

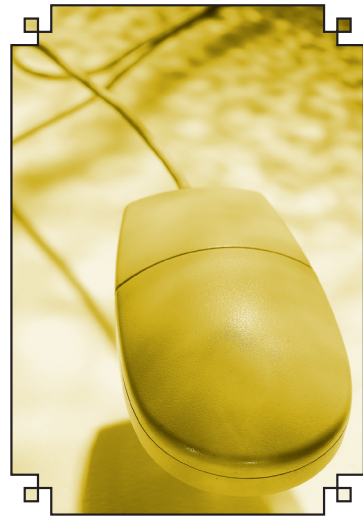
The Basics of Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for Physicians and Non-Physician Practitioners

Physicians and non-physician practitioners must enroll and maintain their Medicare enrollment in the Medicare Program to be eligible to receive Medicare payments for covered services furnished to Medicare beneficiaries.

Medicare Enrollment Application Submission Options

Physicians and non-physician practitioners can apply for enrollment in the Medicare Program or make a change in their enrollment information using either:

- Internet-based PECOS, or
- The paper enrollment application process (e.g., Form CMS-855I and, if appropriate, Form CMS-855R).



Internet-Based PECOS – Getting Started

Before you initiate a Medicare enrollment action using Internet-based PECOS, you will need the following:

- An active National Provider Identifier (NPI).
- A National Plan and Provider Enumeration System (NPPES) User ID and password. Internet-based PECOS is accessed with the same User ID and password that you use for NPPES.

For help in establishing an NPPES User ID and password or assistance if you have forgotten your ID or password or wish to change your NPPES password, contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326, or send an e-mail to customerservice@npienumerator.com.



Note: For security reasons, the Centers for Medicare & Medicaid Services (CMS) recommends that you change your NPPES password before accessing Internet-based PECOS for the first time and at least once a year thereafter. Although the User ID cannot be changed, the password should be changed periodically. For information on how to change your password, go to the NPPES Application Help page available at <https://nppes.cms.hhs.gov> on the CMS website and select the Reset Password link.

- Personal identifying information. This includes your legal name on file with the Social Security Administration, date of birth, and Social Security Number (SSN).
- Professional license and certification information. This includes information regarding your professional license, professional school degrees, or certificates.
- Practice location information. This includes information regarding your medical practice location; the legal business name of a solely-owned professional association (PA), professional corporation (PC), or Limited Liability Company (LLC) on file with the Internal Revenue Service (IRS) and appearing on the IRS CP575 and any Federal, State, and/or local (city/county) business licenses, certifications, and/or registrations specifically required to operate as a health care facility.
- If applicable, information about any final adverse action. A final adverse action includes:
 - A Medicare-imposed revocation of any Medicare billing privileges;
 - Suspension or revocation of a license to provide health care by any State licensing authority;
 - A conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(A)(i)) within the last 10 years preceding enrollment, revalidation, or re-enrollment; or
 - An exclusion or debarment from participation in a Federal or State health care program.

Completing an Enrollment Action Using Internet-based PECOS

There are three basic steps to follow when completing an enrollment action using Internet-based PECOS. You must:

1. Have an NPPES User ID and password to use Internet-based PECOS.
For security reasons, you should change your NPPES password periodically – at least once a year.
2. Go to Internet-based PECOS at <https://pecos.cms.hhs.gov> on the CMS website and complete, review, and submit the electronic enrollment application.
3. Print, sign, and date the two-page Certification Statement for each enrollment application submitted and mail the Certification Statement and all supporting paper documentation to your designated Medicare contractor, ideally within one week of the electronic submission.

Note: A Medicare contractor is not permitted to begin processing an Internet enrollment application **without** the signed and dated Certification Statement. In addition, the effective date of filing an enrollment application is the date the Medicare contractor receives the signed and dated Certification Statement.

The Certification Statement must be signed by you in order to complete the enrollment or to make changes to your enrollment information. Signatures must be original and in ink (blue ink is recommended). Copied or stamped signatures will not be accepted.

While CMS encourages you to print and retain a copy of the enrollment application for your records, do not mail a copy of the Internet-submitted enrollment application to your designated Medicare contractor. You should mail only the Certification Statement and supporting documentation to your designated Medicare contractor.

