myCGS
User Manual

CHAPTER 7

'Forms' Tab (for Part B Providers)

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A CELERIAN GROUP COMPANY

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CHAPTER 7

'Forms' Tab
(for Part B Providers)

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'Forms' Tab

The 'Forms' tab allows providers to submit certain forms directly to CGS through the myCGS Web portal. Currently, 2 forms are available: *Redeterminations* and *eOffsets*.

Reminder: Provider Administrators have access to all tabs within myCGS. Provider Users only have access to those tabs granted by their Provider Administrator. If you are a Provider User and the 'Forms' tab is grayed out, but you believe you need access to the 'Forms' Tab, contact your Provider Administrator.

SUBMITTING A REDETERMINATION REQUEST

The *Forms* tab option within myCGS allows Users to submit a Redetermination request (1st level of appeal) to CGS using an electronic Redetermination Request Form. In addition, this tab allows Users to submit additional supporting documentation with their redetermination requests. Users may also monitor the status of their redetermination requests using this option.

Accessing the myCGS Redetermination Form

Once you access the Forms tab, in the "Go To page" field, click the drop-down box and select 'Secure Forms.'
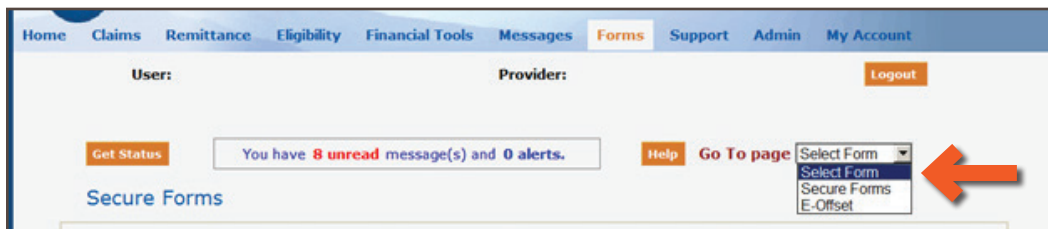
Once on the 'Secure Forms' page, you will find options to *Select a Topic* and *Select a Type*. The 'Select a Topic' field will default to "Appeals", as this is currently the only option available. Likewise, the 'Select a Type' field will default to "First level appeal on a Medicare Claim."

Secure Forms

Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. You may attach up to five PDF attachments to each form. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered into our workflow. This makes form processing more efficient and cost effective.

To begin, please select an answer to the questions from the drop-down selections below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.

Select a Topic: Appeals

Select a Type: First level appeal on a Medicare Claim

To verify you are within timely filing requirements for this Appeal, please use our **Appeals Calculator.**

Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No

Redetermination: 1st Level Appeal (EA-J15-B-1000)

Determining Timely Appeal Request

Redetermintation requests must be submitted within 120 days of the initial determination (i.e., date on the Medicare remittance advice). myCGS will ask "Is your appeal late?" and you must select "yes" or "no" from the drop-down box.

If you are unsure whether your redetermination request is timely, myCGS offers a link to a CGS Appeals Time Limit Calculator to assist you. To access the Calculator, click on the 'Appeals Calculator' link located in the lower-right of the screen.

The Appeals Time Limit Calculator will open in a new window. Enter the date of the initial determination for the service being appealed and click *Calculate!*

The Appeals Time Limit Calculator will display the last day to submit your redetermination request in order to meet timeliness requirements. If your request is still within this timeframe, return to the Secure Forms screen to complete and submit the Redetermination form in myCGS.

Completing the myCGS Redetermination Form

Once you have determined that your redetermination request is timely, click on the 'Redetermination 1st Level Appeal' link.

To begin, please select an answer to the questions from the drop-down selections below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.

Select a Topic: Appeals

Select a Type: First level appeal on a Medicare Claim

To verify you are within timely filing requirements for this Appeal, please use our **Appeals Calculator.**

Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No

Redetermination: 1st Level Appeal (EA-J15-B-1000)

The myCGS 'Redetermination 1st Level Appeal' form will appear. There are four sections to the form: 1) Beneficiary Information; 2) Provider Information; 3) Claims Information; and 4) Attachments. Each field marked with a red asterisk is a required field.

