J15 DDE PPTN Application/Reactivation

DDE for HHH/Part A Customer – PPTN for Part B Customers

DDE PPTN Application/Reactivation is an online computer inquiry system that provides fast and immediate access to claims processing and beneficiary eligibility information for Medicare providers. Each user must have an individual DDE or PPTN User ID. You must include an individual's name with each user ID requested. For security reason, you should NOT share your DDE or PPTN User ID. One ID can access multiple provider numbers.

Form Field Name	Instructions for Field Completion
Line of Business Information	Indicate the line of business and state for which you will be transmitting.
Submitter ID	Optional: The submitter ID is used by the submitter to communicate with CGS electronically. For new applicants this field should be left blank. CGS will assign this ID if one has been requested by completing an EDI Application form.
Date	Please enter the date the application is completed.
Entity Name	Enter the name of the entity (provider, corporate office, vendor, billing service or clearinghouse) that will communicate electronically with CGS.
Type of Entity	Check the appropriate box.
EDI Contact Person	The name of the submitter's primary EDI contact. This is the person CGS will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.
FAX	The FAX number for the Contact Person listed.
Address	The mailing address of the submitter.
City, State, Zip	The city, state and zip code of the submitter.
Email Address	The e-mail address of the contact person listed. Note: This will be the primary method of communication.
Provider Name, Provider Number, NPI	List each group practice/provider for which DDE PPTN Application/Reactivation access is being requested. Spreadsheets are no longer accepted. CGS allows 4 PTAN/NPI combinations per form for accurate processing.
First Name, MI, Last Name, Existing ID/ PIN	Please list the name(s) of the person(s) responsible for the DDE or PPTN ID(s) assigned by CGS. Full name including middle initial is required before a DDE or PPTN ID can be assigned. Each person accessing DDE PPTN Application/ Reactivation must have his or her own unique ID. If the individual was previously assigned an ID, please include that ID in the Existing ID field. NOTE: We cannot accept a "generic" name for a DDE/PPTN ID.

Important Note: As part of our security recertification process, providers are required to certify user access annually. If this recertification information is not verified and returned, access will be terminated.

Please contact the J15 CGS Help Desk for EDI Support at the appropriate number listed below:

- Ohio/Kentucky Part B: 1.866.276.9558, Option 2
- Ohio/Kentucky Part A: 1.866.590.6703, Option 2
- Home Health/Hospice: 1.877.299.4500, Option 2

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Line of Business Information: ☐ OH Part A ☐ OH Part B ☐ KY Part A ☐ KY Part B ☐ HHH **Date:**

Action Requested:
☐ Add RACF ID or Existing ID
☐ Apply for New RACF ID or Existing ID
☐ Remove RACF ID from Medicare PTANs
☐ Reinstate/Reactivate Existing RACF ID

Entity Name:

Type of Entity: ☐ Individual Provider ☐ Corporate Office ☐ Vendor ☐ Billing Service ☐ Clearinghouse

EDI Contact Person:

Phone: **Fax:**

Is the User located outside of the United States? ☐ No ☐ Yes (If yes, you must attach a copy of your network connectivity diagram.)

Address:

City: **State:** **Zip:**

E-mail Address (**Note:** E-mail is required and will be the primary method of communication)**:**

Attached spreadsheets are no longer accepted. CGS allows five PTAN/NPI combinations per form for accurate processing.

Group Practice/Provider Name	Group Provider Number	Group NPI

List individuals requiring access below (full name including middle initial is required before an ID can be assigned).

NOTE: We cannot accept a "generic" name for DDE or PPTN User IDs. The person(s) whose name is given will be assigned a DDE or PPTN User ID and that person(s) will be responsible for all activities in the system under that DDE or PPTN User ID. Any changes related to assigned DDE or PPTN User ID should be communicated to CGS by contacting the Provider Contact Center and choosing Option 2.

First Name	MI	Last Name	Existing ID

By signing below I certify I am the designated DDE Contact person for this practice/facility or billing service. I acknowledge there is an EDI enrollment agreement on file. I entrust the provider to abide by the laws, regulations and the program instructions set by the Centers of Medicare and Medicaid. I authorize the above entities to communicate electronically with CGS Administrators, LLC on my behalf.

Signature:

FAX completed form (for faster service) to:

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

Or mail completed form to:

J15 — Part B Correspondence
CGS
PO Box 20018
Nashville, TN 37202

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES