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

Today's Presenters

Provider Outreach and Education Consultants

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

Agenda

- View Reassignment Report
- Add Reassignment for Provider with Active Enrollment
- Terminate Reassignment
- Respond to E-Signature Email
- Manage Signatures, Verify Completion
- Process After Submission
- Check Application Status
- Resources

View Reassignment Report

PECOS Home Page to Login

My Associates

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	Provider/Supplier Type
All Types ▼ SELECT	All Provider/Supplier Types ▼

Associate Legal Business Name

TIN
XXX-XX-XXXX

Associate Last Name

NPI
10 Digits

Associate First Name

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 | NPI: | XXXXXXXXX | VIEW ENROLLMENTS |
| Name: | Provider | NPI: | XXXXXXXXX | VIEW ENROLLMENTS |

Records 1 - 2 of 2

Organizations

Records 1 - 2 of 2

| Name: | Group | TIN: | XX-XXX | VIEW ENROLLMENTS |
| Name: | Group | TIN: | XX-XXX | VIEW ENROLLMENTS |

Records 1 - 2 of 2

My Enrollments

National Government Services presentation slide showing the "My Enrollments" PECOS screen.

My Enrollments

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, please do not create an initial enrollment application. Instead, select one of your current enrollment records below.

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

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: ,   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

Existing Enrollments

Existing Enrollments

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

VIEW ▶
REVALIDATE ▶
MORE OPTIONS ▶

Enrollment Type: 855B
Medicare ID: 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

View/Manage Reassignments

Add Reassignment for Provider with Active Enrollment

Verify Active Enrollment

- [NGS Website](#) > Enrollment > Hot Topics > [How to Determine if the Provider is Active and Get the Provider Enrolled in Medicare Part B](#)

Manage Reassignments

Application Questionnaire

Application Questionnaire

Start Application

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- **A Medicare Part B Supplier is accepting benefits from a Part B practitioner.**

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
FAMILY PRACTICE LLC	XX-XXXX	CLINIC/GROUP PRACTICE	ILLINOIS

Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing

- An Authorized Official or Delegated Official must sign a statement certifying the submitted information

- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)

- Medicare benefits to the practitioner are reassigned to the supplier after the fee-for-service contractor processes this application and approves the information

- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION »

« **CANCEL**

Topic View

Add Reassignment Information

Provider Information

Group Information

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD

Reassignment of Benefits

Medicare Identification Numbers

Name:

National Provider Identifier (NPI):

Please provide any Medicare Identification numbers that apply to the group/provider that you are reassigning your benefits.

Note: Use the Add More button to add more than one Medicare Identification number.

Medicare Identification Number

ADD MORE

PREVIOUS PAGE   NEXT PAGE

CANCEL

Home > My Associates > My Enrollments > Reassignment > Reassignment > ADD

Accept Reassignment

Practice Location Address from where benefits are accepted

Note:
- To add Practice Locations (a location is not listed or dropdown lists are disabled), go to the Physical Location topic.
- The locations you select here will be used to populate Physician Compare on Medicare.gov.

Primary Practice Location:

Please select the Primary Practice Location where you render services:

Select a Primary Practice Location Address

Secondary Practice Location:

Please select the Secondary Practice Location where you render services:

Select a Secondary Practice Location Address

PREVIOUS PAGE   SAVE

CANCEL

Reassignment Topic Summary

Review Contact Information

Error/Warning Check and Begin Submission

Authorized/Delegated Official Selection

National Government Services

NGSMu

26

Manage Signatures

Manage Signatures – Sign Now

Manage Signatures –Select Method

Submission Page

Submission Confirmation

My Application Progress ▬▬▬▬▬▬▬▬▬ 100%

Message from webpage

⚠ **IMPORTANT!**

Your enrollment application with any uploaded documentation has been submitted to your fee-for-service contractor.

Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.

Your application may be delayed or not processed if any required/supporting documentation is missing.

