

NGS Medicare Virtual Conference

Fall 2021

Provider Enrollment 101

11/9/2021



Today's Presenters

- Laura Brown, CPC
 - Provider Outreach and Education
- Susan Stafford
 - Provider Outreach and Education

Disclaimer

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No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Understand the provider enrollment process from determining the appropriate application to submit through obtaining a Medicare identification number or Provider Transaction Access Number to bill

Agenda

- General Overview
- CMS Provider Enrollment Systems
- Active Providers with Medicare
- Applications and Forms
- Supporting Documentation and Application Fee
- Reasons for Application Development
- Process After Submission
- Changes in Enrollment
- Revalidation
- Deactivation and Reactivate
- Contact Information

General Overview

General Overview

- [CMS website](#), select Medicare
 - [Medicare Administrative Contractors](#)
 - What is a MAC?
 - Who are the MACs?
 - [Contractor Provider Customer Service Program - General Information](#)
 - MAC Resources – [MAC Website List](#)
 - MAC names and websites
 - MACs per state, per business type and Jurisdiction
 - » Part A and B
 - » DME
 - » Home Health and Hospice

General Overview

- Medicare Provider-Supplier Enrollment (CMS primary provider enrollment webpage)
 - [Enrollment Applications](#)
 - [Ordering and Certifying](#)
 - [Revalidations \(Renewing Your Enrollment\)](#)
 - [Find Your Taxonomy Code](#)
 - [Manage Your Enrollment](#)
 - [Medicare Enrollment Assistance and Contacts](#)

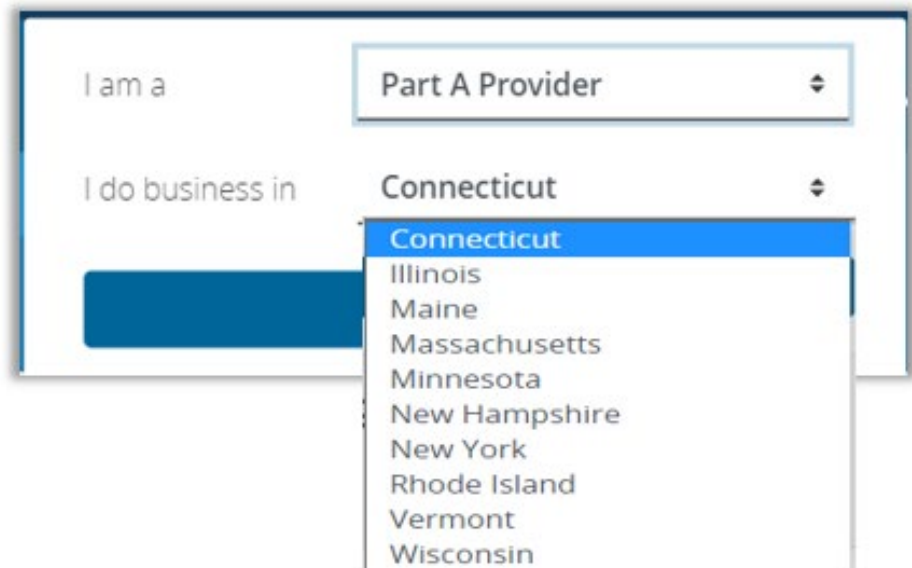
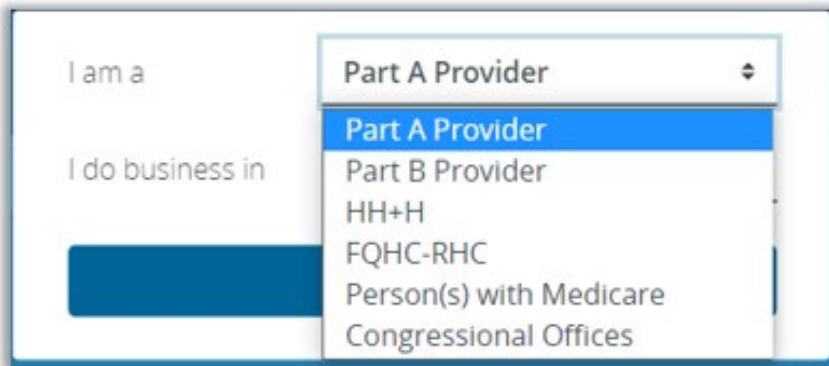
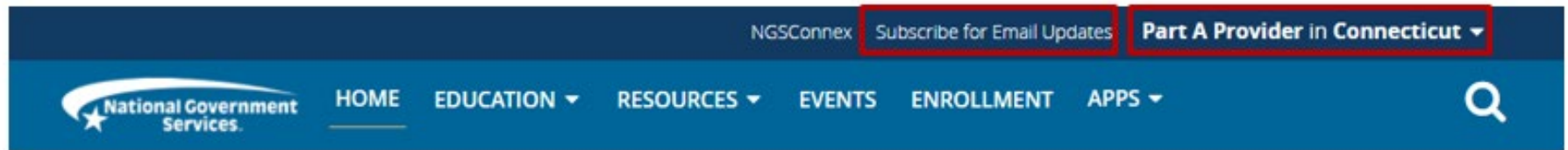
General Overview

- Provider Type (enrollment, billing and Medicare policy)
 - [Ambulatory Surgical Centers \(ASC\) Center](#)
 - [Ambulance Services Center](#)
 - [Critical Access Hospitals Center](#)
 - [Federally Qualified Health Centers \(FQHC\)](#)
 - [Home Health Agencies \(HHA\) Center](#)
 - [Hospice Center](#)
 - [Hospital Center](#)
 - [Opioid Treatment Programs](#)
 - [Physician Center](#)
 - [Skilled Nursing Facility Center](#)

