

PECOS ENROLLMENT PROCESS

Internet-based **P**rovider **E**nrollment, **C**hain and **O**wnership **S**ystem (PECOS) is an electronic Medicare enrollment system through which providers and suppliers can:

- ✓ Submit Medicare enrollment applications
- ✓ View and print enrollment information
- ✓ Update enrollment information
- ✓ Complete the revalidations process
- ✓ Voluntarily withdraw from the Medicare Program and
- ✓ Track the status of a submitted Medicare enrollment application

BEFORE YOU BEGIN THE ENROLLMENT PROCESS

You need to gather the following information:

- 1) Your NPI User ID and Password. If you have misplaced this information or can't remember, [click here](#) to initiate username and password recovery. **Note: It is very important that your NPI Taxonomy reflect your current program. For a listing of Provider Taxonomies [click here](#).**
- 2) Your Alabama medical license number and issue date. To locate this information, you may go to the Alabama Board of Medical Examiners website: <http://albme.org/>
- 3) Your Federal DEA number and issue date. To locate this information, you may go to the DEA website: <http://www.deadiversion.usdoj.gov/>
- 4) Then go to <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1> to begin the enrollment process

Step 1

Log into PECOS enrollment system using your NPI User ID and Password.

Note: Java Script must be enabled in your internet browser for PECOS to work properly.

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.

USER LOGIN

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

* User ID

* Password

LOG IN

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

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.

Enrollment Tutorials

- **Initial Enrollment:**
Step-by-step demonstration of an initial enrollment application in PECOS.
[Individual Provider](#) or [Organization/Supplier](#)
- **Change of Information:**

Step 2

Click on "My Associates" to enroll as a Medicare Provider for the first time.

Welcome *Erin* Turner

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.

From	To	Details
There are no notifications at this time.		

Manage Medicare and Account Information

MY ASSOCIATES 19

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

ACCOUNT MANAGEMENT 20

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

Step 3

Click on "Create New Application."

My Enrollments

New Application

! IMPORTANT:

If you are responding to a request for Revalidation, please do not select the "New Application" button. Instead, select one of your current enrollment records.

If your organization is currently enrolled in Medicare, but you do not see your current enrollment information please take the following steps to confirm your access to the enrollment application before creating a new application.

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.

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.

CREATE NEW APPLICATION 21

Step 4

Verify that you are the applicant, then select "Next Page."

Application Questionnaire (*) Red asterisk indicates a required field.

Applicant Identification

* Which provider is the application being created for?

Health (You)
National Provider Identification (NPI): *

NEXT PAGE >

Step 5

Select "Eligible Ordering, Certifying, and Prescribing Physicians, and Other Eligible Professionals," then select "Next Page."

Medicare Enrollment
for Providers and Suppliers

My Application Progress 0%

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire (*) Red asterisk indicates a required field.

Healthcare Services Rendered

* Please select the option that best represents the healthcare service rendered for this application.

- Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)
- Clinic/Group Practices and Certain Other Suppliers (e.g., Ambulance Service Supplier, Clinic, Independent Diagnostic Testing Facility)
- Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- Medicare Diabetes Prevention Program Supplier (MDPP)
- Individual Physician or Non-Physician Practitioner
- Eligible Ordering, Certifying, and Prescribing Physicians, and Other Eligible Professionals

Note: Select this option only if any of the following applies to the applicant:

1. The applicant, or any organization employing the applicant, will not send claims to a Medicare contractor for any service furnished by the applicant.
2. The applicant, or any organization employing the applicant, sends claims through a Medicare managed care plan.

NEXT PAGE >

CANCEL

Step 6

After you click next page in Step 5, a pop-up will appear. Click "Continue To Easy Enrollment."

The screenshot shows a Medicare application form with a blue pop-up alert box. The alert box has a title "Navigation to Easy Enrollment Alert" and contains the text: "You will be navigated to the Easy Enrollment Process to complete your CMS-3650 application. The PPOG Easy Enrollment is a simplified application process designed to be fast and easy to use." Below the text are two buttons: "Cancel" and "Continue To Easy Enrollment". The background form is partially visible, showing a section titled "Healthcare Services Rendered" with several radio button options. The "NEXT PAGE" button is visible at the bottom of the form.

Step 7

Complete "Enrollment Summary" by entering your Identifying Information and Education.

Under "Ordering, Certifying or Prescribing Reason," if **licensed** select "Group 2 Licensed Resident or Fellow Not Employed by any entity in Group 1." If **unlicensed**, select "Group 2- Other (specify)" and type "nonlicensed physician" in box.

