

# Digital Document Repository (DDR)

---

## How To Guide

**Step 1: User Logs into PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>.**

Medicare Enrollment  
for Providers and Suppliers

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.

**USER LOGIN**

You may use your NPPES or PECOS username and password to login.

\* User ID  
\* Password

LOG IN

[Forgot Password?](#)

[Manage/Update User Profile](#)

If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8049/TTY 1-866-523-4759.

**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](#)

**Note:** If you are a Medical Provider or Supplier, you must [register for an NPI](#) before enrolling with Medicare.

**Individual providers – access PECOS using the same user Id and password used for NPPES.**

**Organization providers – access PECOS using the user Id and password created in the PECOS I&A system.**

**Step 2: User selects My Enrollments.**

Medicare Enrollment  
for Providers and Suppliers

Home

Welcome John Provider

**Notifications**

Welcome to PECOS.

**Note:** JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

**Manage Medicare and Account Information**

**MY ENROLLMENTS**

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications

**ACCOUNT MANAGEMENT**

- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

**Step 3: User selects View Enrollments.**

**My Enrollments**

**New Application**

Before you get started, please review the following checklists of information necessary to complete an enrollment via Internet-based PECOS:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(eg. LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

To enroll in the Medicare program for the first time or to create a new enrollment, please click the "New Application" button below.

**NEW APPLICATION** >>

**Existing Associates**

In order to view Medicare applications and enrollments for an associate, please click on the "View Enrollments" button next to an associate listed below.

**Individuals**

Name: John Provider      NPI: **VIEW ENROLLMENTS** >>

**Step 4: From the My Enrollments page the User scrolls to the enrollment they would like to upload required/supporting documentation and selects More Options.**

[Home](#) > [My Enrollments](#)

**My Enrollments**

**Existing Medicare Applications and Enrollments**

Selecting an individual or organization enrollment allows you to:

- View and print Medicare information and electronic submission history
- Update existing Medicare information

**Filter Enrollments**

Please provide one or more of the following options to filter your enrollments. Clicking on the reset button will clear the options selected and load the full list of enrollments.

**Enrollment Type**  
All Types **SELECT**

**Provider/Supplier Type**  
All Provider/Supplier Types

**Enrollment Status**  
All Statuses      NPI: \_\_\_\_\_

**State**  
All States      Medicare ID: \_\_\_\_\_

**FILTER**   **RESET**

Name: John Provider      NPI: \_\_\_\_\_

**New Enrollments**

Enrollment Type: 8551      **VIEW**  
Type/Specialty: INTERNAL MEDICINE      **MORE OPTIONS**  
State: MARYLAND  
Status: NEW  
Tracking ID: T080120120000003

**Step 5: User chooses the option to continue working on application.**

[Home](#) > [My Enrollments](#) > Application Questionnaire

### Application Questionnaire

(\*) Red asterisk indicates a required field.

**New Application**

\* What type of action is the applicant trying to perform?

Continue Working on Application

Delete Application

[NEXT PAGE](#)

[RETURN TO MY ENROLLMENTS](#)

**Step 6: User navigates to the Required and/or Supporting Documentation Topic using the Topic View or Fast Track View.**

**Topic View** | [Fast Track View](#) | [Error/Warning Check 3](#)

Enrollment ID: I08012012000002  
PaclD: A000754998I08012012000002  
Web Tracking ID: T080120120000003

**Reason for Application**  
Practitioner is Enrolling in Medicare for the First Time

**Topics**  
The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.  
You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.  
This application is collecting the following topics:

Completed	Topics
✓	<a href="#">Patient Records Storage Location</a> <a href="#">+</a> more information about Patient Records Storage Location
✓	<a href="#">Billing Agency</a> <a href="#">+</a> more information about Billing Agency
✓	<a href="#">Advanced Diagnostic Imaging Services</a> <a href="#">+</a> more information about Advanced Diagnostic Imaging Services
✓	<a href="#">Contact Person</a> <a href="#">+</a> more information about Contact Person
✓	<a href="#">Electronic Funds Transfer</a> <a href="#">+</a> more information about Electronic Funds Transfer
—	<a href="#">Required and/or Supporting Documentation</a> <a href="#">+</a> more information about Required and/or Supporting Documentation

**Note:**

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

[VIEW AND PRINT](#) | [BEGIN SUBMISSION](#)

