Press 4 for Payment Inquiry

- 1 to hear the three most recent payments by RA number, date, and payment amount
- 2 to hear the total dollar amount and total number of suspended claims
- Continued call options:
  - ▶ 1 to inquire using a different provider ID
  - ▶ 2 to return to Payment Inquiry menu

Press 5 for Cumulative Limitations

- Enter the Client ID*, PA or Plan of Care (POC) start date*, then #
- For the first PA or POC record on file, hear:
  - ▶ The services, units, dollar amount(s) and date(s) of service authorized
  - ▶ Whether any units of service are still available for billing
  - ▶ Dollars remaining on the authorization
- Continued call options:
  - ▶ 1 to read the next record
  - ▶ 2 or 9 to return to Main Menu

Press 6 to change your PIN

- Enter a new four-digit PIN, then #
- Re-enter the PIN to confirm, then #
  - ▶ If the confirmation does not match the new PIN, try again.*

Press 7 for other information

- Hear how to get copies of this guide and Oregon Administrative Rules
- 1 to repeat this information

Need help?

Call Provider Services at 800-336-6016 or visit **bit.ly/ohpproviders**.

OHP 3162 (10/19)

Oregon Medicaid Automated Voice Response System

866-692-3864

Use 24 hours a day
7 days a week

Learn how to check:

- Client eligibility, managed care enrollment, other coverage
- Claim status
- Prior authorization status
- Recent payments
- Suspended claims
- Benefit limits for optical services

Oregon Health Authority
HEALTH SYSTEMS DIVISION
Provider Services

AVR basics

- You must be an actively enrolled provider for the dates of any AVR inquiry.
- Enter dates as MMDDYYYY (e.g., October 31, 1970 is 10311970).
- Enter dollars and cents without a decimal (e.g., $200.00 would be 20000).
- Enter letters as numbers using the alpha numeric conversion chart (at right).
- Press pound key (#) only when AVR asks you to.
- Enter 9 to return to the Main Menu at any time.
- Each inquiry will take approximately 75 seconds.
- After 25 minutes, AVR will end the call.

AVR availability

- If you get a busy signal, or if AVR continues to ring, hang up and dial again.
- If the AVR is not working, you will hear the announcement that "System is unavailable at this time."
- AVR may automatically disconnect the call if it becomes unavailable.
- If AVR becomes unavailable, you can use the Provider Web Portal at **https://www.or-medicaid.gov**.

In this user guide:

- Steps marked with an asterisk (*) mean you get three tries at entering certain information correctly before AVR ends the call.
- Items in **bold** mean they are included in the faxed eligibility or PA response.

Call 866-692-3864 to login

- 1 for touchtone phone
- 1 for enrolled provider
- 1 to login
  - ▶ 1 to login using Oregon Medicaid ID*
  - ▶ 2 to login using NPI*
- If your provider ID is linked to multiple locations:
  - ▶ Enter your specific ZIP+4 code*, then #
  - ▶ If your locations have the same ZIP+4 code, enter your NPI taxonomy* code, then #
- Enter your PIN*
- Select menu item (1-7) at Main Menu*

AVR Alpha Numeric Conversion Chart

A	*21
B	*22
C	*23
D	*31
E	*32
F	*33
G	*41
H	*42
I	*43
J	*51
K	*52
L	*53
M	*61
N	*62
O	*63
P	*71
Q	*11
R	*72
S	*73
T	*81
U	*82
V	*83
W	*91
X	*92
Y	*93
Z	*12

Press 1 for Recipient Eligibility

- Enter Client ID* and date of birth*
- Enter From and To dates of service:
  - MMDDYYYY* or # for today's date
- Choose inquiry type:
  - 1 for procedure-specific eligibility
  - 2 for detailed eligibility
- If requesting procedure code eligibility, enter the procedure code*
- Request a faxed eligibility response:
  - 1 for faxed copy, then enter fax number*
  - 2 to continue without a faxed copy
- You may hear "Client potentially responsible for copay." But OHP no longer has copays.
  - 1 to repeat message
  - 2 for faxed copy, then enter fax number*
  - 3 to continue the call - AVR will list **client's benefit plans** using 3- to 5-character codes (listed below)
- Continued call options:
  - 1 for client's name
  - 2 for client's DHS branch name and phone
  - 3 to continue the call
- Hear **restricted information** such as whether a client has an assigned pharmacy
- Hear the client's **dental, mental health, and medical plan enrollment**
- Hear client's **Medicare Part A, B, C and D coverage information**
- Hear how many third-party liability (TPL) carriers the system has on file for the client

Steps marked with an asterisk (*) mean you get three tries at entering information correctly before AVR ends the call.