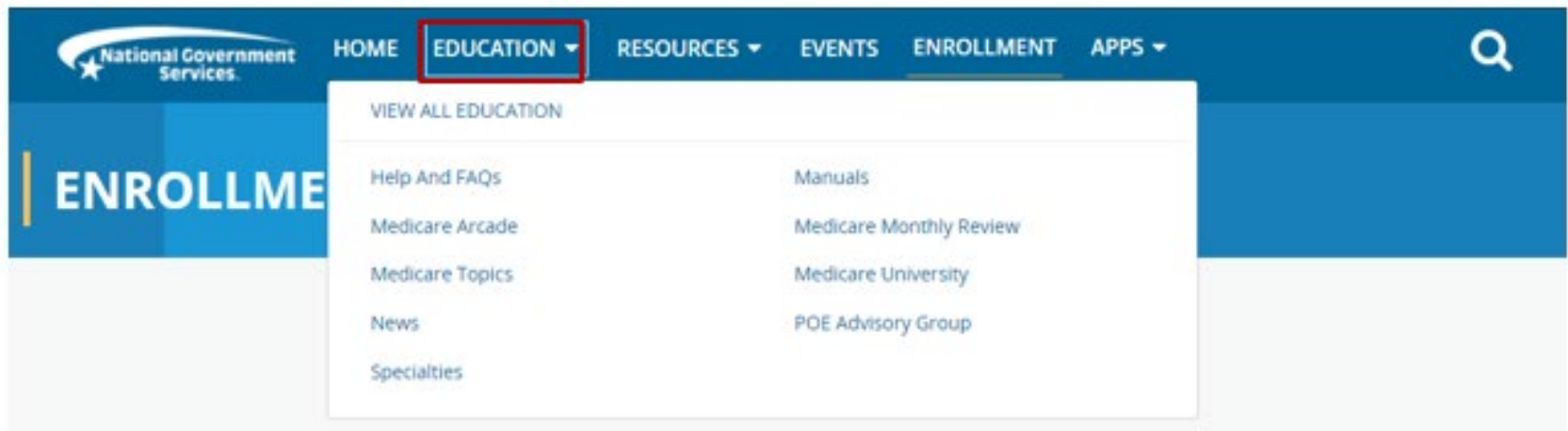
General Overview

- [NGS Website](#)
- National Government Services
 - Part A/B MAC – Jurisdiction 6
 - Part A/B MAC – Jurisdiction K
- Provider Type
 - Part A Institutional Providers
 - Part B Individual Practitioners and Certain Suppliers
 - HH+H – Home Health Agency and Hospice
 - FQHC-RHC, Federal Qualified Health Center and Rural Health Center



General Overview



General Overview



General Overview

HOME EDUCATION ▾ RESOURCES ▾ **EVENTS** ENROLLMENT APPS ▾ 

EVENTS

Current Events

Submitting Revalidation via CMS-855B Paper Application for Part B Providers

Webinar

Dec 14, 2021 1:00 PM to 2:00 PM EST

During this webinar, we will provide an understanding of how to complete the CMS-855B provider enrollment paper application for a clinic, group, or supplier and focus on revalidating a provider's ...

[Register](#)[Read More](#)

Submitting Revalidation via CMS-855I Paper Application for Part B Providers

Webinar

Dec 14, 2021 10:00 AM to 11:00 AM EST

During this webinar, we will provide an understanding of the how to complete the CMS-855I provider enrollment paper application for a group member, sole proprietor, or sole owner and focus on ...

[Register](#)[Read More](#)

Let's Chat about Provider Enrollment Revalidation

Webinar

Dec 28, 2021 1:00 PM to 2:00 PM EST



During this webinar, you will have the opportunity to ask questions about provider enrollment and particularly revalidation. Answers will be provided by a panel of subject-matter experts. This ...

[Register](#)[Read More](#)


1 to 6 of 58 records

< **1** 2 3 4 5 ... 10 >


General Overview

[HOME](#) [EDUCATION ▾](#) [RESOURCES ▾](#) [EVENTS](#) [ENROLLMENT](#) [APPS ▾](#) 

APPS




NGSConnex



MEDICARE UNIVERSITY


Provider Enrollment, Chain,
and Ownership System

PECOS support the Medicare Provider and Supplier enrollment process by allowing users to securely and electronically submit and manage Medicare enrollment information.



NGS Medicare Videos

Watch tutorials and educational videos on our official NGS Medicare YouTube page.



NPPES

The NPPES assigns NPIs, maintains and updates information about health care providers with NPIs.

ABILITY | PC-ACE™

PC-ACE

PC-ACE is a complete electronic claims submission and management software application.

Part A, HH+H and FQHC-RHC

The screenshot displays the 'National Government Services' website with the 'ENROLLMENT' menu item highlighted in a red box. The main heading is 'Initial Provider Enrollment Process', followed by the instruction 'Follow the steps below to complete your Medicare enrollment.' The process is outlined in six steps:

- STEP 1: Authorization and Accreditation
- STEP 2: Determine Pay Application Fee
- STEP 3: Submit Enrollment Application
- STEP 4: Electronic Funds Transfer
- STEP 5: What to Expect After Submission
- STEP 6: Register for EDI

Below the steps, the section 'Additional Enrollment Topics' includes links for:

- Change Existing Provider Enrollment Information
- Revalidating Your Enrollment
- Deactivation, Suspension and Reactivation
- Helpful Tips

