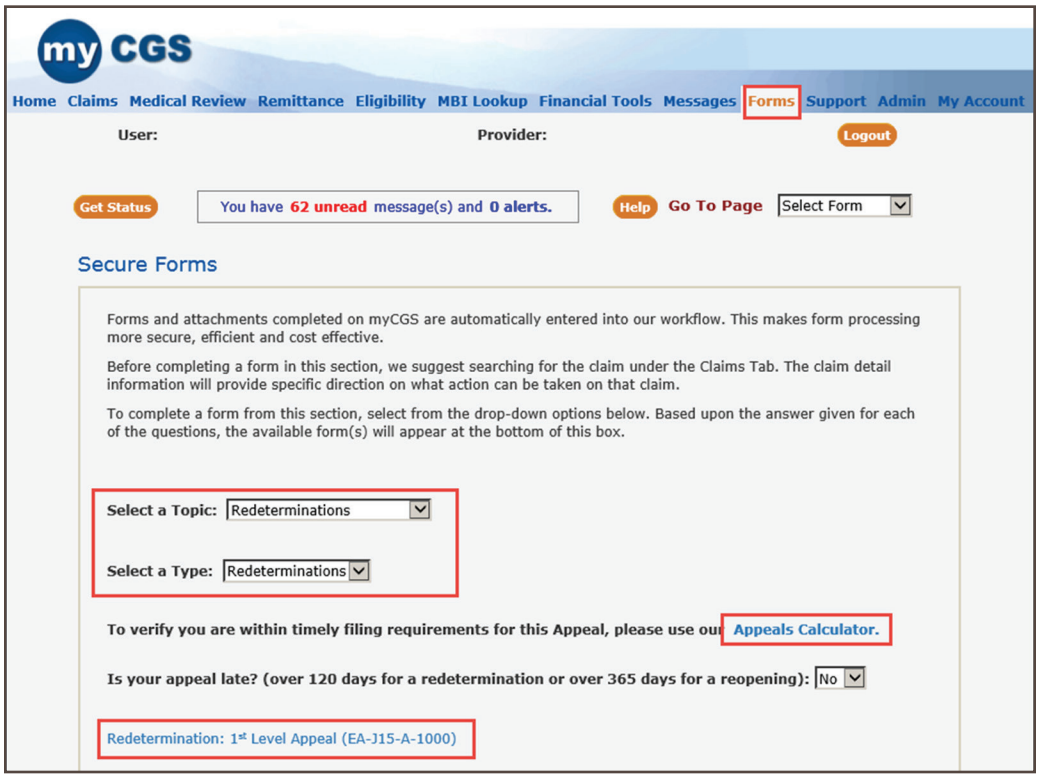
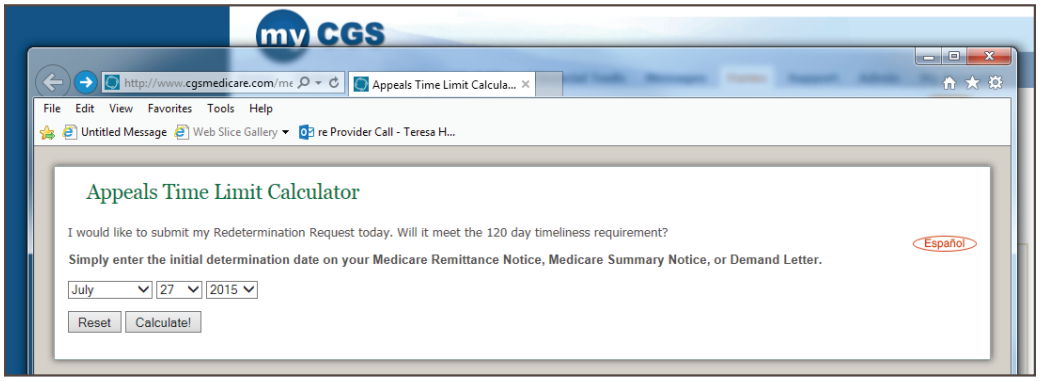
Part A Redetermination Requests through myCGS

When you log into myCGS, you will find the FORMS tab. This option will allow you to access and submit CGS forms through myCGS. **NOTE:** *Provider Administrators will have access to the tab by default. If the FORMS tab is grayed, please contact your Provider Administrator for access.*

Once logged in, select the *Forms* tab. Under the "Select a Topic" drop-down box, click "Redeterminations." From the "Select a Type" drop-down box, click "Redeterminations." Select the *Redeterminations: 1st Level Appeal* link located at the bottom of the screen.



You may also utilize the *Appeals Calculator* if you need help determining if your redetermination request is timely. By selecting the *Appeals Calculator* link, a new window will open. Enter the date of the initial determination of the service being appealed and click the *Calculate!* button.



The Appeals Calulator will display a date. The redetermination request must be received by the date displayed in order to be considered a timely request. If timely, return to the Redetermination screen to complete the form.

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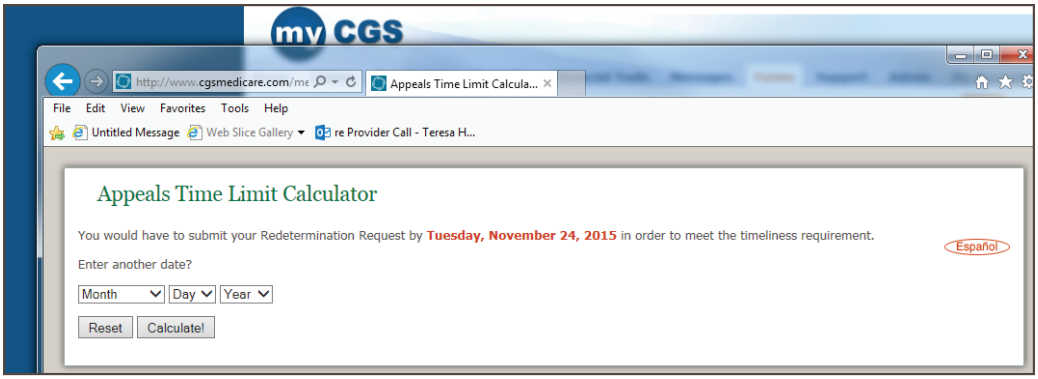
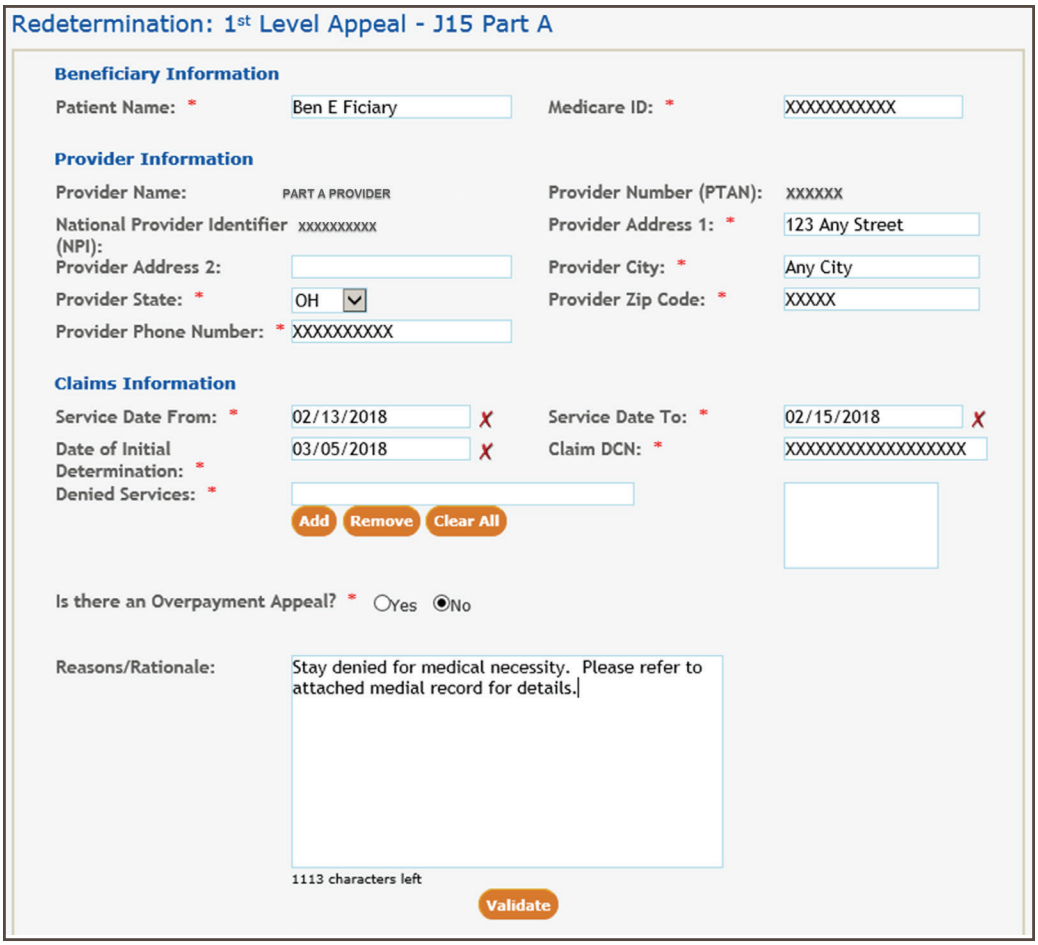


When completing the form, please note that fields with a RED* are required. This includes the beneficiary, provider and claim information. The specific service(s) being appealed must be added to the form by clicking the *ADD* button to populate the appropriate box. Also, identify whether the request is to appeal an overpayment. There is also an area to note the reason the redetermination request is being submitted. This field will hold up to 1200 characters.



Once the required fields are complete, select the *VALIDATE* button. myCGS will verify that all required fields are populated. When validated, a message will appear at the top of the screen in GREEN confirming this and the next steps prior to submitting the request.

At least one attachment must be sent with the request. Examples of documentation needed to process the redetermination request includes medical records, operative/radiology reports, and other documentation to support the service(s) being appealed. 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.

Click on the *Browse* button and a window will open allowing you to locate and attach the PDF document to the form.

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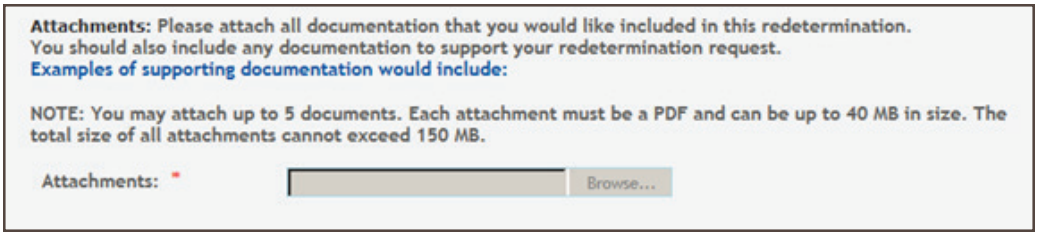
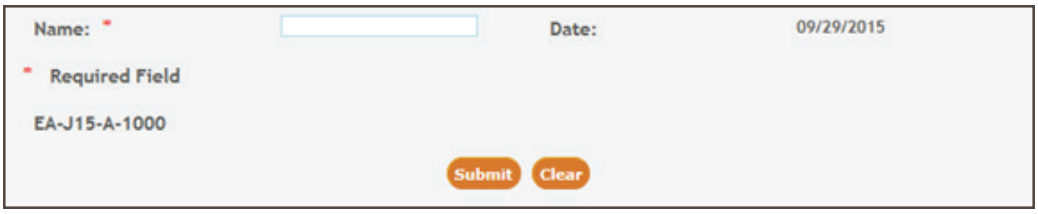
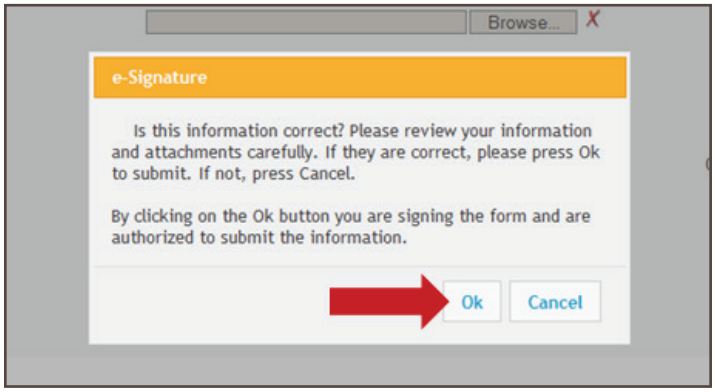


Enter the name of the person requesting the redetermination in the NAME field. Click the *Submit* button when the form is complete and ready to be submitted.



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



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

Please refer to Chapter 6 (Messages tab) of the *myCGS User Manual* for more details (https://www.cgsmedicare.com/pdf/mycgs/chapter6.pdf).

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