



DDE Access Request Form Third Party

For Legacy and J5 MAC Provider use only

Instructions for completing the DDE Access Request Form Third Party

This form must be completed by the **Provider only**.

Forms that are not legible, filled out correctly or completed by the Third Party Organization will be returned and the 30 business day 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 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: Provider Information

- List the facility name, PTAN, and address of the provider the Third Party Billing Company is requesting access to.
 - Only one PTAN number is allowed per form.

Section 2: WPS Application

- J5 MAC includes providers located in Iowa, Kansas, Missouri, Nebraska that are part 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: Select type of request

- New User ID-Select this option if one of the below reasons apply.
 - New User ID – I have verified that the user has never been issued a User ID by another Medicare Contractor or provider
 - New User ID -The user was previously issued a User ID but don't remember the ID.
- Add PTAN to ID: Add additional PTANs to an existing WPS User ID.
- Remove PTAN: Remove PTANs that are no longer needed but the ID is still needed to access other PTANs
- 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.
 - 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.

You will need to contact your connectivity vendor to add the applicable WPS legacy or J5 MAC application to your

menu.

Section 4: User/Third Party Billing Information

- User Name- List the name of the person who will be accessing the system.
- User's phone number
- User ID-List the existing User ID for the user. This field is required for all request types except the new User ID request.
- Name of the Third Party Billing Company
- User's email address

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: 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.

The Authorized Signer is also 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.
- Submitting a request to remove the PTAN number from the User ID if the provider no longer requires the Third Party Billing Company service, if the ID is still need to access another facility.
- Verifying that the user does not already have a User ID before submitting a request for a new User ID.
- Keeping track of all IDs used by the Third Party Billing Company listed in section 4.
- 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.



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Section 1: Provider Information			
Facility Name: _____		PTAN: _____	
Facility Address: _____			
City: _____		State: _____	Zip Code: _____
Section 2: WPS Application. (Contact WPS if you are not sure which option to select)			
<input type="checkbox"/> Legacy: Former Mutual of Omaha Providers <input type="checkbox"/> J5 MAC: Iowa, Kansas, Missouri, Nebraska Providers			
Section 3: Type of Request (Only one request type is allowed per form)			
<input type="checkbox"/> New User ID - I have verified that the user in Section 4 has never been assigned a User ID by another Medicare Contractor or provider			
<input type="checkbox"/> New User ID - The user was previously assigned a User ID but don't remember the ID			
<input type="checkbox"/> Add PTAN to ID <input type="checkbox"/> Remove PTAN Additional Access <input type="checkbox"/> Add Legacy Zones <input type="checkbox"/> Add J5 MAC Zone			
Section 4: User/Third Party Information (Only one user name is allowed per form)			
Print User's Name (First, Middle Initial, Last Name)		Phone Number	User ID (Not applicable for new ID)
Name of the Third Party Billing Company		Email Address	
Section 5: Outsourcing Information			
Is the user located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach the authorization letter from CMS)			
Section 6: Authorized Signer for the Provider			
By signing below, you acknowledge that you are the Authorized Signer for the facility listed in Section 1 and that you authorized the user listed in section 4 to access claim and or CWF information on your behalf. If this request is for a new User ID, you have verified with the Third Party Billing Company 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: