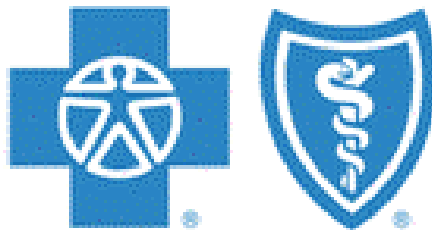


Electronic Refund Management (eRM)

Training Manual



BlueCross BlueShield of Illinois
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

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Electronic Refund Management (eRM)

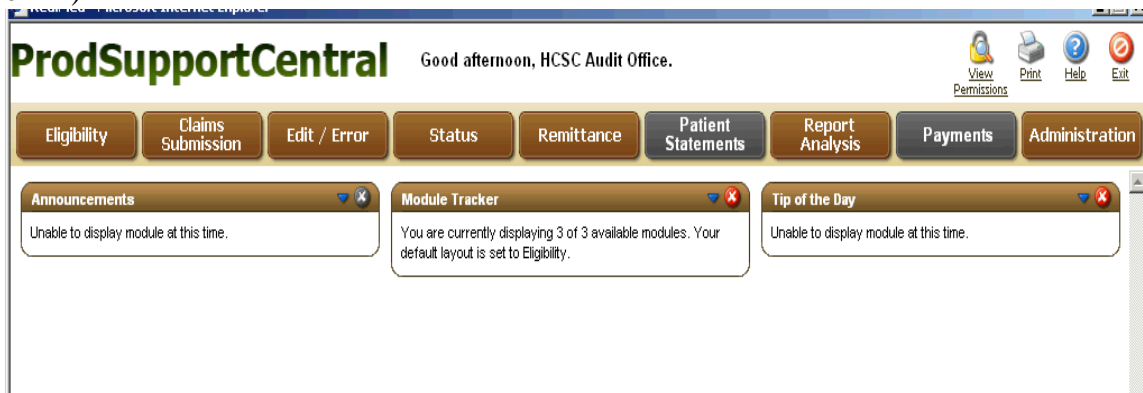
The eRM application is an online tool for the provider community to access the request for claim refunds (RFCR) and the ability to submit “unsolicited” refunds. RFCRs are BCBS identified overpayments. Below are some of the features of the online application.

- **Electronic notifications of overpayments** – The option to replace the paper requests for claim refunds (RFCR’s) you receive today with a daily or weekly email summarizing overpayment requests per NPI.
- **Single sign-on** – If you are a current user of Availity or RealMed, you can access eRM through their site. Just complete an on-line on-boarding form (*see procedures below - page 4*) and you will be granted access. The eRM application is available at no charge to you.
- **View overpayment requests** – You will have the ability to view and search/filter on all New, Outstanding, and Closed refund requests that contain an NPI related to your provider/facility. You will be able to see details of each request including (claim, patient account #, service dates, overpayment reason, etc.) which will include more detailed information than is currently on the letters. You will be able to see a real-time transactional history for each refund request – showing a complete audit trail of when an action was taken on a particular item and who performed it (including closed requests).
- **Inquire/Dispute/Appeal the requests** – If you have any disagreements or would like more information for each request, you will have the ability to submit that request on-line.
- **Deduct from future payment** – You can settle your overpayment request by letting Blue Cross Blue Shield (BCBS) deduct the dollars from a future claim payment. You will still see the information on the Provider Claim Summary (PCS) or Electronic Claim Summary (EPS) and you can also see the details in the transaction history in eRM to assist with all recoupment reconciliations.
- **Pay by check** – You may select 1 or multiple requests and refund BCBS by sending a check. You will be asked to include a system generated remittance form showing the detail of your refund (generated within eRM). When BCBS receives your refund check you will see your check # that you sent to settle your overpayment.
- **Submitting unsolicited refunds** – If you identify a credit balance, you can submit it on-line and refund your payment by check or we can deduct the refund from a future claim payment. No other contact (e.g., phone inquiry) is necessary for the credit balance/overpayment situations.
- **Alerts** – There will also be alerts within the eRM system. A couple examples of alerts are, if BCBS responds to your inquiry or if a claim check has been stopped, you will be notified.

Single Sign On to the ERM Application

Via RealMed

After logging onto the RealMed system successfully, select Administration Option in the Home page. In the page displayed under the claim payment there will be a link to HCSC Financial Management. On clicking this link, for first time users an onboarding form will be displayed. Once the link is selected, the information will be sent to HCSC and the profile for the User will be created. A verification email will be sent to the User upon creation of the profile to the email address mentioned in the form submitted. Once this verification link is clicked the profile will be activated and the User can log into eRM via RealMed. (**Administration – Claim Payment – HCSC Financial Management – eRM**)



Via Availity

After logging onto the Availity system successfully, select the claim payment option in the Home page (left corner). Under the claim payment section, a link to HCSC Financial Management will be displayed. If a State is not selected in the Home page, the User will not be able to see the link. Once the link is selected, for first time users an onboarding form will be displayed. On submitting the completed form, the information will be sent to HCSC and the profile for the User will be created. A verification email will be sent to the

User upon creation of the profile to the email address mentioned in the form submitted. Once this verification link is clicked the profile gets activated and the User can log into eRM via Availity (**Claims Management – Refund Management – eRM**).

availity
Patients. Not paperwork.

Kevin Morales
Tuesday, October 19, 2010
[Who controls my access?](#)

Region: [Log Out](#)

Home **Message Center** Availity Resources Free Training Payer Resources He

Auths and Referrals

Claims Management

Professional Claim
Facility Claim
Refund Management-eRM
Research Procedure Code Edits
Online Batch Management

My Account

Administrative Reporting

Payer Support

Enhancing Your Security

- 1 Login/ My Profile (all users)
- 2 Add/Maintain Users (PAAs)
- 3 Maintain Organizations /Reporting (PAAs)

Read more about coming changes [Learn More](#)

Enhancements

09/30/2009 - CareCollect(SM) Recurring Payment Screen Available	
05/17/2010 - The new look of the portal home page is coming soon. ...	
06/02/2010 - Enhanced National Drug Code Editing Now Supported ...	
06/02/2010 - Availity Portal Time-out Extended to 30 Minutes	

Announcements

06/02/2010 - Who controls my access? Are you revoked? ...	
06/02/2010 - Review the Technical Requirements for the best ...	
06/02/2010 - Aetna Referral Form Streamlined for Easier Transactions	
06/02/2010 - Access to Humana's ERA/EFT Enrollment and Maintenance ...	
06/02/2010 - Health Care District of Palm Beach County Available ...	

[Expand](#)

Home eRM Close Window

Home

Onboarding Form

Completion and sign off of the Onboarding Form indicates the provider's agreement that their designee has financial authorization to request and approve the issuance of refund checks and/or automated offsets from the provider's claim payment advice. Agreement and sign off also indicate that the on-line notification will be the primary notice of overpayments due HCSC and thereby waive mandated written notification requirements for overpayments.

If you have already submitted this form, please email ermonboardingfinancialoperations@bcbsil.com for information regarding the status of your request.

Provider Details

* = required

Provider Name*

BCBS Plan*

UPP Provider*

Authorized By (Name/Title)*

Primary Contact #*

Primary Contact Extension #

User Details

User Name*

User Type*

Contact #*

User Details

User Name*

User Type*

Contact #*

Extension #

E-Mail Address*

Frequency*

User Access*

NPI Details

NPI Information

NPI #*

Notification Type*

Billing Agency Access

NPI Information

[delete](#)

NPI #*

Notification Type*

Billing Agency Access

[add another NPI...](#)

If the form is completed by a billing agency (the User type selected is billing agency) the NPI information will not be available to be entered. This information will only be entered by the provider. The system offers the ability for providers to allow certain billing agencies to have access to certain NPIs by selecting the "Billing Agency Access" under each NPI. After selecting that option, fill out which Billing Agency you would like to have access for each NPI.

Subject: ERM User Profile Activation

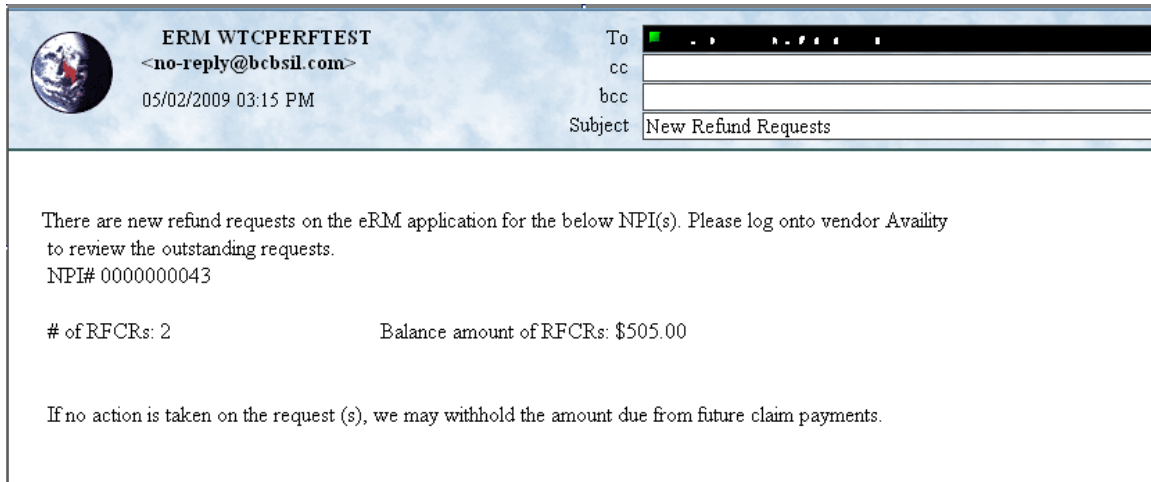
Please click on the link below to activate your ERM User Profile.

<https://erm.wtc.hcsc.net/erm/email-validation.do?usid=ER418320090000001&uid=017a7b0c-7ee4-4a0b-883c-86443836f754>

You will receive an email asking you to activate your profile. Once you click the link in the email, your profile will be activated and the next time you click on the HCSC link, you will be taken right into eRM. If the link is not selected, you will not be authenticated and can't access eRM until the link is clicked.

Email Notifications

Email notifications are sent to the eRM users at the address mentioned in the form regarding creation of new RFCRs for the NPI the User has access to. The format of the email is as follows:



Two email reminders will also be sent to all the Users who have access to the NPI. These reminders are sent if no one from the NPI group has accessed eRM for 15 days or 30 days.

Home Page

Once you log onto eRM, you will be taken to the Home page. The Home page of eRM is divided into 3 sections: upper, main and unsolicited refund submission. The upper section contains alerts related to the RFCR (A in the figure below). The main section contains the RFCRs which are further subdivided into 5 tabs (New, Open, In-Process, Closed, All) (C in the figure below) and the unsolicited refund submission section (B in the figure below).

Environment: FSSPERFTEST

[Home](#) | [Contact Us](#) | [FAQs](#) | [User Profile](#)

Home

eRM

Welcome, Cristy's Test - Please don't use (Maria) [MIRRORED: U263932]

Logout

Financial Management

System Bulletin
 Thank you for joining eRM, the on-line interactive tool helping providers simplify the reconciliation process. You are cordially invited t... [more..](#)

B

Create and Submit Refund to HCSC

If you've identified a credit balance regarding a claim payment for which no related RFCRs are submitted in the section below, please submit the refund by clicking on "[CONTINUE](#)".

