Part A IVR Operating Guide

https://www.wpsgha.com

Overview 2
Background 3
Natural Language Understanding (NLU) 4
Authentication 10
Items You Will Need to Use the IVR Successfully 11
Helpful Hints 12
Entering Data 13
Getting Started 15
Self-Service Main Menu 16
Claim Information 17
Credit Balance 20
Discharge Status 21
Checks 22
Remittance Advice 23
Overpayments 24
Prior Authorizations 25
Questions 26

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

May 2026

WPS™
A HEALTH SOLUTIONS COMPANY

Overview

Jurisdiction 5: 866-518-3285

Hours of Availability

CSR
- **Monday – Friday 7:00 am – 5:00 pm CT**

IVR
- **Monday – Friday 7:00 am – 6:00 pm CT - Claim Status, Provider Summary, Checks, Deductibles and Pricing options**
- **24 hours, 7 days a week - Questions (Phone Numbers, Addresses and Appeal Rights) options**

Jurisdiction 8: 866-234-7331

Hours of Availability

CSR
- **Monday – Friday 8:00 am – 5:00 pm ET**

IVR
- **Monday – Friday 8:00 am – 7:00 pm ET - Claim Status, Provider Summary, Checks, Deductibles and Pricing options**
- **24 hours, 7 days a week - Questions (Phone Numbers, Addresses and Appeal Rights) options**

Please note: On January 1, 2025, the IVR will no longer offer patient eligibility. You will be required to follow the instructions in the following message that the IVR will play.

To protect Beneficiaries from Medicare fraud, CMS has directed all MACs to disable beneficiary eligibility information from our IVRs. As of Wednesday, January 1, 2025, Eligibility has been disabled and you must obtain eligibility from these online tools only:

1. WPS SNAP at www.wpsgha.com – If you do not have an account, create one today and begin using it for all eligibility inquiries
2. From your billing agency, clearinghouse, or software vendor
3. Directly from the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)

CSRs will not be able to provide eligibility information; it must be obtained from one of the alternate online sources.

Background

Our Interactive Voice Response (IVR) system is a self-service tool for providers inquiring about claim status, payment information and other general information.

Our customer service representatives (CSRs) are still available to assist you with claim specific and complex inquiries. However, they can only help you with things that are not available in 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."*

Natural Language Understanding (NLU)

The WPS IVR offers Natural Language Understanding (NLU), which allows for a more intuitive or conversational option. This allows you, as the caller, to say what you are calling about in a wide variety of ways. The IVR will then be able to route you quickly to the right resource and reduce the number of prompts.

You will hear "At any time, please briefly state the reason for your call. For example, you can say 'claim status', 'appeals' or 'provider enrollment', or press 1 for EDI, 2 for Provider Enrollment, 3 for Part A Appeals, 4 for Part B Reopenings, or 5 for General Inquiries." If choosing to speak, state why you are calling, in your own words, as if you are speaking to a person. For best results, your answer should be short yet provide enough details to route your call correctly. For example:

Appropriate Statement	Too Short	Too Long
I need a copy of a remittance.	Remittance	I need to look at a remittance I can't find to see if a patient account was paid.
I want to get the status of a provider enrollment application.	Enrollment	I submitted an application for enrollment, and I have not heard anything back so I need to know what is happening with it.

Other examples you can say are:

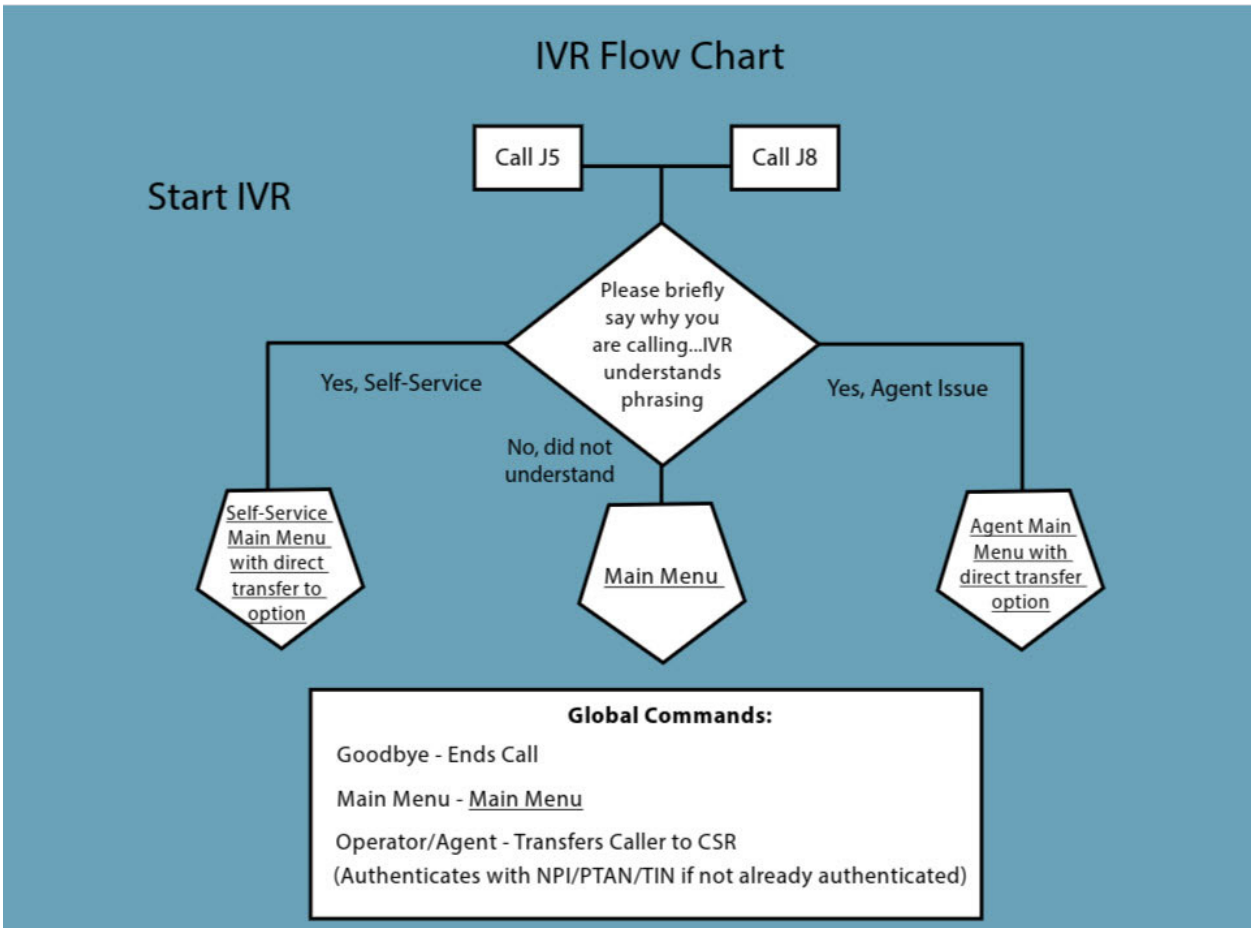
- "I am calling about a claim denial."
- "I want to check overlapping claims."
- "I don't understand why my claim denied."
- "I have a provider enrollment question."
- "I want to do a telephone reopening."
- "I need to speak with an EDI representative."

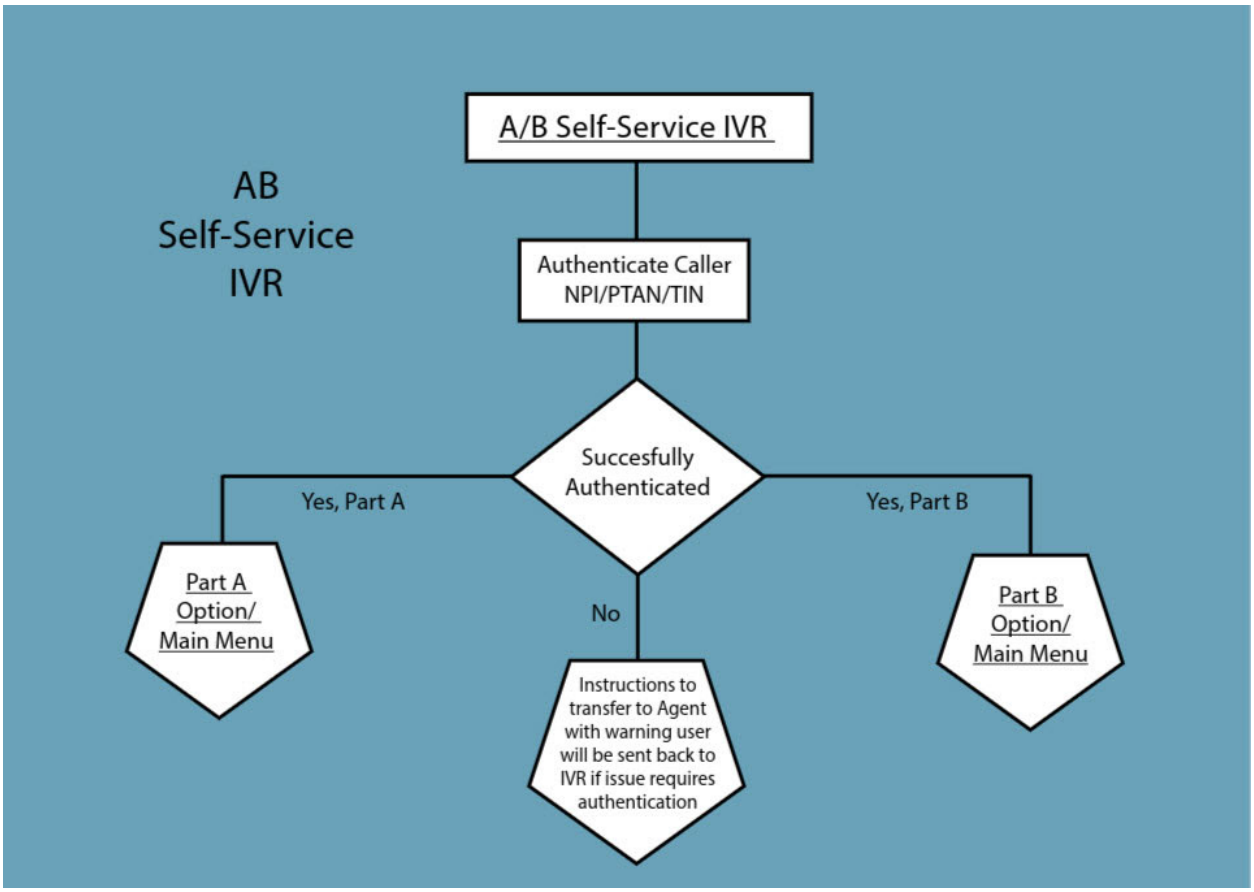
If you choose not to speak to the IVR, you can still use the Main Menu option by pressing the correct number on your phone's keypad as indicated below and in the prompt.