'Beneficiary Information' Section

You must complete the following Beneficiary Information fields to submit your redetermination request using myCGS:

- **Patient Name**
- **Medicare Number**
- **State**
- **Phone Number**

Get Status   You have **2 unread** message(s) and **0 alerts.**   **Help**   Go To page Select Form

Redetermination: 1 st Level Appeal- J15 Part B

Beneficiary Information

Patient Name :*   Medicare Number :*

State :*   Phone Number :*

'Provider Information' Section

The Contract/Region, Provider Name, Provider Number (PTAN) and National Provider Identifier (NPI) fields default based on your User ID. You must complete the following fields:

- **Provider Address 1**
- **Provider Address 2 (optional field)**

- **Provider City**
- **Provider State**
- **Provider Zip Code**
- **Provider Phone Number**
- **Tax ID**

Provider Information

Contract/Region :	Part B Kentucky		
Provider Name :	CGS SUPERADMIN	Provider Number (PTAN) :	7777777
National Provider Identifier (NPI) :	7777777777	Provider Address 1 :*	
Provider Address 2 :		Provider City : *	
Provider State :*		Provider Zip Code :*	
Provider Phone Number :*		Tax ID :*	

'Claim Information' Section

- **Service Date From**
- **Service Date To**
- **Date of Initial Determination** - This is the date on your remittance advice for the denied claim.
- **Claim ICN** – This is the internal control number (ICN) of the original claim you are appealing. The ICN is available from your remittance advice.
- **Denied CPT/HCPCS & Modifiers** – Enter the denied CPT/HCPCS codes & modifiers that you are appealing. Click "Add", "Remove" or "Clear All" to add, remove or delete the code entered.
- **Add Claims Information** –Once all CPT/HCPCS and modifiers are added, click the "Add Claims Information" button.
- **Is there an Overpayment Appeal?**
- **Reasons/Rationale** – Enter the reason/rationale for the appeal.

Claims Information

Service Date From :*		Service Date To :*	
Date of Initial Determination :*		Claim ICN : *	
Denied CPT/HCPCS & Modifiers: *	Add Remove Clear All		
			Add Claims Information
Is there an Overpayment Appeal?	○ Yes ● No		

Once all information is entered, click 'Validate.' myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will receive a message indicating the information that must be corrected. If the information was complete and correct, you will see this message: "Your entries have been validated. Please attach the required documents, input your name, and click Submit."

Canada

Get Status | You have **2 unread** message(s) and **0 alerts.** | Help | Go To page Select For...

Your entries have been validated. Please attach the required documents, input your name, and click Submit.

Redetermination: 1 st Level Appeal- J15 Part B

Beneficiary Information

'Attachments' Section

The 'Attachments' section of the Redetermination form allows you to attach documentation (e.g., medical records, operative/radiology reports) you would like CGS to consider when processing your redetermination request. You can attach up to five documents. Attachments can be up to 40MBs in size, not to exceed to total of 150MBs for all attachments. The documents must be in a PDF format.

To add an attachment, select the "Browse" button, and a window will open allowing you to locate the document you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach.

Note: At least one attachment is required to submit the Form.

Attachments: Please attach all documentation that you would like included in this redetermination. You should also include any documentation to support your redetermination request. Examples of supporting documentation would include:

NOTE: You may attach up to 5 documents. Each attachment must be a PDF and can be up to 40 MB in size. The total size of all attachments cannot exceed 150 MB.

Attachments: * [ ] Browse...

Below the 'Attachments' section is the 'Name' field. The name of the person completing the form must be entered into this field.

Attachment 5 : [ ] Browse... X

Name :* [ ] Date : 08/23/2013

* Required Field

EA-J15-B-1000

Submit Clear

Submitting a Redetermination Request Form

Once all requested information has been entered, and all necessary documents have been attached, click on the "Submit" button.

An 'e-signature' box will appear, asking you to verify that the information entered and attachments are correct. This ensures the signature requirement for all redetermination requests has been met.

If the information was entered correctly, and all desired attachments were included, click 'OK' to submit the Redetermination form and all attachments.

If any information needs to be corrected, or if any attachments need to be added or deleted, click 'Cancel' to return to the form.

Redetermination Submission Message and Submission ID

After submitting the redetermination form, you will receive a message in your myCGS inbox. You can access the message by either clicking on the *Messaging* tab located in the menu or clicking the link displayed in the *Message Bar*.

The message will contain a Subject indicating "Secure Form Received" to advise you that your redetermination request has been received. It will not display a 'Submission ID' until one has been assigned by CGS.

Once CGS has assigned the Submission ID, you will receive another message with a link

"Secure Form Confirmation" under the Subject column. Click on this link to view the message. The message identifies the DCN assigned to your redetermination request (i.e., Appeal DCN) and includes instructions on how to check the status.

