

## Electronic Signature How To Guide

Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) now allows providers and suppliers to *electronically sign Medicare enrollment applications*. Utilizing the electronic signature process will ensure faster application submission, resulting in an earlier effective date. *This feature does not change who is required to sign the application.*

In Internet-based PECOS, all *Individual Provider applications* that do not include new reassignments may e-sign the application as part of the submission process. This applies to Physicians and Non-Physician Practitioners, including those enrolling just to order and refer.

Any Individual Provider application (855-I) containing new reassignments (855-R) can be electronically signed as part of the submission process; however, you must select the AO/DO for the Organization that is accepting the reassignment and enter that official's email address. The official will then be required to electronically sign the application by following the instruction in an email generated by PECOS.

If an individual provider or AO/DO does not want to use the e-signature process, they simply follow the current process of printing and signing the certification statement and mailing the signed statement to their Medicare Administrative Contractor.

### **Individual Enrolling and Reassigning Benefits Workflow:**

**Step 1: Provider Logs into PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>.**

**Medicare Enrollment**  
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(\*) Red asterisk indicates a required field.

**Log In**

To be a registered user and log in to Internet-based PECOS, you must have a web user account (User ID/Password) established.

**Individual Practitioners**

- You must have an active National Provider Identifier (NPI) and have a web user account (User ID/Password) established in [NPPES](#).
- If you are a health care provider and do not have an NPI, create a web user account and apply for an NPI at [NPPES](#).

**Provider/Supplier Organization Users**

- You must have a web user account (User ID/Password) and be associated to an organization NPI via the PECOS Identity and Access Management (I&A) system.
- If you are working on behalf of a provider organization and do not have a web user account, [Create a Login](#).

If you are an existing user and need to update your account information, please log in to Internet-based PECOS and select "Account Management" to update your profile information.

If you are having issues with your User ID/Password and are unable to log in, please contact the External User Services (EUS) Help Desk at 1-866-484-8049 / TTY: 1-866-523-4759.

If you are having issues with your password, please use the "Forgot Password" link below.

**WARNING:** Only authorized registered users have rights to access PECOS. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

Before you get started, please review the following checklists of information needed to complete an application:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(e.g. LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

\* User ID  
\* Password

### **Key Terms and Definitions:**

- Individual Provider** = Individual Provider or Supplier who enrolls in Medicare.
- Authorized Official (AO)** = Person who is authorized to legally bind a company.
- E-Signature** = Act of recording a users' identity, intent, and acceptance or confirmation of terms or actions.

**PECOS is accessed with the same User ID and password used for NPPES.**

**Step 2: Provider selects My Enrollments.**

**Welcome Diane Provider**

**Notifications**

Welcome to PECOS.

**Note:** JavaScript must be enabled in your internet browser for PECOS to work properly. If JavaScript is currently disabled in your browser, refer to the Accessibility section in PECOS Help for instructions on enabling JavaScript.

**Manage Medicare and Account Information**

**MY ENROLLMENTS** >>

**ACCOUNT MANAGEMENT** >>

- Enroll in Medicare for the first time
- View and update existing Medicare information
- Continue working on saved applications
- Update your user account information, request or remove access to organizations
- Manage access to Medicare enrollments

**Step 3: Provider selects View Enrollments.**

Home > My Enrollments

**My Enrollments**

**New Application**

Before you get started, please review the following checklists of information necessary to complete an enrollment via Internet-based PECOS:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(eg. LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

To enroll in the Medicare program for the first time or to create a new enrollment, please click the "New Application" button below.

**NEW APPLICATION** >>

**Existing Associates**

In order to view Medicare applications and enrollments for an associate, please click on the "View Enrollments" button next to an associate listed below.

