

# DME Happenings

Jurisdiction A  
Implementation  
July 2016

## In This Issue...

### CONTACT US

Noridian Contact Information Available One Week Prior to Implementation.....	4
Customer Service Telephone Number .....	4
Single Toll Free Phone Number for the IVR, Customer Service and Telephone Reopenings .....	4
Noridian Supplier Contact Center Assistance Structure.....	5
Holiday and Supplier Contact Center Closure Schedules for Remainder of 2016 .....	5
Supplier Contact Center and the IVR.....	6
Fax Numbers for Claims and Correspondence .....	7
Mailing Addresses for Claims and Correspondence .....	8

### FYI

Noridian Healthcare Solutions Awarded CMS DME JA contract.....	9
Implementation of the Award for Jurisdiction A DME MAC Workload – Revised .....	10
Welcome to Noridian: Jurisdiction A .....	11
Timeline for Implementation Activities .....	11
Listserv Subscription and Distribution Frequency .....	12
Bulletins Published Quarterly – Individual Articles and Consolidated PDF File Available.....	13
VPIQ Security Information .....	14
Implementation Questions and Answers .....	14

### APPEALS

Appeal Requests Submitted On/After July 1, 2016 .....	17
Appeals and Reopenings Status: Access within NMP using DCN .....	19
Appeals .....	20
Telephone Reopenings – Guidelines, Filing Limits, Requests Allowed and Timeline Calculator.....	21

### EDUCATIONAL

Noridian DME Outreach and Education Welcomes Jurisdiction A (JA) Suppliers.....	24
Activities Held During Implementation Period .....	25

### ENROLLMENT

Electronic Funds Transfer (EFT) – No Action Needed .....	26
CEDI Contractor Code Change Notification - June 30, 2016 .....	26

### LCD AND POLICY ARTICLE SUMMARIES

LCD Notification .....	27
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This Bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff. Bulletins are available at no-cost from our website at:  
<https://med.noridianmedicare.com/>

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Healthcare Solutions



**MEDICAL REVIEW**

Noridian Medical Review Program .....27

**NORIDIAN MEDICARE PORTAL**

Noridian Medicare Portal Roles, Registration and Functionality .....27

Noridian Medicare Portal Will Offer Limited Inquiries at Implementation - Appeal Status, ADR Letters, Decision Desktop, and Full Remits.....30

Noridian Medicare Portal - Valuable 20 Minute Tutorial You Should Watch.....30

**OTHER REVIEW ENTITIES**

Comprehensive Error Rate Contractor (CERT) - AdvanceMed and Livanta .....31

Recovery Auditor Program Overview and Options .....31

**REMITTANCE ADVICE**

Electronic Remittance Advice Benefits - 835 Transaction .....32

## Alphabetical Listing

Activities Held During Implementation Period.....	25
Appeal Requests Submitted On/After July 1, 2016.....	17
Appeals .....	20
Appeals and Reopenings Status: Access within NMP using DCN .....	19
Bulletins Published Quarterly – Individual Articles and Consolidated PDF File Available .....	13
CEDI Contractor Code Change Notification - June 30, 2016.....	26
Comprehensive Error Rate Contractor (CERT) - AdvanceMed and Livanta .....	31
Customer Service Telephone Number.....	4
Electronic Funds Transfer (EFT) – No Action Needed .....	26
Electronic Remittance Advice Benefits - 835 Transaction.....	32
Fax Numbers for Claims and Correspondence .....	7
Holiday and Supplier Contact Center Closure Schedules for Remainder of 2016 .....	5
Implementation of the Award for Jurisdiction A DME MAC Workload – Revised.....	10
Implementation Questions and Answers .....	14
LCD Notification .....	27
Listserv Subscription and Distribution Frequency .....	12
Mailing Addresses for Claims and Correspondence.....	8
Noridian Contact Information Available One Week Prior to Implementation.....	4
Noridian DME Outreach and Education Welcomes Jurisdiction A (JA) Suppliers.....	24
Noridian Healthcare Solutions Awarded CMS DME JA contract.....	9
Noridian Medical Review Program.....	27
Noridian Medicare Portal Roles, Registration and Functionality .....	27
Noridian Medicare Portal - Valuable 20 Minute Tutorial You Should Watch.....	30
Noridian Medicare Portal Will Offer Limited Inquiries at Implementation - Appeal Status, ADR Letters, Decision Desktop, and Full Remits.....	30
Noridian Supplier Contact Center Assistance Structure.....	5
Recovery Auditor Program Overview and Options.....	31
Single Toll Free Phone Number for the IVR, Customer Service and Telephone Reopenings .....	4
Supplier Contact Center and the IVR .....	6
Telephone Reopenings – Guidelines, Filing Limits, Requests Allowed and Timeline Calculator .....	21
Timeline for Implementation Activities .....	11
VPIQ Security Information.....	14
Welcome to Noridian: Jurisdiction A .....	11

### Noridian Contact Information Available One Week Prior to Implementation

Noridian Healthcare Solutions (Noridian) is currently in the process of establishing contact information for the Jurisdiction A (JA) supplier community. This will be posted to the Noridian website the week prior to the July 1 implementation date. The following information will be listed:

- Telephone numbers
- Fax numbers
- Email addresses
- Mailing addresses

Prior to the July 1 implementation, all claim and policy specific questions must be directed to the NHIC Customer Service at 866-590-6731. In addition, continue to submit all claims, appeals, etc. to NHIC. The contact information for NHIC can be found at the following link: <http://www.medicarenhic.com/dme/contactshome.aspx>.

Noridian encourages the JA community to continue to monitor our JA Implementation website and sign up for the Noridian email listserv to receive the most up to date information regarding the implementation of the JA contract from NHIC to Noridian. If you have additional implementation questions, email Noridian at [JAQuestions@noridian.com](mailto:JAQuestions@noridian.com). We will respond within two (2) business days.

### Customer Service Telephone Number

Effective July 5, 2016, Jurisdiction A (JA) suppliers will use the following toll-free telephone number, 1-866-419-9458, when contacting the Noridian Interactive Voice Response (IVR) system, Supplier Contact Center or Telephone Reopenings.

This single toll-free number unifies our customer service areas and simplifies supplier contact for all of these inquiry types. Phone calls will be directed by the caller, through our IVR system. If the IVR is unable to assist the caller with obtaining the necessary information, he/she will be transferred to a Customer Service Representative (CSR).

### Single Toll Free Phone Number for the IVR, Customer Service and Telephone Reopenings

Effective July 5, 2016 the DME JA IVR, Customer Service and Telephone Reopening lines will be merged into one single toll free telephone line. Suppliers will dial 1-866-419-9458 for the JA DME IVR, Customer Service and Telephone Reopenings. This phone number will bring callers directly to the Interactive Voice Response (IVR), where callers will be asked to select on the below.

1. For Claim Status
2. For Eligibility
3. For Same and Similar and CMN Status
4. For Telephone Reopening
5. For Other Options

When a caller selects five (5) or "other" within the IVR, the below information will be available.

- Financial
- Appeals
- Duplicate Remittance Advice
- Power Mobility Device Prior Authorization Request
- PECOS Lookup
- General Information
- Customer Service Representatives

If a caller selects Telephone Reopening, he/she will be routed to a Telephone Reopening Representative.

If a caller selects Customer Service Representative, he/she will be routed to a Customer Service Representative.

Additional information will be published to the website and sent in the listserv when Noridian assumes the JA contract as of July 1, 2016.

### Noridian Supplier Contact Center Assistance Structure

Noridian uses a triage approach to manage supplier inquiries in accordance with CMS [Internet Only Manual \(IOM\) Publication 100-09, Chapter 6, Sections 30.1, 30.5 and 30.5.1](#) guidelines. The use of self-serve technology enables the Supplier Contact Center (SCC) to efficiently handle the increasing volume of supplier calls by allowing suppliers access to certain information without direct personal assistance from contractor staff.

#### Effective July 1, 2016

##### Noridian Medicare Portal (NMP)

For general information, registered NMP suppliers may use the portal to access information on eligibility, claim status, check information, deductible, and more. View online registration and additional portal information on the [Noridian Medicare Portal](#) webpage.

##### Interactive Voice Response (IVR)

Suppliers will have the option to contact our IVR system for general information as well. The IVR offers information on eligibility, claim status, check information, deductible and more. If the user is unable to successfully speak to the IVR, it is programmed to allow for the entry of all data using touch-tone capabilities. Notification and instructions for using the IVR will be available on the Noridian Medicare JA website after implementation.

- Jurisdiction A IVR and Customer Service, 1-866-419-9458
- Jurisdiction A Text Teletype (TTY), 1-888-897-7539

##### SCC Customer Service Representative (CSR) First and Second Tiered Levels

For inquiries that cannot be answered through the NMP or IVR, suppliers may transfer to a First Tier Customer Service Representative (CSR). CSRs are trained to answer general, broad-based supplier telephone inquiries. Noridian also has Second Tier CSRs that address more complex telephone inquiries. If the issue cannot be resolved at the time of the initial call, both tiers have a combined total of ten business days to research and respond to supplier inquiries. Noridian maintains a high completion rate of less than ten business days for calls that require a callback.

##### SCC Customer Service Representative (CSR) Third Tiered Level

Complex issues that cannot be answered by a Second Tier CSR are transferred to a Supplier Relations Research Specialist (PRRS). The PRRS staff will coordinate their response, by contacting other departments, resources, etc. that are not readily available to our CSRs. PRRSs will respond to all complex inquiries within a 45 business day time frame. If a caller selects Telephone Reopening, he/she will be routed to a Telephone Reopening Representative.

### Holiday and Supplier Contact Center Closure Schedules for Remainder of 2016

View the Supplier Contact Center and Telephone Reopenings holiday and training closure schedule. Normal hours of operation are 8 a.m. – 5 p.m. ET.

Event	Date	Contact Center (ET)	Telephone Reopenings (ET)
Transition Dark Day	July 1	8 a.m. – 5 p.m.	8 a.m. – 5 p.m.
Independence Day Observance	July 4	8 a.m. – 5 p.m.	8 a.m. – 5 p.m.

Event	Date	Contact Center (ET)	Telephone Reopenings (ET)
Off-the-Phone Training	July 8	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	July 15	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	July 22	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	August 5	Available	10:30 a.m. - 11:30 a.m.
Off-the-Phone Training	August 12	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	August 19	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	August 26	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	September 2	Available	10:30 a.m. - 11:30 a.m.
Labor Day Observance	September 5	8 a.m. – 5 p.m.	8 a.m. – 5 p.m.
Off-the-Phone Training	September 9	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	September 16	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	September 23	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	October 7	Available	10:30 a.m. - 11:30 a.m.
Columbus Day Training	October 10	2:30 p.m. – 5 p.m.	2:30 p.m. – 5 p.m.
Off-the-Phone Training	October 21	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	October 28	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	November 4	Available	10:30 a.m. - 11:30 a.m.
Off-the-Phone Training	November 11	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	November 18	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Thanksgiving Observance	November 24 and 25	8 a.m. – 5 p.m.	8 a.m. – 5 p.m.
Off-the-Phone Training	December 2	Available	10:30 a.m. - 11:30 a.m.
Off-the-Phone Training	December 9	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Off-the-Phone Training	December 16	10:40 a.m. – 1 p.m.	10:40 a.m. – 1 p.m.
Christmas Observance	December 26	8 a.m. – 5 p.m.	8 a.m. – 5 p.m.

## Supplier Contact Center and the IVR

Effective July 1, 2016

Suppliers will have access to the Noridian single toll free customer service number that will allow callers to connect to the Interactive Voice Response (IVR) system, the contact center for general inquiries and Telephone Reopenings.

Offering one number to suppliers streamlines the process and offers consistency in providing the best customer service experience. View availability.

- Supplier Contact Center Customer Service Representatives (CSRs): Monday – Friday 8 a.m. - 5 p.m. Eastern Time (ET)
- IVR (general inquiry and eligibility services): 24/7
- For all other services requiring Viable Medicare Systems (VMS) access: Monday- Friday 6 a.m. - 6 p.m. ET

### IVR

Per instructions in the CMS [Internet Only Manual \(IOM\), Publication 100-09, Medicare Contractor Beneficiary and Supplier Communications Manual, Chapter 6, Section 50.1](#), CMS requires suppliers to use the IVR for claim status and eligibility inquiries. It offers not only these services but additional important information to the supplier community. To help suppliers access the IVR, an IVR Guide will be available on the IVR webpage under Contact Us.

- 866-419-9458

### TTY Telephone Number

In addition to the single toll-free customer service number and in accordance with [Section 508 of the Rehabilitation Act of 1973](#) and the Workforce Investment Act of 1998, Noridian will provide Text Teletype (TTY) access. TTY is a special device that permits hearing and/or speech impaired individuals to use the telephone by allowing them to type messages back and forth to a CSR.

- Text Teletype (TTY), 888-897-7539

## Fax Numbers for Claims and Correspondence

Effective July 1, 2016

The following fax numbers has been established for the Noridian Jurisdiction A DME suppliers. When faxing correspondence, please ensure the appropriate number for the correspondence being submitted is used as this will assist in timely processing of fax receipts.

The below fax numbers should be used beginning June 25. Any faxes received June 25-June 30 will be held until processing begins on July 1.

Fax Number	Purpose	Correspondence submission types
701-277-2425	General	Recovery Auditor Redeterminations Redetermination and Reopening Requests
701-277-7880	Adjudication	Additional Documentation Request (ADR) Letter
701-277-7882	Administrative Simplification Compliance Act - ASCA	ASCA Waiver request/documentation
701- 277-7884	Congressionals/Freedom Of Information Act (FOIA)	Congressional submissions/FOIA requests
701- 277-2428	IVIG	Intravenous Immune Globulin Applications or Correspondence
701-277-2426	Medical Review	Medical Review Medical Documentation Requests
701- 277-7890	Medical Review – Advance Determination of Medicare Coverage (ADMC)	ADMC Requests/Documentation
701- 277-7891	Medical Review – Prior Authorization Requests (PAR)	PMD Prior Authorization Requests/Documentation
701- 277-7892	Medicare Secondary Payer (MSP)	MSP Inquiries and Refunds
701-277-2427	Recoupment	Immediate Offsets Refunds to Medicare Extended Repayment Schedule (ERS)
701- 277-7896	Recoupment Recovery Auditor	Recovery Auditor Offset Request for Immediate Recoupment



## Mailing Addresses for Claims and Correspondence

Effective July 1, 2016

The following PO boxes have been established for Jurisdiction A suppliers to use when submitting the various types of correspondence to Noridian. Using the appropriate address will ensure timely processing.

Beginning June 25, the below addresses should be used. Any correspondence received June 25-June 30 will be held until processing begins on July 1.

Correspondence	USPS	Certified/Courier Mailings
<ul style="list-style-type: none"> <li>Paper Claim Submission</li> <li>Advance Determination of Medicare Coverage Requests</li> <li>Correspondence</li> <li>Medical Review Documentation</li> <li>Complex Medical Review Response</li> <li>Non-Complex Medical Review Response</li> <li>Redetermination Requests</li> </ul>	Noridian JA DME Attn: _____ PO Box 6780 Fargo, ND 58108-6780	Noridian JA DME Attn: _____ 900 42nd St S PO Box 6780 Fargo, ND 58103-6780
<ul style="list-style-type: none"> <li>Electronic Funds Transfer (EFT)</li> <li>Overpayment Redetermination and Rebuttal Requests</li> <li>Recovery Auditor Redeterminations</li> </ul>	Noridian JA DME Attn: _____ PO Box 6728 Fargo, ND 58108-6728	Noridian JA DME Attn: _____ 900 42nd St S PO Box 6728 Fargo, ND 58103-6728
<ul style="list-style-type: none"> <li>Extended Repayment Schedule (ERS)</li> <li>Refund Checks</li> </ul>	Noridian JA DME Attn: Refunds PO Box 511470 Los Angeles, CA 90051-8025	Noridian JA DME Attn: Refunds c/o 511470 16420 Valley View Ave La Mirada, CA 90638-5821
Administrative Simplification Compliance Act (ASCA)	Noridian JA DME Attn: ASCA PO Box 6736 Fargo, ND 58108-6736	Noridian JA DME Attn: ASCA 900 42nd St S PO Box 6736 Fargo, ND 58103-6736
Benefit Protection	Noridian JA DME Attn: Benefit Protection PO Box 6736 Fargo, ND 58108-6736	Noridian JA DME Attn: Benefit Protection 900 42nd St S PO Box 6736 Fargo, ND 58103-6736
Congressional	Noridian JA DME Attn: Congressional PO Box 6780 Fargo, ND 58108-6780	Noridian JA DME Attn: Congressional 900 42nd St S PO Box 6780 Fargo, ND 58103-2119



## CONTACT US

Correspondence	USPS	Certified/Courier Mailings
<ul style="list-style-type: none"> <li>Freedom of Information Act (FOIA)</li> </ul>	Noridian JA DME Attn: FOIA PO Box 6780 Fargo, ND 58108-6780	Noridian JA DME Attn: FOIA 900 42nd St S PO Box 6780 Fargo, ND 58103-6780
<ul style="list-style-type: none"> <li>Power Mobility Devices (PMD) Prior Authorization Demonstration</li> </ul>	Noridian JA DME Attn: DME MR-PAR PO Box 6742 Fargo, ND 58108-6742	Noridian JA DME Attn: DME MR-PAR 900 42nd St S PO Box 6742 Fargo, ND 58103-6742
<ul style="list-style-type: none"> <li>Recovery Auditor Overpayments</li> </ul>	Noridian JA DME Attn: Recovery Auditor Overpayments PO Box 6780 Fargo, ND 58108-6780	Noridian JA DME Attn: Recovery Auditor Overpayments 900 42nd St S PO Box 6780 Fargo, ND 58103-6780

When mailing to the street address, please include the PO Box specific to the correspondence on the second line of the mailing label. This will help assist in mail sorting.

## FYI

### Noridian Healthcare Solutions Awarded CMS DME JA contract

#### Press Release

FARGO, N.D. – (Date) Noridian Healthcare Solutions, LLC (NHS) has been awarded the Durable Medical Equipment Jurisdiction A (DME JA) contract by the Centers for Medicare & Medicaid Services (CMS) of the Department of Health and Human Services, concluding a full-and-open competitive procurement, and nearly doubling NHS's current DME workload. NHIC Corp. currently administers this contract.

"The award recognizes NHS's strong performance as a Medicare administrative contractor (MAC) and our ability to successfully transition workload and provide strong, consistent value throughout the contract term," said Tom McGraw, President and CEO. "This contract is a direct reflection of the great work our staff does each day."

Under the DME JA contract, NHS will administer Medicare claims from suppliers of DME, prosthetics and orthotic supplies in 12 states: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont. DME JA accounts for approximately 18% of the national Medicare DME claims volume. The contract period for the new award includes a base year and four one-year renewal option years, with a total value of more than \$90.9 million.

Beginning with a single Medicare contract in 1966 serving Medicare beneficiaries only in North Dakota, today NHS serves 12.4 million beneficiaries and 300,000 health care providers nationally. In addition to the newly awarded JA contract, NHS holds four other MAC contracts including the DME Jurisdiction D contract, the two Medicare Part A/Part B contracts for Jurisdictions E and F, and the national Pricing, Data Analysis and Coding contract. The company currently employs more than 1,700 individuals across the United States.

## About Noridian Healthcare Solutions

Noridian Healthcare Solutions, LLC (NHS), a wholly owned subsidiary of Noridian Mutual Insurance Company, delivers innovative business solutions for government agencies to reduce cost and enhance value in the health care industry. NHS has served as a government claims contractor for Medicare since the federal program's inception in 1966. The company provides business-processing services nationwide with staff located throughout the country. For more information, visit [www.noridiansolutions.com](http://www.noridiansolutions.com).

## Implementation of the Award for Jurisdiction A DME MAC Workload – Revised

MLN Matters® Number: MM9546 Revised  
 Related Change Request (CR) #: CR 9546  
 Related CR Release Date: March 11, 2016  
 Effective Date: December 16, 2015  
 Related CR Transmittal #: R16340TN  
 Implementation Date: July 1, 2016

This article was revised on March 17, 2016, to modify language regarding submission of certain claims in paragraph 3 of the Background section.

### Provider Types Affected

This MLN Matters® Article is intended for DME suppliers submitting claims to the Medicare Durable Medical Equipment Administrative Contractor (DME MACs) in Jurisdiction A, which serves Medicare beneficiaries who reside in the states of Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont, and the District of Columbia.

### What You Need to Know

Change Request (CR) 9546 announces the Centers for Medicare & Medicaid Services (CMS) awarded Noridian Healthcare Solutions, LLC (Noridian), a new contract for the administration of Medicare Fee-for-Service claims for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) in Jurisdiction A (JA). Make sure that your billing staffs are aware of these changes.

### Background

On December 16, 2015, CMS awarded Noridian Healthcare Solutions, LLC (Noridian), a new contract for the administration of Medicare Fee-for-Service claims for DMEPOS in JA. Noridian is based at 900 42nd Street, South Fargo, North Dakota 58103-2146.

NHIC, Corp. (NHIC), the incumbent contractor, is located at 75 William Terry Drive, Hingham, Massachusetts 02043.

Medicare DMEPOS suppliers serving Jurisdiction A beneficiaries should continue to submit their paper claims to NHIC until CMS completes the transition of Jurisdiction A operations to Noridian. Electronic claims should continue to be submitted to the Common Electronic Data Interchange (CEDI) both prior to and post transition.

CMS has determined that the JA workload currently processed by NHIC will require a new workload number when transitioned. The JA DME MAC workload number 16013 will be effective on the implementation date of CR9546. NHIC will be preparing an article explaining the workload number changes and will post that article on their website. NHIC will also include this information in a listserv message as soon as possible, but no later than 30 days prior to the implementation of CR9546.

### Additional Information

The official instruction, CR9546 issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1634-OTN.pdf> on the CMS website.

## Welcome to Noridian: Jurisdiction A

Noridian is proud to be your Medicare Administrative Contractor (MAC) for Jurisdiction A (JA). Effective July 1, 2016, we will be responsible for the Medicare DME workload.

As we work on the process of implementing the JA workload, we want to ensure suppliers are informed of important changes that may impact you. There are still processes that must be coordinated with the outgoing contractor; however, we will continue to update this website and send out updates via our listserv. Our objective is to minimize the impact on suppliers for a smooth transition.

### Minimizing Supplier Impact

To minimize or eliminate impact to suppliers during the transition from NHIC to Noridian, several steps are being taken.

- Local Coverage Determination (LCD) content will not change
- Listserv subscriber information will be provided to Noridian and used to send weekly implementation information

Although the above will not be changed, there are some changes that will be required. Those changes include telephone numbers, addresses, forms and website material. The JA telephone numbers and addresses will be published to our website a few weeks prior to cutover.

Noridian will provide outreach events, implementation dates and activities and other details in several ways.

- **Website:** <https://med.noridianmedicare.com/web/jadme> - Latest Updates, Schedule of Outreach Events, Questions and Answers
- **Listserv:** Emails that will provide a consolidation of newly released implementation articles and outreach event promotions.
- **Outreach:** Noridian will offer web-based and in-person “meet-and-greet” events, supplier meetings and [Ask-the-Contractor Teleconferences \(ACTs\)](#) to share implementation information and answer questions. Watch the Schedule of Events webpage under Education and Outreach for upcoming events. We encourage supplier’s attendance at these events.
- **Tutorial:** An implementation presentation will be recorded and will include Noridian introductions, communication channels and implementation questions and answers.
- **Email:** Submit implementation-related questions to [JAquestions@noridian.com](mailto:JAquestions@noridian.com).

Noridian is committed to partnering with suppliers to make the Medicare program a success and continue improving the health and care of those we serve.

### Timeline for Implementation Activities

Effective July 1, 2016, the NHIC JA DME MAC workload will be transitioned to the new JA MAC, Noridian Healthcare Solutions, LLC (Noridian). In order to transition this workload successfully, it is necessary to impose a single system dark day on July 1.

On the dark day, Medicare online systems will not be available. A dark day is a business day during the cutover period when the Medicare claim processing systems, customer service, and the interactive voice response (IVR) will not be available for normal business operations. There will be no access to the Viable Medicare System (VMS) to conduct claim entry or claim correction, verify beneficiary eligibility or claim status. In addition, our systems will not be available due to the weekend and holiday from July 2-4.

We expect the system to be available again on Tuesday, July 5, 2016. In the event there is a delay in system availability on July 5, we will post a notice on our JA website and send out an immediate email notification to all suppliers and others subscribed to our Listserv.

Noridian, in collaboration with NHIC and CMS, has established the following timeline to transfer the workload from NHIC to Noridian.

Date	Entity	Activity
6/24/16	NHIC	Last day to receive documentation via fax or mail
6/27/16	Noridian	First day to receive documentation via fax or mail
6/27/16 – 7/4/16	Noridian	Hold documentation until 7/5/2016 Noridian will be unable to work correspondence or claims until 7/5/2016
6/30/16	CEDI	Collect EDI claims under NHIC current contractor number until 3 pm EST
6/30/16	CEDI	Hold any claims received until 7/5/2016
6/30/16	CEDI	Update EDI system for the new contractor number
6/30/16	NHIC/VDC	The last NHIC cycle will run starting at 5 pm EST
7/1/16	Noridian	Dark Day – No claims or contact center activity
Mid-June	Suppliers	May register for portal and eligibility function available
7/1/16 – 7/4/16	NHIC/ Noridian	Cutover Activities – including the transfer for pending and historical documentation
7/5/16	Noridian	Resume regular activities
7/5/16	Noridian	Supplier Contact Center Available 8:00 am EST
7/5/16	CEDI	Submit held claims for processing under Noridian
7/5/16	Noridian	Portal full functionality available

## Listserv Subscription and Distribution Frequency

To streamline implementation communication, Noridian partnered with the Jurisdiction A incumbent to have the NHIC listserv registration information provided to us. Suppliers who were registered for the NHIC Jurisdiction A listserv prior to February 18, 2016 began receiving Noridian Jurisdiction A implementation email notifications in March.

Based on the [CMS Internet Only Manual \(IOM\) Publication 100-09, Chapter 6, Section 50.3](#), “Protection of Electronic Mailing Lists,” the NHIC Jurisdiction A incumbent obtained approval to share their subscriber email address and topics of interest.

- Suppliers who currently receive the NHIC Jurisdiction A listserv will continue to receive the NHIC Medicare-instruction related emails until July 1, 2016.
- Beginning in March, Noridian began sending implementation-related emails to those suppliers who were registered for the NHIC Jurisdiction A listserv prior to February 18, 2016. These suppliers/subscribers will be automatically registered for the Noridian JA listserv and will continue to receive our Medicare-instruction related emails on/after the July 1, 2016 implementation date.
- If a supplier registered for the NHIC email list on/after February 18, 2016, the automatic registration does not apply. The supplier must register for the Noridian JA email list in order to receive implementation-related communication from Noridian.
- Throughout the implementation timeline, Noridian will email all implementation-related communication to every registered email subscriber regardless of their topic of interest.
- Noridian will work with NHIC to obtain a final email list of their subscribers in June to obtain a comparison listing allowing Noridian to add any final registered NHIC subscribers to the Noridian email list.

### Optional Noridian Email Listserv Registration

Suppliers may elect to update their profile and create a password to maintain their account with the Noridian Listserv.

- Visit “Join Noridian Medicare E-Mail Lists” webpage at <https://naslists.noridian.com/list/subscribe.html?mContainer=2&mOwner=G30392x2n39372t36>

2. Enter your email address, password, first and last name
3. A confirmation email will be immediately sent to your email address. Follow hyperlink in email to customize your email receipt
4. After following confirmation email instruction and hyperlink, you will arrive at Medicare Email lists page. Locate desired List Name and choose action of “subscribe.” Once you have subscribed, the action type will change so you may edit your subscription preferences
5. Select DME Jurisdiction A option and choose action of “Subscribe,” “Unsubscribe,” or “Edit Profile
6. You can customize your preferences (state, areas of interest, HTML or text email format preference)
7. After you have completed all required fields, select “OK” and you will have successfully modified your Jurisdiction A email subscription preference

### Distribution Schedule and Recurring Information

1. Noridian sends implementation-related emails on Monday evenings; however, the articles are published and available within the Latest Updates section of our website prior to the weekly distribution.
2. Following the implementation period, Noridian consolidates and categorizes articles and will send emails on Monday and Thursday evenings.
3. Noridian does not routinely send out individual emails for individual articles.
4. The CMS-issued “E-News” is published on Wednesdays.
5. There may be situations that prompt Noridian to distribute an unscheduled email based on a timeline, topic, or state-specific situation.
6. Contents of the Noridian email list include the category, article title, content source (if applicable), a brief introductory article paragraph (if the topic of interest was selected as a preference by the subscriber) and a hyperlink to the full article. All subscriber receive notification of every article; however, the order of the articles is customized based on subscriber’s preferred topics of interest.
7. Additional information available within each email include an advertisement at the bottom of the email and resources in the right-hand margin of the email with links to Hot Topics, Latest Updates, contact information, workshop access, partnership websites, and listserv profile management access.

To allow email subscribers to receive timely implementation information and ongoing Medicare updates, we hope you find this Noridian listserv pre-registration partnership with NHIC convenient.

## Bulletins Published Quarterly – Individual Articles and Consolidated PDF File Available

View information on the origin of bulletin articles, flow of articles to publication, and publication frequency.

