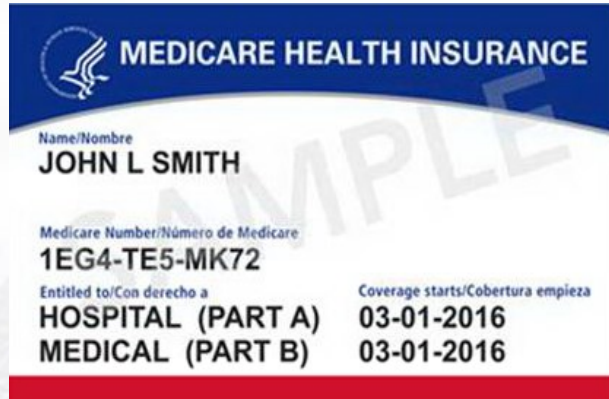




A CELERIAN GROUP COMPANY



New Medicare Card Transition Ask-the-Contractor (ACT) Teleconference



CGS ADMINISTRATORS, LLC. | Nykesha Scales, MBA

May 31, 2018

GoToWebinar Helpful Hints

- Select “Phone” on “Audio” Pane to call in
 - All attendees are muted
- You may ask questions using the GoToWebinar “Question” Pane
- Handout found within the “Handout” pane in the GoToWebinar Control Panel
- Recording will be made available following the webinar (when available)

DISCLAIMER

This presentation was current at the time it was published or uploaded onto the CGS website. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

BACKGROUND

- **Health Insurance Claim Number (HICN)** is a Medicare beneficiary's identification number, used for processing claims and determining eligibility for services across multiple entities (for example, Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, and health plans)
- Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates removal of the Social Security Number (SSN)-based HICN from Medicare cards to address current risk of beneficiary medical identity theft
- Legislation required that CMS mail out new Medicare cards with a new Medicare Number (also referred to as **Medicare Beneficiary Identifier – (MBI)**) by April 2019
- New Medicare numbers won't change Medicare benefits
- People with Medicare may start using their new Medicare cards as soon as they get them

OPERATIONAL GOALS

Primary Operational Goal: Decrease Medicare Beneficiary vulnerability to identity theft by removing the SSN-based number from their Medicare identification cards and replace with a new unique Medicare Number

In achieving this goal, CMS seeks to

- Minimize burdens for beneficiaries
- Minimize burdens for providers
- Minimize disruption to Medicare operations
- Provide a solution to our business partners that allows usage of HICN and/or new Medicare Number for business critical data exchanges
- Manage the cost, scope, and schedule for the project

MBI TRANSITION

SE18006: NEW MEDICARE BENEFICIARY IDENTIFIER (MBI) GET IT, USE IT.....



New Medicare Beneficiary Identifier (MBI) Get It, Use It

MLN Matters Number: SE18006

Related Change Request (CR) Number: N/A

Article Release Date: May 25, 2018

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: N/A

PROVIDER TYPE AFFECTED

This Special Edition MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment MACs (DME MACs) and Home Health and Hospice MACs, for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf>

HICN vs MBI

Health Insurance Claim Number (HICN)

- Primary Beneficiary Account Holder Social Security Number (SSN) plus Beneficiary Identification Code (BIC)
- 9-byte SSN plus 1 or 2-byte BIC
- Key positions 1-9 are numeric

Medicare Beneficiary Identifier (MBI)

- New Non-Intelligent Unique Identifier
- 11 bytes
- Key positions 2, 5, 8, and 9 will always be alphabetic

Key	Example
SSA HICN	123-45-6789-A1
MBI	1EG4-TE5-MK73

Note: Identifiers are fictitious and dashes for display purposes only; they are not stored in the database nor used in file formats

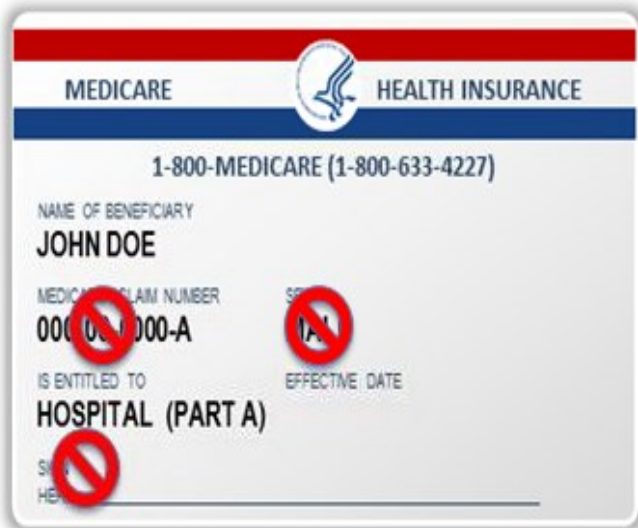
HICN vs MBI

The Medicare Beneficiary Identifier (MBI) will have the following characteristics:

- The same number of characters as the current HICN (11), but will be visibly distinguishable from the HICN
- Contain uppercase alphabetic and numeric characters throughout the 11-digit identifier
- Occupy the same field as the HICN on transactions
- Be unique to each beneficiary (e.g., husband and wife will have their own MBI)
- Be easy to read and limit the possibility of letters being interpreted as numbers (e.g., alphabetic characters are upper case only and will exclude S, L, O, I, B, Z)
- Not contain any embedded intelligence or special characters
- Not contain inappropriate combinations of numbers or strings that may be offensive

CMS anticipates that the MBI will not be changed for an individual unless the MBI is compromised or other limited circumstances still undergoing review

OLD MEDICARE CARD VS NEW MEDICARE CARD

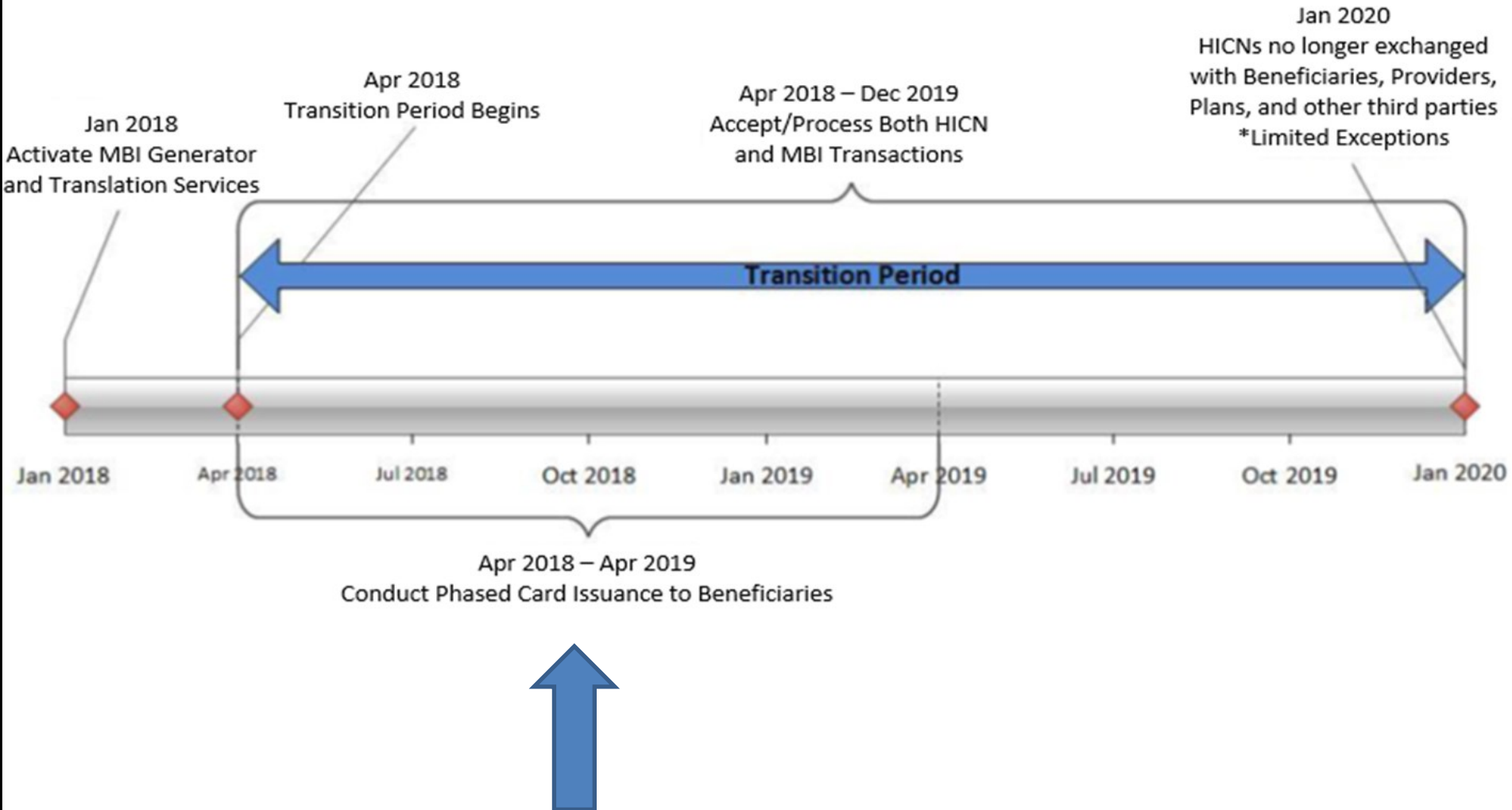


- Gender and signature line will not appear on new Medicare cards
- Once their card is mailed, people with Medicare may access their New Medicare Number on a Medicare Summary Notice or through <http://www.MyMedicare.gov>

TRANSITION PERIOD

- Transition period will run from **April 1, 2018 through December 31, 2019**
- CMS completed its system and process updates to accept and return the new Medicare Number as of April 1, 2018
- All stakeholders who submit or receive transactions containing the HICN should have modified their processes and systems to be ready to submit or exchange the new Medicare Number on April 1, 2018
 - Stakeholders may submit **either** the new Number or HICN **during the transition period**
- CMS will accept, use for processing, and return to stakeholders **either** the new Medicare Number or HICN, whichever is submitted on the claim, **during the transition period**
- CMS will actively monitor use of HICNs and MBIs during the transition period to ensure that everyone is ready to use MBIs only by January 1, 2020

MBI GENERATION AND TRANSITION PERIOD



WHICH MEDICARE IDENTIFIER SHOULD I USE DURING THE TRANSITION?

- CMS has made systems changes so that when a provider checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System (HETS) will return a message on the response indicating that CMS mailed that particular beneficiary's new Medicare card
- Beginning October 2018 through the end of the transition period, when a **valid and active** HICN is submitted on Medicare fee-for-service claims **both the HICN and the MBI** will be returned on the remittance advice
 - The MBI will be in the same place you currently get the "changed HICN": 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code)
- Use of HICN and MBI for the same person with Medicare on the same batch of claims
 - During the transition period, we'll process all claims with either the HICN or MBI, even when both are in the same batch

MBI TRANSITION

- Medicaid and supplemental insurers

CMS will give State Medicaid Agencies and supplemental insurers the MBIs for Medicaid-eligible people who also have Medicare before the new Medicare cards are mailed. During the transition period, we'll process and transmit Medicare crossover claims with either the HICN or MBI

- Railroad Retirement Board (RRB) beneficiaries

The RRB will continue to send cards with the RRB logo, but you can't tell from looking at the MBI if beneficiaries are eligible for Medicare because they're railroad retirees

Beginning in April 2018, we'll return a message on the eligibility transaction response for a RRB patient. The message will say, "Railroad Retirement Medicare Beneficiary."

- 271 Loop 2110C, Segment MSG

Medicare Providers must program their systems to identify RRB beneficiaries so they know to send those claims to the Specialty Medicare Administrative Contractor (SMAC)

- **Home health & hospice claims for RRB beneficiaries are processed by the HHH MAC (CGS for J15 providers)**

USING THE MBI

Private payers

- For non-Medicare business, private payers won't have to use the MBI
- Continue to use supplemental insurer's unique numbers to identify customers, but **after transition period, supplemental insurers must use the MBI for any Medicare transactions where they would have used the HICN**

In addition, CMS is working to develop capabilities where providers will be able to access a beneficiary's MBI through a secure look up tool at the point of service

- In instances in which a beneficiary does not have a new Medicare card at the point of care, we believe this look up tool will give providers a mechanism to access a beneficiary's MBI securely without disrupting workflow

EXCEPTIONS AFTER THE TRANSITION PERIOD

Beneficiaries, providers, and plans will no longer use the HICN for internal and most **external** purposes.

- However, once the transition period is over, you'll still be able to use the HICN in these situations:
- **Medicare plan exceptions:**
 - **Appeals** – You can use either the HICN or the MBI for claims appeals and related forms
 - **Adjustments** – You can use the HICN indefinitely for some systems (Drug Data Processing, Risk Adjustment Processing, and Encounter Data), Coordination of Benefits and for all records, not just adjustments
 - **Reports** – We will use the HICN on these reports until further notice:
 - Incoming to us (quality reporting, Disproportionate Share Hospital data requests, etc.)
 - Outgoing from us (Provider Statistical & Reimbursement Report, Accountable Care Organization reports, etc.)

EXCEPTIONS AFTER THE TRANSITION PERIOD

Fee-for-Service claim exceptions:

- **Span-date claims** - You can use the HICN for 11X-Inpatient Hospital, 32X-Home Health, and 41X-Religious Non-Medical Health Care Institution claims if the “From Date” is before the end of the transition period (12/31/2019).
 - You can submit claims for dates of service between April 1, 2018 and December 31, 2019 using the HICN or the MBI.
 - If a patient starts getting services in an inpatient hospital, home health, or religious non-medical health care institution before December 31, 2019, but stops getting those services after December 31, 2019, you may submit a claim using either the HICN or the MBI, even if you submit it after December 31, 2019.

Other Exceptions:

- Incoming premium payments - People with Medicare who don't get SSA or RRB benefits and submit premium payments should use the MBI on incoming premium remittances. But, we'll accept the HICN on incoming premium remittances after the transition period. (Part A premiums, Part B premiums, Part D income related monthly adjustment amounts, etc.)

WHAT HAPPENS NEXT AND ARE WE READY?

