



# Maintaining Your Provider Files

6/12/2025



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# Today's Presenters



- 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 official(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



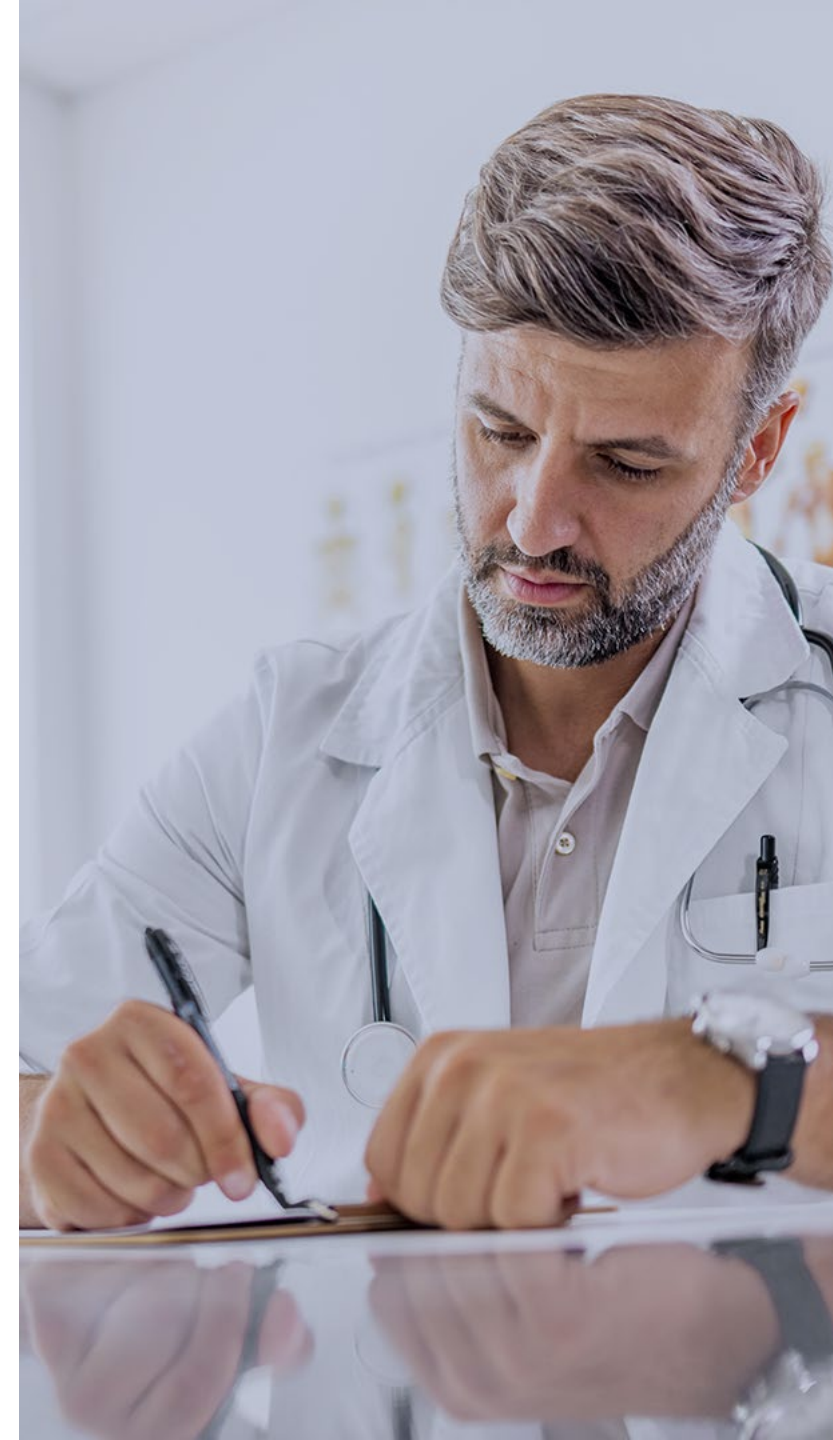
# Provider Enrollment Systems

- 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

 Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

[PEPPER Access Through I&A](#)

**I&A Users with access to PECOS will now have access to PEPPER.**

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Assistive technology users can navigate to and select the 'Close' button on the pop-up by pressing the Tab key. Tabbing past this button may move focus away from the pop-up content. If this happens, use the Shift + Tab keys to return to the previous focus point.

