



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Interactive Voice Response System

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Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of October 1, 2015 Published: February 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures as of February 13, 2017 Published: May 11, 2017	Semiannual update: <ul style="list-style-type: none"> • Changed Automated Voice Response (AVR) references to Interactive Voice Response (IVR) system • Changed Web interChange references to Provider Healthcare Portal • Changed IndianaAIM references to CoreMMIS • Changed LPI references to Provider ID • Updated the Customer Assistance telephone number • Updated the list of information provided by the IVR in the Introduction section • Updated the How to Use the IVR System section to reflect current processes • Adjusted options and responses throughout the Customer Assistance and IVR call flow to reflect the current script 	FSSA and HPE

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Interactive Voice Response System

Introduction

The purpose of the Interactive Voice Response (IVR) system is to help Indiana Health Coverage Programs (IHCP) providers obtain member-related information through the use of a touch-tone telephone. The IVR system is a self-service application and should be used as the first line of resolution for routine provider questions. All information obtained from the IVR system is protected personal and health information.

The IVR system provides the following information:

- Member eligibility for all IHCP members, including managed care
- Benefit limitation for all IHCP members, including managed care
- Check payments for checks from Hewlett Packard Enterprise – fee-for-service (FFS) claims only
- Prior authorization (PA) status for FFS requests
- Claim status for FFS claims
- IHCP Provider enrollment application status (In addition to enrollment inquiries, callers can also make an *Affordable Care Act* [ACA] enrollment payment using the IVR system.)

Through a series of prompts and responses, the IVR system asks providers to query by entering certain data using the telephone keypad. System information is then shared via a computerized voice response system.

The IVR system is capable of handling multiple calls simultaneously and is available seven days a week, 24 hours per day.

How to Use the IVR System

The IVR system is accessed by calling the toll-free IHCP customer assistance telephone number, **1-800-457-4584**, and selecting **Option 2** followed by **Option 5**. The IVR system then asks providers to enter a National Provider Identifier (NPI) that has been reported to the IHCP or an IHCP-issued Provider ID.

Providers must have a touch-tone telephone to access the IVR system.

IVR System Limitations

There is no limit to the number of calls a provider can make to the IVR system. However, the IVR system does have certain limitations:

- The IVR system limits the number of attempts allowed for entering information correctly. After three unsuccessful attempts, the system transfers the call to a customer service representative.
- The provider is allowed six seconds to enter data after receiving an IVR system prompt. After six seconds, the system reminds the caller to enter the requested data. If information is not entered within six seconds after the third prompt, the system transfers the caller to a customer service representative.
- The IVR system provides up to four managed care primary medical provider (PMP) assignments during a member eligibility request. A message instructs the user to access the Provider Healthcare Portal for any additional managed care PMP assignment information.

Quick-Entry Techniques

As providers become more familiar with the IVR system, they can enter information more quickly using the techniques in Table 1.

Table 1 – IVR System Quick-Entry Techniques

Speed Entry	Explanation
Entering information before IVR system finishes speaking	The IVR system allows keystrokes to be entered over prompt messages. It is not necessary to listen to the entire message before entering a response. A good technique is to listen to the first word or two of the prompts and then begin entering information. By listening to the first part of the prompt, you verify that you are entering the correct data.
Starting a new transaction for the same member	After an IVR eligibility or benefit limit transaction is completed, to return to the main menu and perform another transaction for the <i>same</i> IHCP Member ID (RID), press 2 (after an eligibility inquiry) or 3 (after a benefit limit inquiry) instead of re-entering the Member ID.
Entering the <i>from</i> and <i>to</i> dates of service	To use the current date as the <i>from</i> date of service, press # when prompted to enter the <i>from</i> date of service. To use the <i>from</i> date of service as the <i>to</i> date of service, press # when prompted to enter the <i>to</i> date of service.
Completing an entry	Always press # after entering data at a prompt. Pressing # provides the fastest response from the system.

Entering Alphabetic Data

The IVR system requires numeric information; therefore, any alphabetic data, such as an alphabetic character in a taxonomy code or Provider ID, must be converted to numeric data. To convert an alphabetic character into a numeric code, follow these steps:

1. Press *****.
2. Press the number on the telephone keypad (2–9) that contains the appropriate alphabetic character. For Q or Z, press **1**.
3. Press the number (1, 2, or 3) that corresponds to the position of the character on the numbered key. For example, the number **2** key has the letters **A B C**. A, B, and C are in positions 1, 2, and 3, respectively. For Q, press **1**. For Z, press **2**.

Example 1 – Converting **A** to a numeric code:

A corresponds with the number **2** key.

A is in the first position among the alphabetic characters on the number **2** key (**A B C**).

Enter *** 2 1** to designate the letter **A**.

Example 2 – Converting **Q** or **Z** to a numeric code:

The letters Q and Z are not found on most telephone keypads. To convert these letters to a numeric code, do the following:

Enter *** 1 1** to designate the letter **Q**.

Enter *** 1 2** to designate the letter **Z**.

Note: For phones that include Q and Z on the numbered keys, continue to follow the instructions in the preceding example for letters Q and Z, and disregard those letters in determining positions of other letters. For example, if the 7 key has the letters P Q R S, disregard the Q and consider R to be in the second position and S to be in the third position. See Table 2 for the correct key combinations for all letters.

Table 2 shows how to translate each alphabetic character into a numeric data for the IVR system.

Table 2 – Alphabetic Data to Numeric Data Translation

Letter	Enter	Letter	Enter	Letter	Enter
A	* 2 1	J	* 5 1	S	* 7 3
B	* 2 2	K	* 5 2	T	* 8 1
C	* 2 3	L	* 5 3	U	* 8 2
D	* 3 1	M	* 6 1	V	* 8 3
E	* 3 2	N	* 6 2	W	* 9 1
F	* 3 3	O	* 6 3	X	* 9 2
G	* 4 1	P	* 7 1	Y	* 9 3
H	* 4 2	Q	* 1 1	Z	* 1 2
I	* 4 3	R	* 7 2		

Error Messages

Several categories of messages are used throughout the system. The information shown in Tables 3 through 6 can be used as reference tools if the IVR system returns an error message.

Table 3 – General IVR Error Messages

When the IVR system says this...	...this is the problem:
“Invalid data. Please re-enter.”	A keystroke was entered that the IVR system did not recognize. Check the information and re-enter it.
“Please wait while the requested information is retrieved.”	The host computer requires a certain amount of time to respond to a request. This is the message given while information is being retrieved.
“Please hold your call is being transferred.”	The caller will be transferred to a customer service representative for one of the following reasons: <ul style="list-style-type: none"> • The IVR system is currently unavailable or unable to process the request. • After three attempts, the information expected was not entered. • It has taken too long to enter the requested information. The IVR system allows three user timeouts (six seconds each) to enter the requested data.

Table 4 – Provider ID, NPI, and ZIP Code IVR Error Messages

When the IVR system says this...	...this is the problem:
“Invalid provider number [DATA ENTERED]. Please re-enter.”	The Provider ID entered is not in the correct format. The Provider ID must be at least nine digits in length, plus, for some providers, one alphabetic character (see Table 2).
“Invalid data [DATA ENTERED]. Please re-enter.”	The NPI entered is not in the correct format. The NPI must be 10 digits in length and cannot include non-numeric keys.
	The service location ZIP Code entered is not in the correct format. The ZIP Code must be nine digits in length and cannot include non-numeric keys.

Table 5 – Member Identification IVR Error Messages

When the IVR system says this...	...this is the problem:
“Invalid member RID number [NUMBER ENTERED]. Please re-enter.”	The Member ID (RID) entered is not in the correct format, or a non-numeric key was used while entering the number.
“Invalid Social Security number [NUMBER ENTERED]. Please re-enter.”	The Social Security number (SSN) entered is not in the correct format, or a non-numeric key was used while entering the number.
“Invalid date of birth number [DATE ENTERED]. Please re-enter.”	The date of birth entered is not in the correct format, or a non-numeric key was used while entering the number.

Table 6 – Date IVR Error Messages

When the IVR system says this...	...this is the problem:
“Invalid <i>from</i> date of service [DATE ENTERED]. Please re-enter.”	The <i>from</i> date of service entered is not in the correct format, or the date entered does not exist. Check the date and re-enter it in MMDDYYYY format. Example: December 1, 2016, is entered as 12012016.
“Invalid <i>to</i> date of service [DATE ENTERED]. Please re-enter.”	The <i>to</i> date of service entered is not in the correct format, or the date entered does not exist. Check the date and re-enter it in MMDDYYYY format. Example: December 5, 2016, is entered as 12052016.
“Invalid dates of service entered. The <i>from</i> date of service is greater than the <i>to</i> date of service.”	The <i>to</i> date of service entered is before the <i>from</i> date of service. Check the dates and re-enter.
“Invalid dates of service entered. The <i>from</i> date of service and the <i>to</i> date of service need to be in the same month.”	The dates of service entered are not in the same calendar month. Check the dates and re-enter.
“Invalid dates of service entered. Dates of service cannot be greater than today’s date.”	The dates of service entered are in the future. Check the dates and re-enter.

IVR System Walkthrough

The following pages provide a step-by-step walkthrough of data entry and possible responses provided by the IVR system.

The IVR system is reached by calling **1-800-457-4584**. Providers should have relevant information available when dialing in, because the system has time and attempt limits for data entry:

- Provider ID or NPI; if NPI is used, the following are also required:
 - ZIP Code + 4 (nine digits) of the provider's office location
 - Taxonomy code that was reported with the NPI to the IHCP

Note: Providing the nine-digit service location ZIP Code and, if necessary, the taxonomy code may assist the system in making a one-to-one NPI-to-Provider ID match. In most cases, the NPI plus nine-digit ZIP Code achieves a one-to-one match to a unique Provider ID.

- Member ID (RID) or SSN and birth date of the member (Required for eligibility inquiries.)
- *From* and *to* dates of service, if applicable
- PA number or PA start date, if applicable (Not required. PA inquiries may be conducted by RID only; however, only PAs that were requested by the provider conducting the inquiry will be returned.)
- Claim ID, if applicable (Not required. Claim inquiries may be conducted by RID, claim type, and date of service only. The system only returns information for claims submitted by the provider conducting the inquiry.)
- Application tracking number (ATN) and Tax ID (For enrollment status inquiries only.)

Initial Options for the IVR System – Introduction and NPI or Provider ID Validation

[Table 7](#) shows the options that are first encountered when using the IVR system. The information the provider is asked to enter depends on whether the provider uses an NPI or Provider ID.

Table 7 – IVR System Initial Options

Step	When the IVR system says this...	...you do this:
Step 1a – Initial greeting	<p>“Welcome to the Indiana Health Coverage Programs. For your convenience, many inquiries can also be handled using the interactive Indiana Healthcare Portal at www.indianamedicaid.com. From the web site’s home page, select the Members or Providers link. Follow the prompts to establish a user ID and password or to log on if you are a current user.</p> <p>At any time during this call, you may press the star key to repeat the menu prompt. Please listen carefully as our menu options have changed. If you are a member calling for information, press 1. If you are a doctor or medical service provider, press 2. For EDI trading partner or Provider Healthcare Portal assistance, press 3. For Third Party Liability or Medicare, press 4. Para usar este sistema en español presione 5. To repeat this menu, press the star key.”</p>	Press 2 for provider options.
Step 1b – Access the IVR	<p>“For pharmacy services, press 2. For information on becoming an Indiana Health Coverage Programs provider or to update your current enrollment information, press 3. For EDI trading partner or Provider Healthcare Portal assistance, press 4. For all other provider inquiries, press 5. Para usar el sistema en español presione 6.”</p>	Press 5 to initiate the provider logon validation process.
Step 1c – Choose NPI or Provider ID	<p>“You can use this line to inquire about claim status, member eligibility, prior authorization status, check payments, and benefit limits through the Interactive Voice Response system or to speak to a customer service representative. Please press 1 to enter the National Provider Identifier or press 2 to enter the IHCP Provider ID.”</p>	<ul style="list-style-type: none"> • Press 1 to enter the NPI. Proceed to Step 2a. • Press 2 to enter the Provider ID. Proceed to Step 3.
Step 2a – Enter NPI	<p>“Please enter your National Provider Identifier, followed by the pound sign.”</p>	Enter the 10-digit NPI and then press #. Continue to Step 2b.

Step	When the IVR system says this...	...you do this:
Step 2b – Enter taxonomy code	“Please enter your taxonomy code, followed by the pound sign. If your taxonomy code contains an alpha character, you may press 1, followed by the pound sign for instructions for entering an alpha character. To bypass the taxonomy code entry, please press the pound sign.”	Enter the taxonomy code that was reported to the IHCP with your NPI and then press #. <ul style="list-style-type: none"> • Press 1 # to receive instructions for entering an alpha character on the telephone keypad. • Press # to bypass the taxonomy code entry. Continue to Step 2c.
Step 2c – Enter ZIP Code	“Please enter your nine-digit service location ZIP Code, followed by the pound sign. To bypass the ZIP Code entry, please press the pound sign.”	Enter the nine-digit ZIP Code for the provider’s service location and then press #. <ul style="list-style-type: none"> • Press # to bypass the ZIP Code entry. Proceed to Step 4a.
Step 3 – Enter Provider ID	“Please enter your IHCP Provider ID followed by the pound sign. For instructions on how to enter an alpha character, you may press 1 followed by the pound sign.”	Enter the Provider ID and then press #. <ul style="list-style-type: none"> • Press 1 # to receive instructions for entering an alpha character on the telephone keypad. Continue to Step 4a.
Step 4a – Validate NPI or Provider ID	“Please wait while your authorization is verified.”	Do not press any keys. The IVR system is checking the information to make sure it is valid.
Step 4b – NPI/Provider ID failed validation responses	“National Provider Identifier [NPI ENTERED] has returned multiple provider numbers. You may wish to narrow the search by sending the taxonomy code and nine-digit ZIP Code. Please press 1 to return to the login process or press 0 to speak to a customer service representative.”	<ul style="list-style-type: none"> • Press 1 to return to Step 1c. • Press 0 to speak to a customer service representative. • Hang up to end the call.
	“National Provider Identifier [NPI ENTERED] has not returned a provider number. Please press 1 to return to the login process or press 0 to speak to a customer service representative.”	<ul style="list-style-type: none"> • Press 1 to return to Step 1c. • Press 0 to speak to a customer service representative. • Hang up to end the call.
	“Provider identifier [NPI/PROVIDER ID ENTERED] is not on file. Please press 1 to return to the login process or press 0 to speak to a customer service representative.”	<ul style="list-style-type: none"> • Press 1 to return to Step 1c. • Press 0 to speak to a customer service representative. • Hang up to end the call.
	(After three unsuccessful attempts...) “Please hold; your call is being transferred.”	Caller is transferred to a customer service representative.

