



PECOS FAQs

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This publication contains frequently asked questions (FAQs) about Provider Enrollment, Chain and Ownership System (PECOS). [PECOS](#), an electronic Medicare enrollment system, allows providers and suppliers to:

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

The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Table 2. Hyperlink Table, at the end of the document, provides the complete URL for each hyperlink.

Find more information about the Medicare enrollment process on the [Medicare Provider-Supplier Enrollment](#) webpage.

For additional resources and useful links, see Table 1. Resources Table at the end of this publication.

PECOS Is Easy!

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

Getting Started with PECOS

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

The information you need to initially enroll using PECOS is similar to completing a paper Medicare enrollment application. Based on your provider type, you may need some or all of the following:

- Active National Provider Identifier (NPI)
- 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; this includes:
 - Information about your professional license
 - School degrees
 - Certificates
- Accreditation information
- Surety Bond information
- Specialty/secondary specialty information
- Practice location information; this includes:
 - Information on current medical practice location
 - Any Federal, State, and/or local (city/county) business and professional licenses, certificates, and/or registrations specifically required to operate as a health care facility
 - Medical record storage information
 - Special payment information
- Bank account information
- Information about any final adverse action(s), if applicable; a final adverse action includes:
 - 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 participating in a Federal or State health care program by the Office of Inspector General (OIG) or any other Federal or State office with authority to exclude or sanction a provider

Not Sure If You Have an NPI?

Search for your NPI on the [National Plan and Provider Enumeration System](#) (NPPES) website.

Final Adverse Actions

For more information about revoking enrollment and billing privileges in the Medicare Program, refer to [Title 42 Code of Federal Regulations, Section 424.535](#).

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

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

I have been enrolled in Medicare for many years, but when I access PECOS to view the enrollment record, it doesn't show the information. Is this an error?

Even though you are enrolled in Medicare, the enrollment record may not be in PECOS. If you have not submitted a Medicare application to report changes to your enrollment information since 2003, you do not have an enrollment record 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 another provider if that provider is not enrolled in PECOS

Submit changes like those listed above using the appropriate paper [Medicare enrollment application \(Forms CMS-855\)](#).

Are any provider or supplier types restricted from using PECOS?

No. All Fee-For-Service (FFS) providers can submit an application through PECOS.

When is PECOS available?

PECOS is available 5 am to 1 am ET, Monday through Saturday.

Enrollment Applications

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

While PECOS is preferred for submitting an enrollment application because it is faster to complete and easier to process, you may complete and mail the appropriate paper [Medicare enrollment application \(Forms CMS-855\)](#) to your Medicare Administrative Contractor (MAC)/National Supplier Clearinghouse (NSC).

Information for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers

The MAC/NSC is solely responsible for issuing and revoking Medicare billing privileges for DMEPOS providers or suppliers. All other providers submit information to a MAC.

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

When you electronically submit your Medicare enrollment application, a "Submission Receipt" page tells you the application was submitted for processing. The "Submission

Receipt” page reminds you that the individual provider or Authorized Official (AO) of the provider or supplier organization, when applicable, must electronically sign the application and submit it. After electronically signing the application, submit any required supporting documentation. PECOS notifies each email 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 or just update an existing enrollment?

The following require 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 (contact your MAC for more information)

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

You must enroll in the Medicare Program to receive reimbursement 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 practitioner enrolling in Medicare. If applying via PECOS, select “Oral surgery (Dentist only)” from the dropdown box on the Application Questionnaire page. If completing the paper [Medicare Enrollment Application for Physicians and Non-Physician Practitioners \(Form CMS-855I\)](#), in Section 2.D.1, “Physician Specialty,” select the “Oral surgery (Dentist only)” box. All other dentists should check the box titled, “Undefined physician type,” and specify in the space provided that they are a dentist. In the near future, CMS will revise the Medicare enrollment application to add “Dentist” as a physician specialty.

Application Fee and Supporting Documentation

Am I required to pay an application fee?

Institutional providers that are 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](#).

What is the hardship exception to the application fee?

An approved hardship exception exempts you from paying the application fee for the current application. You may request a hardship exception by submitting a written request (and any supporting documentation) that describes the hardship and why the hardship justifies an exception. CMS determines whether to grant these requests on a case-by-case basis. For more information on hardship exceptions, refer to [MLN Matters® MM7350](#).

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 notifying you that you have 30 days from the date of the letter to pay the application fee via [Pay.gov](https://www.pay.gov) and that failure to do so will result in rejection of your application or revocation of your existing billing privileges. The letter will also state that because a hardship request was not received with the original application, CMS will not consider granting a hardship exception in lieu of the fee.

If the fee is paid during the 30-day period, the MAC may process the application as normal. If the fee is not paid within the 30-day period, the MAC will reject the application or revoke your billing privileges.

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

No. When you electronically submit the Medicare enrollment application for the provider or supplier organization, 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 choose to submit some information in hard copy, such as the information described in the next question.

Submit All Enrollment Materials Electronically

You no longer need to mail paper copies of your supporting documentation. For more information, refer to the [Digital Document Repository \(DDR\) How To Guide](#).

Do I need to send confirmation of account information on bank letterhead or a voided check if I electronically submit and sign the EFT Agreement (Form CMS-588)?

Yes. You must provide this information either electronically (as supporting documentation uploaded into PECOS) with the option to electronically sign the documentation or by sending it to your MAC. If you choose to send it directly to your MAC, include a copy of your confirmation page from PECOS that contains the web tracking ID. This will ensure 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 \(Forms CMS-855\)](#), informs you of the consequences of 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 doesn't find my SSN?

