

## Special Notice to Suppliers

### Reductions in Medicare Program Funding Will Impact Services to Suppliers and Beneficiaries

In an effort to reduce Medicare costs, the Health Care Financing Administration (HCFA) is requiring Medicare contractors to implement changes that will affect the following services:

- How long you will have to wait before receiving reimbursement for claims submitted electronically.
- How claim status information will be available.
- When acknowledgment letters for voluntary re-funds will be issued.
- When EOMBs will be issued to your patients.

#### Provider Reimbursement

One of HCFA's initiatives will now require contractors who process checks daily to immediately begin processing checks weekly or on a less frequent schedule.

Today, United HealthCare processes EMC checks on a daily basis. In general, EMC claims with a date of receipt 14 days earlier are eligible to be processed and paid that day. In effect, there is a one-day window, meaning that any claim that is eligible for payment on that day will be processed.

In order to meet HCFA's requirement, United HealthCare will begin a gradual extension of the payment window for EMC claims from 1 day, as it is set today, to 7 days. United HealthCare will implement this extension over a six-week period in an effort to minimize the impact on suppliers. The extension of the payment window will begin on Monday, May 4, 1998. With the full implementation of this change, a supplier may have to wait up to a maximum of

20 days (vs. 14 days) before a check will be issued for some portion of submitted claims. The following table shows the schedule that will be used to implement this change.

Week of May 4, 1998	2 day payment window
Week of May 11, 1998	3 day payment window
Week of May 18, 1998	4 day payment window
Week of May 25, 1998	5 day payment window
Week of June 1, 1998	6 day payment window
Week of June 8, 1998	7 day payment window

Effective May 4, 1998, United HealthCare will also be moving the payment window for paper claims from today's window of 27 - 29 days to a new window of 27 - 30 days.

If you have questions or concerns, please contact the EDI Unit at (717) 735-9429.

#### Claim Status Inquiry

Effective May 1, 1998, you will be able to obtain claim status information **only** through our Automated Response Unit (ARU). You will no longer be able to check claim status with a customer service representative.

The ARU number is (717) 735-9445 and is available Monday through Friday from 6:00 a.m. to 9:00 p.m. There is no limit to the number of claim status inquiries you can make on one call, but we do ask that you wait at least six weeks after the initial submission of the claim before you call.

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When you contact the ARU for a claim status, make sure you have the following information:

- your ten digit Medicare Supplier Number (NSC),
- your patient's Medicare claim number, and
- the date of service.

Although our customer service representatives will not be able to provide claim status information for you, they will continue to be available to answer your other Medicare questions.

### **Acknowledgment Letters for Voluntary Refunds**

Effective May 1, 1998, we will no longer be able to send you an acknowledgment letter when you voluntarily return a claim overpayment to us.

### **Explanation of Medicare Benefits**

Effective April 1, 1998, we no longer send the beneficiary an Explanation of Medicare Benefits (EOMB) when the deductible has been met and the claim is forwarded to a government-regulated Medigap insurer.

We thank you for your understanding, patience, and cooperation as we implement these service changes. □

**DMERC Medicare News**

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