

Internet-based PECOS – Getting Started

Internet-based Provider Enrollment, Chain and Ownership System For Physicians and Non-Physician Practitioners

March 23, 2009

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.

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:

- The Internet-based Provider Enrollment, Chain and Ownership System (PECOS), or
- The paper enrollment application process (e.g., CMS-855I or the CMS-855R).

Internet-Based PECOS -- Getting Started

Before a physician or non-physician practitioner initiates a Medicare enrollment action using Internet-based PECOS, he or she will need the following:

- An active National Provider Identifier (NPI).
- National Plan and Provider Enumeration System (NPPES) User ID and password. Internet-based PECOS can be accessed with the same User ID and password that a physician or non-physician practitioner uses for NPPES.
 - For help in establishing an NPPES User ID and password or assistance in changing an NPPES password, contact the NPI Enumerator at 1-800-465-3203 or send an e-mail to customerservice@npienumerator.com. **Note:** CMS recommends that a physician or non-physician practitioner change his/her 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 – at least once a year.
- Personal identifying information. This includes the physician's or non-physician practitioner's legal name on file with the Social Security Administration, date of birth, and 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 includes information regarding the physician's or non-physician 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 about any 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)(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.

Completing an Enrollment Action Using Internet-based PECOS

There are three basic steps to completing an enrollment action using Internet-based PECOS. Physicians and non-physician practitioners must:

1. Have an NPPES User ID and password to use Internet-based PECOS.
 - For security reasons, physicians and non-physician practitioners should change passwords periodically, at least once a year. For information on how to change a password, go to the NPPES Application Help page available at <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and select the "Reset Password Page" under the NPPES Application help page.
2. Go to Internet-based PECOS at <https://pecos.cms.hhs.gov> and complete, review, and submit the electronic enrollment application via Internet-based PECOS.
3. Print, sign and date the 2-page Certification Statement and mail the 2-page Certification Statement and all supporting paper documentation to the Medicare contractor within 7 days of the electronic submission.

Note: A Medicare contractor will **not** process an Internet enrollment application **without** the signed and dated 2-page 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 2-page Certification Statement that is associated with the Internet submission.

The 2-page Certification Statement must be signed by the physician or non-physician practitioner enrolling or making changes to enrollment information. Signatures must be original and in ink (blue ink recommended). Copied or stamped signatures will not be accepted.

While CMS encourages physicians and non-physician practitioners to print and retain a copy of the enrollment application for their records, physicians and non-physician practitioners should only mail the 2-page Certification Statement and supporting documentation to the designated Medicare contractor.

Internet-based PECOS – Limitations

While Internet-based PECOS supports most Medicare enrollment application actions, there are some limitations. A physician or non-physician practitioner **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 LLC 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 LLC.
- Reassign benefits to another supplier if that supplier does not have a current Medicare enrollment record in PECOS.

Using Internet-based PECOS

From the “My Home” or “My Enrollments” pages in Internet-based PECOS Web Site found at <https://pecos.cms.hhs.gov>, a physician or non-physician practitioner initiates 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 gather only the information needed to process a specific enrollment action.

The “Enrollment Overview” page summarizes the task the physician or non-physician practitioner is about to begin and confirms that it is the correct task. To complete each task, the physician or non-physician practitioner enters required information by navigating through the screens that are presented.

Once the Internet-based PECOS application is electronically submitted, it is ‘locked,’ meaning the application cannot be edited by the physician or non-physician practitioner until the Medicare contractor processes or returns the application electronically through PECOS for corrections.

A physician or non-physician practitioner may use Internet-based PECOS to check on the status of an enrollment application that was completed and submitted via the Internet. There are four application statuses:

Submitted – A physician or non-physician practitioner submitted an electronic enrollment application to a Medicare contractor. **Note:** A Medicare contractor will not process an Internet enrollment application without the signed (original signature, preferably in blue ink) 2-page Certification Statement and the required supporting documentation.

In-Process – A Medicare contractor is reviewing the enrollment application.

Returned for Corrections – The Medicare contractor has returned an application to a physician or non-physician practitioner for corrections. A physician or non-physician practitioner should respond to any requests from the Medicare contractor as soon as possible, but within 30 days of the request. A physician or non-physician practitioner who does not respond to a Medicare contractor request for information will have the application processing delayed or have the application denied or rejected.

Approved/Denied – The Medicare contractor has processed the enrollment application.

Medicare Enrollment Processing Timeframes

Since Internet-based PECOS will help reduce the time necessary for a Medicare contractor to review and process a Medicare enrollment application, the Centers for Medicare & Medicaid Services (CMS) has established processing time frames for applications submitted via the Internet separately from those submitted on paper.

For applications submitted through the Internet, CMS will require 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 2-page Certification Statement and the supporting documentation.

CMS requires that Medicare contractors process 80 percent of initial paper enrollment applications within 60 days, and 80 percent of paper changes and reassignments within 45 days.

Additional Information

For help in establishing a National Plan and Provider Enumeration System (NPPES) User ID and password or assistance in changing an NPPES password, contact the National

Provider Identifier (NPI) Enumerator at 1-800-465-3203 or send an e-mail to customerservice@npienumerator.com

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

If a physician or non-physician practitioner has a valid NPPES User ID and password, but he or she is 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.

For additional information regarding the Medicare enrollment process, including physician and non-physician practitioner reporting responsibilities, go to www.cms.hhs.gov/MedicareProvSupEnroll.

For additional information regarding the National Provider Identifier, go to www.cms.hhs.gov/NationalProvIdentStand.

Role of the Medicare Contractor

Medicare contractors can answer questions regarding physicians' or non-physician practitioners' eligibility to participate in the Medicare program.

Medicare contractors are unable to answer questions about Internet-based PECOS navigation, performance, or access issues.

For a list of the Medicare contractors by State, go to the download section of www.cms.hhs.gov/MedicareProvSupEnroll.

National Plan and Provider Enumeration System (NPPES)
User ID and Password
Frequently Asked Questions
For Physicians and Non-Physician Practitioners Who Use Internet-based PECOS

March 23, 2009

Q1. How do I change my NPPES password?

Go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and select the “Reset Password Page” under the NPPES Application help page. For assistance in changing an NPPES password, contact the National Provider Identifier (NPI) Enumerator at 1-800-465-3203 or send an e-mail to customerservice@npienumerator.com

Note: 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.

Q2. Who do I contact if I cannot remember my NPPES password?

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

Q3. I applied for my National Provider Identifier (NPI) by paper and do not have an NPPES User ID and password. How do I obtain them?

A physician or non-physician practitioner who did not establish a User ID and password in NPPES but applied for an NPI using the paper application can still establish a User ID and password in NPPES by going to NPPES at <https://nppes.cms.hhs.gov/nppes>. The NPI Enumerator at 1-800-465-3203 can provide assistance.

Q4. My group practice or hospital applied for my National Provider Identifier (NPI), and I do not know my NPPES User ID and password. What do I do?

If someone applied for an NPI on behalf of a physician or non-physician practitioner, the physician or non-physician practitioner needs to check with that person and ask him or her for the User ID and password that he/she established when applying for the NPI. If unable to reach that person, the physician or non-physician practitioner needs to call the NPI Enumerator at 1-800-465-3203 and explain the situation. The NPI Enumerator will provide assistance.

Q5. How long does it take to change my NPPES password?

In most cases, a password change can be made in less than 5 minutes.

Q6. Can I change my NPPES User ID?

For security reasons, you cannot change your NPPES User ID.

Q7. Are my NPPES User ID and password the same as ones that I will use for Internet-based PECOS?

Yes.

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

March 23, 2009

General Information

Q1. 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.

Q2. 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.

Q3. 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.

Q4. 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.

Q5. 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.

Q6. 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.

Q7. 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.

Q8. 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.

Q9. If a Medicare contractor requests that I revalidate my Medicare enrollment information, can I use Internet-based PECOS to do this?

Yes.

Q10. 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.

Q11. 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

Q12. 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

Q13. 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 2-page Certification Statement, a physician or non-physician practitioner is attesting to having read the requirements and understanding them.

Q14. 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 and dated 2-page 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 2-page 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 2-page 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 is recommended). Copied or stamped signatures will not be accepted.

Q15. 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.

Q16. 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 2-page Certification Statement must be signed and that the 2-page 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.

Q17. When should I mail in the Certification Statement and supporting documentation?

Physicians and non-physician practitioners should submit the 2-page Certification Statement and supporting documentation within 7 days of the electronic submission.

Q18. 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.

Q19. 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

Q20. 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.

Q21. 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.

Q22. 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.

Q23. Should I keep a copy of my enrollment application?

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