MEDICARE PART A
INTERACTIVE VOICE RECOGNITION (IVR) SYSTEM
1-855-609-9960 – Jurisdiction E

Hours of Availability

CSR
Monday-Friday: 6 a.m. to 5 p.m. PT

IVR
Monday-Friday: 4 a.m. to 7 p.m. PT for CA and 4 a.m. to 9 p.m. PT for HI, NV, American Samoa, Guam, and Northern Mariana Islands for claim status, check information, remittance advice, patient status, and preventative services. 24/7 for eligibility and general questions.

The services are available for CA, HI, NV, American Samoa, Guam, and Northern Mariana Islands.

Reminders:

- Call from a quiet environment using a telephone with a handset or headset.
- The use of speaker phones and cell phones is not recommended.
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BACKGROUND

Noridian Healthcare Solutions (NHS) Interactive Voice Response (IVR) system is a self-service option for providers inquiring on patient eligibility, claim status, check and remittance information, patient status, preventive services, and other general information.

Please note that our customer service representatives (CSRs) continue to be available for claim specific and complex inquiries, but will only answer questions which cannot be answered by the IVR.

The Centers for Medicare & Medicaid Services (CMS) Change Request (CR) 3376 states, “With an increasing claims volume comes an increasing number of Medicare provider inquiries. One important way to successfully manage the workload is to increase and enhance the self-service technology tools available to Medicare providers and to require providers to use these tools when appropriate... Provider telephone CSRs are not intended to answer questions that can be answered on the IVR; they shall refer the callers to the IVR. Contractors shall identify and contact providers who repeatedly call CSRs for information that is available on the IVR to assist them to effectively use the IVR, including transferring providers back into the IVR. At a minimum, such education should happen at the time of the inquiry to the CSR, but may, in some cases, require post-call reinforcement.”

IVR OPTIONS

Available States

One of the following states needs to be selected in order to continue to the Main Menu on the IVR.

<table>
<thead>
<tr>
<th>Vocal Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
</tr>
<tr>
<td>Hawaii (including American Samoa, Guam, and Northern Mariana Islands)</td>
</tr>
<tr>
<td>Nevada</td>
</tr>
</tbody>
</table>

Options Available

The following options can be accessed from the Main Menu by keying or speaking the selection as below. The IVR will not provide the touch tone options during the initial prompt.

<table>
<thead>
<tr>
<th>Touch-tone Option</th>
<th>Vocal Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eligibility</td>
</tr>
<tr>
<td>2</td>
<td>Claim Status</td>
</tr>
<tr>
<td>3</td>
<td>Check Information</td>
</tr>
<tr>
<td>4</td>
<td>Remittance Statements</td>
</tr>
<tr>
<td>5</td>
<td>Patient Status</td>
</tr>
<tr>
<td>6</td>
<td>Preventive Services</td>
</tr>
<tr>
<td>7</td>
<td>Questions</td>
</tr>
<tr>
<td>0</td>
<td>Representative, Agent</td>
</tr>
</tbody>
</table>
CUSTOMER SERVICE REPRESENTATIVE AND IVR OPTIONS AVAILABLE

The IVR options are accessed from the Main Menu by keying or speaking the selection as below. The IVR will not provide the touch tone options during the initial prompt. If there are questions regarding the information the IVR has provided and/or the nature of the inquiry cannot be completed by using the IVR's features, speak “operator”, or press zero to be transferred from the IVR to a Customer Service Representative during the business hours located on the “Contacts” page.

MAIN MENU

The following is the “Main Menu”. When navigating within the IVR, callers may speak “Main Menu” to return to this high-level menu option.

<table>
<thead>
<tr>
<th>Touch-tone Option</th>
<th>Vocal Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eligibility</td>
</tr>
<tr>
<td>2</td>
<td>Claim Status</td>
</tr>
<tr>
<td>3</td>
<td>Check Information</td>
</tr>
<tr>
<td>4</td>
<td>Remittance Statements</td>
</tr>
<tr>
<td>5</td>
<td>Patient Status</td>
</tr>
<tr>
<td>6</td>
<td>Preventive Services</td>
</tr>
<tr>
<td>7</td>
<td>Questions</td>
</tr>
<tr>
<td>0</td>
<td>Representative, Agent</td>
</tr>
</tbody>
</table>
THE IVR IS EASY TO USE

