

NHIC	
Document Name: VPIQ enrollment forms	Doc. Number: FRM-EDI-0020
Release Date: 11/30/11	Version: 5.0

## Instructions for Completing VPIQ Forms

### **Part A. Contact information**

- Please enter the information where you would like your correspondence for VPIQ to be directed.
- If you are a third party biller the Contact Name and Email should be for the Company Contact person.
- If applicable check either IVANS or ABILITY.

### **Part B. Type of Request**

- If you are a new user check **New User ID**
- If you are making changes to or adding additional NPIs to an existing User ID or if you already have an existing User ID from another Jurisdiction, check **Existing User** and Write in your User ID. *Failure to provide your existing User ID will significantly delay processing your request.*
- If the User is also the employee of a Third Party Biller check **Third Party Biller** in addition to New or Existing User.
- If terminating the User Id check **Termination of ID** and complete Section E and F.

### **Part C. Requesting Access**

- Enter the full name and phone number of the employee requesting access.
- Work address must be the address where the employee requesting the User ID works. The address must be completed even if it is the same as the address in Part A.

### **Part D. Supplier Information**

- Check either **Add NPIs** or **Remove NPIs**
- Enter the company name, DME PTAN, and NPI for each supplier you wish to add.

### **Part E. Termination of Access**

- Print the full name and User ID of the employee that no longer requires access.

### **Part F. Authorized By:**

- If you are a Supplier requesting access for yourself or your own employees this section must be completed by the Authorized official that is on file with Medicare.
- If you are a **Third Party Biller** this section must be completed by the Supervisor of the employee requesting access **and** you must submit a Billing Service Addendum (BSA) for each supplier listed in section D.

### **Billing Service Addendum (BSA)**

This form is required when a supplier wishes to grant a Billing Service VPIQ access to their supplier numbers. The supplier is required to complete the Addendum. A separate Addendum must be completed by **EACH** supplier.

The Addendum for Billing Services is required for the following requests:

- New User ID for a billing service to access VPIQ.
- Add a supplier number to an existing billing service's User ID for VPIQ access.

All information must be completed or the Form will be returned.

### **Complete the forms in the attachment and mail to:**

NHIC Corp. - DME VPIQ  
Jurisdiction A  
PO Box 9185  
Hingham, MA 02043-9185  
or faxed to 781-741-3810

If you have any question please call the VPIQ Helpdesk at 866-563-0049.

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## NHIC, Corp. DME MAC Jurisdiction A DDE/CSI/VPIQ User ID request

### A. Contact Information:

Supplier or Billing Service or Corporate Office Name:

Address:

City:

State:

Zip:

Contact Name:

Phone Number:

Submitter ID:

### B. Type of Request:

- New User ID     
 Existing User \_\_\_\_\_ \*     
 Third Party Biller\*\*  
(DDE/CSI User ID)
- Reactivate ID \_\_\_\_\_     
 Adding Access to     
 Adding Provider     
 Termination of ID  
(DDE/CSI User ID)      Jurisdiction A      Numbers

**\* If you do not have an existing ID and this is the Region where your home office resides, continue this request. If this is not the Region where your home office is located, please request an ID from the Region where your home office resides. Failure to provide your existing User ID will significantly delay processing your request.**

**\*\*Third party billers must submit the Billing Service Addendum (BSA) from each of the suppliers for which they are requesting access. This addendum must be signed by the supplier's authorized or delegated official. If the authorized or delegated official is not on the NSC files, the request will not be honored.**

### C. Requesting Access:

I, the undersigned, am requesting a DDE/CSI User ID, which will be used to gain access to the VMS network to perform Medicare Jurisdiction A Claim Status Inquiry (CSI) functions. **PLEASE READ AND SIGN BELOW**

I agree to be responsible for all activities logged under this DDE/CSI User ID. I will not Share or Exchange this DDE/CSI User ID or password. I will report any suspected misuse of the DDE/CSI User ID to Jurisdiction A System Security. I will use the system to perform tasks only for Jurisdiction A business.

Non-compliance with the above is considered unacceptable behavior, which will result in revocation of CSI System Access.

Name of the supplier's employee that requires a DDE/CSI User ID

Print Name

(First and last name required)

Phone Number

(Required)

Employee Signature

(Required)

Work Location Address (Required)

City:

State:

Zip:

**D. Supplier Information:**

List the suppliers and their supplier numbers (NSC and NPI) for this request. If you need additional space, attach a separate piece of paper. Each User ID may access up to 30,000 supplier numbers. **The first supplier listed will be used to track this application**

Check one:       Add PTAN       Remove PTAN

Supplier Name	DME MAC Supplier Number	NPI	Supplier Name	DME MAC Supplier Number	NPI

**E. Termination of Access:**

List below the name of your supplier employee that no longer requires access to DDE/CSI. If more than one, attach a separate piece of paper.

<hr/> <b>Print Name</b>	<hr/> <b>DDE/CSI USER ID</b>
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**F. Authorized By:**

The following portion *must* be completed by the Supplier Authorized official or for Third party billers only the Supervisor of the employee requesting access\* or the form will be returned.

<hr/> <b>Signature</b>	<hr/> <b>Title</b>	<hr/> <b>Phone Number</b>
<hr/> <b>Name (Print)</b>	<hr/> <b>Date</b>	

**Signing this form will give you access to  
the Jurisdiction A DME Claim Status Inquiry System.**

*\*Third party billers must submit the Billing Service Addendum (BSA) from each of the suppliers for which they are requesting access. This addendum must be signed by the supplier's authorized or delegated official. If the authorized or delegated official is not on the NSC files, the request will not be honored.*

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## Billing Service Addendum for VPIQ Access

This form **must** be completed and signed by the Supplier or an authorized representative of the Supplier **if** a billing service is requesting access.

\_\_\_\_\_ hereby authorizes \_\_\_\_\_  
**(Supplier Name)**  **(Billing Service Name)**

to perform any and all functions of Claim Status Inquiry System (CSI) on my behalf. I understand that Claim Status Inquiry System (CSI) allows access to information on both pending and processed DME MAC Jurisdiction A claims. I am authorized to endorse this addendum on behalf of my company and acknowledge that it is my responsibility to notify NHIC, in writing, if I wish to revoke this authorization. The authorized signature below attests to the accountability of the person requesting a User ID and Password to access NHICs CSI System. The authorized signer and online users are responsible for ensuring that User IDs are not shared.

The authorized signer is responsible for ensuring that their users understand this policy.

Supplier Name: \_\_\_\_\_ Supplier Number: \_\_\_\_\_ Supplier NPI: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier Phone: \_\_\_\_\_ Supplier E-mail: \_\_\_\_\_

Supplier Signature (Authorized or Delegated Official): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Submitter Name: \_\_\_\_\_ Submitter Number: \_\_\_\_\_

Submitter Signature (Authorized or Delegated Official): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

**\*Only the Billing Service will be notified when the request has been completed.**