



NGSConnex: Part B Redetermination Electronic Notification Letters

4/23/2025

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.





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Today's Presenters

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





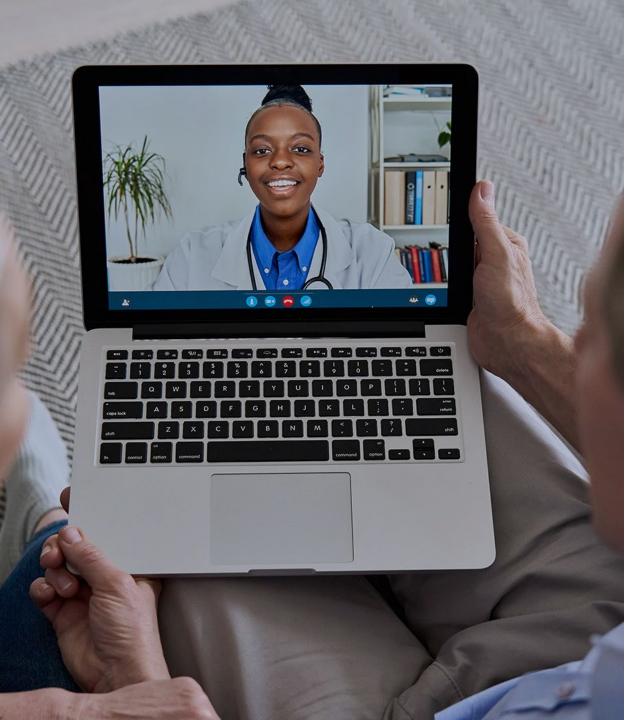


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Objective

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

- <u>NGSConnex Login</u>
- <u>NGSConnex User Guide</u>
- Initiate Redetermination
- <u>Redetermination Results</u>
- <u>Notification After</u> <u>Redetermination Submissions</u>
- <u>Frequently Asked Questions</u> (FAQs)

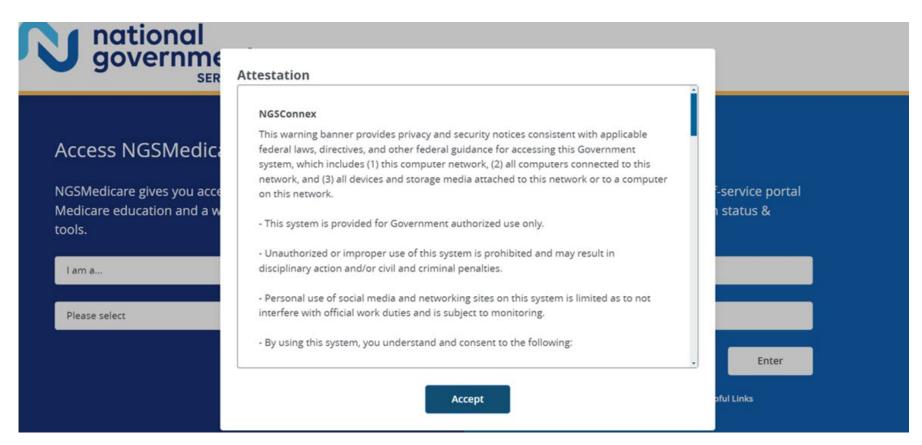




NGSConnex Login

NGS Medicare Website

<u>NGSMedicare Website</u>







NGSMedicare Website and NGSConnex

Access NGSMedicare

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



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

	tication is a CMS requirement and requires you to enter a security code when logging in. The security til 11:59 PM EST, unless the system prompts you to request a new MFA security code.
	vill be sent to the email/mobile phone number indicated below, based on your delivery method ption will be available once a mobile phone number is associated with your account. Standard text apply.
imail Address: 📩 Mobile Phone Numi Mobile Phone Carrie	
hoose a delivery	nethod of either 'Email' or 'Text' and click 'Send Security Code':
Email	
Text	
Send Security Co	de
f you need to upda	e your email address and/or mobile telephone number you can do so once you are logged in.
	ode will be included in an email that will be sent to you from 'No-Reply@NGSMedicare.com', the mail will be 'Your Security Code'. If you do not receive the code after several minutes, please check your
Once you receive th	e code, enter the code in the 'Enter Security Code' field and click 'Verify Code'.
inter Security Cod	e:

- 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

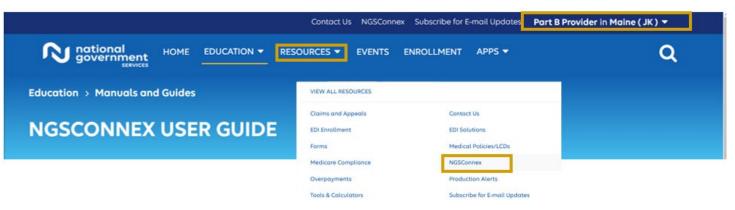
	navior Acceptance
	agree to follow our policies to protect your identity. This means you won't share your user ID, password, or Intials. It also means you won't use a computer program to bypass our CAPTCHA security check.
identity creat	initials. It also means you won't use a computer program to bypass our CAPTCHA security theth.
	I Don't
I Accept	



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

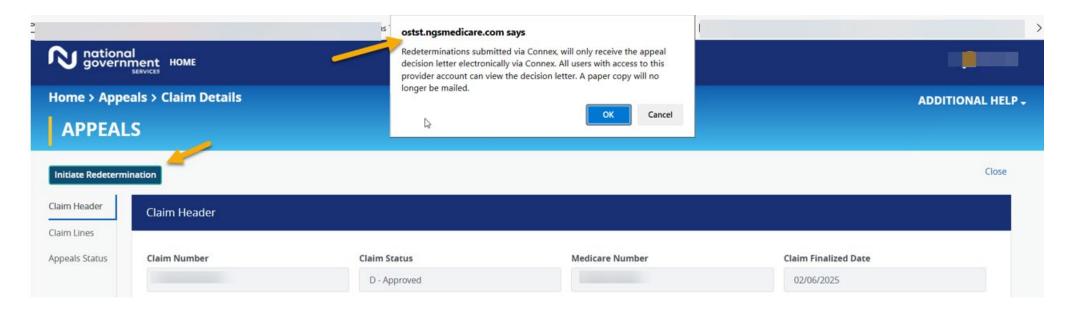
Eligibility Lookup		Claim Status Lookup		Part B Claim Submissions	
★ Resources	MBI Lookup for an appeal are display	Remittance	Prior Authorization	Financials	Manage Account
ly claims eligible	for an appeal are display Reopening Initiate R	ved below. redetermination			Manage Account
ly claims eligible itiate Clerical Error	for an appeal are display Reopening Initiate R	ved below. redetermination			
ly claims eligible itiate Clerical Error Claim Numbe	for an appeal are display Reopening Initiate R	ved below. redetermination		🕈 Claim Status 🗢	
ly claims eligible itiate Clerical Error Claim Numbe	for an appeal are display Reopening Initiate R	ved below. redetermination		Claim Status ♦ Denied	

- 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



New: Redetermination Messages

• New messages will display when a user initiates redetermination

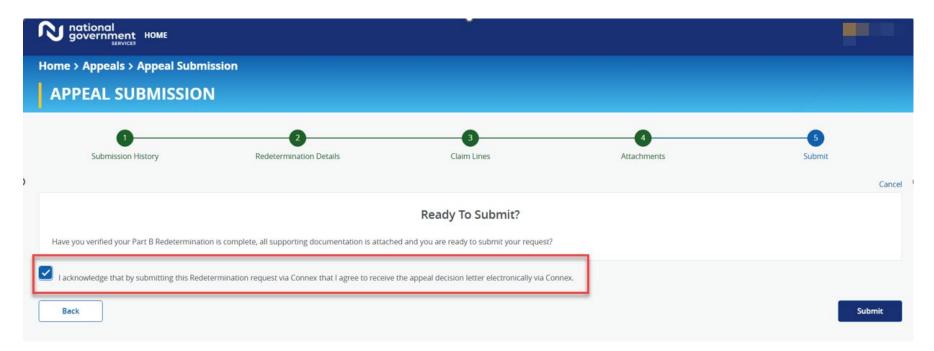






New: Acknowledgement Requirement

- Prior to submission, users agree to receive electronic MRN
 - Error message received if not completed
 - Must complete to ensure submission