Checking the Status of a Redetermination Request

The message with the Submission ID assigned to the redetermination instructs you on how to view the status of your request. Check the status from this screen by selecting the *Get Status* button or clicking on the Submission ID in the message.

If you check the status by selecting the Get Status button, you must enter the Submission ID assigned to your redetermination in the 'Appeal DCN' field, and click 'Submit.'

Viewing Redetermination Documents

Whether you check the status by clicking the *Get Status* button or by selecting the

Submission ID within the message, myCGS displays the status of your redetermination request. It also gives you the option to view the Redetermination form you completed and any documents you attached to your request. Simply click on the Submission ID that appears in the message.

Get Status	You have **2 unread** message(s) and **0 alerts**.	Go To page	Select Form ▾

Subject:	Secure Form Confirmation
Message:	Your Appeals/Redeterminations request has been received by CGS. The Submission ID assigned to your appeal request is 13150073000006. To check the status of your request, select the Message Inbox tab. Click on the "Get Status" button. Enter the Submission ID assigned to your appeal request in the 'Submission ID' box. Thank you for using myCGS!
Message From:	CGS Administrators, LLC

A page will appear with the information entered on the redetermination form, including the beneficiary information, the provider information, and the claim information. The status will appear in the "Submission ID Status" field.

The names of the files that were attached with the redetermination form will appear under the 'Attached Files' header; however, the attachments themselves cannot be viewed from myCGS.

The status of your request is displayed below.

Submission ID: W150041323300002
Submission ID Status: IN PROCESS

Beneficiary Information
Patient Name :   Medicare Number :   1234567899A

Provider Information
National Provider Identifier (NPI) :   Provider Number (PTAN) :
Provider Phone Number :   Provider Address 1 :
Provider Address 2 :   Provider City :
Provider State :   FL   Provider Zip Code :

Claims Information

Claim DCN	Service Date From	Service Date To	Initial Determination Date	Denied Services
12345678945678	06/05/2013	06/05/2013	08/01/2013	g0010,g0008

Attached Files
- EDI_Connection_J15_Winter2013.pdf
- Dove Data - Credit Memos 10H.pdf
- PC-ACE Pro32 Network Installation Instructions.pdf

Once review of your appeal request has been completed, and a determination has been made by CGS's Appeals Department, you will receive another message with the Subject 'Secure Form Completed'.

SUBMITTING AN E-OFFSET REQUEST

The Forms tab option within myCGS also allows Users to submit an electronic authorization to offset from a pending overpayment due to CGS using an electronic eOffset Request Form. Providers may request an immediate offset each time a demanded overpayment is received, or authorize a permanent request for all future demanded overpayments. Users may also monitor the status of their requests using this option.

Accessing the myCGS e-Offset Form

Once you access the Forms tab, in the "Go To page" field, click the drop-down box and select 'Financial Forms.'
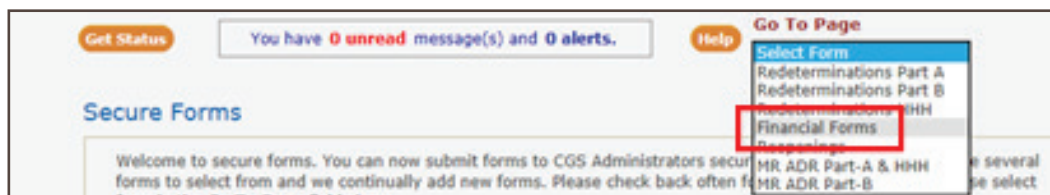
You can also access the e-Offset form by selecting the 'Financial Tools' tab and then the *Financial Forms* sub-tab. Here you will find the options *Select a Topic* and *Select a Form*. The 'Select a Topic' field will default to "Financial," as this is currently the only option available. Under the 'Select a Form' drop-down, click on the 'eOffset' option to load the form.
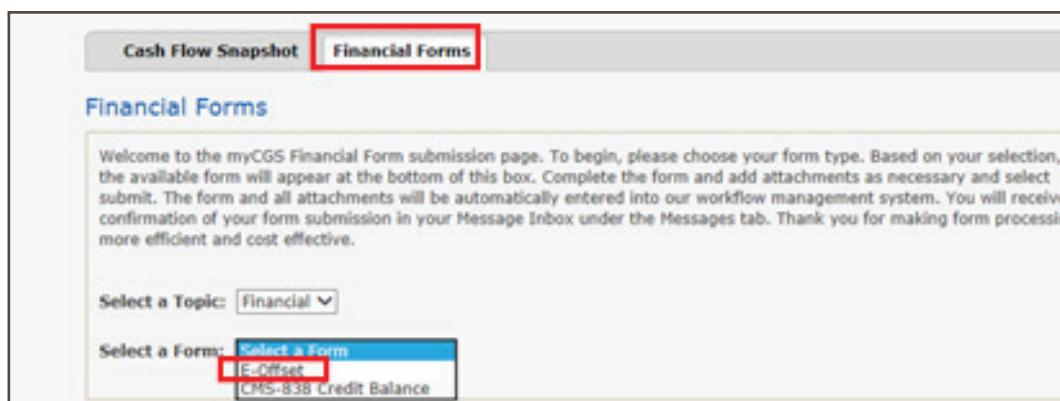
Completing the Immediate Offset Form (e-Offset)

