1.1 Introduction:

This abbreviated walkthrough lists the steps required to complete the registration process for the individuals with the roles listed below. This account will allow access to PECOS in order to create and update medicare enrollment Information on behalf of organizations that are healthcare provider and suppliers. Please read and comply with all on screen instructions to ensure compliance with CMS Policy and associated Medicare Programs.

NOTE: The following steps assume the organization already has an organizational NPI in NPPES, and all individuals registering have the appropriate authority to access enrollment information for these healthcare organizations.

1.2 Registering as an Authorized Official for an Organization in I&A

1) From the PECOS homepage:

a. Select the "Register for a user account" hyperlink under the BECOME A REGISTERED USER heading (top right corner of the screen).

Medicare Enrollment br Providers and Suppliers	
elcome to the Medicare Provider Enrollment, Chain,	, and Ownership System (PECOS) (*) Red asterisk indicates a required field.
PECOS supports the Medicare Provider and Supplier enrollr submit and manage Medicare enrollment information.	ment process by allowing registered users to securely and electronically BECOME A REGISTERED USER
You may use your NPPES or PECOS username and password to login.	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 Note: If you are a Medical Provider or Supplier, you must <u>register</u> for an NPL before enrolling with Medicare.
lf you are having issues with your User ID/Password and a Desk at 1-866-484-8059/TTY 1-866-523-4759.	re unable to log in, please contact the External User Services (EUS) Help

- 2) A second Internet Explorer window opens directing you to the I&A website
- 3) On the Application Security Check page

a. Answer the 2 security questions and click the "Next" button

Application Security Check		
This security check is used to prevent the creation of fictitio	us accounts. Please provide answers to the 2 security questions listed below.	
Questions	Answers	
* What direction is the South Pole?		
* What color is a blue car?		
	Next >	

4) On the I&A – Create User ID and Password page

- a. Enter a unique user ID
- b. Enter a unique password
- c. Answer the 5 Secret Questions (please remember the response to these questions, you will be presented with your security questions when you need to reset your password
- d. Click the "Next" button

I&A - Create User ID and Password				
Please create a User ID and password for accessing I&A and the systems that use I&A. Creating an organization user account does not represent applying for an NPI.				
* User ID:				
	Note: Personal information, such as a Social Security Number, should not be used as the User ID. The User ID can contain a maximum of four digits. Please note: The User ID cannot be changed.			
* Password:				
* Retype Password:				
	Note: Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.			
* Select Secret Question 1:	▼			
* Answer 1:				
* Select Secret Question 2:	×			
* Answer 2:				
* Select Secret Question 3:	×			
* Answer 3:				
* Select Secret Question 4:	▼			
* Answer 4:				
* Select Secret Question 5:	▼			
* Answer 5:				
	Next >			

5) On the I&A – User Profile page

a. Enter all required fields

<u>Note:</u> A valid E-mail address that you have access to must be used when creating a user ID; a confirmation E-mail will be sent by I&A upon approval of the AO request.

		I&A - User Profile
* Indicates Required Field		
Note: All notifications will be sent to the	ne e-mail provided on this page.	
User Profile Information:		
Prefix: * First Name: M	liddle: * Last Name:	Suffix:
Credential(s): (M.D., D.O, etc.)		
* Date of Birth: (MM/DD/YYYY)	* Social Security Number: (Without Dashes	9
* E-mail Address:	* Retype E-mail Address:	
		Next >

6) On the I&A – Employer Information page

a. Enter all required fields

<u>Note:</u> Regarding the street address, it does need to be a valid US postal address. Users should be sure to accept the standardized address supplied by the system if valid to avoid having their NPI request "Pend", requiring manual intervention by an administrator. This will not prevent creation of the account; however will delay completion of the process by a few days.

b. Click the "Next" button

I&A - Employer Information
* Indicates Required Field Note: Please use the Previous and Next buttons to navigate between the pages in the application.
Please enter your employer's information below. If your employer works on behalf of a provider/supplier organization, information for those provider/supplier organizations will be collected separately.
Provide Your Employer's EIN And Employer Legal Business Name/Legal Name
* Employer EIN:
* Employer Legal Business Name/Legal Name:
Employer's Mailing Address Information
* Address Line 1: (Street Number and Name)
Address Line 2: (e.g. Suite Number)
* City: * State: * ZIP + 4
Country: United States 🗸
*Phone Number: Extension: Fax Number: (Without Dashes) (Without Dashes)
Previous

7) On the I&A – My Access Requests page

a. Click the "Add Access Request" button

I&A - My Access Requests
* At least one organization is required
Note: Please use the Previous button to navigate between the pages in the application.
Note: App Type Legend: P=PECOS - Medicare Provider Enrollment; E=EHR Incentive Program
Use the button below to add the NPIs you wish to access:
Add Access Request
Use the buttons below to select and remove NPIs before they are submitted for processing:
Select All Clear Selected Delete
Provider/Supplier Organizations

8) On the I&A – Select Request Type page

- a. Select the "You are the Authorized Official of the provider/supplier organization" radio button
- b. Click the "Next" button

	I&A - Select Request Type
*Indicates Required Field	
Note: Please use the Previous and Next buttons to navigate between the pages in the applica	tion.
 * Select the request type desired for the NPI being added: 	
 You are the Authorized Official of the provider/supplier organization. (The Authorized Officail is responsible for managing users for the provider/supplier organization) 	
○ You are an end user of the provider/supplier organization	
You are requesting to act on behalf of an individual provider.	
[Previous Next >

9) On the I&A – Provider/Supplier Organization NPI page

- a. Enter the Organization NPI
- b. Click the "Search" button

	1&A -	Provider/	Supplier C)rganiza	tion NPI
Please provide the provider/supplier organization NPI:		Search			
Note: Please use the Previous button to navigate between the pages	in the a	application.			
< Pre	evious	S	ave	Sav	re & Add Another

- c. After you click the "Search" button, the Organization information that you entered in NPPES displays
- d. Click the "Save" button

	I&A - Provi	ider/Supplier Organization NPI		
Please provide the provider/supplier organization NPI: 1326328238				
Note: Please use the Previous button to navigate be	etween the pages in the applicat	ijon.		
_				
The follo	wing organization information	was found:		
	NPI:	1326328238		
	EIN:	606012012		
	Organization Name (LBN):	Jamaica Health		
	Doing Business As:			
	Street:	7210 Ambassador Rdy		
	City:	Baltimore		
	State/Foreign Province:	MD		
	ZIP:	21244-2709		
	Previous	Save Save & Add Another		

10) Back on the I&A – My Access Requests page

- a. Check the checkbox under the Provider/Supplier Organization heading
 - Note: The table displays **Yes** for the "Are you the Authorized Official?" column.
- b. Click the "Submit" button

At least one organization is required Note: Please use the Previous button to navigate between the pu Note: App Type Legend: P=PECOS - Medicare Provider Enrollmer Use the button below to add the NPIs you wish to access: Add Access Request Use the buttons below to select and remove NPIs before	ages in the application. ht; E=EHR Incentive Program				
Note: Please use the Previous button to navigate between the pr Note: App Type Legend: P=PECOS - Medicare Provider Enrolmer Use the button below to add the NPIs you wish to access: Add Access Request Use the buttons below to select and remove NPIs before	ages in the application. nt; E=EHR Incentive Program				
Note: App Type Legend: P=PECOS - Medicare Provider Enrollmen Use the button below to add the NPIs you wish to access: Add Access Request Use the buttons below to select and remove NPIs before	nt; E=EHR Incentive Program :				
Use the button below to add the NPIs you wish to access: Add Access Request Use the buttons below to select and remove NPIs before					
Add Access Request Use the buttons below to select and remove NPIs before					
Use the buttons below to select and remove IIPIs before					
Provider/Supplier Organizations (navigate to Individual Provider Access Requests) App Are you the Authorized ID Organizatio Type Official2	n EIN Organization Name (LBN) Organization N	IPI Organization Practice Autho Location Offi	rized Authorize Cofficial Phu		
N/A Yes xxxxx201	xxxxx2012 Jamaica Health 1326328238 7210 Ambassador Rd Baltimore, MD Crystal Clear 555555555				

11) On the Submit Confirmation page Select the "Yes" button

12) On the Thank you. Your request will be processed page

- a. Print this page for your records, make note of your Tracking ID, Organization Name, and Organization NPI.
- b. Complete all instructions on this page.

Thank you. Your request will be processed.					
Note:Please read the following instructions carefully as these instructions are specific to the access request type submitted. Include tracking number on all applicable correspondence.					
If you are applying to act on behalf of an Individual Provider(e.g. physician, eligible professional, etc.)					
You must be approved by the Involvidual Provider before you will be able to act on behalf of the provider. You do NOT need to send any documentation to CMS or any of the CMS help deaks or information centers.					
If you are applying as the Authorized Official of your Provider Organization (e.g. hospital, physician group, clinic, etc). Please contact the EUS helpdesk for more information (contact information below).					
You must be approved by the Please send a copy of your o Write your I&A Tracking ID at t You will receive an email whe	 You must be approved by the CMS External User Services before you will be able to access your organization's data. Please send a copy of your organization's RS CP575 to EUS as supporting documentation so that they can approve your access. Write your tak to not your RS CP575 copy before sending t to EUS. You will receive an email when EUS processes your request. 				
If you are applying as an Organization End User					
You must be approved by your Organization's Authorized Official before you will be able to access your organization's data. You will receive an email when your Authorized Official processes your request.					
Provider/Supplier Organization					
Арр Туре	Tracking ID	Provider/Supplier Organization EIN	Provider/Supplier Organization Name(LBN)	Organization NPI	
N/A	N/A A05312012462201 X000002012 Jamaica Health 1326328238				

- 13) Log Off
 - a. On the Log Off confirmation page Click the "OK" button to confirm that you would like to log off
- 14) Once your Authorized Official request has been approved by the CMS External User Services, you will use the user ID and password to log into PECOS.
- 15) To see finalized enrollment applications in PECOS, follow the "Submitting the Security Consent Form (SCF) for Access to Finalized Enrollment Application in PECOS" steps below.

