national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

Maintaining Your Provider Files

6/12/2025

NGSMU
NGS Medicare University
Meaningful | Informative | Simplified

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.*

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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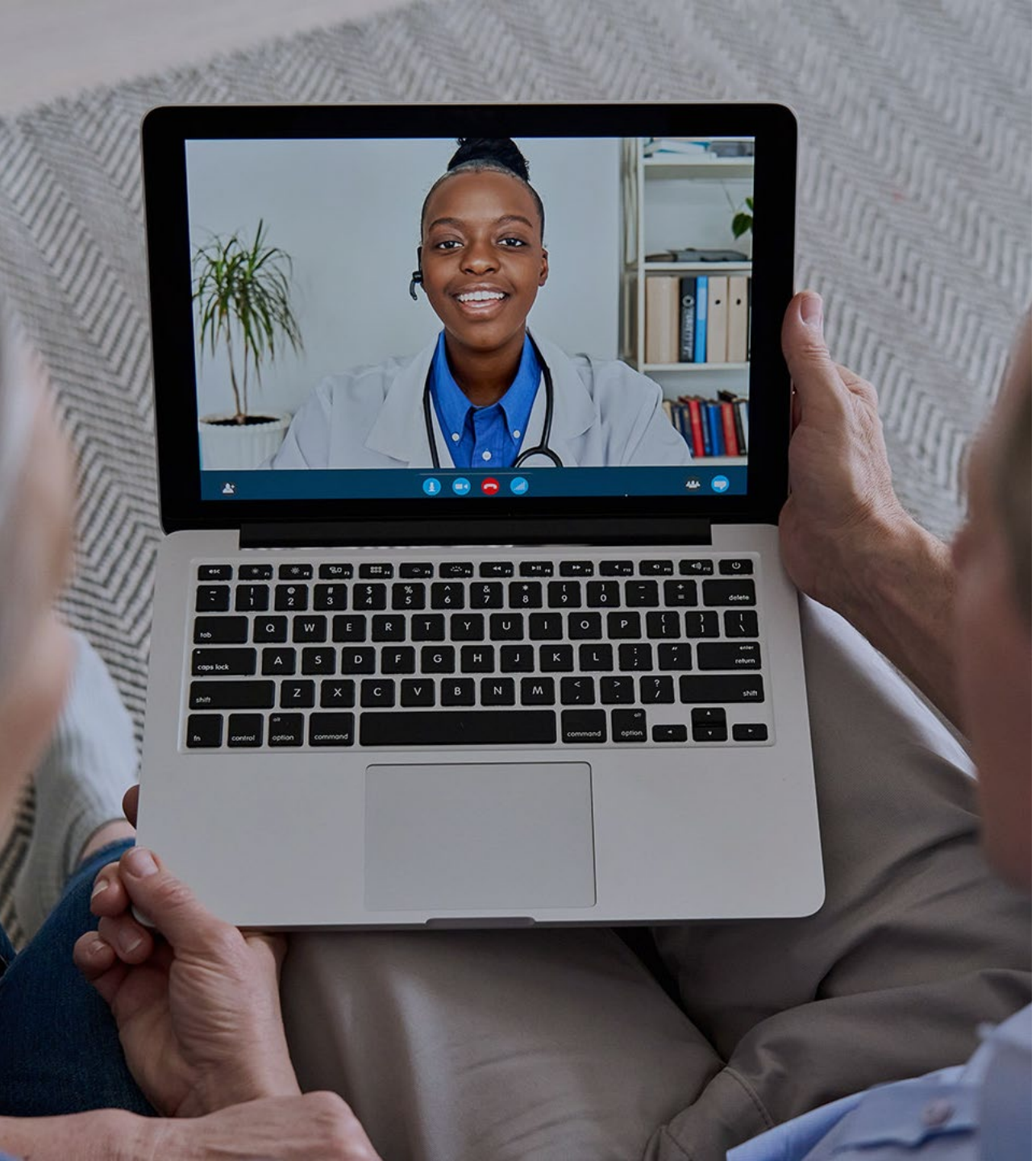

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Today's Presenters

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

- Provider Outreach and Education Consultants
  - Susan Stafford PMP, COA, AMR
  - Laura Brown, CPC

Agenda

- Report Changes Within Timeframe
- CMS Systems
  - Identity & Access Management System
  - National Plan & Provider Enumeration System
  - Provider Enrollment Chain & Ownership System
- Additional Records to Update
- Scenarios
- Resources

Report Changes Within Timeframe

Report Changes Within Timeframe

- You must report changes of information in your Medicare enrollment records within 30 days for
  - Change(s) in ownership or control, including changes in authorized officials(s)
  - Change(s) in practice location
  - Final adverse legal action(s)
  - IDTF supplier change(s) in general supervision
  - MDPP supplier change(s) in coach roster
- All other changes to your existing Medicare enrollment records must be reported within 90 days
- 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
- Report Changes to your Enrollment Records Part A or Part B

CMS Systems

Provider Enrollment Systems

- Identity & Access (I&A) Management System

Provider Enrollment, Chain, and Ownership System (PECOS)

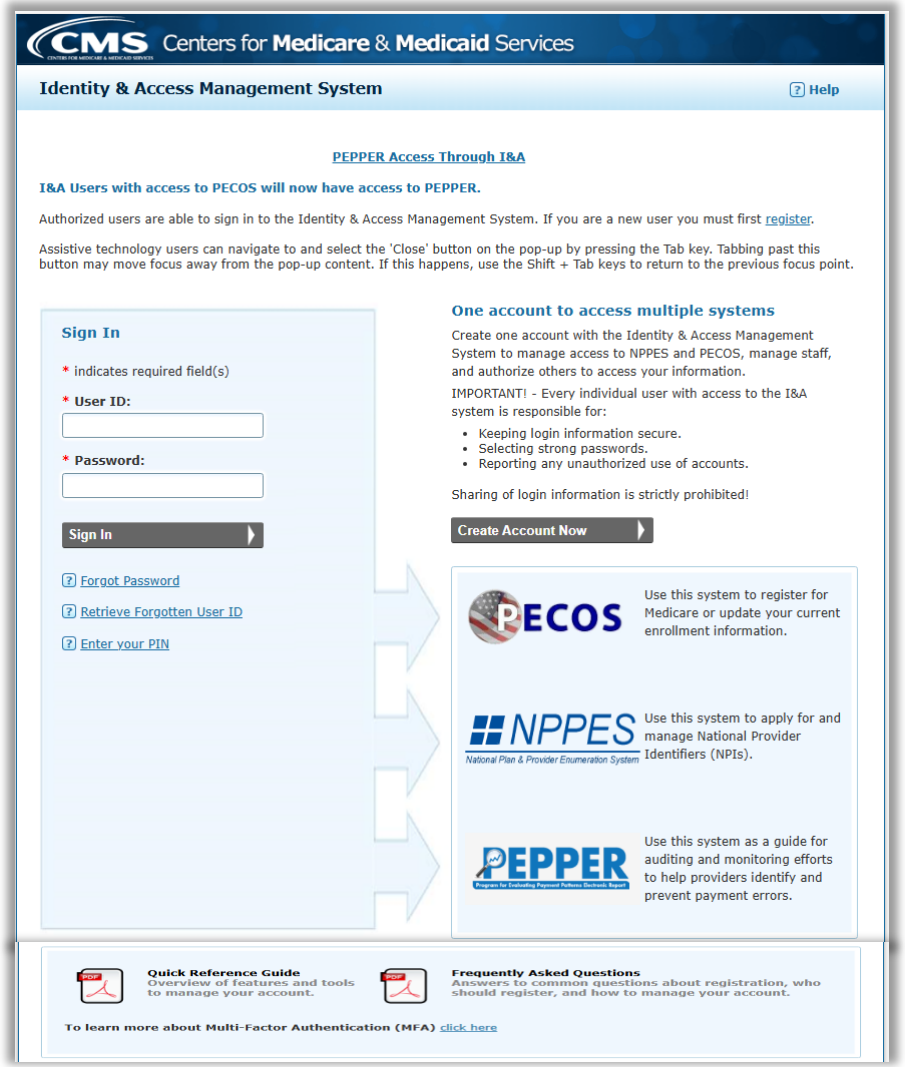
National Plan & Provider Enumeration System (NPPES)

Identity & Access Management System

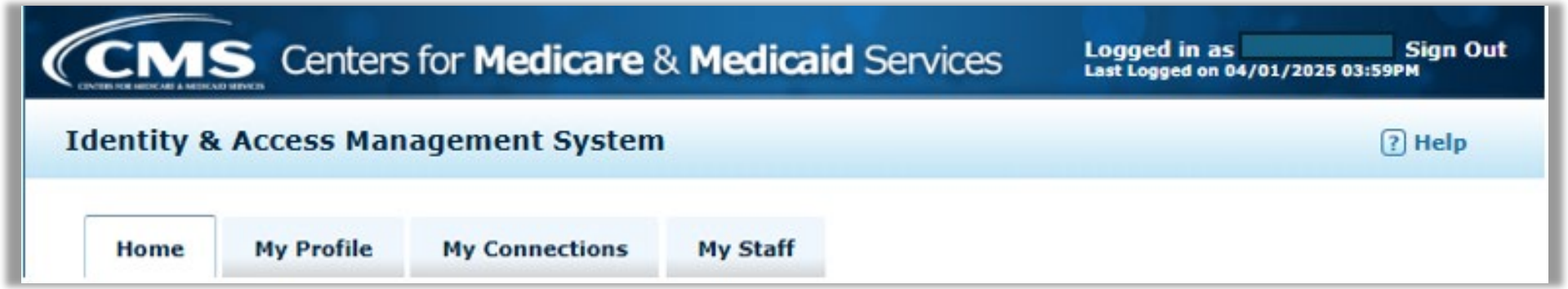
I&A Management System

- Purpose for I&A security system
  - Individual profile for user ID to access multiple systems
    - PECOS (Medicare provider enrollment information)
    - NPPES (NPI information)
  - Connection to organization and individual enrollments
  - Authorize and manage staffs access to enrollment information

Identity & Access Management System

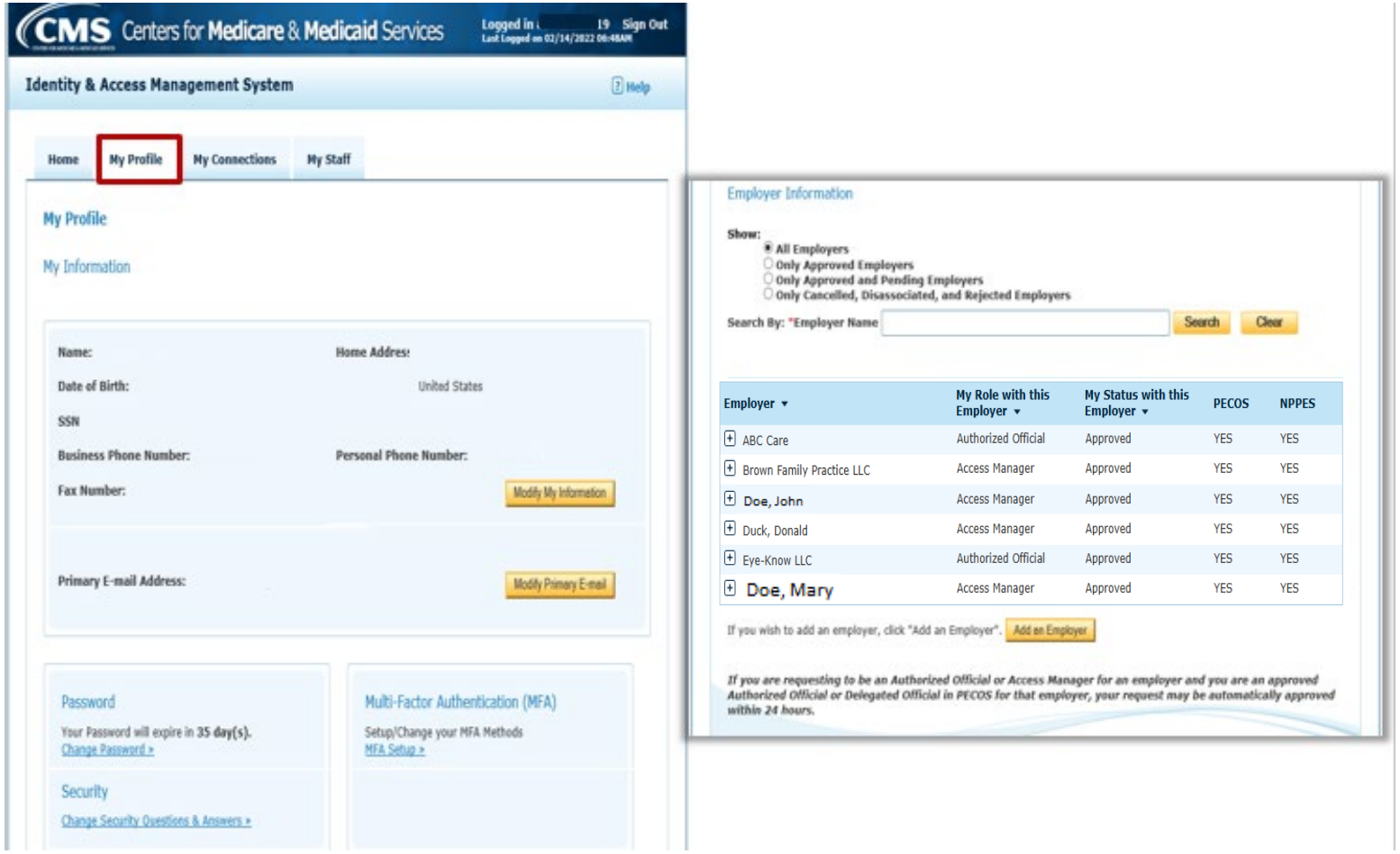


I&A Management System

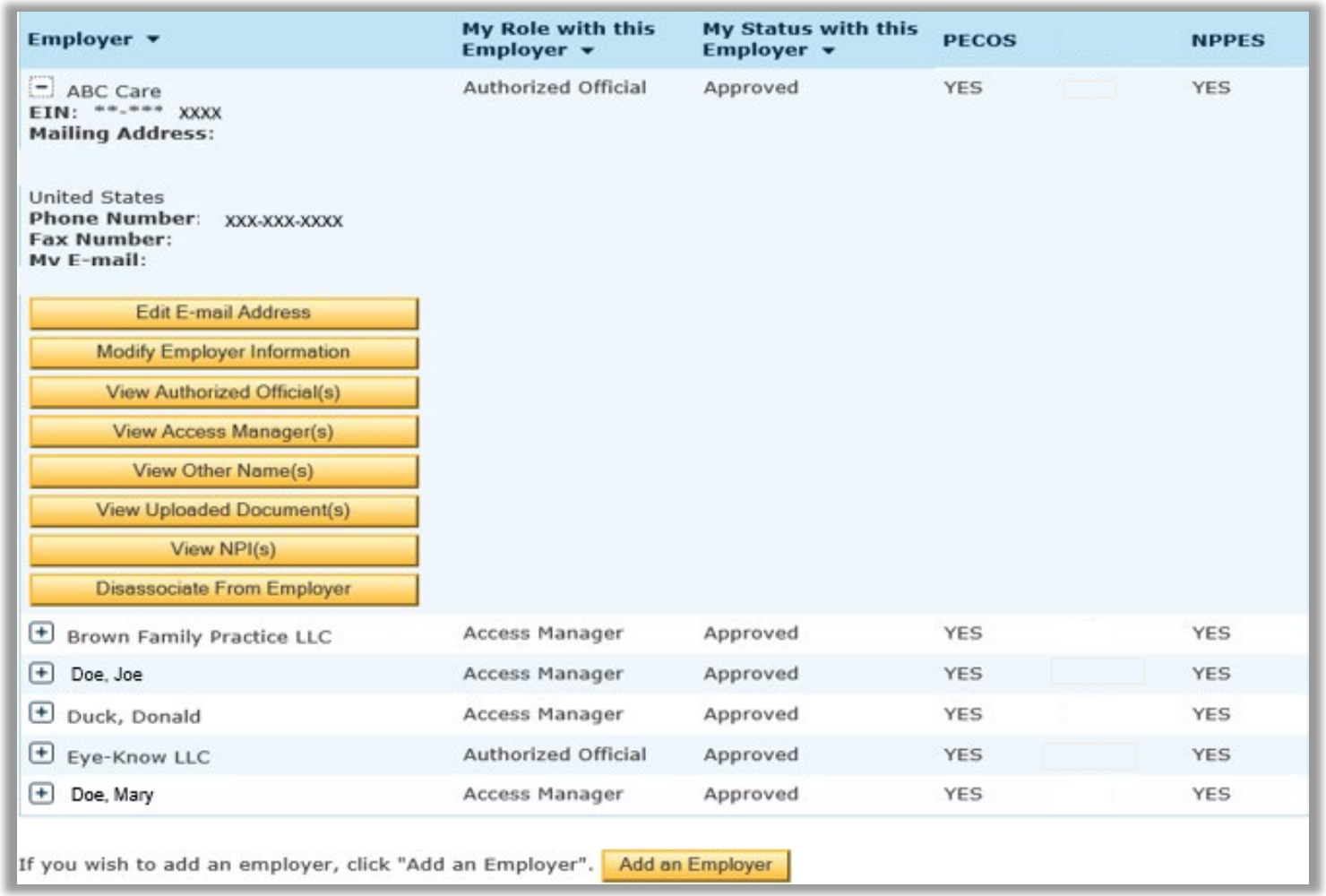


Topic	Field/Area
My Profile	**My Information** – name, business phone, personal phone and address, and primary email address **Employer Information** – List of individual or organization records you have been granted access
My Connections	**My Connections** – Surrogate relationships between providers and individual/organization that work on the provider's behalf
My Staff	**My Staff** – list of staff with access to work on the behalf of organization or individual (individual provider, authorized official (AO) or access manager must grant and/or remove access for staff)

My Profile


CMS Centers for Medicare & Medicaid Services
Logged in
Sign Out
Identity & Access Management System
Help
Home
My Profile
My Connections
My Staff
My Profile
My Information
Name:
Home Address:
Date of Birth:
United States
SSN
Business Phone Number:
Personal Phone Number:
Fax Number:
Modify My Information
Primary E-mail Address:
Modify Primary E-mail
Password
Your Password will expire in 35 day(s).
Change Password »
Multi-Factor Authentication (MFA)
Setup/Change your MFA Methods
MFA Setup »
Security
Change Security Questions & Answers »
Employer Information
Show:
All Employers
Only Approved Employers
Only Approved and Pending Employers
Only Cancelled, Disassociated, and Rejected Employers
Search By: *Employer Name
Search
Clear
Employer
My Role with this Employer
My Status with this Employer
PECOS
NPPES
ABC Care
Authorized Official
Approved
YES
YES
Brown Family Practice LLC
Access Manager
Approved
YES
YES
Doe, John
Access Manager
Approved
YES
YES
Duck, Donald
Access Manager
Approved
YES
YES
Eye-Know LLC
Authorized Official
Approved
YES
YES
Doe, Mary
Access Manager
Approved
YES
YES
If you wish to add an employer, click "Add an Employer".
Add an Employer
If you are requesting to be an Authorized Official or Access Manager for an employer and you are an approved Authorized Official or Delegated Official in PECOS for that employer, your request may be automatically approved within 24 hours.