A

Refund Requests

InBox

Claim Inquiry Resolution

Check Alerts

Saved Sessions

Checks Not Received

Transaction Report

Maintenance Alerts

New

Open

In Process

Closed

All

	Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount Request	Balance Amount	Description	Paid Amount	Charge: IPI	Created
<input type="checkbox"/>	00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00	Medicare Primary	500.00	500.00	1203245985 07/13/2010
<input type="checkbox"/>	00V1950009	12345679	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVIC ES	150.00	150.00	1203245985 07/14/2010
<input type="checkbox"/>	00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVIC ES	500.00	500.00	1203245985 07/13/2010
<input type="checkbox"/>	00V1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00	COB OI PRIMARY	150.00	150.00	1203245985 07/14/2010
<input type="checkbox"/>	00V1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVIC ES	150.00	150.00	1203245985 07/14/2010
<input type="checkbox"/>	00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00	Medicare Primary	300.00	300.00	1203245985 07/22/2010
<input type="checkbox"/>	00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVIC ES	500.00	500.00	1203245985 06/22/2010

C

Deduct from UPP Statement

Deduct from Future Payment (Recoup)

Pay by Check

Dispute

Appeal

Export

Refresh

Print

Alerts

There are different types of alerts in the top portion of the Home page:

- Inbox
- Claim Inquiry Resolution
- Check Alerts
- Saved Sessions
- Checks Not Received
- Transaction Report
- Maintenance Alerts

Message	1	2	3	4 Patient Name	5	6 ID	7
<input type="checkbox"/> New question from HCSC on 10/08/2010 (Read by Cristy'sTest - Please don't use on 10/08/2010)				details
<input type="checkbox"/> Reply to your General question on 10/08/2010				...			details
<input type="checkbox"/> Your dispute has been denied (Read by Cristy'sTest - Please don't use on 12/02/2009)				JOHN DOE		00J1879051	details

8 [Mark as Unread](#) [Delete Alerts](#) [Refresh](#)

Inbox – Alerts are created in this section whenever BCBS takes an action on an RFCR related to an appeal, dispute, or inquiry. The date when the response from BCBS was submitted and the related reference number will be mentioned in the alert. Once the details link is selected, the User is navigated to the detail page of the RFCR where the details of the actions taken can be viewed under the activity history table (1 in figure above).

Claim Inquiry Resolution – Claim inquiries will be initiated and stored on this tab. This allows you to submit an inquiry on a claim that is not associated with a refund request. When the details link is selected, the User is navigated to the detail page. The detail page shows a complete history of communication between you, the provider, and BCBS.

Check Alerts – Alerts are created in this section when any check is stopped by BCBS or returned by USPS due to a bad address - details of which can be accessed by clicking the details link. The claim information related to the check will be displayed. If the stopped check is reissued, the reissue information (the new check number and date) will also be displayed in the alert. If a check is returned to BCBS due to a bad address, an alert will be created in this section. On navigating to the detail page of the alert, the address to which the check is sent will be displayed. If the address needs to be updated, a link is provided where the new address can be updated in the system (2 in figure above).

Saved Session – Alerts are created in this section for all pending sessions related to unsolicited refunds. The date and time the session was pending, in addition to the amount entered in the session will be displayed in the alert. Unlike other alerts where the alerts are common for all users having access to the NPIs, the Saved session alerts only pertain to the sessions pending by individual user. No other users will be able to view them. The session can be cancelled or retrieved to continue submitting (3 in figure above).

Alerts are available for a period of 90 days, after which they are automatically deleted by the system. Since the first two types of alerts are common for the Users with access to the same NPI, the system maintains the record of who read the alert and when it was read. The User is given an option to “Unread” the alert if it should be marked unread in the Inbox or check alerts tab (4 in figure above).

Checks Not Received - Alerts are created in this section when BCBS haven't receive any check by day 40 from the day a pay by check was submitted, there are 45 days for BCBS to receive your check before the recoupment process is reactivated. If by day 40 we haven't received payment, we will alert you and let you know so you can research as to what happened.

Transaction Report - To create a report of any activity for your NPIs, you can go to the “Transactional Report” tab. Here you can choose a start and end date for which you want to see the activity. You may also choose which, if not all, NPIs you would like to view. Also, you may select any, if not all, activity types you would like to see. The activity types range from Inquiries or Disputes submitted to any payments made. When you create the report it will bring back all the activity for your selected criteria. This report can be printed out if necessary.

Maintenance Alerts - Alerts are created in this section when some form of maintenance is performed on a refund request. This can include a refund request being increased or decreased.

RFCR Views

New Tab - The New Outstanding section displays all the newly created RFCRs from the last time someone from the NPI group has logged into the system. Once the RFCRs are viewed, they are moved to the Open Outstanding tab the next business day. The default view displays all the new items, but can be changed to view 5, 10 or 15 items at a time. This tab is accessible from the Home page. If items are in this tab, then the eRM user needs to take an action on these RFCRs. (see pages 14 - 32 for actions that can be completed for each RFCR).

Open Tab - The Open Outstanding section displays all the RFCRs that have been viewed by the eRM user and that still need an action to be taken by the eRM user. This tab is accessible from the Home page.

In-Process Tab - The In-Process section displays all the RFCRs where an action has been taken by the eRM user and is waiting for an action to be taken by BCBS. This tab is accessible from the Home page.

Closed Tab - The Closed section displays all the RFCRs where there is no remaining balance on the RFCR. The refunds submitted by the User can be accessed in this tab once processed by BCBS. This tab is accessible from the Home page.

All Tab - The All section displays all items (regardless of what section they are in) which are accessible to the User. This section can be helpful if you would like to perform searches on all the items related to a certain criteria (e.g. patient account). Searches can be performed on these RFCRs on various factors, which can be accessed using the search function or advance options.

Search

In the Home page of the eRM application, a detailed search function is available on all the tabs mentioned above (D in the figure on page 7). Initial search criteria provided are Reference ID and NPI#. When selecting the Advance options, the system provides a variety of search functions. One or multiple search criteria can be selected for the search. The search functions are in AND logic, so the system will display only items that satisfies all the criteria mentioned in the search.

Filter	
Select Multiple NPIs (Ctrl+Click)	<input type="text" value="1253245985"/> <input type="text" value="1203245985"/>
Request ID	<input type="text"/>
	<input type="button" value="Search"/> <input type="button" value="Clear"/> Advanced Options
Patient Account	<input type="text"/>
Patient Last Name	<input type="text"/>
Claim Number	<input type="text"/>
Remittance Number	<input type="text"/>
Service Date from	<input type="text"/> to <input type="text"/>
Balance Amount from	<input type="text"/> to <input type="text"/>
Charges from	<input type="text"/> to <input type="text"/>
Description	<input type="text"/>
Member ID	<input type="text"/>
Group Number	<input type="text"/>
Check Number	<input type="text"/>
Check date from	<input type="text"/> to <input type="text"/>
Check Amount from	<input type="text"/> to <input type="text"/>
Amount Requested from	<input type="text"/> to <input type="text"/>
Paid Amount from	<input type="text"/> to <input type="text"/>
Created from	<input type="text"/> to <input type="text"/>

The data in each of the tabs can be sorted by any of the fields mentioned in the tabs. The sort function works by clicking the column header which you want the data to be sorted. For example, if the refund amount header is selected, the system will sort the data in ascending order of the refund amount. When clicking once again on the refund amount header, the sort order will be displayed descending order.

eRM allows the User to export the details from the search field. When selecting the Export function, the displayed details with some additional data related to the reference items in the search result will be copied to a csv file, which can be saved as an excel or csv file to your hard drive.

The user will be able to navigate in this online application and view the details of the RFCR that has been created as a result of the overpayment made in the initial claim payment. Click on the “Request ID” hyperlink to view RFCR details.

Refund Requests		InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts			
New	Open	In Process	Closed	All							
Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount Requested	Balance	Description	Paid Amount	Charges	IPI	Created
<input type="checkbox"/> 00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00	Medicare Primary	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/> 00W1950009	12345679	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/> 00W1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00	COB ON PRIMARY	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00W1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00	Medicare Primary	300.00	300.00	1203245985	07/22/2010
<input type="checkbox"/> 00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	06/22/2010

[Deduct from UPP Statement](#)
[Deduct from Future Payment \(Recoup\)](#)
[Pay by Check](#)
[Dispute](#)
[Appeal](#)
[Export](#)
[Refresh](#)
[Print](#)

The details page of the RFCR displays the reason the RFCR is created and the related claim. When keeping the mouse pointer over the reason description, a hover text will be displayed giving a more detailed description of the reason why the refund was requested.

Environment: FSSPERFTEST

Welcome, Chandrala Vithy (CCMtra) [Logout](#)

Home » Refund Request Details

Refund Request Details

Patient Account 302515501	Patient CHASADEAN BUCHANAN	Service Dates 12/01/2008 to 12/01/2008	IPI 0000000043	Reference Number 0000000000	Created 04/01/2009
Refund Requested 04/01/2009	Refund Requested Balance 979.20	Total Charges 979.20	Total Paid 979.20	Description Corrected Claim	View Letter

Group 000V07949 **Member Number** 00000000000435920 **Member Policy Cancelled**

Claim 0200835657535710X	Check Issued 12/01/2008	Check 21344369	Total Corporate Check Amount 979.20
Total Claim Billed Amount 979.20	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
Payee Address PO BOX 849110 DALLAS, TX, 75204	Suspended Status No		

Total Rows: 1 Total amount: \$ 979.20

In addition to the details related to the RFCRs (e.g. Patient Name, Patient Account, Refund Amount, Group #, Member # etc.) the letter related to the RFCR can also be viewed by selecting the option View Letter (A in the fig below).

Any action taken on the RFCR by a BCBS user or by the provider/ provider representative will be displayed in the activity history area (B in the fig below).

A

Patient Account 000000000000000000	Patient JOHN DOE	Service Dates 09/09/2008 to 09/09/2008	NPI 1253245985	Reference Number 00J3429019	Created 12/08/2009
Refund Requested 12/08/2009	Refund Requested Balance 5342372.00	Total Charges 5342372.00	Total Paid 5342372.00	Description Cosmetic Services	View Letter [PDF]

Group 000000001	Member Number 00000000000000287	Member Policy Cancelled	Other Insurance Carrier
---------------------------	---	--------------------------------	--------------------------------

Claim 000000000XXXXX391	Check Issued 10/10/2008	Check XXXXXXXXXX123	Total Corporate Check Amount 5342372.00
Total Claim Billed Amount 5342372.00	Duplicate Check Issued	Duplicate Check	Duplicate Total Corporate Check Amount
Payee Address 99 W HEALTH ST CHICAGO , IL, 60629	Assigned To	Suspended Status No	

B

Total Items: 1 Total amount: \$ 5342372.00

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Note +/-
12/08/2009	CREATE	ORIGINAL REFUND REQUEST	BCBS User	5342372.0 0	5342372.0 0	

Actions that can be taken on an RFCR or multiple RFCRs at a time are:

- **Deduct from Future payment**
- **Deduct from UPP Statement**
- **Pay by Check**
- **Inquiry**
- **Appeal**
- **Dispute**

All of the above actions, except Inquiry, can be completed from the New, Open, OR In-Process tabs. Inquiry can be submitted from the detail page of the RFCR, which can be accessed from any of the tabs.

The eRM application provides users with an option to submit a refund related to the overpayment that are identified by the provider:

- **Unsolicited Refunds – Deduct from Future Payment**
- **Unsolicited Refunds – Deduct from UPP Statement**
- **Unsolicited Refunds – Pay by Check**

We will go over each of these actions in detail in the following sections.

Actions that can be performed on RFCRs

When agreeing to refund the payment, the User has the option to either inform BCBS that the payment can be *deducted from a future claim payment* or to make the *payment by sending a check* along with the bar coded remittance form.

Deduct From Future Payment

If a RFCR is requested by BCBS, the User can request the overpayment be placed in recoupment.

