

## Questions for CGS

**1. Will we still work with NGS on claims prior to Oct 17, 2011?**

Yes, any assistance with claims prior to the October 17, 2011 implementation to the J15 Medicare Administrative Contractor (MAC) would be handled by NGS. CGS will have full access to all pending and historical claims that were processed or initiated by NGS following the October 17, 2011 implementation. For any follow-up or inquiries on claims made after October 17, 2011, contact CGS directly.

**2. We currently receive paper checks for our Part B payments through CGS, but Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) on our Part A payments with NGS. When I complete paperwork for our EFT to continue with CGS (come October 18) on our Part A payments, can we include our Part B request for EFT on that form, or does it need to be on a separate request?**

Part A EFT requests and Part B EFT requests would need to be made separately.

**3. Will CGS be processing the quarterly Credit Balance report with ending date of 09/30/2011 or will we send to NGS?**

If the due date of the Credit Balance report is after 10/17/11 they should be sent to CGS. We are in the process of setting up a PO Box and fax number for submission of those reports and providers will be able to send the Credit Balance reports by mail or by fax.

**4. I have seen via your Web site information about submitting claims for Medicare Railroad Beneficiaries. Currently, we are submitting Medicare Railroad claims directly to NGS who then transfers the claim for processing internally. After the transition, will we still be able to submit the Medicare Railroad claims directly to CGS for processing?**

No, Railroad Medicare claims should be submitted directly to Palmetto GBA for immediate processing.

**5. Do you know if NGS is planning to hold a "Payment Floor Sweep" prior to the transition; where providers will see an increase in payments prior to 10/17/11 and then a lull in payments after?**

That is a very common scenario with contractor transitions, and NGS has sought approval from the Centers for Medicare & Medicaid Services (CMS) for this. Once a plan has been finalized, we will publish this information so that providers can begin to prepare for a slight change in cash flow surrounding the cutover dates.

- 6. Will CGS provide guidance on how to submit claims for services that are Statutorily Excluded for payment so they are appropriately processed to the patient's responsibility? NGS has instructed us previously on how to submit these claims in order to receive an accurate denial as patient responsibility.**

Yes, we are currently developing a "user guide" that will provide guidance on any differences in claim submissions between NGS and CGS, and plan to publish this information soon via the CGS Web site at [www.cgsmedicare.com/J15](http://www.cgsmedicare.com/J15) and ListServ.

- 7. What will the process be for submitting zero pay Medicare Advantage claims?**

Medicare Advantage information-only claims should be submitted according to the Centers for Medicare & Medicaid Services (CMS) regulations outlined in Change Requests (CRs) 5647 and 6821.

- 8. When will the pending suspended claims from January be released?**

This question should be directed to NGS at this time, who remains responsible for all claims until October 17, 2011. If claims are still suspended at the time of cutover, CGS will receive those claims into our system, and process accordingly.

- 9. Will there be an education site available?**

Yes, CGS will maintain a Web page dedicated to “Education” that will include Web-based training, a Calendar of Upcoming Events, and other educational materials and publications at [www.cgsmedicare.com](http://www.cgsmedicare.com).

**10. Will Medicare University format be changed?**

“Medicare University” is an NGS product and will remain with NGS. However, CGS will provide similar education via our Web site in the form of self-paced Web-based Training as well as Video Education modules.

**11. Will the UB04 have the same inpatient billing requirements and will the same online editing capabilities be available?**

Yes, the Centers for Medicare & Medicaid Services (CMS) Medicare billing and coverage regulations apply across all Medicare Administrative Contracts (MACs). All Part A claims are transmitted through the same Fiscal Intermediary Shared System (FISS) and all Part A providers have access to Direct Data Entry (DDE) software for claims submission and claims correction, adjustment and cancellation.

**12. Will the bill type for Recovery Audit Contractor (RAC) review remain the same?**

Yes, the bill types currently under review will not change due to the implementation to the J15 Medicare Administrative Contractor (MAC).

**13. What is the process for Electronic Funds Transfer (EFT) registration if there are multiple facilities, and will EFT's continue to be sent daily?**

EFT re-enrollment with CGS is required for all providers who are currently enrolled in EFT with NGS. If there are multiple facilities receiving funds electronically, each is responsible for re-enrolling in EFT with CGS. Providers may contact our J15 Implementation Helpdesk at 877.819.7109 for additional guidance on EFT re-enrollment.

Payment floors and schedules are mandated by the Centers for Medicare & Medicaid Services (CMS). As such, all contractors follow the same guidelines, and there should be no difference in payment cycles between NGS and CGS.

**14. Will Home Health and Skilled Nursing Facility (SNF) payers be identified online or through the Interactive Voice Response (IVR) unit?**

The CGS IVR currently offers an option to identify HH and SNF payers. We are also in the development stages of producing an online tool for these types of inquiries that should be available in the near future.

**15. When will 5010 testing begin?**

CGS will begin 5010 testing for all Part A J15 customers after implementation on October 17, 2011. However, any provider who elects to early board with CGS may begin 5010 testing during the early boarding period. If a submitter has successfully tested 5010 with NGS prior to cutover, they are not required to re-test with CGS after the transition.

**Questions for CGI**

1. The retraction of the money is taken usually the same day we receive the demand letter, why is this when I thought we had 40 days?
2. We have received overpayment letter back from as far back as last year but haven't received a demand letter- what is the delay?
3. On the CGI provider portal we were able to see when a demand letter was sent/review letter sent, etc but now it just says review completed. Is it going to stay this way?
4. Are there any updates on when CGI might add Critical Access Hospitals (CAH) to their list for review?
5. Will CGI be able to identify RAC interest payments by beneficiary?