Name: Richard Provider    NPI:

**VIEW ENROLLMENTS** >>

**Step 4: From the My Enrollments page the provider scrolls to the enrollment they would like to e-sign and selects More Options.**

[Home](#) > My Enrollments

### My Enrollments

#### New Application

Before you get started, please review the following checklists of information necessary to complete an enrollment via Internet-based PECOS:

- [Checklist for Sole Proprietor or Solely Owned Organizations \(eg, LLC, PC\) using PECOS](#)
- [Checklist for Individual Physician and Non-Physician Practitioners using PECOS](#)
- [Checklist for Provider or Supplier Organization using PECOS](#)

To enroll in the Medicare program for the first time or to create a new enrollment for this associate, please click the "New Application" button below.

**NEW APPLICATION** >>

#### Existing Medicare Applications and Enrollments

Selecting an individual or organization enrollment allows you to:

- View and print Medicare information and electronic submission history
- Update existing Medicare information

#### Filter Enrollments

Enrollment Type Select	NPI <input type="text"/>
Enrollment Status Select	Medicare ID <input type="text"/>
State Select	

**FILTER** **RESET**

Name: Richard Provider      NPI:

### New Enrollments

Enrollment Type: 8551 Type/Specialty: CARDIAC SURGERY State: MARYLAND Status: NEW Tracking ID: T031920120000042	<b>VIEW</b> <b>MORE OPTIONS</b>
Enrollment Type: 8551 Type/Specialty: AUDIOLOGIST State: PENNSYLVANIA Status: NEW Tracking ID: T031920120000044	<b>VIEW</b> <b>MORE OPTIONS</b>

**Step 5: Provider chooses the option to continue working on application.**

Home > My Enrollments > Application Questionnaire

**Application Questionnaire** (\*) Red asterisk indicates a required field.

**New Application**

\* What type of action is the applicant trying to perform?

Continue Working on Application

Delete Application

**NEXT PAGE** >

**RETURN TO MY ENROLLMENTS**

**Step 6: Provider completes online enrollment application (Topic View or Fast Track View).**

Home > My Enrollments > Initial Enrollment

**Topic View** Fast Track View Error Check

Enrollment ID: I02152012000004  
PacID: A000490098I02152012000004  
Web Tracking ID: T021520120000005

**Reason for Application**  
Practitioner is Enrolling in Medicare for the First Time as a Professional Corporation, Professional Association, or Limited Liability Company

**Topics**  
The data required for this enrollment application is grouped into topics. In order to electronically submit this enrollment application, you must complete all of the following topics.  
You may view and print this enrollment application at any time during the enrollment process by clicking the View and Print button below.  
This application is collecting the following topics:

Completed	Topics
<input checked="" type="checkbox"/>	<b>Personal Information</b> + more information about Personal Information
<input checked="" type="checkbox"/>	<b>PA/PC/LLC Information</b> + more information about PA/PC/LLC Information
<input checked="" type="checkbox"/>	<b>Practitioner Specialty</b> + more information about Practitioner Specialty
<input checked="" type="checkbox"/>	<b>PAR Status Information</b> + more information about PAR Status Information
<input checked="" type="checkbox"/>	<b>Physical Location and "Special Payments" Address</b> + more information about Physical Location and "Special Payments" Address

*Topic View*

[Topic View](#) **Fast Track View** [Error Check](#)

Enrollment ID: I02022012000018  
PacID: A000489836I02022012000018  
Web Tracking ID: T020220120000031

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

**Topics**

















**Personal Information**

**Diane Provider**  
Date of Birth: 11/11/XXXX  
Social Security Number: XXX-XX-XXXX  
Gender: Female  
IRS Proprietary/Non-Profit Status: Proprietary  
Accepting New Patients:  
Country of Birth: United States  
State of Birth: MARYLAND  
Medical School or other Professional School: BALTIMORE UNIVERSITY SCHOOL OF MEDICINE  
Year of Graduation: 2001

[GO TO TOPIC >>](#)

*Fast Track View*

**Step 7: Once all topics have been completed and all errors have been corrected, if applicable, the provider selects Begin Submission.**

