



# Submitting Your Applications Online

September 18 and 19, 2019

Optimizing Provider Enrollment with Noridian

Claire Anderson – Provider Enrollment Education Representative

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All models, methodologies and guidelines are undergoing continuous improvement and modification by Noridian and CMS. The most current edition of the information contained in this release can be found on the Noridian website at <https://med.noridianmedicare.com> and the CMS website at <https://www.cms.gov>.

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# Helpful Acronyms

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

# 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

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# **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*

The screenshot shows the CMS Identity & Access Management System interface. At the top, the CMS logo is displayed with the text 'Centers for Medicare & Medicaid Services'. Below this, the page title 'Identity & Access Management System' is shown on the left, and a 'Help' link is on the right. The main content area contains a sign-in section on the left and a 'One account to access multiple systems' section on the right. The sign-in section includes a 'Sign In' heading, a note that an asterisk indicates a required field, and a 'User ID:' label above a text input field with a password toggle icon. The 'One account to access multiple systems' section contains a heading, a paragraph of text, and a 'Create Account Now' button with a right-pointing arrow.

**CMS** Centers for Medicare & Medicaid Services  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Identity & Access Management System** [? Help](#)

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**

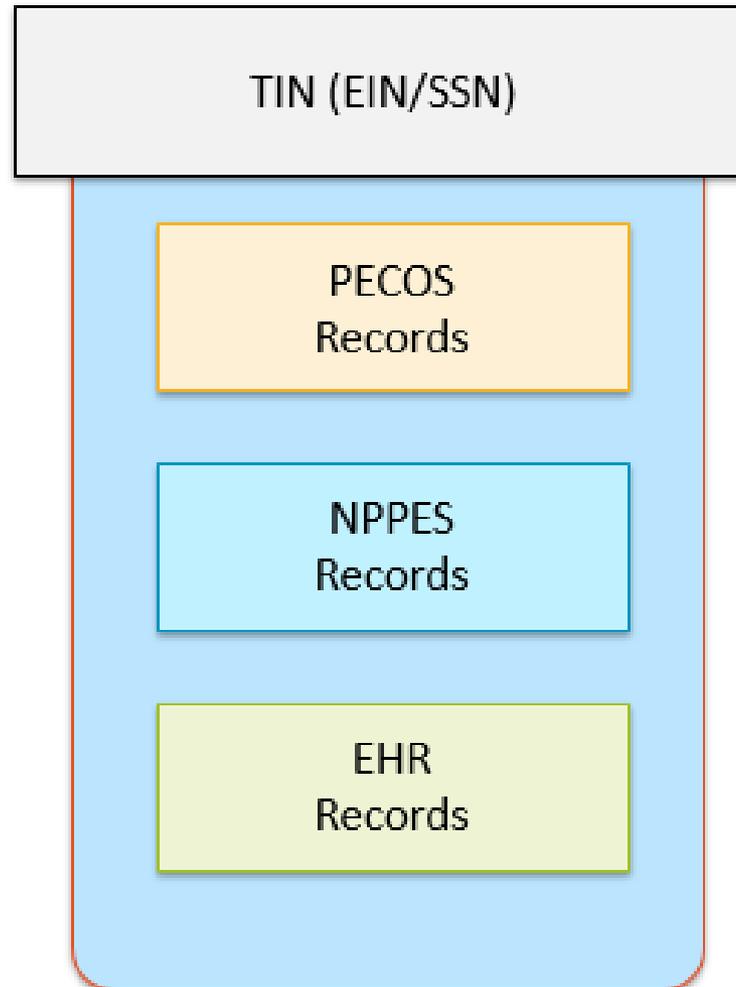
Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your information. [Create Account Now](#)

