Part B Provider Interactive Voice Response User Guide

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Tips for Success

- Speak naturally and clearly in a quiet environment.
- Use mute when you are not speaking.
- Avoid the use of cellular phones or speaker phones.
- Have all of the information available and organized before you call.
- Use touch-tone if an element is not recognized by your voice.
- There is no need to wait for a prompt to try touch-tone; it is available throughout the interactive voice response (IVR) system. You can say "main menu" or "repeat that" throughout the application, as needed. You can press "9" to move to the next topic within each option. You can also use the "#" to repeat information.
- You cannot combine speech and touch-tone when providing a single element (e.g., you cannot speak the numbers in a Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) and then enter the suffix via touch-tone). However, you can switch between speech and touch-tone throughout the call (e.g., speech for HICN or MBI and touch-tone for beneficiary name).

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Phonetic Alphabet

To assist you when speaking terms that are alpha-numeric, we have implemented the phonetic alphabet. When speaking an alpha character, please use the either the Military word or the common word below. If the MBI is 1EG4-TE5-MK73, you will speak the following in the IVR, "1 Echo Golf 4 Tango Echo 5 Mike Kilo 7 3."

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Tips

- Do not say things like "A as in Apple", if there is an A, just say "Apple" or "Alpha."
- You can use the military or the common words provided. You can mix and match throughout speaking the MBI.
- Do not use other words. Only use the words provided.

Letter	Military	Common
A	ALPHA	APPLE
B	BRAVO	BOY
C	CHARLIE	CAT
D	DELTA	DOG
E	ECHO	EDWARD
F	FOXTROT	FRANK
G	GOLF	GEORGE
H	HOTEL	HARRY
I	INDIA	IDEA
J	JULIETTE	JOHN
K	KILO	KING
L	LIMA	LOVE
M	MIKE	MARY
N	NOVEMBER	NANCY
O	OSCAR	ORANGE
P	PAPA	PETER
Q	QUEBEC	QUEEN
R	ROMEO	ROBERT
S	SIERRA	SAM
T	TANGO	TOM
U	UNIFORM	UNCLE
V	VICTOR	VICE
W	WHISKEY	WILLIAM
X	XRAY	X-RAY
Y	YANKEE	YELLOW
Z	ZULU	ZEBRA

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Using Touch-Tone

The IVR is programmed to allow for the entry of all data using touch-tone in the event the user is unable to successfully speak to the IVR. These instructions detail how to use touch-tone to enter various types of information requested by the IVR.

Note: You can switch between voice and touch-tone throughout the call (e.g., voice for Medicare number and touch-tone for beneficiary name), however, you cannot combine speech and touch-tone when providing a single element (e.g., voice for the numbers in a Medicare number and then touch-tone for suffix).

## *Using Touch-Tone for Alpha-Numeric Elements*

When a single touch-tone entry contains alpha and numeric information (e.g., Medicare number) utilize the following instructions.

Each button on the telephone keypad has a corresponding set of letters. Each letter is identified as a 1, 2 or 3 to indicate its position on that key.

Using Touch-Tone to Enter a Letter

Use this function to enter the alpha prefix or suffix of the Medicare number, a letter in the PTAN or a letter in a procedure code.

Each button on the telephone keypad has a corresponding set of letters. Each letter is identified as a 1, 2 or 3 to indicate its position on that key.
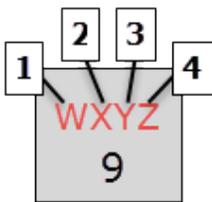
Three keys are required to enter a letter. Example, to enter Medicare number 155-55-5555W, press the first nine digits of the Medicare number; * (star key) to indicate that you are about to enter a letter; the key containing the letter W; and then the position of the letter on that key (1st position).

You are encouraged to utilize the Interactive Voice Response Conversion Tool that is located on our website, from the Provider Resources menu, select Calculators & Tools, and then the Interactive Voice Response Conversion Tools. This tool will convert:

- Beneficiary name
- PTAN
- HICN
- MBI
- Document Control Number

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Main Menu Options

The main menu and subsequent menus can be navigated by using your voice or using touch-tone on your telephone keypad. You can also use touch-tone entry for provider numbers, Medicare numbers (Provider Transaction Access Number [PTAN], National Provider Identifier [NPI], Tax Identification Number [TIN]), dates of service, date of birth, procedure codes and beneficiary names. Touch-tone instructions and examples are also included in this guide.

Part B IVR Telephone Numbers

States	Telephone Number
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont	877-869-6504
Illinois, Minnesota, Wisconsin	877-908-9499

The first piece of information you need to provide when calling the National Government Services (NGS) IVR is the state in which you are calling from:

Voice	Touch-Tone Entry
New York	1
Connecticut	2
Maine	3
Massachusetts	4
New Hampshire	5
Rhode Island	6
Vermont	7
Help	*
Repeat	#

Voice	Touch-Tone Entry
Illinois	1
Minnesota	2
Wisconsin	3
Help	*
Repeat	#

Select the option for a complete list of elements required from the caller and the information that the caller will hear back from the IVR system.

Voice	Touch-Tone Entry
Eligibility (available 24 hours)*	1
Claim status	2
Checks	3
Offsets	4
Pricing	5
Provider Enrollment	6
Appeals	7
General Information	8
Help	*

Additional Information

Once you supply the PTAN, NPI and TIN for the first selection, you will not have to provide this information again for any of the other options for the duration of your call.

A termed provider will be able to access all IVR menu options **EXCEPT** Eligibility.

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Eligibility <1>

- Provide the current date or say "today" if the date of service is unknown or in the future. Eligibility is not available if date of service is greater than one year from the date you are calling the interactive voice response (IVR).
- This option is not available for terminated providers.

When the **Eligibility** option is selected, the IVR will request and collect the following elements:

- NPI
- PTAN
- Last five (5) digits of the TIN
- Beneficiary Medicare number
    - Refer to the Phonetic Alphabet for assistance with speaking alpha characters
- Beneficiary first and last name (last name and first initial if using touch-tone)
- Beneficiary date of birth
- Date of service
    - The date of service must equal today's date, a date within the past four years, or a future date of no more than four months. Historical deductible information (Part B, physical, occupational) is unavailable for date of services beyond two years from today's date.

Once the authentication elements have been verified, the IVR will supply the following, if applicable:

- Railroad Medicare
    - If the beneficiary has coverage via Railroad Medicare, information will be provided on who to contact for additional information.
- MBI termination date, if applicable. If the MBI has been terminated, you must contact the beneficiary or use the MBI Lookup Tool located in NGSConnex to obtain the new MBI. If the date of service entered is after the termination date, eligibility information will not be provided.
- Part A and Part B effective/termination dates
    - If there is no Part B coverage, no additional eligibility information will be provided
- Medicare inactive dates
    - Medicare is not responsible for coverage for the dates provided due to inactive status. Check with the beneficiary for the responsible party for coverage.
- Qualified Medicare Beneficiary (QMB) program effective/termination dates
    - Beneficiaries that are in the QMB program are not responsible for deductibles or co-payments
- Date of Death

Full Eligibility (Touchtone 1)

- All eligibility components (listed below) will be advised

Basic Eligibility (Touchtone 2)

- Current/prior year Part B deductible status (met/not met)
- Current/prior year Part B deductible partial amount used
- Current/prior year physical therapy limit amount used
- Current/prior year occupational therapy limit amount used

Other Insurance (Touchtone 3)

- Medicare Advantage (MA) plan number, name, option code, administering insurance company and effective/termination dates
    - The option code will provide more details in regards to who is responsible for the services rendered
    - The administering insurance company, if available, is the company administering the MA Plan.
    - If the beneficiary has an MA plan, you must contact the plan to determine billing and coverage.
- Medicare Secondary Payer (MSP) type, insurer name, diagnosis code(s), and effective/termination dates
    - If the primary payer is limiting coverage to specific diagnosis codes, the diagnosis codes will be provided.

- If the beneficiary has an MSP, you must bill the MSP first, then Medicare.
- If the beneficiary has an MSP and a MA plan, you need to speak with the MA plan to determine correct billing (MSP first then MA plan or MA plan first).

ESRD (Touchtone 4)

- End-stage renal disease coverage dates, dialysis dates and transplant date

Home Health and Hospice (Touchtone 5)

- Home health name, NPI, address and effective/termination dates
- Hospice name, NPI, address and effective/termination dates

Special Services (Touchtone 6)

- Pneumonia vaccine (will provide the date of the vaccine if it exists **or** the date the beneficiary is eligible for the vaccine)
- Smoking cessation counseling date and number of sessions remaining
- Pulmonary rehabilitation number of sessions remaining
- Cardiac rehabilitation number of sessions used
- Intensive cardiac rehabilitation number of sessions used
- Historical Medicare Diabetes Prevention Program (MDPP) Services
  - If services have been provided under the MDPP, the following information will be provided:
    - The procedure code of the service
    - The date of service
    - The rendering physician's NPI

Note: Deductible and co-insurance are not applicable for Medicare Diabetes Prevention Program services.

Providers with Specialty D1 – Medicare Diabetes Prevention Program

Once the authentication elements have been verified, the IVR will supply the following, if applicable, for providers that only have a listed specialty of D1:

- Railroad Medicare
  - If the beneficiary has coverage via Railroad Medicare, information will be provided on who to contact for additional information.
- MBI termination date, if applicable. If the MBI has been terminated, you must contact the beneficiary or use the MBI Lookup Tool located in NGSConnex to obtain the new MBI. If the date of service entered is after the termination date, eligibility information will not be provided.
- Part B effective/termination dates
  - If the is no Part B coverage, no additional eligibility information will be provided
- Medicare inactive dates
  - Medicare is not responsible for coverage for the dates provided due to inactive status. Check with the beneficiary for the responsible party for coverage.
- MA plan number, name, option code, administering insurance company and effective/termination dates
  - The option code will provide more details in regards to who is responsible for the services rendered
  - The administering insurance company, if available, is the company administering the MA Plan.
  - If the beneficiary has an MA plan, you must contact the plan to determine billing and coverage.
- MSP type, insurer name, diagnosis code(s), and effective/termination dates

- If the primary payer is limiting coverage to specific diagnosis codes, the diagnosis codes will be provided.
- If the beneficiary has an MSP, you must bill the MSP first, then Medicare.
- If the beneficiary has an MSP and a MA plan, you need to speak with the MA plan to determine correct billing (MSP first then MA plan or MA plan first).
- ESRD begin and end dates
- Date of death
- Historical Medicare Diabetes Prevention Program (MDPP) services
  - If services have been provided under the MDPP, the following information will be provided:
    - The procedure code of the service
    - The date of service
    - The rendering physician's NPI

Note: Deductible and co-insurance are not applicable for MDPP services.

After **Eligibility** playback, the caller will be able to:

Voice	Touch-Tone Entry
Repeat	#
Change Date	No touch-tone available for this
Help	*

- Access additional submenus,
  - You may say "additional eligibility information" or the submenu you would like to hear
- Say "repeat that," in order to hear the information again
- Change date of service
- Change the beneficiary's Medicare number
- Return to the main menu
- Barge to the next topic within Eligibility by pressing the 9 on the keypad.
- Say "goodbye" to end call.

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Claim Status <2>

- If you are part of a group, remember to use the group NPI, PTAN and TIN for authentication purposes.

When **Claim Status** is selected, the IVR will request and collect the following elements:

- NPI
- PTAN
- Last five digits of the TIN

Once the provider authentication elements have been verified, the IVR will offer the option to hear information about pending, approved to pay and finalized claim count information.

If yes, the IVR will relay available information regarding pending, approved to pay (total amount of all claims approved to pay and total amount of claims approved to pay within 0–14 days) and finalized claims if there are claims pending on payment floor.

If no, or you have already received requested payment floor information, the IVR will request the following:

- Beneficiary Medicare number (HICN or MBI)
    - Refer to the Phonetic Alphabet for assistance with speaking alpha characters
- Beneficiary first and last name (last name and first initial if using touch-tone)
- Date of service

Once the authentication elements have been verified, the IVR will supply the following, if applicable:

- Total number of claims located for the specified Medicare number/date of service
- Claim control number
- Claim status
- Submitted amount
- Allowed amount
- Amount applied to deductible
- Payment amount
- Payment date
- Check number

For additional claim information, say **Claim Details** (**touch-tone 4**) to obtain the following, if applicable:

- Total number of line items
- Line Item information
    - Date of service
    - Submitted amount
    - Procedure code
    - Modifier
    - ICD-10 diagnosis
    - Submitted/Allowed amount
    - Patient responsibility amount(s)-includes amount applied to coinsurance and/or amount applied to deductible
    - Automated Development System (ADS) letter information
    - Denial date
    - Denial reason
- Overlap Information
    - NPI
    - Claim From Date
    - Claim to Date
- Duplicate denial for billing NPI, if applicable
    - The IVR will provide the duplicate claim control number and the date the claim finalized
- Crossover information
    - If Medicare has a supplemental insurance on file and the claim was crossover, the following information will be provided, if applicable
    - Creation date
    - Name of supplemental insurance
    - Address
    - Effective/termination dates

If multiple claims are located, say **Next Claim (touch-tone 2)** to move to the next claim and say **Previous Claim (touch-tone 3)** to move back to the previous claim. For additional claims navigation options, please refer to the following chart.

Claims Navigation

Voice	Touch-Tone Entry
Repeat	#
Next claim	2
Previous claim	3
Claim details	4
Duplicate remittance	5
Change Date	6
Change Medicare Number	7
Change NPI	8
Change PTAN	9
Help	*

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Checks <3>

- If you are part of a group, remember to use the group NPI, PTAN, and TIN for authentication purposes.

Upon selecting **Checks**, the provider will need to authenticate the following information:

- NPI
- PTAN
- Last five digits of the TIN

Next, a submenu will offer **My Checks Information (touch-tone 1)** or **My Earnings-to-Date (touch-tone 2)**.

My Earnings-to-Date navigation information**:**

Voice	Touch-Tone Entry
Repeat	1
Change PTAN	2
Help	*

Please note that the **My Earnings-to-Date** option will provide the total earnings for the year.

My Checks Information

When you select **My Checks Information**, the IVR will search based on one of the following options:

Voice	Touch-Tone Entry
Check Number	**1**
Status	**2**
Range of Dates	**3**
Repeat	#
Help	*

The IVR will supply the following, if applicable:

- Total number of checks found
- Check number
- Issue date

- Check amount
- Check status (cashed/cancelled/voided/outstanding)
- Cashed date
- Last activity date

Checks Navigation

Below is the navigation for all submenus in **Checks**.

Check Number

Voice	Touch-Tone Entry
Repeat	#
Change Check Number	2
Change PTAN	4
Change NPI	5
Help	*

Check Status

The IVR will ask which check status you want to search by:

Voice	Touch-Tone Entry
Repeat	#
Outstanding	**1**
Cashed	**2**
Voided	**3**
Help	*

You can navigate through **Check Status** and **Date Range** submenus with the following guide:

Voice	Touch-Tone Entry
Repeat	#
Next Check	2
Previous Check	3
Change the date	4
Change the status	5
Change the PTAN	7
Change the NPI	8
Help	*

Earnings-to-Date

When the **Earnings-to-Date** option is selected, the IVR will supply the following:

- Month-to-date earnings
- Year-to-date earnings
- Current approved-to-pay amount

Voice	Touch-Tone Entry
Repeat	#
Change the PTAN	2
Help	*

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Offsets <4>

Upon selecting **Offsets**, the provider will need to authenticate the following information:

- NPI
- PTAN
- Last five digits of the TIN

Next, a submenu will offer to search by **Claim Details (touch-tone 1)** or **Beneficiary Information (touch-tone 2)**.

If **Claim Details** is selected, the IVR will ask for the FCN and the beneficiary's Medicare number (HICN or MBI). Once these details are given, the IVR will provide the following information:

- The original claim information:
    - The number of line items on the claim
    - Claim Number
    - Status of each line item
    - Date(s) of Service
    - Billed Amount
    - Allowed Amount
    - Paid Amount
    - Procedure code for line item
    - Diagnosis code(s)
    - Adjusted claim information, when applicable

- The adjusted claim information:
  - The number of line items on the claim
  - Claim Number
  - Status of each line item
  - Date(s) of Service
  - Billed Amount
  - Allowed Amount
  - Paid Amount
  - Procedure code for line item
  - Diagnosis code(s)
  - Adjusted claim information, when applicable

Voice Claim Details	Touch-Tone Entry
Repeat	#
Change Medicare Number	2
Change FCN	3
Change NPI	4
Help	*

If **Beneficiary Information** is selected, the IVR will ask for FCN. Once this information is given, the IVR will provide the following information:

- Beneficiary first and last name
- Patient account number – If no patient account number on the claim, there will be dead air
- Date(s) of service

Voice Beneficiary Information	Touch-Tone Entry
Repeat	#
Change FCN	2
Change NPI	3
Help	*

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Pricing <5>

When **Pricing** is selected, the IVR will request and collect the following elements:

- NPI
- PTAN
- Last five digits of the TIN

The states of Illinois, Maine, Massachusetts and New York have multiple fee schedule pricing localities. For these states, the IVR will require the pricing locality. The following is the navigation for these pricing localities:

Illinois:

Voice	Touch-Tone Entry
Repeat	#
Twelve	1
Fifteen	2
Sixteen	3
Ninety-nine	4
Help	*

Maine:

Voice	Touch-Tone Entry
Repeat	#
Zero Three	1
Ninety-nine	2
Help	*

Massachusetts:

Voice	Touch-Tone Entry
Repeat	#
Zero One	1
Ninety-nine	2
Help	*

New York:

Voice	Touch-Tone Entry
Repeat	#
Zero One	1
Zero Two	2
Zero Three	3
Zero Four	4
Ninety-nine	5
Help	*

Next, the IVR will ask for the following elements:

- Procedure code
- Modifier (if none, say **no modifier**)
- Locality
- Date of service

Refer to the Phonetic Alphabet for assistance with speaking alpha characters.