Click the topic hyperlink to access the topic

Topic View

**Fast Track View**

Error/Warning Check **2**

Enrollment ID: I08012012000002  
PacID: A000754998I08012012000002  
Web Tracking ID: T080120120000003

**Reason for Application**

Practitioner is Enrolling in Medicare for the First Time

**Topics**

**Personal Information**

**John Provider**

Date of Birth: 07/12/XXXX  
Social Security Number: XXX-XX-XXXX  
Gender: Male  
IRS Proprietary/Non-Profit Status:  
Accepting New Patients: Yes  
Country of Birth: United States  
State of Birth: MARYLAND  
Medical School or other Professional School: BALTIMORE UNIVERSITY SCHOOL OF  
MEDICINE  
Year of Graduation: 1998

**Required and/or Supporting Documentation**

This topic has not been completed.

**Note:**

- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor. Your application may be delayed or not processed if any required/supporting documentation is missing.

**GO TO TOPIC** >>

**Note:**

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

**VIEW AND PRINT** >>

**BEGIN SUBMISSION** >>

*Click the "Go To Topic" button to access the topic*

**Step 7: User selects "Yes" to upload documentation to their submission.**

### Required and/or Supporting Documentation

#### Topic Summary

The topic requests information regarding Required and/or Supporting Documentation is applicable to the provider's application. You may digitally upload any Required and/or Supporting documentation and submit them electronically as part of the application.

**Note:** Any required and/or supporting documentation that is not digitally uploaded must be mailed to the fee-for-service contractor.

#### Required and/or Supporting Documentation Information

Before you get started, please review the Required and/or Supporting Documentation that are applicable to your submission.

[View Required and/or Supporting Documentation](#)

\* Does the applicant wish to upload supporting documents?

Yes

No

#### Upload Documents

Please select any required or supporting document to upload as an attachment:

- Any required and/or supporting documentation that is not digitally uploaded must be mailed to the fee-for service contractor.
- The following CMS Forms **should not** be uploaded to your submission and may result in delays in application processing: Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, Form CMS-855O, Form CMS-588, or any certification statement(s) and authorization statement(s).
- Any certification statement(s), authorization statement(s), or CMS-588 forms must be **e-signed or mailed** as part of the submission and should not be uploaded. Uploading these documents may cause a delay in processing the application and may require further action if these documents are not e-signed or mailed.
- Your application maybe delayed or not processed if any required/supporting documentation is missing.
- Each file being uploaded should contain only one required and/or supporting documentation. Multiple documents within one single file uploaded is not valid.
- You may only upload PDF or TIFF formatted documents that are 10MB or less.
- You may only upload a total of 100 documents for a single enrollment.

Document Type	Document Name
Select Document Type	<input type="text"/> <input type="button" value="Browse..."/>

**Users are NOT required to digitally upload documentation. Users can select the No option to forgo uploading documents and proceed with application submission.**

**Uploaded documents:**

- Must be in PDF or TIFF format.**
- Cannot be greater than 10MB.**

**Step 8: User confirms the uploaded documents are displayed in the Current Uploaded Documents section.**

**Required and/or Supporting Documentation**

**Topic Summary**

The topic requests information regarding Required and/or Supporting Documentation is applicable to the provider's application. You may digitally upload any Required and/or Supporting documentation and submit them electronically as part of the application.

**Note:** Any required and/or supporting documentation that is not digitally uploaded must be mailed to the fee-for-service contractor.

**Required and/or Supporting Documentation Information**

Before you get started, please review the Required and/or Supporting Documentation that are applicable to your submission.

[View Required and/or Supporting Documentation](#)

**Upload Documents**

Please select any required or supporting document to upload as an attachment:

- Any required and/or supporting documentation that is not digitally uploaded must be mailed to the fee-for service contractor.
- The following CMS Forms **should not** be uploaded to your submission and may result in delays in application processing: Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, Form CMS-855O, Form CMS-588, or any certification statement(s) and authorization statement(s).
- Any certification statement(s), authorization statement(s), or CMS-588 forms must be **e-signed or mailed** as part of the submission and should not be uploaded. Uploading these documents may cause a delay in processing the application and may require further action if these documents are not e-signed or mailed.
- Your application maybe delayed or not processed if any required/supporting documentation is missing.
- Each file being uploaded should contain only one required and/or supporting documentation. Multiple documents within one single file uploaded is not valid.
- You may only upload PDF or TIFF formatted documents that are 10MB or less.
- You may only upload a total of 100 documents for a single enrollment.

