AGENDA

1. CareFirst On Call Interactive Voice Response Unit (IVR/VRU) Overview
2. When to use the CareFirst On Call Interactive Voice Response Unit
3. What is available on CareFirst On Call Interactive Voice Response Unit
CAREFIRST ON CALL OVERVIEW
CareFirst On Call IVR Overview

- Provider Interactive Voice Response Unit that has been consolidated to a single IVR
- Allows for improved and enhanced features such as call routing capabilities
- System is available 24 hours; 7 days a week
- Obtain eligibility, benefits, deductibles & maximums, claim status, and authorization status
- Receive consistent responses – access the same information as CareFirst associates
- Resolve questions regarding information obtained
  - CareFirst keeps a record of each VRU inquiry and call
  - Historic inquiries can be located if there is a question regarding the information
CareFirst On Call IVR Overview

- **Phone numbers** –
  - **Commercial:** 800-842-5975 | 202-479-6560
  - **National Account Provider Service:** 877-228-7268
  - **FEP (Northern VA, DC, Montgomery and Prince George’s Counties):** 202-488-4900
  - **FEP (all other MD FEP Providers):** 410-581-3568 | 800-854-5256

- Accepts speech, as well as input via telephone keypad
- Easier navigation throughout the system
- Separate options available for Eligibility, Benefits & Deductibles, and Maximums
- The option to manually select the network level for benefits or eligibility
- Fax of information heard via CareFirst On Call
- Frequently requested information
The first step is to enter your provider number:

- Medical: “Please say or enter your CareFirst Participating Provider Number. If you don’t have one, use your Tax ID or Billing NPI number.”

- CareFirst On Call will accept the same provider numbers used today, as well as the Billing NPI.

- The CareFirst regional participating provider number will always provide the best match.

- If you do not know your ID or are not local, the provider IVR may assign a generic number, and ask you for your provider type: hospital, other facility, routine vision provider or professional provider.
Using the Telephone Key Pad

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### Helpful Hints

#### Key Commands
- 9  Back to the Main Menu
- 0  Transfer to Customer Service

#### Enter Alphabetic Characters
If your provider number or the membership number has letters in it, you must press 3 keys for each letter.
- #1 Press the star key to indicate you are about to enter a letter.
- #2 Press the key containing the letter.
- #3 Press the number that coincides with the position of the letter on that key.

#### Enter Dates
Say the date you wish to enter. For instance: “January First Two Thousand Fourteen,” or using the key pad, you would enter 01012014 on your phone.

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### Short Cuts
For ‘yes’ and ‘no’ prompts and questions:
- Say yes or press 1
- Say no or press 2

### Alphabetic Conversions:
- 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  = *72
- r  = *73
- s  = *74
- t  = *81
- u  = *82
- v  = *83
- w  = *91
- x  = *92
- y  = *93
- z  = *94

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To access this guide and other reference guides available, visit www.carefirst.com/providermanualsandguides.
You will be asked which self-service function you wish to perform in the IVR. The provider type will drive this menu.

*Main Menu. “What would you like to do?”*

- Eligibility
- Benefits
- Deductibles and Maximums
- Claims
- Authorization status
- Frequently requested information
- Change Providers
- Representative
Entering the Member ID

After selecting a menu, you will be asked for the membership number when selecting any self-service function, except for Frequently Requested Information. This does not require a membership ID.

▪ “Please say or enter the member’s ID.”

▪ CareFirst On Call will accept the same member IDs used today. There are no membership changes related to the IVR.

▪ Do not enter the 3 character alpha prefix that precedes the membership number.

NOTE: input of the member ID via the telephone keypad is highly recommended, but the system will accept speech interaction as well.

▪ After confirming the member/patient with a date-of-birth, the IVR will advise you if the member’s coverage is terminated or not yet available (future coverage).
When Eligibility is selected, the following information will be presented, as applicable:

- Member Name
- Group Number
- FEP Enrollment Code
- Effective Date of Coverage
- Alpha prefix
- Type of Insurance Product
- Primary Care Physician
- Office Visit Copayment
- Waiting Period Information
- Dependent Coverage Information
- Member Risk (fully-insured) or Non-Risk (Self-insured) status...NEW!
- Coordination of Benefits (primary or secondary payer information for CareFirst and Medicare)
- Timely Filing Information
Deductibles and Maximums

- When Deductibles and Maximums are selected the following information will be presented, as applicable:
  - Deductibles, Individual and Family
  - Deductibles Met to Date
  - Deductible Rules
  - Out of Pocket Maximums, Individual and Family
  - Out of Pocket Maximums Met to Date
  - Contract Renewal Period
  - Lifetime Maximums

- Note: This information is not available for NASCO Memberships.
Benefits

When medical benefits are requested from the IVR, CareFirst On Call will ask for a 3-digit benefit code. Quick Reference Guide Cards will be provided to CareFirst providers. They are also available on carefirst.com with a list of benefit codes.

After selection, the following information will be presented for the specific, requested benefit, as applicable:

- Benefit coverage status
- Coinsurance percentages
- Copayment amounts
- Application of deductible or out of pocket maximums
- Benefit limits and maximums
- Benefit limits and maximums Met to Date
- Benefit authorization rules
- Any special benefit rules

➢ This information is not yet available for NASCO members.
The IVR delivers claim status information by Header Information, Summary Information and Line by Line Detail Information.

- **Claim Header Information:**
  - Claim number
  - Total charges submitted
  - Status of the claim
  - Total amount paid on the claim
  - From and through dates of service
  - Paid, processed or notification date

- **Claim Summary Information:**
  - Total member responsibility
  - Deductible amount applied
  - Copayment amounts applied
  - Coinsurance amounts applied
  - Other Insurance amounts applied
  - Check Status
  - Claim Adjustment information
Claims – Claim Line Detail

- Claim Line-by-Line Detail information (professional only):
  - Status of claim line item
  - Procedure code
  - Date of service
  - Processed network level
  - Line billed amount
  - Line deductible applied amount
  - Line coinsurance percentage
  - Line coinsurance amount
  - Line copayment amount
  - Line paid amount
  - Line penalty amount
  - Line member responsibility amount
  - Line non-covered amount
  - Line rejection reason
Authorization Status

- CareFirst On Call provides status of inpatient medical and mental health authorizations and outpatient surgical authorizations only.

- When Authorization Status is selected from the provider IVR, the following information is presented:
  - Status of Authorization
  - Authorization Number
  - Authorization approved date(s) of service
  - Authorization number of days approved
CareFirst On Call Helpful Hints

- While CareFirst On Call is an interactive voice response system, input via telephone keypad is still accepted throughout the application, including all menus, identifiers and dates.
- Input via the telephone keypad is especially recommended for member identifiers and fax numbers.
- Please remember that ‘Yes’ and ‘No’ responses to the IVR can also always be keyed on the telephone:
  - Yes = 1
  - No = 2

*Note: IVR Quick Reference Guide is online at: www.carefirst.com/providers > Quick Links – Manuals & Guides > Quick Reference Guides > Miscellaneous – CareFirst On Call Reference Card

- Prompts will be spoken at the beginning of functions throughout the IVR to remind you where you are in the application, such as “Main Menu” or “Claim Status” or “Eligibility”.

- If you wish to change your provider number or wish to start over, you can simply say ‘Start Over’ or ‘Main Menu’. These will always be recognized spoken commands to go back to the main menu.
THANK YOU

For more information, contact

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