# 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



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# 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	
Topic	Brief Description
<a href="#">3rd Party Organizations</a> 📄 Nov 2017 - 7:13 minutes	Learn how enrollment credentialing organizations get set up in the I&A. This includes connecting and managing the organizations employed by them and their accesses.
<a href="#">Basics of the I&amp;A</a> 📄 Jan 2018 - 3:45 minutes	Learn about navigating through the Identity & Access Management System (I&A).
<a href="#">Authorized Official Creates Account</a> 📄 Feb 2018 - 4:56 minutes	Learn how a user who will have the highest level of access in the I&A (Authorized Official) creates a User ID and links themselves to the organization for Internet-based <u>PECOS</u> application access.
<a href="#">Delegated Official Creates Account</a> 📄 Feb 2018 - 3:14 minutes	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 <u>PECOS</u> application access.
<a href="#">Sole Owner: Gaining Access to their Organization in I&amp;A</a> 📄 Feb 2018 - 2:19 minutes	Learn what sole owners should do when they do not see their organization listed in the Identity and Access Management system.
<a href="#">Staff End User Creates Account</a> 📄 Feb 2018 - 3:35 minutes	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.
<a href="#">Organization Requests Surrogacy</a> 📄 Feb 2018 - 1:39 minutes	Learn how the organization requests connections with providers, that allows the organization and any approved staff, to submit Internet-based <u>PECOS</u> applications on the provider's behalf.
<a href="#">Provider Accepting Surrogacy</a> 📄 Feb 2018 - 1:21 minutes	Learn how providers accept surrogacy requests, that allows an organization and any approved staff, to submit Internet-based <u>PECOS</u> applications on the provider's behalf.

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# **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** [? Help](#)

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:**

\* **Password:**

**Sign In** ▶

[? Forgot Password](#)  
[? Retrieve Forgotten User ID](#)  
[? Enter your PIN](#)

**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. **Create Account Now** ▶

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

**EHR** INCENTIVE PROGRAM Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.

**NPPES** Use this system to apply for and manage National Provider Identifiers (NPIs).  
National Plan & Provider Enumeration System

# Logging In

## Identity & Access Management System Help

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

Step 1 MFA Setup | Final Complete

**i** 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**
[? Help](#)

**User Registration - Multi-Factor Authentication (MFA) Setup**

Step 1 ✓  
User Security

Step 2 ✓  
User Info

Step 3  
MFA Setup

Final  
Review

[« Back to Previous Page](#)

*\* 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:**

**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

19

# Authentication Method

## Identity & Access Management System Help

### User Registration - Multi-Factor Authentication (MFA) Setup

Step 1  User Security    Step 2  User Info    Step 3  MFA Setup    Final Review

[« Back to Previous Page](#)

\* 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:

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

| [Cancel](#)

# Authentication Method

## Identity & Access Management System Help

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

Step 1 ✓ User Security   Step 2 ✓ User Info   Step 3 MFA Setup   Final Review

[« Back to Previous Page](#)

\* indicates required field(s)

A Text/SMS was sent to [REDACTED]

\* Enter 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

**Identity & Access Management System** ? Help

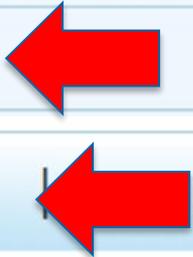
**User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete**

Step 1 ✓ User Security    Step 2 ✓ User Info    Step 3 MFA Setup    Final Review

**i** Congratulations, your Phone Number [REDACTED] 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.

**Begin Alternative Setup**    **Complete Registration**



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# Questions

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

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# 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> 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)**

(\*) 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.

**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?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - 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

[MY ASSOCIATES >>](#) ←

- 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

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### 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.

**Help**

[+ User Account](#)

[+ Manage Access](#)

**Additional Resources**

**Medicare ID**

**New! [Search Tool](#)**

[How to Guides](#)

[FAQs](#)

[Glossary](#)

[Who Should I Call? \[PDF, 214 KB\]](#)

[Application Status Kiosk](#)

[Additional Links](#)

# Medicare ID Look up Tool

## Medicare ID Search Tool

(\*) Red asterisk indicates a required field.

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

First Name

\* Last Name

Enrollment State

Select State ▼

\* NPI

10 Digits

### Search Results

[Export to CSV](#) i

Records per page

10 ▼

Search

Name	Enrollment State	Specialty	NPI	Medicare ID		Medicare ID Type	Medicare ID Effective Date	Medicare ID End Date	Form Type	Contractor ID	Contractor Name
[Redacted]	NORTH DAKOTA	INTERNAL MEDICINE	[Redacted]	[Redacted]	[Redacted]	PN	09/30/2018	10/15/2018	855I	03302	NORIDIAN HEALTHCARE SOLUTIONS

# Revalidation Notification Center

### Manage Medicare and Account Information

**MY ASSOCIATES** >>

- 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:** [REDACTED]  
**TIN (EIN):** [REDACTED]  
**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 > Revalidation Notification Center

### Revalidation Notification Center

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

**Enrollment Type**  
All Types

**Type/Specialty**  **Enrollment Status**  **Web Tracking ID**

**Provider (Name/Legal Business Name)**

**Receiving Entity (Individual or organization receiving reassignment) or Employer**

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.