Part B

The screenshot displays the 'Initial Provider Enrollment Process' page on the National Government Services website. The navigation bar at the top includes links for HOME, EDUCATION, RESOURCES, EVENTS, ENROLLMENT (highlighted with a red box), and APPS. A search icon is located in the top right corner. The main content area is titled 'Initial Provider Enrollment Process' and includes the instruction: 'Follow the steps below to complete your Medicare enrollment.' Below this, there are nine steps arranged in a 3x3 grid:

- STEP 1: Confirm Eligibility to Enroll
- STEP 2: Obtain an NPI
- STEP 3: Obtain/Verify State License
- STEP 4: Determine/Pay Application Fee
- STEP 5: Submit Enrollment Application
- STEP 6: Electronic Funds Transfer
- STEP 7: What to Expect After Submission
- STEP 8: Register for EDI
- STEP 9: Register for NGSConnex

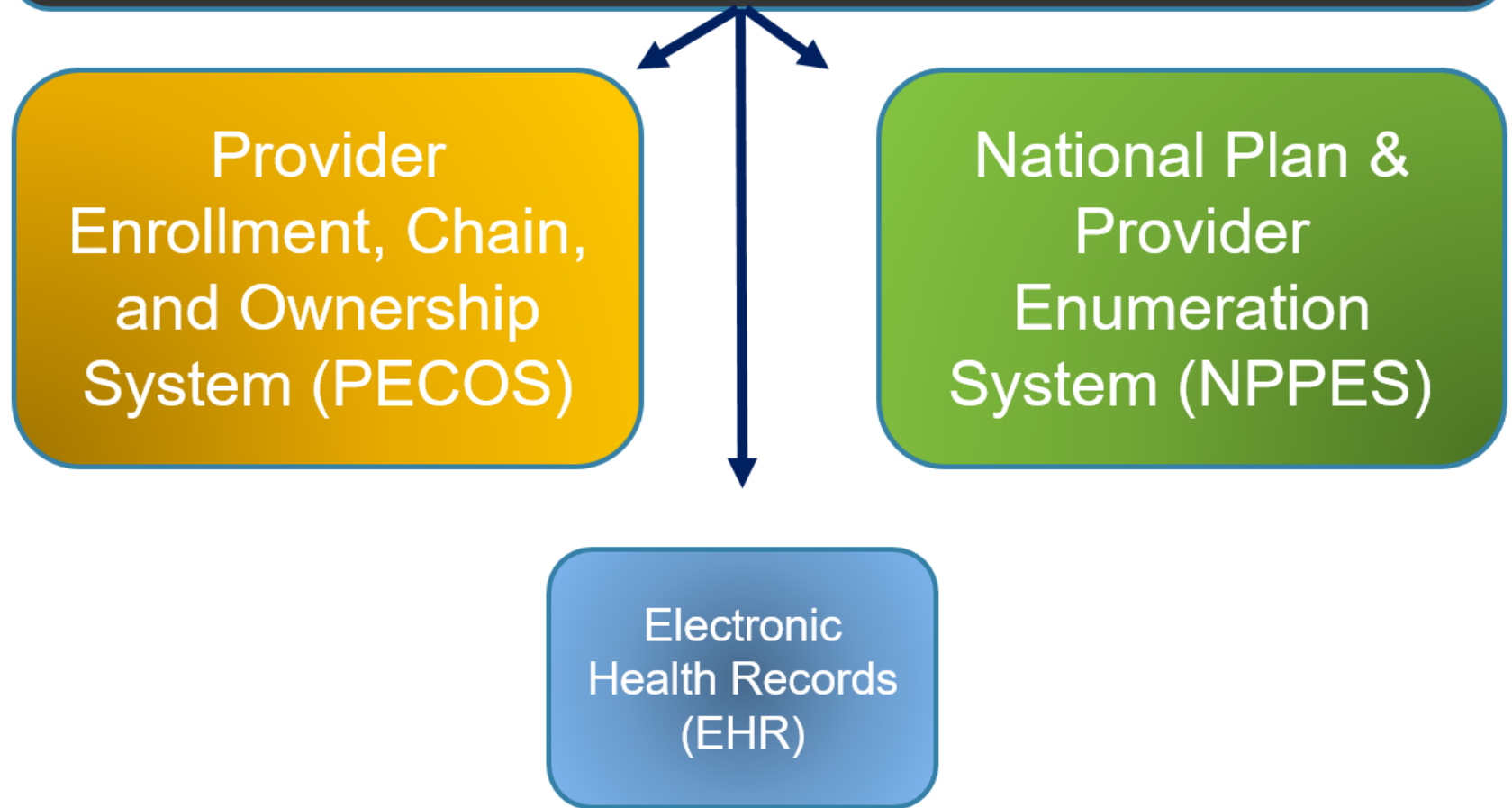
Below the steps, there is a section titled 'Additional Enrollment Topics' with six links arranged in a 2x3 grid:

- Change Existing Provider Enrollment Information
- Hot Topics
- Revalidating Your Enrollment
- Deactivation, Suspension and Reactivation
- Opt Out of Medicare
- Enrollment Forms

A 'Helpful Tips' link is located at the bottom left of the grid.