- Press 1 for EDI
- Press 2 for Provider Enrollment
- Press 3 for Part A Appeals
- Press 4 for Part B Reopenings
- Press 5 for General Inquiries

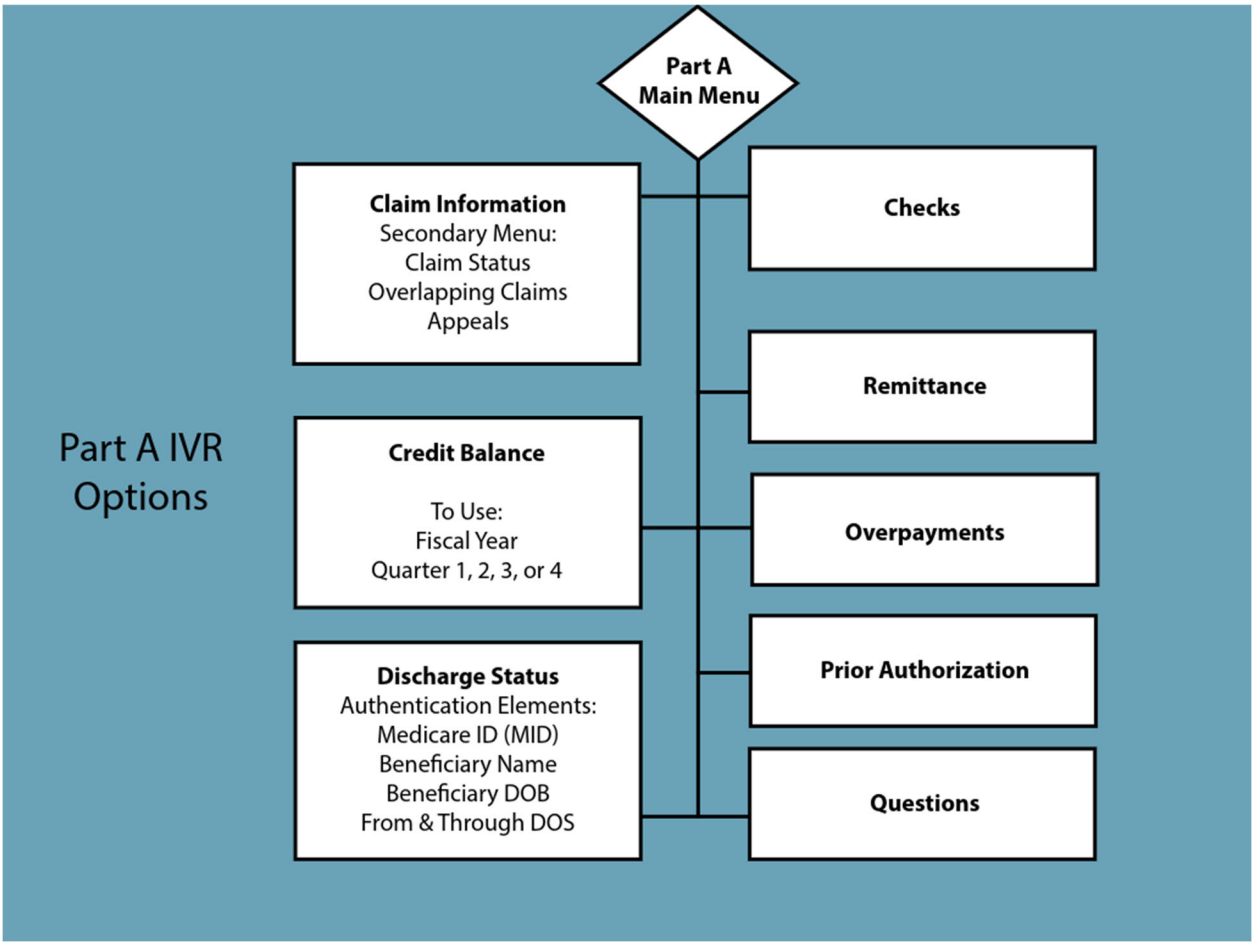
The IVR will require you to authenticate using your billing National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and Tax Identification Number (TIN) prior to routing your call. Through authentication of your NPI and PTAN, the IVR will determine whether you are a Part A provider (institutional inpatient and outpatient B) or a Part B provider (professional and supplier) and properly route you within the IVR to the option based on your verbal cues. If the IVR cannot determine where to route you based on your statements, it will route you to the main menu. If the IVR routes you to a CSR, you must choose the appropriate

