

Colorado Medical Assistance Program FaxBack Eligibility System

FaxBack Dialogue

Voice response

For FaxBack access eligibility information, instructions and the corresponding prompts are listed below.

The FaxBack telephone number is: 1-800-493-0920 Toll free

Note: Non-italicized text represents instructions.

Greeting

Voice: ***Welcome to the Colorado Medical Assistance Voice Response System.***

If you are calling from a touch-tone phone, press any key now.

For touch-tone, if caller enters "***", speak message:

– OR –

For rotary, wait 5 seconds. If no response, speak message:

Voice: ***This system can only be accessed using a touch tone telephone. If you are using a rotary dial phone, please hang up and contact Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Wait 5 seconds. If no response, repeat message.

Wait 5 seconds. If no response, Go To Exit.

Upon entry of any key.

Voice: ***To request eligibility verification, press 1 followed by the pound sign.***

To request provider warrant information, press 2 followed by the pound sign.

To request Claim Status, press 3 followed by the pound sign

For instructions on using the voice response system, press 4 followed by the pound sign.

To connect to a child health plan plus rep, please call 1-800- 359-1991.

Child health plan plus will be referred to as CHP plus throughout the AVR system.

At any time during the recording you may transfer to a provider services agent by pressing #99.

If 1# is keyed: Go To Provider Number.

If 2# is keyed: Go To Provider Warrant Request.

If 3# is keyed: Go To Claim Status Inquiry

If 4# is keyed: Go To Instructions.

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

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Voice: *I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.*

Go To Exit.

Instructions

Voice: *You can contact Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.*

Please enter information from your telephone keypad as instructed. You may enter data as soon as you wish. You do not have to listen to the entire instruction.

To repeat a prompt at anytime during the call, press star star.

To connect with a Medicaid Representative at any time, press #99.

Throughout the script, if ** is keyed, repeat the previous prompt.

Voice: *If, as you are entering data, you realize that you have made a mistake, press star star, and re-enter the correct data after the prompt begins.*

Throughout the script, if ** is keyed while the user is entering data (responding to a prompt), clear the field and repeat the previous prompt.

Voice: *To verify Colorado Medical Assistance Eligibility, you need the following information:
Your Medicaid, NPI or CHP Plus Provider number.*

The client's Medicaid State ID or Social Security number, and

The client's birth date.

The State ID number appears on the Medicaid card. The State ID number consists of an alphabetical letter followed by six digits. Please have the required information ready to enter.

If you do not wish to continue, press 9 followed by the pound sign to end this call.

If 9# is keyed: Go To Exit.

Data Collection

Provider Number

Voice: *Please enter your eight-digit Medicaid or CHP Plus Provider number followed by the pound sign. You may also enter your ten-digit NPI number followed by the pound sign.*

If invalid data is entered,

Voice: *That was an invalid entry.*

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: *I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.*

Go To Exit.

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Client ID Menu

Voice: ***For eligibility information by State ID number, press 1 followed by the pound sign.
For eligibility information by Social Security number, press 2 followed by the pound sign.***

If 1# is keyed: Go To Client Menu.

If 2# is keyed: Go To Client Social Security Menu.

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

Client ID Alpha Character

Voice: ***Please press the star key and enter the alpha character of the State ID followed by the pound sign. For help entering alpha characters, press the pound sign.***

If # is keyed:

Voice: ***Entering the alpha character of the State ID requires the entry of the star key plus two numbers for that character. The first number indicates which key on the phone the letter is associated with. The second number indicates the position of that letter on the key. For example, to enter the letter, "N", you would press star six two, followed by the pound sign. The letters "P", "R", and "S" are assigned in that order to key 7. To enter the letter "Q", press star, one, one, followed by the pound sign. The letters "W", "X", and "Y" are assigned in that order to key 9. To enter the letter "Z", press star, one, two, followed by the pound sign.***

If the entry does not consist of a letter:

