**CMS Secure Net Access Portal (C-SNAP)**
**Ask-the-Contractor Teleconference (ACT) Transcript**

**Moderator: Tanya Hardiman**
**January 21, 2015**
**11:00 am ET**

Operator:         Good morning. My name is Brandy and I will be your conference operator today. At this time I would like to welcome everyone to the C-SNAP Conference Call.

                  All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during that time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

                  Ms. Tanya Hardiman, you may begin your conference.

Tanya Hardiman:  Thank you, Brandy. Good morning and welcome to WPS Medicare's Ask-the-Contractor Teleconference on the CMS Secure Net Access Portal or C-SNAP. My name is Tanya Hardiman and I am an outreach analyst on the Provider Outreach and Education team. Also on the line today is Thom Ryan who will assist for the question and answer portion of the call.

                  Today's ACT is being recorded by InterCall, and the transcript will be posted to our website within 30 days on the On Demand section of our training page. Participants will be in a listen-only mode until the question-and-answer segment begins. At that time, our operator, Brandy, will give the instructions about how to ask questions.

                  There is not a handout to accompany this call. We do have a few opening remarks, and then there will be an open Q&A session offering you an opportunity to ask questions you may have regarding C-SNAP.

                  C-SNAP is a free self-service portal that is a comprehensive, secure website to be used as your primary Medicare information source for patient eligibility, claim status information, and duplicate remittance notices. C-SNAP is available to you 24 hours a day, seven days a week with limited functionality outside of normal business hours.

                  Now, here is what C-SNAP can do for your office --

                  Patient Eligibility
                  Access national eligibility information to verify Medicare beneficiary entitlement 24 hours a day, 7 days a week. Patient eligibility includes Managed Care Organization or Medicare Advantage enrollment information, Medicare Secondary Payer (MSP) information, preventive services, therapy caps, and much more.

                  Claim Status

Check the status of pending claims and receive detailed information about processed claims. Please note, claims status is only available when the Part A and Part B claims processing systems are available.

Claim Entry
Part B providers who bill on a 1500 form are able to enter a Medicare Part B Professional Claim. C-SNAP Claim Entry does not currently accept Medigap, MSP, or Purchased Service claims.

Duplicate Remittance Advice
You are able to query for entire Medicare duplicate remittance notices in standard paper format. You can view remittances instantly on your computer and print them locally at your office. Duplicate remits are available for the past 13 months. Please note, remits associated with special check remits (ERX, HPSA, etc.) and remits over 250 pages are currently not available in C-SNAP.

Secure Message
Contact the Medicare Customer Service Department for inquiries about C-SNAP, request clarifications on claim denials or policies, and view responses using this secure online messaging system. Personal information stays private and confidential.

Help Center
The Help Center in C-SNAP can answer many of your questions and provide a link to training on the C-SNAP functions. Included in the Help Center are Frequently Asked Questions, Helpful Tips, links to Training, and Contact information. The Help Center can be found on the C-SNAP Home Page on the left hand navigation.

If you have questions that cannot be resolved after viewing the Help Center, please contact Medicare Customer Service.

A few of our newest features for C-SNAP include…

Part A Appeal Status
Providers who bill on a UB-04 are able to check the status of their Part A Appeal request. You can search for a single date of service or a range of dates for your submitted appeals. Status information should be available within 10 days of receipt of your appeal request.

Part B Appeals
Part B providers who bill on a 1500 form are able to submit requests for Medicare Part B redeterminations or claim reopenings and check the status of previously submitted C-SNAP appeal requests.

Part A Discharge Status
This is another great feature recently added to C-SNAP. You are able to check the Discharge Status for Part A claims. It is available in the Claim Inquiry function. Look for the new icon that looks like a circled D next to the

Claim Number on the Claim Summary page and Document Control Number (DCN) on the Part A Claim Header page.

Last, but certainly not least is…

Submitting Electronic Medical Records for Additional Development Requests (ADRs)
This feature allows you to upload Medical records through C-SNAP when you receive an ADR or a probe from our Medical Review department. This is only for ADRs and probes through Medical Review and hopefully down the line we can have this feature added for Appeals as well. We have noticed that a lot of people are using this feature; however, nearly all the documentation uploaded is not for a Medical Review ADR or probe but for appeals or claims. If the claim is in a S B6000, S B6001, or probe status then you may upload your documentation. You may also upload it if it was denied with a 56900 reason code for lack of documentation. If you ever have any questions on if it is appropriate to use this feature to upload your documentation on a particular claim, please contact customer service.