### Sign In

\* indicates required field(s)

\* User ID:

\* Password:

**Sign In**

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

### One account to access multiple systems


Create one account with the Identity & Access Management System to manage access to NPDES and PECOS, manage staff, and authorize others to access your information.


**IMPORTANT!** - Every individual user with access to the I&A system is responsible for:


- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.


Sharing of login information is strictly prohibited!


**Create Account Now**

**PECOS**  
Use this system to register for Medicare or update your current enrollment information.

**NPDES**  
Use this system to apply for and manage National Provider Identifiers (NPIs).  
National Plan & Provider Enumeration System

**PEPPER**  
Use this system as a guide for auditing and monitoring efforts to help providers identify and prevent payment errors.  
Program for Evaluating Payment Errors Detection Report

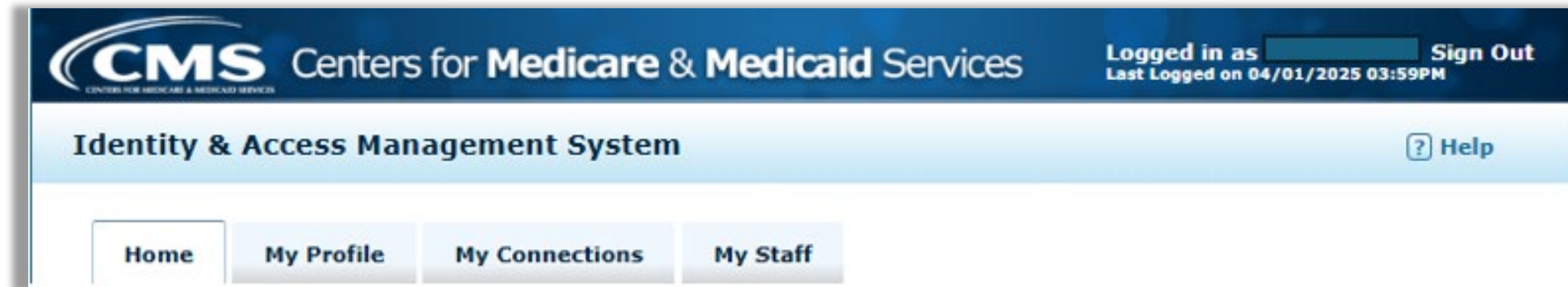
**Quick Reference Guide**  
Overview of features and tools to manage your account.

**Frequently Asked Questions**  
Answers to common questions about registration, who should register, and how to manage your account.

To learn more about Multi-Factor Authentication (MFA) [click here](#)



# I&A Management System



Topic	Field/Area
My Profile	<b>My Information</b> – name, business phone, personal phone and address, and primary email address <b>Employer Information</b> – List of individual or organization records you have been granted access
My Connections	<b>My Connections</b> – Surrogate relationships between providers and individual/organization that work on the provider's behalf
My Staff	<b>My Staff</b> – 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 as [User] 19 Sign Out  
Last Logged on 02/14/2022 06:48AM

**Identity & Access Management System**

Home **My Profile** My Connections My Staff

### My Profile

#### My Information

Name: Home Address: United States

Date of Birth: SSN

Business Phone Number: Personal Phone Number: [Modify My Information](#)

Fax Number:

Primary E-mail Address: [Modify Primary E-mail](#)

#### 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
+ <b>Doe, John</b>	Access Manager	Approved	YES	YES
+ Duck, Donald	Access Manager	Approved	YES	YES
+ Eye-Know LLC	Authorized Official	Approved	YES	YES
+ <b>Doe, Mary</b>	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.*

#### Password

Your Password will expire in 35 day(s). [Change Password >](#)

#### Security

[Change Security Questions & Answers >](#)

#### Multi-Factor Authentication (MFA)

Setup/Change your MFA Methods [MFA Setup >](#)

