

Automated Voice Response System (AVRS)

1-800-723-4337

The Automated Voice Response System (AVRS) allows enrolled providers to readily access detailed information on the following N.C. Medicaid, N.C. Health Choice, and Department of Public Health (DPH) topics using a touch- tone telephone:

- *Checkwrite Information*
- *Current Claim Status*
- *Prior Approval Information for DPH*
- *Recipient Eligibility Verification*

Providers are granted access by entering either their National Provider Identifier (NPI) or Atypical Provider Number. Provider and Recipient must be in the same health/ benefit plan for all inquiries on recipient eligibility. Have the required information (below) available before placing your call:

Main Menu		
<i>Option</i>	<i>Description</i>	<i>Required Information</i>
1	Provider Services	NPI or Atypical

Provider Main Menu		
<i>Option</i>	<i>Description</i>	<i>Required Information</i>
1	Recipient Eligibility	Recipient ID, or SSN and DOB, and DOS
2	Claim Status	Recipient ID, and Date of Service or TCN
3	Checkwrite	
4	DPH Prior Authorization	DPH Plan, PA Type, and Recipient ID

Check Recipient Eligibility Response Menu	
<i>Option</i>	<i>Description</i>
1	Recipient Eligibility Information (Medicaid, Health Choice, and DPH)
2	Carolina Access Enrollment Information
3	Division of Medical Assistance (DMA) Service Limits and Utilization

DMA Service Limit	
Option	Description
1	Outpatient Visits (Regular and Specialty)
2	Prescription Drugs
3	Therapeutic Leave Days
4	Home Health Services

Other Coverage/ Restrictions
Program of All-Inclusive Care for the Elderly (PACE)
Restrictive Coverage- Recipient is not eligible for Medicaid claims payment

DMA Eligibility Playback Sequence			
1	Medicaid Program	12	Community Alternatives Program (CAP)
2	Health Choice for Children	13	Third Party Liability (TPL)
3	HMO Enrollment	14	Medicare
4	Family Planning Waiver	15	Prescription Drug Restrictions- Primary
5	Qualified Medicare Beneficiary (MQBB/MQBE) - Part B Premiums	16	Prescription Drug Restrictions- Specialty
6	Qualified Medicare Beneficiary (MQBQ)- Medicare Premiums, Deductibles, and Co Pays	16a	Recipient Pharmacy Lock-in
7	Medicaid for Pregnant Women	17	Hospice
8	Incarcerated	18	Recipient Cost Sharing- Premiums, Deductibles, and Co Pays
9	Carolina Access Response	19	Patient Monthly Liability
10	Behavioral Health Services	20	Health Check Screening
11	Behavioral Health Plan Innovations Waiver	21	Transfer of Assets

The Division of Medical Assistance permits inquiries up to the end of the current month, and up to 36 months prior to the current month. The Division of Public Health permits eligibility inquiries on the date of service only up to 12 months in the future, and up to 36 months prior to the current month.

AVRS provides a reference number for DMA inquiries. Retain this number as verification of the eligibility response.