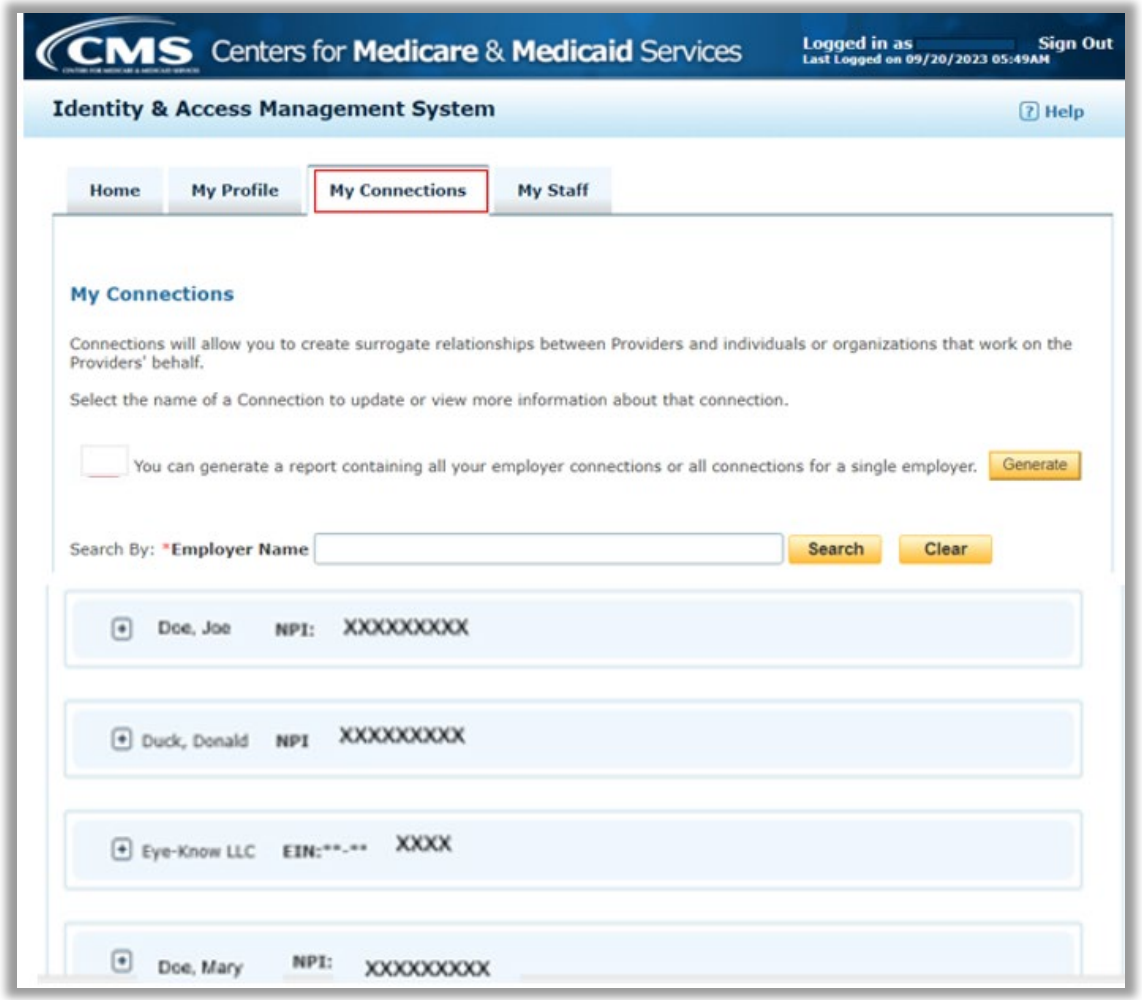
My Profile – Employer Information



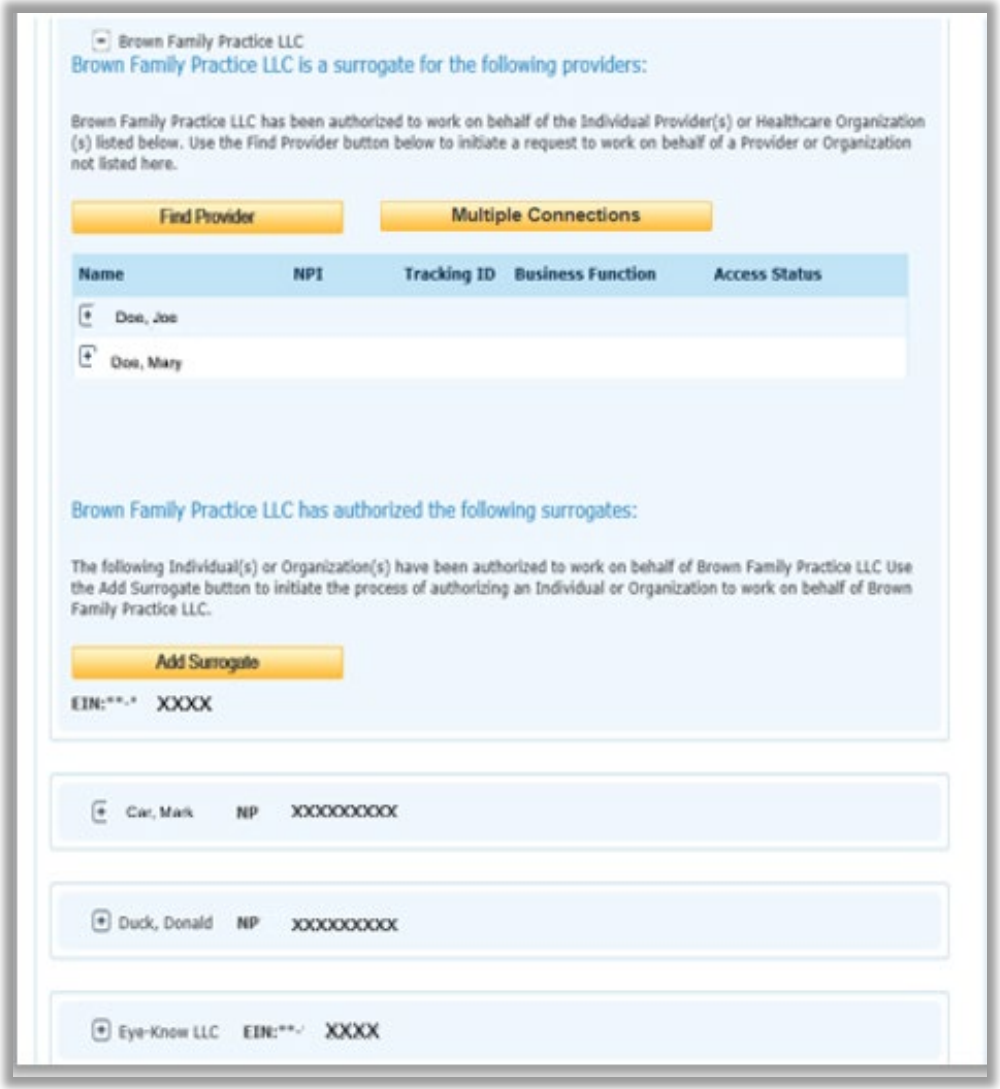
Employer	My Role with this Employer	My Status with this Employer	PECOS	NPPES
ABC Care **EIN:** **-*** XXXX **Mailing Address:** United States **Phone Number:** XXX-XXX-XXXX **Fax Number:** **My E-mail:** Edit E-mail Address Modify Employer Information View Authorized Official(s) View Access Manager(s) View Other Name(s) View Uploaded Document(s) View NPI(s) Disassociate From Employer	Authorized Official	Approved	YES	YES
Brown Family Practice LLC	Access Manager	Approved	YES	YES
Doe, Joe	Access Manager	Approved	YES	YES
Duck, Donald	Access Manager	Approved	YES	YES
Eye-Know LLC	Authorized Official	Approved	YES	YES
Doe, Mary	Access Manager	Approved	YES	YES

If you wish to add an employer, click "Add an Employer". Add an Employer

My Connections



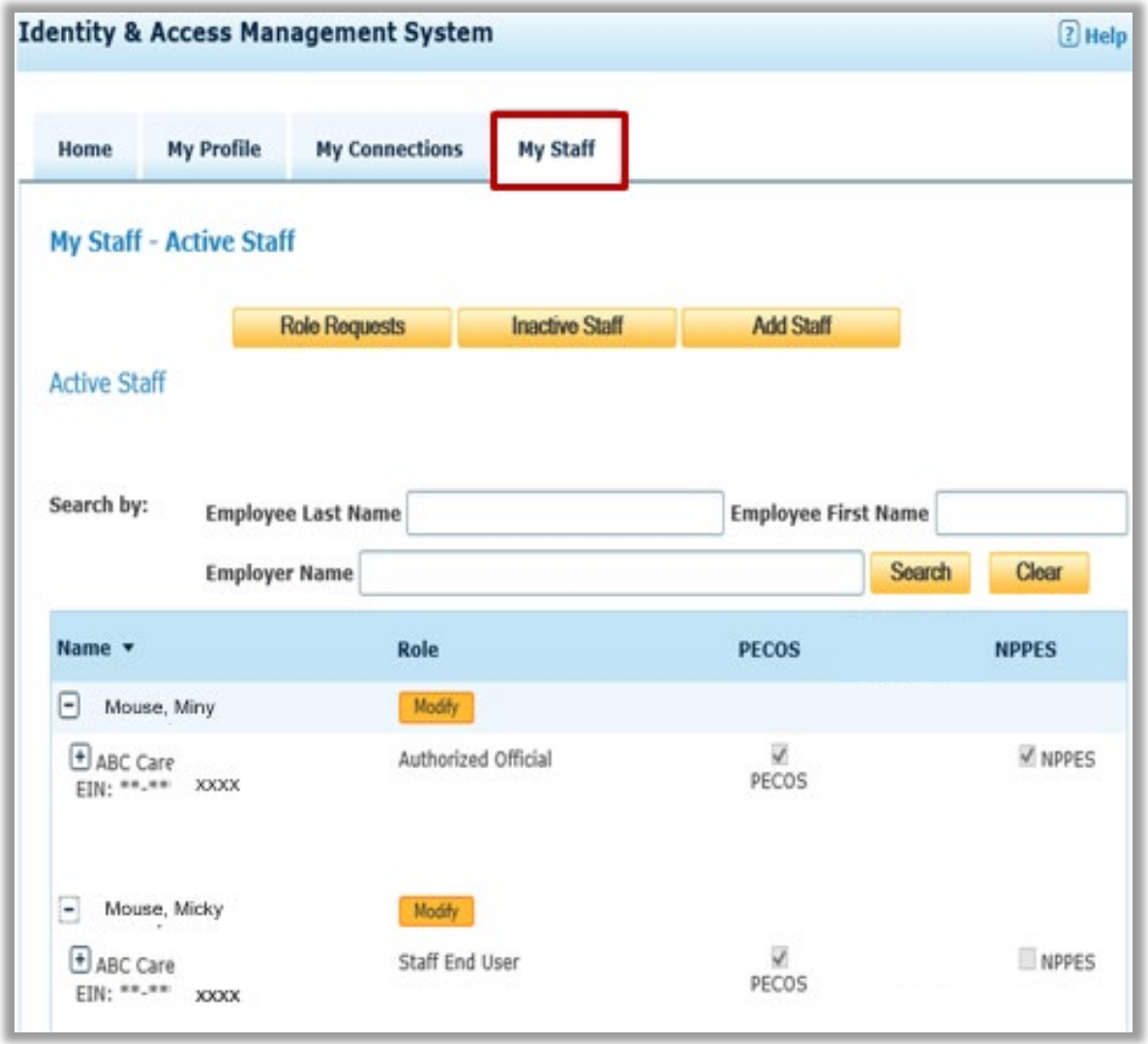
My Connections



My Staff

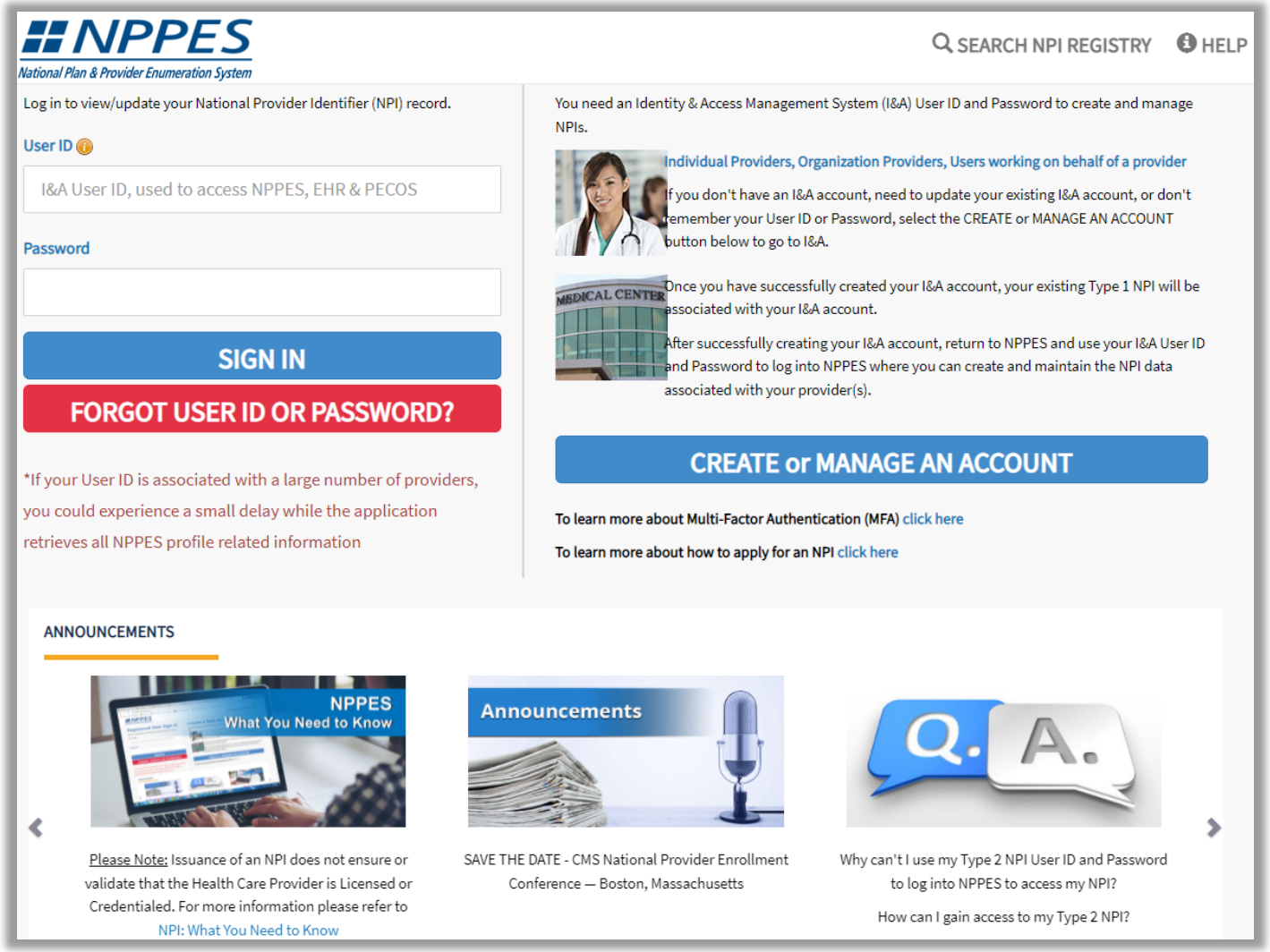
CMS Centers for Medicare & Medicaid Services
Logged in as
Sign Out
Last Logged on 02/14/2022 06:48AM
Identity & Access Management System
Help
Home
My Profile
My Connections
My Staff
My Staff - Active Staff
Role Requests
Inactive Staff
Add Staff
Active Staff
Search by:
Employee Last Name
Employee First Name
Employer Name
Search
Clear
Name
Role
PECOS
NPPES
Mouse, Miny
Modify
Mouse, Micky
Modify
Duck, Dafy
Modify

