

**INTERACTIVE VOICE RESPONSE (IVR)**

**USING THE IVR SYSTEM**

This manual is designed to help you navigate through Abri’s Interactive Voice Response (IVR) system. Through IVR you will be able to verify member eligibility, receive primary insurance carrier information, Primary Care Physician name, and confirm the status of a claim. The IVR system will allow you to submit a request to refer your patient to another provider, request authorization to provide a service, and check the status of a referral or pre- authorization.

**IVR Access Telephone Number: 414.847.1790**

**IMPORTANT** - You should always have the following information available prior to calling the IVR system:

1. Your Wisconsin Medicaid ID assigned provider number
2. Your Abri Health Plan assigned provider number
3. Your Abri Health Plan assigned IVR access code
4. Your patient’s 10 digit Wisconsin interChange member identification number

Use the area below to write in your provider information:

<b>Provider Name</b>	<b>Wisconsin Medicaid ID Provider Number</b>	<b>Abri Health Plan Provider Number</b>	<b>Abri Health Plan IVR Access Code</b>

You should have received or will receive a letter that lists your Wisconsin Medicaid ID provider number, Abri assigned provider number, and Abri IVR access code. The Abri assigned provider number is also available in the Abri Health Plan Provider Directory. You may contact Abri’s Customer Service Department at 414.847.1776 or 888.999.2404 and request your Abri assigned provider number and IVR access code via mail, fax or email.

The member’s Medicaid FORWARD / ForwardHealth card includes their 10 digit Wisconsin interChange member identification number.

**AT ANY POINT DURING A CALL YOU MAY:**

1. **Press Zero (0)** to speak with a customer service representative
2. **Press the Pound (#) Key** to return to the previous or main menu
3. **Press the Star (\*) Key** to end a call
4. **Skip the message or prompt** by keying in the required information

## IVR PROMPTS

### WELCOME MESSAGE

Upon calling the IVR system you will receive a welcome message.

**Message:** Welcome to Abri Health Plan's Interactive Voice Response System.

**Prompt:** Please enter your 8 digit Wisconsin Medicaid ID provider number

To respond to this prompt use your Wisconsin Medicaid ID assigned provider number. The Wisconsin Department of Health and Family Services (DHFS) issues provider numbers upon successful certification. If you do not have a number please contact DHFS at 800.947.9627 or 608.221.9883. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

**Prompt:** Please enter your 5 digit IVR access code

To respond to this prompt use your Abri IVR access code. If you do not know or do not have an IVR access code, please contact Abri at 414.847.1776 or opt out of this prompt by pressing zero. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

**Prompt:** Please enter the members 10 digit Wisconsin interChange identification number.

To respond to this prompt use your patient's Wisconsin Medicaid ID assigned member number. The member's Medicaid issued FORWARD / ForwardHealth card includes their 10 digit Wisconsin interChange identification number. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

**Prompt:** To Submit a Referral **Press 1**

**Prompt:** To Submit a Pre-Authorization **Press 2**

**Prompt:** To Check the Status of a Referral or Pre- Authorization **Press 3**

**Prompt:** To Verify Member Eligibility **Press 4**

**Prompt:** To Check Claim Status **Press 5**

## **PROVIDER PRESSED 1**

### **REFERRAL REQUEST**

**NOTE:** This function is not available to Beacon Health Strategies Providers. Abri requires a provider (in most cases a primary care physician) to submit a request to the health plan if he/she wishes to refer his/her patient to another provider (in most cases a specialist). This provider is then considered the “Referring To” provider. To obtain the “Referring To” Abri Health Plan assigned provider number, please refer to the Abri Health Plan Provider directory or visit the Abri website at [www.abrihealthplan.com](http://www.abrihealthplan.com).

At the end of this user manual section, is a **request template** that will walk you through all the prompts for submitting a referral. Fill in the **request template** prior to calling the IVR system and file it in your patient’s medical chart when complete. The IVR system will read back the referral number assigned to your request, please write it down on the **request template**. If at any time the IVR system is not in operation you may fax the completed **request template** to Abri at 414.771.1159 for processing.

The referral number assigned to your request will be faxed back you – remember to include your fax number on the **request template**.

**Prompt:** Enter the “Referring To” 7 digit Abri provider number

To respond to this prompt use the Abri assigned provider number – refer to Abri provider directory or website. The system will validate your entry. You will be allowed 2 attempts before being asked to try again later.

**Prompt:** Enter a Primary Diagnosis Code, DO NOT enter a decimal point

To respond to this prompt you will be required to enter an ICD-9 diagnosis code. You must enter a valid diagnosis code. For example, the diagnosis code for a headache is **784.0** and should be entered as **7840**. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

**Prompt:** Enter a Start Date in 2 digit month, 2 digit day, and 4 digit year format

To respond to this prompt you will be required to enter a Start date for the referral. For example date “**January 6, 2006**” should be entered as **01062006**.

**Prompt:** Enter an End Date in 2 digit month, 2 digit day, and 4 digit year format

To respond to this prompt you will be required to enter an End date for the referral. For example date “**February 6, 2006**” should be entered as **02062006**.

