INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Interactive Voice Response System

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Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of Oct. 1, 2015 Published: Feb. 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures as of Feb. 13, 2017 Published: May 11, 2017	Scheduled update	FSSA and HPE
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6.0	Policies and procedures as of Dec. 1, 2021 Published: Sept. 13, 2022	Scheduled update: • Edited text as needed for clarity • Updated web links • Updated script to match current wording • Updated telephone option in the *How To Use the IVR System* section • Added HCBS and MRO agency response to *Table 8 – IVR System – Verifying Member Eligibility* • Added contact information in the *Benefit Limits* section	FSSA and Gainwell

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> *Note: The system described in this module provides limited information regarding managed care programs, including Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise. The managed care entities (MCEs) are responsible for supplying providers with this information for services delivered to their assigned members. For MCE contact information, see the IHCP Quick Reference Guide at in.gov/medicaid/providers.*
>
> *For updates to the information in this module, see IHCP Banner Pages and Bulletins at in.gov/medicaid/providers.*

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. Through a series of prompts and responses, the IVR system allows providers to query by entering 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. All information obtained from the IVR system is protected personal health information.

The IVR system provides the following information:

- Member eligibility (including coverage, restrictions and other insurance) for all IHCP members, including managed care members
- Benefit limits for fee-for-service (FFS) members*
- Check and electronic funds transfer (EFT) payments from Gainwell Technologies for FFS claims*
- Prior authorization (PA) status for FFS requests*
- Claim status for FFS claims*
- IHCP provider enrollment application status

Enrolled providers can also make *Affordable Care Act* (ACA) revalidation payments using the IVR system.

> *Note: All information available by phone through the IVR system is also available online via the IHCP Provider Healthcare Portal (Portal). Providers are encouraged to use the Portal whenever possible for a more efficient and streamlined experience. For more information, see the Provider Healthcare Portal module.*

How To Use the IVR System

The IVR system is accessed by calling the toll-free IHCP customer assistance telephone number, **800-457-4584**, and selecting **option 2** followed by **option 1**. 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.

* *Excludes FFS pharmacy and brokered nonemergency medical transportation (NEMT) services. For information about transactions related to these services, contact the applicable benefit manager.*

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 information for up to three PA request line items per inquiry. If additional PA information is available, the caller is given the option to speak with a customer service representative. Information for all PA requests (not limited to three line items) is also available on the Portal.

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 *same* IHCP Member ID (also known as RID), press **2** (after an eligibility inquiry) or **3** (after a benefit limit inquiry) instead of reentering the Member ID.
Entering the *from* and *to* dates of service	To use the current date as the *from* date of service, press **#** when prompted to enter the *from* date of service. To use the *from* date of service as the *to* date of service, press # when prompted to enter the *to* 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. Next, press the number on the telephone keypad (2–9) that contains the desired letter of the alphabet. For example, press **2** for letters A, B or C, because those letters all appear on the number 2 key. (Exception: For letters Q or Z, press **1**.)

3. Then press the number (1, 2 or 3) that corresponds to the *position* of the desired letter on the key. For example, press **1** for A, **2** for B or **3** for C, because letters A, B and C are in positions 1, 2 and 3, respectively, on the number 2 key. (Exception: For letter Q, press **1**. For letter Z, press **2**. If your keypad includes the letter Q, disregard that letter when determining the position of the *other* letters on that key.)

> *Note: The IVR system's alphanumeric translation formula assumes that the letters **Q** and **Z** do not appear on the keypad. For phones that do include **Q** and **Z** on the numbered keys, continue to follow the instructions in the preceding steps 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.*

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:

Because the letters Q and Z are not found on some 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**.

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 reenter."	A keystroke was entered that the IVR system did not recognize. Check the information and reenter it.
"Please wait while the requested information is retrieved."	The host computer requires a certain amount of time to respond to a request. This message is 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: • 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, ZIP Code and Taxonomy IVR Error Messages

When the IVR system says this…	…this is the problem:
"Invalid provider number [DATA ENTERED]. Please reenter."	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 reenter."	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.
	The taxonomy entered is not in the correct format. The taxonomy must be 10 alphanumeric characters.

Table 5 – Member Identification IVR Error Messages

When the IVR system says this…	…this is the problem:
"Invalid member RID number [NUMBER ENTERED]. Please reenter."	The IHCP Member ID 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 reenter."	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 reenter."	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 *from* date of service [DATE ENTERED]. Please reenter."	The *from* date of service entered is not in the correct format, or the date entered does not exist. Check the date and reenter it in MMDDYYYY format. Example: October 1, 2021, is entered as 10012021.
"Invalid *to* date of service [DATE ENTERED]. Please reenter."	The *to* date of service entered is not in the correct format, or the date entered does not exist. Check the date and reenter it in MMDDYYYY format. Example: October 5, 2021, is entered as 10052021.
"Invalid dates of service entered. The *from* date of service is greater than the *to* date of service."	The *to* date of service entered is before the *from* date of service. Check the dates and reenter.
"Invalid dates of service entered. The *from* date of service and the *to* 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 reenter.
"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 reenter.

