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# *myCGS*

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## 'eOffsets' Job Aid

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A CELERIAN GROUP COMPANY



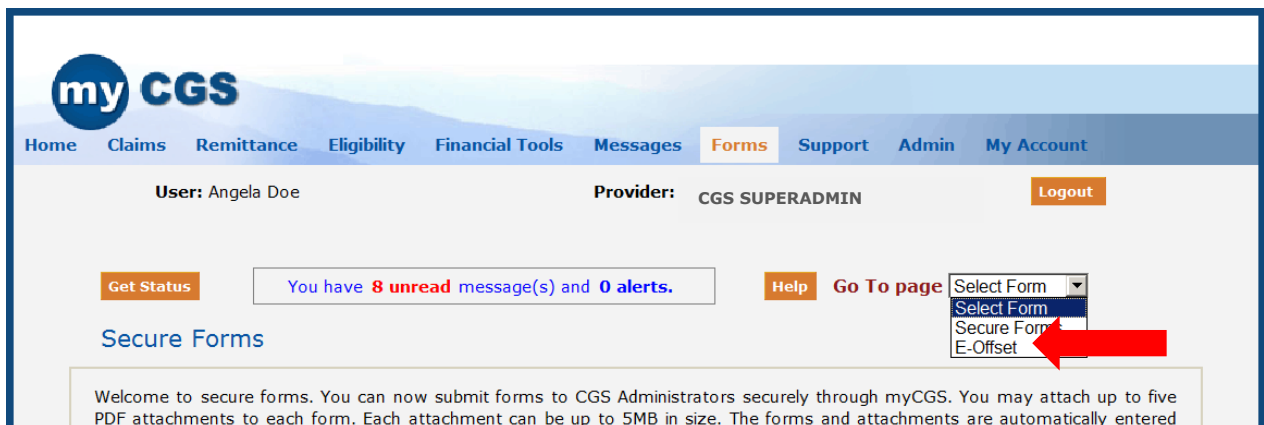
**February 2014**  
**CGS Administrators, LLC**

## Submitting an eOffset 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 eOffset Form

Once you access the Forms tab, in the “Go To page” field, click the drop-down box and select ‘E-Offset’.




You can also access the eOffset form by selecting the ‘Financial Tools’ tab and then the *E-Offset* sub-tab. Here you will find the options *Select a Topic* and *Payment Type*. The ‘Select a Topic’ field will default to “Financial,” as this is currently the only option available. Likewise, the ‘Payment Type’ field will default to “e-Offset”. To access the eOffset form, click on the ‘Immediate Offset Form’ link.


CASH FLOW SNAPSHOT **E-OFFSET** 

**e-Offset**

Welcome to e-Offset. To begin, please choose your action from the drop-down selections below. Based on your answer, the available form will appear at the bottom of this box. Complete the form and submit. The form will be automatically entered into our workflow. You will receive confirmation of your submitted form in your Message Inbox under the Messages Tab. Thank you for making form processing more efficient and cost effective.

Select a Topic:  

Payment Type:

 [Immediate Offset Form \(EO-122012\)](#)

### Completing the Immediate Offset Form (eOffset)

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.

**my CGS**


Home Claims Remittance Eligibility **Financial Tools** Messages Forms Support Admin My Account

User: Angela Doe Provider: CGS SUPERADMIN [Logout](#)

You have **8 unread** message(s) and **0 alerts**. [Help](#) [Go To page](#)

**e-Offset**

Beginning July 1, 2012, a new, standard immediate offset process is implemented for all Part A providers and all Part B physician and other suppliers. This new process allows you to request an immediate offset each time you receive a demanded overpayment or you can make a permanent request for all future demanded overpayments. Immediate offsets are considered voluntary payments therefore waiving rights to section 935 interest for eligible debts. Please remember offset can only take place if payment is still being received under this payee number.

 You can elect the immediate offset process to avoid making a payment by check and/or avoid the assessment of interest if the immediate offset satisfies the overpayment in full before aging 31 days from initial demand.

Please note: An immediate offset request will be processed as soon as possible; however, this request does not guarantee that interest will not accrue on the overpayment. To eliminate the risk of interest accruing, your request should be submitted as soon as possible after being notified of the debt as interest automatically accrues 31 days from the date of the initial demand letter.

- Provider Level Offset** - Offset the current overpayment and all future overpayments. (This option is for the PTAN/NPI combination for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)
- Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.
- Stop Provider Level Previously Requested** - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

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.

**Provider Level Offset** - Offset the current overpayment and all future overpayments. (This option is for the PTAN/NPI combination for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)

**Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.

**Stop Provider Level Previously Requested** - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

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

The image shows three disclaimer boxes side-by-side, each with a red dashed border around the title bar. The first box is titled 'Provider Level Offset' and contains the text: 'Please note you are requesting provider level offset for this PTAN/NPI ID combination only. If you have additional PTAN/NPI combinations, you must submit under specific ID.' with 'Accept' and 'Cancel' buttons. The second box is titled 'Demand Letter Offset' and contains: 'Please note it will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.' with 'Ok' and 'Cancel' buttons. The third box is titled 'Stop Provider Level Offset Previously Requested' and contains: 'Please allow 10 calendar days to process request. This change will affect new debts created on and after the date this request is processed. Debts currently in an Offset status will remain so until the debt has been satisfied.' with 'Ok' and 'Cancel' buttons.

### **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.

**Provider Level Offset** - Offset the current overpayment and all future overpayments. (This option is for the PTAN/NPI combination for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)

**Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.

**Stop Provider Level Previously Requested** - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.


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**Provider Level Offset**

Contract/Region: Part B Kentucky  
 Provider Name: CGS SUPERADMIN  
 Provider Number PTAN: 7777777  
 Provider NPI: 777777777

Requestor Name: \*   
 Requestor Phone Number: \*   
 Name: \*   
 Date: 01/17/2014

\* Required Field




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.

Contract/Region:  
 Provider Name:  
 Provider Number PTAN:  
 Provider NPI:  
 Requestor Name: \*  
 Requestor Phone Number: \*  
 Name: \*  
 Date:  
 \* Required Field

**e-Signature**

Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.



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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.

You can elect the immediate offset process to avoid making a payment by check and/or avoid the assessment of interest if the immediate offset satisfies the overpayment in full before aging 31 days from initial demand.

Please note: An immediate offset of interest will not accrue on the overpayment until the offset is processed. However, this request does not guarantee that your request should be submitted as soon as possible after being notified of the overpayment from the date of the initial demand letter.

Provider Level Offset - Offset all overpayments for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)

Demand Letter Offset - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.

Stop Provider Level Previously Requested - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

### 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.



**MEDICARE**  
Part A

Letter Number: 12986606

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

**Provider Level Offset** - Offset the current overpayment and all future overpayments. (This option is for the PTAN/NPI combination for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)

**Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.

**Stop Provider Level Previously Requested** - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

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**Demand Letter Offset**

Contract/Region: Part B Kentucky  
 Provider Name: CGS SUPERADMIN  
 Provider Number PTAN: 7777777  
 Provider NPI: 7777777777  
 Requestor Name: \*   
 Requestor Phone Number: \*

Letter Number: \*   
 Date of Overpayment Letter: \*

Name: \*   
 Date: 01/22/2014

\* Required Field



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.

Contract/Region:  
 Provider Name:  
 Provider Number PTAN:  
 Provider NPI:  
 Requestor Name: \*  
 Requestor Phone Number: \*


Name: \*  
 Date:

\* Required Field

**e-Signature**

Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.



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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.

You can elect the immediate offset process to avoid making a payment by check and/or avoid the assessment of interest if the immediate offset satisfies the overpayment in full before aging 31 days from initial demand.

Please note: An immediate offset interest will not accrue on the overpayment until the offset is processed. However, this request does not guarantee that your request should be submitted as soon as possible after being notified of the overpayment from the date of the initial demand letter.

**Select Letter or AR**

Please Choose.

Provider Level Offset - Offsets a particular overpayment. The selection of this option means offset will continue even if you choose to appeal the debt.

**Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.

Stop Provider Level Previously Requested - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

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.

Invoice Number: 21330200092808P8B

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To
21307000871407P8B	E		02/06/2013	03/06/2013

Reason for Overpayment: This claim adjustment is for the final Home Health episode

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 will auto-populate.



Provider Name:	CGS SUPERADMIN
Provider Number PTAN:	7777777
Provider NPI:	777777777
Requestor Name: *	Jenny
Requestor Phone Number: *	111-111-1111
AR Number: *	21013000330502OAN
Date of Overpayment Letter: *	09/03/2013
Overpaid Amount: *	\$1,783.54

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.

Requestor Name: *	Jenny												
Requestor Phone Number: *	111-111-1111												
AR Number: *													
Date of Overpayment Letter: *													
Overpaid Amount: *													
 <span style="margin-left: 20px;">Add AR Details</span> <span style="margin-left: 20px;">Reset AR Details</span>													
<table border="1"> <thead> <tr> <th>AR Number</th> <th>Date of Overpayment Letter</th> <th>Overpayment Amount</th> <th></th> </tr> </thead> <tbody> <tr> <td>21014500283702OAN</td> <td>09/16/2013</td> <td>\$2,353.42</td> <td style="text-align: center;">X</td> </tr> <tr> <td>21030000770402OAN</td> <td>09/23/2013</td> <td>\$4,688.92</td> <td style="text-align: center;">X</td> </tr> </tbody> </table>		AR Number	Date of Overpayment Letter	Overpayment Amount		21014500283702OAN	09/16/2013	\$2,353.42	X	21030000770402OAN	09/23/2013	\$4,688.92	X
AR Number	Date of Overpayment Letter	Overpayment Amount											
21014500283702OAN	09/16/2013	\$2,353.42	X										
21030000770402OAN	09/23/2013	\$4,688.92	X										
Name: *	Jenny												
Date:	01/23/2014												
 <span style="margin-left: 20px;">Submit</span> <span style="margin-left: 20px;">Clear</span> <span style="margin-left: 20px;">Back</span>													
* Required Field													

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.

Contract/Region:  
 Provider Name:  
 Provider Number PTAN:  
 Provider NPI:  
 Requestor Name: \*  
 Requestor Phone Number: \*

Name: \*  
 Date:

\* Required Field

**e-Signature**

Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.

Ok Cancel

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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.

Provider Number PTAN: 300230  
 Provider NPI:  
 Requestor Name: \*  
 Requestor Phone Number:

AR Number: \*  
 Date of Overpayment Let:  
 Overpaid Amount: \*

**e-Signature**

Do you have additional ARs to enter? If so, press ADD to continue. If you are done, press SUBMIT.

ADD SUBMIT

AR Number	Date of Overpayment Let	Overpaid Amount	
21014500283702OAN	09/16/2013	\$2,353.42	X
21030000770402OAN	09/23/2013	\$4,688.92	X

Name: \* [Lenny]

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 eOffset request using myCGS:

- Requestor Name
- Requestor Phone Number
- Name

**Provider Level Offset** - Offset the current overpayment and all future overpayments. (This option is for the PTAN/NPI combination for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)

**Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.

**Stop Provider Level Previously Requested** - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

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**Stop Provider Level Offset**

Contract/Region: Part B Kentucky  
 Provider Name: CGS SUPERADMIN  
 Provider Number PTAN: 777777  
 Provider NPI: 777777777

Requestor Name: \*   
 Requestor Phone Number: \*   
 Name: \*   
 Date: 01/25/2014

\* Required Field

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.

Contract/Region:  
 Provider Name:  
 Provider Number PTAN:  
 Provider NPI:  
 Requestor Name: \*  
 Requestor Phone Number: \*  
 Name: \*  
 Date:  
 \* Required Field

**e-Signature**

Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.

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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 eOffset 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-left of your inbox.

The screenshot shows the myCGS Messages inbox. The user is Angela Doe, and the provider is CGS SUPERADMIN. A message is displayed with the following details:

- Subject:** E-Offset Form Confirmation
- Message:** Your Offset request has been received by CGS. The Submission ID assigned to your Offset request is W151021401500033. To check the status of your request, select the Messages tab. Click on the "Get Status" button. Enter the Submission ID assigned to your Offset request in the 'Submission ID' box.
- Thank you for using myCGS!**
- Message From:** CGS Administrators, LLC
- Message To:** 0kn1115

A red dashed box highlights the "Get Status" button in the left sidebar, and a red arrow points to the "Get Status" button within the message content.

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'.

The screenshot shows the myCGS Forms page. The user is Angela Doe, and the provider is CGS SUPERADMIN. The page displays the "Get Status" button and a message box indicating 8 unread messages and 0 alerts. Below this, there is a form with the following text:

Please enter the Submission ID assigned to your request and click Submit. NOTE: The Submission ID was assigned to your request when it was submitted online (e.g., WContract/Region 1304600502).

The "Submission ID" field is highlighted with a red dashed box and contains the value: \*W151021401500033. A red arrow points to the "Submit" button.

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.

The screenshot shows the myCGS eOffsets user interface. At the top, there is a navigation menu with links: Home, Claims, Remittance, Eligibility, Financial Tools, Messages, Forms, Support, Admin, and My Account. Below the menu, the user's name is "User: Angela Doe" and the provider is "Provider: CGS SUPERADMIN". A "Logout" button is visible. A notification box states "You have 8 unread message(s) and 0 alerts." There is a "Get Status" button and a "Go To page" dropdown menu. The main content area displays the status of a request:

Submission ID:	W151021401500033
Submission ID Status:	IN PROCESS
Date	01/15/2014:13:37:07
Option Selected	Stop Provider Level Offset Previously Requested
Provider Name	CGS SUPERADMIN
PTAN	7777777
NPI	7777777777
Requestor Name	

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

The screenshot shows the myCGS eOffsets user interface, similar to the previous one, but with the request status updated to "COMPLETED". The notification box still shows "8 unread message(s) and 0 alerts." The main content area displays the status of the request:

Submission ID:	W151021401500033
Submission ID Status:	COMPLETED
Date	01/23/2014:11:51:42
Option Selected	Stop Provider Level Offset Previously Requested
Provider Name	CGS SUPERADMIN
PTAN	7777777
NPI	7777777777
Requestor Name	