Completed	Topics
✓	<a href="#">Personal Information</a>  more information about Personal Information
✓	<a href="#">Practitioner Specialty</a>  more information about Practitioner Specialty
✓	<a href="#">PAR Status Information</a>  more information about PAR Status Information
✓	<a href="#">Physical Location and "Special Payments" Address</a>  more information about Physical Location and "Special Payments" Address
✓	<a href="#">Rendering Healthcare Services at a Patient's Home</a>  more information about Rendering Healthcare Services at a Patient's Home
✓	<a href="#">Resident/Fellow Status</a>  more information about Resident/Fellow Status
✓	<a href="#">Correspondence Address</a>  more information about Correspondence Address
✓	<a href="#">License and Certification Information</a>  more information about License and Certification Information
✓	<a href="#">Final Adverse Actions</a>  more information about Final Adverse Actions
✓	<a href="#">Organization Control</a>  more information about Organization Control
✓	<a href="#">Individual Control</a>  more information about Individual Control
✓	<a href="#">Patient Records Storage Location</a>  more information about Patient Records Storage Location
✓	<a href="#">Billing Agency</a>  more information about Billing Agency
✓	<a href="#">Advanced Diagnostic Imaging Services</a>  more information about Advanced Diagnostic Imaging Services
✓	<a href="#">Contact Person</a>  more information about Contact Person
✓	<a href="#">Electronic Funds Transfer</a>  more information about Electronic Funds Transfer

**Note:**

- Once you have completed all the topics and no errors are present, the 'Begin Submission' button will be enabled. You may review errors at any time by clicking the 'Error Check' tab. Clicking 'Begin Submission' will initiate the Submission Process.

[VIEW AND PRINT >>](#) **BEGIN SUBMISSION >>** [NEXT PAGE >>](#)

**Step 8: Provider selects the e-signature option**

**Medicare Enrollment**  
for Providers and Suppliers  
Applicant: Richard Provider | CARDIAC SURGERY | MARYLAND

Home | Help | Logoff

Topics: Topics for this Enrollment [SELECT]

My Application Progress [Progress Bar] 90%

Home > My Enrollments > Initial Enrollment > Submission Process

### E-Signature Option

(\*) Red asterisk indicates a required field.

**Electronic Signature**

The following documents are available for electronic signature:

- Certification Statement
- Electronic Funds Transfer

\* Would you like to submit Electronic Signature requests for the following document(s)?

Yes.

No, I choose to submit a hard copy of the supporting documents to CMS containing my traditional hand-written signature signed in ink

[NEXT PAGE]

[CANCEL]

**Step 9: Provider reviews and agrees to the Terms and Conditions.**

### E-Signature Submission

(\*) Red asterisk indicates a required field.

**E-Signature Instructions**

To e-sign the enrollment application, follow the steps below:

1. Review all documentation prior to e-signing.
2. Review all applicable terms and conditions.
3. Acceptance of all applicable terms and conditions is a requirement to e-sign.
4. Enter required identifying information listed under Complete Your E-Signature.

**Certification Statement Terms and Conditions**

**Certification Statement for Individual Practitioners**

As an individual practitioner, you are the only one who may sign this application. The authority to sign the application on your behalf may not be delegated to any other person. The Certification Statement contains certain standards that must be met for initial and continuous enrollment in the Medicare program. Review these requirements carefully.

Do you accept the Terms and Conditions?

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

**Authorization Statement Terms and Conditions**

**AUTHORIZATION STATEMENT (855R)**

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1, Title XVIII of the Social Security Act prohibits payment for services provided by an individual practitioner to be paid to another individual or supplier unless the individual practitioner who provided the services specifically authorizes another individual or supplier (employer,

Do you accept the Terms and Conditions?

Yes, I agree to the Authorization statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

Provider must agree to the terms and conditions by checking both boxes before proceeding with e-signature.