Once you select the form, the myCGS 'eOffset' page will appear. This page explains the immediate offset process and provides critical timeframes that must be considered prior to submitting a request.

There are three different forms available:

- Provider Level Offset: This option is selected to establish immediate offsets for any current and future overpayments.
- Demand Letter Offset: This option is selected if you have received a demand letter from CGS requesting an overpayment be returned.
- Stop Provider Level Previously Requested: Select this option to cancel a request.

Once you select an option, a disclaimer box will display to confirm timeframes and to ensure the User has selected the correct form.

Provider Level Offset

After you accept the disclaimer, the *Provider Level Offset* form will display. The *Contract/Region, Provider Name, Provider Number PTAN,* and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your eOffset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Name**

After completing all required fields, click *Submit* to submit the form.

An 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or   to return to the form to make corrections.

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the eOffset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

Demand Letter Offset

After you accept the disclaimer, a window will appear allowing you to submit your request based on either the offset letter you received from CGS or up to 10 Accounts Receivable (AR) numbers identified on an attachment to the demand letter.

Letter Option

Selecting the *Letter* option allows you to enter the number identified in the upper-right of the demand letter to request the immediate offset.

Once the form for this option displays, you will find the *Contract/Region, Provider Name, Provider Number PTAN ,*and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your eOffset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Letter Number**
- **Name**

After completing all required fields, click *Submit* to submit the form. An 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the eOffset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

AR Option

Selecting the *AR* option allows you to request an immediate offset using the AR number assigned to the request.

Using the AR option will allow you to enter up to 10 AR numbers, which are identified on an attachment to the demand letter to request an immediate offset.

Once the form for this option displays, you will find the *Contract/Region, Provider Name, Provider Number PTAN,* and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your eOffset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **AR Number**
- **Name**

Upon entering the AR number, the *Date of Overpayment Letter* and *Overpaid Amount* field with auto-populate.

Once all fields are completed, click the "Add AR Details" button. All information will be added to the form. Enter additional ARs if submitting a request for more than one AR under the PTAN/NPI. Up to 10 ARs may be entered on the same form. If at any time the information is entered incorrectly, click the "Reset AR Details" button and re-enter the information. After entering all ARs, click the "Submit" button.

After clicking the SUBMIT button to submit the form, an 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click OK if you agree or *Cancel* to return to the form to make corrections.

Upon submitting the form, a message box will ask if there are additional ARs to enter. If so, press ADD. (myCGS will submit the ARs you entered then take you back to the form to enter more.) If there are no additional ARs to be entered, press SUBMIT.

After submitting the form, you will be taken to the Message tab. Shortly after submission, you will receive a confirmation message confirming receipt of the eOffset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

Stop Provider Level Offset Previously Requested

Upon accepting the disclaimer, the *Stop Provider Level Previously Requested* form will display. The *Contract/Region, Provider Name, Provider Number PTAN,* and *Provider NPI*

fields will show pre-populated and identify the User's information. You must complete the following fields to submit your e-Offset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Name**