My Staff

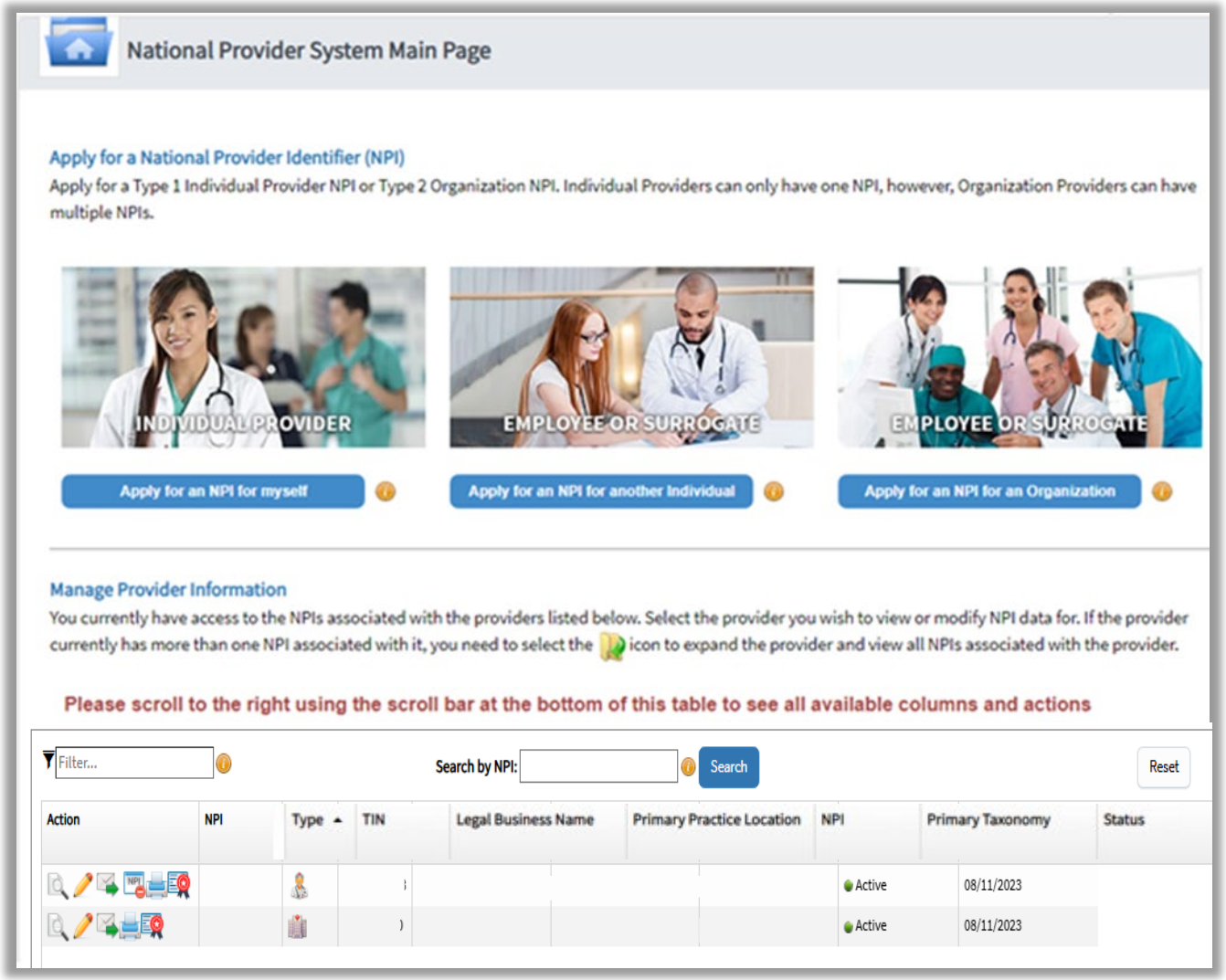

Identity & Access Management System
Help
Home
My Profile
My Connections
My Staff
My Staff - Active Staff
Role Requests
Inactive Staff
Add Staff
Active Staff
Search by:
Employee Last Name
Employee First Name
Employer Name
Search
Clear
Name
Role
PECOS
NPPES
Mouse, Miny
Modify
ABC Care
EIN: **-***** xxxx
Authorized Official
PECOS
NPPES
Mouse, Micky
Modify
ABC Care
EIN: **-***** xxxx
Staff End User
PECOS
NPPES

National Plan & Provider Enumeration System

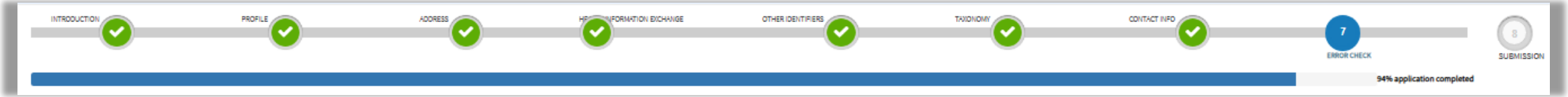
National Plan & Provider Enumeration



NPPES


National Provider System Main Page
Apply for a National Provider Identifier (NPI)
Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.
INDIVIDUAL PROVIDER
EMPLOYEE OR SURROGATE
EMPLOYEE OR SURROGATE
Apply for an NPI for myself
Apply for an NPI for another Individual
Apply for an NPI for an Organization
Manage Provider Information
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.
Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions
Filter...
Search by NPI:
Search
Reset
Action
NPI
Type
TIN
Legal Business Name
Primary Practice Location
NPI
Primary Taxonomy
Status
Active
08/11/2023
Active
08/11/2023

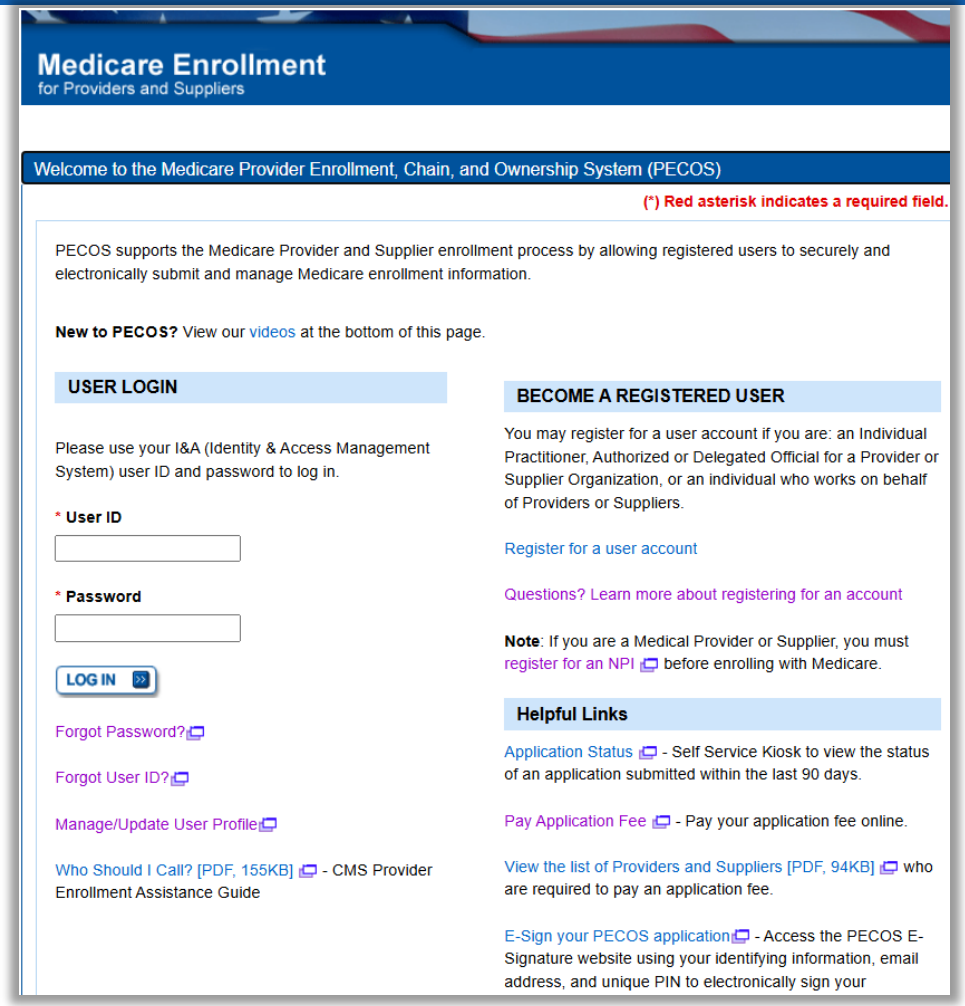
NPPES

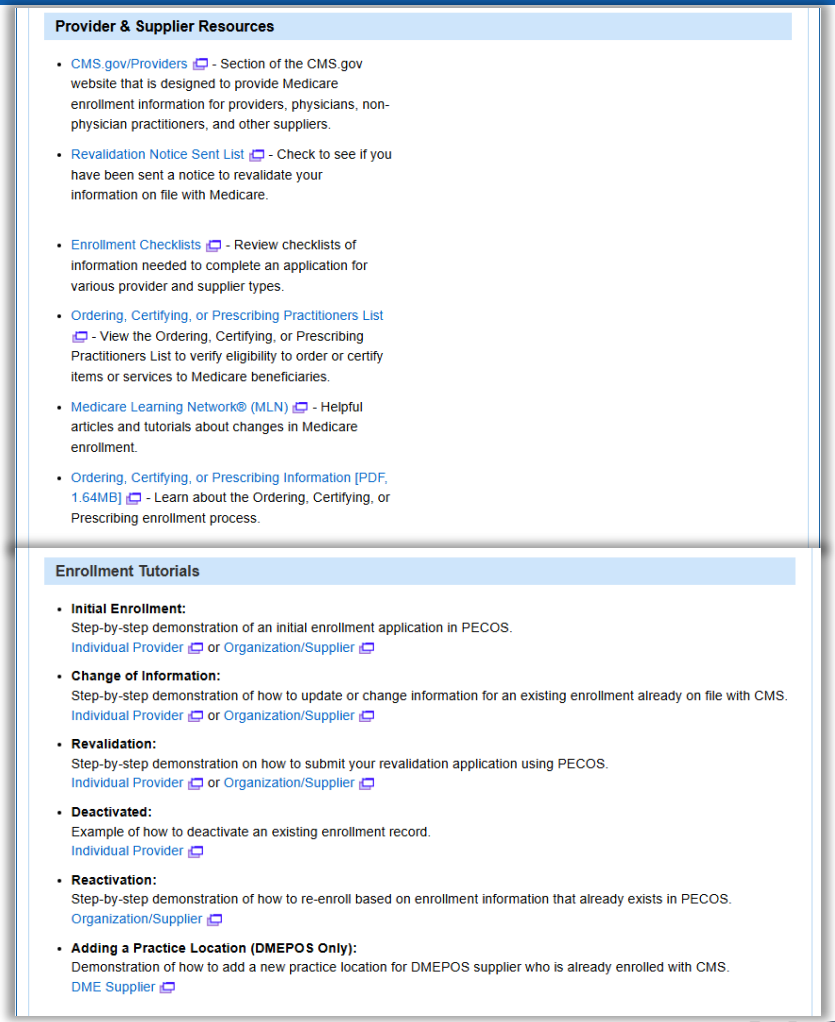


Topic	Field/Area
Profile	NPI Type 1 – individual legal name NPI Type 2 – organization legal business name, TIN, authorized official
Address	Business mailing address (correspondence address) Practice location address
Health Information Exchange	Securely share vital medical information electronically (optional)
Other Identifiers	Provider identifiers -- insurance information that is not PHI
Taxonomy	Taxonomy codes (mark primary)
Contact Information	Contact person, email, telephone (mark primary)