1.3 Submitting the Security Consent Form (SCF) for Access to Finalized Enrollment Applications in PECOS

1) From the PECOS Homepage

a. Login to the USER LOGIN section with your user ID and password

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)			
(*) Red asterisk indicates a required field.			
rocess by allowing registered users to securely and electronically			
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. <u>Register for a user account</u> Note: If you are a Medical Provider or Supplier, you must <u>register</u> for an NPL III before enrolling with Medicare.			
ble to log in, please contact the External User Services (EUS) Help			

2) On the Welcome screen

a. Select the "ACCOUNT MANAGEMENT" button

elcome Crystal Clear	
Notifications Welcome to PECOS. Note: JavaScript must be enabled in your inte JavaScript is currently disabled in your brows for instructions on enabling JavaScript.	ernet browser for PECOS to work properly. If er, refer to the Accessibility section in PECOS Help
 Manage Medicare and Account Information MY ENROLLMENTS D Enroll in Medicare for the first time View and update existing Medicare information Continue working on saved applications 	 ACCOUNT MANAGEMENT D Update your user account information, request or remove access to organizations Manage access to Medicare enrollments

3) On the Account Management page

- a. Select the "Request access to Medicare provider enrollment records via a Security Consent Form (SCF)" radio button
- b. Click the "Next Page" button

	(*) Red asterisk indicates a required fi
Introduction	
The Medicare Enrollment for F and submission of Medicare individuals or organizations a Providers and Suppliers.	Providers and Suppliers application allows for the creation, editing data by not only Medicare Providers and Suppliers, but also other wthorized to assist and submit information on behalf of those
The following options allow th Medicare provider enrollment request or remove access to Security Consent Form (SCF) organization, the user's empl provider organization acknow provider organization's Medic employer and the provider org	the user to update user account information and request access to records. Select the first option to update profile information and provider organization(s). Select the second option to generate a b. For a user to access the Medicare enrollments of a provider over must have a signed security consent form (SCF) from the ledging that the user's employer is authorized to access the are enrollment information. Only one SCF is required between an ganization.
User Account and Securit	y Management Options
* What would you like to do?	
O Update user account info	ormation
Request access to Medic (Se F)	are provider enrollment records via a Security Consent Form

4) On the Employer and Provider Organization page

- a. Select the radio button next to the entity for which you are requesting access
- b. Click the "Next Page" button

<u>Note</u>: The example screen only lists one entity. Other users may have access to multiple entities. If you require access to more than one entity, please follow these steps for each access request.

Employer and Provider Organization	
(*) Re Employer and Provider Organization You are associated to the following Employer: LBN: Jamaica Health TIN: 60-6012012 * Which provider is the application being created for?	ed asterisk indicates a required field.
Provider Name: Jamaica Health Provider Tax Identification Number (TIN): 60-6012012 Provider Tax Identification Number (TIN): 60-6012012 Provider Tax Identification Number (TIN): 60-6012012	PAGE

5) On the Security Consent Request page

a. Click the "View and Print" hyperlink

icare information was for	und for the Medicare provider that you have identifi
ign this form below, and tem (EUS).	mail the signed Security Consent form to the
additional records, select	t the "Previous Page" option below to return to the
Consent Form	
Action	Document Name
2	Security Consent Form
	ign this form below, and tem (EUS). additional records, selec Consent Form

- 6) A second Internet Explorer window opens displaying the Medicare Provider Enrollment Security Consent Form
 - a. Print this form, populating any missing information

b. Sign the form and follow the instructions in Section 5 for mailing the form to the External User Services (EUS) helpdesk



Form Creation Date: 10/12/2012 Security Consent Form ID: F10122012000002

Medicare Provider Enrollment Security Consent Form Organization or Group

Section 1 – Form Purpose and Instructions:

The purpose of this security consent form is for the Authorized Official (AO) of a Medicare organization or group provider (Medicare provider) to grant an organization other than itself (employer organization) access to the Medicare provider's enrollment information in the CMS computer system known as the Provider Enrollment, Chain and Ownership System (PECOS). By signing this form, the AO confirms that the organization listed in section 2B of this form is authorized to complete and submit provider enrollment information on behalf of that Medicare provider. Note: A security consent form is required for a Medicare provider to grant access to its own employees. Even with an approved security consent form, an employee of the Medicare provider or of the employer organization must be individually approved by the Medicare

7) After you've printed the Security Consent Form

a. Close the second Internet Explorer window

8) On the Security Consent Request page

- a. Click the "Done" button
- b. The "Done" button will return you to the Account Management screen

9) On the Account Management page

- a. Click the "Return to Home" button
- 10) The "My Enrollments" button on the PECOS Welcome Screen will remain disabled until EUS approves the users AO request.

1.4 Registering as an Authorized Official for a second EIN in I&A

NOTE: The following steps assume the organization already has an organizational NPI in NPPES that is associated with the EIN, and all individuals registering have the appropriate authority to access enrollment information for these healthcare organizations.

- 1. Go to: I&A URL https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do
- 2. Use your I&A user id and password you previously created to log into PECOS
- 3. Click the "Account Management" button
- 4. Select the "Update user account information" radio button the click "Next Page" button

- 5. Click "Yes" to continue
- 6. Enter your login credentials
- 7. Confirm your User Profile Information is accurate and click the "Next" button

	1	I&A - User Profile
* Indicates Required Field		
Note: All notifications will be sent to the	e-mail provided on this page.	
User Profile Information:		
Prefix: * First Name: Mid	dle: * Last Name:	Suffix:
Credential(s): (M.D., D.O, etc.)		
* Date of Birth: (MM/DD/YYYY)	* Social Security Number: (Without Dashes)	
* E-mail Address:	* Retype E-mail Address:	
		Next >

8. Confirm your Employer Information is accurate and click the "Next" button

I&A - Employer Information
* Indicates Required Field Note: Please use the Previous and Next buttons to navigate between the pages in the application.
Please enter your employer's information below. If your employer works on behalf of a provider/supplier organization, information for those provider/supplier organizations will be collected separately.
Provide Your Employer's EIN And Employer Legal Business Name/Legal Name
* Employer EIN:
* Employer Legal Business Name/Legal Name:
Employer's Mailing Address Information
* Address Line 1: (Street Number and Name)
Address Line 2: (e.g. Suite Number)
* City: * State: * ZIP + 4
Country: United States V
*Phone Number: Extension: Fax Number: (Without Dashes) (Without Dashes)
C Previous Next >

9. On the My Access Requests page

a. Select the "Add Access Request" button

		I&A - My Access Rec
* At least one organizati	on is required	
Note: Please use the F	Previous button to navigate be	tween the pages in the application.
Note: App Type Legen	: P=PECOS - Medicare Provi	der Enrollment; E=EHR Incentive Program
Use the button below t	o add the NPIs you wish to a	ccess:
Add Access Reque	st	
	to select and remove NPIs b	before they are submitted for processing:
Use the buttons below		

Provider/Supplier Organizations

10. Now follow steps 8-15 above in "1.2 - Registering as an Authorized Official for an Organization", selecting an NPI that is registered in NPPES associated with the EIN of the Organization you need to access records for.

1.5 Registering as an End User for an Organization in I&A: If the user does not currently have an I&A account

1. Go to: I&A URL - https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do

2. On the Application Security Check page

- a. Answer the 2 security questions
- b. Click the "Next" button

	and by an		
C v 😰 https://ropeu.c	ms.hhs.gov/NPPES/IASecurityCheck.do	🔁 🕂	1
le Edit Yew Favorites Io	ools Help		
Favorites 🏿 🍰 🙋 CGI Ensen	nble 🙋 CGI Share Point Site 🗿 CMS Homepage 🗿 CPI Portal 💏 Medicare	Program Integrity 🔊 NPPES (validation)	PECOS AI (validation)
18A Security Check Page		💁 • 🔯 - 🗔 👼 • Bage •	Şafety • Tgols • 🔞 •
cassi			
Centers for Me	dicare & Medicaid Services		
		Ho	ome Help 🗢
	Application Security Check		
Indicates Required Field			
This security chec	k is used to prevent the creation of fictitious accounts. Please provid	e answers to the 2 security questions lis	sted below.
This security chec	k is used to prevent the creation of fictitious accounts. Please provid Questions	e answers to the 2 security questions lis Answers	sted below.
This security chec	k is used to prevent the creation of fictitious accounts. Please provid Questions * Which is more likely to float in water: a rock or a bubble? (Hint Rock, Bubble)	e answers to the 2 security questions lis Answers	sted below.
This security chec	k is used to prevent the creation of fictitious accounts. Please provid Questions * Which is more likely to float in water: a rock or a bubble? (Hint Rock, Bubble) * Which weighs more: a truck or a feather? (Hint Truck, Feather)	e answers to the 2 security questions in Answers	sted below.
This security chec	k is used to prevent the creation of fictitious accounts. Please provid Ouestions * Which is more likely to float in water: a rock or a bubble? (Hint Rock, Reabble) * Which weighs more: a truck or a feather? (Hint Truck, Feather) Next>	e answers to the 2 security questions in	sted below.
This security chec	k is used to prevent the creation of fictitious accounts. Please provid Questions • Which is more likely to float in water: a rock or a bubble? (Hint Rock, Bubble) • Which weighs more: a truck or a feather? (Hint Truck, Peather) Next>	e answers to the 2 security questions in	sted below.
This security chec	k is used to prevent the creation of fictitious accounts. Please provid	e answers to the 2 security questions in	sted below.
This security chec	k is used to prevent the creation of fictitious accounts. Please provid Questions * Which is more likely to float in water: a rock or a bubble? (Hint Rock, Bubble) * Which weighs more: a truck or a feather? (Hint Truck: Feather) 	e answers to the 2 security questions in	ated below.

3. On the I&A – Create User ID and Password page

- a. Enter a unique user ID
- b. Enter a unique password
- c. Answer the 5 Secret Questions (please remember the response to these questions, you will be presented with your security questions when you need to reset your password
- d. Click the "Next" button

Kara States and Margor Metal Science and Science	M DE MINE South
e Lak yew Fyrankes Lools tielp	
Fevorites 🙀 😰 CGI Ensemble 👔 CGI Share Point Ste 👔 CH5 Homepage 👔 CFI Pontal 🎇 Medicare Program 3	Integrity 💼 NFPES (validation) 💼 PECOS AL (validation) 💼 PECOS PS (validation)
BA - Create User ID and Password	🐴 • 🖾 🖷 • Base • Safety • Tgols •
CMIS/ Centers for Medicare & Medicaid Services	
	Nome Help
	And the second
I&A - Create Use	r ID and Password
Indicates Required Field	
Please create a User ID and password for	accessing I&A and the systems that use I&A.
Creating an organization uper account	f does not represent applying for en NPI
* User ID:	
	Note: Personal information, such as a Social Security Number, should not be used as the User ID. Th User ID can contain a maximum of four digits. Please note: The User ID cannot be changed
* Password:	E Contraction of the second seco
* Retype Password:	
	Note: Password must be 8-12 characters long, contain at least one letter, one number, no special
	characters, and not be the same as the User ID.
* Select Secret Question 1:	:
* Answer 1:	£
 Select Secret Question 2: 	×
* Answer 2	±
Select Secret Question 3:	E
Answer 3:	* []
 Select Secret Question 4: 	k
* Answer 4:	ŧ.
 Select Secret Question 5: 	k 🖌
* Answer 5:	
	Name a

4. On the I&A – User Profile page

a. Enter all required fields

<u>Note:</u> A valid e-mail address that you have access to must be used when creating a user D; all notification will be sent to the e-mail on this page.

Centers f	for Medic	are & Medicaid	Services		
Application Sections				I&A - User	Profile
• User Profile	* Indicate	es Required Field			
Employer Information					
Access Requests	Note: All	notifications will be ser	it to the e-mail provided on	this page.	
	Prefix:	* First Name:	Middle:	* Last Name:	Suffix:
	Credenti	(Birth: 0840000000	* Social St	wurity Number: Alifeout Cashee	*1
	- Date 0	Condit (InterDer PPP)	- social se	round number: (minoci fissies	1
	* E-mail	Address:	* Retype E	mail Address:	-
	1				

- 5. On the I&A Employer Information page
 - a. Enter all required fields

<u>Note:</u> Regarding the street address, it does need to be a valid US postal address. Users should be sure to accept the standardized address supplied by the system if valid to avoid having their request "Pend", requiring manual intervention by an administrator. This will not prevent creation of the account; however will delay completion of the process by a few days.

<u>Note:</u> The EIN: Entered should be the same EIN that was entered as the Authorized Official who registered (example above: 123456789).

b. Click the "Next" button



6. On the I&A – My Access Request page

a. Click the "Add Access Request" button

Note: the access level is tied to the EIN.

	нер	P
Application Sections	I&A - My Access Requests	
User Profile		
Employer Information	* Al least one organization is required	
Access Requests	Note: Please use the Previous button to navigate between the pages in the application.	
	Note: App Type Legend: P≊PECOS - Medicare Provider Enrollment; E≋EHR Incentive Program	
	Use the button below to add the NPIs you wish to access:	
•	Add Access Request	
	Select All Clear Selected Delete	
	Select All Clear Selected Provider/Supplier Organizations (narigate to Individual Provider Access Requests) Are you the provider access requests Are you the provider Access Requests	horize
	Select All Clear Selected Delete Provider/Supplier Organizations Image to Individual Provider Access Requests) Are you the Access Requests Are you the Access Requests Organization Name (LBN) Organization Name (LBN) Organization Organization Organization Name (LBN) Organization Organization Organization Name (LBN) Organization Organization Organization Name (LBN) Organization Name (LBN) Organization Organization Organization Name (LBN) Organization Name (LBN) Organization Name (LBN) Organization Organization Name (LBN) Or	horiz ial Ph umbe
	Select All Clear Selected Delete Provider/Supplier Organizations (navigate to Individual Provider Access Requests) App Are you the Tracking Organization Name (LBN) Organization Name (LBN) Organization Practice Location Official Official Official Individual Providers Individual Providers (navigate to Provider/Suppler Organization Access Requests)	horiz ial Ph umbe

7. On the I&A – Select Request Type page

- a. End users will select the second option. "You are an end user of the provider/supplier organization".
- b. Click the "Next" button

	JEI MUES
	I&A - Select Request Type
dicates Required Field	
Note: Please use the Previous and Next buttons to navigate betw	veen the pages in the application.
* Select the request type desired for the NPI being added	E.
You are the Authorized Official of the provider/supplier organization (The Authorized Official is responsible for managing users for the	on. provider/supplier organization)
You are an end user of the provider/supplier organization	
 You are requesting to act on behalf of an individual provider. 	

- 8. On the I&A Select Application Type page
 - a. Select the application for which you are requesting access
 - b. Click the "Next" button



9. On the I&A - Provider/Supplier Organization NPI page

a. Enter the Organization NPI

<u>Note:</u> This NPI must be linked to the EIN for this organization.

- b. Click the "Search" button
- c. After you click the "Search" button, the Organization information that you entered in NPPES displays
- d. Click the "Save" button

Application Sections		
>User Profile	I&A - Provider/Supplier Organizatio	n NPI
Employer Information		
> Access Requests	Please provide the provider/supplier organization NPI:	
	Note: Please use the Previous button to navigate between the pages in the application.	

- 10. When directed back on the My Access Request page, scroll to the bottom and click the Submit button
- 11. On the Submit Confirmation page select "Yes"
- 12. AT THIS POINT THE AUTHORIZED OFFICAL ASSOCIATED WITH THE TAX ID YOU LISTED UNDER YOUR EMPLOYER MUST LOGIN AND APPROVE YOUR REQUEST. Note: External User Services (EUS) does not approve End User requests.

1.6 Registering as an End User for and Organization in I&A: If the user has an I&A account

- 1) Go to: https://pecos.cms.hhs.gov/pecos/login.do
- 2) Use your I&A user id and password to log into PECOS
- 3) Click the "Account Management" button
- 4) Select the "Update user account information" radio button the click "Next Page"
- 5) Click "Yes" to continue
- 6) Enter your login credentials
- 7) Confirm your User Profile Information is accurate and click Next

Application Sections			18 A . Hear	Profile
+ User Profile			ian - User	FIGHE
Employer Information	* Indicates Required Field			
Access Requests	Note: All notifications will be sent	to the e-mail provided or	this page	
	User Profile Information:			
	User Profile Information: Prefix: * First Name:	Middle:	* Last Name:	Suffix:
	User Profile Information: Prefix: * First Name: Credential(s): (M.D., D.O., etc.)	Middle:	* Last Name:	Suffix:
	User Profile Information: Prefix: * First Name: Credential(s): (M.D., D.O, etc.)	Middle:	* Last Name:	Suffix:
	User Profile Information: Prefix: * First Name: Credential(s): (M.D., D.O. etc.) * Date of Birth: (MM/DD/YYYY)	Middle: * Social S	* Last Name:	Suffix: v
	Vser Profile Information: Prefix: * First Name: Credential(s): (M.D., D.O, etc.) * Date of Birth: (MMOD/YYYY) * E-mail Address:	Middle: * Social S * Retype I	* Last Name:	Suffix:

8) Confirm your Employer Information is accurate and click next

Application Cartinar						
oppication sections			I&A - Employer Information			
User Profile	* Indicates Required Fie	eld				
Employer Information	Note: Please use the	Previous and Next buttons to navigate b	between the pages in the application.			
Access Requests	Please enter your employer's information below. If your employer works on behalf of a provider/supplier organization, information collected separately.					
	Provide Your Empl	oyer's EIN And Employer Legal B	usiness Name/Legal Name			
	* Employer EIN:					
	* Employer Legal Bu	siness Name/Legal Name:				
	Employeds Mailing	Address Information				
	Employer's maining	Address mormation				
	* Address Line 1: (St	eet Number and Name)				
	Address Line 2: /e.g. 5	Sulle Numberi				
	* City:	* State:	* ZIP + 4			
			×			
	Country:					
	United States 🞽					
	*Phone Number: Ex (Without Dashes)	tension: Fax Number: (Without Dashes)				

