

NGSConnex: Part B Redetermination Notifications

2/11/2025

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

Today's Presenters

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Objective

Bringing together information about redetermination decisions into one place making information more visible providing customized access for specific users to view and print redetermination notifications in NGSConnex portal.



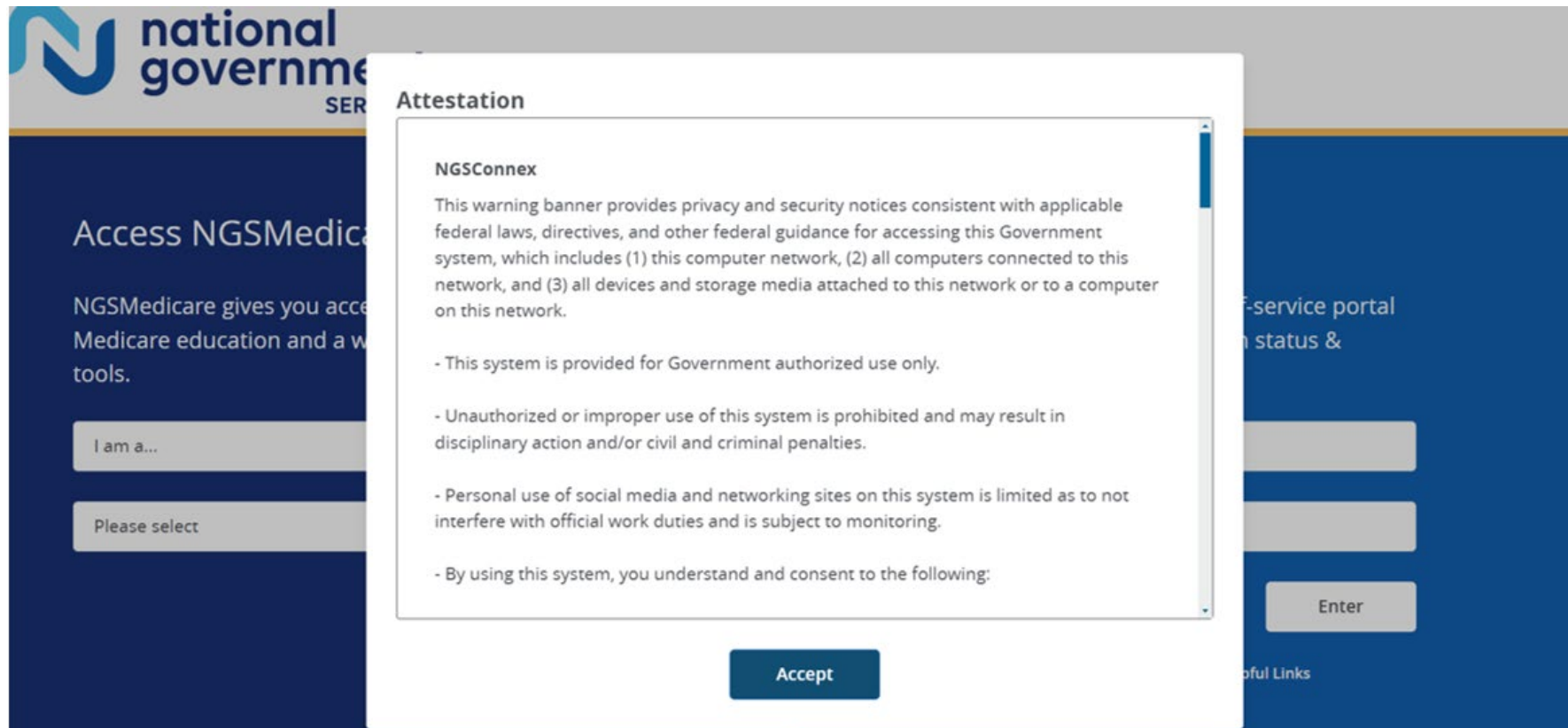
Agenda

- [NGSConnex Login](#)
- [NGSConnex User Guide](#)
- [Initiate Redetermination](#)
- [Redetermination Results](#)
- [Notification After Redetermination Submissions](#)
- [Frequently Asked Questions \(FAQs\)](#)

NGSConnex Login

NGS Medicare Website

- [NGSMedicare Website](#)



NGSMedicare Website and NGSConnex

Access NGS Medicare

NGSMedicare gives you access to the latest Medicare education and a wide variety of Medicare tools.