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 IHCP Provider and Member Customer Assistance at **800-457-4584**. Providers should have relevant information available when dialing in, because the system has time and attempt limits for data entry:

- IHCP Provider ID or NPI and the following, if needed:
  - ZIP Code + 4 (nine digits) of the provider's service location
  - Taxonomy code that was reported to the IHCP with the NPI

> *Note: If the caller enters an NPI rather than a Provider ID, it may also be necessary to enter the nine-digit service location ZIP Code and the taxonomy code to 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. Providers can bypass entering the ZIP Code and taxonomy code by pressing #.*

- Member ID (also known as 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 Member ID only; however, only PAs that were requested by the provider conducting the inquiry will be returned.)
- Internal control number (ICN)/Claim ID, if applicable (Not required. Claim inquiries may be conducted by Member ID, 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 taxpayer identification number (TIN), also referred to as tax ID – for enrollment status inquiries only

Accessing the IVR, Logging In and Selecting an Initial Option

Table 7 shows the options that are first encountered when calling **800-457-4584**, and the steps for accessing and logging into the IVR system. The information the provider is asked to enter depends on whether the provider uses an NPI or IHCP Provider ID.

Table 7 – IVR System Initial Options

Step	When the IVR system says this...	…you do this:
Step 1a – Initial greeting	• "Welcome to the Indiana Health Coverage Program. *Para usar este sistema en español presione 2.* 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 technical assistance, press 3. • For Medicare buy-in, press 4. • For electronic visit verification support, press 5. • For third-party liability or Medicare, press 6. • For prior authorization inquiries, press 7. • For Right Choices Program or care coordination, press 8. • To repeat this menu, press star."	For English-language users, wait until after the initial greeting and the Spanish-language option. When the recording resumes with options in English, press **2** for provider services options. Continue to Step 1b.

<table>
<tr><td>Step 1b – Access the IVR</td><td>“Thank you for calling Indiana Health Coverage Programs provider services line. For your convenience, many inquiries can be handled using the interactive Indiana Healthcare Portal at www.in.gov/medicaid/providers. Follow the prompts to establish a user ID and password or log on if you are a current user. At any time during this call, you may press the star key to repeat the menu prompt:
For self-service options, including eligibility verification, benefit limits, payment information, prior authorization information, claim status or provider enrollment status, press 1.
If you are a provider inquiring about pharmacy services, press 2.
If you are calling 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 technical assistance, press 4.
To return to the previous menu, press 9. Please have pen and paper ready to take notes.
To repeat this menu, press star.”</td><td>Press 1 to initiate the provider logon validation process to access the IVR system.
Continue to Step 1c.</td></tr>
<tr><td>Step 1c – Choose NPI or Provider ID</td><td>“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 Identifier.”</td><td>Press 1 to enter the NPI. Continue to Step 2a.
Press 2 to enter the IHCP Provider ID. Proceed to Step 3.</td></tr>
<tr><td>Step 2a – Enter NPI</td><td>“Please enter your National Provider Identifier, followed by the pound sign.”</td><td>Enter the 10-digit NPI and then press #. Continue to Step 2b.</td></tr>
<tr><td>Step 2b – Enter taxonomy code</td><td>“Please enter your 10-digit 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.”</td><td>Enter the taxonomy code for the provider’s service location and then press #.
Note: 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.</td></tr>
</table>

<table>
<tr><td>Step 2c – Enter ZIP Code</td><td>“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.”</td><td>• Enter the nine-digit ZIP Code for the provider’s service location and then press #.
• Press # to bypass the ZIP Code entry.
Proceed to Step 4a.</td></tr>
<tr><td>Step 3 – Enter Provider ID</td><td>“Please enter your nine-digit IHCP Provider ID followed by the pound sign. For instructions on how to enter alpha characters, you may press 1 followed by the pound sign.”</td><td>Enter the Provider ID and then press #.
Note: Press 1# to receive instructions for entering an alpha character on the telephone keypad.
Continue to Step 4a.</td></tr>
<tr><td>Step 4a – Validate NPI or Provider ID</td><td>“Please wait while your authorization is verified.”</td><td>Do not press any keys.
The IVR system is checking the information to make sure it is valid. Continue to Step 4b.</td></tr>
<tr><td rowspan="4">Step 4b – NPI/Provider ID failed validation responses</td><td>“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.”</td><td>• Press 1 to return to Step 1c.
• Press 0 to speak to a customer service representative.
• Hang up to end the call.</td></tr>
<tr><td>“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.”</td><td>• Press 1 to return to Step 1c.
• Press 0 to speak to a customer service representative.
• Hang up to end the call.</td></tr>
<tr><td>“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.”</td><td>• Press 1 to return to Step 1c.
• Press 0 to speak to a customer service representative.
• Hang up to end the call.</td></tr>
<tr><td>(After three unsuccessful attempts…)
“Please hold; your call is being transferred.”</td><td>Caller is transferred to a customer service representative.</td></tr>
</table>

Step 4c – Successful login 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."	• 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. Proceed to Table 11. • Press **3** for information about claim-related EFT and check payments. Proceed to Table 12. • Press **4** for prior authorization information. Proceed to Table 13. • Press **5** for claim status information. Proceed to Table 16. • Press **6** for provider enrollment information. Proceed 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 (also known as 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 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."	Press the **number** that corresponds to the information about the member: • Press **1** and continue to Step 5-1 to enter the member's IHCP Member ID. • Press **2** and proceed to Step 5-2 to enter the member's Social Security number. Or press **9** to return to the main menu (Step 4c of Table 7), or press ***** to repeat the options.
Step 5-1 – Enter a Member ID	"Please enter a 12-digit member RID number followed by the pound sign."	Enter the member's IHCP Member ID and press **#**. Proceed to Step 5-4.