Internet-based PECOS – Limitations

While Internet-based PECOS supports most Medicare enrollment application actions, there are some limitations. You cannot use Internet-based PECOS to:

- Change your name or SSN.
- Change an existing business structure. For example:
 - A solely-owned PA, PC, or LLC cannot be changed to a sole proprietorship; or
 - A sole proprietorship cannot be changed to a solely-owned PA, PC, or LLC.
- Reassign benefits to another supplier if that supplier does not have a current Medicare enrollment record in PECOS.

These scenarios will require that you complete a paper enrollment application and mail it to your designated Medicare contractor.

Using Internet-based PECOS

From the “My Home” or “My Enrollments” web pages on the Internet-based PECOS, which is available at <https://pecos.cms.hhs.gov> on the CMS website, you can initiate an enrollment action by selecting an existing enrollment or an initial enrollment. Since Internet-based PECOS is a scenario-driven application process, this application will present a series of questions to obtain only the information needed to process a specific enrollment scenario. Initially, you will need to select one of the application descriptions listed below. While the verbiage in the Internet-based PECOS screens is different from that below, we are providing the additional clarification regarding each description. If you are reassigning your benefits to a group practice or clinic, you should select option 3 below.

1. **Sole Owner of a PA, PC, or LLC** – The practitioner is the sole owner of an incorporated business. The application is for an individual who has formed a PC, a PA, or an LLC. The practitioner is the sole owner of the incorporated business.
2. **Self-Employed** – Self-Employed is commonly known as a sole proprietorship. The sole proprietor’s SSN is the Taxpayer Identification Number (TIN) of the sole proprietorship. Medicare permits a sole proprietor who obtained an Employer Identification Number (EIN) from the IRS for his/her sole proprietorship to use either the SSN or the EIN as the TIN in claims.

3. **Group Member Only** – The applicant provides health care services only as an employee of a group practice/clinic. The practitioner’s payments are reassigned to a group practice/clinic.
4. **Group Member and Self-Employed** – The applicant provides health care services as self-employed (a sole proprietor) and as an employee of a group practice/clinic. The practitioner’s payments for services performed at the group practice/clinic are reassigned to the group practice/clinic.
5. **Disregarded Entity** – A separate legal entity recognized by some States that provides limited liability protection to its owner. Typically, a disregarded entity will have a single owner and will take the form of a sole proprietorship, an individually-owned limited liability company, or a wholly-owned subsidiary of an S corporation.

The Internet-based PECOS Enrollment Overview web page summarizes the task you are about to begin and confirms that it is correct. To complete each task, you enter required information by navigating through the screens that are displayed.

Once the Internet-based PECOS application is electronically submitted, it is “locked,” meaning the application cannot be edited by you unless the Medicare contractor returns the application to you electronically through Internet-based PECOS for corrections.

At 15 or more days after submitting an enrollment application using Internet-based PECOS, you may use Internet-based PECOS to check on the status of that enrollment application. There are five application statuses:

1. **Submitted** – A practitioner successfully submitted an electronic enrollment application to a Medicare contractor.
2. **In-Process** – A Medicare contractor is reviewing the enrollment application.
3. **Returned for Corrections** – The Medicare contractor has returned an application to a practitioner for corrections. You should respond to any request(s) from the Medicare contractor as soon as possible, but within 30 days of the request. A practitioner who does not respond timely to a Medicare contractor request for information will cause the application processing to be delayed or may cause the application denied or rejected.
4. **Resubmitted** – The Medicare contractor returned the enrollment application for corrections and the practitioner made the corrections and has resubmitted the enrollment application to the Medicare contractor.
5. **Final Status** – The Medicare contractor has processed the enrollment application and the final status will be one of the following: “Approved,” “Denied,” “Rejected,” “Withdrawal of Application in Process,” or “Voluntary Withdrawal from Medicare.”

Medicare Enrollment Processing Timeframes

Because Internet-based PECOS will help reduce the time necessary for a Medicare contractor to review and process a Medicare enrollment application, CMS has established processing

timeframes for applications submitted via the Internet separately from those submitted on paper.

In general:

- For enrollment applications submitted via the Internet using Internet-based PECOS, CMS requires that Medicare contractors process 90 percent of the applications (e.g., initial enrollments, changes of information, and reassignments) within 45 days of receipt of the signed and dated Certification Statement and the supporting documentation.
- For paper enrollment applications, CMS requires that Medicare contractors process 80 percent of initial applications within 60 days, and 80 percent of changes and reassignments within 45 days.