Step 1: Select (by checking the box) one or more RFCRs that you agree to submit for deducting from future payment. On clicking the “Deduct from Future Payment” button, the RFCRs selected by the User are moved to the next screen.

Refund Requests												
InBox		Claim Inquiry Resolution		Check Alerts		Saved Sessions		Checks Not Received		Transaction Report		Maintenance Alerts
New	Open	In Process	Closed	All								
Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount	Balance	Description	Paid Amount	Charge	IPI	Created	
<input type="checkbox"/>	00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00	Medicare Primary	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/>	00W1950009	12345679	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/>	00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/>	00W1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00	COB OI PRIMARY	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/>	00W1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/>	00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00	Medicare Primary	300.00	300.00	1203245985	07/22/2010
<input type="checkbox"/>	00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	06/22/2010

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Step 2: “Note” is an optional field. If a note is entered, it will be visible in the RFCR detail page – Activity History Table. RFCRs can be removed from the session at this point by selecting the RFCR that you do *not* want to include in this session.

Home eRM

Welcome, barafiponnanane (7A9188E-C115-4A0B-A286-C2FC8652185) Logout

Home > Deduct From Future Payment

Deduct from Future Payment

Patient Account		Patient	Service Dates	NPI	Reference Number	Created
2342353455	0 00	0 00	12/01/2007-12/01/2007	0000000565	00M0569001	02/05/2009
Refund Requested		Refund Requested Balance	Total Charges	Total Paid	Description	
02/05/2009		19.99	19.99	19.99	COB Of Primary	

[Remove](#)

Total Refund: 1 Total amount: \$ 19.99

Add Comment (Optional)

Enter your comments here...

[Continue](#) [Cancel](#)

Step 3: Once all of the RFCRs that need to be submitted are finalized, the User can submit the session. If at this point changes need to be made to the session, the User can click the “Edit” button. Sessions can be cancelled at any point by selecting the “Cancel” option.

Home eRM

Welcome, barafiponnanane (7A9188E-C115-4A0B-A286-C2FC8652185) Logout

Home > Deduct From Future Payment

Deduct from Future Payment

Patient Account		Patient	Service Dates	NPI	Reference Number	Created
2342353455	0 00	0 00	12/01/2007-12/01/2007	0000000565	00M0569001	02/05/2009
Refund Requested		Refund Requested Balance	Total Charges	Total Paid	Description	
02/05/2009		19.99	19.99	19.99	COB Of Primary	

[Remove](#)

Total Refund: 1 Total amount: \$ 19.99

Add Comment (Optional)

Enter your comments here...

[Submit](#) [Edit](#) [Cancel](#)

Blue Cross BlueShield of Illinois | Blue Cross BlueShield of New Mexico | Blue Cross BlueShield of Oklahoma | Blue Cross BlueShield of Texas

Environment: FSSPERFTEST

Home | FAQs | User Profile

Home eRM

Welcome, harafiponnamane (7A91808E-C155-4A0B-A288-C2FCE8652185) Logout

Home > Deduct From Future Payment

Deduct from Future Payment

Recoup Information		Review and Confirm		Final	
<input type="checkbox"/> Patient Account	Patient	Service Dates	NPI	Reference Number	Created
2342353455	0 00	12/01/2007-12/01/2007	0000000565	0040569001	02/05/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	
02/05/2009	19.99	19.99	19.99	COB Of Primary	

[details](#)

Total Items: 1 Total amount: \$ 19.99

Recoupment Notes:

[Return to Refund Requests](#)

Step 4: When submitting the session, the details will be captured and the action can be seen as a line activity in the history table. The RFCR(s) will move from the New/Open tab to the In-Process tab.

Filter

Select Multiple NPIs (Ctrl+Click)

1316247632
0000000075
1003800830
1520064649
0000000295

Request ID: 0040569001

[Search](#) [Clear](#)

[Advanced Options](#)

[New](#) [Open](#) [In Process](#) [Closed](#) [All](#)

Request ID	Patient Account	Patient Name	Service From Date	Service To Date	Charges Description	NPI	Last Action	Last Action Date	Refund Amount
0040569001	2342353455	0 00	12/01/2007	12/01/2007	COB Of Primary	0000000565	eRM FAST TRACK	02/05/09	19.99

[Deduct from Future Payment](#) [Pay by Check](#) [Dispute](#) [Appeal](#) [Export Search Results](#)

Patient Account	Patient	Service Dates	NPI	Reference Number	Created
2342353455	0 00	12/01/2007 to 12/01/2007	0000000565	0040569001	02/05/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	
02/05/2009	19.99	19.99	19.99	COB Of Primary	View Letter

Group	Member Number	Member Policy Cancelled	Other Insurance Carrier
0000PEPTX	00234234234234		HUMANA

Claim	Check Issued	Check	Total Corporate Check Amount
0000000234234234	01/01/2009	234234234	19.99
Total Claim Billed Amount	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
19.99			

Payee Address: 234
Suspended Status: No

SFSTWERTERT, IL, 32535

Total Items: 1 Total amount: \$ 19.99

[Deduct from Future Payment](#) [Pay by Check](#) [Inquiry](#) [Dispute](#) [Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$19.99	19.99
02/05/2009	RECOUPMENT-REQUEST	Autorecoup Initiated	V0000941	N/A	19.99

Step 5: After deducting from the payment, the RFCR will be closed and moved to the Closed tab. The details of the recoupment will be displayed by clicking Recoupment – Actual. The check or EFT number corresponding to the recoupment; the claims related to the check or EFT, the group and member of the original claim, etc. can be accessed from this screen.

Recoupment Details

Check Number	Check Date	Check Amount	Recoup Amount
xxxxxx128	11/11/08	\$100.00	\$100.00

Claim Number	Group Number	Member Number	Claim Amount
000000000000000005	0000000001	000000000000000000	\$100.00

RFCR List

RFCR #	RFCR Amount	Details
00J2749004	\$100.00	Details

Step 6: For Non UPP Providers if additional information need to be included please fax the details to 972-766-5333. For UPP Providers if additional information needs to be included please fax the details to 312-228-7988. Please mention the Reference # of the refund request in the back up that will be faxed. The refund # can be accessed from the various tabs or from the detail page of the refund request

The screenshot shows a web application interface with a filter section at the top and a table of refund requests below. The filter section includes a dropdown menu for 'Select Multiple NPIs (Ctrl+Click)' with options: 1316247632, 0000000005, 1003800030, 1528064649, and 0000002795. To the right of the dropdown is a 'Request ID' input field containing '00+056300E' and 'Search' and 'Clear' buttons. Below the filter is a table with columns: Request ID, Patient Account, Patient Name, Service From Date, Service To Date, Charges Description, NPI, Last Action, Last Action Date, and Refund Amount. The first row of data has a 'Request ID' of '00+056300E' which is circled in red. Below the table are buttons for 'Deduct from Future Payment', 'Pay by Check', 'Dispute', 'Appeal', and 'Export Search Results'.

Patient Account 2342353455	Patient Q-QQ	Service Dates 12/01/2007 to 12/01/2007	UPI 0000000565	Reference Number 00/M0569001	Created 02/05/2009
Refund Requested 02/05/2009	Refund Requested Balance 19.99	Total Charges 19.99	Total Paid 19.99	Description COB Of Primary	View Letter

Group 0000PEPTX	Member Number 00234234234234234	Member Policy Cancelled	Other Insurance Carrier HUMANA
---------------------------	---	--------------------------------	--

Claim 0000000234234234	Check Issued 01/01/2008	Check 234234234	Total Corporate Check Amount 19.99
Total Claim Billed Amount 19.99	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
Payee Address 234			Suspended Status No
SFSITHERT, L, 32536			

Total Items: 1 **Total amount: \$ 19.99**

[Deduct from Future Payment](#)
[Pay by Check](#)
[Inquiry](#)
[Dispute](#)
[Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$19.99	19.99	
02/05/2009	RECOUPMENT-REQUEST	Autorecoup initiated.	V0000641	N/A	19.99	Notes

Deduct From UPP Statement

If a RFCR is requested by BCBS, the User can request the overpayment be placed in UPP Statement

Step 1: Select (by checking the box) one or more RFCRs that you agree to submit for deducting from future payment. On clicking the “Deduct from UPP Statement” button, the RFCRs selected by the User are moved to the next screen.

Refund Requests														
InBox		Claim Inquiry Resolution		Check Alerts		Saved Sessions		Checks Not Received		Transaction Report		Maintenance Alerts		
New	Open	In Process	Closed	All										
Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount Requested	Balance	Description	Paid Amount	Charges	NPI	Created			
<input type="checkbox"/>	00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00	Medicare Primary	500.00	500.00	1203245985	07/13/2010		
<input type="checkbox"/>	00W1950009	12345679	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010		
<input type="checkbox"/>	00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	07/13/2010		
<input type="checkbox"/>	00W1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00	COB ON PRIMARY	150.00	150.00	1203245985	07/14/2010		
<input type="checkbox"/>	00W1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010		
<input type="checkbox"/>	00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00	Medicare Primary	300.00	300.00	1203245985	07/22/2010		
<input type="checkbox"/>	00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	06/22/2010		

Step 2: “Note” is an optional field. If a note is entered, it will be visible in the RFCR detail page – Activity History Table. RFCRs can be removed from the session at this point by selecting the RFCR that you do *not* want to include in this session.

Deduct from UPP Statement

Recoupment Information Review and Confirm Finish

Patient Account	Patient	Service Dates	NPI	Reference Number	Created
<input type="checkbox"/> 000000000000000000	JOHN DOE	09/09/2008-09/09/2008	1253245985	00J3429019	12/08/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	Payment Amount
12/08/2009	5342372.00	5342372.00	5342372.00	Cosmetic Services	<input type="text" value="\$5,342,372.00"/>
details					

Total items: 1

Total amount: \$ 5342372.00

Add Comment (Optional)

Enter your comments here...

Refund Requests | **Inbox** | Check Alerts | Saved Sessions | Checks Not Received | Transaction Report

New | Open | In Process | Closed | All

Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Charges	Description	HPI	Refund Amount
<input type="checkbox"/> 002679011	000000000000000000	J DOE	09/09/2008	09/09/2008	100.00	Cosmetic Services	1253245985	100.00

Export | Refresh | Print

Filter

Select Multiple NPIs (Ctrl+Click)

1253245985	1203245985
------------	------------

Request ID: 002679011

Search | Clear | [Advanced Options](#)

Step5: If you submit the entire amount, it will close automatically and move to the closed tab. Again, this is because when you refund dollars this way it is immediately posted on the BCBS system.

Patient Account 000000000000000000	Patient JOHN DOE	Service Dates 09/09/2008 to 09/09/2008	HPI 1253245985	Reference Number 002749003	Created 10/01/2009
Refund Requested 10/01/2009	Refund Requested Balance 0.00	Total Charges 100.00	Total Paid 100.00	Description Cosmetic Services	View Letter PDF

Group 000000001	Member Number 000000000000000000	Member Policy Cancelled	Other Insurance Carrier
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Claim 000000000000000000	Check Issued 10/10/2008	Check XXXXXXXX125	Voucher# 0006000721	Total Corporate Check Amount 100.00
Total Claim Billed Amount 100.00	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount	
Payee Address 99 W HEALTH ST CHICAGO , IL, 60629	Assigned To		Suspended Status No	

Total Items: 1 Total amount: \$ 0.00

[Deduct from Monthly Statement](#) |
 [Deduct from Future Payment](#) |
 [Pay by Check](#) |
 [Inquiry](#) |
 [Dispute](#) |
 [Appeal](#)

History

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Note +/-
10/01/2009	CREATE		BCBS User	100.00	100.00	
10/01/2009	DEDUCT FROM MONTHLY STATEMENT		Webinar	-100.00	0.00	+/-

Close Window | Print

Pay by Check

If going to pay a RFCR via check, the following steps are a guide.