Step 5-2 – Enter a member's SSN	"Please enter a nine-digit member Social Security number followed by the pound sign."	Enter the member's SSN and press #. Continue to Step 5-3.
Step 5-3 – Enter a member's date of birth	"Please enter member's date of birth in a two-digit month, two-digit day, four-digit 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 *from* 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 *from* date of service in a two-digit month, two-digit day, four-digit year format, followed by the pound sign."	Press # to enter today's date as the *from* date of service. Or enter the *from* date of service in MMDDYYYY format and press #. *Example:* October 1, 2019, is entered as 10012019#. Continue to Step 5-5.
Step 5-5 – Enter the *to* date of service	"If the *to* date of service is the same as the *from* date of service, press the pound sign. If your inquiry is for past dates, please enter the *to* date of service in a two-digit month, two-digit day, four-digit year format, followed by the pound sign."	Press # if the *to* date of service is the same as the *from* date of service entered. Or enter the *to* date of service in MMDDYYYY format, and press #. *Example:* October 5, 2019, is entered as 10052019#. Continue to Step 5-6. *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.*
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 to Step 5-7.
Step	**When the IVR system finds this...**	**...you hear this message:**
Step 5-7 – Eligibility response	Provider enrollment is end-dated for the dates of service entered.	"The provider number used was not enrolled on the dates of service entered. Please reenter the dates of service." Return to Step 5-4.
	Member does not exist on the IVR system records.	"Member number [MEMBER ID] is not on file. Please reenter." Return to Step 5-1.
		"Social Security number [MEMBER SSN] is not on file. Please reenter." Return to Step 5-2.

Step 5-7 – Eligibility response *(continued)*	The member is not eligible for services during the dates entered.	"Social Security number [SSN]/ member RID number [MEMBER ID], 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]." Proceed to Step 5-13 of Table 10. *Note: The system does not state the Member ID if the SSN was entered. The Member ID is stated only if previously entered by the user.*
	The provider enrollment is active and the member is eligible for services during the dates entered.	Continue to Step 5-7a.
Step 5-7a – Eligibility response with benefit plan information	The member is eligible for services within one or more benefit plans during the dates entered. *Note: See the Member Eligibility and Benefit Coverage module for a description of programs and benefit plans.*	"Social Security number [SSN]/ member RID number [MEMBER ID], 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]." If the benefit plan is Medicaid Rehabilitation Option (MRO), Home- and Community-Based Services (HCBS) plan (including waiver plans), or Money Follows the Person (MFP) plan, continue to Step 5-7b. Otherwise, proceed to Step 5-7c.
Step 5-7b– Additional eligibility response for MRO, HCBS and MFP plans	Contact information for the MRO or waiver program agency is not available.	"No waiver/MRO program agency found."
	Contact information for the MRO or waiver program agency is available for the applicable benefit plan.	"The waiver program agency is [AGENCY NAME] and the agency's phone number is [AGENCY PHONE]. The agency fax number is [AGENCY FAX]. The agency's email address is [AGENCY EMAIL]. The agency type is [AGENCY TYPE], and the date agency data received, was on [DATE]."
Step 5-7c – Additional benefit plans	The member is eligible for additional benefit plans during the dates entered. *Note: The system returns up to three different benefit plans.*	Return to Step 5-7a.
	No additional benefit plans are available for the dates entered.	Continue to Table 9.

Service Restrictions and Other Eligibility Details

The next series of responses from the IVR system, shown in Table 9, addresses service restrictions and other details about the member's eligibility, including:

- Transfer-of-property penalty period for Home- and Community-Based Services (HCBS) waiver or long-term care (LTC) facility services
- Restriction (lock-in) to specific providers through the Right Choices Program
- Enrollment in a managed care program, with managed care entity (MCE) and primary medical provider (PMP) assignment
- Waiver liability,
- Copayment requirements
- Nursing facility or hospice level of care (with patient liability, if applicable)

Table 9 – IVR System – Service Restrictions

Step	When the IVR system finds this...	...you hear this message:
5-8a – Service restriction responses – Transfer of Property penalty	The member has been determined eligible for HCBS waiver services or for LTC facility services, but the member is in a transfer-of-property penalty period. *Note: The IHCP does not cover LTC facility services or HCBS waiver services rendered during this period.*	"This member is on a transfer-of-proper penalty. Providers should bill the claim to the member for long-term care and waiver programs ADWA, DDWA, SSFS, TBIWA."
Step 5-8b – Service restriction responses – Right Choices Program (RCP)	The member is restricted to a specific hospital through the RCP.	"The member is restricted to a hospital. The hospital name is [HOSPITAL NAME]. Provider phone number is [HOSPITAL PHONE NUMBER]." *Note: This response is obsolete for services provided on or after May 1, 2020.*
	The member is restricted to a primary medical provider (PMP), such as a physician, through the RCP.	"The member is restricted to a physician. The provider last name is [PROVIDER LAST NAME], and first name is [PROVIDER FIRST NAME]. Provider phone number is [PROVIDER PHONE NUMBER]." *Note: This response is also given for any providers that the PMP has added to the member's lock-in list through a referral.*

