CSI User ID Access Request Form

This form should be completed by anyone requesting access to the CSI system. It must be filled out completely or the request will be denied.

If you have an existing User ID, please include it on the request form.

If you do not have an existing User ID and your home office is located in Jurisdictions B & C, continue with this request. If not, please request a User ID from the jurisdiction where your home office is located.

FIELD DESCRIPTIONS		
Field Name	**Field Choices**	**Instructions for Field Completion**
Request Type	New User	For users who do not currently have access.
	Existng User - User ID	For existing users who would like to make changes to, or reactivate system access (this includes users with access to other jurisdictions).
Reason for Request (existing users)	Adding Provider Numbers	Existing user adding additional provider numbers.
	Obtaining Access to Jurisdictions B & C	For those who have an ID through another jurisdiction.
	Reactivate ID	If your ID was suspended for inactivity and needs to be reactivated.
	Terminating Access	If you are removing all access/terminating a user.
Are you a Third Party Biller?	Yes	Must provide submitter/biller ID, complete the CSI access form, addendum, & Network Service Vendor Agreement forms. The biller/submitter ID will be verified against what is on file with the Common Electronic Data Interchange contractor.
	No	Only complete the CSI Access form.
Employee requesting user ID	Name	First and Last Name of the user who is requesting access or changes.
	Phone Number	Provide a direct phone number for the user
	Company Name	Enter the name of the company that will actually be communicating electronically with CGS.
	Street Address/City/ State/Zip Code	Mailing address for the user.
Provider and NPI number that the user will access.	PTAN	Provide the 10 digit provider PTAN (This number will be used to check the status and track your application.).
	NPI	Provide the 10 digit NPI number issued by the NPI Enumerator for the provider.
LIst all additional provider and NPI numbers the user will access.	PTAN/NPI	All additional PTAN and NPI numbers that the user will need to access.
Signature	Employee Signature	Signature of individual listed in #5.
	Date	Date form was signed
Authorization	Printed Name	Printed First and Last Name of the Providers authorized/delegated official.
	Title	Title of the authorized/delegated official.
	Signature	Should be signed by the authorized/delegated official.
	Date	Date form was signed.

Network Service Vendor Agreement

This form must be completed by third party billers. Third party billers are anyone who represents providers, including NSVs, certain value-added networks, clearinghouses, and billing agents that will obtain Medicare data.

Addendum for Billing Services

This form must be completed and signed by the Provider's authorized/delegated representative if a billing service is requesting access. Third party billers must submit a form from each of the providers for which they are requesting access.

DME MAC Jurisdictions B & C
CSI User ID Access Request Form

This form is used to request a CSI USER ID, which will be used to gain access to the VMS network to perform Claim Status Inquiry (CSI) function in the DME MAC Jurisdictions B & C system.

Line of Business:	☐ Jurisdiction B ☐ Jurisdiction C

1	**Request type** (check one):	☐ New User ID ☐ Existing User - Provide User ID: _____

2	**Reason for request** (existing users only):	☐ Adding Provider Numbers ☐ Reactivate ID ☐ Obtaining Access to Jurisdictions B ☐ Terminating Access ☐ Obtaining Access to Jurisdictions C

3	**Request type** (check one):	☐ No ☐ Yes - Provider Submitter/Biller ID: _____

4	**Employee requesting user ID:**	Name:		Phone #:		
		Company Name:				
		Address:				
		City:		State:		Zip:
		Email:				

5	**Provider and NPI number that the user will access:** **Please note:** This will be used as your tracking number to check the status of your application.	PTAN:		NPI:	

6	**List all additonal provider and NPI numbers the user will access** (if needed, attach a separate piece of paper):	PTAN:		NPI:	
		PTAN:		NPI:	
		PTAN:		NPI:	
		PTAN:		NPI:	
		PTAN:		NPI:	
		PTAN:		NPI:	

7	**Signature:**	By signing below, I agree to be responsible for all activities logged under this User ID. I will not share or exchange my User ID or password and will only use the system for Jurisdictions B & C related business. I agree to only use obtain eligibility data for the approved use of preparing Medicare claims. I understand that I may not request eligibility data unless I have been contacted by the beneficiary, the beneficiary's representative, or the beneficiary's health care provider. Any misuse of the User ID will be reported to CGS System Security. Non-compliance is considered unacceptable behavior, which will result in revocation of CSI system access. Employee Signature: _____ Date: _____

8	**Authorization:**	An authorized/delegated official must sign the following portion. By signing below I authorize the above name employee to access claim status inquiries on the provider's behalf. I will assure that any misuse of the User ID will be reported to CGS System Security. Printed Name: _____ Title: _____ Signature: _____ Date: _____

9	**Submit this form:**	**Jurisdiction B**	Fax:	1.615.782.4510	Mail:	CGS Attn: CSI Enrollment PO Box 20007, Nashville, TN 37202
		Jursidiction C	Fax:	1.615.782.4626	Mail:	CGS Attn: CSI Enrollment PO Box 20010, Nashville, TN 37202

DME MAC Jurisdictions B & C Network Service Vendor Agreement

Third party billers that represent providers, including NSVs, certain value-added networks, clearinghouses, and billing agents that will obtain Medicare data, must sign the following agreement.