**Prompt:** Enter the Number of Service Units

To respond to this prompt you will be required to enter the number of office consultations and/or treatment visits. You must enter at minimum 1 numeric digit and at maximum 2 numeric digits. For example four physical therapy visits should be entered as “**4**”.

**Prompt:** Enter the Request Type

To respond to this prompt you will be required to enter a 2 digit numeric code to confirm your entry of a **referral = 01**.

After all the information has been entered and validated, the system will repeat the data elements for your confirmation. You will then be given the following options:

**Prompt:** To Submit this Request for Processing **Press 1**  
A pre-authorization number will be read back to you. Please write it down on the **request template**.

**Prompt:** To Re-enter the Request Information **Press 2**

**Prompt:** To Cancel this Request and Return to the Main Menu **Press 3**

**Prompt:** To Speak with a Customer Service Representative **Press 0**

**Prompt:** To End this Call **Press the Star (\*) Key** or hang up

## **PROVIDER PRESSED 2**

### **PRE-AUTHORIZATION REQUEST**

**NOTE:** This function is not available to Beacon Health Strategies Providers.

If required by Abri, a provider must submit a pre-authorization to Abri if he/she wishes to render services, for example hospital stays, Home Health, DME, chiropractic, MRI, etc. At the end of this user manual section, is a **request template** that will walk you through all the prompts for submitting a pre-authorization. Fill in the **request template** prior to calling the IVR system and file it in your patient’s medical chart when complete. The IVR system will read back the pre-authorization number assigned to your request, please write it down on the **request template**. If at any time the IVR system is not in operation you may fax the completed **request template** to Abri at 414.771.1159 for processing. The pre-authorization number assigned to your request will be faxed back you – remember to include your fax number on the **request template**.

**Prompt:** To Skip the Entry of a Procedure Code **Press 1**

**Prompt:** To Enter a Numeric Procedure Code **Press 2**

**Prompt:** To Enter a Procedure Code that Starts with a Letter **Press 3**

**Prompt:** To Enter a Procedure Code that Ends with a Letter **Press 4**

To respond to prompts 2, 3 and 4 you will be required to enter a CPT-4, HCPCS, or Revenue code. For example: **99201** (Office Visit), **E1399** (DME item), or **0120** (Inpatient hospital stay). **Only enter one procedure code per pre-authorization request.**

### **Provider Pressed 1**

See prompt at the end of “Provider Pressed 4” section.

## **Provider Pressed 2**

**Prompt:** Enter a Numeric Procedure Code  
To respond to this prompt enter at minimum 4 numeric digits and at maximum 5 numeric digits. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

## **Provider Pressed 3**

**Prompt:** Enter a Procedure Code that Starts with a Letter  
To respond to this prompt enter a letter followed by 4 numeric digits. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

## **Provider Pressed 4**

**Prompt:** Enter a Procedure Code that Ends with a Letter  
To respond to this prompt enter 4 numeric digits followed by a letter. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

**Prompt:** Enter a Primary Diagnosis Code, DO NOT enter a decimal point

To respond to this prompt you will be required to enter an ICD-9 diagnosis code. You must enter a valid diagnosis code. For example, the diagnosis code for a headache is **784.0** and should be entered as **7840**. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

**Prompt:** Enter a Start Date in 2 digit month, 2 digit day and 4 digit year format

To respond to this prompt you will be required to enter a Start date for the pre-authorization. For example date "**January 6, 2006**" should be entered as **01062006**.

**Prompt:** Enter an End Date in 2 digit month, 2 digit day, and 4 digit year format

To respond to this prompt you will be required to enter an End date for the pre-authorization. For example date "**February 6, 2006**" should be entered as **02062006**.

**Prompt:** Enter the Number of Service Units

To respond to this prompt you will be required to enter the number of services. You must enter at minimum 1 numeric digit and at maximum 2 numeric digits. For example four home health visits should be entered as "**4**".

**Prompt:** Enter the Request Type

To respond to this prompt you will be required to enter a 2 digit numeric code to confirm your entry of a **pre-authorization = 02**.

After all the information has been entered and validated, the system will repeat the data elements for your confirmation. You will then be given the following options:

**Prompt:** To Submit this Request for Processing **Press 1**  
A pre-authorization number will be read back to you. Please write it down on the **request template**.

**Prompt:** To Re-enter the Request Information **Press 2**

**Prompt:** To Cancel this Request and Return to the Main Menu **Press 3**

**Prompt:** To Speak with a Customer Service Representative **Press 0**

**Prompt:** To End this Call **Press the Star (\*) Key** or hang up

## **PROVIDER PRESSED 3**

### **REFERRAL & PRE-AUTHORIZATION STATUS REQUEST**

**NOTE:** This function is not available to Beacon Health Strategies Providers.

**Prompt:** Enter the Referral or Pre-Authorization number

To respond to this prompt use the 7 digit referral or pre-authorization number. This number is read back at the end of a referral or pre-authorization submitted request. It is also listed on the paper copy of the referral or pre-authorization letter that is mailed out after the request has been reviewed. If you do not have or do not know the number you may contact Abri at 414.847.1776. The system will validate your entry. You will be allowed 2 attempts before you are asked to try again later.

