EqualityCare News

June 2009

All Providers

Improvements to the Wyoming EqualityCare AVR (Automated Voice Response) System and Announcing a New Email Communication Program

AVR / IVR System Improvements

General Information:

The AVR (Automated Voice Response) System gets a face lift and a new name—IVR (Interactive Voice Response) System.

Effective June 29, 2009, the Wyoming EqualityCare IVR will be activated. The Provider Relations number will be directed into the IVR. In addition to a new name the IVR has enhanced capabilities, so many of your inquiries may be handled without needing to speak to an agent. Providers may opt to speak to an agent throughout the IVR experience. The following 800 numbers will be directed to the new IVR:

- ACS Provider Relations - 1-800-251-1268
- Wyoming EqualityCare AVRS - 1-800-251-1270

The Provider Relations Local Number will be discontinued - 1-307-772-8401

IVR Capabilities:

- Ability to access claim status
  - To check the status of a claim you will need your provider number or NPI, client ID or SSN and date of birth combination and date of service; or TCN (Transaction Control Number).
- Enhanced client eligibility verification (covered services, service limitations, lock-in, office visits, physical and occupational therapy visit limits, and nursing home leave days)
  - To verify client eligibility you will need your provider number or NPI and client ID or SSN and date of birth combination and date of service.
  - The Top 120 insurance carriers are provided by name, providers will continue to receive carrier numbers for all other carriers.
- Verify provider check or warrant amount
  - To receive your most recent check amount you will need your provider number or NPI.

NOTE: The IVR validates that you are an active EqualityCare provider, so if you bill using an NPI you must enter that number into the IVR. If you bill with an EqualityCare provider number you must enter that number.

Additional IVR Information:

- When the call center is not available, providers may be directed to the EqualityCare website or receive the following information within the IVR:
  - Procedure code look-up
  - Common forms and instructions for completion
  - Completing provider file updates, such as, address changes and email addresses
  - Claim adjustment and void policy—Direction for downloading and step-by-step instructions for completing the form
  - Directions for new providers to complete an on-line enrollment application
- Providers inquiring on or needing a surgical prior authorization and the status of a client's cap limit waiver request will be directed to the Medical Policy Unit.
  - Voice mail is available 24 x 7 for emergency surgical prior authorizations
- Non-EqualityCare providers will continue to be directed to the following units for assistance:
  - Third Party Liability
  - Medicare and Medicare Premium Payments
  - Estate and trust recovery inquiries
- Providers have the ability to opt out to speak to an agent

IVR Availability:

- The IVR is available 24 hours per day seven (7) days per week
- Providers may remain in the IVR for up to 30 minutes completing multiple inquiries. The number of inquires will no longer be limited to three (3)

IVR Eligibility Response Example:

The following is an example of an eligibility response you would hear after your provider number is validated and client information has been entered.

This client is eligible for the Aged and Disabled SSI Related benefit plan.

This plan covers prescriptions, inpatient hospital stays, outpatient hospital and medical services, pays co-insurance and deductibles on Medicare claims and limited dental and vision services.

This plan does not cover waiver or nursing home services. Dental coverage is limited to one preventative visit per year (including basic cleaning and x-rays) and covers basic fillings, emergency services, endodontic (root canals) and full and partial dentures. Vision services are limited to eye disease or injury. Glasses and contacts are not covered under this plan.

Then it provides client lock-in, Medicare and other insurance coverage, and service limit information (office and outpatient hospital, physical, occupational, and nursing home leave days), if applicable to the client.

Email Communication Program

The Office of Healthcare Financing (OHCF) and ACS have heard feedback from many of you and we are jointly in the beginning stages of an email communication program and phasing out paper communication. Providers will eventually receive email notifications regarding provider manuals, policy changes, payment information, etc. The goal is to provide you with timely notifications to keep you and your office personnel informed.

What does this mean for you?

The email communication program will allow you to register a minimum of one and a maximum of five email addresses with EqualityCare. **One email address is required and must be set up to receive either the Medical Policy/Billing or All email type codes**. However, each additional email address you register you may be any of the email communication types; Financials (Remittance Advices summary), Medical Policy/Billing (updates or changes in billing and covered services policy, provider manuals, letters from the OHCF, etc.), Technical (WINASAP and Web portal information) or All notifications. There will not be any PHI communicated through the email communication program. You can customize the communication each staff member receives based on their job responsibilities in your office or organization.

If you have more than one NPI/Taxonomy combination you must complete the following information for each taxonomy. Make as many copies as necessary.

Please complete and detach the form below and return it to:

ACS – Field Representatives
PO Box 667
Cheyenne, WY 82003
Or fax to ACS: 307-772-8405

NPI:_____ Taxonomy:_____

Email Type Codes: T = Technical, MP/B = Medical Policy/Billing, F = Financial, A = All

Please circle **one** type for each e-mail address supplied. Remember one email address is required and have either type MP/B or A.

E-mail 1: _____ @ _____ . _____ Type: T MP/B F A

E-mail 2: _____ @ _____ . _____ Type: T MP/B F A

E-mail 3: _____ @ _____ . _____ Type: T MP/B F A

E-mail 4: _____ @ _____ . _____ Type: T MP/B F A

E-mail 5: _____ @ _____ . _____ Type: T MP/B F A

Important Changes! Please read!

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We're on the Web!

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