After clicking the SUBMIT button to submit the form, an 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the eOffset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.
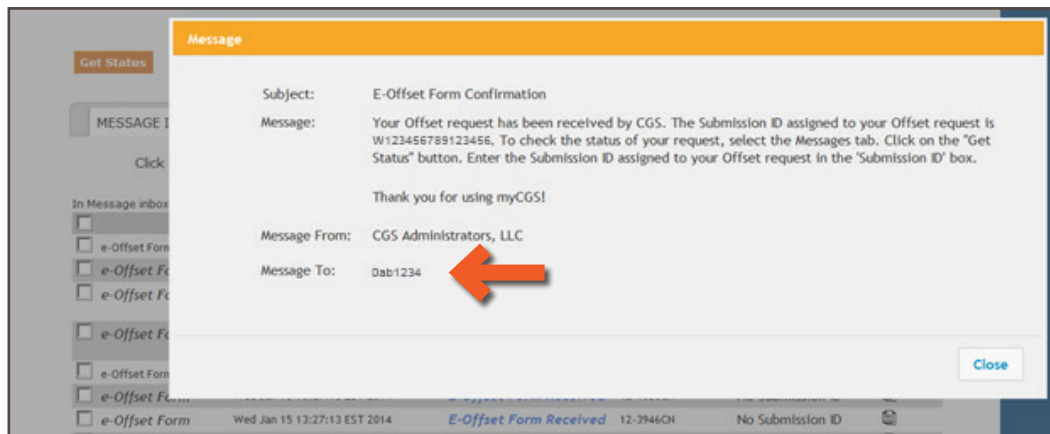
Checking the Status of an e-Offset Request

The message with the Submission ID assigned to the eOffset provides instructions on how to view the status of your request. You can check the status from this screen by selecting the Submission ID in the message. The status can also be tracked by clicking the *Get Status* button located on the upper-right of your inbox.

If you check the status by selecting the Get Status button, you must enter the Submission ID assigned to your eOffset request in the 'Submission ID' field, and click 'Submit.'

A page will display with the Submission ID, the status of the request, the date/time the request was received, the type of eOffset request submitted and the User's information.

Once your e-Offset request is processed and completed, you will receive another message with the Subject 'Secure Form Completed' in your message inbox.

Submitting Reopening Requests

The *Forms* tab option within myCGS also allows users to submit electronic Reopening requests. Providers may request Reopenings to correct minor errors or omissions to a previously processed claim without using the formal appeals process. Users may also monitor the status of their requests using this option.

ACCESSING THE myCGS REOPENING FORM

Once you access the Forms tab, in the "Go To Page" field, click the drop-down box and select 'Reopenings.' *(You can also access the Reopening form from the "Go To Page" field located under the 'Claims' and 'Messages' tabs.)*

Once you are on the Reopenings page, click on the 'Reopenings' link to access the form.

COMPLETING THE REOPENING FORM

Once you select the form, the myCGS 'Reopenings Request' page will appear. This page explains timeframes and provides examples of valid Reopening requests. These details must be considered prior to submitting a request.

There are three different Reopening forms available:

• **Single Beneficiary:** Select this option to request a reopening of one or multiple claims for one beneficiary.

• **Multiple Beneficiaries:** Select this option to request a reopening for multiple beneficiaries.

- **Medicare Secondary Payer Request:** Select this option to request a reopening of one or multiple claims for one beneficiary when Medicare Secondary Payer (MSP) is involved.

SINGLE BENEFICIARY REOPENING FORM

There are four sections to the form: 1) Provider Information; 2) Beneficiary Information; 3) Claims Information; and 4) Supporting Documentation. Each field marked with a RED asterisk is a required field.

'Provider Information' Section

You must complete the following fields:

- **Provider Address 1**
- **Provider City**
- **Provider State**
- **Provider Zip Code**
- **Provider Phone Number**
- **Last 5 Digits of Tax ID**
- **National Provider Identifier (NPI)**

Some fields will be pre-populated based on your myCGS account.

'Beneficiary Information' Section

You must complete the following fields:

- **Beneficiary Name**
- **Beneficiary Medicare Number**
- **Beneficiary Address**
- **Beneficiary City, State and Zip Code**
- **Beneficiary Phone Number**

'Claim Information' Section

- **Service Date From** – Select date from the calendar icon
- **Service Date To** – Select date from the calendar icon
- **Claim ICN** – This is the internal control number (ICN) of the original claim. The ICN can be located on your remittance advice. If you are unable to locate the ICN, you may enter 13 '0s' (zeroes) to bypass the field.
- **HCPCS** – Enter the applicable CPT/HCPCS code. Click "Add", "Remove" or "Clear All" to add, remove or delete the code entered.

- **Reason for Request** – Enter the reason/rationale for the reopening request in 1200 characters or less. Hover your cursor over the *'Examples of request reasons include:'* link for assistance. If the reopening request is for multiple dates of service, please enter all dates and applicable CPT/HCPCS codes in addition to the specific correction being requested.

