INTERACTIVE VOICE RESPONSE (IVR) INSTRUCTIONS
PART A

Cahaba Government Benefit Administrators®, LLC has developed an Interactive Voice Response (IVR) system designed to assist providers in obtaining answers to numerous issues through self-service options. Our customer service representatives continue to be available to answer difficult, claim-specific questions, in addition to other complex issues that a provider might encounter. Options on Cahaba GBA's IVR include patient eligibility information (utilizing 270/271 transaction capability), claim and deductible information, and general information. Below, providers will find instructions to access Cahaba GBA's IVR and check eligibility and claim specific information. Please note that our Customer Service Representatives will only be available to answer questions that cannot be answered by the IVR.

According to The Centers for Medicare and Medicaid Services (CMS') Internet Only Manual (IOM), Publication 100.09, Chapter 6 Section 50.1, “Providers shall be required to use IVRs to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR if they have questions about claims status or eligibility that can be handled by the IVR. CSRs may provide claims status and/or eligibility information if it is clear that the provider cannot access the information through the IVR because the IVR is not functioning”. Requests to inquire whether we received a claim or if a claim has finalized is considered a claim status request.

The Desk Disclosure Reference (referenced in Section 80 of The Centers for Medicare and Medicaid Services (CMS') Internet Only Manual (IOM), Publication 100.09, Chapter 6) states: “If a CSR or written inquiry correspondent receives an inquiry about information that can be found on a remittance advice (RA), the CSR/correspondent should take the opportunity to educate the inquirer on how to read the RA, in an effort to encourage the use of self-service. The CSR/correspondence should advise the inquirer that the RA is needed in order to answer any questions for which answers are available on the RA. Providers should also be advised that any billing staff or representatives that make inquiries on his/her behalf will need a copy of the RA.”

Cahaba CSRs have visibility as to the path the provider takes in the IVR and/or whether they opt out to speak with a representative up front. The CSR will instruct the provider to call back and utilize the IVR if they did not attempt to use this self service option as required by CMS.
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NPI OR NATIONAL PROVIDER IDENTIFICATION

Please enter your 10-digit National Provider Identifier or NPI or say it one digit at a time.

PTAN

Please enter or say your PTAN or Provider Transaction Access Number one at a time. Some PTANs contain both alpha and numeric characters. When entering your PTAN, press the star (*) key to indicate you are entering an alpha character. Then, press the key that corresponds with the letter you wish to enter. Then press the number 1, 2, 3, or 4 indicating the position of the letter on that key. For example: To enter A, press *21. To enter R, press *73.

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TAXID

Please enter the last 5 digits of your Tax ID or say it one digit at a time.

FACILITY VERIFICATION

The first letters of the provider’s name are (letters spoken here). Is this correct? Please say yes or no.

**ADDITIONAL PROVIDER VALIDATION PROMPT: STATE AND LINE OF BUSINESS SELECTION**

If you provide services in more than one state, provide services in a Part A and Part B setting, or you have not provided any other validation information, we may request additional information.

STATE


LINE OF BUSINESS

This option is for Medicare Providers who do not yet have an NPI or PTAN and have questions regarding the enrollment process. You will be connected with a customer service representative who will be able to assist you. Please have your tax id, group name (for Part A), doctor's name (for Part B), and any additional information, such as letters you have received, that will help the agent assist you. Please inform the agent that you are calling regarding a provider enrollment question. You will be connected shortly.

Main Menu

The following information can be requested through our system.

- For claim status information or ICD-10 questions, say Claim Status or press 1.
  - To check a claim, say Claim or press 1.
  - For ICD-10 questions, say ICD10 or press 2.
  - To return to the main menu, say main menu or press 6.
  - To return to the previous menu, say previous or press 8.
  - To repeat this information, say repeat or press 9.

- For beneficiary eligibility information, say eligibility or press 2.

- For recent checks or no pay remittance on file for this provider, say checks or press 3.

- To check information for a different provider, say another or press 4.

- For Enrollment, including Revalidation, say enrollment or press 6.

- For general information, say general information or press 7:
  - If you are calling with a Provider Enrollment question, say enrollment or press 1.
  - For Durable Medical Equipment, say equipment or press 2.
  - For electronic remittance advice information, say advice or press 3.
  - For hours of operation, say hours or press 4.
  - To return to the previous menu, say previous or press 8.
  - To repeat these options, say repeat or press 9.
  - To speak to an agent, say agent or press 0.

- For InSite account setup and password reset, say InSite or press 8.

- To repeat these options, say repeat or press 9.

- To speak to an agent, say agent or press 0.
This section includes information on Beneficiary Validation of the Medicare Number, Name, and for Eligibility, Date of Birth.

CLAIMS STATUS ONLY

I’ll need some information about the beneficiary to help you. I’ll ask you one at a time for their Medicare number and name. Let’s get started.

ELIGIBILITY ONLY

I’ll need some information about the beneficiary to help you. I’ll ask you one at a time for their Medicare Number, name and date of birth. Let’s get started.