Have the following information available when calling the IVR:

• National Provider Identifier (NPI)
• Provider Transaction Access Number (PTAN)
• Last Five Digits of Tax Identification Number (TIN)

If calling on a specific beneficiary or claim, have the following additional information available:

• Beneficiary Name
• Beneficiary Medicare Number
• Beneficiary Date of Birth
• Date of Service

Helpful Hints

• Call from a quiet environment
• Speak clearly and naturally into the telephone
• Bypass the upfront messaging by saying “Main Menu” or pressing the # key on the telephone keypad
• Selections may be keyed or spoken without waiting for the entire prompt to play
• Say “Main Menu” at any time to go back to the beginning of the call flow
• If the IVR is having difficulty with the information as spoken, try keying the information with the telephone keypad
• Review the section Utilizing the TouchTone Features as the method for entering beneficiary names using the telephone keypad varies from the method used to enter the Medicare Number, NPI, PTAN, and TIN
• Enter the full Medicare number including alpha character(s)

IMPORTANT: Failure to provide the IVR with all the necessary information may result in inaccurate or incomplete results being returned.
UTILIZING THE TOUCH-TONE FEATURES

The IVR is programmed to allow data entry using touch-tone in the event the user is unable to successfully speak to the IVR.

When using the touch-tone feature, you must enter ALL components of the specific data via the telephone keypad. The system will not recognize a combination of speech and touch-tone entries within the same piece of data.

Using the Touch-Tone Feature to Enter Names

The format for entering the beneficiary’s name from 6 a.m. to 8 p.m. Central time is full first name, full last name. A single key entry is used for each letter of the name.

<table>
<thead>
<tr>
<th>Beneficiary Name (last name, first initial)</th>
<th>Key Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, Joe</td>
<td>363563</td>
</tr>
</tbody>
</table>

When calling outside of 6 a.m. to 8 p.m. CST, the IVR will request the first letter of the beneficiary’s first name. Once this is successfully obtained, it will request the first six letters of the beneficiary’s last name. A three key combination must be used to key each letter. Below are some examples of how to key the name.

<table>
<thead>
<tr>
<th>Beneficiary Name (last name, first initial)</th>
<th>Key Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Initial=J</td>
<td>*51</td>
</tr>
<tr>
<td>First six of last name= Doe</td>
<td><em>31</em>63*32</td>
</tr>
</tbody>
</table>

In the example below, the beneficiary’s last name consists of two names. An entry is not required for the space between hyphenated last names, etc. Enter the first six letters even if there is a space or hyphen between last names.

<table>
<thead>
<tr>
<th>Beneficiary Name (last name, first initial)</th>
<th>Key Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Initial=J</td>
<td>*51</td>
</tr>
<tr>
<td>First six of last name= DoeMas</td>
<td><em>31</em>63</td>
</tr>
<tr>
<td></td>
<td><em>32</em>61</td>
</tr>
<tr>
<td></td>
<td><em>21</em>74</td>
</tr>
</tbody>
</table>

Note: During the times of 6 a.m. to 8 p.m. CST, the IVR may require users to enter the name using the three-key combination. It will be identifiable because the IVR will specifically ask for the first initial and then the first six letters of the last name.
UTILIZING THE TOUCH-TONE FEATURES (CONTINUED)

Using the Touch-Tone Feature to Enter a Medicare Number, NPI, PTAN, or TIN

To enter a numeric value, simply use the corresponding number on the telephone keypad.

The three key combination works as follows:

- Select the *(star) key
- Select the key on the telephone keypad which contains the letter
- Select the key which represents the position on the letter on the keypad

Example: PTAN 55t551 Key Entry: 55*81551

See the conversion tables below for complete listings of letters and their corresponding one-key and three-key combinations.

