



NGSConnex User Guide



Part A

This guide provides information for our Part A providers (including HH+H and FQHC) 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.



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New To NGSConnex

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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

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[Create a New User Account](#)

1. Access NGSConnex at <https://www.NGSConnex.com>.
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 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.

- ii. 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.

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.

NGSConnex Recertification

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Recertify LSO (LSOs Only)

****National Government Services will communicate the Annual Recertification time period****

1. Click the **My User Profile** tab.
2. If there is more than one provider account, click the arrow next to the applicable PTAN, then click **Edit** in the **System Access Detail** panel.
3. As the LSO, complete the following fields in the **Fields for Local Security Officer (LSO) Recertification** section and click **Save**:
 - a. My Supervisor Name
 - b. My Supervisor's Email Address
 - c. My Supervisor's Telephone Number
4. **Note:** An email will be sent to your supervisor's email address. The supervisor will receive notification from National Government Services with the LSO Recertification Code needed to complete the Recertification process.
5. Upon receiving the LSO Recertification Code from your supervisor, you will do the following:
 - a. Click the **My User Profile** tab

- b. If there is more than one provider account, click the arrow next to the applicable PTAN, then click **Edit** in the **System Access Detail** panel.
- c. Enter the LSO Recertification Code in the **Fields for Local Security Officer (LSO) Recertification** section and click **Save**.

[Recertify LSO Provider Accounts \(LSOs Only\)](#)

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Follow the steps below to Recertify Provider Accounts.

1. Click the **User Management** tab.
2. In the **System Access** panel, click **Recertify**. NGSCConnex will capture the date and time the Provider Account was recertified.

Main Tab: User Management (LSOs Only)

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[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 be forced to reset it when they log in.

Main Tab: My User Profile

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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**.

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

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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

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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. 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. You can narrow your search by entering a 'From' service date, 'To' service date, and/or a claim number if you wish.

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.
4. Click **Load Claims**.
5. 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, total charge amount, type of bill, and admission date.

6. To view the detail information for a claim, click on the **claim number**.

Check Patient Status

1. Click the **My Claims** tab
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. In the **Claims Search** panel, enter the beneficiary's HICN, last name, first name (or first initial), date of birth (Format: MMDDYYYY or MM/DD/YYYY), and the 'To' service date you wish to search.
4. Click **Load Patient Status**.

Note: Patient Status will be displayed for claims that have a start date equal or one day after the date entered in the **To Service Date** field.
5. The system will search the Common Working File (CWF) for Part A claims that match the search criteria. The following fields will be returned to the user in the **Patient Status** panel:
 - a. Claim Type
 - b. Start Date
 - c. Facility Type (for claim types of inpatient or outpatient)

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. Click **Respond to Medical Review ADR** in the **Claim Search** panel.
4. This will open the Additional Documentation Request panel; the following fields must be completed:
 - a. Beneficiary Last Name
 - b. Beneficiary First Name
 - c. Beneficiary HICN
 - d. DCN
 - This is the numeric/alpha-numeric claim number found on the ADR letter.
 - e. Reason Code
 - This is the 5 character code beginning with '5' from the REASONS field on the ADR letter. If the second character is X, please do not submit through Connex. Instead, utilize other methods for submission, listed on the ADR letter.
 - f. Case ID number
 - This is the 25 alpha-numeric code found on the ADR letter

National Government Services.
 A CMS Contracted Agent
 National Government Services, Inc.
 www.NGSMedicare.com

REPORT: 001 MEDICARE PART A - 06001 PROVIDER NUMBER: XXXXX
 DATE: 4/21/16 ADDITIONAL DEVELOPMENT REQUEST TYPE REQUEST: MEDICAL
 BILL TYPE: 329

PROVIDER NAME
 123 ANY STREET
 ANYTOWN, ST 12345

Case ID Number

NPI: XXXXXXXXXXXX **CASE ID: XXXXXXXXXXXXXXXXXXXXXXXXXX**

ONE WAY THAT THE CONTRACTOR ACCEPTS SOLICITED DOCUMENTATION FROM PROVIDERS IS VIA ELECTRONIC SUBMISSION OF MEDICAL DOCUMENTATION(ESMD) MECHANISM. FOR MORE INFORMATION ABOUT ESMD, SEE WWW.CMS.GOV/ESMD.

