

**Internet-based Provider Enrollment, Chain and Ownership System (PECOS)
Frequently Asked Questions
for Physicians and Non-Physician Practitioners**

December 1, 2008

General Information

Q1. Will Internet-based PECOS be available to physicians and non-physician practitioners in all States?

Yes. However, the Centers for Medicare & Medicaid Services (CMS) will phase-in Internet-based PECOS over the next 2 months.

Q2. What are the advantages of Internet-based PECOS?

The primary advantages of Internet-based PECOS are to:

- Reduce the time necessary for physicians and non-physician practitioners to enroll or make a change in their Medicare information,
- Streamline the Medicare enrollment process for physicians and non-physician practitioners,
- Allow physicians and non-physician practitioners to view their Medicare enrollment information, including any reassignments, to ensure that their enrollment information accurate, and
- Reduce the administrative burden associated with completing and submitting enrollment information to Medicare.

Q3. 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 National Provider Identifier (NPI).
- National Plan and Provider Enumeration System (NPPES) User ID and password.
- Personal identifying information. This includes legal name on file with the Social Security Administration, date of birth, Social Security Number

- Professional license and certification information. This includes information regarding the physician's or non-physician practitioner's professional license, professional school degrees or certificates.
- Practice location information. This information includes information regarding the practitioner's medical practice location, the legal business name of a solely-owned Professional Association, Professional Corporation, or Limited Liability Company (LLC) on file with the Internal Revenue Service 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: (1) a Medicare-imposed revocation of any Medicare billing privileges; (2) suspension or revocation of a license to provide health care by any State licensing authority; (3) revocation or suspension by an accreditation organization; (4) a conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(A)(i)) within the last ten years preceding enrollment, revalidation, or re-enrollment; or (5) an exclusion or debarment from participation in a Federal or State health care program.

Note: Some physicians and non-physician practitioners may find it useful to print and review the CMS-855I paper enrollment application before initiating an Internet-based PECOS enrollment action.

Q4. Am I required to complete and submit my Medicare enrollment application via Internet-based PECOS?

No. Physicians and non-physician practitioners continue to have the option to complete and mail the paper Medicare enrollment application to the appropriate Medicare contractor.

Q5. I've been enrolled in Medicare for a number of years, but when I access PECOS to update my enrollment, my information isn't shown. Is this an error?

Even though some physicians and non-physician practitioners are enrolled in Medicare, their enrollment records might not be in PECOS. If they have not sent in a Medicare application to report any changes to their Medicare enrollment information within the past 5 years, they probably do not have enrollment records in PECOS. These individuals will need to submit an initial Medicare enrollment application.

Q6. Who do I call if I am unable to access Internet-based PECOS?

You should contact the External User Services (EUS) Help Desk at 1-866-484-8049.

Q7. Who do I call if I have a general provider enrollment question?

Medicare contractors (carrier or A/B MAC) can answer general enrollment questions or provide information regarding the status of your enrollment application.

Q8. Are there any processing limitations for Internet-based PECOS?

While Internet-based PECOS supports most enrollment application actions, there are some limitations. Physicians and non-physician practitioners **cannot** use Internet-based PECOS to:

- Change his/her name or Social Security Number.
- Change an existing business structure. For example:
 - A sole owner of an enrolled Professional Association, Professional Corporation, or Limited Liability Company cannot change the business structure to a sole proprietorship; or
 - An enrolled sole proprietorship cannot be changed to a solely-owned Professional Association, Professional Corporation, or Limited Liability Company.
- Reassign benefits to another supplier if that supplier does not have a current Medicare enrollment record in PECOS.

Q9. What types of enrollment actions can I take using Internet-based PECOS?

A physician or non-physician practitioner can submit four basic enrollment actions via Internet-based PECOS. They are:

- Establish a new initial enrollment record – This occurs when a physician or non-physician practitioner does not have any existing enrollments in PECOS.
- Make a change to an existing enrollment record – This occurs when a physician or non-physician practitioner has at least one existing enrollment in PECOS and is reporting a change of information to this enrollment.
- Add or change a reassignment of benefits – This occurs when a physician or non-physician practitioner is adding, changing, or ending an existing reassignment of benefits.
- Reactivation of enrollment or voluntary withdrawal – This occurs when a physician or non-physician practitioner reactivates an existing enrollment record that has been deactivated or when a physician or non-physician practitioner voluntarily withdraws from Medicare program. When a physician or non-physician practitioner retires, surrenders his or her license for any reason, or chooses to no longer participate in the Medicare program, he/she should voluntarily withdraw from the Medicare program.

Q10. If a Medicare contractor requests that I revalidate my Medicare enrollment information, can I use Internet-based PECOS to do this?

Yes.

Q11. My enrollment information has changed. Am I required to update it?

Yes. Following your initial enrollment, a physician or non-physician practitioner is required to report certain changes. For more information about reporting changes, go to <http://www.cms.hhs.gov/MedicareProviderSupEnroll/> and review the applicable reporting responsibility fact sheet.

Q12. 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 a physician's or non-physician practitioner's eligibility to participate in the Medicare program.

Effective January 1, 2009, physicians and non-physician practitioners are required to report the following changes within 30 days of the following reportable events:

- Change in ownership,
- Change in practice location, and
- Final adverse action.

A final adverse action includes: (1) a Medicare imposed revocation of any Medicare billing privileges; (2) suspension or revocation of a license to provide health care by any State licensing authority; (3) revocation or suspension by an accreditation organization; (4) a conviction of a Federal or State felony offense (as defined in 42 CFR 424.535(a)(3)(i)) within the last ten years preceding enrollment, revalidation, or re-enrollment; or (5) an exclusion or debarment from participation in a Federal or State health care program.

Physicians and non-physician practitioners 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 Taxpayer Identification Number
- Banking arrangements or payment information
- A change in the correspondence or special payments address

Q13. What days and times will Internet-based PECOS be available?

We expect that Internet-based PECOS will be available for physicians and non-physician practitioners from 5:00 a.m. to 1:00 a.m. (Eastern Time), Monday through Saturday.

Certification Statement and Supporting Documentation

Q14. What is the Certification Statement?

The Certification Statement lists additional requirements that the physician or non-physician practitioner must meet and maintain in order to bill the Medicare program. This is similar to the information in section 14 of the CMS-855I. Read these requirements carefully. By signing the Certification Statement, a physician or non-physician practitioner is attesting to having read the requirements and understanding them.

Q15. Is there additional information I need to send to the Medicare contractor other than the information submitted via the Internet?

Yes. Along with a signed Certification Statement, you may need to submit certain supporting documentation. When the physician or non-physician practitioner electronically submits 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.

The physician or non-physician practitioner must print and sign the Certification Statement and collect all the supporting documentation. These documents must then be mailed to the appropriate Medicare contractor.

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

The Certification Statement must be signed by the physician or non-physician practitioner enrolling or making a change to his/her enrollment information. Signatures must be original and in ink (blue in recommended). Copied or stamped signatures will not be accepted.

Q16. What are the penalties for falsifying information when using PECOS?

During the PECOS submission process, the “Penalties for Falsifying Information” page, which has the same text as the paper enrollment application, informs the physician or non-physician practitioner of the consequences of providing false information on the enrollment application. He/she must acknowledge the “Penalties for Falsifying Information” page by clicking the “Next Page” button before continuing with the Internet submission process.

Q17. How will I know if I have successfully submitted my enrollment application?

Once the Internet application has been electronically submitted, the “Submission Receipt” page appears. This page informs the physician or non-physician practitioner that the Internet application has been submitted for processing. The “Submission Receipt” page reminds the physician or non-physician practitioner that the Certification Statement must be signed and the

Certification Statement and the supporting documentation must be mailed to the contractor. PECOS sends a notification reminder to each e-mail address listed in the contact person information section of the application.

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

The Certification Statement must be signed by the physician or non-physician practitioner enrolling or making a change to his/her enrollment information. Signatures must be original and in ink (blue ink recommended). Copied or stamped signatures will not be accepted.

Q18. When should I mail in the Certification Statement and supporting documentation?

The Certification Statement and supporting documentation must be received by the Medicare contractor within 15 days of the Internet submission. If the contractor does not receive the Certification Statement and supporting documentation within 15 days, the contractor will return the Internet submission.

Q19. What should I do if my Social Security Number (SSN) does not verify in Internet-based PECOS?

You should first make sure that you have entered the correct SSN, your 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 should contact the Social Security Administration.

Q20. I do not have a Social Security Number (SSN) or don't want to use my SSN in an Internet transaction.

Since Internet-based PECOS requires the use of a SSN, these applicants must use the paper Medicare enrollment application.

Application Issues

Q21. 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 the physician or non-physician practitioner to continue by either saving the address information that he/she entered or by selecting the address that PECOS presents.

Q22. 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.

Q23. 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.

Q24. Should I keep a copy of my enrollment application?

Yes. You can print a copy for your records when you use Internet-based PECOS.