- Noridian publishes individual articles to the “Latest Updates” webpage of the “Fees & News” section of our website. Articles posted are authored by our team members, national education taskforce members, collaboratively by DME Medical Directors, and/or by CMS as Medicare Learning Network Matters. The most recent 10 articles published are available under “Latest Updates” on our homepage with an option to select “See All.”
- These articles are collected twice during the week, Monday and Thursday nights, and delivered to our Listserv subscribers. Noridian sends a special email every Wednesday for the CMS MLN Connects eNews. We rarely send impromptu emails as we want suppliers to know when to expect emails from us and be more aware when something of importance is sent out of our normal schedule.
- Once a quarter, the articles are categorized and consolidated within a “DME Happenings” bulletin. Time-sensitive articles such as workshop advertisements are excluded. We publish not only a Portable Document Format (PDF) file for the bulletin, but we also maintain the individual articles outside of that bulletin PDF file. Having the individual articles helps suppliers access the most relevant article or focused-content webpage in the search results instead of obtaining a PDF containing dozens of articles in which to filter through.



- As part of the transition, Noridian does not have each individual article file from the prior contractor. The publication of individual articles will begin July 5. For the next six months, we will publish three years of bulletins for our supplier's convenience but will have older bulletins available upon request to our office.
- The 2016 bulletin schedule for "Jurisdiction A DME Happenings" will have a late-September and late-December publication date. The incumbent will publish their final bulletin June 2016.
- When the quarterly bulletin is published, the articles will no longer display under "Latest Updates." Such articles are still searchable but are moved to the applicable Bulletin within the "Bulletins" section of our website.
- Noridian maintains two years of bulletins on our website before we remove them from our website. Our website works to have topic-specific webpages that are comprehensive of the information associated with that topic as a replacement to bulletin articles. The majority of articles authored by Noridian provide an update on a topic and a reference to additional details on that topic. An exception to the removal of articles are those articles authored by DME Medical Directors.

Noridian hopes the JA supplier community finds our Latest Update articles, listserv distribution, quarterly bulletins and topic-specific webpages a resource in your Medicare research and billing needs.

## VPIQ Security Information

All existing NHIC VPIQ users will be transitioned to Noridian and will have access up until and after cutover. No additional action is required for the current users to retain access moving forward.

NHIC stopped adding/changing VPIQ user access on May 31. Starting June 1, any new/changing VPIQ requests should be sent to Noridian. We will hold such requests until July 5 and will process the requests as quickly as possible after the cutover. Requests submitted to Noridian must be completed on the [Medicare Claims Processing System DDE/PPTN/CSI User Request](#) [PDF] form.

During the time period of June 1 - June 30, the suppliers must use the NHIC IVR or NHIC Customer Service for any assistance.

Effective July 1, suppliers will access the above mentioned form/instructions from the Noridian JA website. View the "Forms" webpage and select form within the "User Provisioning" row.

## Implementation Questions and Answers

### General

#### **Q. Will Noridian maintain a physical presence in Jurisdiction A (JA)?**

A. Noridian will continue to have our main office located in Fargo, ND with another office in Grand Forks, ND; however, Noridian will have employees located in the JA states.

#### **Q. How can suppliers contact Noridian?**

A. At this time, a Noridian email address has been created for suppliers to submit implementation related inquiries. Throughout the implementation process only, suppliers may email questions to [JAQuestions@noridian.com](mailto:JAQuestions@noridian.com). If a callback is necessary, email your phone number and a representative from Noridian will contact you.

#### **Q. How will pending workloads be handled?**

A. All workloads currently held by the outgoing contractor, at the time of cutover, July 1, 2016, will be transferred to Noridian. This includes work in progress and work not yet started. We do not anticipate the need for any work that has been sent to NHIC to be resubmitted to Noridian. This will include claims, appeals, requests for documentation, etc.

#### **Q: Can suppliers billing Jurisdiction A related claims use their current billing software and clearinghouse to bill Noridian?**

A: All EDI submitters will continue to go through CEDI as they do today. The contractor workload number for Noridian will be 16013. This number must be used as of 3 p.m. ET on June 30. At this time, we do not anticipate any other changes. CEDI maintains the PC ACE Pro32 software and has been recently updated.

**Q: At the time of implementation, are there any planned payment delays that will occur?**

A: No payment delays are planned at the time of implementation.

**Q: Will suppliers be required to get all new Certificates of Medical Necessity (CMN) and DME Information Forms (DIF) or will the existing CMNs transition over?**

A: During the implementation process, existing CMNs and DIFs will transfer to Noridian.

**Q: Will suppliers be required to submit paperwork to continue to receive Electronic Funds Transfer (EFT) or will this be transferred from NHIC to Noridian?**

A: If a supplier has already enrolled in EFT, that information will be transferred from NHIC to Noridian. Suppliers should not have to complete any additional paperwork. We will also be transitioning any pending requests.

**Q: Once the transition of JA from NHIC to Noridian has completed, will there still be a separation of Jurisdictions between A and D or will the two be merged into one Jurisdiction?**

A: There will continue to be a separation of the Jurisdiction A and D contracts. Each contract will have their own website, articles, etc.; however, as much of the information to suppliers will be the same. We will be using the same content to post to both jurisdictions, when appropriate.

**Q: Will suppliers still be able to use the NHIC website for references to the medical policy center and Local Coverage Determination (LCD) information?**

A: Typically, the outgoing contractor (in this case, NHIC) will remove their website following completion of the contract transition. Noridian will assume full contract operations on July 1, 2016.

The new Jurisdiction A website from Noridian will launch during contract cutover. It will also offer access to medical policies, education and links to the LCDs and related Policy Articles under our "Policies" section. If suppliers wish to familiarize themselves with the types of policy information that Noridian currently offers to our Jurisdiction D suppliers, visit the Noridian JD Active LCDs webpage. If suppliers have recommendations for additional information, complete the website survey with suggestions. We will be working closely with the Jurisdiction A Provider Outreach and Education Advisory Group (POEAG) members as we create the new Jurisdiction A website.

**Q: Following the transition to Noridian, will the National Supplier Clearinghouse (NSC) continue to process DME enrollment for providers in JA?**

A: There are no changes in the supplier enrollment process. Suppliers will continue to send the CMS-855S applications to the NSC after July 1, 2016.

**Q: Will the date of service on a claim drive whether suppliers bill the claim to NHIC or Noridian ?**

A: Our implementation plans include working closely with NHIC to ensure there are no delays in claims processing as a result of the implementation. Billing is dependent on the official contract start date, not the date of service on the claim.

Noridian's first day of business, as the new JA contractor, will be July 1, 2016. Effective July 1, 2016, we will begin "day one" operations; therefore, claims, regardless of date of service, will be sent to Noridian for processing.

**Q: If not already receiving them, how are suppliers supposed to get listserv updates?**

A: Suppliers may register. See the Listserv Subscription and Distribution Frequency article in this bulletin for details.

**Q: Will Noridian accept claims from clearinghouses such as Emdeon?**

A: Yes. The clearinghouse will send the claims to CEDI which will then send to Noridian.

**Q: How will small suppliers, who bill paper claims, submit to Noridian?**

A: The address for paper claims will be posted to the JA website closer to the implementation date of July 1, 2016.



**Q: Will suppliers be required to re-enroll in Electronic Remittance Advices (ERA) 835 with our clearinghouse?**

A: The only expected change for the ERA will be the contractor number. Suppliers should verify with their clearinghouse to see if they will be expecting additional paperwork.

**Q: When Jurisdiction A transitions to Noridian, will current members of the JA POEAG be required to reapply?**

A: No. Current members will continue to be on the POEAG. Membership was transferred over as of mid-February.

**Q: Will there be new JA Reopening and Redetermination forms or will the JA states be added to the existing forms?**

A: All applicable forms will be published to the Noridian JA website. Suppliers must use the appropriate form as of July 1, 2016.

**Q: Will the Noridian JA fee schedule remain the same as the NHIC?**

A: Yes. The fee schedule is set by CMS and not by the individual contractors.

**Q: Will Noridian continue to have Live Online Chat on Mondays and Thursdays for JA?**

A: Noridian is evaluating this option and will update the website with information on availability.

**Q: Will the ASCA waiver be transferred to Noridian or will suppliers be required to reapply?**

A: Supplier's ASCA waiver will transfer without any additional supplier actions needed.

**Q: Will a supplier's Power Mobility Device (PMD) Prior Authorization Request (PAR) need to be resubmitted to Noridian if approved by NHIC?**

A: No, all pending and completed PAR documentation will be transferred to Noridian. All time frames must still be met.

## Noridian Medicare Portal (NMP)

**Q: Does Noridian have a Supplier Portal?**

A: Yes. Noridian's supplier portal is the Noridian Medicare Portal (NMP). JA users must register to gain access to it. Registration availability for JA suppliers will begin closer to the cutover date of July 1, 2016.

**Q: When registering in NMP, Provider Administrators must provide a check number and amount. Can this check information come from NHIC or does this have to be from Noridian?**

A: When registering a Jurisdiction A supplier into the portal prior to July 1, suppliers would need to call the NHIC Interactive Voice Response (IVR) number to obtain the check number and check date. After July 1, the check information would be obtained from the Noridian IVR. Do not attempt to use the Electronic Funds Transfer or Remittance Advice information; it is important that suppliers call and obtain the check details from the IVR. The check details offered by Noridian are from the claim processing system and may not actually be a check issued by Noridian. That is okay. The portal registration system is verifying information and the originator of the check is not a factor in the registration process.

**Q: Are JA suppliers able to register for an NMP Provider Administrator account now?**

A: Suppliers who currently bill with Jurisdiction D may register now; however, the portal is not yet ready for JA suppliers. We will announce the JA registration date on our website and through our listserv.

**Q: Does the portal have the capability to provide same/similar information for a beneficiary's previous claims?**

A: Yes, the portal will have the capability to verify same and similar for a beneficiary.

**Q: Will users be able to view claim status of claims submitted to NHIC prior to July 1?**

A: Yes. As of July 1, all existing completed and pending workload will be transferred to Noridian. Users will be able to verify status through the NMP.

View the Noridian Medicare Portal webpage for more details.

## Appeal Requests Submitted On/After July 1, 2016

Effective July 1, 2016

Noridian will become the new Jurisdiction A (JA) contractor effective July 1, 2016. All Reopening and Redetermination requests submitted on/after July 1 must be sent to Noridian, even if the initial claim was submitted to NHIC. Any pending workload will be transferred from NHIC to Noridian on July 1.

### Reopening

If a supplier makes a minor error or omission in filing a claim and that error causes the claim to be denied, there is no need to request a Redetermination. Instead, the supplier can request Medicare to reopen the claim so the error or omission can be corrected without using any appeal rights.

Minor Error or Omission Examples	Reopening Request Examples
<ul style="list-style-type: none"> <li>Mathematical or computational mistakes</li> <li>Inaccurate data entry</li> <li>Transposed codes</li> <li>Computer errors</li> <li>Misapplication of a fee schedule</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis changes/additions</li> <li>Date of service changes</li> <li>Certain modifier changes/additions (not all inclusive list)                             <ul style="list-style-type: none"> <li>KH - DMEPOS item, initial claim, purchase or first month</li> <li>KI - DMEPOS item, second or third month rental</li> <li>KJ - DMEPOS item (months four to thirteen), parenteral/enteral nutrition (PEN) pump or capped rental (months four to fifteen)</li> </ul> </li> <li>RR - Rental</li> <li>Unit changes</li> </ul>

### Who Can Request a Reopening

- Physician or supplier
- Medicaid State agencies or party authorized to act on behalf of Medicaid State agency for Medicare Part B claim determinations

### Filing Limits

- Reopening requests must be received within one year from date claim completed processing as determined by date paid on beneficiary's Medicare Summary Notice (MSN) or supplier's Electronic Remittance Advice (ERA) or Standard Paper Remittance (SPR)
- Reopening requests received after one year time limit will be dismissed as an untimely request
- The contractor may, upon request by party affected, extend period for filing request for Reopening
- Good cause for late filing will not be considered over phone and is not applicable for Telephone Reopenings
  - [CMS Internet Only Manual \(IOM\), Medicare Claims Processing Manual, Publication 100-04, Chapter 29, Section 240.1](#)

Reopening requests are mandated by CMS to be completed by the contractor within 60 days from the date the request is received within our office.

### Notification

If a Reopening is approved, a Standard Paper Remittance (SPR) or Electronic Remittance Advice (ERA) will notify the supplier of the payment determination. A separate determination letter for fully favorable Reopenings will not be sent.

### Redetermination

The first level of an appeal, a Redetermination, is a request to review a claim when there is a dissatisfaction with the original determination. A redetermination is an independent re-examination of an initial claim determination. If a party or representative is dissatisfied with the decision on a claim, a redetermination may be requested. The Redetermination must be requested in writing or by fax or electronic submission.

#### Who Can Request a Redetermination

- Beneficiary
- Representative payee for the beneficiary
- Physician or supplier accepting assignment
- Physician or supplier not accepting assignment, if service is denied for medical necessity
- Physician or supplier not accepting assignment, if he/she has a signed authorization or signed non-assigned Medicare Summary Notice (MSN)
- Medicaid State agencies or party authorized to act on behalf of Medicaid State agency for Medicare Part B claim determinations

#### Requesting a Redetermination

Noridian encourages requestors to complete the DME Inquiry/Redetermination Form (Form will be available on website upon Implementation). This is to ensure all requirements are included or suppliers may write a letter including the following information:

- Clear statement explaining error or omission
- Beneficiary name
- Medicare Health Insurance Claim Number (HICN)
- Name and address of supplier of service
- Date(s) of service for which initial determination was issued (dates must be reported in a manner consistent with Medicare claims filing instructions; ranges of dates are acceptable only if a range of dates is properly reportable on Medicare claim form)
- Which service(s) is at issue in Redetermination
- Signature of the appellant

The Redetermination must be requested within 120 days of the initial determination date. The initial determination date is the date on the Medicare Remittance Notice (MRN) or the beneficiary's Medicare Summary Notice (MSN). When the filing deadline for a redetermination ends on a Saturday, Sunday, legal holiday, or any other nonwork day, the contractor shall apply a rollover period that extends the filing deadline to the first working day after the Saturday, Sunday, legal holiday, or other nonwork day. For example, if the filing deadline for a redetermination falls on the Saturday before Columbus Day, the filing deadline is extended to the first working day after the Columbus Day holiday. Redetermination requests made after the 120-day time limit should include an explanation regarding the late filing. For information about when good cause may apply for a late filing, see [IOM, Medicare Claims Processing Manual, Publication 100-04, Chapter 29](#)

#### Redetermination Submission Reminders

- If medical notes are handwritten and illegible, appeal will remain denied as there is no medical documentation to review
- If some of medical documentation submitted is illegible, that documentation will be excluded and only legible pieces will be considered as part of appeals process

- In addition, digital signatures are only accepted through Noridian Medicare Portal. All Redetermination requests received without appellant's signature are dismissed as incomplete requests
- Include medical records, prescriptions, proof of delivery, Certificates of Medical Necessity (CMNs), DME Information Forms (DIFs), and/or Advance Beneficiary Notice of Noncoverage (ABN), as appropriate
- **Do not** include a corrected claim with request

### Reconsideration

If a supplier is dissatisfied with a Redetermination, the next level of appeal is called a Reconsideration. Suppliers must file the Reconsideration request within 180 days of the date of the Redetermination decision.

A Reconsideration may be requested and submitted to the [Qualified Independent Contractor \(QIC\), C2C Innovative Solutions, Inc.](#), in writing using one of two ways:

1. Complete and submit Noridian Reconsideration Form
2. Submit a written request containing at least the following information:
  - Beneficiary name
  - Beneficiary Health Insurance Claim Number (HICN)
  - Specific service(s) and item(s) for which Reconsideration is requested and specific date(s) of service
  - Name and signature of party or representative of party
  - Name of contractor that made the Redetermination

### Administrative Law Judge (ALJ)

If the appellant is dissatisfied with the Reconsideration decision and the amount remaining in controversy is at least \$150, effective January 1, 2015, (may be an aggregate of multiple claims), the appellant is entitled to an in-person (which includes teleconference or video-teleconference) or an on-the-record hearing before an ALJ of the Social Security Administration.

To request an ALJ hearing, the request must be made in writing within 60 days following the date on which the appellant received the reconsideration decision. Send written requests for ALJ hearings to the office specified in the Reconsideration determination.

- [Office of Medicare Hearings and Appeals \(OMHA\)](#)
- [CMS 20034A/B – Request for Medicare Hearing by an ALJ](#)

The OMHA will request all case file information from the respective Qualified Independent Contractors (QICs). Any questions regarding the status of a case must be directed to the Office of Medicare Hearings and Appeals. OMHA jurisdiction is based on the appellant's address of record. However, always defer to the address specified in the reconsideration or reconsideration determination. Failure to do so will delay the processing of the request.

When the ALJ has rendered the decision, a copy of the decision letter will be sent to the appellant and the Administrative QIC. Favorable or partially favorable decisions will be adjusted for payment within 30 days of receiving the case file from the Administrative QIC office.

### Appeals and Reopenings Status: Access within NMP using DCN

As July 1, 2016 approaches, Noridian wants to ensure suppliers attain the Document Control Number (DCN) assigned by the outgoing contractor, NHIC, for any pending Appeals and/or Written Reopenings. Suppliers who have Noridian Medicare Portal (NMP) access will be able to look up the status of such requests by DCN only within the NMP.

Suppliers should continue monitoring the Noridian JA Implementation website for official notification on NMP registration. Detailed information regarding the roles, functionality, tutorials and registration steps is available on the [Noridian Medicare Portal](#) webpage.

## Appeals

Noridian will be the new contractor for Jurisdiction A (JA) effective July 1, 2016. All redeterminations submitted on or after July 1, 2016 will need to be sent to Noridian, even if the initial claim was submitted to NHIC. Any pending workload will be transferred from NHIC to Noridian on July 1.

The first level of an appeal, a Redetermination, is a request to review a claim when there is a dissatisfaction with the original determination. A redetermination is an independent re-examination of an initial claim determination. If a party or representative is dissatisfied with the decision on a claim, a redetermination may be requested. The Redetermination must be requested in writing or by fax or electronic submission.

### Who Can Request a Redetermination

- Beneficiary
- Representative payee for the beneficiary
- Physician or supplier accepting assignment
- Physician or supplier not accepting assignment, if service is denied for medical necessity
- Physician or supplier not accepting assignment, if he/she has a signed authorization or signed non-assigned Medicare Summary Notice (MSN)
- Medicaid State agencies or party authorized to act on behalf of Medicaid State agency for Medicare Part B claim determinations

### Requesting a Redetermination

Noridian encourages requestors to complete the DME Inquiry/Redetermination Form (Form will be available on website upon Implementation). This is to ensure all requirements are included or suppliers may write a letter including the following information:

- Clear statement explaining error or omission
- Beneficiary name
- Medicare Health Insurance Claim Number (HICN)
- Name and address of supplier of service
- Date(s) of service for which initial determination was issued (dates must be reported in a manner consistent with Medicare claims filing instructions; ranges of dates are acceptable only if a range of dates is properly reportable on Medicare claim form)
- Which service(s) is at issue in Redetermination
- Signature of the appellant

The Redetermination must be requested within 120 days of the initial determination date. The initial determination date is the date on the Medicare Remittance Notice (MRN) or the beneficiary's Medicare Summary Notice (MSN). When the filing deadline for a redetermination ends on a Saturday, Sunday, legal holiday, or any other nonwork day, the contractor shall apply a rollover period that extends the filing deadline to the first working day after the Saturday, Sunday, legal holiday, or other nonwork day. For example, if the filing deadline for a redetermination falls on the Saturday before Columbus Day, the filing deadline is extended to the first working day after the Columbus Day holiday. Redetermination requests made after the 120-day time limit should include an explanation regarding the late filing. For information about when good cause may apply for a late filing, see Internet Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 29 This link will take you to an external website.