CMS Provider Enrollment Systems

Identity & Access (I&A) Management System



CMS Provider Enrollment Systems

- I&A Management System
 - One profile for each individual with a unique email address and personal information
 - User ID and Password
 - Grant and gain access to enrollment information
 - Staff end users and surrogates
 - [*I&A System Quick Reference Guide*](#)
- NPPES
 - National Provider Identifiers (NPI)
 - Type 1 – individual
 - Type 2 – organization, facility, group
- PECOS
 - Medicare Enrollment Information
 - Per state
 - Per provider type/specialty
 - Enrollment ID issued per enrollment record
 - Learn About PECOS Web for [Part A](#) & [Part B](#)

CMS Provider Enrollment Systems

- Understanding Authorized Official and Delegated Official Roles
 - Medicare Enrollment (Signature on application)
 - An AUTHORIZED OFFICIAL means an appointed official (for example, chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization's status in the Medicare program, and to commit the organization to fully abide by the statutes, regulations, and program instructions of the Medicare program.
 - A DELEGATED OFFICIAL means an individual who is delegated by an authorized official the authority to report changes and updates to the provider's enrollment record. A delegated official must be an individual with an "ownership or control interest in" (as that term is defined in Section 1124(a)(3) of the Social Security Act), or be a W-2 managing employee of, the provider.

CMS Provider Enrollment Systems

- Understanding Authorized Official and Delegated Official Roles
 - I&A Management System (Access to enrollment information)
 - Able to initiate or accept surrogacy connections, and manage staff on behalf of his or her organization
 - Authorized Official (AO) is an appointed official of an Organizational Provider or third Party Organization with the authority to legally bind that organization and conduct business on behalf of the organization. If an Organizational Provider, also ensure the organization's compliance with Medicare statutes, regulations and instructions.
 - Access Manager (AM) is an individual, delegated by the Authorized Official of an Organizational Provider or third Party Organization, with the authority to legally bind the organization and conduct business on behalf of the organization. If an Organizational Provider, also ensure the organization's compliance with Medicare statutes, regulations and instructions.

CMS Provider Enrollment Systems

Individual Enrollment (NPI Type 1)	Title in PECOS (Signature on application)	Title in I&A (Access to enrollment information)
Individual Provider	Authorized official (self)	Authorized Official
Person other than Individual Provider	n/a	Designated Official: Access Manager, Staff End User or Surrogate

CMS Provider Enrollment Systems

Organization Enrollment (NPI Type 2)	Title in PECOS (Signature on application)	Title in I&A (Access to enrollment information)
Authorized Official of group	Authorized Official	Designated Official: AO, Access Manager, Staff End User or Surrogate
Delegated Official of group	Delegated Official	Designated Official: AO, Access Manager, Staff End User or Surrogate
Staff member or Surrogate (Third Party)	n/a	Designated Official: AO, Access Manager, Staff End User or Surrogate

Active Providers with Medicare

Active Providers with Medicare

- [How to Determine if the Provider is Active and Get the Provider Enrolled in Medicare Part B](#)
 - If active, must enroll individual provider with Medicare to be assigned a PTAN to be connected to your group or to open a private practice
- [Data.cms.gov](#)
 - [Medicare Revalidation List](#)
 - [Medicare Fee-For-Service Public Provider Enrollment Data](#)
 - [Ordering and Referring](#)
 - [Opt Out Affidavits](#)

Applications and Forms

Applications and Forms

- Internet- based [PECOS](#)
 - Tailored applications according to how questionnaire is completed
 - Electronic signature and digital document upload
 - Faster processing time after submission
 - Learn About PECOS Web for [Part A](#) & [Part B](#)
- Contact Person Information
 - Those identified on the application are the only ones who can discuss enrollment information with the MAC as well as the AO/DO

Applications and Forms

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: , SPRINGFIELD, IL 6270
2-1507

Existing Reassignments: 1

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

[VIEW](#) 

[REVALIDATE](#) 

[MORE OPTIONS](#) 

Applications and Forms

Application Questionnaire

(*) Red asterisk indicates a required field.

Approved Existing Supplier Enrollment

* What type of action is the applicant trying to perform?

- ☐ Deactivate this Enrollment Record from the Medicare Program
- ☐ Create an Initial Enrollment Application
- ☐ Perform a Change of Information to Current Enrollment Information
- ☐ Revalidate the information in this Enrollment Record

Note: All Electronic Funds Transfer (EFT) changes must be made through the Change of Information Scenario. Please select the "Perform a Change of Information to Current Enrollment Information" option above to make changes to your EFT Record.

NEXT PAGE >

Applications and Forms

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: , SPRINGFIELD, IL 6270
2-1507

Existing Reassignments: 1

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

[VIEW](#) 

[REVALIDATE](#) 

[MORE OPTIONS](#) 