I am a...

Please select

Enter

Log into NGSConnex

NGSConnex, is your free, secure self-service portal to obtain beneficiary eligibility, claim status & more...saving you time and money!

User ID

Password

Enter

[Create Account](#) | [Can't Log In](#) | [Helpful Links](#)

Multi-Factor Authentication

Multi-Factor Authentication

Multi-Factor Authentication is a CMS requirement and requires you to enter a security code when logging in. The security code will be valid until 11:59 PM EST, unless the system prompts you to request a new MFA security code.

Your security code will be sent to the email/mobile phone number indicated below, based on your delivery method selection. The text option will be available once a mobile phone number is associated with your account. Standard text message rates may apply.

Email Address: [redacted].com
Mobile Phone Number: [redacted]
Mobile Phone Carrier: Verizon

Choose a delivery method of either 'Email' or 'Text' and click 'Send Security Code':

Email
 Text

[Send Security Code](#)

If you need to update your email address and/or mobile telephone number you can do so once you are logged in.

Your MFA Security Code will be included in an email that will be sent to you from 'No-Reply@NGSMedicare.com', the subject line of the email will be 'Your Security Code'. If you do not receive the code after several minutes, please check your spam or junk folder.

Once you receive the code, enter the code in the 'Enter Security Code' field and click 'Verify Code'.

Enter Security Code:
[input field]

[Verify Code](#)

If you have forgotten or misplaced the 'Security Code' requested for the day, click the 'Send Security Code' button again to regenerate the code.

- Daily NGSConnex user ID and password
 - Providers are prompted to request daily unique MFA security code per CMS security standards
- Four-digit security code sent via email or text message
- Select method you would like to receive your MFA security code, email or text
 - Providers may change method to receive MFA security code each time they login
 - Security code will be sent to email address or mobile telephone number associated with your user profile
- Click the Send Security Code button and message will display indicating Security Code has been sent

Logging Into NGSConnex

- Timeout after 15 minutes of inactivity will occur
- Providers can use previously requested MFA security code, valid until 11:59 p.m. ET on the day requested
- MFA security code may be used to login throughout the day unless you are prompted to request a new MFA security code
- MFA security code is unique to User ID and may not be shared

