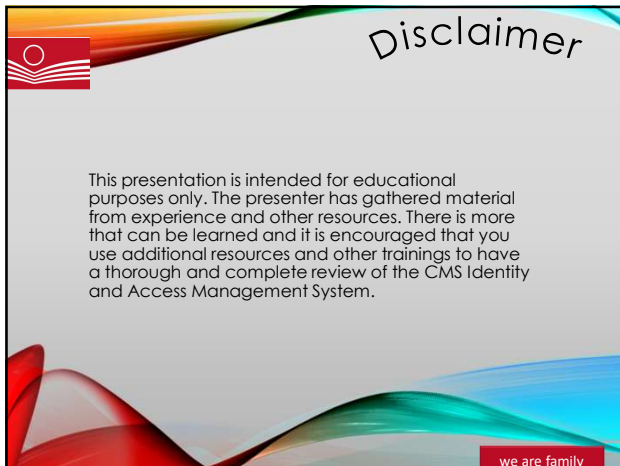
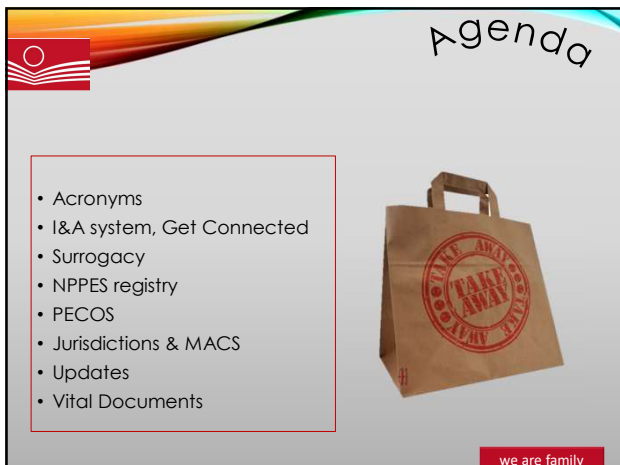


1



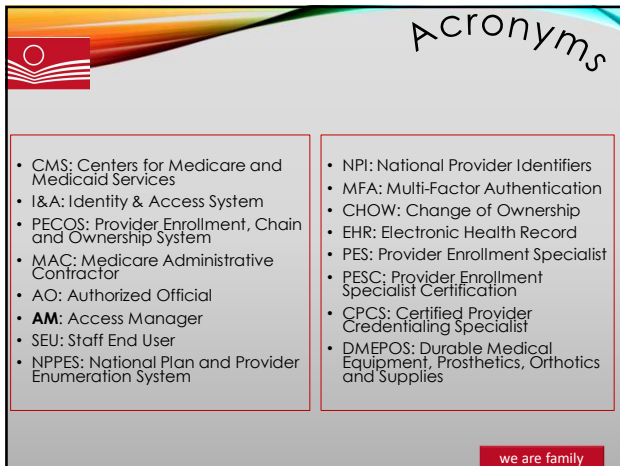
2



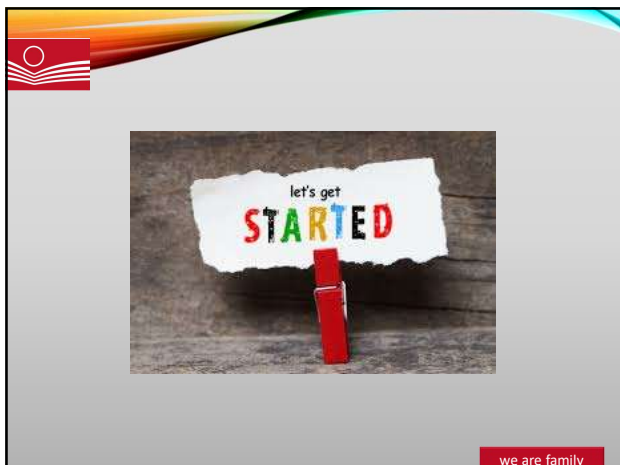
3



4



5



6

Surrogacy allows for the following:

- Correctly choosing your designation
 - Authorized Official, Access Manager, Staff End User, or Surrogate
- Manage organizational and individual practitioner enrollments
 - Add, modify, and deactivate
- Manage your provider NPI records
- Revalidate practitioner information to avoid Medicare deactivation
- Add, terminate, and authorize staff as PECOS users

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Surrogacy Request:

- CMS developed the surrogacy program in 2014.
 - Allowing providers/practices to delegate enrollment and revalidation functions to staff and third-party vendors.
- Surrogates may act on behalf of any provider or supplier type in Medicare



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Application can be completed via CMS I&A System



Access Requested

Email Submitted

Request Approved

Effective Real-Time

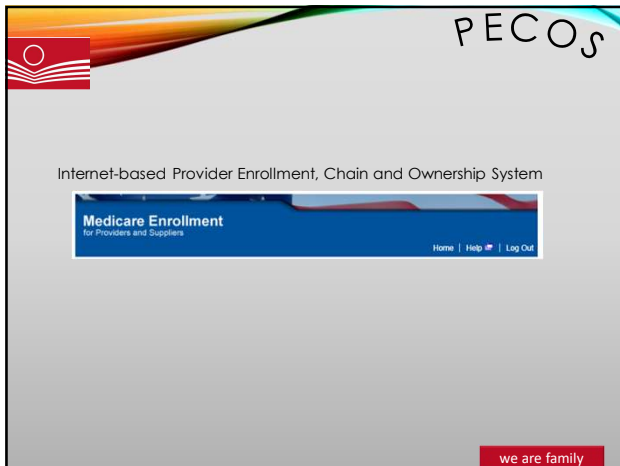
I'M IN

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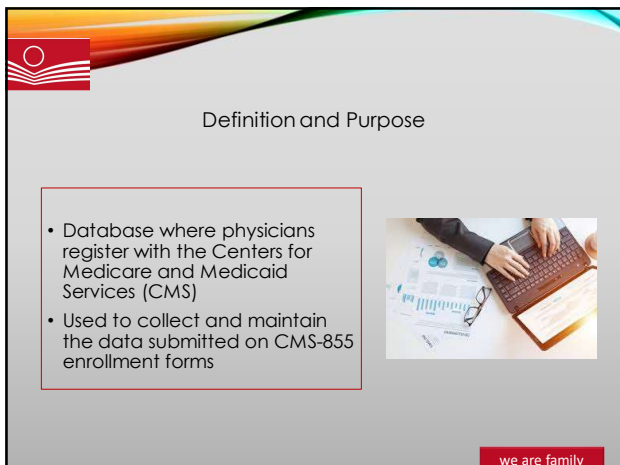
24



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ACCESS



- Providers and Suppliers Must Have
 - For accessing the Medicare Provider Enrollment, Chain, and Ownership System (PECOS), the recommended browsers are Internet Explorer (versions 8 or higher), Mozilla Firefox, and Google Chrome, all running on Microsoft Windows (XP or higher).
 - To ensure compatibility with the Provider Enrollment, Chain, and Ownership System (PECOS), you should have the latest version of Adobe Acrobat Reader installed, as PECOS uses PDF documents. Providers should review
 - Basics of Internet-based PECOS fact sheet
 - Reference Guides

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PECOS should be used in lieu of the Medicare enrollment applications (i.e., paper CMS-855) to

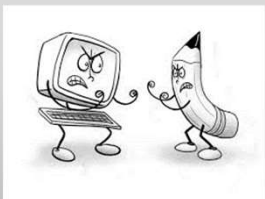
- Submit Initial application
- View or change information
- Track application
- Add or change a reassignment of benefits
- Submit an Order & Refer application
- Submit changes to existing Medicare enrollment information
- Reactivate an existing enrollment record
- Withdraw from the Medicare Program
- Submit a Change of Ownership (CHOW) of the Medicare-enrolled provider

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You Choose?

- Faster than paper-based enrollment forms
- The tailored application process means you only supply information relevant to YOUR application
- Gives you 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 enrollments to Medicare