THIS CLAIM REQUIRES ADDITIONAL INFORMATION IN ORDER TO MAKE APPROPRIATE PAYMENT DETERMINATION AND PROCESSING. PROVIDED BELOW ARE RECOMMENDED SUPPORTING DOCUMENTS, BUT NOT AN ALL INCLUSIVE LIST. THE DOCUMENTATION SHOULD SUPPORT THE VERIFICATION OF THE ISSUE THAT GENERATED THIS REQUEST. FOR FURTHER INFORMATION, ENTER THE REASON CODE(S) LISTED BELOW IN THE APPROPRIATE FIELDS IN THE ON-LINE SYSTEM. WE ACCEPT DOCUMENTS VIA PAPER, FAX, CD/DVD AND ESMD OMB #0938-0969

PLEASE NOTE:
 MEDICAL RECORDS ARE DUE TO THE MAC WITHIN 45 CALENDAR DAYS.
 NON-MEDICAL RECORDS ARE DUE TO THE MAC WITHIN 14 CALENDAR DAYS.

MEDICAL REVIEW DEPARTMENT
 NATIONAL GOVERNMENT SERVICES, INC
 P.O. BOX 6474
 INDIANAPOLIS 8 IN 46206-6474

MEDICAL REC NO. DCN	PATIENT NAME/ HIC NUMBER	FROM/TO DATES	OPR-MED ANALYST	TOTAL CHARGES
XXXXX-XXX-XXX XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX XXXXXXXXXXXXA	XXXXXX 111115 010916	XXXXXXX	2,200.01

DCN **REASONS: 5WPE1** Reason Code

5WPE1

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED.
 MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN SIGNATURES. HANDWRITTEN

Medicare

XXXXXXXXXXXXXXXXXXXX
 ** DUE DATE: **
 ** 06/05/16 **
 XXXXXXXXXXXXXXXXXXXX

5. Once all information has been entered on the form, click **Save**.
6. Note: The following fields will be displayed in the Attachments pane after the form is saved:
 - a. Attachment Name- This field shall display the name of the attachment
 - b. Size- This field shall display the size of the attachment
 - c. Type- This fields shall display the file type
 - d. Modified- This field shall display the date and time the file was attached or modified.
 - e. Created By- This field shall display the user name of the user that attached the record.
7. In the **Attachments** panel, click **New** to add the documentation.
8. 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.
 - f. Repeat steps 7-8 to add additional files as needed.
1. Once all appropriate documentation is attached, click **Submit** in the **Additional Documentation Request** panel. **Note:** The document will not be sent to National Government Services, Inc. until the **Submit** button is clicked.
9. The System will send an automated email notification to your registered NGSCConnex email address.

Initiate a Redetermination/Reopening

1. Click the **My Claims** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. 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. You can narrow your search by entering a 'from' service date, 'to' service date, and/or a claim number if you wish.
4. Click **Load Claims**.
5. Claims that match your query will be loaded at the bottom of the page in the **Claims Summary** panel.
6. Locate the claim you wish to initiate a Redetermination or Reopening on and click the **Claim Number**.
7. Click **Initiate Redetermination/Reopening** in the **Claim Lines** panel.
8. Complete the Redetermination/Reopening form by entering the applicable information in the required fields:
 - a. For 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 to add the line item, 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 **Description of Item or Service in Question** field. Also, in the **Claim Line Procedure Code(s)** field only enter the last line item service on the claim. You do not have to enter all of the service line items when appealing the entire claim.
9. 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.

Check Redetermination/Reopening Status

Follow the steps below to obtain the Redetermination or Reopening status for Part A 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. In the **Claims Search** panel, enter the beneficiary's HICN, last name, first name (or first initial), date of birth (format: MMDDYYYY or MM/DD/YYYY), and claim number (Document Control Number [DCN]) or 'From' and 'To' service date(s).
4. Click **Load Redetermination/Reopening Status**.
5. 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 A Appeals Department, the system will display a 'finalized' status and the status description. When the review is still being conducted by the Part A 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).

