Medicare Claims Processing System (MCPS) Part A DDE, Part B PPTN, & DME CSI User Request Form Instructions

noridian
Healthcare Solutions
Noridian Healthcare Solutions, LLC

Please complete a separate form for each user requesting access.

--This form must be filled out completely or the request will be denied. --

DEFINITIONS

- Indicate the Line of Business for which you are requesting access. <u>Please mark only one</u>. If you need access for another Line of Business, a separate request form is required.
  - o Part A = Facility Services
  - o Part B = Physician Services
  - o DME = Supplier
- If you are a user that has never had access to the MCPS, mark **New User**.
- If you are an existing user or had access in the past and would like to make changes to, or reactivate your system access, mark **Update User**.
- If you are reporting a name change, mark **Name Change**.
- If you are adding additional access, mark **Update User**.
- If you are removing all access/terminating a user, mark **Terminate User**.

USER INFORMATION

- Provide the First, Middle Initial, and Last name of the user who is requesting access or changes to the MCPS.
- Provide a direct phone number (or phone number and extension) for the user.
- Provide the user's email address to ensure they receive all communication provided by Noridian.
- For a name change, provide the user's new name (First and Last). Please also indicate the Existing RACF User ID in the Access Information Section.

ACCESS INFORMATION

- If you are an existing user making updates to your access, you must provide your existing RACF User ID. If this is a request for New Access, and you have an existing User ID with another contractor, please indicate your RACF User ID, otherwise leave this field blank.
  - o If you have requested a RACF User ID from another Contactor, please wait for that RACF User ID before completing the request form and then provide that ID on the form.
- ***For Part B Only***: If you are an existing user making updates to your access, please provide the assigned Clerk ID. If this is a request for New Access, please leave this field blank.
- Indicate the access/update you are requesting. (Example: If you are a new user requesting access to Claims and Eligibility, you would mark both Claims and Eligibility. If you are an existing user, who is also a Third Party Biller, adding NPIs, you would mark Add NPIs and Third Party Biller)
- Provide the name of the facility the user will be accessing the system for. The Facility Name must match the NPI listed. If you are a Third Party Biller, provide the name of the facility that you will be billing for. If you will be billing for more than one facility, write "See Attached" and attach a list of facilities along with the corresponding NPIs to the request form.
- List all of the states/Jurisdictions requesting access to. If you are an existing user, indicate the state(s) of your current access. <u>For DME, please indicate the Jurisdiction you are requesting access to (ex: "Jurisdication D", "JD", or "Jur D")</u>.
- List all of the NPIs for this request. If you are a new user, provide all of the NPIs for which you need access. If you are an existing user adding or removing NPIs, list only those NPIs to be added or removed. (If additional space is needed, please write "See Attached" and attach a separate list). These NPI's need to

be updated on the NPPES website prior to the MCPS submission and to include facility name, state and OSCAR/PTAN/NSC.

- **For DME Only:** Provide your EDI Submitter ID or Biller ID used for submitting electronic claims.
- **Third Party Billers**: All Third party billers adding access or NPIs <u>MUST</u> include an authorization letter from the facility, signed by an authorized official, granting authorization to access the specific listed NPIs and PTANs. List the facility that you are billing for in the Facility Name field. The letter must be dated within 30 days of the date the MCPS request is submitted.

POINT OF CONTACT INFORMATION

- *A contact person must be listed on each request form. If this section is left blank, the form will be returned.* This is the individual whom will receive all information related to MCPS security for the Facility or Third Party Biller.
- Print the First and Last name of the contact person for the Facility. <u>If you are a Third Party Biller</u>, please provide your company's contact person instead.
- For Facilities or Third Party Billers already established, the point of contact information should match what is currently on file, unless approved by Noridian User Provisioning.
- Provide the direct phone number (or phone number and extension) for the contact person.
- Provide your company's fax number.
- Indicate the contact person's business title.
- Indicate the contact person's email address.
- For Third Party Billers only, list the name of your company.
- **If the point of contact is changing**:
  o Submit a detailed request on <u>company letterhead</u> indicating the requested changes.
  o The request shall include the old contact information and what the new contact information will be.
  o The request must indicate the effective date of the change.
  o The request must be signed and dated.

ACCESS DISCLOSURE AND AUTHORIZATION

- This section must be signed and dated by the <u>USER</u> requesting or updating access.
- If the request is to remove all access and the user is no longer available to sign, the request must be signed by an authorized official of the company.
- Print name & title of the person signing this request form.
- The signature and date must be within the last 30 days.

FOR NORIDIAN USE ONLY

- This section is for use by Noridian ONLY. Please do not write or sign in this area.

FORM SUBMISSION INFORMATION

- Fax completed form to the number below. All emailed MCPS requests will be rejected.

Part A, Part B, & DME
Fax: (701) 282-1946

- For a listing of states Noridian processes for refer to www.NoridianMedicare.com.
- For all Part A and B questions please contact User Security at: JE 1-855-609-9960 and JF 1-877-908-8431.
- For all DME questions and concerns please refer to www.NoridianMedicare.com for CSI contacts.

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MEDICARE CLAIMS PROCESSING SYSTEM (MCPS)
PART A DDE, PART B PPTN, & DME CSI USER REQUEST FORM

-- This form must be filled out <u>completely</u> or the request will be denied. –

DEFINITIONS	Please Review All Of The Instructions Prior To Completing This Form
User Information – Individual whom will be accessing the MCPS. **Access Information –** Specific MCPS access information for the user. Facility Name must match the NPIs listed. **Point Of Contact Information –** Point of contact information for the Facility **OR** for the Third Party Biller (if applicable). **Access Disclosure and Authorization –** User signature required. If removing access and the user is unavailable an authorized official <u>must</u> sign the request form.	Line of Business **(Select <u>One</u>)** ☐Part A　☐Part B　☐DME Type of Request **(Select <u>One</u>)** ☐ New User ☐ Update User ☐ Terminate User ☐ Name Change

USER INFORMATION

First, MI, & Last Name (please print)	Phone Number	User's Email

ACCESS INFORMATION　　　　PLEASE MARK ALL THAT APPLY

RACF User ID(s)	Clerk ID (Part B Only)	Access Requested: ☐ Eligibility ☐ Claims ☐ Third Party Biller ☐ Add NPIs ☐ Remove NPIs	
Facility Name (please print – If additional space is needed, attach a separate list)			State/Jurisdiction Requesting Access For
NPIs (if additional space is needed, attach a separate list)			EDI Submitter ID or Biller ID

All third party billers adding access or NPIs <u>MUST</u> include an authorization letter from the facility, signed by an authorized official, granting authorization to access the specific NPIs and PTANs.

POINT OF CONTACT INFORMATION

Contact Name (please print)	Telephone Number	Fax Number
Title	Email Address	Third Party Biller Name (if applicable)

ACCESS DISCLOSURE AND AUTHORIZATION

By signing, individuals agree to the following:

1. Be responsible for all activities logged under the user ID.
2. Do not share or exchange the user ID or password.
3. Report to Noridian User Provisioning staff any suspected misuse of the user ID.
4. Use the system to perform tasks related to Medicare Part A DDE/Part B PPTN/DME CSI system functions only.
5. Connectivity with EDI is or will be established for the purpose of accessing the Part A DDE/Part B PPTN/DME CSI application.

Non-compliance with the above is considered to be unacceptable behavior, which is cause for NAS to revoke access.

User Signature	Print Name	Title	Today's Date

For Noridian Use Only:　　　　　　*Please do not write or sign below this line.*