Submitting Your Applications Online

September 18 and 19, 2019
Optimizing Provider Enrollment with Noridian
Claire Anderson – Provider Enrollment Education Representative
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## Helpful Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AO</td>
<td>Authorized Official</td>
</tr>
<tr>
<td>DO</td>
<td>Delegated Official</td>
</tr>
<tr>
<td>ECC</td>
<td>Enrollment Call Center</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Records</td>
</tr>
<tr>
<td>EUS</td>
<td>External User Services</td>
</tr>
<tr>
<td>EoD</td>
<td>Enrollment on Demand</td>
</tr>
<tr>
<td>I&amp;A</td>
<td>Identity and Access System</td>
</tr>
<tr>
<td>NPPES</td>
<td>National Plan and Provider Enumeration System</td>
</tr>
<tr>
<td>SEU</td>
<td>Staff End User</td>
</tr>
<tr>
<td>PECOS</td>
<td>Provider Enrollment, Chain and Ownership System</td>
</tr>
<tr>
<td>PE</td>
<td>Provider Enrollment</td>
</tr>
</tbody>
</table>
Agenda

• Brief overview of the I&A and how it ties into PECOS
  – New updates this month

• Overview of PECOS
  – How helpful it can be
  – Tips and tricks

• Questions
Identity and Access Management System (I&A)

Overview
What is the I&A?

I&A is the Identity & Access system used by CMS to allow users to access and control access to PECOS, NPPES and EHR

One account to access multiple systems

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first register.

Sign In

* indicates required field(s)

* User ID:

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your information.
What is a Connection?

A Connection is, a way to connect to a TIN (EIN or SNN) in order to gain access to PECOS, NPPES and EHR records.

• There are two types of connections:
  – Employer Connection
    • Connecting your account to an Individual Provider (SSN) or an Organizational Provider (EIN) in order to access to their records.
  – Surrogacy Connection
    • Connecting two TINs together to allow a third party access on the TINs behalf.
Tax Identification Number as a Bucket

- TIN (EIN/SSN)
- PECOS Records
- NPPES Records
- EHR Records
Different Connections

Required to use the I&A properly
Employer Connection

You can “Add an Employer” to connect you to an individual Provider (SSN) or an Organization Provider (EIN) as one of the roles below in order to access their records or manage other user’s access levels.

Employer Connection Access Types:

- Authorized Official (AO)
- Delegated Official (DO)
- Staff End User (SEU)
Surrogacy Connections

A surrogacy connection is a connection between two Employers (TINs) that allow the AO/DO/SEU users of the initiating Organization (TIN) to access the records on behalf of the accepting Organization (TIN).

- Providers can designate Surrogates to work on their behalf.
- Rights are assigned by business function (PECOS, NPPES, EHR).
- Surrogacy connection can be initiated or established by either the provider or the Surrogate.
- AOs and DOs can initiate, approve or reject Surrogacy Requests for their employer.
- SEUs for surrogate will only have rights if assigned by one of their AOs or DOs.
# Enrollment on Demands (EoDs)

## Identity and Access (I&A) Management System

<table>
<thead>
<tr>
<th>Topic</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Party Organizations Nov 2017 - 7:13 minutes</td>
<td>Learn how enrollment credentialing organizations get set up in the I&amp;A. This includes connecting and managing the organizations employed by them and their accesses.</td>
</tr>
<tr>
<td>Authorized Official Creates Account Feb 2018 - 4:56 minutes</td>
<td>Learn how a user who will have the highest level of access in the I&amp;A (Authorized Official) creates a User ID and links themselves to the organization for Internet-based PECOS application access.</td>
</tr>
<tr>
<td>Delegated Official Creates Account Feb 2018 - 3:14 minutes</td>
<td>Learn how a user who has been delegated by the authorized official (Delegated Official) creates a User ID and links themselves to the organization for Internet-based PECOS application access.</td>
</tr>
<tr>
<td>Sole Owner: Gaining Access to their Organization in I&amp;A Feb 2018 - 2:19 minutes</td>
<td>Learn what sole owners should do when they do not see their organization listed in the Identity and Access Management system.</td>
</tr>
<tr>
<td>Staff End User Creates Account Feb 2018 - 3:35 minutes</td>
<td>Learn how a user who will work as staff for the organization (Staff End User) creates a User ID and requests access to work on behalf of the organization and its providers.</td>
</tr>
<tr>
<td>Organization Requests Surrogacy Feb 2018 - 1:39 minutes</td>
<td>Learn how the organization requests connections with providers, that allows the organization and any approved staff, to submit Internet-based PECOS applications on the provider’s behalf.</td>
</tr>
<tr>
<td>Provider Accepting Surrogacy Feb 2018 - 1:21 minutes</td>
<td>Learn how providers accept surrogacy requests, that allows an organization and any approved staff, to submit Internet-based PECOS applications on the provider’s behalf.</td>
</tr>
</tbody>
</table>
New Updates for the I&A

September 9, 2019
Multi-Factor Authentication

• Implemented on Monday, September 9, 2019

• What is Multi-Factor Authentication?
  – Multi-Factor Authentication (MFA) is a security system that requires more than one method of authentication from independent categories of credentials to verify the user’s identity for a login or other transaction.
Multi-Factor Authentication

• Why is CMS implementing this?
  – This is to improve identification and authentication security for the four public facing applications I&A, NPPES, PECOS and HITECH

• This will currently ONLY affect the I&A. The others are to come down the road
Multi-Factor Authentication

• How do I get started?
  – **Existing I&A users:** You will be prompted with an option to setup your MFA devices as you login to your application. You will have a grace period of up to 30 days to delay setting up your MFA devices.

  – **New I&A users:** You will be prompted to setup your MFA devices as you set up your account. You will not be able to get an I&A account unless your MFA setup is completed.
Logging In

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first register.

Sign In
* Indicates required field(s)

- User ID: [redacted]

- Password: [redacted]

Create Account Now

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff and authorities, access your information.

Sign In

- Forgot Password
- Retrieve Forgotten User ID
- Enter your PIN

PECOS
Use this system to register for Medicare or update your current enrollment information.

- Register to receive EHR incentive payments for eligible professionals and hospitals.
- Adopt, implement, and upgrade EHR technology or demonstrate meaningful use with certified EHR technology.

NPPES
Use this system to apply for and manage National Provider Identifiers (NPIs).
Logging In

Identity & Access Management System

User Information Integrity Check - Multi-Factor Authentication (MFA) Setup

We are implementing Multi-Factor Authentication to ensure your data is secure. We do this by sending you a temporary code to you to verify your identity. The code can be sent to you either via a phone number (either by voice or Text/SMS) or an e-mail.

- Multi-Factor Authentication is currently optional, but will become required in 28 days.

Do you want to set up your Multi-Factor Authentication now?

- Yes, I want to set up my Multi-Factor Authentication now
- No, I will set up my Multi-Factor Authentication later

Continue | Cancel
Authentication Method

Identity & Access Management System

User Registration - Multi-Factor Authentication (MFA) Setup

* indicates required field(s)

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:
• International phone numbers are not supported.
• Standard message and data charges may be applied by your carrier.
• By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder’s permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

* Authentication Method:
  - Select Primary Authentication Method
  - Phone Number Text/SMS
  - E-mail Address
  - Phone Number Voice Call

Continue | Cancel
Authentication Method

Identity & Access Management System

User Registration - Multi-Factor Authentication (MFA) Setup

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder’s permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

- Authentication Method:
  - Phone Number Text/SMS

- Phone Number:
  Enter your 10 digit phone number the way you normally dial it.

Send Text/SMS | Cancel
Authentication Method

Identity & Access Management System

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

* indicates required field(s)

A Text/SMS was sent to  [insert phone number]

* Enter Code: [insert code]

Haven't received a Text/SMS yet? [Resend Text/SMS]

Need to make changes where you receive your code? [Back to Setup Page]

Verify Code | Cancel
Authentication Method

User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete

Congratulations, your Phone Number XXX XXXX was successfully verified! This will be used to verify your identity upon logging in.

