

Enrollment Form/Medicare

I _____ understand that delays in returning the enrollment form (all required fields/attachments) and completing the Medicare access request may result in delays and denials for care rendered. I understand it is extremely important to provide the necessary information to the credentialing team to begin payer enrollments for _____ as soon as possible.

Provider Signature

Date

Standard Authorization, Attestation and Release

(Not for Use for Employment Purposes)

I understand and agree that, as part of the credentialing application process for participation, membership and/or clinical privileges (hereinafter, referred to as "Participation") at or with each healthcare organization indicated on the "List of Authorized Organizations" that accompanies this Provider Application (hereinafter, each healthcare organization on the "List of Authorized Organizations" is individually referred to as the "Entity"), and any of the Entity's affiliated entities, I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by the Entity for determining initial and ongoing eligibility for Participation. Each Entity and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law.

I acknowledge that each Entity has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that any Entity will grant me clinical privileges or contract with me as a provider of services. I understand that my application for Participation with the Entity is not an application for employment with the Entity and that acceptance of my application by the Entity will not result in my employment by the Entity.

Authorization of Investigation Concerning Application for Participation. I authorize the following individuals including, without limitation, the Entity, its representatives, employees, and/or designated agent(s); the Entity's affiliated entities and their representatives, employees, and/or designated agents; and the Entity's designated professional credentials verification organization (collectively referred to as "Agents"), to investigate information, which includes both oral and written statements, records, and documents, concerning my application for Participation. I agree to allow the Entity and/or its Agent(s) to inspect and copy all records and documents relating to such an investigation.

Authorization of Third-Party Sources to Release Information Concerning Application for Participation. I authorize any third party, including, but not limited to, individuals, agencies, medical groups responsible for credentials verification, corporations, companies, employers, former employers, hospitals, health plans, health maintenance organizations, managed care organizations, law enforcement or licensing agencies, insurance companies, educational and other institutions, military services, medical credentialing and accreditation agencies, professional medical societies, the Federation of State Medical Boards, the National Practitioner Data Bank, and the Health Care Integrity and Protection Data Bank, to release to the Entity and/or its Agent(s), information, including otherwise privileged or confidential information, concerning my professional qualifications, credentials, clinical competence, quality assurance and utilization data, character, mental condition, physical condition, alcohol or chemical dependency diagnosis and treatment, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for Participation in, or with, the Entity. I authorize my current and past professional liability carrier(s) to release my history of claims that have been made and/or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this Authorization, Attestation and Release.

Authorization of Release and Exchange of Disciplinary Information. I hereby further authorize any third party at which I currently have Participation or had Participation and/or each third party's agents to release "Disciplinary Information," as defined below, to the Entity and/or its Agent(s). I hereby further authorize the Agent(s) to release Disciplinary Information about any disciplinary action taken against me to its participating Entities at which I have Participation, and as may be otherwise required by law. As used herein, "Disciplinary Information" means information concerning (i) any action taken by such health care organizations, their administrators, or their medical or other committees to revoke, deny, suspend, restrict, or condition my Participation or impose a corrective action plan; (ii) any other disciplinary action involving me, including, but not limited to, discipline in the employment context; or (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges, but after I have knowledge that such formal charges were being (or are being) contemplated and/or were (or are) in preparation.

Release from Liability. I release from all liability and hold harmless any Entity, its Agent(s), and any other third party for their acts performed in good faith and without malice unless such acts are due to the gross negligence or willful misconduct of the Entity, its Agent(s), or other third party in connection with the gathering, release and exchange of, and reliance upon, information used in accordance with this Authorization, Attestation and Release. I further agree not to sue any Entity, any Agent(s), or any other third party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such Entity, Agent(s) or third party in connection with the credentialing process. This release shall be in addition to, and in no way shall limit, any other applicable immunities provided by law for peer review and credentialing activities. In this Authorization, Attestation and Release, all references to the Entity, its Agent(s), and/or other third party include their respective employees, directors, officers, advisors, counsel, and agents. The Entity or any of its affiliates or agents retains the right to allow access to the application information for purposes of a credentialing audit to customers and/or their auditors to the extent required in connection with an audit of the credentialing processes and provided that the customer and/or their auditor executes an appropriate confidentiality agreement. I understand and agree that this Authorization, Attestation and Release is irrevocable for any period during which I am an applicant for Participation at an Entity, a member of an Entity's medical or health care staff, or a participating provider of an Entity. I agree to execute another form of consent if law or regulation limits the application of this irrevocable authorization. I understand that my failure to promptly provide another consent may be grounds for termination or discipline by the Entity in accordance with the applicable bylaws, rules, and regulations, and requirements of the Entity, or grounds for my termination of Participation at or with the Entity. I agree that information obtained in accordance with the provisions of this Authorization, Attestation and Release is not and will not be a violation of my privacy.

I certify that all information provided by me in my application is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify the Entity and/or its Agent(s) within 10 days of any material changes to the information (including any changes/challenges to licenses, DEA, insurance, malpractice claims, NPDB/HIPDB reports, discipline, criminal convictions, etc.) I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by the Entity, and must be submitted online or in writing, and must be dated and signed by me (may be a written or an electronic signature). I acknowledge that the Entity will not process an application until they deem it to be a complete application and that I am responsible to provide a complete application and to produce adequate and timely information for resolving questions that arise in the application process. I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration; denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to the Entity and/or its Agent(s). I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release and that I have access to the bylaws of applicable medical staff organizations and agree to abide by these bylaws, rules and regulations. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

Signature*

Name (print)*

DATE SIGNED*

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Personal Information

First Name _____ Middle _____ Last _____
Street Address _____ City _____ State _____ Zip _____
Cell # _____ Email address _____
Start Date with Practice _____

ID Information

Birth Date _____ Birth City, State, Country _____ Citizenship _____
Driver's Lic. _____ Issuing State _____ Gender _____ Social Security _____
Medical Lic. _____ Issue Date _____ Exp. Date _____ DEA _____ Issue Date _____ Exp Date _____
Medicare PTAN _____ Medi-Cal PTAN _____ ECFMG # _____ Issue date _____
NPI Type 1 # _____ NPI Login _____ NPI Password _____

To obtain your NPI Number and/or log in, call the NPI Enumerator at 800-465-3203 between 6 am and 2 pm Pacific Time
_____ INITIAL here to give us permission to update your NPI with relevant information (practice location, taxonomy code)

CAQH # _____ CAQH Login _____ CAQH password _____

To obtain you CAQH number and/or login, call the CAQH help line at 888-599-1771 between 5 am and 6 pm Pacific Time

Specialty and Education

Specialty _____ Effective _____ Expiration _____ -or- when sit for board? _____
Medical School _____ Degree _____ Start Mo/Yr _____ End Mo/Year _____
Internship _____ Specialty _____ Start Mo/Yr _____ End Mo/Year _____
Residency _____ Specialty _____ Start Mo/Yr _____ End Mo/Year _____
Fellowship _____ Specialty _____ Start Mo/Yr _____ End Mo/Year _____
Other _____ Specialty _____ Start Mo/Yr _____ End Mo/Year _____

Three Peer References

1. Name _____ Degree _____ Specialty _____ Email _____ Phone _____
Street Address _____ City _____ State _____ Zip _____
2. Name _____ Degree _____ Specialty _____ Email _____ Phone _____
Street Address _____ City _____ State _____ Zip _____
3. Name _____ Degree _____ Specialty _____ Email _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

.....
Please upload copies of the following documents

THIS IS EXTREMELY IMPORTANT! Please obtain it if you do not have it.

Authorized Official Approves a Pending Role Request

Authorized Official Approves a Pending Role Request

The following walk-through explains how an Authorized Official will approve a pending Role request for a Access Manager or Staff End User.

There are two ways a pending AM or SEU can be approved.

