INTERACTIVE VOICE RESPONSE (IVR) INSTRUCTIONS
PART B

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.
# TABLE OF CONTENTS

Provider Validation Prompts .............................................................................................................................................3
Additional Provider Validation Prompt State and Line of Business Selection .................................................................4
Provider Enrollment Questions ...........................................................................................................................................4

**Main Menu** ..................................................................................................................................................................4

Beneficiary Validation Information....................................................................................................................................5

**Railroad HICN Only** ..........................................................................................................................................................6

Claims Status Information..................................................................................................................................................7
Beneficiary Eligibility Initial Information ........................................................................................................................8
Last Three Checks (Including No Pay Remits).....................................................................................................................9
Duplicate Remittance Request ...........................................................................................................................................9

Durable Medical Equipment (DME) Services ......................................................................................................................10
Simple Claims Correction Information ..........................................................................................................................10

Hours of Operation Information ..................................................................................................................................10
PROVIDER VALIDATION PROMPTS

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.

<table>
<thead>
<tr>
<th>Group</th>
<th>HOSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A=*21</td>
<td>J=*51</td>
</tr>
<tr>
<td>B=*22</td>
<td>K=*52</td>
</tr>
<tr>
<td>C=*23</td>
<td>L=*53</td>
</tr>
<tr>
<td>D=*31</td>
<td>M=*61</td>
</tr>
<tr>
<td>E=*32</td>
<td>N=*62</td>
</tr>
<tr>
<td>F=*33</td>
<td>O=*63</td>
</tr>
<tr>
<td>G=*41</td>
<td>P=*71</td>
</tr>
<tr>
<td>H=*42</td>
<td>Q=*72</td>
</tr>
<tr>
<td>I=*43</td>
<td>R=*73</td>
</tr>
</tbody>
</table>

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**


**PROVIDER ENROLLMENT QUESTIONS**

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 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 request a duplicate remittance advice, say duplicate remit or press 4.
To check information for a different provider, say another or press 5.

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 simple claims corrections information, say corrections 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.

---

**BENEFICIARY VALIDATION INFORMATION**

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...

<table>
<thead>
<tr>
<th>A=1</th>
<th>C=2</th>
<th>D=3</th>
<th>H=4</th>
<th>J=5</th>
<th>M=6</th>
<th>P=7</th>
<th>W=8</th>
<th>No letter=0</th>
</tr>
</thead>
</table>

If the next letter is.....

<table>
<thead>
<tr>
<th>A=1</th>
<th>C=2</th>
<th>D=3</th>
<th>H=4</th>
<th>J=5</th>
<th>M=6</th>
<th>P=7</th>
<th>W=8</th>
<th>No letter=0</th>
</tr>
</thead>
</table>

Enter the remaining digits of your Medicare number followed by the pound sign.

**MEDICARE NUMBER NUMERIC CHARACTERS OR DIGITS**

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 .....

<table>
<thead>
<tr>
<th>A=1</th>
<th>B=2</th>
<th>C=3</th>
<th>D=4</th>
<th>E=5</th>
<th>M=6</th>
<th>T=7</th>
<th>W=8</th>
<th>FOR MORE OPTIONS, PRESS 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>S=1</td>
<td>J=2</td>
<td>K=3</td>
<td>G=4</td>
<td>H=5</td>
<td>L=6</td>
<td>N=7</td>
<td>P=8</td>
<td>FOR MORE OPTIONS, PRESS 9</td>
</tr>
<tr>
<td>Q=1</td>
<td>R=2</td>
<td>S=3</td>
<td>U=4</td>
<td>V=5</td>
<td>X=6</td>
<td>Y=7</td>
<td>Z=8</td>
<td>For more options, press 9</td>
</tr>
</tbody>
</table>

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 0 6 1 0 1 9 4 4.

**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.
CLAIM 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 or say 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 0-1-0-2-2-0-0-8. 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 denied claims, the claim status is denied as of...
• The total amount paid to the provider was...
• This claim was completed on....
• The check number is...
• The Co-insurance amount for this claim was....
• The total amount applied to the deductible was....
• This is an adjustment made to the claim processes on...

ADDITIONAL NAVIGATION OPTIONS

• For more specific information on this claim, say specific or press 1.
• To order a duplicate remittance for this claim, say duplicate or press 2.
• For the next claim on this date of service, say next or press 3.
• To check a different date of service, say date or press 4.
• To check another Medicare number, say another or press 5.
ADDITIONAL CLAIMS INFORMATION (LINE ITEM LEVEL)

If applicable and available, the following line item information will be provided:

- This claim includes services rendered on/through....
- The amount submitted for this service was....
- The amount allowed for this service was....
- This service was denied....
- This service is in process...
- If paid, the line information for each service paid will be shared...

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 B benefits on....
- This beneficiary was canceled for Part B benefits on....
- The beneficiary’s part B dates not found...
- 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 Part B deductible is satisfied....
- The Part B deductible information is not found....
- The amount applied to the Part B deductible is ...
- Medicare is primary/secondary for this beneficiary....
- The beneficiary is (not) on an HMO...
- The beneficiary has (not) elected Hospice...
- The beginning date for Hospice Coverage is...
- The ending date for Hospice Coverage is...
- The amount remaining for the Physical Therapy Cap is...
- The amount remaining for the Occupational Speech Therapy Cap is...
LAST THREE CHECKS (INCLUDING NO PAY REMITS)

The check number, the amount, and the date will be provided, if available. Amounts of zero indicate no pay remits.

For the next check (or no pay remit), press 1.

DUPLICATE REMITTANCE REQUEST

REQUIRED INFORMATION (CHECK NUMBER OR ICN)

To request a duplicate remittance we need either the check number or internal Control Number or ICN.

If you know the check number, press 1. If you know the ICN, press 2. Enter the 9-digit check number or enter the 13 digit ICN, followed by the pound sign.

AVAILABILITY

This will only be available if at least 30 days has passed since the original remit was produced. The system will confirm whether your request was processed.

THE NAVIGATION OPTIONS

The navigation options available from this menu are as follows:

- To repeat claims 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.
DURABLE MEDICAL EQUIPMENT (DME) SERVICES

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

SIMPLE CLAIMS CORRECTION INFORMATION

The hours of operations for the Clerical Error Reopening Line are 9:00 AM to 4:00 PM Eastern Standard Time.
For Georgia, please call 866-582-3244. For Alabama or Tennessee please, call 888-391-8840.
If you have questions regarding the types of issues that can be handled by the Clerical Error Reopening line, please visit our website at http://www.cahabagba.com/part_b/claims/clerical_error_reopen.htm.

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.