# My Profile – Employer Information

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

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

Add an Employer

# My Connections

The screenshot shows the 'My Connections' page in the CMS Identity & Access Management System. The page header includes the CMS logo, the text 'Centers for Medicare & Medicaid Services', and user login information: 'Logged in as [redacted] Sign Out' and 'Last Logged on 09/20/2023 05:49AM'. Below the header is a navigation bar with tabs for 'Home', 'My Profile', 'My Connections' (which is highlighted with a red border), and 'My Staff'. A 'Help' link is also present. The main content area is titled 'My Connections' and contains a description: 'Connections will allow you to create surrogate relationships between Providers and individuals or organizations that work on the Providers' behalf. Select the name of a Connection to update or view more information about that connection.' Below this is a checkbox labeled 'You can generate a report containing all your employer connections or all connections for a single employer.' with a 'Generate' button. A search section follows with the label 'Search By: \*Employer Name', a text input field, and 'Search' and 'Clear' buttons. The results are displayed in a list of four items, each with a plus icon, a name, and an NPI or EIN number: 'Doe, Joe NPI: XXXXXXXXXX', 'Duck, Donald NPI XXXXXXXXXX', 'Eye-Know LLC EIN:\*\*-\*\* XXXX', and 'Doe, Mary NPI: XXXXXXXXXX'.

**CMS** Centers for Medicare & Medicaid Services

Logged in as [redacted] Sign Out  
Last Logged on 09/20/2023 05:49AM

**Identity & Access Management System** [Help](#)

[Home](#) [My Profile](#) [My Connections](#) [My Staff](#)

### My Connections

Connections will allow you to create surrogate relationships between Providers and individuals or organizations that work on the Providers' behalf.

Select the name of a Connection to update or view more information about that connection.

☐ You can generate a report containing all your employer connections or all connections for a single employer. [Generate](#)

Search By: \*Employer Name  [Search](#) [Clear](#)

- + Doe, Joe NPI: XXXXXXXXXX
- + Duck, Donald NPI XXXXXXXXXX
- + Eye-Know LLC EIN:\*\*-\*\* XXXX
- + Doe, Mary NPI: XXXXXXXXXX



# My Connections

Brown Family Practice LLC

Brown Family Practice LLC is a surrogate for the following providers:

Brown Family Practice LLC has been authorized to work on behalf of the Individual Provider(s) or Healthcare Organization (s) listed below. Use the Find Provider button below to initiate a request to work on behalf of a Provider or Organization not listed here.

Find Provider

Multiple Connections

Name	NPI	Tracking ID	Business Function	Access Status
+ Doe, Joe				
+ Doe, Mary				

Brown Family Practice LLC has authorized the following surrogates:

The following Individual(s) or Organization(s) have been authorized to work on behalf of Brown Family Practice LLC. Use the Add Surrogate button to initiate the process of authorizing an Individual or Organization to work on behalf of Brown Family Practice LLC.

Add Surrogate

EIN:\*\*\* XXXX

+ Car, Mark NP XXXXXXXXXX

+ Duck, Donald NP XXXXXXXXXX

+ Eye-Know LLC EIN:\*\*\* XXXX

# My Staff

**CMS** Centers for Medicare & Medicaid Services  
Logged in as [redacted] 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

Name ▼	Role	PECOS	NPPES
+ Mouse, Miny	<input type="button" value="Modify"/>		
+ Mouse, Micky	<input type="button" value="Modify"/>		
+ Duck, Dafy	<input type="button" value="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
<div>[-] Mouse, Miny</div>	<div>Modify</div>		
<div><div>+</div>ABC Care EIN: **_** XXXX</div>	Authorized Official	<div><input checked="" type="checkbox"/> PECOS</div>	<div><input checked="" type="checkbox"/> NPPES</div>
<div>[-] Mouse, Micky</div>	<div>Modify</div>		
<div><div>+</div>ABC Care EIN: **_** XXXX</div>	Staff End User	<div><input checked="" type="checkbox"/> PECOS</div>	<div><input type="checkbox"/> NPPES</div>

# National Plan & Provider Enumeration System




# National Plan & Provider Enumeration

  
*National Plan & Provider Enumeration System*

SEARCH NPI REGISTRY  HELP

Log in to view/update your National Provider Identifier (NPI) record.