Main Tab: Entitlement

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View Beneficiary Eligibility Information

1. Select a claim on the My Claims page.
2. Click the **Entitlement** tab.
OR
1. Click the **Entitlement** 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**.

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.

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

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Credit Balance Reports

This function allows Part A providers to complete the Credit Balance Reports, including the certification page, directly through NGSConnex with no need to fax anything to complete the process.

1. Click on the **My Financials** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. In the **Type** field, select **Credit Balance Report** and click **Go**.

4. Under the **Credit Balance Report Submission** panel click **New**. This will bring up the Medicare Credit Balance Report Certification Page. The Provider Name and PTAN will be auto-populated based on the PTAN previously selected. Also the system will display the quarter end date that is currently being accepted.
5. Enter the appropriate full first and last name in the First and Last Name (Authorized Signor) fields. This will serve as the electronic signature.
6. Select the title of the authorized signor in the "Title" drop down field.
Note: The person at the provider's office that submits the certification page can be a different person from that of the authorized signor. For example, if the CFO is the authorized signor, the CFO would not have to go into NGSConnex to submit the certification page. A different person can be the one filling this out in NGSConnex. The person submitting the credit balance would put their own information in the contact person section, and they would put the CFO's information in the authorized signor field and the financial contact information section.
7. For the "Date of Signature" field, the system will default to the current date; however, it will allow you to select a different date if needed from the calendar pop-up.
8. Choose one of the following options in the "Select One" field as appropriate.
 - a. "Qualify as a Low Utilization Provider."
 - b. "The Credit Balance Report Detail page (s) is attached."
 - If you select this option, you will also have to select an option under "838 Detail Entry Method", which will be either 'manual entry' or 'CSV file upload'.
 - c. "There are no Medicare credit balances to report for this quarter. (No Detail Page(s) attached.)"
9. Fill out the information on the right side including the contact first and last name, phone number, contact email address, and the financial point of contact email address. These email addresses will be used in the event there are questions regarding the submission.
10. Once all fields are completed, click "Save".

If you selected **"Qualify as a Low Utilization Provider."**, when you hit "Submit" in the Credit Balance Report Submission panel, the system will display the message "This form cannot be submitted. Please contact customer care." By calling customer care you can verify that you are a low utilization provider and that you are not required to submit the Credit Balance Report.

If you selected **"There are no Medicare credit balances to report for this quarter. (No Detail Page(s) attached.)"**, you will just click "Submit" in the Credit Balance Report Submission panel if all information is correct.

If you selected **"The Credit Balance Report Detail page (s) is attached"**; and then selected **"Manual Entry"**, you will now see the Credit Balance Report Submission panel and the Detail Page panel. From here, you will click **New** in the **Detail Page** panel and complete the Detail Page information for all of the required fields:

1. Enter the beneficiary's name, HICN, ICN (or claim number), Type of bill (which will be selected from the drop down options), admission date, discharge date, and paid date for the claim.
2. In the "Cost Report" field, choose "Open" or "Closed".
3. Enter the applicable dollar amount in the "Amount of Medicare Credit Balance" field.
4. Note that the "Amount of Medicare Credit Balance Repaid" field is auto-populated.
5. For the "Method of Payment" field, select one of the following from the drop-down options:
 - a. A-Hard Copy (Note the system will display the message "Please contact Customer Care for assistance with finalizing claim adjustment." if you choose "A-Hard Copy".)
 - b. C-Check
 - c. X-Submitted
 - d. Z-Combination

6. The "Amount of Medicare Credit Balance Outstanding" will be auto-populated with zero dollars.
7. For the "Reason for Medicare Credit Balance" field, select one of the following from the drop-down options:
 - a. 1-Result of duplicate Medicare payments
 - b. 2-Primary payment by another insurer
 - c. 3-Other Reasons: provide brief explanation. Note you will have to provide an explanation in the free-form text field if you choose this option.
8. The "Value Code" field is only required when you select option 2 above. If required, select the applicable value code in the drop-down options.
9. The "Primary Payer (Name & Billing Address)" panel is also only required when you select option 2. If required, enter the primary payer information.
10. Once complete, click "Save". If all fields are accurate and a claim match is found, you will be able to choose to add additional claims to the Detail page panel or to submit your completed Credit Balance Certification and detail page by clicking "Submit" in the Credit Balance Report Submission panel.

