# Medicare Part B Interactive Voice Response (IVR) System

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Overview

(866) 518-3285 – Jurisdiction 5

Hours of Availability

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

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

(866) 234-7331 – Jurisdiction 8

Hours of Availability

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

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

*Please note: Patient eligibility uses the Medicare HETS 270/271 system and is available 24/7 with the exception of downtimes determined by CMS. CMS maintains the list of the current scheduled HETS maintenance dates and times. You can access the list here: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/MCARE-Notification-Archive.html.

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Background

Our Interactive Voice Response (IVR) system is a self-service tool for providers inquiring about beneficiary eligibility, 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.”

Changes Effective September 3, 2019

On September 3, 2019, we consolidated our IVR and CSR toll-free numbers to reduce the telephone numbers providers need. Also, this consolidation eliminates the need for callers to hang-up and call a different number when the information provided by our self-service tools needs CSR support. With the consolidation you will be required to authenticate using your National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and Tax Identification Number (TIN) prior to hearing the self-service menu options noted later in this document. Through authentication of your NPI and PTAN, the IVR will determine whether you are a Part A (institutional inpatient and outpatient B) or Part B (professional and supplier) provider and properly route you to the main menu for that Part or, should you need to transfer, a CSR trained to handle the call.

When calling, after hearing the announcements, you will be asked if you are calling for eligibility, claims status, or payment information. Responding “Yes” will take you to the authentication process and then to the self-service IVR main menu. Responding “No” will take you to the routing menu where you can choose the appropriate call type of EDI, Provider Enrollment, Part A Appeals, Part B Reopening, or General Inquiries. This process is defined in the flow chart below:
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Self Service Part A IVR

Part A Main Menu

Eligibility
Authentication Elements:
- Medicare ID (MID)
- Beneficiary Name
- Beneficiary DOB
- DOS (Not Future DOS)

Checks

Claim Status
Authentication Elements:
- Medicare ID (MID)
- Beneficiary Name
- From & Through DOS

Remittance

Overlapping Claims
Authentication Elements:
- Medicare ID (MID)
- Beneficiary Name
- From & Through DOS
- Claim Number (DCN)

Overpayments

Discharge Status
Authentication Elements:
- Medicare ID (MID)
- Beneficiary Name
- Beneficiary DOB
- From & Through DOS

Questions
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Authentication

As noted in the Changes Effective September 3, 2019, section of this document, callers are required to provide a valid NPI, PTAN, and TIN combination when requesting information other than a general question.

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

The following verbiage will be played during the first and second try if the information is not provided:

“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 NPI, PTAN, and TIN are not provided, the following verbiage will be played during 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’.”

Callers that have fully authenticated 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 website to assist you in converting alphabetic data into a numeric format for entering via the touch-tone feature
- 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
- The IVR uses the Medicare HIPAA Eligibility Transaction System (HETS) 270/271 eligibility transaction, patient eligibility is available up to 4 years in the past and 4 months to the day in the future
- 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 by Using Touch Tones

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

To access either tool, please visit the Self-Service Guides and Resources section of our Topic Center on the website. Then click on the link to the Interactive Voice Response (IVR) Conversion Tools under the Interactive Voice Response System heading. 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. Note: there are exceptions to the keypad rule for entering letters Q, R, S, and Z.
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Conversion Table for Common Letters

<table>
<thead>
<tr>
<th>Letter</th>
<th>Numerical Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>*21</td>
</tr>
<tr>
<td>B</td>
<td>*22</td>
</tr>
<tr>
<td>C</td>
<td>*23</td>
</tr>
<tr>
<td>D</td>
<td>*31</td>
</tr>
<tr>
<td>M</td>
<td>*61</td>
</tr>
<tr>
<td>Q</td>
<td>*11</td>
</tr>
<tr>
<td>R</td>
<td>*72</td>
</tr>
<tr>
<td>S</td>
<td>*73</td>
</tr>
<tr>
<td>T</td>
<td>*81</td>
</tr>
<tr>
<td>W</td>
<td>*91</td>
</tr>
<tr>
<td>Z</td>
<td>*12</td>
</tr>
</tbody>
</table>

- 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 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 PTAN P6Q3462, key *71 6 *11 3462 (*71 = P, P is on the number 7 key in the first position; *11 = Q, Q is one of the exceptions noted above)
- 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 must enter the entire last name followed by the first initial of the first name. If the last name is hyphenated, both names must be entered. If the last name is followed by a suffix, the suffix must be entered. For letters Q and Z use the 1 key.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Entered As</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith, Jr.</td>
<td>76484575; S = 7; M = 6; I = 4; T = 8; H = 4; J = 5</td>
</tr>
<tr>
<td>Suzy Que</td>
<td>1837; Q = 1; U = 8; E = 3; S = 7</td>
</tr>
<tr>
<td>Jane Doe-Smith</td>
<td>363764845; D = 3; O = 6; E = 3; S = 7; M = 6; I = 4; T = 8; H = 4; J = 5</td>
</tr>
</tbody>
</table>
Getting Started

After you have heard the informational messages, you will hear the initial prompt “Are you calling about patient eligibility, claim status, or payment information?” Answering yes to this question will transfer you to the IVR. If you answer no, you will be routed to the routing main menu to choose the call type or department.

