

**Individuals Authorized Access to  
CMS Computer Services  
(IACS)**

**User Guide – Attachment D**

**Provider (270/271) Community**

**FINAL**

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## REVISION HISTORY

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09/25/2006	6.1	Updated as a result of QA review. Removed all instances of the Note concerning RACF ID and the following paragraph about RACF (Attention Existing CMS System Users).	Elaine Purcell
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10/02/2006	6.3	Added additional actions and screen shots to the Backup Security Official section to make that section more complete.	Elaine Purcell
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This attachment provides instructions on completing the “Access Request” portion of the Self-Registration for Provider (270/271). This attachment also provides instructions on modifying an account profile as well as instructions on how to access the Provider 270/271 processing screens. Additionally, this attachment provides information on the Provider 270/271 approval process for registration requests. It should be noted that the Provider (270/271) application is also known as the Eligibility Inquiry and Response application.

## D-1.0 Provider (270/271) Specific Registration Fields

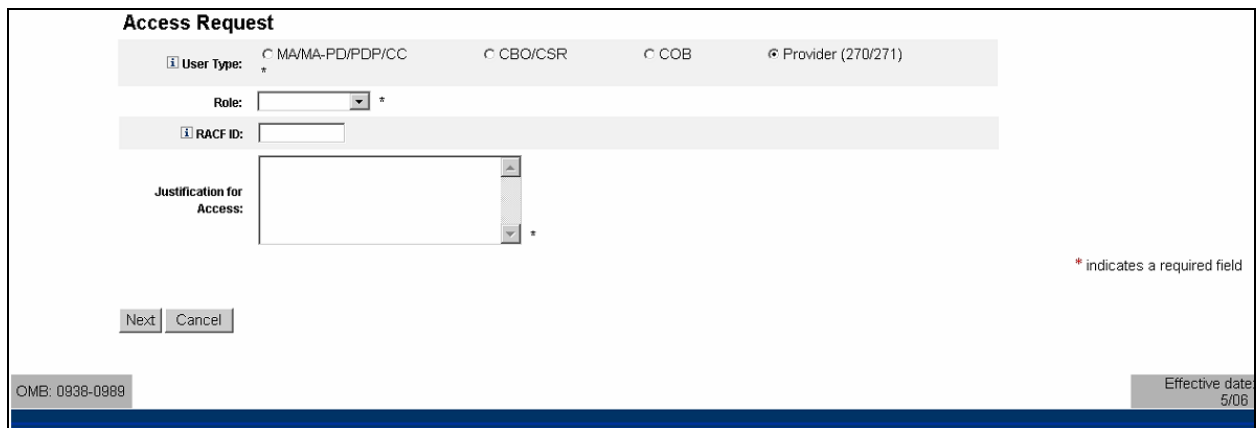
**Action:** In the *Access Request* section, choose *Provider (270/271)* for *User Type*. (See Figure D-1)



The screenshot shows the "Access Request" section of a user registration screen. At the top, there are four radio button options for "User Type": "MA/MA-PD/PDP/CC", "CBO/CSR", "COB", and "Provider (270/271)". A red arrow points to the "Provider (270/271)" option, which is currently selected. Below this, there is a "Justification for Access:" text label and a large empty text area with a vertical scrollbar. At the bottom left, there are "Next" and "Cancel" buttons. At the bottom right, there is a note: "\* indicates a required field". In the bottom left corner, there is a box containing "OMB: 0938-0989". In the bottom right corner, there is a box containing "Effective date: 5/06".

Figure D-1: Access Request Portion of the New User Registration Screen

The screen will refresh and display Provider (270/271) related fields as shown in Figure D-2.



The screenshot shows the "Access Request" section of a user registration screen after selecting "Provider (270/271)". The "User Type" radio buttons are still present, but "Provider (270/271)" is now selected. Below the "User Type" section, there are two new fields: "Role:" with a dropdown menu and a "\*" symbol, and "RACF ID:" with a text input field. The "Justification for Access:" text label and the large empty text area with a vertical scrollbar remain. At the bottom left, there are "Next" and "Cancel" buttons. At the bottom right, there is a note: "\* indicates a required field". In the bottom left corner, there is a box containing "OMB: 0938-0989". In the bottom right corner, there is a box containing "Effective date: 5/06".

Figure D-2: Provider (270/271) Related Fields

**Action:** In the **Role** field, select your desired role.

The possible roles include:

- **Security Official** – The official of a provider's office or organization who registers with IACS as that organization's Security Official. This person also registers the facility or organization with IACS using an online version of the Electronic Data Interchange (EDI) form. There can be two Security Officials at a facility or organization – a primary and a backup.
- **User/Approver** – Users in this role approve end user requests for access to the 270/271 UI Application. This role is also known as an External Point of Contact (EPOC).
- **User/Provider** – The end-user of the Provider (270/271) application.
- **MEIC Helpdesk** – The CMS Medicare Eligibility Integration Contractor (MEIC) Help Desk.

The Role selection options are in a drop down list and appear as shown in Figure D-3.

The screenshot shows the 'Access Request' form. At the top, there are radio buttons for 'User Type': MA/MA-PD/PDP/CC, CBO/CSR, COB, and Provider (270/271). The 'Provider (270/271)' option is selected. Below this is the 'Role' field, which is a drop-down menu. A red box highlights the 'Role' field, and a red arrow points to it from the text 'Select Role'. The drop-down menu is open, showing the following options: Security Official, User/Approver, User/Provider, and MEIC Helpdesk. The 'User/Provider' option is selected. Below the 'Role' field is the 'RACF ID' field, which is empty. Below that is the 'Justification for Access' field, which is empty. At the bottom of the form are 'Next' and 'Cancel' buttons. A footer contains 'OMB: 0938-0989' and 'Effective date 5/08'. A note at the bottom right says '\* indicates a required field'.

**Figure D-3: Provider (270/271) Role Field Drop Down List**

### **D-1.1 Provider (270/271) – User/Provider Role**

The User/Provider sends Medicare eligibility inquiries and reads the responses using the 270/271 user interface (UI) application.

When you select the user role of User/Provider, **User/Provider** will be entered in the **Role** field and additional fields will be displayed as shown in Figure D-4.

**Access Request**

User Type:  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role:  \*

Billing Provider NPI:  \*

Provider Type:  \*

\*

Justification for Access:  \*

\* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date 5/06

**Figure D-4: Provider (270/271) User/Provider Entry Fields**

**Action:** Enter the **Billing Provider NPI**. This is a 10-digit number that should be provided to you by your EPOC. If there is no EPOC within your organization, your organization's Security Official should provide the NPI number.

**Action:** Select the **Provider Type**. To do this, click on the down arrow to the right of the **Provider Type** field. A drop down list will appear from which you can select the desired Provider Type. (See Figure D-5)

**Access Request**

User Type:  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role:  \*

Billing Provider NPI:  \*

Provider Type:  \*

\*

Justification for Access:  \*

\* indicates a required field

Click on Down Arrow for Drop Down List and Select Provider Type

Next Cancel

OMB: 0938-0989 Effective date 5/06

**Figure D-5: Provider (270/271) User/Provider Registration Fields**

The selected Provider Type will appear in the **Provider Type** field as shown in Figure D-6.

**Action:** Enter a **RACF ID**, if you have one. (This is not a required field.)

The screenshot shows the 'Access Request' form with the following fields and values:

- User Type:** MA/MA-PD/PDP/CC, CBO/CSR, COB, **Provider (270/271)** (selected)
- Role:** UserProvider \*
- Billing Provider NPI:** 4655465546 \*
- Provider Type:** Internal Medicine and General or Family Practice Physician \*
- RACF ID:** (empty text box, highlighted with a red arrow)
- Justification for Access:** (empty text area)

Buttons: Next, Cancel

Footer: OMB: 0938-0988, Effective date 5/06

\* indicates a required field

**Figure D-6: Provider (270/271) User/Provider RACF ID Field**

**Action:** Enter a brief statement for the **Justification for Access**. This justification field must include a valid reason for access such as: "Need for work". (See Figure D-7)

**Action:** Click on **Next** when you are done filling in all the required fields on the New User Registration screen.

The screenshot shows the 'Access Request' form with the following fields and values:

- User Type:** MA/MA-PD/PDP/CC, CBO/CSR, COB, **Provider (270/271)** (selected)
- Role:** UserProvider \*
- Billing Provider NPI:** 4655465546 \*
- Provider Type:** Internal Medicine and General or Family Practice Physician \*
- RACF ID:** (empty text box)
- Justification for Access:** Need for work. (text area, highlighted with a red arrow)

Buttons: Next, Cancel (Next button highlighted with a red arrow)

Footer: OMB: 0938-0988, Effective date 5/06

\* indicates a required field

**Figure D-7: Provider (270/271) User/Provider Justification for Access Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the New User Registration screen. If there is any invalid data or there are any mandatory fields not filled in, the system will redisplay the New User Registration screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.



When the data in all fields are valid and all mandatory fields have been completed, the system will display a Review Registration Details Screen in which you can review the information you entered in the New User Registration screen. Go to **Section 2.4 – Completion of Registration Process** in the Main Body of the User Guide for an example of the Review Registration Details Screen. This section also provides the procedure for completing the IACS registration process.

### D-1.2 Provider (270/271) – User/Approver Role

The User/Approver role (EPOC) performs several tasks including such things as:

- Providing the proper Billing Provider NPI to new users who will be completing the IACS New User Registration form as a User/Provider
- Approving New User Registration requests for personnel requesting to be User/Providers.

When you select the user role of User/Approver, **User/Approver** will be entered in the **Role** field and additional fields will be displayed as shown in Figure D-8.

**Access Request**

User Type: \*  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role: User/Approver \*

Billing Provider NPI:  \*

Provider Type:  \*

RACF ID:

Justification for Access:  \*

\* indicates a required field

Next Cancel

OMB: 0938-0988 Effective date 5/06

**Figure D-8: Provider (270/271) User/Approver Entry Fields**

**Action:** Enter the **Billing Provider NPI**. This is a 10-digit number that should be provided to you by your Security Official.

**Action:** Select the **Provider Type**. To do this, click on the down arrow to the right of the **Provider Type** field. A drop down list will appear from which you can select the desired Provider Type. (See Figure D-9)

**Access Request**

User Type:  MA/MA-PD/PDP/CC \*  CBO/CSR  COB  Provider (270/271)

Role:  \*

Billing Provider NPI:  \*

Provider Type:  \*

RACF ID:

Justification for Access:

\* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date: 5/06

**Figure D-9: Provider (270/271) User/Approver Registration Fields**

The selected Provider Type will appear in the **Provider Type** field as shown in Figure D-10.

**Action:** Enter a **RACF ID**, if you have one. (This is not a required field.)

**Access Request**

User Type:  MA/MA-PD/PDP/CC \*  CBO/CSR  COB  Provider (270/271)

Role:  \*

Billing Provider NPI:  \*

Provider Type:  \*

RACF ID:  \*

Justification for Access:

\* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date: 5/06

**Figure D-10: Provider (270/271) User/Approver RACF ID Field**

**Action:** Enter a brief statement for the **Justification for Access**. This justification field must include a valid reason for access. (See Figure D-11)

**Action:** Click on **Next** when you are done filling in all the required fields on the New User Registration screen.

**Access Request**

User Type:  MA/MA-PD/PDP/CC \*  CBO/CSR  COB  Provider (270/271)

Role:  \*

Billing Provider NPI:  \*

Provider Type:  \*

RACF ID:

Justification for Access:  \*

\* indicates a required field

OMB: 0938-0989 Effective date  
5/06

**Figure D-11: Provider (270/271) User/Approver Justification for Access Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the New User Registration screen. If there is any invalid data or there are any mandatory fields not filled in, the system will redisplay the New User Registration screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display a Review Registration Details Screen in which you can review the information you entered in the New User Registration screen. Go to **Section 2.4 – Completion of Registration Process** in the Main Body of the User Guide for an example of the Review Registration Details Screen. This section also provides the procedure for completing the IACS registration process.

### D-1.3 Provider (270/271) – Security Official

When you select the user role of Security Official, **Security Official** will be entered in the **Role** field and additional Security Official fields will be displayed as shown in Figure D-12.

**Access Request**

User Type:  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role: Security Official \*

Billing Provider NPI: \*

Provider Type: \*

RACF ID: \*

Justification for Access: \*

\* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date 5/06

**Figure D-12: Provider (270/271) Security Official Fields**

**Action:** Enter the **Billing Provider NPI**

When you enter the Billing Provider NPI, the IACS service checks to determine if you are requesting to register as a Primary Security Official or a Backup Security Official. If you are a Primary Security Official, you will be required to enter data in all the EDI Registration Form fields. The procedures for this are presented in Section D-1.3.1.

If you are a Backup Security Official, once you enter the Billing Provider NPI, the IACS service will automatically fill in all the EDI Registration Form fields as well as the Contractor Information fields. These fields will have been filled in by the Primary Security Official. This is presented in Section D-1.3.2.

#### D-1.3.1 Provider (270/271) – Security Official – Primary

The Primary Security Official performs several tasks including such things as:

- Providing the proper Billing Provider NPI to new users who will be completing the IACS New User Registration form as a User/Approver (EPOC)
- Approving New User Registration requests for personnel requesting to be EPOCs
- Providing the proper Billing Provider NPI to new users who will be completing the IACS New User Registration form as a User/Provider in the event the organization does not have an EPOC
- Keeping the lists of Physicians, Physician NPIs, and Contractors associated with your provider up-to-date.

**Action:** Enter the desired Billing Provider NPI.

If you are registering as a Primary Security Official, when you enter the Billing Provider NPI, a message will appear as shown in Figure D-13. The Billing Provider NPI you entered will be displayed in that field. Additional EDI Registration Form and Contractor Information fields will also be displayed.

### Access Request

MA/MA-PD/PDP/CC   
  CBO/CSR   
  COB   
  Provider (270/271)

Role: Security Official \*

No existing Security Official found with Billing Provider NPI: 4655555555. You may add your EDI Registration information below.

Billing Provider NPI: 4655555555 \*   
 If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.

Provider Type:  \*

RACE ID:

### EDI Registration Form

Legal Billing Name:  \*

Contact Name:  \*

E-mail:  \*

Telephone:  \*    Ext:    
 Valid Phone Number Format is XXX-XXX-XXXX

Fax:  \*    Ext:    
 Valid Fax Number Format is XXX-XXX-XXXX

Physician First Name:    
 Physician Last Name:

Physician NPI:    
 Submitter Number:    

### Contractor Information

Contractor Name:

Billing Provider Number:    

Justification for Access:  \*

\* indicates a required field

**Figure D-13: Provider (270/271) Primary Security Official and EDI Registration Screen**

**Action:** Select the **Provider Type**. To do this, click on the down arrow to the right of the **Provider Type** field. A drop down list will appear from which you can select the desired Provider Type. (See Figure D-14)

**Access Request**

**User Type:**  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

**Role:** Security Official \*

No existing Security Official found with Billing Provider NPI: 4655555555. You may add your EDI Registration information below.

**Billing Provider NPI:** 4655555555 \* If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.

**Provider Type:** \*

**EDI Registration**

- RACF ID:** \*
- Legal Billing Name:** \*
- Contact Name:** \*
- E-mail:**

**Telephone:** \* **Ext:** \* Valid Phone Number Format is XXX-XXX-XXXX

**Fax:** \* **Ext:** \* Valid Fax Number Format is XXX-XXX-XXXX

**Physician First Name:** **Physician Last Name:**

**Physician NPI:** **Submitter Number:**

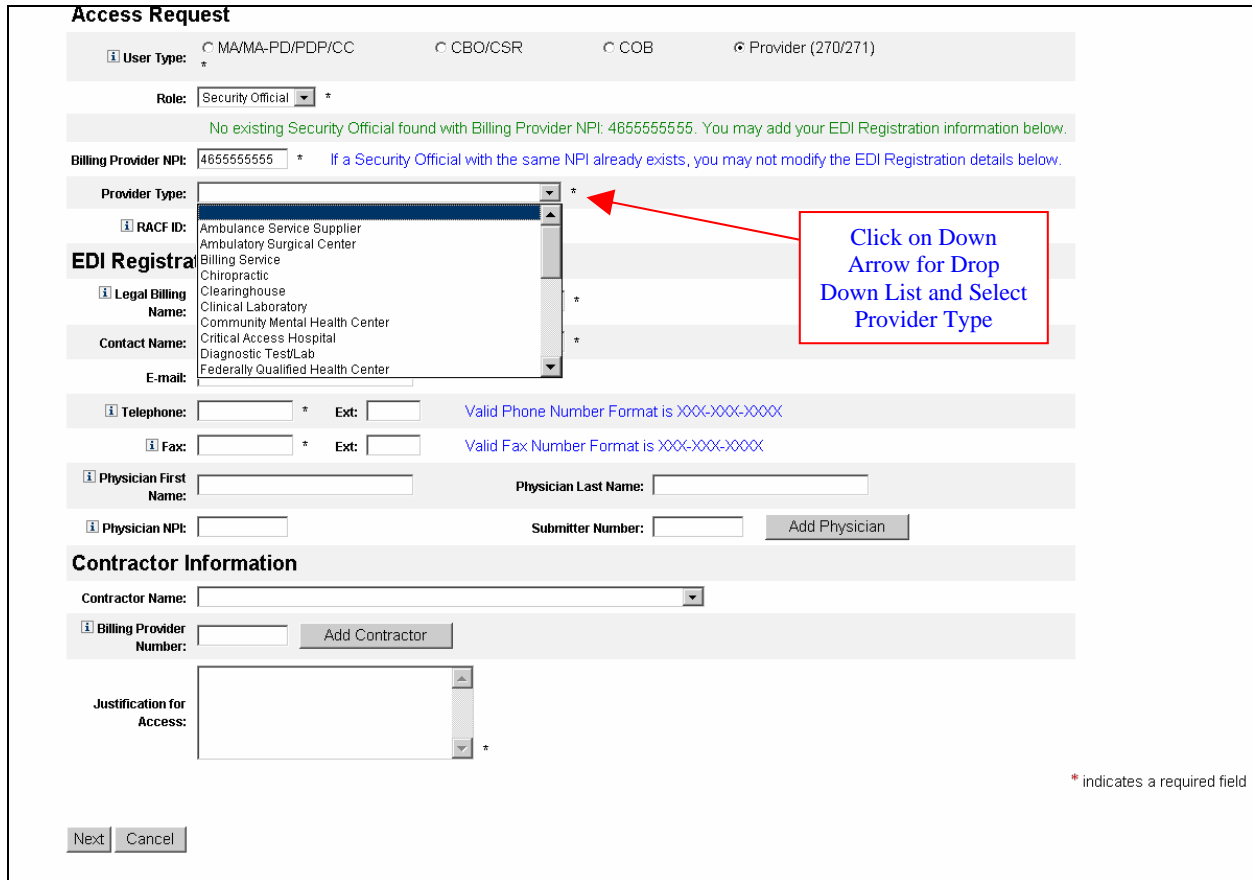
**Contractor Information**

**Contractor Name:**

**Billing Provider Number:**

**Justification for Access:** \*

\* indicates a required field



**Figure D-14: Provider (270/271) Security Official Provider Type Drop Down List**

The screen will refresh and display the selected Provider Type as shown in Figure D-15.

**Action:** Enter a **RACF ID**, if you have one. (This is not a required field.)

**Access Request**

**User Type:** \*  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

**Role:** Security Official \*  
No existing Security Official found with Billing Provider NPI: 4855555555. You may add your EDI Registration information below.

**Billing Provider NPI:** 4655555555 \* If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.

**Provider Type:** Internal Medicine and General or Family Practice Physician \*

**RACF ID:**

**EDI Registration Form**

**Legal Billing Name:**  \*

**Contact Name:**  \*

**E-mail:**  \*

**Telephone:**  \* **Ext:**  Valid Phone Number Format is XXX-XXX-XXXX

**Fax:**  \* **Ext:**  Valid Fax Number Format is XXX-XXX-XXXX

**Physician First Name:**  **Physician Last Name:**

**Physician NPI:**  **Submitter Number:**

**Contractor Information**

**Contractor Name:**

**Billing Provider Number:**

**Justification for Access:**  \*

\* indicates a required field

Figure D-15: Provider (270/271) Security Official Provider Type Selection

**Action:** Fill in the **EDI Registration Form** fields as shown in the example in Figure D-16.

### Access Request

**User Type:**  MA/MA-PD/PDP/CC     CBO/CSR     COB     Provider (270/271) \*

**Role:** Security Official \*

No existing Security Official found with Billing Provider NPI: 4655555555. You may add your EDI Registration information below.

**Billing Provider NPI:** 4655555555 \* If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.

**Provider Type:** Internal Medicine and General or Family Practice Physician \*

**RACF ID:**

### EDI Registration Form

**Legal Billing Name:**  \*

**Contact Name:**  \*

**E-mail:**  \*

**Telephone:**  \*    **Ext:**     Valid Phone Number Format is XXX-XXX-XXXX

**Fax:**  \*    **Ext:**     Valid Fax Number Format is XXX-XXX-XXXX

**Physician First Name:**     **Physician Last Name:**

**Physician NPI:**     **Submitter Number:**

### Contractor Information

**Contractor Name:**

**Billing Provider Number:**

**Justification for Access:**

\* indicates a required field

**Figure D-16: Provider (270/271) Security Official EDI Registration Form Fields**

**Action:** Click on **Add Physician**

The screen will refresh and display Add/Remove fields that contain the Physician’s name, NPI, and Submitter Number as shown in the example in Figure D-17.



### Access Request

MA/MA-PD/PDP/CC   
 CBO/CSR   
 COB   
 Provider (270/271)

Role:  \*

No existing Security Official found with Billing Provider NPI:4481923037. You may add your EDI Registration information below.

Billing Provider NPI:  \*   
If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type:  \*

*i* RACF ID:

### EDI Registration Form

*i* Legal Billing Name:  \*

Contact Name:  \*

E-mail:  \*

*i* Telephone:  \*    Ext:     Valid Phone Number Format is XXX-XXX-XXXX

*i* Fax:  \*    Ext:     Valid Fax Number Format is XXX-XXX-XXXX

*i* Physician First Name:     Physician Last Name:

*i* Physician NPI:     *i* Submitter Number:    

Physicians Removed:	Physicians Added:
<i>i</i> Physicians Added:	Wincei Schvoq; 4923492349; P918491849
<input type="button" value="&gt;"/> <input type="button" value="&lt;"/> <input type="button" value="&gt;&gt;"/> <input type="button" value="&lt;&lt;"/>	

### Contractor Information

Contractor Name:

*i* Billing Provider Number:         At least one Contractor must be added.

Justification for Access:  \*

\* indicates a required field

**Figure D-17: Provider (270/271) Security Official Add/Removed Physician Fields**

If you want to add another Physician, do the following:

1. Enter the **Physician's First Name**
2. Enter the **Physician's Last Name**
3. Enter the **Physician's NPI Number**
4. Enter the **Submitter Number** (if applicable)
5. Click on **Add Physician**.

The screen will refresh and the physician will be added to the list in the **Physicians Added** box. In this box, the physician information will include the physician's First Name, Last Name, the Physician's NPI, and the Submitter Number. Repeat Steps 1 through 5 for each physician to be added.

If you want to remove a physician from the listing, do the following:

**Action:** In the **Physicians Added** field area, highlight the **Physician** to be removed.

**Action:** Click on the box with the arrow facing to the left (<)

The system will move the selected physician to the **Physicians Removed** area on the right. If you change your mind, you can move the Physician in the **Physicians Removed** area back to the **Physicians Added** area by highlighting the Physician and clicking on the box with the arrow facing to the right (>).

If you want to move all Physicians in the **Physicians Added** area to the **Physicians Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Physicians in the **Physicians Removed** area back to the **Physicians Added** area by clicking on the box with the double arrow facing to the right (>>).

Once you have finished adding/removing Physicians, continue the registration process by entering the Contractor information.

**Action:** Select the **Contractor Name**. To do this, click on the down arrow to the right of the **Contractor Name** field. A drop down list will appear as shown in Figure D-18 from which you can select the desired Contractor.

The screenshot displays the 'Access Request' form. The 'User Type' is set to 'Provider (270/271)' and the 'Role' is 'Security Official'. A message states: 'No existing Security Official found with Billing Provider NPI:4481923037. You may add your EDI Registration information below.' The 'Billing Provider NPI' is 485555555. The 'Provider Type' is 'Internal Medicine and General or Family Practice Physician'. The 'EDI Registration Form' section includes fields for 'Legal Billing Name', 'Contact Name', 'E-mail', 'Telephone', 'Fax', 'Physician First Name', 'Physician Last Name', 'Physician NPI', and 'Submitter Number'. Below this is a table for 'Physicians' with 'Removed' and 'Added' columns. The 'Contractor Information' section features a 'Contractor Name' dropdown menu, a 'Billing Provider Number' dropdown, and a 'Justification for Access' dropdown. A list of contractor names is visible in the dropdown, including '00010-CAHABA GBA Part A-Alabama', '00011-CAHABA GBA Part A-Iowa/South Dakota', '00020-Arkansas BC', '00021-Arkansas BC - RI', '00030-Arizona BC', '00090-FCSO-Florida A', '00101-Georgia Part A', '00130-AdminaStar Federal Part A (includes KY IL IN OH)', '00131-AdminaStar Federal Part A Illinois', and '00150-BCBS of Kansas Part A'. A note indicates that an asterisk (\*) denotes a required field.

**Figure D-18: Provider (270/271) Security Official Contractor Name Drop Down List**

**NOTE:** The Contractor information that is needed is the Contractor Workload Identifier. This identifies the contractor to whom you submit your claims for processing. All such contractors should be identified. For example, if you send Part A claims to Noridian, choose drop down "00320-Noridian A". If you also send Part A claims to 00340-Chisholm Adm

Services-OK A , you would select that Contractor and enter a Billing Provider Number for that Contractor as well.

**Action:** Enter the **Billing Provider Number**. (See Figure D-19)

**NOTE:** The Billing Provider Number can be from two (2) to ten (10) alphanumeric characters. This number should be your organization's legacy Medicare Provider ID number. (The Medicare Provider number your organization used prior to obtaining an NPI number.)

**Access Request**

User Type:  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role:  \*

No existing Security Official found with Billing Provider NPI:4481923037. You may add your EDI Registration information below.

Billing Provider NPI:  \* [If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.](#)

Provider Type:  \*

RACF ID:

**EDI Registration Form**

Legal Billing Name:  \*

Contact Name:  \*

E-mail:  \*

Telephone:  \* Ext:  [Valid Phone Number Format is XXX-XXX-XXXX](#)

Fax:  \* Ext:  [Valid Fax Number Format is XXX-XXX-XXXX](#)

Physician First Name:  Physician Last Name:

Physician NPI:   Submitter Number:

Physicians Added:

**Contractor Information**

Contractor Name:

Billing Provider Number:  [At least one Contractor must be added.](#)

Justification for Access:  \*

\* indicates a required field

**Figure D-19: Provider (270/271) Security Official Billing Provider Number**

**Action:** Click on **Add Contractor**.

**NOTE:** At least one Contractor Name and Billing Provider Number must be entered in this form.

The screen will refresh and display Add/Remove fields that contain the Contractor Name and Billing Provider Number as shown in the example in Figure D-20.

**Access Request**

**User Type:**  MAMA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

**Role:** Security Official \*

No existing Security Official found with Billing Provider NPI:4481923037. You may add your EDI Registration information below.

**Billing Provider NPI:** 4655555555 \* If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

**Provider Type:** Internal Medicine and General or Family Practice Physician \*

**RACF ID:**

**EDI Registration Form**

**Legal Billing Name:** qjvgau jyavd \*

**Contact Name:** britay swkinj \*

**E-mail:** djjsdr@wivzxs.com \*

**Telephone:** 499-497-4974 \* **Ext:**  Valid Phone Number Format is XXX-XXX-XXXX

**Fax:** 497-490-4901 \* **Ext:**  Valid Fax Number Format is XXX-XXX-XXXX

**Physician First Name:**  **Physician Last Name:**

**Physician NPI:**  **Submitter Number:**

**Physicians Added:**  **Physicians Removed:**

Wxneci Schvoq: 4923492349: P918491849

**Contractor Information**

**Contractor Name:**

**Billing Provider Number:**   At least one Contractor must be added.

**Contractors Added:**  **Contractors Removed:**

00320-Nordian A: 4657893250

**Figure D-20: Provider (270/271) Security Official Add/Removed Contractor Fields**

If you want to add another Contractor, do the following:

1. Select the **Contractor's Name** from the drop down list
2. Enter the **Billing Provider Number**
3. Click on **Add Contractor**.

The screen will refresh and the contractor will be added to the list in the **Contractors Added** box. Repeat Steps 1 through 3 for each contractor to be added.

If you want to remove a contractor from the listing, do the following:

**Action:** In the **Contractors Added** field area, highlight the **Contractor** to be removed.

**Action:** Click on the box with the arrow facing to the left (<)

The system will move the selected contractor to the **Contractors Removed** area on the right. If you change your mind, you can move the Contractor in the **Contractors Removed** area back to the **Contractors Added** area by highlighting the Contractor and clicking on the box with the arrow facing to the right (>).

If you want to move all Contractors in the **Contractors Added** area to the **Contractors Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Contractors in the **Contractors Removed** area back to the **Contractors Added** area by clicking on the box with the double arrow facing to the right (>>).

Once you have finished adding/removing Contractors, continue the registration process.

**Action:** Enter a brief statement for the **Justification for Access**. This justification field must include a valid reason for access such as: “Needed for work”.

**Action:** Click on **Next** when you are done filling in all the required fields on the New User screen. (See Figure D-21)

**EDI Registration Form**

Legal Billing Name: [qjvgau jeyavd] \*

Contact Name: [brittay swkinj] \*

E-mail: [djjstr@wlvzks.com] \*

Telephone: [499-497-4974] \* Ext: [ ] Valid Phone Number Format is XXX-XXX-XXXX

Fax: [497-490-4901] \* Ext: [ ] Valid Fax Number Format is XXX-XXX-XXXX

Physician First Name: [ ] Physician Last Name: [ ]

Physician NPI: [ ] Submitter Number: [ ] Add Physician

Physicians Added: [ ] Physicians Removed: [ ]

Contractor Name: [ ]

Billing Provider Number: [ ] Add Contractor At least one Contractor must be added.

Contractors Added: [ ] Contractors Removed: [ ]

Justification for Access: [Needed for work] \*

Next Cancel

\* indicates a required field

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**Figure D-21: Provider (270/271) Justification for Access Field for Security Official**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the New User Registration screen. If there is any invalid data or there are any mandatory fields not filled in, the system will redisplay the New User Registration screen.

The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display a Review Registration Details Screen in which you can review the information you entered in the New User Registration screen. Go to **Section 2.4 – Completion of Registration Process** in the Main Body of the User Guide for an example of the Review Registration Details Screen. This section also provides the procedure for completing the IACS registration process.

### D-1.3.2 Provider (270/271) – Security Official – Backup

The role of Backup Security Official is to serve as an additional approver for EPOC access requests as well as perform Security Official tasks when the Primary Security Official is not available such as when he/she is on vacation. Those tasks are listed at the beginning of **Section D-1.3.2 Provider (270/271) – Security Official – Primary**.

If you are required to assume the role of Primary Security Official, you must call the MEIC Help Desk and request that they change your status from Backup to Primary (The MEIC Help Desk phone number is 1-866-440-3805. They can be contacted at *MCARE@cms.hhs.gov*). The MEIC Help Desk should also change the status of the Primary Security Official such that the former Primary Security Official can no longer perform the functions of that role. At any given time there should only be one Primary Security Official for your provider organization.

When the former Primary Security Official is ready to reassume the duties of that role, you must call the MEIC Help Desk and request that they change statuses again.

To register as a Backup Security Official, select the user role of Security Official. **Security Official** will be entered in the **Role** field and additional Security Official fields will be displayed as shown in Figure D-22.

**Access Request**

User Type:  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role:  \*

Billing Provider NPI:  \*

Provider Type:  \*

RACF ID:

Justification for Access:

\* indicates a required field

Next Cancel

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**Figure D-22: Provider (270/271) Security Official Fields**

**Action:** Enter the desired **Billing Provider NPI**.

If you are registering as a Backup Security Official, when you enter the Billing Provider NPI, a message will appear as shown in Figure D-23. The IACS service will automatically fill in all the EDI Registration Form fields as well as the Contractor Information fields. These fields will have been filled in by the Primary Security Official. You are not allowed to change any of this information.

**Access Request**

User Type: MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

Role: Security Official \*

A Primary Security Official with Billing Provider NPI: 4655465546 already exists. The EDI Registration information is populated below and cannot be modified.

Billing Provider NPI: 4655465546 \* If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type: \*

RACF ID: \*

**EDI Registration Form**

Legal Billing Name: qjvgau jnyavd \*

Contact Name: britay swkinj \*

E-mail: djjsdr@wlvzxs.com \*

Telephone: 499-497-4974 \* Ext: \*

Fax: 497-490-4901 \* Ext: \*

Physicians Added: wxncei schvoq: 4923: 4918

Contractors Added: 00320 - Noridian A: 4858

Justification for Access: \*

\* indicates a required field

Next Cancel

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**Figure D-23: Provider (270/271) Backup Security Official Screen With Filled In EDI Registration Form Data**

**Action:** Select the **Provider Type**. To do this, click on the down arrow to the right of the **Provider Type** field. A drop down list will appear from which you can select the desired Provider Type. (See Figure D-24)

**Access Request**

User Type: MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

Role: Security Official \*

A Primary Security Official with Billing Provider NPI: 4655465546 already exists. The EDI Registration information is populated below and cannot be modified.

Billing Provider NPI: 4655465546 \* If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type: \*

RACF ID: \*

**EDI Registration**

Legal Billing Name: \*

Contact Name: \*

E-mail: \*

Telephone: 499-497-4974 \* Ext: \*

Fax: 497-490-4901 \* Ext: \*

Physicians Added: wncei schvoq; 4923; 4918

Contractors Added: 00320 - Noridian A; 4858

Justification for Access: \*

\* indicates a required field

Next Cancel

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**Figure D-24: Provider (270/271) Backup Security Official Provider Type Drop Down List**

The screen will refresh and display the selected Provider Type as shown in Figure D-25.

**Action:** Enter a **RACF ID**, if you have one. (This is not a required field.)



**Access Request**

MA/MA-PD/PDP/CC   
 CBO/CSR   
 COB   
 Provider (270/271)

Role:  \*

A Primary Security Official with Billing Provider NPI: 4655465546 already exists. The EDI Registration information is populated below and cannot be modified.

Billing Provider NPI:  \*    If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type:  \*

RACF ID:

**EDI Registration Form**

Legal Billing Name:  \*

Contact Name:  \*

E-mail:  \*

Telephone:  \*    Ext:

Fax:  \*    Ext:

Physicians Added: wvxncei schvoq; 4923; 4918

Contractors Added: 00320 - Noridian A; 4858

Justification for Access:  \*

\* indicates a required field

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**Figure D-25: Provider (270/271) Backup Security Official Provider Type Selection**

- Action:** Enter a brief statement for the **Justification for Access**. This justification field must include a valid reason for access such as: "Needed for work".
- Action:** Click on **Next** when you are done filling in all the required fields on the New User screen. (See Figure D-26)

**Figure D-26: Provider (270/271) Backup Security Official Justification for Access Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the New User Registration screen. If there is any invalid data or there are any mandatory fields not filled in, the system will redisplay the New User Registration screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display a Review Registration Details Screen in which you can review the information you entered in the New User Registration screen. Go to **Section 2.4 – Completion of Registration Process** in the Main Body of the User Guide for an example of the Review Registration Details Screen. This section also provides the procedure for completing the IACS registration process.