If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.
Questions

We will discuss MFA and I&A in the Collaboration Room
PECOS

Overview
What is PECOS?

The Provider Enrollment Chain and Ownership System (PECOS) is a national database of Medicare provider and supplier enrollment information. PECOS is used to collect and maintain the data submitted on CMS 855 enrollment form.

PECOS Provider Interface (PECOS PI) - [https://pecos.cms.hhs.gov](https://pecos.cms.hhs.gov) can be used to:

- Submit an initial Medicare enrollment application
- View or submit changes to your existing Medicare enrollment
- Submit a Change of Ownership (CHOW)
- Add or change reassignment of benefits
- Reactivate an existing enrollment record
- Withdraw from the Medicare Program
Features of PECOS

- Track your application
- Upload digital documents
- Submit electronic signatures
- Fast track view of Medicare enrollment
- Faster processing time
- Pay application fee (Pay.gov)
- Submit or update EFT (CMS-588)
- Revalidation notification center
- Easier to make changes
- Fewer developments
Application Processing Time

- Processing Time with an Onsite Visit
  - 80-120 calendar days
- Processing Time without an Onsite Visit
  - 45-90 calendar days
PECOS Log In Screen

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our videos at the bottom of this page.

SYSTEM NOTIFICATIONS

- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password

LOG IN

FORGOT PASSWORD?

FORGET USER ID?

MANAGE/UPDATE USER PROFILE

WHO SHOULD I CALL? [PDF, 165KB] - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

HELPFUL LINKS

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

Pay Application Fee - Pay your application fee online.

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

E-Sign your PECOS application - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.
Home Page

Manage Medicare and Account Information

- 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

REVALIDATION NOTIFICATION CENTER

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

**Applications Requiring Signatures**

Applicant Name:
TIN (EIN):
Web Tracking ID: T082120180000022
Form Type: 855B
Application Submitted: 09/04/2018
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

[VIEW AND SIGN]

[VIEW ALL SIGNATURES]
Home Page - Medicare ID Look up Tool

Welcome

Release Notes

Want to learn what's new in the latest PECOS release? Please review the Release Notes[PDF].

System Notifications

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.

Details

- Some features of PECOS are not compatible with IE 10 and IE 11 browsers. These issues can be remediated by enabling Compatibility View. For assistance, please contact your internal IT support helpdesk.
- For more details on this compatibility view settings for IE 10 please go to the following [site](#).
- For more details on this compatibility view settings for IE 11 please go to the following [site](#).
- PECOS users are no longer able to mail documents that require a signature. When submitting your application, be prepared to provide an e-signature or upload your documents that require a signature.

Additional Resources

- Medicare ID
- New! Search Tool
- How to Guides
- FAQs
- Glossary
- Who Should I Call?

Help

- User Account
- Manage Access
Medicare ID Look up Tool

Medicare ID Search Tool

Use the search criteria below to find the Medicare ID information for individuals and Organizations enrolled in Medicare.

**Note:** You will only be able to see results for those providers that are enrolled in Medicare and you have a connection to in I&A. To establish a connection to a provider please navigate to Account Management.

- **Individual Search**
- **Organization Search**

**Search Results**

- Records per page: 10
- Name: NORTH DAKOTA
  - Internal Medicine
  - NPI: 03302
  - Medicare ID: PN
  - Medicare ID Type: 858
  - Medicare ID Effective Date: 09/30/2018
  - Medicare ID End Date: 10/15/2018
  - Form Type: 858
  - Contractor ID: 03302
  - Contractor Name: NORIDIAN HEALTHCARE SOLUTIONS

Export to CSV

Red asterisk indicates a required field.
Revalidation Notification Center

Manage Medicare and Account Information

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications
- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

Manage Signatures

Applications Requiring Signatures

Applicant Name: [Redacted]
TIN (EIN): [Redacted]
Web Tracking ID: T082120180000022
Form Type: 855B
Application Submitted: 09/04/2016
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

VIEW ALL SIGNATURES
VIEW AND SIGN
If the provider has submitted the revalidation application, go to the My Associates page to select the provider then view the revalidation status for the provider's enrollment.