Voice: ***The entry is not a valid alpha character.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

Client ID Numeric Characters

Voice: ***Please enter the remaining six digits of the State ID followed by the pound sign.***

If the number does not consist of six digits:

Voice: ***The number is invalid. Please enter 6 digits.***

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Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

Client Social Security Number

Voice: ***Please enter the client's 9 digit Social Security number followed by the pound sign.***

If the number does not consist of nine digits:

Voice: ***The number is invalid. Please enter 9 digits.*** Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

Client Date of Birth

Voice: ***Enter the month, date, and the four-digit year of the client's birth date followed by the pound sign. If you need instructions for entering the date, press the pound sign now.***

If the pound key is entered:

Voice: ***Dates are entered using an eight-digit format, two digits for the month, two digits for the day, and four digits for the year. For example, to enter January twenty fifth, nineteen ninety-four, enter zero one for the month, two five for the day, and one nine nine four for the year.***

If the number does not consist of eight digits:

Voice: ***The date is invalid. You must enter eight digits. Remember to enter the century as well as the year.***

Repeat previous voice instruction.

Or if the date is greater than the date of inquiry:

Voice: ***The date is invalid. The date cannot be a future date. Remember to enter the century as well as the year.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

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Service/Inquiry Date

Voice: **Press 8 followed by the pound sign for today's date, otherwise enter the month, day and four digit year of the date of service followed by the pound sign.**

If eight pound is entered, use today's date as the inquiry date.

If the number does not consist of eight digits or is an invalid date:

Voice: **The date is invalid. You must enter eight digits. Remember to enter the century as well as the year**

Repeat previous voice instruction.

Or if the date is greater than the date of inquiry:

Voice: **The date is invalid. The date cannot be a future date. Remember to enter the century as well as the year**

Repeat previous voice instruction.

If the entered date is more than 366 days before today's date:

Voice: **We cannot verify eligibility for a date greater than one year prior to today.**

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: **I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.**

Go To Exit.

Use the Service/Inquiry date as From date of Service and To date of service.

Confirm Input

If the eligibility request was obtained by State ID number (1 on the Client ID menu):

Voice: **Verifying Medicaid or CHP+ eligibility for State ID number Repeat State ID entered by user, born on Repeat birth date entered by user, for Repeat Service/Inquiry Date.**

– OR –

If the eligibility request was obtained by Social Security Number (2 on the Client ID menu):

Voice: **Verifying Medicaid or CHP+ eligibility for Social Security number Repeat Social Security number entered by user, born on Repeat birth date entered by user, for Repeat Service/Inquiry Date.**

Confirm Menu

Voice: **If all the information is correct, press 1 followed by the pound sign.**

To re-enter the State ID number, press 2 followed by the pound sign. (will say social security number if applicable)

To re-enter the date of birth, press 3 followed by the pound sign.

To re-enter the date of service, press 4 followed by the pound sign.

If 1# is keyed: Go To Continue.

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If 2# is keyed: Go To Client ID Alpha Character or Client Social Security Number and return.

If 3# is keyed: Go To Client Date of Birth and return.

If 4# is keyed: Go To Service/Inquiry Date and return.

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Continue

Voice: ***Please stay on the line while we access the eligibility records.***

Go to Eligibility Responses.

Eligibility Responses

If a response is received:

Voice: ***Thank you for waiting.***

The client's eligibility status is given for the date requested.

Eligibility Information Menu

Voice: ***For benefit limitation information, press 1 followed by the pound sign.***

For managed care information, press 2 followed by the pound sign.

For Medicare or other insurance information, press 3 followed by the pound sign.

To obtain eligibility information on another client, press 4 followed by the pound sign.

To return to the main menu, press 5 followed by the pound sign.

To end the call, press 9 followed by the pound sign.

