

How to Navigate through PECOS to Perform a Change of Information

How to Navigate through PECOS to Perform a Change of Information

The following walk-thru explains how a User will **start** to Perform a Change of Information (COI) to an approved Medicare enrollment.



This walk-thru will show how a User begins the process of performing a change of information to an approved Medicare enrollment. There are many variations to the topics the User can complete depending on the type of enrollment they are editing.

Examples a Change of Information would be accessed:

- Updating LBN or Individual Name
- Updating/Adding a Contact Person
- Updating/Adding a Practice Location
- Updating Primary And/Or Secondary Specialty
- Adding (855I)/Removing (855I or 855B) PA Arrangement Topic

1. The User will go to the PECOS web site at <https://pecos.cms.hhs.gov>, enter their I&A User ID and Password, and select "Log In."

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

MirandaBa

* 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.

Provider & Supplier Resources

- [CMS.gov/Providers](#) - Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.
- [Enrollment Checklists](#) - Review checklists of information needed to complete an application for various provider and supplier types.
- [Revalidation Notice Sent List](#) - Check to see if you have been sent a notice to revalidate your information on file with Medicare.
- [Ordering, Certifying, or Prescribing Practitioners List](#) - View the Ordering, Certifying, or Prescribing Practitioners List to verify eligibility to order or certify items or services to Medicare beneficiaries, or prescribe part D drugs.

- [Medicare Learning Network® \(MLN\)](#)  - Helpful articles and tutorials about changes in Medicare enrollment.
- [Ordering, Certifying, or Prescribing Information \[PDF, 1.64MB\]](#)  - Learn about the Ordering, Certifying, or Prescribing enrollment process.

Enrollment Tutorials

- **Initial Enrollment:**
Step-by-step demonstration of an initial enrollment application in PECOS.
[Individual Provider](#)  or [Organization/Supplier](#) 
- **Change of Information:**
Step-by-step demonstration of how to update or change information for an existing enrollment already on file with CMS.
[Individual Provider](#)  or [Organization/Supplier](#) 
- **Revalidation:**
Step-by-step demonstration on how to submit your revalidation application using PECOS.
[Individual Provider](#)  or [Organization/Supplier](#) 
- **Deactivated:**
Example of how to deactivate an existing enrollment record.
[Individual Provider](#) 
- **Reactivation:**
Step-by-step demonstration of how to re-enroll based on enrollment information that already exists in PECOS.
[Organization/Supplier](#) 
- **Adding a Practice Location (DMEPOS Only):**
Demonstration of how to add a new practice location for DMEPOS supplier who is already enrolled with CMS.
[DME Supplier](#) 

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0938-1056, 0938-1135 and 0938-0685. Depending on the applicant's provider/supplier type and reason for submission of this information, the time required to complete this information is estimated to be between 15 minutes and 6 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, Attn.: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, MD 21244-1850.

WARNING: Only authorized registered users have rights to access PECOS. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system, users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

2. The User selects "My Associates."

Welcome Gemma Morrow

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

- 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.

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

You currently have no pending signatures.

VIEW ALL SIGNATURES >>

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](#)

3. To view an existing Medicare enrollment, the User will select "View Enrollments" next to the Individual Provider or Organization that needs the change of information.

Medicare Enrollment

for Providers and Suppliers

CMS Validation
Home | Help  | Log Out

[Home](#) > [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](#) 


Application Warning


 **OPENED FOR CORRECTIONS**


You currently do not have any applications that are Opened for Corrections.

Help

 [Medicare Part A Services](#)


 [Medicare Part B Services](#)


 [Legal Business Name](#)


 [National Provider Identifier \(NPI\)](#)


Additional Resources


[How to Guides](#) 

[FAQs](#) 

[Glossary](#) 

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

[Application Status Kiosk](#) 

[Additional Links](#) 

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.

Existing Associates

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

Enrollment Type

All Types

SELECT

Provider/Supplier Type

All Provider/Supplier Types

Associate Legal Business Name

TIN



XXX-XX-XXXX

Associate Last Name

NPI



10 Digits

Associate First Name

State

All States

FILTER

RESET

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

Individuals

Records 1 - 1 of 1

Name: Grey, Meredith

NPI: 1538654660

VIEW ENROLLMENTS




Records 1 - 1 of 1

Organizations

Records 1 - 1 of 1

Name: Sunshine Surgery Center
r

TIN: 78-4116516

VIEW ENROLLMENTS 

Records 1 - 1 of 1

4. On the Existing Enrollments page, the User will select "More Options" next to the application which needs to be updated.

My Enrollments

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**, please **do not** create an initial enrollment application. Instead, select one of your current enrollment records below.

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](#)

Existing Medicare Applications and Enrollments

Selecting an individual or organization enrollment allows you to:

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



Filter Existing Medicare Applications and Enrollments Section

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

Enrollment Type

All Types ▼

[SELECT](#)

Provider/Supplier Type

Enrollment Status

Help

[+ Medicare Part A Services](#)

[+ Medicare Part B Services](#)

[+ Legal Business Name](#)

[+ National Provider Identifier \(NPI\)](#)

[+ Why do I see two statuses for one application on the My Enrollments page?](#)

Additional Resources

[New! Medicare ID Search Tool](#)

[How to Guides](#)

[FAQs](#)

[Glossary](#)

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

[Application Status Kiosk](#)

[Additional Links](#)