call type (i.e., EDI, Provider Enrollment, Part A Appeals, Part B Reopening, or General Inquiries) to be routed to a CSR trained to handle your call. We define this process in a flowchart.

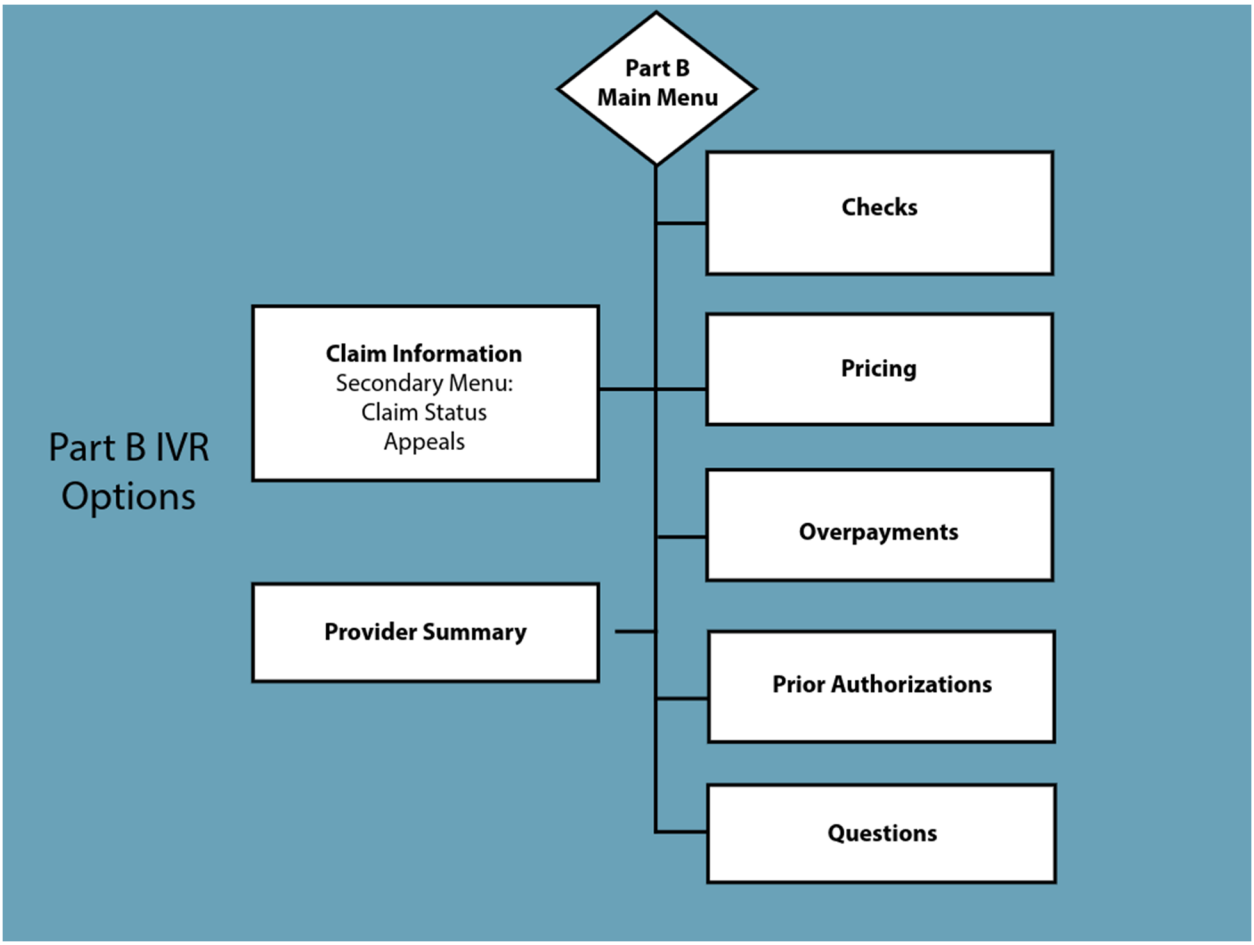


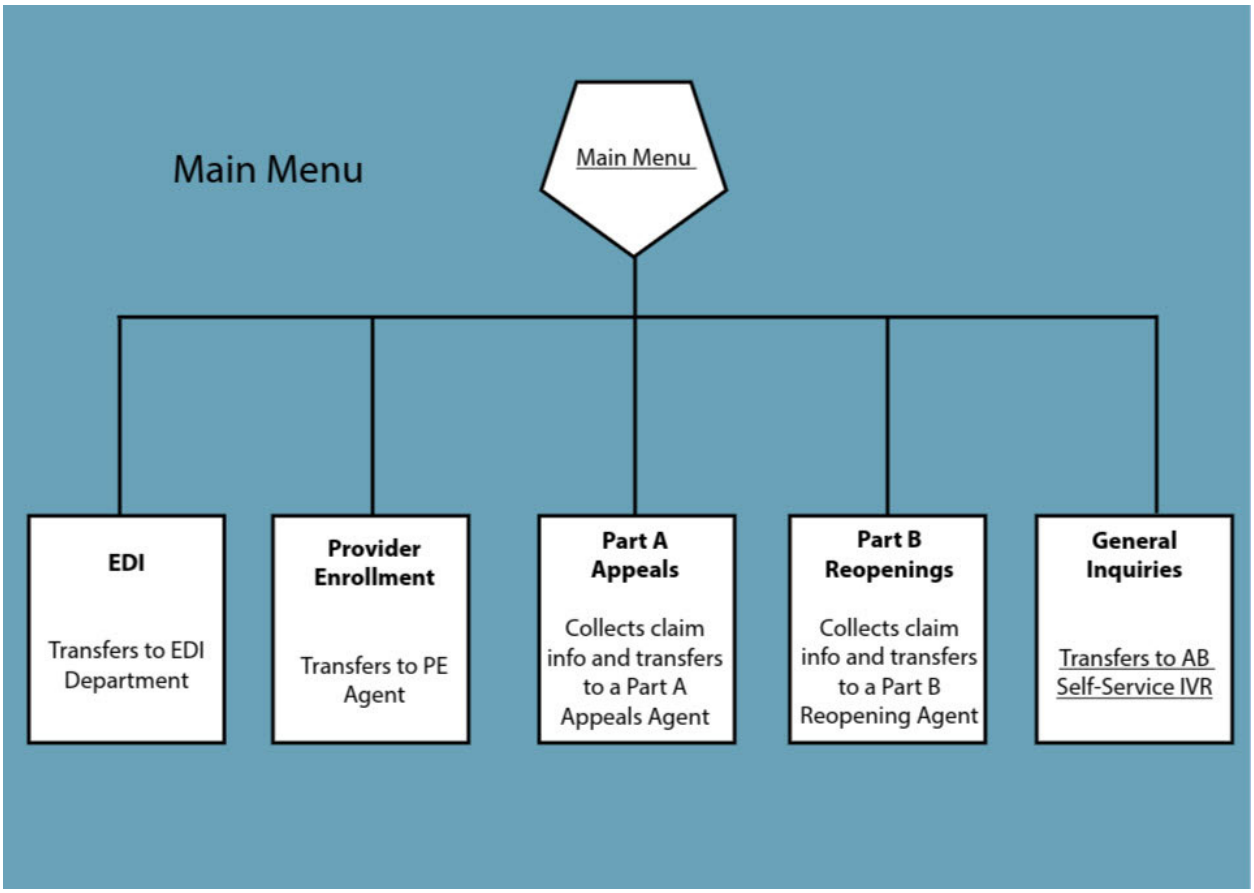

AB
Self-Service
IVR
A/B Self-Service IVR
Authenticate Caller
NPI/PTAN/TIN
Succesfully
Authenticated
Yes, Part A
Yes, Part B
No
Part A
Option/
Main Menu
Part B
Option/
Main Menu
Instructions to
transfer to Agent
with warning user
will be sent back to
IVR if issue requires
authentication

Part A IVR Options



Part B IVR Options




Main Menu
Main Menu
EDI
Transfers to EDI Department
Provider Enrollment
Transfers to PE Agent
Part A Appeals
Collects claim info and transfers to a Part A Appeals Agent
Part B Reopenings
Collects claim info and transfers to a Part B Reopening Agent
General Inquiries
Transfers to AB Self-Service IVR

Authentication

The IVR requires callers to provide a valid NPI, PTAN, and TIN combination when requesting information other than a general question.

The IVR informs unauthenticated callers requesting to speak to an operator that in order to be transferred to a CSR, the caller will need to provide the NPI, PTAN, and TIN. The IVR will try to collect this information up to three times.

The IVR will give the following statement during the first and second try if the caller does not provide the requested information:

> *"Before I transfer you to a customer service representative, I need to collect your NPI, PTAN, and TIN as it is required information for the option selected."*

If the caller still does not provide the NPI, PTAN, and TIN, the IVR will give the following statement after the third attempt:

> *"The information you are seeking requires your NPI, PTAN, and TIN. If you do not have this information, please refer to your credentialing department or your Medicare welcome letter. A customer service representative will not be able to assist you without this information. If your call is general in nature, please say, 'I have a question'."*

Fully authenticated callers will be able to transfer to a CSR.

Items You Will Need to Use the IVR Successfully

- NPI
- PTAN
- The last five digits of your TIN
- Patient's first and last name as it appears on the Medicare card (if applicable)
- Patient's Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN) prior to January 1, 2020
- Patient's date of birth (DOB), if applicable
- Date of service (DOS) in question, if applicable
- Remit readily available should you need to transfer to a CSR
- A telephone with handset or headset - the use of speakerphones and cell phones is not recommended
- A quiet environment so that you can speak clearly and naturally into your telephone

Helpful Hints

- You will need your billing NPI.
- Your PTAN consists of 5 to 10 numeric or alpha-numeric characters
- Entering patient names using touch-tones is different than entering Medicare numbers, NPIs, PTANs, and TINs
- Conversion tools are located on our IVR Operating Guide – Entering Data web page to assist you in converting alphabetic data into a numeric format for entering via the touch-tone feature: https://www.wpsgha.com/guides-resources/view/272
- If the IVR is having trouble recognizing what you say, enter the information using your telephone keypad instead
- If the IVR says you can say “additional information”, it means there could be more data associated with the request
- You will not hear the touch-tone options during the initial prompts; however, you can either say or key the equivalent numeric value anytime

Entering Data

IVR conversion tools can assist you in converting alphabetic data into a numeric format for entering into the IVR via the touch-tone feature.

The Beneficiary Name Converter tool changes a beneficiary name into numbers; please remember you only need to enter the first six letters of the beneficiary's last name and initial of first name.

The PTAN and Beneficiary Medicare Number Converter tool converts an alphanumeric PTAN or a beneficiary Medicare number into numbers.

Access these tools on our website: https://www.wpsgha.com/tools/ivr-conversion

If Internet access is not available, use the following instructions.

How to Enter a Medicare Number, NPI, PTAN, or TIN

To enter numeric values, simply use the corresponding numbers on the touch-tone keypad. To enter letters, use the * (star) key followed by the number where the letter appears followed by the position of the letter.

Conversion Table for Common Letters

Letter	Numerical Equivalent
A	*21
B	*22
C	*23
D	*31
M	*61
Q	*72
R	*73
S	*74
T	*81
W	*91
Z	*94

- To enter Medicare number 123456789A, key 123456789 *21 (*21 = A, A is on the number 2 key in the first position)
- To enter Medicare number 999888777D2, key 999888777 *31 2 (*31 = D, D is on the number 3 key in the first position)
- To enter Medicare number 1A23BC4DE56, key 1 *21 2 3 *22 *23 4 *31 *32 5 6 (*21 = A, *22 = B, *23 = C, *31 = D, *32 = E)
- To enter PTAN I0462J, key *43 0462 *51 (*43 = I, I is on the number 4 key in the third position; *51 = J, J is on the number 5 key in the first position)
- To enter NPI 9999988888, key 9999988888
- To enter the last five digits of TIN 112233445, key 33445

How to Enter a Patient's Name

To enter a patient's name, use the numbers on the telephone keypad that correspond to the letters in the name. You only need to enter the first six letters of the patient's last name followed by the first name initial. If the last name is hyphenated, you must enter both names. If the last name is followed by a suffix, you must enter the suffix. For letters Q and Z, use the 1 key.

You only need to enter the first six letters of the patient's last name followed by the first name initial.

Name	Entered As
John Smith, Jr.	7648455; S = 7; M = 6; I = 4; T = 8; H = 4; J = 5; J = 5
Suzy Que	1837; Q = 1; U = 8; E = 3; S = 7
Jane Doe-Smith	3637645; D = 3; O = 6; E = 3; S = 7; M = 6; I = 4; J = 5

Getting Started

After you have heard the informational messages, you will hear the initial prompt “At any time, please briefly state the reason for your call. For example, say ‘claim status’ ‘appeals,’ or ‘provider enrollment,’ or press 1 for EDI, 2 for Provider Enrollment, 3 for Part A Appeals, 4 for Part B Reopenings, or 5 for General Inquiries.” You can either speak your request or you can use the Main Menu option by pressing the correct number on your phone’s keypad as indicated. You will be required to authenticate using your billing National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and Tax Identification Number (TIN) prior to being routed. The IVR will route you to the correct IVR option or CSR main menu path when using NLU. If you press one of the below options, you will be routed to that call center.