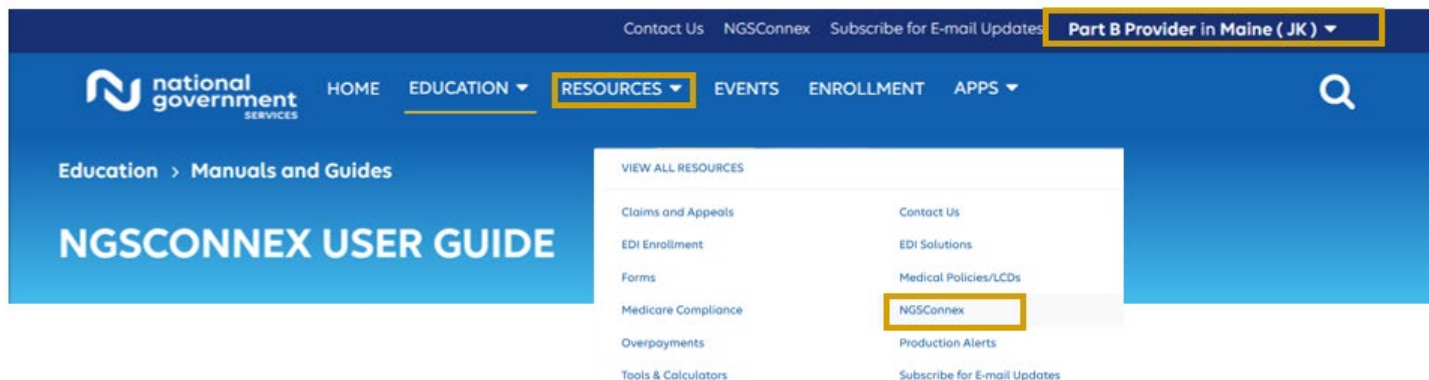
Rules of Behavior Acceptance

By continuing, you agree to follow our policies to protect your identity. This means you won't share your user ID, password, or other identity credentials. It also means you won't use a computer program to bypass our CAPTCHA security check.

NGSConnex User Guide

User Guide Reference

- User guide is specific to your line of business and state
- To ensure you are viewing correct user guide, check your information in the top right corner
- Providers may change line of business and state
- Providers may need to regularly refer to user guide via Education, Manuals then select NGSConnex User Guide



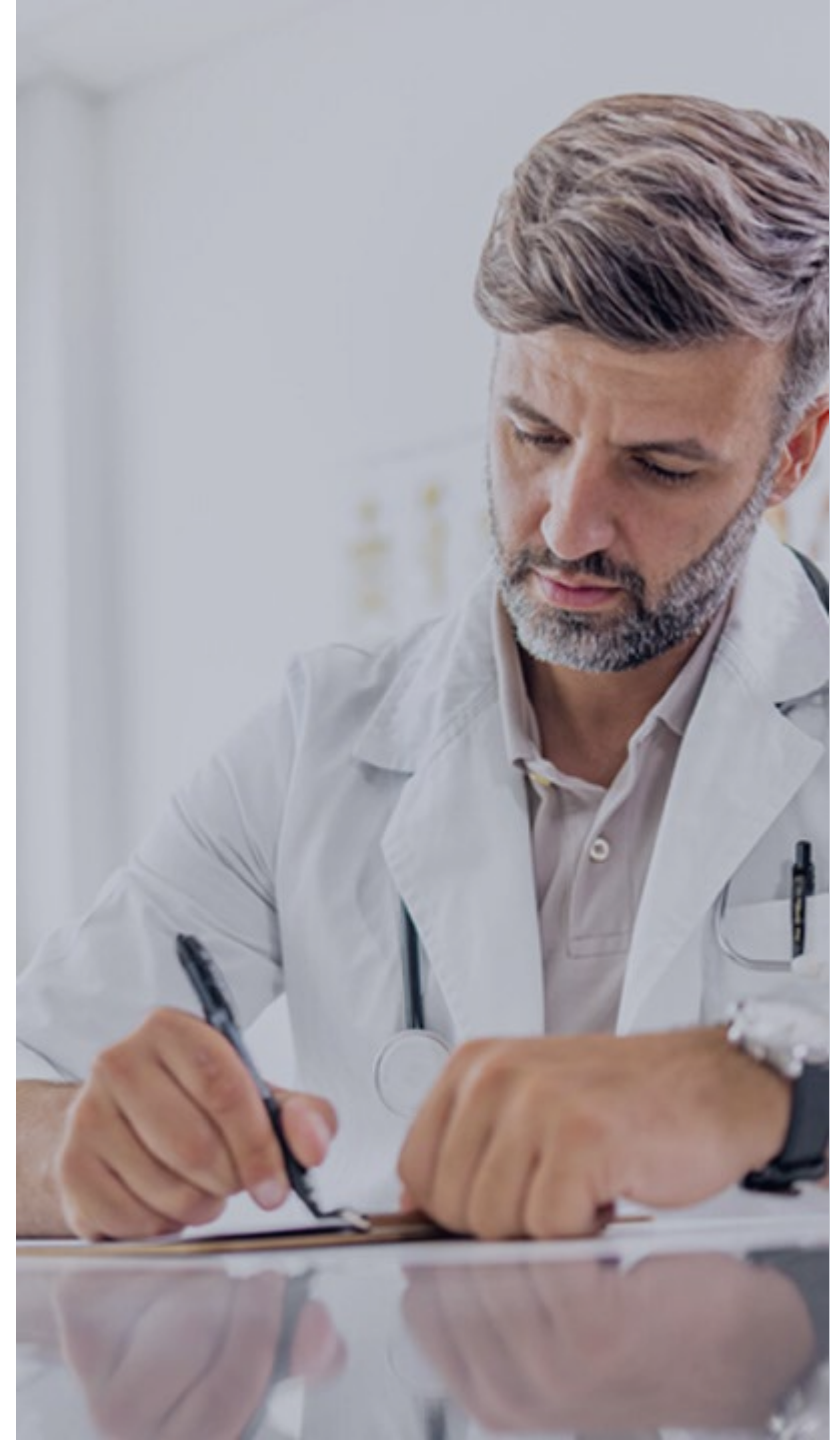
Initiate Redetermination

Appeal Rights

- Providers have appeal rights to claim determinations made by National Government Services
- Purpose of appeals process is to ensure correct adjudication of claims
- First level of appeal is called redetermination and activities for redeterminations are conducted by National Government Services for JK and J6 providers
- There are other levels of the appeal process that are conducted by outside parties contracted by CMS
- [Levels of Appeals and Time Limits for Filing](#)

Why Submit an Appeal (Redetermination)?

- For partially paid or denied claim(s) resulting from more complex issues that require analysis of documentation
 - Coverage of furnished items and service
 - Medical necessity claim denials
 - Determination on limitation of liability provision
 - Overpayment determinations
- Documentation shall be submitted with redetermination request when using [NGSConnex](#)



Initiating Redetermination First Level Appeal

What would you like to do in NGSCONNEX?

- Eligibility Lookup
- Claim Status Lookup
- Part B Claim Submissions
- Appeals**
- ADR
- Inquiries

Resources | MBI Lookup | Remittance | Prior Authorization | Financials | Manage Account

Only claims eligible for an appeal are displayed below.

Claim Number	Medicare Number	From Service Date	To Service Date	Claim Status	Total Charges
<input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Denied	[REDACTED]
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Denied	[REDACTED]
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Denied	[REDACTED]
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Denied	[REDACTED]
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Approved	[REDACTED]

- Initial determination is communicated on provider's remittance advice
- Requests for redetermination shall be submitted within 120 days from date of receipt of initial claim determination
- Submit only documentation relevant to specific service(s) and date(s) and submit as few attachments as possible

