

Provider  
Detailed IVR User Guide

**OHIO HEALTH PLANS  
MEDICAID  
INTERACTIVE VOICE RESPONSE SYSTEM**



1-800-686-1516  
<http://jfs.ohio.gov/ohp>

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## IVR Overview

The Ohio Medicaid Interactive Voice Response System ( IVR ) provides 24-hour, 7-day a week access to information regarding client eligibility, claim status, payment status, prior authorization, drug and procedure code, and provider information.

A Personal Identification Number ( PIN ) is now required to access client eligibility, claim status, payment status, prior authorization, and provider information. PINs are 4 digits numeric ( 0-9 ), and do not include the \* or # symbols. **The first time a Medicaid Provider calls the IVR, the system will require the caller to enter a temporary PIN which is the last 4 digits of their state reported Social Security Number ( SSN ) or Employer Identification Number ( EIN ).**

Billing Entities or Trading Partners, who are not Medicaid Providers, must be authorized to access IVR protected information. Ohio Medicaid Providers are responsible for authorizing each Billing Entity or Trading Partner's access. A Billing Entity or Trading Partner is defined as "those business partners contracted with Providers to access protected health information". **Once the Provider has authorized the Billing Entity or Trading Partner's access, the Billing Entity or Trading Partner will be required to enter a temporary PIN, which is the last 4 digits of their EIN/SSN.**

Each Provider and each Billing Entity or Trading Partner will have a unique PIN. All staff within each respective organization can use the PIN.

When you call the IVR, you will be asked if you are a Provider, a Billing Entity or Trading Partner. Providers will be required to logon to the IVR using their Provider number and their PIN. Once the Provider has authorized the Billing Entity or Trading Partner's access, they will be required to log on to the IVR using their entire Billing Entity or Trading Partner's Employee Identification Number ( EIN ) or Social Security Number ( SSN ) and PIN.

All callers will have access to the following information without entering a PIN:

- Drug and procedure plan coverage
- Reimbursement information
- Plan policy or billing questions
- Requesting new or status on a Medicaid application
- Verify EIN on record
- Provider training information

## Provider PIN Responsibility

Providers are responsible for granting and maintaining IVR access for their Billing Entities or Trading Partners. Before a Billing Entity or Trading Partner can use the IVR, you must set up their access. Providers are responsible for resetting a PIN for a Billing Entity or Trading Partner and deleting their access (if/when you change your Billing Entity or Trading Partner).

Billing Entities or Trading Partners will access the IVR system with their EIN or SSN and their PIN. You are responsible to obtain the Billing Entity or Trading Partner's EIN/SSN in order to set up their access. Once you have set up a Billing Entity or Trading Partner, you need to provide them with the temporary PIN that the system will assign.

Remember, you are responsible for the integrity of your Provider PIN and that the Billing Entities or Trading Partners you have contracted to protect the integrity of the access you have granted them.

Providers must login to the IVR system using the pay to Provider number (and corresponding PIN) submitted on their claim.

## **Login Menu**

If you are familiar with the menu options, you may enter your selection at anytime. At each menu, you may press the # key to return to the previous menu or press 9 to end the call. When the IVR is directing the Provider to make a selection, it will be shown in *italics*.

<b><i>For instructions in English:</i></b>	<b>Select option 1</b>
<b><i>For instructions in Spanish:</i></b>	<b>Select option 2</b>
<b><i>If you are a Provider:</i></b>	<b>Select option 1</b>
<b><i>If you are a Billing Entity or Trading Partner and need to access information on multiple Providers:</i></b>	<b>Select option 2</b>
<b><i>To login with your PIN or establish a PIN:</i></b>	<b>Select option 1</b>
<b><i>If you do not know your PIN or to reset a PIN:</i></b>	<b>Select option 2 (if this is your first time calling the IVR, please see the selection entitled : Change Temporary PIN)</b>
<b><i>For drug and procedure plan coverage, reimbursement information or assistance with plan policy or billing questions:</i></b>	<b>Select option 3</b>
<b><i>To request a Provider enrollment application, check the status of an existing application, or to update or verify your Provider information, including your state-reported EIN and enrollment status:</i></b>	<b>Select option 4</b>
<b><i>For Provider Training information:</i></b>	<b>Select option 5</b>
<b>If you are a Provider and selected option 1 from the Login menu:</b>	<b>Enter your 7 digit Ohio Medicaid Provider Number. You will then be prompted to enter your 4 digit PIN.</b>

You will be taken to the Main Menu.