**Step 10: Provider selects an Authorized Signer from the organization receiving reassigned benefits. An email address is also required for the Authorized Signer.**

**Signatories for accepting a Reassignment(s)**

You must identify the Authorized Signer for the party receiving reassigned benefits. An email will be sent to the authorized signer(s) notifying them that their signature is required for Reassignment.

Organizational Provider Authorized Signer  
THOMAS BROWN

\* Email Address  
sane.rawleigh@cms.hhs.gov

\* Confirm Email Address  
sane.rawleigh@cms.hhs.gov

**Complete Your E-Signature**

In order to complete the e-signature process, you must validate your identity by providing the required information below.

\* First Name  
Dane

\* Last Name  
Provider

\* Date of Birth  
mm/dd/yyyy  
11/11/1980

\* Social Security Number (SSN)  
123-45-6789  
000-00-0000

\* Telephone  
(555) 555-5555  
(999) 999-9999

PREVIOUS PAGE    NEXT PAGE

In order for the Provider receiving reassigned payments to complete its portion of the e-signature process, this section must be completed. – This is confusing to me.

**Step 11: Provider selects their fee-for-service contractor from the drop down box and clicks Apply.**

**Submission Page**

(\*) Red asterisk indicates a required field.

**Contact and Processing**

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

**Note:** It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

\* Fee-For-Service Contractor  
HIGHMARK MEDICARE SERVICES

HIGHMARK MEDICARE SERVICES  
PROVIDER ENROLLMENT SERVICES  
P.O. BOX 890157  
CAMP HILL, PA 17089-0157

**Reason(s) for submission:**

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services. A reassignment of benefits may exist.

APPLY

**Step 12: The Submission Page is displayed with a list of all required and supporting documentation that must be completed and mailed to the fee-for-service contractor. Once reviewed the provider clicks the Complete Submission button.**

## Medicare Enrollment

for Providers and Suppliers

Applicant: Richard Provider | CARDIAC SURGERY | MARYLAND

Topics: Topics for this Enrollment

My Application Progress  90%

[Home](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Submission Process](#)

### Submission Page

(\*) Red asterisk indicates a required field.

#### Contact and Processing

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

**Note:** It is recommended that the applicant select the Medicare Contractor of the Chain Home Office.

\* Fee-For-Service Contractor  
NOVITAS SOLUTIONS, INC.

NOVITAS SOLUTIONS, INC.  
PROVIDER ENROLLMENT SERVICES  
P.O. BOX 890157  
CAMP HILL, PA 17089-0157

#### Reason(s) for submission:

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services as a corporation, professional corporation, professional association, or limited liability company. No reassignment of benefits exists with this enrollment application.

#### Required and Supporting Documents

Required Documents:

Supporting Documents:

##### Required Supporting Documentation

- Written confirmation from the IRS confirming your Tax Identification Number with the Legal Business Name (e.g., CP 575) provided in Section 4. (NOTE: This information is needed if the application is enrolling a professional corporation, professional association, or limited liability company with this application, or is enrolling as a sole proprietor using an Employer Identification Number.)
- Written confirmation from the IRS confirming your Limited Liability Company (LLC) is automatically classified as a Disregarded Entity. (e.g., Form 8832). (NOTE: A disregarded entity is an eligible entity that is treated as an entity not separate from its single owner for income tax purposes. A "disregarded entity" is treated as separate from its owner.)

##### Required, if applicable, Supporting Documentation

- Completed Form CMS 460 - Medicare Participating Physician or Supplier Agreement.
- Completed Form CMS 588, Authorization Agreement of Electronic Funds Transfer. Note if a supplier already receives payments electronically and is not making a change to his/her banking information, the CMS-588 is not required.
- Copy of IRS Determination Letter, if provider is registered with the IRS as non-profit.