All Provider/Supplier Types

All Statuses

State

All States

Medicare ID

FILTER

RESET

Name: Walnut Avenue Associates PC

TIN: 30-0389652

Records 1 - 2 of 2

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

Existing Enrollments

Contractor: PALMETTO GBA

State: VIRGINIA

Type/Specialty: CLINIC/GROUP PRACTICE

VIEW

REVALIDATE

MORE OPTIONS

Enrollment Type: 855B

Medicare ID: 1245895 [View Medicare ID Report](#)

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

Current ADI Accreditation?: No

Practice Location: 1554 DEL MONTE RD, CLEVELAND, OH 24568

Existing Reassignments: 2

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

New Enrollments

State: VIRGINIA

Type/Specialty: OTHER

VIEW

MORE OPTIONS

Enrollment Type: 855B

Status: NEW [View New Application](#)

Tracking ID: T100220190000075

Pending Reassignments Applications: 0

[View/Manage Reassignments](#)

Records 1 - 2 of 2

PREVIOUS PAGE

5. The User selects "Perform a Change of Information to Current Enrollment Information."

Medicare Enrollment
for Providers and Suppliers

CMS Validation
Home | Help | Log Out

Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

Approved Existing Supplier 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

RETURN TO MY ENROLLMENTS

6. The User sees two options listed and selects the option that applies to them and then "Next Page"

Medicare Enrollment

for Providers and Suppliers

CMS Validation
Home | Help | Log Out

My Application Progress 0%

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

Application Questionnaire

(*) Red asterisk indicates a required field.

Physical Location State or Healthcare Services

* Please select the option below that best describes your update.

☐ Option 1

- You are adding a practice location in a different state/territory than where you are currently enrolled OR are required to enroll each practice location separately
- You are adding/changing your primary specialty/provider type

☒ Option 2

- You are adding/updating a practice location in the same state/territory where you are currently enrolled
- You are updating reassignment information so you may provide services at a group's practice location
- You are making other changes to existing enrollment information

[< PREVIOUS PAGE](#)


[NEXT PAGE >](#)

[<< CANCEL](#)

7. If the User selected Option 2 in the previous step, they select "Yes, I need to make other updates to my enrollment." or "No, I only need to make Reassignment Updates" and "Next Page".

Medicare Enrollment

for Providers and Suppliers

CMS Validation
Home | Help  | Log Out

My Application Progress 0%

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

Application Questionnaire

(*) Red asterisk indicates a required field.

Additional Changes

* Does the applicant need to make any other updates or changes to this enrollment information?

- ☐ Yes, I need to make other updates to my enrollment.
- ☐ No, I only need to make Reassignment Updates.

[< PREVIOUS PAGE](#)

[NEXT PAGE >](#)


[<< CANCEL](#)

8. The User is taken to the "Confirm Reason for Application" page and selects "Start Application."

Medicare Enrollment

for Providers and Suppliers

CMS Validation

[Home](#) | [Help](#)  | [Log Out](#)

My Application Progress 0%

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

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. The practitioner is adding, deleting or changing general Medicare enrollment information.

The application is for:

Legal Business Name	Tax Identification Number (TIN)	Supplier Type	State
CGI HOSPITAL	11-1111111	CLINIC/GROUP PRACTICE	VIRGINIA

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
- An Authorized Official or Delegated Official 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 


 **CANCEL**


Help


-  [Supplier](#)
-  [Legal Business Name](#)
-  [Tax Identification Number \(TIN\)](#)
-  [Authorized Official](#)
-  [Delegated Official](#)
-  [Fee-for-Service Contractor](#)
-  [Certification Statement](#)


Additional Resources


[Medicare ID](#)
New! [Search Tool](#) 


[How to Guides](#) 

[FAQs](#) 

[Glossary](#) 

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

[Application Status Kiosk](#) 

[Additional Links](#) 

9. Once in the enrollment, the User will select the "Error/Warning Check" and complete the topics. If the User is Performing a Change of Information, they can go to the "Topic View" tab and find the topic they need to update. However, they will need to still go to the "Error/Warning Check" to complete any required topics.



Topics and questions will change based on how the application is filled out. These questions are to be answered based on the Organization's or Provider's particular situation and are things that only the Provider or someone from the Organization will know. **Any information EUS Agents give may be incorrect for their enrollment situation and may result in a delay processing the enrollment by the MAC.** If the User asks you to stay on the line or wants someone to help answer the application questions, please advise that EUS is a technical support desk only and assists with navigation through the PECOS website. If the User receives any technical errors, the User can call back. Please advise the User to refer to the self-help tools that can be found throughout the enrollment. There are also video tutorials on the PECOS home page which can be helpful with regard to the application content.

In each of the tabs the Enrollment ID, PacID, and Web Tracking ID will be displayed. The Web Tracking ID will begin with a T and is a 15 digit tracking number that is assigned when the enrollment was started in PECOS.

10. Once the "My Application Progress" is at 90% and there are not any more errors in the "Error/Warning Check", the User will be able to submit the enrollment by selecting **Begin Submission**.



If the enrollment has any Warnings in the "Error/Warning Check", the enrollment may still be submitted. However, enrollments **can not** be submitted if there are Errors.

[Home](#) > [My Associates](#) > [My Enrollments](#) > Initial Enrollment

[Topic View](#)

[Fast Track View](#)

Error/Warning Check

Enrollment Submission

Note: Your application is ready for submission. Please select the Begin Submission button.

BEGIN SUBMISSION >>

Enrollment ID: O10082019000005
PacID: A005425094O10082019000005
Web Tracking ID: T100820190000003

Errors for this Enrollment

No Errors were found for this enrollment application.

Warnings for this Enrollment

No Warnings were found for this enrollment application.

Oracle
RightNow
Category:

- **PECOS**
- **Na
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Article P018