

# MEDICARE PART A BULLETIN

July 15, 1997

General Medicare Bulletin G-294

TO: All Medicare Providers

FROM: Andy DePirro, Director, Program Relations

SUBJECT: **ANNOUNCING PROVIDER AUTOMATED RESPONSE UNIT (ARU):  
EFFECTIVE ON OR AFTER AUGUST 1, 1997**

**ATTENTION MEDICARE BUSINESS OFFICE:** Please distribute to all appropriate health care facility personnel.

As a fiscal intermediary, Medicare Part A, Blue Cross and Blue Shield of Florida (BCBSF), is continuously reviewing processes and procedures to give you, our customers, information that will provide meaningful service, as well as allow more ease in the management of your workload. In keeping with our continuous improvement efforts, we are pleased to announce the implementation of a new Provider Automated Response Unit (ARU) that we anticipate will be available to our customers effective on or after August 1, 1997.

The ARU will allow our provider customers to obtain information via the ARU without speaking directly to a Customer Service Representative (CSR). Following are the initial features that will be available via the ARU:

- Claim Status (Inquiry); and
- Financial (Check) Information.

Based on implementation of the ARU, our Customer Service Department will no longer provide "routine claim status" or "check information" to provider customers, effective on and after August 15, 1997. The ARU will be utilized exclusively for these functions. As always, our CSRs will be available to assist you with all other claims processing issues. From the ARU, you have the option to select "0" (zero) to be transferred to a CSR for assistance.

## **HOW TO USE TO ARU**

When calling our Customer Service Department (904/355-8899), you will be prompted with the following options:

- A. Stay on the line and your call will be answered by the next available representative.
- B. Press "1" to be transferred to the ARU.

The ARU will prompt you for specific information to ensure secured access, such as: "Enter your Medicare provider number." This will allow inquiry access for both Claim Status and Financial (Check) Information for your facility.

ARU Hours of Operation: The ARU will be available for provider customer access Monday through Friday, between the hours of 6:00 am until 6:00 pm, and from 9:00 am to 4:00 pm on Saturday.

Providers will continue to use the same telephone number they are currently using for our Customer Service Department and ARU access (904/355-8899).

**ARU Maximum Call Length:** The ARU will allow each call to remain connected for a maximum of ten minutes. If you require additional time to complete your inquiries, it will be necessary to redial and start again. This feature is included to ensure that all providers maintain access to the ARU. If provider demand for access to the ARU becomes heavier than anticipated, additional telephone lines may be added in the future.

### **INITIAL ARU FEATURES**

#### **Claim Status - Option 2**

When using Claim Status the ARU will provide the following information:

- Claim returned;
- Claim pending;
- Claim processed (and date of remittance advice);
- Claim rejected; or
- Claim denied.

#### **Check information - Option 3**

When using the financial Check Information the ARU will provide information regarding the last three checks issued, or data for a particular check date issued to your facility, and will dispense the following information:

- Date of check (remittance advice);
- Check number; and
- Check amount.

### **FUTURE ARU FEATURES**

In an effort to better serve your needs, we will continue to add enhancements to the ARU System, such as additional Claim Status components:

- Total charges submitted;
- Date claim received;
- Reason code(s);
- Reimbursement amount;
- Processed date; and
- Document Control Number (DCN).

Once the necessary programming modifications to add these features are complete, and these enhancements are available via ARU, provider customers will be notified via Medicare Bulletin.

## **SUMMARY**

- ARU Effective Date: On or after August 1, 1997;
- Initial ARU features: Claim Status and Financial (Check) Information;
- ARU Maximum Call Duration: 10 minutes per call; and
- Routine Claim and/or Check Status, Effective August 15, 1997: Customer Service will no longer provide routine claim status or check information, effective on and after August 15, 1997, as ARU will be used exclusively for these functions.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling 904/355-8899.