Session Overview

- Introduction to PECOS
- Overview of the PECOS Home Page
- Medicare Look up Tool
- Revalidation Notification Center
- Submitting Revalidation Application
- Submitting Initial Application
- Submitting Change of Information
- Submitting Signatures at a Later Time
Introduction to PECOS:
What is PECOS?

The Provider Enrollment, Chain and Ownership System (PECOS) is the system that houses all provider’s enrollment and billing information.

PECOS can be used in lieu of the paper CMS-855 enrollment application to:

✔ Submit an initial Medicare enrollment application
✔ Submit changes to existing Medicare enrollment information
✔ Revalidate your enrollment information
✔ Track the status of an enrollment application
✔ Reactivate an existing enrollment record
✔ Withdraw from the Medicare Program
Log in Screen

**USER LOGIN**

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

- **User ID**
- **Password**

[LOG IN]

**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.
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

- 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.
Welcome Anitha Jonnala

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.

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

Help

- User Account
- Manage Access

Additional Resources

- Medicare ID Search Tool
- How to Guides
- FAQs
- Glossary
- Who Should I Call? (PDF, 214 KB)
- Application Status
- Kiosk
- Additional Links
Medicare ID Look up Tool
Questions
Revalidation Notification Center

Manage Medicare and Account Information

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

Manage Signatures

Applications Requiring Signatures

Applicant Name: ANITHA JONNALA
TIN (SSN): XXX-XX-XXXX
Web Tracking ID: T040201800020061
Form Type: SSNI
Application Submitted: 04/04/2019
Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

VIEW AND SIGN ▶
Revalidation Notification Center

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.
### Revalidation Notification Center

<table>
<thead>
<tr>
<th>Action</th>
<th>Provider</th>
<th>More Information</th>
<th>Revalidation Status</th>
<th>Type/Specialty</th>
<th>Form Type</th>
<th>Enrollment Status</th>
<th>TIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>ANTHA HOSPITAL</td>
<td>REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER</td>
<td>CONNECTICUT</td>
<td>CLINIC/GROUP PRACTICE</td>
<td>865B</td>
<td>APPROVED</td>
<td>939929023</td>
</tr>
<tr>
<td>View</td>
<td>ANTHA HOSPITAL</td>
<td>REVALIDATION APPLICATION HAS NOT BEEN STARTED</td>
<td>ALASKA</td>
<td>COMMUNITY MENTAL HEALTH CENTER</td>
<td>865A</td>
<td>APPROVED</td>
<td>939929023</td>
</tr>
<tr>
<td>View</td>
<td>ANTHA HOSPITAL</td>
<td>REVALIDATION APPLICATION HAS BEEN SUBMITTED BY THE USER</td>
<td>HAWAII</td>
<td>ANNARAM PHYSICIAN HOSPITAL ASSISTANT</td>
<td>865i</td>
<td>APPROVED</td>
<td>XXX-XX-XXXX</td>
</tr>
<tr>
<td>View</td>
<td>ANTHA HOSPITAL</td>
<td>REVALIDATION APPLICATION HAS NOT BEEN SUBMITTED</td>
<td>VIRGINIA</td>
<td>MEDICAL FACULTY PRACTICE PLAN</td>
<td>865B</td>
<td>APPROVED</td>
<td>939929023</td>
</tr>
</tbody>
</table>

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

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

[DOWNLOAD REPORT]

[RETURN TO HOME]
If you are not the surrogate for the provider a ‘#’ will be displayed. GO TO I&A to establish surrogacy.
Submitting Revalidation Application
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 supplier is currently enrolled in the Medicare program. The supplier is revalidating Medicare enrollment information.

The application is for:

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>Tax Identification Number (TIN)</th>
<th>Supplier Type</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANITHA HOSPITAL</td>
<td>93-0020023</td>
<td>CLINIC/GROUP PRACTICE</td>
<td>CONNECTICUT</td>
</tr>
</tbody>
</table>

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

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

At the conclusion of this process:

- The application is submitted to the appropriate Medicare fee-for-service contractor(s) for processing
- 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
Revalidation Application – Enrollment Information

Home > My Associates > My Enrollments > Revalidation

Enrollment ID: 020151209000000
PaxID: 872929449/020151209000000
Web Tracking ID: 12011207190000000

Reason for Application
Enrolled Supplier is Revalidating their Enrollment Information