Document Type:  Document Name:

**Current Uploaded Documents**

Date Uploaded	Document ID	Document Type	File Name	
08/01/2012	VPECOS000CA1 20801144829098 1E120H19417T1 943	CMS-460 Form	PAR_form.pdf	<input type="button" value="VIEW &gt;"/> <input type="button" value="REMOVE &gt;"/>
08/01/2012	VPECOS000CA1 20801144738007 0E120H19420T1 09	Bank Waiver Letter	Bank_Letter.pdf	<input type="button" value="VIEW &gt;"/> <input type="button" value="REMOVE &gt;"/>

*When the View option is selected PECOS displays the document in a new window. The user can use browser options to print or save the document.*

*Users have the option to remove the uploaded document. If a document was previously submitted it can be "removed", however this will trigger an end date in the system.*

**Step 8 continued: When the User clicks the remove button, PECOS navigates the User to a confirmation page.**

**Required and/or Supporting Documentation**

The following information is not on file with Medicare. Removed information will not be submitted to Medicare.

**Information to be Removed**

Are you sure you want to remove the following uploaded document? This document will be removed from the submission.

File Name: PAR\_form.pdf  
Document Type: CMS-460 Form  
Document ID: VPECOS000CA1208011448290981E120H19417T1943  
Date Uploaded: 08/01/2012

**CONFIRM REMOVAL** >

**Clicking "Confirm Removal" removes the document from PECOS.**

<< **CANCEL**

**Clicking "Cancel" navigates the user back to the Required/Supporting Document summary page and does not delete the document.**

**Step 9: User clicks "Return to Topics" button.**

**Current Uploaded Documents**

Date Uploaded	Document ID	Document Type	File Name	
08/01/2012	VPECOS000CA1 20801144829098 1E120H19417T1 943	CMS-460 Form	PAR_form.pdf	<b>VIEW</b> > <b>REMOVE</b> >
08/01/2012	VPECOS000CA1 20801144738007 0E120H19420T1 09	Bank Waiver Letter	Bank_Letter.pdf	<b>VIEW</b> > <b>REMOVE</b> >

<< **PREVIOUS TOPIC**      **GO TO ERROR CHECK** >>      **RETURN TO TOPICS** >>



**Step 10: Once all topics have been completed and all errors corrected, if applicable, the User selects begin submission.**

Completed	Topics
✓	<a href="#">Personal Information</a>  more information about Personal Information
✓	<a href="#">Practitioner Specialty</a>  more information about Practitioner Specialty
✓	<a href="#">PAR Status Information</a>  more information about PAR Status Information
✓	<a href="#">Physical Location and "Special Payments" Address</a>  more information about Physical Location and "Special Payments" Address
✓	<a href="#">Rendering Healthcare Services at a Patient's Home</a>  more information about Rendering Healthcare Services at a Patient's Home
✓	<a href="#">Resident/Fellow Status</a>  more information about Resident/Fellow Status
✓	<a href="#">Correspondence Address</a>  more information about Correspondence Address
✓	<a href="#">License and Certification Information</a>  more information about License and Certification Information
✓	<a href="#">Final Adverse Actions</a>  more information about Final Adverse Actions
✓	<a href="#">Organization Control</a>  more information about Organization Control
✓	<a href="#">Individual Control</a>  more information about Individual Control
✓	<a href="#">Patient Records Storage Location</a>  more information about Patient Records Storage Location
✓	<a href="#">Billing Agency</a>  more information about Billing Agency
✓	<a href="#">Advanced Diagnostic Imaging Services</a>  more information about Advanced Diagnostic Imaging Services
✓	<a href="#">Contact Person</a>  more information about Contact Person
✓	<a href="#">Electronic Funds Transfer</a>  more information about Electronic Funds Transfer
✓	<a href="#">Required and/or Supporting Documentation</a>  more information about Required and/or Supporting Documentation

Note:

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

[VIEW AND PRINT](#)  [BEGIN SUBMISSION](#) 