Step	When the IVR system says this...	...you do this:
Step 4c – Successful log-in validation; IVR menu	(After successful login validation...) “Please select one of the following options: For eligibility information, press 1. For benefit limit information, press 2. For EFT/RA payment information, press 3. For prior authorization information, press 4. For claims inquiry information, press 5. For provider enrollment status, press 6. To speak to a customer service representative, press 0. To repeat this prompt, press the star key.”	<ul style="list-style-type: none"> • Press 1 for member eligibility verification, program and benefit plan assignment, service restrictions, and other-insurance information. Continue to Table 8. • Press 2 for the member’s benefit limit information. Continue to Table 11. • Press 3 for information about IHCP EFT and check payments. Continue to Table 12. • Press 4 for prior authorization information. Continue to Table 13. • Press 5 for claim status information. Continue to Table 16. • Press 6 for provider enrollment information. Continue to Table 17.

Member Eligibility

Table 8 shows the system options and responses related to verifying member eligibility. Have the following information available when dialing in, because the system has time and attempt limits on data entry:

- IHCP Member ID (RID) or member’s Social Security number and date of birth
- From date of service
- To date of service

Table 8 – IVR System – Verifying Member Eligibility

Step	When the IVR system says this...	...you do this:
Step 5-0 – Select a member identification option	“To check member eligibility, please select one of the following member identification options: For member RID, press 1. For Social Security number and date of birth, press 2. To return to the main menu, press 9. To repeat this prompt, press the star key.”	<p>Press the number that corresponds to the information about the member</p> <ul style="list-style-type: none"> • Press 1 and continue at Step 5-1 to enter the member’s RID. • Press 2 and continue at Step 5-2 to enter the member’s Social Security number. <p>Or press 9 to return to the main menu (Step 4c of Table 7), or press * to repeat the options.</p>

Step 5-1 – Enter a member RID number	“Please enter a member RID number followed by a pound sign.”	Enter the RID and press #. Continue at Step 5-4.
Step 5-2 – Enter a member SSN	“Please enter a Social Security number followed by a pound sign.”	Enter the member’s SSN and press #. Continue at Step 5-3.
Step 5-3 – Enter member’s date of birth	“Please enter member’s date of birth in an eight-digit month, day, century, year format, followed by the pound sign.”	Enter the member’s date of birth in MMDDYYYY format and press #. Continue to step 5-4
Step 5-4 – Enter the <i>from</i> date of service	“If your inquiry is for today’s date, press the pound sign. If your inquiry is for past dates, please enter the <i>from</i> date of service in an eight-digit month, day, century, year format, followed by the pound sign.”	Press # to enter today’s date as the <i>from</i> date of service. Or enter the <i>from</i> date of service in MMDDYYYY format and press #. <i>Example:</i> December 1, 2016, is entered as 12012016#.Continue at Step 5-5.
Step 5-5 – Enter the <i>to</i> date of service	“If your inquiry is for a <i>to</i> date of service that is the same as the <i>from</i> date of service, press the pound sign. If your inquiry is for a past date range, please enter the <i>to</i> date of service in an eight-digit month, day, century, year format, followed by the pound sign.”	Press # if the <i>to</i> date of service is the same as the <i>from</i> date of service entered. Or enter the <i>to</i> date of service in MMDDYYYY format, and press #. <i>Example:</i> December 5, 2016, is entered as 12052016#.Continue at Step 5-6. <div style="border: 1px solid black; padding: 5px;"><i>Note: The IVR system will not allow a “to” date of service in the future. The “from” date of service and the “to” date of service must be in the same month.</i></div>
Step 5-6 – Validate eligibility information	“Please wait while the requested information is retrieved.”	Do not press any keys. The IVR system is checking the information to make sure it is valid. Continue at Step 5-7.
Step	When the IVR system finds this...	...you hear this message:
Step 5-7 – Eligibility response	Provider is end-dated for the dates of service entered.	“The provider number used was not enrolled on the dates of service entered. Please re-enter the dates of service.” Return to Step 5-4.
	Member does not exist on the IVR system records.	“Member number [RID] is not on file. Please re-enter.” Return to Step 5-1.
		“Social Security number [MEMBER SSN] is not on file. Please re-enter.” Return to Step 5-2.

Step 5-7 – Eligibility response <i>(continued)</i>	The member is not eligible for services during the dates entered.	“Member RID number [RID], member last name [MEMBER LAST NAME], member first name [MEMBER FIRST NAME] is not eligible for services from [FROM DATE OF SERVICE] through [TO DATE OF SERVICE].” Continue at Step 5-13 of Table 10 .
	The member is eligible for services within one or more benefit plans during the dates entered. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <i>Note: See the Member Eligibility and Benefit Coverage module for a description of programs and benefit plans.</i> </div>	“Member RID number [RID], member last name [MEMBER LAST NAME], member first name [MEMBER FIRST NAME] is eligible for [BENEFIT PLAN] services from [FROM DATE OF SERVICE] through [TO DATE OF SERVICE].” Continue at Table 9 . <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <i>Note If the member is eligible for multiple benefit plans during the dates entered, the system returns up to three different benefit plans during this response.</i> </div>

Service Restrictions

The next series of responses from the IVR system, shown in Table 9, addresses restrictions on member services, including restriction to a specific hospital, pharmacy, or physician; restriction on coverage, such as managed care network or PMP; or restriction on billing, such as member liability.

Table 9 – IVR System – Service Restrictions

Step	When the IVR system finds this...	...you hear this message:
Step 5-8a – Service restriction responses – Right Choices Program (RCP)	The member is restricted to a hospital through the RCP.	“The member is restricted to a hospital. The hospital name is [HOSPITAL NAME]. Provider phone number is [HOSPITAL PHONE NUMBER].”
	The member is restricted to a physician through the RCP.	“The member is restricted to a physician. The provider last name is [PHYSICIAN LAST NAME OR PRACTICE NAME], and first name is [PHYSICIAN FIRST NAME]. Provider phone number is [PHYSICIAN PHONE NUMBER].”
	The member is restricted to a pharmacy through the RCP.	“The member is restricted to a pharmacy. The pharmacy provider is [PHARMACY NAME]. Provider phone number is [PHARMACY PHONE NUMBER].”

Step	When the IVR system finds this...	...you hear this message:
<p>Step 5-8b – Service restriction responses – waiver liability</p>	<p>The member must apply waiver liability for Medicaid services, and has met his or her liability amount for the month.</p>	<p>“The member met the waiver liability on period from [FROM DATE] to [TO DATE].</p>
	<p>The member must apply waiver liability for Medicaid services, and has not met his or her liability amount for the month.</p>	<p>“Member is on waiver liability. Member’s remaining obligation amount for the month is [REMAINING LIABILITY AMOUNT].</p> <p>This amount is based on claims processed at the time of this eligibility verification. It is subject to change at any time following this eligibility verification as claims continue to process in the system.</p> <p>Providers may not bill the member for the amount shown until the claims have been adjudicated and the member has received their monthly waiver liability notification report.”</p>
<p>Step 5-8c – Service restriction responses – managed care</p>	<p>The member is a managed care member with an MCE and PMP assignment.</p> <div data-bbox="548 1066 932 1297" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Note: See the Member Eligibility and Benefit Coverage module and the Managed Care page at indianamedicaid.com for a list of managed care programs.</i></p> </div>	<p>“The member is in managed care. The managed care program is [MANAGED CARE PROGRAM] from [FROM DATE] through [THROUGH DATE].</p> <p>“The managed care entity/HIP insurer is [MCE/HIP INSURER NAME] and phone number is [MCE/HIP INSURER PROVIDER SERVICES PHONE NUMBER].</p> <p>“The member’s primary medical provider’s last name is [PMP LAST NAME], and first name is [PMP FIRST NAME]. The provider’s phone number is [PMP PHONE NUMBER].”</p> <div data-bbox="971 1440 1360 1885" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Note: The IVR system can provide only four PMP assignments. If a member has more than four PMP assignments, the following message will be stated: “The IVR is able to provide a maximum of four PMP assignments. If there are additional PMP assignments for this member, they can be obtained through the Provider Healthcare Portal.”</i></p> </div>