#### **D-1.4 Provider (270/271) – MEIC Help Desk**

The MEIC Help Desk performs many tasks including:

- Approving Provider (270/271) New User Registration requests as described in **Section D-2.0 Provider (270/271) Approval Process** of this attachment
- Maintaining the status of an organization's Primary and Backup Security Officials to ensure that at any one time there is only one active Primary Security Official
- Verifying the information entered on a Security Official registration request is valid and correcting invalid data

- Indicating if a provider is a small organization (i.e., less than ten (10) personnel).
- Revoking/Restoring access privileges for any Provider (270/271) registrant
- Producing specified reports

When you select the user role of MEIC Help Desk, **MEIC Help Desk** will be entered in the **Role** as shown in Figure D-27.

**Access Request**

User Type:  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role: MEIC Helpdesk \*

RACF ID:

Justification for Access:

\* indicates a required field

Next Cancel

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**Figure D-27: Provider (270/271) MEIC Help Desk Fields**

**Action:** Enter a **RACF ID**, if you have one.

**Action:** Enter a brief statement for the **Justification for Access**. This justification field must include a valid reason for access such as: "Needed for work". (See Figure D-28)

**Action:** Click on **Next** when you are done filling in all the required fields on the New User Registration screen.

**Access Request**

User Type:  MA/MA-PD/PDP/CC  CBO/CSR  COB  Provider (270/271)

Role: MEIC Helpdesk \*

RACF ID:

Justification for Access: Need for work. \*

\* indicates a required field

Next Cancel

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**Figure D-28: Provider (270/271) MEIC Help Desk Justification for Access Field**

When you click on **Next**, the system will validate the data you have entered in each of the fields on the New User Registration screen. If there is any invalid data or there are any

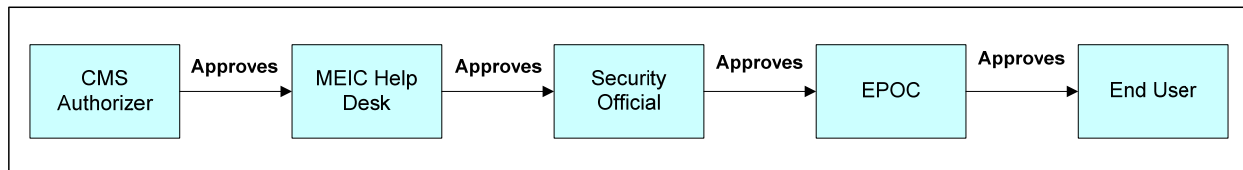
mandatory fields not filled in, the system will redisplay the New User Registration screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display a Review Registration Details Screen in which you can review the information you entered in the New User Registration screen. Go to **Section 2.4 – Completion of Registration Process** in the Main Body of the User Guide for an example of the Review Registration Details Screen. This section also provides the procedure for completing the IACS registration process.

## D-2.0 Provider (270/271) Approval Process

After the IACS registration process is completed as described in **Section 2.4 – Completion of Registration Process** in the Main Body of the User Guide, your registration request is submitted for approval. For the 270/271 Provider roles (User/Provider, User/Approver, Security Official, MEIC Help Desk) the actual approver depends on the role and the requester's organization.

The diagram shown in Figure D-29 represents the approval process for large provider organizations in which there are sufficient personnel for the role of EPOC to be a viable role. A CMS Authorizer approves the MEIC Help Desk requester. Once the MEIC Help Desk user is approved, he/she has the authority to approve users at all other levels. The MEIC Help Desk is the only approval authority of the Security Official. The Security Official approves EPOCs who in turn, approve End Users.



**Figure D-29: Provider (270-271) Typical Approval Process**

In a small provider organization in which the EPOC role is not a viable role, a special approval process is followed. Even though a provider organization may consist of a provider and a small staff, there must still be a Security Official within the organization. The Security Official is approved by the MEIC Help Desk, however, the Security Official only has approval authority for EPOCs. They cannot approve end users. In this case, an end user request is also processed by the MEIC Help Desk. This Special Approval Process is illustrated in Figure D-30.

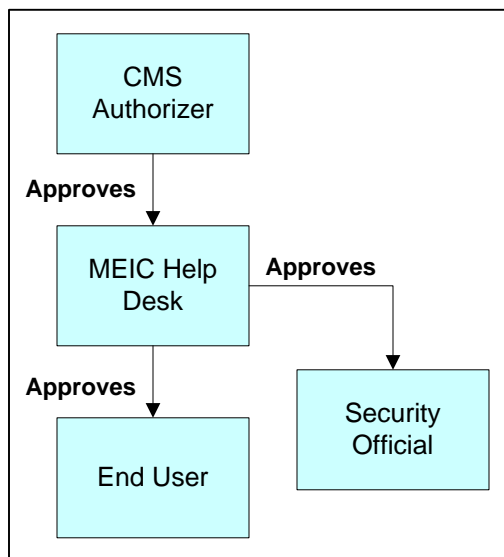


Figure D-30: Provider (270-271) Special Approval Process

### D-3.0 Modify Account Profile

Occasionally users may want to modify their existing CMS Provider (270/271) account profile. The only Provider (270/271) user who can directly modify his/her account profile is the Primary Security Official. All other Provider (270/271) users must contact the MEIC Help Desk to make changes to an account profile. (The MEIC Help Desk phone number is 1-866-440-3805. They can be contacted at [MCARE@cms.hhs.gov](mailto:MCARE@cms.hhs.gov).)

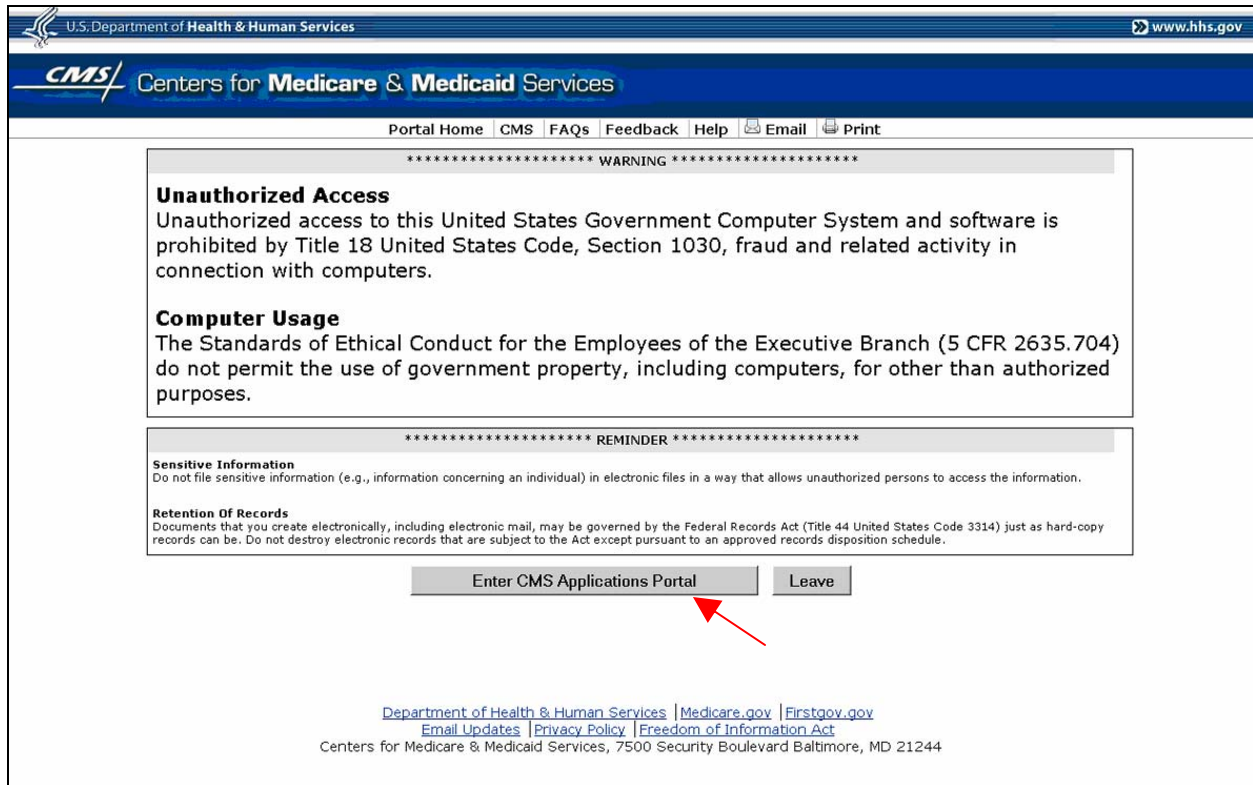
Modifying an account profile can involve adding physicians or contractors to the currently existing lists. Conversely, items may also be deleted from the listings if they are no longer valid. Additionally, other information in the EDI Registration Form such as a telephone number or contact information may also be changed.

This section presents the procedure for a Primary Security Official to make changes to his/her IACS account profile.

The following steps and screens show you how to access your profile account in IACS to make the desired modifications.

**Action:** Browse to <https://applications.cms.hhs.gov> (See Figure D-31).

**Action:** Read the content of the government computer system WARNING/REMINDER screen, and then agree by clicking **Enter CMS Applications Portal**.

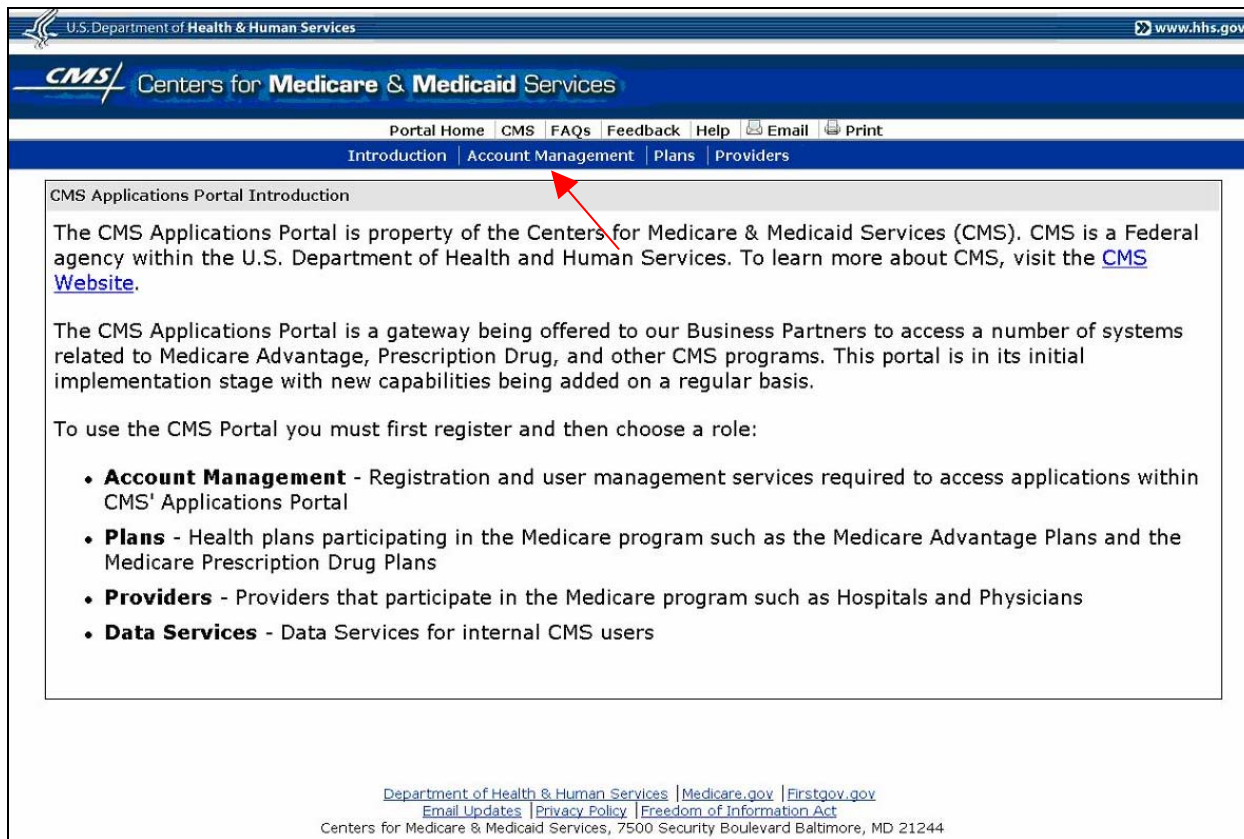


**Figure D-31: Government Computer System Warning/Reminder Screen**

If you do not want to proceed any further, you can click on **Leave** to exit.

The “CMS Application Portal Introduction” screen will open as shown in Figure D-32.

**Action:** Click on **Account Management** in the blue menu bar towards the top of the screen.



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Portal Home | CMS | FAQs | Feedback | Help | Email | Print

Introduction | **Account Management** | Plans | Providers

**CMS Applications Portal Introduction**

The CMS Applications Portal is property of the Centers for Medicare & Medicaid Services (CMS). CMS is a Federal agency within the U.S. Department of Health and Human Services. To learn more about CMS, visit the [CMS Website](#).

The CMS Applications Portal is a gateway being offered to our Business Partners to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs. This portal is in its initial implementation stage with new capabilities being added on a regular basis.

To use the CMS Portal you must first register and then choose a role:

- **Account Management** - Registration and user management services required to access applications within CMS' Applications Portal
- **Plans** - Health plans participating in the Medicare program such as the Medicare Advantage Plans and the Medicare Prescription Drug Plans
- **Providers** - Providers that participate in the Medicare program such as Hospitals and Physicians
- **Data Services** - Data Services for internal CMS users

[Department of Health & Human Services](#) | [Medicare.gov](#) | [Firstgov.gov](#)  
[Email Updates](#) | [Privacy Policy](#) | [Freedom of Information Act](#)  
 Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

**Figure D-32: CMS Applications Portal Introduction Screen**

The screen will change to the “Account Management” screen shown in Figure D-33.

**Action:** Click on *My Profile*.



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**Account Management**

CMS has established a single system to provide user registration and user account self-service capabilities. The links below will launch the registration application for new users to request access to the applications offered within the CMS Applications Portal and the self-service application for registered users.

- [New User Registration](#) - Apply for a CMS computer services account
- [My Profile](#) - Manage your CMS computer services account
- [Computer Based Training \(CBT\) For Account Management](#)

**Help Resources**

-Medicare Health Care Providers should direct questions or concerns to the MCARE Help Desk at 1-866-440-3805 (phone), 1-615-238-0822 (fax) or via email [MCARE@cms.hhs.gov](mailto:MCARE@cms.hhs.gov)

-Health Plans should direct questions or concerns to MMAHelp desk at 1-800-927-8069 or via email at [mmahelp@cms.hhs.gov](mailto:mmahelp@cms.hhs.gov)

[Department of Health & Human Services](#) | [Medicare.gov](#) | [Firstgov.gov](#)  
[Email Updates](#) | [Privacy Policy](#) | [Freedom of Information Act](#)  
 Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244



### Figure D-33: Account Management Screen

The **Login to IACS** screen will open as shown in Figure D-34.

**Action:** Enter your **User ID**

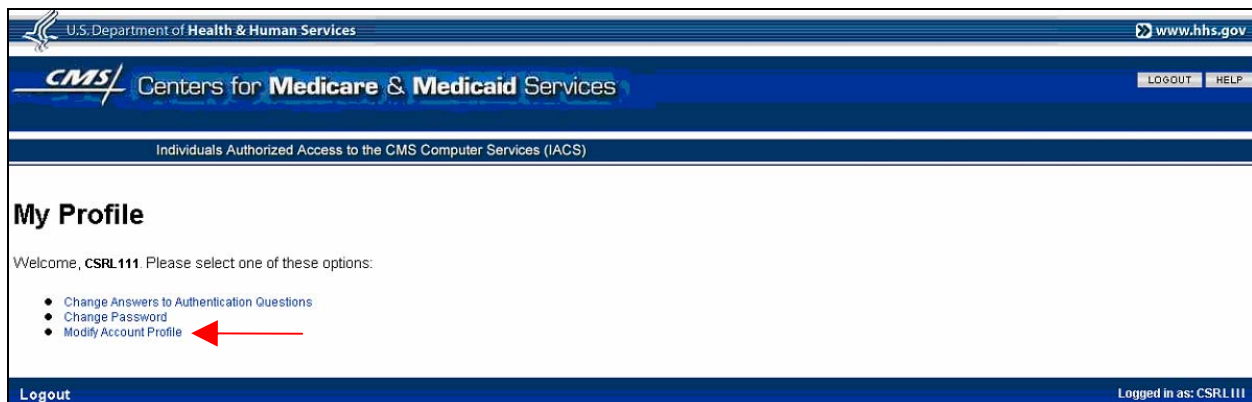
**Action:** Enter your **Password** and click **Login**.



### Figure D-34: Log In to IACS Screen

The **My Profile** screen will be displayed as shown in Figure D-35.

**Action:** Select **Modify Account Profile**.



### Figure D-35: My Profile – Modify Account Profile Option

A **Modify Account Profile** screen will open. The **User Information** fields will be filled in with information you previously provided during the new registration process, however the information in these fields cannot be changed. An example of the User Information fields in a Modify Registration screen is shown in Figure D-36.



Notice that the Type of User, Role, Billing Provider NPI, and Provider Type are also displayed. If you have a RACF ID, that will also be displayed.

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 Individuals Authorized Access to the CMS Computer Services (IACS)

## Modify Account Profile

### User Information

User ID:

First Name:  MI:  Last Name:

Email Address:

Office Telephone:

Company Name:  Company Telephone:

Address 1:  Address 2:

City:  State:  Zip Code:

Type of User: Provider (270-271)  
 Role: Security Official  
 Billing Provider NPI: 1594199421  
 Provider Type: Internal Medicine and General or Family Practice Physician  
 RACF ID:

### EDI Registration Form

Figure D-36. Provider (270/271) Security Official User Information Fields in Modify Account Profile

Below the **EDI Registration Form** heading are the fields you filled in on the new registration screen. An example of these fields is shown in Figure D-37. These are the fields that can be changed during the Modify Account Profile process.

### EDI Registration Form

Legal Billing Name:  \*

Contact Name:  \*

E-mail:  \*

Telephone:  \* Ext:  Valid Phone Number Format is XXX-XXX-XXXX

Fax:  \* Ext:  Valid Fax Number Format is XXX-XXX-XXXX

Physician First Name:  Physician Last Name:

Physician NPI:   Submitter Number:

Physicians Added:

Physicians Removed:  Physicians Added:

### Contractor Information

Contractor Name:

Billing Provider Number:   At least one Contractor must exist in your profile.

Contractors Added:

Contractors Removed:  Contractors Added:

Justification for Access:  \*

\* indicates a required field

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**Figure D-37: Provider (270/271) Security Official Modify Account Profile Screen**

You can change the Legal Billing Name, Contact Name, E-mail address, Telephone number, and Fax number.

If you want to add a Physician, do the following:

1. Enter the **Physician's First Name**
2. Enter the **Physician's Last Name**
3. Enter the **Physician's NPI Number**
4. Enter the **Submitter Number** (if applicable)
5. Click on **Add Physician**.

The physician will be added to the list in the **Physicians Added** box. Repeat Steps 1 through 5 for each physician to be added.

If you want to remove a physician from the listing, do the following:

1. In the **Physicians Added** field area, highlight the **Physician** to be removed.
2. Click on the box with the arrow facing to the left (<)

The system will move the selected physician to the **Physicians Removed** area on the right. If you change your mind, you can move the Physician in the **Physicians Removed** area back to the **Physicians Added** area by highlighting the Physician and clicking on the box with the arrow facing to the right (>).

If you want to move all Physicians in the **Physicians Added** area to the **Physicians Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Physicians in the **Physicians Removed** area back to the **Physicians Added** area by clicking on the box with the double arrow facing to the right (>>).

If you want to add a Contractor, do the following:

1. Select the **Contractor's Name** from the drop down list. To do this, click on the down arrow to the right of the **Contractor Name** field. A drop down list will appear from which you can select the desired Contractor.
2. Enter the **Billing Provider Number**
3. Click on **Add Contractor**.

The contractor will be added to the list in the **Contractors Added** box. Repeat Steps 1 through 3 for each contractor to be added.

If you want to remove a contractor from the listing, do the following:

1. In the **Contractors Added** field area, highlight the **Contractor** to be removed.
2. Click on the box with the arrow facing to the left (<)

**NOTE: There must be at least 1 Contractor in your profile record at all times.**

The system will move the selected contractor to the **Contractors Removed** area on the right. If you change your mind, you can move the Contractor in the **Contractors Removed** area back to the **Contractors Added** area by highlighting the Contractor and clicking on the box with the arrow facing to the right (>).

If you want to move all Contractors in the **Contractors Added** area to the **Contractors Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Contractors in the **Contractors Removed** area back to the **Contractors Added** area by clicking on the box with the double arrow facing to the right (>>).

Once you have finished making your modifications, enter justification for the modification in the **Justification for Access** field.

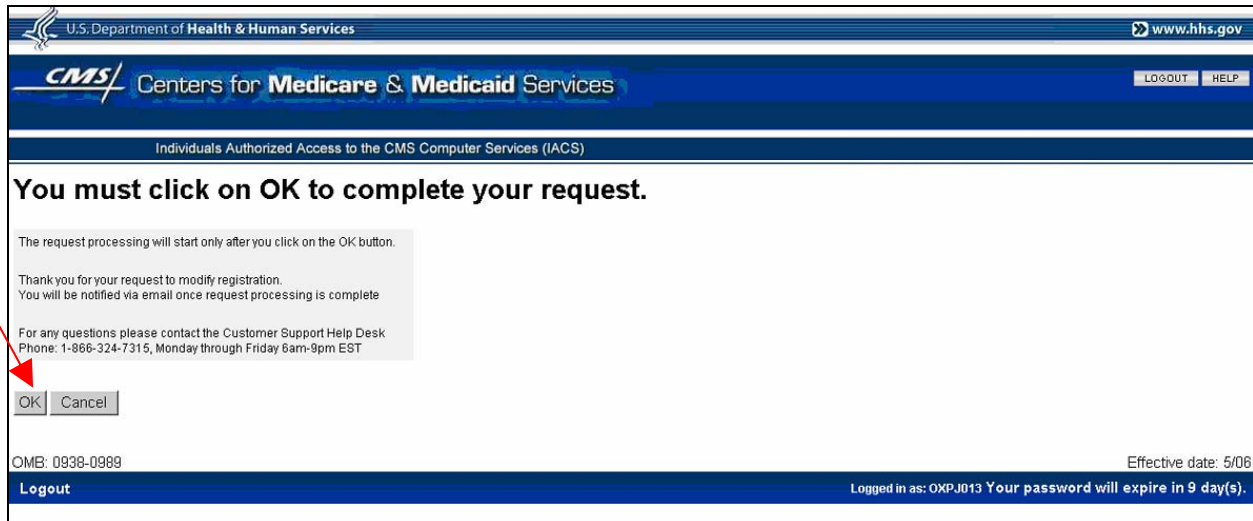
**NOTE: In the *Justification For Access* field, also list the changes you made to your account profile.**

**NOTE: No approval processing is required if the only modification you made to your profile was to remove Physicians and/or Contractors.**

**Action:** Click on **Next** when you are done modifying your registration profile.

When you click on Next, a final registration screen will be displayed as shown in Figure D-38. You must click on the “OK” button to complete the account profile modification process. If you select the “Cancel” button, your account profile modification process will be cancelled and any changes you made to your profile will be lost.

**Action:** Click on **OK**.



**Figure D-38. Final Modify Account Profile Screen**

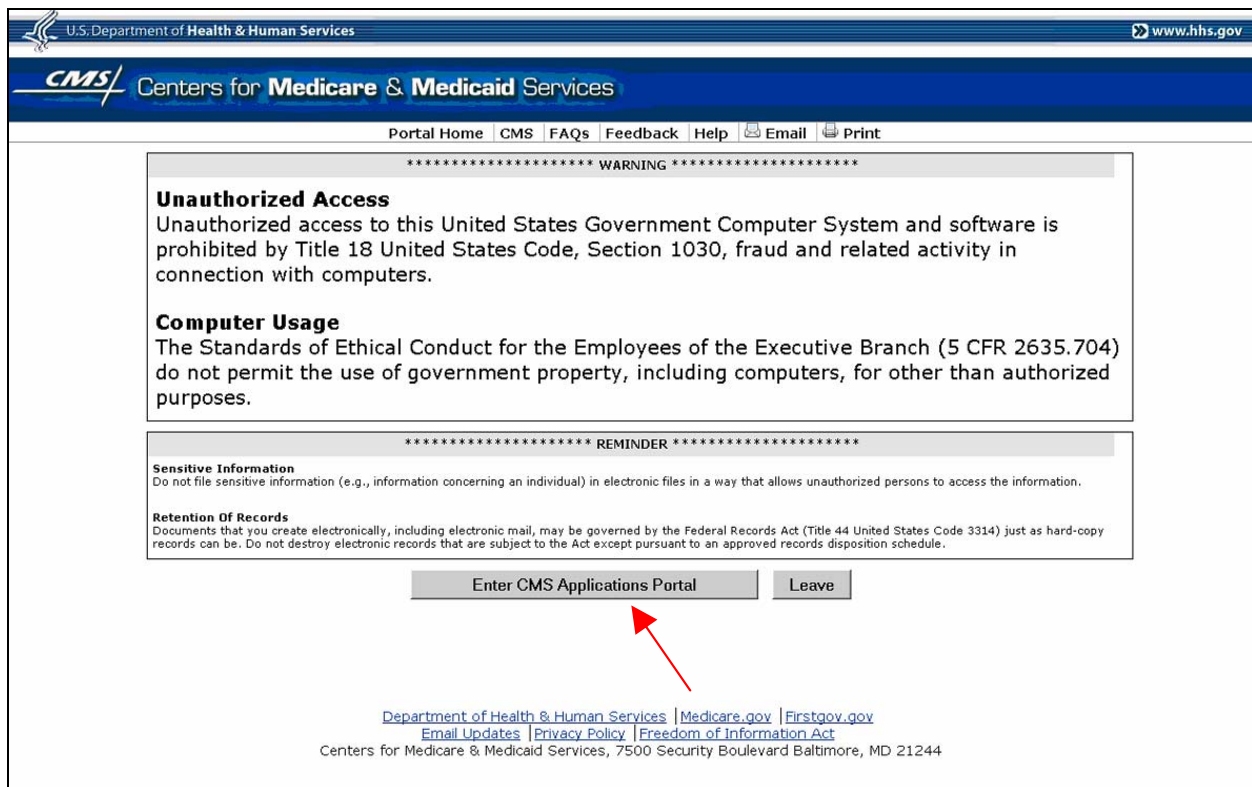
## D-4.0 Login to Provider (270/271)

Once you have been approved and provisioned in IACS, you will want to access the 270/271 UI Application. You will login through IACS and the service will verify and authorize you to access the desired plan. You will then be presented the opening screen for the application you are accessing.

The following steps and screens show you how to access your desired plans through IACS.

**Action:** Browse to <https://applications.cms.hhs.gov> (See Figure D-39).

**Action:** Read the contents of the government computer system WARNING/Reminder screen, and then agree by clicking **Enter CMS Application Portal**.

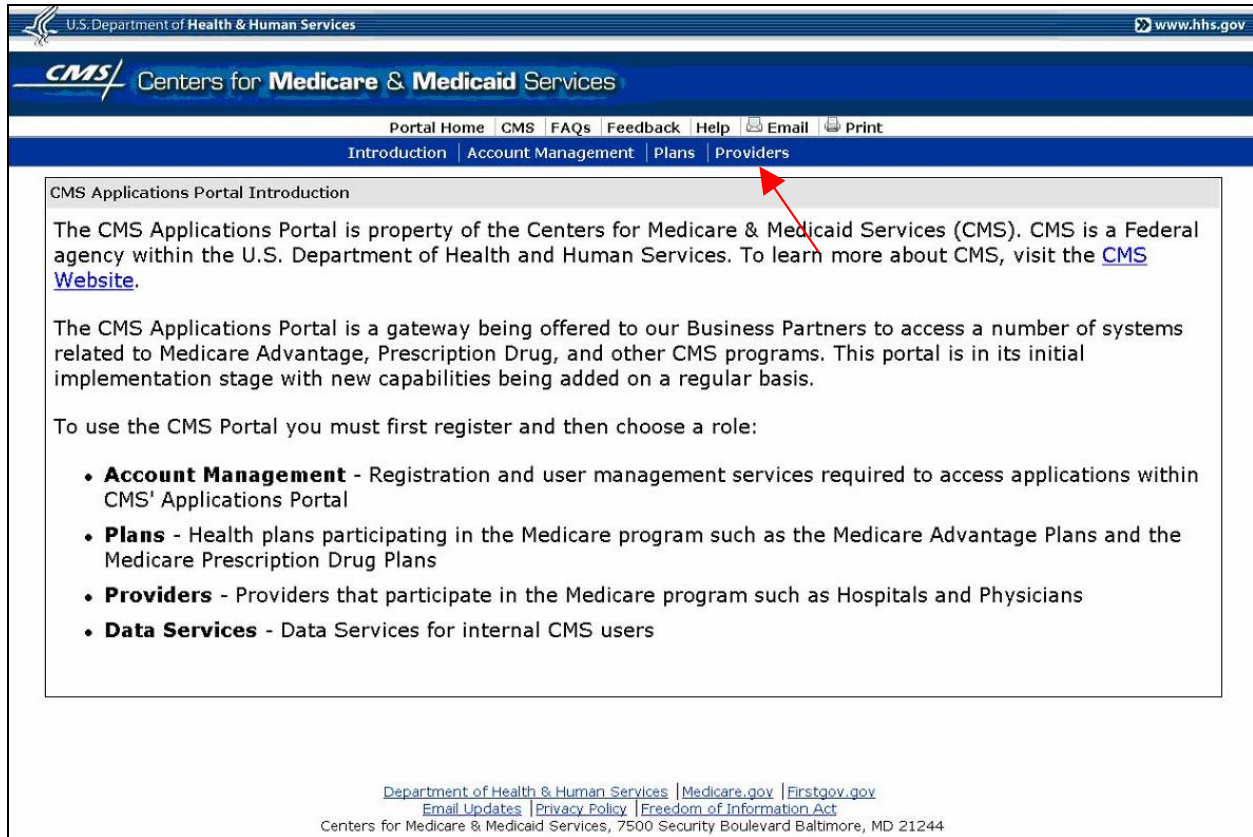


**Figure D-39: Government Computer System Warning Screen**

If you do not want to proceed any further, you can click on **Leave** to exit.

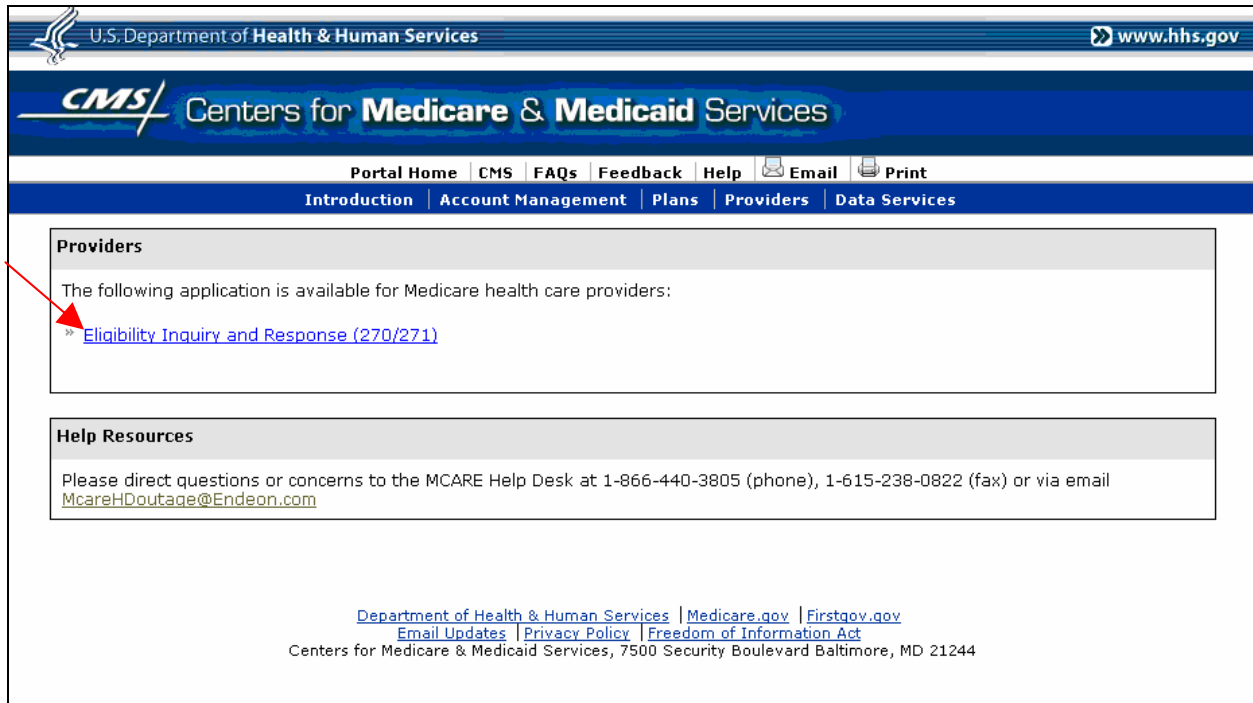
The CMS Application Portal screen will open as shown in Figure D-40.

**Action:** Click on **Providers** in the blue menu bar towards the top of the screen.



**Figure D-40: CMS Applications Portal Introduction Screen**

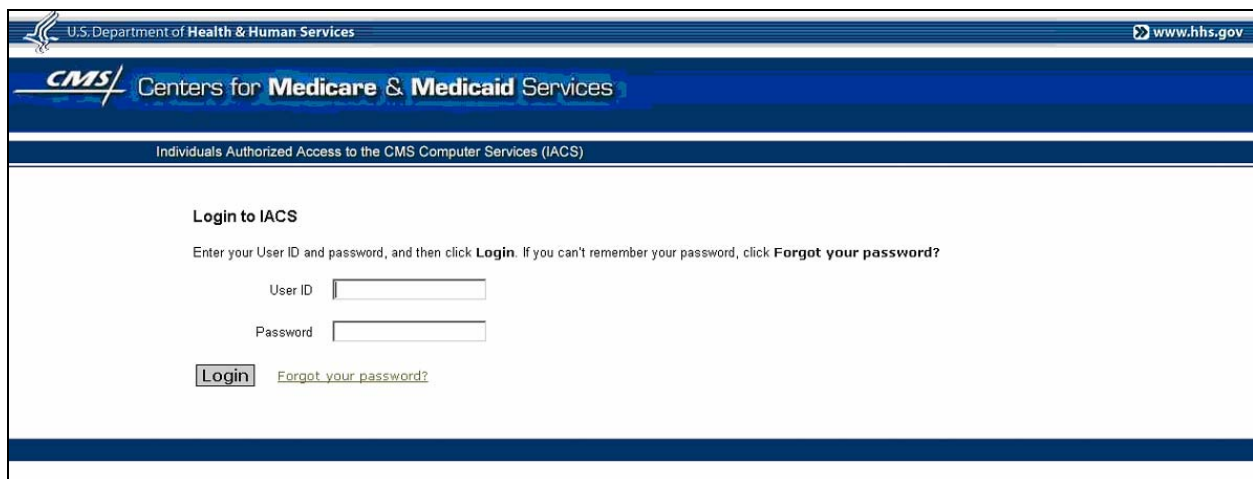
The screen will change to the 'Providers' screen shown in Figure D-41.



**Figure D-41: Providers Screen**

**Action:** Click on **Eligibility Inquiry and Response (270/271)**.

The IACS Login screen will be displayed as shown in Figure D-42.



**Figure D-42: Login to IACS Screen**

When you login with your IACS User ID and Password, the system will verify your identity. The IACS service will notify the 270/271 application software that you are authorized to access the application. The application will then open the first screen for you to begin your work.