Action	Provider	More Information	License State	Receiving Employer	Type/Specialty	Web Tracking ID	Enrollment Status
<a href="#">View Application</a>		REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	CONNECTICUT		CLERK/GROUP PRACTICE	8550	APPROVED
<a href="#">View Application</a>		REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	CONNECTICUT		RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (RNHC)	855A	APPROVED
<a href="#">View Application</a>		REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	HAWAII	ANBARHAM PHYSICIAN HOSPITAL ASSISTANT		8551	APPROVED 1000-03-2000
<a href="#">Continue Application</a>		REVALIDATION APPLICATION STARTED BUT NOT SUBMITTED	VIRGINIA	MEDICAL FACULTY PRACTICE PLAN		8550	APPROVED

Records 1 - 4 of 4

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.

### Filter Enrollments

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

**Enrollment Type**  
All Types

**Type/Specialty**  **Enrollment Status**  **Web Tracking ID**

**Provider (Name/Legal Business Name)**

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Home > Revalidation Notification Center

### Revalidation Notification Center

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

**Enrollment Type**  
All Types

**Type/Specialty**  **Enrollment Status**  **Web Tracking ID**  
Web Tracking IDs begin with T followed by 15 Digits

**Provider (Name/Legal Business Name)**

**Receiving Entity (Individual or organization receiving assignment) or Employer**

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:**

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- 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 or organization entities must file for revalidation.
- Group revalidations may be used for all individuals requesting benefits to revalidate as well.
- The Revalidation Notification Center does not include revalidation applications submitted via providers unless the application has been finalized by 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.

Action	Provider	More Information	Enrollment State	Receiving Entity/Employer	Type/Specialty	Form Type	Enrollment Status	TIN
<a href="#">View Application</a>		REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	CONNECTICUT	CLINIC/GROUP PRACTICE		855B	APPROVED	
<a href="#">Start Revalidation</a> <a href="#">View Application</a> <a href="#">View Notifications</a>		REVALIDATION APPLICATION HAS NOT BEEN STARTED	ALASKA	COMMUNITY MENTAL HEALTH CENTER		855A	APPROVED	
<a href="#">Continue Application</a> <a href="#">View Application</a> <a href="#">View Application</a>		REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER	HAWAII	ANNARAM PHYSICIAN HOSPITAL ASSISTANT		855I	APPROVED	XXX-XX-XXXX
<a href="#">Continue Application</a> <a href="#">View Application</a> <a href="#">View Application</a>		REVALIDATION APPLICATION STARTED BUT NOT SUBMITTED	VIRGINIA	MEDICAL FACULTY PRACTICE PLAN		855B	APPROVED	

Records 1 - 4 of 4

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.

# PECOS Revalidation Notification Center

Action	Provider	Receiving Entity/ Employer	Type/Specialty	Form Type	Enrollment Status	TIN	NPI	Medicare ID	Web Tracking ID	Revalidation Due Date	Contact Person	Authorized Official
#			FAMILY PRACTICE	855I	APPROVED	XXX-XX-XXXX				08/31/2018		
#			PHYSICAL THERAPIST	855I	APPROVED	XXX-XX-XXXX				11/30/2018		

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**Questions**

# My Associates Button

## Manage Medicare and Account Information

[MY ASSOCIATES >>](#) [ACCOUNT MANAGEMENT >>](#)

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

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## Manage Signatures

**Applications Requiring Signatures**

Applicant Name: [REDACTED]  
TIN (EIN): [REDACTED]  
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 >>](#)

# My Associates

## 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 \(eg. LLC, PC\) 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?