### Redetermination Submission Reminders

- If medical notes are handwritten and illegible, appeal will remain denied as there is no medical documentation to review
- If some of medical documentation submitted is illegible, that documentation will be excluded and only legible pieces will be considered as part of appeals process
- In addition, digital signatures are only accepted through Noridian Medicare Portal. All Redetermination requests received without appellant's signature are dismissed as incomplete requests

- Include medical records, prescriptions, proof of delivery, Certificates of Medical Necessity (CMNs), DME Information Forms (DIFs), and/or Advance Beneficiary Notice of Noncoverage (ABN), as appropriate
- Do not include a corrected claim with request

### Reconsideration

If a supplier is dissatisfied with a Redetermination, the next level of appeal is called a Reconsideration. Suppliers must file the Reconsideration request within 180 days of the date of the Redetermination decision.

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- Complete and submit Noridian Reconsideration Form (Form will be available on website upon Implementation)
- Submit a written request containing at least the following information:
  - Beneficiary name
  - Beneficiary Health Insurance Claim Number (HICN)
  - Specific service(s) and item(s) for which Reconsideration is requested and specific date(s) of service
  - Name and signature of party or representative of party
  - Name of contractor that made Redetermination.

### Administrative Law Judge (ALJ)

If the appellant is dissatisfied with the Reconsideration decision and the amount remaining in controversy is at least \$150, effective January 1, 2015, (may be an aggregate of multiple claims), the appellant is entitled to an in-person (which includes teleconference or video-teleconference) or an on-the-record hearing before an ALJ of the Social Security Administration.

To request an ALJ hearing, the request must be made in writing within 60 days following the date on which the appellant received the reconsideration decision. Send written requests for ALJ hearings to the office specified in the Reconsideration determination.

- Office of Medicare Hearings and Appeals (OMHA)
- CMS 20034A/B – Request for Medicare Hearing by an ALJ

The OMHA will request all case file information from the respective Qualified Independent Contractors (QICs). Any questions regarding the status of a case must be directed to the Office of Medicare Hearings and Appeals. OMHA jurisdiction is based on the appellant's address of record. However, always defer to the address specified in the reconsideration or reconsideration determination. Failure to do so will delay the processing of the request.

When the ALJ has rendered the decision, a copy of the decision letter will be sent to the appellant and the Administrative QIC. Favorable or partially favorable decisions will be adjusted for payment within 30 days of receiving the case file from the Administrative QIC office.

## Telephone Reopenings – Guidelines, Filing Limits, Requests Allowed and Timeline Calculator

Effective July 1, 2016

Suppliers may contact Noridian Healthcare Solutions JA Telephone Reopenings through a single toll free service phone number: 1-866-419-9458, Monday - Friday from 8 - 5 p.m. ET.

Requesting a Telephone Reopening

Telephone Reopenings may be requested by a physician or supplier, Medicaid state agencies or the party authorized to act on behalf of the Medicaid state agency for Medicare Part B claim determinations



### Claim Research before Calling Telephone Reopenings

Claim status inquiries should be accessed via the Interactive Voice Recognition (IVR) or via the Noridian Medicare Portal (NMP). View [NMP](#) registration information. All other inquiries contact Supplier Contact Center (SCC).

If your facility has received an Electronic Remittance Advice (ERA) or Standard Paper Remittance (SPR) indicating that a claim has denied as not processable (e.g. MA130), it does not have rights to a Reopening or an appeal and must be corrected and submitted as a new claim. To ensure that the claim in question is truly finalized, wait at least three business days following your ERA receipt to call Reopenings.

### Be Prepared

The following must be available when calling Telephone Reopenings.

- Caller's name and phone number
- Supplier name
- National Supplier Identifier (NPI) and Supplier Transaction Access Number (PTAN), and last five of the Tax Identification Number (TIN)
- Beneficiary's Medicare Health Insurance Claim Number (HICN)
- Beneficiary's first and last name
- Date of Service (DOS)
- Procedure code (CPT or HCPCS) in question
- Corrective action to be taken on the claim

There is a limit of five dates of service to reopen per call.

### Reopening Determination Notification

Approved Determination – An ERA or SPR will contain the payment determination. A separate determination letter for fully favorable Reopenings is not sent. Per CMS, IOM Medicare Claims Processing Manual, Publication 100-04, Chapter 34, Section 10.2, "If a contractor receives a reopening request and does not believe they can change the determination, they should not process the request."

**Disclaimer:** If any request, upon research, is determined to be too complex, the requestor will be notified that the request needs to be sent in writing, with the appropriate documentation, as a Redetermination.

### Filing Limits

Requests must be received by Noridian within one year from the original claim processing date determined by the original Medicare Summary Notice (MSN), ERA, or SPR date. Requests received after the one year time limit will be dismissed as untimely.

Good cause for late filing will not be considered over the phone and is not applicable for Telephone Reopenings as described in the CMS [Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 29, Section 240](#).

### Requests Allowed and Requests that must be submitted as a Redetermination

Noridian will continue accepting Telephone Reopening requests for items and services NHIC previous allowed. Suppliers should also review the following correction guidelines.

### Requests Allowed by Telephone Reopenings

- General Corrections
  - Diagnosis code changes or additions
  - Date of service (DOS) changes
- Modifier Corrections
  - KH
  - KI



- KJ
- RR
- NU
- AU
- KL
- RT
- LT
- HCPCS Corrections
  - HCPCS code changes (see below for exclusions)
  - Miscellaneous HCPCS codes and all HCPCS codes that require manual pricing

### Requests that Require a Redetermination Request

- Corrections
  - Overutilization denials that require supporting medical records
  - Oxygen break in service (BIS) Issues
  - Claims denied for timely filing
  - Overpayments or reductions on payment
  - Medicare Secondary Payer (MSP) issues
  - Certificate of Medical Necessity (CMN) Issues
  - Durable Medical Equipment Information Form (DIF) issues (applies to both Written and Telephone Reopenings)
  - Reopenings past one year from the initial determination
  - Complex Medical Reviews or Additional Documentation Requests
  - Advance Beneficiary Notice of Non-coverage (ABN) issues and other liability issues
- Modifier Corrections
  - A1 - A9
  - EY
  - GA
  - GY
  - K0-K4
  - KX
  - RA (Cannot be added)
  - RB
  - RP
- HCPCS Corrections
  - B4159-B4162
  - E0194
  - E1028
  - K0108
  - K0462

## APPEALS

- L4210
- All HCPCS in the Surgical Dressings and TENS policy
- All NDC Drug Codes

\*This is not an all-inclusive list. If, upon research, any of the above changes are determined too complex, the caller will be notified the request will need to be sent in writing as a redetermination with the appropriate supporting documentation.

### Timeline Calculator

Suppliers may enter their initial Remittance Advice (RA) date into our “Reopening Timeline Calculator” to identify the date in which Noridian must receive Reopening documentation.

CMS mandates that Reopening requests be completed by the Medicare Contractor (Noridian) within 60 days from the date the request was received at the Noridian office.

Visit the Noridian [Reopenings](#) webpage to use the calculator and read more Reopening related details.

## EDUCATIONAL

### Noridian DME Outreach and Education Welcomes Jurisdiction A (JA) Suppliers

As Noridian works on implementing the JA workload, effective July 1, 2016, we want to ensure suppliers are informed of important changes that may impact you. Noridian DME Outreach and Education’s objective is to minimize the impact on suppliers for a smooth transition.

The Noridian DME Outreach and Education team members educate DME suppliers on Medicare program fundamentals, policies and procedures, new Medicare initiatives, and any significant changes to the Medicare program. Noridian offers a variety of strategies and methods to distribute information about the Medicare program to our supplier community.

Noridian encourages all suppliers to become a member of our listserv and receive updates on Medicare information pertinent to your business. View more information about this on our [Listserv Subscription and Distribution Frequency](#) webpage.

### New Supplier Curriculum

Are you a new supplier just starting to bill Medicare for DMEPOS items? Are you an experienced supplier providing a new DMEPOS product category? Managers, are you in need of consistent, Medicare-related training material for your staff for new and on-going training?

Available July 1, the New Supplier Education Curriculum will provide DMEPOS suppliers the foundation necessary for successful Medicare claim submission. This curriculum will be customizable to meet the needs of any DMEPOS supplier. Materials will be comprised of multiple self-paced, pre-recorded tutorials DMEPOS suppliers and billers can view to develop and improve their Medicare DMEPOS knowledge. Each General and Policy-Specific Curriculum will conclude with a quiz to test the viewer’s retention of the material and is a great tool for training purposes.

### DME Web Based Workshops

Noridian will offer web-based workshops using internet meeting forum software and audio conferencing to help suppliers learn more about Medicare policies and determinations. At these sessions, the education department covers a variety of topics and suppliers can ask questions and network with other suppliers. These workshops are convenient and help suppliers save time and money. All workshop events will be posted to the [Schedule of Events](#).

### DME on Demand

Noridian DME Outreach and Education will provide pre-recorded online presentations that enable viewers to watch and listen to presentations at their convenience. As with the web based workshops, these presentations cover a variety of topics and specialties and average between 5-7 minutes. We encourage DME suppliers to use this tool for training new and existing employees.

### Ask the Contractor Teleconference (ACT)

Noridian Ask the Contractor Teleconference (ACT) is designed as an open forum for DMEPOS suppliers to speak directly with Noridian representatives from a variety of departments. The teleconferences are held quarterly and registration is not required to attend. Participants will learn the latest Medicare information, along with a robust questions and answers session. A full schedule of meetings will be made available on the [ACT](#) webpage.

### Provider Outreach and Education Advisory Group (POE AG)

The primary function of the POE Advisory Group (POEAG) is to assist Noridian in the creation, implementation and review of our provider education and training strategy and efforts. Through the advisory group, Noridian will be able to better communicate with and respond to the needs of those involved in administering care to Medicare beneficiaries. The input received from this group will affect the way educational materials and correspondence are presented, the content contained in them and how Noridian can best provide resources for the provider community.

POE Advisory Group meetings are for members only. Members may attend by teleconference using the information provided within the meeting materials or in person at the Noridian office.

POE Advisory Group members represent a wide range of Medicare provider specialties and associations. Noridian selects POE Advisory Group members to allow equitable provider representation based on type of care provided and to recognize geographical diversity. Suppliers currently active in the NHIC JA POE AG will automatically transfer to the Noridian JA group. Applications for new members will be made available after the July 1 implementation. See the POE AG webpage for more information.