The Contact Person column will show the Contact Person that was entered first in the enrollment. The Authorized Official column displays the Authorized Official with the earliest effective date.

Attention:
- The Revalidation Notification Center is intended to provide notification of revalidation due dates and not the status of revalidation applications.
- If a Provider or Supplier has successfully completed revalidation they will no longer appear on the Revalidation Notification Center after 90 days.
- If the Provider or Supplier has submitted a revalidation, please disregard the due date listed.
- Web Tracking IDs will not appear if you have not started a revalidation application or for providers who have successfully completed revalidation.
- For a Sole Ownership, the Individual and Organization entities must both complete revalidation.
- Group revalidations may require that all individuals reassigning benefits to revalidate as well.
- The Revalidation Notification Center does not include revalidation applications submitted via paper unless the application has been finalized by the MAC.

*indicates that the user does not have access to this provider enrollment record, but has access to the receiving entity or employer. Please go to Account Management and request a connection to this provider.
<table>
<thead>
<tr>
<th>Action</th>
<th>Provider Type</th>
<th>More Information</th>
<th>Receiving Entity</th>
<th>Type/Specialty</th>
<th>Form Type</th>
<th>Enrollment Status</th>
<th>IIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Connecticut</td>
<td>CLINIC/GROUP PRACTICE</td>
<td>855B</td>
<td>APPROVED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Alaska</td>
<td>COMMUNITY MENTAL HEALTH CENTER</td>
<td>855A</td>
<td>APPROVED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ME</td>
<td></td>
<td>Hawaii</td>
<td>MEDICAL FACULTY PRACTICE PLAN</td>
<td>855B</td>
<td>APPROVED</td>
<td></td>
</tr>
</tbody>
</table>

Revalidation Info is as of 01/17/2019 01:01 AM

Note: Please select the "Download Report" button to download the report in .csv format.

[DOWNLOAD REPORT]
# PECOS Revalidation Notification Center

<table>
<thead>
<tr>
<th>Action</th>
<th>Provider</th>
<th>Receiving Entity/Employer</th>
<th>Type/Specialty</th>
<th>Form Type</th>
<th>Enrollment Status</th>
<th>TIN</th>
<th>NPI</th>
<th>Medicare ID</th>
<th>Web Tracking ID</th>
<th>Revalidation Due Date</th>
<th>Contact Person</th>
<th>Authorized Official</th>
</tr>
</thead>
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<tr>
<td>#</td>
<td></td>
<td></td>
<td>FAMILY PRACTICE</td>
<td>855I</td>
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<td>XXX-XX-XXX</td>
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<td></td>
<td></td>
<td>08/31/2018</td>
<td></td>
<td></td>
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<tr>
<td>#</td>
<td></td>
<td></td>
<td>PHYSICAL THERAPIST</td>
<td>855I</td>
<td>APPROVED</td>
<td>XXX-XX-XXX</td>
<td></td>
<td></td>
<td></td>
<td>11/30/2018</td>
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</table>
Questions
My Associates Button

Manage Medicare and Account Information

- Enroll in Medicare for the first time
- View and update Medicare information
- Continuously save applications

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

Revalidation Notification Center

- View All Applications requiring revalidation
- Start or continue revalidation application

Manage Signatures

Applications Requiring Signatures

Applicant Name: [Redacted]
TIN (EIN): [Redacted]
Web Tracking ID: T08212018000022
Form Type: 855B
Application Submitted: 09/04/2018
Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

VIEW AND SIGN

VIEW ALL SIGNATURES
My Associates

Initial Enrollment

Create an application for initial enrollment **ONLY** if you are:

- Enrolling in Medicare for the first time
- Enrolling in a new state, or
- Enrolling with a new specialty

**IMPORTANT:**

If you are responding to a request for Revalidation, do not create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.