Reports
Select the hyperlink to view the Application being edited:
View Application being edited

Select the hyperlink to view the Medicare ID Report:
View Medicare ID Report

Topics
Organization Information
ANITHA HOSPITAL 93-0929023
Type of Organization Structure: Corporation
IRS Proprietary/Non-Profit Status: Proprietary
Indian Health Facility: No

Supplier Type
### Rendering Healthcare Services at a Patient's Home

**Address:** BALTIMORE, CA 21043  
**Effective Date of Information:** 01/01/2014

### Reassignment

**Accepting Reassignment from:** JONNALA, ANITHA  
**Effective Date of Information:** 01/01/2011  
**Social Security Number (SSN):** XXX-XX-XXXX  
**Date of Birth:** 04/04/XXXX  
**Medicare Identification Number(s):**  
**Medicare ID(s) for provider reassigning benefits:** 4324234234  
**Practice Location Address:**  

### Physician Assistant Employment

**SWETHA ANNARAM**  
**Effective Date of Employment:** 09/05/2010  
**Physician Assistant's National Provider Identifier (NPI):** 1164425252

**ANITHA JONNALA**  
**Effective Date of Employment:** 03/20/2016  
**Physician Assistant's National Provider Identifier (NPI):** 1013910025

**ANITHA JONNALA**  
**Effective Date of Employment:** 06/05/2018  
**Physician Assistant's National Provider Identifier (NPI):** 1154391645  
**Medicare ID:** PAX1234567
Revalidation Application – Update Reassignments

Reassignment of Benefits

Topic Summary
This topic captures information to identify Medicare providers with whom the applicant will establish a reassignment of benefits. (more information about Reassignment of Benefits)

Filter Reassignment of Benefits
Please provide one or more of the following options to filter your enrollments. Selecting on the Clear Filter button will clear the options and load the full list of enrollments.

Advanced Search

Reassignment Information
Records 1 - 1 of 1

Accepting Reassignment from: JONNALA, ANITHA

Effective Date of Information: 01/01/2011
Social Security Number (SSN): XXX-XX-XXXX
Date of Birth: 04/04/XXXX

Medicare ID(s) for provider receiving reassignment of benefits:
4342123345

Medicare ID(s) for provider reassigning benefits:
4324234234

Practice Location Address:
Revalidation Application - Control

Organization Control

You have indicated that the applicant does not have any information for this topic.

GO TO TOPIC

Individual Control

JOHN, ANNE

Tax Identification Number (SSN): XXX-XX-XXXX
Date of Birth: 01/01/XXXX

Individual's Relationship to the Applicant:
5% OR MORE OWNERSHIP INTEREST
Effective Date: 01/01/2015
PARTNER
Effective Date: 01/01/2015
DIRECTOR/OFFICER
Effective Date: 01/01/2014
CONTRACTED MANAGING EMPLOYEE
Effective Date: 01/01/2015
AUTHORIZED OFFICIAL
Effective Date: 01/01/2015

GO TO TOPIC

Patient Records Storage Location

You have indicated that the applicant does not have any information for this topic.

GO TO TOPIC
See all ALAs submitted and Add new
Supporting Documents

- Expedite Application Processing
- Submit PDF and TIFF formats
- Copy of CMS-855 Form not needed
- Copy of Certification Statement should not be uploaded here

<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Delivery Method</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form CMS-469, Medicare Participating Physician or Supplier Agreement</td>
<td>View and Print</td>
<td>Maximum of 500 characters You have 500 characters remaining.</td>
</tr>
<tr>
<td></td>
<td>Mail Upload</td>
<td></td>
</tr>
<tr>
<td>Copy of Comprehensive Liability Insurance Policy</td>
<td>Mail Upload</td>
<td>Maximum of 500 characters You have 500 characters remaining.</td>
</tr>
<tr>
<td>Copy of IRS Determination Letter - Non Profit (IRS Form 501(c)(3))</td>
<td>Mail Upload</td>
<td>Maximum of 500 characters You have 500 characters remaining.</td>
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</tbody>
</table>

<table>
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<tr>
<th>Supporting Documentation</th>
<th>Delivery Method</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of Pay.gov Payment Information</td>
<td>Mail Upload</td>
<td>Maximum of 500 characters You have 500 characters remaining.</td>
</tr>
<tr>
<td>Other Documentation requested by your Medicare Contractor(s)</td>
<td>Mail Upload</td>
<td>Maximum of 500 characters You have 500 characters remaining.</td>
</tr>
<tr>
<td>Proof of Overpayment Resolution</td>
<td>Mail Upload</td>
<td>Maximum of 500 characters You have 500 characters remaining.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation Requiring Signatures: MUST E-SIGN or UPLOAD</th>
<th>View and Print</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Official Certification Statement for Clinics and Group Practices (PDF)</td>
<td>View and Print</td>
<td>Maximum of 500 characters You have 500 characters remaining.</td>
</tr>
</tbody>
</table>
Supporting Documents

Do you want to upload one or more documents with your Medicare enrollment application now?