Does the Medicare Number begin with a number or a letter? Say number or press 1 if it begins with a number. Say letter or press 2 if it begins with a letter.

RAILROAD HICN ONLY (No response for Medicare Number begins with a digit.)

If your Medicare number begins with the letter....

Enter the remaining digits of your Medicare number.

MEDICARE NUMBER NUMERIC CHARACTERS OR DIGITS

OK, please enter the 9-digit portion of your Medicare Number or say it one digit at a time.

MEDICARE NUMBER ALPHA CHARACTERS (TOUCH TONE)

If the Medicare number is followed by .....
If the Medicare number is not followed by any other letter or number, press 1. If the next digit is a number, press 2. If the next digit is a letter, press 3.

**BENEFICIARY DATE OF BIRTH (ELIGIBILITY ONLY)**

Finally, please enter the beneficiary's date of birth using two-digit month, two-digit day and four-digit year? Here’s an example: Enter 06101944.

**BENEFICIARY NAME**

Please say the beneficiary’s first initial and then spell the last name. If the last name is long give me just the first 6 letters. Here’s an example: for Peter Johnson, say P-J-O-H-N-S-O. Please note that suffixes like Jr., Sr., are considered part of the last name.

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**CLAIMS STATUS INFORMATION**

This section walks you through providing date of service information and advises what claims related information will be available, if applicable.

**DATE OF SERVICE, START DATE**

Enter the date services began on for this claim. Dates are entered as two-digit month, two-digit day and four-digit year. For example January 2, 2008 would be entered 010208. Enter the date services ended on for this claim.

**CLAIM RECORD AVAILABILITY**

If there is no record of claims activity for the date of service entered, you can press 1 to reenter date of service.

**CLAIMS INFORMATION SHARED**

- For all claims, total charges submitted
- For all claims, the Medicare charges allowed for this claim were...
- For paid claims, the total covered charges...
- For paid claims, the total non-covered charges were...
- For paid claims, this claim was completed on...
- For paid claims, the co-insurance amount for this claim was (if present)
• For paid claims, the total amount applied to the deductible was (if present)...
• For paid claims, the debit or credit adjustment for this claim was (if applicable)...
• For processed claims, remittance advice code narrative
• For claims in process, you will be advised that the claims is in process

ADDITIONAL NAVIGATION OPTIONS

• To repeat this information, press 1.
• For the next claim on this date of service, press 2.
• To check a different date of service, press 3.
• To check another Medicare number, press 4.

BENEFICIARY ELIGIBILITY: INITIAL INFORMATION

If applicable to your specific beneficiary, the following eligibility related information will be provided:

GENERAL ELIGIBILITY INFORMATION

• This beneficiary is eligible for Part A benefits on...
• This beneficiary was canceled for Part A benefits on...
• The beneficiary’s Part A dates are not found...
• This beneficiary is eligible for Part B benefits on...
• This beneficiary was canceled for part B benefits on...
• The beneficiary’s part B dates are not found...

AVAILABLE INPATIENT ELIGIBILITY INFORMATION

• Full Hospital Days Available...
• Co-insurance Days available...
• Medicare is primary or secondary for this beneficiary
• Full SNF Days Available...
• Co-insurance SNF Days Available...
• Life Time Reserve Days available...
• The beneficiary (does not have) has open Home Health coverage....
• The beginning date for Home Health coverage...
• The ending date for Home Health coverage... (if present)

• MSP Status
• This part B deductible is satisfied.
• The beneficiary is (is not) on an HMO...
• The beneficiary has (has not) elected Hospice...
• The beginning date for Hospice coverage...
• The ending date for Hospice coverage....

BENEFICIARY ELIGIBILITY: ADDITIONAL INFORMATION (INCLUDING PREVENTIVE SERVICES)

To repeat inpatient eligibility, say inpatient or press 1. To hear outpatient eligibility, say outpatient, or press 2. To check preventive services, say preventive or press 3.

AVAILABLE OUTPATIENT ELIGIBILITY INFORMATION

• This part B deductible is satisfied...
• The part B deductible information is not found...
• The amount applied to the Part B deductible is ...
• Life Time Reserve Days available...
• The beginning date for Home Health coverage...
• The ending date for Home Health coverage...
• Medicare is primary or secondary for this beneficiary...

• The beneficiary is (not) on an HMO...
• The beneficiary has not elected Hospice...
• The beginning date for Hospice coverage...
• The ending date for Hospice coverage...
• The amount remaining for the physical therapy cap...
• The amount remaining for the occupational speech therapy cap...
**DURABLE MEDICAL EQUIPMENT (DME) SERVICES**

To inquire about *DME services*, contact CGS at **866-238-9650**. Again that number is **866-238-9650**.

**HOURS OF OPERATION INFORMATION**

For Eastern, Central, and Mountain Time zones, our hours of operation are 8:00 AM - 4:00 PM, Monday through Friday.

For providers in the Pacific Time zone, our hours of operation are 8:00 AM - 3:00 PM.