This guide provides information for our Part B providers on the different options available within our self-service portal, NGSConnex.

https://www.ngsconnex.com

Visit our YouTube Channel to view all of our videos!
https://www.youtube.com/user/NGSMedicare

Click here to view the NGSConnex playlist on our YouTube channel.
# Table of Contents

## New to NGSConnex ................................................................. 4
- I am going to be a Local Security Officer (LSO) ................................................................. 4
- I am going to be a User ........................................................................................................ 4

## User Account Information ......................................................... 4
- Create a New User Account .................................................................................................. 4
- Log In to NGSConnex ........................................................................................................... 5
- Log Out of NGSConnex ......................................................................................................... 5
- Request LSO Access (LSOs Only) ...................................................................................... 5
- Request Data Access (Users Only) ..................................................................................... 6
- Request Data Access for Multiple Accounts (Users Only) .................................................. 6
- Complete the EDI Enrollment Form .................................................................................. 7
- Reset Your Password ......................................................................................................... 7
- Retrieve Your User ID ......................................................................................................... 7

## Annual Security Training and Certifying Access ................................. 8
- Annual Security Training/Certifying Access ....................................................................... 8

## Main Tab: User Management (LSOs Only) ........................................... 8
- Approve Data Access Requests (LSOs Only) ...................................................................... 8
- Decline Data Access Requests (LSOs Only) ..................................................................... 9
- Modify Data Access (LSOs Only) ....................................................................................... 9
- Remove Data Access (LSOs Only) .................................................................................... 9
- Unlock User Accounts (LSOs Only) .................................................................................. 9

## Main Tab: My User Profile ............................................................ 9
- Edit Your Profile .................................................................................................................. 9
- Change Your Password ...................................................................................................... 10
- Set Up Multifactor Authentication ..................................................................................... 10
- Use Multifactor Authentication .......................................................................................... 10
- Edit Your Data Access ....................................................................................................... 10
- Set Default LSO Values (LSOs Only) ................................................................................. 10

## Main Tab: My Provider Profile ......................................................... 11
- View Your Provider Account Profile(s) .............................................................................. 11

## Main Tab: My Claims .................................................................................. 11
- View Claims ....................................................................................................................... 11
- View Claim Overlap/Duplicate ........................................................................................... 11
View/Print Remittance Statement ................................................................. 12
Order Duplicate Remittance Statement ..................................................... 12
Initiate a Redetermination ........................................................................ 13
Initiate Reopening ...................................................................................... 14
Check Reopening/Redetermination Status ............................................... 14
Submit a Claim .......................................................................................... 15
Submit Documents for an Additional Documentation Request (ADR) .... 15

**Main Tab: Eligibility** ............................................................................. 16
View Beneficiary Eligibility Information .................................................. 16
Print Eligibility Information ...................................................................... 17

**Main Tab: My Financials** ..................................................................... 17
View General Check Information .............................................................. 17
View Returned Check Information ............................................................ 18
View Special Check Information ............................................................... 18
View Provider Earnings to Date ............................................................... 18
View Financial Claim Number (FCN) Information .................................. 18

**Main Tab: My Redeterminations/Reopenings** ..................................... 19
View Redetermination/Reopenings .......................................................... 19

**Main Tab: My History** .......................................................................... 19
View Submission History .......................................................................... 19

**Main Tab: My Inquiries** ...................................................................... 20
Submit an Inquiry ..................................................................................... 20
Review Response for an Inquiry ............................................................... 20
View/Save a Copy of an Inquiry ............................................................... 21
New to NGSConnex

If you are new to NGSConnex, you will have to determine what type of account you need. Will you be a Local Security Officer (LSO) or a user?

- **LSOs:** Every organization that uses NGSConnex must have at least one LSO for each provider account. The LSO approves access for all users within the organization and can reset passwords for users if needed.
- **Users:** Users have access to the different functions within NGSConnex as approved by their LSO.

**I am going to be a Local Security Officer (LSO)**

I will be administrating the system for our organization, approving users and resetting passwords if needed.

1. [Create User Name and Password](#)
2. [Log in to NGSConnex](#)
3. [Request LSO Access](#)

**I am going to be a User**

I will be accessing various screens in NGSConnex as approved by my LSO.

