

A CMS Medicare Administrative Contractor  
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## CMS Provider Enrollment Systems

### NGS Provider Outreach and Education

#### Identity & Access (I&A) Management System

Topic	Field Areas(s)
My Profile tab	<p><b>My Information</b> – name, business phone, personal phone and address, and email</p> <p><b>Employer Information</b> – list of organizations or individual records you have access (organization and/or individual must grant access)</p>
My Connections tab	<p><b>My Connections</b> – <b>surrogate relationships</b> between providers and individual/organization that work on the provider's behalf</p> <p>(Provider must grant access to have surrogate relationship)</p>
My Staff tab	<p><b>My Staff</b> – list of staff with access to work on the behalf of organization or individual</p> <p>(individual provider, authorized official (AO) or access manager must grant and/or remove access for staff)</p>

#### National Plan & Provider Enumeration (NPPES)

Topic	Field Areas(s)
Profile	<p>NPI Type 1 – individual legal name</p> <p>NPI Type 2 – organization legal business name, TIN, authorized official</p>
Address	<p>Business mailing address (correspondence address)</p> <p>Practice location address</p>
Health Information Exchange	Securely share vital medical information electronically (optional)
Other Identifiers	Provider identifiers -- insurance information that is not PHI

<b>Taxonomy</b>	<a href="#">Taxonomy codes</a> (mark primary)
<b>Contact Information</b>	Contact person, email, telephone (mark primary)

### [Provider Enrollment Chain & Ownership System \(PECOS\)](#)

Topic	Field Areas(s)
<b>Personal/Organization Identifying Information</b>	Individual legal name Organization legal business name, TIN
<b>Practitioner Specialty/Provider Type</b>	Physician: 1 primary and multiple secondary Nonphysician/organization: 1 primary (primary specialty changes may require initial enrollment)
<b>PAR Status Information</b>	Change can occur 90 days after initial enrollment or during open enrollment
<b>Business/Physical Location and "Special Payment" Address</b>	Practice/business location address, telephone, fax, email Primary practice location (identify) Remittance/special pay to address NPI/PTAN combinations for billers (individual in private practice/organization) Certification numbers for CLIA and/or FDA equipment
<b>Rendering Healthcare Services at a Patients Home</b>	Geographical area
<b>Physician Assistant Employment Association</b>	Individual employment association Organization removes employment association
<b>Reassignment</b>	List reassignment information Primary/secondary practice location
<b>Resident Status</b>	Resident/intern information

Topic	Field Areas(s)
Mailing Address	Correspondence and medical records correspondence address
License, Certification and DEA Information	Local/state license or certification (attach supporting document(s))
Final Adverse Legal Action	Legal actions (attach supporting document(s))
Organization Control	Organization ownership/managing control for a biller
Individual Control	Individual ownership/managing control for a biller (owners, directors/officers, board of directors, authorized /delegated officials) (Opioid Treatment Program- program sponsor, medical director)
Patient Records Storage Location	Biller physical/electronic storage area
Billing Agency/Agent	Name, address, TIN, telephone
Contact Person	Name, address, telephone, email
Electronic Funds Transfer	Bank information, contact person
Required and/or Supporting Documentation	Up to date documents
Ambulance Service Suppliers	Geographical area, vehicle
Independent Diagnostic Testing Facilities (IDTF)	CPT-4 and HCPC codes, interpreting supervising physician, technical personnel
Opioid Treatment Personnel Program	Ordering and dispensing personnel
MDPP Coach	Name

**Note:** not an all-inclusive list