- Yes, I would like to upload one or more documents now.
- No, I do not want to upload any documents now. (You may upload documents at a later time.)

Step 3: Upload digital copies of the documents.

Instructions for this step: This step is required only if you selected the Upload delivery method for any documents you identified in Step 1. Complete Step 2 before Step 3.

Please select any required or supporting documents you identified in Step 1 with the Upload delivery method and upload them below as attachments to your Medicare enrollment application. Please select the document type, the document name, and click the UPLOAD button to attach each file to your Medicare enrollment application.

Documents you upload appear in the Current Uploaded Documents table.

Send hard copies of the documents you identified with the Mail delivery method in Step 1 to your MAC via U.S. Mail.

Note: Please do not upload your signed documents in this section. You will be able to upload them on the Manage Signatures page of the submission process.

Please do not upload the following documentation. Doing so might delay processing your application and could require further action:

- Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, or Form CMS-856G.

File Upload Constraints:

- You may upload only PDF or TIFF formatted document files that are 10MB or less.
- You may upload only 100 or fewer documents per application submission.
- Each uploaded file may only contain one document. Files with multiple documents are not valid.
Begin Submission

Medicare Enrollment
for Providers and Suppliers
ANITHA HOSPITAL | INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) | CALIFORNIA

Home | Help | Log Out

Topics
My Application Progress 90%

Home > My Associates > My Enrollments > Revalidation

Enrollment Submission
Note: Your application is ready for submission with warning messages. Please review the warning messages and select the Begin Submission button.

BEGIN SUBMISSION

Enrollment ID: 020180316000092
PAI: 8729229448020180316000092
Web Tracking ID: T021120190000015

Reason for Application
Enrolled Supplier is Revalidating their Enrollment Information
EDIT REASON
Submit Signatures

My Application Progress 90%

Home > My Associates > My Enrollments > Revalidation > Submission Process

Select Signatories

Signatory for Organization Enrollment

(*) Red asterisk indicates a required field.

The selected Signer will be responsible for the Electronic Funds Transfer Agreement and Certification Statement for the Organization Enrollment.

^ Authorized Signer

ANNE JOHN

NEXT PAGE

RETURN TO MY ENROLLMENTS
Submit Signatures

FACTS

- The Authorized Official (AO) for the organization or Practitioner must sign all initial application.
- A Designated Official for an organization can sign a Change Of Information application, so long as the AO is not updated.
- When establishing a new contact person for EFT a signature is required.
- When establishing adding an IDTF supervising physician a signature is required.
- When establishing reassignments for the first time, both the group and the member must sign.
- If deleting or modifying an existing reassignment only the initiating party need to sign.

- Sending mailed certification statements will delay application.
- Electronic signatures will help in getting your application processed quickly.
Submit Signatures - Electronic

Manage Signatures

Name: ANITHA HOSPITAL  
TIN: XX-XXXXXX

NEW! PECCS now allows users to upload signed documents. Please upload your certification statement(s), authorization statement(s), and CMS-588 forms on this page, or after submission, by navigating to the My Enrollments page and selecting the Manage Signatures option.

Note: Users will no longer be able to mail in signature documents. Please select either Electronic or Upload.

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.

Please select a signature method for each signer:

Name: ANNE JOHN  
SSN: XXXX-XX-XXXX

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

Signature Method for ANNE JOHN:
- Electronic
- Upload

* Email Address
* Confirm Email Address

PREVIOUS PAGE  NEXT PAGE
Sample Email

ANNE JOHN,

A Medicare application for ANITHA HOSPITAL for Revalidation has been submitted by Aritha Jinnala, 111-111-1111, aritha.jinnala@cei.federal.com. You have been identified as an authorized signer for this application for which CMS allows you to provide an electronic signature using the instructions below. Please disregard this email if you have already submitted a signature.