OK
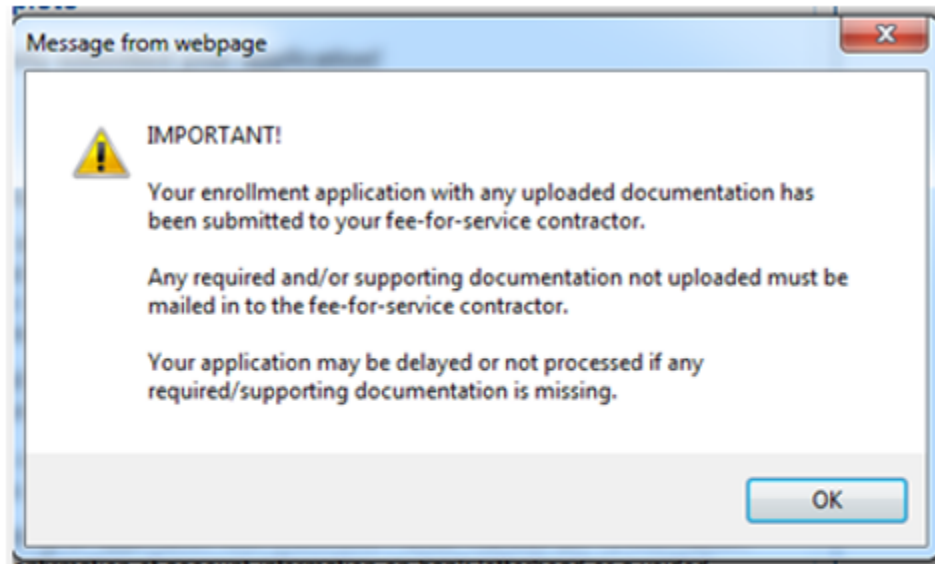
Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application! ⬅

Remember to:

- Make sure all required and supporting documents that require a signature are signed.
- Mail all required and supporting documents that has not been uploaded to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor(s) receives the signed required documentation of your application in the mail.
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor.
- Your application may be delayed or not processed if any required/supporting documentation is missing.
- If you are submitting an application with Electronic Funds Transfer (EFT) Information, please include confirmation of account information on bank letterhead or a voided check.
- Print this page for your records. **Note**: You can print and/or save copies of the application and required documents for your records by visiting the "My Enrollments" page.
- You will receive e-mails about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

You have successfully submitted your application!

Terminate Reassignment

Manage Reassignments

Application Questionnaire

Application Questionnaire

Start Application

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified.

- **A Medicare Part B supplier is terminating a current reassignment of benefits from a practitioner.**

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
FAMILY PRACTICE LLC		CLINIC/GROUP PRACTICE	ILLINOIS

Clicking on the 'Start Application' button will create a Medicare application using the above information.
Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor (s) for processing

- An Authorized Official or Delegated Official must sign a statement certifying the submitted information

- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)

- Medicare benefits reassigned to the supplier are terminated after the fee-for-service contractor processes this application and approves the information

- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION »

« CANCEL

Topic View

Remove Reassignment

Termination Date

My Application Progress ▬▬▬▬▬▬▬▬▬▬ 90%

Home > My Associates > My Enrollments > Reassignment > Reassignment > DELETE

Reassignment of Benefits

(*) Red asterisk indicates a required field.

Delete Existing Information

The following information is on file with Medicare. To remove the information from your enrollment, please enter a termination date.

* Termination Date

[_____]
MM/DD/YYYY

Information to be Deleted

Effective Date of Information: 05/01/2018
Name: XXXX XXXXX
Social Security Number (SSN): XXX-XX-XXXX
Date of Birth: 12/17/XXXX
National Provider Identifier (NPI):

Practice Location Address:

Primary Practice Location
    137 S STATE ST
    CHICAGO, IL 60603 -5606

SAVE ▶

◀ CANCEL

Reassignment Topic Summary

Review Contact Information

Error/Warning Check and Begin Submission

Authorized/Delegated Official Selection

My Application Progress [====== 90% ======] **90%**

Home > My Associates > My Enrollments > Reassignment > Submission Process

Select Signatories

(*) Red asterisk indicates a required field.