Step 1: Select one or more RFCRs that you agree to submit a check payment for. When clicking the “Pay by Check” button, the RFCRs selected by the User are moved to the next screen.

Refund Requests												
InBox		Claim Inquiry Resolution		Check Alerts		Saved Sessions		Checks Not Received		Transaction Report		Maintenance Alerts
New	Open	In Process	Closed	All								
Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount Request	Balance	Description	Paid Amount	Charge	HPI	Created	
<input type="checkbox"/>	00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00	Medicare Primary	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/>	00W1950009	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/>	00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/>	00W1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00	COB OI PRIMARY	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/>	00W1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/>	00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00	Medicare Primary	300.00	300.00	1203245985	07/22/2010
<input type="checkbox"/>	00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	06/22/2010

[Deduct from UPP Statement](#)
[Deduct from Future Payment \(Recoup\)](#)
[Pay by Check](#)
[Dispute](#)
[Appeal](#)
[Export](#)
[Refresh](#)
[Print](#)

Step 2: The user is given the option to enter the dollars that are intended to be paid. The value defaults to the balance amount of the RFCR. The user is given the option to edit this value if agreed to pay only a part of the payment in this session. “Note” is an optional field. If a note is entered, it will be visible in the RFCR detail page – Activity history table.

The screenshot shows a web interface for 'Pay Refund By Check'. At the top, there is a navigation bar with 'Home' and 'eRM'. Below that, a user welcome message and a 'Logout' button are visible. The main heading is 'Pay Refund By Check' with a progress indicator showing 'Payment Information', 'Review and Confirm', and 'Finish'. A table displays the selected refund request details:

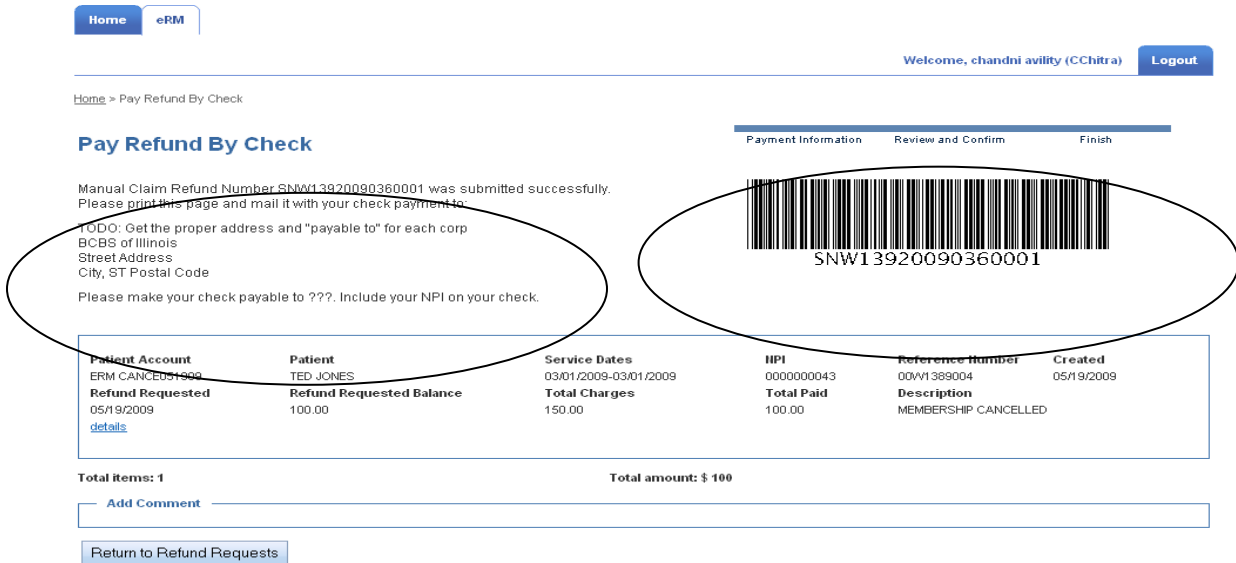
Patient Account	Patient	Service Dates	HPI	Reference Number	Created
3423425	S EE	03/03/2008-03/03/2008	0000000565	00J0569001	03/05/2008
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	Payment Amount
00J0569001	23.00	23.00	23.00	COSMETIC PROCEDURE	\$23.00

Below the table, there is a 'Remove' button. A summary line states 'Total Items: 1' and 'Total amount: \$ 23'. An optional field for 'Add Comment (Optional)' is present with the text 'Enter your comments here...'. At the bottom, there are 'Continue' and 'Cancel' buttons.

Step 3: On the confirmation page, the User can select the previous page for editing the session by using the “Edit” button. After confirming the details, the session can be submitted using the “Submit” option.



Step 4: After submission of the session, the User is directed to a bar coded page which needs to be printed and submitted with the check and corresponding back up to BCBS. The checks should be payable to BCBS of State (will be displayed in the MCRN sheet) and the address to which the check must be mailed will be mentioned in the MCRN sheet. The bar coded number uniquely identifies this payment and can be tracked using this number in eRM. MCRN is a Manual Claim Refund Number – this number is used to track your refund to BCBS.



Step 5: The RFCR moves from the Open/New tab to the In-Process tab. Once the check sent to BCBS is processed, then the details of the check and amount can be viewed. The balance amount of the RFCR will be drawn down by the payment amount and the details of the check applied to the RFCR will be accessible from the detail page of the RFCR. The RFCR will be closed and moved to Closed tab.

The screenshot shows a web application interface. At the top, there is a search filter with fields for 'Request ID' and 'Patient Account'. Below this is a table with columns: Request ID, Patient Account, Patient Name, Service From Date, Service To Date, Charges Description, MPI, Last Action, Last Action Date, and Refund Amount. Below the table are buttons: 'Credit from Future Payment', 'Pay by Check', 'Dispute', 'Appeal', and 'Export Search Results'. Below that is a 'History' section with a table:

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Notes
05/19/2009	CREATE	Original Refund Request	HCSC_USER	\$100.00	100.00	Notes
05/19/2009	REFUND SUBMITTED	REFUND SUBMITTED	HCSC_USER	100.00	100.00	Undo

Manual Claim Refund Details

Vivamus ipsum. Quisque ultrices rutrum magna. Aenean id turpis. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos. Duis blandit nunc vitae sapien. Integer condimentum. Quisque ullamcorper, odio feugiat ultricies vehicula, justo massa molestie dui, id commodo eros lectus ut lectus. Nulla risus. Aenean porta augue. Aenean eu est. Nullam ut pede.

MCRH Information

MCRH Number	Create Date	Amount	Amount Collected by HCSC	No of Lines	Status
M000000139	05/19/2009	100.0	0.0	1	INPROCESS

Line Information

Patient Account	Patient	Service Dates	HPI	Claim Number	Created
ERM CANOE051909	JONES TED	03/01/2009-03/01/2009	0000000043	00000000000038999	05/19/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	View Details
2009-05-19	100.00	150.00	100.00	Cancelled Member	

Check Information

Check Number	Check Receive Date	Check Amount	Amount Applied
--------------	--------------------	--------------	----------------

Step 6: For Non UPP Providers if additional information need to be included please fax the details to 972-766-5333. For UPP Providers if additional information needs to be included please fax the details to 312-228-7988. Please mention the Reference # of the refund request in the back up that will be faxed. The refund # can be accessed from the various tabs or from the detail page of the refund request

Filter

Select Multiple NPIs (Ctrl+Click)

Request ID: 00V056900E

Search Clear

Advanced Options

New Open In Process Closed All

Request ID	Patient Account	Patient Name	Service From Date	Service To Date	Charges	Description	NPI	Last Action	Last Action Date	Refund Amount
<input type="checkbox"/>	00V056900E	2342353455			19.99	COB Of Primary	000000585	afm FAST TRACK	02/05/2009	19.99

Deduct from Future Payment Pay by Check Dispute Appeal Export Search Results

Patient Account	Patient	Service Dates	NPI	Reference Number	Created
2342353455	0 00	12/01/2007 to 12/01/2007	000000585	00V056900E	02/05/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	View Links
02/05/2009	19.99	19.99	19.99	COB Of Primary	

Group	Member Number	Member Policy Cancelled	Other Insurance Carrier
0000FEPTX	00234234234234		HUMANA

Claim	Check Issued	Check	Total Corporate Check Amount
0000000234234234	01/01/2008	234234234	19.99
Total Claim Billed Amount	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
19.99			

Payee Address

234

SFSTHERBERT, IL 32535

Suspended Status

No

Total Items: 1 Total amount: \$ 19.99

Deduct from Future Payment Pay by Check Inquiry Dispute Appeal

History

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Notes
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$19.99	19.99	
02/05/2009	RECOUPMENT-REQUEST	Autorecoup initiated	V0000841	N/A	19.99	Notes

Step 7: When clicking the Refund Received action in the Activity history area of the RFCR detail page the check number#, check date, the check amount, and the amount applied to the RFCR will be displayed. Multiple RFCRs can be selected to submit in a single payment. When clicking on the check number, the details of the MCRN session will be displayed. Details of each of these RFCRs can be viewed by clicking the details link besides each RFCR.

Filter

Select Multiple NPIs (Ctrl+Click)

Request ID: 00V1389004

Search Clear

Advanced Options

New Open In Process Closed All

Request ID	Patient Account	Patient Name	Service From Date	Service To Date	Charges	Description	IPI	Refund Amount	
<input type="checkbox"/>	00V1389004	ERM CANCE051909	T. JONES	03/01/2009	03/01/2009	150.00	Cancelled Member	000000043	100.00

Export Search Results

History

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Notes
05/19/2009	CREATE	Original Refund Request	HCSC_USER	\$100.00	100.00	
05/19/2009	REFUND SUBMITTED	REFUND SUBMITTED	HCSC_USER	-100.00	0.00	
05/19/2009	REFUND RECEIVED	REFUND RECEIVED	HCSC_USER	-100.00	0.00	

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	
05/19/2009	CREATE	Original Refund Request	HCSC_USER	\$100.00	100.00	Note
05/19/2009	REFUND SUBMITTED	REFUND SUBMITTED	HCSC_USER	-100.00	0.00	
05/19/2009	REFUND RECEIVED	REFUND RECEIVED	HCSC_USER	-100.00	0.00	
		Check #	Check Date	Check Amount		
		000004564566	03/28/2009	100.00		View Details

Refund Request Details

Patient Account ERM CANCE051909	Patient TED JONES	Service Dates 03/01/2009 to 03/01/2009	IPI 0000000043	Reference Number 00W1389004	Created 05/19/2009
Refund Requested 05/19/2009	Refund Requested Balance 0.00	Total Charges 150.00	Total Paid 100.00	Description Cancelled Member	View Letter [PDF]

Group 000038000	Member Number 00000000000038999	Member Policy Cancelled 12/31/2008	Other Insurance Carrier
---------------------------	---	--	--------------------------------

Claim 00000000000038999	Check Issued 04/02/2009	Check 43	Total Corporate Check Amount 100.00
Total Claim Billed Amount 150.00	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
Payee Address 1234 MAIN STREET LEE, TX, 71000	Suspended Status Yes		

MCRN Information			
MCRN Number M00000139	Create Date 05/19/2009	Status CLOSED	View MCRN Details

Total items: 1

Total amount: \$ 0.00

Multiple MCRNs can be paid by a single check. This can be seen by viewing the check detail page where all the related MCRNs will be displayed. Each MCRN will have its own detail page where all the related RFCRs will be listed.