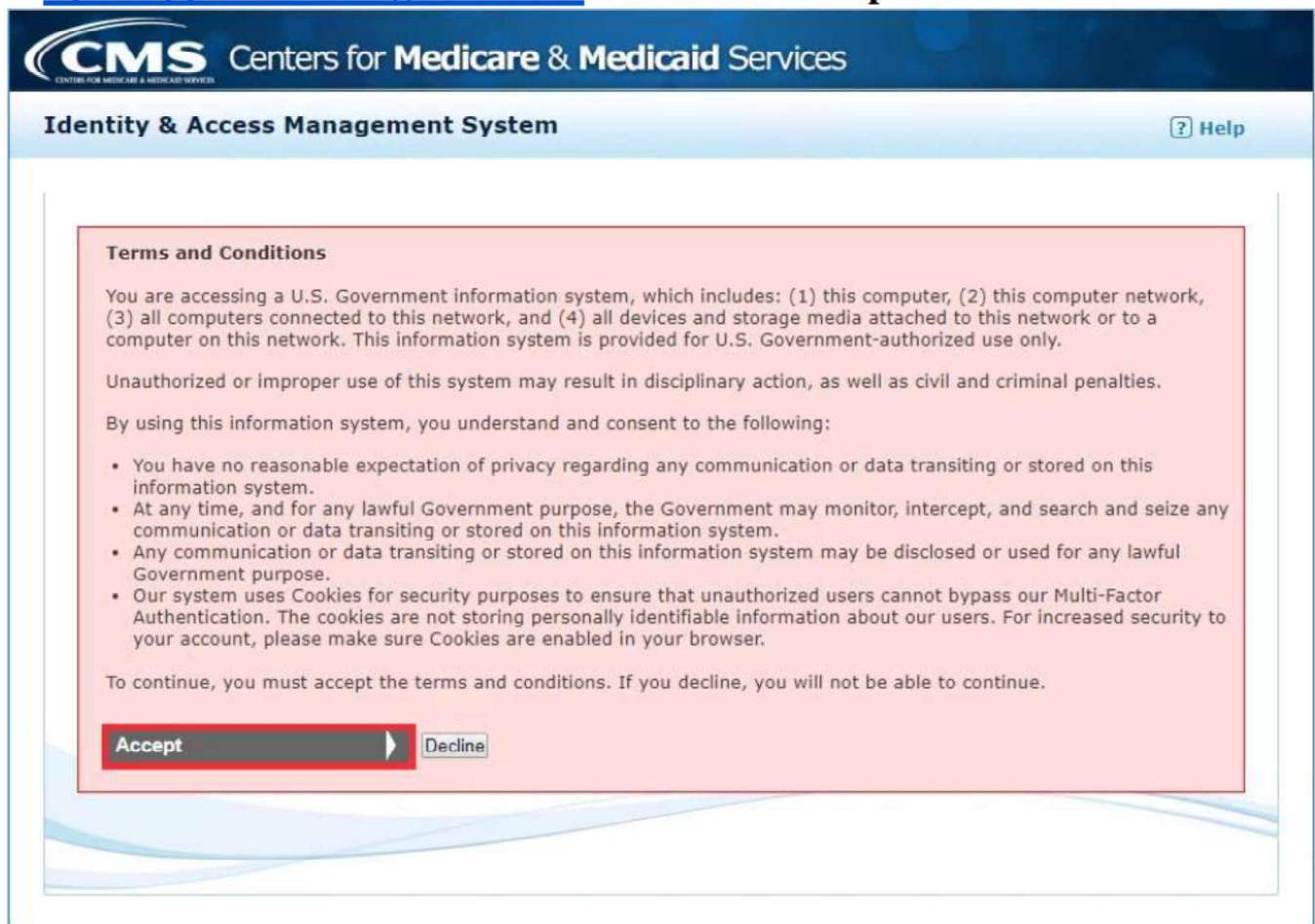
Access Manager (AM)

1. An **approved** Authorized Official in I&A can log into their account and approve the AM's request.
2. The Access Manager can upload, email or mail in the Access Manager Certification Statement and a valid IRS document to EUS.

Staff End User (SEU)

1. An **approved** Authorized Official or Access Manager in I&A can log into their account and approve the SEU's request.
2. A Staff End User can contact the NPI Enumerator to request they approve the pending request.

1. The User will go to the Identity & Access Management System web site at <https://nppes.cms.hhs.gov/IAWeb> and select "Accept."



The screenshot shows the Identity & Access Management System interface. At the top, the CMS logo and "Centers for Medicare & Medicaid Services" are displayed. Below the header, the page title "Identity & Access Management System" and a "Help" link are visible. The main content area is a pink box titled "Terms and Conditions". The text in the box reads: "You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following:" followed by a bulleted list of terms. At the bottom of the pink box, there are two buttons: "Accept" (highlighted with a red border) and "Decline".

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
- At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.
- Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your account, please make sure Cookies are enabled in your browser.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Accept

2. The User will enter their User ID, Password, and select "Sign In."

The screenshot shows the CMS Identity & Access Management System sign-in interface. At the top, the CMS logo and "Centers for Medicare & Medicaid Services" are displayed. Below the header, the page title "Identity & Access Management System" and a "Help" link are visible. A introductory paragraph states: "Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#)." The main sign-in area includes a "Sign In" heading, a note that an asterisk indicates required fields, and two input fields: "User ID:" with the value "Gem1976" and "Password:" with masked characters. A "Sign In" button is located below the password field. To the right of the sign-in form, a section titled "One account to access multiple systems" explains that a single account provides access to NPPES, PECOS, and EHR incentive programs, and includes a "Create Account Now" button. Below this, three system logos are listed: PECOS (with a description: "Use this system to register for Medicare or update your current enrollment information."), EHR Incentive Program (with a description: "Register to receive EHR Incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology."), and NPPES (with a description: "Use this system to apply for and manage National Provider Identifiers (NPIs)."). At the bottom of the page, two PDF icons are provided for "Quick Reference Guide" (Overview of features and tools to manage your account.) and "Frequently Asked Questions" (Answers to common questions about registration, who should register, and how to manage your account.).

3. The User will need to send a verification code to confirm login.

Identity & Access Management System[?](#) Help**Multi-Factor Authentication (MFA) - Method**

* indicates required field(s)

We would like to send you a code to verify your identity.

* Select where you wish to receive your verification code:

 Primary Authentication Method: E-mail Address: e*****@gmail.com

Need to make changes where you receive your code?

[Reset MFA](#)**Send Verification Code** ▶[Cancel](#)

- 4. The User will need to retrieve the six digit verification code from the MFA setup that was selected, and enter the six digit verification code into the "Enter Code" box.**

Multi-Factor Authentication (MFA) - Verification

* indicates required field(s)

Your Verification Code will be sent to:

* Select where you wish to receive your verification code:

Primary Authentication Method: E-mail Address: e*****@gmail.com

* Are you logging in to the system on a Public or Private device?

This is a [Public Device](#)

This is a [Private Device](#)

* Enter Code: 000000

Haven't received the code yet or need a new code?

[Send New Code](#)

[Verify Code](#)

[Cancel](#)

5. The User will select the "My Staff" tab and the yellow "Role Requests" button.



The request **will not** appear on the Home screen. The AO **must go** to My Staff to approve all role requests.

Identity & Access Management System

Help

Home My Profile My Connections **My Staff**

My Staff - Active Staff

Role Requests

Inactive Staff


Add Staff

Active Staff

Search by: Employee Last Name Employee First Name
Employer Name

Name ▾	Role	PECOS	EHR Incentive Program	NPPES
+ Gump, Jenny	<input type="button" value="Modify"/>			

6. The User will select the "Approve" button next to the pending AM or SEU.

 THE TABLE LISTING PENDING ROLES MAY TAKE 30 SECONDS UP TO 2 MINUTES TO LOAD.