Step	When the IVR system finds this...	...you hear this message:
Step 5-8b – Service restriction responses – Right Choices Program (RCP) *(continued)*	The member is restricted to a specific 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 5-8c – Service restriction responses – waiver liability	The member is required to pay a waiver liability for Medicaid services, and **has met** their liability amount for the month.	"The member met the waiver liability on period from [FROM DATE] to [TO DATE]."
	The member is required to pay a waiver liability for Medicaid services, and has **not met** their liability amount for the month.	"Member is on waiver liability. Member's remaining obligation amount for the month is [REMAINING LIABILITY AMOUNT]. 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. 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."
Step 5-8d – Service restriction responses – managed care	The member is a managed care member with an MCE and PMP assignment. *Note: See the Member Eligibility and Benefit Coverage module and the IHCP Programs and Services page at in.gov/medicaid/providers for a list of managed care programs.*	"The member is in managed care. The managed care program is [PROGRAM] from [FROM DATE] through [THROUGH DATE]. The managed care entity/HIP insurer is [MCE NAME] and phone number is [MCE PROVIDER SERVICES PHONE NUMBER]. 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]."
	The member is a fee-for-service member subject to brokerage requirements for nonemergency medical transportation (NEMT).	"The member is in managed care. The managed care program is fee-for-service NEMT from [FROM DATE] through [THROUGH DATE]. The managed care entity is Southeastrans Incorporated."
Step 5-8e – Copayment amounts	The member has copayments for certain services (such as pharmacy or transportation).	"The following copay information applies. For service types [TYPES OF SERVICE], the copay amount is [COPAY AMOUNT]."

Step	When the IVR system finds this...	...you hear this message:
Step 5-8f – 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 5-8g – Service restriction responses – institutional levels of care and hospice services	The member is a long-term care (LTC) facility resident with a **nursing facility** level of care (LOC) on file for the dates of service requested.	"The member is a nursing home resident."
	The member is an LTC facility resident with an **ICF/IID** LOC on file for the dates of service requested.	"The member is an ICF/IID resident."
	The member is a **hospice** participant during the dates of service requested. *Note: The provider needs to contact Customer Assistance to verify the dates and type of hospice service.*	"The member is a hospice resident."
	If multiple LOC segments are available for the time period of the inquiry, the following combinations could apply.	
	The member has **hospice** services and the member is an LTC facility resident with a **nursing facility** LOC on file for the dates of service requested. The LOC is not an ICF/IID.	"The member is a hospice and nursing home resident."
	The member has **hospice** services, and the member is an LTC facility resident with an **ICF/IID** LOC on file for the dates of service requested.	"The member is a hospice and ICF/IID resident."
Step 5-8h – Service restriction responses – LTC facility patient liability	The member is responsible for a monthly liability amount for LTC facility services.	"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 coverage types. The *Third-Party Liability* module gives more information about the coverage types for other insurance.

For company names and codes, select the Third-Party Liability option from the introduction menu of the Customer Assistance line: **800-457-4584, option 6**.

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." Proceed to Step 5-12.
	The member has one other insurance carrier liable on the dates of service.	Continue to 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 to 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 to Step 5-9c.
		"The member has other insurance with carrier number [CARRIER CODE]. Carrier phone number is [CARRIER PHONE NUMBER]." Continue to Step 5-9c.
Step 5-9c – Other insurance policy information	Other insurance policy number and type of coverage is available. The IVR system provides up to nine coverage types.	"The insurance policy number is [POLICY NUMBER], with coverage type/types [COVERAGE TYPE(S)]." Continue to Step 5-10.
Step 5-10 – Determine next step	More other insurance carrier liability information is available.	Continue to Step 5-11.
	No other insurance carrier liability information is available.	Proceed to 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."	• Press **#** to hear more other insurance information concerning a different carrier. Return to Step 5-9a • Press **1** to hear Medicare information. Continue to 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 to 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 to Step 5-13.