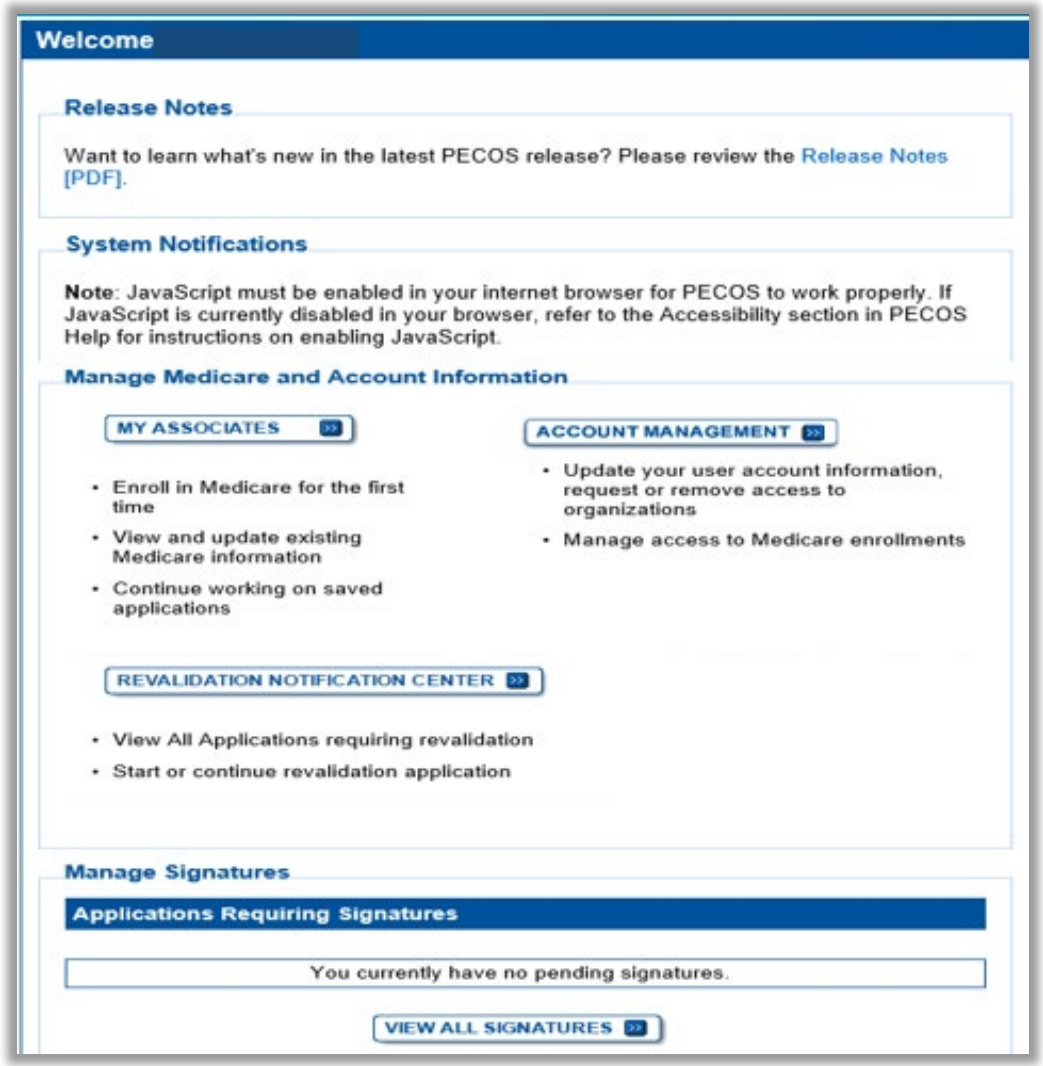
Provider Enrollment Chain & Ownership System