If you selected "**The Credit Balance Report Detail page (s) is attached**" and then selected "**CSV File Upload**", you will now see the Credit Balance Report Submission panel and the Submission Documents panel.

1. You will need to follow the directions in this panel to download the correct Excel template by clicking on the template hyperlink.
2. Fill in the applicable information in the template and save it as a "CSV" file extension.
3. Once that is complete, you will click **New** in the **Submission Documents** panel.
4. Browse for and select the applicable .CSV file and click **Save**.
5. You can then submit your completed Credit Balance Certification and detail page by clicking **Submit** in the **Credit Balance Report Submission** panel.

Once you submit the credit balance report, the system will display a 'Submission Successful' message. The system will also send an automated email confirmation to the registered NGSCConnex user's email address, the Financial Point of Contact email address, and the Contact Person's email address provided.

[View 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 **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.

[Complete Audit & Reimbursement Document Submissions](#)

Note: Use the [Credit Balance Reporting](#) function to submit credit balance reports through NGSConnex. For other Audit & Reimbursement document submissions, follow the steps below:

1. Click the **My Financials** tab.
2. If there is more than one provider account, click **Select** next to the applicable PTAN.
3. Select “**Audit & Reimbursement Document Submission**” under the **Type** drop-down field and click **Go**.
4. In the **Audit & Reimbursement Document Submission** panel, click **New**.
5. Enter the Fiscal Year End (Format: MM/DD/YYYY), Type of Data, Contact Email Address, and Purpose of Submission. **Note:** Please include a Contact Name within the Purpose of Submission section.
6. Click **Save**.
7. In the **Submission Documents** panel, click **New** to add document files to the submission.
8. Click the **checkbox** next to the **File Name** field to open the **Add Attachment** window.
9. In the **Add Attachment** window, click the **Browse** button.
10. Select the document file you wish to attach to the submission form and click **Open**.
11. The selected file will appear within the Submission Documents window. Click **Save**.
 - a. Repeat steps 8-11 for all document files you wish to attach to the submission form.
12. Verify that all document files attached are listed in the **Submission Documents** panel. **Note:** If a file needs to be removed from the submission, you can select the file and click **Delete**.
13. Click **Submit** in the **Audit & Reimbursement Document Submission** panel to complete the submission. **Note:** You will **not** be able to modify a submission once you click **Submit**.

Main Tab: My Redeterminations/Reopenings

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[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

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[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.

Main Tab: My Inquiries

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[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 National Government Services until you click Submit.

Note: An acknowledgment email will be sent from National Government Services to the individual initiating the inquiry once it is submitted.

[Review Response for an Inquiry](#)

*** When National Government Services 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 not be displayed until a response is sent from National Government Services.
 - a. If your inquiry has not been completed/cancelled by National Government Services 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.



NGSConnex User Guide



Part B

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.



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New To NGSConnex

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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

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[Create a New User Account](#)

1. Access NGSConnex at <https://www.NGSConnex.com>.
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 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.
 - ii. 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.