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Once all information is entered, click 'Validate.' myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will receive a message identifying the fields that must be corrected. If the information is complete and correct, you will see this message at the top of the screen:

'Supporting Documentation' Section

This section of the Reopening form allows you to attach documentation (e.g., remittance advice, medical records, operative/radiology reports) you would like CGS to consider when processing your reopening. You can attach up to 5 documents (up to 5 MB each). The documents must be in a PDF format.

To add an attachment, select the "Browse" button and a window will open allowing you to locate the document you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to add. Click the RED 'X' to remove an attachment.

Below the 'Attachments' section is the 'Name' field. The first and last name of the person completing the form must be entered into this field.

MULTIPLE BENEFICIARY REOPENING FORM

There are three sections to the form: 1) Provider Information; 2) Claims Information; and 3) Supporting Documentation. Each field marked with a RED asterisk is a required field.

'Provider Information' Section

You must complete the following fields:

- **Provider Address 1**
- **Provider City**
- **Provider State**
- **Provider Zip Code**
- **Provider Phone Number**
- **Last 5 Digits of Tax ID**
- **National Provider Identifier (NPI)**

Some fields will be pre-populated based on your myCGS account.

Reason for Request – Enter the reason/rationale for the reopening request in 1200 characters or less. Hover your cursor over the *'Examples of request reasons include:'* link for assistance.

Once all information is entered, click 'Validate.' myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will

receive a message indicating the information that must be corrected. If the information is complete and correct, you will see this message at the top of the screen:

'Claim Information' Section

Since the request is for multiple beneficiaries, either a remittance advice or spreadsheet must be attached identifying the claim ICN, date of service, procedure code and details of the change requested. Documents attached must be in a PDF format and up to 5MB in size.

To add an attachment, select the "Browse" button, and a window will open allowing you to locate the document you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach. Click the RED 'X' to remove an attachment.

'Supporting Documentation' Section

This section of the Reopening form allows you to attach documentation (e.g., medical records, operative/radiology reports) you would like CGS to consider when processing your reopening. You can attach up to 4 documents (up to 5 MB each). The documents must be in a PDF format.

To add an attachment, select the "Browse" button, and a window will open allowing you to locate the document you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach. Click the RED 'X' to remove an attachment.

Below the 'Attachments' section is the 'Name' field. The first and last name of the person completing the form must be entered into this field.

MEDICARE SECONDARY PAYER REOPENING FORM

When this option is selected, a message box will display to verify the reopening request is related to an MSP situation. If so, simply click 'OK'; if not, click 'Cancel' to return to the Reopening Request page.

'Provider Information' Section

You must complete the following fields:

- **Provider Address 1**
- **Provider City**
- **Provider State**
- **Provider Zip Code**
- **Provider Phone Number**
- **Last 5 Digits of Tax ID**
- **National Provider Identifier (NPI)**

Some fields will be pre-populated based on your myCGS account.

'Beneficiary Information' Section

You must complete the following fields:

- **Beneficiary Name**
- **Beneficiary Medicare Number**
- **Beneficiary Address**
- **Beneficiary City, State and Zip Code**
- **Beneficiary Phone Number**

'Claim Information' Section

- **Service Date From –** Select date from the calendar icon

- **Service Date To –** Select date from the calendar icon

- **Claim ICN –** This is the internal control number (ICN) of the original claim. The ICN can be located on your remittance advice. If you are unable to locate the ICN, you may enter 13 '0s' (zeroes) to bypass the field.

- **HCPCS –** Enter the applicable CPT/HCPCS code. Click "Add", "Remove" or "Clear All" to add, remove or delete the code entered.

- **Reason for Request –** Enter the reason/rationale for the reopening request in 1200 characters or less. Hover your cursor over the 'Examples of request reasons include:' link for assistance. If the reopening request is for multiple dates of services, please enter all dates and applicable CPT/HCPCS codes noting the correction being requested.

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Once all information is entered, click 'Validate.' myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will receive a message identifying the fields that must be corrected. If the information is complete and correct, you will see this message at the top of the screen:

'Supporting Documentation' Section

This section of the Reopening form allows you to attach documentation (e.g., remittance advice, medical records, operative/radiology reports) you would like CGS to consider when processing your reopening. You can attach up to 5 documents (up to 5 MB each). The documents must be in a PDF format.

To add an attachment, select the "Browse" button, and a window will open allowing you to locate the document you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach. Click the RED 'X' to remove an attachment.

Below the 'Attachments' section is the 'Name' field. The first and last name of the person completing the form must be entered into this field.

SUBMITTING THE REOPENING REQUEST FORM

Once all requested information has been entered and all necessary documents have been attached, click on the "Submit" button.

An 'e-signature' box will appear, asking you to verify that the information entered and attachments are correct. This ensures the signature requirement for all reopening requests has been met.

If the information was entered correctly, and all desired attachments were included, click 'OK' to submit the Reopening form and all attachments.

If corrections need to be made to the form or if any attachments need to be added or deleted, click 'Cancel' to return to the form.

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the reopening request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. The Submission ID may be used to track the status of your request.

See "Messages" in Chapter 6 for more details.

> **NOTE:** Upon submission of the 'Single Beneficiary' and the 'Medicare Secondary Payer' forms, a second window will display asking if you have additional Reopening requests to submit. If so, myCGS will default back to the form allowing you to enter new beneficiary information. (The provider information will pre-populated on the form.) If there are no additional requests to submit, myCGS will default to the 'Messages' tab as explained above.

CHECKING THE STATUS OF A REOPENING REQUEST

The message with the Submission ID assigned to the reopening request provides instructions on how to view the status of your request. You can check the status from this screen by clicking on the Submission ID in the message.

> **NOTE:** The status can also be tracked by clicking the *'Get Status'* button located on the upper-right of your inbox.
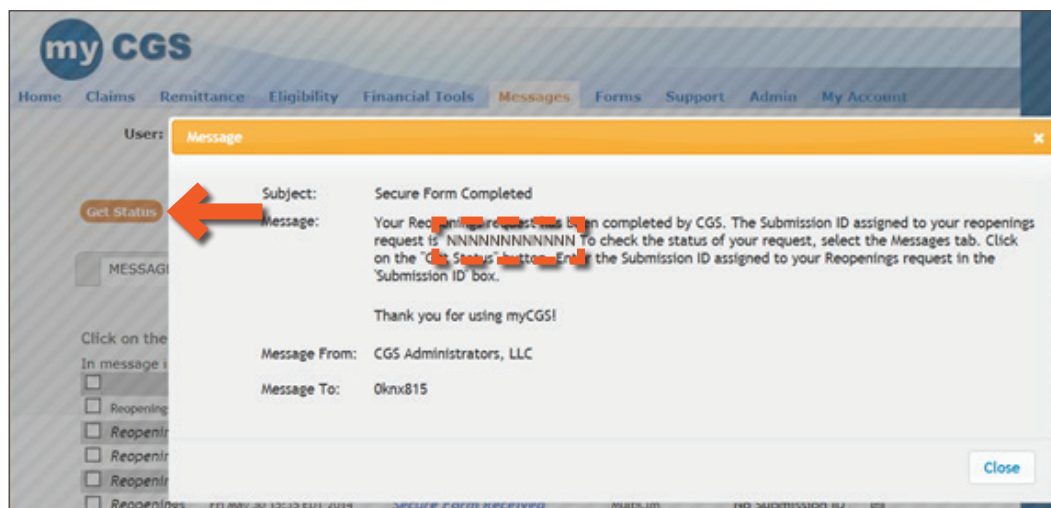
If you check the status by selecting the *'Get Status'* button, you must enter the Submission ID assigned to your request in the 'Submission ID' field, and click 'Submit.'

A page will display with the Submission ID, the status of the request and other information specific to the reopening request. Once your request is processed and completed, you will receive another message with the Subject 'Secure Form Completed' in your message inbox.

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If the reopening request is not valid and should be processed by other departments (e.g., overpayments, appeals), you will see a "TRANSFERRED" status. The status of requests transferred to other areas will no longer be available through myCGS. You will receive information directly from those areas.

Responding to Medical Review
Additional Documentation Requests

The Forms tab within myCGS includes an option to allow users to submit documentation in response to additional documentation requests (ADRs) received from our medical review (MR) department. This option is offered as a convenience to you to facilitate an accurate and timely response to our requests. Responses to MR ADRs must be received within 30 days of the date on the letter. (Effective April 1, 2015, this timeframe will change to 45 days per MM8583, http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8583.pdf.)

ACCESSING THE MR ADR RESPONSE FORM

Once you access the 'Forms' tab, in the 'Go To Page' field, click the drop-down box and select 'MR ADR'. *(You can also access the form from the 'Go To Page' field located under the 'Claims' and 'Messages' tabs.)*

Once you are on the MR ADR landing page, click the link to access the form.

'Forms' Tab
(for Part B Providers)

COMPLETING THE MR ADR RESPONSE FORM

When completing the MR ADR Response form, please be sure to have a copy of the ADR letter to help ensure the form is completed accurately.

- Date of Letter
- Internal Control Number (ICN)
  - First 13 digits ONLY
- Health Insurance Claim (HIC) Number

- ADR Letter Number
  - Three digit number

- Date of Service

Once you select the link from the landing page, the myCGS 'MR ADR Response' form will load. There are four sections to the form: 1) Provider Information; 2) Patient & Claims Information; 3) Attachments; and 4) Electronic Signature. Each field marked with a RED asterisk (*) is required.

'Provider Information' Section

This section will be pre-populated based on your myCGS account.

'Patient & Claims Information' Section

You must complete the following fields:

- **Health Insurance Claim (HIC) Number**

- **Internal Control Number (ICN):** The ICN is located at the top of the ADR letter. *NOTE: Enter the first 13-digits ONLY.*

- **Date of Service:** Select the date from the calendar icon or enter in XX/XX/XXXX format

Patient & Claims Information

HIC Number: *	XXXXXXXXXA
ICN: *	1234567890123
Re-enter ICN: *	1234567890123
Date Of Service:*	
Date of Letter:*	Feb 2015
ADR Letter Number:*	
CPT Code(s):*	
Is this a group PTAN?	

Calendar: Su Mo Tu We Th Fr Sa
1 2 3 4 5 6 7
8 9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28

Validate

- **Date of Letter:** The letter date is located at the top of the ADR letter. Select the date from the calendar icon or enter in XX/XX/XXXX format. *NOTE: If the ADR letter is beyond the timeframe to respond, a message will display letting you know and the options (i.e., Reopening, Redetermination) available to you.*

- **ADR Letter Number:** This 3-digit number is located in the right margin near the body of the ADR letter. *NOTE: Enter the LAST three digits only.*

- **CPT/HCPCS Code:** Enter the CPT/HCPCS code and click 'ADD' to populate the field. *NOTE: If there are multiple CPT/HCPCS codes for a single claim, please respond to the ADR by one of the other methods identified in the letter.*

Patient & Claims Information

HIC Number: *	XXXXXXXXXA
ICN: *	1234567890123
Re-enter ICN: *	1234567890123
Date Of Service:*	02/02/2015
Date of Letter:*	02/05/2015
ADR Letter Number:*	123
CPT Code(s):*	Add Remove Clear All 99213
Is this a group PTAN?	⦿Yes ○No
What is the performing provider PTAN?:*	XXXX

Validate

- **Identify if a group PTAN is associated with the account:** If so, enter the individual provider's PTAN

Once all information is entered, click 'Validate'. myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will receive a message identifying the fields that must be corrected. If the information is complete and correct, you will see this message at the top of the screen:

'Attachments' Section

This section of the MR ADR Response form allows you to attach the documentation requested in the ADR letter (e.g., medical records, operative/radiology reports) directly to the form. You can attach up to 5 documents (up to 5 MB each). The documents must be in a PDF format. *NOTE: At least ONE document must be attached to the form.*

To add an attachment, select the 'Browse' button and a window will open allowing you to locate the document within your system that you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach. Click the RED 'X' to remove an attachment.

Below the 'Attachments' section is the 'Name' field. The first and last name of the person authorized to complete the form must be entered into this field.

SUBMITTING THE MR ADR RESPONSE FORM

Once all information has been entered, the form validated, and all necessary documents have been attached, click the 'Submit' button.

An 'e-Signature' box will display, asking you to verify that the information entered and attachments are correct. Clicking 'OK' also allows you to electronically sign the form.

If corrections need to be made to the form or if any attachments need to be added or deleted, click 'Cancel' to return to the form.

After submitting the form, you will be taken to the *Messages* tab where you will receive a message confirming receipt of the MR ADR Response form. A second message will be sent, which will include a Submission ID assigned to your request.

This is confirmation that the form was accepted and will be the final message received. *NOTE: The second message can take up to 24hrs. to be received.*

Selecting the second message with the Submission ID assigned to the form provides instructions on how to view the status of your request. Once the message is open click on the Submission ID in the message, or select the 'Get Status' button located in the upper-left of the screen and entering the Submission ID.

The details of the MR ADR Response form submitted will display. It will show a 'CONFIRMED' status, confirming the MR ADR Response form was accepted.

CHECKING THE STATUS OF AN MR ADR RESPONSE

To check the status of the actual claim for which the ADR was sent, go to the 'Claims' tab. For details on checking the status of claims, go to Chapter 2: Claims Tab (http://www.cgsmedicare.com/pdf/mycgs/chapter2.pdf) in the *myCGS User Manual*.