If 1# is keyed: Go To Benefit Limitations

If 2# is keyed: Go To Managed Care

If 3# is keyed: Go To Other Coverage

If 4# is keyed: Go To Client ID Menu

If 5# is keyed: Go To Greeting Main Menu

If 9# is keyed: Go To Exit

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

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Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

End of Script

If number of inquiries is equal to 3 then

Voice: ***A maximum of three inquiries per call.***

Go To Exit.

If number of inquiries is less than 3 then Go To Client ID Menu.

Claim Status Inquiry

Data Collection

Provider Number

Voice: ***Please enter your eight-digit Medicaid or CHP Plus Provider number followed by the pound sign. You may also enter your ten-digit NPI number followed by the pound sign.***

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

Claim Status Inquiry Menu

TCN Character

Voice: ***Please Enter the 17 digit TCN followed by the pound sign.***

Check that the TCN entered was a 17-digit TCN. Anything other than a 17 digit entry is invalid.

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

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Client ID Alpha Character

Voice: ***Please press the star key and enter the alpha character of the State ID followed by the pound sign. For help entering alpha characters, press the pound sign.***

If # is keyed:

Voice: ***Entering the alpha character of the State ID requires the entry of the star key plus two numbers for that character. The first number indicates which key on the phone the letter is associated with. The second number indicates the position of that letter on the key. For example, to enter the letter, "N", you would press star six two, followed by the pound sign. The letters "P", "R", and "S" are assigned in that order to key 7. To enter the letter "Q", press star, one, one, followed by the pound sign. The letters "W", "X", and "Y" are assigned in that order to key 9. To enter the letter "Z", press star, one, two, followed by the pound sign.***

If the entry does not consist of a letter:

Voice: ***The entry is not a valid alpha character.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

Client ID Numeric Characters

Voice: ***Please enter the remaining six digits of the State ID followed by the pound sign.***

If the number does not consist of six digits:

Voice: ***The number is invalid. Please enter 6 digits.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

Confirm Input

Voice: ***Verifying Claim Status request for TCN Repeat TCN entered by user for State ID number Repeat State ID entered by user.***

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Confirm Menu

Voice: ***If all the information is correct, press 1 followed by the pound sign.***

To re-enter the TCN, press 2 followed by the pound sign.

To re-enter the State ID, press 3 followed by the pound sign.

If 1# is keyed: Go To Continue.

If 2# is keyed: Go To TCN Character and return.

If 3# is keyed: Go To Client ID Alpha Character and return.

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Continue

Voice: ***Please stay on the line while we access the claim records.***

Go to Claim Status Responses.

Claim Status Responses

If a response is received:

Voice: ***Thank you for waiting.***

The current status of the requested claim will be given.

Voice: ***To enter another claim inquiry request, press 1 followed by the pound sign.***

To end this call, press 9 followed by the pound sign.

If 1# is keyed: Go To Data Collection, Claim Status Inquiry Menu.

If 9# is keyed: Go To Exit.

If invalid data is entered,

Voice: ***That was an invalid entry.***

Repeat previous voice instruction.

If invalid data is entered three times,

Voice: ***I'm sorry your request cannot be completed without all the required information. If you need assistance, please call Medicaid provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.

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Common Prompts & Responses

The following prompts and responses are common to every portion of the text as referenced.

Exit

Voice: ***Thank you for using the Colorado Medical Assistance Voice Response System.***

Time-Out

After each prompt, allow 5 seconds for the user to begin entering requested information. If a response is not keyed, repeat the previous voice instruction. Allow a 5-second pause for the user to begin entering information.

If a response is not keyed: Repeat the previous voice instruction. Allow another 5 seconds pause for the user to begin entering information.

If a response is not keyed after the second prompt repeat: Go To Incomplete Information.

Incomplete

Voice: ***I'm sorry, your request cannot be completed without all of the required information. If you need assistance, please call Medicaid or CHP Plus Provider services, Monday through Friday between 8am and 5pm. All providers call 1-800-237-0757 Toll Free.***

Go To Exit.