

Provider Outreach and Education Reminders

2019

Accessing Webinar Materials/Presentations

Available on [our website](#):

- In the **Sign in** drop-down box, select your provider type and applicable state, click on **Next, Accept the Attestation**. From the Welcome page, click the **Education** tab, then **Webinars, Teleconferences & Events**
- Under the **Register** button for the webinar, you will see the **Presentation** link

Materials from prior webinars are available on [our website](#):

- Click the **Education** tab, then **Past Events**

Email Updates

If you are not already receiving Email Updates from National Government Services (NGS), sign up now on [our website](#). Email Updates allow you to receive the latest Medicare information delivered to your inbox. Click [Subscribe to Email Updates](#) to sign up today.



Welcome to the National Government Services email updates page! Here you can join electronic mail groups/lists and manage your subscriptions. To get started, join the desired electronic mail group(s) and create your profile so you can manage your subscriptions.

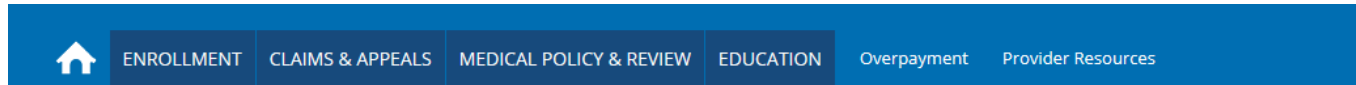
Email Updates Password Requirements

- Be at least 8 characters
- Have at least one uppercase letter
- Have at least one lowercase letter
- Have at least one number
- Have at least one special character (with the exception of <, >, and {})

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Acronyms

[NGSMedicare.com](#) > Provider Resources > Acronyms



ACRONYMS SEARCH

Acronyms, initialisms, and alphabetisms are abbreviations that are formed using the initial components in a phrase or name. These components may be individual letters (as in CMS) or parts of words. The following acronyms are used frequently on the National Government Services, Centers for Medicare & Medicaid Services, Medicare, and health care industry Web sites.

<input type="text"/>	Find	Reset
ACRONYMS NAVIGATION		
ALL A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		

The Medicare Beneficiary Identifier – The New Medicare Number

Transition period has officially begun. The Centers for Medicare & Medicaid Services (CMS) has established a transition period to ensure the use of the new Medicare number goes smoothly. From now until 12/31/2019, providers are permitted to use either the former Social Security Number (SSN)-based Medicare number or the new Medicare number for claim submissions.

The new Medicare number will appear on your remittance statement(s) throughout the transition period when you submit a claim with a valid SSN-based Medicare number.

All cards have been mailed. If your patient(s) have not received their card, please have them call 1-800-MEDICARE.

The new Medicare number is personally identifiable information. You must protect the new number and only share it for Medicare-related business.

MBI Lookup Tool

A self-service tool available in [NGSConnex](#) that will allow you to obtain a patient's Medicare Beneficiary Identifier (MBI) if CMS has mailed the patient a new Medicare card.

- Click the MBI Lookup link in the upper right-hand corner
- Validate using reCaptcha software
- Enter CMS-required search criteria
 - Patient first name
 - Patient last name
 - Patient date of birth
 - Patient Social Security Number
 - National Provider Identifier (NPI)

Visit the [CMS New Medicare Cards](#) web page for more details about MBI.

Provider Enrollment Revalidation

[NGSMedicare.com](#) > Enrollment > Revalidate My Enrollment

Revalidation is mandated under Section 6401(a) of the Affordable Care Act, and is intended to verify all information on file for existing Medicare providers to ensure that providers meet current program requirements. Revalidation is a key component of the National Fraud Prevention Program.

Who is affected?

- All providers five years after initial enrollment or last revalidation

When do you revalidate?

- Only when notified and **before** the due date
- Unsolicited revalidation applications will be returned if received more than seven months prior to due date

National Government Services will send revalidation notifications two to three months before revalidation due date to providers/suppliers that are requested to revalidate.

Submit complete revalidation application before due date and no more than seven months prior. It is important to understand the entire Medicare enrollment record will need to be verified, so all National Provider Identifier (NPI) and Provider Transaction Access Number (PTAN) combinations for practice locations (sole proprietors/groups/institutions) and all group affiliation (for individual application, 855I) must be indicated on the applicable application.