Identity & Access Management System

Help

Home My Profile My Connections My Staff

My Staff - Pending Role Requests

Active Staff

Inactive Staff

Add Staff

Pending Role Requests

Search by:

Employee Last Name

Employee First Name

Employer Name

Search

Clear

Name	Current Role	Request Role	Action
Quitoriano, Natasha FocusMD@Outlook.com		Access Manager	Approve Reject

7. The User will select the "submit" button.


Identity & Access Management System

[?](#) Help

Home My Profile My Connections **My Staff**

My Staff ► Modify Staff ► Role Request Approval Confirmation

[◀ Back to Previous Page](#)

 By selecting Submit you are approving the role request for Alex Karev to be a Staff End User for Teller-Morrow Clinic. Select Submit to continue.

Send e-mail notification to staff user when approving their access

Submit

Cancel

-
- 8. The User will be brought back to the My Staff page showing Active Staff. The User will now be listed under Active Staff.**

CMS Centers for Medicare & Medicaid Services Logged in as Gem1976 Sign Out
Last Logged on 06/14/2019 11:53AM

Identity & Access Management System Help

Home My Profile My Connections **My Staff**

My Staff - Active Staff

[Role Requests](#) [Inactive Staff](#) [Add Staff](#)

Active Staff

Search by: Employee Last Name Employee First Name
Employer Name [Search](#) [Clear](#)

Name ▾	Role	PECOS	EHR Incentive Program	NPPES
+ Gump, Jenny	Modify			
+ [REDACTED]	Modify			

Article A005

*If you do NOT see a role request, please follow the steps below:



Identity & Access Management System

Help

- Home
- My Profile
- My Connections
- My Staff

Home

My Pending Connections

These are Pending Connection requests that have been sent to you or your organization and require your action to approve or reject.

Total Pending Providers: 0

Total Pending Surrogates: 0

News & Alerts

EUS Contact Information:
External User Services (EUS)
PO Box 792750
San Antonio, Texas 78279
<https://eus.custhelp.com>

Application Links

- [NPPE](#)
National Plan and Provider Enumeration System
- [PECOS](#)
Medicare Provider Enrollment, Chain, and Ownership System
- [EHR Incentive Programs](#)
Promoting Interoperability Programs Registration System

Quick Actions

- Add Connection
- Add Staff**
- Add Employer



Identity & Access Management System

[Help](#)

- Home
- My Profile
- My Connections
- My Staff**

My Staff ▶ Add Staff

[← Back to Previous Page](#)

* indicates required field(s)

Enter the name and e-mail address of the new staff user you wish to add. Note that the specified e-mail address will be assigned to all the selected employers.

Then, select the Employer(s) the staff user is to be granted access to and the select Role the staff user should have for that employer.

Please be aware the PIN generated for this invitation will expire in 72 hours.

* **First Name:**

Natasha

Middle Name:

* **Last Name:**

Quitriano

* **E-mail Address:**

FocusMD@outlook.com

* **Confirm E-mail Address:**

FocusMD@outlook.com

<input type="checkbox"/> Employer	Role	-- Select One --	<input type="checkbox"/> PECOS	<input type="checkbox"/> EHR	<input type="checkbox"/> NPPES
<input checked="" type="checkbox"/> Br...	NPI: [REDACTED]	Access Manager	<input checked="" type="checkbox"/> PECOS	<input checked="" type="checkbox"/> EHR	<input checked="" type="checkbox"/> NPPES

Submit

Cancel





Identity & Access Management System

[? Help](#)

- Home
- My Profile
- My Connections
- My Staff**

My Staff ▶ Add Staff ▶ Review

[« Back to Previous Page](#)

Please verify the information for accuracy. The e-mail address you have entered must be correct in order for the staff user to receive their invitation and PIN to register.

First Name:	Natasha
Middle Name:	
Last Name:	Quitoriano
E-mail Address:	focusmd@outlook.com

Employer	Role	Business Functions
Br... NPI: 13...	Access Manager	PECOS NPES EHR Incentive Program

Continue ▶ | [Cancel](#)



Identity & Access Management System

[Help](#)

[Home](#) [My Profile](#) [My Connections](#) [My Staff](#)

My Staff ▶ Add Staff

i The staff e-mail address you added exists for a user already active in the system. An e-mail invitation has been sent to the existing staff user with a PIN that will expire in 72 hours.

Done ▶