9) On the My Access Requests page select the "Add Access Request" button

										нер 🌳
Application Sections					18.A	- My Access	Requests			
User Profile										
Employer Information	* At least of	ne organizati	on is required							
Access Requests	Note: Please use the Previous button to navigate between the pages in the application.									
	Note: App	Type Legend	P=PECOS - M	edicare Provider Er	nrollment; E=EHR	Incentive Progra	am			
	Use the but	tton below t	o add the NPIs	you wish to acce	55:					
•(1		100							
	Use the but	ttons below	to select and re	emove NPIs befor	re they are submi	tted for proce	ssing:			
	Use the but	ttons below ect All	to select and re	emove NPIs before	re they are submi	tted for proce	ssing:			
	Use the but	ttons below ect All upplier Orgi	to select and re Clear Se anizations	emove NPIs before	re they are submi	itted for proce	ssing:			
	Use the but	ttons below ect All upplier Orgi Individual Pre	to select and re Clear Se anizations wider Access Re	emove NPIs befor elected	re they are submi	itted for proce	ssing:			
	Use the but	ect All upplier Orgi Individual Pro Are you Author Offici	to select and m Clear Se anizations suder Access Re a the I the Tracking ID	elected elected rquests) Organization EIN	re they are submi	tted for proce	organization	Organization Practice Location	Authorized Official	Authoriz Official Pl Numbe
	Use the but	ect All upplier Orgi Indisdual Pr Are yoo Offici Providers Providers	to select and ru Clear Se anizations order Access Re a the ized al? Tracking plier Organization	emove NPIs before elected repests) Organization EIN	Delete Organization	itted for proce] Name (LBN)	organization	Organization Practice Location	Authorized Official	Authoriz Official Ph Numbe

10) Select the second option - "You are an end user of the provider/supplier organization" and click Next

Centers for Medicare & Medic	cald Services
	I&A - Select Request Type
ndicates Required Field	
Note: Please use the Previous and Next buttons to navigate	e between the pages in the application.
* Select the request type desired for the NPI being a	dded:
 You are the Authorized Official of the provider/supplier orga (The Authorized Officall is responsible for managing users to a state of the state of	nization. for the provider/supplier organization)
You are an end user of the provider/supplier organization	
You are requesting to act on behalf of an individual provide.	r.

11) On the Provider/Supplier Organization NPI page, search for the Provider/Supplier Organization's NPI associated with the EIN you would like to connect to.

<u>Note:</u> you can confirm this information in NPPES by logging in with the login for that NPI.

Centers f	or Medicare & Medicaid Services
Application Sections	
>User Profile	I&A - Provider/Supplier Organization NPI
> Employer Information	
> Access Requests	Please provide the provider/supplier organization NPI:
	Note: Please use the Previous button to navigate between the pages in the application.
	Save & Add Another

- 12) Back on the My Access Request page, scroll to the bottom and click the Submit button
- 13) On the Submit Confirmation page select "Yes"
- 14) AT THIS POINT THE AUTHORIZED OFFICAL MUST LOGIN AND APPROVE YOUR REQUEST. Note: External User Services (EUS) does not approve End User requests.
- 1.7 Approving an End User Request for an Organization in I&A: As the Authorized Official
- 1) Go to: https://pecos.cms.hhs.gov/pecos/login.do

2) From the PECOS Homepage

a. Login to the USER LOGIN section with your Authorized Official user ID and password

3) On the Welcome page

a. Select the "ACCOUNT MANAGEMENT" button

4) On the Account Management page

- a. Select the "Update user account information" radio button
- b. Click the "Next Page" button

	(*) Red asterisk indicates a required fi
Introduction	
The Medicare Enrollment for Provid and submission of Medicare data b individuals or organizations authori: Providers and Suppliers.	ers and Suppliers application allows for the creation, editing y not only Medicare Providers and Suppliers, but also other zed to assist and submit information on behalf of those
The following options allow the use Medicare provider enrollment record request or remove access to provid Security Consent Form (SCF). For a organization, the user's employer m provider organization acknowledgin provider organization's Medicare en employer and the provider organiza	r to update user account information and request access to ds. Select the first option to update profile information and er organization(s). Select the second option to generate a a user to access the Medicare enrollments of a provider nust have a signed security consent form (SCF) from the ig that the user's employer is authorized to access the irollment information. Only one SCF is required between an tion.
User Account and Security Man	nagement Options
* What would you like to do?	
O Update user account information	on
Request access to Medicare p	rovider enrollment records via a Security Consent Form
(SCF)	
(SCF)	

- 5) On the PECOS Identity and Access Management (I&A) page
 - a. Click "Yes" to continue

The PECOS Identity and Access Management (I&A)						
You will be navigated to the PECOS I&A system, which will allow you to update your account information and request access to organization(s) for Internet-based PECOS.						
If you select "Yes", you will be directed to the PECOS I&A system and will be required to log in again.						
Would you like to continue?						
YES NO						

