Medicare Part B Interactive Voice Response (IVR) System

Wisconsin Physicians Service Insurance Corporation http://www.wpsgha.com

Table of Contents

April 2021

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

WPS GOVERNMENT HEALTH ADMINISTRATORS

Medicare Part B Interactive Voice Response (IVR) System

Wisconsin Physicians Service Insurance Corporation http://www.wpsgha.com

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

Medicare Part B Interactive Voice Response (IVR) System

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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.

Other examples you can say are:

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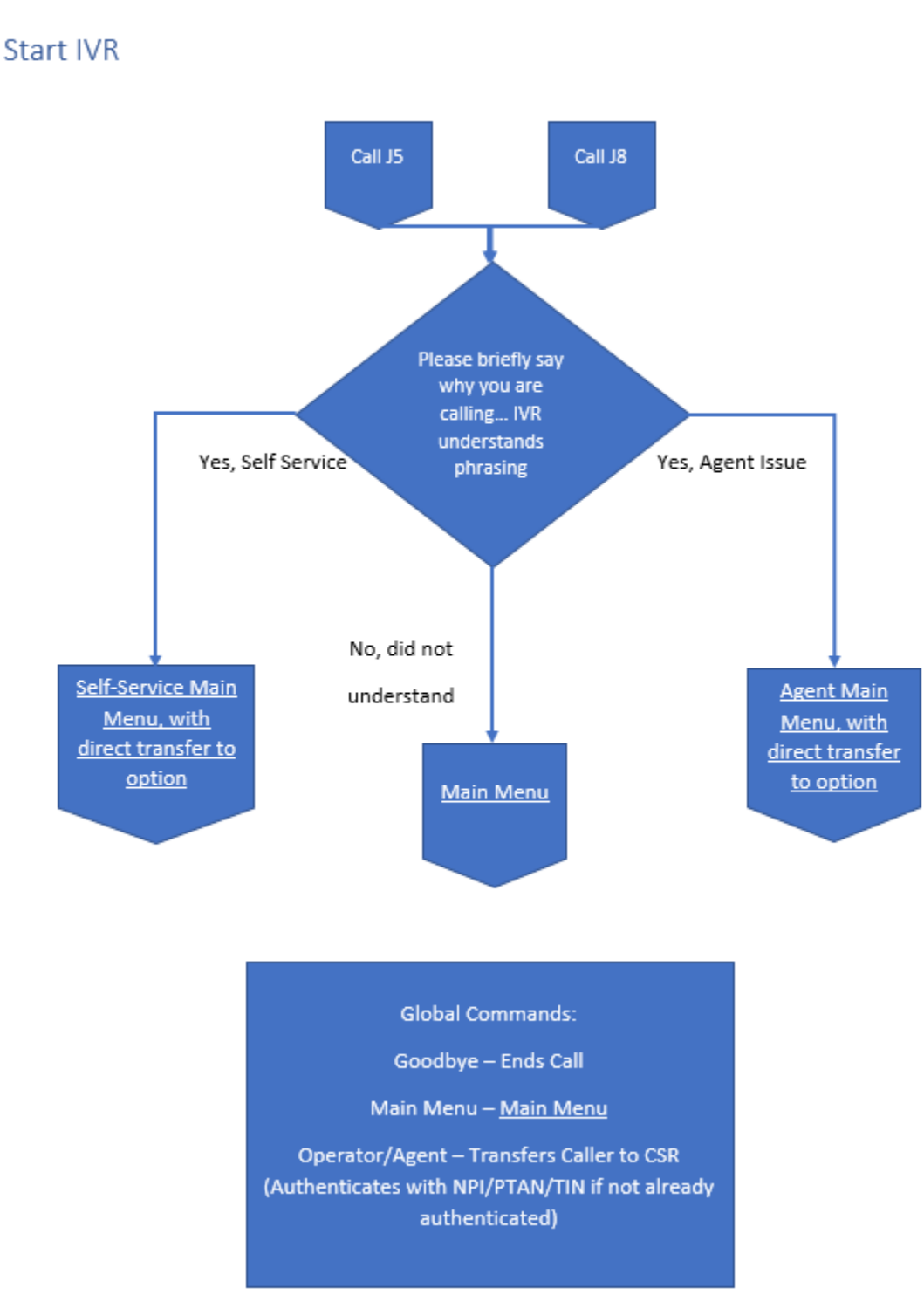