***When a Pay by Check is processed, that refund request(s) are placed on a 45-day suspension, while we wait to receive your payment. If after 40 days we haven't received your payment an alert will be generated in your Checks Not Received Tab. If after day 46 we still have not received your check payment the suspension on the items you indicated for payment will be lifted and will become eligible for recoupment. Please use the "Contact Us" feature to indicate why your payment is late so we can adjust our records accordingly.**

BlueCross BlueShield of Illinois
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

Environment: FSSPERFTEST

[Home](#) | [Contact Us](#) | [FAQs](#) | [User Profile](#)

Home

eRM

Welcome, Cristy's Test - Please don't use (Maria) [MIRRORRED: U263932]

Logout

Financial Management

System Bulletin

Thank you for joining eRM, the on-line interactive tool helping providers simplify the reconciliation process. You are cordially invited to... [more...](#)

Create and Submit Refund to HCSC

If you've identified a credit balance regarding a claim payment for which no related RFCRs are submitted in the section below, please submit the refund by clicking on "CONTINUE".

	Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts
<input type="checkbox"/>	MCRN Number	Bal Amt	MCRN Create Date	Alert Create Date				
<input type="checkbox"/>	M000001726	100	10/5/2010 11:22:12	10/7/2010 6:51:18	details			
<input type="checkbox"/>	M000001714	500	7/29/2010 11:40:3	7/31/2010 7:54:39	details			

Inquiry

An Inquiry is submitted when further clarification is needed in order to comply with the RFCR. BCBS will respond to the inquiry on-line. These responses can be reviewed in the activity history of the RFCR.

Step 1: The user will need to navigate to the detail page of the RFCR to submit an Inquiry.

Refund Requests		InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts			
New	Open	In Process	Closed	All							
Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount	Balance Request Amount	Description	Paid Amount	Charges	IPI	Created
<input type="checkbox"/> 00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00	Medicare Primary	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/> 00W1950009	12345679	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/> 00W1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00	COB ON PRIMARY	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00W1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00	Medicare Primary	300.00	300.00	1203245985	07/22/2010
<input type="checkbox"/> 00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	06/22/2010

Deduct from UPP Statement Deduct from Future Payment (Recoup) Pay by Check Dispute Appeal Export Refresh Print

Home > Refund Request Details

Refund Request Details

Patient Account 23423423	Patient C CC	Service Dates 08/09/2007 to 08/09/2007	IPI 0000000965	Reference Number 00K0519021	Created 02/05/2009
Refund Requested 02050009	Refund Requested Balance 165.00	Total Charges 165.00	Total Paid 165.00	Description Cosmetic Services	View Letter

Group 0000EP7X	Member Number 00001234234536456	Member Policy Cancelled	Other Insurance Carrier
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Claims 0000000457945345	Check Issued 16501000P	Check 65734672304	Total Corporate Check Amount 165.00
Total Claim Billed Amount 165.00	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
Payee Address 234 SDGDFGERTVE, L, 35345			Suspended Status No

Total Items: 1 **Total amount: \$ 165.00**

[Deduct from Future Payment](#) [Pay by Check](#) [Inquiry](#) [Dispute](#) [Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$165.00	165.00

Step 2: When selecting the action Inquiry, the User will navigate to the next page where a note must be entered regarding the question for the corresponding RFCR.

Environment: FSSPERFEST

Welcome, harathiponnasane (7A918DE-C115-4A0B-A288-C2FCE852185) Logout

Submit Inquiry

Patient Account	Patient	Service Dates	HPI	Reference Number	Created
23423423	C CC	08/09/2007-08/09/2007	0000000585	0000519021	02/06/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	
02062009	165.00	165.00	165.00	COSMETIC PROCEDURE	

Total Remain: 1 Total amount: \$ 165

Describe Inquiry (Required)

Enter your comments here...

Inquiry

Continue Cancel

Step 3: To edit the inquiry question, the User can navigate to the previous page by selecting the Edit option.

Environment: FSSPERFEST

Welcome, harathiponnasane (7A918DE-C115-4A0B-A288-C2FCE852185) Logout

Submit Inquiry

Patient Account	Patient	Service Dates	HPI	Reference Number	Created
23423423	C CC	08/09/2007-08/09/2007	0000000585	0000519021	02/06/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	
02062009	165.00	165.00	165.00	COSMETIC PROCEDURE	

Total Remain: 1 Total amount: \$ 165

Describe Inquiry (Required)

Enter your comments here...

Inquiry

Submit Edit Cancel

Step 4: Once the session is confirmed, the inquiry will be sent to BCBS. The RFCR moves to the In-Process tab.

The screenshot displays the 'Submit Inquiry' interface in the FSSPERTEST environment. At the top, there are logos for Blue Cross of Illinois, New Mexico, Oklahoma, and Texas, along with the environment name 'FSSPERTEST' and user information. Below this is a navigation bar with 'Home', 'FAQs', and 'User Profile' links. The main content area is titled 'Submit Inquiry' and includes a 'Submit Inquiry' button and a 'Return to Refund Requests' button. A table below shows the details of the submitted inquiry:

Patient Account	Patient	Service Dates	NPI	Reference Number	Created
25423423	C-CC	08/09/2007-08/09/2007	0000000565	00K0519021	02/05/2008
02/05/2008	Refund Requested Balance	Total Charges	Total Paid	Description	
	165.00	165.00	165.00	COSMETIC PROCEDURE	

Below the table, there is a section for 'Inquiry Explanation' with a text area containing the word 'Inquiry' and a 'Return to Refund Requests' button. A table below this shows a list of inquiries with columns for Request ID, Patient Account, Patient Name, Service From Date, Service To Date, Charges Description, NPI, Last Action, Last Action Date, and Refund Amount. A red circle highlights the 'In Process' tab in the navigation bar.

Request ID	Patient Account	Patient Name	Service From Date	Service To Date	Charges Description	NPI	Last Action	Last Action Date	Refund Amount
00K0519021	25423423	C-CC	08/09/2007	08/09/2007	165.00 Cosmetic Services	0000000565	eFIM INQUIRY	02/05/2008	165.00

Step 5: The details of the inquiry submitted can be viewed from the detail of the RFCR under the activity history table. Response to this inquiry will trigger an alert in the Home page. When clicking the Details link, the User will be navigated to the detail page of the RFCR where the Inquiry and the Response from BCBS can be viewed by selecting the Notes function.

Patient Account 23423423	Patient C OC	Service Dates 08/09/2007 to 08/09/2007	NPI 000000595	Reference Number 0000519021	Created 02/05/2009
Refund Requested 02/05/2009	Refund Requested Balance 165.00	Total Charges 165.00	Total Paid 165.00	Description Cosmetic Services	View Letter

Group 0000PEPTX	Member Number 00001234234536456	Member Policy Cancelled	Other Insurance Carrier
---------------------------	---	--------------------------------	--------------------------------

Claim 00000000457945345	Check Issued 12/01/2007	Check 66734872384	Total Corporate Check Amount 165.00
Total Claim Billed Amount 165.00	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount

Payee Address
234
SDOFFORTYE, L, 35345

Suspended Status
No

Total Items: 1 **Total amount: \$ 165.00**

[Deduct from Future Payment](#) [Pay by Check](#) [Inquiry](#) [Dispute](#) [Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$165.00	165.00
04/07/2009	INQUIRY	Inquiry received	HCSC_USER	N/A	165.00

Step 6: If additional information need to be included please fax the details to 972-766-5333. Please mention the Reference # of the refund request in the back up that will be faxed. The refund # can be accessed from the various tabs or from the detail page of the refund request

Filter

Select Multiple NPIs (Ctrl+Click): 1316047632, 000000005, 1002800030, 152868493, 000000295

Request ID: 0000569001

[Search](#) [Clear](#)

[Advanced Options](#)

Request ID	Patient Account	Patient Name	Service From Date	Service To Date	Charges Description	NPI	Last Action	Last Action Date	Refund Amount
0000569001	2342353455	GOO	12/01/2007	12/01/2007	19.99 COB Of Primary	000000595	afm FAST TRACK	02/05/09 19.99	

[Deduct from Future Payment](#) [Pay by Check](#) [Dispute](#) [Appeal](#) [Export Search Results](#)

Patient Account 2342353455	Patient G OO	Service Dates 12/01/2007 to 12/01/2007	NPI 000000595	Reference Number 0000569001	Created 02/05/2009
Refund Requested 02/05/2009	Refund Requested Balance 19.99	Total Charges 19.99	Total Paid 19.99	Description COB Of Primary	View Letter

Group 0000PEPTX	Member Number 00234234234234	Member Policy Cancelled	Other Insurance Carrier HUMANA
---------------------------	--	--------------------------------	--

Claim 00000000234234234	Check Issued 01/01/2008	Check 234234234	Total Corporate Check Amount 19.99
Total Claim Billed Amount 19.99	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount

Payee Address
234
SFSYMERERT, L, 32535

Suspended Status
No

Total Items: 1 **Total amount: \$ 19.99**

[Deduct from Future Payment](#) [Pay by Check](#) [Inquiry](#) [Dispute](#) [Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$19.99	19.99
02/05/2009	RECOUPMENT-REQUEST	Autorecoup initiated.	V0000841	N/A	19.99

Appeal

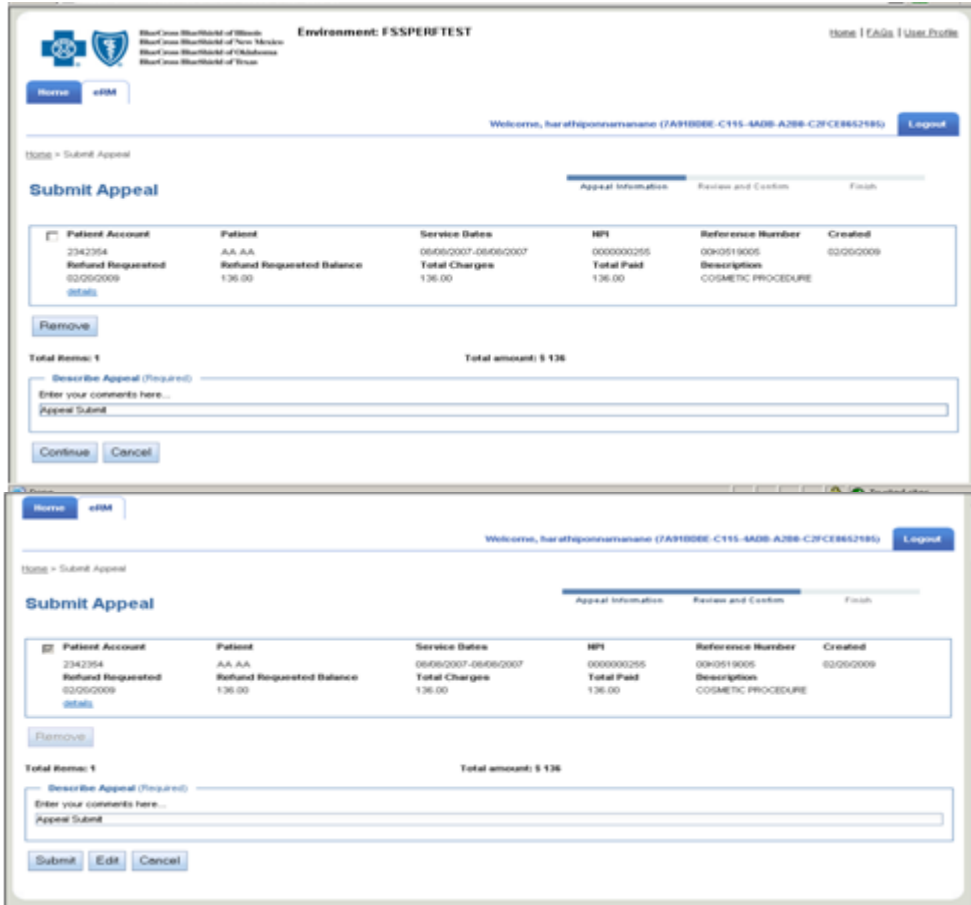
An appeal is a formal denial to a RFCR based on specific written documentation (such as an operative report) which would typically require a Medical Review. After review of the RFCR, an appeal is submitted to deny the request. An appeal requires a narrative description for the reason the RFCR is being appealed as well as the supporting documentation as to why the request is being denied. A limit of two appeals is allowed for each RFCR. ***When an appeal is submitted the refund request is placed on suspension, until the appeal is resolved. Once a determination is made, the item will be closed if approved or placed back under recoupment eligibility if denied.**

Step 1: Select one or more RFCRs that have been reviewed to submit an Appeal. Multiple RFCRs can be selected in the same session only if the RFCRs have the same patient name, group and member number.

