

MEDICARE PART A BULLETIN

April 16, 1999

General Medicare Bulletin G-370

TO: All Medicare Providers

FROM: Medicare Program Relations

SUBJECT: **ENHANCEMENTS TO THE PROVIDER AUTOMATED RESPONSE UNIT (ARU): EFFECTIVE MAY 1, 1999**

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

The ARU allows providers to obtain information without speaking directly to a Customer Service Representative (CSR). Five new enhancements to the *Provider Automated Response Unit (ARU)* **have been implemented and will be operating effective May 1, 1999.**

The new ARU features are:

- **Commonly Asked Questions and Answers**
- **Reference List**
- **Eligibility Information**
- **Top 30 HMO Listings**
- **Top 30 Reason Codes**

Customers are encouraged to use and become familiar with the ARU and its enhancements. During May, calls relevant to issues that can be answered by the ARU will still be handled by the CSRs. However, on June 1, 1999, the Customer Service Department will refer providers to the ARU for all questions that may be answered by the ARU.

BENEFITS OF THE ARU

The ARU is available for extended hours. The hours of the ARU are:

7:30a.m. - 5:50p.m. on Monday

7:30a.m. - 6:30p.m. Tuesday through Friday

When callers use the ARU, they have 15 minutes to get as much data as possible. Callers do not have to wait for the prompts to key their information. All they need to do is start keying the data as soon as the system answers, and it will provide them with the requested information.

WHAT YOU WILL NEED TO USE THE ARU

- Call the Express line at (904) 353-3205
- A touch-tone phone
- Provider number and beneficiary number (for accessing information on checks, claims status, and eligibility only)

HOW TO USE THE ARU

Below are the seven Main Menus of the ARU (the new Main Menus are in bold):

- **Main Menu 1 - TOP QUESTIONS/ANSWERS**
To receive answers to Provider's Most Commonly Asked Questions
- **Main Menu 2 - CLAIMS STATUS**
To receive information on claims currently in the Medicare Part A system
- **Main Menu 3 - CHECK INFORMATION**
To receive your provider check information
- **Main Menu 4 - REFERENCE MATERIALS**
To receive information on Medicare Seminars, HFCA Publications, or Medicare Part A Publications
- **Main Menu 5 - ELIGIBILITY**
To receive Medicare patient eligibility information
- **Main Menu 6 - HMO**
To receive the name, address, and telephone number of a Health Maintenance Organization
- **Main Menu 7 - REASON CODES**
To receive a description of a commonly used reason code

FEATURES

MAIN MENU 1 - TOP QUESTIONS/ANSWERS

- "A patient's responsibility for non-covered services after signing an Advanced Benefits Notice"
- "How to start SNF PPS (Perspective Payment System) billing"
- "New PPS coding for SNF services"

- “Why patients are sometimes informed that their billings are incorrectly billed by billing offices”
- “Why Medicare Customer Service Representatives refer providers to the ARU rather than providing certain information”

**MAIN MENU 4 (REFERENCE MATERIALS, BULLETINS, SEMINARS),
SUBMENU 1 (MEDICARE SEMINARS, HCFA PUBLICATIONS, MEDICARE PART A
PUBLICATIONS)**

- **Information on Medicare Seminars**
These seminars are educational forums intended to simplify two-way communication between the fiscal intermediary and providers.
- **Information on HCFA Publications**
There are five HCFA Publications to choose from; Information on Coverage Issues manual, provider manual on Outpatient Physical Therapy, Hospital Provider manual, Skilled Nursing Facility manual, and Renal Dialysis manual.
- **Information on Medicare Part A Publications**
There are five publications for Medicare Part A that include The Comprehensive Outpatient Rehabilitation Facility (CORF) manual, Medical Review/Artificial Intelligence, Partial Hospitalization Program (PHP), Skilled Nursing Facilities, and Reason Codes manual.

MAIN MENU 5 (ELIGIBILITY INFORMATION)

- In order to obtain eligibility information, you must have your Medicare provider number.
- You will need the beneficiary’s Medicare number.
- You will need the first three letters of the beneficiary’s last name.
- You will also need the first letter of the beneficiary’s first name.
- The beneficiary’s date of birth in month-day-year order.
- Finally, you will need the sex of the beneficiary.

Voicing Eligibility Information

The information you are going to receive is the most current information available on the Medicare Part A system for Florida. If Social Security’s files have been recently changed or the patient has had service rendered out of state, the information you receive may not be the most updated. You will need to contact the patient for any further information.

Below is an example of information you will receive after choosing the Eligibility Information option:

-The total deductible remaining for Medicare A is _____. (Note: will be from \$0-764)

-The number of psychiatric days remaining for this patient is _____. (Note: Number will be from 0-190)

-This patient is not a member of an HMO ***OR***

-This patient is a member of an HMO. The effective/termination dates are _____. The HMO number is _____. Press 1 to access additional information on the name, address, and phone number of the HMO.

-(If HMO additional information is available) The name, address, and phone number of the HMO is _____.

-(If HMO additional information not available) The HMO name, address, and phone number provided is not readily available. Please access additional information through Direct Data Entry (DDE) or the Bulletin Board System (BBS).

MAIN MENU 6 (HMO LISTINGS)

This feature provides 30 of the most commonly referenced HMO's.

- You will need to provide an HMO number. Enter the 4 numbers directly following the letter 'H' in the HMO number.
- If the number is not on file, you will need to access additional information through Direct Data Entry (DDE) or the Bulletin Board System (BBS).

MAIN MENU 7 (REASON CODES)

This feature provides information on the most commonly used reason codes.

- You will be prompted to enter your 5-digit reason code.
- If the number is not on file, you will need to access additional information through Direct Data Entry (DDE) or the Bulletin Board System (BBS).

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