do not have any applications that are Rejected Existing Associates Please provide one or more of the following options to filter your associates. Selecting the reset button will clear the options selected and load the full list of associates. Enrollment Type Provider/Supplier Type SELECT All Provider/Supplier Types \sim All Types TIN Associate Legal Business Name ı 🛈 XXX-XX-XXXX NPI Associate Last Name **(i)** 10 Digits Associate First Name State All States \sim FILTER D RESET 💽

My Associates

Select "View Enrollments"

Individuals		2
	Records 1 - 2 of 2	
Name: DUCK, DONALD	NPI:	VIEW ENROLLMENTS
Name:	NPI:	VIEW ENROLLMENTS
	Records 1 - 2 of 2	
^{- Organizations}		2
	Pasarda 1, 2 cf 2	
	Records 1 - 2 of 2	
Name: ABC Care		VIEW ENROLLMENTS
Name: ABC Care	TIN:	VIEW ENROLLMENTS





Verify All Signatures – Existing Enrollment







Verify All Signatures – New Enrollment

New Enrollments	
Contractor: NATIONAL GOVERNMENT SERVICES, INC. State: CONNECTICUT Type/Specialty: OPHTHALMOLOGY Enrollment Type: 8551 Status: PENDING E-SIGNATURES View Pending E-Signa tures Application	View/Manage Reassignments Pending Reassignments Applications Pending Reassignments Applications Details Name/LBN NPI Status Tracking ID
Tracking ID: Pending Reassignments Applications: 1 View/Manage Reassignments	AWAITING PROCESSING View Awaiting Processing Application
Records 1 - 1 of 1	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 Enrollment Status All Statuses All Relationship Status Image: Status selected and load the full list of enrollments. Enrollment Status All Statuses All Relationship Status Image: Status selected and load the full list of enrollments. Enrollment Status All Statuses All Relationships
PREVIOUS PAGE	You currently do not have any Existing Reassignments.





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: TESTI 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	
Revalidatio n	AWAITING PROCESSIN G View Awaiting Proces sing Application	тхххххх		-

NGSM



View Certification Statements

Home > My Associates > My Enrollments > Application Questionnaire
Application Questionnaire
(*) Red asterisk indicates a required field. Submitted Application
* What type of action is the applicant trying to perform?
O View Printable Mailing Instructions
O View Printable Supporting Documentation
O View Printable Certification Statements
O View Printable Submission History Report
NEXT PAGE
RETURN TO MY ENROLLMENTS





Print Certification Statements

Home > My Associates > My Enrollments > Application Questionnaire View and Print Application Printing Instructions Each document listed below may be saved to your computer and/or printed for your personal records by clicking the "View and Print"link next to each document. Only the required supporting documentation must be printed and mailed to the Medicare contractor, Certification / Authorization Statement(s) must be printed and uploaded if not e-signed. Please do not mail a copy of this application or the Certification / Authorization Statement(s)to the Medicare contractor if you are submitting it electronically. View and Print [PDF] Authorized Official Certification Statement for Clinics and Group Practices Note: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded. View and Print 🖾 Medicare Supplier Enrollment Application Privacy Act Statement for Clinics and Group Practices View and Print Supporting Documentation View and Print [PDF] CMS-588 Electronic Funds Transfer (EFT) Authorization Aareement Note: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded. View and Print CMS-460 Medicare Participating Physician or Supplier Agreement Note: Documents in PDF format require the Adobe Acrobat Reader®
 If you experience problems with PDF documents, please download the latest version of the Reader® PREVIOUS PAGE CANCEL





Upload Certification Statements

Manage Signatures

Existing En	rollments		
Contractor: N State: ILLINC Type/Special Enrollment T Medicare ID: Status: APPF Current ADI Current ADI Existing Rea Pending Rea	ATIONAL GOVERNMENT IS ty: CLINIC/GROUP PRAC ype: 8558 TESTI View Medica ROVED View Approved Er Accreditation?: No ssignments: 1 ssignments: 1 ssignments Applications	T SERVICES, INC. TICE are ID Report nrollment Record : 0	
Type of Up date	Status	Tracking ID	Action
Revalidatio n	AWAITING PROCESSIN G View Awaiting Proces sing Application	тххххххх	