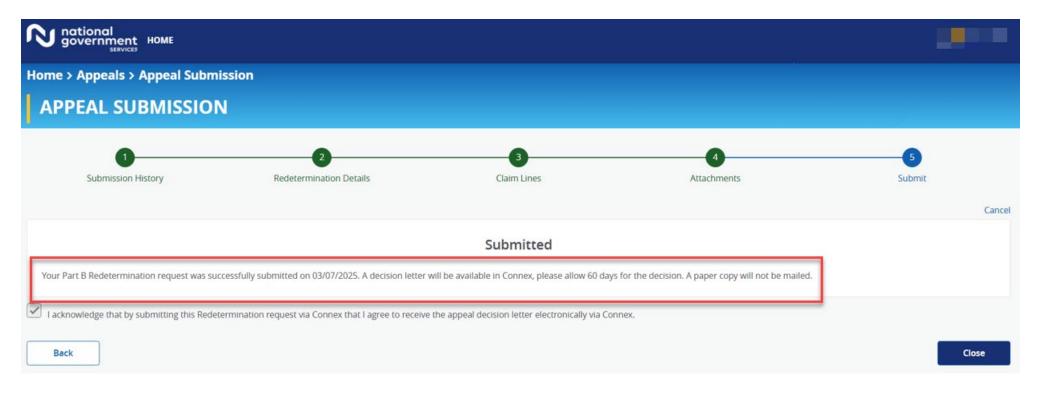






Update: Confirmation of Submission

• Submission is verified with a message identifying the date submitted, and a notation of when to expect a decision







Redetermination Results

Appeal Determinations

- Dismissed redetermination
 - Late or incomplete requests
 - Letter with reason(s) redetermination was dismissed
- 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 Electronic Redetermination Submission(s)



Redetermination Notification

- Streamlined Part B Medicare redetermination decisions and remittance notices
- 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



ome > Notification				
Iters:				
ert 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 prepare for this change
- Be on lookout for weekly webinars throughout March, monthly for April and May
- Additional resources, references, and information
 - <u>NGSConnex Part B User Guide</u>
 - 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 to electronically

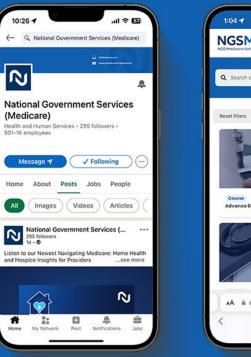




Questions?

Thank you!







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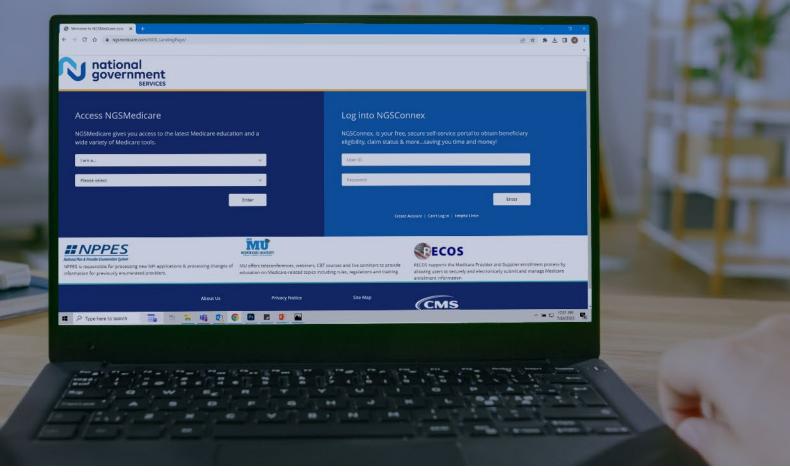








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www.NGSMedicare.com Online resources, event calendar,

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



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