User ID 


Password

SIGN IN

FORGOT USER ID OR PASSWORD?


\*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.



Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.



Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.


After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT


To learn more about Multi-Factor Authentication (MFA) [click here](#)

To learn more about how to apply for an NPI [click here](#)


ANNOUNCEMENTS



Please Note: Issuance of an NPI does not ensure or validate that the Health Care Provider is Licensed or Credentialed. For more information please refer to [NPI: What You Need to Know](#)




SAVE THE DATE - CMS National Provider Enrollment Conference — Boston, Massachusetts




Why can't I use my Type 2 NPI User ID and Password to log into NPPES to access my NPI?  
How can I gain access to my Type 2 NPI?

# 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

Apply for an NPI for myself



EMPLOYEE OR SURROGATE


Apply for an NPI for another Individual




EMPLOYEE OR SURROGATE


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.

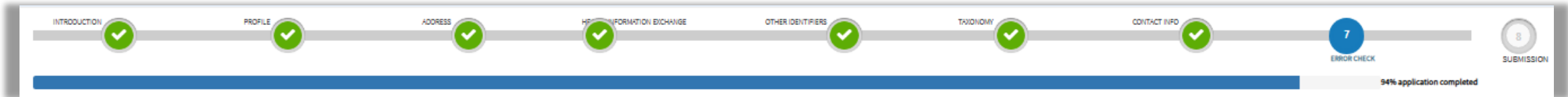
Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Filter...

Search by NPI: 

Action	NPI	Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status
     								Active
     								Active

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

# Provider Enrollment Chain & Ownership System

# PECOS Home Page to Login

## 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.

### USER LOGIN

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

\* User ID

\* Password

[LOGIN](#)

[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

## 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.
- [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](#)

# My Associates

**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.

**Manage Medicare and Account Information**

**MY ASSOCIATES** 03

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

**ACCOUNT MANAGEMENT** 03

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

**REVALIDATION NOTIFICATION CENTER** 03

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

**Manage Signatures**

**Applications Requiring Signatures**

You currently have no pending signatures.

[VIEW ALL SIGNATURES](#) 03



# View Enrollments

### My Associates

#### Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

**! IMPORTANT:**

If you are responding to a request for Revalidation, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

**Please Note:** If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(eg. LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

[CREATE INITIAL ENROLLMENT APPLICATION](#)

### 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: [All Types](#) [SELECT](#)

Provider/Supplier Type: [All Provider/Supplier Types](#)

Associate Legal Business Name:

Associate Last Name:

Associate First Name:

TIN:  XXX-XX-XXXX

NPI:  10 Digits

State: [All States](#)

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

In order to view Medicare applications and enrollments for an associate, please select the "View Enrollments" button next to an associate listed below.

Individuals

Records 1 - 2 of 2

Name:	Provider Name	NPI:	XXXXXXXX	<a href="#">VIEW ENROLLMENTS</a>
Name:	Provider Name	NPI:	XXXXXXXX	<a href="#">VIEW ENROLLMENTS</a>

Records 1 - 2 of 2

Organizations

Records 1 - 2 of 2

Name:	Group Name	TIN:	XX-XXXXXX	<a href="#">VIEW ENROLLMENTS</a>
Name:	Group Name	TIN:	XX-XXXXXX	<a href="#">VIEW ENROLLMENTS</a>

Records 1 - 2 of 2

# Existing Enrollments

### My Associates

#### Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

**! IMPORTANT:**

If you are responding to a **request for Revalidation**, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

**Please Note:** If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.

- If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

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- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

[CREATE INITIAL ENROLLMENT APPLICATION](#)

### Filter Existing Medicare Applications and Enrollments Section

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

**Enrollment Type**  
[All Types](#) [SELECT](#)

**Provider/Supplier Type**  
[All Provider/Supplier Types](#)

**Enrollment Status**  
[All Statuses](#)

**State**  
[All States](#)

**Medicare ID**

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

Records 1 - 2 of 2

### Existing Enrollments

**Contractor:** NATIONAL GOVERNMENT SERVICES, INC.  
**State:** NEW YORK  
**Type/Specialty:** CLINIC/GROUP PRACTICE

[VIEW](#)  
[REVALIDATE](#)  
[MORE OPTIONS](#)