Applications and Forms

APPROVED MEDICARE ENROLLMENT RECORD This is a report of your current Medicare enrollment 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. View Medicare ID Report Report Date: 09/13/2021		Enrollment Record Summary Enrollment ID: <input type="text"/> Enrollment Status: APPROVED Submitted By: <input type="text"/>		FROM SECTION 4: PRACTICE LOCATION INFORMATION PHYSICAL LOCATION AND "SPECIAL PAYMENTS" ADDRESS # 1 <input type="text"/> LLC	
FROM SECTION 2: SUPPLIER IDENTIFICATION INFORMATION BUSINESS INFORMATION: <input type="text"/> LLC		Practice Location Information Location Name: <input type="text"/> LLC Location Type: Practice Location Practice Location Type: Group Practice Office/Clinic Address: <input type="text"/> Effective Date: 01/01/2021 Primary Practice Location: Yes Telephone Number: <input type="text"/> Fax Number: <input type="text"/> E-mail Address: <input type="text"/>		CLIA Number: <input type="text"/> FDA Certification Number: <input type="text"/>	
Organization Name: <input type="text"/> LLC Tax ID Number (TIN): <input type="text"/> Other Name: <input type="text"/> Type of Other Name: <input type="text"/> Organization Structure: LLC Business Status with IRS: Proprietary Is the applicant an Indian Health Service (IHS) facility? <input type="text"/>		Payment Address Information Effective Date: 01/01/2021 Payment Address: <input type="text"/> US		Claims Information • Claims Detail	
FROM SECTION 2: SUPPLIER IDENTIFICATION INFORMATION SUPPLIER TYPE Supplier Type: CLINIC/GROUP PRACTICE		Medicare ID: <input type="text"/> Effective Date of Location: 01/01/2021 NPI: <input type="text"/> Tax ID Number(TIN): <input type="text"/> CP-575 Indicator? Yes		FROM SECTION 4: PRACTICE LOCATION INFORMATION VEHICLE INFORMATION No Data Provided	
FROM SECTION 2: SUPPLIER IDENTIFICATION INFORMATION PAR STATUS INFORMATION Does the applicant agree to accept assignment for all covered services provided to Medicare patients? Yes Effective Date of Information: 07/01/2021		FROM SECTION 4: PRACTICE LOCATION INFORMATION GEOGRAPHIC LOCATION No Data Provided		FROM SECTION 4: PRACTICE LOCATION INFORMATION RENDERING HEALTHCARE SERVICES AT A PATIENT'S HOME No Data Provided	
FROM SECTION 4: PRACTICE LOCATION INFORMATION PHYSICAL LOCATION AND "SPECIAL PAYMENTS" ADDRESS		FROM SECTION 4: PRACTICE LOCATION INFORMATION RENDERING HEALTHCARE SERVICES AT A PATIENT'S HOME No Data Provided		FROM SECTION 4: PRACTICE LOCATION INFORMATION RENDERING HEALTHCARE SERVICES AT A PATIENT'S HOME No Data Provided	

Applications and Forms

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: SPRINGFIELD, IL 62702-1507

Existing Reassignments: 1
Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

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

View/Manage Reassignments

Pending Reassignments Applications

Pending Reassignments Applications Details				
Name/LBN	NPI	Status	Tracking ID	Action
<input type="text"/>	<input type="text"/>	PENDING E-SIGNATURES View Pending E-Signatures Application	<input type="text"/>	MANAGE SIGNATURES CORRECT & RE-SUBMIT
<input type="text"/>	<input type="text"/>	AWAITING PROCESSING View Awaiting Processing Application	<input type="text"/>	MANAGE SIGNATURES

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](#)

Records 1 - 1 of 1

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/LBN	NPI	Current Enrollment Status	Reassigning Medicare ID	Receiving Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from	<input type="text"/>	<input type="text"/>	APPROVED	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	N/A

Records 1 - 1 of 1

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

[PRINT](#)

[DOWNLOAD REPORT](#)

[RETURN TO MY ENROLLMENTS](#)

[MANAGE REASSIGNMENTS](#)

Applications and Forms

- [CMS Paper Application and Forms](#)

- Part A – Institutional Providers

- CMS 855A, CMS 855R (CAH Method II)

- Part B – Individual and Suppliers

- CMS 855B, CMS 855I, CMS 855R, 20134, CMS 855O

- Other forms

- CMS 460, CMS 588, CMS 1561 (OTP Providers)

- Contact Person Information

- Those identified on the application are the only ones who can discuss enrollment information with the MAC as well as the AO/DO

Applications and Forms

CMS-855A Institutional Providers

- Community Mental Health Center
- Comprehensive Outpatient Rehabilitation Facility
- Critical Access Hospital
- End-Stage Renal Disease Facility
- Federally Qualified Health Center
- Histocompatibility Laboratory
- Home Health Agency
- Hospice
- Hospital
- Indian Health Services Facility
- Organ Procurement Organization
- Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services
- Religious Nonmedical Health Care Institution
- Rural Health Clinic
- Skilled Nursing Facility
- Other (Specify)
 - Opioid Treatment Program

Applications and Forms

CMS-855R Reassignment of Medicare Benefits

- Providers who can reassign Medicare benefits to a supplier enrolled as a Method II Biller
 - Doctor of Medicine (MD)
 - Doctor of Osteopathy (DO)
 - Doctor of Chiropractic (DC)
 - Doctor of Dentistry (DMD) (DDS)
 - Doctor of Optometry (OD)
 - Doctor of Podiatry (DPM)
 - Nurse Practitioner (NP)

Applications and Forms

CMS-855B Medicare Enrollment Application: Clinics/Group Practices and Certain Other Suppliers

- Ambulance Service Supplier
- Ambulatory Surgical Center
- Clinic/Group Practice
- Hospital Department(s)
- Independent Clinical Laboratory
- Independent Diagnostic Testing Facility
- Intensive Cardiac Rehabilitation
- Mammography Center
- Mass Immunization (Roster Biller Only)
- Opioid Treatment Program
- Pharmacy
- Physical/Occupational Therapy in Group Private Practice
- Portable X-ray Supplier
- Radiation Therapy Center
- Other (Specify)
 - Home Infusion Therapy

Applications and Forms

CMS-855I Physicians and Non-Physician Practitioners – All Physicians

- Anesthesiology Assistant
- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Certified Clinical Nurse Specialist
- Clinical Social Worker
- Mass Immunization Roster Biller
- Nurse Practitioner
- Occupational Therapist in Private Practice
- Physical Therapist In Private Practice
- Physician Assistant
- Psychologist, Clinical
- Psychologist Billing Independently
- Qualified Audiologist
- Qualified Speech Language Pathologist
- Registered Dietitian or Nutrition Professional

Applications and Forms

CMS-855R Reassignment of Medicare Benefits

- All Physicians
- All Nonphysician Practitioners
 - Excludes Physician Assistant

Applications and Forms

[CMS-855O Medicare Enrollment Application: Eligible Ordering, Certifying, and Prescribing Physicians and Other Eligible Professionals](#)