<table>
<tr><td rowspan="6">Step 5-12 –
Medicare coverage information
(continued)</td><td>The member has only Medicare Part B coverage.</td><td>“The member has Medicare Part B coverage. The Medicare ID number is [MEDICARE NUMBER].”
Continue to Step 5-13.</td></tr>
<tr><td>The member has only Medicare Part D coverage.</td><td>“The member has Medicare Part D coverage. The Medicare ID number is [MEDICARE NUMBER].”
Continue to Step 5-13.</td></tr>
<tr><td>The member has Medicare Part A and Part B coverage.</td><td>“The member has Medicare Part A and Part B coverage. The Medicare ID number is [MEDICARE NUMBER].”
Continue to Step 5-13.</td></tr>
<tr><td>The member has Medicare Part A and Part D coverage.</td><td>“The member has Medicare Part A and Part D coverage. The Medicare ID number is [MEDICARE NUMBER].”
Continue to Step 5-13.</td></tr>
<tr><td>The member has Medicare Part B and Part D coverage.</td><td>“The member has Medicare Part B and Part D coverage. The Medicare ID number is [MEDICARE NUMBER].”
Continue to Step 5-13.</td></tr>
<tr><td>The member has Medicare Part A, Part B and Part D coverage.</td><td>“The member has Medicare Part A, Part B and Part D coverage. The Medicare ID number is [MEDICARE NUMBER].”
Continue to Step 5-13.</td></tr>
<tr><td colspan="3">At this point, the system has completed all the eligibility response information. The IVR system gives a verification number for the transactions requested.</td></tr>
<tr><th>Step</th><th>When the IVR system says this…</th><th>…you do this:</th></tr>
<tr><td>Step 5-13 – Eligibility transaction verification number</td><td>“Eligibility verification number for this inquiry is [VERIFICATION NUMBER].”</td><td>Write down this number for future reference.
Continue to Step 5-14.</td></tr>
<tr><td>Step 5-14 – Enter a menu option</td><td>“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.”</td><td>Press the number that corresponds to the information to be obtained.
• If 2 is entered, proceed to 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.</td></tr>
</table>

Benefit Limits

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

- Member ID (also known as 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 returned by the IVR system reflect only claims processed and paid in *Core*MMIS, the IHCP Medicaid Management Information System. For benefit limit information related to managed care members, providers are advised to contact the member's MCE (see the *IHCP Quick Reference Guide* for MCE contact information). For benefit limits related to FFS pharmacy, providers should contact OptumRx Clinical and Technical Help Desk at 855-577-631. For benefit limits related to brokered NEMT, provider should contact Southeastrans at 855-325-7611.

The IVR system provides information about some, but not all, benefit limits. For a list of the benefit limits tracked by the EVS, see the *Member Eligibility and Benefit Coverage* module. For benefit limits *not* tracked by the EVS, providers are advised to contact the Written Correspondence Unit to research whether the member has reached the benefit limit for the service in question.

Table 11 shows the steps for checking a member's benefit limits.

> Note: *The IVR system reflects only the services paid to date, through CoreMMIS. Benefit limit 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	"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."	Press the number that corresponds to the information you want to enter for the member. • Press **1** and continue to Step 6-1 to enter the member's IHCP Member ID. • Press **2** and proceed to Step 6-2 to enter the member's Social Security number.
Step 6-1 – Enter a Member ID	"Please enter a 12-digit member RID number followed by the pound sign."	Enter the member's IHCP Member ID and press **#**. Proceed to Step 6-4.
Step 6-2 – Enter a member's SSN	"Please enter a nine-digit member Social Security number followed by a pound sign."	Enter the member's SSN and press **#**. Continue to Step 6-3.
Step 6-3 – Enter a member's date of birth	"Please enter member's date of birth in a two-digit month, two-digit day, four-digit year format followed by a pound sign."	Enter the member's date of birth in MMDDYYYY format and press #. Continue to Step 6-4.

<table>
<tr><td>Step 6-4 – Enter the from date of service</td><td>“If your inquiry is for today’s date, press the pound sign. If your inquiry is for past dates, please enter the from date of service in a two-digit month, two-digit day, four-digit year format, followed by the pound sign.”</td><td>Press # for today’s date.
<u>Or</u> enter the from date of service in MMDDYYYY format and press #.
Continue to Step 6-5.</td></tr>
<tr><td>Step 6-5 – Enter the to date of service</td><td>“If the to date of service is the same as the from date of service, press the pound sign. If your inquiry is for past dates, please enter the to date of service in a two-digit month, two-digit day, four-digit year format, followed by the pound sign.”</td><td>Press # if the to date of service is the same as the from date of service entered.
<u>Or</u> enter the to date of service in MMDDYYYY format, and then press #.
Continue to Step 6-6.</td></tr>
<tr><td>Step 6-6 – Validate benefit limit information</td><td>“Please wait while the requested information is retrieved.”</td><td>Do not press any keys. The IVR system is checking the information to make sure it is valid.
Continue to Step 6-7.</td></tr>
<tr><th>Step</th><th>When the IVR system finds this…</th><th>…you hear this message:</th></tr>
<tr><td rowspan="5">Step 6-7 – Benefit limit response</td><td rowspan="2">Member does not exist in the IVR system records.</td><td>“Member RID number [NUMBER ENTERED] is not on file. Please reenter.”
Return to Step 6-1.</td></tr>
<tr><td>“Social Security number [NUMBER ENTERED] is not on file. Please reenter.”
Return to Step 6-2.</td></tr>
<tr><td>The member is not eligible for services.</td><td>“Social Security number [SSN] / member RID number [MEMBER ID], 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].”
Proceed to Step 6-10.</td></tr>
<tr><td>The member is covered under the Healthy Indiana Plan.</td><td>Social Security number [SSN] / member RID number [MEMBER ID]. Please call the member’s Healthy Indiana Plan insurer for benefit information.
Proceed to Step 6-10.</td></tr>
<tr><td>The member is eligible for services through a plan other than HIP, and has not exhausted any benefit limits based on paid claims as of the current date and time.</td><td>“Social Security number [SSN] / member RID number [MEMBER ID] has not exhausted benefit limits based on paid claims as of [CURRENT TIME] on [CURRENT DATE].”
Proceed to Step 6-10.</td></tr>
</table>

