PECOS FAQs

Target Audience: Medicare Fee-For-Service Providers

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The Provider Enrollment, Chain, and Ownership System (PECOS) is an online Medicare enrollment system. Providers and suppliers can:

- Submit Medicare enrollment applications
- View and print enrollment information
- Update enrollment information
- Complete the enrollment revalidation process
- Withdraw from the Medicare Program voluntarily
- Track a Medicare enrollment application

Find more information about the Medicare enrollment process on the Medicare Provider-Supplier Enrollment webpage. For additional resources and helpful links, see Table 1 at the end of this booklet.

Protect Yourself and CMS Programs From Fraud

Your National Provider Identifier (NPI) and Tax ID are publicly available information. Use extra caution to monitor and protect your professional and personal information to help prevent fraud and abuse. Also, ensure your patients' personal health information is secure. The Centers for Medicare & Medicaid Services (CMS) provides the following resources:

- Medicare Fraud & Abuse: Prevention, Detection, and Reporting
- Office of Inspector General
- Help Fight Medicare Fraud (for patients)

Getting Started with PECOS

What login information do I need before accessing PECOS?

CMS uses several provider enrollment systems. Specifically, the Identity & Access Management (I&A) System allows you to:

- Apply for and manage NPIs in the National Plan and Provider Enumeration System (NPPES)
- Use PECOS to enroll in Medicare, or update or revalidate your current enrollment information
- Register to receive Electronic Health Record (EHR) incentive payments for eligible professionals and hospitals that adopt, implement and upgrade, or demonstrate meaningful use with certified EHR technology

Before completing enrollment in PECOS, you must have an I&A System account. Organizational providers and suppliers must designate an Authorized Official (AO) to work on their behalf in these systems.

Who can work in PECOS?

Organizational providers and suppliers must designate a provider enrollment AO to work on their behalf in CMS systems. These systems include the I&A System, NPPES, and PECOS. The AO may also authorize Delegated Officials (DOs), surrogates, and Staff End Users (SEUs) to use PECOS. Individual providers and suppliers do not require an AO but can authorize surrogates and SEUs to work in PECOS. For more information on registering for an I&A System account or enrolling as an AO, refer to the I&A System Quick Reference Guide and I&A Frequently Asked Questions.

What information do I need before I begin my enrollment in PECOS?

You need the same information to enroll in Medicare using PECOS as you do for a paper enrollment application. If you do not have an I&A System account, create your user name and password there. Use your user name and password to log in to NPPES to register for an NPI. All Medicare provider enrollees must have an active NPI.

Not Sure If You Have an NPI?

Search for your NPI on the NPPES NPI Registry.

Based on your provider type, you may need the following additional information:

- Personal identifying information; this includes your legal name on file with the Social Security Administration (SSA), date of birth, and Social Security Number (SSN)
- Legal Business Name (LBN) of the provider or supplier organization
- Tax Identification Number (TIN) of the provider or supplier organization
- Professional information, such as:
  - Professional license information
  - School degrees
  - Certificates
- Accreditation information
- Surety Bond information
- Specialty and secondary specialty information
- Practice location information, which includes:
  - Current medical practice location
  - Federal, State, and local (city or county) business and professional licenses, certificates, and registrations specifically required to operate as a health care facility
  - Medical record storage information
  - Special payment information

- Bank account information
- Information about relevant final adverse actions, which may include:
  - A Medicare-imposed revocation of any Medicare billing privileges
  - A suspension, termination, or revocation of a license to provide health care by any State licensing authority or the Medicaid Program
  - A conviction of a Federal or State felony within the 10 years preceding enrollment, revalidation, or re-enrollment
  - An exclusion or debarment from Federal or State health care program participation by the Office of Inspector General (OIG) or other Federal or State offices with authority to exclude or sanction a provider

What is the difference between an enrollment application and an enrollment record?

An application is the form, whether paper or electronic, you submit for Medicare Program enrollment approval. An enrollment record includes all your enrollment application data once the application is processed in PECOS.

What enrollment changes cannot be done through PECOS?

You **cannot** use PECOS to:

- Change your SSN
- Change a provider's or supplier's TIN
- Change an existing business structure; for example:
  - A solely owned Professional Association (PA), Professional Corporation (PC), or Limited Liability Corporation (LLC) cannot be changed to a sole proprietorship
  - A sole proprietorship cannot be changed to a PA, PC, or LLC
- Reassign benefits to an unenrolled PECOS provider

Submit changes like those listed above using the appropriate paper Medicare enrollment application.

Are any provider or supplier types restricted from using PECOS?

