national government SERVICES

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

PECOS: Manage Signatures and Additional Information Requests

3/20/2025

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

NGSMU
NGS Medicare University
Meaningful | Informative | Simplified

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2389_032025

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Recording

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Today's Presenters

NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

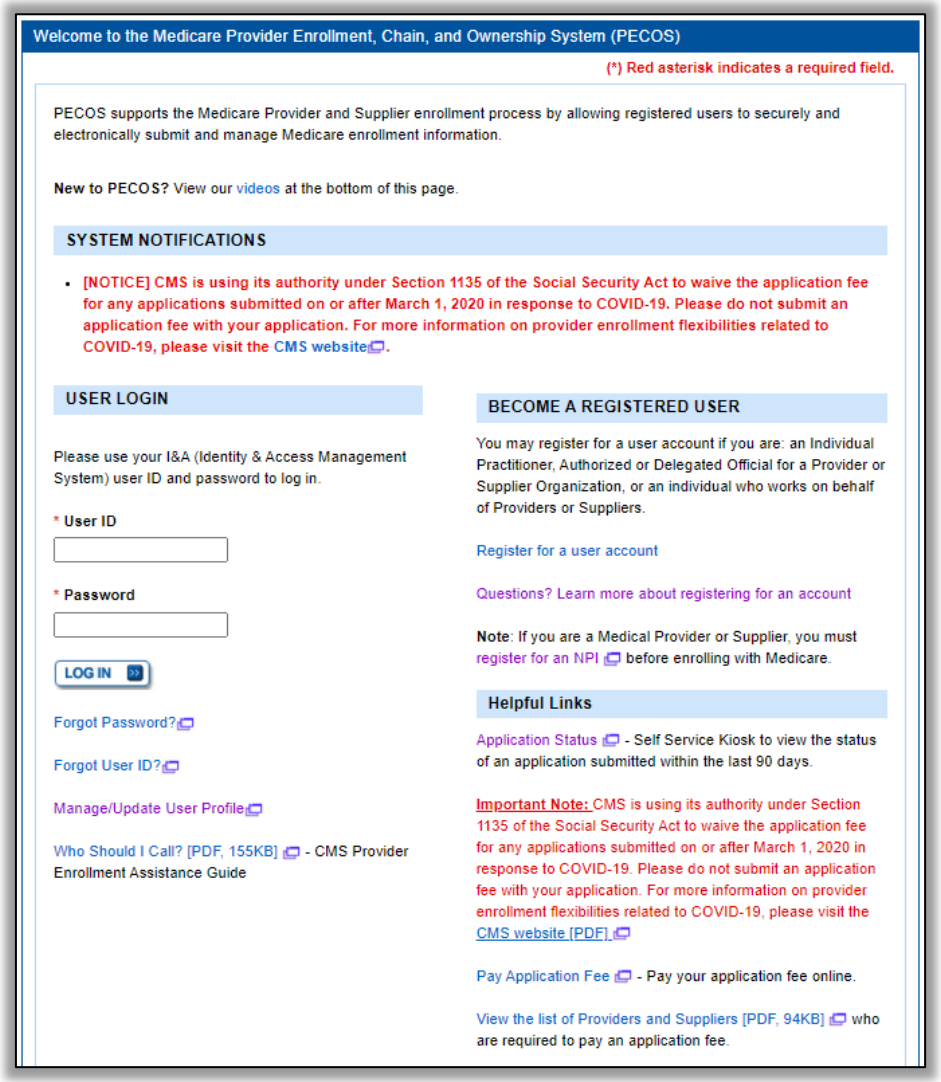
- Provider Outreach and Education Consultants
  - Susan Stafford PMP, COA, AMR
  - Laura Brown, CPC

Agenda

- Verify and Manage Signature(s) After Submission
  - Print Certification Statements
  - Upload Certification Statements
  - E-signature Certification
- PECOS Application Status
- Request for Additional Information
  - Returned for Corrections
  - Verify and Manage Signatures after Corrections
- Resources

Verify and Managing Signature(s) After Submission

Log Into PECOS



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

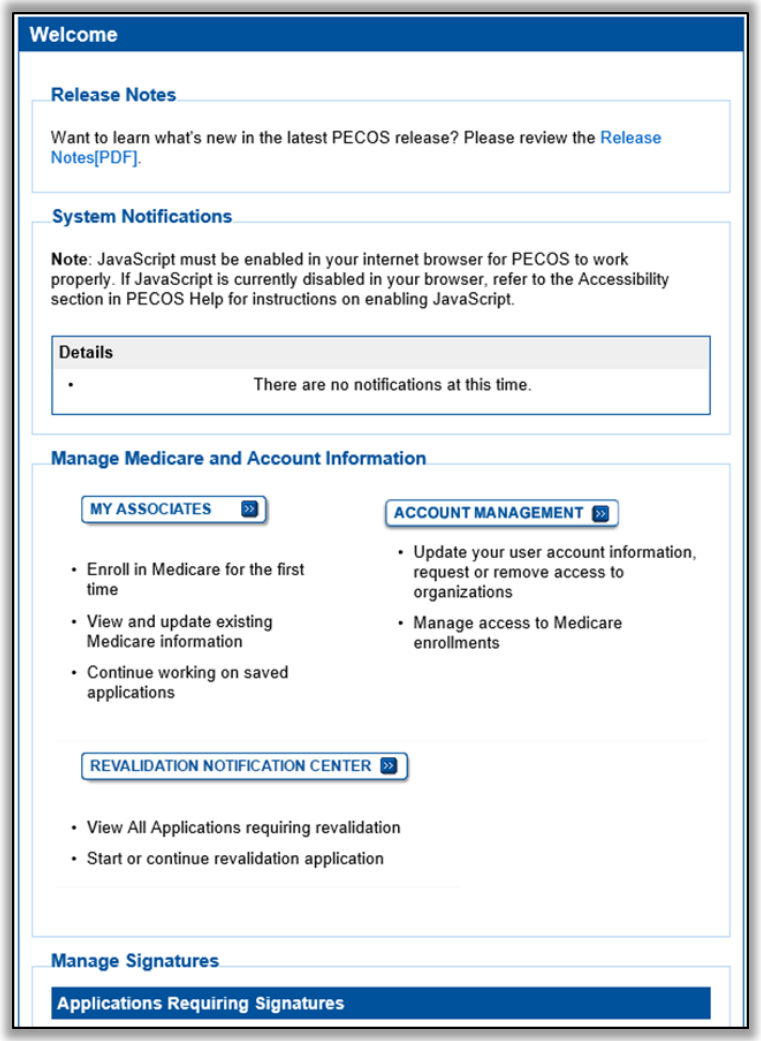
Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.

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 [PDF].

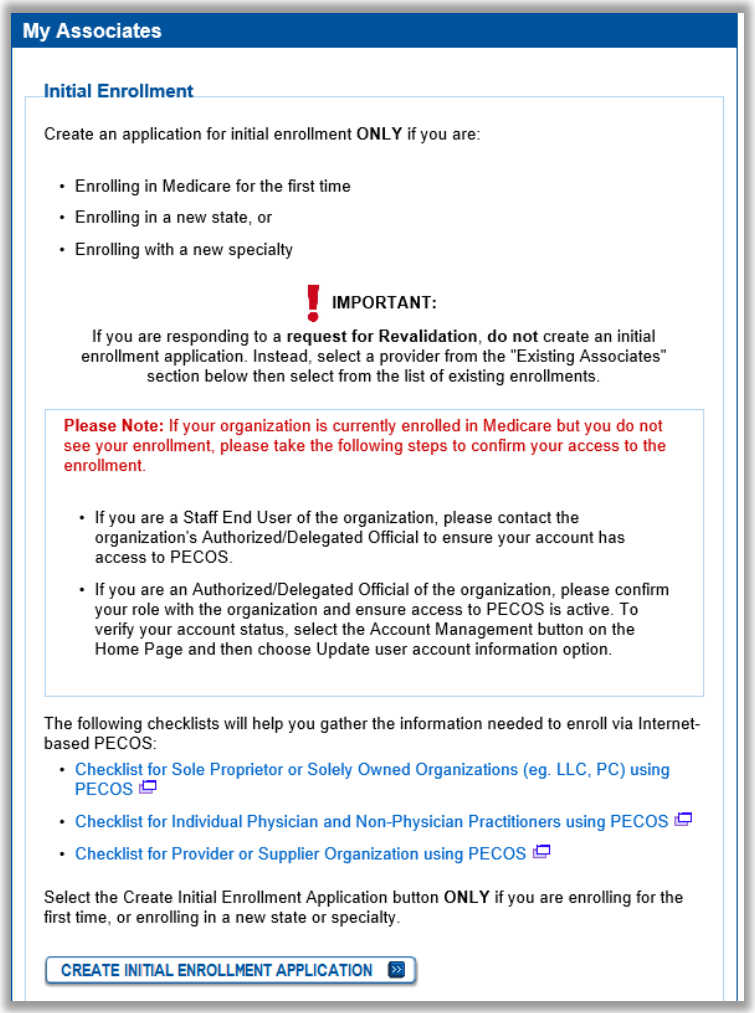
Pay Application Fee - Pay your application fee online.

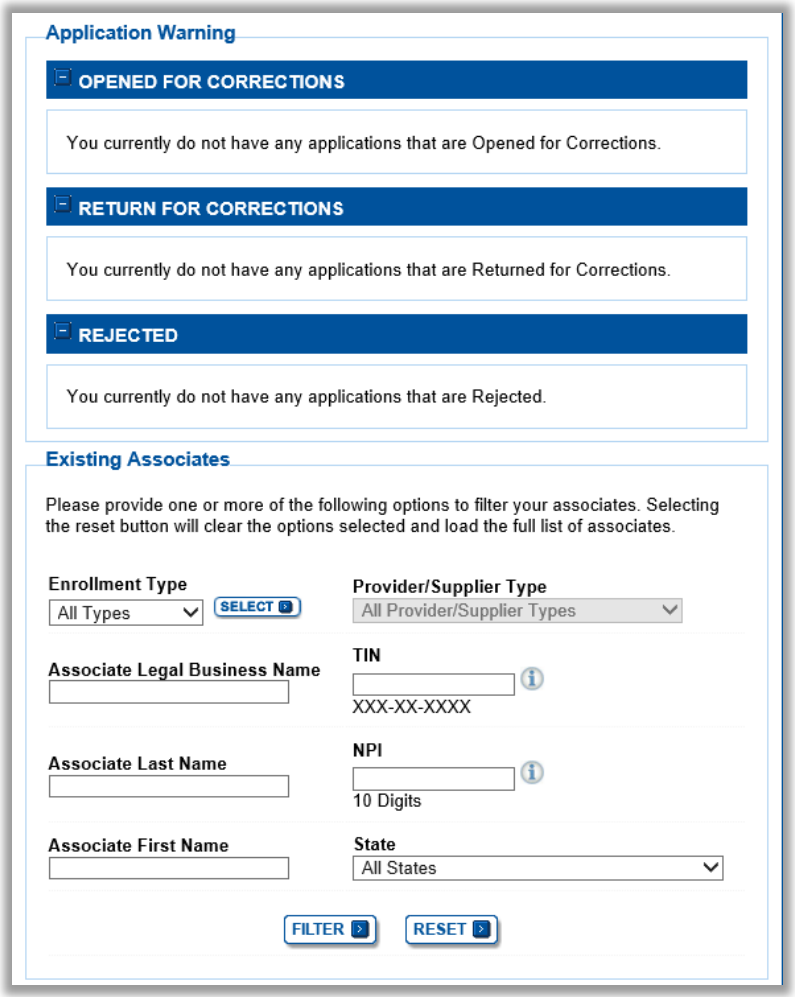
View the list of Providers and Suppliers [PDF, 94KB] who are required to pay an application fee.

Select My Associates



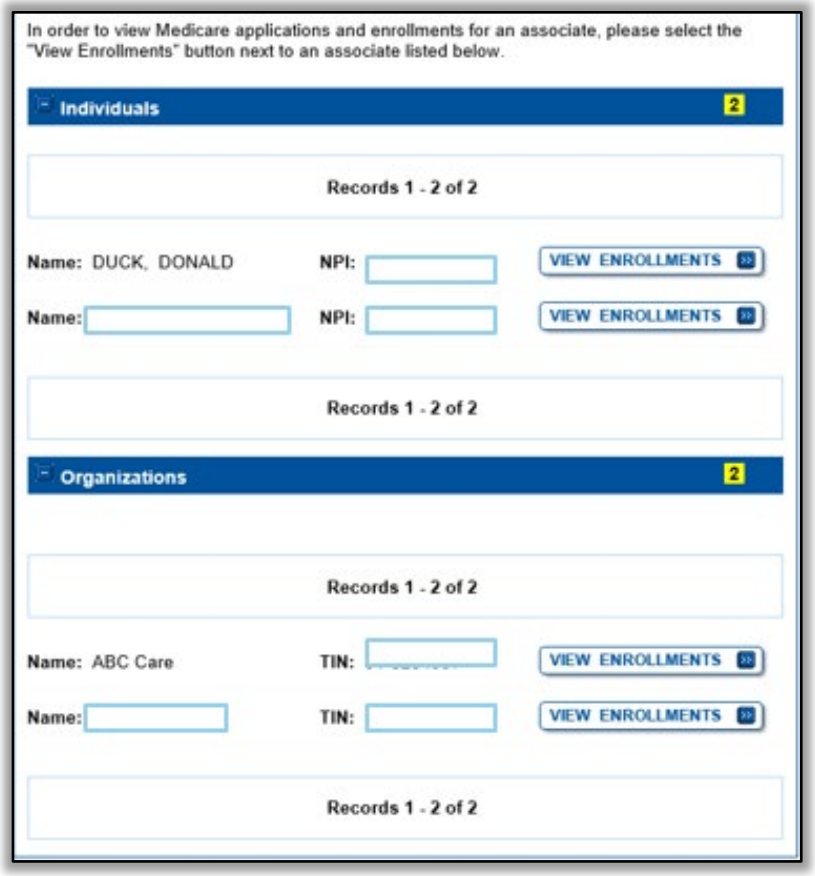
My Associates Filter



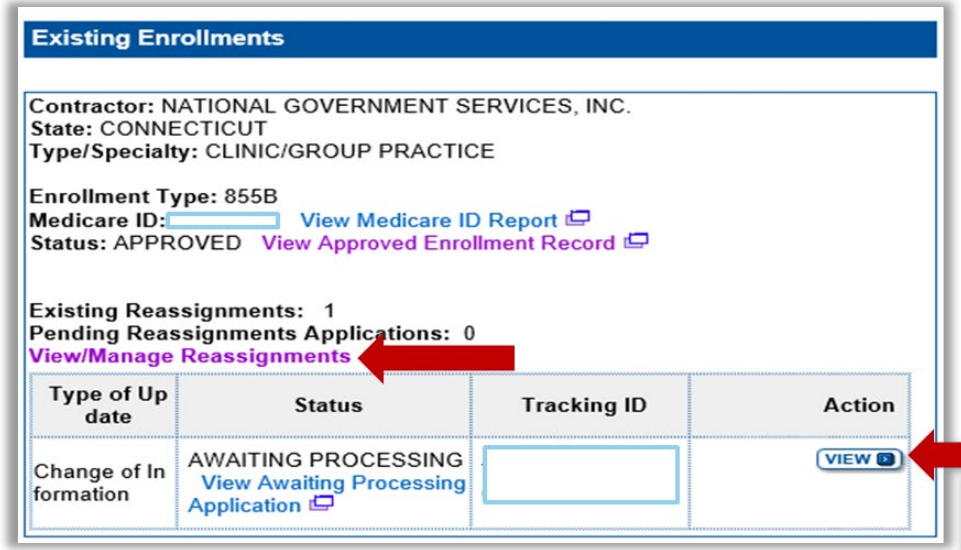


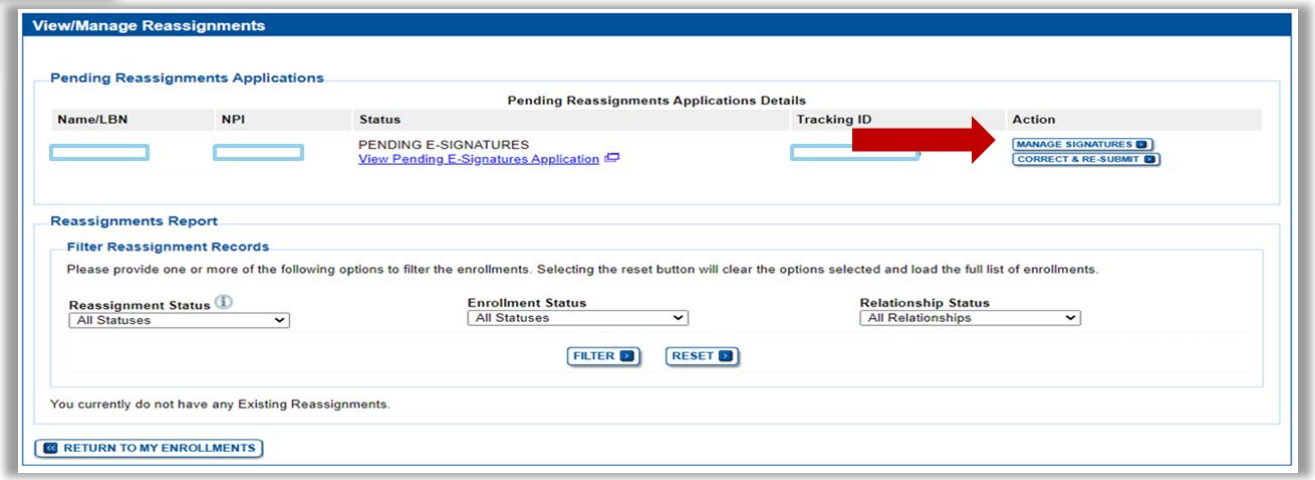
My Associates

- Select “View Enrollments”