**Enrollment Type:** 855B  
**Medicare ID:** .xxxxxx [View Medicare ID Report](#)  
**Status:** APPROVED [View Approved Enrollment Record](#)

**Current ADI Accreditation?:** No  
**Revalidation Status:** Revalidation Due [Sample Revalidation Notice](#)  
**Revalidation Due Date:** 02/28/2017  
**Practice Location:** , ROCHESTER, NY

**Existing Reassignments:** 2  
**Pending Reassignments Applications:** 0  
[View/Manage Reassignments](#)

# Report: View Approved Enrollment Record

**Existing Enrollments**

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

Enrollment Type: 855B  
Medicare ID:  [View Medicare ID Report](#)  
Status: APPROVED [View Approved Enrollment Record](#)

Practice Location:

Existing Reassignments: 0  
Pending Reassignments Applications: 0  
[View/Manage Reassignments](#)

[VIEW](#)  
[REVALIDATE](#)  
[MORE OPTIONS](#)

# View or Print Report

**Medicare Enrollment**  
for Providers and Suppliers

Close | Print CMS Validation

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: 01/01/XXXX Tax ID Number(TIN): XXX-XX-XXXX (SSN) Country of Birth: State of Birth:  
Gender: Accepting New Medicare Patients: No Data Provided IRS Status: 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-480, 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)
<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 enroll 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 #'s for CLIA and/or FDA equipment
<b>Rendering Healthcare Services at a Patients Home</b>	geographic area
<b>Physician Assistant Employment Association</b>	individual employment association organization remove employment association
<b>Reassignment</b>	list reassignment information primary/secondary practice location
<b>Resident Status</b>	resident/intern information
<b>Mailing Address</b>	correspondence and medical records correspondence address
<b>License, Certification and DEA Information</b>	local/state license or certification (attach supporting document(s))
<b>Final Adverse Legal Action</b>	legal actions (attach supporting document(s))

# Report Topics



Topic (Section)	Field Area(s)
<b>Organization Control</b>	organization ownership/managing control for a biller
<b>Individual Control</b>	individual ownership/managing control for a biller (owners, directors/officers, board of directors, authorized/delegated officials) (Opioid Treatment Program-program sponsor, medical director)
<b>Patient Records Storage Location</b>	biller physical/electronic storage area
<b>Billing Agency/Agent</b>	name, address, TIN, telephone
<b>Contact Person</b>	name, address, telephone, email
<b>Electronic Funds Transfer</b>	bank information, contact person
<b>Required and/or Supporting Documentation</b>	up to date documents
<b>Ambulance Service Suppliers</b>	geographic area, vehicle
<b>Independent Diagnostic Testing Facilities (IDTF)</b>	CPT-4 and HCPC codes, interpreting and supervising physician, technician personnel
<b>Opioid Treatment Program Personnel</b>	ordering and dispensing personnel
<b>MDPP Coach</b>	name



# Report: View/Manage Reassignments

**Existing Enrollments**




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

**Enrollment Type:** 855B  
**Medicare ID:** [REDACTED] [View Medicare ID Report](#)   
**Status:** APPROVED [View Approved Enrollment Record](#) 

**Practice Location:** [REDACTED]

**Existing Reassignments:** 0  
**Pending Reassignments Applications:** 0

[View/Manage Reassignments](#)

[VIEW](#)   
[REVALIDATE](#)   
[MORE OPTIONS](#) 

# Report: View/Manage Reassignments

View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
Provider Name	XXXXXXXXXX	PENDING E-SIGNATURES <a href="#">View Pending E-Signatures Application</a>	Txxxxxxxxx	<a href="#">MANAGE SIGNATURES</a> <a href="#">CORRECT &amp; RE-SUBMIT</a>
Provider Name	XXXXXXXXXX	PENDING E-SIGNATURES <a href="#">View Pending E-Signatures Application</a>	Txxxxxxxxx	<a href="#">MANAGE SIGNATURES</a> <a href="#">CORRECT &amp; RE-SUBMIT</a>

Reassignments Report

Filter Reassignment Records

View/Manage Reassignments

Pending Reassignments Applications

You currently do not have any Pending Reassignments.

