

Medicare Part A Interactive Voice Response (IVR) System

Wisconsin Physicians Service Insurance Corporation

<http://www.wpsgha.com>

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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: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/MCARE-Notification-Archive>



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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.”

Natural Language Understanding (NLU)

The WPS GHA 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 “Okay, in a few words, please tell me why you are calling. For example, you can say ‘check on the status of a claim’ or ‘patient eligibility’.” Please briefly 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.

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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.”

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 the flow chart below:

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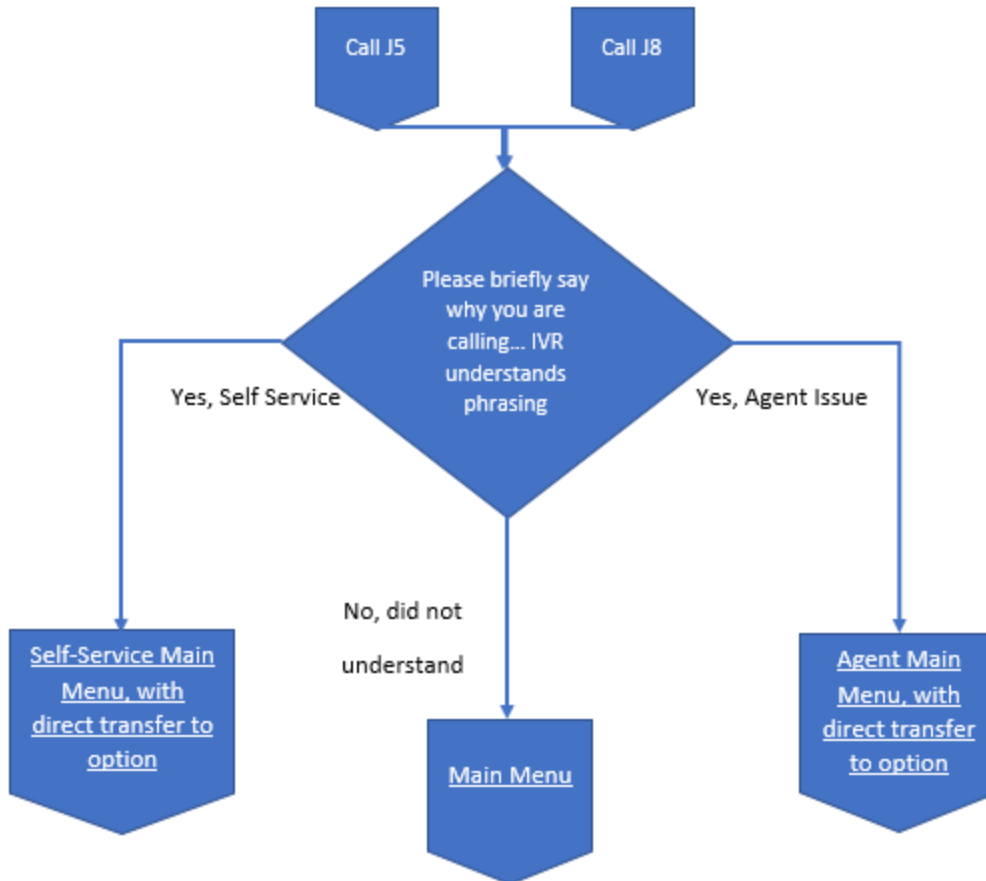
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IVR Flow Chart

Start IVR



Global Commands:
Goodbye – Ends Call
Main Menu – Main Menu
Operator/Agent – Transfers Caller to CSR
(Authenticates with NPI/PTAN/TIN if not already authenticated)