##### Optional Supporting Documentation

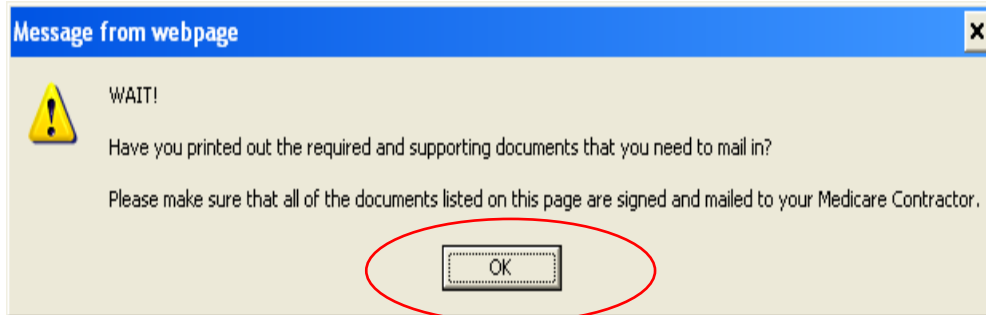
- Any additional documentation or letters of explanation as needed.

**Note:**

- Documents in PDF format require the [Adobe Acrobat Reader®](#). If you experience problems with PDF documents, please [download the latest version of the Reader®](#).



**Step 13: A pop up reminder message will appear prompting the provider to print, complete and mail, any required or supporting documentation to the fee-for-service contractor,. The provider clicks Ok.**



**Step 14: The Submission Complete confirmation page displays. Print the Provider Submission Confirmation Page for your records. Mail a copy of this page and all supporting documentation to your Fee-For-Service contractor.**

**Submission Confirmation - Print Your Receipt**

**Submission Complete**

You have successfully submitted your application!

Remember to:

- Include the Tracking ID or a copy of this page if you are mailing supporting documentation to your Medicare Contractor
- Mail all other supporting documents to your Medicare Contractor within 15 days of submitting the electronic part of your application. Your application is not complete until the Medicare Contractor receives all required fully signed documentation for your application.
- Print this page for your records. Note: You can print and/or save copies of the application and required documents for your records by also visiting the "My Enrollments" page.
- You will receive e-mail about your application status. Make sure to add "customerservice-donotreply@cms.hhs.gov" to your safe sender list.

**Enrollment Tracking Information**

**Applicant Name:** February Provider

**Tracking ID:** T021520120000005

**Submitted Date:** 15 - FEBRUARY - 2012

**Submitted By:** February Provider

**Contact Email(s):**  
diane.rawleigh@cms.hhs.gov

**Reason(s) for submission:**

- A Medicare Part B practitioner is enrolling in the Medicare program for the first time to bill for Part B services as a corporation, professional corporation, professional association, or limited liability company. No reassignment of benefits exists with this enrollment application.

**Step 15: The Authorized Official (AO) of the organization receiving reassigned payments will receive two PECOS-generated emails: One with the web Tracking Id and the other with a unique personal identification number (PIN) required to log into the PECOS e-signature website.**

*Note: The PIN received by email will expire after 72 hours. The Individual Provider has the ability to resend the E-Signature email, which will reset the PIN, if needed.*

<p>From: customerservice_donotreply@cms.hhs.gov To: Rawleigh, Diane (CMS/CPI) Cc: Subject: Pending Medicare E-Signature Request ( Tracking ID: XXXXXX0031 )</p>	<p>Sent: Wed 02/15/2012 1:37 PM</p>
<p>From: customerservice_donotreply@cms.hhs.gov To: Rawleigh, Diane (CMS/CPI) Cc: Subject: Pending Medicare E-Signature Request ( Tracking ID: XXXXXX0031 )</p> <p>An application on behalf of Diane Provider was recently submitted by: Submitters Name: Diane Provider Submitters Phone: 9999999999 Submitters email: <a href="mailto:diane.rawleigh@cms.hhs.gov">diane.rawleigh@cms.hhs.gov</a></p> <p>CMS has implemented an e-signature process, which allows authorized signers to sign supporting documents with a wet signature. You have been designated as the authorized signer of the documents with a wet signature.</p> <p>This is one of two emails generated by PECOS to provide you with necessary information and instructions to e-sign the application.</p> <p>This email contains the unique personal identification number (PIN) required to log into the PECOS E-Signature website. Please refer to the preceding or following email containing Web Tracking ID: XXXXXX0031 for complete instructions.</p> <p>PIN: 132930350212</p> <p>NOTE: The PIN is valid for 72 hours from the time this Submitter completed the application. If 72 hours or more have elapsed, contact the submitter and request a new e-mail. The submitter is able to resend an email via the My Enrollments section of PECOS PI, which automatically creates a new PIN.</p> <p>During the e-signature process, if you decide not to e-sign the document, you will have the option to print and sign the supporting documentation.</p> <p>If you require assistance at any point in the process please call PECOS External User Services (EUS) at: 1-866-484-8049/TTY: 1-800-523-479</p> <p>Medicare Provider Enrollment Support</p> <p>This email has been automatically generated. Do not reply</p>	