- 6) On the "Login for I&A" page
 - a. Enter your Authorized Official login credentials

b. Click the "Login" button

Cogin for 18A		0 · 0 · 0
CMS/ Contors for Media	are & Medicaid Services	
	Losis for IRA	
Error: User ID may not be blank. Pers	togen for law	as the User ID
* Indicates Required Field		
	* Enter User ID:	
	a Login	
	If you have forgotten your User ID, please click the Help hyperlink above for help desk contact	information.
	Reset Forgotten Password	
Note: User IDs cannot be changed. Once you	have successfully chosen a User ID and submitted the record, this User ID will remain fied to your reco	rd and will not be changed.
	WARNING. Unauthorized access to this system is forbidden and will be prosecuted by law. By this system, both authorized and unauthorized users are subject to monitoring by system p	/ accessing ersonnel.
	Anyone using this system expressly consents to monitoring and is abused that is such monito possible evidence of criminal activity, system personnel may provide the evidence of such monit enforcement officials.	toring to law
On the "Welcome to the	I&A System" page	
a. Click the "Ma	nage My I&A Access Requests" button	
Centers	for Medicare & Medicaid Services	
	Welcome to	the I&A System
	Name: Crystal Clear	-
	Manu Ontional	
	Menu Options.	
	Change Password	
	Change Secret Question	
	View/Modify I&A User Profile	
	Manage My I&A Access Requests	

8) On the I&A – Access Requests Search page

7)

a. Click the "Search" button to locate "Pending" access requests for your Individual/Organization

		Home Help 🗭
N	&A - Access Requests Search	
Choose the criteria to search on:		
View All (Only 150 records will display)		
ur.		
Enter data for at least one of the following:		
Request Tracking ID	User ID	
First Name	Last Name	
Employer EIN	Employer Legal Business Name	
Individual/Organization NPI	This is going to be the longest legal business name ever NPI	1821378886 EIN: 112120111 💌
Status	Pending	

9) On the I&A – Access Requests Results page

a. Where the <u>App Type</u> field displays **E**, select the <u>Requesting Tracking ID</u> hyperlink

					18A	Access Requests R	esults				
						Back					
Note: A	pp Type Legend: P=Pl	ECOS - Med	ficare Pro	vider Eni	rollment; E=EHR	Incentive Program					
Provid	er/Supplier Organiz	ations									
(click l	Request Tracking ID fo	r details or	navigate i	to Individ	ual Provider Res	ults)					
Арр Туре	Request Tracking ID	User ID	Last Name	First Name	Organization EIN	Organization Name	Organization NPI	Employer Legal Business Name	Employer EIN	Request Date	Status
and a state of the second								and the second s			
	U03212012460304	enduser2	User2	End	112120111	This is going to be the longest legal business name ever	1821378886	This is going to be the longest legal business name ever	112120111	03/21/2012	Pending
P	U03212012460304 U03212012460303	enduser2 enduser2	User2 User2	End	112120111 112120111	This is going to be the longest legal business name ever This is going to be the longest legal business name ever	1821378886 1821378886	This is going to be the longest legal business name ever This is going to be the longest legal business name ever	112120111 112120111	03/21/2012	Pending Pending
P Indivi	U03212012460304 U03212012460303 Iual Providers	enduser2 enduser2	User2 User2	End	112120111 112120111	This is going to be the longest legal business name ever This is going to be the longest legal business name ever	1821378886 1821378886	This is going to be the longest legal business name ever This is going to be the longest legal business name ever	112120111	03/21/2012	Pending Pending
P Indivic (click /	U03212012460304 U03212012460303 Iual Providers Request Tracking ID fo	enduser2 enduser2 r details or i	User2 User2	End End	112120111 112120111 er/Supplier Organ	This is going to be the longest legal business name ever This is going to be the longest legal business name ever	1821378886 1821378886	This is going to be the longest legal business name ever This is going to be the longest legal business name ever	112120111	03/21/2012	Pending

10) On the I&A – Access Request Status page

- a. Review the user profile information of the end user
- b. If you approve the end user's access, click the "Approve" button

		Home Help 🗢 Log
View User Profile	I&A Access Requests Search → I&A - Access Requests Results →	
Disassociate	I&A -	Access Request Status
Reassociate		
	User Profile	Organization Access Request
	User Name: End User? Employer EIN: 112120111 Employer Legal Business Name: This is going to be the longest legal business name ever Request Tracking ID: U03212012460303 Request Status: Pending Authorized Official Request: No Application Type: PECOS - Medicare Provider Enrollment Approval Date: N/A	Organization Name: This is going to be the longest legal business name ever Organization EIN: 11210111 Organization NPI: 1821378886 Organization Practice Location: 7210 Ambassador Rd Baltimore, MD 21244-2709
	New Comments:	
		5 C
	Add Comments	
	Previous Comments:	
		2

- 11) Once approved, the requesting end user will receive a confirmation e-mail stating that the request was successfully processed and approved.
- 12) Upon receipt of the approval e-mail, the requesting end user can now login to PECOS with their user ID and password.