ANNUAL DDE PPTN RECERTIFICATION FORM

For security purposes, providers must recertify each Direct Data Entry (DDE) and Professional Provider Telecommunications Network (PPTN) user's access annually. CGS will terminate services if you fail to submit this completed form by **December 31**.

Instructions:

- · List each DDE or 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 (https://cgsmedicare.com/medicare_dynamic/racf/index.aspx).

Line of Business (LOB):	ННН	ОНА	KYA	OHB	КҮВ		
User ID	User First Name	!	User Middle Initial	User Last Name		Active	Inactive
	_						
	_						
DDE/PPTN Contact:							
DDE/PPTN Contact Signat	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