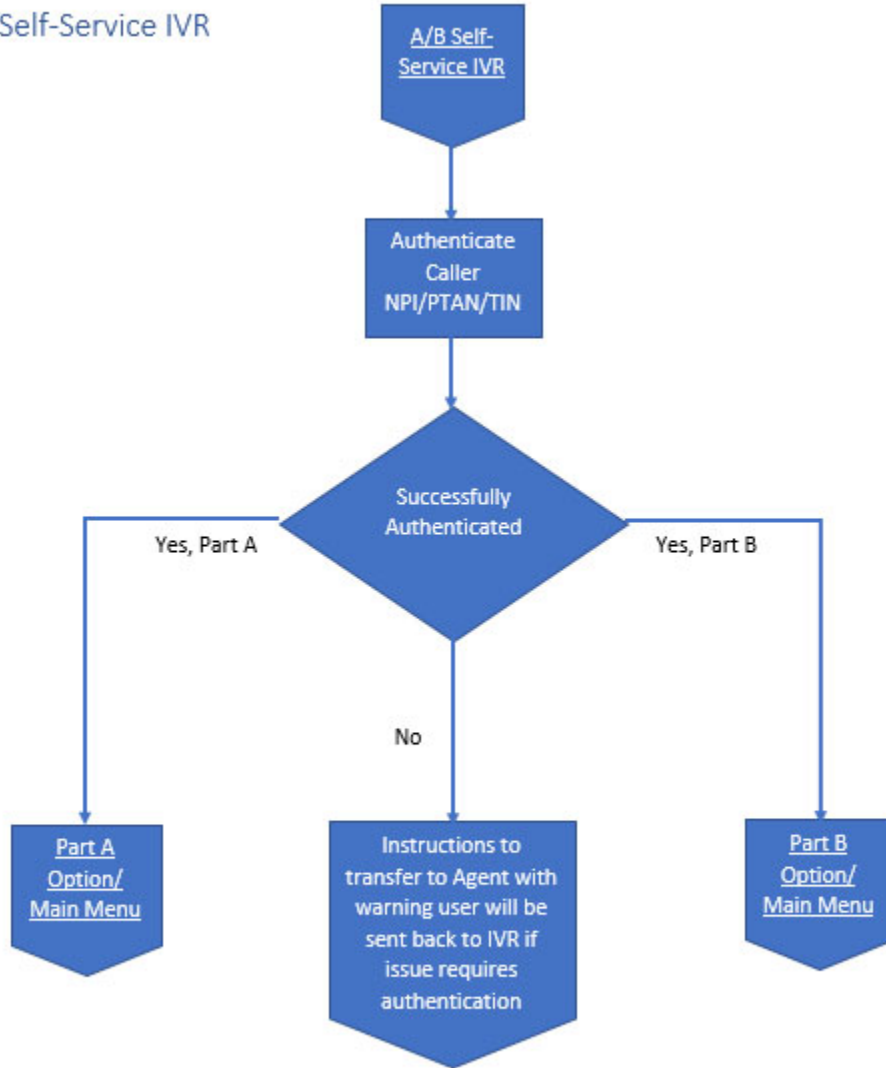
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AB Self-Service IVR



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Part A IVR Options



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Part B IVR Options

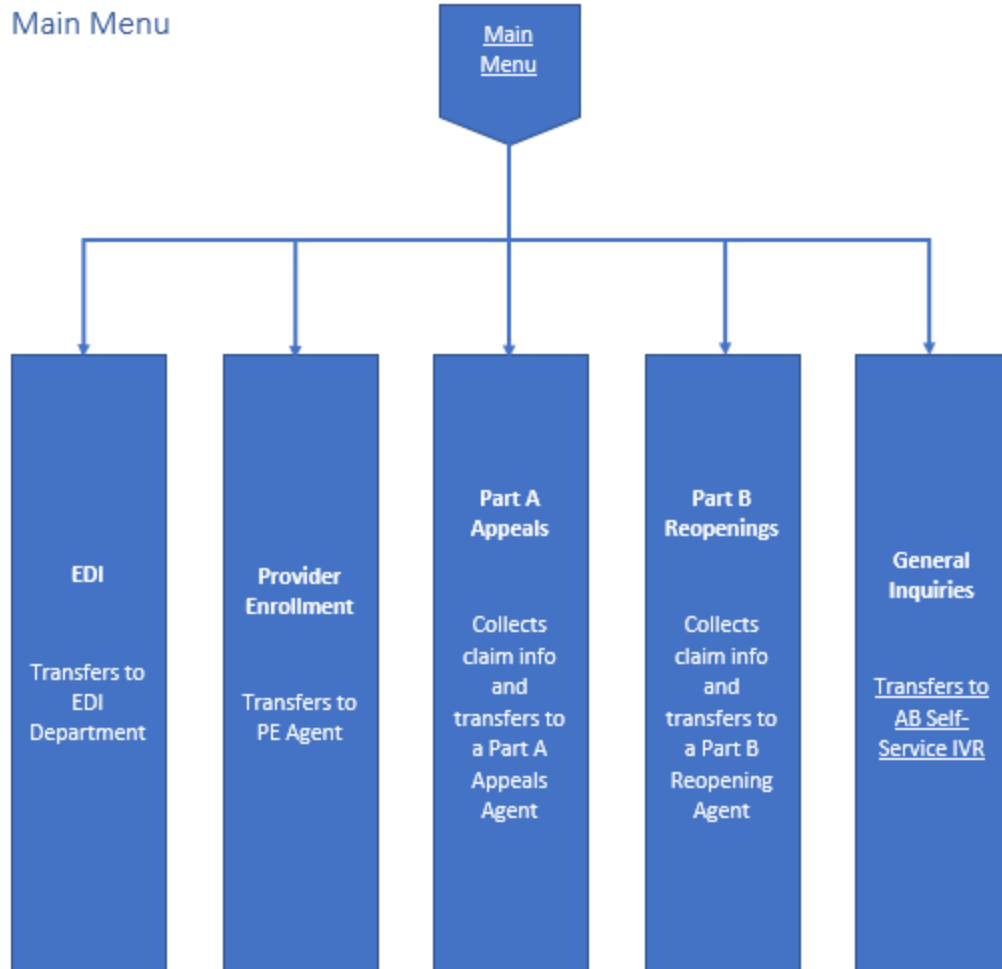


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Authentication

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

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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:

<https://www.wpsgha.com/wps/portal/mac/site/self-service/guides-and-resources/ivr-conversion-tools>

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

Letter	Numerical Equivalent
A	*21
B	*22
C	*23
D	*31
M	*61
Q	*11
R	*72
S	*73
T	*81
W	*91
Z	*12

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

Name	Entered As
John Smith, Jr.	76484575; S = 7; M = 6; I = 4; T = 8; H = 4; J = 5; R = 7; J = 5
Suzy Que	1837; Q = 1; U = 8; E = 3; S = 7
Jane Doe-Smith	363764845; D = 3; O = 6; E = 3; S = 7; M = 6; I = 4; T = 8; H = 4; J = 5



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Getting Started

After you have heard the informational messages, you will hear the initial prompt “In a few word please tell me why you are calling. For example, you can say ‘check on the status of a claim’ or ‘patient eligibility.’” You will be required to authenticate using your billing National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and Tax Identification Number (TIN) prior being routed. The IVR will route you to the correct IVR option or CSR main menu path.

If the IVR determines you need to speak to a CSR 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

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 below.
- If the IVR cannot determine which option you need based on your statement it may route you to the IVR main menu for you to choose an option. These menu options are listed below.

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	“Eligibility”
2	“Claim Status”
3	“Overlapping Claims”
4	“Discharge Status”
5	“Checks”
6	“Remittance Statements Information”
7	“Overpayments”
8	“I have a Question”

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Eligibility

Touch-Tone Option	Vocal Option
1	"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) and Health Maintenance Organizations (HMO). The date of service can be up to 4 years in the past or 4 months to the day in the future.
- Say or enter "address" if you would like to hear the beneficiary's address or say or enter "eligibility" to hear the eligibility information or say or enter "operator" if you already have the eligibility details and need assistance from an agent.

Eligibility Information Available:

- Beneficiary's address (if chose to hear)
- Part A and B effective dates and entitlement reason
- Date of Death (if applicable)
- QMB (Qualified Medicare Beneficiary) status (if applicable)
- Part D data: company name, plan name, plan code, ID, address, phone number, website, effective and termination date(s) (if applicable)
- Hospital full and coinsurance days (if applicable to provider type)
- Skilled Nursing Facility full and coinsurance days (if applicable to provider type)
- Lifetime Reserve days (if applicable to provider type)
- Lifetime Psychiatric days (if applicable to provider type)
- Hospital Stay date(s) and the billing NPI(s) (if applicable)
- Skilled Nursing Facility Stay date(s) and the billing NPI(s) (if applicable)
- Current year Physical Therapy (PT) and Occupational Therapy (OT) limits
- Medicare Advantage (MA) details: Medicare Advantage company, plan name, ID, address, phone number, website, effective and termination date(s) (if applicable)
- ESRD data: coverage start date, coverage end date, dialysis start date, dialysis end date, transplant date (if applicable)
- Deductible information (current year)
- Primary health insurance information (whether Medicare is primary or secondary) *
- MSP Data: MSP indicator reason, company name, address, effective and termination date(s) and diagnosis code(s) associated to the MSP record (if applicable)
- Home Health (HHEH) information: episode start date, latest date, patient status code and description (if applicable)
- Hospice status and data: NPI, start and end date(s), revocation indicator, days used, earliest and latest billing date(s) for each period
- COVID Vaccine data: eligibility for vaccine, vaccine administration code(s), date(s) given, NPI of

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rendering provider (if applicable)

- Medicare Diabetes Prevention Program (MDPP) data: usage, date of service(s), NPI(s), procedure code(s) (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.

After You Receive Eligibility Information, You Can:

- Say, "Repeat that" or press 1
- Say or enter another patient's Medicare number when you hear the prompt, "Tell me another patient's Medicare number"
- Say, "Main menu"
- Say, "Operator" to speak to an agent

Claim Status

Touch-Tone Option	Vocal Option
2	"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)

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- 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 PTAN information” or press 5 (if more claims 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

Touch-Tone Option	Vocal Option
3	“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

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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.

Discharge Status

Touch-Tone Option	Vocal Option
4	"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"



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Checks

Touch-Tone Option	Vocal Option
5	"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
6	"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



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- 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
7	“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

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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 GHA departments and their corresponding phone number

Commonly Requested Addresses:

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

Hours of Operation:

- Say "Hours of Operation" or press 3
 - Provides a listing of WPS GHA 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

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- Say “main menu” or press 3

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