After all the information has been entered and validated, the system will repeat the data elements for your confirmation. If a referral or pre-authorization is found, a status of **Approved**, **Pended** or **Denied** will be communicated. You will then be given the following options:

**Prompt:** To Check the Status of Another Referral or Pre-Authorization **Press 1**

**Prompt:** To Cancel this Request and Return to the Main Menu **Press #**

**Prompt:** To Speak with a Customer Service Representative **Press 0**

**Prompt:** To End this Call **Press the Star (\*) Key** or hang up

## **PROVIDER PRESSED 4**

### **MEMBER ELIGIBILITY & COB STATUS REQUEST**

**Prompt:** Enter a date in 2 digit month, 2 digit day, and 4 digit year format

To respond to this prompt you will be required to enter the date you wish to verify a member's effective coverage. For example date "**January 6, 2006**" should be entered as **01062006**.

After all the information has been entered and validated, the system will repeat the data elements for your confirmation. You will be informed whether the member was eligible on the date you entered. The system will also communicate to you the name of the member's PCP and the primary insurance carrier information (if the member has other insurance) on the date entered. You will then be given the following options:

**Prompt:** To Check Another Member's Eligibility **Press 1**

**Prompt:** To Cancel this Request and Return to the Main Menu **Press #**

**Prompt:** To Speak with a Customer Service Representative **Press 0**

**Prompt:** To End this Call **Press the Star (\*) Key** or hang up

## **PROVIDER PRESSED 5**

### **CLAIM STATUS REQUEST**

**NOTE:** This function is not available to Beacon Health Strategies, DentaQuest or Herslof Providers.

**Prompt:** Enter the Date of Service in 2 digit month, 2 digit day, and 4 digit year format

To respond to this prompt you will be required to enter the Date of Service for the claim you wish to verify. For example date "**January 6, 2006**" should be entered as **01062006**.

**Prompt:** Enter the Total Billed Amount including any cents; use the Star (\*) key to enter a decimal

To respond to this prompt you will be required to enter the Total Billed Amount for the claim you wish to verify. For example an amount of "**\$89.50**" should be entered as **89\*50**.

After all the information has been entered and validated, the system will repeat the data elements for your confirmation. If a claim is found matching the Date of Service and Total Billed Amount you will be informed of the following: Receipt Date, Current Status (Payable, Denied Partial, Denied, Pended), and Remittance Report Issued Date. You will then be given the following options:

**Prompt:** To Check the Status of Another Claim **Press 1**

**Prompt:** To Cancel this Request and Return to the Main Menu **Press #**

**Prompt:** To Speak with a Customer Service Representative **Press 0**

**Prompt:** To End this Call **Press the Star (\*) Key** or hang up



## Abri Health Plan - Referral & Pre-Authorization Request Template

Interactive Voice Response (IVR) System Access Telephone: **414.847.1790**

Called In By: \_\_\_\_\_ Called In Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

1.	Enter Access Code	Provider Medicaid ID _____ + IVR Code _____ (8 Digits) (5 Digits)
2.	Enter Patients Member ID	10 Digits _____
3.	<b>Press 1</b> To Enter A Referral <b>Press 2</b> To Enter A Pre-Authorization	
4.	<i>Ignore for Pre-Authorization</i> Enter "Referring To" Provider Number	"Referring To" Provider Name _____ "Referring To" <b>Abri</b> Assigned Provider # _____ (See Abri Health Plan Provider Directory)
5.	<b>Press 1</b> To Skip Procedure Code Entry <b>Press 2</b> To Enter Procedure Code	CPT-4 _____ HCPCS _____ Revenue _____ (5 Digits) (5 Digits) (4 Digits)
6.	Enter Diagnosis Code	ICD-9 _____
7.	Enter Start Date (MMDDYYYY)	Date: _____
8.	Enter End Date (MMDDYYYY)	Date: _____
9.	Enter Number Of Service Units	Units: _____
10.	Enter Request Type <b>01</b> For Referral and <b>02</b> For Pre-Authorization	Type: _____
11.	<b>Press 1</b> To Submit Request for Processing <b>Press 2</b> To Re-Enter Request <b>Press 3</b> To Cancel Request	

**Referral / Pre-Authorization Number:** \_\_\_\_\_. No requests for referral or pre-authorization are approved immediately. All requests are reviewed prior to determination of approval. You may be required to submit medical records, please fax them to: 414.771.1159. A paper copy of the **Referral** will be mailed to the "Referring To" provider. A paper copy of the **Pre-Authorization** will be mailed to the requesting provider.

To inquire about the status of a Referral/Pre-Authorization please use Abri's IVR system or contact customer service at 414.847.1776 or 888.999.2404.

**FILE THIS REQUEST IN THE PATIENT'S CHART**