**Individuals**

<input type="radio"/> <b>Name:</b> Boonie, Goonie (You)	<b>NPI:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> Duck, Donald	<b>NPI:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> Mouse, Mickey	<b>NPI:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> Potter, Harry	<b>NPI:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> Strike, Thundar	<b>NPI:</b> <input type="text"/>

**Organizations**

<input type="radio"/> <b>Name:</b> Bison Nation	<b>TIN:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> Good Old Clinic	<b>TIN:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> Hello Kitty Clinic	<b>TIN:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> My Information	<b>TIN:</b> <input type="text"/>
<input type="radio"/> <b>Name:</b> Sole Owner Mickey Mouse99	<b>TIN:</b> <input type="text"/>

NEXT PAGE >

# 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

**Application Warning**

**OPENED FOR CORRECTIONS** 1

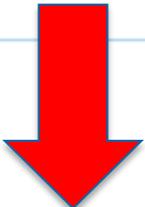
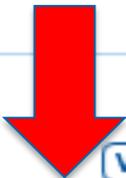
**Enrollment Type:** 855I  
**Status:** OPENED FOR CORRECTIONS  
[View Opened For Corrections Application](#)   
**Tracking ID:** T052420170000017

[VIEW](#)   
[MORE OPTIONS](#) 

**Rejection Date:** 06/13/2017

# Returned For Corrections

 **RETURN FOR CORRECTIONS**

  **1**

**Enrollment Type:** 855I  
**Status:** RETURNED FOR CORRECTIONS  
[View Returned For Corrections Application](#)   
**Tracking ID:** T080920180000117 [View Email Notification](#) 

[VIEW](#)   
[MORE OPTIONS](#) 

# 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

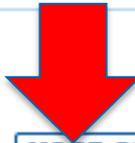
[NEXT PAGE >](#)

# Rejected

 **REJECTED** 1

---

**Enrollment Type:** 855I  
**Status:** REJECTED/WITHDRAWN  
**Status Reason:** UNSOLICITED REVALIDATION  
[View Rejected/Withdrawn Application](#)   
**Tracking ID:** T080920180000117

  
**VIEW**   
**MORE OPTIONS** 

**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

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**Questions?**

# Existing Associates

**Individuals**

Records 1 - 2 of 2

Name: <input type="text"/>	NPI: <input type="text"/>	<a href="#">VIEW ENROLLMENTS &gt;&gt;</a>
Name: <input type="text"/>	NPI: <input type="text"/>	<a href="#">VIEW ENROLLMENTS &gt;&gt;</a>

Records 1 - 2 of 2

**Organizations**

Records 1 - 2 of 2

Name: <input type="text"/>	TIN: <input type="text"/>	<a href="#">VIEW ENROLLMENTS &gt;&gt;</a>
Name: <input type="text"/>	TIN: <input type="text"/>	<a href="#">VIEW ENROLLMENTS &gt;&gt;</a>



# My Enrollments

Existing Enrollments

---

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

**Enrollment Type:** 855B  
**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](#)

**Details of the open application for enrollment** [REDACTED] CLINIC/GROUP PRACTICE, NORTH DAKOTA

Type of Update	Status	Tracking ID	Action
Change of Information	AWAITING PROCESSING <a href="#">View Awaiting Processing Application</a> 	T08212018000002	<div style="text-align: right;"> <a href="#">VIEW</a>   <a href="#">MANAGE SIGNATURES</a>  </div>

# 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)

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

**Enrollment Type:** 855I

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

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

**Current ADI Accreditation?:** No

**Existing Reassignments:** 1

**Pending Reassignments Applications:** 1

[View/Manage Reassignments](#)



# View/Manage Reassignments

## Pending Reassignments Applications

### Pending Reassignments Applications Details

Name/LBN	NPI	Status	Tracking ID	Action
		NEW <a href="#">View New Application</a> 	T080920180000068	<b>MORE OPTIONS</b> 

## 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.

<b>Reassignment Status</b>  <input type="text" value="All Statuses"/> 	<b>Enrollment Status</b> <input type="text" value="All Statuses"/> 	<b>Relationship Status</b> <input type="text" value="All Relationships"/> 
--	---	--

**FILTER** 

**RESET** 

# View/Manage Reassignments (Individual)

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

Relationship	Provider Name/LBN	NPI	Current Enrollment Status
Reassigning Benefits to	MY INFORMATION	1396110003	APPROVED

## Reassignments Report Details

Reassigning Medicare ID	Receiving Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
NTEST2	NTEST1	08/30/2019	N/A	N/A

# View/Manage Reassignments (Group)

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

Relationship	Provider Name/LBN	NPI	Current Enrollment Status
Receiving Benefits from	POTTER, HARRY	1295221240	APPROVED

## Reassignments Report Details

Reassigning Medicare ID	Receiving Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
NTEST2	NTEST1	08/30/2019	N/A	N/A

# View/Manage Reassignments



# Manage Reassignments Button

## Application Questionnaire

(\*) Red asterisk indicates a required field.