### Electronic Supplier Visits

Noridian suppliers will have the opportunity to request individualized education through an Electronic Supplier Visit (ESV). This education is specific to your company and will be tailored to your educational needs and questions. This free educational opportunity will be made available to all JA suppliers after the July 1 implementation.

## Activities Held During Implementation Period

Noridian held a variety of educational opportunities throughout April, May and June. We offered web based workshops, Ask the Contractor Teleconferences (ACT), Association meetings and in person Meet & Greet Open House events.

### Meet & Greet Open House

- April 19 - New York, NY
- April 21 - Newark, NJ
- April 26 - Dover, DE
- April 28 - Philadelphia, PA
- May 3 - Harrisburg, PA
- May 11 - Albany, NY
- May 12 - Windsor Locks, CT
- May 17 - Cheektowaga, NY
- May 19 - Coraopolis, PA
- May 24 - Boston, MA
- May 26 - Warwick, RI
- June 8 - Arlington, VA
- June 9 - Philadelphia, PA

## EDUCATIONAL

### Web-Based Workshops

- April 20 - JA Implementation
- June 9 - IVIG Demonstration
- June 15 - JA Implementation
- June 21 - Noridian Medicare Portal
- June 22 - Noridian Medicare Portal
- June 28 - Noridian Medicare Portal
- June 29 - JA Implementation
- June 30 - Web Tour

### Associations

- May 5 - PAMS – State College, PA
- May 10 - NYMEP/HOMES – Groton, CT
- May 12 - NYSAAOP – Albany, NY

## ENROLLMENT

### Electronic Funds Transfer (EFT) – No Action Needed

A new Form CMS-588 (5/10) Electronic Funds Transfer (EFT) Authorization Agreements will not be required to be submitted during the transition from NHIC to Noridian.

Once transitioned to Noridian, as part of the normal enrollment or revalidation process, we will continue to review suppliers file and confirm they are set up with electronic payments and that they are using the most recent version of the new Form CMS-588 (09/13). If we discover that suppliers are not set up or an older version of the Form CMS-588 is being used, we will request a new Form CMS-588 (9/13).

### CEDI Contractor Code Change Notification - June 30, 2016

When Jurisdiction A and Jurisdiction B transition on June 30, 2016, the corresponding contractor codes will be changing as well. CEDI recommends suppliers work with their software vendors, billing services, and clearinghouses to ensure their software is updated to send the new contractor codes.

Inbound files (837, NCPDP and 276) will be accepted by CEDI up until 3:00 pm on June 30, 2016 with the current contractor codes for JA (16003) and JB (17003).

CEDI will then apply the necessary changes for the transition and when we re-open the CEDI Gateway, the only valid codes that will be accepted are 16013 (JA), 17013 (JB), 18003 (JC) and 19003 (JD).

NHIC and NGS will run their last cycles as a DME MAC on June 30, 2016 and produce the outbound files that CEDI will return to our Trading Partners via our CEDI Gateway. This includes the RPT files, 835s and 277s. These will have the current DME MAC codes (16003 for JA and 17003 for JB).

The transition changes will then be applied to the DME MACs and the next cycles will produce outbound files for CEDI with the new codes for JA and JB and the current codes that are not changing for JC and JD.

Note: CEDI will provide an upgrade to the PC-ACE software and will send notification once the upgrade is available.

### LCD Notification

Following the Implementation July 1, 2016, the JA Local Coverage Determinations (LCDs) and Policy Articles (PA) will not change and the effective dates will remain as they are under the JA DME MAC for date of service and claims processing purposes. The only changes to the document are the Contractor numbers assigned to the policy.

JA includes all DME POS suppliers in Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and Washington DC. To assure the correct billing for these services following the JA implementation on July 1, 2016, suppliers must be aware of these policies and educate their staff on the LCDs.

## MEDICAL REVIEW

### Noridian Medical Review Program

Noridian Medical Review staff conducts medical record reviews according to the CMS guidelines in the [CMS Internet Only Manual \(IOM\), Publication 100-08, Medicare Program Integrity Manual, Chapter 3](#). Noridian's goal is to reduce the contractor's claim payment error rate by identifying patterns of inappropriate billing through data analysis, performing medical review of claims and developing local policies to address program vulnerabilities.

Education is Medical Review's primary tool. Analysis of actual claim submissions provides the direction for specific review selection and educational efforts. All reviews are based on CMS requirements and data analysis findings. Data analysis includes, but is not limited to:

- Comprehensive Error Rate Testing (CERT)
- Office of Inspector General (OIG) contractor reports
- Trend analysis reports
- Recovery Audit (RA) denials
- Widespread edit effectiveness reports
- National comparison reports

Noridian will continue the prior contractor's medical reviews until full implementation of the Jurisdiction A (JA) workload. After implementation, if the claims error reduction is not supported, Noridian will evaluate the reviews and modify or terminate the reviews. New reviews will be implemented in accordance with CMS mandates and as supported by the data analysis described previously. MR will notify suppliers of any modified, terminated or new reviews through Noridian website postings, specific supplier letters (if involved in the review) or both. Updated review findings will be posted to the website during and after the review.

## NORIDIAN MEDICARE PORTAL

### Noridian Medicare Portal Roles, Registration and Functionality

The Noridian Medicare Portal (NMP) registration process empowers suppliers to determine who in their office they want to oversee access of the employees and monitor their portal usage. This webpage defines the roles available, what elements must be entered during each of the seven steps to complete the online registration process, and defines the functionality the NMP does offer.

#### Registration

National suppliers who bill Jurisdiction D, are registered with CEDI as an electronic submitter (either electronic remittance advice and/or electronic claim submission), and have had a recent check issued by Noridian are eligible to register for the portal today. If suppliers are already registered in the Noridian Medicare Portal because they bill Jurisdiction D, they will not need to register again to gain Jurisdiction A access; they will receive access automatically!

For suppliers who solely bill Jurisdiction A, the following portal registration information will be available mid-June closer to the July implementation date. When registration becomes open, suppliers will be notified through the Noridian implementation website, emails, and outreach. Following registration, we are excited to offer eligibility inquiries prior to the July implementation date. After the implementation, all functions a supplier registered to receive within the portal would become available.

Noridian has online registration and verification. The Provider Administrator oversees and grants access to their employees; however, every person must register for their own account. Email addresses are required and must be unique per user. Noridian does not require notarized or documentation submission as part of the registration process.

The seven step Noridian Medicare Portal registration process for our portal is defined below.

Portal Registration Step	Actions
Step 1: Personal Information	Enter your first and last Name, work phone, and unique work email address which is not used by more than one person. Choose a username and password.
Step 2: Login to Account	Verify your email address by following the link provided in the confirmation email sent from <a href="mailto:noridianportal@noridian.com">noridianportal@noridian.com</a> with the subject being "Confirm_Email_During_Registration."
Step 3: Security Questions	Choose 5 security question and enter your case-sensitive answers. These questions are needed to reset a password if forgotten. Answers are case sensitive.
Step 4: Account Confirmation	Select the Next button to confirm your account and progress beyond the security question process.
Step 5: Organization Information	<p>This is where you define if you are a Provider/Supplier or a Vendor (billing agency or clearinghouse). Suppliers with less than 25 full time employee equivalents are able to identify themselves as "small" which gives their "Provider Administrators" the option to later have both administrator as well as "End User" portal transaction inquiry access.</p> <p>This is also the step that identifies your role; Provider Administrator, Provider End User, Vendor Administrator, or Vendor End User.</p>
Step 6: Add Provider/Suppliers	<p>Enter the required information:</p> <ul style="list-style-type: none"> <li>• Medicare Program (DME)</li> <li>• Trading Partner ID (Issued by CEDI) (This is Optional)</li> <li>• National Provider Identifier (NPI)</li> <li>• Provider Transaction Access Number (PTAN)</li> <li>• Tax Identification Number (TIN) or Social Security Number (SSN)</li> </ul> <p>If registering as a Provider Administrator, the following are required:</p> <ul style="list-style-type: none"> <li>• Check Number – Enter the check number of one of the checks issued by NHIC in the prior 45 days.</li> <li>• Check Amount – Enter the amount of the corresponding check number. Do not include commas but do include decimals.</li> </ul>
Step 7: Registration Request Submitted	After correctly entering combinations, a confirmation will display and the following actions will be required in order to gain access to the portal. You are encouraged to close out of your Internet browser and then log back in.



## Functionality

There are several differences between the Noridian Medicare Portal and the portal offered by the incumbent, NHIC, and their Provider Services Portal (PSP).

- **Eligibility:** The CMS HIPAA Eligibility Transaction System (HETS) system is the required, consistent source of beneficiary entitlement information and remains the same for both the Noridian Medicare Portal and the PSP.
- **Claim Status:** Based on the claim processing system hours of availability, the Noridian portal offers a history of claims based on the supplier NPI, PTAN and TIN and the Jurisdiction that processed the claim for the beneficiary details entered.
- **MR Examiner Notes:** From claim status, in the event a claim was selected for review by a clinician, the Noridian examiner comments are also made available. This detail is solely available per a claim in the portal and is not available from the public website.
- **Claim-Specific Remittance Advice:** At this time, suppliers are able to obtain immediate, claim-specific remittance advice for finalized claims regardless of which contractor processed the claim originally.
- **Same and Similar Equipment and ALV:** Noridian does offer same and similar equipment inquiries as well as access to view prior claim history for the last paid date of service for supply, orthotic, prosthetic, and vision HCPCS codes (A, L, V). The Certification of Medical Necessity information is not currently provided by the Noridian portal.
- **Redetermination submission:** Noridian highly encourages suppliers to use the portal to securely submit their redeterminations and supporting documentation to our office. By locating the claim, identifying the claim line items being appealed, entering narrative instruction for a Noridian examiner, uploading supporting documentation, attesting to the submission and electronically signing the appeal will deliver the appeal to Noridian and provide an immediate confirmation. An actual redetermination form is not needed; the details on the form are collected through the portal submission process.
- **Appeal Status:** Noridian offers suppliers access to previously submitted redeterminations. This inquiry retrieves redeterminations submitted to Noridian through postal, fax, portal or esMD submission. Noridian will work to have this feature available for historical NHIC redeterminations; however, it will be available for redeterminations submitted to Noridian on/after July, 2016.
- **Checks and Payment Floor:** Noridian offers a listing of the last 50 check numbers and amounts as well as the claim volumes billed and on the payment floor. This would be for both Noridian and NHIC processed claims.
- **Overpayment Inquiry:** Suppliers can enter the Financial Control Number to locate the claim(s) that caused an overpayment as well as view the balance and collection effort progress that occurred to satisfy this debt.
- **Additional Documentation Request:** The Noridian Medicare Portal offers a listing of the most recent 100 pending claims awaiting an ADR response. Suppliers can also obtain a copy of the letter mailed by Noridian, they can also submit their response by uploading as many files as necessary. These files are virus scanned and securely delivered to Noridian. A confirmation number is provided to the supplier. There is not an "inbox"; suppliers would conduct inquiries to obtain copies of letters or to view what claims are pending a response.
- **Power Mobility Device (PMD) Prior Authorization:** Suppliers can enter the beneficiary details and the HCPCS in question to learn if/when the request was received, gain the Unique Tracking Number, and find the outcome of favorable/non-favorable or pending.