Once authentication is met, and the required elements are provided, **the IVR will supply the allowed amount from the provider fee schedule**.

Pricing Navigation

Voice	Touch-Tone Entry
Repeat	#
Change the procedure c ode	2
Change NPI	3
Help	*

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Provider Enrollment <6>

When the **Provider Enrollment** option is selected, the IVR will request and collect the following information:

- Case number (If case number is unavailable, you must provide the NPI, complete TIN (group) or the Social Security Number (SSN) (individual)

Once the authentication elements have been verified, the IVR will supply the following:

- Case number
- The number of applications found
- The application type
- The receipt date
- The status of the application
  - PECOS
  - Verification
  - Development
  - Screening
  - Indexing
  - Pre-Screen
  - Pending
  - Closed
    - Voluntary withdrawal
    - Duplicate
    - Approved or approved late
    - Denied or denied late
    - Returned
    - Rejected
    - Deleted

Provider Enrollment Navigation

Provider Enrollment Voice	Touch-Tone Entry
Repeat	#
Next Application	2
Previous Application	3
Change Case Number	4
Change NPI	6
Help	*

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Appeals <7>

When the Appeals option is selected, the IVR will request and collect the following elements:
Provider authentication elements:

- NPI
- PTAN
- TIN
    - **Note:** If NPI, PTAN, TIN was already provided for another option on the same call, you will not be prompted for this information again.

Beneficiary authentication elements:

- Beneficiary's Medicare number (HICN or MBI)
    - Refer to the Phonetic Alphabet for assistance with speaking alpha characters
- Beneficiary name
- Beneficiary date of birth
    - **Note:** If the beneficiary's Medicare number (HICN or MBI), name, and date of birth were already provided from a previous transaction, the system will not prompt you to repeat this information.

Claim information:

- Claim number for which the Appeal was submitted for.
- Correspondence control number (CCN) (optional)
    - **Note:** If you do not have the CCN for your appeal, simply say "I don't know it."

Once the authentication elements have been verified, the IVR will supply the following:

- CCN
- Date appeal request was received
- Status of appeal: The description in bold will be played back for appeals in a final or pending status, the description that follows will not be read on the IVR but is provided for additional clarification:
    - Final
        - **Additional Payment – Redetermination:** This message indicates your Appeal was favorable and will result in an additional payment being made.
        - **Affirmation and/or Overpayment**: This message indicates your Appeal was unfavorable and a refund for the previously made payment should be sent to Medicare.
        - **Additional Payment – Reopening:** This message indicates your Appeal was favorable and will result in an additional payment being made.
        - **Dismissal due to timeliness or incomplete:** This message indicates your Appeal was dismissed due to being outside of the 120-day appeals timeframe or due to being incomplete. Your dismissal letter will provide additional information.
        - **Dismissal by Appeals – For additional information, please contact the Provider Contact Center:** This message indicates your Appeal was dismissed. There can be many factors, please contact us or review your dismissal letter for additional information.
        - **History Correction – Reopening**: This message indicates a favorable outcome on your appeal, however no additional payment was made.
        - **Overpayment – Reopening:** This message indicates your Appeal was unfavorable and a refund for the previously made payment should be sent to Medicare.
        - **Delete – For additional information, please contact the Provider Contact Center:** This message indicates your Appeal was deleted. There can be many factors that would result in your Appeal being deleted, please contact us for additional information.
    - Pending
        - **Pending:** Review can take up to 60 days to complete.

- Appeals resolution date: This date represents the date the case was closed. A date will only be played back for cases in a Final status.
- Claim number
- Adjustment claim number: Will only be played back if your appeal results in an adjusted claim.

Appeals Navigation

Appeals Voice	Touch-Tone Entry
Repeat	#
Next CCN	2
Previous CCN	3
Change Claim Number	4
Change Medicare Number	5
Change NPI	6
Help	*

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General Information <8>

When the general information option is selected, the IVR will prompt you to choose from the following options:

- Phone numbers
- Addresses
- Appeal rights

When the **Phone Numbers** option is selected, a submenu will provide a list of the most commonly requested telephone numbers.

When the **Addresses** option is selected, a submenu will provide a list of the most commonly requested addresses.

When the **Appeal Rights** option is selected, the IVR will play a static voice segment that discusses appeal rights instructions.

General Information Navigation

General Information Voice	Touch-Tone Entry
Phone Numbers	1
Addresses	2
Appeal Rights	3
Repeat	#
Help	*

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