- 1 for EDI
- 2 for Provider Enrollment
- 3 for Part A Appeals
- 4 for Part B Reopenings

If you press 5 for General Inquiries, or if the IVR determines you can get your information from the IVR, one of the following will happen:

- You will hear your option title and then be prompted for the additional information needed for your inquiry, listed in the “To use” section of each option.
- If the IVR cannot determine which option you need based on your statement, or if you pressed 5, it may route you to the IVR main menu for you to choose an option from the list it provides you.

Self-Service Main Menu

Options Available

If you end up in the self-service main menu, these are your options. You will not hear the touch-tone options during the initial prompts; however, you can either say the option or key the equivalent numeric value. The options are as follows:

Touch-Tone Option	Vocal Option
1	“Claim Information”
2	“Credit Balance”
3	“Discharge Status”
4	“Checks”
5	“Remittance Statements Information”
6	“Overpayments”
7	“Prior Authorizations”
8	“I have a Question”

Claim Information

Touch-Tone Option	Vocal Option
1	"Claim Information"

Then select a secondary option

Touch-Tone Option	Vocal Option
1	"Claim Status"
2	"Overlapping Claims"
3	"Appeals"

Claim Status

To Use:

- Say or enter the patient's Medicare number
- Say or enter the patient's first and last name as it appears on the Medicare card
- Say or enter the date of service (DOS)
- Say or enter "claims" to hear the claim status information or say or enter "operator" if you already have the claim status details and need assistance from an agent

Claim Status Information Available:

- Number of claims for the DOS
- Status of the claim – denied, rejected, returned, paid, or pending
- Receipt date
- Type of Bill
- Total Charges
- Claim location

Claim Detail Information Available:

- If the claim is offline you will hear the message that the claim is currently offline and you can check on it in 7 days; the system is retrieving the claim for you
- Processed date (if applicable)
- Paid as Medicare Primary or Secondary (if applicable)
- Provider Reimbursement (if any)
- Patient Deductible/Co-Insurance (if applicable)
- Beneficiary Liability (if applicable)
- Non-Covered Charges (if applicable)
- Check Number (EFT or Check) (if applicable)
- ADR date (if applicable)
- Document Control Number
- Reason Code and description

After You Receive Claim Information, You Can:

- Say "repeat that" or press 1

- Say “claims detail” or press 2
- Say “operator” or press 0
- Say “next claim” or press 3
- Say “previous claim” or press 4
- Say “additional information” or press 5 (if more claims for related PTANs are available)
- Say “change date” or press 6
- Say “change Medicare number” or press 7
- Say “change the PTAN” or press 8
- Say “change the NPI” or press 9
- Say “main menu” or press 10

Overlapping Claims

To Use:
- Patient Medicare Number
- Patient’s first and last name as it appears on the Medicare card
- Starting Date of Service
- Ending Date of Service
- Claim DCN

Overlapping Claim Information Available:
- Number of claims
- Claim Type
- Provider Name
- Provider Address

If multiple claims are available for the dates, the IVR repeats the information for each claim. You have the option of changing the Service Date, Medicare Number, DCN, or Provider Number/PTAN/NPI for multiple requests for overlapping claims.

Appeals

To Use:
- Say or enter the patient’s Medicare number
- Say or enter the patient’s first and last name as it appears on the Medicare card
- Say or enter the date of service (DOS)

Applicable Appeals Information Available:
- Number of appeals for the DOS
- Level of Appeal
- Status of the Appeals – open, closed or reopened
- Receipt date
- Decision date
- Appeal Disposition – Favorable, Partially Favorable, Unfavorable, Misrouted, Dismissed or Unspecified
- MAS #
- Claim number (DCN)

If multiple appeals are available for the dates, the IVR repeats the information for each appeal. You have the option of changing the Provider Number/PTAN/NPI for multiple requests for appeals

Credit Balance

Touch-Tone Option	Vocal Option
2	"Credit Balance"

To Use:

- Fiscal Year
- Quarter 1, 2, 3, or 4

Credit Balance Information Available:

- Received date
- Receipt method

If multiple credit balances are available for the fiscal year/quarter, the IVR repeats the information for each claim. You have the option of changing the Service Date, Medicare Number, DCN, or Provider Number/PTAN/NPI for multiple requests for credit balances.

