

## **PROVIDER SERVICES HAS IMPLEMENTED AN INTERACTIVE VOICE RESPONSE (IVR) SYSTEM TO SERVE YOU BETTER!**

Provider Services has implemented a convenient service for our providers to easily verify patient eligibility information by using a touch-tone telephone. Simply dial the same NHP Provider Services telephone number (**1-800-558-7970**) and listen to the instructions to obtain **member eligibility verification and claims status information** (*24 hours per day, 7 days per week*).

You may verify the status of an unlimited amount of members, or claims, at any time throughout the day. As always, our service center staff will be available to serve you from 9 AM to 5 PM, Monday through Friday. When you utilize the IVR system for basic eligibility verification and claim status, it allows our knowledgeable representatives to provide you with superior personalized service for your more complex inquiries.

Please listen carefully to the menu options for they have been changed to serve you better.

It is important that you have the following information available before you call:

- Provider's NPI Number
- Member ID
- Date of Service
- Total Charges

Once your NPI number is validated, you will be prompted to **PRESS 1** to check the eligibility status of a member or **PRESS 2** for claim status.

The eligibility instructions are as follows:

Enter the member's ID followed by the pound key (#).

The member's ID will either be a 9-digit subscriber ID or an 8-character Certification Identification Number (CIN).

### **IMPORTANT NOTES:**

CHP ID cards are printed with the member's ID including a 01 suffix. Only enter the first 9-digits of this number.

MCD and FHP member ID cards are printed with the member's CIN. Enter the letters using the appropriate number key identifying the letters as follows:

<b>LETTER</b>	<b>NUMBER KEY</b>
ABC	2
DEF	3
GHI	4
JKL	5
MNO	6
PQRS	7
TUV	8
WXYZ	9

For example, if the member's 8-digit CIN is AD12345Z you will enter 23123459 followed by the pound key (#).

**Utilize the mapping above even if the letters indicated on your telephone keypad are different!**

**The IVR will provide you with the following information:**

1. **Eligibility status** as of the date of the phone call. The system will respond with one of the following:
  - This member is currently eligible
  - The member you have entered is not eligible for coverage
  - The member number you entered is not listed

The following additional information will be provided:

2. **Product** in which the member is enrolled
  - Medicaid Managed Care
  - Child Health Plus
  - Family Health Plus
  - Medicare
3. Member's **Network Name**
4. Name of the member's **Primary Care Physician (PCP)**

Press 1 to repeat the eligibility information provided, or press any other key.

Press 1 to continue with checking the eligibility status of another member.

If you initially **enter 2 for claim status**, provide the following information when prompted by the IVR system to proceed:

1. Enter the member's ID (using the same procedure explained for member eligibility), followed by the pound key.
2. Enter the first date of service of the claim using 2-digits each for the month, date and year (e.g., June 5<sup>th</sup>, 2005 would be 060505), followed by the pound key.
3. Enter the submitted dollar amount (in dollars and cents), followed by the pound key (e.g., \$250.25 = 25025).
4. The IVR will provide the status of the claim by speaking out the claim number, date processed, amount paid and check number. On a denied claim, it will speak out the processed date and the denial reason. Capitated claims will state "capitated claim service". You may continue to check as many claims as you'd by pressing 1. Any claim that has had an adjustment performed on it will automatically have the call transferred to a provider services advocate for a detailed explanation.