Step	When the IVR system says this...	...you do this:
Step 6-7 – Benefit limit response *(continued)*	The member is eligible for services through a plan other than HIP, and has exhausted one or more benefit limits.	"Social Security number [SSN] / member RID number [MEMBER ID] has exhausted limits for [NUMBER OF BENEFIT LIMITS] benefit(s)." Continue to Step 6-8.
Step 6-8 – Benefit limit exhausted response	"The member has exhausted a benefit limit for [BENEFIT LIMIT DESCRIPTION]."	• 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: • Press **#** to hear the next benefit limit; return to Step 6-7. • Press **1** to skip the remaining benefit limit information; continue to 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 to 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 in 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

After the IVR system verifies the NPI or Provider ID (Table 7), it obtains Remittance Advice (RA) payment information regarding claims processed through *Core*MMIS (fee-for-service claims billed to Gainwell). The system provides information about the most recent payment made (including payments made by check or by electronic funds transfer [EFT]), as well as about any pending claims.

When the EFT/RA payment option is selected in Step 4c, the system proceeds to 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	Payment information is available for the provider number entered.	"For provider number [PROVIDER NUMBER], the most recent check was issued on [EFT/CHECK-ISSUE DATE] for [PAYMENT AMOUNT]." Continue to Step 7-1.
	Payment information is not available for the provider number entered.	"For provider number [PROVIDER NUMBER], no checks have been issued." Continue to 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 to Step 7-2.
	No claims are pending for the provider number entered.	"There are no claims pending." Continue to 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 • 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 you 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 (also known as 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	"Please select one of the following prior authorization identification options: • To enter a PA number, press 1. • To enter a member number, press 2. • To repeat this prompt, press the star key."	• Press **1** to enter a PA number; continue to Step 8-1 of Table 14. • Press **2** to enter a Member ID; proceed to Step 8-8 of Table 15. • Press ***** to repeat the prompt.

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 10-digit PA number followed by a pound sign."	Enter the PA number, press **#**. Continue to 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 to 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 reenter." Return to Step 8-1.
	PA request exists in the IVR.	Continue to Step 8-4.
When PA information is requested using a PA number, the IVR system provides information for up to three PA request line items per inquiry.		
Step 8-4 – PA line-item response	PA request line item has been approved.	"For member number [MEMBER ID], 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 to Step 8-5.

Step 8-4 – PA line-item response *(continued)*	PA request line item has been modified.	"For member number [MEMBER ID], 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 to Step 8-5.
	PA request line item has been denied.	"For member number [MEMBER ID], PA number [PA NUMBER, PA LINE ITEM] is denied." Continue to Step 8-5.
	PA request line item is not assigned.	"For member number [MEMBER ID], PA number [PA NUMBER, PA LINE ITEM] is not assigned. Request does not require PA." Continue to Step 8-5.
	PA request line item is pending.	"For member number [MEMBER ID], PA number [PA NUMBER, PA LINE ITEM] is pending written documentation." Continue to Step 8-5.
	PA request line item has been suspended for further information.	"For member number [MEMBER ID], 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 to Step 8-5.
	PA request line item has been rejected.	"For member number [MEMBER ID], PA number [PA NUMBER, PA LINE ITEM] is rejected." Continue to Step 8-5.
	PA request line item is in evaluation.	"For member number [MEMBER ID], PA number [PA NUMBER, PA LINE ITEM] is in evaluation." Continue to 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 to Step 8-6.
	No more PA request line item information available.	Proceed to 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 to 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. " Press **0** to speak with a representative, or proceed to Step 8-19 of Table 15.
	No more PA request line items exist.	"No PA requests remain for PA number [PA NUMBER]." Proceed to Step 8-19 of Table 15.

PA Inquiry Using Member ID

The steps to access PA information using an IHCP Member ID (also known as RID) are shown in Table 15.

Table 15 – PA Inquiry Using IHCP Member ID

Step	When the IVR system says this...	...you do this:
Step 8-8 – Enter a Member ID	"Please enter a 12-digit member RID number followed by the pound sign."	Enter the IHCP Member ID and press **#**. Continue to 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 to Step 8-10. Press **2** if the start date is not known; proceed to Step 8-11.
Step 8-10 – Enter the start date	"Please enter the start date in a two-digit month, two-digit day, four-digit year format followed by the pound sign."	Press **#** for today's date, or enter the *start date* for the PA request in MMDDYYYY format, and press **#**. Continue to 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 to 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 [MEMBER ID] is not on file. Please reenter." Return to Step 8-8.
	Valid response for a PA inquiry with a start date.	Proceed to Step 8-14.
	Valid response for a PA inquiry without a start date.	Continue to Step 8-13.