## Functionality not available within the Noridian Medicare Portal:

- **Full Remittance Advice:** Noridian apologizes in advance as we do not offer copies of full Electronic Remittance Advices through our portal. We are working with the data maintainer on file availability; however, this will not be available in July 2016. As we make progress on offering this feature, we will communicate to our supplier community. Noridian acknowledges the importance of this portal functionality and we are currently working directly with the data maintainer on translating the Electronic Remittance Advice files for a portal-friendly format.



- **Overpayment Form Submission:** The PSP accepted refund forms and supporting documentation through their portal. This is not available on the portal at this time but will be evaluated following the full remittance advice project feasibility.

### Noridian Medicare Portal Will Offer Limited Inquiries at Implementation - Appeal Status, ADR Letters, Decision Desktop, and Full Remits

The Noridian Medicare Portal will be available for registration mid-June. It requires the Administrators to register online first, and then their employees/billing agencies can register. While all functions can be requested and approved in June, only the eligibility function will truly work. This is because Noridian will not have claim-specific access or jurisdiction to release information beyond eligibility until we are the Jurisdiction A contractor on July 5, 2016. When we become the contractor, we will have limited access for historical information on several types of portal inquiries as defined below.

- **Appeal Status:** While Noridian will receive the pending and finalized redeterminations from the incumbent, we will not have all required elements applied to every piece of correspondence received such as the NPI, PTAN, beneficiary name and Medicare number which would be required for the portal to retrieve and verify receipt of the redetermination.
- **Additional Documentation Request (ADR):** Noridian will be able to display a listing of the most current 100 claims pending an ADR response as this is based on a claim location within the claim processing system regardless of which contractor is processing the claims. Suppliers will also be able to submit their documentation for these pending claims through our portal; which is highly encouraged as this is the fastest method to ensure proper receipt. The actual letter mailed by the incumbent as well as access to view historically submitted ADR responses will not be visible through the Noridian Medicare Portal. For ADR letters we issue and mail to suppliers dated on/after July 5, the portal will display a copy of Noridian's outbound letter and allow suppliers to use the portal to confirm receipt of their ADR response. For supplier's ADR responses received by Noridian on/after July 5 via the portal, fax, postal or esMD submission, this information will be available for view until the claim is finalized. Once finalized, the Noridian examiner's comments are made available.
- **Decision Desktop:** Noridian offers suppliers direct access to claim-specific comments from our Medical Review examiners within our portal; not from our public website. Claims which had an ADR issued and responded to by the incumbent would not have details available within the Noridian portal. Only claims Noridian reviews as the Jurisdiction A contractor will offer the comprehensive information relating to the claim processing rationale.
- **Full Remittance Advices:** Noridian apologizes in advance as we do not offer copies of full Electronic Remittance Advices through our portal. We are working with the data maintainer on file availability; however, this will not be available in July 2016. As we make progress on offering this feature, we will communicate to our supplier community. Noridian acknowledges the importance of this portal functionality and we are currently working directly with the data maintainer on translating the Electronic Remittance Advice files for a portal-friendly format.

We do hope suppliers find the online registration and functionality offered within the Noridian Medicare Portal helps your office perform timely reviews of your beneficiary eligibility and claim-related inquiries. Training tutorials and related information is available on the [Noridian Medicare Portal](#) webpage of our Jurisdiction A implementation website.

### Noridian Medicare Portal - Valuable 20 Minute Tutorial You Should Watch

The Noridian Medicare Portal is available for suppliers to begin registering for and using today! To help you, there is a 20 minute tutorial that defines the different roles within the portal, information needed during registration, screens users will see while using the portal, how to manage your account, and available resources. [View the tutorial now](#). With one week until implementation, suppliers are encouraged to begin using the new portal as soon as possible. Eligibility inquiries can even be conducted right now in the portal prior to the implementation date.

Additional resources such as step by step registration instructions and the user manual defining each function offered are available on the [NMP page](#) of our website. We hope you find this early access to register and begin using the portal helpful.

### Comprehensive Error Rate Contractor (CERT) - AdvanceMed and Livanta

Noridian would like to welcome Jurisdiction A (JA) providers and reassure you of our dedication in reducing the CERT error rates. We are committed to providing CERT education, resources and tools. There will be no change in the CMS designated CERT contractors. AdvanceMed will continue to conduct CERT reviews and make determinations. Livanta will continue to request and collect medical records from providers sampled for a CERT review.

#### AdvanceMed

A Program Safeguard Contractor (PSC) who administers the activities of the Comprehensive Error Rate Testing (CERT) program. As the CERT Review Contractor, AdvanceMed is responsible for:

- Selecting a random sample of claims that have been received by each Medicare contractor every month.
- Reviewing the selected claims and associated medical record documentation to determine if the claim was appropriately adjudicated according to Medicare regulations/guidelines.

#### Livanta

The CERT documentation contractor works to streamline the record request and receipt functions. As the CERT Documentation Contractor, Livanta is responsible for:

- Requesting and receiving medical record documents;
- Maintaining a document tracking system;
- Providing a website for updating supplier addresses and contact information;
- Scanning the medical records into a retrieval system; and
- Operating a call center to answer contractor and supplier questions regarding CERT.

### Recovery Auditor Program Overview and Options

Recovery Auditors are companies that contract with CMS to find improper payments (both overpayments and underpayments) that may have been made to Medicare suppliers. Section 302 of the Tax Relief and Health Care Act of 2006 made the Recovery Auditor Program permanent.

Recovery Auditors review claims on a post payment basis. They identify specific issues they want to pursue, however are limited to claims approved through the CMS "new issue review" process. In some cases a small number of "non posted issue" requests may be requested from suppliers as the Recovery Auditor requests sample data to supply to CMS on an issue they would like approved. Prior to a widespread review, all approved issues are posted on the Recovery Auditors website.

Noridian urges suppliers to stay informed of the new issues that are identified by the Recovery Auditor contractor for their state. For Jurisdiction A, this is Performant Recovery.

#### Types of Reviews

There are three types of reviews conducted by Recovery Auditors:

1. **Automated** (no medical record needed)
2. **Semi-Automated** (given the option to submit medical records but not required)
3. **Complex** (medical record required)

Recovery Auditors perform semi-automated reviews and are sending suppliers requests for documentation. Upon receipt of such a request, suppliers have 45 days to respond to ensure proper review of documentation.

The Recovery Auditor will not review a claim that has previously been reviewed by another entity. They analyze the claim data using their proprietary software and identify claims that clearly contain improper payments. If an improper payment is identified, a demand letter will be issued.

Suppliers can identify claims that have been recouped by the Recovery Auditor by checking remits for message code N432.

## OTHER REVIEW ENTITIES

### Don't agree with a Recovery Auditor Determination?

A supplier can initiate a discussion period with the Recovery Auditor. If the supplier does not participate in a discussion period or the Recovery Auditor upholds their original decision, the claim will be sent to Noridian Healthcare Solutions to be adjusted. The supplier will then receive a demand letter, identifying an overpayment from the Medicare Recovery Auditor. If the supplier believes the denial to be incorrect, the decision may be appealed. Recovery Auditor redeterminations follow the normal Medicare appeals process.

If suppliers have not done so already, update contact information with the Recovery Auditor. This will assist receiving requests for documentation timely.

### Customer Contact Information

Please be aware the DME Supplier Contact Center can only answer general question about the Recovery Auditor program. Any other questions should be directed to the Recovery Auditor contractor.

Performant Recovery Contract Customer Service Number: 1-866-201-0580

### CMS Recovery Auditor Issues Email

CMS has set up a special email address for the supplier community to use. The address for CMS Recovery Auditor issues is [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov).

## REMITTANCE ADVICE

### Electronic Remittance Advice Benefits - 835 Transaction

The Electronic Remittance Advice (ERA) is the electronic version of the Standard Paper Remit (SPR), which serves as a notice of payment and adjustments sent to providers, billers and suppliers and explains the reimbursement decisions of the payer.

A facility may be receiving the 835 Remittance Advice but suppliers may need to network internally to obtain a copy of the remittance advice for departmental purposes. If a facility is currently not set up to receive the 835 Remittance Advice, listed below are several transaction benefits:

- Receive the remittances the day the claim finalizes
- Streamlines the reconciliation process
- Reduces paper and printing costs
- Faster processing of secondary claims
- Increases productivity and efficiency
- Reduces costs associated with storing and maintaining paper remits
- Reduces costs associated with staff time to review and file paper remits

Electronic Data Interchange Support Services (EDISS) provides a list of Medicare-approved connectivity vendors for direct submitters on the EDI website at <http://edissweb.com/cgp/software/>.



DME Happenings  
900 42nd St. S.  
Fargo, ND 58103



RETIRED