**Step 16: The AO of the organization accesses the PECOS e-signature website at <https://pecos.cms.hhs.gov/pecos/eSignLogin.do>, contained within the email.**

**Welcome to PECOS E-Signature Application** (\*) Red asterisk indicates a required field.

**Remote Authentication Page**

You have been directed to this site in order to electronically sign certain required documents related to Medicare enrollment application recently submitted on your behalf.

**WARNING:** If you believe you have been directed to this site by mistake, please close this page immediately. Only authorized users have the right to access this site. By accessing and using this system you expressly consent to system monitoring. Any misuse will be documented as evidence of possible criminal activity and reported to the appropriate law enforcement officials.

**Verify Your Identity and Validate Your Application Record**

1) Enter the required Identity information:

- \* First Name
- \* Last Name
- \* Date of Birth  
mm/dd/yyyy
- \* SSN  
xxx-xx-xxxx

2) Enter the Web tracking ID and PIN you received in the PECOS emails:

- \* Web Tracking ID
- \* PIN

**LOG IN**

The AO of the organization enters their required identity information.

The AO enters the web tracking ID and the PIN contained within the PECOS generated emails.

**Step 17: The AO of the organization chooses to E-Sign.**

**Review And Sign Your Certification Statement** (\*) Red asterisk indicates a required field.

**Electronic Signature**

\* Would you like to proceed with the Electronic Signature process?

Yes

No, I choose to submit a hard copy of the supporting documentation to CMS containing my traditional hand-written signature signed in ink.

**CONTINUE**

**Step 18: The AO of the organization reviews the terms and conditions and clicks Submit.**

**AUTHORIZATION STATEMENT FOR ORGANIZATIONS**

The signatures below authorize the reassignment of benefits to a supplier or the termination of a reassignment of benefits to a supplier, as indicated in Section 1.

Yes, I agree to the certification statement terms and conditions. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my traditional handwritten signature.

**E-Signature Confirmation**

\* First Name  
Thomas

\* Last Name  
Brown

\* Telephone  
(555) 555-5555  
(555) 555-5555

PREVIOUS PAGE      SUBMIT

The AO must agree to the terms and conditions by checking the box before they are able to submit the e-signature.

**Step 19: The AO of the organization receives a confirmation page of E-Signature acceptance.**

**E-Signature Confirmation**

(\*) Red asterisk indicates a required field.

Your E-Signature Has Been Accepted

You have successfully e-signed the following document(s):  
[View and Print Reassignment Form](#)

Web tracking ID : T020220120000031

Authorized Esigner: Thomas Brown

Signed Date: 02-15-2012

HOME      CLOSE

Learn more about PECOS at <https://PECOS.CMS.hhs.gov>, and be on the look-out for more enhancements in the coming months! Questions concerning a system issue regarding PECOS should be referred to the CMS EUS Help Desk at 866-484-8049 or [EUSupport@cgi.com](mailto:EUSupport@cgi.com), Monday – Friday, 7am – 7pm EST.