(These timeframes may be adjusted by CMS in situations of extreme increases or decreases in the number of enrollment applications received for processing.)

Role of the Medicare Contractor

Medicare contractors can answer questions regarding your eligibility to participate in the Medicare Program and the information required on the enrollment application in order to enroll in the Medicare Program.

Medicare contractors are unable to answer questions about Internet-based PECOS navigation, performance, or access issues. Such questions should be directed to the CMS EUS Help Desk at 1-866-484-8049 or External User Services (EUS) at EUSSupport@cgi.com.

For a list of the Medicare contractors by state, go to the Downloads section of <http://www.cms.gov/MedicareProviderSupEnroll> on the CMS website.

Reporting Problems

To report an application navigation, performance, or access problem with Internet-based PECOS, contact the EUS Help Desk at 1-866-484-8049 or send an e-mail to EUSSupport@cgi.com.

If you have a valid NPPES User ID and password but you are not able to access Internet-based PECOS, contact the EUS Help Desk at 1-866-484-8049 or send an e-mail to EUSSupport@cgi.com.

Additional Information

For additional information regarding the NPI, go to <http://www.cms.gov/NationalProvIdentStand> on the CMS website.

On the following pages, you will find Frequently Asked Questions (FAQs) and answers regarding Internet-based PECOS for practitioners.

Internet-based PECOS for Physicians and Non-Physician Practitioners

Frequently Asked Questions

NPPES User ID and Password

How do I change my NPPES password?

Go to <https://nppes.cms.hhs.gov> on the CMS website and select the Reset Password link under the NPPES Application Help web page. For assistance in changing an NPPES password, contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326, or send an e-mail to customerservice@npienumerator.com.

Note: For security reasons, CMS recommends that you change your NPPES password before accessing Internet-based PECOS for the first time and at least once a year thereafter. Although your User ID cannot be changed, you should periodically change your password – at least once a year.

Who do I contact if I cannot remember my NPPES password?

Contact the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326, or send an e-mail to customerservice@npienumerator.com.

I applied for my NPI by paper application and do not have an NPPES User ID and password. How do I obtain them?

If you did not establish a User ID and password in NPPES because you applied for an NPI using the paper application, you can still establish a User ID and password in NPPES by going to NPPES at <https://nppes.cms.hhs.gov> on the CMS website. The NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326 can provide assistance, if necessary.

My group practice or hospital applied for my NPI, and I do not know my NPPES User ID and password. What do I do?

If someone applied for an NPI on your behalf, you need to check with that person to determine if a User ID and password were established when applying for the NPI and, if so, request them. If you are unable to reach that person, you need to call the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326 and explain the situation. The NPI Enumerator will provide assistance.

How long does it take to change my NPPES password?

In most cases, a password change can be made in less than five minutes.

Can I change my NPPES User ID?

For security reasons, you **cannot** change the User ID.

Are my NPPES User ID and password the same ones that I will use for Internet-based PECOS?

Yes.

General Information

What are the advantages of Internet-based PECOS?

The primary advantages of Internet-based PECOS are to:

- Reduce the time necessary for you to enroll or make a change in your Medicare enrollment information;
- Streamline the Medicare enrollment process for you;
- Allow you to view your Medicare enrollment information, including any reassignments, to ensure that your enrollment information is accurate; and
- Reduce the administrative burden associated with completing and submitting enrollment information to Medicare.

What information will I need before I begin to complete my enrollment via Internet-based PECOS?

Below is a list of the types of information needed to complete an initial enrollment action using Internet-based PECOS. This information is similar to the information needed to complete a paper Medicare enrollment application.

- An active NPI.
- An NPPES User ID and password.
- Personal identifying information. This includes your legal name on file with the Social Security Administration, date of birth, and SSN.
- Professional license and certification information. This includes information regarding your professional license, professional school degrees, or certificates.
- Practice location information. This includes information regarding your medical practice location; the legal business name of a solely-owned PA, PC, or LLC on file with the IRS and appearing on the IRS CP575 and any Federal, State, and/or local (city/county) business licenses, certifications, and/or registrations specifically required to operate as a health care facility.
- If applicable, information regarding any final adverse actions. A final adverse action includes:
 - A Medicare-imposed revocation of any Medicare billing privileges;

- Suspension or revocation of a license to provide health care by any State licensing authority;
- A conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(A)(i)) within the last 10 years preceding enrollment, revalidation, or re-enrollment; or
- An exclusion or debarment from participation in a Federal or State health care program.