The screenshot shows the "Enrollment Summary" form. At the top, it says "Review all enrollment sections and make edits where necessary. Some information has been pre-filled. You can save sections as you complete them. Use 'Submit Application' to advance to the Documentation Upload." Below this is a section for "Identifying Information" with fields for First Name, Middle Name, Last Name, Suffix, Credentials, Gender, Date of Birth, Social Security Number, and National Provider Identifier. There is a checkbox for "Does the applicant have any other name to supply?". Below that are fields for Medicare ID (if issued), Medicare ID Type, Medicare ID Effective Date, Primary Medicare Specialty, and Unfilled Primary Specialty. A green "Apply Specialty" button is present. The "Education" section has a dropdown for "Medical or other Professional School" and a field for "Year of Graduation". The "Ordering, Certifying, or Prescribing Reason" section has a dropdown for "Reason for Enrolling Solely to Order and Certify Items or Services, or Prescribe Part D Drugs" and a text box for "Other (Please Specify)".

Step 8

Select either Yes/ No under “Final Adverse Legal Actions.” If **unlicensed**, select “Unlicensed Resident” and select the state where you plan to order and refer (AL). If **licensed**, select “Add License.” Enter license number, effective/ issue date and expiration.

Final Adverse Legal Actions

* Has a final adverse legal action ever been imposed against the applicant under any current or former name or business entity?

Yes No

For more information, view [Final Adverse Legal Actions That Must Be Reported](#).

Save

Licenses

Use **Add License** to enter new License information. You can delete any License records that are not applicable.

Select only one valid license for which the state from the selected license will be used to route your application to the appropriate contractor. You do not need to submit an 8550 form for each state you are licensed to practice.

NOTE: License information is required to submit the Easy Enrollment with the following fields being required: Selection of new or existing license information radio button. The selected record must have the following information: State Issued, License Number, Effective Date.

License information is not required if you are an Unlicensed Resident. Please select the check box below and enter an appropriate State.

Unlicensed Resident

Add License

License Record Information

* Select	State Issued	License Number	Effective Date	Expiration Date	Delete
No records associated for License Information					

Save

Step 9

Scroll past Certifications and Drug Enforcement Agency (DEA) Registrations.

Certifications

Use **Add Certification** to enter Certification information that is associated to you.

NOTE: Certification information is not required to submit the Easy Enrollment but if included, the following fields are required: State Issued, Certification Number, Effective Date.

Add Certification

Certification Record Information

Drug Enforcement Agency (DEA) Registrations

Use **Add DEA** to enter DEA Registration information that is associated to you.

NOTE: DEA Registration information is not required to submit the Easy Enrollment but if included, the following fields are required: State Issued, DEA Registration Number.

Add DEA

DEA Registration Record Information

State Issued	DEA Registration Number	Effective Date	Expiration Date	Delete
No records associated for DEA Registration Information				

Step 10

Enter your personal information in the section, “Correspondence Mailing Address.”
Click “Save and Continue.”

Correspondence Mailing Address

Enter the mailing address and contact information where Medicare and your Medicare Administrative Contractors (MAC) can contact you directly.

View additional [Correspondence Mailing Address Information](#).

Business Location Name

Enter your name.

Attention (optional)

* Address Line 1

Address Line 2

Enter your address.

* City

* State

* Zip

+4

Enter the City,

State

and Zip in which you live.

XXXX

* Telephone Number

Fax Number

* Email Address

Enter your phone number.

(XXX) XXX-XXXX

(XXX) XXX-XXXX

Enter your email address.

Save

Contact Person

If questions arise during processing of this application, your designated MAC will attempt to contact you directly by means given in the Corresponding Mailing Address section. If you are not available, you may designate an alternate contact person below.

View additional [Contact Person Information](#).

+Add Additional Contact

View In-Progress Application Report

Save My Application Progress

Save and Continue

Step 11

Select "No" under "Upload Documents," then click "Continue to Correspondence Signature."

Home > My Associates > My Enrollments > Initial Enrollment > Documentation Upload

Documentation Upload

(*) Indicates required fields

You may digitally upload most Required and/or Supporting documentation for submission as part of the application.

Use the Required and/or Supporting Documentation Checklist to review documentation applicable to this submission and track the delivery method(s) of each type of document submitted. Both Upload and Mail may be checked when there is more than one document, indicating some are uploaded and some are mailed.

View additional Required and/or Supporting Documentation Information.

— Required Documentation Checklist

— Optional Documentation Checklist

Save

Upload Documents

* Do you wish to upload supporting documents?

Yes No

You have indicated that the applicant does not wish to upload Required and/or Supporting Documents.

Return to Enrollment Summary Continue to Certification/Signatures

Step 12


Click the bubble beside the pen that reads, "Electronically sign (E-Sign) Certification Statement." Click continue.

Home > My Associates > My Enrollments > Initial Enrollment > Documentation Upload > Certification Statement/Signatures


Certification Statement/Signatures

(*) Indicates required fields

* Select one of the following options to submit your Certification Statement:

 Electronically sign (E-Sign) Certification Statement

- Directly sign Certification Statement and provide approval if you are the provider indicated in this enrollment
- For surrogate users, designate an email address to reach the provider of this enrollment to E-Sign directly

 Upload Certification Statement

- Instructions will be given for signing and uploading a Certification Statement
- **NEW!** PECOS now allows users to upload signed documents. Please upload your certification statement(s), authorization statement(s), and CMS-S88 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures options.