Step	When the IVR system finds this...	...you hear this message:
Step 5-8c – Service restriction responses – managed care <i>(continued)</i>	The member has a Healthy Indiana Plan (HIP) copayment amount.	“The member’s HIP copay amount is [COPAY AMOUNT].”
	The member has additional managed care information.	“There is/are [NUMBER OF SEGMENTS] other managed care segment(s) remaining. To hear information for the next managed care segment, press the pound sign. To continue, press 1.”
Step 5-8d – Service restriction responses – Qualified Medicare Beneficiary (QMB)	The member is a QMB.	“The member is a Qualified Medicare Beneficiary, and is eligible for coverage of Medicare deductible and coinsurance only.”
Step 5-8e – Service restriction responses – nursing home and hospice levels of care and patient liability	The member is a nursing home resident for dates of service requested. The level of care (LOC) is within the LOC segment and is not a skilled or intermediate LOC or an intermediate care facility for individuals with intellectual disability (ICF/IID). The member has a patient liability.	“The member is a nursing home resident. The member’s liability amount is [LIABILITY AMOUNT].”
	The member is a nursing home resident for dates of service requested. The level of care (LOC) is within the LOC segment and is a skilled or intermediate LOC. The member has a patient liability.	“The member is a nursing home resident. The member’s level of care is [INTERMEDIATE/ SKILLED]. The member’s liability amount is [LIABILITY AMOUNT].”
	The member is a nursing home resident for dates of service requested. The LOC is within the LOC segment and is ICF/IID. The member has a patient liability.	“The member is an ICF/IID resident. The member’s liability amount is [LIABILITY AMOUNT].”
	The member is a hospice participant during the dates of service requested.	“The member is a hospice resident.”
	<p style="text-align: center;"><i>Note: The provider needs to contact Customer Assistance to verify the dates and type of hospice service.</i></p>	
	<i>If multiple LOC segments are available for the time period of the inquiry, the following combinations could apply.</i>	
The member has hospice services and the member is a nursing home resident for dates of service requested. The LOC is within the LOC segment and is not a skilled or intermediate LOC or an ICF/IID. The member has a patient liability.	“The member is a hospice and nursing home resident. The member’s liability amount is [LIABILITY AMOUNT].”	

Step	When the IVR system finds this...	...you hear this message:
Step 5-8e – Service restriction responses – nursing home and hospice levels of care and patient liability. (continued)	The member has hospice services and the member is a nursing home resident for dates of service requested. The LOC is within the LOC segment and is a skilled or intermediate LOC. The member has a patient liability.	“The member is a hospice and [SKILLED/INTERMEDIATE] resident. The member’s liability amount is [LIABILITY AMOUNT].”
	The member has hospice services and the member is a nursing home resident for dates of service requested. The LOC is within the LOC segment and is ICF/IID. The member has a patient liability.	“The member is a hospice and ICF/IID resident. The member’s liability amount is [LIABILITY AMOUNT].”

Other Insurance Information

The IVR system continues by providing information on up to seven third-party insurance carriers, as shown in Table 10. The system determines how many carriers are on file for the member for which the date of service falls within the other insurance policy coverage period. The IVR system then responds with the company’s name or code and up to nine coverage types. The [Third Party Liability](#) module gives more information about the nine coverage types.

For company names and codes, select the Third Party Liability option from the introduction menu of the Customer Assistance line:

Customer Assistance
1-800-457-4584, Option 3

Table 10 – IVR System – Other Insurance Information

Step	When the IVR system finds this...	...you hear this message:
Step 5-9a – Other insurance information responses	The member has no other insurance carrier liable on the dates of service.	“The member does not have other insurance coverage.” Continue at Step 5-12.
	The member has one other insurance carrier liable on the dates of service.	Continue at Step 5-9b.
	The member has more than one other insurance carrier liable on the dates of service.	“The member has other insurance with [NUMBER OF OTHER CARRIERS] carriers.” Continue at Step 5-9b.
Step 5-9b – Other insurance carrier name or code	If the insurance company’s name is on the list of the 100 most frequently used carrier names, the system speaks the recorded company name. If the insurance company name is not on the list, the system speaks the company code.	“The member has other insurance with [OTHER CARRIER NAME]. Carrier phone number is [CARRIER PHONE NUMBER].” Continue at Step 5-9c.
		“The member has other insurance with carrier number [CARRIER CODE]. Carrier phone number is [CARRIER PHONE NUMBER].” Continue at Step 5-9c.

Step 5-9c – Other insurance policy information	Other insurance policy number and type of coverage. The IVR system provides up to nine coverage types.	“The insurance policy number is [OTHER INSURANCE POLICY-NUMBER], with coverage type/types [OTHER INSURANCE COVERAGE TYPE(S)].” Continue at Step 5-10.
Step 5-10 – Determine next step	More other insurance carrier liability information is available.	Continue at Step 5-11.
	No other insurance carrier liability information is available.	Continue at Step 5-12.
Step	When the IVR system says this...	...you do this:
Step 5-11 – Select other insurance or Medicare option	“There is/are [NUMBER OF CARRIERS] other insurance carrier(s) remaining. To hear information for the next insurance carrier, press the pound sign. To verify Medicare Part A, Part B, or Part D coverage, press 1 followed by the pound sign.”	<ul style="list-style-type: none"> • Press # to hear more other insurance information concerning a different carrier. Return to Step 5-9a • Press 1 # to hear Medicare information. Continue at Step 5-12.
Step	When the IVR system finds this...	...you hear this message:
Step 5-12 – Medicare coverage information	The member does not have Medicare coverage.	“The member does not have Medicare Part A, Part B, or Part D coverage.” Continue at Step 5-13.
	The member has only Medicare Part A coverage.	“The member has Medicare Part A coverage. The Medicare ID number is [MEDICARE NUMBER].” Continue at Step 5-13.
	The member has only Medicare Part B coverage.	“The member has Medicare Part B coverage. The Medicare ID number is [MEDICARE NUMBER].” Continue at Step 5-13.
	The member has only Medicare Part D coverage.	“The member has Medicare Part D coverage. The Medicare ID number is [MEDICARE NUMBER].” Continue at Step 5-13.
	The member has Medicare Part A and Part B coverage.	“The member has Medicare Part A and Part B coverage. The Medicare ID number is [MEDICARE NUMBER].” Continue at Step 5-13.
	The member has Medicare Part A and Part D coverage.	“The member has Medicare Part A and Part D coverage. The Medicare ID number is [MEDICARE NUMBER].” Continue at Step 5-13.

Step 5-12 – Medicare coverage information <i>(continued)</i>	The member has Medicare Part B and Part D coverage.	“The member has Medicare Part B and Part D coverage. The Medicare ID number is [MEDICARE NUMBER].” Continue at Step 5-13.
	The member has Medicare Part A, Part B, and Part D coverage.	“The member has Medicare Part A, Part B, and Part D coverage. The Medicare ID number is [MEDICARE NUMBER].” Continue at Step 5-13.
<i>At this point, the system has completed all the eligibility response information. The IVR system gives a verification number for the transactions requested.</i>		
Step	When the IVR system says this...	...you do this:
Step 5-13 – Eligibility transaction verification number	“Eligibility verification number for this inquiry is [VERIFICATION NUMBER].”	Write down this number for future reference. Continue at Step 5-14.
Step 5-14 – Enter a menu option	“To repeat this information, press 1. To obtain benefit limit information for this member, press 2. To verify eligibility for the same member with different dates of service, press 3. To verify eligibility for a different member, press 4. To return to the main menu, press 9. To speak to a customer service representative, press 0. To repeat this prompt, press the star key. If this concludes your call, please hang up.”	Press the number that corresponds to the information to be obtained. <ul style="list-style-type: none"> • If 2 is entered, continue at Step 6-7 of Table 11. • If 3 is entered, return to Step 5-4 of Table 8. • If 4 is entered, return to Step 5-0 of Table 8. • If 9 is entered, return to Step 4c of Table 7.