1. [Create User Name and Password](#)
2. [Log in to NGSConnex](#)
3. [Request User Access](#)

User Account Information

**Create a New User Account**

2. Read the standard disclaimer and click I Agree to continue.
3. Click the New User link on the User Login screen.
4. Read the Online Services & Web Confidentiality Agreements and click on the check box at the end that reads, “I have read and understand the above statements.” then click I Agree to continue.
5. Complete the required fields in the Personal Information panel.
   a. Enter your name in the First Name/Last Name fields.
   b. Enter your email address in the Email field.
   c. Click the arrow on the Time Zone field and choose your local time zone from the list.
   d. Create your unique ID by entering it in the User ID field.
   e. Create your password by entering it in both the Password and Verify Password fields.
      - The password must be between 8 and 30 characters in length and must contain at least three of the four following requirements: at least one alphabetical character, one numeric character, one uppercase letter, and one special character (e.g., #, ?, *, or !).
6. Click the arrow on the Challenge Question field and choose your challenge question.
7. Enter the answer to your challenge question in the Answer to Challenge Question field.
8. Click **Next** to continue.

9. Click the **Return to Welcome and Login Page** link on the Thank You page.

**Note:** If your NGSConnex account has not been used within the last 60 days, the account will be suspended. Once an account has been suspended, you will be required to request reactivation of your account through the Provider Contact Center. To reactivate the user account you will need to provide your user ID and associated National Provider Identifier (NPI), Provider Transaction Account Number (PTAN) and the last five digits of your Tax Identification Number (TIN). If this information is not available or cannot be confirmed, your account will not be reactivated and a new account will need to be created.

**Log In to NGSConnex**

1. Read the standard disclaimer and click **I Agree** to continue.
2. Enter your ID in the **User ID** field.
3. Enter your password in the **Password** field.
4. Click **OK**.

**Log Out of NGSConnex**

When you are ready to exit the system, click the **Log Out** link located in the upper right corner of the page.

**Request LSO Access (LSOs Only)**

1. Click the **My User Profile** tab.
2. In the **System Access** panel, click **New**.
3. Enter your NPI, PTAN and the last five digits of your TIN in the associated fields.
4. Select your line of business and state in the applicable selection boxes.
5. Click the checkboxes next to the items you are requesting access to. Available options include:
   a. My Provider Profile
   b. My Claims
   c. Entitlement
   d. My Financials
   e. My Redeterminations/Reopenings (this checkbox will be auto-checked when the My Claims checkbox is selected)
6. Click the **User Management** checkbox.
7. Enter the check number in the **Check Number** field.
8. Enter the check amount (without dollar signs or commas) in the **Check Amount** field.
   a. **If there is an active LSO for your PTAN**, obtain the access code from the active LSO and enter it in the **Access Code** field and click **Save**.
   b. **If this is the first LSO request and there is no LSO currently for your PTAN**, just click **Save**. You will not enter a value in the **Access Code** field at the time you generate the initial request.
      i. Once National Government Services (NGS) approves this LSO request for your PTAN, the access code will be mailed to your attention at the PTAN billing address and should arrive within 7 to 10 business days.
Once you receive the access code, enter it in the **Access Code** field and click **Save**.

**Note:** This access code will activate your LSO access. From this point forward, you can approve other LSOs and users without obtaining another access code.

### Request Data Access (Users Only)

1. Click the **My User Profile** tab.
2. In the **System Access** panel, click **New**.
3. Enter your NPI, PTAN and the last five digits of your TIN in the associated fields.
4. Enter your customer service number (CSN) in the **CSN** field (this number will be provided to you by your LSO).
5. Select your line of business and state in the applicable selection boxes.
6. Click the checkboxes next to the items you are requesting access to. Available options include:
   a. My Provider Profile
   b. My Claims
   c. Entitlement
   d. My Financials
   e. My Redeterminations/Reopenings (this checkbox will be auto-checked when the My Claims checkbox is selected)
7. Click **Save**.
8. Once you click **Save**, the request will be available for the LSO to review.

### Request Data Access for Multiple Accounts (Users Only)

1. Click the **My User Profile** tab.
2. Click **Show More** in the **User Profile** panel.
3. Click **Edit** under the **User Profile** panel.
4. In the **Default System Access Values** panel, enter values for any of the following fields that you want to be auto-populated for any accounts that will be created:
   a. NPI, PTAN, TIN, Line of Business, State, Contract, and access checkboxes.
5. Click **Save**.
6. In the **System Access** panel, click **New**.
7. Enter your NPI, PTAN and TIN in the associated fields.
8. Enter your CSN in the **CSN** field (this number will be provided to you by your LSO).
9. Select your line of business and state in the proper selection boxes.
10. Click the checkboxes for any additional items you are requesting access to for the account.
11. Click **Save**.
12. Once you click **Save**, the request will be available for the LSO to review.
Complete the EDI Enrollment Form

The Electronic Data Interchange (EDI) Enrollment Form is required in order to send claims and retrieve remittances within our portal.