No. All Fee-For-Service (FFS) providers can apply in PECOS.

When is PECOS available?

The PECOS Provider Interface is available 24 hours a day, Monday through Saturday, with scheduled downtime on Sunday. CMS technical support is available 5 am to 8 pm CT daily.

Enrollment Applications

Am I required to complete and submit enrollment applications in PECOS?

While PECOS is preferred for submitting an enrollment application because it is faster and easier, you may complete and mail the appropriate paper Medicare enrollment application to the address on the Medicare Fee-For-Service Provider Enrollment Contact List:

- **Parts A and B Providers:** Send forms to your Part A or Part B Medicare Administrative Contractor (MAC)
- **Home Health and Hospice Providers:** Send forms to the Home Health and Hospice Contractor
- **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers:** Send forms to the National Supplier Clearinghouse (NSC)

Even if you submit your application on a paper form, your MAC creates an enrollment record in PECOS.

How will I know if I successfully submitted my electronic PECOS enrollment application?

When you electronically submit your Medicare enrollment application, a "Submission Confirmation" page tells you the application was submitted for processing. The "Submission Confirmation" page reminds you that the individual provider, or the provider or supplier organization AO, must electronically sign the application and submit it. After electronically signing the application, submit any required supporting documentation. PECOS emails each address in the "Contact Person" information section of the application as a reminder.

How do I know when I need to create a new enrollment?

When to create a new enrollment:

- If you change your services, such as changing specialties
- If you change your location where new State surveys and other documentation may be required (your MAC can determine if you need a new enrollment based on a new State survey or other documentation)
- If you have provider-based vs. freestanding requirements your MAC may have more information. Find the MAC website at http://go.cms.gov/MAC-website-list.

I am an oral surgeon (dentist). How do I enroll in Medicare?

You must enroll in the Medicare Program to get payment for services furnished to Medicare beneficiaries or to order covered items or services for Medicare beneficiaries. Oral surgeons must complete the same paper forms or online PECOS application as any other enrolling Medicare practitioner. If applying in PECOS, go to the Application Questionnaire page, from the dropdown box, select "Oral surgery (Dentist only)".

Application Fee and Supporting Documentation

Am I required to pay an application fee?

Institutional providers newly enrolling, re-enrolling, revalidating, or adding a new practice location must pay an application fee. For more information about the provider types subject to an application fee, refer to the Application Fee Requirements Matrix and the current Application Fee Information pages.

What is the hardship exception to the application fee?

An approved hardship exception exempts you from paying the application fee for the current application. If you request a hardship exception, you **must** submit the written request (and supporting documentation) describing the hardship and why the hardship justifies an exception with your paper application or PECOS certification statement. CMS determines whether to grant these requests on a case-by-case basis. For more information on hardship exceptions, refer to the MLN Matters® article, Implementation of Provider Enrollment Provisions in CMS-6028-FC.

MACs will not process applications without the proper application fee or an approved hardship exception.

What happens if I do not submit the fee or hardship exception request?

If you do not pay the fee or submit a hardship exception request, your MAC will send a letter saying if you do not pay the application fee in Pay.gov within 30 days from the date of the letter, Medicare may reject your application or revoke your existing billing privileges. The letter also states that because there was no hardship request with the original application, CMS will not consider granting a hardship exception instead of requiring the fee.

If the fee is paid during the 30-day period, the MAC processes the application in the usual manner.

Do I need to submit additional information outside of PECOS to complete the application?

No. When you electronically submit the provider or supplier organization Medicare enrollment application, a page appears that lists the supporting documentation required to complete the enrollment action. You may submit all of this documentation electronically through PECOS, or you may submit some information in hard copy, such as the information described in the next FAQ.

NOTE: 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 signed documents (CMS-855 and CMS-20134 only).

Do I need to confirm my account information using bank letterhead or a voided check if I electronically submit and sign the Electronic Funds Transfer (EFT) Agreement (Form CMS-588)?

Yes, either one is acceptable. You must provide this information either electronically (as supporting documentation uploaded into PECOS) or by sending it to your MAC. If you choose to send it directly to your MAC, include a copy of your PECOS confirmation page containing the web tracking ID. This ensures your supporting documents are matched with your electronic EFT application submission.

What are the penalties for falsifying information when using PECOS?

During the PECOS application process, the "Penalties for Falsifying Information" page, which has the same text as the paper Medicare enrollment application, lists the consequences for providing false information on the enrollment application. These consequences include: criminal and civil penalties, fines, civil monetary penalties, exclusion from Federal health care programs, and imprisonment, among others. You must acknowledge the "Penalties for Falsifying Information" page by clicking the "Next Page" button before continuing with the PECOS submission process.

