



# NGSConnex: Part B Redetermination Notifications

3/6/2025

**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

- Provider Outreach and **Education Consultants** 
  - Carleen Parker
  - Jennifer DeStefano







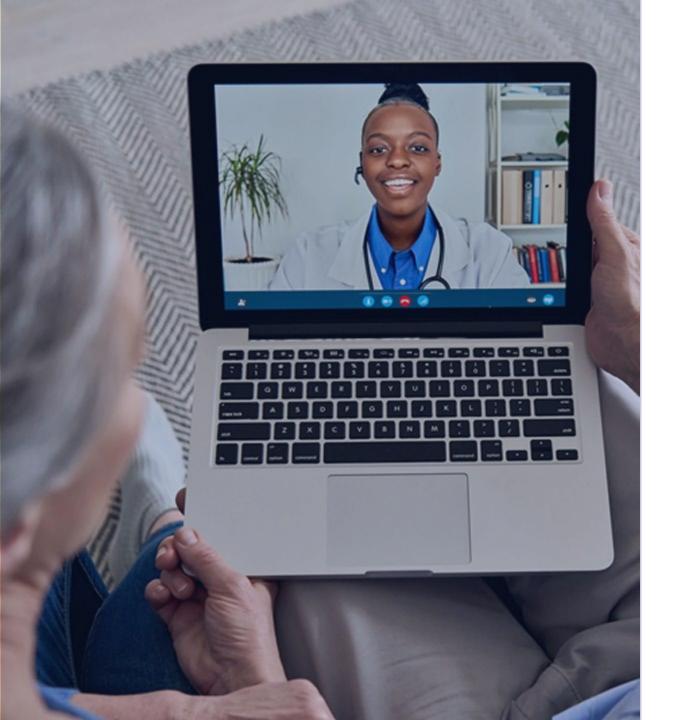


#### Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.







# Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

# 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)



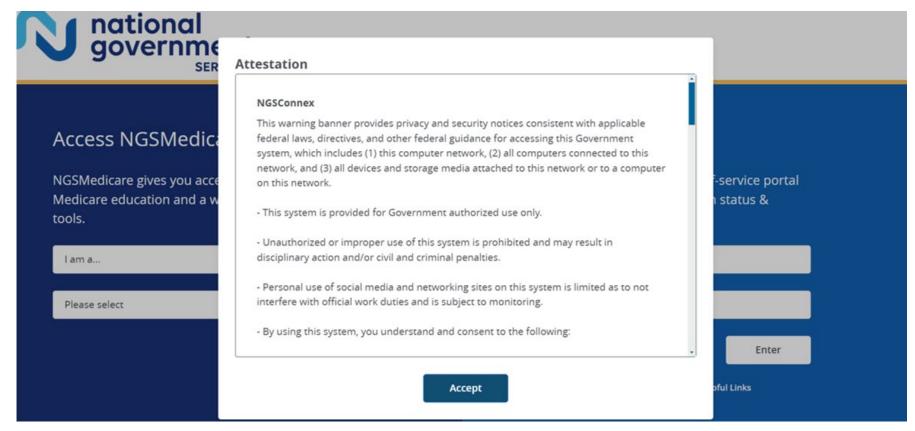




# NGSConnex Login

### **NGS Medicare Website**

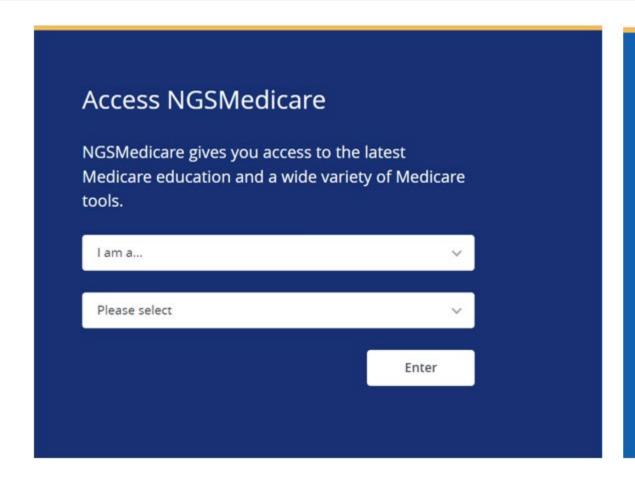
NGSMedicare Website

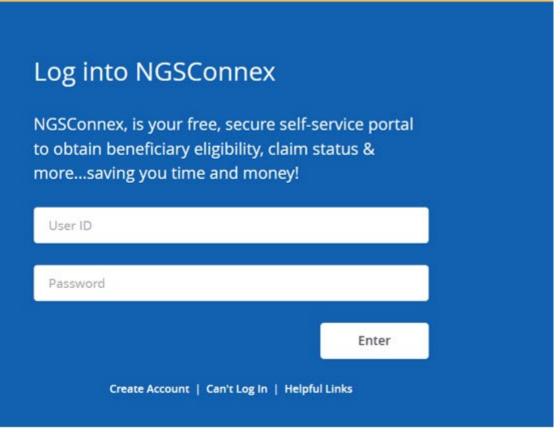






## NGSMedicare Website and NGSConnex

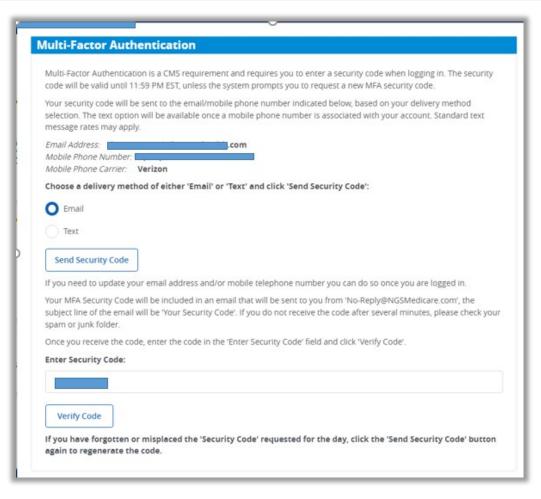








## Multi-Factor Authentication



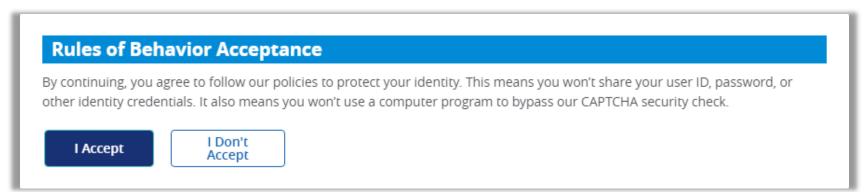
- Daily NGSConnex user ID and password
  - Providers are prompted to request daily unique MFA security code per CMS security standards
- Four-digit security code sent via email or text message
- Select method you would like to receive your MFA security code, email or text
  - Providers may change method 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