<table>
<thead>
<tr>
<th>One Key Conversion Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>F</td>
</tr>
<tr>
<td>G</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Three Key Conversion Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>F</td>
</tr>
<tr>
<td>G</td>
</tr>
</tbody>
</table>
ELIGIBILITY

If asked to confirm the letter at the end of the Medicare number, key or speak the following:
1 – B as in Boy
2 – D as in Dog
3 – T as in Tom
4 – None of these

Key or Speak
- NPI
- PTAN
- Last 5 digits of Tax ID
- Patient Medicare number
- Patient Gender
- Patient first and last name*
- Patient date of birth
- Date of service
- The IVR cannot accept future dates of service while performing eligibility inquiries

Information Provided
- Part A and B effective and termination dates
- Last Billing Date
- Hospital Inpatient, Skilled Nursing Facility, and Lifetime Reserve Benefit Days
- Deductible information for the year of the date of service given

Managed Care
- Whether or not there is an HMO
- HMO name
- HMO type
- Plan code number
- HMO address if available
- Phone number
- Effective date
- Termination date

Medicare Secondary Payer (MSP)
- Is there an MSP on file
- MSP type
- MSP name
- MSP address if available
- MSP policy number
- Effective date
- Termination date

Other Eligibility Details
- Physical and Occupational Therapy limits
- Home Health
- Is there a home health care file
- Earliest/latest date of home health
- Hospice
- Is there a hospice file
- Earliest/latest date of hospice
- Pneumococcal Vaccine
- Indicate if it's been received or next eligible date
- Blood Deductible
- Deductible information for the year of the date of service given
- Date of Death
- Date of death on file if applicable

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CLAIM STATUS

If asked to confirm the letter at the end of the Medicare number, key or speak the following:
1 – B as in Boy
2 – D as in Dog
3 – T as in Tom
4 – None of these

Claim Status
Option 2

Key or Speak
• NPI
• PTAN
• Last 5 digits of the TIN
• Patient Medicare Number
• Patient First and Last Name
• Dates of Service - starting and ending dates

Information Provided
• Number of Claims in the given date range
• Claim Status (Processed, Denied, Pending, etc)
• Receipt Date
• Dates of service
• Type of bill
• Total Charges
• Claim Location

“Claim Details”
• Finalized Date
• Processed Medicare Primary/Secondary
• Reason Code and Narrative
• Provider Reimbursement
• Deductible and Coinsurance Applied
• Patient Responsibility
• Total Non-covered Charges
• Check Number
• Document Control Number (DCN)
• Liability of denied claims
At any time you may say: Repeat That, Next Claim, Previous Claim, or Claim Details. You can also change the Medicare number, NPI or PTAN numbers.
CHECKS

Checks
Option 3

Key or Speak
• NPI
• PTAN
• Last 5 digits of TIN
• Check date, check number or status

Information Provided
• Check Issue Date
• Check Amount
• Check Number
REMITTANCE STATEMENT

Remittance Statement Option 4

Key or Speak
• NPI
• PTAN
• Last 5 digits of the TIN
• Remittance Date

Information Provided:
• Remittance Number
• Total check amount
• Breakdown of payments
• Breakdown of withholdings
PATIENT STATUS

Patient Status
Option 5

Key or Speak
• NPI
• PTAN
• Last 5 digits of the TIN
• Patient’s Medical number
• Patient gender
• Patient first and last name
• Patient date of birth
• Ending date of the claim

Information Provided:
• The starting date of the following claim
• The billing facility type of the following claim

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PREVENTIVE SERVICES

Preventive Services
Option 6

Key or Speak
- NPI
- PTAN
- Last 5 digits of the TIN
- Patient’s Medical number
- Patient’s gender
- Patient’s first and last name
- Patient’s date of birth
- Preventive procedure code

Information Provided:
- Patient’s next eligible technical date
- Patient’s next eligible professional date
- The coverage rule associated with the preventive procedure code
QUESTIONS

Questions
Option 7

Information Provided

- Phone number
- Teletypewriter (TTY)
- Addresses
  - Fraud and abuse
  - EDI
  - Claims
  - Written appeals and redeterminations
  - Enrollment Application and changes
  - Other correspondence
- Hours of Operation
  - Customer Service
  - IVR
- Appeal Rights
  - Part A
  - Part B
- HMOs
  Note: For HMOs, please have the HMO plan code (the “H” code)
- Remittance Advice Code Definitions
  Note: For Remittance Advice Code Definitions, please provide the Remittance Advice Code.
- CERT Information
CUSTOMER SERVICE REPRESENTATIVE

Customer Service Representative
Option 0

Key or Speak
- NPI
- PTAN
- Last 5 digits of TIN

If the NPI, PTAN, and TIN are not available, indicate “Representative” or “Agent” to skip the provider authentication.