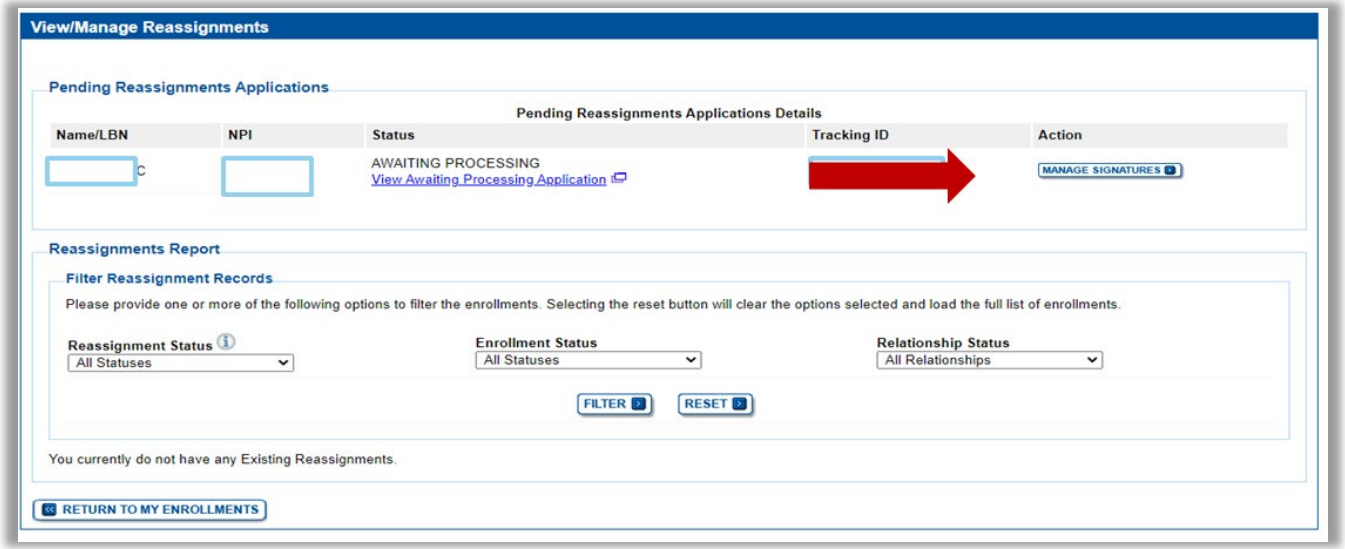


Verify All Signatures – Existing Enrollment

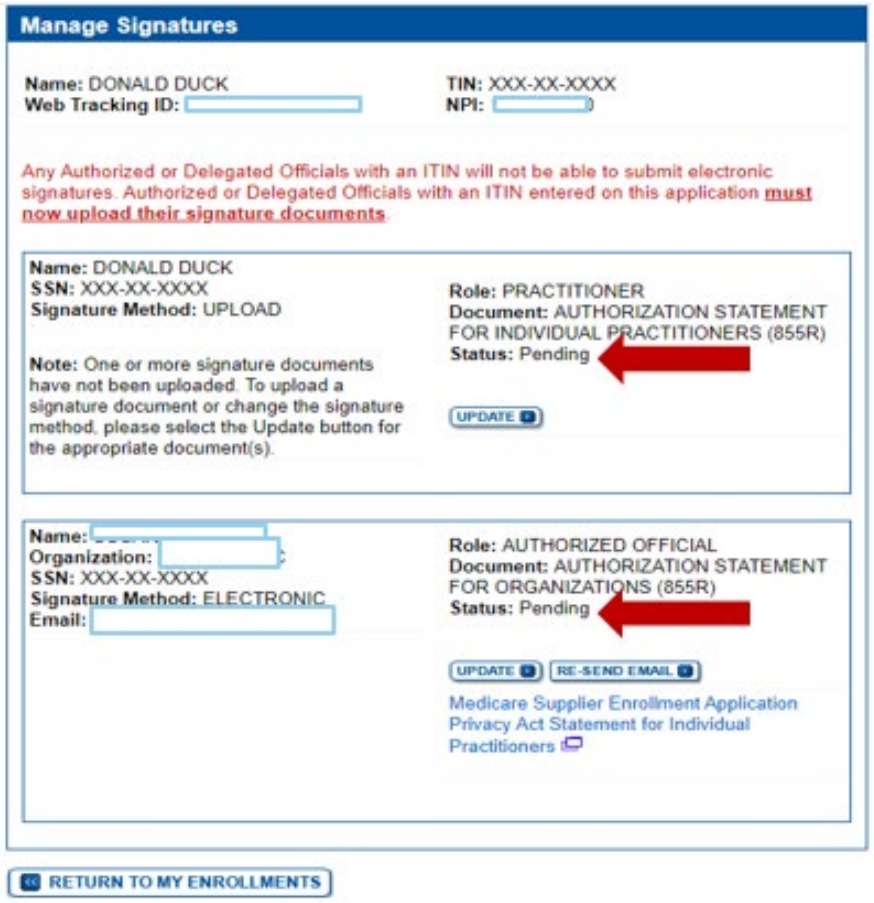




Verify All Signatures – New Enrollment

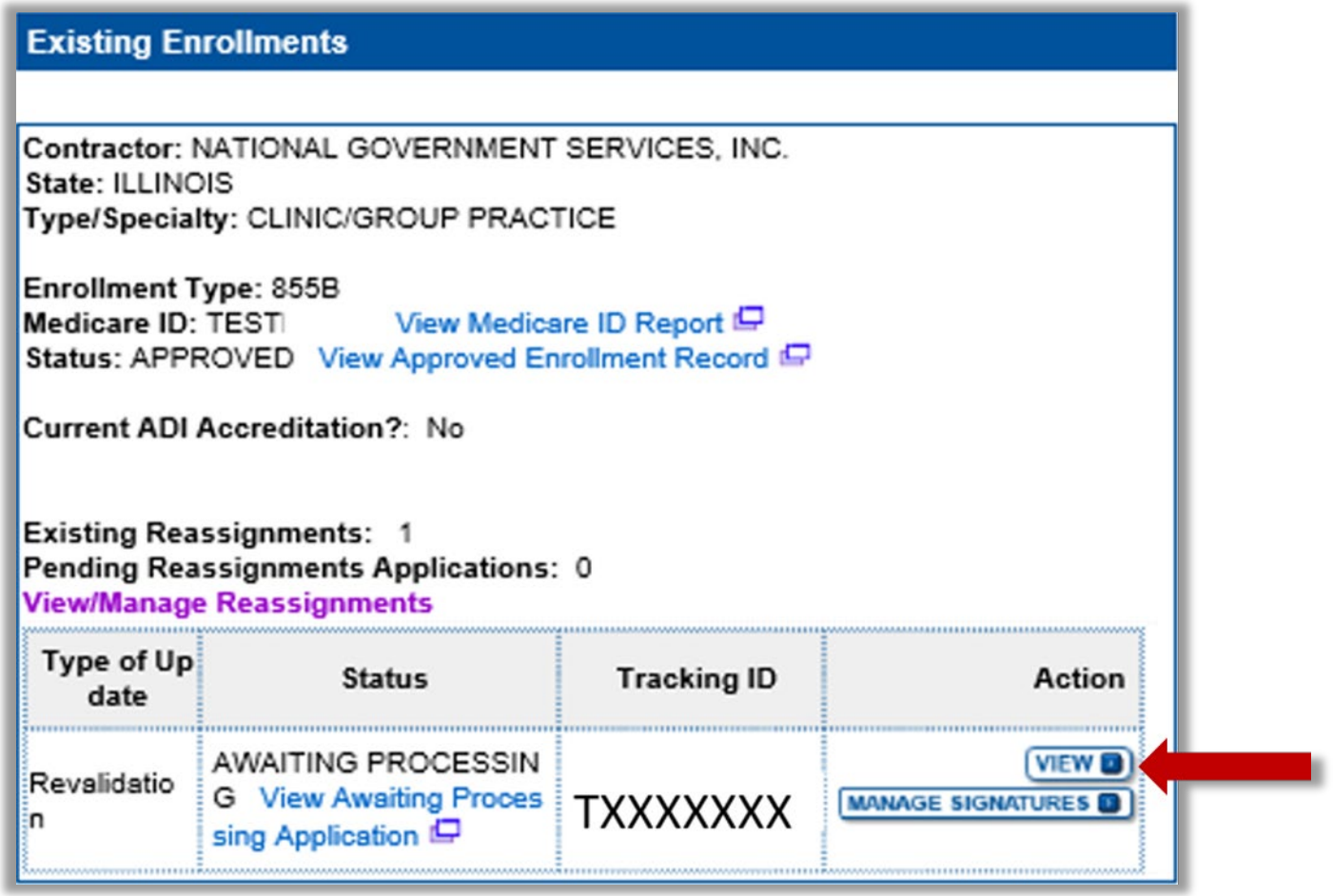


Signature Status

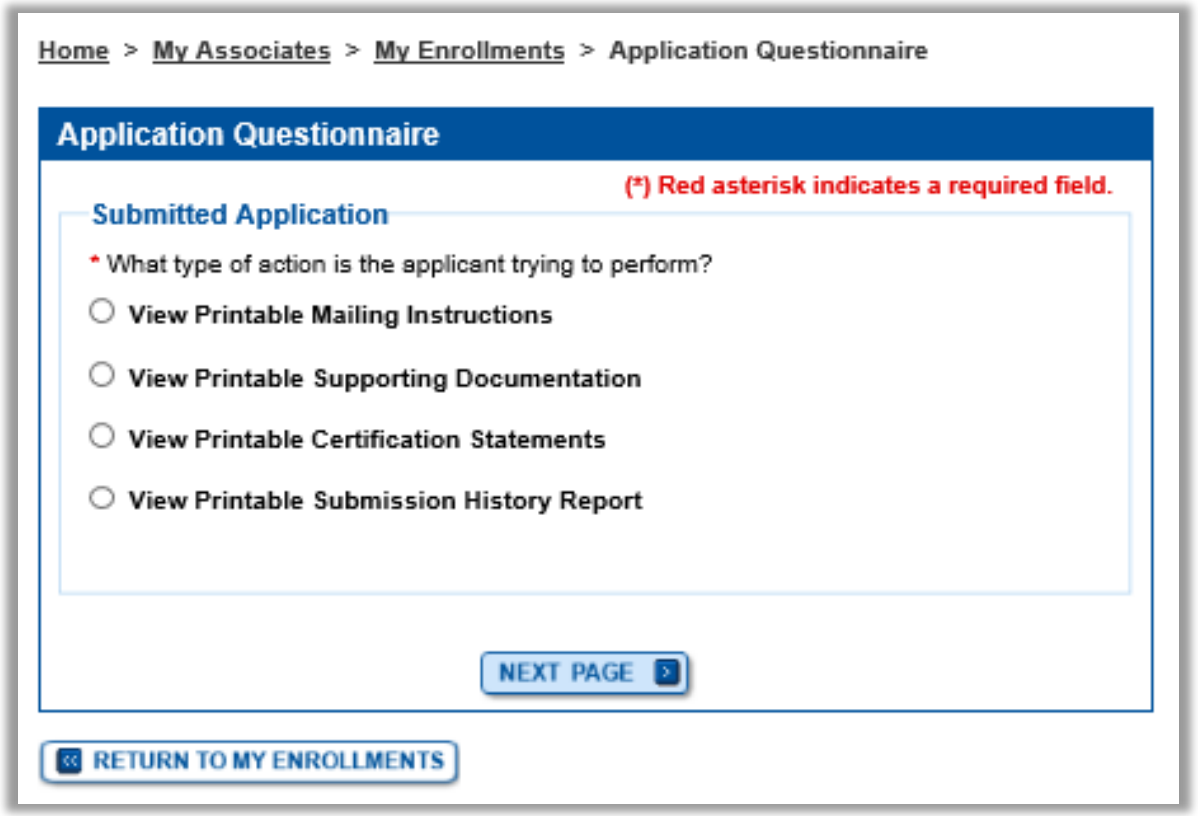


Print Certification Statements

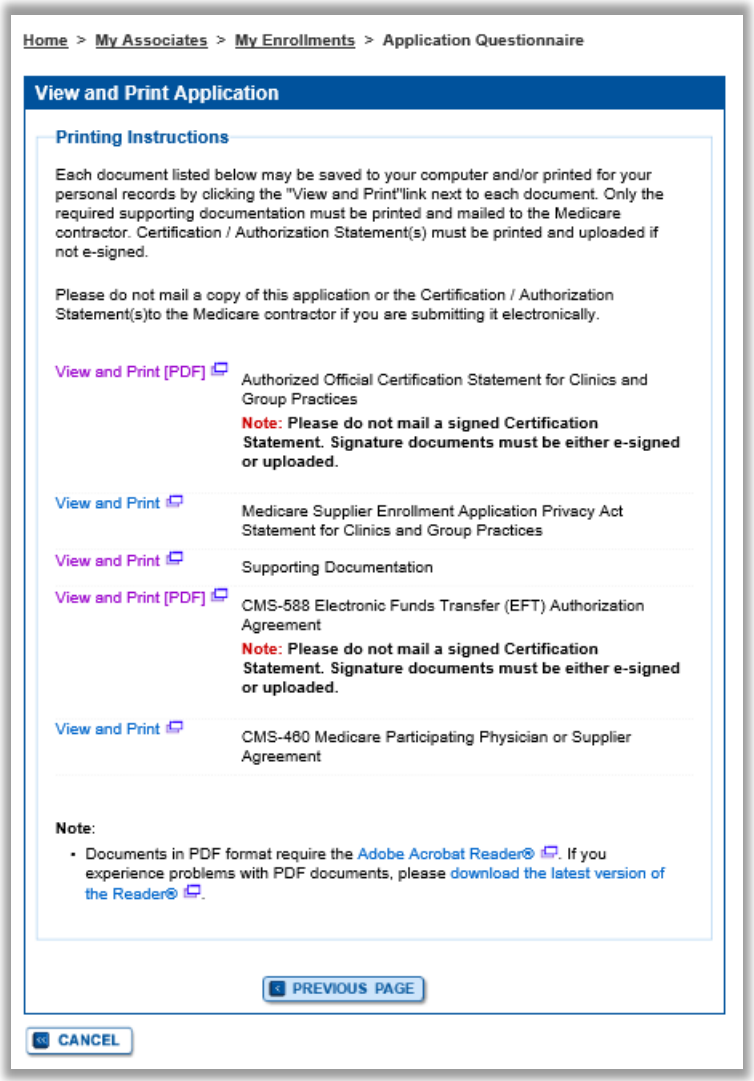
Enrollment Record



View Certification Statements



Print Certification Statements



Home > My Associates > My Enrollments > Application Questionnaire

View and Print Application

Printing Instructions

Each document listed below may be saved to your computer and/or printed for your personal records by clicking the "View and Print"link next to each document. Only the required supporting documentation must be printed and mailed to the Medicare contractor. Certification / Authorization Statement(s) must be printed and uploaded if not e-signed.