Continue

Step 13

Make sure E-Sign is highlighted in blue. Click "Yes" beside "Do you want to complete your E-Signature now?"

Certification Statement/Signatures

Certification Method Options

You have selected to electronically sign the certification statement. If you wish to change your certification method, please select one of the options below.

E-sign Upload

Do you want to complete your E-Signature now? YES NO

E-Signature Instructions

(*) Indicates required fields

You have indicated that you are the physician or other professional for which this application was completed.

Follow the steps below to complete your E-Signature:

1. View and read the Terms and Conditions for the applicable documents that you wish to E-Sign.
2. Check the box if you agree with the terms and conditions
3. Select the Submit button to complete your E-Signature

Terms and Conditions

This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.
6. 18 U.S.C. 1347 authorizes criminal penalties against individuals who knowingly and willfully execute, or attempt, to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of any health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual will be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.
7. The government may assert common law claims such as "common law fraud", "money paid by mistake" and "unjust enrichment." Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

INDIVIDUAL PRACTITIONER CERTIFICATION STATEMENT (8550)

As an individual practitioner, you are the only person who can sign this application. The authority to sign the application on your behalf may not be delegated to any other person. The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program solely to order and refer items and services for Medicare beneficiaries. Review these requirements carefully. By signing the Certification Statement, you agree to adhere to all of the requirements listed therein and acknowledge that you may be denied entry to or revoked from the Medicare program if any requirements are not met. You MUST sign and date the certification statement below in order to be enrolled in the Medicare program. In doing so, you are attesting to meeting and maintaining the Medicare requirements stated below.

I, the undersigned, certify to the following:

1. I understand that in the future if I wish to be reimbursed by Medicare for services performed, I must first submit the appropriate paper CMS-855 application or use Internet-based PECOS to submit an

(*) Indicates required fields

You have indicated that you are the physician or other professional for which this application was completed.

Follow the steps below to complete your E-Signature:

1. View and read the Terms and Conditions for the applicable documents that you wish to E-Sign.
2. Check the box if you agree with the terms and conditions
3. Select the Submit button to complete your E-Signature

Terms and Conditions

This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. 18 U.S.C. 1035 authorizes criminal penalties against individuals in any matter involving a health care benefit program who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; or makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items or services. The individual shall be fined or imprisoned up to 5 years or both.
6. 18 U.S.C. 1347 authorizes criminal penalties against individuals who knowingly and willfully execute, or attempt, to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by or under the control of any health care benefit program in connection with the delivery of or payment for health care benefits, items, or services. Individuals shall be fined or imprisoned up to 10 years or both. If the violation results in serious bodily injury, an individual will be fined or imprisoned up to 20 years, or both. If the violation results in death, the individual shall be fined or imprisoned for any term of years or for life, or both.
7. The government may assert common law claims such as "common law fraud", "money paid by mistake" and "unjust enrichment." Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

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I, the undersigned, certify to the following:

1. I understand that in the future if I wish to be reimbursed by Medicare for services performed, I must first submit the appropriate paper CMS-855 application or use Internet-based PECOS to submit an

* Do you accept the Terms and Conditions?

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

COMPLETE SUBMISSION

Step 14

Check the box under "Do you accept the Terms and Conditions?" Then click "Complete Submission."

Step 15

Click "Print Confirmation Page" and upload into MedHub.

Submission Confirmation

Congratulations! You have successfully completed your application submission using the PECOS Easy Enrollment process. Please see the details of your submission below.

View my enrollment status directly - [Application Status Kiosk](#)

View my enrollment report - [My Application Summary Report](#)

Submission Confirmation Details and Tracking

Confirmation Details

Name: NPI:

Web Tracking ID:

Submission Date:

Submission ID:

Enrollment Signature

Signature Status: E-SIGNATURE COMPLETED

Role: ORDERING, CERTIFYING, OR PRESCRIBING PHYSICIAN OR OTHER ELIGIBLE PROFESSIONAL

Medicare Administrative Contractor(s)

Medicare Contractor: PALMETTO GBA

PART B PROVIDER ENROLLMENT
P.O. BOX 100190
COLUMBIA SC 29202-3190

Supporting Documentation and Additional Information

Please mail in all applicable required supporting documentation as requested by your Medicare service contractor.

If you selected to upload the signature for any Authorized Signer(s) for this application, and have not done so yet, please navigate to the My Enrollments page, find this application, and select the Manage Signatures option to upload a signature document, or change your signature method.

Any documentation requiring signatures, not e-signed or uploaded, must be e-signed or uploaded within 15 days of submitting the electronic part of your application.

If the application is returned for corrections or you wish to submit a change of information, you may do so by accessing [Internet-based PECOS](#). Our [How-to guide \(PDF, 2.70MB\)](#) is here to assist.

[Print Confirmation Page](#)

[Update NPPES Taxonomy](#)