

Overview of Internet-based Provider Enrollment, Chain and Ownership System (PECOS)

Information for Provider and Supplier Organizations

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The Centers for Medicare & Medicaid Services (CMS) has implemented an on-line system whereby provider and supplier organizations who are eligible to enroll in the Medicare program may use the Internet to submit enrollment applications, view enrollment information, update enrollment information, voluntarily terminate from the Medicare program, and track the status of an application submitted via the Internet. The system is called Internet-based Provider Enrollment, Chain and Ownership System (PECOS). (Note: Suppliers of durable medical equipment, prosthetics, orthotics, and supplies [DMEPOS] will not be able to use Internet-based PECOS until a future date.)

Obtaining Access to Internet-based PECOS for Provider and Supplier Organizations

Obtaining access to Internet-based PECOS by a provider or supplier organization involves several steps, and the first step must be taken by the Authorized Official (AO) of a provider or supplier organization. A summary of the process is below.

The AO of a provider or supplier organization must register in the PECOS Identification and Authentication system (PECOS I&A) and be verified by the Centers for Medicare & Medicaid Services (CMS) External User Services (EUS) Help Desk. The individual who will be using Internet-based PECOS on behalf of that provider or supplier organization must also register in PECOS I&A. He or she must submit a signed and dated Security Consent Form to the CMS EUS Help Desk. The CMS EUS Help Desk will verify the information provided by the individual. The CMS EUS Help Desk will notify the AO of the establishment of the relationship between the provider or supplier organization and the entity who will be using Internet-based PECOS on behalf of the provider or supplier organization. ***These processes may take several weeks to be completed.***

More detail about obtaining access to Internet-based PECOS can be found in the document entitled, “Getting Started with Internet-based Provider Enrollment, Chain and Ownership System (PECOS) – *Information for Provider and Supplier Organizations*,” which is available in the Downloads Section of this web page.

Navigating through Internet-based PECOS to Initiate an Enrollment Application for a Provider or Supplier Organization

A PECOS user would follow these steps when using Internet-based PECOS to submit an enrollment application for a provider or supplier organization to a Medicare contractor:

1. The PECOS user logs on to Internet-based PECOS at <https://pecos.cms.hhs.gov>.

2. From the “My Home” or “My Enrollments” pages in Internet-based PECOS, the user initiates an enrollment application by selecting an existing enrollment or an initial enrollment. Since Internet-based PECOS is scenario-driven, the system will present a series of questions to gather only the information needed to process the specific enrollment scenario.
3. Once Internet-based PECOS determines the scenario, the “Enrollment Overview” page summarizes the task the user is about to begin and allows the user to confirm that it is the correct task. To complete the task, the user enters the required information by moving through the screens that are presented.
4. At the end of the data entry process, Internet-based PECOS:
 - Ensures that all required data have been entered.
 - Provides the user the option of printing a copy of the enrollment application (we suggest the user print a copy for the provider or supplier organization’s records).
 - Displays a list of any required paper documentation that must be mailed to the contractor (e.g., the IRS-generated CP-575, the CMS-588 Electronic Funds Transfer Agreement).
 - Prompts the user to print the 2-page Certification Statement. The Certification Statement must be printed and signed (an original signature, with blue ink recommended) and dated by the Authorized Official of the provider or supplier organization. **It is imperative that the user mail the signed and dated Certification Statement to the designated Medicare contractor immediately, but not later than 7 days after submitting the application over the Internet.**
 - Displays the name and mailing address of the appropriate Medicare contractor.

Note: The contractor will not process an Internet-submitted enrollment application until it has received the signed and dated Certification Statement. Failure to timely send the signed and dated Certification Statement to the contractor may result in the application being rejected or its processing delayed.

5. The user electronically submits the enrollment application. (The user who electrically submits an enrollment application using Internet-based PECOS should not mail a copy of the printed application to the contractor.)
6. The user receives an e-mail from Internet-based PECOS indicating that the enrollment application was successfully submitted to the Medicare contractor. (The user still needs to ensure the timely mailing of the 2-page Certification Statement to the Medicare contractor in order for the Medicare contractor to process the application.)

Once the Internet-based PECOS application is electronically submitted, it is “locked,” meaning the data cannot be edited by the user until the Medicare contractor processes it or returns it electronically through Internet-based PECOS for corrections.

Checking the Status of an Enrollment Application of a Provider or Supplier Organization Submitted Using Internet-based PECOS

If desired, **15 days or more after the electronic submission of the enrollment application**, the user may log on to Internet-based PECOS to check the status of the application. One of these statuses will be displayed:

“Submitted” – A user submitted an electronic enrollment application to a Medicare contractor.
Note: A Medicare contractor will not process an electronically-submitted enrollment application without receipt of the signed (original signature, preferably in blue ink) and dated Certification Statement.

“In-Process” – The Medicare contractor is reviewing the enrollment application.

“Returned for Corrections” – The Medicare contractor has returned the application to the user for corrections. The user should respond to any requests from the contractor as soon as possible within 30 days of the request. A user who does not respond timely to a contractor’s request for information will cause the application processing to be delayed or cause the application to be denied or rejected.

“Resubmitted” – The Medicare contractor has returned the enrollment application for corrections and the user has made the corrections and has resubmitted the enrollment application to the contractor.

Final Status – The Medicare contractor has processed the enrollment application and the final status will be displayed. Final status includes “Approved,” “Denied,” “Rejected,” “Withdrawal of Application in Process,” “Voluntary Withdrawal from Medicare.”

Medicare Enrollment Application Processing Timeframes

Because Internet-based PECOS will help reduce the time necessary for a Medicare contractor to review and process a Medicare enrollment application, CMS has established processing timeframes for applications submitted via the Internet separately from those submitted on paper.

For applications submitted through the Internet, CMS will require that the Medicare contractors process 90 percent of the applications (e.g., initial enrollments and changes of information) within 45 days of receipt of the signed and dated 2-page Certification Statement and the supporting documentation.

CMS requires that Medicare contractors process 80 percent of initial paper enrollment applications within 60 days, and 80 percent of paper changes within 45 days.

Limitations of Internet-based PECOS for Provider and Supplier Organizations

There are some scenarios that Internet-based PECOS cannot accommodate at this time; they will be available at a future date. These scenarios are:

- Changes in Taxpayer Identification Number (TIN). These must be done using the paper enrollment application (CMS-855).
- Changes in Legal Business Name (LBN). These must be done using the paper enrollment application (CMS-855).
- An enrolled Medicare Part A provider or supplier organization wants to enroll with a Medicare carrier or A/B MAC to bill for Part B services. This must be done using the paper enrollment application (CMS-855).
- Initial applications submitted by Federal Qualified Health Centers, Rural Health Clinics, and End-Stage Renal Disease Facilities.