

PRV – Call Center Inquiries

Purpose:

The objective of this procedure is to assist the Customer Service Representative (CSR) in locating and explaining the status of a provider inquiry.

This procedure is used when a provider calls into the call center and is asking about the status of the Provider Inquiry that was mailed to IME. The inquiries are then worked by the Customer Service Representative and sent to other units as necessary. When the inquiry is completed, a letter is sent to them explaining the outcome. Providers will then call us if they did not receive the letter, or if they want to dispute the answer given to them in the letter.

Top 5 Inquiries:

1. Medical Review
2. Special Batches
3. Remit Request
4. Retro Eligibility
5. Resubmit Claim

Identification of Roles:

Trainer, Quality Assurance (QA) coordinator, Supervisor, Management

Performance Standards:

80% service level, abandon rate, calls answered, calls received, average queue time (AQT).

Path of Business Procedure:

Step 1: Incoming Call

Step 2: Verification of Provider (Enter into OnBase Workview)

- a. Verify National Provider Identification (NPI) number
- b. Obtain contact name
- c. Obtain contact phone number

Step 3: Determine Reason for call, follow appropriate procedure based on type of call

- a. Claim Status
- b. Eligibility
- c. Service Limits
- d. MediPASS
- e. Inquiry
- f. Consumer-Directed Attendant Care (CDAC)

Step 4: Checking on Inquiries

- a. Go to file in OnBase Workflow, open, and custom query
- b. Obtain Member number, enter into OnBase under Custom Query-“Find All Doc” field
- c. If member number does not locate any documents, Obtain Provider number, enter into OnBase under Custom Query-“Find All Docs” field
- d. Double click on inquiry in question and verify date of service
- e. If not an Inquiry call, go back to Step 3 and determine the type of call and follow appropriate procedure (10.1-10.6)

Step 5: Determine if Inquiry is “COMPLETED” by the Status Indicator in the yellow “Keywords” box

- a. If completed, go to Step 6.
- b. If not complete, go to Step 7.

Step 6: Letter would have been mailed to provider, read letter and re-mail or fax if needed

Step 7: If is not completed, determine if it is “IN PROCESS” by the Status Indicator in the yellow “Keywords” box

- a. If in process, go to Step 8. In Process is an inquiry that is being worked and awaiting completion.
- b. If not in process, go to Step 9.

Step 8: Right click on document, click on history

- a. Scroll down to document and review
- b. Inform provider that the inquiry is still in process

Step 9: Is the document to be forwarded to medical review?

- a. If yes, go to Step 10
- b. If no, go back to Step 3

Step 10: Review document and forward to Medical Review

- a. Press “Insert for Medical Review Task Button”, or
- b. Resubmit the claim by pressing “Resubmit Claim Task Button”, or
- c. If no inquiry on file, inform the provider to resubmit or allow more time.

Forms/Reports:

Provider Inquiry

RFP References:

6.4.2.3.b

Interfaces:

MMIS
OnBase
Providers
Unit Leads

Attachments:

Process Map

Attachment