Update



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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 <u>must now upload their signature documents</u> . 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. (1)
Browse UPLOAD D
RETURN TO MY ENROLLMENTS





Verify Signature Status

lame: DONALD DUCK Veb Tracking ID:	TIN: XXX-XXXXXX NPI:
ny Authorized or Delegated Officials with ignatures. Authorized or Delegated Officia ow upload their signature documents.	an ITIN will not be able to submit electronic ils with an ITIN entered on this application must
Name: DONALD DUCK SSN: XXX-XX-XXXX Signature Method: UPLOAD File Name: Certification statement.pdf 💭 Date Uploaded: 02/26/2021	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Complete Date: 02/26/2021
Name: Organization: SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email:	Role: AUTHORIZED OFFICIAL Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R) Status: Pending
	UPDATE (Constraint) RE-SEND EMAIL (Constraint) Medicare Supplier Enrollment Application Privacy Act Statement for Individual





E-Signature Certification

E-Signature Status

Name: DONALD DUCK Neb Tracking ID:	TIN: XXX-XX-XXXX NPI:
Any Authorized or Delegated Officials with an ignatures. Authorized or Delegated Officials iow upload their signature documents.	ITIN will not be able to submit electronic with an ITIN entered on this application must
Name: DONALD DUCK SSN: XXX-XX-XXXX Signature Method: UPLOAD	Role: PRACTITIONER Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Status: Complete
REMOVE	Date: 02/26/2021
Name: Organization:	Role: AUTHORIZED OFFICIAL
SSN: XXX-XX-XXXX Signature Method: ELECTRONIC Email:	FOR ORGANIZATIONS (855R) Status: Pending
	(UPDATE D) RE-SEND EMAIL D
	Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners





Resend E-Signature Email Confirmation

Electronic Signature Status	
(*) Red asterisk indicates a Authorization Statement Electronic Signature Confirmation E-mail: An e-mail has been resent to:	required field.
Role AUTHORIZED OFFICIAL Document AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)	
RETURN TO E-SIGNATURES	





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</customerservice-donotreply@cms.hhs.gov>	
A Medicare application for authorized signer for this application for which CMS allows you to provide an electronic signature a signature.	ted by . You have been identified as an using the instructions below. Please disregard this email if you have already submitted a
Enrollment Application Information: Provider/Supplier Name:LC Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE State: IL Form Type: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R) Practice LocationY, SPRINGFIELD, IL 627021507 NPI: Web Tracking ID Signatory Name:Signatory Role: PRACTITIONER 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/ fiT0hi7FMWT9G5n6nBBooJyaUmsVvley1ND9jSg\$) OR through the PECOS E-Signature website (https://urldefense.com/v3/ https://pecos.cms.cmsval/pecos/eSignLogin.do ;!!IZ3IH8c!nJWZ2C identifying information, e-mail address, and unique PIN XXXXXX S. Continue to the 'Pending E-Signature.	https://pecos.cms.hhs.gov ;!!IZ3IH8c!nJWZzGuzwfvG QUbqrdGdMdDc2- GuzwfvG QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvlewFKprDXQ\$), using your Signatures' section and locate the respective enrollment application to review and apply your
Please note the PIN is valid for 14 days from the time the submitter completed the application. If 1 PIN or contact the submitter identified above.	4 days or more have elapsed, you can access the PECOS E-Signature website to request a new





Login to PECOS

	Manage Signatures
Release Notes	Applications Requiring Signatures
Nant to learn what's new in the latest PECOS release? Please review the Release Notes[PDF].	
System Notifications	Applicant Name: TIN (SSN): XXX-XX-XXXX
Iote: 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.	Form Type: 855B Application Submitted: 12/09/2020
Details There are no notifications at this time.	Role: AUTHORIZED OFFICIAL Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS
Manage Medicare and Account Information	Role: AUTHORIZED OFFICIAL Document: ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT
COUNT MANAGEMENT ACCOUNT MANAGEMENT	Applicant Name: TIN (SSN): XXX-XX-XXXX
View and update existing Medicare information Medicare information	Web Tracking ID: Form Type: 8551
Continue working on saved applications	Application Submitted: 12/09/2020 Role: PRACTITIONER
	Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS
View All Applications requiring revalidation	VIEW ALL SIGNATURES