Please do not mail a copy of this application or the Certification / Authorization Statement(s)to the Medicare contractor if you are submitting it electronically.

View and Print [PDF]	Authorized Official Certification Statement for Clinics and Group Practices **Note: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.**
View and Print	Medicare Supplier Enrollment Application Privacy Act Statement for Clinics and Group Practices
View and Print	Supporting Documentation
View and Print [PDF]	CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement **Note: Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.**
View and Print	CMS-460 Medicare Participating Physician or Supplier Agreement

Note:

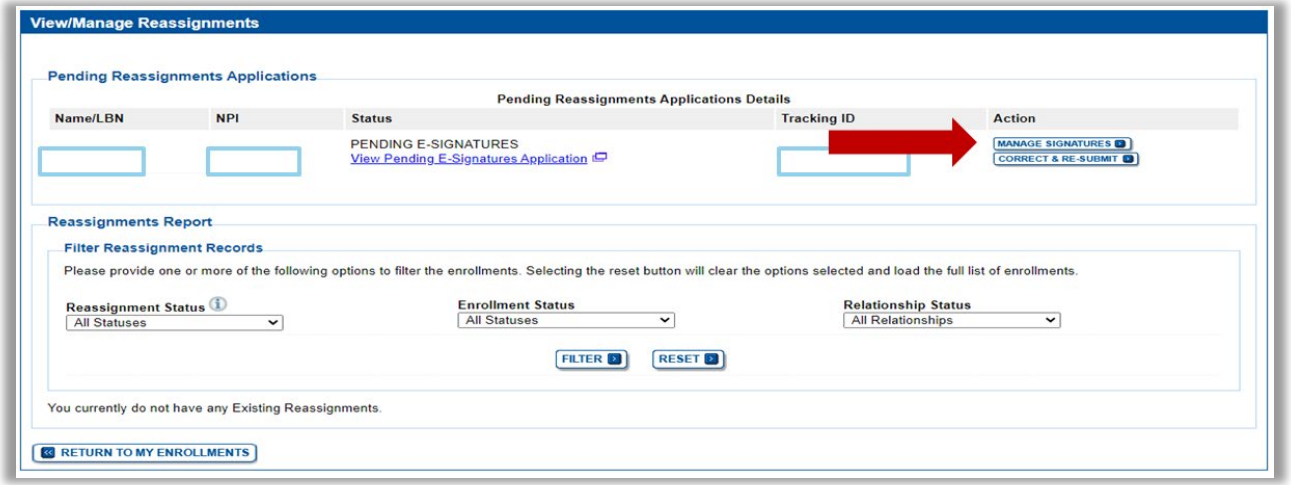
- Documents in PDF format require the Adobe Acrobat Reader®. If you experience problems with PDF documents, please download the latest version of the Reader®.

PREVIOUS PAGE

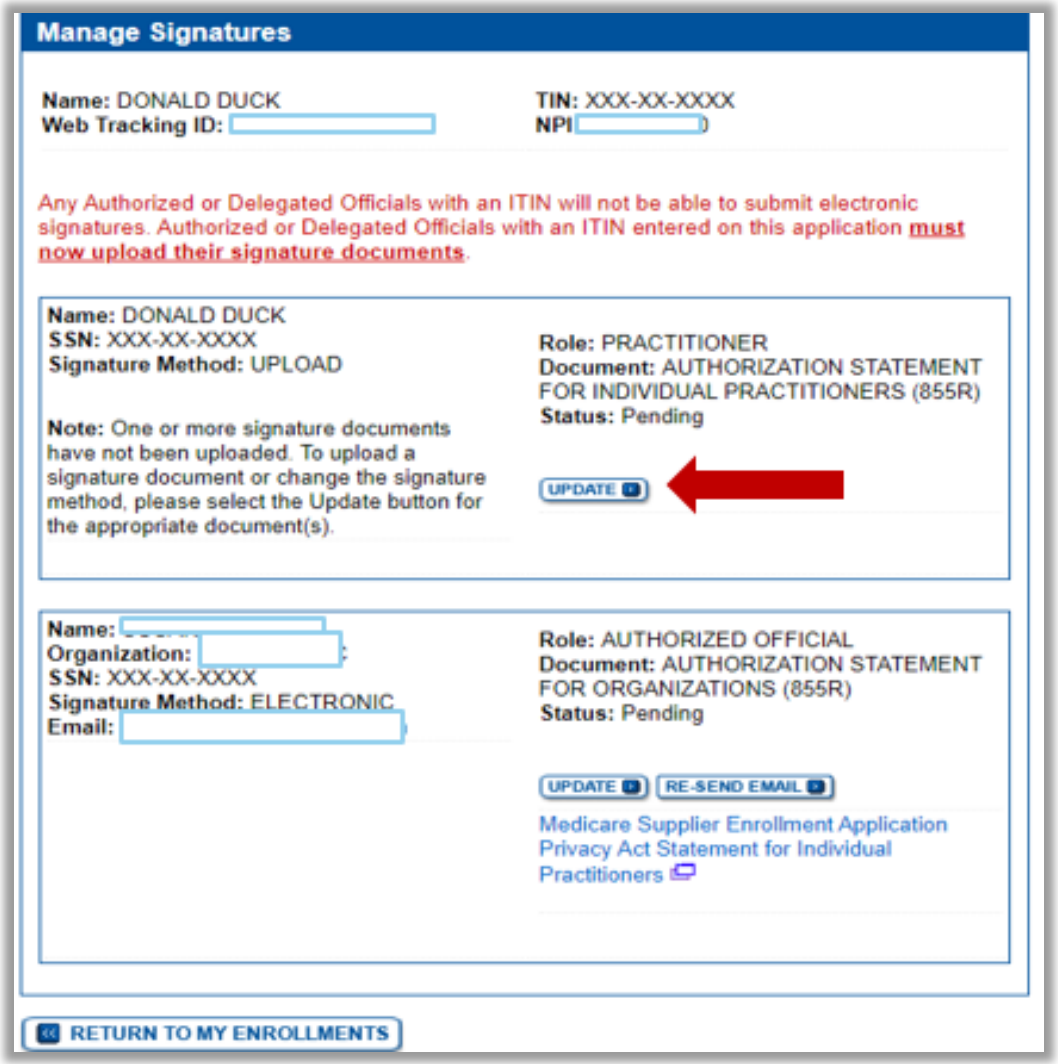
CANCEL

Upload Certification Statements

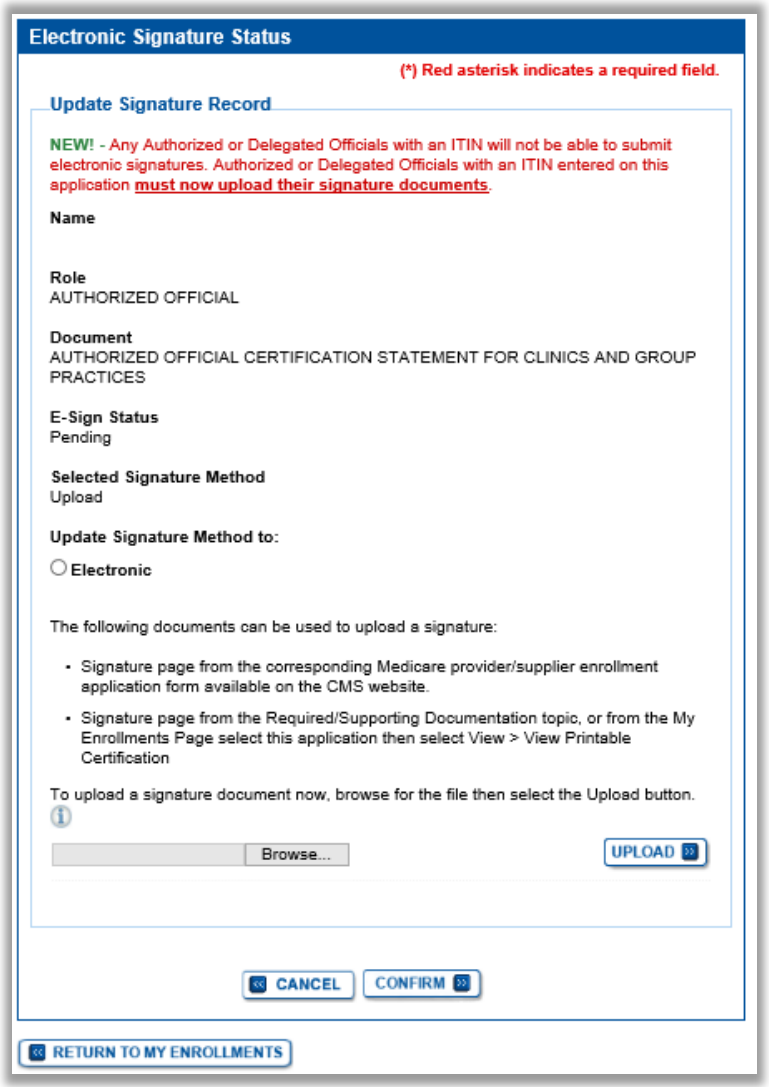
Manage Signatures



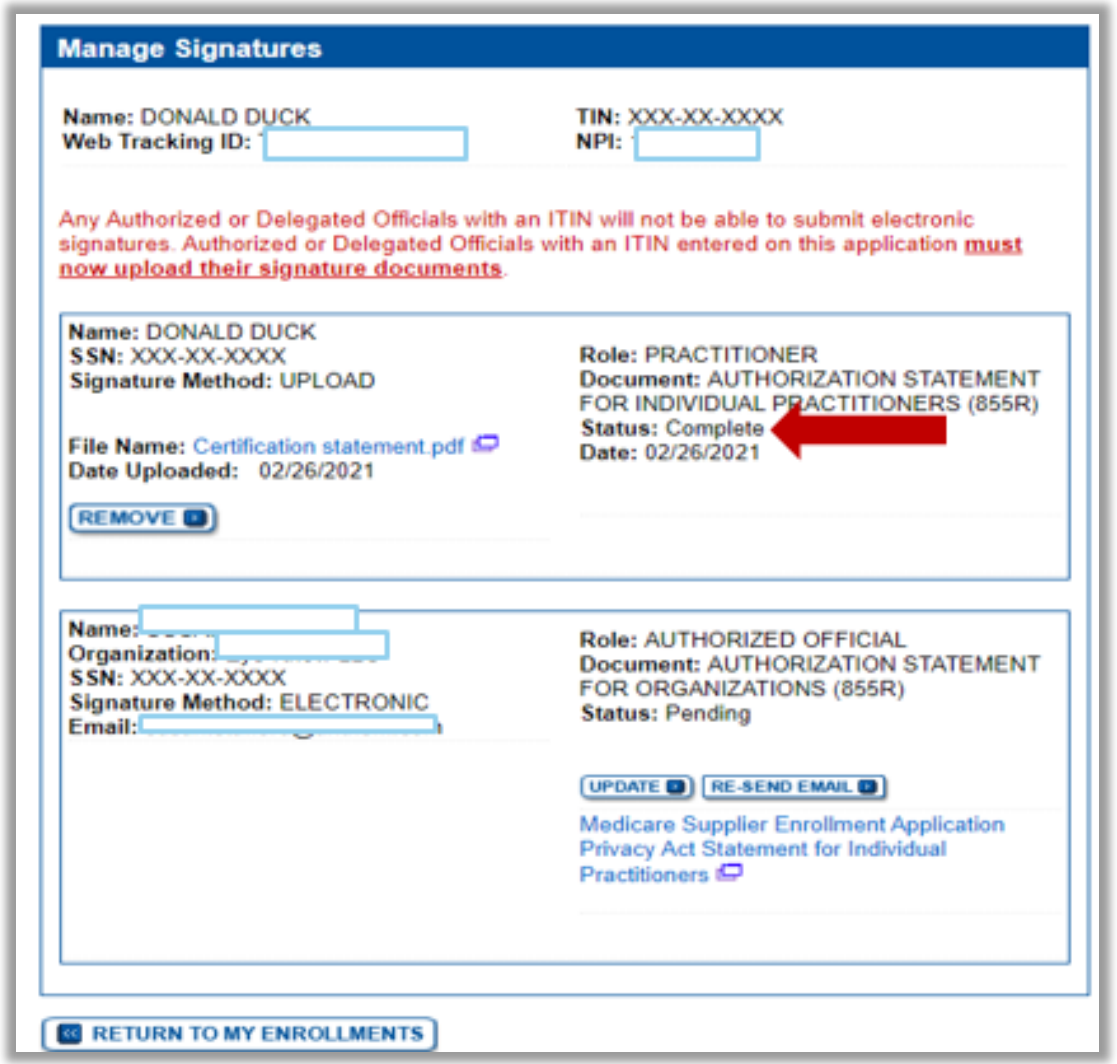
Update


Manage Signatures
Name: DONALD DUCK
Web Tracking ID:
TIN: XXX-XX-XXXX
NPI
Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.
Name: DONALD DUCK
SSN: XXX-XX-XXXX
Signature Method: UPLOAD
Note: One or more signature documents have not been uploaded. To upload a signature document or change the signature method, please select the Update button for the appropriate document(s).
Role: PRACTITIONER
Document: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Status: Pending
UPDATE
Name:
Organization:
SSN: XXX-XX-XXXX
Signature Method: ELECTRONIC
Email:
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZATION STATEMENT FOR ORGANIZATIONS (855R)
Status: Pending
UPDATE
RE-SEND EMAIL
Medicare Supplier Enrollment Application Privacy Act Statement for Individual Practitioners
RETURN TO MY ENROLLMENTS