1. To locate the form go to the log on screen for NGSConnex.
2. On the right hand side of the screen under "links" click the EDI Enrollment Form link. This will open a new window.
3. The first screen of the new window is the attestation screen. Read this screen and then click I Agree.
4. Once in the form, you will need to complete all of the required information. This includes:
   a. Provider name, address, email, phone number, submitter status (which will be new or existing submitter), submitter ID and name, the submitter type (options include Clearing House, Billing Service, Third Party Biller, or Self-Biller), the contractor code, PTAN(s) and NPI(s).
5. After you fill out all of the required fields, click the "I have read and accept the terms of the above agreement" check box.
6. Type your full name in the Authorized Signature Name field.
7. Click Submit.

After you click Submit, a pop up message will appear stating "All forms for the same request MUST be sent under same cover letter or they will be rejected." Click OK.

Next you will be able to review the information you filled out for any errors. If you find errors, hit your back button to go back to the form. Once you have verified that the information is accurate, you will print the form, and sign and date it. You will then fax or mail the completed, printed form using the fax number or mailing address located in the top left-hand side of the form.

Reset Your Password

1. Click the Forgot Your Password? link.
2. Enter your user ID in the User ID field and your email address in the Email Address field and click Submit.
3. Enter the answer to your challenge question in the Answer to Challenge Question field and click Submit.
4. A temporary password will be generated. Make note of this password as you will need it to log into the system.
5. Click Continue to return to the Home page.
6. Upon logging into the system with your temporary password, follow the prompts to create a new password.

Note: You will be locked out of your account for three hours if you input your password incorrectly three times. Your LSO can unlock your account and provide a temporary password to bypass the three-hour lock out. Otherwise, you can reset your password once the three-hour window has passed.

Retrieve Your User ID

1. Click the Forgot Your User ID? link.
2. Enter your email address in the Email Address field.
3. Click **Submit**. (This request may take a while.)
4. Your User ID will be sent to the email address provided during registration.
5. Return to the Home page and enter this User ID and corresponding password.

## Annual Security Training and Certifying Access

### Annual Security Training/Certifying Access

Every 365 days NGSConnex LSOs and users are required to review the annual Security Awareness Training, including the rules of behavior and acknowledge access still is required. NGSConnex will display the Security Awareness Training every 365 days for each LSO and user after they log into NGSConnex.

1. When you see the **Security Awareness Training**, be sure to review the entire training, including the **Rules of Behavior**.
2. Once you have completed the training, review the following two statements:
   a. I acknowledge that I have received training on my role as an <NGSConnex LSO/NGSConnex user> and the NGSConnex Rules of Behavior (ROB). I understand and agree to comply with the ROB provisions.
   b. I acknowledge that I am <the LSO/an NGS Connex user> and certify that I need LSO access.
3. Once you click **I AGREE**, you will have access to all screens.
   a. You must read and accept the Security Training and acknowledge access is still required. If you do not accept the Security Training you will not have access to view any screens in NGSConnex and the Security Training will continue to appear every time you log in.

## Main Tab: User Management (LSOs Only)

### Approve Data Access Requests (LSOs Only)

1. Click the **User Management** tab.
2. In the **System Access** panel, click the arrow to the left of the user you are approving.
3. Review the **System Access Detail** panel and make any necessary modifications to the requested access. If you want the user to have LSO access, you can check the User Management option in this area. If you do not want them to have this access, be sure this option is not checked.
4. Click **Approve**. When you approve a data access request, the **Status** field will update to Approved.
Decline Data Access Requests (LSOs Only)

1. Click the User Management tab.
2. In the System Access panel, click the arrow to the left of the user you are declining.
3. Click Decline.

When you decline a data access request the Status field will update to Declined and all the options in the System Access Detail panel will be unchecked. When the LSO refreshes their User Management page, the request will disappear; however, the user will see the Declined status in their My User Profile page.

Modify Data Access (LSOs Only)

1. Click the User Management tab.
2. In the System Access panel, click the arrow to the left of the user you are modifying.
3. Make any necessary modifications to the user’s access.
4. Click Approve.