Copy PIN and Select Link

(*) R mote Authentication Page u have been directed to this site in order to electro cuments related to Medicare enrollment application half. RNING: If you believe you have been directed to age immediately. Only authorized users hav bessing and using this system you expressly of use will be documented as evidence of possible propriate law enforcement officials.	ed asterisk indicates a required fiel onically sign certain required in recently submitted on your o this site by mistake, please close e the right to access this site. By onsent to system monitoring. Any criminal activity and reported to the
mote Authentication Page u have been directed to this site in order to electro cuments related to Medicare enrollment application talf. IRNING: If you believe you have been directed to page immediately. Only authorized users have ressing and using this system you expressly of use will be documented as evidence of possible propriate law enforcement officials.	onically sign certain required on recently submitted on your o this site by mistake, please close e the right to access this site. By consent to system monitoring. Any criminal activity and reported to the
u have been directed to this site in order to electric suments related to Medicare enrollment application half. RNING: If you believe you have been directed to page immediately. Only authorized users hav sessing and using this system you expressly of use will be documented as evidence of possible propriate law enforcement officials.	onically sign certain required on recently submitted on your o this site by mistake, please close e the right to access this site. By consent to system monitoring. Any criminal activity and reported to the
RNING: If you believe you have been directed to page immediately. Only authorized users hav ressing and using this system you expressly consumer use will be documented as evidence of possible propriate law enforcement officials.	o this site by mistake, please close e the right to access this site. By consent to system monitoring. Any criminal activity and reported to the
rify Your Identity and Validate Your Applic	ation Record
ter the required Identity information:	
irst Name	
ast Name	
ate of Birth	
SN	
Format Required	
ter the email address and PIN you received	in the PECOS emails:
mail Address	
IN	
If your PIN is last or expired alick here	to generate a new one
in your mine is lost of expired, click here	to generate a new one.



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Application Requiring Signature

Applicant Name: TIN (EIN): Web Tracking ID: Form Type: 855B Application Submitted: 03/23/2021	Applications Requiring Signatures	
TIN (EIN): Web Tracking ID: Form Type: 855B Application Submitted: 03/23/2021	Applicant Name:	
Form Type: 855B Application Submitted: 03/23/2021	TIN (EIN): Web Tracking ID:	
Application Submitted: 03/23/2021	Form Type: 855B	
••	Application Submitted: 03/23/2021	
	Document: AUTHORIZED OFFICIAL CERTIFICATION	VIEW AND SIGN





E-Signature Attestation

E-Signature Instructi	(*) Red asterisk indicates a required	l fie
Click here if you wish to Conditions is a requirem below:	review the application 🛱 Acceptance of all applicable Terms an ent to e-sign. To complete your E-Signature, follow the steps	d
1. Review all applicable	e Terms and Conditions.	
2. Read and scroll to th checkbox.	ne end of each document window to enable the acceptance	
3. Select the checkbox	to accept all applicable Terms and Conditions.	
4. Click the Submit but	ton to complete your E-Signature.	
ferms and Condition	ns	
PENA	LTIES FOR FALSIFYING INFORMATION	^
This section explains t this application to gain 1. 18 U.S.C. § 1001 any matter within t States. knowlook.	he penalties for deliberately furnishing false information in or maintain enrollment in the Medicare program. authorizes criminal penalties against an individual who, in the jurisdiction of any department or agency of the United and willfully falsifies, conceals or covers up by any trick.	~
AUTHORIZED OFFIC	CIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES (8558)	^
These are additional return the Medicare program requirements and und By his/her signature(s)	equirements that the provider must meet and maintain to bill . By signing, the provider is attesting to have read the erstanding them.), the authorized official named below agrees to adhere to].
Do you accept the Ter	ms and Conditions?	
Yes, I agree to the	certification statement terms and conditions. I certify that	t I