Enrollment Application Issues

I am a physician or non-physician practitioner (NPP). What should I do if PECOS does not find my SSN?

First, ensure you entered your correct SSN, legal name, and date of birth. If you believe you entered the correct information, but PECOS does not accept this information, contact SSA.

Whom Should I Call?

If you are experiencing issues while working in PECOS, refer to the PECOS Technical Assistance Contact Information fact sheet.

I am a physician or NPP. What should I do if I do not have an SSN or do not want to use my SSN in a web transaction?

You must report an SSN to enroll in Medicare. If you do not want to report your SSN over the web, use the appropriate paper Medicare enrollment application.

I see an "Invalid Address" error. How do I resolve this?

An "Invalid Address" error indicates the address entered does not comply with the U.S. Postal Service address standards. This page allows you to continue by either saving the address you entered or by selecting the address PECOS displays.

What is the Special Payments address?

Since Medicare pays claims by EFT, the Special Payments address should indicate where all other payment information must go (for example, paper remittance notices or special payments).

Will I be timed out when using PECOS?

As a security feature, you will time out if you are inactive (you do not hit any keys on your computer keyboard) for 15 minutes. The system warns you of inactivity after 10 minutes, and if it gets no response after 5 additional minutes, you are logged off automatically. Save your work if you anticipate inactivity while applying in PECOS. If you do not save your work and are timed out, you must restart the process from the beginning.

Submitting Reportable Events

My information changed. Must I update my Medicare enrollment information?

Yes. Following your initial enrollment, you must report certain changes (reportable events) to the MAC within 30 calendar days of the change. Report all other changes to your MAC within 90 days.

Am I required to fill out the entire section if I am just changing one field?

No. If you are reporting a change to existing information, check "Change," provide the effective date of the change, and complete the appropriate fields in the sections that require change.

What is a reportable event?

A reportable event is a change that affects information in a Medicare enrollment record. Reportable events include changes in practice location, ownership, general supervision, banking arrangements, and final adverse actions, and they must be reported to your MAC within 30 calendar days of the change. You must report all other changes to the enrollment application within 90 days. Not reporting these changes may affect claims processing, claims payment, or your Medicare Program eligibility participation.

How do I change provider enrollment information?

Providers and suppliers should report most changes using PECOS or the applicable paper Medicare enrollment application.

I am a DMEPOS supplier, and I have a new business location. Can I add this location to an existing PECOS enrollment?

No. If you have a new business location, complete a new PECOS or paper application. Each DMEPOS enrollment record can only have one current business location.

Revalidations

What is revalidation?

Revalidation means resubmitting and recertifying your enrollment information.

My MAC requested that I revalidate my enrollment information. What does this mean? Can I complete the action using PECOS?

DMEPOS suppliers must revalidate every 3 years. All other providers and suppliers generally revalidate every 5 years. CMS can also conduct off-cycle revalidations according to the Code of Federal Regulations Title 42, Section 424.515. You can revalidate using PECOS or by submitting the appropriate Medicare enrollment application.

When must I revalidate?

If currently enrolled, check the Medicare Revalidation Lookup Tool to find your revalidation due date. If you see a due date, submit your revalidation prior to that date. Your MAC will also send you a revalidation notice.

Due dates are:

- Updated in the Medicare Revalidation Lookup Tool every 60 days at the beginning of the month
- Listed up to 7 months in advance or listed as TBD (to be determined) if more than 7 months prior to the due date

Additional Information

Find more information about the revalidation process and get answers to Provider Enrollment Revalidation Cycle 2 FAQs.

Will I still receive a revalidation notification from my MAC?

Yes. Your MAC will send a revalidation notice as early as possible, generally no later than 3–4 months prior to your revalidation due date.

Should I submit my revalidation if I have not received a notice from my MAC?

If no due date is listed on the Medicare Revalidation Lookup Tool or you did not get a MAC letter requesting revalidation, do not submit your revalidation application. These revalidation applications will be returned to you.

However, if you are within 2 months of the due date listed on the Medicare Revalidation Lookup Tool and did not get a MAC notice to revalidate, submit your revalidation application.

Can I revalidate without completing the entire enrollment application again?

Yes. Using PECOS to revalidate allows you to review information currently on file and update and submit your revalidation electronically. If you use PECOS, you only need to update changed information.

What will happen if I do not submit my revalidation by the due date?