Refund Requests												
InBox		Claim Inquiry Resolution		Check Alerts		Saved Sessions		Checks Not Received		Transaction Report		Maintenance Alerts
New	Open	In Process	Closed	All								
Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount Request	Balance Amount	Description	Paid Amount	Charges	NPI	Created	
<input type="checkbox"/> 00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00	Medicare Primary	500.00	500.00	1203245985	07/13/2010	
<input type="checkbox"/> 00W1950009	12345679	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010	
<input type="checkbox"/> 00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	07/13/2010	
<input type="checkbox"/> 00W1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00	COB ON PRIMARY	150.00	150.00	1203245985	07/14/2010	
<input type="checkbox"/> 00W1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00	NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010	
<input type="checkbox"/> 00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00	Medicare Primary	300.00	300.00	1203245985	07/22/2010	
<input type="checkbox"/> 00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00	NON COVERED SERVICES	500.00	500.00	1203245985	06/22/2010	

[Deduct from UPP Statement](#)
[Deduct from Future Payment \(Recoup\)](#)
[Pay by Check](#)
[Dispute](#)
[Appeal](#)
[Export](#)
[Refresh](#)
[Print](#)

Step 2: The selected RFCR(s) are moved to the session where a note must be entered describing why the appeal is being submitted. The note entered will be applicable to all the RFCRs in the session. When clicking the Continue button, the RFCR(s) is moved to the confirmation page where the User has the ability to either cancel the session or navigate to the previous screen to edit (either remove one or more RFCRs or edit the note entered).



Step 5: Any responses (approve, deny or require additional information) will prompt an alert on the Home page and can be viewed in the detailed page of the RFCR.

Patient Account	Patient	Service Dates	NPI	Reference Number	Created
2342354	AA, AA	08/08/2007 to 08/08/2007	000000255	000019005	02/05/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	
02/05/2009	136.00	136.00	136.00	Cosmetic Services	View Letter

Group	Member Number	Member Policy Cancelled	Other Insurance Carrier
0000FEPTX	0000024234234234		

Claim	Check Issued	Check	Total Corporate Check Amount
0000000234234234	10/10/2007	234235345	136.00
Total Claim Billed Amount	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
136.00			

Payee Address: 234 SFSDFDO, IL, 32452

Suspended Status: Yes

Total Items: 1 Total amount: \$ 136.00

Buttons: [Deduct from Future Payment](#) [Pay by Check](#) [Inquiry](#) [Dispute](#) [Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$136.00	136.00
02/05/2009	APPEAL	Appeal received	V0001203	N/A	136.00
02/05/2009	APPEAL-APPROVE	Appeal or dispute approved	HCSC_USER	N/A	136.00
02/05/2009	RESUME	Refund request on hold pending decision on the appeal	HCSC_USER	N/A	136.00
04/22/2009	DISPUTE	Dispute received	V0000841	N/A	136.00
04/22/2009	APPEAL-APPROVE	Appeal or dispute approved	HCSC_USER	N/A	136.00
04/24/2009	RESUME	Refund request on hold pending decision on the dispute	HCSC_USER	N/A	136.00

Step 6: If additional information need to be included please fax the details to 972-766-5333. Please mention the Reference # of the refund request in the back up that will be faxed. The refund # can be accessed from the various tabs or from the detail page of the refund request

Filter: Select Multiple NPIs (Ctrl+Click)

Request ID: 00w0569001

Buttons: [Search](#) [Clear](#)

Request ID	Patient Account	Patient Name	Service From Date	Service To Date	Charges Description	NPI	Last Action	Last Action Date	Refund Amount
00w0569001	234235455	DO	12/01/2007	12/01/2007	COB Of Primary	000000565	eRM FAST TRACK	02/05/2009 19:39	19.99

Buttons: [Deduct from Future Payment](#) [Pay by Check](#) [Dispute](#) [Appeal](#) [Export Search Results](#)

Patient Account	Patient	Service Dates	NPI	Reference Number	Created
2342353455	O DO	12/01/2007 to 12/01/2007	000000565	00w0569001	02/05/2009
Refund Requested	Refund Requested Balance	Total Charges	Total Paid	Description	
02/05/2009	19.99	19.99	19.99	COB Of Primary	View Letter

Group	Member Number	Member Policy Cancelled	Other Insurance Carrier
0000FEPTX	00234234234234234		HUMANA

Claim	Check Issued	Check	Total Corporate Check Amount
0000000234234234	01/01/2008	234234234	19.99
Total Claim Billed Amount	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
19.99			

Payee Address: 234 SFSVHERERT, IL, 32535

Suspended Status: No

Total Items: 1 Total amount: \$ 19.99

Buttons: [Deduct from Future Payment](#) [Pay by Check](#) [Inquiry](#) [Dispute](#) [Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$19.99	19.99
02/05/2009	RECOUPMENT-REQUEST	Autorecoup initiated	V0000841	N/A	19.99

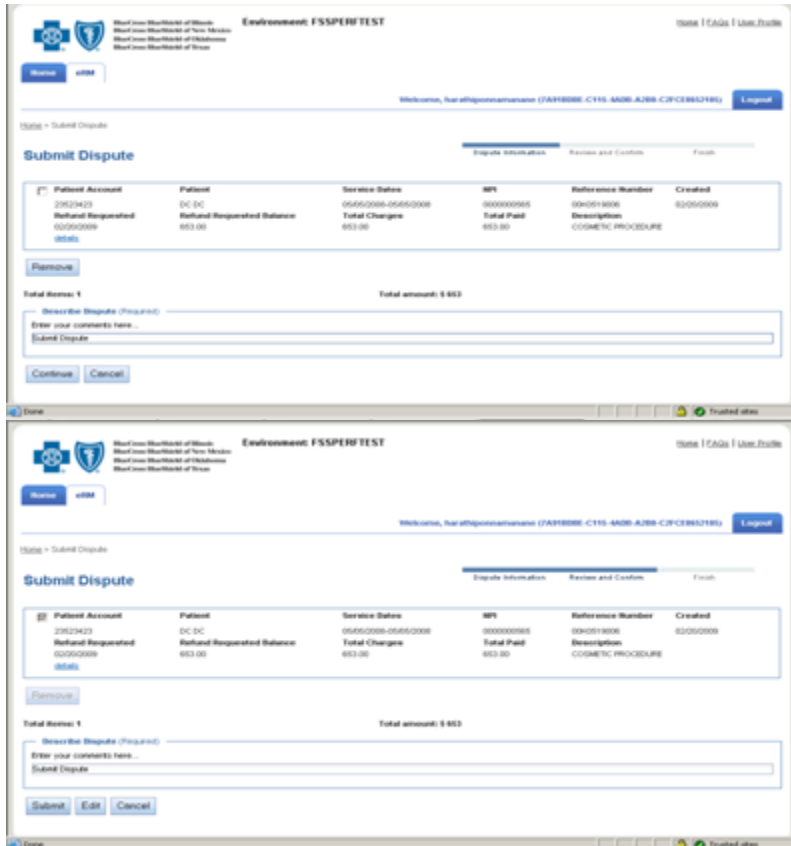
Dispute

A dispute is a disagreement with the overpayment request based on verbal or other informal information received from BCBS or the BCBS member. Example: The BCBS member states that coverage was in effect at the date of service, but a RFCR was sent stating the membership is cancelled. A limit of two disputes is allowed for each RFCR. ***When a dispute is submitted the refund request is placed on suspension, until the dispute is resolved. Once a determination is made, the item will be closed if approved or placed back under recoupment eligibility if denied.**

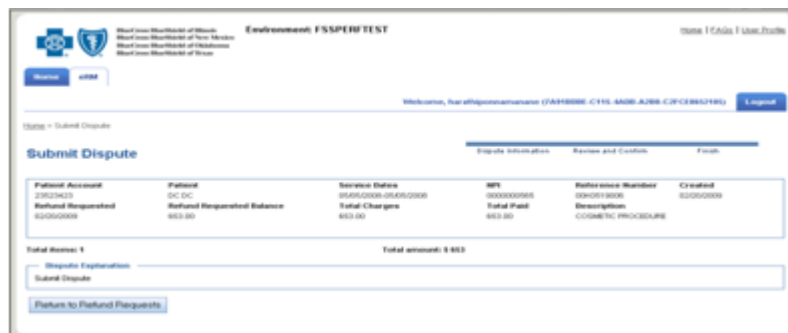
Step 1: Select one or more RFCRs that have been reviewed to submit a dispute. Multiple RFCRs can be selected in the same session only if the RFCRs have the same patient name, group and member number.

Refund Requests												
InBox		Claim Inquiry Resolution		Check Alerts		Saved Sessions		Checks Not Received		Transaction Report		Maintenance Alerts
New	Open	In Process	Closed	All								
Request ID Assign To	Patient Account	Patient Name	Service From Date	Service To Date	Amount	Balance Request	Amount	Description	Paid Amount	Charges	IPI	Created
<input type="checkbox"/> 00J1940002	123456789	K HILL	04/01/2010	04/01/2010	500.00	500.00		Medicare Primary	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/> 00W1950009	12345679	K HILL	03/01/2010	03/01/2010	150.00	150.00		NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00J1940005	123456879	K HILL	04/01/2010	04/01/2010	500.00	500.00		NON COVERED SERVICES	500.00	500.00	1203245985	07/13/2010
<input type="checkbox"/> 00W1930005	123456789	K HILL	04/01/2010	04/01/2010	150.00	150.00		COB OI PRIMARY	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00W1930006	123456789	K HILL	03/01/2010	03/01/2010	150.00	150.00		NON COVERED SERVICES	150.00	150.00	1203245985	07/14/2010
<input type="checkbox"/> 00J1970002	123456789	K HILL	05/01/2010	05/01/2010	300.00	300.00		Medicare Primary	300.00	300.00	1203245985	07/22/2010
<input type="checkbox"/> 00J1720004	123456789	L SMITH	04/01/2010	04/01/2010	500.00	500.00		NON COVERED SERVICES	500.00	500.00	1203245985	06/22/2010

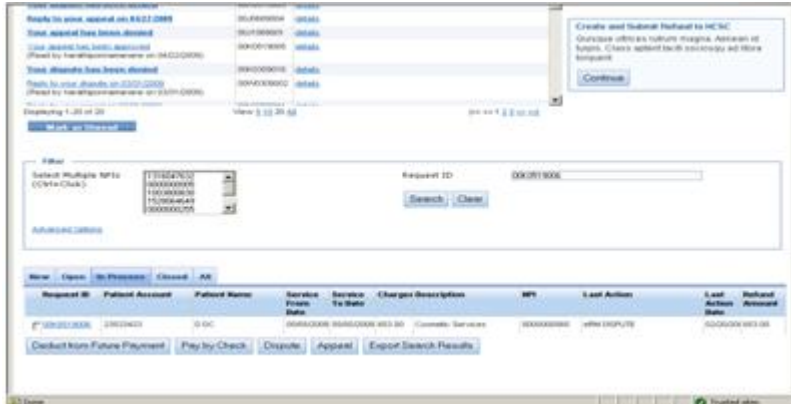
Step 2: The selected RFCR(s) are moved to the session where a note must be entered describing why the dispute is being submitted. The note entered will be applicable to all the RFCRs in the session. When clicking the Continue button, the RFCR(s) are moved to the confirmation page where the User has the ability to either cancel the session or navigate to the previous screen to edit (either remove one or more RFCRs or edit the note entered).