*When PA information is requested using a Member ID and **no start date**, the IVR system provides information for only the most recent PA request line item.*		
Step 8-13 – PA response – No start date	No PA requests found for the Member ID in the IVR system records.	"For member number [MEMBER ID], there are no PA requests." Proceed to Step 8-19.
	Most recent PA request is in process.	"For member number [MEMBER ID], the most current PA request in process is PA number [PA NUMBER], which is in evaluation." Proceed to Step 8-19.
	Most recent PA request line item has been approved.	"For member number [MEMBER ID], the most current finalized PA request is PA number [PA NUMBER], which is approved: procedure/revenue code [CODE] for [AMOUNT AUTHORIZED] unit(s)/dollar(s). [AMOUNT REMAINING] unit(s)/dollar(s) is/are still available. Authorized from [PA START-DATE] through [PA STOP-DATE]." Proceed to Step 8-19.
	Most recent PA request line item has been modified.	"For member number [MEMBER ID], the most current finalized PA request is PA number [PA NUMBER], which is modified: procedure/revenue code [CODE] for [AMOUNT AUTHORIZED] unit(s)/dollar(s). [AMOUNT REMAINING] unit(s)/dollar(s) is/are still available. Authorized from [PA START-DATE] through [PA STOP-DATE]." Proceed to Step 8-19.
	Most recent PA request has been denied.	"For member number [MEMBER ID], the most current finalized PA request is PA number [PA NUMBER], which is denied." Proceed to Step 8-19.
	Most recent PA request is not assigned.	"For member number [MEMBER ID], the most current finalized PA request is PA number [PA NUMBER], which is not assigned. Request does not require PA." Proceed to Step 8-19.
	Most recent PA request is pending.	"For member number [MEMBER ID], the most current finalized PA request is PA number [PA NUMBER], which is pending written documentation." Proceed to Step 8-19.

Step 8-13 – PA response – No start date *(continued)*	PA request has been suspended for further information.	"For member number [MEMBER ID], 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." Proceed to Step 8-19.
	Most recent PA request has been rejected.	"For member number [MEMBER ID], the most current finalized PA request is PA number [PA NUMBER], which is rejected." Proceed to Step 8-19.
*When PA information is requested using a Member ID **with a start date**, the IVR system provides information for up to three PA request line items per inquiry.*		
Step 8-14 – PA response – with start date	No PA requests found for the Member ID and start date entered.	"For member number [MEMBER ID] and date entered, there are no PA requests." Proceed to Step 8-19.
	PA requests returned from the IVR system are in process.	"For member number [MEMBER ID] and date entered, there is/are [NUMBER OF PA REQUESTS] PA request(s) being processed. PA number [PA NUMBER] is in evaluation" Proceed to Step 8-16.
	PA requests returned from the IVR system are finalized.	"For member number [MEMBER ID] and date entered, there is/are [NUMBER OF PA REQUESTS] PA request(s) finalized." Continue to Step 8-15.
Step 8-15 – PA finalized status response	PA request line item has been approved.	"PA number [PA NUMBER] is approved: procedure/revenue code [CODE] for [AMOUNT AUTHORIZED] unit(s)/dollar(s). [AMOUNT REMAINING] unit(s)/dollar(s) is/are still available. Authorized from [PA START-DATE] through [PA STOP-DATE]." Continue to Step 8-16.

<table>
<tr><td rowspan="7">Step 8-15 – PA request line item response (continued)</td><td>PA request line item has been modified.</td><td>“PA number [PA NUMBER] is modified: procedure/revenue code [CODE] for [AMOUNT AUTHORIZED] unit(s)/dollar(s).
[AMOUNT REMAINING] unit(s)/dollar(s) is/are still available.
Authorized from [PA START-DATE] through [PA STOP-DATE].”
Continue to Step 8-16.</td></tr>
<tr><td>PA request has been denied.</td><td>“PA number [PA NUMBER] is denied.”
Continue to Step 8-16.</td></tr>
<tr><td>PA request is not assigned.</td><td>“PA number [PA NUMBER] is not assigned. Request does not require PA.”
Continue to Step 8-16.</td></tr>
<tr><td>PA request is pending.</td><td>“PA number [PA NUMBER] is pending written documentation.”
Continue to Step 8-16.</td></tr>
<tr><td>PA request has been suspended for further information.</td><td>“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 to Step 8-16.</td></tr>
<tr><td>PA request has been rejected.</td><td>“PA number [PA NUMBER] is rejected.”
Continue to Step 8-16.</td></tr>
<tr><td>PA request is in evaluation.</td><td>“PA number [PA NUMBER] is in evaluation.”
Continue to Step 8-16.</td></tr>
<tr><th>Step</th><th>When the IVR system finds this...</th><th>...you do this:</th></tr>
<tr><td rowspan="2">Step 8-16 – Determine next step</td><td>More PA request line item information is available.</td><td>Continue to Step 8-17.</td></tr>
<tr><td>No more PA request line item information is available.</td><td>Proceed to Step 8-18.</td></tr>
<tr><th>Step</th><th>When the IVR system says this...</th><th>...you do this:</th></tr>
<tr><td>Step 8-17 – More PA information</td><td>“More PA requests exist. Please press the pound sign.”</td><td>Press # to hear the next PA request line item information; return to Step 8-15.</td></tr>
</table>

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.		
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 [MEMBER ID] and date entered. The system has provided the maximum allowable transactions. To speak to a customer service representative, press 0." Continue to Step 8-19.
	No more PA request line items exist.	"No PA requests remain for member number [MEMBER ID] and date entered." Continue to 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. To repeat this prompt, press the star key. 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 ID; 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. • Press * to repeat the prompt. • Hang up to conclude the call.