Important Milestones & Reminders

NEW MEDICARE CARD NUMBER IMPLEMENTATION MILESTONES

2016-2017

- ✓ **March 2016** – Launch Phase I New Medicare Card Web Content on cms.gov
- ✓ **March 2016 to August 2016** – Conduct listening Sessions with External Stakeholders
- ✓ **August 2016** – Launch Phase II New Medicare Card Web Content on cms.gov
- ✓ **September 2016** – MBI Generator in Testing Environment
- ✓ **May 2017** – MBI Development Complete
- ✓ **September 2017** – Medicare & You Handbook mailed with information about New Medicare Card, beginning robust education and outreach to people with Medicare
- ✓ **September 2017** – Give providers tools to reach their patients about the new card
- ✓ **Providers prepare and test providers systems & processes to use the MBI by April 2018. If you use vendors, contact them to find out about their practice management system changes**

2018-2020

- ✓ **April 2018** – All systems & processes able to accept MBI
- ✓ **April 2018** – Begin mailing new Medicare cards with MBI to 60M beneficiaries
- ✓ **June 2018** – Expected launch of provider look-up tool
- **October 2018** – Return MBI on remittance advice
- **April 16, 2019** – Deadline for issuance of new Medicare cards
- **January 2020** – End of Transition Period: Use the MBI on data exchanges

NEW MEDICARE CARD MAILING WAVES

<https://www.cms.gov/Medicare/New-Medicare-Card/NMC-Mailing-Strategy.pdf>

Wave	States Included	Cards Mailing
Newly Eligible People with Medicare	All - Nationwide	April 2018 - ongoing
1	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	Beginning May 2018
2	Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, Oregon	Beginning May 2018
3	Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin	After June 2018
4	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	After June 2018
5	Alabama, Florida, Georgia, North Carolina, South Carolina	After June 2018
6	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington, Wyoming	After June 2018
7	Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Puerto Rico, Tennessee, Virgin Islands	After June 2018

WHAT YOU NEED TO DO...

1. Subscribe to the weekly MLN Connects newsletter for updates and new information, <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html>
2. Verify your patients' addresses:
 - If the address you have on file is different than the address you get in electronic eligibility transaction responses, encourage your patients to correct their address in Medicare's records at SSA using ssa.gov/myaccount (this may require coordination between your billing and office staff)
 - Remind people with Medicare that Medicare will never contact them and request personal information. They should protect their new Medicare number like a credit card and only share it with trusted providers

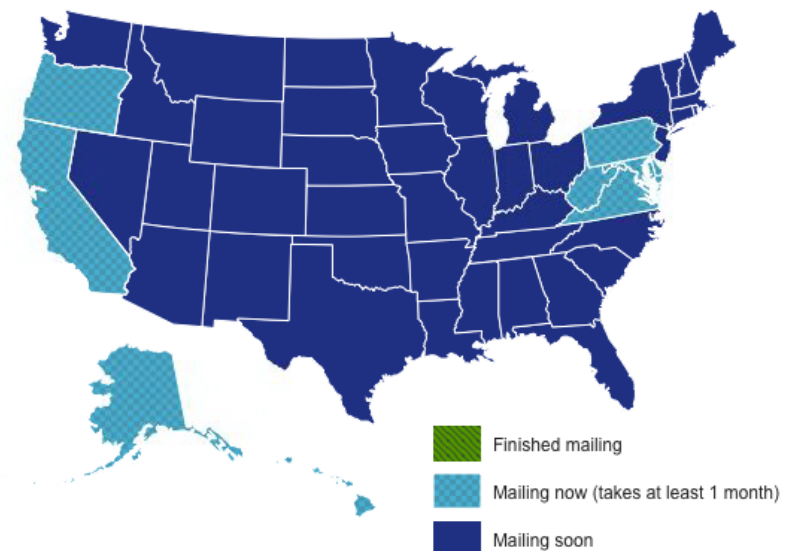
WHAT YOU NEED TO DO...

3. Get ready to use the new MBI Format:
 - Ask your billing and office staff if your system can accept the 11 digit alphanumeric MBI
 - If you use vendors to bill Medicare, ask them about their MBI practice management system changes and make sure they are ready for the change
 - Encourage practices and health care facilities to visit the CMS website at <https://www.cms.gov/newcard>
4. Make sure you can access myCGS, our secure provider portal, to obtain a patient's MBI
 - <https://www.cgsmedicare.com/hhh/mycgs/index.html>

ARE MY PATIENTS AWARE?