**Please Note:** If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment:

- If you are a Staff End User of the organization, please contact the organization’s Authorized/Delegated Official to ensure your account has access to PECOS.
- If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.

The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- Checklist for Sole Proprietor or Solely Owned Organizations (e.g., LLC, PC) using PECOS
- Checklist for Individual Physician and Non-Physician Practitioners using PECOS
- Checklist for Provider or Supplier Organization using PECOS

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION
Create Initial Enrollment Application

**Application Questionnaire**

* Red asterisk indicates a required field.

**Applicant Identification**

* Which provider is the application being created for?

<table>
<thead>
<tr>
<th>Individuals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Boonie, Goonie (You)</td>
<td>NPI:</td>
</tr>
<tr>
<td>Name: Duck, Donald</td>
<td>NPI:</td>
</tr>
<tr>
<td>Name: Mouse, Mickey</td>
<td>NPI:</td>
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<tr>
<td>Name: Potter, Harry</td>
<td>NPI:</td>
</tr>
<tr>
<td>Name: Strike, Thundar</td>
<td>NPI:</td>
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</table>

<table>
<thead>
<tr>
<th>Organizations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Bison Nation</td>
<td>TIN:</td>
</tr>
<tr>
<td>Name: Good Old Clinic</td>
<td>TIN:</td>
</tr>
<tr>
<td>Name: Hello Kitty Clinic</td>
<td>TIN:</td>
</tr>
<tr>
<td>Name: My Information</td>
<td>TIN:</td>
</tr>
<tr>
<td>Name: Sole Owner Mickey Mouse99</td>
<td>TIN:</td>
</tr>
</tbody>
</table>
Application Questionnaire

• Very important
  – Determine what application will populate
  – If answered incorrect, the wrong application will populate

• Cancel during questionnaire at any time
My Associates

Application Warning

- **OPENED FOR CORRECTIONS**
  You currently do not have any applications that are Opened for Corrections.

- **RETURN FOR CORRECTIONS**
  You currently do not have any applications that are Returned for Corrections.

- **REJECTED**
  You currently do not have any applications that are Rejected.
Opened for Corrections
Returned For Corrections

- Enrollment Type: 8551
- Status: RETURNED FOR CORRECTIONS
- View Returned For Corrections Application
- Tracking ID: T080920180000117
- View Email Notification

[Image of the Noridian Healthcare Solutions logo]
Returned For Corrections

Application Questionnaire

(*) Red asterisk indicates a required field.

Returned for Corrections

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

- Correct or Update Application
- Delete Application

NEXT PAGE
Rejected

- Enrollment Type: 855I
- Status: REJECTED/WITHDRAWN
- Status Reason: UNSOLICITED REVALIDATION
- Tracking ID: T080920180000117
- Rejection Date: 09/05/2018
Rejected

Application Questionnaire

(*) Red asterisk indicates a required field.

New Application

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

- Correct and Update Application

NEXT PAGE
How long will my rejected application sit there?

• Generally PECOS does an update every quarter and will wipe all of the applications that are sitting in a rejected status and ones that have not been fully submitted
Questions?
## Existing Associates

### Individuals

<table>
<thead>
<tr>
<th>Name</th>
<th>NPI</th>
<th>View Enrollments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Records 1 - 2 of 2

### Organizations

<table>
<thead>
<tr>
<th>Name</th>
<th>TIN</th>
<th>View Enrollments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Records 1 - 2 of 2
### My Enrollments

#### Contractor:
NORIDIAN HEALTHCARE SOLUTIONS

#### State:
NORTH DAKOTA

#### Type/Specialty:
CLINIC/GROUP PRACTICE

#### Enrollment Type:
855B

#### Medicare ID:
[View Medicare ID Report](#)

#### Status:
APPROVED
[View Approved Enrollment Record](#)

#### Current ADI Accreditation?
No

#### Existing Reassignments:
1

#### Pending Reassignments Applications:
1

#### Details of the open application for enrollment:

<table>
<thead>
<tr>
<th>Type of Update</th>
<th>Status</th>
<th>Tracking ID</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change of Information</td>
<td>AWAITING PROCESSING</td>
<td>T08212018000002</td>
<td><a href="#">View Awaiting Processing Application</a></td>
</tr>
</tbody>
</table>