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.

Reassignments Report Details

Relationship	Provider Name	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	APPROVED	N/A	05/02/2005	01/01/2008	N/A
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/15/2009	02/14/2014	N/A
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	DEACTIVATED	N/A	12/05/2005	02/14/2014	05/13/2013
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	APPROVED		09/26/2015	N/A	N/A
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	APPROVED		06/23/2013	02/14/2014	N/A
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	APPROVED		10/06/2008	N/A	N/A
Receiving Benefits from	XXXXXXXX, XXXXX	XXXXXXXXXX	APPROVED		07/24/2003	N/A	11/00/2017

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

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

[RETURN TO MY ENROLLMENTS](#)

[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 <ul style="list-style-type: none"><li>• Reassignments: Primary or Secondary location<ul style="list-style-type: none"><li>• Individual records: Correspondence Address, Contact Person</li></ul></li></ul>



# 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 <ul style="list-style-type: none"><li>• Reassignments/Employment Arrangements (Contact Person)</li></ul>

# 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 <ul style="list-style-type: none"><li>• Individual – Correspondence Address, Contact Person</li></ul>

# 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 <ul style="list-style-type: none"><li>• Individual – Correspondence Address, Contact Person</li></ul>

# 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 <ul style="list-style-type: none"><li>• Banking Information, Contact Person</li></ul> Required and/or Supporting Documentation <ul style="list-style-type: none"><li>• Upload voided check or bank confirmation letter</li></ul>

- Additional information about Electronic Funds Transfer can be found on 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

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### IDTF

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

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### Ambulance

- Vehicle and Geographic Information

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### OTP

- Sponsor, Medical Director, Personnel Dispensing or Ordering

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### MDPP

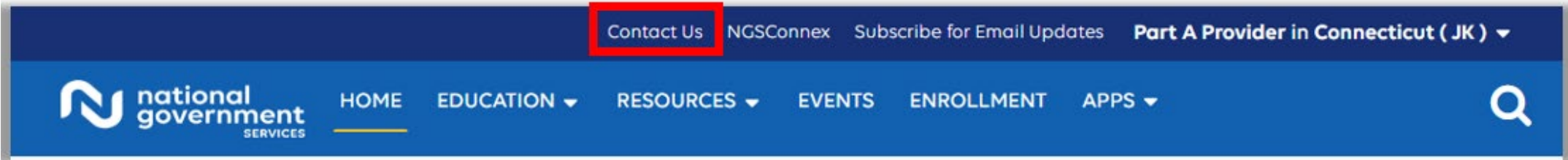
- Coach

# 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

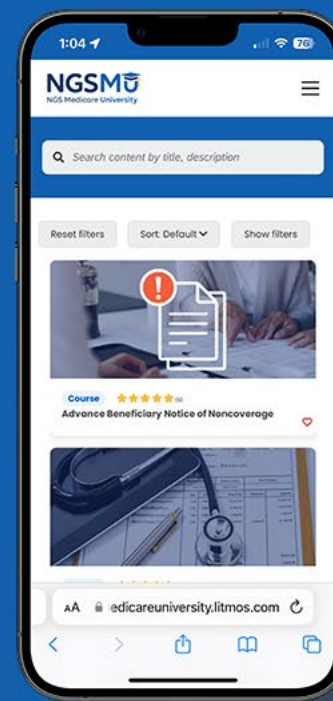
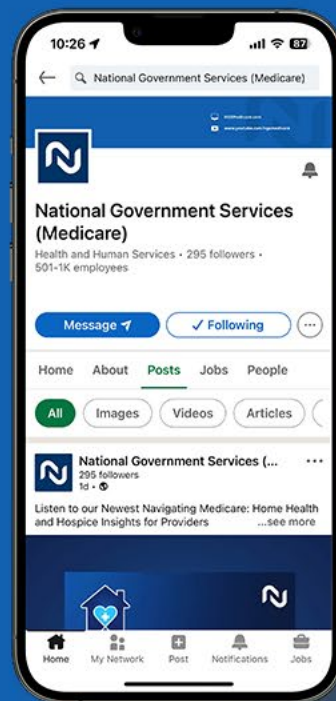
# NGS Website



## Mailing Addresses

For ADRs, claims, EDI, FOIA, medical policy,  
enrollment, or other inquiries.