Note: You may find it useful to print and review the Form CMS-855I paper enrollment application before initiating an Internet-based PECOS enrollment action.

Am I required to complete and submit my Medicare enrollment application via Internet-based PECOS?

No. You continue to have the option to complete and mail the paper Medicare enrollment application to the appropriate Medicare contractor.

I've been enrolled in Medicare for a number of years, but when I access Internet-based PECOS to update my enrollment, my information isn't shown. Is this an error?

Even though you are enrolled in Medicare, your enrollment record might not be in PECOS and therefore, nothing is displayed in Internet-based PECOS. If you have not sent in a Medicare application to report any changes to your Medicare enrollment information since 2003, you probably do not have an enrollment record in Internet-based PECOS. You will need to submit an initial Medicare enrollment application. You may do this on paper or by using Internet-based PECOS.

Who do I call if I am unable to access Internet-based PECOS?

You should contact the EUS Help Desk at 1-866-484-8049.

Who do I call if I have a general provider enrollment question?

Medicare contractors (carrier or A/B Medicare Administrative Contractor) answer general enrollment questions.

Are there any processing limitations for Internet-based PECOS?

While Internet-based PECOS supports most enrollment application actions, there are some limitations. You cannot use Internet-based PECOS to:

- Change your name or SSN.
- Change an existing business structure. For example:
 - A sole owner of an enrolled PA, PC, or LLC cannot change the business structure to a sole proprietorship; or
 - An enrolled sole proprietorship cannot be changed to a solely-owned PA, PC, or LLC.
- Reassign benefits to another supplier if that supplier does not have a record in PECOS.

What types of enrollment actions can I take using Internet-based PECOS?

You can submit five basic enrollment actions via Internet-based PECOS. They are:

1. Establish a new initial enrollment record – This occurs when you are newly enrolling in Medicare or you do not have an existing enrollment record in PECOS and are establishing one.
2. Make a change of information in an existing enrollment record – This occurs when you have an existing enrollment record in PECOS and are reporting a change of information to that record.
3. Add or change a reassignment of benefits – This occurs when you are adding, changing, or ending an existing reassignment of benefits.
4. Reactivation – This occurs when you reactivate an existing enrollment record that had been deactivated.
5. Voluntary withdrawal – This occurs when you voluntarily withdraw from the Medicare Program. When a practitioner retires, surrenders his or her license for any reason, or chooses to no longer participate in the Medicare Program, he/she would voluntarily withdraw from the Medicare Program.

If a Medicare contractor requests that I revalidate my Medicare enrollment information, can I use Internet-based PECOS to do this?

Yes.

My enrollment information has changed. Am I required to update it?

Yes. Following your initial enrollment, you are required to report certain changes, called reportable events.

What is a reportable event?

A reportable event is any change that affects information in a Medicare enrollment record. A reportable event may affect claims processing, claims payment, or your eligibility to participate in the Medicare Program.

Effective January 1, 2009, you are required to report the following changes within 30 days of the following reportable events:

- Change in ownership.
- Change in practice location.
- Final adverse actions that include:
 - A Medicare-imposed revocation of any Medicare billing privileges;
 - Suspension or revocation of a license to provide health care by any State licensing authority;
 - A conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(i))

- within the last 10 years preceding enrollment, revalidation, or re-enrollment; or
- An exclusion or debarment from participation in a Federal or State health care program.
- You are required to report the following changes immediately, but not later than 90 days, after the reportable event:
 - Change in practice status (e.g., retirement, voluntary surrender of medical license, or voluntary withdrawal from the Medicare Program);
 - Change of business structure, legal business name, or TIN;
 - Change in banking arrangements or payment information; or
 - Change in the Correspondence or Special Payments Addresses.

What days and times will Internet-based PECOS be available?

Internet-based PECOS is available to you from 5:00 a.m. to 1:00 a.m. (Eastern Time), Monday through Saturday.

Certification Statement and Supporting Documentation

What is the Certification Statement?