## Change Temporary PIN

<b><i>For instructions in English:</i></b>	<b>Select option 1</b>
<b><i>For instructions in Spanish:</i></b>	<b>Select option 2</b>
<b><i>If you are a Provider:</i></b>	<b>Select option 1</b>
<b><i>If you are a Billing Entity or Trading Partner and need to access information on multiple Providers:</i></b>	<b>Select option 2</b>
<b><i>To login with your PIN or establish a PIN:</i></b>	<b>Select option 1</b>

- Enter your 7 digit Ohio Medicaid Provider Number.
- Enter your temporary PIN (the last 4 digits of your state reported EIN/SSN on record).
- Enter a new 4 digit numeric PIN (must be 0-9, no \* or #).
- Enter the new 4 digit PIN that you selected for confirmation.

You will be taken to the Main Menu.

## How to Reset Your PIN

Providers must reset their PIN by calling the IVR. The PIN will be reset to a temporary PIN, which is the last 4 digits of the Provider's State reported EIN/SSN.

<b>After you have selected option 1 for Providers from the login menu:</b>	<b>Select option 2 to reset your PIN.</b>
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- Enter your 7 digit Provider number.
- Enter your 9 digit EIN/SSN.

<b>If the IVR repeats the correct number entered:</b>	<b>Select option 1</b>
<b>To re-enter the EIN/SSN:</b>	<b>Select option 2</b>

- The IVR will say, "*The PIN has been reset for Provider ID (speak the Provider ID you entered). The temporary PIN for this Provider has been set to the last 4 digits of the Provider's EIN/SSN. When the Provider logs into the system for the first time, they will be forced to change their PIN.*"

You will be taken to the Main Menu.

## Main Menu

<b>Consumer Eligibility:</b>	<b>Select option 1</b>
<b>Claim Status:</b>	<b>Select option 2</b>
<b>Payment Status:</b>	<b>Select option 3</b>
<b>Prior Authorization:</b>	<b>Select option 4</b>
<b>Provider Information:</b>	<b>Select option 5</b>
<b>Drug or procedure code coverage, reimbursement, plan policy assistance, or billing questions:</b>	<b>Select option 6</b>
<b>PIN Administration:</b>	<b>Select option 7</b>

### Consumer Eligibility ( option 1 )

To obtain consumer eligibility for the past 24 months:

<b>To search by the consumer's 12-digit billing number:</b>	<b>Select option 1</b>
<b>To search by the consumer's Social Security Number and Date of Birth:</b>	<b>Select option 2</b>
<b>If you do not know this information:</b>	<b>Select option 3</b> (If option 3 is pressed) <i>"This information may be obtained by your local county department of job and family services"</i>
<b>To return to the Main Menu:</b>	<b>Select option #</b>
<b>To end this call:</b>	<b>Select option 9</b>

By entering in the 12 digit consumer's billing number or Social Security Number and date of birth along with the date of service, you can verify if the consumer is eligible for Ohio Medicaid. If the consumer is eligible for Ohio Medicaid, you will also be provided the following information ( if applicable ) to the consumer:

- **Is the consumer enrolled in the Ohio Disability Assistance program ?**
- **Is the consumer enrolled in the Federal Qualified Medicare Beneficiary program (QMB) ?**
- **Is the consumer enrolled in the Expedited Medicaid program ?**
- **Is the consumer in a Long Term Care Facility ?**
- **Is the consumer enrolled in a Managed Care (HMO)?**
- **Is the consumer enrolled in the PACT program ?**
- **Is the consumer enrolled in a Waiver program for Home Health Care ?**
- **Is the consumer enrolled in Medicare Part A ?**
- **Is the consumer enrolled in Medicare Part B ?**
- **Does this consumer have third party coverage ?**
- **The initials of the Medicaid caseworker handling this case.**
- **The county of residency or jurisdiction.**

- The CRIS-E case number.