- CMS conducting intensive education and outreach to all people with Medicare, their families, caregivers, and advocates to help prepare for this change..
 - September 2017 - April 2019
- Information about new card is included in the **2018 Medicare & You Handbook** that was mailed to all people with Medicare in **September 2017**
- Once they receive their new cards, people with Medicare will be instructed to safely and securely destroy their ***old Medicare cards*** and keep the new Medicare number confidential

Check the status of your new card



Date last updated: May 25, 2018

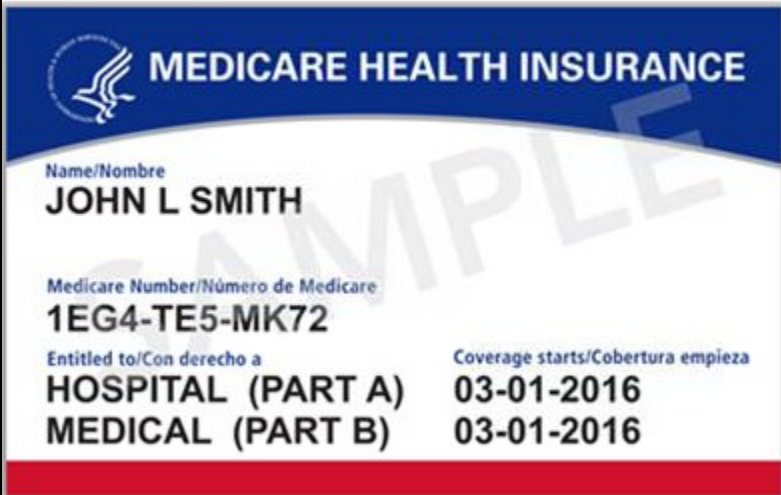
Cards now mailing to American Samoa, the Northern Mariana Islands, and Guam.


[View information by state](#) +

<https://www.medicare.gov/newcard/>

NEW MEDICARE CARDS

New CMS Medicare Card



 **MEDICARE HEALTH INSURANCE**

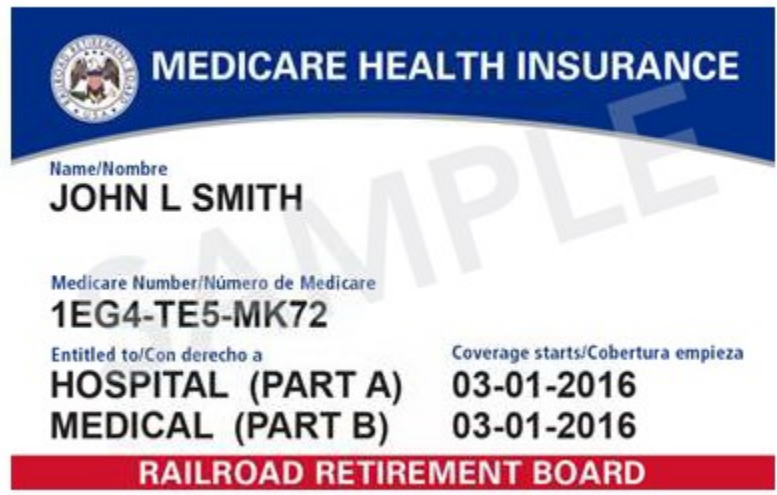
Name/Nombre
JOHN L SMITH


Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

RAILROAD RETIREMENT BOARD

New Railroad Retirement Board Card



 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

RAILROAD RETIREMENT BOARD

KEY REMINDERS

1. Should be ready as of April 1, 2018 (systems and business processes)
2. 21- month transition period from April 1, 2018 – December 31, 2019
3. 3 ways to get the new MBI:
 - a. Patient presents the card at time of service
 - b. Provider receives it through the remittance advice
 - c. Provider obtains it through the a secure web portal with the MAC
(myCGS for J15 providers)
4. Providers have resources to use when talking to people with Medicare about new Medicare cards: <https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html>

SELF- SERVICE OPTIONS & THE MBI

[HTTPS://WWW.CGSMEDICARE.COM/HHH/CS/CS_SELF_SERVICE.HTML](https://www.cgsmedicare.com/HHH/CS/CS_SELF_SERVICE.HTML)

When entering the MBI into the Interactive Voice Response (IVR) / Computer Telephony Integration (CTI), current technology requires a method to distinguish between alpha and numeric characters using the telephone keypad.

Users will need to press 3 keys to enter an alpha character.

To enter a letter, the user will first press the (*) key. Next, press the number on the keypad that contains the letter that needs to be entered. Lastly, press the number one, two or three, depending upon the position of the letter on that key. For example, to enter the letter A, users press (*) two then one (*21).

Using the CMS publication example of a MBI Number (refer to slide 23), users will be required to enter 1*32*414*81*325*61*5273 using their telephone keypad.

MBI CONVERTER TOOL

https://www.cgsmedicare.com/medicare_dynamic/j15/mbiconverter_j15hhh.asp

HH&H Medicare Beneficiary Identifier (MBI) Converter

The Interactive Voice Response (IVR) system requires you enter your patient's name and Medicare number during the beneficiary validation process. Use this tool to convert the patient's MBI to the corresponding numbers on your telephone key pad. Refer to the Centers for Medicare & Medicaid Services (CMS) website for information about the [new Medicare cards](#) [EXT 7](#).

NOTE: This conversion tool does not validate the beneficiary's Medicare number or eligibility to Medicare. It only provides the information you need to enter using the telephone key pad when using the IVR and is based only on the information you enter. The IVR will validate the beneficiary information.