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Application Questionnaire (*) Red asterisk indicates a required field.
State/Territory Where Healthcare Services Rendered
Please select a single state/territory where the applicant renders healthcare services.
* State/Territory
WASHINGTON
PREVIOUS PAGE NEXT PAGE CANCEL
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Application Questionnaire (*) Red asterisk indicates a required field.
Primary Medicare Services Rendered
Note: A separate application is required for each primary healthcare service rendered.
* Please select the primary Medicare Services rendered by the applicant.
 Part B Physician Specialties
Select Physician Specialty
 Part B Non-physician Specialties
PHYSICIAN ASSISTANT
Undefined Type Specification
PREVIOUS PAGE NEXT PAGE CANCEL
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Application Questionnaire (*) Red asterisk indicates required field.
Physician Assistant Employer
* Is the employer of the physician assistant applicant currently enrolled in the Medicare program?
 Yes
 No
PREVIOUS PAGE NEXT PAGE CANCEL
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Personal Identifying Information
Medical/Professional School Information
Medical School or other Professional School: OTHER
Year of Graduation: 2020
[PREVIOUS PAGE] [NEXT PAGE] [CANCEL]

Personal Identifying Information
IRS Status
Identify how your business is registered with the IRS
 Proprietary
 Non-Profit
 Disregarded Entity
[PREVIOUS PAGE] [SAVE] [CANCEL]

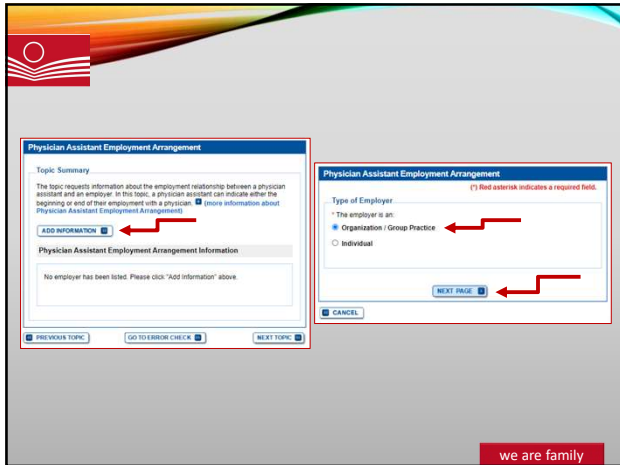
61

Personal Identifying Information
Information
Personal identifying information was successfully added.
Topic Summary
This topic requests personal and identification information about the applicant.
Personal Identifying Information
Date of Birth: XXXX
Social Security Number: XXX-XX-XXXX
Gender: Female
IRS Status: Non-Profit
Medical School or Other Professional School: OTHER
Year of Graduation: 2020
[RETURN TO TOPICS] [GO TO ERROR CHECK] [NEXT TOPIC]

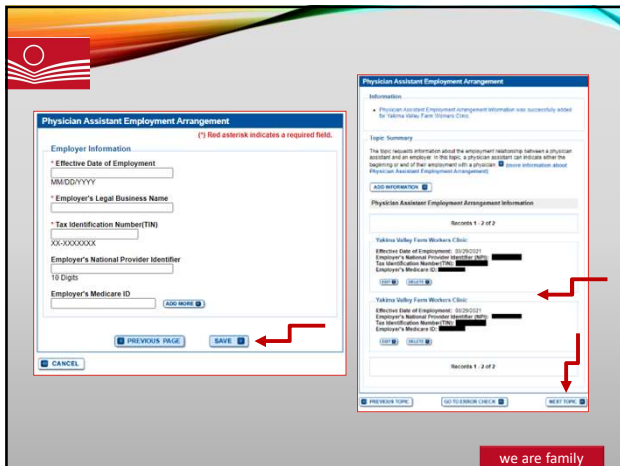
62

Practitioner Specialty
Topic Summary
The practitioner specialty for this enrollment is listed below for your reference. No further information is required for this topic.
Practitioner Specialty Information
Practitioner Specialty
Practitioner Type: Non-Physician
Non-Physician Specialty: PHYSICIAN ASSISTANT
[PREVIOUS TOPIC] [GO TO ERROR CHECK] [NEXT TOPIC]