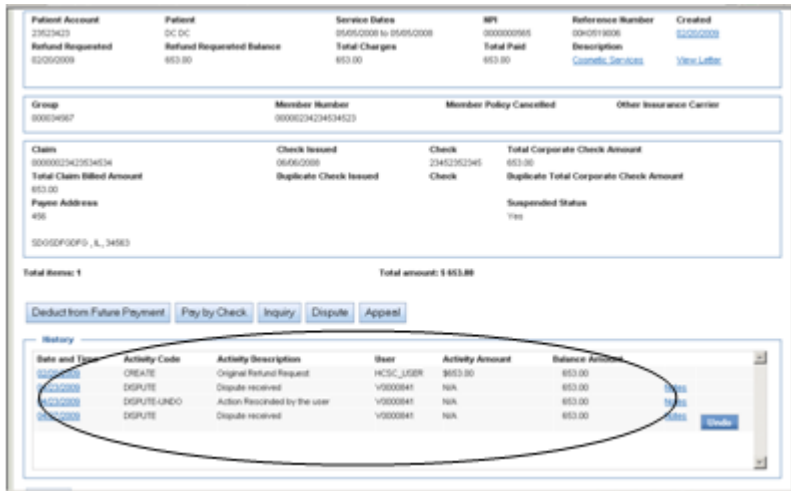
Step 3: After submitting the session, the dispute is submitted for the RFCR selected in the session. The details of the dispute can be viewed by navigating the detail page of the RFCR.



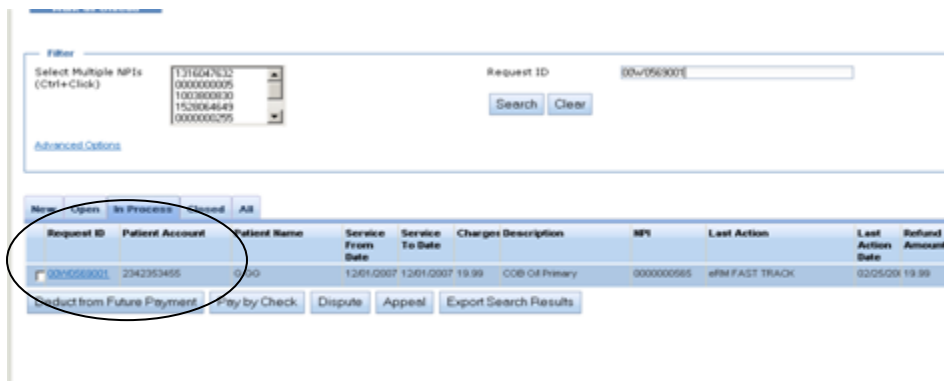
Step 4: RFCR(s) will move to the In-process tab awaiting a response from BCBS.



Step 5: Any responses (approve, deny or require additional information) will prompt an alert on the Home page and can be viewed in the detailed page of the RFCR.



Step 6: If additional information need to be included please fax the details to 972-766-5333. Please mention the Reference # of the refund request in the back up that will be faxed. The refund # can be accessed from the various tabs or from the detail page of the refund request



Patient Account 2342353455	Patient O-00	Service Dates 12/01/2007 to 12/01/2007	NPI 0000000565	Reference Number 0045969001	Created 02/05/2009
Refund Requested 02/05/2009	Refund Requested Balance 19.99	Total Charges 19.99	Total Paid 19.99	Description COB Of Primary	View Letter

Group 0000PEPTX	Member Number 00234234234234	Member Policy Cancelled	Other Insurance Carrier HUMANA
---------------------------	--	--------------------------------	--

Claim 0000000234234234	Check Issued 01/01/2009	Check 234234234	Total Corporate Check Amount 19.99
Total Claim Billed Amount 19.99	Duplicate Check Issued	Check	Duplicate Total Corporate Check Amount
Payee Address 234 SFSHERBERT, L, 32535			Suspended Status No

Total Items: 1 **Total amount: \$ 19.99**

[Deduct from Future Payment](#)
[Pay by Check](#)
[Inquiry](#)
[Dispute](#)
[Appeal](#)

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount
02/05/2009	CREATE	Original Refund Request	HCSC_USER	\$19.99	19.99
02/05/2009	RECOUPMENT_REQUEST	Autorecoup Initiated	V0000041	N/A	19.99

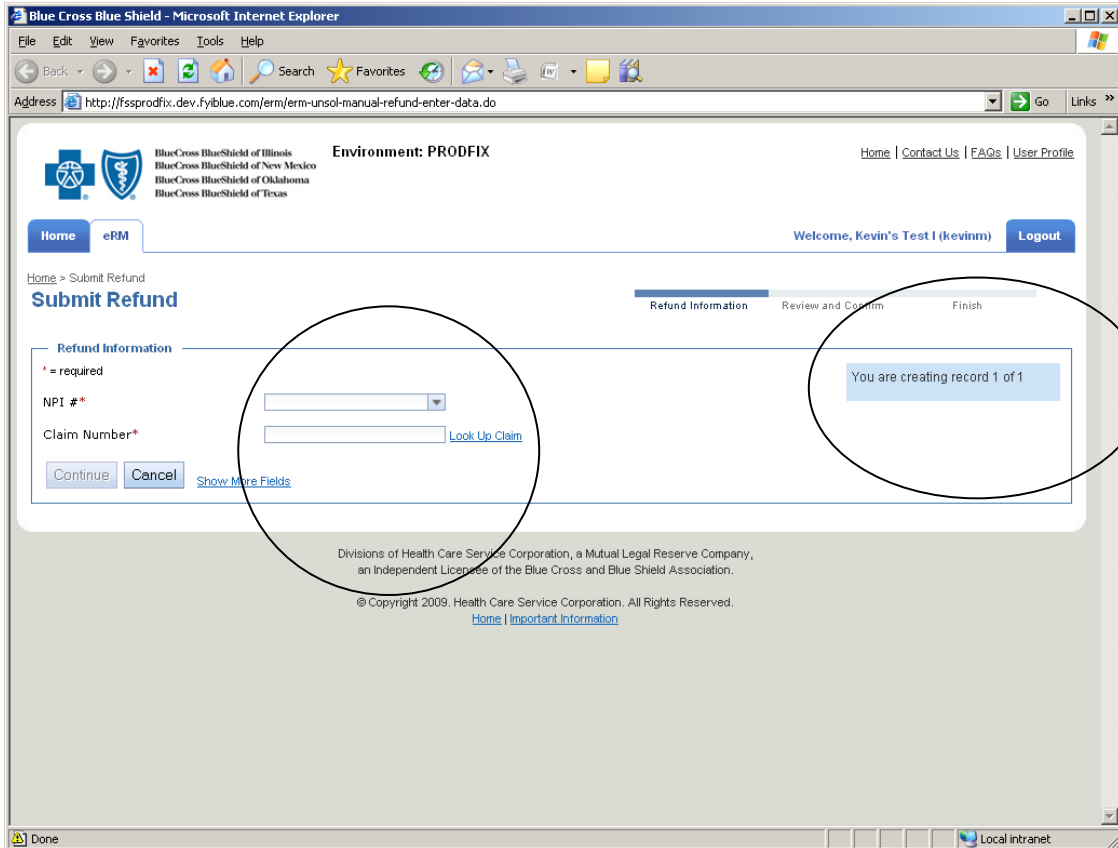
Unsolicited Refunds


Unsolicited Refunds are claim overpayments (credit balances) indentified by the provider/facility. The claim information (claim number, group number, member number, refund amount) are to be provided including additional information for BCBS to properly adjust the claim.

Step 1: Select the functionality Create and Submit Refunds to HCSC on the right mid section of the Home page. Select the Continue option to navigate to the next screen of the session.

The screenshot shows the eRM system interface. At the top left, there are navigation buttons for 'Home' and 'eRM'. At the top right, there is a user greeting 'Welcome, Webinar (123XXXXXXXXXXXX)' and a 'Logout' button. Below the navigation bar, the main heading is 'Financial Management'. Under this heading, there are two sections. The first is 'System Bulletin' with a message: 'Thank you for joining eRM, the on-line interactive tool helping providers simplify the reconciliation process. You are cordially invited t... [more.](#)'. The second section is 'Create and Submit Refund to HCSC' with a message: 'If you've identified a credit balance regarding a claim payment for which no related RFCRs are submitted in the section below, please submit the refund by clicking on "CONTINUE"'. This second section is circled in black.

Step 2: Select the NPI for which the refund is to be submitted from the dropdown list. Then enter the claim number, only the last 13 digits including the letter at the end. Once these two fields are populated, click Look Up Claim. By doing this it will automatically populate in all fields from Group Number to Billed Charges. The system maintains a tally of the number of refund items that are entered in the current session on the right corner of the screen.




BlueCross BlueShield of Illinois
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas
Home | Contact Us | FAQs | User Profile

Home eRM
Welcome, Kevin's Test I (kevinm) Logout

Home > Submit Refund

Refund Information
Review and Confirm
Finish

Refund Information

* = required

You are creating record 1 of 1

NPI #*	<input type="text" value="1203245985"/>
Claim Number*	<input type="text" value="9999999999999999X"/>
Group Number*	<input type="text" value="38000"/>
Member Number*	<input type="text" value="999999999"/>
Patient Account	<input type="text" value="99999"/>
Patient First Name	<input type="text" value="JOHN"/>
Patient Last Name	<input type="text" value="DOE"/>
Date of Service (from to)	<input type="text" value="08/01/2010"/> to <input type="text" value="08/01/2010"/>
Billed Charges	<input type="text" value="\$100.00"/>
Refund Amount*	<input type="text"/>
Reason*	<input type="text"/> Click here for reason codes detailed description
Contact Name	Kevin's Test I
Contact Phone	972-766-5335

The Group and Member number are the same as to what is on the PCS or EPS for the overpaid claim.

Step 3: A dropdown list with a variety of overpayment reasons for the refund is provided for the User to select. This will assist BCBS to better understand why the refund is being submitted and allow BCBS to accurately and timely adjust the claim. Each reason selected will prompt a different set of data to be entered.

Reason*

Contact Name

Contact Phone

Comments (Optional)
Enter your comments here...