**Claim Status ( option 2 )**

**Providers can only access claim information under the login ( pay to ) Provider.**

- Enter the 12-digit consumer billing number.
- Enter the earliest date of service by entering the two-digit month, two-digit day, and four-digit year.
- Choose a claim status from the following list:

<b>For all claims:</b>	<b>Select option 1</b>
<b>For all claims paid or denied:</b>	<b>Select option 2</b>
<b>For all claims to be paid or to be denied:</b>	<b>Select option 3</b>
<b>For suspended claims:</b>	<b>Select option 4</b>

*Please choose a claim type from the following list. The claim type selection should be based on the type of service provided. As an example, a physician inquiring about a Medicare/Medicaid Crossover Claim Status, should choose the option for Medicare Part B Crossover Claim. Ohio Home Care Providers (and Advanced Practice Nurses) should choose the physician claim option. You may make your selection at any time.*

<b>All claim types:</b>	<b>Select option 1</b>
<b>Physician claims (including Ohio Home Care Providers and APNS) :</b>	<b>Select option 2</b>
<b>Outpatient claims:</b>	<b>Select option 3</b>
<b>Inpatient claims:</b>	<b>Select option 4</b>
<b>Medical Supply claims:</b>	<b>Select option 5</b>
<b>Medicare Part B Crossover claims:</b>	<b>Select option 6</b>
<b>Medicare Part C Crossover claims:</b>	<b>Select option 7</b>
<b>Medicare Inpatient Part A Crossover claims:</b>	<b>Select option 8</b>
<b>Medicare Outpatient Part B Crossover claims:</b>	<b>Select option 9</b>
<b>Medicare Inpatient Part C Crossover claims:</b>	<b>Select option 10</b>
<b>Medicare Outpatient Part C Crossover claims:</b>	<b>Select option 11</b>
<b>Transportation claims:</b>	<b>Select option 12</b>
<b>Clinic claims:</b>	<b>Select option 13</b>
<b>Dental claims:</b>	<b>Select option 14</b>
<b>Independent Lab claims:</b>	<b>Select option 15</b>
<b>Vision claims:</b>	<b>Select option 16</b>
<b>Drug claims:</b>	<b>Select option 17</b>

<b>Gross Adjustment claims:</b>	<b>Select option 18</b>
<b>Nursing Facility Room and Board claims:</b>	<b>Select option 19</b>

- If a drug claim ( option 17 ) is selected: *Please enter your six or seven digit prescription number followed by the pound ( # ) key.*
- When there is no record of the claim: *Our system shows no record for the consumer billing number and date of service entered.*

<b>To check the status of another claim with a different consumer billing number:</b>	<b>Select option 1</b>
<b>To check the status of another claim with the same consumer billing number, but different date of service:</b>	<b>Select option 2</b>
<b>To check a different claim type for the same consumer billing number, and same date of service:</b>	<b>Select option 3</b>
<b>To log in with another Ohio Medicaid Provider number and PIN:</b>	<b>Select option 4</b>
<b>To return to the Main Menu:</b>	<b>Select option #</b>
<b>To end this call:</b>	<b>Select option 9</b>

### **Payment Status ( option 3 )**

Using the Ohio Medicaid Provider Number you logged into the IVR with, you may obtain payment status information. Based on the Provider number, you will be provided the following information:

- **The number of suspended claims.**
- **The number of claims in final disposition.**
- **The total dollar value of claims in final disposition.**
- **The date, dollar amount, direct deposit (EFT) or check number of the three most recent remittance advices.**

### **Prior Authorization ( option 4 )**

You may access prior authorization ( PA ) information using the 6-digit prior authorization number or the 12-digit consumer billing number. Prior authorization information is available for the past twelve months.

