



Provider IVR User Guide

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TABLE OF CONTENTS

IVR Overview	2
Main Menu	2
Provider Menu	3
Provider Status Menu	3
Current Provider	3
Authenticated Provider Inquiries Menu.....	4
Eligibility Menu.....	4
Claim Status Menu.....	4
Payment Status Menu.....	5

IVR Overview

The Ohio Medicaid Provider Services Interactive Voice Response System (IVR) provides 24-hour, 7-day a week access to information regarding provider application status, client eligibility, provider-group affiliation, claim status, payment status and provider information.

New providers, who have recently submitted their enrollment application, may use their Application Tracking Number (ATN) to retrieve application status information.

Existing Ohio Medicaid Providers will need 2 of the following 3 pieces of information to authenticate to this system: their NPI, their provider number and their Tax ID number.

NOTE: PINs are no longer required or used within this IVR system.

To obtain eligibility information, authenticated providers may enter the 12-digit consumer billing number, OR the consumer's Social Security Number and Date of Birth. In addition, the date of service must be entered. Consumer eligibility information is available for the past 36 months.

To obtain claims information, authenticated providers may inquire by Internal Control Number (ICN) or by the 12-digit Consumer Billing Number and the earliest Date of Service as well as claim type and prescription number if known. Claims information is available for the past 36 months.

When you call the IVR, general information is provided. If you are familiar with the menu options, you may enter your selection at any time. The majority of menus allow you to press star (*) to repeat the menu or to press the pound (#) key to return to the main menu or previous menu.

The following matrices will provide the IVR menus and the options for navigating from the main menu to the subsequent ones.

Main Menu

MENU	OPTIONS
If you are a Medicaid provider and exclusively need a current MITS web portal password reset	1
If you wish to become an Ohio Medicaid provider or have submitted an initial enrollment application,	2
If you are a current provider and have been issued a Medicaid Provider Number	3
If you have EDI submission questions	4
To repeat these options	Star (*)

Provider Menu

MENU	OPTIONS
For Ohio Home Care Waiver questions	1
To find out the status of your application or for Provider status	2
For all other questions	3
To repeat these options	Star (*)
To return to the main menu	Pound (#)

Provider Status Menu

MENU	OPTIONS
For provider status (enter 7-digit provider ID number)	1
For application status (enter 6-digit ATN)	2
To speak to a representative	0
To repeat menu	Star (*)
To return to the previous menu	Pound (#)

Current Provider

Existing Ohio Medicaid Providers may check the status of their revalidation application, as well as check on provider-group affiliations, without authentication. To retrieve eligibility, claims and payment information, they will need to enter authenticate by entering 2 of the following 3 pieces of information: their NPI, their provider number and their Tax ID number.

NOTE: PINs are no longer required or used within this IVR system.

MENU	OPTIONS
For Revalidation questions (enter ATN for status of revalidation application)	1
To verify Provider-Group Affiliations (enter provider ID and group number)	2
To verify receipt of your BCI Background check,	3
To find out the status of a provider using the associated Provider ID	4
To access eligibility, claims and payment information using your NPI, as well as your provider number or tax ID number	5
To repeat this menu	Star (*)
To return to the main menu	Pound (#)

Authenticated Provider Inquiries Menu

MENU	OPTIONS
For questions about consumer eligibility	1
For questions about claims	2
For questions about payment status	3
To repeat this menu	Star (*)
To return to the main menu	Pound (#)

By entering the consumer's 12 digit billing number, or the consumer's Social Security Number and date of birth, along with the date of service, the caller can verify if the consumer is eligible for Ohio Medicaid on the specified date. If the consumer is eligible for Ohio Medicaid, the caller will also be provided with the following plan and waiver information about the consumer, where applicable:

- Expedited Medicaid
- Long Term Care Facility
- Managed Care (HMO)
- Transitions Carve Out Waiver
- Passport Waiver
- Federal Qualified Medicare Beneficiary program (QMB)
- Individual Option Waiver
- Ohio Home Care Waiver
- Assisted Living Waiver
- Transitions DD Waiver
- PACE
- Dept of Developmental Disabilities Level 1 Waiver
- ODA Choices Waiver
- Medicare Part A
- Medicare Part B
- Third party coverage
- Case Number
- Provider Information
- County of residency or jurisdiction

Eligibility Menu

To obtain eligibility information, you may enter the 12-digit consumer billing number, OR the consumer's Social Security Number and Date of Birth. You will also be required to enter the date of service. Consumer eligibility information is available for the past 36 months.

MENU	OPTIONS
To inquire by Consumer Billing number	1
To inquire by Social Security Number and Date of Birth	2
If you do not have this information	3
To repeat this menu	Star (*)
To return to the previous menu	Pound (#)

Claim Status Menu

- Claims status may be retrieved by entering the Internal Control Number (ICN) or by the 12-digit or Consumer Billing Number and the earliest date of service, along with the Claim type and prescription number if known. Claims information is available for the past 36 months.

MENU	OPTIONS
To inquire using the ICN (enter ICN)	1
To inquire using the consumer billing number (enter CBN and DOS) *	2
To repeat these options	Star (*)
To return to the Provider Support (Authenticated Provider Inquiries) menu	Pound (#)

*You may retrieve information for a pharmacy claim or all other claim types.

- For pharmacy claims, you will be prompted to enter a prescription number
- For all other claims, you may choose the specific claim type to retrieve the associated data. The claim type selection should be based on the type of service provided. As an example, a physician inquiring about a Medicare/Medicaid Crossover Claim Status, should choose the option for Professional Crossover Claim. Ohio Home Care providers should choose the Professional claim option.

MENU	OPTIONS
For all claim types	1
For a Professional Claim	2
For an Outpatient Claim	3
For an Inpatient Claim	4
For a Professional Crossover Claim	5
For an Inpatient Crossover Claim	6
For an Outpatient Crossover Claim	7
For a Dental Claim	8
For a Long-Term Care claim	9

Payment Status Menu

The system will speak the three most recent payments made to the authenticated provider. These payments might include a pending future payment. The information provided is restricted to:

- Check issue date
- Payment amount
- Check or EFT Number

Information messages are then provided about check reissues due to a change of address. Providers are required to update their address on the MITS Portal under Demographic Maintenance before requesting the check or payment be reissued. Once this is completed, a provider may call 614-466-6068 if related to a paper check or 877-644-6771 for an EFT payment.