Upload Certification Statement

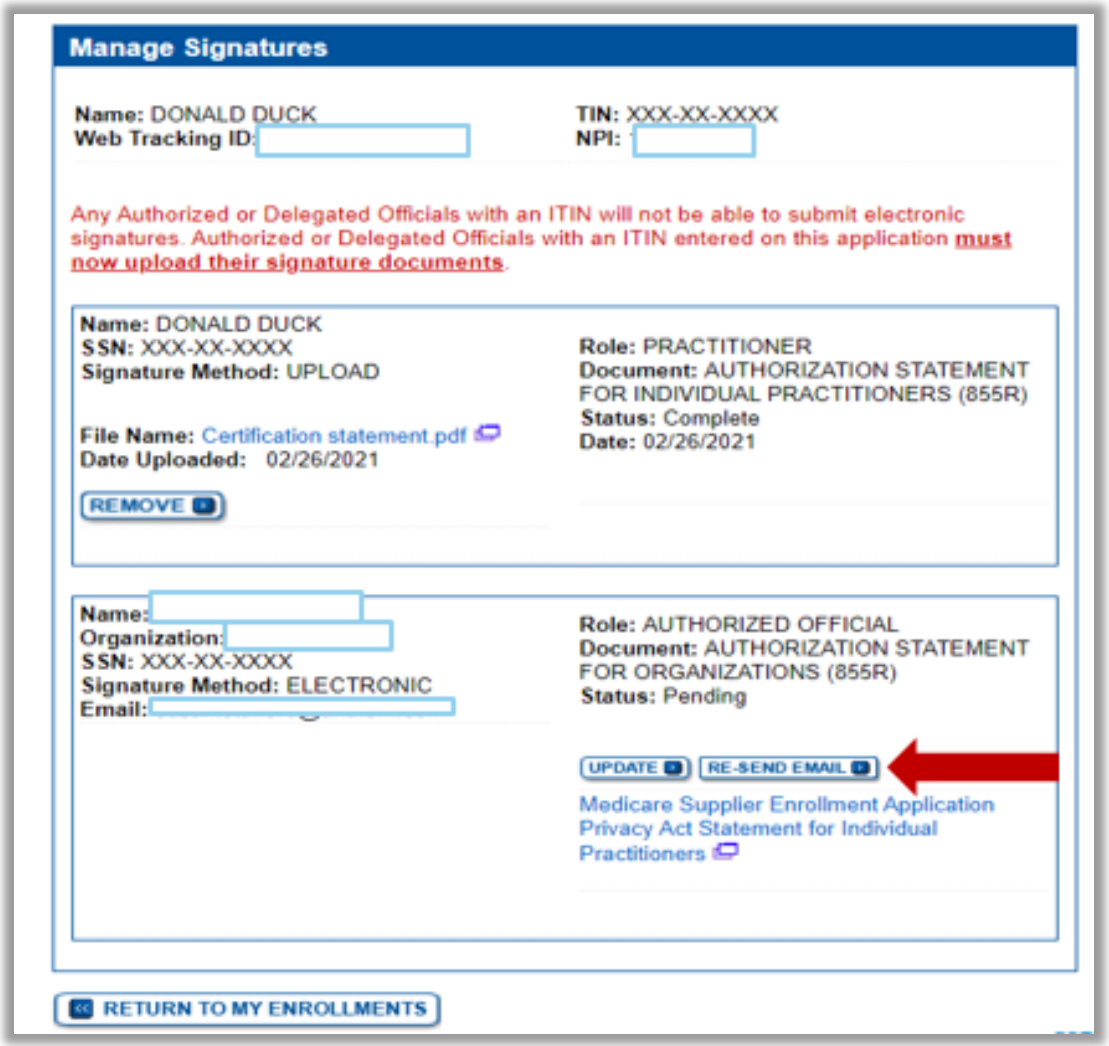


Verify Signature Status



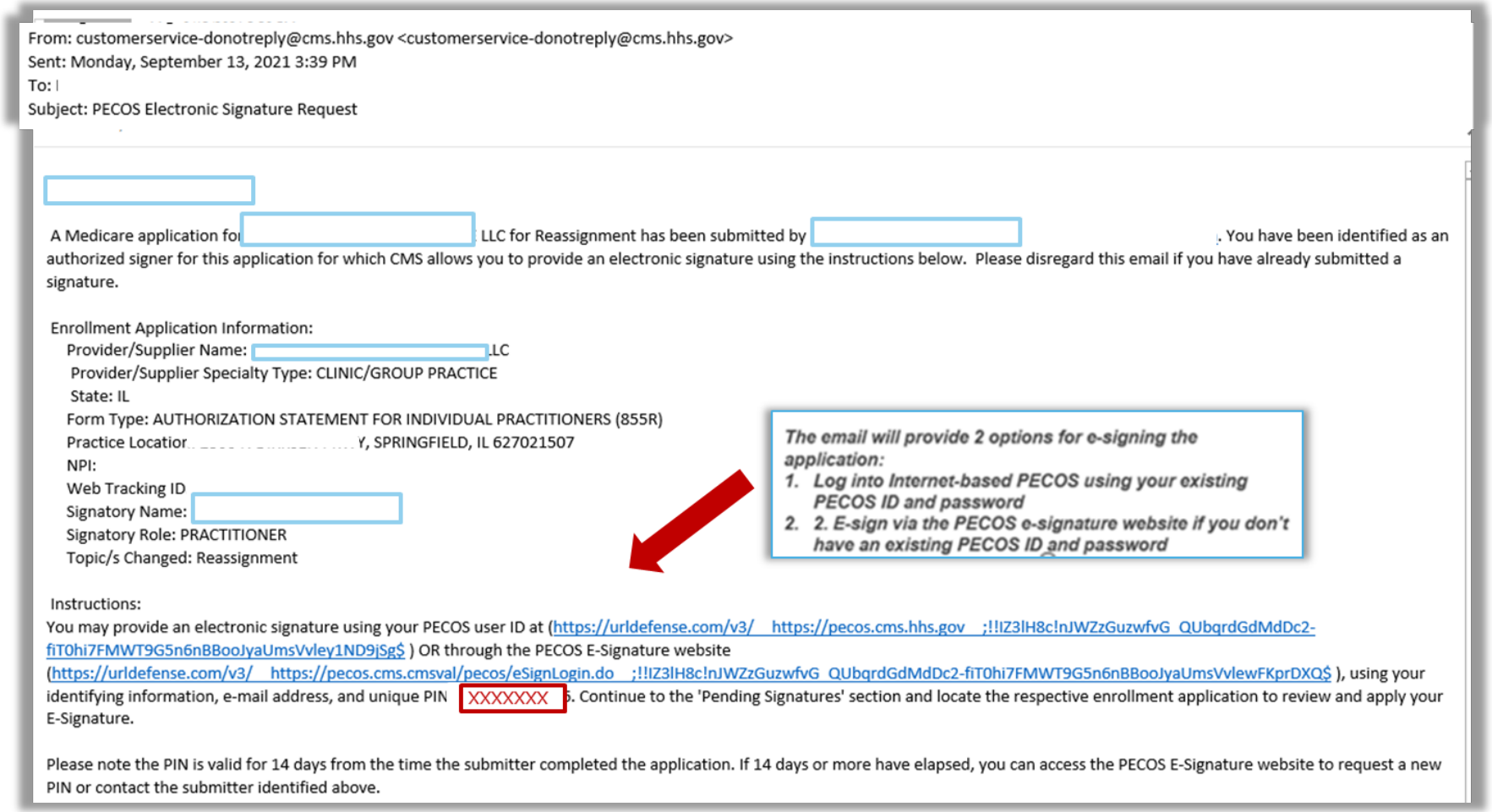
E-Signature Certification

E-Signature Status



Resend E-Signature Email Confirmation

E-Signature Email



From: customerservice-donotreply@cms.hhs.gov <customerservice-donotreply@cms.hhs.gov>
Sent: Monday, September 13, 2021 3:39 PM
To:
Subject: PECOS Electronic Signature Request

A Medicare application for 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.

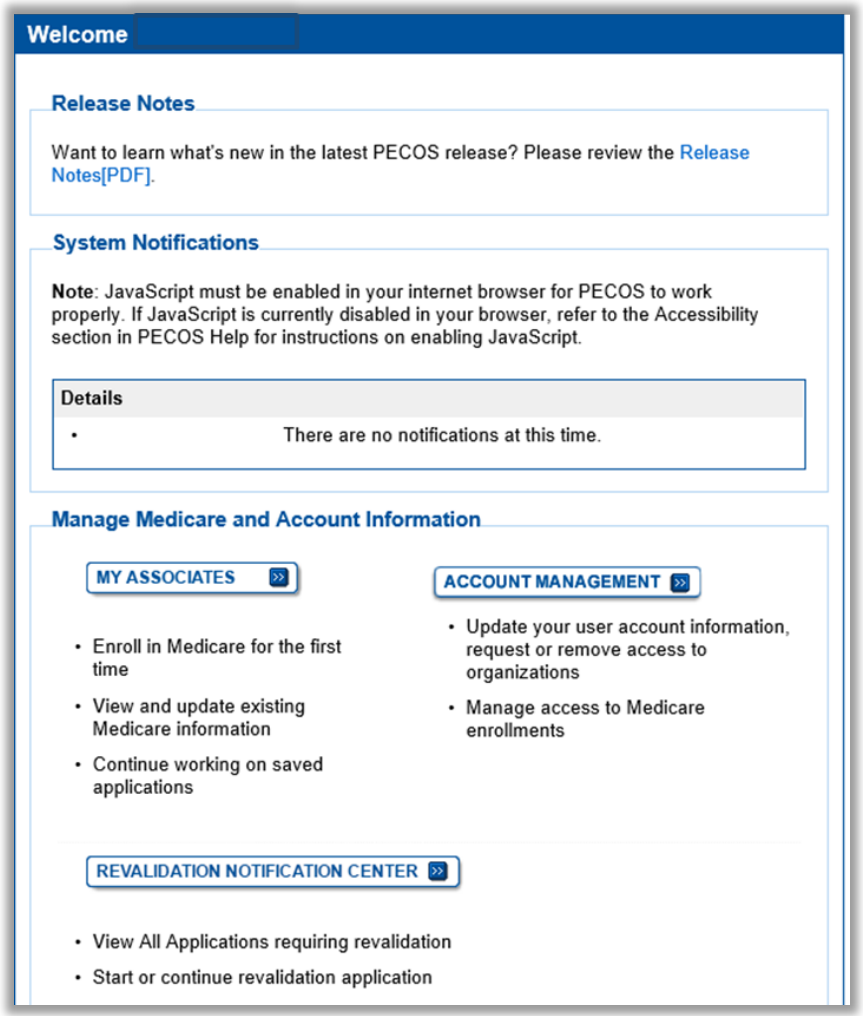
Enrollment Application Information:
Provider/Supplier Name: LLC
Provider/Supplier Specialty Type: CLINIC/GROUP PRACTICE
State: IL
Form Type: AUTHORIZATION STATEMENT FOR INDIVIDUAL PRACTITIONERS (855R)
Practice Location Y, SPRINGFIELD, IL 627021507
NPI:
Web Tracking ID
Signatory Name:
Signatory Role: PRACTITIONER
Topic/s Changed: Reassignment

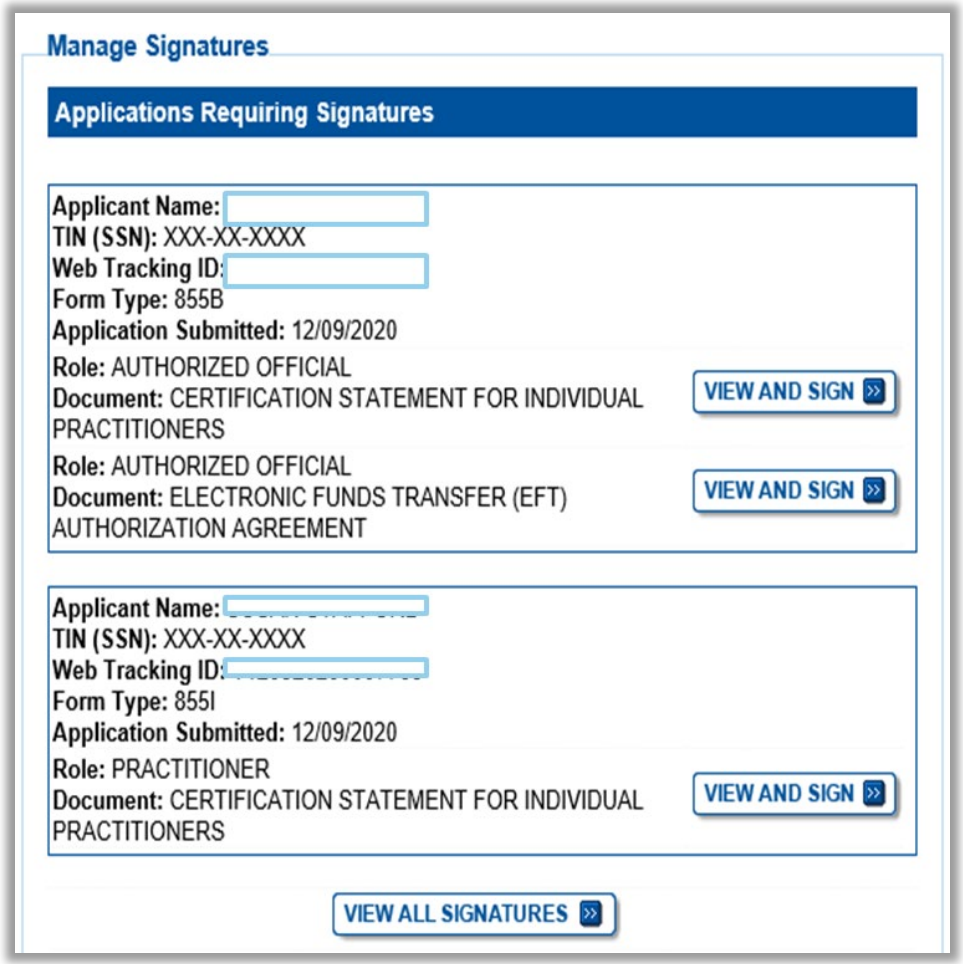
The email will provide 2 options for e-signing the application:
1. *Log into Internet-based PECOS using your existing PECOS ID and password*
2. *2. E-sign via the PECOS e-signature website if you don't have an existing PECOS ID and password*

Instructions:
You may provide an electronic signature using your PECOS user ID at (https://urldefense.com/v3/ https://pecos.cms.hhs.gov ;!!IZ3lH8c!nJWZzGuzwfvG_QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvley1ND9jSg$) OR through the PECOS E-Signature website (https://urldefense.com/v3/ https://pecos.cms.cmsval/pecos/eSignLogin.do ;!!IZ3lH8c!nJWZzGuzwfvG_QUbqrdGdMdDc2-fiT0hi7FMWT9G5n6nBBooJyaUmsVvlewFKprDXQ$), using your identifying information, e-mail address, and unique PIN XXXXXXX . Continue to the 'Pending Signatures' section and locate the respective enrollment application to review and apply your E-Signature.

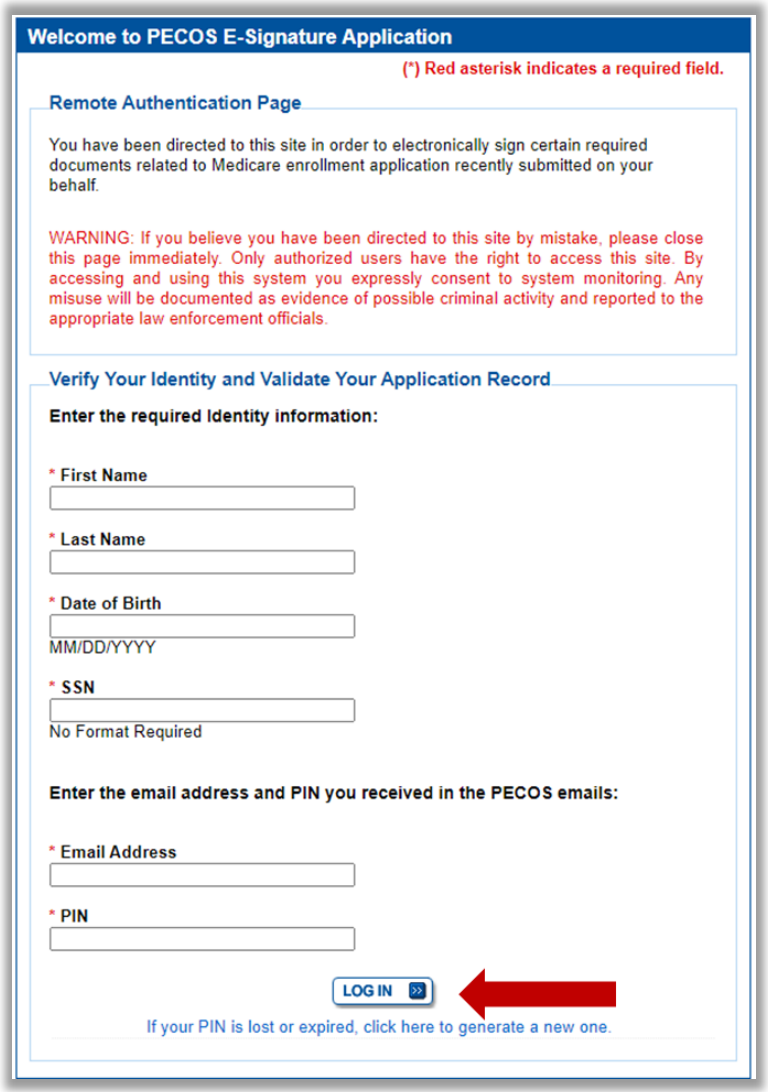
Please note the PIN is valid for 14 days from the time the submitter completed the application. If 14 days or more have elapsed, you can access the PECOS E-Signature website to request a new PIN or contact the submitter identified above.

