

**Billing Entity/Trading Partner
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.

Billing Entities or Trading Partners, who are not Medicaid Providers, must be authorized to access IVR Protected Health Information (PHI). Ohio Medicaid Providers are responsible for authorizing each Billing Entity's 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".

Billing Entities or Trading Partners will be required to logon to the IVR using their EIN or SSN and a temporary PIN. The first Provider who establishes access will provide the temporary PIN to the Billing Entity or Trading Partner. A single PIN will allow Billing Entities or Trading Partners to have access to the Provider's information. All staff in the Billing Entity's or Trading Partner's organization will share the same PIN.

If you are unable to access a specific Provider number you need to contact that Provider to have them set up your access. If you need to have your PIN reset, you may contact any Provider who has granted you access and have them reset your PIN.

When you call the IVR, you will be asked if you are a Provider or a Billing Entity or Trading Partner. Once the Provider has authorized access, Billing Entities or Trading Partners will be required to logon to the IVR using their entire Billing Entity's 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
- Request new or status on a Medicaid application
- Verify EIN on record (only if access has been granted by the Provider)
- Provider training information

Billing Entity or Trading Partner IVR Access

Below are some details regarding Billing Entity or Trading Partner access to Provider data:

- Billing Entities or Trading Partners are granted access to Provider data only if the Provider has set up their access.
- Multiple Providers could grant Billing Entities or Trading Partners access to their data.
- The first Provider to grant a Billing Entity or Trading Partner access will communicate the temporary PIN to the Billing Entity or Trading Partner.
- All Providers who have granted Billing Entity or Trading Partner access will have the ability to reset the Billing Entity's or Trading Partner's PIN.

The first time you call the IVR, or after you have reset your PIN, you are required to change your temporary PIN to a 4-digit numeric PIN that you choose.

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 select an option it is shown in *italics*.

<i>For instructions in English:</i>	Select option 1
<i>For instructions in Spanish:</i>	Select option 2
<i>If you are a Provider:</i>	Select option 1
<i>If you are a Billing Entity or Trading Partner and need to access information on multiple Providers:</i>	Select option 2
<i>To login with your PIN or establish a PIN:</i>	Select option 1
<i>If you do not know your PIN or to reset a PIN:</i>	Select option 2
<i>For drug and procedure plan coverage, reimbursement information or assistance with plan policy or billing questions:</i>	Select option 3
<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>	Select option 4
<i>For Provider Training information:</i>	Select option 5

If you are a Billing Entity or Trading Partner and selected option 2 from the Login menu:	<i>Please enter your 9-digit Employer Identification Number – EIN or Social Security Number – SSN.</i>
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You will be taken to the Main Menu.

Change Temporary PIN

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

- Enter your 9 digit EIN/SSN
- 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

A Provider may establish or reset your PIN by calling the IVR. Please contact your Provider to obtain a PIN or have your PIN reset.

Main Menu

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

Consumer Eligibility (option 1)

To obtain consumer eligibility for the past 24 months:

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

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 may 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)

Billing Entities or Trading Partners must have been authorized by the Provider to access the Provider’s information.

- Please enter the Provider’s pay-to 7-digit Ohio Medicaid Provider number.
- 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:

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

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.

All claim types:	Select option 1
Physician claims (including Ohio Home Care Providers and APNs) :	Select option 2
Outpatient claims:	Select option 3
Inpatient claims:	Select option 4
Medical Supply claims:	Select option 5
Medicare Part B claims:	Select option 6
Medicare Part C Crossover claims:	Select option 7
Medicare Inpatient Part A Crossover claims:	Select option 8
Medicare Outpatient Part B Crossover claims:	Select option 9
Medicare Inpatient Part C Crossover claims:	Select option 10
Medicare Outpatient Part C Crossover claims:	Select option 11
Transportation claims:	Select option 12
Clinic claims:	Select option 13
Dental claims:	Select option 14
Independent Lab claims:	Select option 15
Vision claims:	Select option 16
Drug claims:	Select option 17
Gross Adjustment claims:	Select option 18
Nursing Facility Room and Board claims:	Select option 19

- 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.*

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

Payment Status (option 3)

Billing Entities and Trading Partners may obtain payment status only if they have been authorized by the Provider to access this information. Billing Entities and Trading Partners will be required to enter the Provider's 7-digit Ohio Medicaid number. Based on the Provider number and the Billing Entity's or Trading Partner's access, 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)

Billing Entities and Trading Partners may obtain prior authorization only if they have been authorized by the Provider to access this information. 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.

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

Provider Information (option 5)

Billing Entities or Trading Partners must have been authorized by the Provider to access the Provider’s 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.)

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 – Select option 2*
- *For Waiver Services – 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 main menu:	Select option #
To end this call:	Select option 9