



Using the IVR (Interactive Voice Response) System Guide

This manual is designed to help you navigate through Molina Healthcare of Wisconsin'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 also allow you to 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. Provider Name
2. Your Provider Tax ID number.
3. Your provider's Wisconsin Medicaid ID Number.
4. Your Molina Health Plan Assigned IVR access code.
5. Your patient's Ten (10) digit Wisconsin InterChange member ID number (MAID#).
6. Your patient's date of birth.

Use the area below to write in your provider information:

Provider Name	Provider Tax ID	Wisconsin Medicaid ID Provider Number	Molina Health Plan IVR Access Code	Patient's 10 digit Wisconsin InterChange Member ID number (MAID#)	Patient's Date of Birth

You should have received or will receive a letter that lists your Wisconsin Medicaid ID provider number, Molina assigned provider number, and Molina IVR access code. You may contact Molina's Member Customer Service Department at 414-847-1776 or 888-999-2404 and request your Molina assigned provider number and IVR access code via mail, fax or email.

The member's Medicaid FORWARD/ForwardHealth card includes their ten (10) digit Wisconsin InterChange member identification number (MAID#).

IVR PROMPTS

WELCOME MESSAGE

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

- Message:** “Welcome to the Interactive Voice Response System for Molina Healthcare of Wisconsin. Please listen carefully because our options have changed.”
- Prompt:** **Press 1** for Eligibility Information.
- Prompt:** **Press 2** for Claim Status.
- Prompt:** **Press 3** for an authorization Status.
- Prompt:** If you would like to hear these choices again, **press 9**.
- Prompt:** To speak to a Customer Service Representative, **press 0**.

PROVIDER PRESSED 1— Member Eligibility

PROVIDER VERIFICATION

- Message:** “If you are calling from an individual Provider’s office Please enter the provider's tax ID number followed by the # sign now. If you are calling from a provider group or group practice, please enter the group's tax ID number followed by the # sign.”
- Prompt:** To verify Provider/Group Tax ID number is correct, **press 1**
- Prompt:** To re-enter Provider/Group Tax ID number, **press 2**

MEMBER VERIFICATION

- Message:** “Please enter the member's 10 digit Wisconsin InterChange I D. number.”
- Prompt:** To verify Member’s 10 digit Wisconsin InterChange ID number is correct, **press 1**.
- Prompt:** To re-enter Member’s 10 digit Wisconsin InterChange ID number, **press 2**.
- Message:** “For privacy reasons you will now be asked to enter the member's date of birth; for example August 5, 1975 is Zero Eight, Zero Five, one nine seven five followed by a # sign. Please enter the member's date of birth now.”
- Prompt:** To verify Member’s date of birth is correct, **press 1**.
- Prompt:** To re-enter Member’s date of birth, **press 2**.

If member is eligible you will hear this message:

Message: Member <member name> Birthdate <DOB> is currently eligible for plan benefits. Plan Name <plan name>. Eligible since <eff date>
Prompt: For Member's Primary Care provider, **press 1.**
Note: You will be given the PCP name, phone number.
Prompt: To verify another members' eligibility **Press 1.**
Prompt: To repeat this information **Press 8.**
Prompt: To end this call **press 9.**
Prompt: To speak with a Customer service representative **Press 0.**

Prompt: To verify a past eligibility date for this member, **press 2.**
Prompt: To verify another member's eligibility, **press 3.**
Prompt: For member's other insurance coverage information **press 4.**
Prompt: To end this call, **press 9.**
Prompt: To speak to a representative during business hours, **press 0.**

If member is not eligible you will hear this message:

Message: Member <Member name> is not eligible for Plan Benefits
Prompt: To verify another member's eligibility, **press 1.**
Prompt: To end this call, **press 9.**
Prompt: To speak to a representative during business hours, **press 0.**

Provider Pressed 2-- CLAIM STATUS

NOTE: This function is not available to DentaQuest or Herslof Providers.

Message: "If the date of service is before 2/1/2012 **press 1**, if the date is on or after 2/1/2012 **press 2.**"

Prompt: Please enter your Wisconsin Medicaid Provider number.
Prompt: Please enter your 5 digit IVR access code.
Prompt: Please enter the members Wisconsin Interchange ID number.
Prompt: Please enter the Date of Service in two (2) digit month, two (2) digit day, and four (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**.

Message: Please hold while we retrieve Information...

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 Speak with a Customer Service Representative **Press 0.**
- Prompt:** To return to the Main Menu **Press #.**
- Prompt:** To End this Call **Press *** or hang up.

Provider Pressed 3 – Referral/Pre-Authorization Status

PROVIDER VERIFICATION

Message: “If you are calling from an individual Provider’s office Please enter the provider’s tax ID number followed by the # sign now. If you are calling from a provider group or group practice, please enter the group’s tax ID number followed by the # sign.”

Prompt: To verify Provider/Group Tax ID number is correct, **press 1**

Prompt: To re-enter Provider/Group Tax ID number, **press 2**

Prompt: If you know your authorization ID, **press 1**, If not **press 2.**

Prompt: Please enter your authorization ID followed by a # sign. . The system will validate your entry. If the entry is correct, **press 1**, **if not press 2.** 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 End this call **Press 9 or hang up.**
- Prompt:** To Speak with a Customer Service Representative **Press 0**