Remove Data Access (LSOs Only)

1. Click the User Management tab.
2. In the System Access panel, click the arrow to the left of the user you are removing.
3. Click Delete.
4. Click OK in the Are You Sure? dialog box.

Unlock User Accounts (LSOs Only)

LSOs can unlock user accounts and create a temporary password for the user when the user gets locked out due to incorrect password attempts/incorrect challenge question attempts.

1. Click the User Management tab.
2. Click the arrow next to the user who is locked and click Reset Password in the User Profile panel.
3. Enter the new temporary password in the Password and Verify Password fields.
4. Click Save and give the user the temporary password. The user will have to reset it when they log in.

Main Tab: My User Profile

Edit Your Profile

1. Click the My User Profile tab.
2. In the User Profile panel, click Edit.
3. Update the information and click Save.
Change Your Password

1. Click the **My User Profile** tab.
2. In the **User Profile** panel, click **Change Password**.
3. Enter your current password in the **Current Password** field.
4. Enter your new password in the **New Password** and **Verify New Password** fields.
5. Click **Save**.

Set Up Multifactor Authentication (MFA)

MFA is optional for our nonorganization users. If you choose to opt-in, you will request a code that will be emailed to you in order to access NGSConnex. The code you receive is valid for one day. Each day that you log in to NGSConnex, you will request and receive a new code. To opt-in, do the following:

1. Click the **My User Profile** tab.
2. In the **User Profile** panel, click **Edit**.
3. Click the **Opt-In for Multi Factor Authentication** checkbox.
4. Click **Save**.

Use Multifactor Authentication

If you chose to opt-in to MFA, the MFA screen will display every time you log in to NGSConnex.

1. If you do not have an active code, click **Email Security Code**. You will receive a code via email (this code will be sent to your registered user email address located in your profile)
2. If you have an active code, enter it in the **Enter Security Code** field.
3. Click **Verify Code**.
   a. Note that the security code will be valid until 11:59 p.m. ET. You will be required to select the 'Email Security Code' option each day you access NGSConnex.
4. Once a valid code is verified, you will have access to NGSConnex.

Edit Your Data Access

1. Click the **My User Profile** tab.
2. In the **System Access** panel, click **Edit**.
3. Update the information and click **Save**.

   **Note:** You only use **New** in the **System Access** panel to request access for other provider accounts within your organization that are not currently in your profile.

Set Default LSO Values (LSOs Only)

If you wish to add default LSO values that will be applied to all LSO-approved providers listed under your LSO system access, follow the steps below:

1. Click the **My User Profile** tab.
2. Click **Show More** on the right side of the **User Profile** panel.
3. Click **Edit**.
4. Complete the three **Default LSO Recertification Values** fields.
5. Click **Save**.
6. Scroll down and click **Set LSO Recertification** in the **System Access** panel.

### Main Tab: My Provider Profile

<Return to Table of Contents>

#### View Your Provider Account Profile(s)

1. Click the **My Provider Profile** tab. The provider accounts you have access to will be displayed.
2. If there is more than one provider account, click **Select** to view the demographic information for that particular provider account.

### Main Tab: My Claims

<Return to Table of Contents>

#### View Claims

1. Click the **My Claims** tab. The provider accounts you have access to will be displayed on this page.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Claims**” in the **Claim Type** drop down field and click **Go**.
4. In the **Claim Search** panel, enter the beneficiary's Medicare Health Insurance Claim Number (HICN), last name, first name (or first initial), and date of birth in the appropriate fields.
   a. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number.

**Note:** The Centers for Medicare & Medicaid Services (CMS) requires providers to provide the above beneficiary data elements before claim information can be disclosed. NGS is not allowed to disclose claim information if these elements are not provided.

5. Click **Load Claims**.
6. Claims that match your query will be loaded at the bottom of the page in the **Claims Summary** panel. The summary includes the claim number, from/to service dates, beneficiary name, claim status, and submitted/billed amount.
7. Click on the **claim number** in the **Claim Summary** panel to view the claim details.

#### View Claim Overlap/Duplicate

1. Click the **My Claims** tab. The provider accounts you have access to will be displayed on this page.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Claims**” in the **Claim Type** drop down field and click **Go**.
4. In the **Claim Search** panel, enter the beneficiary's HICN, last name, first name (or first initial), and date of birth in the appropriate fields.
   a. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number.
5. Click **Load Claims**.
6. Claims that match your query will be loaded at the bottom of the page in the **Claims Summary** panel. The summary includes the claim number, from/to service dates, beneficiary name, claim status, and submitted/billed amount.

