

Interactive Voice Response Unit (IVR) – Part A MD/DC

1-866-488-0545

The Highmark Medicare Services IVR offers the provider community quick and easy access to Medicare related information. This service is accessed via your telephone simply by calling the toll free provider customer service telephone number and selecting the option that you would like to use. You will have the ability to speak or touch tone your responses. You will not hear the touch tone options during the initial prompts; you can either say the option or key the numeric value to the left. The following options will be offered:

- (1) Eligibility
- (2) Claim Status
- (3) Checks
- (4) Remittance Statements
- (5) Medicare News
- (6) I have a Question

The Interactive Voice Response Unit is easy to use. All you need is:

- Your provider number
- Your patient's name & Medicare Health Insurance Claim (HIC) number (nine numbers followed by a letter) for claim status and eligibility.
- The Patient's date of service (DOS) in question for claim status
- The Patients birthdate in MMDDYYYY format to obtain eligibility
- Telephone with handset or headset. The use of speakerphones and cell phones are not recommended.
- A quiet environment that you can speak clearly and naturally into your telephone.

Instructions for using the touchtone keypad to Enter HIC Number's

In order to enter a patient's HIC number using touch tone, you must use the numbers on the telephone keypad that correspond to the numbers in the HIC.

To key the alpha suffix, press the * key to signal that you are entering a letter and press the key that includes the letter. Then press the corresponding number that denotes where the letter is located on the number key.

For example, to enter 123456789A, you would key:
123456789 * 21. The * indicates that the next entry is the letter, the letter A appears on the number 2 key in the first position.

To enter a suffix that has a letter followed by a number, key the 9 digit number, then the letter combination followed by the number. For example to enter 123456789C1, you would key 123456789*231.

The exceptions to the keypad rule are:

Q=*11 S=*73
R= *7 2 Z=*12

Instructions for using the touchtone keypad to Enter the Patient's Name

In order to enter the patient's name using touch tone, you must use the numbers on the telephone keypad that correspond to the first six letters of the patient last name followed by the first initial. The letters Q and Z are exceptions and should be entered using the number 1

For example, John Williams would be entered as 9-4-5-5-4-2-5, this number represents the letters that correspond to Willia, J.

Helpful Hints:

- Claim, entitlement and check information is available for the past 5 years
- You can say "help" at any time during the call to obtain additional instructions.
- Your provider number should consist of 6 digits. Use preceding zeros if needed.
- Once you are comfortable with the call flow, you can speak and key without listening to the entire prompt.
- Saying Main Menu will always bring you to the beginning of the call flow.
- Saying Operator at any time during the call will transfer your call to a Customer Service Representative.
- There is no need to say or enter the patient's title abbreviation such as Jr., Sr., III.

USING THE MEDICARE INTERACTIVE VOICE RESPONSE UNIT (IVR)

Main Menu

Say the option name or press the corresponding numeric

- (1) Eligibility
- (2) Claim Status
- (3) Checks
- (4) Remittance Statements
- (5) Medicare News
- (6) I have a Question

(1) Eligibility

Say Eligibility or press 1.

Say or enter your provider number.

Say or enter the Patient's Medicare Number.

You can use the touch tone keypad for the Health Insurance Claim (HIC)

(Refer to the instructions)

Say or enter the Patient's name as it appears on their Medicare card.

You can use the touch tone keypad for the name by selecting the key that corresponds to the first six letters of the patient's last name, followed by the first initial. (Refer to the instructions)

Say or enter the patient's Date of Birth

Say or enter the date of service in MMDDYYYY format so that MSP and HMO files can be verified. **Please note: Future dates can not be entered as files may change.**

After you receive your information you can

- Say "Repeat that" or press 1
- Say "Change Date" to enter a different date of service for the same HIC
- Enter another HIC when you hear the prompt "Another Medicare number"
- Say "Main Menu"

You will receive the following eligibility information:

- Part A and B effective dates
- Date of Death
- Last billed date
- Hospital full and Coinsurance days
- SNF Full and Coinsurance days
- Lifetime Reserve days
- Lifetime Psych days
- PT/OT amounts
- Medicare Advantage Information
- Current year and prior year Part B deductible
- If Medicare is primary or secondary based on the dates provided and reason
- Home Health Information
- Hospice Information

(2) Claim Status

Say Claim Status or press 2.