Login to PECOS

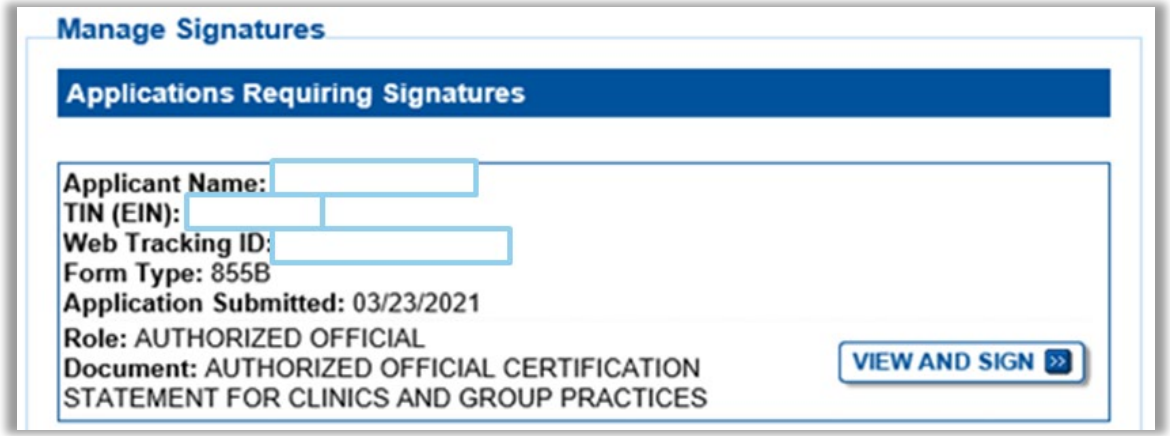




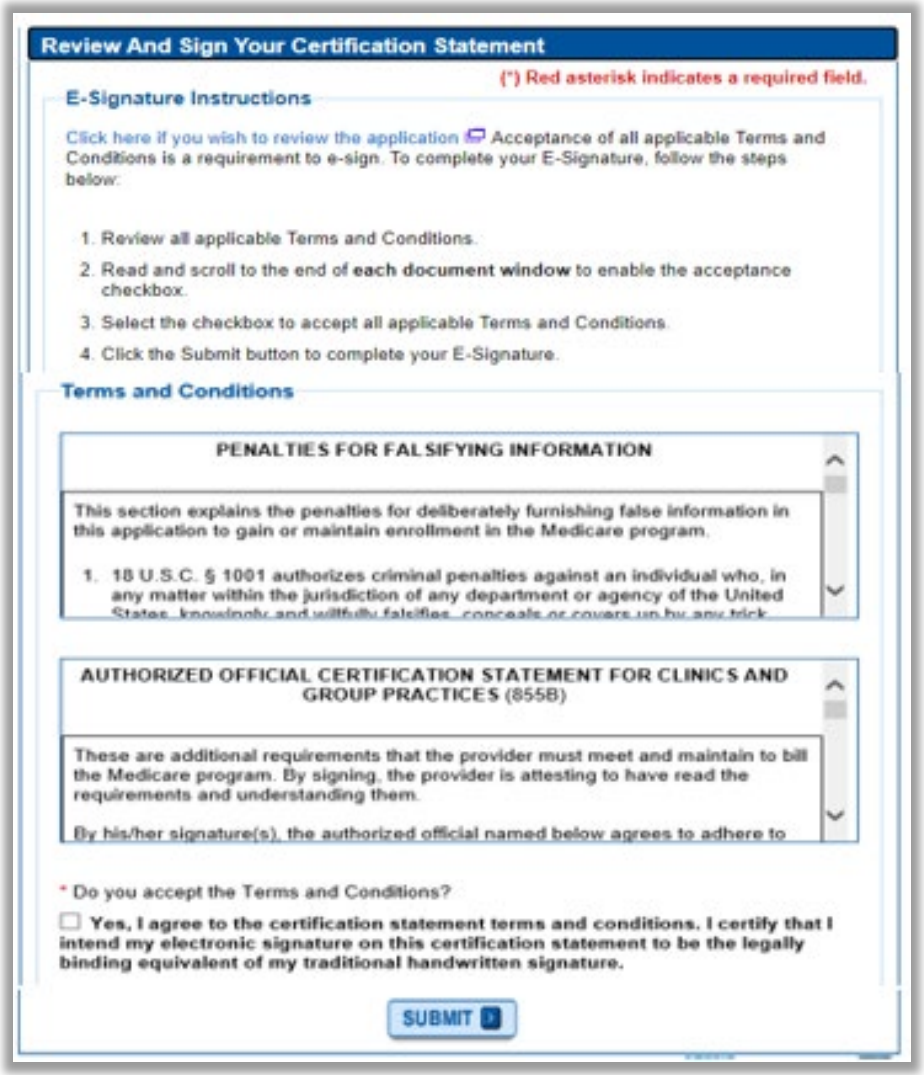
Copy PIN and Select Link



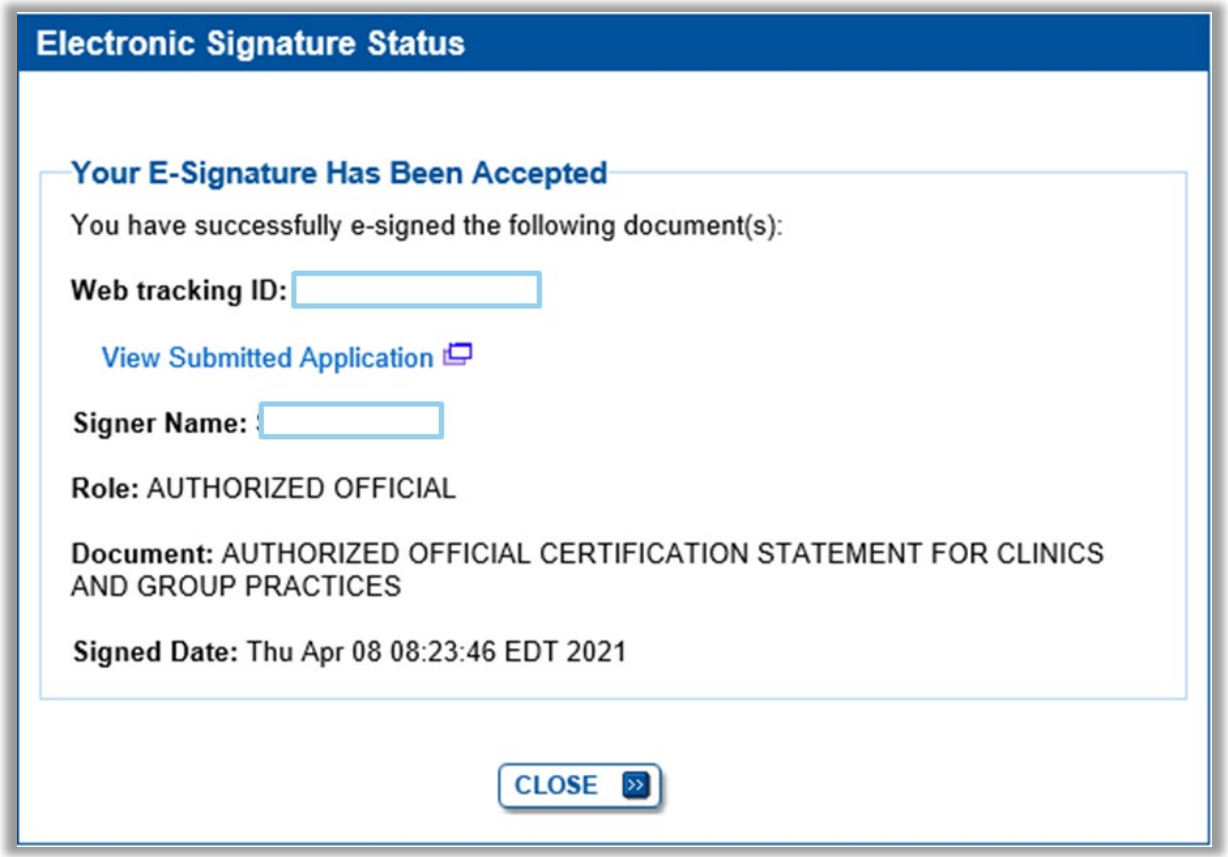
Application Requiring Signature



E-Signature Attestation

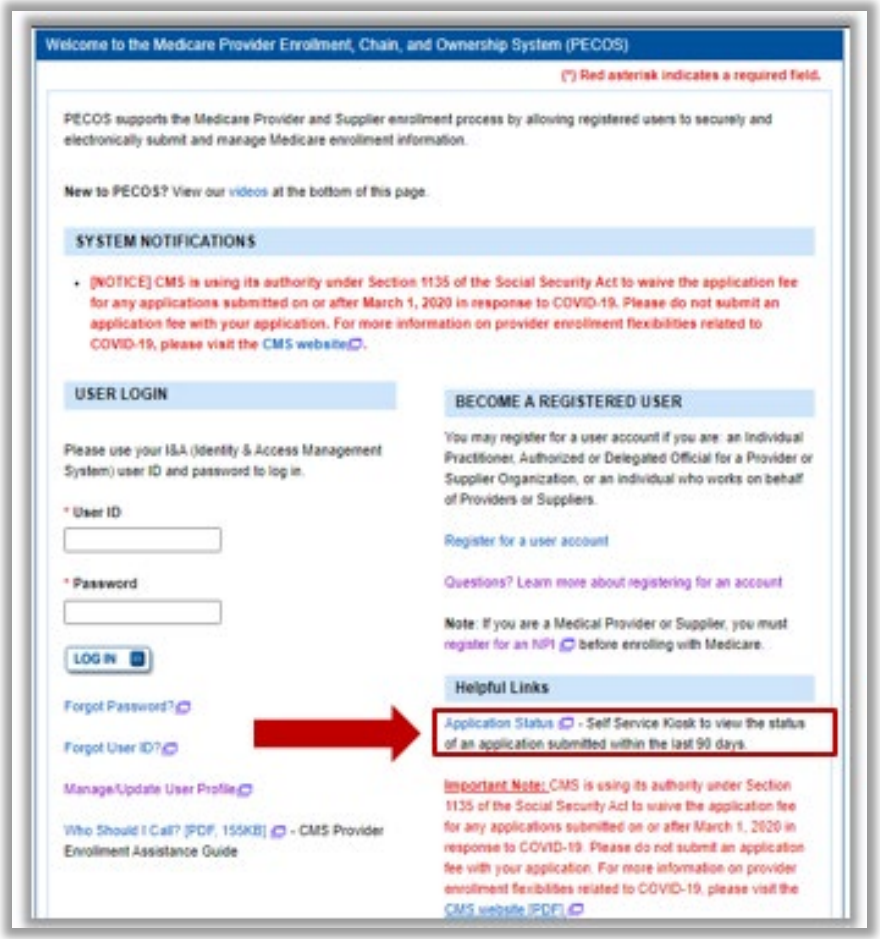


E-Signature Completion

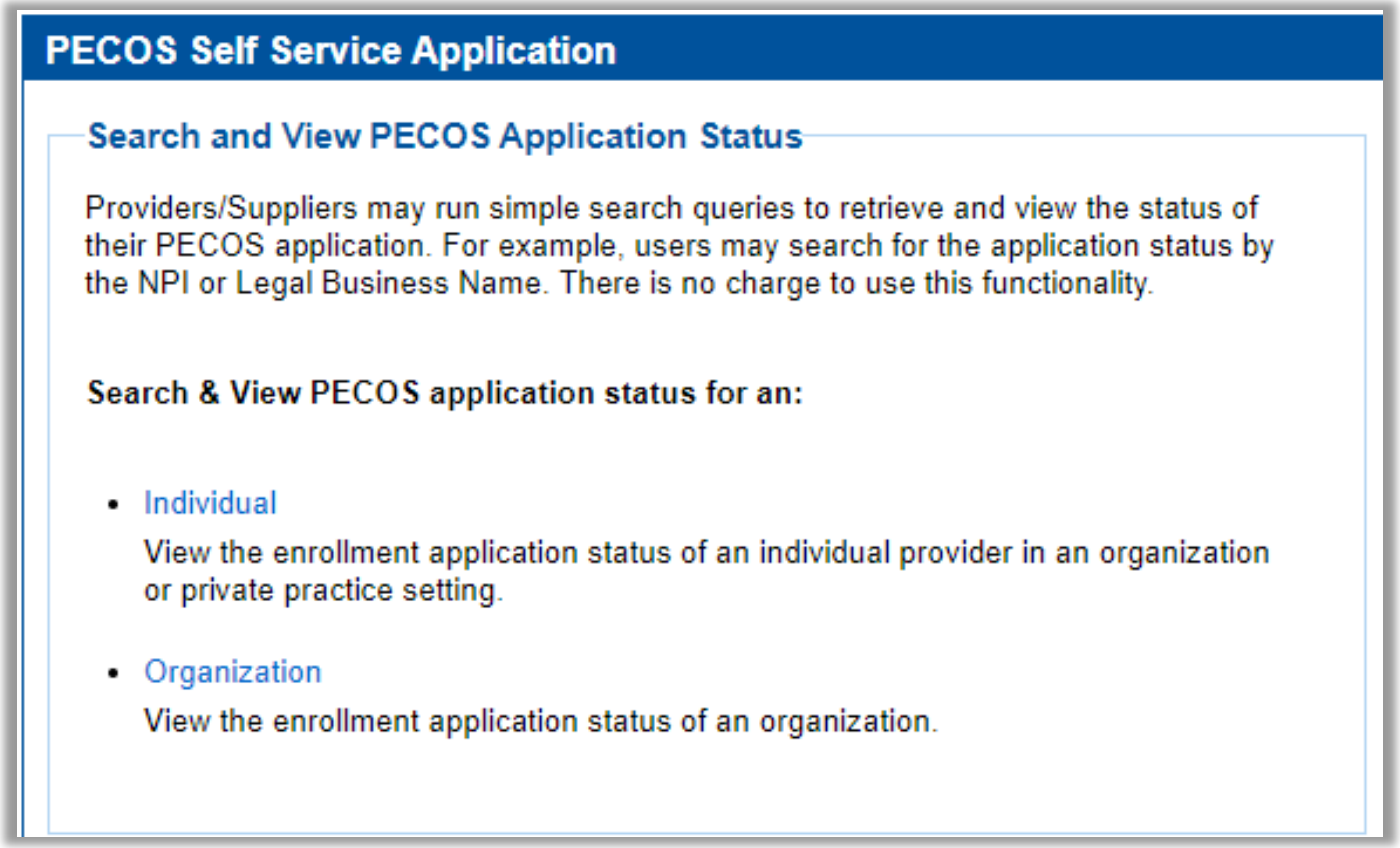


PECOS Application Status

PECOS Application Status

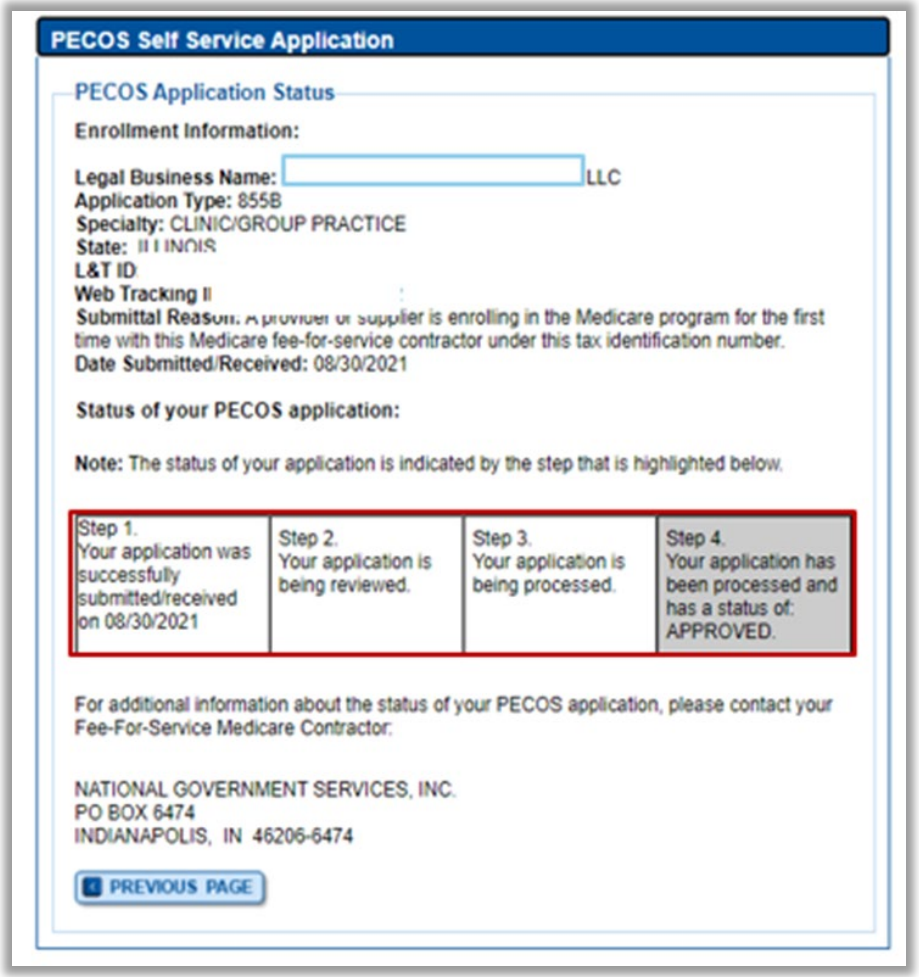


PECOS Self-Service Application



PECOS Application Status Steps

- Step 1
  - Received
- Step 2
  - Being Reviewed
  - Returned for Corrections
- Step 3
  - Entering Information In PECOS
- Step 4
  - Processed in PECOS and being transferred to claims system
  - **Note:** Wait for approval letter before you submit claims



PECOS Self Service Application

PECOS Application Status

Enrollment Information:

Legal Business Name: [redacted] LLC
Application Type: 855B
Specialty: CLINIC/GROUP PRACTICE
State: ILLINOIS
L&T ID
Web Tracking #
Submittal Reason: A provider or supplier is enrolling in the Medicare program for the first time with this Medicare fee-for-service contractor under this tax identification number.
Date Submitted/Received: 08/30/2021

Status of your PECOS application:

Note: The status of your application is indicated by the step that is highlighted below.