[View/Manage Reassignments](#)
My Enrollments

Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

Existing Enrollments

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CARDIOVASCULAR DISEASE (CARDIOLOGY)

Enrollment Type: 8551
Medicare ID: [Redacted]
Status: APPROVED

Current ADI Accreditation? No

Existing Reassignments: 1
Pending Reassignments Applications: 1

View/Manage Reassignments
View/Manage Reassignments

### Pending Reassignments Applications

<table>
<thead>
<tr>
<th>Name/LBN</th>
<th>NPI</th>
<th>Status</th>
<th>Tracking ID</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NEW</td>
<td>T080920180000068</td>
<td>MORE OPTIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>View New Application</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reassignments Report

Filter Reassignment Records

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

- **Reassignment Status**: All Statuses
- **Enrollment Status**: All Statuses
- **Relationship Status**: All Relationships
View/Manage Reassignments (Individual)

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Provider Name/LBN</th>
<th>NPI</th>
<th>Current Enrollment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassigning Benefits to</td>
<td>MY INFORMATION</td>
<td>1396110003</td>
<td>APPROVED</td>
</tr>
</tbody>
</table>

Reassignments Report Details

<table>
<thead>
<tr>
<th>Reassigning Medicare ID</th>
<th>Receiving Medicare ID</th>
<th>Effective Date</th>
<th>Reassignment End Date</th>
<th>Revalidation Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTEST2</td>
<td>NTEST1</td>
<td>08/30/2019</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
View/Manage Reassignments (Group)

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Provider Name/LBN</th>
<th>NPI</th>
<th>Current Enrollment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving Benefits from</td>
<td>POTTER, HARRY</td>
<td>1295221240</td>
<td>APPROVED</td>
</tr>
</tbody>
</table>

Reassignments Report Details

<table>
<thead>
<tr>
<th>Reassigning Medicare ID</th>
<th>Receiving Medicare ID</th>
<th>Effective Date</th>
<th>Reassignment End Date</th>
<th>Revalidation Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTEST2</td>
<td>NTEST1</td>
<td>08/30/2019</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
View/Manage Reassignments

[Button] PRINT [Button] DOWNLOAD REPORT

[Button] MANAGE REASSIGNMENTS
Manage Reassignments Button

Application Questionnaire

Supplier Reassignment Options

- Please select an activity you would like to perform:
  - Add reassignment of benefits where someone is reassigning benefits to the group or organization
  - Remove existing reassignment of benefits (where someone is reassigned to the group/organization)
  - Change of information to Reassignment

(*) Red asterisk indicates a required field.

NEXT PAGE
My Enrollments

Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

Existing Enrollments

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CARDIOVASCULAR DISEASE (CARDIOLOGY)

Enrollment Type: 855I
Medicare ID: [Redacted]
Status: APPROVED

Current ADI Accreditation?: No

Existing Reassignments: 1
Pending Reassignments Applications: 1

View Medicare ID Report
View Approved Enrollment Record

View/Manage Reassignments
The following report displays Medicare ID(s) for the listed provider/organization. The report shows Medicare ID(s) associated with Reassignment of Benefits, Practice Locations, and non-associated Medicare ID(s):

### Medicare ID(s) associated with a Practice Location:

<table>
<thead>
<tr>
<th>Medicare ID</th>
<th>Practice Location Name</th>
<th>Practice Location Address</th>
<th>Effective Date</th>
<th>Termination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTEST1</td>
<td>TEST</td>
<td>900 42ND ST S FARGO ND 58103</td>
<td>08/30/2019</td>
<td></td>
</tr>
</tbody>
</table>