Benefit Limits

In the benefits area of the IVR system, one of the following identification numbers is needed:

- Member ID (RID)
- SSN (when SSN is used, the member’s date of birth is also required)

A *from* date of service and a *to* date of service are also required. Both dates must be in the same month.

Benefit limits reflect only claims processed and paid in *CoreMMIS*, the IHCP Medicaid Management Information System. The specific benefit limitation information received through the IVR is determined by the inquiring provider’s type and primary specialty. A provider receives only benefit limitation information pertinent to its provider type and primary specialty. Table 11 shows the steps for checking a member’s benefit limits.

Verify that the Provider ID is correct. Use the billing Provider ID to obtain benefit limitation information for most services. For medical office visits, use the rendering Provider ID to cross-reference limitation information.

Note: The IVR system reflects only the services paid to date, through CoreMMIS. Benefit limitation information is provided as a service to the provider. Verifying benefit limits does not reserve services for the provider or guarantee payment.

Table 11 – IVR System – Benefit Limits

Step	When the IVR system says this...	...you do this:
Step 6-0 – Enter a member identification option	<p>“To check member benefit limits, please select one of the following member identification options: For member RID number, press 1. For Social Security number and date of birth, press 2. To return to the main menu, press 9. To repeat this prompt, press the star key.”</p>	<p>Press the number that corresponds to the information you want to enter for the member.</p> <ul style="list-style-type: none"> • Press 1 and continue at Step 6-1 to enter the member’s RID. • Press 2 and continue at Step 6-2 to enter the member’s Social Security number.
Step 6-1 – Enter a Member number (RID)	“Please enter a member RID number followed by the pound sign.”	Enter the RID and press # . Continue at Step 6-4.
Step 6-2 – Enter a member SSN	“Please enter a Member Social Security number followed by a pound sign.”	Enter the member’s SSN and press # . Continue at Step 6-3.
Step 6-3 – Enter member’s date of birth	“Please enter member’s date of birth in an eight-digit month, day, century, year format followed by a pound sign.”	Enter the member’s date of birth in MMDDYYYY format and press # . Continue at Step 6-4.
Step 6-4 – Enter the <i>from</i> date of service	“If your inquiry is for today’s date, press the pound sign. If your inquiry is for past dates, please enter the <i>from</i> date of service in an eight-digit month, day, century, year format, followed by the pound sign.”	Press # for today’s date. Or enter the <i>from</i> date of service in MMDDYYYY format and press # . Continue at Step 6-5.
Step 6-5 – Enter the <i>to</i> date of service	“If the <i>to</i> date of service is the same as the <i>from</i> date of service, press the pound sign. If your inquiry is for a past date <i>range</i> , please enter the <i>to</i> date of service in an eight-digit month, day, century, year format, followed by the pound sign.”	Press # if the <i>to</i> date of service is the same as the <i>from</i> date of service entered. Or enter the <i>to</i> date of service in MMDDYYYY format, and then press # . Continue at Step 6-6.
Step 6-6 – Validate benefit limit information	“Please wait while the requested information is retrieved.”	Do not press any keys. The IVR system is checking the information to make sure it is valid. Continue at Step 6-7.
Step	When the IVR system finds this...	...you hear this message:
Step 6-7 – Benefit limit response	Member does not exist in the IVR system records.	“Member RID number [RID] is not on file. Please re-enter.” Return to Step 6-1.
		“Social Security number [MEMBER SSN] is not on file. Please re-enter.” Return to Step 6-2.

Step 6-7 – Benefit limit response (continued)	The member is not eligible for services.	“Member RID number [RID], member last name [MEMBER LAST NAME], member first name [MEMBER FIRST NAME] is not eligible for services from [FROM DATE-OF-SERVICE] through [TO DATE-OF-SERVICE].” Continue at Step 6-10.
	The member has not exhausted any benefit limits based on paid claims as of the current date and time.	“Member RID number [RID] has not exhausted benefit limits based on paid claims as of [CURRENT TIME] on [CURRENT DATE].” Continue at Step 6-10.
	The member has exhausted one or more benefit limits.	“Member RID number [RID] has exhausted limits for [NUMBER OF BENEFIT LIMITS] benefit(s).” Continue at Step 6-8.
Step	When the IVR system says this...	...you do this:
Step 6-8 Benefit limit exhausted response	“The member has exhausted a benefit limit for [BENEFIT LIMIT DESCRIPTION].”	<ul style="list-style-type: none"> • If the IVR system has provided information for the last (or only) benefit limit, the system continues the call flow at Step 6-10. • If information for another benefit limit is available, the system pauses to give the user a chance to record the information from the last response and continues at Step 6-9.
Step 6-9 – Benefit limit continuation option	“There is/are [NUMBER OF BENEFIT LIMITS REMAINING] benefit limit(s) remaining. To hear the next benefit limit, press the pound sign. To skip the remaining benefit limit information, press 1.”	Choose the appropriate response to hear the rest of the benefit limit information or to skip it: <ul style="list-style-type: none"> • Press # to hear the next benefit limit; return to Step 6-7. • Press 1 to skip the remaining benefit limit information; continue at Step 6-10.
Step 6-10 – Benefit limit transaction verification number	“Benefit limit verification number for this inquiry is [VERIFICATION NUMBER].”	Write down this number for future reference. Continue at Step 6-11.
Step 6-11 – Benefit limit continuation menu option	“To repeat this information, press 1. To obtain benefit limit information on another member, press 2. To return to the main menu, press 9. To speak to a customer service representative, press 0. To repeat this prompt, press the star key. If this concludes your call, please hang up.”	Press 1 to repeat the benefit limit verification number from Step 6-10. Press 2 to obtain benefit information on another member; return to Step 6-0. Press 9 to return to the main menu (Step 4c of Table 7). Press 0 to speak to a customer service representative. Press * to repeat the options. Hang up to conclude the call.

EFT/RA Payment Inquiry

When the IVR system verifies the NPI or Provider ID ([Table 8](#)), it obtains EFT/RA payment information regarding claims processed through CoreMMIS. When the EFT/RA payment option is selected, the system begins at Step 7-0 and responds with the retrieved information, as shown in Table 12.

Table 12 – IVR System – EFT/RA Payment Option

Step	When the IVR system finds this...	...you hear this message:
Step 7-0 – EFT/RA payment initial response	Check or EFT information is available for the provider number entered.	“For provider number [PROVIDER NUMBER], the most recent check was issued on [CHECK-ISSUE DATE] for [CHECK AMOUNT].” Continue at Step 7-1.
	Check or EFT information is not available for the provider number entered.	“For provider number [PROVIDER NUMBER], no checks have been issued.” Continue at Step 7-1.
Step 7-1 – Claims pending response	There are claims pending for the provider number entered.	“There is/are [NUMBER OF PENDING CLAIMS] claim(s) pending for a total billed amount of [TOTAL BILLED AMOUNT].” Continue at Step 7-2.
	No claims are pending for the provider number entered.	“There are no claims pending.” Continue at Step 7-2.
Step	When the IVR system says this...	...you do this:
Step 7-2 – EFT/RA payment continuation option	“To repeat this information, press 1. To perform another payment or RA inquiry, press 2. To return to the main menu, press 9. To speak to a customer service representative, press 0. To repeat this prompt, press the star key. If this concludes your call, please hang up.”	Press 1 to repeat information. Press 2 to perform another payment or RA inquiry; continue to Step 7-3. Press 9 to return to the main menu (Step 4c of Table 7). Press 0 to speak to a customer service representative. Press * to repeat this prompt. Hang up to conclude your call.