Signatory for Organization Enrollment

The selected Signer will be responsible the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

* **Authorized Signer**

[Please select authorized signer ▼]

[NEXT PAGE ▶]

[◀◀ RETURN TO MY ENROLLMENTS]

43

Manage Signatures – Sign Now

Manage Signatures – Select Method

Submission Page

Submission Confirmation

Respond to E-Signature Email

Email

Mon 12/13/2021 2:58 PM

customerservice-donotreply@cms.hhs.gov

PECOS Electronic Signature Request

DONALD DUCK,

A Medicare application for DONAL DUCK LLC for Reassignment has been submitted by _____ You have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:
Provider/Supplier Name   Group Name
Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE
State: RI
Form Type: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
Practice Location   , RI 029041824
NPI:
Web Tracking ID:
Signatory Name: DONALD DUCK
Signatory Role: AUTHORIZED OFFICIAL
Topic/s Changed: Reassignment

The email will provide 2 options for e-signing the application:
1. *Log into Internet-based PECOS using your existing PECOS ID and password*
2. *2. E-sign via the PECOS e-signature website if you don't have an existing PECOS ID and password*

Instructions:
You may provide an electronic signature using your PECOS user ID at (https://urldefense.com/v3/__https://pecos.cms.hhs.gov__;!!IZ3IH8c!kfqmU5O9gm_J0tUE0IFnXqFbO2V8cBID9bmSEE5XKLJAsZL23LYqFqUz37DeaFxkvXQ$) OR through the PECOS E-Signature website (https://urldefense.com/v3/__https://pecos.cms.cmsval/pecos/eSignLogin.do__;!!IZ3IH8c!kfqmU5O9gm_J0tUE0IFnXqFbO2V8cBID9bmSEE5XKLJAsZL23LYqFqUz37DebtIYbFo$), using your identifying information, e-mail address, and unique PIN : **xxxxxxxxx** Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

Please note the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

This email message is an automated notification. Do not reply to this message as it is sent from an unmonitored account. If you require assistance at any point in the process, please call PECOS External User Services (EUS) at: 1-866-484-8049/TTY: 1-866-523-4759 or visit us at (https://urldefense.com/v3/__https://eus.custhelp.com__;!!IZ3IH8c!kfqmU5O9gm_J0tUE0IFnXqFbO2V8cBID9bmSEE5XKLJAsZL23LYqFqUz37DeF_5utgQ$).

Unauthorized interception of this communication could be a violation of Federal and State Law. This communication and any files transmitted with it are confidential and may contain protected health information. This communication is solely for the use of the person or entity to which it was addressed. If you are not the intended recipient, any use, distribution, printing or acting in reliance on the contents for this message is strictly prohibited. If you have received this message in error, please notify the sender and destroy all copies of the message.

E-Signature – PECOS

E-Signature – PIN

- Provider/AO or DO
- First and last name
- Date of birth
- SSN
- Telephone
- Email
- PIN

View and Sign

Welcome [_____]

Signatures

Applications Requiring Signatures

Applicant Name:
Organization:
TIN (EIN):
Web Tracking ID:
Form Type: 855R
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
Application Submitted: 02/21/2018

[VIEW AND SIGN »]

Documents Signed in the Last 30 Days

No signature completed in the last 30 days

[« RETURN TO HOME]

Review And Sign Your Document

(*) Red asterisk indicates a required field.

E-Signature Instructions

To complete your E-Signature follow the steps below:

1. Click here if you wish to review the application 🖥
2. View and read the terms and conditions for the applicable document(s) that you wish to e-sign.
3. Check the box if you agree with the terms and conditions
4. Click the Submit button to complete your E-Signature

Terms and Conditions

PENALTIES FOR FALSIFYING INFORMATION

This section explains the penalties for deliberately furnishing false information in this application to gain or maintain enrollment in the Medicare program

AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1. Title XVIII of the Social Security Act

* Do you accept the Terms and Conditions?

☐ **Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.**

[SUBMIT ▶]

[« CANCEL]

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52

Confirmation Page

E-Signature Confirmation

Your E-Signature Has Been Accepted

You have successfully e-signed the following document(s):

Web tracking ID:

View Submitted Application

Signer Name:

Role: AUTHORIZED OFFICIAL

Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)

Signed Date: Wed Feb 21 13:25:51 EST 2018

HOME

Manage Signatures, Verify Completion

Select View/Manage Reassignments

Existing Enrollments

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

VIEW ▸
REVALIDATE ▸
MORE OPTIONS ▸

Enrollment Type: 855B
Medicare ID: 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

Verify Signature

Signature Status

Upload

Process After Submission

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@elevancehealth.com
  - Development requests for additional information
    - Respond within 30 days
    - Log into PECOS to make necessary corrections or upload the required documents, verify and manage signatures
  - Response letter
    - Rejection letter for incomplete/no response to development request
    - Approval