### Medicare ID(s) associated with a Reassignment of Benefits:

<table>
<thead>
<tr>
<th>Reassigning Medicare ID</th>
<th>Receiving Medicare ID</th>
<th>Name/LBN of Provider Receiving Reassignment</th>
<th>NPI</th>
<th>Effective Date</th>
<th>Termination Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTEST2</td>
<td>NTEST1</td>
<td>HARRY POTTER</td>
<td>1295221240</td>
<td>08/30/2019</td>
<td></td>
</tr>
</tbody>
</table>

Other Medicare ID(s) - (Note: The following Medicare ID(s) are associated with this enrollment record for claims payment purposes, but are not yet directly linked to a Practice Location or a Reassignment of Benefits within PECOS):
### Approved Medicare Enrollment Record

This is a report of your current Medicare enrollment in PECOS.

**Note:** This report is for your records only, please do not upload this report to your electronic submission or mail it to your Fee-For-Service Contractor.

**View Medicare ID Report**

**Report Date:** 09/10/2019

---

#### Enrollment Record Summary

<table>
<thead>
<tr>
<th>Enrollment ID:</th>
<th>O201908302000002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Status:</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Submitted By:</td>
<td>Claire Anderson</td>
</tr>
</tbody>
</table>

---

#### From Section 2: Identifying Information

**Organization Information: My Information**

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Tax ID Number (TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MY INFORMATION</td>
<td>00-0000042 (EIN)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Name</th>
<th>Type of Other Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRS Proprietary/Non-Profit Status</td>
<td>Incorporation Date</td>
</tr>
</tbody>
</table>

| Is the applicant an Indian Health Service (IHS) facility |

---

#### From Section 2: Identifying Information

**Supplier Type**

| Supplier Type: | CLINIC/GROUP PRACTICE |

---

#### From Section 2: Identifying Information

**PAR Status Information**

- **Does the applicant agree to accept assignment for all covered services provided to Medicare patients?** Yes
- **Effective Date of Information**
  - 08/01/2019
My Enrollments

Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

Existing Enrollments

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CARDIOVASCULAR DISEASE (CARDIOLOGY)

Enrollment Type: 855I
Medicare ID: [Redacted] View Medicare ID Report
Status: APPROVED View Approved Enrollment Record

Current ADI Accreditation?: No

Existing Reassignments: 1
Pending Reassignments Applications: 1
View/Manage Reassignments
More Options

Application Questionnaire

(*) Red asterisk indicates a required field.

Approved/Opted Out Existing Practitioner Enrollment

* What type of action is the applicant trying to perform?
  
  ○ Deactivate this Enrollment Record from the Medicare Program
  
  ○ Create an Initial Enrollment Application
  
  ○ Perform a Change of Information to Current Enrollment Information
  
  ○ Revalidate the information in this Enrollment Record

Note: All Electronic Funds Transfer (EFT) changes must be made through the Change of Information Scenario. Please select the “Perform a Change of Information to Current Enrollment Information” option above to make changes to your EFT Record.

NEXT PAGE
My Enrollments

Please Note: The enrollment records below are displayed in alphabetical order by State and Type/Specialty.

Existing Enrollments

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CARDIOVASCULAR DISEASE (CARDIOLOGY)

Enrollment Type: 855I
Medicare ID: [redacted]
Status: APPROVED

Current ADI Accreditation?: No

Existing Reassignments: 1
Pending Reassignments Applications: 1
View/Manage Reassignments
Revalidation Application

Confirm Reason for Application

Medicare Part B Enrollment

Based on your responses, the following reason for application was identified:

- A Medicare Part B practitioner is currently enrolled in the Medicare program using their social security number (SSN). The practitioner is revalidating Medicare enrollment information.

The application is for:

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number (SSN)</th>
<th>Practitioner Specialty</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXX-XX-XXXX</td>
<td></td>
<td>CARDIO/VASCULAR DISEASE (CARDIOLOGY)</td>
<td>NORTH DAKOTA</td>
</tr>
</tbody>
</table>

Clicking on the 'Start Application' button will create a Medicare application using the above information.