PECOS Home Page to Login

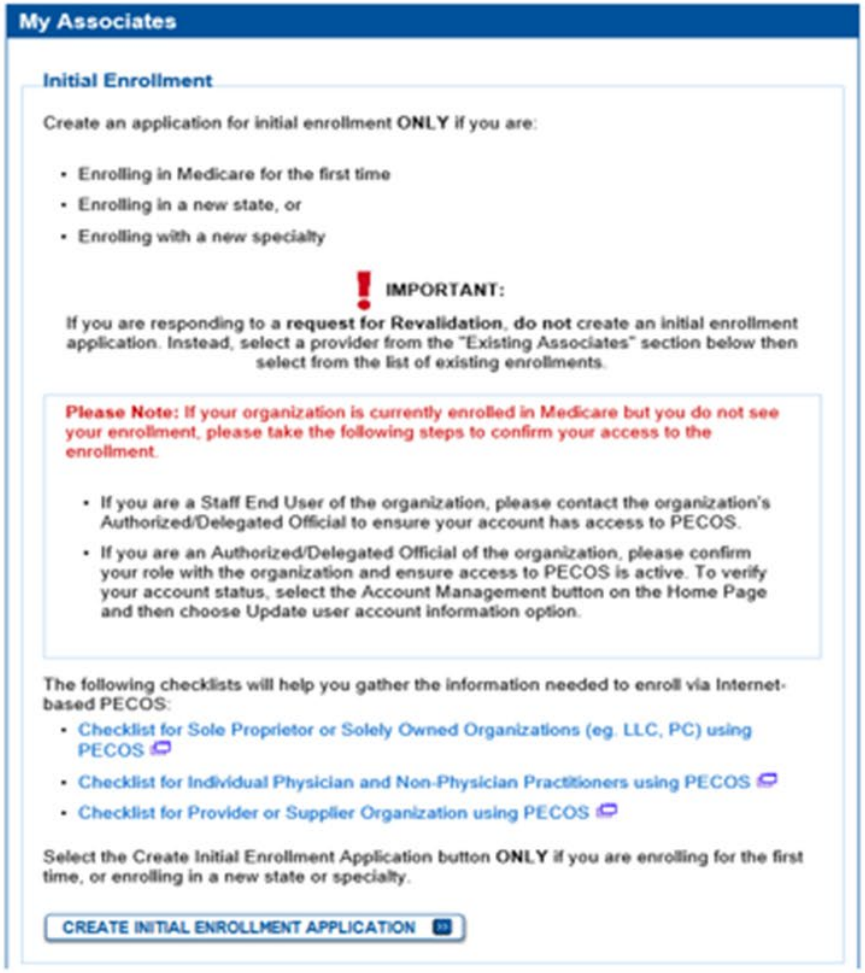


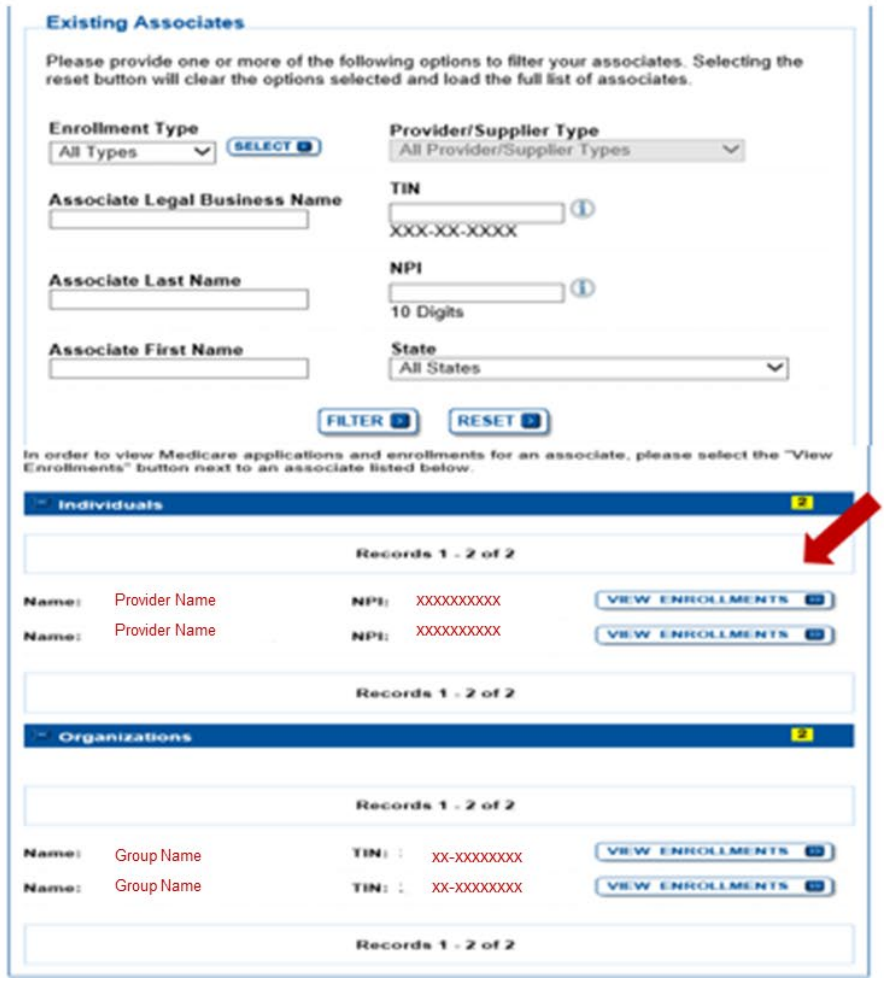


My Associates

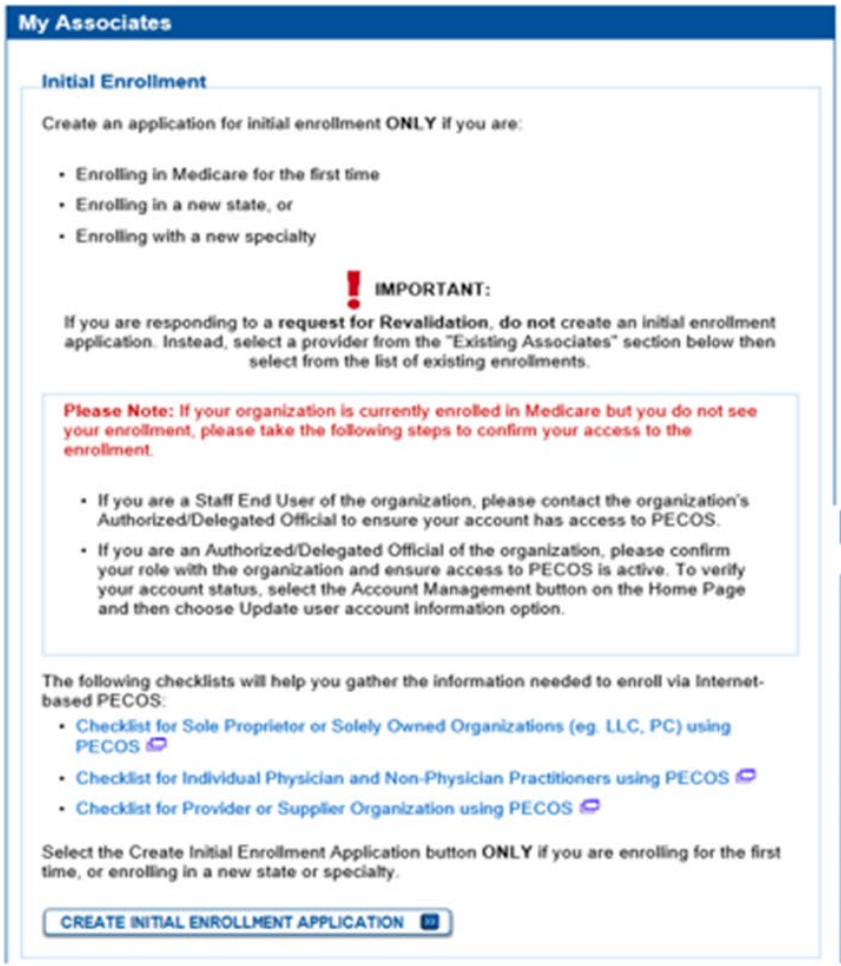


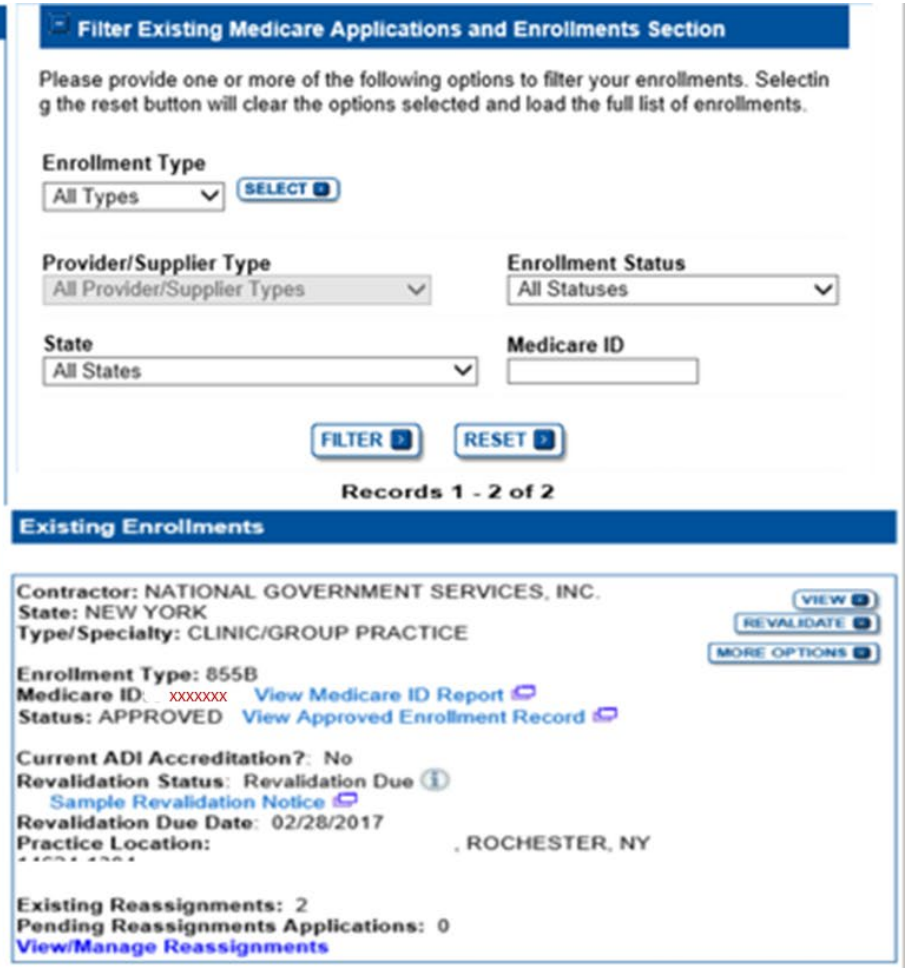
View Enrollments



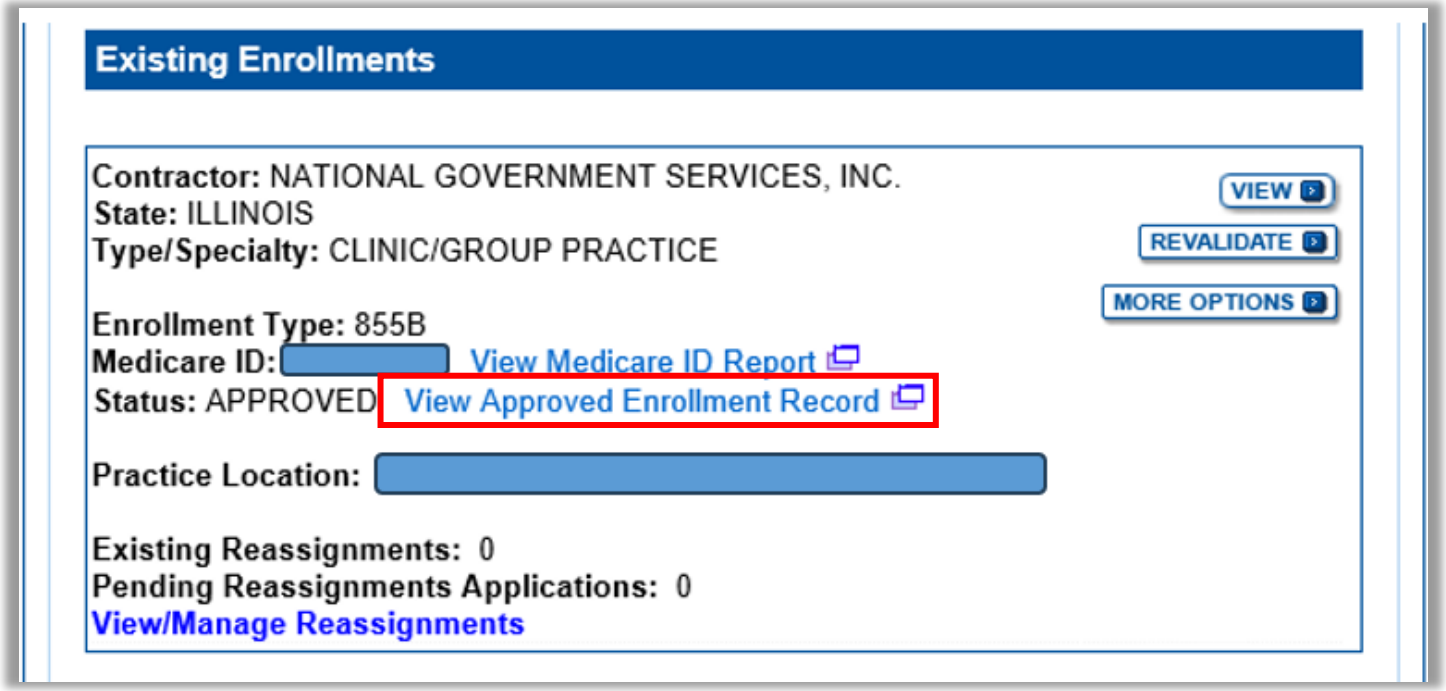


Existing Enrollments

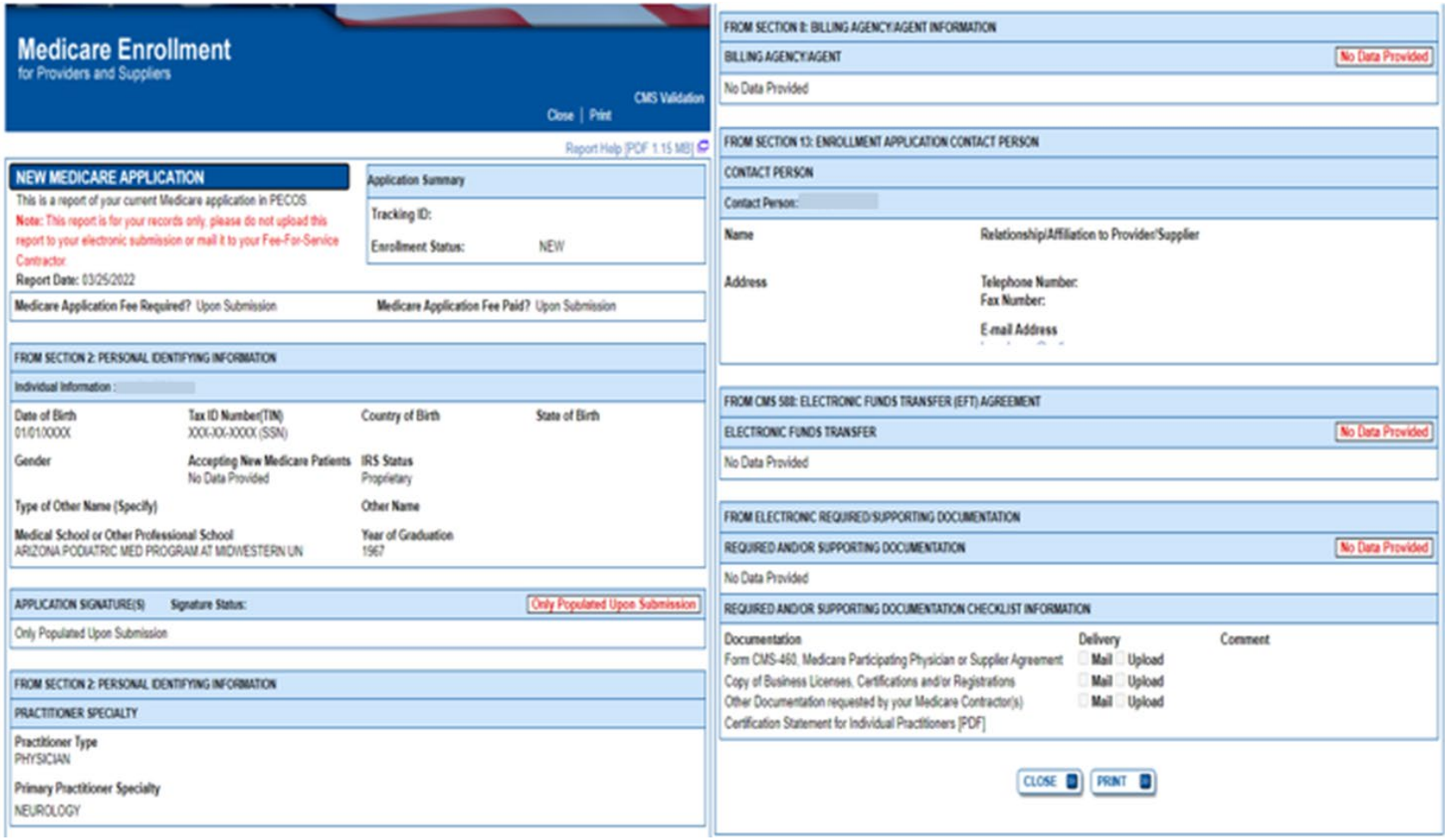




Report: View Approved Enrollment Record



View or Print Report



Medicare Enrollment
for Providers and Suppliers

CMS Validation

Close | Print

Report Help [PDF 1.15 MB]

NEW MEDICARE APPLICATION

This is a report of your current Medicare application 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.