After Submission Reminder

- Update Individual Enrollment Record
  - Correspondence address
  - Contact information

Check Application Status

Check Application Status PECOS

- [PECOS](#)
- Helpful Links
  - Application Status

Check Application Status Tool

- Go to our website > Resources > Tools & Calculators > Check Provider Enrollment Application Status

Check Application Status: IVR System

- IVR 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)

Resources

Online Account Self-Service Features

Internet-Based PECOS Tutorials

Enrollment Tutorials

- **Initial Enrollment:**
  Step-by-step demonstration of an initial enrollment application in PECOS.
  Individual Provider - WMV [ZIP, 52MB] or Organization/Supplier - WMV [ZIP, 53MB]

- **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 - WMV [ZIP, 46MB] or Organization/Supplier - WMV [ZIP, 48MB]

- **Revalidation:**
  Step-by-step demonstration on how to submit your revalidation application using PECOS.
  Individual Provider - WMV [ZIP, 29MB] or Organization/Supplier - WMV [ZIP, 32MB]

- **Deactivated:**
  Example of how to deactivate an existing enrollment record.
  Individual Provider - WMV [ZIP, 11MB]

- **Reactivation:**
  Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
  Organization/Supplier - WMV [ZIP, 39MB]

- **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 - WMV [ZIP, 64MB]

Resources

For Assistance With	Contact	Contact Information
• Changing an NPPES password • Establishing a new user ID and password for NPPES • Questions related to the NPI application	NPI Enumerator	Phone: 800-465-3203 TTY: 800-692-2326 Email: customerservice@npienumerator.com
• 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/

NGS Website

Connect with us on social media

▶ **YouTube Channel** Educational Videos	🎓 **Medicare University** Self-paced online learning	**in** **LinkedIn** Educational Content

Find us online
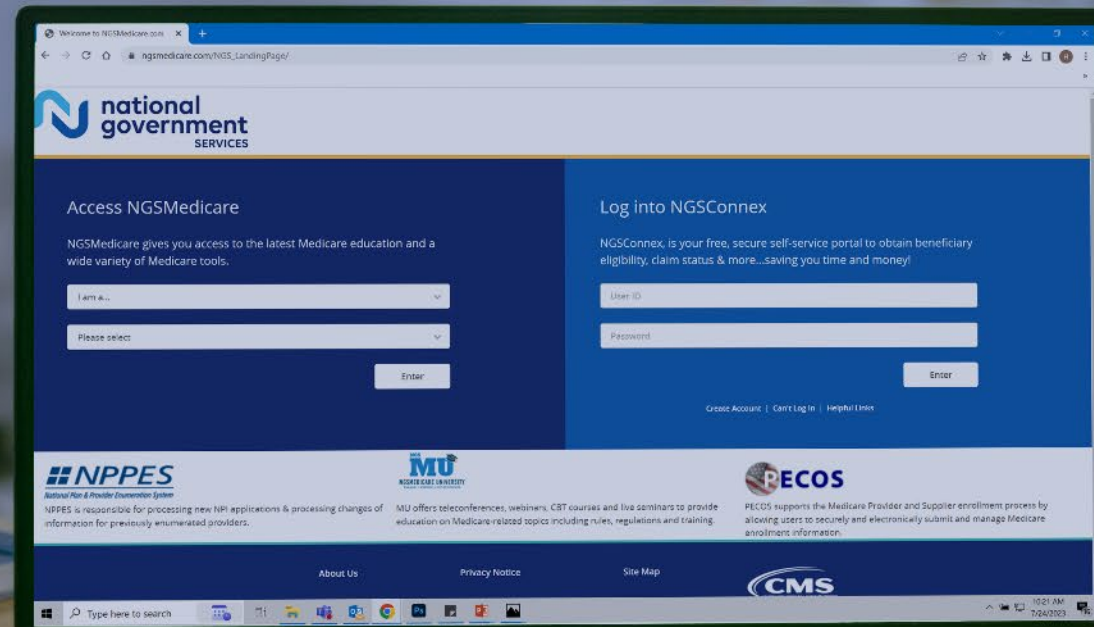
www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

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

Sign up for Email Updates
Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news

Questions?

Thank you!