E-Signature Completion

Electroni	ic Signature Status
Your E	-Signature Has Been Accepted
Web tra	cking ID:
View Signer N	Submitted Application 🖾
Role: Al	UTHORIZED OFFICIAL
Docume AND GR	ent: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS
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

egal Business Nam	e:	LLC	
Specialty: CLINIC/GF State: III INOIS	OUP PRACTICE		
AT ID			
ime with this Medicar Date Submitted/Rece Status of your PECO Note: The status of yo	e fee-for-service contra rived: 08/30/2021 OS application: rur application is indical	ctor under this tax iden ted by the step that is h	ification number.
Step 1. Your application was successfully	Step 2. Your application is being reviewed.	Step 3. Your application is being processed.	Step 4. Your application has been processed and





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
 - \checkmark 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
 - \checkmark Even if no signatures were required when resubmitting





Return for Corrections

My Associates – Return for Corrections

You currently do not have any	applications that are Opene	d for Corrections.		
	-12.00 - 12.			
RETURN FOR CORRECT	IONS		1	
(TIN:				
Enrollment Type: 855B Status: RETURNED FOR CO View Returned For Correction Tracking ID:	RRECTIONS Application P View Email Notification			
REJECTED				
You currently do not have any	applications that are Rejected	ed.		

Application Questionnaire (*) Red asterisk indicates a required field. Returned for Corrections * What type of action is the applicant trying to perform? Correct or Update Application Delete Application NEXT PAGE





My Associates – Multiple Return 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 D MORE OPTIONS D	+
DUCK, DONALD		
Enrollment Type: 855R Status: RETURNED FOR CORRECTIONS View Returned For Corrections Application		-
Tracking ID: View Email Notification		





Correct and Resubmit

Existing Enrollments

Contractor: NATIONAL GOVERNMENT SERVICES, INC. State: CONNECTICUT Type/Specialty: CLINIC/GROUP PRACTICE Enrollment Type: 8558 Medicare ID: View Medicare ID Report S Status: APPROVED View Approved Enrollment Record S Existing Reassignments: 1 Pending Reassignments: 1 View/Manage Reassignments Type of U Status Technology

Pending Rea View/Manag	e Reassignments Applications:			
Type of U pdate	Status	Tracking ID	Action	
Change of Information	RETURNED FOR CORR ECTIONS View Returne d For Corrections Applica tion			-

Name/LBN NPI Status Tracking ID Action RETURNED FOR CORRECTIONS View Returned For Corrections Application Image:			Pending Reassignments Applic	ations Details	
Returned For Corrections Application 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 enrollment Status Reassignment Status	Name/LBN	NPI	Status	Tracking ID	Action
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 enrollment Status Reassignment Status Relationship Status			RETURNED FOR CORRECTIONS View Returned For Corrections Application		CORRECT & RE-SUBMIT
All Statuses All Statuses All Relationships All Relationships All Relationships 	Filter Reassignme	ent Records			
FILTER D RESET D	Please provide one Reassignment Sta All Statuses	or more of the folk	owing options to filter the enrollments. Selecting the reset button wil Enrollment Status All Statuses	II clear the options selected and load the fu Relationship State All Relationships	II list of enrollments.





Make Corrections or Upload Document(s)

Topic V	iew Fast Track View Error/Warning Check 4
rollment ID:	
b Tracking II	D:
Reason for	Application
Enrolled Sup Changing Inf	plier is Updating their Enrollment by Adding, Deleting, and/or ormation
EDIT REASO	
Reports	
Select the hyp View Applicat	erlink to view the Application being edited: on being edited IP
Select the hyp View Medicar	erlink to view the Medicare ID Report: a ID Report 🛱
Topics	
The data requered at a requered to the data requere	ired for this enrollment application is grouped into topics. In order to submit this enrollment application, you must complete all of the following
You may view process by cli	and print this enrollment application at any time during the enrollment cking the View and Print button below.
This application	in is collecting the following topics:
Completed	Topics
*	Business Information Immore information about Business
1	Supplier Type
1	PAR Status Information Immore information about PAR Status
	Information