- Practitioners who can enroll
 - Doctors of medicine or osteopathy
 - Doctors of dental surgery or dental medicine
 - Doctors of podiatry
 - Doctors of optometry
 - Certified Nurse Midwife
 - Clinical Nurse Specialist
 - Clinical Psychologist
 - Clinical Social Worker
 - Nurse Practitioner
 - Occupational Therapist
 - Physical Therapist
 - Physician Assistant
 - Qualified Audiologist
 - Qualified Speech-Language Pathologist
 - Registered Dietician or Nutritional Professional
- [Ordering and Referring Points of Interest](#)

Applications and Forms

- [CMS-20134 Medicare Enrollment Application for Medicare Diabetes Prevention Program \(MDPP\) Suppliers](#)
 - [Medicare Diabetes Prevention Program](#)
- [CMS-588 Electronic Funds Transfer \(EFT\) Authorization Agreement](#)
 - Billing providers
 - Voided check or bank confirmation letter
- [CMS-460 Medicare Participating Physician or Supplier Agreement Form](#)
 - Initial enrollment
 - Open enrollment
 - PAR can be mandatory for some enrollment types
 - [Medicare Participating Physicians Directory \(MEDPARD\)](#)

Applications and Forms

- [Understanding Participating, Nonparticipating and Opt Out Status](#)
- Opt out and Private Contracting
 - Physicians or Practitioners Eligible to Enter into Private Contracts
 - Physicians
 - Physician assistants
 - Nurse practitioners
 - Clinical nurse specialists
 - Certified registered nurse anesthetists
 - Certified nurse midwives
 - Clinical social workers
 - Clinical psychologists
 - Registered dietitians
 - Nutritional professionals
 - [Medicare Private Contract](#) and [Medicare Opt-Out Affidavit](#)

Applications and Forms

- Opt out and Private Contracting
 - Providers Who May Not Opt Out of the Medicare Program
 - Groups/Organizations
 - Institutional Providers
 - Chiropractor
 - Anesthesiologist assistant
 - Speech Language Pathologist
 - Physical Therapists
 - Occupational Therapists
 - Any specialty not eligible to enroll in Medicare
 - Any unlicensed practitioner

Supporting Documentation and Application Fee

Supporting Documentation

- Other Forms

- [CMS-588 Electronic Funds Transfer \(EFT\) Authorization Agreement](#)
- [CMS-460 Medicare Participating Physician or Supplier Agreement Form](#)
- [CMS-1561 Health Insurance Benefit Agreement](#)

Supporting Documentation

- IRS Form CP-575 or 147C and if disregarded entity (Form 8832)
- IRS 501c3 nonprofit determination letter
- Medical license, diplomas, certifications
 - OTP SAMSHA certification
 - IDTF supervisory physician proficiency, nonphysician personnel
 - Independent clinical lab director, nonphysician practitioner personnel
 - Nonphysician practitioners: diplomas, National Board Certification
- Federal, state and/or local (city/county) business licenses
- Attestation for government entities or tribal organization
- FAA 135 certificate for air ambulance suppliers

Supporting Documentation

- Certifications, and/or registrations specifically required to operate a health care facility
- Final adverse legal action documentation
- Organizational flow chart (Managing Control)
- IDTF – Comprehensive liability insurance policy
- FQHC – HRSA notice of grant award
- CHOWS, Acquisition/Mergers, Consolidations – bill of sale or sales agreement
- Home Health Agency – demonstrate meeting capitalization requirements
- Application Fee Receipt

Application Fees

- All Part A Providers
- Ambulance Supplier
- Ambulatory Surgical Center
- Home Infusion Therapy
- Independent Clinical Laboratories
- Independent Diagnostic Testing Facility
- Intensive Cardiac Rehabilitation
- Mammography Center
- Mass Immunizer
- MDPP Suppliers
- Opioid Treatment Program
- Pharmacy
- Portable X-ray Supplier
- Radiation Therapy Center

Application Fees

- Section 6401(a) of Affordable Care Act
- 2021 application fee = \$599
- [Pay fee online](#) via credit card, debit card or check
 - No hardcopy checks can be accepted by National Government Services

Reasons for Application Development

Reasons for Application Development

- Incomplete or missing
 - Signatures and/or Dates
 - Ownership/Managing Control Information
 - CMS-588 EFT and voided check or bank letter
 - Documentation
 - Capitalization, Stock transfer, Purchase/Sales agreement
 - IRS Document
 - License, Certification and Diploma (nonphysician provider)
 - Certifications: HRSA (OTP Provider) or CLIA
 - Organizational Diagram/Flow Chart
- Legal business name does not match IRS document
 - CMS-855, bank account and NPPES

Process After Submission

Process After Submission

- Contact person on application will receive by email
 - Acknowledgement Notice
 - Add to safe sender list
 - customerservice-donotreply@cms.hhs.gov
 - NGS-PE-Communications@anthem.com
 - Development requests for additional information
 - Respond within 30 days
 - Log into PECOS to make necessary corrections or upload supporting documents, re-submit and verify all required signatures are complete.
 - Response letter
 - Rejection letter for incomplete/no response to development request
 - Approval
 - Approval Recommendations
 - [State Survey Agency](#) and/or CMS Regional Office

Process After Submission

- Application Status

- Go to [our website](#) > Resources > Tools & Calculators > [Check Provider Enrollment Application Status](#)

This inquiry tool can be used to check on the status of your CMS-855 enrollment application.

How to Search

To perform a search please enter into a field below either a valid case number/web tracker ID (Option 1) or a valid National Provider Identifier (NPI) and last five digits of the Tax Identification Number (TIN) combination (Option 2).