<table>
<thead>
<tr>
<th>Touch-Tone Option</th>
<th>Vocal Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>“Yes”</td>
</tr>
<tr>
<td>2</td>
<td>“No”</td>
</tr>
</tbody>
</table>

If you said “No,” you will hear “Main Menu.” You can say:

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

Once a selection is made, you will hear the authentication prompts for the call type selected. Please note that by selecting General Inquiries, your call will be transferred to the self-service IVR where the required authentication elements will be gathered. Please review the Authentication section of this document for important information on unauthenticated callers.

If you said “Yes,” the IVR will say “OK, General Inquiries,” and you will be prompted to:

- Say or enter your NPI.
- Say or enter your PTAN.
- Say or enter the last five digits of your TIN.

Once authenticated, you will be brought to the Main Menu to choose one of the IVR options noted below.

Main Menu

Options Available

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:

<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>“Provider Summary”</td>
</tr>
<tr>
<td>4</td>
<td>“Checks”</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Touch-Tone Option</th>
<th>Vocal Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>“Deductibles”</td>
</tr>
<tr>
<td>6</td>
<td>“Pricing”</td>
</tr>
<tr>
<td>7</td>
<td>“Overpayments”</td>
</tr>
<tr>
<td>8</td>
<td>“Questions”</td>
</tr>
</tbody>
</table>

Eligibility

Touch-Tone Option: 1  
Vocal Option: “Eligibility”

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 patient’s date of birth.
- Say or enter the date of service to verify file information about Medicare Secondary Payers (MSP), Health Maintenance Organizations (HMO), or Managed Care Organizations (MCO). The date of service must be the current date or no more than 4 years in the past date.
- Say or enter yes if you would like to hear the beneficiary’s address or say or enter no if you would not like to hear the beneficiary’s address.

Eligibility Information Available:

- Beneficiary’s address (if chose to hear)
- The correct Medicare number, if the one provided has changed
- Part A and B effective dates
- Date of death, if applicable
- Primary health insurance information (whether Medicare is primary or secondary)*
- Deductible information (current year).
- Current year Physical Therapy (PT) and Occupational Therapy (OT) limits
- Part D data (if applicable)
- ESRD data (if applicable)
- Medicare Diabetes Prevention Program (MDPP) data (if applicable)
- Hospice data (if applicable)

*Please note, if a beneficiary is enrolled in an HMO, the IVR will state Medicare is primary and will indicate whether it is a risk-type HMO or cost-type HMO. If the HMO is a risk-type, providers may only bill the HMO. If the HMO is a cost-type, providers may bill the HMO or WPS GHA. Please refer to the CMS Internet-Only Manual (IOM), Publication 100-04, Chapter 1 (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c01.pdf), for further details on claim submission.
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After You Receive Eligibility Information, You Can:

- Say, “Repeat that”
- Say, “Eligibility details”
- Say, "Change date"
- Say or enter another patient’s Medicare number when you hear the prompt, “Tell me another patient’s Medicare number.”
- Say, “Main menu”

If You Choose “Eligibility Details,” You Will Hear (If Applicable):

- MSP details: MSP type, company name, address, effective date, termination dates (if applicable), and the diagnosis codes
- HMO details: HMO company, plan name, plan code, ID, address, phone number, website, effective date, and termination dates (if applicable)
- Home Health (HH) information: episode start date and latest date

Claim Status

Touch-Tone Option: 2
Vocal Option: “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)

Claim Status Information Available:

Assigned Claim

- The date WPS GHA received the claim
- Number of claims for the DOS
- Status of the claim – denied, paid, or pending
- Amount submitted
- Allowed amount
- Amount applied to the deductible
- Amount paid
- Paid date
- Check number
- Crossover information (if applicable)
- On adjusted claims, the date and amount the original claim paid

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Non-Assigned Claims

- Number of claims for the DOS
- Status of the claim – denied, finalized, or pending
- Crossover information (if applicable)

Detailed Claim Information Available for Assigned Claims Only:
(Say “Claim Details” or Press 4)

- Claim control number
- Number of line items and the following specific line item information
- DOS
- Procedure code
- Modifier
- Amount submitted
- Allowed amount
- Reason for denial

For denied claims, you will hear the ANSI reason and remark codes, patient liability, and additional information regarding the denial (if available). This includes items to check and steps to take to correct your claim if necessary.