## Provider Enrollment



Connect with  
us on social  
media



[YouTube Channel](#)  
Educational Videos

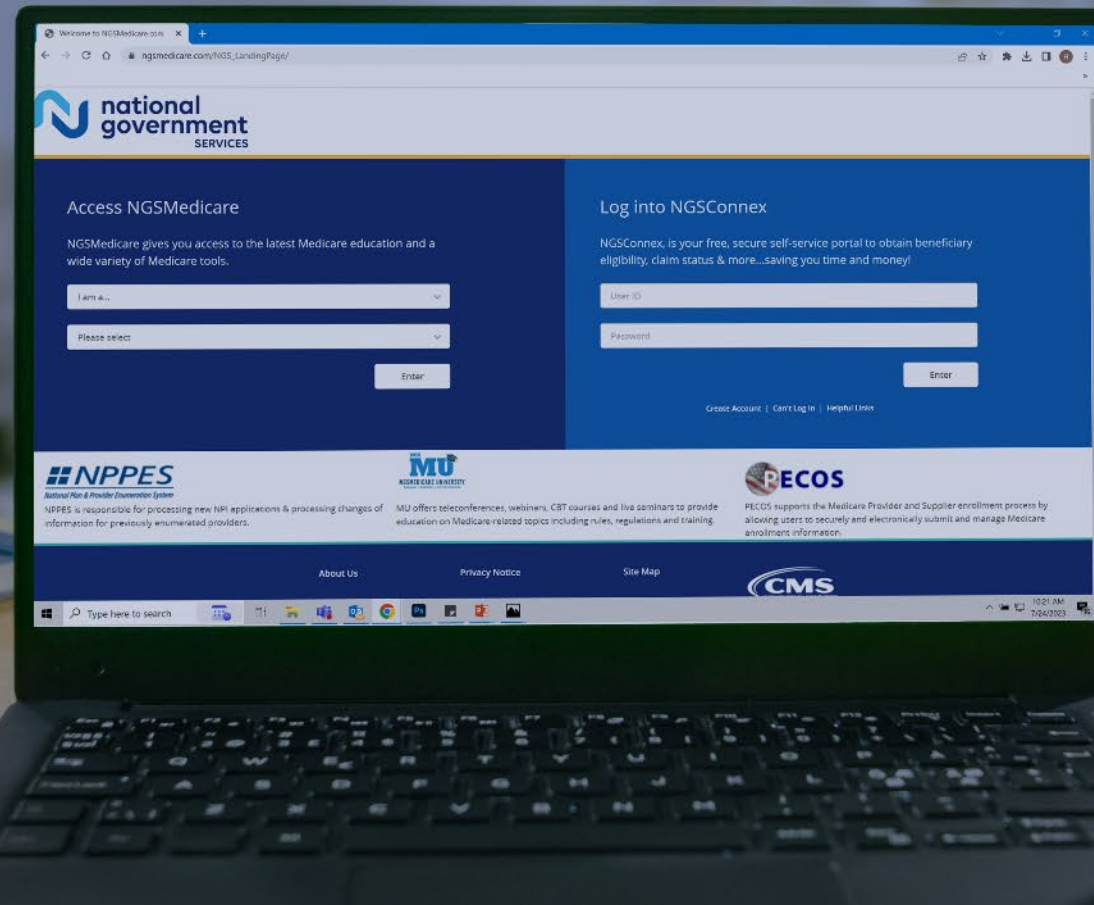


[Medicare University](#)  
Self-paced online learning



[LinkedIn](#)  
Educational Content

# Find us online



[www.NGSMedicare.com](http://www.NGSMedicare.com)

Online resources, event calendar, LCD/NCD, and tools



[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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The background is a solid blue color with a complex, abstract pattern of overlapping geometric shapes. These shapes include various polygons, triangles, and curved forms, creating a sense of depth and movement. The colors range from a deep navy blue to a lighter, medium blue, with some areas appearing more saturated than others.

# Questions?

Thank you!