**Step 11: The User reviews the Submission Page and clicks the “Complete Submission” button. PECOS electronically submits the application and the User can no longer modify the uploaded documentation.**

**Submission Page** (\*) Red asterisk indicates a required field.

**Contact and Processing**

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.**

Note: It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

\* Fee-For-Service Contractor  
 NOVITAS SOLUTIONS, INC. APPLY

NOVITAS SOLUTIONS, INC.  
 PROVIDER ENROLLMENT SERVICES  
 P.O. BOX 890157  
 CAMP HILL, PA 17089-0157

**Required and Supporting Documents**

The following are Required and Supporting Documents that must be mailed in or uploaded as part of your submission. Some documents may not be applicable for digital upload. Please view the notes below.

**Notes:**

- The following CMS Forms **should not** be uploaded to your submission and may result in delays in application processing: Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, Form CMS-855O, Form CMS-588, or any certification statement(s) and authorization statement(s).
- Any certification statement(s), authorization statement(s), or CMS-588 forms must be e-signed or mailed as part of the submission and should not be uploaded. Uploading these documents may cause a delay in processing the application and may require further action if these documents are not e-signed or mailed.

**Required Documents:**

[View and Print](#) Certification Statement for Individual Practitioners

[View and Print](#) Copy of CMS-588 Electronic Funds Transfer Authorization Agreement

**Supporting Documents:**

**Required Supporting Documentation**

- Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., CP 575) provided in Section 4. (NOTE: This information is needed if the application is enrolling a professional corporation, professional association, or limited liability company with this application, or is enrolling as a sole proprietor using an Employer Identification Number.)
- Written confirmation from the IRS confirming your Limited Liability Company (LLC) is automatically classified as a Disregarded Entity. (e.g., Form 8832). (NOTE: A disregarded entity is an eligible entity that is treated as an entity not separate from its single owner for income tax purposes. A “disregarded entity” is treated as separate from its owner.)

**Required, if applicable, Supporting Documentation**

- Completed Form CMS 450 - Medicare Participating Physician or Supplier Agreement.
- Completed Form CMS 588, Authorization Agreement of Electronic Funds Transfer. Note if a supplier already receives payments electronically and is not making a change to his/her banking information, the CMS-588 is not required.
- Copy of IRS Determination Letter, if provider is registered with the IRS as non-profit.

**Optional Supporting Documentation**

- Any additional documentation or letters of explanation as needed.

**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.

**Current Uploaded Documents:**

To navigate back to the Required and/or Supporting Documentation Summary page to modify uploaded documentation click the link below.

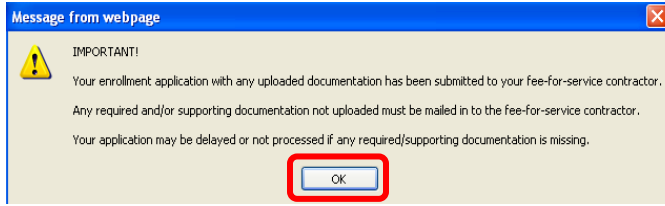
[Upload New / Remove Documentation](#)

Date Uploaded	Document ID	Document Type	File Name	
08/01/2012	VPECOS000CA 1208011448290 981E120H1941 7T1943	CMS-450 Form	PAR_form.pdf	<a href="#">VIEW</a>
08/01/2012	VPECOS000CA 1208011447380 070E120H1942 0T109	Bank Waiver Letter	Bank_Letter.pdf	<a href="#">VIEW</a>

[PREVIOUS PAGE](#) [COMPLETE SUBMISSION](#)

**The Submission Page displays all uploaded documents for the User to review prior to completing submission**

**Step 12: User clicks "Ok" to the pop-up message reminding Users to mail any supporting documents that were not uploaded.**



**Step 13: User is directed to the Submission Confirmation Page where the Web Tracking ID, used for tracking purposes, is displayed and the documents that were uploaded for that submitted application.**

**Submission Confirmation - Print Your Receipt**

**Submission Complete**  
You have successfully submitted your application!

**Enrollment Tracking Information**  
 Applicant Name: John Provider  
**Tracking ID: T080120120000003**  
 Submitted Date: 01 - AUGUST - 2012  
 Submitted By: John Provider  
 Contact Email(s):  
 alisha.banks@cms.hhs.gov  
 Reason(s) for submission:  
 • A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services. A reassignment of benefits may exist.