If you submit your revalidation after the due date, the MAC may place a hold on your Medicare payments or deactivate your Medicare billing privileges. If the MAC requests additional documentation, respond within 30 days, otherwise they may deactivate your Medicare billing privileges.

If the information in my revalidation is different than what CMS has on file about my practice location, authorized representatives, or other pertinent information, will there be a penalty for not reporting the change within the required time frames?

Revalidation ensures all provider enrollment records are accurate and up to date. Generally, CMS does not take administrative action against a provider or supplier for updating their records even though it was not done timely. However, CMS could take administrative actions, including recovery of any prior Medicare payments, where failing to report the change would cause the provider or supplier to be ineligible for Medicare Program enrollment.

Resources

Go to the Medicare Provider-Supplier Enrollment webpage for more information about the Medicare enrollment process:

- PECOS, including how to update your records
- Paper Medicare enrollment application forms
- FAQs
- MAC contact information
- CMS updates on provider enrollment

Table 1. Resources

For More Information About…	Resource
CMS External User Support (EUS) Help Desk	To report PECOS navigation, access, or printing problems, contact the CMS EUS Help Desk at EUS.custhelp.com.
I&A System Account Registration	NPPES.CMS.HHS.gov/IAWeb/register/startRegistration.do

Table 1. Resources (cont.)

For More Information About…	Resource
MACs	Provider Enrollment Contacts CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf MAC Website List Go.CMS.gov/MAC-website-list
Medicare Application Fee	CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html
Medicare Application Fee Hardship Exception	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7350.pdf
Medicare Provider-Supplier Enrollment: Revalidations	CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html
MLN Connects® National Provider Call, Creating and Verifying Your National Provider Identifier	CMS.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2017-07-12-NPI.html
MLN Matters® Special Edition Article SE1417, Implementation of Fingerprint-Based Background Checks	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1417.pdf
MLN Matters Special Edition Article SE17016, Modernized National Plan and Provider Enumeration System	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE17016.pdf
NPI	CMS.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand
NSC	PalmettoGBA.com/Palmetto/Providers.nsf/cudocs/National Supplier Clearinghouse
PECOS	PECOS.CMS.HHS.gov
PECOS Technical Assistance Contact Information	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243418.html

Table 1. Resources (cont.)

For More Information About…	Resource
Video Resources	Medicare Provider Enrollment, Chain, and Ownership System (PECOS) YouTube.com/playlist?list=PLaV7m2-zFKpia1McB1WKKkw2esAdiZRem What's New in NPPES 3.0 YouTube.com/embed/BOJCAj1P2u8

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Application Fee Information	https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do
Application Fee Requirements Matrix	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/ApplicationFeeRequirementMatrix1.pdf
Contact SSA	https://www.ssa.gov/agency/contact
Electronic Health Record (EHR) Incentive Payments	https://ehrincentives.cms.gov
Final Adverse Actions	https://www.ecfr.gov/cgi-bin/text-idx?SID=a1eab5bd6b225a832a477f54ab387563&mc=true&node=sp42.3.424.p&rgn=div6#se42.3.424_1502
Help Fight Medicare Fraud	https://www.medicare.gov/forms-help-resources/help-fight-medicare-fraud
I&A Frequently Asked Questions	https://nppes.cms.hhs.gov/IAWebContent/FAQs.pdf
I&A System Quick Reference Guide	https://nppes.cms.hhs.gov/IAWebContent/Quick_Reference_Guide.pdf
Identity & Access Management (I&A) System I&A System	https://nppes.cms.hhs.gov/IAWeb
Implementation of Provider Enrollment Provisions in CMS-6028-FC	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7350.pdf

Table 2. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare Enrollment Application	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html
Medicare Fee-For-Service Provider Enrollment Contact List	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf
Medicare Fraud & Abuse: Prevention, Detection, and Reporting	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243333.html
Medicare Provider-Supplier Enrollment	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll
Medicare Revalidation Lookup Tool	https://data.cms.gov/revalidation
National Plan and Provider Enumeration System NPPES	https://nppes.cms.hhs.gov
NPPES NPI Registry	https://npiregistry.cms.hhs.gov
Office of Inspector General	https://oig.hhs.gov
PECOS	https://pecos.cms.hhs.gov
PECOS Technical Assistance Contact Information	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243418.html
Provider Enrollment Revalidation Cycle 2 FAQs	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Reval_Cycle2_FAQs.pdf
Title 42, Section 424.515	https://www.ecfr.gov/cgi-bin/text-idx?SID=a1eab5bd6b225a832a477f54ab387563&mc=true&node=sp42.3.424.p&rgn=div6#se42.3.424_1515

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