After You Receive Claim Information, You Can:

- Say “repeat that” or press 1
- Say “next claim” or press 2
- Say “previous claim” or press 3
- Say “duplicate remittance” or press 5 (for assigned claims only)
- Say “additional information” or press 6 (if more claims are available)
- Say “change date” or press 7
- Say “change Medicare number” or press 8
- Say “change the PTAN” or press 9
- Say “change the NPI” or press 10
- Say “main menu” or press 11

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Provider Summary

Touch-Tone Option: 3
Vocal Option: “Provider Summary”

Provider Summary Information Available:

- Number of pending claims
- Dollar amount of pending claims
- Total number of approved-to-pay claims
- Total dollar amount of approved-to-pay claims
- Number of approved-to-pay claims less than 14 days old
- Dollar amount of approved-to-pay claims less than 14 days old
- Last check issued for the PTAN entered including the check date, check amount, and check number

After You Receive Provider Summary Information, You Can:

- Say “repeat that” or press 1
- Say “details” or press 2
- Say “change the PTAN” or press 3
- Say “change the NPI” or press 4
- Say “main menu” or press 5

If You Choose “Details,” You Will Hear:

- Number of month-to-date claims
- Dollar amount of month-to-date claims
- Number of year-to-date claims
- Dollar amount of year-to-date claims

Please note provider summary data changes daily. This option is for informational purposes only and is not meant as a tool for tracking specific claims submissions as they adjudicate through the system. The purpose of provider summary is to give billers a current snapshot of the number of claims pending in the claims processing system and their corresponding dollar amount.

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Checks

Touch-Tone Option: 4
Vocal Option: “Checks”

To Use:

- Say “search by status” or press 1
  - Say “outstanding” or press 1
  - Say “paid” or press 2
  - Say “stopped” or press 3
  - Say “voided” or press 4

- Say “search by range of dates” or press 2
  - Say or enter the starting date and ending date

You Will Receive the Following Check Information:

- Check number
- Check issue date
- Check amount
- Cashed date
- Check status if not cashed – outstanding, cancelled, or voided

After You Receive Check Information, You Can:

- Say “repeat that” or press 1
- Say “next check” or press 2
- Say “previous check” or press 3
- Say “change the date” or press 4 (only plays if initial search was by range of dates)
- Say “change the status” or press 5 (only plays if initial search was by check status)
- Say “additional information” or press 6 (plays information on additional PTANs if available)
- Say “change the PTAN” or press 7
- Say “change the NPI” or press 8
- Say “main menu” or press 9

Deductibles

Touch-Tone Option: 5
Vocal Option: “Deductibles”

To Use:

- Say or enter the patient’s Medicare number
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- Say or enter the patient’s first and last name as it appears on the Medicare card.
- Say or enter the patient’s date of birth

You Will Receive the Following Deductible Information:

- Amount applied to current year’s deductible

After You Receive Deductible 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”

Pricing

Touch-Tone Option: 6
Vocal Option: “Pricing”

To Use:

- Say or enter the procedure code
- Say or enter the modifier, say “no modifier” if none
- Say the place of service, or enter the two-digit place of service code you would use on your claim form
- Say or enter the ZIP code where the services were rendered
- Say or enter the date of service

Please note that the IVR will only recognize the following modifiers that may affect pricing: TC, 26, 50, 54, 55, 62, and 78.

You Will Receive the Following Pricing Information:

The IVR will play pricing information, the Medicare allowed amount, that matches the criteria you entered.

After You Receive Pricing Information, You Can:

- Say “repeat that” or press 1
- Say “change the procedure code” or press 2
- Say “change the PTAN” or press 3
- Say “change the NPI” or press 4
- Say “main menu” or press 9

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Overpayments

Touch-Tone Option: 7
Vocal Option: “Overpayments”

You Will Receive the Following Remittance Information:

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

Questions

Touch-Tone Option: 8
Vocal Option: “Questions”

Questions Sub-Menu

Medicare News
- Say “Medicare News” or press 1
- Provides a list of Medicare news and alerts
- You will be able to navigate through the individual messages by stating “repeat that,” “next message,” or “previous message”
- The most current news will play first

Appeals
- Say “Appeal Rights” or press 2
- Provides information about the five different levels of appeal rights

Commonly Requested Addresses
- Say “Addresses” or press 3
- Provides a listing of WPS GHA departments and their corresponding mailing address

Commonly Requested Phone Numbers
- Say “Phone Numbers” or press 4
- Provides a listing of WPS GHA departments and their corresponding phone number

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