<b>To check by the 6-digit prior authorization number:</b>	<b>Select option 1</b>
<b>To check by the 12-digit consumer billing number:</b>	<b>Select option 2</b>
<b>To make a change to your prior authorization:</b>	<b>Select option 3</b> (If option 3 is pressed) <i>“Please fax the prior authorization letter and the changed information to (614) 752-8387.”</i>
<b>To return to the main menu:</b>	<b>Select option #</b>

### **Provider Information ( option 5 )**

Using the Ohio Medicaid Provider Number you logged into the IVR with, you may obtain provider information.

To review Provider information (including Provider's name, address, telephone number, Medicaid status, remittance sequence, physical address, and pay-to address) :	Select option 1
To make changes to Provider information (including requesting a Provider enrollment application, checking status on an existing application, or to update or verify your Provider information, including your state-reported EIN/SSN and enrollment status) :	Select option 2 (this option will transfer you to a Provider Enrollment representative.)
To return to the main menu:	Select option #

**Drug and Procedure Plan Coverage, Reimbursement Information, Assistance with Plan Policy, or Billing Questions ( option 6 )**

For procedure code information:	Select option 1
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- *For Medicaid procedure codes – Select option 1*
- *For Disability Assistance procedure codes – Select option 2*
- *For ODA and MRDD Waiver procedure codes – Select option 3*
- *For Outpatient procedure codes – Select option 4*
- *To return to the prior set of options – Select option #*

The caller then enters the five digit procedure code and date of service. If applicable, the caller can access Medicare coverage, prior authorization or pre-certification requirements, covered period, fee schedule code defined, maximum fee, modifiers, nursing home coverage, referral requirement, and tooth numbers.

For drug code information:	Select option 2
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For drug information, the caller would enter the ten or eleven digit nation drug code and date of service to access prior authorization requirements, code definition, the covered period, estimate acquisition cost, package size, and maximum quantity.

To return to the previous menu:	Select option #
To speak to a representative:	Select option 0
To end this call:	Select option 9

**For PIN Administration – Providers only ( option 7 )**

To change your PIN:	Select option 1
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*Enter a new four digit PIN ( must be 0-9, no \* or # )  
Re-enter the new four digit PIN you have selected for confirmation.*

To review your active Billing Entity or	Select option 2
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<b>Trading Partner's access:</b>	
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*The IVR will say, "You have granted access to the following billing entities or trading partners (speak the EIN/SSN for each Billing Entity or Trading Partner). If you do not have any Billing Entities or Trading Partners setup the IVR will say, "Currently, there are no billing entities or trading partners that have access to your information."*

<b>To add Billing Entity or Trading Partner's access:</b>	<b>Select option 3</b>
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*To add Billing Entity or Trading Partner access, enter the nine digit Billing Entity or Trading Partner's EIN or SSN.*

<b>To delete Billing Entity or Trading Partner's access:</b>	<b>Select option 4</b>
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*To delete Billing Entity or Trading Partner's access, enter the nine digit Billing Entity or Trading Partner's EIN or SSN.*

<b>To reset a PIN for a Billing Entity or Trading Partner:</b>	<b>Select option 5</b>
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*To reset a PIN for a Billing Entity or Trading Partner, enter the nine digit EIN or SSN. The temporary PIN for this Billing Entity or Trading Partner will be set to the last four digits of their EIN/SSN. When your Billing Entity or Trading Partner logs into the system for the first time, they will be forced to change their PIN. Please notify your Billing Entity or Trading Partner that their temporary PIN is set to the last 4 digits of their EIN/SSN.*

<b>To return to the main menu:</b>	<b>Select option #</b>
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## **Hospice Service Span Entry Component (Hospice Provider Option Only)**

The Hospice Service Span Entry Component option is only offered to those providers who are Hospice providers (option 2 from Eligibility Menu). You will be given the option to enter Hospice Service Span information from the Client Eligibility Menu.

<b>To search by the consumer's 12-digit billing number:</b>	<b>Select option 1</b>
<b>Listen to the first 5 letters of the consumers last name</b>	<b>Select option 1 to validate the name</b>
<b>Follow the prompts in the IVR to perform the appropriate actions (i.e. Add New Hospice Span, Edit existing span, Delete existing span)</b>	<b>Please refer to the <u><i>Hospice Key Ahead Reference Guide</i></u> for additional details.</b>