Say or enter your Provider Number.

Say or enter the Patients Health Identification Number (HIC) and the Patient's name as it appears on their Medicare card.

You can use the touch tone keypad for the name by selecting the key that corresponds to the first six letters of the patient's last name, followed by the first initial.

Say or enter the date of service in MMDDYYYY format.

After you receive your information you can

Say Repeat that or press 1

Say Claim details or press 2

Say Next Claim or press 3

Say Previous Claim or press 4

Say Change the dates or press 5

Say Change the Medicare number or press 6

Say Change the Provider number or press 7

Say Main Menu or press 8

You will receive the following claim information:

Claim Level Details

- Number of claims for the Date of Service (DOS)
- Pending, processed, denied, rejected or suspended
- Receipt Date
- Type of bill
- Total Charges
- Status Location
- Document Control Number

Detail Level Information

- Date claim finalized
- Primary reason code including external narrative
- Provider reimbursement amount
- Beneficiary deductible amount applied
- Beneficiary Coinsurance amount applied
- Any non-covered charge amount (found on page 3 of the claim)
- Check or EFT number
- ADR issue date

(3) Checks

Say Checks or press 3.

Say or enter your provider number

Say Last Three checks (press 1) or Specific Check (press 2)

If you selected Last Three Checks, you will receive the following information:

- Check Issue Date
- Check Amount
- Check or EFT Number

After you receive this information you can:

Say Repeat the information or press 1

Say Change the provider number or press 2

Say Main Menu

If you selected information on a Specific Check

Say the check date in MMDDYYYY format

You will receive the following information:

- Check Issue Date
- Check Amount
- Check or EFT Number

After you receive this information you can:

Say Repeat the information or press 1

Say Get another check or press 2

Say Change the provider number or press 3

Say Main Menu

(4) Remittance Statements

Say Remittance Statements or press 4

Say or enter your provider number

Say or enter the date of the remittance

After you receive the information you can

Say Repeat that or press 1

Say Get another remittance or press 2

Say Change Provider Number or press 3

Say Main Menu

You will receive the following information:

- Remittance number
- Total check amount
- Payment date including these listed specifics if applicable

Payments

- Claim Payment
- PIP Payment
- Capital Payment
- Direct Medical Education
- Kidney acquisitions
- Bad Debts
- Non-physicians anesthesia
- Return on equity
- Accelerated payment
- Settlement Payment
- Settlement TOPS payment
- Penalty release payment
- Refunds

Withholdings

- Claims
- Accelerated Payment
- Penalty
- Settlement
- Penalty Recoupment
- Offset Accounts Receivable
- Withhold Affiliates

(5) Medicare News

Say Medicare News or press 5

This option will contain information that we feel is important to the provider community and will change quarterly.

(6) I Have a Question

Say I have a Question or press 6.

When you hear the option that you want, just say it

Phone Numbers or press 1

- Mutual of Omaha Due to Overlaps or press 1
- Cahaba Due to Overlap Hospice or Home Health or press 2
- EDI Support Services or press 3
- Coordination of Benefits Contractor or press 4
- Technical Assistance Center or press 5
- Fax for Credit Balances or press 6
- ElderHealth or press 7
- To hear these again or press 8
- For more information, press *

Addresses or press 2

- Hardcopy Claims or press 1
- MSP Claims or press 2
- Quality Improvement Organization or press 3
- Medical Record Requests or press 4
- Appeals or press 5
- To hear these again or press 6
- For more information, press *

Hours of Operation or press 3

Releases the Call Center Hours of Operation and the IVR Hours of Operation

Appeal Rights or press 4

- Part A or press 1
- Part B or press 2
- Repeat that or press 3
- For more information, press *

Health Maintenance Organizations (HMOs) or press 5

Enter the HMO 5 character contractor ID
Releases the HMO Name, Telephone Number and Address
After you hear the HMO information you can
Say Repeat that or press 1
Say Get another HMO or press 2
Say Main Menu
Press * for more information

Remittance Advice Code Definitions or press 6

Enter the Remittance Code
Releases the Remittance Code definition
After you hear the definition you can
Say Repeat that or press 1
Say Get another Code or press 2
Say Main Menu
Press * for more information

Repeat that or press 7