7. Click on the desired claim number in the **Claim Summary** panel to go to the claim details.

8. In the **Claim Lines** panel, click the arrow next to the applicable claim line to highlight that particular claim line.

9. If the **Claim Overlap** button is enabled, click the **Claim Overlap** button in the **Claim Line Detail** panel.
   a. If there is an overlapping claim found in CWF, NGSConnex will display the following fields for the claim in the **Claim Overlap** panel:
      i. Claim Type, Start Date, Facility Type, and NPI.
   b. If there is no overlapping claim information found in CWF, NGSConnex will display the following alert message: “No claim overlap found for requested dates of service.”

10. If the **Get Duplicate Rend-NPI** button is enabled, click the **Get Duplicate Rend-NPI** button.
    a. If there is a duplicate claim found in CWF, NGSConnex will display the NPI for duplicate claim in the **Duplicate Claim Number NPI** field.

11. If there are no claims in CWF, NGSConnex will display the following alert message: “Please review your remittance statement(s) or contact Customer Care for additional information on this claim.”

**View/Print Remittance Statement**

You can view your remittance statements in NGSConnex from the past 12 months regardless of how your organization receives them (paper or electronic).

1. Click the **My Claims** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Claims**” under the **Claim Type** drop-down field and click **Go**.
4. In the **Claims Search** panel, enter the beneficiary’s HICN, last name, first name (or first initial), and date of birth then click **Load Claims**.
5. Click on the applicable **claim number** in the **Claim Summary** panel to view the claim details.
6. Click **Remittance View** under Claims Header.
7. The remittance statement for the beneficiary and claim selected will display.
8. Click **Print** to print remittance advice.

**Order Duplicate Remittance Statement**

1. Click the **My Claims** tab. The provider accounts you have access to will be displayed on this page.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Claims**” in the **Claim Type** drop-down field and click **Go**.
4. In the **Claim Search** panel, enter the beneficiary’s HICN, last name, first name (or first initial), and date of birth in the appropriate fields.
   a. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number.
5. Click **Load Claims**.
6. Click the arrow next to the applicable claim number in the **Claims Summary** panel.
7. Click **Order Duplicate Remittance**.
8. A message will confirm that the remittance order was successful. If it isn’t successful, you will see an error message in this area.

   Note: The duplicate remittance statement will be sent via hardcopy mail.

**Initiate a Redetermination**

The redetermination is the first level of appeal for a denied claim.

1. Click the **My Claims** tab.

2. If there is more than one provider account, click **Select** next to the applicable PTAN.

3. Select “**Claims**” in the **Claim Type** drop-down field and click **Go**.

4. In the **Claims Search** panel, enter the beneficiary’s HICN, last name, first name (or first initial), and date of birth in the appropriate fields.
   
   a. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number.

5. Click **Load Claims**.

6. Claims that match your query will be loaded at the bottom of the page in the **Claims Summary** panel.

7. Locate the claim you wish to initiate a redetermination or reopening on and click the **claim number**.

8. Click **Initiate Redetermination**.

9. Complete the redetermination form by entering the applicable information in the required fields:
   
   a. In the **Claim Line Procedure Code(s)** field, click the checkbox and this will open the **Claim Lines Information** box. Click **New**, enter the required fields, then click **Save**. When applicable, complete the same steps to add additional lines. Once all claim lines are entered, click **OK** to return to the form. Note that this step ensures that the correct line(s) are chosen.

   b. **Note:** If you are appealing the entire claim, indicate that you are doing so in the **Reason for Appeal** field. Also, in the **Claim Line Procedure Code(s)** field only enter the **last** procedure code on the claim. You do not have to enter all of the procedure codes when appealing the entire claim.

10. Once all required fields are completed on the form, click **OK**.
   
   a. If the form continues to display on your screen, scroll to the top of the form to locate your error message, correct the error and click **OK** again. If you see an error message, make sure that all required fields are completed.

   b. If after clicking **OK**, the form disappears, the request was received. The **Redeterminations/Reopenings** panel and the **Attachments** panel will then display. (These panels are also available in the **My Redeterminations/Reopening** Tab for any completed requests.)

   - If supporting documentation needs to be included, click **New** under the **Attachments** panel to add the documentation. Click the check box next to the **Attachment Name** field. Browse for the applicable file, click **Add**, then click **Save**.