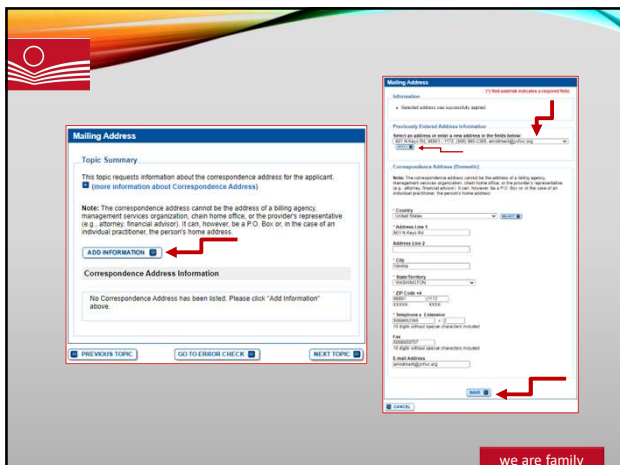
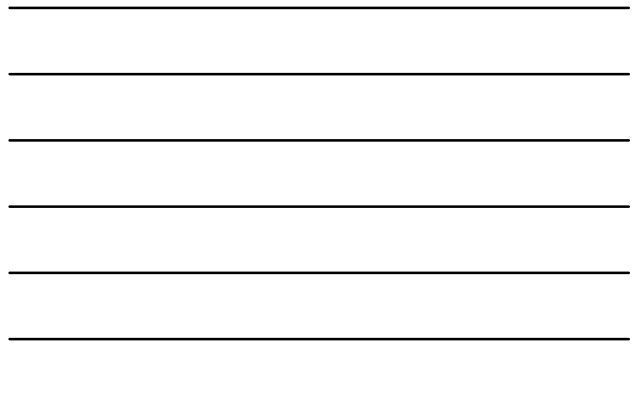
63



64



65



66



Step 1: Review the required and/or supporting documentation; optionally identify the delivery method for each document; and save the checklist.

Instructions for this step: Please review the Required and/or Supporting Documentation Checklist pertaining to your enrollment application. For each type of documentation, you may select the delivery method to be used. If more than one document is submitted, you may choose either the Upload or the Mail delivery method for each document. Please note that supporting documentation may include other documentation required by your MAC for a valid application reported on your Medicare enrollment application. Please remember that you cannot change the selected delivery method for a document once your Medicare enrollment application has been submitted to your MAC.

Please review the list of Documentation Requiring Signatures. They will need to be included with your application. You have two options for handling these documents:

- Print the documents requiring a signature, provide a wet signature and upload digital copies of the documents during the Submission process.
- E-sign the documents requiring a signature during the Submission process.

Please select the SIGN CHECKLIST button after selecting the delivery method for each required and supporting document, and after reviewing Documentation Requiring Signatures, that must be a signed or e-signed. Use the search function to view the delivery methods of the documentation as well as the Certification Statements (or Authorization Statements) needed by your application. To convey to your MAC additional information pertaining to a document, please use the Comments box.

Whether or not you identify the delivery method in Step 1, please complete Step 2, which is required in addition to you select the upload delivery method and you want to upload documents in the Current Uploads Step 3 and to upload documents from your computer and attach them to your Medicare enrollment application. If you select the Mail delivery method, please mail the documents to your MAC via U.S. Mail.

Required and/or Supporting Documentation Information

Expand to display the Required and/or Supporting Documentation Checklist for the Medicare enrollment application submission.

Required Documentation	Delivery Method	Note	Expand to display the Required and/or Supporting Documentation Checklist for the Medicare enrollment application submission.
<input checked="" type="checkbox"/> Copy of 855 Documentation (PDF - New York only form)	<input type="checkbox"/> Mail <input checked="" type="checkbox"/> Upload	<input type="checkbox"/> Document date.	
<input checked="" type="checkbox"/> Supporting Documentation (required by your Medicare Contract)	<input type="checkbox"/> Mail <input checked="" type="checkbox"/> Upload	<input type="checkbox"/> Signature of 855 applicant. You have 500 characters remaining.	
<input checked="" type="checkbox"/> Documentation Requiring Signature: W-9, I-9, ACA or I-9/ACA	<input type="checkbox"/> Mail <input checked="" type="checkbox"/> Upload	<input type="checkbox"/> Signature of 855 applicant. You have 500 characters remaining.	
<input checked="" type="checkbox"/> Certification Statement by Medical Professionals (PDF)	<input type="checkbox"/> Mail <input checked="" type="checkbox"/> Upload	<input type="checkbox"/> Signature of 855 applicant. You have 500 characters remaining.	

Note: Documents in PDF format require the Adobe Acrobat Reader® ID. If you have any problems with PDF documents, please contact the Help Center on the Facebook ID.