Avoid payment hold or deactivation of Medicare billing privileges by responding and submitting all information requested timely, otherwise, deactivation of enrollment will result in an interruption of claim payments.

- Use [Provider Enrollment, Chain and Ownership System \(PECOS\)](#) to verify your enrollment
- Check [CMS Revalidations](#) web page for resources
- Use the [CMS Medicare Revalidation List](#) to find revalidation due date

References

- [Medicare Learning Network \(MLN\) Matters Article SE1211 Revised](#)
- [MLN Matters article SE1605 Revised](#)
- [MLN Matters article SE1126 Revised](#)

Automatic Immediate Recoupments

[NGSMedicare.com](#) > Overpayment > Request an Immediate Recoupment

Providers can elect to request “Automatic Immediate Recoupment” of demanded overpayments to avoid making payment by check or avoid assessment of interest.

What are the benefits?

- Avoids daily interest accrual (treasury rate currently at 10.125%), interest accrues monthly rather than daily
- Payments are considered on-time payments
- This option is a one-time request and will allow your organization to immediately begin saving money in interest on Medicare debts
- Providers who activate automatic recoupments generally have their debts offset recouped on day 16
- Prevents risk of money being offset and check being applied to another open receivable

Note: Ensure your organization does have claims being submitted and scheduled Medicare payments.

How to Request Automatic Immediate Recoupments

Once on the “Immediate Recoupment Request Form - Electronic/E-Mail,” select “Current and Future Overpayments” from the **Immediate Recoupment Type** drop-down:

- Complete the remainder of the electronic form with your provider information
- Ensure the contact information is fully completed
- In the **Demand Letter Number** box, type “none,” then click the **Submit** button

Note: With automatic immediate recoupments, the overpayment amount is deducted from upcoming Medicare payments. The recoupment does not begin until the 16th day from the date of the demand letter, so for contractor-initiated overpayments there is time to file an appeal if you disagree with the overpayment decision.

When to Use the Provider Contact Center Versus Self-Service Tools

CMS requires contractors to provide self-service options for providers to retrieve claim status and beneficiary eligibility details. To fully comply with this requirement, NGS requires providers to obtain the below information from self-service options, when available. NGS offers the NGSConnex provider portal, [NGSConnex](#), as well as the IVR system for such information. Both are available for extended hours throughout the day and weekend.

To fully comply with this requirement, effective 5/14/2018, if you contact the Provider Contact Center (PCC) and the information you are requesting is available via NGSConnex or the IVR, the PCC is required to direct you to NGSConnex or the IVR to obtain the information. The Customer Service Representatives in the PCC are available to assist you with more complex inquiries that require extra time and attention.

NGSConnex

[NGSConnex](#) is a free, secure, web-based application. NGSConnex provides access to a wide array of self-service functions that save you time and money. Some of the self-service transactions you are able to complete in NGSConnex are:

- Eligibility
 - Effective dates
 - Current and past year deductibles; including therapy
 - Preventive services information
 - Inpatient spell history
 - Medicare Secondary Payer and Medicare Advantage plan
- Claims
 - Submit a claim
 - Overlapping/duplicate claim search
 - Claim search
 - View claim status, claim denials
 - Initiate redetermination/reopening requests, check status of redetermination/reopening requests and view redetermination decision letters
 - View/print remittance – if you are signed up to receive electronic remittance advice (ERA) statements or have elected to view remittance statements in NGSConnex
 - Respond to medical review additional documentation requests (ADRs)
- Financial information
 - Initiate check search
 - View check information
 - View provider earnings year to date
 - View financial claim number information
- Appeals/reopenings

- Initiate search for redetermination/reopening requests submitted via NGSCConnex under your user ID
- View and save redetermination attachments submitted via NGSCConnex under your user ID

We have many [YouTube](#) video tutorials that walk you through the different transactions within NGSCConnex. These tutorials run approximately two to five minutes. We have a dedicated NGSCConnex web page that serves as a central location for all resources, located on [our website](#) under the Provider Resources tab. You can also access the [Part A NGSCConnex User Guide](#), or the [Part B NGSCConnex User Guide](#), which will give you step-by-step instructions on how to navigate through NGSCConnex.

Interactive Voice Response

The IVR is maintained on a separate line from the PCC. The IVR is available 24 hours a day, seven days a week. Menu options that require system access (e.g., the Common Working File) are limited to that systems availability. The IVR allows you to complete many transactions including:

- Eligibility
 - Medicare effective dates
 - Current and past year deductible information, including therapy
 - Medicare Secondary Payer and Medicare Advantage plan information and
 - Home health and hospice enrollment periods
- Claim Status
 - Full claim status including information on inpatient overlap claim denials and duplicate claim denials
- Checks
 - Status of checks/electronic funds transfer including outstanding, cashed and voided; earnings to date information
- Offsets
 - Detailed information on the original and adjusted claim
- Pricing
 - Fee schedule amounts for procedure codes entered
- Provider Enrollment
 - Status of applications
- Appeals
 - Status of redeterminations

Part B Interactive Voice Response System

State	IVR	Hours Available*
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont	877-869-6504	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET
Illinois, Minnesota, Wisconsin	877-908-9499	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET

Part A Interactive Voice Response System

State	IVR Number	Hours Available*
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont	877-567-7205	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET
Illinois, Minnesota, Wisconsin	877-309-4290	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET

For information which cannot be found through the NGSCConnex provider portal or on the IVR, you may contact our PCC.

The PCC is able to:

- clarify the denial reason associated with a claim,
- provide general information regarding Medicare coverage and/or
- assist with other complex issues.

The PCC is unable to:

- provide claim status, beneficiary eligibility or other information which is available through NGSConnex or the IVR,
- give preauthorization of beneficiary entitlement for specific durable medical equipment (DME),
- adjust a claim, unless the claim was processed incorrectly by the contractor (please call the Telephone Reopening Unit, J6: 877-867-3418, JK: 888-812-8905) and/or answer inquiries from beneficiaries or their representatives (please call 1.800.MEDICARE [800-633-4227]).

CERT A/B MAC Outreach and Education Task Force

The goal of the [CERT A/B MAC Outreach & Education Task Force](#) is to ensure consistent communication and education to reduce the Medicare Part A and Part B error rates.



- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program.
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions.

CMS works closely with the Comprehensive Error Rate Testing (CERT) A/B Medicare Administrative Contractor (MAC) Task Force and the CERT DME MAC Outreach & Education Task Force, and has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force.

Disclaimer: *The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.*

Medicare University

[NGSMedicare.com](#) > Education > Medicare University Course List

[Medicare University](#) is an established educational program designed to provide a broad variety of Medicare-related training to meet the needs of Medicare health care providers. The educational opportunities are:

- Computer-based training programs are available 24/7 and are self-paced.
- Self-report attendance for teleconferences, webinars and live seminars/face-to-face training.

Continuing Education Credits

When you attend educational opportunities provided by NGS, you are able to receive continuing education credits (CEUs) from American Academy of Professional Coders (AAPC). For every hour of education you attend, you can receive one CEU. If you are accredited with a professional organization other than AAPC and you plan to request continuing education credit, please contact your organization with questions concerning CEUs.

National Government Services Now on Twitter

As a provider who bills National Government Services, you are likely already aware of the many resources we have available for educational events, medical policies and Medicare news. We are now providing you with another exciting avenue to receive valuable Medicare information.

NGS is now on Twitter! Start following us today [@NGSMedicare](https://twitter.com/NGSMedicare) for information on the Medicare Program, notifications of Medicare BLAST and other useful information to help you bill Medicare successfully.



[Follow us](#)

Medicare BLAST

Are you ready to learn in a competitive, exciting way? Medicare BLAST is a short ten-question game that will challenge the Medicare knowledge of you and your peers. You earn points by answering questions correctly, and the quicker you answer the questions, the more points you will earn. Look for an email with the subject line, *Join Medicare Blast Now!* which will contain instructions on how to compete. You can use a computer or your mobile device to join and will not need to create an account.

Will you be victorious? Come join us, it's a blast!



Self-Service Pulse Newsletter

- Comprehensive source containing the most current information available for our self-service tools
- Weekly Email Update sent on Monday morning
- Uniquely branded for quick recognition
- Features section broken out by topic
 - NGSMedicare.com, NGSConnex.com, MedicareUniversity.com, Interactive Voice Response, YouTube and a Fun Fact



Self-Service Pulse: What You Need To Know This Week

As a National Government Services provider, we want to provide you with a comprehensive source containing the most current information we have available for our self-service tools.