Prior Authorization Inquiry

The following series of IVR system prompts pertain to the prior authorization option. Fee-for-service, nonpharmacy PA inquiries can be conducted using either the PA number or the Member ID (RID) and PA start date, if known. Callers should have this information available when dialing in, because the system has time and attempt limits on data entry.

Note: See the [Prior Authorization](#) module for information about PA approval, rejection, and denial.

Table 13 – IVR System – Prior Authorization Inquiry

Step	When the IVR system says this...	...you do this:
Step 8-0 – Enter a PA identification option	<p>“Please select one of the following prior authorization identification options:</p> <p>To enter a PA number, press 1.</p> <p>To enter a member number, press 2.</p> <p>To repeat this prompt, press the star key.”</p>	<p>Press 1 to enter a PA number; continue at Step 8-1 of Table 14.</p> <p>Press 2 to enter the member’s RID; continue at Step 8-8 of Table 15.</p> <p>Press * to repeat the prompt.</p>

PA Inquiry Using PA Number

To inquire about PA using the PA number follow the steps shown in Table 14.

Table 14 – PA Inquiry Using PA Number

Step	When the IVR system says this...	...you do this:
Step 8-1 – Enter a PA number	“Please enter a PA number followed by a pound sign.”	Enter the PA number, press #. Continue at Step 8-2.
Step 8-2 – Validate PA information	“Please wait while the requested information is retrieved.”	Do not press any keys. The IVR system is checking the information to make sure it is valid. Continue at Step 8-3.
Step	When the IVR system finds this...	...you hear this message:
Step 8-3 – PA response	PA request does not exist in the IVR system records.	“PA number [NUMBER ENTERED] is not on file. Please re-enter.” Return to Step 8-1.
	PA request is in evaluation.	“For member number [RID], PA number [PA NUMBER] is in evaluation.” Continue at Step 8-19 of Table 15.
	PA request has been finalized.	Continue at Step 8-4.
<i>When PA information is requested using a PA number, the IVR system provides information for up to three PA request line items per inquiry.</i>		
Step 8-4 – Finalized PA response	PA request line item has been approved.	“For member number [RID], PA number [PA NUMBER, PA LINE ITEM] is approved. Procedure/revenue code [PROCEDURE/REVENUE CODE] for [UNITS/DOLLARS AUTHORIZED] unit(s)/dollar(s). [UNITS/DOLLARS AVAILABLE] unit(s)/dollar(s) is/are still available. Authorized from [PA START DATE] through [PA STOP DATE].” Continue at Step 8-5.

Step 8-4 – Finalized PA response (continued)	PA request line item has been modified.	“For member number [RID], PA number [PA NUMBER, PA LINE ITEM] is modified. Procedure/revenue code [PROCEDURE/REVENUE CODE] for [UNITS/DOLLARS AUTHORIZED] unit(s)/dollar(s). [UNITS/DOLLARS AVAILABLE] unit(s)/dollar(s) is/are still available. Authorized from [PA START DATE] through [PA STOP DATE].” Continue at Step 8-5.
	PA request line item has been denied.	“For member number [RID], PA number [PA NUMBER, PA LINE ITEM] is denied.” Continue at Step 8-5.
	PA request line item is not assigned.	“For member number [RID], PA number [PA NUMBER, PA LINE ITEM] is not assigned. Request does not require PA.” Continue at Step 8-5.
	PA request line item is pending.	“For member number [RID], PA number [PA NUMBER, PA LINE ITEM] is pending written documentation.” Continue at Step 8-5.
	PA request line item has been suspended for further information.	“For member number [RID], PA number [PA NUMBER, PA LINE ITEM] has been suspended for further information. Please refer to the batch letter for the specific documentation needed to complete the review.” Continue at Step 8-5.
	PA request line item has been rejected.	“For member number [RID], PA number [PA NUMBER, PA LINE ITEM] is rejected.” Continue at Step 8-5.
Step	When the IVR system finds this...	...you do this:
Step 8-5 – Determine next step	More PA request line item information is available.	Continue at Step 8-6.
	No more PA request line item information available.	Continue at Step 8-7.
Step	When the IVR system says this...	...you do this:
Step 8-6 – More PA information	“More PA requests exist. Please press the pound sign.”	Press # to hear the next PA request line item information, or press any other key to go to the next step. If # is pressed, return to Step 8-3 ; otherwise, continue at Step 8-7.

After all PA information is given, the IVR system notifies the provider of any other PA request line items on the IVR system records.

Step	When the IVR system finds this...	...you hear this message:
Step 8-7 – Final PA message	More PA request line items exist, but not in the IVR system.	“More PA requests exist for PA number [PA NUMBER]. The system has provided the maximum allowable transactions. To speak to a customer service representative, press zero. ” Continue at Step 8-19 of Table 15.
	No more PA request line items exist.	“No PA requests remain for PA number [PA NUMBER].” Continue at Step 8-19 of Table 15.

PA Inquiry Using RID

The steps to access PA information using a RID are shown in Table 15.

Table 15 – PA Inquiry Using IHCP Member ID (RID)

Step	When the IVR system says this...	...you do this:
Step 8-8 – Enter a Member ID number	“Please enter a member number followed by the pound sign.”	Enter the Member ID and press #. Continue at Step 8-9.
Step 8-9 – Select a start date option	“If the start date is known, press 1. If the start date is not known, press 2.”	Press 1 if the start date is known; continue at Step 8-10. Press 2 if the start date is not known; continue at Step 8-11.
Step 8-10 – Enter the start date	“Please enter the start date in an eight-digit month, day, century, year format followed by the pound sign.”	Press # for today’s date, or enter the <i>start date</i> for the PA request in MMDDYYYY format, and press #. Continue at Step 8-11.
Step 8-11 – Validate PA information	“Please wait while the requested information is retrieved.”	Do not press any keys. The IVR system is checking the information to make sure it is valid. Continue at Step 8-12.
Step	When the IVR system finds this...	...you hear this message:
Step 8-12 – PA response	Member does not exist on the IVR system records.	“Member number [RID] is not on file. Please re-enter.” Return to Step 8-8.
	Valid response for a PA inquiry without a start date.	Continue at Step 8-13.
	Valid response for a PA inquiry with a start date.	Continue at Step 8-14.