Now, we're going to go over some questions that were submitted to us during the registration process. The first question is, when we verify a physical therapy benefits, how do we know the cap amount is current? When is the system updated?

When we verify physical therapy benefits, how do we know the cap amount is current? When is the system updated?
C-SNAP is updated nightly when we receive the 270/271 report from the HIPAA Eligibility Transaction System (HETS). Keep in mind that benefits available are only updated on HETS as claims are processed. If a claim is outstanding, there is no way for the system to get updated with this information.

How do you know if a patient is enrolled in Hospice?
When you are looking at the Patient Eligibility, at the bottom of the screen hospice is listed. If the link is not active, HETS does not have any record of a hospice period. If the link is active, and you click on it, C-SNAP will give you the Hospice Provider ID, Start and End of the Hospice period, and the Hospice Revocation code. Keep in mind, if the revocation code is not a 1 then the hospice period is still active. The only way to get this updated is for the hospice to update it.

How do you know if a patient is enrolled in a Medicare HMO?
Like the Hospice information, when you are looking at the Patient Eligibility, at the bottom of the screen MCO is listed. This is your Medicare Advantage or Medicare HMO information. If the link is not active, HETS does not have any record of a Medicare Advantage plan. If the link is active, and you click on it, C-SNAP will give you the start and end dates, the contract plan number and their name and address.

How do you know if Medicare is the secondary or primary payer?

Again, when you are looking at the Patient Eligibility, at the bottom of the screen MSP Summary is listed. If the link is not active, HETS does not have any record of another insurance that may be primary over Medicare. If the link is active, and you click on it, C-SNAP will give you the start and end dates, if you click on the details button, it will give you additional information including if it is primary due to Working Aged, Disability, Worker's Comp, etc.

I often check SNF days for our patients, I can go to the CWF and get one number, then go to C-SNAP and it always says 80/20, no days used, even though CWF will have a different number. Why is this???
The first screen you see when going into the eligibility information is very high level information about the beneficiary's benefits. For more detail information, click on the link at the bottom of the screen that says Part A Deductible. The information displayed here is what the patient has actually used. Remember if a claim has not been processed then the information is not listed. It's a good starting point, but not and guarantee.

MSP: when Auto shows as primary payer, but patient is not coming to office due to Auto related, there should be exceptions noted in this area to avoid confusion.
Remember, if your claim is not auto related then Medicare will be primary. Send your claim as a normal Medicare primary claim and if there are any issues with it processing, contact customer service.

What can be done if we cannot pull up a patient in C-SNAP, and we have checked out the card and talked to the patient about all of his information?
If you are unable to find a patient in C-SNAP, contact customer service. It is possible that beneficiary's Medicare Number has changed. If you are still unable to find the beneficiary, contact the Social Security Administration for assistance.

When a patient is in a SNF Consolidated Billing period is possible for you to list the facility and dates of confinement?
No, it is not. HETS and therefore C-SNAP is only updated as claims are processed. If a SNF claim has not been submitted, there is no way of the system knowing there is an outstanding claim.

When will C-SNAP show the psychiatric days?
Psychiatric days is not information that is available to us through the 270/271 transaction. If/when this information is available through the 270/271 transaction we will include it on C-SNAP.

Now, I'm going to turn the line over the Thom Ryan because he has additional questions and answers that he's going to provide answers to before we open up the lines for your questions. Thom?

Thom Ryan:     Thanks, Tanya. The first thing I want to clarify is Tanya talked about the HIPAA Eligibility Transaction System, HETS. It's a 270/271 transaction. It is a real-time transaction. Every time you enter data into C-SNAP into the eligibility function, it goes directly out to the HETS files and brings it right back in. It takes about a second or two, so you really don't notice it. It's not as

though C-SNAP stores any information. HETS does store information. So HETS, itself, is where the information takes the nightly load, it's not C-SNAP. C-SNAP is giving you the most current information available.

So why did we do that? Now, remember, C-SNAP is 24 hours a day, seven days a week, and those people that are working at different times may need it available to them which is why we used the 270/271 transaction to give them that eligibility 24 hours a day, seven days a week. Unlike the claim status section, which is not available 24 hours a day, it is only available during claims processing times because that goes directly to the claims processing systems, whether it's a FISS system or the MCS system.

So, remember that, when you're looking at the difference, HETS is a real-time transaction. When you enter it, it's going to run out there, hit it and come back within just a couple of seconds. But the information may be a little bit different than what you're seeing because it is only updated nightly, the actual file that we hit against from CMS. So different things to remember, so C-SNAP is giving you everything we've got and the most current information we've got.

The first question I had is…

How do I download our EOBs through C-SNAP?
The first thing I do want to talk about in addressing all of my questions, or at least this one in particular is, if you go out to C-SNAP, right there on medicareinfo.com [https://www.medicareinfo.com/apps/cms/home.do] is the website. And when you go to medicareinfo.com, there is a user guide. If you haven't taken a look at this, I really think you need to do that. The reason that I think you need to look at it is it's going to give you all of the directions for all of the step by step interactions that you're looking for, which is what we really want to have happen on a regular basis.

So, for instance, if you go page 25 of this user guide, it tells us how to obtain a duplicate remit? Select Duplicate Remit link in the left navigation and walk your way through. It's going to walk you through every step. Now, I do want to tell you that on page 25 it's going to give two different sections. One is going to tell you, you can go to the bottom of the claim, which is the processed claim. Once that claim is processed, then you're going to be able to look out directly from there. It's going to have a button right on the bottom and you're just going to click on it, and it's going to give you that claim, duplicate remit, which is really nice.

If you do not have a processed claim, then what you want to do is go ahead and go – or if you don't know the number, go ahead and go to the C-SNAP remit function on the left side, which again it's going to tell you, then you're going to enter – you're going to enter your field. It's going to enter all the things you're looking for, go ahead and click, Continue, and it's going to give you the link for it on the bottom.

So, take a look at page 25 of the user guide. Again, it's medicareinfo.com, left-hand navigation, User Manual, big manual, 40 pages, it's going to give you basically everything you need. It's on page 25 for you.

I'm most interested in the appeals status information for C-SNAP. I submit both Part A and Part B appeals so I can submit and check status of appeals on both Part A and B via C-SNAP. Also, to what extent can I work an appeal via C-SNAP?

First thing I want you to know about that whole process is that you can submit a Part B appeal but you cannot submit a Part A appeal. So Part B, it takes the redetermination level which is our level, Part A does not. Part A is simply a status feature as Tanya said earlier. You can't really work anything, once you submitted it, it's up to us then to take it from there. So whatever information you have, you will go ahead and put on there in the section describing what you disagree with, then you're going to go ahead and take the information, put it together and give it to us via a fax. You're going to get a fax confirmation. If you don't have any additional information that needs to be there, then we don't have to worry about that particular thing. So I want you to be aware of that when you're looking at that.

When you look at in total, remember that you don't have to have that information available to you right away. So when you're looking at the appeal status section, you either file the appeal or you can check the status for Part B, and then you – once you've done it, you don't have to have the information available because you need to look back and check the status of it.

I would like to know if billing services are able to register for C-SNAP under the billing company to look up claims and eligibility for multiple providers or does each provide have to register separately?

Yes, a billing service can register for C-SNAP. Remember, C-SNAP registration isn't about who you are or isn't who you work for it, it's about who you are as a person. I registered for C-SNAP. Now, I have to be given and granted the right to access C-SNAP by anyone. So, there's a way in which an administrator is built, and that is the first person that registers has to have some pieces of information.

If you look in the manual, again, if you're not familiar with that process, it's in here, it's on page 4. It would walk you through on how to get registered. If you don't have an administrator set up, you can talk about the information that you need. Again, go ahead to that manual. It would really help you out.

If there is an administrator already, you go in and use request access for that NPI. So whatever that provider NPI you want access to, you request it. That administrator decides which level of access you get, which is the administrator level, the eligibility-only level or the eligibility claims level. And then you can do whatever you need to do from there. If there's not, the first person to access that has to have that information listed on page 4 in the user manual. And then what they have to do from there is go ahead and enter themselves. They're going to be the administrator. They can then give access to everyone. As long you were authorized and you have the necessary information, you can become an administrator. So it doesn't matter if you work for a billing company or not. It's up to the provider to authorize you by giving you that necessary information.

I would like to know when you send in your remits why there are three different payments for the same claim on one remit?

I'm going to have you – whoever asked that question, let me come back in the queue later because I don't necessarily understand that question. You don't actually send in any remits on C-SNAP. So, there's no remit available. There's a download available. In that, you know, it could be three separate lines. If we had to maybe adjust a claim or something, we would have the first claim, a cancellation of that, and then maybe an adjustment claim. So I'm not really sure exactly what you're referencing here. So if you want to go out during the Q&A process, we'll go ahead and see if we can get some more clarification and get you help on that.

I'd like more information on recouping after we have corrected the immediate offset.
Well, in C-SNAP, we have what we call our overpayment claim adjustment in OCA which – it's listed in page 30 of the User Manual. What you can do is go in and request an OCA. Now, an overpayment claim adjustment is just that you're going to make – you're wanting us to do something with this claim to adjust an overpayment. It doesn't automatically go directly into the system; it still has to be worked. So, it (gets to put) into that queue. Once it's in that queue, we work it like a normal claim adjustment would be, so then it's actually entered into our system and we go through the process, you'll get a letter.

If you automatically have the immediate offsets setup already, so if it's just automatically going to happen, it will happen as soon as the next claim comes in after it's entered into the system, and the system is the system that we used for financial. So it's different than the processing system. It's two different systems. It's actually a financial system.

So, when we look at that, what we want to do is once it's entered in the financial system, the letter's going to generate. At that point, if there's an immediate offset, it'll hit again for the next claim that would have issued you a payment, and it won't issue you the payment, it'll tell you it's the offset. If there's no immediate offset, you're going to have to still go through process of requesting the immediate offset because requesting the overpayment and the immediate offset are two separate things. One is done through C-SNAP or can be done through C-SNAP. The other is done via paperwork which must be mailed or faxed in.

Tanya Hardiman: Thom, I'm just going to remind everybody that what Thom just spoke about is only for Part B providers. So if you're a Part A provider billing on a 1450 or UB-04, this is not something that is available to you.

Thom Ryan: All right. Thanks, Tanya.

So the next question we have is…

If you are part of a large company, is there a way to have access to all of the facilities? Or do you need to have log-ins for each individual facility?

Again, as I discussed earlier, you can have accesses to as many NPIs as you want. So you can get access to every facility within your company. What it is, is the administrator for each NPI has to grant a certain person access. You have to go through that process for each NPI you want to access to. As a user, you can go on and request access to that, and then the administrator decides what type of access you get for that particular NPI. So, once your user account is active and built, then you begin the process of getting NPI accesses but not before that. So, again, take a look at that, page 5 of the user guide, (it'll help you get through that).

When doing a reopening for building (air), can we choose more than one option? An example, can we choose – that we need to change the HCPCS and the dollar amount?
The answer is no. You have to only choose one option. Our system that we have for C-SNAP only allows for one of those two choices. So you have to choose one option. If you have more than one and you want to do that, contact via the phone line or in writing for reopening. We'll take a look at that at that time. But again, C-SNAP, only one option at a time, therefore, only one of those could be done.

When viewing the claim, is there a place that shows how much was paid on each individual charge line?
Now, here's a little bit of a difference for you. Again, Part A, you might not have a charge line. You may have the claim summary and that's all that you're going to have. So there is no individual claim line.

On Part B, it is a little bit different. You will have the detail screen, which is under – it's called the claim detail screen and it's underneath the individual summary screen. So you're going to get, first, a summary screen. It's high level overview of everything. Underneath that, there is a screen that gives you all the claim lines for a Part B claim. Now, Part B claim is billed on a 1500 not on a UB. So UB, the answer is no; 1500, the answer is yes.

Will the appealed letters be available on C-SNAP?
Our answer to that is we'll give that to technical support, and they will look into enhancing that. Right now, we don't know about that and we don't have an answer for you. So maybe in the future, it might be a future enhancement.

Why is the administrator limited?
An administrator should not be limited to anything that they have an NPI control of. So if you're an administrator over a certain NPI, you should have full access to everything. If you don't, you need to contact customer service and they can work to get that account corrected.

If you are an administrator, but you're not the administrator of that NPI, you can be limited to whatever the administrator of that NPI in particular gives you.  So, when you're looking at it, you want to make sure that you're asking for what you need to the administrator of the other NPI.

Now, if they want you to be an administrator, you can do that but you can only have two administrators set up. If you'd like a third administrator – or you

can only set two administrators up, let me say that again, you can only set two administrators up. If you would like a third administrator, you need to email us or secure message us. Use the secure the message technical feature and tell us that you would like that this person set up as an administrator for NPI. We can work with that to get that done for you.

Will we ever be able to submit our ADR request through C-SNAP? The answer is, hey, you can right now. Remember what Tanya said, though, medical review ADR request. These are not for appeals; these are not for things like that. If it's not a medical review ADR request, you should not be doing it. Now, medical review also does probe ADRs which is a probe development, and you can submit those. But those, again, are medical review feature. If it is related to an appeal, do not submit that at this time. We will let you know when that feature enhancement is done.

I want to talk about a couple of things that I'm going to correct here. First, I just answered one of the questions, and I said that Part A does not have a line item screen. They do have a line item screen. In the manual, it's going to correct me and tell me that there is one. So when I look at the manual, it actually says, "Hey, there is one here." So let's go ahead and have you take a look at that, and check the manual forward. It's got some details and some information on how to find that. So I would recommend taking a look at this. It's going to tell you that it's on the bottom of the screens. It's going to have the header, and then it's going to have the information below that and how to access that. So I would recommend taking a look in the manual, underneath that, it's going to be in the claims section under that information. So go ahead and use that. It's a really good feature. It'll help you get what you need.

Also, one of the others things that we do have available is the psychiatric days. Again, look into the manual, it's in there. The psychiatric days is on the Part A section. It's in the lifetime reserve section. So I'm not sure if that's exactly what you're looking for or you're looking for something else. But you can take a look at that if you would like, and it just tells you the number of psychiatric days available to that patient.

Tanya, that's all the questions I have, so I'm going to give it back to you.

Tanya Hardiman: Thanks, Thom. Brandy, we are now ready for the open question-and-answer session. And in order to allow more people the opportunity to ask their questions, please limit the questions you ask to two. If you have any additional questions, you may follow the operator's prompts to get you back in the queue. Please also limit your questions to the topic of today's call, which is C-SNAP. Any questions that are not related to today's topic will be directed to customer service.

Brandy, will you now give instructions about how to ask questions?

Operator: Yes, ma'am. And at this time, if you would like to ask questions, simply press star one on your telephone keypad. Again, ladies and gentlemen, that is star one. We will pause for just a moment to compile the Q&A roster.

Your first question is from Trisha Scott.

Tanya Hardiman:   Hi, Trisha.

Trisha Scot):   Hi. On the Fee Schedule tab, when you're looking at the physician fees, Michigan has 01 and 99, and I'm from Michigan. How do you determine which one would be for me?

Thom Ryan:   So the Fee Schedule tab is on our actual website, it's not on C-SNAP. Is that correct? That's the Fee Schedule you're talking about, wpsmedicare.com [http://www.wpsmedicare.com/index.shtml].

Trisha Scott:   Yes.

Thom Ryan:   All right. I'm going to give you an answer that is to go ahead and contact customer service. This call is particularly about C-SNAP and only related to the information directly on medicareinfo.com. So if you want to go ahead and contact customer service, we'll get you that answered.

Trisha Scott:   OK. Thank you.

Operator:   Your next question is from Robert Myra.

Robert Myra:   We are getting rejections from Medicare from our patients that have an MCO stating that they're in hospice but we are not able to find hospice dates on C-SNAP. Can you assist me with that?

Tanya Hardiman:   You're looking at C-SNAP and the link is not available, is that correct?

Robert Myra:   Yes. The link is not highlighted, and we are getting rejections from Medicare stating that the patient isn't hospice.

Tanya Hardiman:   All right. Are you a Part A or a Part B provider?

Robert Myra:   Part B provider.

Tanya Hardiman:   All right. Thom, do you want to take this?

Thom Ryan:   Yes. The information comes through the common working file which is it will give you the rejection. And what it is, is that they've done the election for hospice but they haven't submitted a claim because the information isn't coming through then into the C-SNAP until a claim is submitted because hospice doesn't submit on every, on a daily basis, like you would. They submit either on a monthly basis or a 90-day cycle depending on how they're billing. And then their system in Part A has a lot more intricacies. So if one claim gets stuck, they have to wait for that to get all the way through before they can submit the second month.

So a lot of times, what happens when hospice first comes into play with someone is that they can't – it doesn't show up in C-SNAP for a while until that first claim hits us. And so, that can take, actually, quite a while depending

on how long it takes to get that first claim processed through the system. And we are aware of it, but there isn't anything we can do because that's where the information comes from.

Robert Myra: I understand you. Thank you.

Thom Ryan: Yes.

Operator: Your next question is from Mary Harless.

Mary Harless: Hi. I just wanted to verify that the medical record upload through C-SNAP is available for both Part A and Part B just for ADRs and probe request, is that correct?

Thom Ryan: Yes, that's correct.

Mary Harless: OK. And so like, we have a variety of NPIs, and so we would be able to respond to any ADRs or probe request via the C-SNAP upload.

Thom Ryan: Yes. And you want to make sure that you give us the information that it's requesting so that they get the information so they can figure out which ADR it goes to, you know because you'll get a letter that's got the information on it

Mary Harless: Right. OK. And so, like, I uploaded a record yesterday in response to an ADR, and it was asking for the code. So, I look in the DDE to find the code, but how would you be able to identify the ADR code?

Thom Ryan: It should be on the letter as far as I know. Now, I'm not sure because I've never actually seen a letter. Tanya, do you know if it comes out on that actual letter?

Tanya Hardiman: Yes. It is on the letter.

Mary Harless: OK. And so, as we are responding to these via DDE, rather than in response to a letter, is that allowed as well?

Tanya Hardiman: You're not going to be able to submit your documentation through DDE, is that what you're asking?

Mary Harless: No, no. But we identify our ADRs and probe request through DDE.

Thom Ryan: Oh, yes…

Tanya Hardiman: It would be on – it's going to be on DDE, too.

Mary Harless: OK, great. That's what I was getting at. OK. Thank you for your help.

Operator: And again, if you would like to ask a question, please press star one on your telephone keypad. Again, ladies and gentlemen, that is star one.

Your next question is from Tara Johnson

Tara Johnson:     Yes, I had a question about the administrator. We have like six hospitals here, and I'm the administrator for five of them. And our registration department took the other two administrations for one of the hospitals. And we've been going back and forth about allowing me to be an administrator. Is there any other way for me to become one other than they're giving me access?

Thom Ryan:        As far as we know, what you can do is you can contact customer service and they can look into it for you, or you can use the secure message feature and give us the information that you're looking for. They may be able to edit for you that way.

                  We do ask though that the administrators will be – or we do let you know that the administrators will be contacted – within your organization, I can't answer why they're not doing that. Really it should be them if there's only one administrator. And ideally, there should be two administrators for each NPI. So, if you're the only one, you want to find somebody else that can be your backup administrator just in case you're out and someone needs something.

                  So, yes, they really – I mean, we really, really, really, really want you to have two. I can't emphasize that enough. Two administrators every NPI, you know

Tara Johnson:     For the other hospitals is that an administrator on a registration side, and then I'm the administrator on the billing side? But two people from the registration department took the administrator role before I could sign up.

Thom Ryan:        OK. Yes, just – either secure message us or contact customer service to help you get through that process.

Tara Johnson:     OK, all right. Thank you.

Operator:         Your next question is from Jennifer Britson-Jones.

Tanya Hardiman:  Hi, Jennifer.

Jennifer Britson-Jones:       Hi. I just have a quick question as far as the primary and secondary payer. And I'm on the screen where it shows, first off, you know, what Medicare this gentleman has. But then when you go to detail, it shows he has a secondary but I'm not quite sure where you said next to go to, to figure out which one is which.

Thom Ryan:        OK. On the bottom of the screen for eligibility, you're looking or you look at where it said the MSP files, the Medicare Secondary Payer.

Jennifer Britson-Jones:       Yes.

Thom Ryan:        The only insurances that are listed there are primary to Medicare, never a secondary to Medicare. So if you're in that file and there's other insurance information there, we are considering them primary to Medicare. One of the interesting things we found out about that file and it doesn't really have anything to do with us; it's just the data that we get. A lot of times, you'll see

something like you may know it as, let's say a Gold Plus Plan, but it's really AARP Blue Cross Blue Shield Plan. It'll be listed in there as Blue Cross Blue Shield or something like that, versus what you may know it as, and that's because, when they listed it with us, with the Beneficiary Coordination Recovery Center, the BCRC, that's how they listed it in the system.

So whatever is coming on there is coming from what's in the Medicare system. Please make sure you match that exactly. So if it says – like for Blue Cross Blue Shield, if it says Blue Cross Blue Shield, write Blue Cross Blue Shield; if it says BCBS, write BCBS. It'll help – it helps the system because the system is not smart enough or intuitive enough to know that BCBS is the Blue Cross Blue Shield.

Jennifer Britson-Jones:     All righty. Well, thank you.

Thom Ryan:     Welcome.

Operator:     And again, please press star one to ask a question.

Your next question is from Autumn Shakowitz

Autumn Shakowitz:     Hi. I just have a quick question. I have a little bit of confusion sometimes when I'm trying to read the C-SNAP. I have it printed out, and I'm looking at the Part A deductible detail, the real-time data screen which is under, you know, after the patient eligibility. And listed as under like Part A hospital bill and Part A SNF bill, it shows earliest billing date of say 7/27/2014 to latest billing date, 11/20/2014. And then, specifically, under Part A SNF bill, it's only showing four skilled days used. I guess I'm confused for sure on what those dates mean. It's probably a dumb question, but I'm kind of new with this and I don't quite understand what the date range is stating.

Tanya Hardiman:     The date range is stating when a claim came in for that benefit period. So that is the start of the benefit period that we've received a claim for. So that's going to be your earliest billing date. And the latest billing date is going to be the latest date we've received a claim for that particular benefit period.

Autumn Shakowitz:     So the dates are specific to the dates of service?

Tanya Hardiman:     Yes. And again, remember that that's only updated as claims are received. There could always be a claim out there that's outstanding that was held up in the system or physically just hasn't gotten around to being sent to us, that will extend those dates, either making it earlier or making it later.

Autumn Shakowitz:     OK.

Tanya Hardiman:  Does that help?

Autumn Shakowitz:     Yes. So then, this – so then, the earliest – I'm sorry. You said two questions. I'm on overload. Earliest billing date to latest billing date, so that could be basically just be hospital days.

**Tanya Hardiman:** It could just be a hospital days. It could be SNF days. It's basically any day for that benefit period because, remember, benefit period is affected by both hospital and SNF days. There's not a SNF period and there's not a hospital period, it's one period.

**Autumn Shakowitz:** OK. Thank you.

**Tanya Hardiman:** You're welcome.

**Operator:** And again, please press star one to ask a question.

**Thom Ryan:** All right. While we're waiting for those questions to come in, I'm going to give you a quick update here. In the medical review section, we're going to upload that documentation. When you have an ADR, there is no particular place to enter anything. Now, if you have a probe, that's not true. The probe has a number that you have to enter. So just looking at the screens because I'm not really familiar with it, it's still brand new to me also. So when you're looking at the ADR development and you're looking for that type of a development, there's isn't a number to enter. But on the probe section, there will be. So please make sure you get that correct.

If we have a question, we can go ahead.

**Operator:** And there are currently no additional questions.

**Tanya Hardiman:** While we're waiting to see if anymore questions come in, I'd like to remind everyone that while you are on our website, please take the ForeSee survey that will pop-up. This survey provides us with valuable feedback on what you like and do not like about our website. So we really encourage you to please fill that out. And the bonus is, if you click on the ForeSee survey and you take the survey, it's not going to pop up again until your cookies are reset or it's been 30 days.

So, if you're tired of that popping up and asking you just to take it, it's not going to pop up again until your cookies are reset or it's been 30 days. So, please, do so.

Brandy, have we had any other questions come in.

**Operator:** No, ma'am. None at this time.

**Thom Ryan:** OK. This is Thom again. I just want to add one more thing here with about that C-SNAP survey. Remember that we do have two different surveys. One is on wpsmedicare.com and one is on medicareinfo.com. They are separate websites and each has a separate survey. They are both done by ForeSee.

So a lot of people get confused and think when Tanya says, "Hey, it's not going to come up for 30 days if I take it." If you take it on medicareinfo.com, it could still pop-up on wpsmedicare.com. If you take it on medicareinfo.com , it can still pop-up on wpsmedicare.com.

If you have a suggestion, please don't mix the two. medicareinfo.com is C-SNAP. That's all you're going to give us information on. That survey doesn't relate back to the wpsmedicare.com, two separate surveys. If you ever respond on medicareinfo.com, or I'm sorry, on wpsmedicare.com, you want to give us that information on the wpsmedicare.com survey, not the medicareinfo.com.

We get a lot of that cross information. And then when we get it, we aren't really sure what you're talking about. Sometimes, we can go back and look at screens and see that you're not giving us information on the correct website. The survey itself is anonymous, but it does capture screens that we know we you're at when you do fill that out. But please, feel free to take those surveys. We encourage you to do that. It really helps us to expand and to make sure that you're getting what you want.

Tanya Hardiman: And along the same line, cms.gov [http://www.cms.gov/] also has its own ForeSee survey. So – and a lot of other websites that you may go to has their own ForeSee survey. So, just keep that in mind.

Well, if there are – Brandy, do we have any questions?

Brandy: Yes, ma'am. We do have a question from Joan Nuner.