Step 1. Your application was successfully submitted/received on 08/30/2021	Step 2. Your application is being reviewed.	Step 3. Your application is being processed.	Step 4. Your application has been processed and has a status of: APPROVED.

For additional information about the status of your PECOS application, please contact your Fee-For-Service Medicare Contractor:

NATIONAL GOVERNMENT SERVICES, INC.
PO BOX 6474
INDIANAPOLIS, IN 46206-6474

PREVIOUS PAGE

Request for Additional Information

Email Request

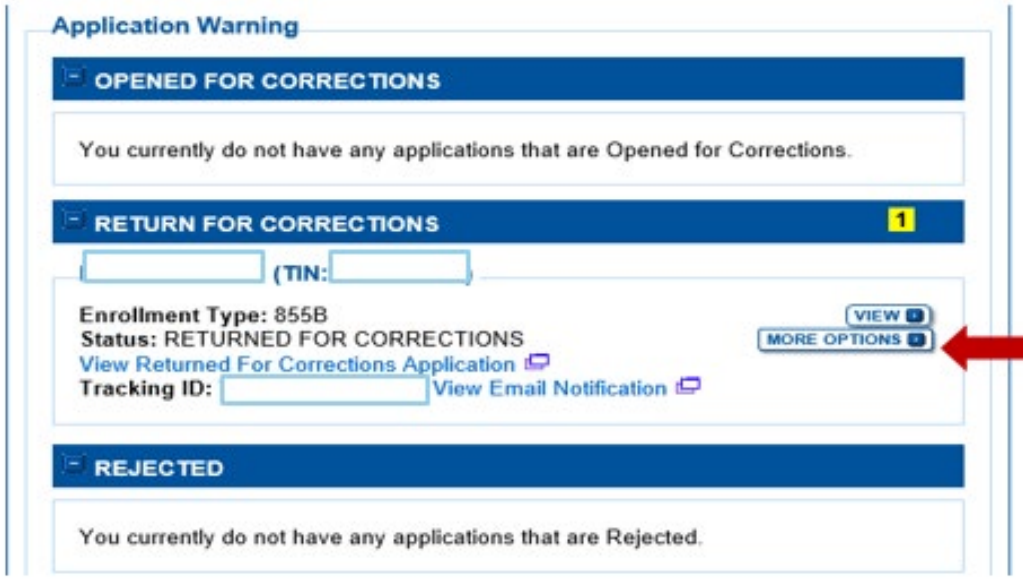
- Email to Contact Person
  - customerservice-donotreply@cms.hhs.gov
- Information on Email
  - Tracking number, NPI, legal name, state and MAC
  - Instructions for request
    - States additional information needed
    - Directions on “How to Correct & Resubmit” in the PECOS system
  - Processor contact and phone number

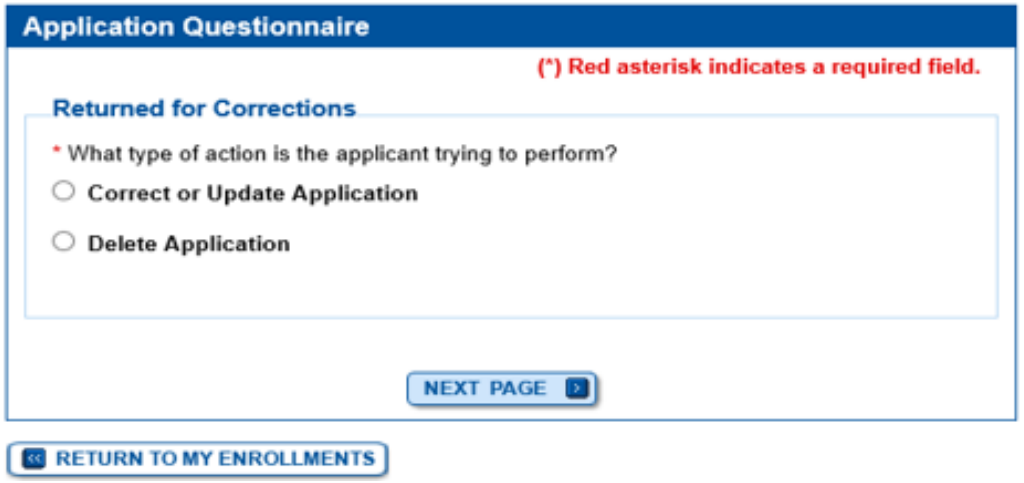
Respond to Request

- Sign into PECOS
  - Select “Return for Corrections” or “Correct & Resubmit” button
  - Update Topics where needed
    - Upload missing supporting documents in PDF or TIFF format
  - Resubmit application to return for review to MAC
  - Verify all signatures are complete
    - Even if no signatures were required when resubmitting

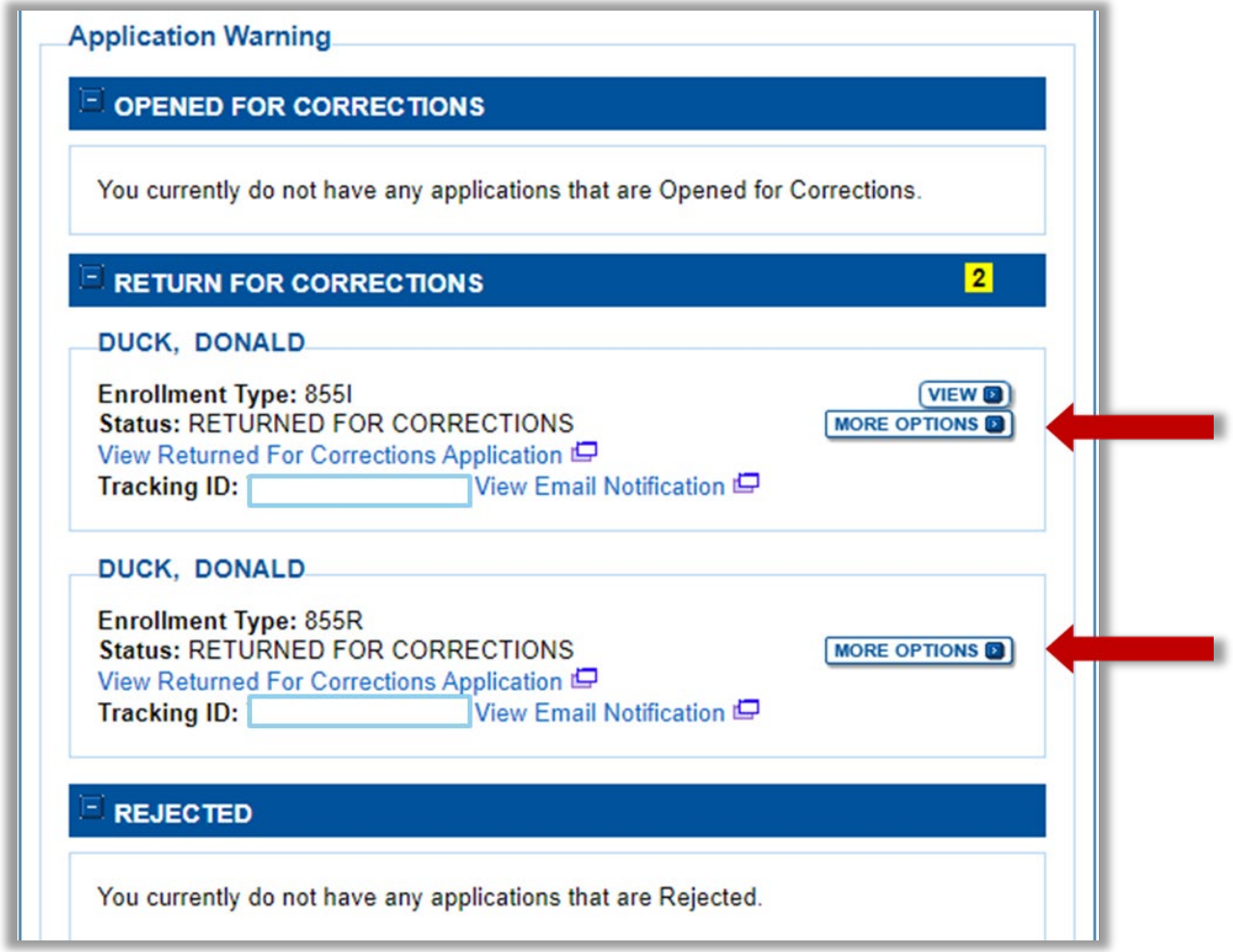
Returned for Corrections

My Associates – Return for Corrections

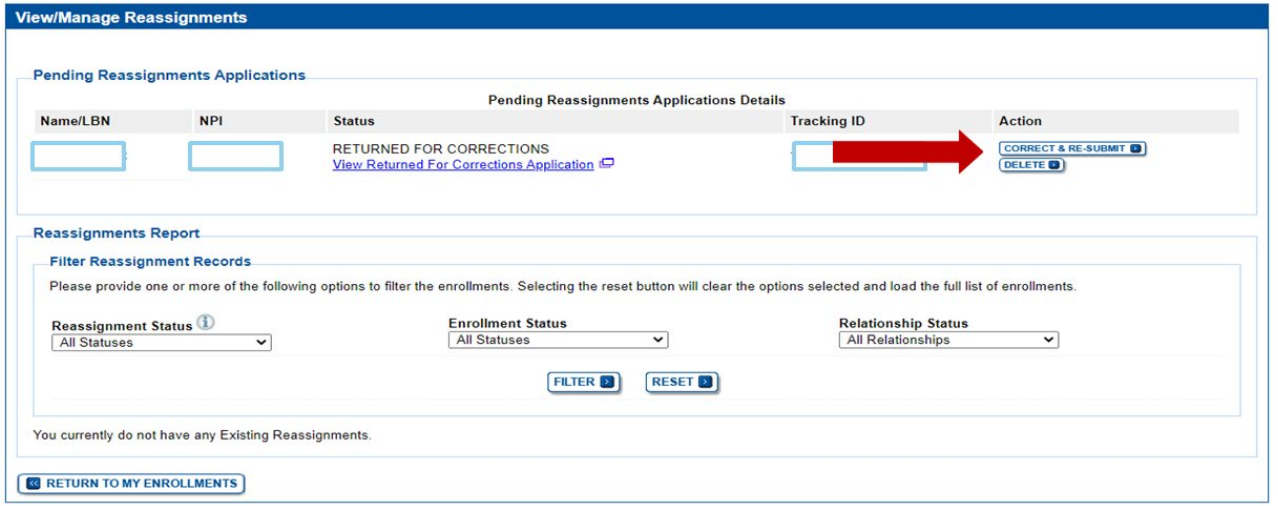




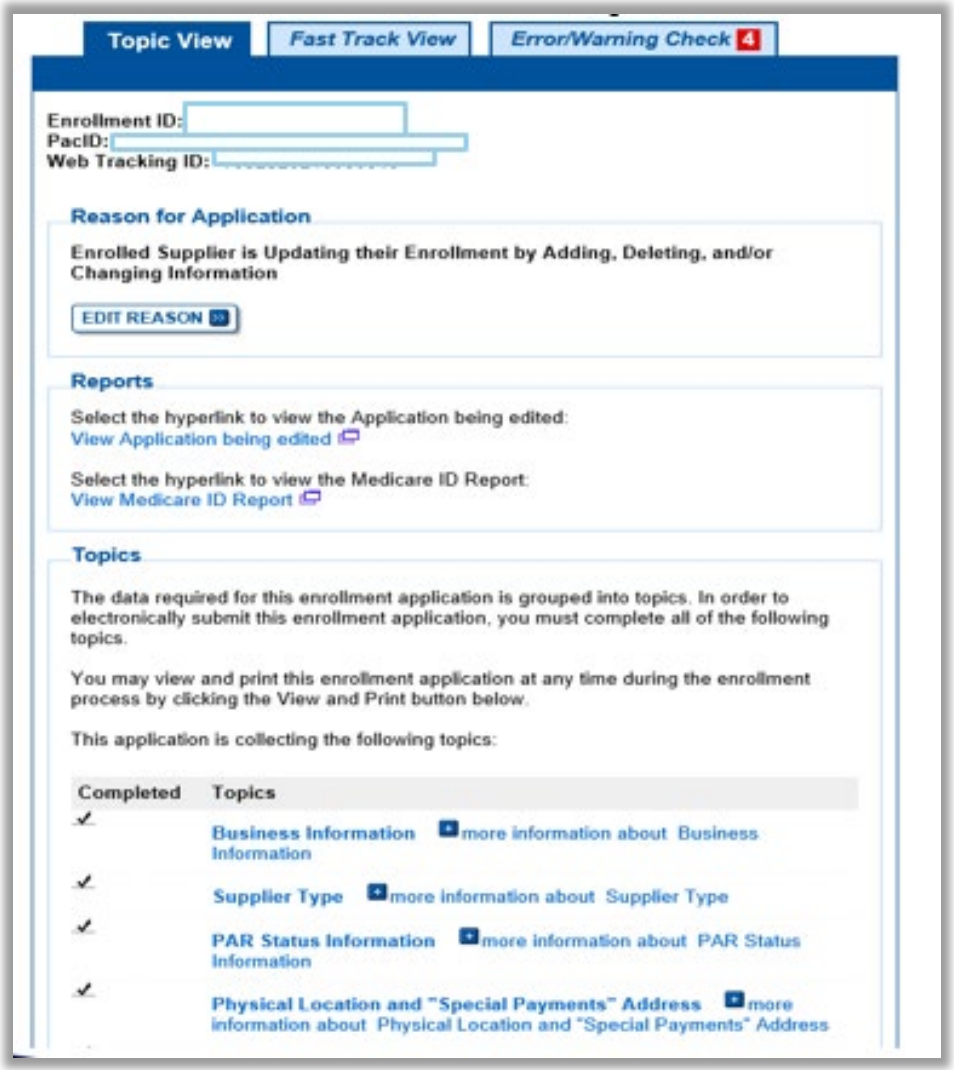
My Associates – Multiple Return for Corrections