<p><i>When PA information is requested using a Member ID (RID) and no start date, the IVR system provides information for only the most recent PA request line item.</i></p>		
<p>Step 8-13 – PA Response – No start date</p>	<p>No PA requests found for the Member ID in the IVR system records.</p>	<p>“For member number [RID], there are no PA requests.” Continue at Step 8-19.</p>
	<p>Most recent PA request is in evaluation.</p>	<p>“For member number [RID], the most current PA request in process is PA number [PA NUMBER], which is in evaluation.” Continue at Step 8-19.</p>
	<p>Most recent PA request line item has been approved.</p>	<p>“For member number [RID], the most current finalized PA request is PA number [PA NUMBER], which procedure/revenue code [PROCEDURE/REVENUE CODE] for [UNITS/DOLLARS AUTHORIZED] unit(s)/dollar(s). [UNITS/DOLLARS AVAILABLE] unit(s)/dollar(s) is/are still available. Authorized from [PA START-DATE] through [PA STOP-DATE].” Continue at Step 8-19.</p>
	<p>Most recent PA request line item has been modified.</p>	<p>“For member number [RID], the most current finalized PA request is PA number [PA NUMBER], which procedure/revenue code [PROCEDURE/REVENUE CODE] for [UNITS/DOLLARS AUTHORIZED] unit(s)/dollar(s). [UNITS/DOLLARS AVAILABLE] unit(s)/dollar(s) is/are still available. Authorized from [PA START-DATE] through [PA STOP-DATE].” Continue at Step 8-19.</p>
	<p>Most recent PA request has been denied.</p>	<p>“For member number [RID], the most current finalized PA request is PA number [PA NUMBER], which is denied.” Continue at Step 8-19.</p>
	<p>Most recent PA request is not assigned.</p>	<p>“For member number [RID], the most current finalized PA request is PA number [PA NUMBER], which is not assigned. Request does not require PA.” Continue at Step 8-19.</p>
	<p>Most recent PA request is pending.</p>	<p>“For member number [RID], the most current finalized PA request is PA number [PA NUMBER], which is pending written documentation.” Continue at Step 8-19.</p>

	PA request has been suspended for further information.	“For member number [RID], the most current finalized PA request is PA number [PA NUMBER], which has been suspended for further information. Please refer to the batch letter for the specific documentation needed to complete the review.” Continue at Step 8-19 .
	Most recent PA request has been rejected.	“For member number [RID], the most current finalized PA request is PA number [PA NUMBER], which is rejected.” Continue at Step 8-19 .
Step	When the IVR system finds this...	...you hear this message:
Step 8-14 – PA response – with start date	No PA requests found for the Member ID and start date entered.	“For member number [RID] and date entered, there are no PA requests.” Proceed to Step 8-19 .
	PA requests returned from the IVR system are in evaluation.	“For member number [RID] and date entered, there is/are [NUMBER OF PA REQUESTS] PA request(s) being processed.” Continue at Step 8-15.
	PA requests returned from the IVR system are finalized.	“For member number [RID] and date entered, there is/are [NUMBER OF PA REQUESTS] PA request(s) finalized.” Continue at Step 8-15.
<i>When PA information is requested using a Member ID (RID) and a start date, the IVR system provides information for up to three request line items per inquiry.</i>		
Step 8-15 – PA request line item response	PA request is in evaluation.	“PA number [PA NUMBER] is in evaluation.” Continue at Step 8-16.
	PA request line item has been approved.	“PA number [PA NUMBER] is approved. Procedure/revenue code [PROCEDURE/REVENUE CODE] for [UNITS/DOLLARS AUTHORIZED] unit(s)/dollar(s). [UNITS/DOLLARS AVAILABLE] unit(s)/dollar(s) is/are still available. Authorized from [PA START-DATE] through [PA STOP-DATE].” Continue at Step 8-16.

	PA request line item has been modified.	“PA number [PA NUMBER] is modified. Procedure/revenue code [PROCEDURE/REVENUE CODE] for [UNITS/DOLLARS AUTHORIZED] unit(s)/dollar(s). [UNITS/DOLLARS AVAILABLE] unit(s)/dollar(s) is/are still available. Authorized from [PA START-DATE] through [PA STOP-DATE].” Continue at Step 8-16.
	PA request has been denied.	“PA number [PA NUMBER] is denied.” Continue at Step 8-16.
	PA request is not assigned.	“PA number [PA NUMBER] is not assigned. Request does not require PA.” Continue at Step 8-16.
	PA request is pending.	“PA number [PA NUMBER] is pending written documentation.” Continue at Step 8-16.
	PA request has been suspended for further information.	“PA number [PA NUMBER] has been suspended for further information. Please refer to the batch letter for the specific documentation needed to complete the review.” Continue at Step 8-16.
	PA request has been rejected.	“PA number [PA NUMBER] is rejected.” Continue at Step 8-16.
Step	When the IVR system finds this...	...you do this:
Step 8-16 – Determine next step	More PA request line item information is available.	Continue at Step 8-17.
	No more PA request line item information is available.	Continue at Step 8-18.
Step	When the IVR system says this...	...you do this:
Step 8-17 – More PA information	“More PA requests exist. Please press the pound sign.”	Press # to hear the next PA request line item information; return to Step 8-15.

<i>After all PA information has been given, the IVR system notifies the provider if there are any more PA request line items in the IVR system records.</i>		
Step	When the IVR system finds this...	...you hear this message:
Step 8-18 – Final PA message	More PA request line items exist, but not available in IVR system.	“More PA requests exist for member number [RID] and date entered. The system has provided the maximum allowable transactions. To speak to a customer service representative, press 0.” Continue at Step 8-19.
	No more PA request line items exist.	“No PA requests remain for member number [RID] and date entered.” Continue at Step 8-19.
Step	When the IVR system says this...	...you do this:
Step 8-19 – PA continuation option	“To repeat this information, press 1. To check a PA number, press 2. To check PA using a member number, press 3. To return to the main menu, press 9. To speak to a customer service representative, press 0. If this concludes your call, please hang up.”	Press 1 to repeat PA information. Press 2 to check a PA number; return to Step 8-1 of Table 14. Press 3 to check PA using a member number; return to Step 8-8 of Table 15. Press 9 to return to the main menu (Step 4c of Table 7). Press 0 to speak to a customer service representative. Hang up to conclude the call.

Claim Status Inquiry

For the claim status portion of the call, the provider must have the Claim ID number or the Member ID number (RID), dates of service, and type of claim (dental, institutional, or professional).

The steps to access claim status information are shown in Table 16.

Table 16 – IVR System Claim Status Inquiry

Step	When the IVR system says this...	...you do this:
Step 9-0 – Enter a claim status identification option	“To check claim status, please select one of the following claim identification options: To enter a Claim ID number, press 1. To enter a member number, press 2. To repeat this prompt, press the star key.”	Press the number that corresponds to the information about the claim status request. <ul style="list-style-type: none"> Press 1 to enter a Claim ID number; continue at Step 9-1. Press 2 to enter a member number (RID); continue at Step 9-5. Press * to repeat the prompt

Step 9-1 – Enter a Claim ID number	“Please enter a Claim ID number followed by the pound sign.”	Enter the 13-digit Claim ID number and press #. Continue at Step 9-2.
Step 9-2 – Validate Claim ID information	“Please wait while the requested information is retrieved.”	Do not press any keys. The system is checking the information to make sure it is valid. Continue at Step 9-3.
Step	When the IVR system finds this...	...you hear this message:
Step 9-3 – Claim status response – Claim ID	Claim ID number entered does not exist in the IVR system records.	“Claim ID number [NUMBER ENTERED] is not on file. Please re-enter.” Return to Step 9-1 to re-enter Claim ID number.
	Claim is in suspense.	“For Claim ID number [CLAIM ID], member number [RID], this claim is currently processing as of [TODAY’S DATE].” Continue at Step 9-4.
	Claim has been approved to pay.	“For Claim ID number [CLAIM ID] and member number [RID], a claim has been approved to be paid [DOLLARS PAID] on the next billing cycle.” Continue at Step 9-4.
	Claim has been paid.	“For Claim ID number [CLAIM ID] and member number [RID], for dates of service from [FROM DATE] through [THROUGH DATE], billed for [DOLLARS BILLED], was paid [DOLLARS PAID] on Remittance Advice dated [RA DATE].” Continue at Step 9-4.
	Claim has been denied.	“For Claim ID number [CLAIM ID] and member number [RID], for dates of service from [FROM DATE] through [THROUGH DATE], billed for [DOLLARS BILLED], was denied on Remittance Advice dated [RA DATE] for [EOB CODE]. For EOB code definition, please refer to your Remittance Advice.” <div style="border: 1px solid black; padding: 5px; text-align: center;"><i>Note: Only header explanation of benefits (EOB) codes are provided.</i></div> Continue at Step 9-4.

