



51108



# Direct Data Entry (DDE) User ID Request Access Form



## Facility and Contact Information

R2-24

*Legal Business Name:	
*Supervisor's full name:	*Supervisor's email address:
*Supervisor's phone number:	Correspondence fax number:
*Street address:	*City:
*State/Province:	*ZIP code/Postal code:

## Provider Identification

*National Provider Identifier (NPI):	*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
--------------------------------------	--

## PTAN (Medicare Part A only, minimum of one PTAN is required):

*PTAN (1)	PTAN (2)	PTAN (3)	PTAN (4)	PTAN (5)	PTAN (6)
-----------	----------	----------	----------	----------	----------

**Note:** If additional access is needed, please include the PTAN numbers on a separate page.

## User Information (Only one user per application)

*User name (First, Middle Initial, Last):	*User's phone number:
*User's email address:	*User signature <b>(Required unless terminating User ID):</b> <small>Only electronic or wet signatures are accepted</small>
*User ID <b>(Required unless requesting new User ID):</b>	*PIN- must be four digits numeric only <b>(Required unless terminating User ID):</b>

## Processing Details

Please provide any specific processing details in this block such as name change, email explanation, etc.

## \*Type of Request

New User ID	Reactivate ID	Terminate ID
Remove PTAN	Add Puerto Rico/U.S.Virgin Islands Workload	Add Florida Workload
Change Access to Full	Add PTAN to ID	Name Change

(R2-24)

**Note:** Instructions on how to complete the form can be found on page 3.

51108



User Location			
*Is the user located outside of the United States?	Yes	No	If yes, you must complete the Out of Country/Offshore Users section below.
Out of the Country/Offshore Users			
1. Is the last connection hop prior to accessing the Medicare system within the United States? (This question should be answered by your technical support.)	Yes	No	
2. City and State of last connection hop.	City	State	

**DDE user ID Compliance Statement and Authorized Official Signature**

**User agrees to:**

1. Be responsible for all activities logged under this DDE USER ID.
2. Not share or exchange this DDE USER ID or password.
3. Report to First Coast any suspected misuse of the DDE USER ID.
4. Use the system to perform tasks only for First Coast Service Options, Inc. business.
5. DDE USER ID is not to be used by anyone other than you.
6. Password is not to be revealed to anyone, including Supervisors and Managers.

If at any time you believe that someone has used your DDE USER ID, or someone asks you to reveal your password, contact Medicare Part A, DDE Support, at (888) 670-0940. Non-Compliance with the above is considered to be unacceptable behavior, which will be cause for First Coast to revoke access to DDE system.

By signing below I certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider’s status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the provider to abide by the laws, regulations, and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with First Coast Service Options on my behalf. By signing below the provider confirms they have read and agree with the Agreement, the CMS obligations, and the Attestation section on page 3 of this document.

*Required Signature	
*Authorized official signature:	*Date:
*Name of authorized official (Print):	*Title of authorized official:

**Complete form, print, sign, date, and email (recommended), mail, OR fax all pages to:**

**Email: MedicareEDI@fcso.com**

Fax: (904) 361-0470

Post: First Coast Medicare EDI, P.O. Box 3703, Mechanicsburg, PA 17055-1861

**Allow 10 business days for processing. Please do not send duplicate forms.**

## Instructions

Forms that are not legible or filled out incorrectly will be returned. It can take up to 30 days to process application from the date a correct form is received.

### Facility and Contact Information

- List the Legal Business name, NPI, Tax ID, Address, City, State and ZIP Code for the Authorized Official.
- List Supervisor's name and email address
- List the Provider Transaction Access Number (also referred to as PTAN or Medicare number) the user needs access to.

### User Information - Only one user request per form.

- **User Name:** Enter the name of the person who will be accessing the system or is being terminated.
- **User's phone number:** Enter the business phone number where the user can be reached.
- **User's email address:** Enter the business email for the user. This email address cannot be a shared email address. It must identify the user and the facility. For example: sally.sue@hospitalname.org. If these requirements cannot be made, please provide an explanation in the Processing Details block.
- **Signature:** Signature of person whose name appears in the User Name field.
- **User ID:** Enter the existing User ID.
- **PIN:** Enter a four digit numeric PIN to be used for password resets.

### Processing Details

- If necessary, provide any specific processing details regarding a name change request, email address explanation, etc.

### Type of Request

- **New User ID:** Select this option if the user has never been assigned a User ID or was previously assigned a User ID but does not remember the User ID.
- **Reactivate ID:** Select this option to reactivate a User ID that has been deactivated due to non- usage. The ID can only be reactivated for the user the ID was originally assigned to.
- **Terminate ID:** Select this option to terminate User IDs that are no longer needed.
- **Remove PTAN:** Select this option to remove PTANs that are no longer needed but the ID is still needed to access other PTANs.
- **Add Puerto Rico/U.S. Virgin Islands Workload:** Select this option to add Puerto Rico/U.S. Virgin Islands workload to a User ID created by another MAC.
- **Add FL Workload:** Select this option to add the Florida workload to a User ID created by another MAC.
- **Change Access to Full:** Select this option to change a user's access to full.
- **Add PTAN to ID:** Select this option to add additional PTANs to an existing User ID issued by First Coast.

### Attestation

The Authorized Official is the individual that have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the provider to abide by the laws, regulations, and the program instructions of Medicare.

**Note:** All correspondence regarding the DDE form will be sent to the user. In accordance with the CMS security policy, the DDE Logon ID (RACF ID) is not to be used by anyone other than the assigned user. Each person who utilizes DDE must have their own unique RACF ID and should not share this information with anyone, including supervisors, managers, or third party billers. Additionally, RACF IDs and passwords should not be stored in any type of script or log on feature.

All forms are processed in the order in which they are received. Incomplete forms or failure to submit all pages will result in the application being returned to the user's email address. Users that submit complete and accurate forms will receive a confirmation email detailing their next steps.