




WPS Medicare Part B “Departments by Function” Teleconference

















A common question asked to WPS Medicare is “Which WPS Medicare Part B department should I contact?” The quick reference below explores the different departments’ roles and functions, as well as the use of self-service technologies to help providers determine the best WPS Medicare resource to use. The quick reference is designed to compare the following departments and self-service technologies:






- Appeals
- CMS Secure Network Access Portal (C-SNAP)
- Provider Customer Service (CS)
- Electronic Data Interchange (EDI)
- Financial(Fin)/ Medicare Secondary Payer (MSP)
- Interactive Voice Response (IVR) Toll free Phone Line
- Provider Enrollment (PE)

 = A written request is acceptable

 = A computer request is acceptable

 = A telephone inquiry is acceptable

Reason for Inquiry	Appeals	C-SNAP	Provider CS	EDI	Fin/ MSP	IVR	PE
Minor Clerical error on processed claims – reopening. See reopening guidelines on Website	 						
A Redetermination							
Appealing an overpayment							
Basic Eligibility							
Claims Status							
If you are unable to complete a voluntary refund, then setting up an Overpayment							
Why an overpayment was set-up							
Unsure of what department to contact							
Explanation of why a claim is denied							
Educational assistance on claim submission							
Educational assistance on resolving claim or payment issues							
Answers to questions on Medicare policies or procedures							
Locating information on the							

Reason for Inquiry	Appeals	C-SNAP	Provider CS	EDI	Fin/MSP	IVR	PE
Website							
Help determining the next step to take							
General Medicare Questions							
Questions regarding unfavorable appeals letters							
Information on submitting electronic claims							
Electronic Submitter ID							
Completing the electronic claim form							
Verifying the receipt of an electronic submission							
Technical support for PC-ACE Pro32 (free billing software)							
Questions regarding the Electronic Bulletin Board							
Questions regarding Pre-pass edit reports							
Questions on a Demand Letter Received							
Setting up an extended repayment plan							
Longer than 70 days since you sent in a voluntary refund							
Longer than 50 days since you notified Medicare of an overpayment and you have not seen any correction.							
Medicare claims processed as primary, when they should have been processed as a secondary							
Requesting an immediate offset							
A voluntary refund							
Updating a Provider Enrollment Records							
Questions regarding a PE Application							