

J15

ONLINE INQUIRY SERVICES

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

Online Inquiry Services is an online computer inquiry system that provides easy 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	The submitter ID is used by the submitter to communicate with CGS electronically. For new applicants, this field should be left blank, as 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 actually be communicating 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 this location.
Address	The mailing address of the submitter.
City, State, ZIP	The city, state and zip code of the submitter.
E-mail 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 whom Online Inquiry Services access is being requested. If additional group practices/providers need to be listed, indicate each one separately on a separate piece of paper. Include the Group Medicare Provider Number and Group National Provider Identifier (NPI) for each group practice/provider listed.
First MI Last 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 Online Inquiry Services 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 and the personal identification number (PIN). NOTE: We cannot accept a "generic" name for an Online Inquiry Services ID.

Submit completed Online Inquiry Services form to:

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

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

Submitter ID (if assigned):

Entity Name:

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

EDI Contact Person:

Phone: **Fax:**

Address:

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

E-mail Address
(Note: E-mail will be the primary method of communication):

List all Medicare Provider Numbers and National Provider Identifiers (NPI) (if additional room is needed, please attach a list of Provider Numbers and NPIs):

Group Practice/Provider Name	Group Provider Number	Group NPI

Provide a list of individuals requiring access (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/PIN

FAX completed form (for faster service) to:

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

Or mail completed form to:

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