# 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

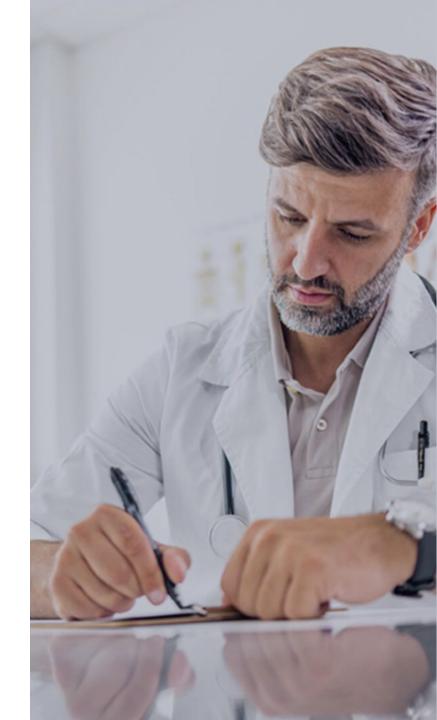


# Why Submit an Appeal (Redetermination)?

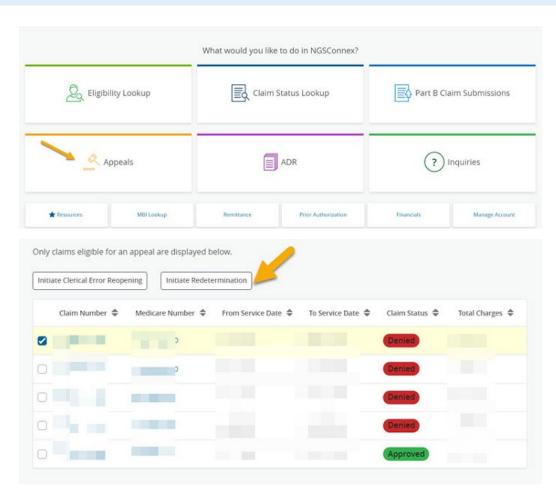
- For partially paid or denied claim(s) resulting from more complex issues that require analysis of documentation
  - Coverage of furnished items and service
  - Medical necessity claim denials
  - Determination on limitation of liability provision
  - Overpayment determinations
- Documentation shall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







# Initiating Redetermination First Level Appeal



- 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

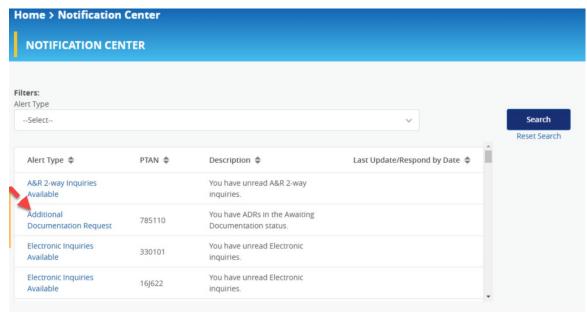
- Streamlined Part B Medicare redetermination decisions and remittance notices
- Starting 3/3/2025, NGS will discontinue issuing paper redetermination decision letters for Medicare Part B redetermination requests that are submitted electronically through our NGSConnex portal
- MRN and decision letters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





## **NGSConnex Notification Center**





- We encourage providers to be prepare 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!







Connect with us on social media

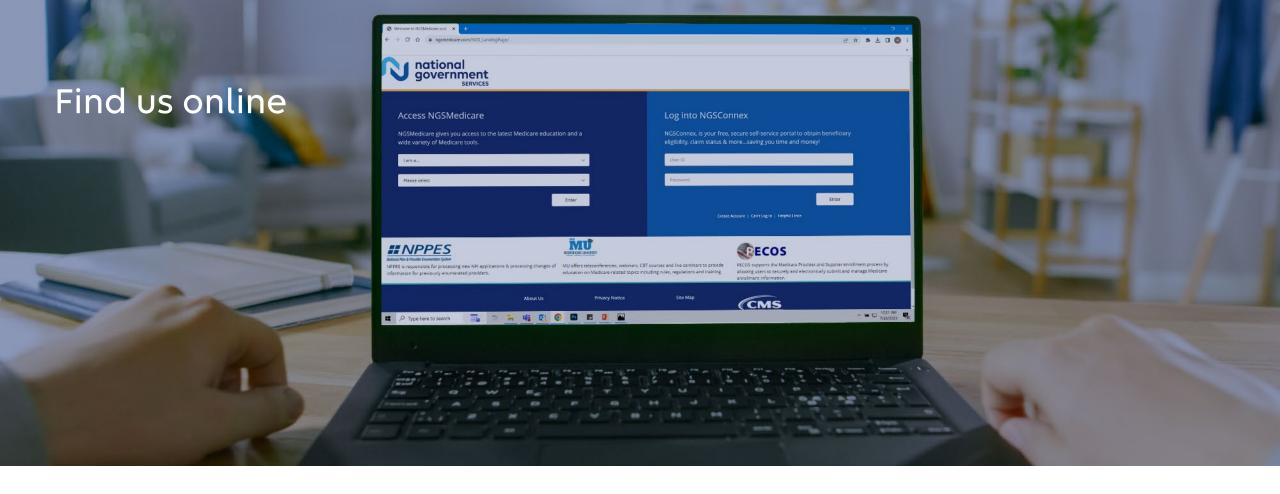














#### www.NGSMedicare.com

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



#### Sign up for Email Updates

Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news