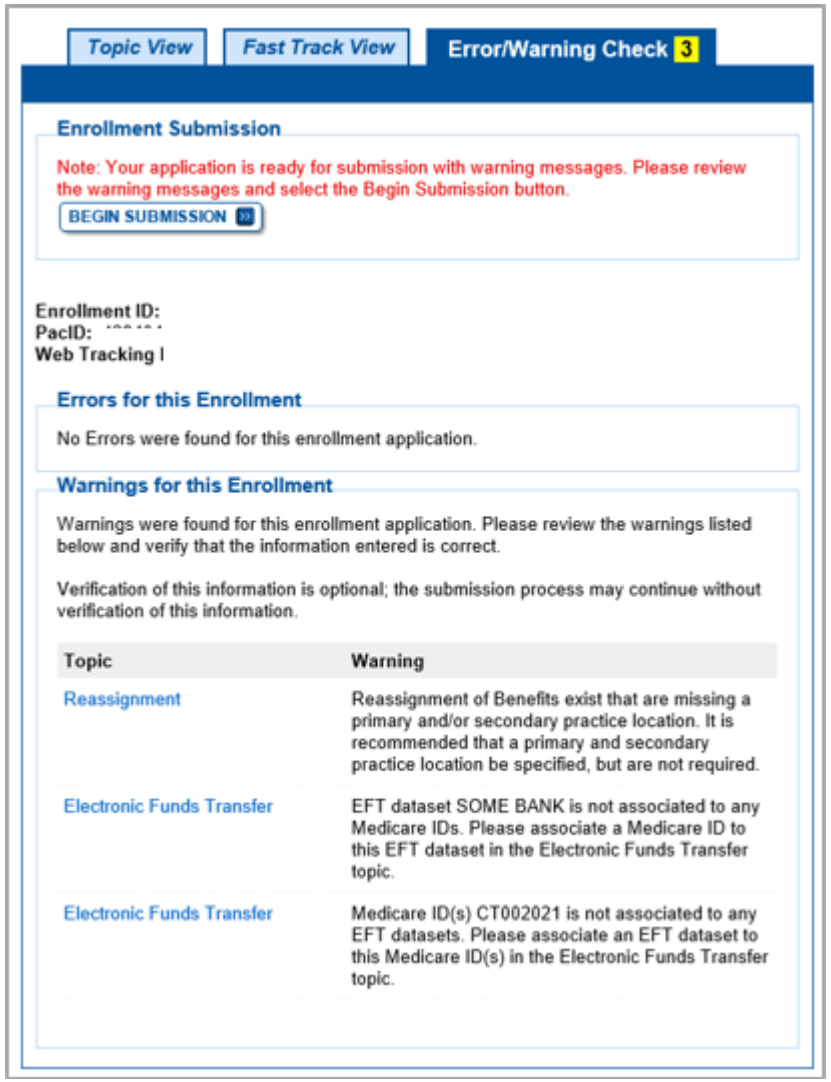
Correct and Resubmit



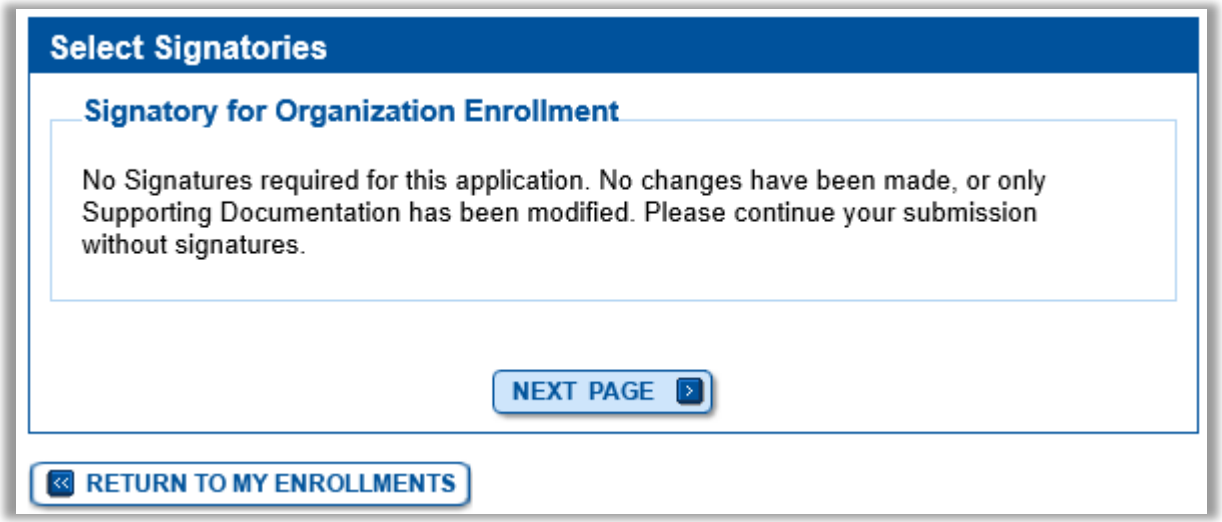
Make Corrections or Upload Document(s)

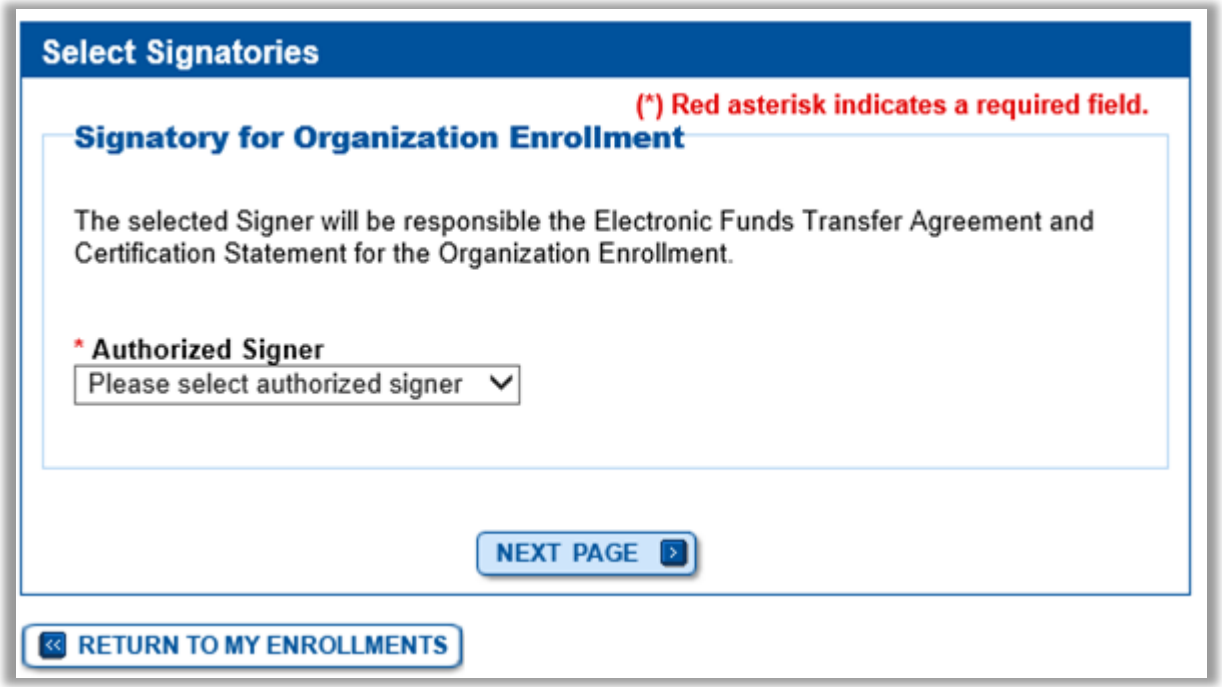


Error/Warning Check Tab

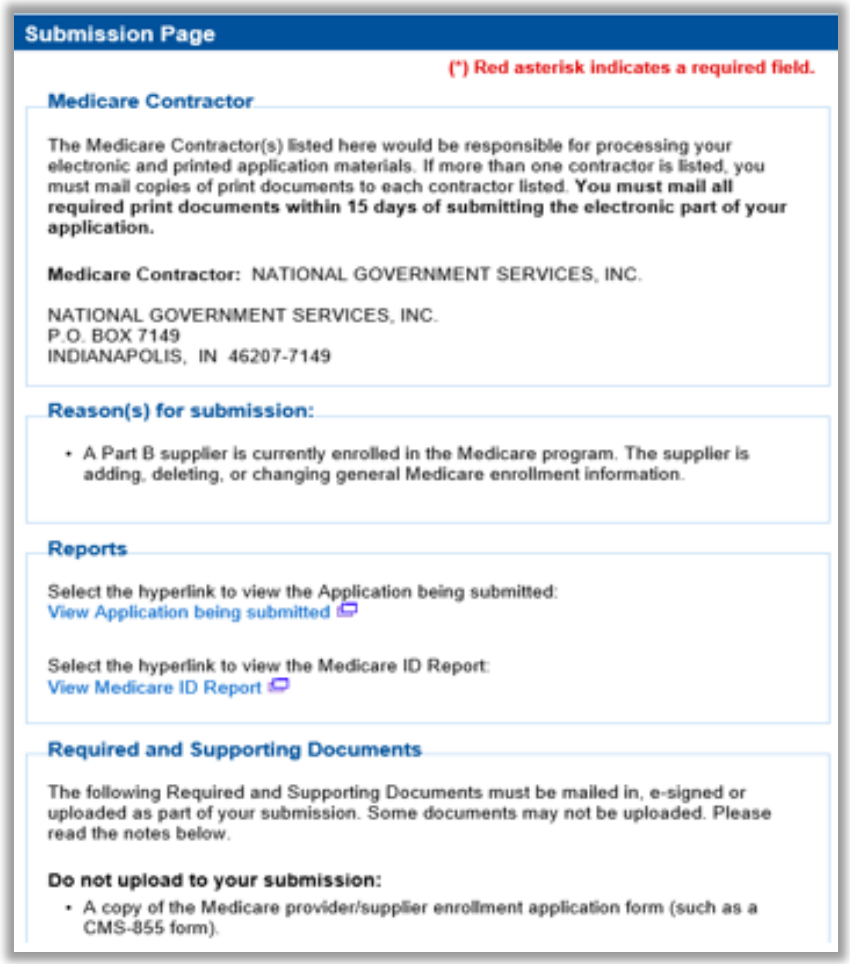


Select Signatories





Complete Submission



Submission Page

(*) Red asterisk indicates a required field.

Medicare Contractor

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. **You must mail all required print documents within 15 days of submitting the electronic part of your application.**

Medicare Contractor: NATIONAL GOVERNMENT SERVICES, INC.

NATIONAL GOVERNMENT SERVICES, INC.
P.O. BOX 7149
INDIANAPOLIS, IN 46207-7149

Reason(s) for submission:

- A Part B supplier is currently enrolled in the Medicare program. The supplier is adding, deleting, or changing general Medicare enrollment information.

Reports

Select the hyperlink to view the Application being submitted:
View Application being submitted

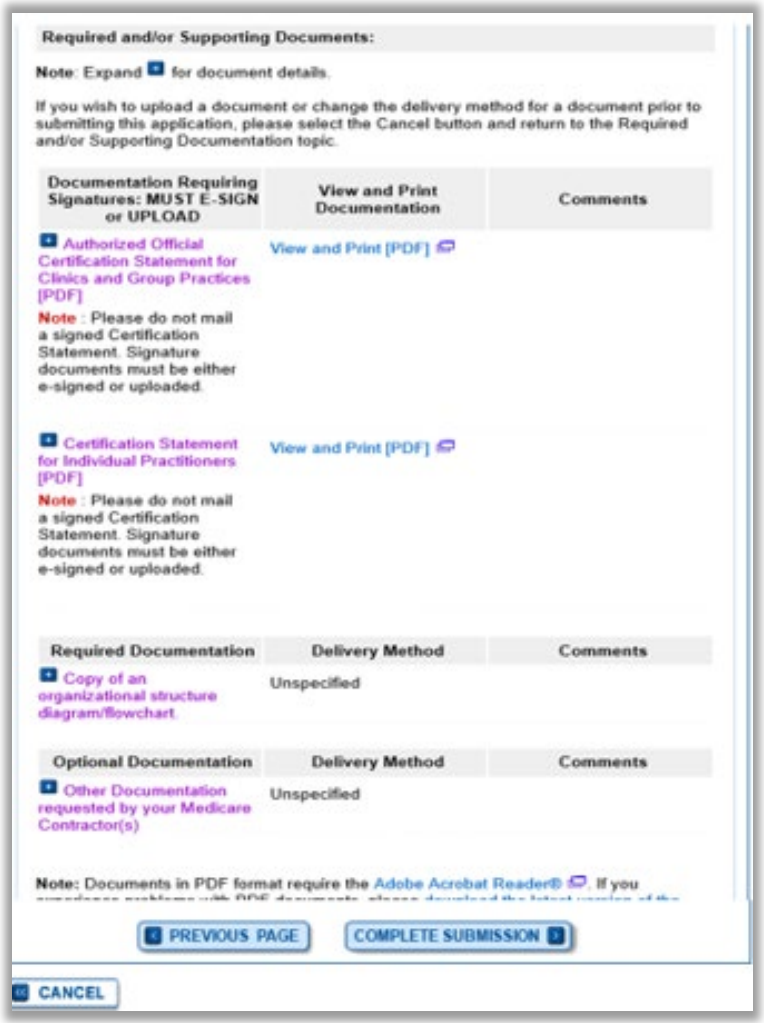
Select the hyperlink to view the Medicare ID Report:
View Medicare ID Report

Required and Supporting Documents

The following Required and Supporting Documents must be mailed in, e-signed or uploaded as part of your submission. Some documents may not be uploaded. Please read the notes below.

Do not upload to your submission:

- A copy of the Medicare provider/supplier enrollment application form (such as a CMS-855 form).



Required and/or Supporting Documents:

Note: Expand for document details.

If you wish to upload a document or change the delivery method for a document prior to submitting this application, please select the Cancel button and return to the Required and/or Supporting Documentation topic.