   **Note:** If file type .xml, .log, or .cfg is used, it will be changed to .txt when added.
### Initiate Reopening

Reopenings are used to change the information billed on the claim. **Note:** Documentation will **not** be accepted for Part B Reopenings; if submitting documentation, please submit your request as a Redetermination.

1. Click the **My Claims** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Claims**” in the **Claim Type** drop-down field and click **Go**.
4. In the **Claims Search** panel, enter the beneficiary’s HICN, last name, first name (or first initial), and date of birth in the appropriate fields.
   a. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number.
5. Click **Load Claims**.
6. Claims that match your query will be loaded at the bottom of the page in the **Claims Summary** panel.
7. Locate the claim you wish to initiate a redetermination or reopening on and click the **claim number**.
8. Click **Initiate Reopening**.
9. Complete the reopening form by entering the applicable information in the required fields:
   a. For the **Claim Line Detail(s)** field, click the checkbox and this will open the **Claim Lines Information** box. Here you can change the line item information. This can be the ‘From’ or ‘To’ service date, procedure code, billed amount, modifier, place of service, diagnosis pointers, units of service, or the rendering doctor NPI. You can also note if the line was billed in error and needs to be denied by clicking the applicable checkbox. Once complete, click **Save**, then click **OK**.
   b. You can also change the claim level information including the diagnosis codes, date last seen, place of service, ZIP codes, or change or add the referring provider within this form.
10. Once all applicable changes have been made, click **OK**.
   a. If the form continues to display on your screen, scroll to the top of the form to locate your error message, correct the error and click **OK** again. If you see an error message, make sure that all required fields are completed.
   b. If after clicking **OK**, the form disappears, the request was received.

### Check Reopening/Redetermination Status

Follow the steps below to obtain the redetermination or reopening status for Part B services billed.

1. Click the **My Claims** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Claims**” in the **Claim Type** drop-down field and click **Go**.
4. In the **Claims Search** panel, enter the beneficiary’s HICN, last name, first name (or first initial), date of birth (format: MM/DD/YYYY or MM/DD/YYYY), Claim Number, or Correspondence Number.
5. Click the **Load Redetermination/Reopening Status** button.
6. The system will search for any Redetermination or Reopening that have been received. If a match is found, the system will display the status of the Redetermination or Reopening found. When the review has been completed by the NGS Part B Appeals Department, the system will display a ‘finalized’ status and the status description. When the review is still being conducted by the Part B Appeals Department the status will display as ‘Pending’. The review can take up to 60 days to complete. NGSConnex will
include all redeterminations/reopenings requests regardless of how they were originally initiated (written, fax, telephone or through NGSConnex).

**Submit a Claim**

Part B providers who have a completed EDI enrollment form on file can submit claims through NGSConnex. If you do not have this form on file, go to the [Complete the EDI Enrollment Form](#) section in this guide for instructions to complete the process.

1. Click the **My Claims** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Claims Entry**” in the **Claim Type** drop down field and click **Go**.
4. In the **Claim Entry** panel, click **New**.
5. Complete the claim entry form by entering the applicable information for the claim (including all required fields with red asterisks).
6. To add claim details, click the checkbox under **Claim Details**. This will open the **Claim Detail Information** window.
   a. Click **New** and complete all required fields.
   b. Click **Save** to save claim detail information.
   c. Click **OK**. This will close the **Claim Detail Information** window.
7. Once the claim entry form is complete, click **Save**. **Note:** If there are claim errors, the screen will prompt to correct errors.
8. Once the claim is saved, you can edit, delete, or submit the claim.
9. To submit the claim, click **Submit**. **Note:** The Edit, Delete and Submit options will be disabled.
   a. Once the claim is submitted, the claim status will be ‘Submitted – Validating’.
   b. For successful claim submissions, the claim status will change from ‘Submitted – Validating’ to ‘Accepted – Processing’.
   c. For unsuccessful claim submissions, the claim status will change from ‘Submitted-Validating’ to ‘Failed-Error(s) Found’.

**Submit Documents for an Additional Documentation Request (ADR)**

1. Click the **My Claims** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Respond to Medical Review ADR**” under the **Claim Type** drop-down field and click **Go**.
4. In the **Additional Documentation Request** panel, enter the beneficiary’s last name and first name, the last five digits of their Medicare number (HICN), the internal control number (ICN), the letter number, and the document number.
   a. Note that the letter number is the last three digits of the number found on the far right side in the middle of the ADR letter.
b. The document number is the 25-digit number found at the top of the letter on the right hand side.