SAVE CHECKLIST

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Step 2: Confirm that you want to upload digital copies of the documents now

Instructions for this step: If you selected the Upload delivery method for any documentation selected in Step 1, and you want to upload them now, please select "Yes." If you did not select the Upload delivery method for any documentation in Step 1, you did not complete Step 1, or you do not want to upload the documents now, please select "No."

You may return to this topic at a later time - but before application submission - to upload documents.

Do you want to upload one or more documents with your Medicare enrollment application now?

Yes, I would like to upload one or more documents now.

No, I do not want to upload any documents now. (You may upload documents at a later time.)

Step 3: Upload digital copies of the documents.

Instructions for this step: This step is required only if you selected the Upload delivery method for any documents you identified in Step 1. Complete Step 2 before Step 3.

Please select any required or supporting documents you identified in Step 1 with the Upload delivery method and upload them below as attachments to your Medicare enrollment application. Please select the document type, the document name, and click the UPL/DLOAD button to attach each file to your Medicare enrollment application.

Documents you upload appear in the Current Uploaded Documents table.

Send hard copies of the documents you identified with the Mail delivery method in Step 1 to your MAC via U.S. Mail.

Note: Please do not upload your signed documents in this section. You will be able to upload them on the Manage Signatures page of the submission process.

Please do not upload the following documentation. Doing so might delay processing your application and could require further action:

- Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, or Form CMS-855O.

File Upload Constraints:

- You may upload only PDF or TIFF formatted document files that are 10MB or less.
- You may upload only 100 or fewer documents per application submission.
- Each uploaded file may only contain one document. Files with multiple documents are not valid.

Document Type	Document Name	Actions
Business License/Certification/Registration	Choose File No file chosen	UPL/DLOAD

PREVIOUS TOPIC **GO TO ERROR CHECK** **RETURN TO TOPICS**

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Step 3: Upload digital copies of the documents.

Instructions for this step: This step is required only if you selected the Upload delivery method for any documents you identified in Step 1. Complete Step 2 before Step 3.

Please select any required or supporting documents you identified in Step 1 with the Upload delivery method and upload them below as attachments to your Medicare enrollment application. Please select the document type, the document name, and click the UPL/DLOAD button to attach each file to your Medicare enrollment application.

Documents you upload appear in the Current Uploaded Documents table.

Send hard copies of the documents you identified with the Mail delivery method in Step 1 to your MAC via U.S. Mail.

Note: Please do not upload your signed documents in this section. You will be able to upload them on the Manage Signatures page of the submission process.

Please do not upload the following documentation. Doing so might delay processing your application and could require further action:

- Form CMS-855A, Form CMS-855B, Form CMS-855I, Form CMS-855R, Form CMS-855S, or Form CMS-855O.

File Upload Constraints:

- You may upload only PDF or TIFF formatted document files that are 10MB or less.
- You may upload only 100 or fewer documents per application submission.
- Each uploaded file may only contain one document. Files with multiple documents are not valid.

Document Type	Document Name	Actions
Business License/Certification/Registration	Choose File No file chosen	UPL/DLOAD

Current Uploaded Documents

Document Type	File Name	Document ID	Date Uploaded	Actions
Business License/Certification/Registration	██████ NCCP Certicate.pdf	PPECOS000CA 2103301727070 045E120H1888	03/30/2021	<input type="button" value="VIEW"/> <input type="button" value="DELETE"/>
Business License/Certification/Registration	██████ PA Licenses.pdf	PPECOS000CA 2103301737070 277E120H1888 T646	03/30/2021	<input type="button" value="VIEW"/> <input type="button" value="DELETE"/>
Business License/Certification/Registration	09302-██████ VIA DEA Verification.pdf	PPECOS000CA 2103301735300 143E120H1892 T851	03/30/2021	<input type="button" value="VIEW"/> <input type="button" value="DELETE"/>
Business License/Certification/Registration	07232-██████ VIA DEA Verification.pdf	PPECOS000CA 2103301735100 045E120H1888 T186	03/30/2021	<input type="button" value="VIEW"/> <input type="button" value="DELETE"/>