Option 1	Option 2
Case Number / Web Tracker Id <input type="text"/>	NPI <input type="text"/>
	TIN (last five digits) <input type="text"/>

Process After Submission

- Application Status

- Interactive voice response system

- [Our website](#) > Resources > Contact Us > Interactive Voice Response System
 - IVR will request following information after selecting Provider Enrollment
 - Case number/web tracker id; or
 - National Provider Identifier (NPI) and Tax Identification Number (TIN of group) or Social Security Number (SSN of individual)

Process After Submission

■ Application Status

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

- [NOTICE] 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](#).

USER LOGIN

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

* User ID

* Password

[LOG IN](#)

[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.

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](#).

Process After Submission

- EDI Enrollment

- [NGS Website](#) > Resources > EDI Enrollment

- [Start Enrollment Process](#)
 - [EDI Guided Enrollment User Guide](#)

- [NGSConnex](#)

- NGS Website

- Education > Manuals > NGSConnex User Guide
 - Events > Current Events > Register for NGSConnex Sessions
 - APPS > View All Apps > YouTube Videos

Changes in Enrollment

Changes in Enrollment

- You must report changes of information in your Medicare enrollment records within 30 days for
 - Change(s) in ownership
 - Change(s) in practice location
 - Final adverse legal action(s)
 - IDTF supplier change(s) in general supervision, authorized or delegated official
 - MDPP supplier change(s) in coach roster
 - OTP supplier change(s) in authorized or delegated official
- All other changes to your existing Medicare enrollment records must be reported within 90 days
 - EFT/banking account

Changes in Enrollment

- 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
- Resources
 - MLN Matters® [SE1617: Timely Reporting of Provider Enrollment Information Changes](#)
 - [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 10 - Medicare Enrollment, Section 10.2.2 \(I\) 2\) & 10.2.6.\(C\) & 10.4.\(J\)](#)

Revalidation

Revalidation

- Mandated by Section 6401(a) of Affordable Care Act
 - National Fraud Prevention Program
- Process to verify all information on file for existing Medicare providers
 - Keeps provider enrollment information current
 - Ensures providers meet Medicare Program requirements
- Resources
 - MLN Matters® [SE1605 Revised: Provider Enrollment Revalidation – Cycle 2](#)

Revalidation

- Each provider/supplier receive separate letter
- Revalidation letters may be sent to
 - Special payments and correspondence address simultaneously
 - Practice address
- Name on delivery address
 - Group/Institutional name
 - Group and individual provider name
 - Individual provider name

Revalidation

- Revalidation Due Dates

- Check [PECOS](#)

- Check the CMS website

- [Revalidations](#)

- [Medicare Revalidation List Tool](#)


- » Due date will display

- » “TBD” (To Be Determined)


- How to Use the Medicare Revalidation List Tool on the CMS Website

Revalidation

■ Notice/Letter



A CMS Medicare Administrative Contractor
<https://www.NGSMedicare.com>



Return Address

Date Revalidation Notice Sent

Dear **Salutation**,

Every five years, CMS requires you to revalidate your Medicare enrollment record. You need to update or confirm all the information in your record, including your practice locations and reassignments.

We need this from you by **Due date, as Month dd yyyy**. If we don't receive your response by then, we may stop your Medicare billing privileges.

If you are a non-certified provider or supplier, and your enrollment is deactivated, you will maintain your original PTAN, however will not be paid for services rendered during the period of deactivation. This will cause a gap in your reimbursement.

What record needs revalidating by **Due date, as Month dd yyyy**

[Name] | NPI [NPI] | PTAN [PTAN]
Reassignments: <Only include this title if the record has any reassignments>
[Legal Business Name] | [dba Name] | Tax ID [Tax ID, mask all but last 4 digits] <Repeat for other reassignments>

CMS lists the records that need revalidating at go.cms.gov/MedicareRevalidation.