Claim Status Inquiry

For the claim status portion of the call, the provider must have the ICN/Claim ID number or the Member ID (also known as 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. • Press **1** to enter an ICN/ Claim ID; continue to Step 9-1. • Press **2** to enter a Member ID; proceed to Step 9-5. • Press * to repeat the prompt

Step 9-1 – Enter an ICN/Claim ID	"Please enter a 13-digit Claim ID number followed by the pound sign."	Enter the 13-digit ICN/Claim ID and press **#**. Continue to Step 9-2.
Step 9-2 – Validate ICN/Claim ID	"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 to Step 9-3.
Step	**When the IVR system finds this...**	**...you hear this message:**
Step 9-3 – Claim status response – ICN/Claim ID	ICN/Claim ID 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 reenter Claim ID number.
	Claim is in suspense.	"For Claim ID number [CLAIM ID], member number [MEMBER ID], this claim is currently processing as of [TODAY'S DATE]." Continue to Step 9-4.
	Claim has been approved to pay.	"For Claim ID number [CLAIM ID] and member number [MEMBER ID], a claim has been approved to be paid [DOLLARS PAID] on the next billing cycle." Continue to Step 9-4.
	Claim has been paid.	"For Claim ID number [CLAIM ID] and member number [MEMBER ID], 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 to Step 9-4.
	Claim has been denied.	"For Claim ID number [CLAIM ID] and member number [MEMBER ID], 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." *Note: Only header explanation of benefits (EOB) codes are provided.* Continue to Step 9-4.

Step	When the IVR system says this...	...you do this:
Step 9-3 – Claim status response – ICN/Claim ID *(continued)*	Claim has been denied on a line item (detail level).	"For Claim ID number [CLAIM ID] and member number [MEMBER ID], 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 to Step 9-4.
Step 9-4 – Finalized ICN/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 ICN/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 ID	"Please enter a 12-digit member RID number followed by the pound sign."	Enter the 12-digit IHCP Member ID and press **#**. Continue to Step 9-6.
Step 9-6 – Enter the *from* 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 *from* date of service in a two-digit month, two-digit day, four-digit year format, followed by the pound sign."	Enter the claim *from* date of service in MMDDYYYY format and press **#**. Continue to Step 9-7.
Step 9-7 – Enter the *to* date of service	"If the *to* date of service is the same as the *from* date of service, press the pound sign. If your inquiry is for past dates, please enter the *to* date of service in a two-digit month, two-digit day, four-digit year format, followed by the pound sign."	Press **#** for same *to* date of service as claim *from* date of service. Or enter the claim *to* date of service in MMDDYYYY format, and press **#**. Continue to 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: • Press **1** for a dental claim. • Press **2** for an institutional claim. • Press **3** for a professional claim. Continue to 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 to Step 9-10a.

Step	When the IVR system finds this...	...you hear this message:
Step 9-10a – Claim status response – Member ID	No claims found in the IVR system records for the Member ID, dates of service and claim type entered.	"There are no claims on file for member number [MEMBER ID] for dates of service from [FROM DATE] through [THROUGH DATE]." Proceed to Step 9-11.
	A valid response has been found.	"For member number [MEMBER ID] and dates of service from [FROM DATE] through [THROUGH DATE] billed for [DOLLARS BILLED], there was/were [NUMBER OF CLAIMS] claim(s) found." Continue to Step 9-10b.
Step 9-10b – Claim status response continuation – Member ID	Claim is in suspense.	"For Claim ID number [CLAIM ID], this claim is currently processing as of [TODAY'S DATE]." Continue to 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 to 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 to 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." *Note: Only header explanation of benefits (EOB) codes are provided.* Continue to 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 to Step 9-11.

When a claim inquiry is made using the Member ID 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 ID	"More claims exist for member number [MEMBER ID], 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 ID; return to 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)
- Taxpayer identification number (TIN), also referred to as 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: • Press **1** and continue to Step 10-1 to check enrollment application status using ATN and tax ID/TIN. • Press **2** to make a payment using the IHCP automated provider enrollment application fee payment system. • Press **3** to be connected with a representative.
Step 10-1 – Enter the tracking number	"Please enter the nine-digit application tracking number, followed by the pound sign."	Enter the ATN and press **#**. Continue to Step 10-2.
Step 10-2 – Enter taxpayer identification number	"Enter the nine-digit tax ID provided when enrolling."	Enter the tax ID/TIN 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/TIN provided.	"Tracking number [NUMBER ENTERED] not on file." Return to Step 10-0.
	An enrollment related to the tracking number and tax ID/TIN 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 to 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.