Discharge Status

Touch-Tone Option	Vocal Option
3	"Discharge Status"

To Use:

- Say or enter the Patient's Medicare Number
- Say or enter the Patient's first and last name as it appears on their Medicare card
- Say or enter the Patient's Date of Birth
- Say or enter the starting Date of Service
- Say or enter the ending Date of Service

You Will Receive the Following Discharge Information:

- Type of Discharge (Inpatient, Hospice, Home Health, no discharge record)
- Inpatient Facility Type (if applicable)

Note: If you have a claim billed for the DOS range you are calling about, you need to authenticate using that NPI/PTAN/TIN. This lets the system know to ignore the claim(s)

- IVR will look for the claim types below on CWF that fall within the DOS range provided:
  - Inpatient (INPL)
  - Home Health (HHEH)
  - Hospice (HOEP/HOSP)
- Only the first occurrence found will be played back
- If found, it will play the type of discharge and the facility type
  - Note: If you did not use the same NPI/PTAN/TIN combo as the claim you billed (example: INPL), you will hear your own claim info played back in most cases
- If none found, the IVR will indicate it could not find any INPL, HHEH, or HOEP
  - The IVR will **NOT** indicate that the patient was discharged to home, only if they were discharged to one of the above claim types

After You Receive Discharge Status Information, You Can:

- Say, "Repeat that"
- Say or enter another patient's Medicare number when you hear the prompt, "Tell me another patient's Medicare number"
- Say, "Main Menu"

Checks

Touch-Tone Option	Vocal Option
4	"Checks"

To Use:

You Can Search by last three checks or a specific check

- Say "last three checks" or press 1
- Say "specific check" or press 2 and provide the Date of the Check

You Will Receive the Following Check Information:

- Check issue date
- Check amount
- Check number
- Check status

After You Receive Check Information, You Can:

- Say "repeat that" or press 1
- Say "additional PTAN information" or press 2 (plays information on additional PTANs if available)
- Say "get another check" or press 3 (only plays if initial search was by range of dates)
- Say "change the PTAN" or press 4
- Say "change the NPI" or press 5
- Say "main menu" or press 6

Remittance Advice

Touch-Tone Option	Vocal Option
5	"Remittance Advice"

To Use:

- Say or enter the date of the Remittance

You Will Receive the Following Remittance Information:

- Remittance number
- Remittance check amount
- Claim Payment amount
- PIP Payment amount
- Capital Payment Amount
- Direct Medical Education Payment amount
- Kidney Acquisition Payment amount
- Bad Debts Payment amount
- NPA Payment amount
- Return on Equity Payment amount
- Accelerated Payment amount
- Settlement Payment amount
- Settlement TOPS Payment amount
- Penalty Release Payment amount
- Refunds Payment amount
- 935 Payment amount
- Claims Withholding amount
- Accelerated Payments Withholding amount
- Penalty Withholding amount
- Settlement Withholding amount
- Penalty Recoup Withholding amount
- Offset Accounts Receivable Withholding amount
- Affiliates Withholding amount
- 935 Withholding amount

After You Receive Remittance Information, You Can:

- Say "repeat that" or press 1
- Say "get another remittance" or press 2
- Say "change the PTAN" or press 3
- Say "change the NPI" or press 4
- Say "main menu" or press 5

Overpayments

Touch-Tone Option	Vocal Option
6	“Overpayments”

To Use:

- No additional prompts are needed for this option.

You Will Receive the Following Remittance Information:

- Overpayment Number
- Original amount
- Remaining amount
- Letter number
- Letter date

Prior Authorizations

Touch-Tone Option	Vocal Option
7	"Prior Authorizations"

To Use:

- Say or enter the NPI of the Part A hospital outpatient department or ambulance supplier
- Say or enter the PTAN of the Part A hospital outpatient department or ambulance supplier
- Say or enter the patient's Medicare number
- Say or enter the patient's first and last name as it appears on their Medicare card
- Say or enter the procedure code of the service

Prior Authorization Information Available:

- Patient name
- Service type
- Date decision was made
- Status
- UTN number

If multiple prior authorizations are available for the information provided, the IVR repeats the information for each claim. You have the option of changing the procedure code, Medicare number, or returning to the main menu.

Questions

Touch-Tone Option	Vocal Option
8	"Questions"

To Use:

- Select from the Questions Sub Menu listed below

Commonly Requested Phone Numbers:

- Say "Phone Numbers" or press 1
  - Provides a listing of WPS departments and their corresponding phone number

Commonly Requested Addresses:

- Say "Addresses" or press 2
  - Provides a listing of WPS departments and their corresponding mailing address

Hours of Operation:

- Say "Hours of Operation" or press 3
  - Provides a listing of departments and their corresponding hours of operation

Appeals:

- Say "Appeal Rights" or press 4
  - Provides detailed information about the different levels of appeal rights

HMOs:

- Say "HMOs" or press 5
- Say or enter your 5 character "HMOs" contractor ID
- Provides HMO Name
- Phone number (if available)
- Address

Remarks Codes:

- Say "Remittance Advice Code Definitions" or press 6
- Say or enter your Remittance Advice Code
  - Provides Remittance Advice Code definition

After You Receive Remittance Advice Code Information, You Can:

- Say "repeat that" or press 1
- Say "get another code" or press 2
- Say "main menu" or press 3

Medicare eNews

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