PREVIOUS TOPIC **GO TO ERROR CHECK** **RETURN TO TOPICS**

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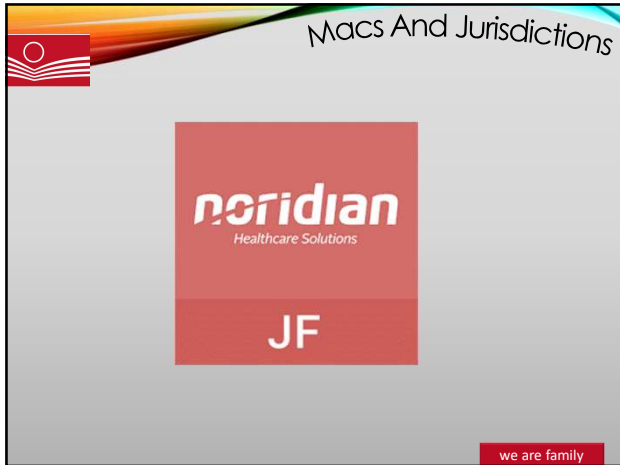
88



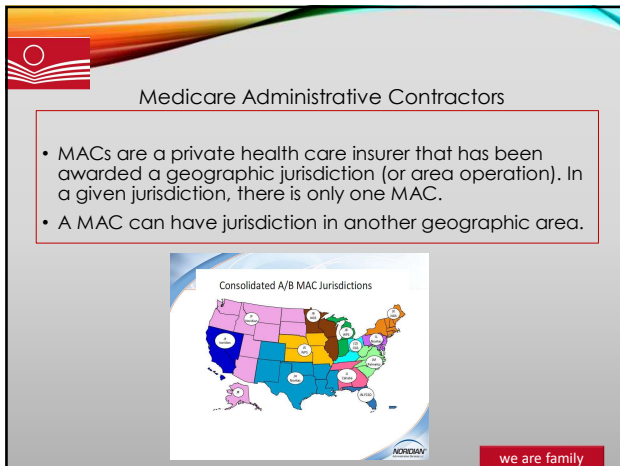
89



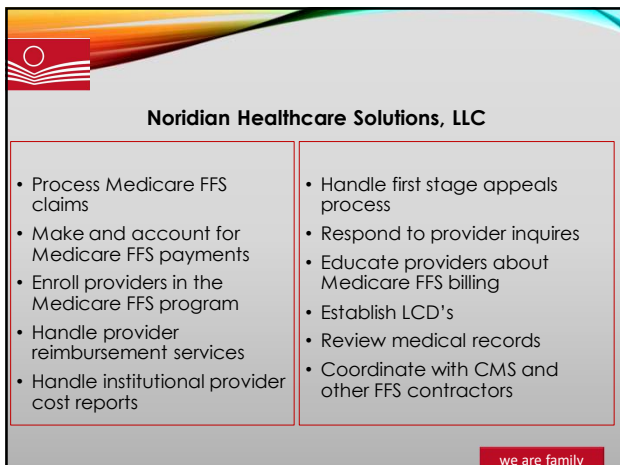
90



100




101



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Vital Documents

- Professional state granted license
- State granted DEA
- Medical diploma
- Residency certificate
- Internship certificate
- Board certificate
- PA-C supervising agreement



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Resources

- I&A FAQs:
 - <https://nppes.cms.hhs.gov/IAWebContent/FAQs.pdf>
- I&A Quick Reference Guide:
 - https://nppes.cms.hhs.gov/IAWebContent/Quick_Reference_Guide.pdf
- CMS Website:
 - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS019476>
- Noridian Website:
 - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf>
- EUS HELP:
 - <https://eus.custhelp.com/>
- EoD Tutorial:
 - <https://med.noridianmedicare.com/web/itb/enrollment/medicare-part-b-specialties>
- CMS Website: 100-08 | CMS:
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-CMS-Items/CMS019033>
- CMS.gov Newsroom:
 - <https://www.cms.gov/newsroom/fact-sheets/national-provider-identifier-npi-may-23-2018-implementation#:~:text=The%20final%20rule%20adopting%20the%20given%20on%20extra%20year>



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useful links

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/E-SignatureHowToGuide.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/PECOSWebScreenExample.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/CMSProviderEnrollmentAssistanceGuide.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Instructionsforviewingpractitionerstatus.pdf>
- <https://nppes.cms.hhs.gov/#/>




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NP1

Contact Information

Gayle Conner
Provider Enrollment
InlandRCM
Direct Email Address: GConner@InlandRCM.com
Direct Phone Number (509)363-7336



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Questions?



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