**Medicare Contractor(s)**  
 Medicare Contractor(s): The identified contractors are responsible for processing electronically submitted and mailed materials for this enrollment application. If you have more than one contractor, you will need to submit all certification statements and supporting documentation to each contractor.  
 NOVITAS SOLUTIONS, INC.  
 PROVIDER ENROLLMENT SERVICES  
 P.O. BOX 890157  
 CAMP HILL PA 17089-0157

**Required Documents:**

[View and Print](#) Certification Statement for Individual Practitioners  
[View and Print](#) Copy of CMS-588 Electronic Funds Transfer Authorization Agreement  
[View and Print](#) CMS-460 Medicare Participating Physician or Supplier Agreement

**Current Uploaded Documents:**

Date Uploaded	Document ID	Document Type	File Name	
08/01/2012	VPECOS000CA 1208011448290 981E120H1941 7T1943	CMS-460 Form	PAR_form.pdf	<a href="#">VIEW</a>
08/01/2012	VPECOS000CA 1208011447380 070E120H1942 0T109	Bank Waiver Letter	Bank_Letter.pdf	<a href="#">VIEW</a>

[PRINT](#) [MY ENROLLMENTS](#)

### **Supporting Document List**

List of supporting documents types that providers can select when uploading a document. Any document type not listed would be defined as “document not in list”. This list is provided as a reference only and all documents may not be required for the provider’s application submission. Providers should reference on screen direction and any additional direction from their Medicare Contractors to determine which supporting documents apply to their specific application.

<b>PECOS Document Types</b>	<b>Applicable forms</b>	<b>Notes</b>
<b>Medical License/Certification/Registration</b>	855A, 855B, 855I, 855S	
<b>Business License/Certification/Registration</b>	855A, 855B, 855I, 855S	
<b>FAA 135 Certification (Air Ambulance)</b>	855B only	
<b>IRS CP 575</b>	855A, 855B, 855I, 855S	
<b>IRS Determination Letter (Non-Profit)</b>	855A, 855B, 855I, 855S	
<b>IRS Confirmation (Disregarded Entity)</b>	855A, 855B, 855S	
<b>Delegated Official W-2</b>	855S	
<b>CML-460 Form</b>	855B, 855I, 855S	
<b>Voided Check/Account Verification</b>	855A, 855B, 855I, 855S	
<b>Lease/Rental Agreement</b>	855A, 855B, 855S	
<b>Bill of Sale/Sale Agreement</b>	855A, 855B, 855S	
<b>Stock Certificate/Transfer</b>	855A, 855B, 855S	
<b>Capitalization Funding</b>	855A, 855B, 855S	
<b>Financial/Bank Account Statement</b>	855A, 855B, 855I, 855S	
<b>Bank Waiver Letter</b>	855A, 855B, 855I, 855S	
<b>Adverse Legal Action/Conviction</b>	855A, 855B, 855I, 855S	
<b>Attestation Statement</b>	855A, 855B, 855I, 855S	
<b>HSRA Notice of Grant Award</b>	855A only	
<b>CLIA Certificate</b>	855A, 855S, 855 B	
<b>Accreditations</b>	855A, 855B, 855I, 855S	
<b>NPI Confirmation Letter</b>	855S only	

<b>Surety Bond</b>	855S only	
<b>Copy of Driver's License or Passport</b>	855A, 855B, 855I, 855S	Used to verify signature
<b>Phone or Power Bill</b>	855A, 855B, 855I, 855S	Used to verify LBN or address
<b>Documentation to verify death</b>	855A, 855B, 855I, 855S	i.e., written communication from AO/DO/Estate, State licensing board, State Bureau of Vital Statistics, death certificate, obituary
<b>Pay.gov receipt</b>	855A, 855B, 855S	Proof of application fee or Hardship Waiver request
<b>Business licenses</b>	855B	Needed for the applicant to operate as a health care facility or practice
<b>Physical Therapist - Lease Agreement</b>	855I	Agreement giving him/her exclusive use of the facilities for PT/OT services only
<b>SSN Validation</b>	855A, 855B, 855I, 855S	Documentation to verify SSN for legalized status or SSN discrepancies
<b>Provider Agreement</b>	855A	
<b>Document not in List</b>	855A, 855B, 855I, 855S	