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

Who Should I Call?

If you are experiencing issues while working in PECOS, please refer to the [PECOS Technical Assistance Contact Information](#) publication for help.

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

You must report an SSN to enroll in Medicare. If you don't want to report your SSN over the web, use the appropriate paper [Medicare enrollment application \(Forms CMS-855\)](#).

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

An "Invalid Address" error indicates the address entered is inconsistent with the U.S. Postal Service addresses. 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 (for example, paper remittance notices or special payments) must go.

Will I be timed out when using PECOS?

As a security feature, you will be timed out if you are inactive (you do not hit any keys on your computer keyboard) for 15 consecutive minutes. The system warns you of the 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 whole process.

Submitting Reportable Events

My information changed. Am I required to 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 the enrollment application within 90 days.

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

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 section that requires a change.

What is a reportable event?

A reportable event is any 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 must be reported to the Medicare contractor within 30 calendar days of the change. All other changes to the enrollment application must be reported within 90 days. Not reporting these changes may affect claims processing, claims payment, or your eligibility to participate in the Medicare Program.

How do I change the provider enrollment information?

Providers and suppliers should report most changes using PECOS or the applicable paper [Medicare enrollment application \(Forms CMS-855\)](#).

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, you must complete a new PECOS or paper application. Each DMEPOS enrollment record can have only one current business location.

Revalidations

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

DMEPOS suppliers are required to revalidate every 3 years. All other providers and suppliers generally must revalidate every 5 years. CMS also reserves the right to conduct off-cycle revalidations according to [Title 42 Code of Federal Regulations, Section 424.515](#). You can revalidate using PECOS or by submitting the appropriate CMS-855 paper application form.

Additional Information

Find more information about the revalidation process and get answers to [Provider Enrollment Revalidation Cycle 2 FAQs](#).

When must I revalidate?

To confirm when your revalidation application is due, check the [Medicare Revalidation Lookup Tool](#). You will also receive a notification from the MAC when you are due for revalidation. Revalidation applications are due to the MAC on the last day of the month. Submit your application by this date. Generally, this date will remain with you throughout subsequent revalidation cycles. If currently enrolled, use the [Medicare Revalidation Lookup Tool](#) to check your revalidation due date. Due dates are:

- Updated in the Medicare Revalidation Lookup Tool every 60 days at the beginning of the month
- Listed up to 6 months in advance or listed as TBD (To Be Determined) if more than 6 months precede the due date
- Not displayed for DMEPOS suppliers; the NSC will communicate with DMEPOS suppliers identifying when their revalidations are due

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 2–3 months prior to your revalidation due date.

Should I submit my revalidation if I haven't received a notice from my MAC?

If your due date is not listed on the Medicare Revalidation Lookup Tool or you have not received a letter from your MAC requesting you revalidate, do not submit your revalidation application. These revalidation applications will be returned.

However, if you are within 2 months of the due date listed on the [Medicare Revalidation Lookup Tool](#) but have not received a notice from your MAC 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 need to update only those sections that have changed.

What will happen if I don't submit my revalidation by the due date?

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

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 any penalty for not reporting the change within the required timeframes?

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 may not have been 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 enrollment in the Medicare Program.

Resources

For more information about the Medicare enrollment process, visit the [Medicare Provider-Supplier Enrollment](#) webpage. This webpage provides information about:

- PECOS, including how to update your records using PECOS
- Paper Medicare enrollment application forms
- Frequently asked questions
- Contact information for all MACs
- CMS updates on provider enrollment

Table 1. Resources Table

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. Find contact information, including email address, telephone numbers, and live chat, at EUS.custhelp.com
Identity & Access Management (I&A) System Account Registration	NPPES.cms.hhs.gov/IAWeb/register/startRegistration.do
MACs	CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/contact_list.pdf
Medicare Provider-Supplier Enrollment: Revalidations	CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html
MLN Connects® National Provider Call “Streamlined Access to PECOS, EHR, and NPPES”	CMS.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-11-15-NPC.html
MLN Guided Pathways (GPs)	Provider Specific Medicare Resources CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf
MLN Matters® Article MM7350, “Implementation of Provider Enrollment Provisions in CMS-6028-FC”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7350.pdf
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
NPI	CMS.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand
NSC	PalmettoGBA.com/Palmetto/Providers.nsf/cudocs/National%20Supplier%20Clearinghouse
PECOS Technical Assistance Contact Information	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243418.html

Table 1. Resources Table (cont.)

For More Information About...	Resource
Video Resources	YouTube.com/playlist?list=PLaV7m2-zFKpia1McB1WKKkw2esAdiZRem

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Application Fee	https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do
Application Fee Requirements Matrix	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/ApplicationFeeRequirementMatrix.pdf
Digital Document Repository (DDR) How To Guide	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/DigitalDocumentRepository-HowToGuide.pdf
Medicare Enrollment Application (Forms CMS-855)	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html
Medicare Enrollment Application for Physicians and Non-Physician Practitioners (Form CMS-855I)	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf
Medicare Provider-Supplier Enrollment	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll
Medicare Revalidation Lookup Tool	https://data.cms.gov/revalidation
MLN Matters® MM7350	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7350.pdf
National Plan and Provider Enumeration System	https://npiregistry.cms.hhs.gov
PECOS	https://pecos.cms.hhs.gov/pecos/login.do
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

Table 2. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Title 42 Code of Federal Regulations, Section 424.515	https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol3/pdf/CFR-2015-title42-vol3-sec424-515.pdf
Title 42 Code of Federal Regulations, Section 424.535	https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol3/pdf/CFR-2015-title42-vol3-sec424-535.pdf

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