Convert My MBI >>

****Name to Number Converter & MBI Converter will be combined in the near future...**

MBI LOOK-UP TOOL

When the new Medicare card is mailed to people with Medicare, you will be able to use the myCGS MBI Look-Up Tool to obtain a patient's MBI.

To submit an inquiry:

Once logged into myCGS, click on the **MBI LOOKUP** tab located in the header of the portal.

Complete the required fields: **Patient's last name, first name, date of birth,** and **social security number**. *NOTE: The social security number must be in the XXX-XX-XXXX format.*

To meet our CAPTCHA requirements, you must select the **I'M NOT A ROBOT** checkbox.

Click **SUBMIT INQUIRY**.

<https://www.cgsmedicare.com/hhh/pubs/news/2018/0518/cope7584.html>

MBI LOOK-UP TOOL

myCGS

Home Claims Medical Review Remittance Eligibility **MBI Lookup** Financial Tools Messages Forms Support Admin My Account

User: Provider: [Logout](#)

You have **68 unread** message(s) and **0 alerts**. [Help](#)

MBI Lookup

Starting in April 2018, to make it easier for health care providers and those working on their behalf to get Medicare patients' MBIs when they don't or can't give them, providers can use a MAC's secure portal to look up MBIs. To find MBIs through the portal, providers must key the Medicare patient's first name, last name, date of birth, and SSN.

Beneficiary Information

Last Name:* First Name:*

Suffix: Date of Birth:* X

SSN:*

I'm not a robot

[Submit Inquiry](#) [New Inquiry](#)

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KNOWN MBI ISSUES

[HTTPS://WWW.CGSMEDICARE.COM/HHH/CLAIMS/FISS CLAIMS PROCESSING ISSUES.HTML](https://www.cgsmedicare.com/HHH/CLAIMS/FISS CLAIMS PROCESSING ISSUES.HTML)

Date Reported	Status	Provider Type Impacted	Description of Issue	Reason Codes	Claim Coding Impact	Date Resolved
05.08.2018	Open	Home Health and Hospice	Claims are being submitted with the new Medicare Beneficiary Identifier (MBI) and the Fiscal Intermediary Standard System (FISS) is attaching an invalid Health Insurance Claim Number (HICN) to the claim, causing the claim to go to the Return to Provider (RTP) file for various reasons.	Various reason codes (e.g., 38107 or 37402)	MBI	
Updates	<p>05.17.2018 – The Centers for Medicare & Medicaid Services (CMS) has provided instructions to suspend home health and hospice claims submitted with an MBI that receive reason codes 38119, 38107, or 37402 until an update is installed. The update is currently scheduled for July 2, 2018. The affected claims will be suspended in status/location S MP MBI.</p> <p>05.08.2018 – This issue has been reported to the FISS maintainer for additional research.</p>					
MAC Action	<p>05.17.2018 – After the update, which is currently scheduled for July 2, 2018, is implemented, CGS will release the claims to continue processing.</p> <p>05.08.2018 – None at this time.</p>					
Provider Action	<p>05.08.2018 – Providers may suppress the claim showing in the Return to Provider (RTP) file with the invalid HICN and resubmit the claim using the beneficiary's correct HICN.</p>					
Proposed Resolution						

KNOWN MBI ISSUES

[HTTPS://WWW.CGSMEDICARE.COM/HHH/CLAIMS/FISS CLAIMS PROCESSING ISSUES.HTML](https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html)

Date Reported	Status	Provider Type Impacted	Description of Issue	Reason Codes	Claim Coding Impact	Date Resolved
05.07.2018	Open	Home Health and Hospice	Claims that were originally submitted for processing with a Health Insurance Claim Number (HICN) as the beneficiary identifier are being incorrectly displayed in Direct Data Entry (DDE) with the Medicare Beneficiary Identifier (MBI). Claims should be displaying in DDE with the original identifier submitted on the claim (either the HICN or MBI).	NA	HICN/MBI	
Updates	<p>05.07.2018 – If you use the MBI returned through this display error on claims, the beneficiary will receive a Medicare Summary Notice with the MBI on it, possibly before they receive their new Medicare card containing their MBI. This issue will be resolved no later than May 29, 2018.</p> <p>For More Information:</p> <ul style="list-style-type: none"> • Transition to New Medicare Numbers and Cards PDF Medicare Learning Network® Fact Sheet New Medicare Card EXT webpage 					
MAC Action	No action at this time.					
Provider Action	<p>05.07.2018 – To avoid confusion, please do not use a beneficiary's MBI until one of these occur:</p> <ul style="list-style-type: none"> • They present their new Medicare card (which will contain their MBI) • The MBI is available through your Medicare Administrative Contractor's secure portal • Their MBI is shared through the remittance advice starting in October 2018 					
Proposed Resolution	05.07.2018 – This issue will be resolved no later than May 29, 2018.					

KNOWN MBI ISSUES

[HTTPS://WWW.CGSMEDICARE.COM/HHH/CLAIMS/FISS CLAIMS PROCESSING ISSUES.HTML](https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html)

Direct Data Entry Claims Correction Error

Claims submitted for processing with a Medicare Beneficiary Identifier (MBI) that were returned for valid reasons currently cannot be corrected through the Fiscal Intermediary Shared System (FISS) Direct Data Entry (DDE) system. We will resolve this issue no later than Tuesday, July 3, 2018.

To avoid delays in payment, submit a new claim to your Medicare Administrative Contractor if an MBI claim was returned to you.

STAY CONNECTED

Find more technical information, detailed updates, training opportunities, and materials to share on the web:

<https://www.cms.gov/newcard>

Comments and questions are always welcome! Send to:

NewMedicareCardSSNRemoval@cms.hhs.gov

RESOURCES

CGS HH&H WEBSITE: MYCGS PORTAL

[HTTP://WWW.CGSMEDICARE.COM/HHH/MYCGS/INDEX.HTML](http://www.cgsmedicare.com/hhh/mycgs/index.html)

Medicare Home JB DME JC DME J15 Part A J15 Part B J15 HHH

myCGS Portal- **New Feature Added!**

- myCGS Login
- FAQs
- User Manual
- Help Desk Information/Contact
- myCGS Password Help [PDF](#)

Home » Home Health & Hospice » myCGS Portal » myCGS

Print | Bookmark | Email | Font Size: + | -



myCGS: Login, FAQs, User Manual, Help Desk

Log In or Register for myCGS!

The Jurisdiction 15 Web Portal

myCGS is a web-based application developed specifically to serve the needs of health care providers and their staff in Jurisdiction 15. Access to myCGS is available 24/7, and is free of charge to all CGS providers. myCGS offers a variety of functions, such as, access to beneficiary eligibility, claim and payment information, forms allowing you to submit redetermination requests, and respond to Medical Review Additional Development Requests (ADR), and much more. Refer to the [myCGS User Manual](#) Web page for more details.

To use myCGS, providers must have an Electronic Data Interchange (EDI) agreement on file with CGS. If you do not have an EDI agreement with CGS, refer to the [J15 EDI Enrollment \(Agreement\) Form & Instructions](#) [PDF](#) document for assistance. In addition, to ensure you are able to utilize this free self-service option, please refer to the [myCGS System Requirements](#).

MyCGS does not currently support simultaneous use of the portal on multiple browser tabs. [Learn more here.](#)

Resources

Once user access is established, providers are encouraged to utilize the following learning resources:

- [myCGS User Manual](#)
- [Frequently Asked Questions](#)
- [myCGS Help Desk and Contact Information](#)
- [myCGS Password Quick Reference Guide](#) [PDF](#)

- Appeals/Redeterminations
- Claims
- CMS MLN Connects®
- Customer Service
- EDI
- Education & Resources
- Financial/Audit & Reimbursement
- Forms
- LCDs/Coverage
- Medical Review
- News & Publications
- Provider Enrollment
- Self-Service Options

WHAT CAN MYCGS DO FOR MY AGENCY?

- Use myCGS to do all of this & more...
 - Submit Quarterly Credit Balance Reports
 - Respond to Medical Review (MR) Additional Documentation Requests (ADRs)
 - Submit Requests for Redeterminations (including attachments)
 - Request Comparative Billing Reports (CBR) *NEW,
https://www.cgsmedicare.com/hhh/education/materials/pdf/mycgs_comparative_billing_reports_hhh.pdf
 - Will serve as MBI lookup tool *NOW AVAILABLE

WHAT CAN MYCGS DO FOR MY AGENCY?

- View & Print Copies of Remittance Advices
- Check Patient Eligibility 24/7
- Request an “immediate offset” of a demanded overpayment (eOffset)
- View Number of Claims Approved for Payment & Approved Amounts
- Submit general inquiries via myCGS
- Register TODAY, <http://www.cgsmedicare.com/mycgs/index.html>

MYCGS ASSISTANCE

myCGS Frequently Asked Questions (FAQs),

<http://www.cgsmedicare.com/hhh/myCGS/FAQs.html>

myCGS Help Desk,

- Supported by CGS Electronic Data Interchange (EDI) staff
- 1.877.299.4500 (Option 2)

CGS HH&H WEB PAGE

[HTTP://WWW.CGSMEDICARE.COM/HHH/INDEX.HTML](http://www.cgsmedicare.com/hhh/index.html)

The screenshot shows the CGS HH&H web page interface. On the left is a navigation menu with items like 'myCGS Portal', 'Appeals/Redeterminations', 'Claims', 'CMS MLN Connects®', 'Customer Service', 'EDI', 'Education & Resources', 'Financial/Audit & Reimbursement', 'Forms', 'LCDs/Coverage', 'Medical Review', 'News & Publications', 'Provider Enrollment', and 'Self-Service Options'. The main content area features a large banner for 'COMING IN 2018' with the headline 'New Medicare cards with new numbers ARE YOU READY?' and a 'Learn More' button. Below this is a 'myCGS' section with a 'New Feature Just Added!' badge and a list of services. To the right, there are sections for 'Cycle 2 Provider Enrollment Revalidations', 'QUICK LINKS', 'HOT TOPICS', and a 'NEED HELP?' section with a search icon. A 'CLAIMS PROCESSING ISSUES LOG' is also visible. Callouts with orange boxes and arrows point to the navigation menu, the 'Learn More' button, the 'QUICK LINKS' section, and the 'HOT TOPICS' section.