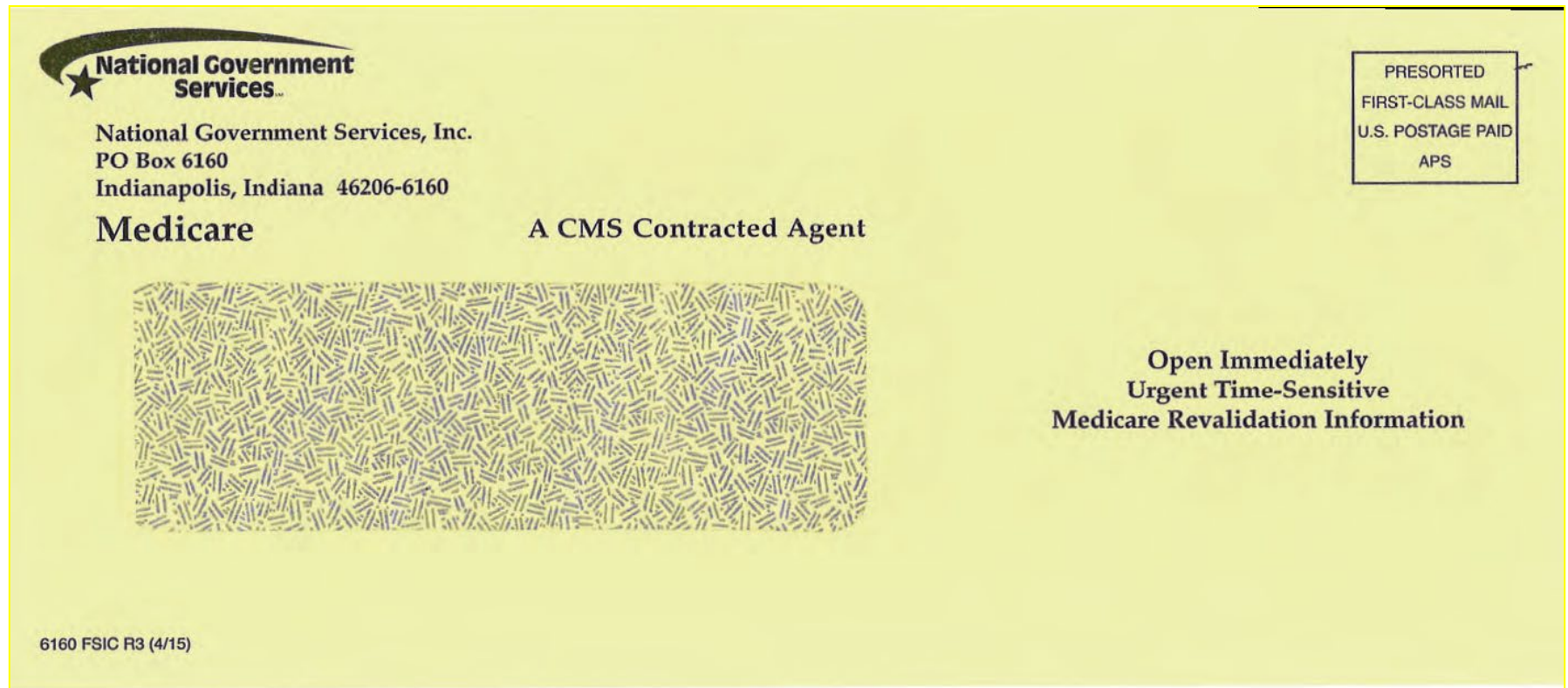
What you need to do

Revalidate your Medicare enrollment record, through <https://pecos.cms.hhs.gov/pecos/login.do> or [form CMS-855 or Form CMS-20134].

- **Online:** PECOS is the fastest option. If you don't know your username or password, PECOS offers ways to retrieve them. Our customer service can also help you by phone at 866-484-8049.
- **Paper:** Download the right version of form [CMS-855 or Form CMS-20134] for your situation at cms.gov. We recommend getting proof of receipt for your mailing. Mail to **Return Address**.

Revalidation

- Watch for yellow envelope



Deactivation and Reactivate

Deactivation and Reactivate

- Payment Hold
 - Do not forward (DNF)
 - Returned mail or EFT payments from the post office or banking institution
 - Nonresponse to revalidation
- Deactivation
 - No claim submission within 12 months
 - Failure to revalidate or respond to a revalidation development request timely
 - Failure to update enrollment information (practice location, banking)
 - Site visit failure
- Part A, FQHC, HH+H: [Deactivation of Billing Privileges/Suspension of Payment](#)
- Part B: [Reasons for Deactivation/Suspension of Payment](#)

Deactivation and Reactivate

- Part A/B Rebuttal

- [Medicare Part A Rebuttal Form](#)

- [Rebuttal for Deactivation of Medicare Billing Privileges](#)

- [Medicare Part B Rebuttal Form](#)

- [Rebuttal for Deactivation of Medicare Billing Privileges](#)

- Part B Appeals

- [Provider Enrollment Appeals Process](#)

- [Provider Enrollment Appeal Cover Sheet](#)

- Corrective Action Plan
 - Reconsideration

Deactivation and Reactivate

- Reactivate

- Submit Reactivation Application

- Internet-based PECOS
 - CMS-855 paper form

- Part A, FQHC, HH+H: [Deactivation of Billing Privileges/Suspension of Payment](#) (Reactivation of Billing Privileges)

- Part B: [Reactivation of Billing Privileges](#)

Contact Information



NGS Website

The screenshot displays the NGS Website interface. At the top, a dark blue navigation bar contains the 'National Government Services' logo on the left and a series of menu items: 'HOME', 'EDUCATION', 'RESOURCES' (highlighted with a white border and a dropdown arrow), 'EVENTS', 'ENROLLMENT' (underlined), and 'APPS' (with a dropdown arrow). Below the navigation bar, a large blue banner on the left features the word 'ENROLLME' in white, partially obscured by a vertical orange bar. To the right of this banner, a white dropdown menu is open under the 'RESOURCES' header, listing various services. The 'Contact Us' link in this menu is highlighted with a red rectangular border. Below the dropdown menu, three white boxes are arranged horizontally: 'Mailing Addresses' (with subtext: 'For ADRs, claims, EDI, FOIA, medical policy, enrollment, or other inquiries.'), 'Provider Enrollment', and 'EDI Help Desk information'.

National Government Services

HOME EDUCATION RESOURCES EVENTS ENROLLMENT APPS

VIEW ALL RESOURCES

Claims and Appeals

EDI Enrollment

Forms

Medicare Compliance

Overpayments

Tools & Calculators

Contact Us

EDI Solutions

Medical Policies

NGSConnex

Production Alerts

ENROLLME

Mailing Addresses

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

Provider Enrollment

EDI Help Desk information

Contact Information

For Assistance With	Contact	Contact Information
<ul style="list-style-type: none">• Changing an NPPEs password• Establishing a new user ID and password for NPPEs• Questions related to the NPI and/or application	NPI Enumerator	Phone: 800-465-3203 TTY: 800-692-2326 Email: customerservice@npienumerator.com
<ul style="list-style-type: none">• Errors encountered while accessing or entering information in PECOS• Forgotten PECOS user ids and passwords	EUS Help Desk	Phone: 866-484-8049 TTY: 866-523-4759 Email: EUSSupport@cgi.com Live Chat: https://eus.custhelp.com/

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?
- [Follow us](#)

We're on Twitter!



@NGSMedicare