1. All beneficiary-specific information is confidential and subject to the provisions of the Privacy Act of 1974, which requires Federal information systems to establish appropriate safeguards to ensure the security and confidentiality of individually identifiable records. This includes eligibility information, claims, remittance advice, online claims correction, and any other transaction where any individually identifiable information applicable to a Medicare beneficiary is processed or submitted electronically;
2. It is has no ownership rights and is not a user of the data, but merely a means of transmitting data between users that have a need for the data and are already identified as legitimate users under a "routine use" of the system; that is, disclosure for purposes that are compatible with the purpose for which Medicare collects the information;
3. The beneficiary eligibility data submitted to them by the carrier, DME MAC, FI, or other contractor if designated by CMS are owned by Medicare;
4. It will not disclose any information concerning a Medicare beneficiary to any person or organization other than (a) an authorized Medicare provider making an inquiry concerning a Medicare beneficiary who is the provider's patient, (b) CMS, or (c) CMS' carriers, DME MACs, FIs, or other contractors as designated by CMS;
5. It will promptly notify the carrier, DME MAC, FI, or other contractor if designated by CMS of any unauthorized disclosure of information about a Medicare beneficiary and will cooperate to prevent further unauthorized disclosure;
6. The data will not be stored for any duration longer than that required to assure that they have reached their destination, and no more than 30 days for any purpose;
7. It has identified to the carrier, DME MAC, FI, or other contractor if designated by CMS in writing of any instances where it would need to view Medicare data in order to perform its intended tasks under the agreement. It will not view the data unless it is absolutely necessary to perform its intended tasks;
8. It will not prepare any reports, summary or otherwise, based on any individual aspect of the data content. Reports may be written, however, on data externals or summaries such as the number of records transmitted to a given receiver on a given date;
9. It will guarantee that an authorized user may be deleted within 24 hours in the event that person leaves their employment, no longer has a need to access this information, or there is a possible security breach. It will specify in writing other standards of performance, including, but not limited to, how quickly a user may be added to the network;
10. No incoming or outgoing electronic data interchange (EDI) will be conducted unless authorization for access is in writing, signed by the provider, submitted to the provider's carrier, DME MAC, intermediary, or other contractor if designated by CMS, and each provider has a valid EDI enrollment form on file with that CMS contractor;
11. It has safeguards in place to assure each eligibility response is sent only to the provider that initiated the inquiry;
12. It will furnish, upon request, documentation that assures the above privacy and security concerns are being met;
13. It will adhere to the regulations on security and privacy standards for health information under the Health Insurance Portability and Accountability Act of 1996;
14. It will require its subcontractors, agents, and business associates to comply with all applicable current requirements of this agreement as well as any future requirements or changes to this agreement; and
15. It will comply with CMS Internet policy. (CMS does permit the transmission of protected health data between providers and other parties who are not Medicare contractors over the Internet if it is authenticated and encrypted. The CMS policy requires written notification of intent from organizations anticipating use of the Internet. The CMS reserves the right to require the submission of documentation to demonstrate compliance with requirements, or to conduct on-site audits to ascertain compliance.)

NOTE: Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document. This document shall become effective when signed by the third party agent. The responsibilities and obligations contained in this document will remain in effect as long as electronic data interchange is being conducted with a carrier, DME-MAC, FI, or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party thirty (30) days notice of its intent to terminate.

SIGNATURE	I am authorized to sign this document on behalf of the indicated party, and I have read and agree to the forgoing provisions and acknowledge same by signing below.
Sole Proprietor or Company Name:	
Address:	
City/State/Zip:	
Signed By:	
Printed Name:	
Title:	
Date:	
Submitter ID:	
Carrier, DME MAC, FI/other contractor if designated by CMS to whom this is being submitted:	

Third Party Billing Service Addendum for CSI Access

This addendum should be completed by the Medicare provider to authorize the billing service to perform Claim Status inquiries on their behalf.

By signing below, I hereby authorize _____
(Third Party Billing Service)
to perform Claim Status Inquiries on our behalf. I recognize that through CSI my billing service is able to access information on pending and completed DME MAC Jurisdictions B & C claims and Medicare beneficiary information, including payable Certificates of Medical Necessity (CMNs). I understand that it is my responsibility to report any misuse of this system to CGS.

I understand that it is my responsiblity to notify CGS when there is a change in clearinghouse, arrangements cease with a clearinghouse, or if our company leaves the Medicare program.

AUTHORIZED/DELEGATED OFFICIAL:	
Printed Name:	
Title:	
Signature:	
Provider Name:	
PTAN(s):	