Joan Nuner: Hi. This is Joan, and I am new to C-SNAP. And I am wondering where do I go to find the home health episode? I have a Medicare saying that this patient was discharged to home health. And so, I'm just trying to verify that.

Thom Ryan: Sure, sure. Easy enough. What I want you to do is to go in the eligibility section first. So go ahead and put the patient's eligibility information in. Once you bring up the eligibility section, you'll get the summary screen and it's going to give you the Part A, B together, and that's fine. But I want you to scroll to the bottom of that summary. And the bottom of that summary, you're going to see a variety of links. They'll be the Part A deductible, Part B deductible, MSP, MCO, all of those different links down there.

The last one in the first line is actually home health. When you click on the home health link itself, what it's going to do is tell you what episode they're in, you know, whether it's through this date, from this date to this date so you know. If you click on the word Detail once in there, so you got to go to the Home Health first on the bottom, then you got to look at the dates so you can find the right home health episode. And once you find that, you click on the word detail which is a blue link after the end date, and that's going to give you the NPI of the home health provider that is related to that billing.

Joan Nuner: OK. That's interesting. When I click down to the bottom, that home health isn't in blue where I can't get a hyperlink to it. I mean I can – the Part A, Part B, Therapy Caps, Preventative PDP, all of those, I can get a link to. But home health and hospice are not. So is that in my security, I have to change my profile?

| Thom Ryan: | No. Once you have eligibility, you should be able to link to all of that. If you're having a problem getting that link to come up, there's a couple of different things that happen. One, it could be the same thing we discussed where if home health has been reported to the common working file so it's stopping for home health, but the claim hasn't been filed yet. If the claim is not filed yet, C-SNAP doesn't have that home health information in it yet. So it's not going to be able to give it to you because the provider ID that NPI and all that is generated from claim system. |
|---|---|
| Joan Nuner: | I would think it would have to. Yes. I would think that that other facilities claim had come in and that's what made our – because we had a different discharge status. And so they're wanting the discharge status to home health. So I would assume that they had received that. |
| Thom Ryan: | Right. And I don't know. So that's one option. But if you think it has, contact customer service and let them know about it, and they can look into it further. But that's how we actually we'll encourage to, you know, if you have an issue like that that comes up, just contact customer service, and that's our regular customer service line. They're the ones that help out with C-SNAP when issues like that arise. |
| Joan Nuner: | OK. So anything that's grayed out that I can't … |
| Thom Ryan: | Yes, so you will contact… |
| Joan: | … customer service. |
| Thom Ryan: | If it's coming back and you know there is supposed to be something there and it's not showing up, contact customer service. A lot of times, what we have to do is go back. So, you know, CMS which is that transaction and figure out what's going on for transaction. Sometimes, the information just isn't loaded into the 270/271 files, the HETS files which, in that case, we just have to wait for it to load through but we can check into that and, you know, figure out what's going on. And contact customer service to do that. |
| Joan Nuner: | All right. Thank you. |
| Thom Ryan: | I want to note one more thing before we take the next question. This is back to that additional documentation request or ADR request for medical review. On page 33 of the user manual, it's going to actually go through all of the different steps that are there for you. And so, that's where when I went through and look at this, I got the information that it doesn't look like if I'm doing it, I need that number until I'm doing something for probe. So, take a look at that different information. It's going to tell you exactly what you can do. It also has the limitations on the size, and all of the different pieces of information that go into it.

So again, it starts on page 33 of the user manual. It's a great resource. You can see – I use it all the time because I think it's easier for me than trying to remember everything and just give it out. So I'm going to give you some |

references from this user manual. Take a look at that. That may help you through it.

Brandy, do we have another question?

Operator: No, sir, not at this time.

Tanya Hardiman: Well, if there are no more questions, just a reminder that a transcript of today's presentation should post to the On Demand portion of our training page within 30 days. And WPS Medicare hosts teleconferences like this one throughout year at no cost to providers. Please take the time to browse through the information available on our website at wpsmedicare.com. Also be sure that you have signed up for electronic mailing list called eNews, and be watching for information about future educational opportunities.

Thom, do you have any closing remarks?

Thom Ryan: I just want to make sure that everyone is aware that the C-SNAP survey, again, and the wpsmedicare.com survey are different. Please take them, both of them, and give us that information. Other than that, Tanya, no, I don't.

Tanya Hardiman: OK. Well, I want to thank everybody, again, for participating, and this concludes today's teleconference.

Operator: Thank you. Again, ladies and gentlemen, this does conclude today's conference call. You may now disconnect your lines.