### 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

[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)

[VIEW](#)

[REVALIDATE](#)

[MORE OPTIONS](#)

**Enrollment Type:** 8551

**Medicare ID:**

[View Medicare ID Report](#)

**Status:** APPROVED

[View Approved Enrollment Record](#)

**Current ADI Accreditation?:** No

**Existing Reassignments:** 1

**Pending Reassignments Applications:** 1

[View/Manage Reassignments](#)

# Medicare ID Report

## Medicare ID Report

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):

**Name:** MY INFORMATION

**TIN:** [REDACTED]

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

Medicare ID	Practice Location Name	Practice Location Address	Effective Date	Termination Date
NTEST1	TEST	900 42ND ST S FARGO ND 58103	08/30/2019	

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

Reassigning Medicare ID	Receiving Medicare ID	Name/LBN of Provider Receiving Reassignment	NPI	Effective Date	Termination Date
NTEST2	NTEST1	HARRY POTTER	1295221240	08/30/2019	

**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):**

**CLOSE** >>

**PRINT** >>

# Approved Enrollment Record

APPROVED MEDICARE ENROLLMENT RECORD		Enrollment Record Summary	
<p>This is a report of your current Medicare enrollment in PECOS.  <b>Note:</b> 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.  <a href="#">View Medicare ID Report</a>  <b>Report Date:</b> 09/10/2019</p>		<p><b>Enrollment ID:</b> O20190830000002  <b>Enrollment Status:</b> APPROVED  <b>Submitted By:</b> Claire Anderson</p>	
FROM SECTION 2: IDENTIFYING INFORMATION			
ORGANIZATION INFORMATION: MY INFORMATION			
<b>Organization Name</b> MY INFORMATION	<b>Tax ID Number (TIN)</b> 00-0000042 (EIN)		
<b>Other Name</b>	<b>Type of Other Name</b>	<b>Organization Structure</b> Corporation	
<b>IRS Proprietary/Non-Profit Status</b> Proprietary	<b>Incorporation Date</b>	<b>State Where Incorporated</b>	
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			
<b>Effective Date of Information</b> 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:**  [View Medicare ID Report](#) 

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

**Current ADI Accreditation?:** No

**Existing Reassignments:** 1

**Pending Reassignments Applications:** 1

[View/Manage Reassignments](#)

[VIEW](#) 

[REVALIDATE](#) 

[MORE OPTIONS](#) 



# 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 (CARDIOLOGIST)

**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](#)

[VIEW](#) 

[REVALIDATE](#) 

[MORE OPTIONS](#) 



# 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:

Name	Social Security Number (SSN)	Practitioner Specialty	State
	XXX-XX-XXXX	CARDIOVASCULAR DISEASE (CARDIOLOGY)	NORTH DAKOTA

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 [View Medicare ID Report](#)   
**Status:** APPROVED [View Approved Enrollment Record](#) 

**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**   
**REVALIDATE**   
**MORE OPTIONS** 

# 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 >](#)

# Submission History

**Web Submission History Report**

**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**

Date	Activity Description	Submitted By
09/10/2019	Enrolled Supplier is Revalidating their Enrollment Information	[REDACTED] Nelson
08/30/2019	Supplier is Enrolling in Medicare for the First Time	Claire Anderson

< PREVIOUS PAGE
PRINT >>

# 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				
Current Uploaded Documents				
Date Uploaded	Document ID	Document Type	File Name	
09/10/2019	VPECOS000CA 1909101152520 739E120H2271 55T3053	Voided Check/Account Verification	EFT info.pdf	<a href="#">VIEW</a>
09/10/2019	VPECOS000CA 1909101152180 450E120H2271 55T3047	Official IRS document confirming TIN and LBN	IRS doc.pdf	<a href="#">VIEW</a>

[← PREVIOUS PAGE](#)

# Enrollment on Demand

## 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.

Search for an Enrollment on Demand

|

x

- [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](#)

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**Questions?**

**Thank You!**