Enrollment Application Information:
- Provider/Supplier Name: ANITHA HOSPITAL
- Provider/Supplier Specialty Type: INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)
- State: CA
- Form Type: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES (8558)
- Practice Location: 12322 Oak Creek Lane APT 612, Fairfax, CA 22033
- NPI: 1013910025, 1013910116
- Web Tracking ID: T0211201390000015
- Signatory Name: ANNE JOHN
- Signatory Role: AUTHORIZED OFFICIAL
- Topic(s) Changed: Organization Information, Physical Location and "Special Payments" Address, Individual Control, Contact Person

Instructions:
You may provide an electronic signature using your PECOS user ID at (https://pecos.cms.hhs.gov) OR through the PECOS E-Signature website https://pecos.cms.hhs.gov/pecos/eSignLogin.do, using your identifying information, e-mail address, and unique PIN 1549510026968. Continue to the ‘Pending Signatures’ section and locate the respective enrollment application to review and apply your E-Signature.
Signatures with Pin

The E-signature page will ask for your information and the PIN from the email.

Relocate to the bottom of the screen for a new PIN.
Submit Signatures - Upload

Please select a signature method for each signer:

Name: ANNE JOHN
SSN: XXX-XX-XXXX
* Signature Method for ANNE JOHN:
  - Electronic
  - Upload

Role: AUTHORIZED OFFICIAL
Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

Note: You may upload a signature document now, prior to application submission, or after the submission of this application. To upload a signature document after submission, or to change the signature method, navigate to the My Enrollments page, find this application, and select the Manage Signatures option.

The following documents can be used to upload a signature:

- Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
- Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.

Document: AUTHORIZED OFFICIAL CERTIFICATION STATEMENT FOR CLINICS AND GROUP PRACTICES

Choose File  No file chosen  UPLOAD
Complete Submission

**Submission Page**

(*) Red asterisk indicates a required field.

**Medicare Contractor:**

The Medicare Contractor(s) listed here would be responsible for processing your electronic and printed application materials. If more than one contractor is listed, you must mail copies of print documents to each contractor listed. You must mail all required print documents within 15 days of submitting the electronic part of your application.

**Medicare Contractor:** NOVITAS SOLUTIONS, INC.

NOVITAS SOLUTIONS, INC.
PROVIDER ENROLLMENT SERVICES
P.O. BOX 3157
MECHANICSBURG, PA. 17055-1838

**Reason(s) for submission:**

- A Medicare Part B practitioner is currently enrolled in the Medicare program. The practitioner is adding, deleting, or changing general Medicare enrollment information.

**Reports**

Select the hyperlink to view the Application being submitted:
View Application being submitted

Select the hyperlink to view the Medicare ID Report:
View Medicare ID Report

**Required Documentation**

<table>
<thead>
<tr>
<th>Required Documentation</th>
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</thead>
<tbody>
<tr>
<td>Form CMS-480, Medicare Participating Physician or Supplier Agreement</td>
<td>View and Print</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Copy of Comprehensive Liability Insurance Policy</td>
<td>Unspecified</td>
<td></td>
</tr>
<tr>
<td>Copy of IRS Determination Letter - Non Profit (IRS Form 501(c)(3))</td>
<td>Unspecified</td>
<td></td>
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</table>

**Optional Documentation**

<table>
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<th>Optional Documentation</th>
<th>Delivery Method</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Receipt of Pay gov Payment Information</td>
<td>Unspecified</td>
<td></td>
</tr>
<tr>
<td>Other Documentation requested by your Medicare Contractor(s)</td>
<td>Unspecified</td>
<td></td>
</tr>
<tr>
<td>Proof of Overpayment Resolution</td>
<td>Unspecified</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Documents in PDF format require the Adobe Acrobat Reader®. If you experience problems with PDF documents, please download the latest version of the Reader®.
Submission Confirmation

Submission Confirmation - Print Your Receipt

Submission Complete

You have successfully submitted your application!

Remember:

- If you selected to electronically sign this application, an e-mail containing the PIN and Web Tracking ID have been sent to the Authorized Signer(s) to complete the E-Signature process for documents pertaining to this enrollment application.
- 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 your application, and select the Manage Signatures option to upload a signature document: please ensure you enclose the following:
  - Your application is not complete until the Medicare Contractor receives fully signed documentation for your application.
  - Mail all remaining supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of our application.
  - Include the Tracking ID or a copy of this page when you mail supporting documentation to your Medicare Contractor.
  - Print this page for your records. Note: You can print and/or save copies of the application and required documents for your records by also visiting the "My Enrollments" page.
  - When submitting an application with Electronic Funds Transfer (EFT) Information, please include a voided check or confirmation of account information on bank letterhead.
  - Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list. You will receive e-mail from this address about your application status.