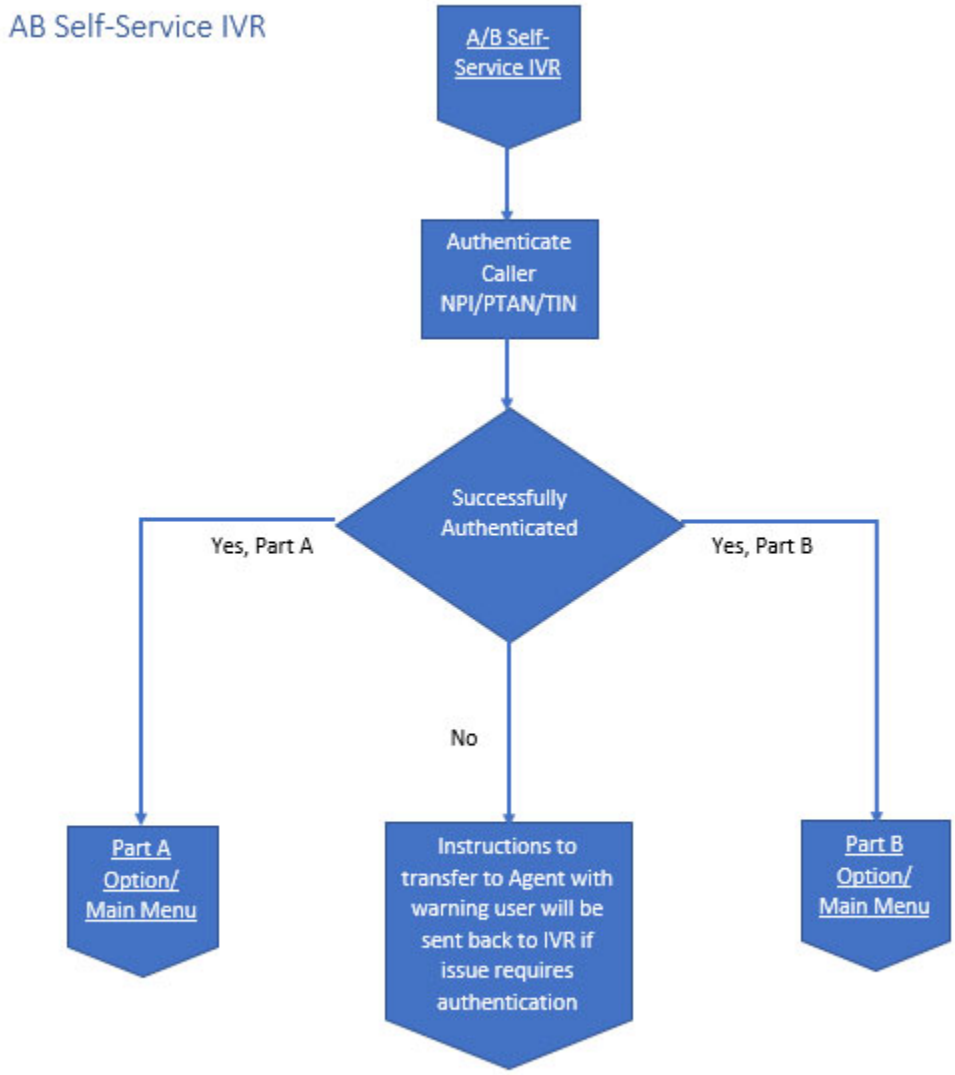
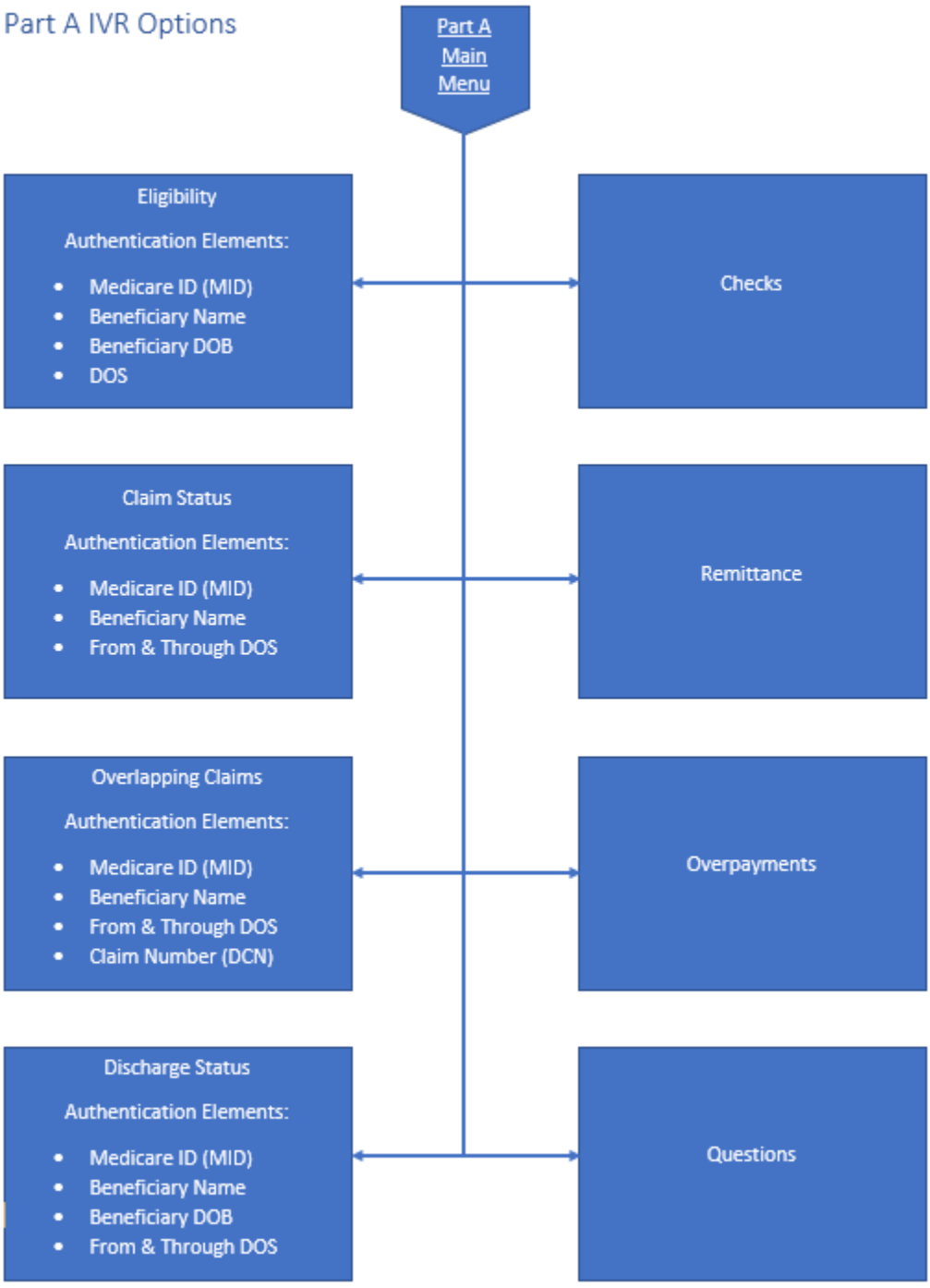
- "I am calling about a claim denial."
- "I want to check overlapping claims."
- "I don't understand why my claim denied."
- "I have a provider enrollment question."
- "I want to do a telephone reopening."
- "I need to speak with an EDI representative."

