



DDE Access Request Form For Legacy and J5 MAC Providers

DDE Access Request Form Instructions Provider Copy do not send the instructions back to WPS

Forms that are not legible or filled out correctly will be returned and the 30 business days will start from the date the corrected form is received.

An EDI Enrollment Form must be on file for each provider in order to complete this request. If a form is not on file, the request will be returned. Please refer to the EDI website http://www.wpsic.com/edi/pdf/medb_enroll.pdf for instructions on submitting the EDI Form.

CMS strictly prohibits any Provider or Third Party Billing Company from outsourcing system functions overseas, unless explicitly authorized, in writing, by the CMS CIO. System functions include the transmission of electronic claims, receipt of electronic remittance advice or the access to any system for beneficiary and/or eligibility information. Any request for access for a user that is outsourced outside the United States will be immediately denied by Wisconsin Physicians Service (WPS) pending authorization from CMS.

Section 1: Facility Information

- List the Facility name Address, City, State and Zip Code for the Authorized Signer.
- This information must be where the Authorized Signer is located so that WPS can contact the Authorized Signer by mail if necessary.

Section 2: WPS Application

- J5 MAC includes providers located in Iowa, Kansas, Missouri, Nebraska that are apart of the Jurisdiction 5 (J5) Medicare Administrative Contractor (MAC). Some facilities may have J5 MAC providers in other states.
- Legacy includes former Mutual of Omaha provider who joined WPS in November 2007. This may include some Iowa, Kansas, Missouri, and Nebraska providers.
- If you are requesting access to both a Legacy & J5 MAC Provider, select both options and mail the request.

Note: It is the responsibility of the provider to know which WPS application they process through. Please contact WPS if you are not sure which option to select, selecting the wrong application will delay the processing of your request.

Section 3: Type of Access

- New User ID: I have verified that the user has never been assigned a User ID by another Medicare Contractor or provider.
- New User ID: The user was previously assigned a User ID but don't remember the ID
- Remove PTAN: Remove PTANs that are no longer needed but the ID is still needed to access other PTANs.
- Change Access: Select this option to change a user's access to full or view.
- Terminate User ID: Select this option to terminate User IDs that are no longer needed.
- Add PTAN to ID: Add additional PTANs to an existing WPS User ID.
- Reactivate ID: Select this option to reactivate a User ID that has been deactivated after 60 days of non-usage. The ID can only be reactivated for the user the ID was originally assigned to.
- Additional Access: Select this option for one of the following reasons:
 - The user currently has a User ID through another contractor that uses the HP/EDC data center and needs access to WPS Legacy and or J5 MAC Zones(s).
 - The user has access to the WPS Legacy Zones and need access to the J5 MAC Zone.
 - The user has access to the WPS J5 MAC and need access to the WPS Legacy Zones.

DDE Access Request Form For Legacy and J5 MAC Providers

Section 4 User Information

- User Name- List the name of the person who will be accessing the system.
- User ID-List the existing User ID for the user. This field is required for all request types except the new User ID request.
- **Type of Access-Select one of the following:**
 - **View** access is the capability to view claims only and access to the Common Working File (CWF).
 - **Full** access is the capability to edit claims and access CWF.

Section 5 Outsourcing Information

- Select **'Yes'** if the user is located outside of the United States.
 - Attach the authorization letter from CMS.
 - If you do not have a letter from CMS, you must contact CMS to obtain an authorization letter before requesting access for the user.
- Select **'No'** if the user is located in the United States and complete the form.

Section 6 PTAN

- List the Provider Transaction Access Number (PTAN) the user need access to.
- If additional space is needed, attach a separate sheet, Please do not complete a new DDE Access Request form for the same Request Type.
- You can also list a current User ID that contains the PTAN(s) the user needs access to. Please do not list a current User ID if there is only one PTAN linked to the current User ID.
- The PTAN is required for all request types, forms will be returned if the PTAN is not listed.

The PTAN is also referred to as Oscar number, Medicare number, and Provider number.

Section 7 Authorized Signer

- The Authorized Signer must be the person identified by the facility that has the authority to grant a user's access to the DDE System.

Note: If the Authorized Signer needs access, please have the form signed by another individual who is an Authorized Signer.

The Authorized Signer is responsible for the following:

- Ensuring that the users read and adhere to the CMS rules and regulations outlined in the EDI Enrollment Form.
- Ensuring the user understands that their ID and password cannot be shared with another user.
- Terminating IDs immediately when a user terminates their employment with the company or the ID is no longer needed.
- Verifying that the user does not already have a User ID before submitting a request for a new User ID.
- Keeping track of all users and their assigned User ID.
- Ensuring that User IDs are not being requested for users located outside of the United States unless there is a signed authorization letter from CMS.



DDE Access Request Form For Legacy and J5 MAC Providers

Section 1: Facility Information

Facility Name: _____
 Facility Address: _____
 City: _____ State: _____ Zip Code: _____

Section 2: WPS Application

Legacy: Former Mutual of Omaha Providers J5 MAC: Iowa, Kansas, Missouri, Nebraska Providers

Section 3: Type of Request (Only one request type is allowed per form)

New User ID: I have verified that the user has never been assigned a User ID by another Medicare Contractor or provider
 New User ID: The user was previously assigned a User ID but don't remember the ID
 Remove PTAN Change Access to View Change Access to Full Terminate ID Add PTAN to ID
 Reactivate ID Additional Access: Add Legacy Add J5 MAC Zone

Section 4: User Information: Only one User name is allowed per form (Print First, Middle Initial, Last Name

User Name:		User ID:		Type of access	<input type="checkbox"/> View	<input type="checkbox"/> Full
------------	--	----------	--	----------------	-------------------------------	-------------------------------

Section 5: Outsourcing information

Is the User located outside of the United States? Yes No (If yes, attach the authorization letter from CMS)

Section 6: PTAN (Do not leave this section blank)

--	--	--	--

Section 7: Authorized Signer- If the Authorized Signer's name is listed in Section 4, please obtain the signature of another Authorized Signer

By signing below, you acknowledge that you are the Authorized Signer for the user listed in Section 4. You have verified that the user does not already have a User ID with WPS or another Medicare contractor. The user is aware that the User ID and password cannot be shared with another user. You also acknowledge that the user has read and agrees to the terms and conditions outlined in the EDI Enrollment Form. That access will not be requested for a user who works for an outsourcing company located outside of the United States without a signed authorization letter from CMS.

Authorized Signature: _____ Title: _____
 Print Name: _____ Date: _____
 Phone: _____ Ext. _____ Fax: _____
 Email: _____

Legacy and J5 MAC providers, fax the completed form to 402-995-0606.
 The request may take up to 30 business days to complete. The Authorized Signer will be notified by email once the request is completed.
 If you have any questions, contact the DDE Systems Department at 866-734-6656, option 2 for Legacy providers and 866-518-3295, option 2 for J5 MAC providers.

DO NOT WRITE BELOW THIS LINE. FOR WPS USE ONLY

Date submitted to EDC	Assigned User ID	Date Completed	Comments: