



**BlueCross BlueShield  
of Illinois**

## **IVR Helpful Hints and Tips**

**IVR- Interactive Voice Response** is a voice-activated automated system simplifying the way you receive eligibility, benefits, or claim status information.

This system provides a user-friendly, timely, and efficient caller experience by responding to voice commands rather than touch-tone input. **\*\*Many prompts still accommodate touch-tone entry.**

### **System Availability**

**Monday through Friday, 6:00 a.m. to 11:30 p.m.**

**Saturday, 6:00 a.m. to 3:00 p.m.**

### **Helpful Hints**

- Speak Clearly
- Minimize background noise in your area
- Avoid using speaker or cellular phone
- Interrupt- it's OK!
- Be prepared to document responses and confirmation number
- Feel free to complete multiple self-service requests for various products and groups during one call

### **Tips**

- Speak numbers in single-digit format
  - For example, if your provider number is 61- this should be spoken as "six one" versus "sixty-one"
- Omit preceding zeros
- Speak using correct numerical grammar
  - For example, if your provider number is 206, you should say "two zero six" versus "two oh six"

**Please see next page for information available  
for each type of inquiry**

To receive information for *eligibility*:

You should answer these questions...	To receive the following information...
<p>What's the subscriber's ID?</p> <p>What's the patient's date of birth?</p>	<ul style="list-style-type: none"> <li>✓ Current effective date</li> <li>✓ Group number</li> <li>✓ Alpha prefix</li> <li>✓ If pre-existing applies for this date</li> <li>✓ Patient's first and last name</li> <li>✓ Type of coverage (i.e., PPO, HMO, etc.)</li> <li>✓ PCP name or PCP not on file, <i>if applicable</i></li> <li>✓ PCP effective date, if applicable to coverage</li> <li>✓ Inquiry Confirmation number</li> </ul>

To receive information for *benefits*:

You should answer these questions...	To receive the following information...
<p>What type of service?</p> <p>Where is the service being rendered?</p>	<ul style="list-style-type: none"> <li>✓ Benefit information specific to your provider number</li> <li>✓ If provision is/is not covered</li> <li>✓ If pre-notification is/is not required</li> <li>✓ If policy is contract/calendar year</li> <li>✓ Percentage (%) of services payable, up to a specified dollar amount</li> <li>✓ If visit max applies</li> <li>✓ OPX limit per contract/calendar year</li> <li>✓ Lifetime maximum</li> <li>✓ Inquiry confirmation number</li> </ul>

To receive information for *claims*:

You should answer these questions...	To receive the following information...
<p>What's the subscriber's ID?</p> <p>What's the date of birth?</p> <p>What's the date of service?</p>	<p><i>If claim is finalized:</i></p> <ul style="list-style-type: none"> <li>✓ Total charges billed</li> <li>✓ Amount paid</li> <li>✓ Payee and check number</li> <li>✓ Process date - paid date</li> <li>✓ Patient share amount applied to deductible and coinsurance</li> <li>✓ <i>If adjusted</i>, date and payment amount</li> <li>✓ <i>If not paid</i>, denial reason description</li> </ul> <hr/> <p><i>If claim is in-process:</i></p> <ul style="list-style-type: none"> <li>✓ Claim receipt date and claim number</li> </ul>