5. Once you have entered all of the required information, click Save.

6. In the Attachments panel, click New to add the documentation.

7. Click the check box next to the Attachment Name field. Browse for the applicable file, click Add, then click Save. **Note:** If file type .xml, .log, or .cfg is used, it will be changed to .txt when added.
   a. Repeat steps 6-7 to add additional files as needed.

8. Once all appropriate documentation is attached, click Submit in the Additional Documentation Request panel.

**Main Tab: Eligibility**

**View Beneficiary Eligibility Information**

1. Select a claim on the My Claims page.

2. Click the Eligibility tab.
   
   **OR**

1. Click the Eligibility tab.

2. Click Query in the Beneficiary Eligibility Information panel.

3. Enter the required information. When entering the Medicare HICN be sure to enter it exactly as it appears on the Medicare card.

   **Note:** CMS requires providers to provide four beneficiary data elements before disclosure of eligibility information can be disclosed. The data elements are (1) last name, (2) first name or initial, (3) HICN and (4) date of birth. NGS is not allowed to disclose eligibility information if these four elements are not provided.
4. Click **Go**.
5. The top section in the **Beneficiary Eligibility Information** panel lists all of the basic Medicare eligibility information (e.g., Part A/Part B entitlement/termination dates, deductible amounts, therapy amounts, etc.).
   a. The following additional sections will **ONLY** display if there is relevant information for the beneficiary:
      - Medicare Advantage Information
      - Medicare Secondary Payer Information
      - Crossover Information
      - Preventive Services Information
      - Inpatient Spell History
      - Hospice Information
      - Home Health Plan Information
6. The **Show More** button on the right displays additional eligibility information for the beneficiary. The system will only display eligibility information when data is found for the beneficiary.
7. To search for another beneficiary, simply click **Query** again in the **Beneficiary Eligibility Information** panel.

**Print Eligibility Information**

1. While viewing the eligibility information for a beneficiary, select the **Printable View** button and the Beneficiary Eligibility Information printable view will open.
2. Click the **Print** link in top right hand corner of window.

**Main Tab: My Financials**

**View General Check Information**

1. Click the **My Financials** tab
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “Checks” under the **Check Type** drop-down field and click **Go**.
   a. You can view all checks, by simply clicking **Search** in the **Checks Search** panel;
   b. You can search with any combination of the fields to narrow down the results, then click **Search** in the **Checks Search** panel; or
   c. You can view the last 10 checks, by clicking the check box under the **Display Last 10 Checks** field, then clicking **Search** in the **Checks Search** panel.
4. To view the claims associated with a check, click on the arrow next to the check you are selecting, then click **Load Check Claims**. The claims will load in the **Claims** panel.
5. To view the details of a specific claim, click the **claim number** in the **Claims Summary** panel.
**View Returned Check Information**

1. Click the **My Financials** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Returned Checks**” under the **Check Type** drop-down field and click **Go**.
   a. You can view all returned checks, by simply clicking **Search** in the **Returned Checks Search** panel;
   b. You can search with any combination of the fields to narrow down the results, then click **Search** in the **Returned Checks Search** panel; or
   c. You can view the last 10 checks, by clicking the check box under the **Display Last 10 Checks** field, then clicking **Search** in the **Returned Checks Search** panel.
4. The claims associated with the check will display in the Returned Checks panel.

**View Special Check Information**

1. Click the **My Financials** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Special Checks**” under the **Check Type** drop-down field and click **Go**.
   a. You can view all special checks, by simply clicking **Search** in the **Special Checks Search** panel;
   b. You can search with any combination of the fields to narrow down the results, then click **Search** in the **Special Checks Search** panel; or
   c. You can view the last 10 special checks, by clicking the check box under the **Display Last 10 Checks** field, then clicking **Search** in the **Special Checks Search** panel.
4. The **Special Checks** option is used to look up refunds and other special checks not related to patient information. Information related to the special check will be available in the **Special Checks** panel.

**View Provider Earnings to Date**

1. Click the **My Financials** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Provider Earnings to Date**” under the **Check Type** drop-down field and click **Go**.
4. In the **Provider Earnings to Date Information** panel, you can view the monthly and yearly earnings to date as well as the current approved-to-pay earnings amounts.
5. The **Special Checks** option is used to look up refunds and other special checks not related to patient information. Information related to the special check will be available in the **Special Checks** panel.