Please note: After you click 'Start Application' a Web Tracking ID will be created. This does not mean that your application has been submitted.

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor(s) for processing
- The practitioner must sign a statement certifying the submitted information
- The certification statement, additional required signatures, and required attachments must be electronically signed or mailed to the identified fee-for-service contractor(s)
- The Medicare enrollment is finalized after the fee-for-service contractor processes this application and approves the information
- Any required and/or supporting documentation not uploaded must be mailed in to the fee-for-service contractor

START APPLICATION
View Button

Contractor: NORIDIAN HEALTHCARE SOLUTIONS
State: NORTH DAKOTA
Type/Specialty: CLINIC/GROUP PRACTICE

Enrollment Type: 855B
Medicare ID: NTEST1
Status: APPROVED

Current ADI Accreditation?: No
Practice Location: 900 42ND ST S, FARGO, ND 58103-2119

Existing Reassignments: 1
Pending Reassignments Applications: 0

View/Manage Reassignments

View Medicare ID Report
View Approved Enrollment Record

REVALIDATE
MORE OPTIONS
View Button

Application Questionnaire

Approved Existing Supplier Enrollment

(*) Red asterisk indicates a required field.

- What type of action is the applicant trying to perform?
  - View Printable Submission History Report
  - View Uploaded Required and/or Supporting Documentation

NEXT PAGE
Submission History

### Enrollment Summary

Legal Business Name: MY INFORMATION  
Tax Identification Number (TIN): [redacted]  
Supplier Type: CLINIC/GROUP PRACTICE  
Medicare Contractor: NORIDIAN HEALTHCARE SOLUTIONS  
State: NORTH DAKOTA

### Web Submission Activity

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
<th>Submitted By</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10/2019</td>
<td>Enrolled Supplier is Revalidating their Enrollment Information</td>
<td>[redacted] Nelson</td>
</tr>
<tr>
<td>08/30/2019</td>
<td>Supplier is Enrolling in Medicare for the First Time</td>
<td>Claire Anderson</td>
</tr>
</tbody>
</table>
View Button

Application Questionnaire

(*) Red asterisk indicates a required field.

Approved Existing Supplier Enrollment

* What type of action is the applicant trying to perform?
  - View Printable Submission History Report
  - View Uploaded Required and/or Supporting Documentation

NEXT PAGE
## Uploaded Documentation

### Required and/or Supporting Documentation

<table>
<thead>
<tr>
<th>Date Uploaded</th>
<th>Document ID</th>
<th>Document Type</th>
<th>File Name</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10/2019</td>
<td>VPECOS000CA 1909101152520 739E120H2271 55T3053</td>
<td>Voided Check/Account Verification</td>
<td>EFT info.pdf</td>
<td></td>
</tr>
<tr>
<td>09/10/2019</td>
<td>VPECOS000CA 1909101152180 450E120H2271 55T3047</td>
<td>Official IRS document confirming TIN and LBN</td>
<td>IRS doc.pdf</td>
<td></td>
</tr>
</tbody>
</table>
Enrollment on Demand (EoD) Tutorials for Part B Specialties

For new and/or already established providers, we offer many self-paced application tutorials intended to guide an applicant through completing an application correctly the first time and reduce development. Many are specific to a provider type while others are general in nature and apply to all specialties. Watch How to Use Enrollment on Demand for assistance.

If a provider is unsure of which specialty type he/she should apply to Medicare with, visit the Washington Publishing Company (WPC) website to view the Health Care Provider Taxonomy Code Set. Health Care Provider Taxonomy Codes define a health care service provider type, classification, and area of specialization.

- EoD Extras - General How Tos
- Identity and Access (I&A) Management System
- Initial Enrollment
- Opt Out
- Ordering, Certifying, and Prescribing Part D Drugs
- Reactivation
- Reassignment to Critical Access Hospitals Billing Under Method II (CAH II)
- Reporting a Change
- Revalidation
- Terminating Employment
Questions?

Thank You!