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:

IVR Flow Chart

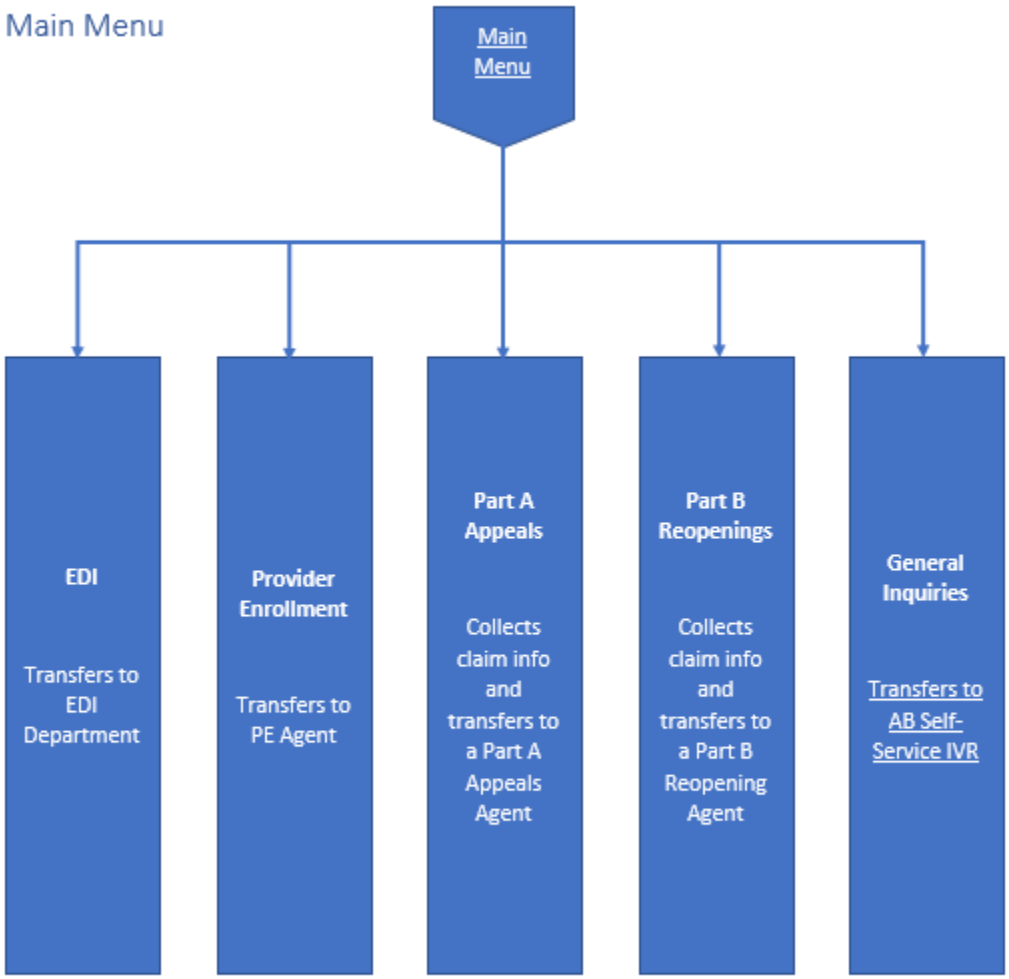



AB Self-Service IVR
A/B Self-Service IVR
Authenticate Caller NPI/PTAN/TIN
Successfully Authenticated
Yes, Part A
Yes, Part B
No
Part A Option/ Main Menu
Instructions to transfer to Agent with warning user will be sent back to IVR if issue requires authentication
Part B Option/ Main Menu


Part A IVR Options
Part A Main Menu
Eligibility
Authentication Elements:
Medicare ID (MID)
Beneficiary Name
Beneficiary DOB
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

Medicare Part B Interactive Voice Response (IVR) System

Wisconsin Physicians Service Insurance Corporation http://www.wpsgha.com


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

Medicare Part B Interactive Voice Response (IVR) System

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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.

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

Medicare Part B Interactive Voice Response (IVR) System

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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	"Provider Summary"
4	"Checks"
5	"Deductibles"
6	"Pricing"
7	"Overpayments"
8	"Questions"

Medicare Part B Interactive Voice Response (IVR) System

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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), Health Maintenance Organizations (HMO), or Managed Care Organizations (MCO). 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 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)
- 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)
- Primary health insurance information (whether Medicare is primary or secondary) *
- Deductible information (current year)
- Current year Physical Therapy (PT) and Occupational Therapy (OT) limits
- ESRD data: coverage start date, coverage end date, dialysis start date, dialysis end date, transplant date (if applicable)
- COVID Vaccine data: eligibility for vaccine, vaccine administration code(s), date(s), given, NPI of rendering provider (if applicable)
- Medicare Diabetes Prevention Program (MDPP) date: 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.

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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 Data: MSP indicator reason, company name, address, effective and termination date(s) and diagnosis code(s) associated to the MSP record (if applicable)
- Medicare Advantage (MA) details: Medicare Advantage company, plan name, plan code, ID, address, phone number, website, effective and termination date(s) (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

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)

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

Provider Summary

Touch-Tone Option	Vocal Option
3	"Provider Summary"

To Use:

- No additional prompts are needed for this option.

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	Vocal Option
4	"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

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Touch-Tone Option	Vocal Option
5	"Deductibles"

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

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	Vocal Option
6	"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

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

Questions

Touch-Tone Option	Vocal Option
8	“Questions”

To Use:

- Select from the Questions Sub Menu listed below

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