Navigation Menu



POE CALENDAR OF EVENTS
YOUR OPINION MATTERS. WE WANT TO HEAR FROM YOU!
TAKE SURVEY FORESEE

FORESEE SURVEY

Medicare Home JB DME JC DME J15 Part A J15 Part B J15 HHH

myCGS Portal
Appeals/Redeterminations
Audit
Claims
CMS MLN Connects®
Customer Service
EDI
Education & Resources

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The CGS Website Satisfaction Survey is the best way to share your opinions directly with CGS about your website experience.

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QUICK LINKS

- Claims Processing Issues Log
- Contact Us
- MSI Action Plan
- Negative Pressure Wound Therapy (NPWT)
- News & Publications
- Ordering/Referring Physician Checklist **PDF**
- Ordering & Referring File **EXT**
- Rates and Fee Schedules
- Steps in Using the CTI System

UPDATED: CGS HH&H WEBSITE: EDUCATION & RESOURCES


[HTTP://WWW.CGSMEDICARE.COM/HHH/EDUCATION/INDEX.HTML](http://www.cgsmedicare.com/hhh/education/index.html)

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Education & Resources




Official Information Health Care Professionals Can Trust
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- Education & Resources**
 - Advisory Group
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 - Frequently Asked Questions
 - New Providers
- Financial/Audit & Reimbursement
- Forms
- LCDs/Coverage
- Medical Review
- News & Publications
- Provider Enrollment
- Self-Service Options




Educational Resources




News and Publications




Calendar of Events




New Providers




Frequently Asked Questions




Advisory Group



Self-Service Options



HHH Recorded Webinars



NEW

Updated: 02.09.18

CGS HH&H WEBSITE: NEWS & PUBLICATIONS

[HTTP://WWW.CGSMEDICARE.COM/HHH/PUBS/INDEX.HTML](http://www.cgsmedicare.com/HHH/PUBS/INDEX.HTML)

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myCGS

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Forms

LCDs/Coverage

Medical Review

News & Publications

- Recent News
- Archived News
- CGS HH&H Bulletin
- EDI Connection
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Home Health & Hospice News & Publications

NEWS

Keep up to date on the most recent news by selecting "Join/Update ListServ" to receive electronic mailings from CGS, or update your contact information or preferences.

- Recent News
- Archived News

PUBLICATIONS

- CGS Home Health & Hospice Medicare Bulletin
- EDI Connection
- CMS MLN Connects Provider eNews [EXT](#)

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Updated: 03.28.17

News & Publications: Recent News
(ListServs), CGS Bulletin, EDI Connection, Join ListServ

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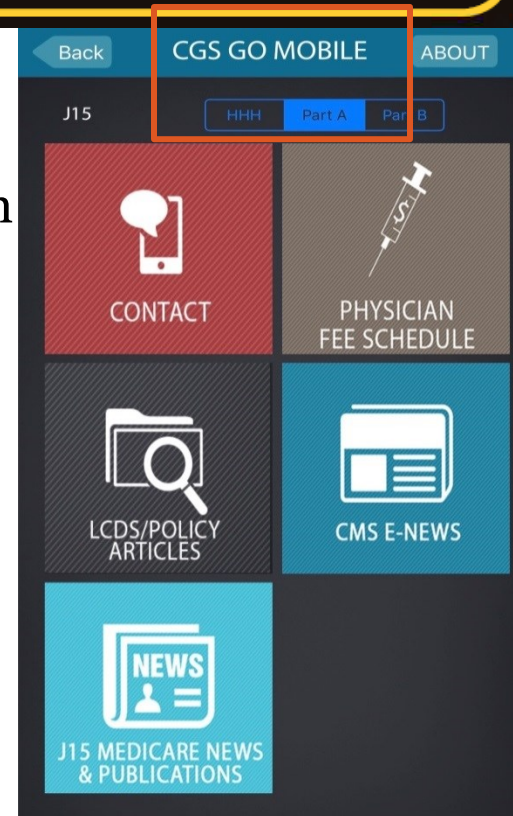
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- Find Part A, Part B, and HHH contact information
- Link to fee schedules
- Instant access to our policies
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QUESTIONS?

CGS Provider Contact Center: 1.877.299.4500

Option 1: Customer Service

Option 2: Electronic Data Interchange (EDI)

Option 3: Provider Enrollment

Option 4: Overpayment Recovery (OPR)

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