Documentation Requiring Signatures: MUST E-SIGN or UPLOAD	View and Print Documentation	Comments
Authorized Official Certification Statement for Clinics and Group Practices [PDF] **Note** : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	
Certification Statement for Individual Practitioners [PDF] **Note** : Please do not mail a signed Certification Statement. Signature documents must be either e-signed or uploaded.	View and Print [PDF]	

Required Documentation	Delivery Method	Comments
Copy of an organizational structure diagram/flowchart.	Unspecified	

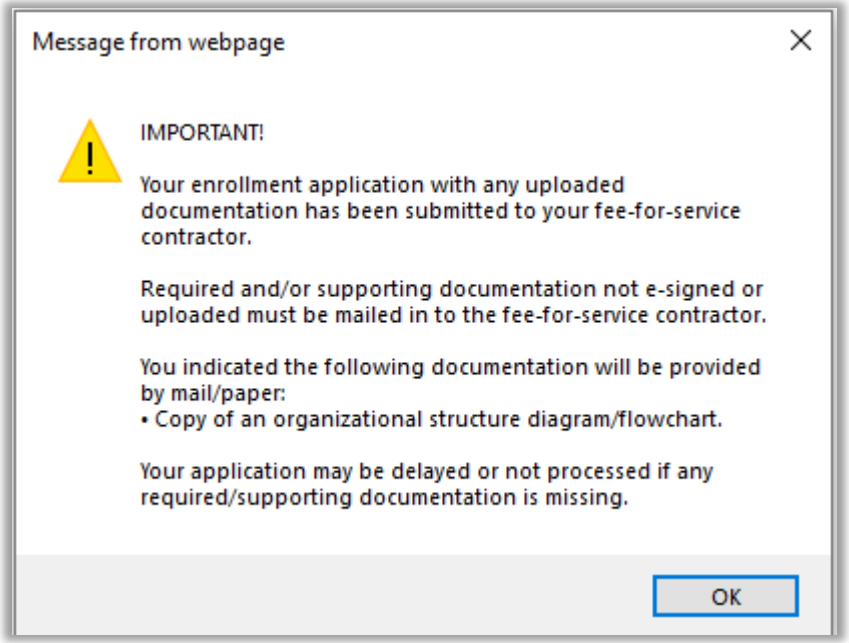
Optional Documentation	Delivery Method	Comments
Other Documentation requested by your Medicare Contractor(s)	Unspecified	

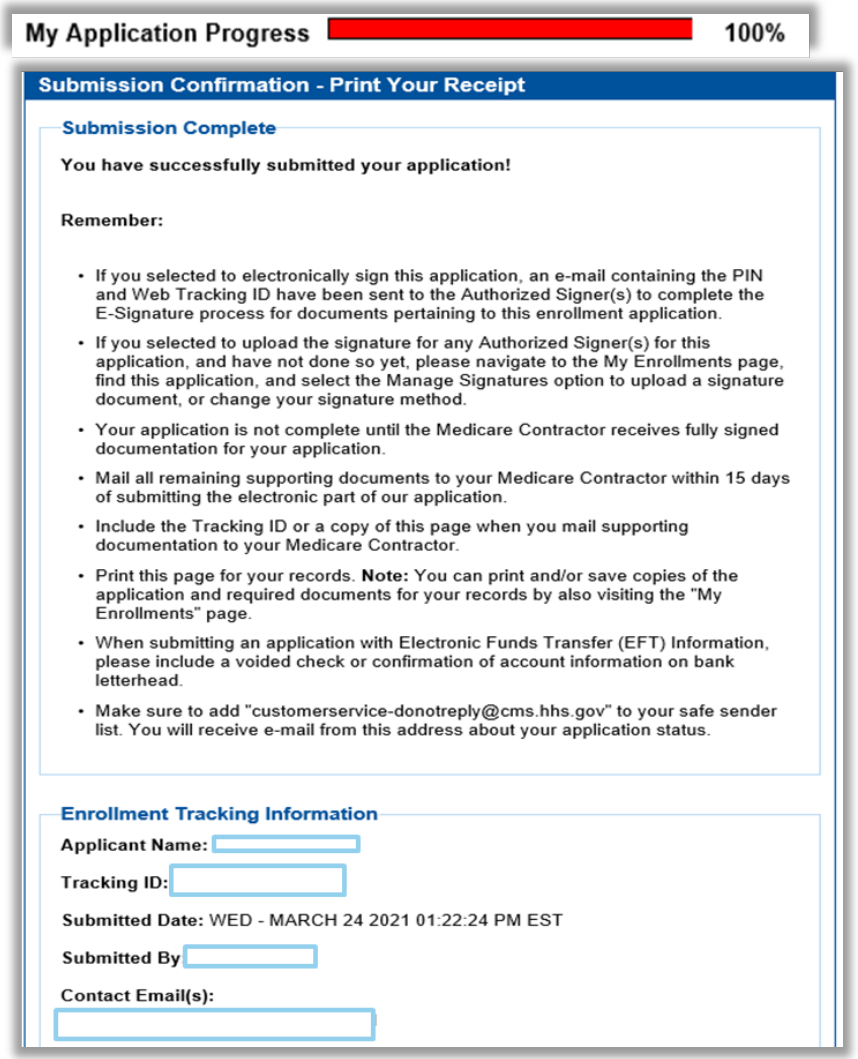
Note: Documents in PDF format require the Adobe Acrobat Reader®. If you

PREVIOUS PAGE | COMPLETE SUBMISSION

CANCEL

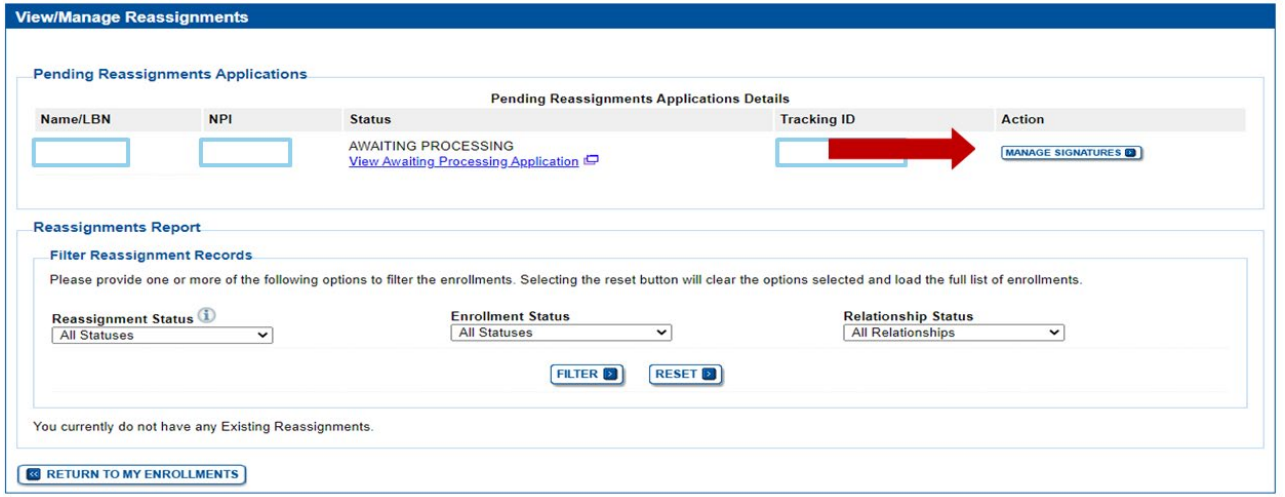
Submission Confirmation





Verify and Manage Signatures after Corrections

Verify Signature Completed



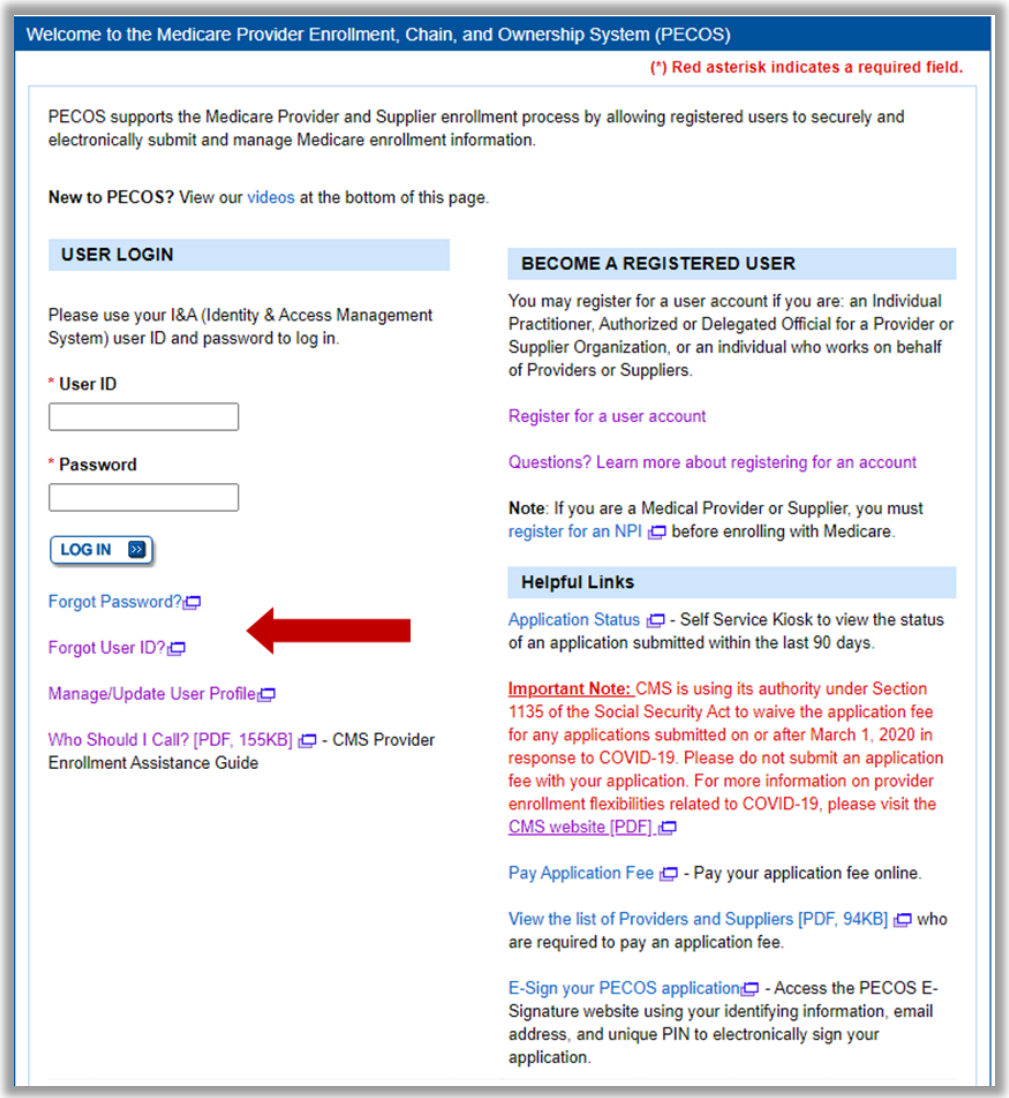
Resources

Internet-Based PECOS Tutorials

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

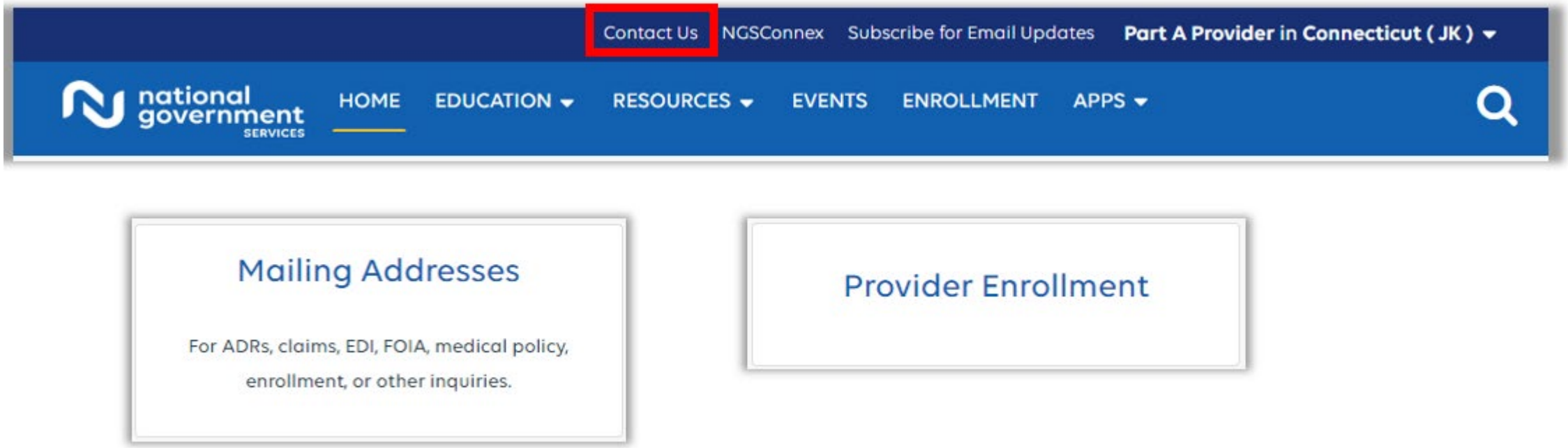
Online Account Self-Service Feature



Contact Information

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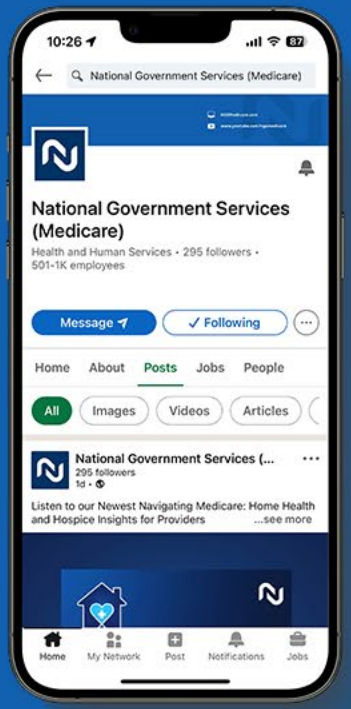
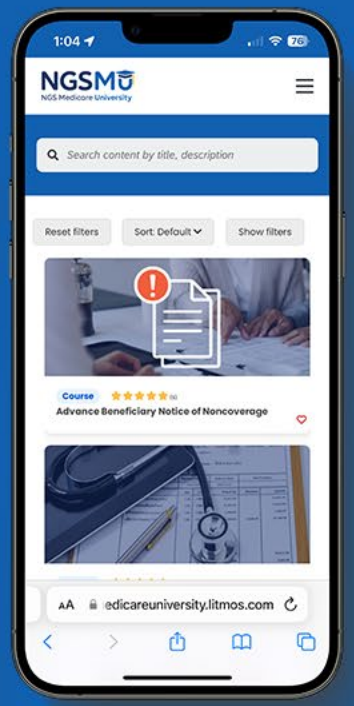
RESOURCES
EVENTS
ENROLLMENT
APPS
Mailing Addresses
For ADRs, claims, EDI, FOIA, medical policy, enrollment, or other inquiries.
Provider Enrollment





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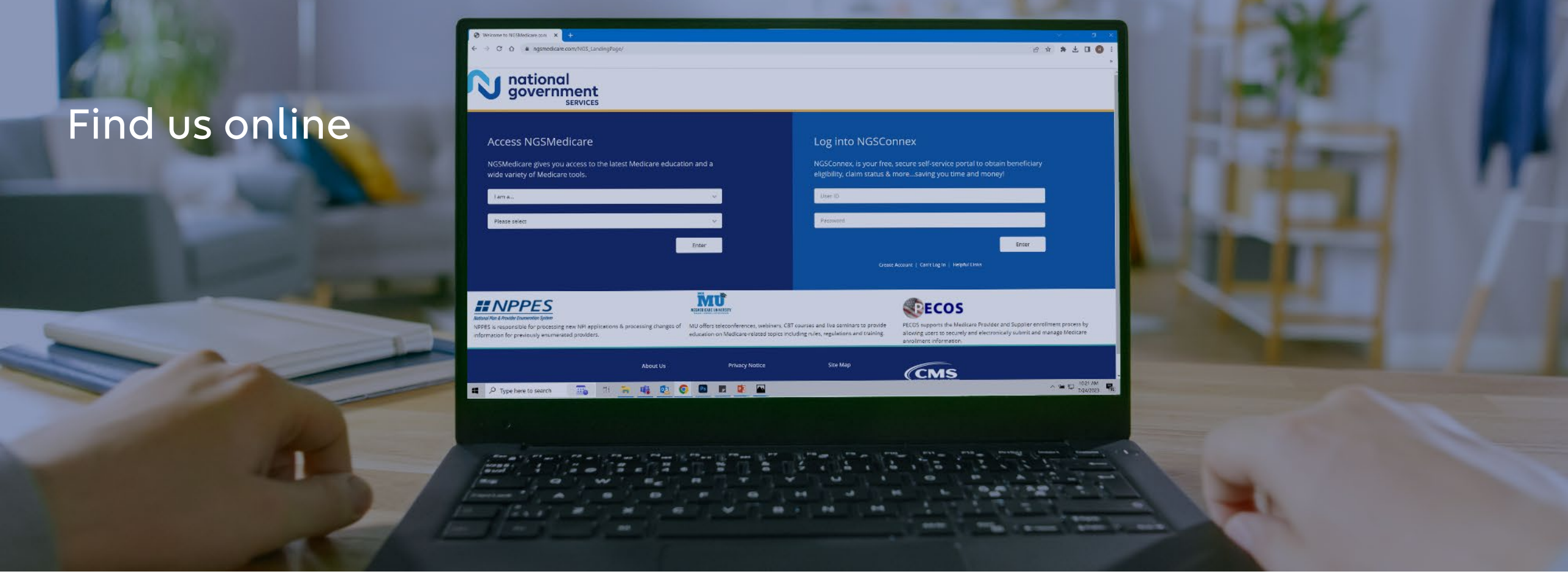
Find us online



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!