Report Date: 03/25/2022

Application Summary

Tracking ID:

Enrollment Status: NEW

Medicare Application Fee Required? Upon Submission

Medicare Application Fee Paid? Upon Submission

FROM SECTION 2: PERSONAL IDENTIFYING INFORMATION

Individual Information :

Date of Birth	Tax ID Number(TIN)	Country of Birth	State of Birth
01/01/XXXX	XXX-XX-XXXX (SSN)		

Gender	Accepting New Medicare Patients	IRS Status
	No Data Provided	Proprietary

Type of Other Name (Specify)

Other Name

Medical School or Other Professional School
ARIZONA PODIATRIC MED PROGRAM AT MIDWESTERN UN

Year of Graduation
1967

APPLICATION SIGNATURE(S) Signature Status: Only Populated Upon Submission

Only Populated Upon Submission

FROM SECTION 2: PERSONAL IDENTIFYING INFORMATION

PRACTITIONER SPECIALTY

Practitioner Type
PHYSICIAN

Primary Practitioner Specialty
NEUROLOGY

FROM SECTION 8: BILLING AGENCY/AGENT INFORMATION

BILLING AGENCY/AGENT — No Data Provided

No Data Provided

FROM SECTION 13: ENROLLMENT APPLICATION CONTACT PERSON

CONTACT PERSON

Contact Person:

Name

Relationship/Affiliation to Provider/Supplier

Address

Telephone Number:
Fax Number:

E-mail Address

FROM CMS 588: ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT

ELECTRONIC FUNDS TRANSFER — No Data Provided

No Data Provided

FROM ELECTRONIC REQUIRED/SUPPORTING DOCUMENTATION

REQUIRED AND/OR SUPPORTING DOCUMENTATION — No Data Provided

No Data Provided

REQUIRED AND/OR SUPPORTING DOCUMENTATION CHECKLIST INFORMATION

Documentation	Delivery	Comment
Form CMS-460, Medicare Participating Physician or Supplier Agreement	Mail Upload	
Copy of Business Licenses, Certifications and/or Registrations	Mail Upload	
Other Documentation requested by your Medicare Contractor(s)	Mail Upload	
Certification Statement for Individual Practitioners [PDF]		

CLOSE PRINT

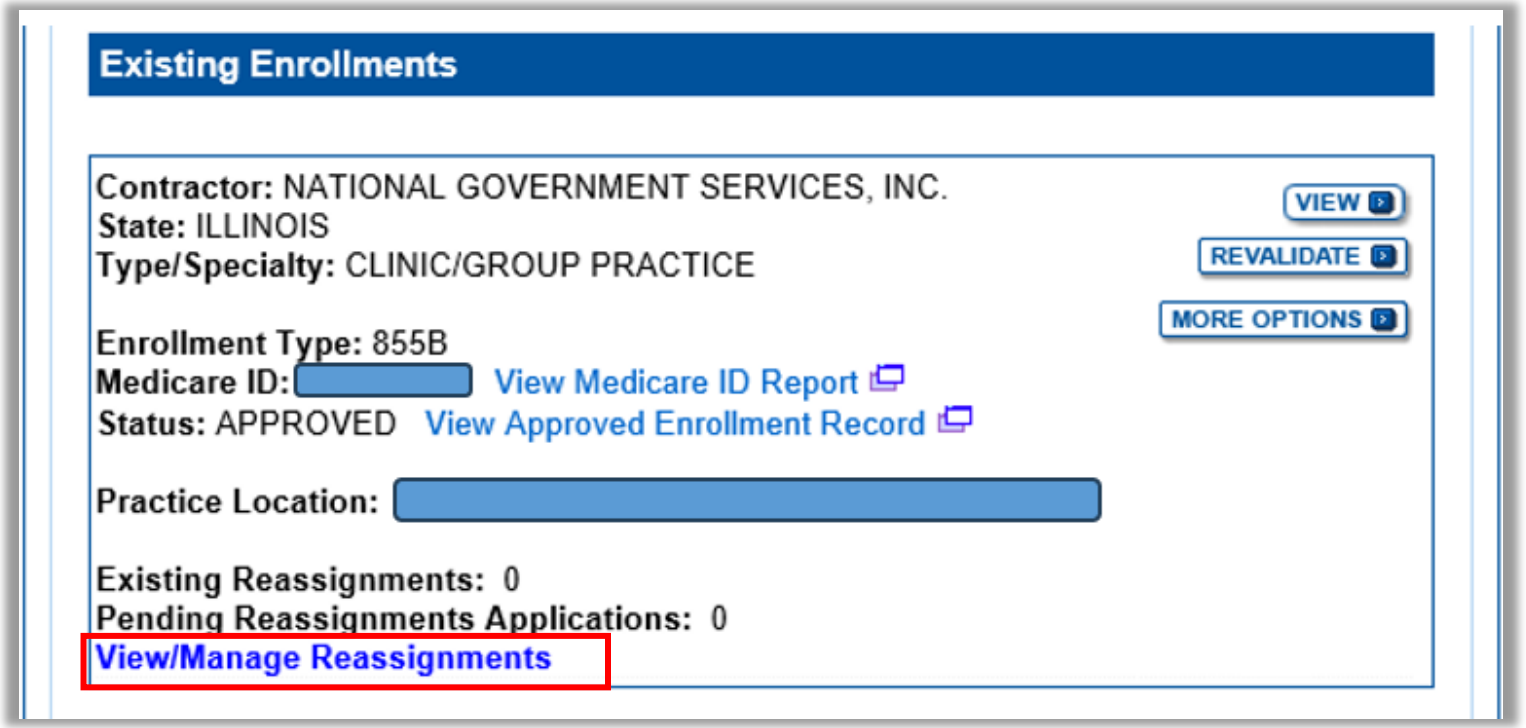
Report Topics

Topic (Section)	Field Area(s)
Personal/Organization Identifying Information	individual legal name organization legal business name, TIN
Practitioner Specialty/Provider Type	physician: 1 primary and multiple secondary nonphysician/organization: 1 primary (primary specialty changes may require initial enrollment)
PAR Status Information	change can occur 90 days after initial enroll or during open enrollment
Business/Physical Location and "Special Payment" Address	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 #'s for CLIA and/or FDA equipment
Rendering Healthcare Services at a Patients Home	geographic area
Physician Assistant Employment Association	individual employment association organization remove employment association
Reassignment	list reassignment information primary/secondary practice location
Resident Status	resident/intern information
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))

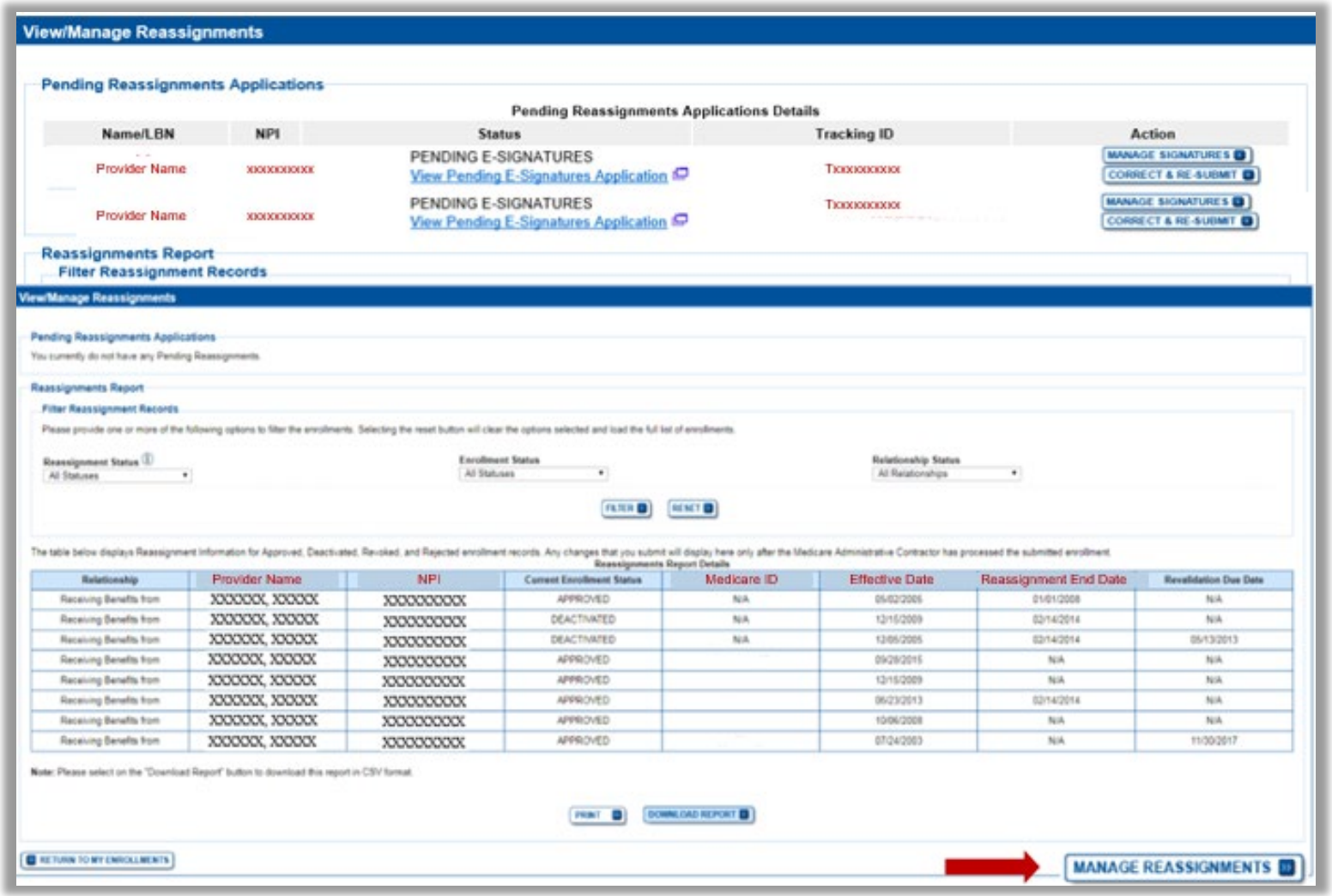
Report Topics

Topic (Section)	Field Area(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	geographic area, vehicle
Independent Diagnostic Testing Facilities (IDTF)	CPT-4 and HCPC codes, interpreting and supervising physician, technician personnel
Opioid Treatment Program Personnel	ordering and dispensing personnel
MDPP Coach	name

Report: View/Manage Reassignments



Report: View/Manage Reassignments



Additional Records to Update

Additional Records

- Federal and State Website
  - State Licensing and Certification
  - Certificate Renewal
    - Substance Abuse & Mental Health Services Administration (SAMSHA) – OTP
    - Centers for Disease Control and Prevention (CDC) – MDPP
    - America Diabetes Association Education Recognition Program
    - Clinical Laboratory Improvement Amendments of 1988 (CLIA)
    - Food & Drug Administration (FDA)
- Internal Revenue Services
  - Legal Business Name (LBN)
  - Tax Identification Number (TIN)
  - Employee Identification Number (EIN)
- Social Security Administration Office
  - Legal Name

