# Provider Outreach and Education Reminders

## Accessing Webinar Materials/Presentations

Available on our website:

- Read and accept the Attestation. Select your provider type and applicable state within Access NGSMedicare, then **Enter.** From the Home page, select the **Events** tab.
- Current and Past Events will display; you'll see available materials in the PDF column. You may view, print or download presentation materials. Materials for Past Events are available for four months following the session.

## Educational Opportunities

We regularly introduce new educational topics, visit our Events page for a listing of upcoming sessions.

## All Providers Are Encouraged to Subscribe to NGS Email Updates

If you are not already receiving Email Updates from National Government Services (NGS), sign up now on our website. It's important to note that the Centers for Medicare & Medicaid Services (CMS) instructs that every Medicare provider should be subscribed to email updates. This includes physicians, billing staff and clinicians.

This easy, free service will keep you apprised of important Medicare information. When you subscribe, we'll send you periodic emails with the latest news and updates from NGS and CMS including:

- Updates to local coverage determinations (LCDs) and national coverage determinations (NCDs)
- Information on claims, fee schedules and codes
- Educational opportunities
- Medicare Learning Network Publications and multimedia

**Subscribe for Email Updates** from the NGSMedicare home page to sign up today.

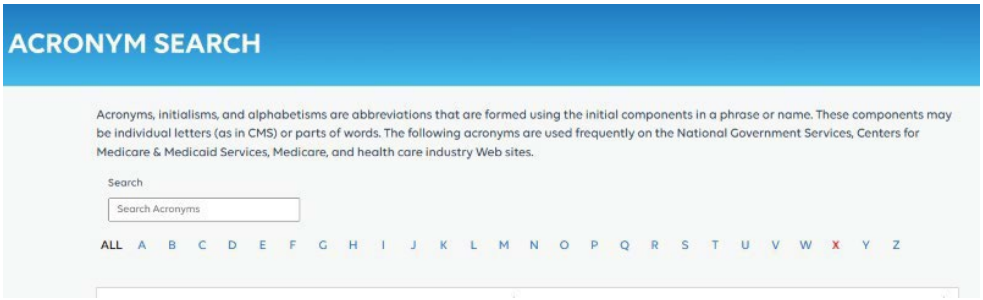

## Frequently Asked Questions (FAQs)

Find answers to your questions on our website! Before you call the Provider Contact Center, visit **Help and FAQs** under Education, the answer you need may be right at your fingertips! Our FAQ page is regularly updated with new topics based on common questions we receive.

## Acronyms

NGSMedicare.com > Resources > Tools & Calculators

Use our Acronym Search Tool to find the terms you need for common acronyms.




## Provider Enrollment

NGSMedicare.com > Enrollment (Part A, Part B, HH+H, FQHC-RHC)

### Initial Provider Enrollment Process

- Follow the steps to complete your Medicare Enrollment
- View Additional Enrollment Topics (Hot Topics, Revalidating Your Enrollment, Helpful Tips, Enrollment Forms)

NGSMedicare.com > Enrollment > **Revalidating Your 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.

All providers five years after initial enrollment or last revalidation are affected. Revalidate only when notified and **before** the due date. Unsolicited revalidation applications will be returned if received more than seven months prior to the due date.

NGS 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 the 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 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.

## Automatic Immediate Recoupments

NGSMedicare.com > Resources > Overpayments > 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, 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. 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 interactive voice response (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.

## 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,
- give preauthorization of beneficiary entitlement for specific durable medical equipment,
- adjust a claim, unless the claim was processed incorrectly by the contractor .

## 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 such as:

- Obtain beneficiary eligibility information
- Query for claim status
- Initiate and check the status of redetermination and reopening requests
- View your provider demographic information
- Query for your financial data
- Submit documents for an additional documentation request
- Submit claims

Visit the Resources section of our website for more details.

## 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:

- 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
- Provider Enrollment
  - Status of applications
- Appeals
  - Status of redeterminations

### Part B Interactive Voice Response System

| State | IVR Number | 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. eastern time (ET)<br>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<br>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<br>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<br>Saturday: 7:00 a.m.–3:00 p.m. ET |

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

## CERT A/B MAC Outreach and Education Task Force

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) Medicare Administrative Contractor (MAC) Outreach & Education Task Force is a joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program.

By partnering together to educate Medicare providers on widespread topics affecting most providers, the group has the shared goal of reducing the national improper payment rate as measured by the CERT program. The education is intended to complement ongoing efforts of CMS, the Medicare Learning Network (MLN) and the MACs individual error-reduction activities within its jurisdictions.

The CERT A/B MAC Outreach & Education Task Force and CMS created The CERT A/B MAC Outreach & Education Task Force web page on the CMS website to assist providers with information to continue to help reduce errors and maximize efficient use of Medicare funding. On this page, you will find educational resources, presentations and event announcements.

The CERT Taskforce for Part A and B meet regularly in an effort to create educational material. The teams consist of representation from CMS, the CERT contractor and all MACs. Visit the CMS website to learn more about 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

Medicare University is an established educational program designed to provide a broad variety of Medicare-related training to meet the needs of Medicare providers. The educational opportunities include computer-based training programs that are available 24/7 and are self-paced. You may also self-report your attendance for our webinars and receive an associated certificate.

## Continuing Education Credits

When you attend educational opportunities provided by NGS, you can 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.

## Your Feedback Matters!

We rely on your feedback! When you visit our events page, please click on the banner and share your thoughts with us about the education we provide you. This survey only takes a few minutes of your time and lets us know what we are doing right, what education you are looking for, what educational topics you'd like us to continue offering and where we can improve.

**Share Your Education Thoughts With Us**

### YouTube

https://www.youtube.com/@ngsmedicare

NGS' Educational Videos

### Become a Medicare Diabetes and Prevention Program Provider

NGSMedicare.com > Education > Medicare Topics > Diabetes Awareness

NGS and CMS continue their efforts to increase awareness and use of current diabetes maintenance programs available for Medicare beneficiaries. Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) Programs were developed to help providers successfully motivate and educate Medicare beneficiaries living with diabetes to increase healthy choices and decrease their chance for disease progression.

### Helpful Tips/Resources

- DSMT and MNT benefits are allowed for the same beneficiary in the same year, but not on the same day.
- A physician referral is needed for initial and follow up training for both DSMT and MNT services.
- Diabetes Self-Management Training
- Medical Nutrition Therapy

### Part B Seven Steps to Avoiding Costly Appeals

Join our appeals webinars to learn how you can avoid costly appeals and improve efficiencies to reduce administrative burden. Take the holistic approach and follow these steps before submitting inquiries or claims.

1. Is the inquiry within the time limit?
2. What is the current procedural terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) in dispute?
3. Should a modifier be used with the code(s) in dispute?
4. Know the difference between a reopening and a redetermination.
5. Use our Fee Schedule Lookup Database.
6. Does the code have a Medically Unlikely Edit (MUE)?
7. Are the services distinct from other procedures (National Correct Coding Initiative procedure-to-procedure [PTP])?

### Part B Care Management Weeks

According to the Centers for Disease Control (CDC), an estimated 117 million adults have one or more chronic health conditions and one in four adults have two or more chronic health conditions. As your Medicare Contractor for Jurisdiction 6 and Jurisdiction K, we are raising awareness of the benefits of care management services for Medicare beneficiaries with chronic conditions.

Our care management education includes presentations for advanced care planning, behavioral health integration and psychiatric collaborative care management, chronic care management, cognitive assessment, principal care management, transitional care management and health related services. View our events page for upcoming sessions. Visit Care Management within Medicare Topics on our website for all care management services.