



National Government Services, Inc.  
PO Box 4846  
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A CMS Contracted Agent

# Medicare

## About National Government Services Your Medicare Administrative Contractor

On March 18, 2008, the Centers for Medicare & Medicaid Services (CMS) announced the award of the contract for the combined administration of Part A and Part B Medicare fee-for-service claims in Jurisdiction 13 to National Government Services. National Government Services (NGS) will serve as the new A/B Medicare Administrative Contractor (A/B MAC) for Jurisdiction 13 (J13), which includes the states of Connecticut and New York.

National Government Services is one of the largest Medicare contractors in the country, serving over 208,000 providers and suppliers and 22.5 million People with Medicare in 26 states and 5 U.S. territories. National Government Services (with its corporate predecessors) has served as a Medicare contractor since 1966.

National Government Services will partner with MedUS Services (a wholly owned subsidiary of HealthNow New York Inc), the Upstate New York Part B incumbent, for the administration of this contract. MedUS Services will process a portion of the J13 Part B Claims, Appeals, Medical Review, Provider Enrollment, and Provider Outreach workloads. We are pleased to introduce this J13 NGS Team to you and your staff. The benefit of this exceptional partnership is the integration of the strengths and experience of each team member to form a seamless operational environment providing superior services to the J13 Medicare community.

The NGS Team is committed to continuing our service of excellence to Medicare providers and beneficiaries. We look forward to working with you to successfully implement the J13 MAC.

### Implementation Schedule

NGS will assume responsibility for J13 MAC workload in 5 segments based on geographic location and out going contractor. Below is listed the cutover or transition date for each workload.

<b>Current Contractor - 5 Segments</b>	<b>Workload</b>	<b>Cutover date</b>
<b>GHI Part B – Segment 1</b>	Queens, NY	7/18/2008
<b>Empire Part B – Segment 2</b>	Downstate New York	7/18/2008
<b>FCSO Part B – Segment 3</b>	Connecticut	8/1/2008
<b>HealthNow Part B – Segment 4</b>	Upstate New York	9/1/2008
<b>Empire Part A – Segment 5</b>	Connecticut New York State	11/14/2008



*It is important to note that outgoing Medicare contractors will transfer all pending and in-process operations to the NGS J13 MAC on the cutover date listed above. Regardless of the date of service, all claims processing, the NGS J13 MAC will handle provider enrollment agreements, customer service, and payments on these cutover dates.*

## **Transition to National Government Services MAC**

Our Goal is to assure our Provider and Beneficiary Communities that this will be a seamless transition with as few disruptions as possible. The NGS team is committed to providing the Medicare community we serve with the highest level of service. We have developed a detailed plan to assume the workload from the out going Medicare contractors as well as a detailed communications plan to keep you informed.

The goal of our communications plan is to provide our Medicare community with concise information describing the changes you can expect and the key dates. We will establish and maintain partnerships with key medical and professional associations, hospital and facility organizations, providers and provider groups who will provide the NGS Team with valuable feedback and assist us in determining the most effective educational needs of the Medicare community as it relates to transition relations.

The cutover dates established by CMS will approach rapidly. We will ensure that you have the detailed information you need regarding all aspects of transition including claims processing, appeals, Electronic Data Interchange, Electronic Funds Transfer, customer service, provider enrollment and Interactive Voice Recognition (IVR), Local Coverage Determinations and ongoing provider outreach and education.

To keep informed of the transition changes, we strongly recommend you sign and subscribe to our J13 Transition List Serv. This email subscription service will provide you with all the details of the NGS J13 transition, as they become available.

To subscribe to our mailing list, visit our web at

<http://www.ngsmedicare.com/ngsmedicare/PartB/newsandpublications/listserv/indexlistservpartb.aspx>

Our Jurisdiction 13 Transition Homepage at

<http://www.ngsmedicare.com/ngsmedicare/PartB/J13/J13PartB.aspx>

## **Electronic Funds Transfer (EFT) Initiative**

In order to ensure a smooth transition and no disruption to your electronic payments, please make sure that the person(s) responsible for receiving your Medicare payments is advised of this notice and the action required.

In accordance with CMS and U.S. Treasury Department rules for electronic transfer of funds (31 Code of Federal Regulations (CFR), Part 210.6), Medicare Part A and Medicare Part B providers in Connecticut and New York with existing Electronic Funds Transfer (EFT) agreements with the current fee-for-service contractors are required to submit an updated CMS-588 authorization agreement form for EFT to National Government Services. **Providers who fail to submit an EFT agreement to National Government Services by the dates below may experience possible payment delays and/or disruption in electronic claim payments.**

As the EFT agreement, form CMS-588, is a contract between the payor and payee, we are unable to transfer your agreement with your current Medicare contractor. Banking regulations require us to have a new agreement from each provider to authorize National Government Services specifically to make electronic payments to your bank account. **To obtain a copy of the CMS 588 EFT Agreement, please visit the NGS website at**

<http://www.ngsmedicare.com/ngsmedicare/PartB/J13/588EFTFormWithNGSJ13.pdf>.

In order to ensure that your agreement is processed promptly, please complete the EFT agreement with your current banking information and forward along with a copy of a voided check to the following address:

**National Government Services  
Provider Enrollment - EFT  
P.O. Box 4792  
Syracuse, NY 13221-4792**

Due to the volume of applications being processed, we encourage you to submit your application as soon as possible. In order to ensure there is no disruption to payments, please submit a new agreement by the date indicated on the chart below.

<b>Provider State</b>	<b>EFT Due Date</b>
Part B Queens County, New York (formerly serviced by GHI Medicare)	July 1, 2008
Part B Upstate New York (formerly serviced by HealthNow)	August 15, 2008
Part B Connecticut (formerly serviced by FCSO)	July 15, 2008

### **CMS-588 Instructions**

Complete Form CMS-588, Electronic Funds Transfer (EFT) Authorization Agreement. The

“Instructions for Completing the EFT Authorization Agreement,” page 3 of the CMS-588, provides specific instructions for completion of the CMS-588. Submission of an incomplete CMS-588 may result in disruption in the provider’s electronic claim payments. The following are additional tips for completing the CMS-588:

- CMS-588 Part I – Check the New EFT Authorization box as the reason for submission.

CMS-588 Part V – List National Government Services as the authorized contractor. Ensure your organization’s authorized or delegated official, currently on file with your legacy Medicare contractor, signs form CMS-588. Note: The CMS-588 form located on the NGS website at <http://www.ngsmedicare.com/ngsmedicare/PartB/J13/588EFTFormWithNGSJ13.pdf> is preprinted with National Government Services as the contractor in Section V.

Additional blank forms can be downloaded from the CMS Web site at <http://www.cms.hhs.gov/cmsforms/downloads/CMS588.pdf>.

- An authorized official means an appointed official (e.g., chief executive officer, chief financial officer, general partner, chairman of the board, or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, make changes or updates to the organization’s status in the Medicare program, and commit the organization to fully abide by the statutes, regulations and program instructions of the Medicare program.
- A delegated official means an individual who is delegated by an authorized official the authority to report changes and updates to the provider’s enrollment record. A delegated official must be an individual with an “ownership or control interest” in (as that term is defined in Section 1124(a)(3) of the Social Security Act) or be a W-2 managing employee of the provider. Delegated officials may not delegate their authority to any other individuals.

### **Provider Support**

- The CMS-588 must have an original signature and date.
- Include a voided check, voided deposit slip or copy of a letter of verification from your financial institution. This letter must verify the account and Automated Clearing House (ACH) transit number provided on the CMS-588 and be signed by an employee of the bank. The legal business name listed on the voided check, deposit slip or letter must be an exact match to the legal business name listed on the CMS-588.

The requested CMS-588 form is for the continuation of existing EFT agreements. National Government Services cannot accept EFT changes (i.e., changes in bank routing information or authorized representative changes) prior to the planned implementation date. Providers who

wish to change their established EFT information or change their current payment status must submit those changes to their legacy Medicare contractor.

## **Keeping Informed**

NGS is committed to a smooth transition for our Medicare Provider Community. We have created a number of mechanisms to keep our providers informed.

### **NGS Website**

[www.ngsmedicare.com](http://www.ngsmedicare.com)

The NGS Medicare website is designed to provide our Beneficiary and Providers with information that is most relevant to them. The website will provide you with information about

- Current News and relevant Changes
- Enrollment in Medicare
- Coverage Issues
- Claims information
- Review/Appeals Process
- Provider Education & Support
- Resources for contacting Medicare
- J13 Transition Tab

### **J13 Transition tab on the Web**

We have established a dedicated J13 Transition tab on our website to provide all of our New Providers with up to the minute information on the transition to NGS Medicare. Please bookmark the transition tab or add it to your favorites so you can return to it on your next visit. The J13 transition web site is located at

<http://www.ngsmedicare.com/ngsmedicare/PartB/J13/J13PartB.aspx>

### **Medicare Monthly Review**

Our newsletter is named the Medicare Monthly Review (MMR) and is published monthly on our website. To view current and past issues of the MMR, visit our website at

<http://www.ngsmedicare.com/ngsmedicare/PartB/NewsandPublications/MedicareMonthlyReview/IndexMedMonRevPartB.aspx>

### **J13 Transition Teleconferences – Ask the Contractor**

National Government Services will be conducting a series of teleconferences to keep you informed about the Jurisdiction 13 Transition and to answer your questions. Please plan on attending at least one of the sessions.

Each 90-minute session will allow NGS to provide you with information you need to be aware of during your transition from your current Medicare contractor to NGS Medicare. These teleconferences are similar to the Open Door Forums offered by the Centers for Medicare & Medicaid Services. The teleconferences provide NGS Medicare with a method for sharing information about the transition and allow us to respond to your questions. The sessions afford us the opportunity to listen to the concerns and feedback of our customers. This is your opportunity to speak directly to your Medicare Administrative Contractor on issues related to the J13 Transition. National Government Services will have a panel of subject matter experts available representing a wide variety of functions to answer your questions.

Topics will include:

- NGS – Who we are
- Provider Education Calendar
- Local Coverage Determinations  
Electronic Funds Transfer
- EDI Changes
- Interactive Voice Recognition (IVR) & Customer Care
- Addresses & Websites

There is no need for you to pre register for the sessions. However, due to the anticipated participation of the provider community, we do ask that you dial into the conference at least 10 minutes before the start time.

### **Conference Details**

**Please provide the conference operator with the following information:**

**Participant Dial-In Number:** (877) 584 - 6493

**Company Name:** WellPoint

**Leader Name:** James Bavoso

**Topic:** Ask the Contractor Teleconference J13 Transition

### **Session Dates and times:**

Tuesday, June 17, 2008 1:00 p.m. -2:30 p.m.
Thursday, June 19, 2008 10:00 a.m. - 11:30 a.m.

Wednesday, June 25, 2008 1:00 p.m. - 2:30 p.m.

Thursday, June 26, 2008 1:00 p.m. - 2:30 p.m.

Monday, June 30, 2008 1:00 p.m. - 2:30 p.m.

Wednesday, July 2, 2008 1:00 p.m. – 2:30 p.m.

Tuesday, July 8, 2008 1:00 p.m. – 2:30 p.m.

Wednesday, July 9, 2008 10:00 a.m. - 11:30 a.m.

Tuesday, July 15, 2008 10:00 a.m. - 11:30 a.m.

Wednesday, July 16, 2008 10:00 a.m. - 11:30 a.m.

Tuesday, July 22, 2008 1:00 p.m. – 2:30 p.m.

Wednesday, July 23, 2008 1:00 p.m. – 2:30 p.m.

Tuesday, July 29, 2008 10:00 a.m. - 11:30 a.m.

Wednesday, July 30, 2008 10:00 a.m. - 11:30 a.m.