**View Financial Claim Number (FCN) Information**

1. Click the **My Financials** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
   a. If you have the FCN and the patient information, select “**Financial Claim Number (FCN) Claim Detail Search**” under the **Check Type** drop-down field and click **Go**.
   b. If you only have the FCN, select “**Financial Claim Number (FCN) Patient Search**” under the **Check Type** drop-down field and click **Go**.
3. Enter the required information and then click **Search**.
   a. The system will display detailed claim information when selecting the **Financial Claim Number (FCN) Claim Detail Search**.
   b. The system will display the patient information when selecting the **Financial Claim Number (FCN) Patient Search**.

### Main Tab: My Redeterminations/Reopenings

#### View Redetermination/Reopenings

The *My Redetermination/Reopenings tab* is a historical view of submitted redeterminations and reopenings.

1. Click the **My Redeterminations/Reopenings** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Click **Query** in the **Redeterminations/Reopening** Panel.
4. In the **Redeterminations/Reopening** panel, complete the applicable fields to narrow your search as appropriate and then click **Go**.
   **Note:** The information displayed on this screen will not be updateable.

### Main Tab: My History

#### View Submission History

1. Click the **My History** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. The **Submission History** panel will contain all submissions that have been successfully submitted.
4. If you would like to see a particular submission, click **Query** in the **Submission History** panel.
5. Enter the Fiscal Year End (Format: MM/DD/YYYY), Type of Data, Contact Email Address, and/or Submission Date (Format: MM/DD/YYYY) and click **Go**.
6. The **Submission History** panel will show information about the submission and the **Submission Documents** panel will show the files attached to the submission.
   **Note:** The information displayed on this screen will not be updateable.
Submit an Inquiry

1. Click the **My Inquiries** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Click **Initiate** under the **Inquiries** panel.
4. Complete the required fields and click **Save**.
   
   a. Your provider information will auto-populate based on the PTAN you selected. You will be required to choose the Inquiry Type, Issue Type, and Description of the inquiry. The Medicare is primary field is optional. And the beneficiary information, service dates, and claim number fields are only required for Medicare claim inquiries

5. If supporting documentation should be included with the inquiry, Click **New** under the **Inquiries Attachments** panel.
6. Click the checkbox next to the **File Name** field to open the **Add Attachment** window.
7. In the **Add Attachment** window, click the **Browse** button.
8. Select the document file you wish to attach to the submission form and click **Open**.
9. The selected file will appear within the Submission Documents window. Click **Save**.
   
   a. Repeat steps 6-9 for all document files you wish to attach to the submission form.

10. Verify that all document files attached are listed in the **Inquiries Attachments** panel. **Note:** If a file needs to be removed from the submission, you can select the file and click **Delete**.

11. To submit the inquiry, click **Submit** under the **Inquiries** panel. The Inquiry will not be sent to NGS until you click Submit.

   **Note:** An acknowledgment email will be sent from NGS to the individual initiating the inquiry once it is submitted.

Review Response for an Inquiry

***When NGS has a response to provide for an Inquiry submitted, an email will be sent to the email address we have on file for the user that submitted the Inquiry.***

Follow the steps below to review the response.

1. Click the **My Inquiries** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. In the **Inquiries** panel, select the Electronic Inquiry ID that you wish to review.
4. Review the response located under the **Inquiries Notes** Panel. **Note:** The Inquiry Notes panel will be blank until a response is sent from NGS.
   
   a. If your inquiry has not been completed/cancelled by NGS and you would like to submit a response, select **New** under the Inquiry Notes panel and add your response to the Response Description panel and click **Save**.

   b. To submit your response, click **Submit** under the **Inquiry Notes** panel.

   **Note:** Once an inquiry is completed or cancelled, you will not be able to submit additional responses. A new inquiry will need to be submitted to address any questions regarding the completed/cancelled inquiry.
**View/Save a Copy of an Inquiry**

1. Click the **My Inquiries** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. In the **Inquiries** panel, select the Inquiry that you wish to review.
4. Click **Create Inquiry Attachment** under the **Inquiries** panel.
5. The copy will then show up under the **Inquiry Attachments** panel. Here you can click on the name of the file to open and/or save the file.

**Note:** The file copy will contain the details of the Inquiry to include: the Inquiry Detail Panel, Inquiry Notes, and Inquiry Attachments information at the time the **Create Inquiry Attachment** button was selected.