Step 9-3 – Claim status response – Claim ID (<i>continued</i>)	Claim has been denied on a line item (detail level).	“For Claim ID number [CLAIM ID] and member number [RID], for dates of service from [FROM DATE] through [THROUGH DATE] billed for [DOLLARS BILLED], has been denied on detail level on [RA DATE] Remittance Advice.” Continue at Step 9-4.
Step	When the IVR system says this...	...you do this:
Step 9-4 – Finalized Claim ID response options	“To repeat this information, press 1. To select another Claim ID number, press 2. To return to the main menu, press 9. To speak to a customer service representative, press 0. To repeat this prompt press the star key. If this concludes your call, please hang up.”	Press 1 to repeat the information from Step 9-3. Press 2 to select another Claim ID number; return to Step 9-1. Press 9 to return to the main menu (Step 4c of Table 7). Press 0 to speak to a customer service representative. Press * to repeat the prompt. Hang up to conclude the call.
Step 9-5 – Enter a member number	“Please enter a member RID number followed by the pound sign.”	Enter the 12-digit member number (RID) and press # . Continue at Step 9-6.
Step 9-6 – Enter the <i>from</i> date of service	“If your inquiry is for today’s date, press the pound sign. If your inquiry is for past dates, please enter the <i>from</i> date of service in an eight-digit month, day, century, year format, followed by the pound sign.”	Enter the claim <i>from</i> date of service in MMDDYYYY format and press # . Continue at Step 9-7.
Step 9-7 – Enter the <i>to</i> date of service	“If the <i>to</i> date of service is the same as the <i>from</i> date of service, press the pound sign. If your inquiry is for a past date range, please enter the <i>to</i> date of service in an eight-digit month, day, century, year format, followed by the pound sign.”	Press # for same <i>to</i> date of service as claim <i>from</i> date of service. Or enter the claim <i>to</i> date of service in MMDDYYYY format, and press # . Continue at Step 9-8.
Step 9-8 – Enter type of claim	“Please select a claim type: Dental, press 1. Institutional, press 2. Professional, press 3.”	Press the number that corresponds to the claim type: <ul style="list-style-type: none"> • Press 1 for a dental claim. • Press 2 for an institutional claim. • Press 3 for a professional claim. Continue at Step 9-9.
Step 9-9 – Validate claim information	“Please wait while the requested information is retrieved.”	Do not press any keys. The IVR system is checking the information to make sure it is valid. Continue at Step 9-10a.

Step	When the IVR system finds this...	...you hear this message:
Step 9-10a – Claim status response – member number	No claims found for the Member ID, dates of service, and billed amount on the IVR system records.	“There are no claims on file for member number [RID] for dates of service from [FROM DATE] through [THROUGH DATE].” Proceed to Step 9-11.
	A valid response has been found.	“For member number [RID], and dates of service from [FROM DATE] through [THROUGH DATE] billed for [DOLLARS BILLED], there was/were [NUMBER OF CLAIMS] claim(s) found.” Continue at Step 9-10b.
Step 9-10b – Claim status response continuation – member number	Claim is in suspense.	“For Claim ID number [CLAIM ID], this claim is currently processing as of [TODAY’S DATE].” Continue at Step 9-11.
	Claim has been approved to pay.	“For Claim ID number [CLAIM ID], a claim has been approved to be paid [DOLLARS PAID] on the next billing cycle.” Continue at Step 9-11.
	Claim has been paid.	“For Claim ID number [CLAIM ID], a claim was paid [DOLLARS PAID] on Remittance Advice dated [RA DATE].” Continue at Step 9-11.
	Claim has been denied.	“For Claim ID number [CLAIM ID], a claim was denied on Remittance Advice dated [RA DATE] for [EOB CODE]. For EOB code definition, please refer to your Remittance Advice.” <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <i>Note: Only header explanation of benefits (EOB) codes are provided.</i> </div> Continue at Step 9-11.
	Claim has been denied on a line item (detail level).	“For Claim ID number [CLAIM ID], a claim was denied at the detail level on Remittance Advice dated [RA DATE].” Continue at Step 9-11.

When a claim inquiry is made using the member number and claim type, the IVR system provides information for up to six claims per inquiry. After the maximum number of claims has been reached, the caller hears one of the following responses.

Step	When the IVR system says this...	...you do this:
Step 9-11 – Finalized claim status response – member number	“More claims exist for member number [RID], but you have received the maximum allowed for this transaction. To speak with a customer service representative, press zero.”	Press zero to speak with a customer service representative or hang up to conclude the call.
	“To repeat this information, press 1. To search on a claim for another member, press 2. To return to the main menu, press 9. To speak to a customer service representative, press 0. To repeat this prompt, press the star key. If this concludes your call, please hang up.”	Press 1 to repeat information from Step 9-3. Press 2 to select another member number; continue at Step 9-5 . Press 9 to return to the main menu (Step 4c of Table 7). Press 0 to speak to a customer service representative. Press * to repeat the prompt. Hang up to conclude the call.

Provider Enrollment Information

Table 17 shows the IVR system options and responses related to checking provider enrollment status or making an ACA enrollment payment. Have the following information available when dialing in because the system has time and attempt limits on data entry:

- Application tracking number (ATN)
- Tax ID

Table 17 – IVR System Enrollment Information

Step	When the IVR system says this...	...you do this:
Step 10-0 – Select an enrollment option	“To inquire about your enrollment application status, press 1. To make an ACA enrollment payment, press 2. To inquire about your enrollment application and do not have your ATN or Tax ID number, and all other inquires, press 3.”	Press the number that corresponds to the desired option: <ul style="list-style-type: none"> • Press 1 and continue at Step 10-1 to check enrollment application status using ATN and Tax ID. • Press 2 to make a payment using HPE Convenience Pay. • Press 3 to be connected with a representative.
Step 10-1 – Enter the tracking number	“Please enter the application tracking number, followed by the pound sign.”	Enter the ATN and press # . Continue at Step 10-2.
Step 10-2 – Enter Tax ID	“Enter Tax ID provided when enrolling.”	Enter the Tax ID provided during the enrollment. Continue to Step 10-3.

Step	When the IVR system finds this...	...you hear this message:
Step 10-3 – Enrollment status response	No enrollments are associated with the tracking number and Tax ID provided.	“Tracking Number [NUMBER ENTERED] not on file.” Return to Step 10-0.
	An enrollment related to the tracking number and Tax ID provided is found.	“The current status of your enrollment application is [STATUS DESCRIPTION]. Status last changed on [STATUS DATE]. Enrollment application submitted on [DATE SUBMITTED]. Continue at Step 10-4.
Step	When the IVR system says this...	...you do this:
Step 10-4 – Menu options	To repeat this information, press 1. To check the enrollment status of another provider, press 2. To return to the previous menu, press 9. To speak to a representative, press 0. To repeat this prompt, press the star key.”	Press 1 to repeat the information. Return to Step 10-3. Press 2 to check enrollment states for another provider. Return to Step 10-0. Press 9 to access the main menu. Return to Step 4c of Table 7. Press 0 to speak with a customer service representative. Press * to repeat the prompt.