The two-page Certification Statement lists requirements that you must meet and maintain in order to bill the Medicare Program. The Certification Statement is generated when you use Internet-based PECOS. It contains the information found in Section 14 of the paper CMS-855I. Please read these requirements carefully. By signing and dating the Certification Statement, you are attesting to having read the requirements and understand them.

Is there additional information I need to send to the Medicare contractor other than the information submitted via the Internet?

Yes. Along with the signed and dated Certification Statement, you may need to submit certain supporting documentation. When you electronically submit the Medicare enrollment application, the Mailing Instructions, Print/Save Materials page will appear. This page lists the Certification Statement and supporting documentation required for completing the enrollment action.

You must print, sign, and date the Certification Statement and collect all the supporting documentation. These documents must then be mailed to the designated Medicare contractor.

Note: A Medicare contractor is not permitted to begin processing an Internet enrollment application **without** the signed and dated Certification Statement and cannot complete the processing of an application without the required supporting documentation. In addition, the effective date of filing an enrollment application is the date the Medicare contractor receives the signed and dated Certification Statement that is associated with the Internet submission.

The Certification Statement must be signed and dated by you to complete the enrollment or to make changes to your enrollment information. Signatures must be original and in ink (blue ink is recommended). Copied or stamped signatures will not be accepted.

What are the penalties for falsifying information when using Internet-based PECOS?

During the Internet-based PECOS submission process, the Penalties for Falsifying Information page, which has the same text as that on the paper enrollment application, informs you of the consequences of providing false information on the enrollment application. You must acknowledge the Penalties for Falsifying Information page by clicking the Next Page button before continuing with the Internet submission process.

How will I know if I have successfully submitted my enrollment application using Internet-based PECOS?

Once the Internet application has been electronically submitted, the Submission Receipt page appears. This page informs you that the Internet application has been submitted to the Medicare contractor for processing. The Submission Receipt page reminds you that the Certification Statement must be signed and that the Certification Statement and the supporting documentation must be mailed to the Medicare contractor. Internet-based PECOS sends a notification to each e-mail address listed in the Contact Person information section of the application as a reminder.

Note: A Medicare contractor is not permitted to begin processing an Internet enrollment application without the signed and dated Certification Statement and cannot complete the processing of an application without the required supporting documentation. In addition, the effective date of filing an enrollment application is the date the Medicare contractor receives the signed and dated Certification Statement that is associated with the Internet submission.

The Certification Statement must be signed and dated by you in order to complete the enrollment or to make changes to your enrollment information. Signatures must be original and in ink (blue ink is recommended). Copied or stamped signatures will not be accepted.

When should I mail in the Certification Statement and supporting documentation?

You should mail the Certification Statement and supporting documentation as soon as possible after submitting the application electronically, ideally within one week.

What should I do if my SSN does not verify in Internet-based PECOS?

You should first make sure that you have entered the correct SSN, legal name, and date of birth. If you believe that you have entered the correct information, but Internet-based PECOS does not accept this information, you need to contact the Social Security Administration.

What should I do if I do not have an SSN or don't want to use my SSN in an Internet transaction?

You must report an SSN to enroll in Medicare. If you do not want to report your SSN over the Internet, you must use the paper Medicare enrollment application.

Enrollment Application Issues

I received an "Invalid Address" error. How do I resolve this error?

An "Invalid Address" error indicates that the address entered was inconsistent with the United State Postal Service addresses. This page allows you to continue by either saving the address information that you entered or by selecting the address that Internet-based PECOS displays.

Should I use my home address as the Correspondence Address?

The Correspondence Address is an address where a Medicare contractor can contact you directly to resolve any issues that may arise with your application or your enrollment in the Medicare Program. This address will also be used to send you important changes/information concerning the Medicare Program that directly impacts you and/or your Medicare payments. It is your decision as to whether your home address should be your Correspondence Address.

What is my Special Payments address?

Since Medicare payments will be made by electronic funds transfer, the Special Payments address should indicate where all other payment information (e.g., paper remittance notices, special payments) should be sent.

Should I keep a copy of my enrollment application?

Yes. You can print a copy for your records when you use Internet-based PECOS. Do **not** mail that printed copy to your designated Medicare contractor.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other materials for a full and accurate statement of their contents.

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