Error/Warning Check Tab

Topic View	Fast Track View	Error/Warning Check 3				
Enrollment Subm Note: Your application the warning message BEGIN SUBMISSION	n is ready for submissio as and select the Begin s	n with warning messages. Please review Submission button.				
Enrollment ID: 02021 PacID: 428404908102 Web Tracking ID: T03	0225000001 0210225000001 2320210000010 rollment					
No Errors were found	No Errors were found for this enrollment application.					
Warnings for this	Warnings for this Enrollment					
Warnings were found below and verify that Verification of this inf verification of this inf	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.					
Торіс	Warning]				
Reassignment	Reassig primary recomm practice	nment of Benefits exist that are missing a and/or secondary practice location. It is ended that a primary and secondary location be specified, but are not required.				
Electronic Funds Tra	ansfer EFT data Medicard this EFT topic.	aset SOME BANK is not associated to any e IDs. Please associate a Medicare ID to dataset in the Electronic Funds Transfer				
Electronic Funds Tr	ansfer Medicar EFT dat this Med topic.	e ID(s) CT002021 is not associated to any asets. Please associate an EFT dataset to licare ID(s) in the Electronic Funds Transfer				

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Select Signatories







Complete Submission

Submission Page

ubmission Page	Required and/or Supporting	g Documents:		
(*) Red asterisk indicates a required field.	Note: Expand for document details.			
Medicare Contractor	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.			
electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. You must mail all required print documents within 15 days of submitting the electronic part of your	Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments	
application. Medicare Contractor: NATIONAL GOVERNMENT SERVICES, INC.	Authorized Official Certification Statement for Clinics and Group Practices (PDF)	View and Print [PDF]		
NATIONAL GOVERNMENT SERVICES, INC. P.O. BOX 7149 INDIANAPOLIS, IN 46207-7149	Note : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.			
Reason(s) for submission: • A Part B supplier is currently enrolled in the Medicare program. The supplier is adding, deleting, or changing general Medicare enrollment information.	Certification Statement for Individual Practitioners [PDF] Note: Please do not mail a signed Certification Statement. Signature documents must be either	View and Print [PDF] 🖨		
Reports	e-signed or uploaded.			
Select the hyperlink to view the Application being submitted: View Application being submitted 🕞	Required Documentation Copy of an organizational structure	Delivery Method Unspecified	Comments	
View Medicare ID Report	diagram/flowchart.			
Required and Supporting Documents	Optional Documentation	Unspecified	Comments	
The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be uploaded. Please read the notes below.	requested by your Medicare Contractor(s) Note: Documents in PDF form	at require the Adobe Acrobet I	Reader® 💷, If you	
Do not upload to your submission:	PREVIOUS P	AGE COMPLETE SUBMIS	SSION D	
 A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form). 	CANCEL			





Submission Confirmation







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 i 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 Feature

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





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

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 (PDF).

Pay Application Fee 🗁 - Pay your application fee online.

View the list of Providers and Suppliers [PDF, 94KB] D 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.







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: <u>customerservice@npienumerator.com</u>
 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: <u>EUSSupport@cgi.com</u> Live Chat: <u>https://eus.custhelp.com/</u>



NGS Website

		Contact Us NGS	Connex Sub	oscribe for Email Up	dates Part I	3 Provider in Connecticut (JK) 🔫
N national government			EVENTS	ENROLLMENT	APPS 👻	Q
Resources	VIEW ALL RESOURCES					
CONTACTUS	Claims and Appeals		Contact	Us		
CONTACT US	EDI Enrollment	EDI Solutions				
	Medicare Compliance		NGSCon	nex		
	Overpayments		Product	ion Alerts		
	Tools & Calculators					
Mailing Addresses		Provider Enrollment				
For ADRs, claims, EDI, FO enrollment, or oti	DIA, medical policy, her inquiries.					





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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



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Questions?

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

Code.