Enrollment Tracking Information

Applicant Name: ANITHA HOSPITAL

Tracking ID: T021120100000015

Submitted Date: MON - FEBRUARY 11 2019 01:33:27 PM EST

Submitted By: Anitha Jonnala
Questions
Submitting Initial Application
My Associates Button

Manage Medicare and Account Information

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

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

Revalidation Notification Center

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

Manage Signatures

Applications Requiring Signatures

Applicant Name: ANITHA JONNALA
TIN (SSN): XXX-XX-XXXX
Web Tracking ID: T040420180000061
Form Type: 855I
Application Submitted: 04/04/2018
Role: PRACTITIONER
Document: CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

View and Sign
My Associates – Filter

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**

**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.
My Associates Page - Application Warnings

**Opened for Correction** You can see applications that have been retracted after being submitted. You can retract submitted applications so long as all signatures are not submitted with the application. The retracted application will reject 20 days from the first submission if not submitted.

**Return for Corrections** This section contains electronic applications that were returned for corrections by the MAC due to missing information. An email is also sent to the contact person containing more details on the missing information. You can re-open your application, make the necessary updates and resubmit. If not submitted within 30 days they will be rejected by MACs.

**Rejected applications** These are applications that are rejected by the MAC. If these applications aren’t re-opened they are removed/deleted after 60 days from PECOS.
My Associates Page – Create Initial Application

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 Questionnaire – Select Provider

Application Questionnaire

(*) Red asterisk indicates a required field.

Applicant Identification

* Which provider is the application being created for?

Individuals

☐ Name: Jonnala, Anitha (You)  NPI: 1154391845

Organizations

☐ Name: Anitha Hospital  TIN: 93-0929023

Next Page

Cancel
PECOS will navigate you through a series of questions designed to determine the correct application.

Very Important! If answered incorrectly, the wrong application will populate.

You can click back to the previous question, or Cancel during questionnaire at any time.
**Start Initial 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 enrolling in the Medicare program for the first time using their social security number (SSN). A reassignment of all benefits exists with this application.

The application is for:

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number (SSN)</th>
<th>Practitioner Specialty</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anitha Jonnala</td>
<td>XXX-XX-XXXXXX</td>
<td>Allergy/Immunology</td>
<td>Arizona</td>
</tr>
</tbody>
</table>

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

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

At the conclusion of this process:

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

**START APPLICATION**
In the Application

Medicare Enrollment
for Providers and Suppliers
Anitha Jonnala  |  ALLERGY/IMMUNOLOGY  |  ARIZONA

R7 36 SYSTEST [PECDB4]
Home  |  Help  |  Log Out

Topics
Topics for this Enrollment

My Application Progress 17%

Home  >  My Associates  >  My Enrollments  >  Initial Enrollment

Topic View  Fast Track View  Error/Warning Check

Enrollment ID: I02052019000035
NPI: A0011454640102052019000035
Web Tracking ID: T0205201900000044
Individual Provider NPI: 1154391845

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

Reports
Select the hyperlink to view the Application being edited.
In the Application – Topic View

• The Topics View displays the topics that need to be completed for your application
• It is designed to align with information needed for the 855 form
• You can navigate to each section by clicking the topic
✓ As you complete a topic, PECOS will apply a check
In the Application – Fast Track View

- Fast Track View displays information that has been entered on the electronic application
- Go to Topic to update or review
In the Application – Error/Warning Check

**Errors for this Enrollment**

Errors were found for this enrollment application or the enrollment on file with Medicare. Please review the errors listed below and verify that the information entered is correct.