Items in **bold** are included in the fax response.

- Continued call options:
  - 1 to hear detailed information for the first 9 **TPL carriers on file**
  - 2 to hear **if the client is eligible for an eye exam and if eligible, the dates of last eyeglasses, lenses, or frames**
  - 3 to hear the client's **mental health plan**
  - 4 to hear the client's **dental plan**
  - 5 to hear the client's **chemical dependency plan** (no longer used)
  - 6 to hear a procedure's allowed amount, quantity limit and/or PA requirement
  - 7 to hear where to find the OHP Comparison Charts on the web
- Hear the eligibility verification number.
  - 1 to repeat
  - 2 to inquire on different DOS
  - 3 to inquire on a different client

Medical benefit codes

- BMD: OHP with Limited Drug
- BMH: OHP Plus
- BMM: QMB with OHP with Limited Drug coverage (QMB Plus)
- BMP: OHP Plus Supplemental
- KIT: OHP Standard
- CWX: OHP Plus coverage for CAWEM Prenatal program clients
- CWM: CAWEM
- MED: Qualified Medicare Beneficiary (QMB) - Pays for Medicare premiums, copayments/ coinsurance and deductibles only

Other codes you may hear

- ADMIN: Admin Services
- BPA, BPD, BPO: 20-Hour Personal Care
- CRN: Community Nursing
- DDB, DDC, DDE, DDG, DDS: DD Home and Community-Based Services Waiver
- FPS: Family Planning Waiver Services Only
- FSG: Family Support DD Service
- GAP: General Assistance
- IAC, IAG, ICY: In-Home Comprehensive DD Services
- ICP: Independent Choices
- IMR: Intermediate Care Facility
- INELG: Ineligible Recipient
- MFN, MFW: Medically Fragile Children
- MFP: Money Follows the Person
- NFC: Nursing Facility Care
- OPI: Oregon Project Independence
- PAC: PACE Benefit Plan
- QDW: Qualified Disabled and Working Individuals
- RSG, RSW: DD Residential Adult
- SMHS: State Medicaid Mental Health Services
- SMB, SMF: Special Low-Income Medicare Beneficiary
- SOP: State Operated Community Programs
- SPH: Spousal Pay In-Home Services
- SSE: SSPD Service Eligible
- SSG, SSW: Support Services Adult

Press 2 for Claims Inquiry

- Choose inquiry type:
  - 1 - Enter the 13-digit Internal Control Number (ICN)*, then #
  - 2 - Enter the claim's Client ID*, dates of service* and billed amount*, then #
- Hear the number of detail lines on the claim
- Hear the following for first claim detail line:
  - Processing, paid or denied status
  - EOB codes for denied claims
  - RA number for paid claims
- Continued call options:
  - 1 to read the next detail line (limit 6 lines)
  - 2 to inquire on a different ICN or client ID

Press 3 for Prior Authorization

- Choose inquiry type:
  - 1 - Enter a **PA number***, then #
  - 2 - Enter **Client ID***, **PA start date***, #
- Request a faxed response:
  - 1 for faxed copy, then enter fax number*
  - 2 to continue without a faxed copy
- Hear whether the PA is in process or finalized
- For finalized PAs, hear for the first PA line item:
  - Approved, pending or denied status
  - Procedure code and modifier
  - Units and dollar amount(s) authorized
  - PA start and end dates
  - # units still available for billing
- Continued call options:
  - 1 to read the next line item (limit 99 lines)
  - 2 to continue call
- For client ID inquiries, hear whether there are more PAs on file or the client.
  - 1 to inquire on a different PA or client ID