NGSConnex Recertification

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[Recertify LSO \(LSOs Only\)](#)

****National Government Services will communicate the Annual Recertification time period****

1. Click the **My User Profile** tab.
2. If there is more than one provider account, click the arrow next to the applicable PTAN, then click **Edit** in the **System Access Detail** panel.
3. As the LSO, complete the following fields in the **Fields for Local Security Officer (LSO) Recertification** section and click **Save**:
 - a. My Supervisor Name
 - b. My Supervisor's Email Address
 - c. My Supervisor's Telephone Number
4. **Note:** An email will be sent to your supervisor's email address. The supervisor will receive notification from National Government Services with the LSO Recertification Code needed to complete the Recertification process.
5. Upon receiving the LSO Recertification Code from your supervisor, you will do the following:
 - a. Click the **My User Profile** tab
 - b. If there is more than one provider account, click the arrow next to the applicable PTAN, then click **Edit** in the **System Access Detail** panel.
 - c. Enter the LSO Recertification Code in the **Fields for Local Security Officer (LSO) Recertification** section and click **Save**.

[Recertify LSO Provider Accounts \(LSOs Only\)](#)

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Follow the steps below to Recertify Provider Accounts.

1. Click the **User Management** tab.
2. In the **System Access** panel, click **Recertify**. NGSConnex will capture the date and time the Provider Account was recertified.

Main Tab: User Management (LSOs Only)

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[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 be forced to reset it when they log in.

Main Tab: My User Profile

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[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**.

[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

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[View Your Provider Account Profile\(s\)](#)

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

Main Tab: My Claims

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[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. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number if you wish.
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. To view the detail information for a claim, click on the **claim number**.

[View/Print Remittance Statement](#)

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 the applicable claim number to access the Claim Details view.
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. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number if you wish.
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. You can narrow your search by entering a 'from' service date, 'to' service date, and/or a claim number if you wish.
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. You can narrow your search by entering a ‘from’ service date, ‘to’ service date, and/or a claim number if you wish.
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: MMDDYYYY 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.

 **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

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MEDICARE PART "B"
BENEFICIARY ASSISTANCE 1-800-MEDICARE (1-800-633-4227)
PROVIDER ASSISTANCE 1-866-837-0241

010/EHC5 052/EHC5

DATE: 11/12/2014
ICN:
HIC:
ACCT.
RE:
PHYS/SUPL.

Document Number
DOCUMENT # 13202000001114314498290PR

DEAR DOCTOR OR SUPPLIER

WE ARE PROCESSING A CLAIM FOR RECEIVED ON 11/10/2014, AND WE CANNOT COMPLETE THIS PROCESSING WITHOUT THE INFORMATION REQUESTED BELOW. PLEASE ANSWER EACH QUESTION AND RETURN THIS LETTER WITHIN 30 DAYS. WE APPRECIATE YOUR ASSISTANCE.

PLEASE RETURN THIS LETTER WITH THE REQUESTED INFORMATION. IF THE REQUESTED INFORMATION HAS NOT BEEN RECEIVED WITHIN 45 DAYS, PROCESSING OF THE CLAIM WILL BE DECIDED BY THE INFORMATION PRESENT. PAYMENT MAY BE REDUCED OR DENIED IF THIS INFORMATION HAS NOT BEEN RECEIVED.

Letter Number
S01 32 743

THE ABOVE MENTIONED CLAIM HAS BEEN CHOSEN FOR MEDICAL REVIEW PURSUANT TO THE CENTERS FOR MEDICARE & MEDICAID SERVICES' STATUTORY AND REGULATORY AUTHORITY. PLEASE SUBMIT COMPLETE DOCUMENTATION TO SUPPORT THE MEDICAL NECESSITY OF PROCEDURE

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.
 - b. If you add something in error, you can delete it prior to clicking Submit.
8. Once all appropriate documentation is attached, click **Submit** in the **Additional Documentation Request** panel.

Main Tab: Entitlement

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View Beneficiary Eligibility Information

1. Select a claim on the My Claims page.
 2. Click the **Entitlement** tab.
- OR

1. Click the **Entitlement** 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**.

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.

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

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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** under 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

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[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

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[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.

Main Tab: My Inquiries

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[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 National Government Services until you click Submit.

Note: An acknowledgment email will be sent from National Government Services to the individual initiating the inquiry once it is submitted.

[Review Response for an Inquiry](#)

*** When National Government Services 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 not be displayed until a response is sent from National Government Services.
 - a. If your inquiry has not been completed/cancelled by National Government Services 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.