## ANNUAL DDE PPTN RECERTIFICATION FORM

For security purposes, providers must recertify each DDE/PPTN user's access annually. CGS will terminate DDE/PPTN services if you fail to submit this completed form by August 31, 2024.

## Instructions:

- · List each DDE/PPTN user. If you have more than 10, please submit additional forms.
- · For each user listed, indicate active or inactive.
- · Complete the contact information section, including a handwritten signature.
- Fax the completed form(s) to the appropriate number below.

**NOTE:** Don't use this form to apply for new, or request to add/remove/reactivate existing, user IDs. Use the J15 DDE/PPTN Application/Reactivation Form (<a href="https://cgsmedicare.com/medicare\_dynamic/racf/index.aspx">https://cgsmedicare.com/medicare\_dynamic/racf/index.aspx</a>).

Line of Business (LOB):	ННН ОНА	KYA	ОНВ	KYB		
User ID	User First Name	User Middle Initial	User Last Name		Active	Inactive
		_				
DDE/PPTN Contact:						
DDE/PPTN Contact Signal	ture:					
Contact Email:						
Contact Phone:						

## FAX to:

Home Health & Hospice	1.615.664.5947
Kentucky Part A	1.615.664.5943
Kentucky Part B	1.615.664.5917
Ohio Part A	1.615.664.5945
Ohio Part B	1.615.664.5927

Reference: CMS IOM Publication 100-25, Appendix A, AC-2