Scenarios

Changed Practice Location

Provider Type	System	Field Area(s)
Individual	I&A Management	My Profile
	NPPES	Addresses, Contact Information
	PECOS	Reassignments: Primary or Secondary Location, Correspondence Address, Contact Person Private Practice: Correspondence Address, Medical Records Correspondence Address, Practice Location, Special Pay to Address, Contact Person
Organization	I&A Management	n/a
	NPPES	Addresses, Contact Information
	PECOS	Correspondence Address, Medical Records Correspondence Address, Practice Location, Special Pay to Address, Contact Person • Reassignments: Primary or Secondary location • Individual records: Correspondence Address, Contact Person

Office Staff Change

Provider Type	System	Field Area(s)
Individual	I&A Management	My Profile (Role Change)
	NPPES	Contact Information
	PECOS	Individual Control, Contact Person
Organization	I&A Management	(AO/Access Manager) My Staff (Role Change)
	NPPES	AO or Contact Information
	PECOS	Individual Control Contact Person • Reassignments/Employment Arrangements (Contact Person)

Remove Provider Connection

Provider Type	System	Field Area(s)
Individual	I&A Management	My Profile, My Connection, My Staff
	NPPES	Addresses, Contact Information
	PECOS	Reassignment, Correspondence Address, Contact Person
Organization	I&A Management	(AO/ Access Manager) My Profile or My Connection
	NPPES	AO or Contact Information
	PECOS	Reassignment • Individual – Correspondence Address, Contact Person

Establish Provider Connection

Provider Type	System	Field Area(s)
Individual	I&A Management	My Profile, My Connection, My Staff
	NPPES	Addresses, Contact Information
	PECOS	Reassignment, Correspondence Address, Contact Person
Organization	I&A Management	My Profile or My Connection
	NPPES	n/a
	PECOS	Reassignment • Individual – Correspondence Address, Contact Person

Change in Electronic Funds Transfer

Provider Type	System	Field Area(s)
Individual or Organization (Billers)	I&A Management	n/a
	NPPES	n/a
	PECOS	Electronic Funds Transfer • Banking Information, Contact Person Required and/or Supporting Documentation • Upload voided check or bank confirmation letter

- Additional information about Electronic Funds Transfer can be found our website, Part A or Part B

Change in Ownership/ Managing Control

- Additional resources can be found on our website
  - Part A
    - Report a Change of Ownership, Acquisition/Merger or Consolidation
    - Report a Change of Tax ID (Other than Change of Ownership)
  - Part B
    - Change of Tax ID Instructions and Forms

Provider Type	System	Field Area(s)
Organization	I&A Management	(AO, Access Manager) My Connection & My Staff
	NPPES	Authorized Official (AO)
	PECOS	Organizational Control (Organizational flow chart), Individual Control

Retire or Close Business

Provider Type	System	Field Area(s)
Individual	I&A Management	My Profile, My Connection, My Staff
	NPPES	Addresses, Contact Information (only delete NPI after 1 year)
	PECOS	Correspondence Address, Special Pay to Address, Contact Person • after corrections are complete -Deactivate the Enrollment
Organization	I&A Management	My Profile, My Connection, My Staff
	NPPES	Addresses, Contact Information (only delete NPI after 1 year)
	PECOS	Correspondence Address, Special Pay to Address, Contact Person • after corrections are complete -Deactivate the Enrollment

Other Scenarios

Other Scenarios

- Provider Specialty/Supplier type (initial enrollment)
- Final Adverse Legal Action
- Billing Agency
- Legal Name or Legal Business Name
- Required Supporting Documents
    - Certificate Renewal

IDTF
- CPT-4 and HCPC codes, Interpreting and Supervising Physician, Technician Personnel

Ambulance
- Vehicle and Geographic Information

OTP
- Sponsor, Medical Director, Personnel Dispensing or Ordering

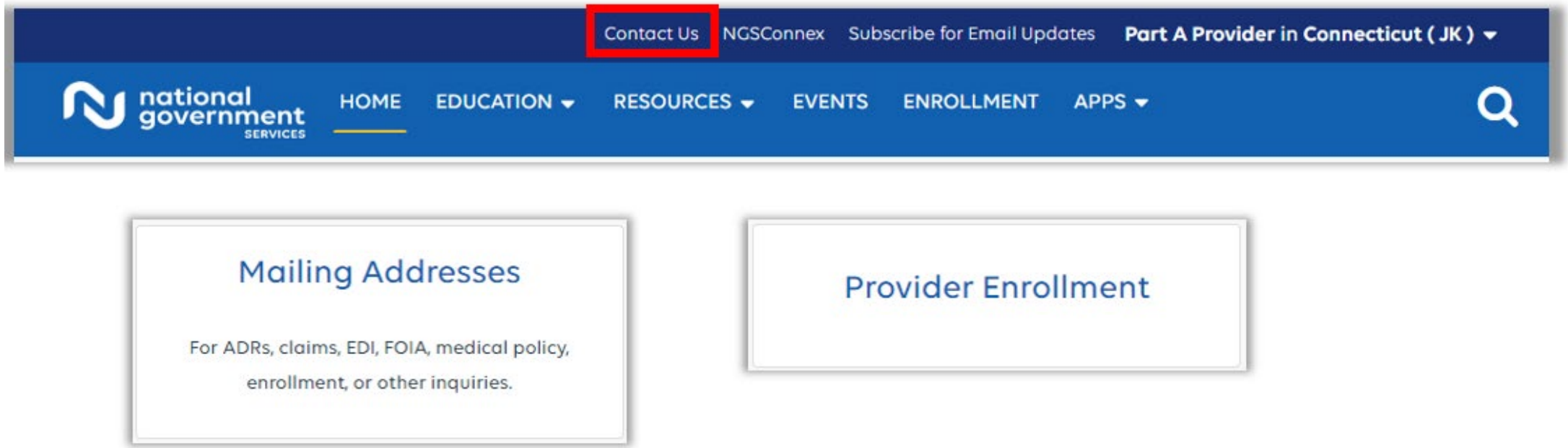
MDPP
- Coach

Resources

Contact Information

- External User Services (EUS) Website
- Resources for PECOS, I&A and NPPES
    - Guides
    - Tutorials
    - FAQs
    - Live Chat
    - Email Address
    - Mailing Address
  - Phone numbers
    - EUS helpdesk – 866-484-8049
    - NPI Enumerator helpdesk – 800-465-3203

NGS Website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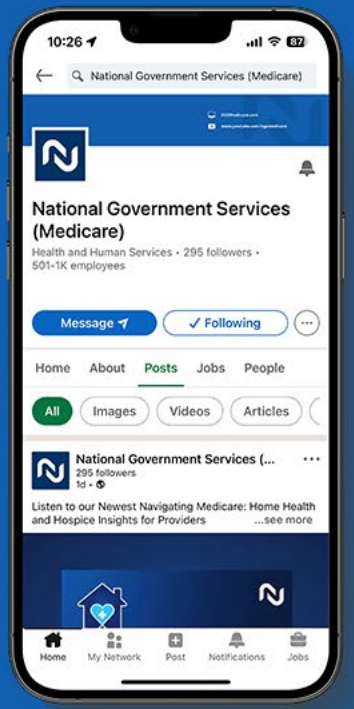
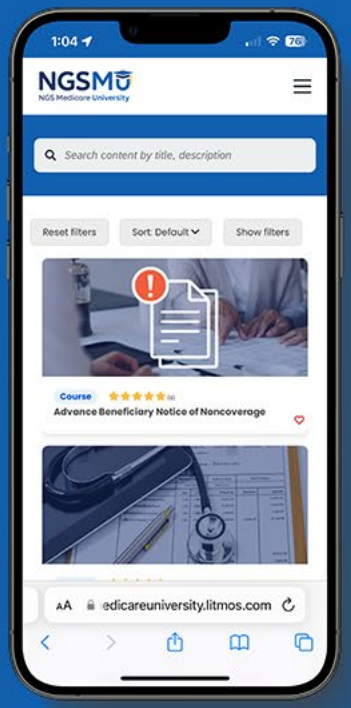
NGSConnex
Subscribe for Email Updates
Part A Provider in Connecticut (JK)
national government SERVICES
HOME
EDUCATION
RESOURCES
EVENTS
ENROLLMENT
APPS
Mailing Addresses
For ADRs, claims, EDI, FOIA, medical policy, enrollment, or other inquiries.
Provider Enrollment





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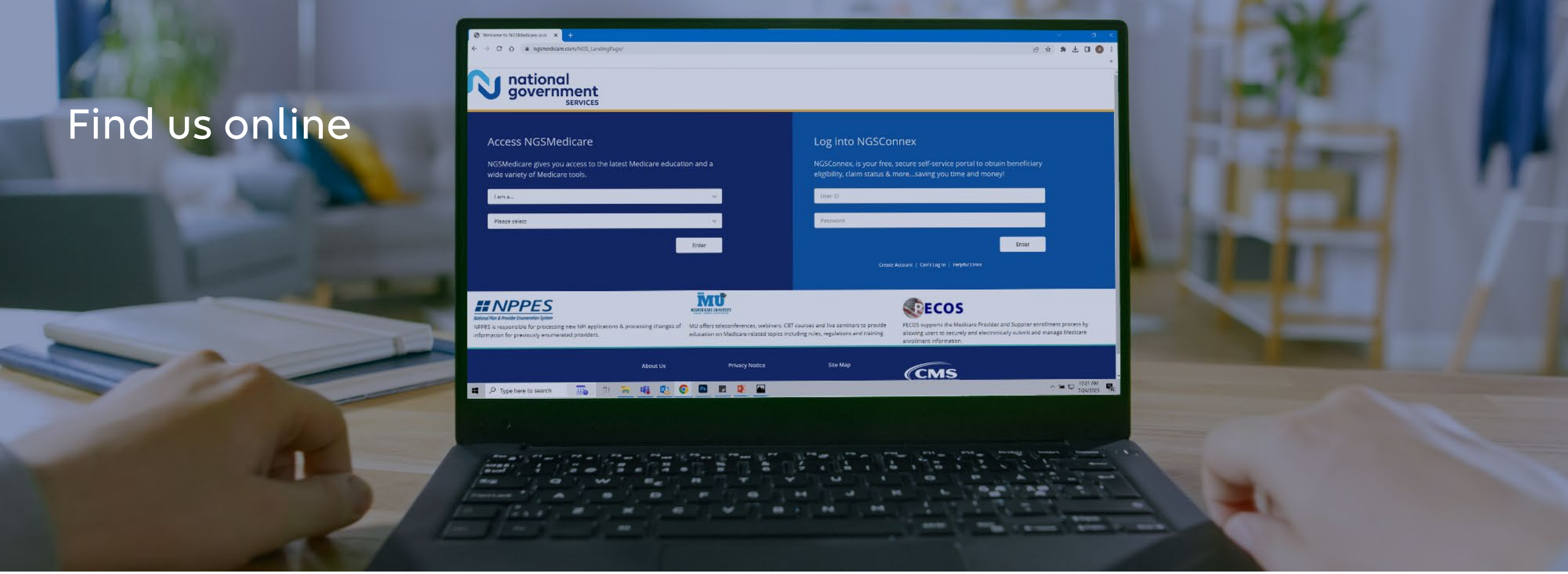

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Questions?

Thank you!