Verification of this information is required; the submission process will not continue without verification of this information.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Contact Person is required.</td>
</tr>
<tr>
<td>Required and/or Supporting Documentation</td>
<td>Required and/or Supporting Documentation is required.</td>
</tr>
</tbody>
</table>

**Warnings for this Enrollment**

No Warnings were found for this enrollment application.
Submitting Change of Information
View Approved Enrollment Record

**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]
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.
Start Change of Information

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number (SSN)</th>
<th>Practitioner Specialty</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANITHA JONNALA</td>
<td>XXX-XX-XXXXX</td>
<td>VASCULAR SURGERY</td>
<td>VIRGINIA</td>
</tr>
</tbody>
</table>

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

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

At the conclusion of this process:

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

START APPLICATION

CANCEL
View Manage Reassignments

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

Existing Enrollments

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

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

Current ADI Accreditation?: No

Existing Reassignments: 1
Pending Reassignments Applications: 1

View/Manage Reassignments
View Manage Reassignments
**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](#)
## Section 2: Identifying Information

### Personal Information:

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Tax ID Number (TIN)</th>
<th>Country of Birth</th>
<th>State of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>XXX-XX-XXXX (SSN)</td>
<td>United States</td>
<td>ND</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Accepting New Patients</th>
<th>IRS Proprietary/Non-Profit Status</th>
<th>Other Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Yes</td>
<td>Proprietary</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Other Name (Specify)</th>
<th>Medicare School or Other Professional School</th>
<th>Year of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ATLANTIC MEDICAL COLLEGE</td>
<td>2014</td>
</tr>
</tbody>
</table>

### Practitioner Specialty

- **Practitioner Type:** PHYSICIAN
- **Primary Practitioner Specialty:** CARDIOVASCULAR DISEASE (CARDIOLOGY)

### PAR Status Information

- **Effective Date of Information:** 07/25/2018
- **Does the applicant agree to accept assignment for all covered services provided to Medicare patients? Yes**

### Section 4: Practice Location Information

- **Physical Location and “Special Payments” Address:** No Data Provided
View Existing Enrollments – Pending E-Signatures

Contractor: NOVITAS SOLUTIONS, INC.
State: MARYLAND
Type/Specialty: HEMATOPOIETIC CELL TRANSPLANTATION AND CELLULAR THERAPY

Enrollment Type: 855I
Medicare ID: PINFOR123
Status: APPROVED

Current ADI Accreditation?: No

Existing Reassignments: 0
Pending Reassignments Applications: 0

View/Manage Reassignments

<table>
<thead>
<tr>
<th>Type of Update</th>
<th>Status</th>
<th>Tracking ID</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE OF INFORMATION</td>
<td>PENDING E-SIGNATURES</td>
<td>T07172017000010</td>
<td>VIEW</td>
</tr>
</tbody>
</table>

View Pending E-Signatures Application
MANAGE SIGNATURES
Submitting Signatures at a Later time

**Manage Signatures**

Name: ANITHA JONNALA  
TIN: XXX-XX-XXXX  
Web Tracking ID: T020520150000044  
NPI: 1154361845

**Note:** If a Reassignment of Benefits was submitted with this enrollment application, the status of the Authorization Statement signature(s) can be viewed and updated by accessing the View/Manage Reassignments page.

**NEW!** - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.

**Name:** Anitha Jonnala  
**SSN:** XXX-XX-XXXX  
**Signature Method:** UPLOAD

**Role:** PRACTITIONER  
**Document:** CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS  
**Status:** Pending

**Note:** One or more signature documents have not been uploaded. To upload a signature document or change the signature method, please select the Update button for the appropriate document(s).
Submitting Signatures at a Later time

Electronic Signature Status

(*) Red asterisk indicates a required field.

Update Signature Record

NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents.

Name
Anitha Jonnala

Role
PRACTITIONER

Document
CERTIFICATION STATEMENT FOR INDIVIDUAL PRACTITIONERS

E-Sign Status
Pending

Selected Signature Method
Upload

Update Signature Method to:
• Electronic

The following documents can be used to upload a signature:
• Signature page from the corresponding Medicare provider/supplier enrollment application form available on the CMS website.
• Signature page from the Required/Supporting Documentation topic, or from the My Enrollments Page select this application then select View > View Printable Certification

To upload a signature document now, browse for the file then select the Upload button.

Choose Files | No file chosen

UPLOAD ➤
We encourage you to use PECOS instead of the paper Medicare enrollment application. Advantages of using PECOS include:

- Completely paperless process, including electronic signature and digital document feature
- Faster than paper-based enrollment
- Tailored application process means you supply only information relevant to your application and specialty
- More control over your enrollment information, including reassignments
- Easy to check and update your information for accuracy
- Less staff time and administrative costs to complete and submit enrollment to Medicare
Questions