Redetermination Results

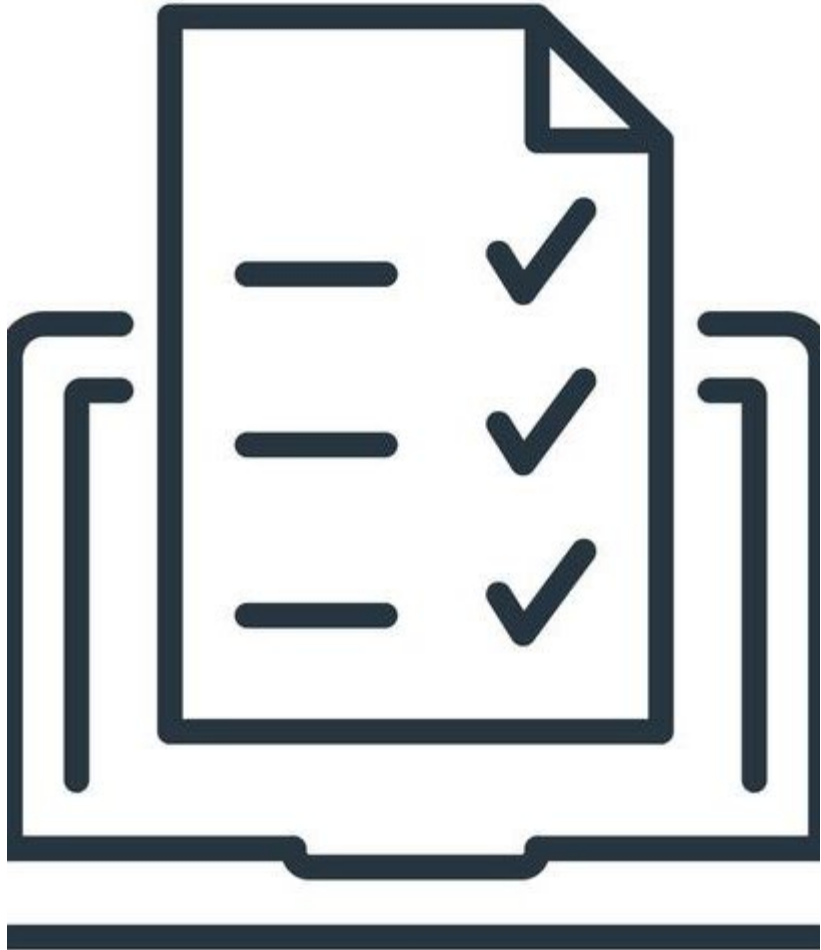
Appeal Determination

- Unfavorable redetermination
 - Letter notification is sent with explanation why appeal is upheld
- Partially favorable
 - Letter notification is sent with explanation what service(s) allowed and explanation on services upheld
- Fully favorable
 - No letter notification
 - Remittance advice showing full claim adjustment
- All NGSConnex submissions will be shown in NGSConnex



Notification After Redetermination Submission

Redetermination Notification



- Streamlined Part B Medicare redetermination decisions and remittance notices
- Starting 3/3/2025, NGS will discontinue issuing paper redetermination decision letters for Medicare Part B redetermination requests that are submitted electronically through our NGSConnex portal
- MRN and decision letters will be sent electronically making it easier for providers to access final redetermination determination

NGSConnex Notification Center



Home > Notification Center

NOTIFICATION CENTER

Filters:
Alert Type
--Select--

Search
Reset Search

Alert Type	PTAN	Description	Last Update/Respond by Date
A&R 2-way Inquiries Available		You have unread A&R 2-way inquiries.	
Additional Documentation Request	785110	You have ADRs in the Awaiting Documentation status.	
Electronic Inquiries Available	330101	You have unread Electronic inquiries.	
Electronic Inquiries Available	16j622	You have unread Electronic inquiries.	

- We encourage providers to be prepared for this change
- Be on lookout for weekly webinars throughout February
- Additional resources, references, and information
 - [NGSConnex Part B User Guide](#)
 - [Webinar Events](#)

Frequently Asked Questions

FAQ Number One

- When must providers file redetermination requests?
 - Providers shall file request for redetermination within 120 days from initial claim determination
- [How to Avoid Costly Appeals](#)

FAQ Number Two

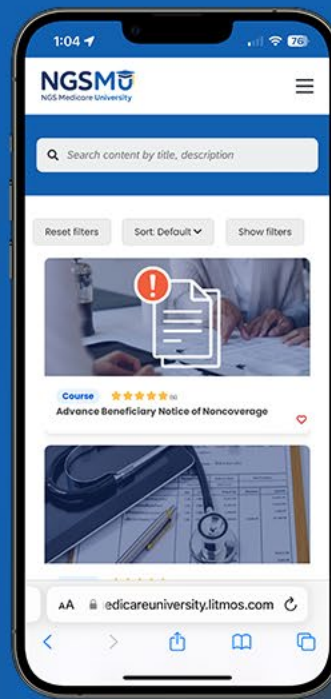
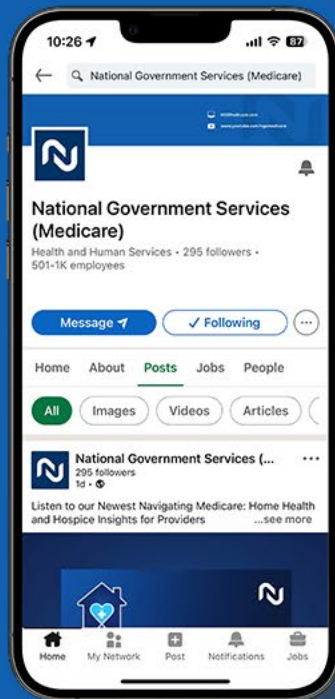
- Shall providers include documentation with redetermination?
 - When claim(s) deny or partially deny, appeal should include office records, test results, operative notes and hospital records to substantiate any extenuating circumstance
 - Submit only documentation relevant to specific service(s) and date(s) and submit as few attachments as possible
- [What Documents are Needed?](#)

FAQ Number Three

- How long does it take NGS to render decision?
 - Decisions are conducted within 60 days of receipt of request for redetermination
 - Providers will receive notice of decision via redetermination notifications
 - If initial decision is reversed and claim is allowed, providers will receive revised remittance advice (RA)
 - If initial decision is partially allowed, providers will receive redetermination notification and RA
 - If initial decision is unfavorable, provider will receive redetermination notification
- Note: NGSConnex electronically submitted redeterminations will be responded electronically to provider beginning 3/3/2025

Questions?

Thank you!



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Educational Videos

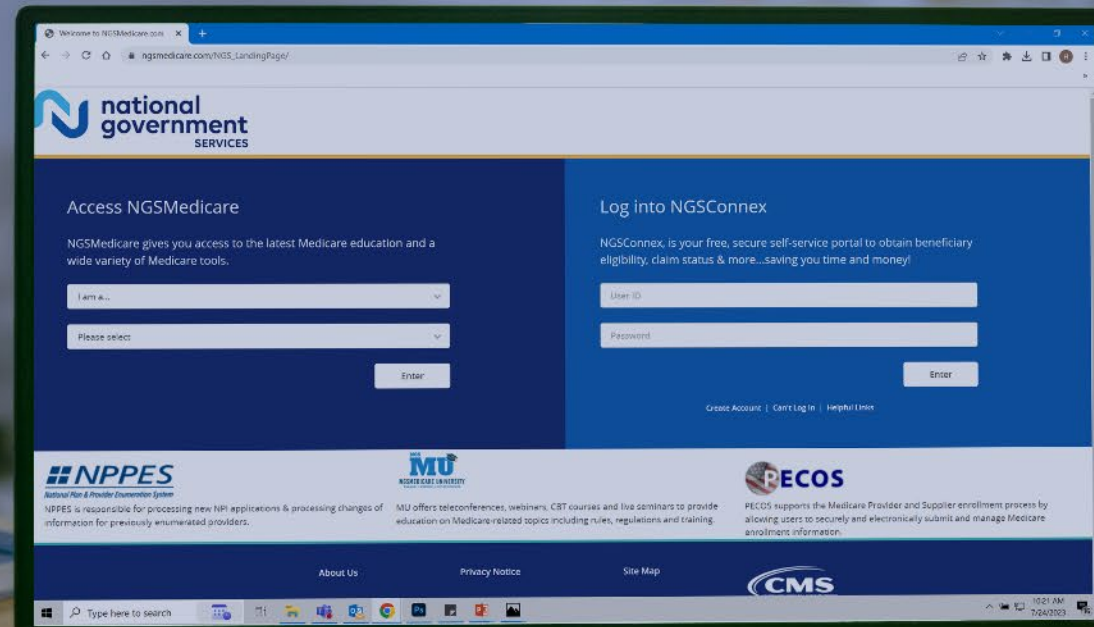


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Find us online



www.NGS Medicare.com

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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