- Select a Reason-
- Audit - Aim Recovery
- Audit - Viant Recovery
- Billed in Error- Incorrect Patient, not HCSC Member
- Billed in Error-Incorrect Patient(HCSC Member)
- Billed In Error- Entire Claim
- Billed In Error- Incorrect Provider
- Billed In Error- Incorrect Provider, Not Our Patient
- Billed In Error-Partial Claim
- Coordination Of Benefits
- Billed In Error- Procedure/Charge Changed
- Billed In Error- Procedure/Charge To Be Credited
- Corrected Claim-Corrected Date Of Service
- Corrected Claim- Corrected Patient HCSC Member
- Corrected Claim- Corrected Patient Not HCSC Member
- Duplicate Payment
- Medicare
- Non-Covered Services
- Pricing
- Third Party Liability - Experimental Research

Overpayment Refund Descriptions

	Reason	Reason Description
Reason 1	AUDIT-AIM RECOVERY	AIM Recovery conducted an audit which identified a full or partial overpayment for the claim
Reason 2	AUDIT-VIANT RECOVERY	Viant Recovery conducted an audit which identified a full or partial overpayment for the claim
Reason 3	BILLED IN ERROR- INCORRECT PATIENT NOT HCSC MEMBER	Incorrect patient was billed in error. The correct patient is not a member of HCSC
Reason 4	BILLED IN ERROR- INCORRECT PATIENT HCSC MEMBER	Incorrect patient was billed in error. The correct patient is a member of HCSC.
Reason 5	BILLED IN ERROR- ENTIRE CLAIM	An overpayment was identified due to all service(s) were billed to HCSC in error.
Reason 6	BILLED IN ERROR- INCORRECT PROVIDER	The services were billed to HCSC with the incorrect provider information.
Reason 7	BILLED IN ERROR- INCORRECT PROVIDER, NOT OUR PATIENT	Payment was received for services rendered to a patient not seen at your facility.
Reason 8	BILLED IN ERROR-PARTIAL CLAIM	An overpayment was identified as a result of specific service(s), not all, were billed to HCSC in error
Reason 9	CORRECTEDCLAIM- PROCEDURE/CHARGE CHANGED	An overpayment is identified as a result of a procedure or charge change on the claim
Reason 10	CORRECTEDCLAIM - PROCEDURE/CHARGE TO BE CREDITED	An overpayment is identified as specific service(s), not all, were billed to HCSC in error.
Reason 11	CORRECTED CLAIM - CORRECTED DATE OF SERVICE	An overpayment is identified as specific date(s) of service were billed incorrectly to HCSC
Reason 12	CORRECTED CLAIM – CORRECTED PATIENT HCSC MEMBER	Incorrect patient was billed on the claim. The correct patient is a member of HCSC.
Reason 13	CORRECTED CLAIM – CORRECTED PATIENT NOT HCSC MEMBER	Incorrect patient was billed on the claim. The correct patient is not a member of HCSC.
Reason 14	MEDICARE	Overpayment was identified as Medicare is the primary carrier. HCSC is the secondary carrier, but paid primary in error.
Reason 15	PRICING	Overpayment was identified due to claim being paid at the incorrect contract allowable
Reason 16	THIRD PARTY LIABILITY – EXPERIMENTAL RESEARCH	Services were rendered to the patient as

		experimental or research purposes and should not have been billed to HCSC
Reason 17	THIRD PARTY LIABILITY – SUBROGATION -	The injury to the patient happened outside of the patient’s home or work place. Services rendered have been paid by or should be filed to the Third Party Liability Insurance.
Reason 18	THIRD PARTY LIABILITY - WORKMAN S COMP	The injury to the patient happened at work. Service rendered have been paid by or should be filed to the Workman’s Compensation carrier
Reason 19	COORDINATION OF BENEFITS	The injury to the patient happened outside of the patient’s home or work place. Services rendered have been paid by or should be filed to the Third Party Liability Insurance.
Reason 20	DUPLICATE	An overpayment was identified as multiple payments were received for the same services
Reason 21	NON COVERED SERVICES	The service(s) billed are not covered under the patient’s contract and should not have been paid

Additional data entry screens for each of the above reasons are as following:

Reason1: AUDIT-AIM RECOVERY

Reason*

Contact Name

Contact Phone

Audit - Additional Information

* = required

Related Claim #*

Related Check #*

Reason 2: AUDIT-VIANT RECOVERY

Reason*

Contact Name

Contact Phone

Audit - Additional Information

* = required

Related Claim #*

Related Check #*

Reason 3: BILLED IN ERROR- INCORRECT PATIENT NOT HCSC MEMBER

Reason*

Contact Name

Contact Phone

Comments (Optional)

Enter your comments here...

Reason 4: BILLED IN ERROR- INCORRECT PATIENT NOT HCSC MEMBER

Reason*

Contact Name

Contact Phone

Billed In Error - Additional Information

* = required

Correct Patient

First Name*

Last Name*

Comments (Optional)

Enter your comments here...

Reason 5: BILLED IN ERROR- ENTIRE CLAIM

Reason*

Contact Name

Contact Phone

Comments (Optional)

Enter your comments here...

Reason 6: BILLED IN ERROR- INCORRECT PROVIDER

Reason*

Contact Name

Contact Phone

Billed In Error - Additional Information

* = required

Correct Provider #*

Comments (Optional)

Enter your comments here...

Reason 7: BILLED IN ERROR- INCORRECT PROVIDER, NOT OUR PATIENT

Reason*

Contact Name

Contact Phone

Comments (Optional)

Enter your comments here...

Reason 8: BILLED IN ERROR-PARTIAL CLAIM

Reason*

Contact Name

Contact Phone

Comments * (Required)

Enter your comments here...

Reason 9: CORRECTED CLAIM- PROCEDURE/CHARGE CHANGED

Reason*

Contact Name

Contact Phone

Comments * (Required)

Enter your comments here...

Reason 10: CORRECTED CLAIM - PROCEDURE/CHARGE TO BE CREDITED

Reason*


Contact Name

Contact Phone

Comments * (Required)

Enter your comments here...

Reason 11: CORRECTED CLAIM - CORRECTED DATE OF SERVICE

Reason* 

Contact Name Webinar

Contact Phone 312-000-0000

Resubmitted Or Corrected Claim - Additional Information

* = required

Correct Date of Service


From*

To*

Comments (Optional)

Enter your comments here...

Reason 12: CORRECTED CLAIM – CORRECTED PATIENT HCSC MEMBER

Reason* 

Contact Name Webinar

Contact Phone 312-000-0000

Resubmitted Or Corrected Claim - Additional Information

* = required

Correct Patient


First Name*

Last Name*

Comments (Optional)

Enter your comments here...

Reason 13: CORRECTED CLAIM – CORRECTED PATIENT NOT HCSC MEMBER

Reason* 

Contact Name Webinar

Contact Phone 312-000-0000

Resubmitted Or Corrected Claim - Additional Information

* = required

Correct Patient

First Name*

Last Name*

Comments (Optional)

Enter your comments here...

Reason 14: MEDICARE

Reason* Medicare
Contact Name Webinar
Contact Phone 312-000-0000

Medicare - Additional Information

* = required

Allowed Amount* Paid Amount*
Deductible Amount* Coinsurance Amount*
Co-pay Amount* Patient Liability Amount*
Type*
Part A/B Effective Date
ESRD Effective Date to

Continue Cancel

Comments (Optional)

Enter your comments here...

Reason 15: PRICING

Reason* Pricing
Contact Name Webinar
Contact Phone 312-000-0000

Pricing - Additional Information

* = required

Correct Allowed Amount*
DRG Contract ID

Continue Cancel

Comments (Optional)

Enter your comments here...

Reason 16: THIRD PARTY LIABILITY – EXPERIMENTAL RESEARCH

Reason* Third Party Liability - Experimental Research
Contact Name Webinar
Contact Phone 312-000-0000

Continue Cancel

Comments (Optional)

Enter your comments here...

Reason 17: THIRD PARTY LIABILITY – SUBROGATION

Reason*

Contact Name Webinar

Contact Phone 312-000-0000

Third Party Liability - Additional Information

* = required

Name of Carrier *

Paid Amount*

Comments (Optional)

Enter your comments here...

Reason 18: THIRD PARTY LIABILITY -WORKMAN S COMP

Reason*

Contact Name Webinar

Contact Phone 312-000-0000

Third Party Liability - Additional Information

* = required

Name of Carrier *

Paid Amount*

Comments (Optional)

Enter your comments here...

Reason 19: COORDINATION OF BENEFITS

Reason*

Contact Name Webinar

Contact Phone 312-000-0000

Coordination Of Benefits - Additional Information

* = required

Claim Filed with Other Carrier

Other Carrier Name*

Carrier Member Number*

Carrier Group Number*

Paid Amount*

Allowed Amount*

Coinsurance Amount*

Deductible Amount*

Patient Liability Amount*

Co-pay Amount*

Carrier Type*

Comments (Optional)

Enter your comments here...

Reason 21: DUPLICATE PAYMENT

Reason*	<input type="text" value="Duplicate Payment"/>
Contact Name	Webinar
Contact Phone	312-000-0000

Duplicate - Additional Information

* = required

Duplicate Claim Number(s)*

Duplicate Check Number(s)*

Separate items with a comma

Comments (Optional)

Enter your comments here...

Reason 21: NON COVERED SERVICES

Reason*	<input type="text" value="Non-Covered Services"/>
Contact Name	Webinar
Contact Phone	312-000-0000

Comments * (Required)

Enter your comments here...

Step 4: After selecting 1 of the 21 reasons and updating the system with the respective details (a required field has a red asterisk next to it), the User is given the option to continue to the next screen or to cancel the session. Once cancelled, the session is terminated and the refund is not processed. After selecting the Continue option, the User will navigate to the next screen where a summary of the data entered in the previous screen is displayed and a set of actions can be taken. After selecting the Details link, this will take the User to the detail page of the refund where all the information entered in the previous screen is displayed. Selecting the Remove link, will remove the refund details entered from the session to be excluded from submission. The other actions that can be taken by the User are add additional refund details for another claim; save the session so that it can be completed at a later stage; submit the session so that the refund can be deducted from a future payment; deduct from upp statement; pay the refund via check; or cancel the session.

Confirm and Review Refund

Refund Information **Review and Confirm** Finish

Refund Information					
Claim	Patient Account	Group Number	Service Dates	Reference Number	Created Date
XXXXXXXXXXXXXXXXX356	000000000000000000	00000001	2008-09-10 - 2008-10-10	327890011	10/05/2009 Details
IPI	Patient	Member Number	Bill Charges	Refund Amount	
1203245985	DOE JOHN	000000000000000000	100.00	100.00	remove

Total Items: 1

Total amount: \$ 100

- [Add Another](#)
- [Save for Later](#)
- [Deduct From Future Payment](#)
- [Deduct From Monthly Statement](#)
- [Pay by Check](#)
- [Cancel](#)

Step 5: If selecting to add another refund, the User is directed back to step 2.
 If selecting Deduct from Future Payment, the User is navigated to the next screen where the submission is confirmed and the details are updated.

Home > Submit Refund

Refund Information Review and Confirm Finish

Deduct from Future Payment

Refund Information

Claim	Patient Account	Group Number	Service Dates	Reference Number	Created Date
000000000000000032	22	0000FEP00	2009-05-20 - 2009-05-20	3140900002	05/20/2009 Details
HPI	Patient	Member Number	Bill Charges	Refund Amount	
1316047632	22 22	00000000000000022	100.00	100.00	

Total items: 1 **Total amount: \$ 100**

[Finish](#)

If selecting Pay by Check, the User is taken to a confirmation page and a bar-coded print screen appears. This page needs to be printed and submitted along with the check sent to BCBS.

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 BlueCross BlueShield of Oklahoma
 BlueCross BlueShield of Texas

Environment: FSSPERFTEST [Home](#) | [FAQs](#) | [User Profile](#)

Home eRM

Welcome, chandni avility (CChitra) [Logout](#)

Home > Submit Refund




Refund Information Review and Confirm Finish

Check Payment Cover Sheet

Please submit this sheet with your check payment and mail it to:

BCBS of <Plan>
 <Plan Street Address>
 <City, ST Postal Code>

Please make your check payable to "<Payable Name>." Include your NPI on your check.

[Print](#)   

Payment Details

Claim	HPI	Patient Account	Patient	Group	Member	Service Dates	Created	Billed	Refund	
00000000000002121	0000000043	1212	12121 21212	0000FEP00	00000000000012121	2009-05-20 - 2009-05-20	05/20/2009	100.00	100.00	Details

Total items: 1 **Total amount: \$ 100**

[Finish](#)

Step 6: The saved sessions can be retrieved from the Home page – Alerts tab – Saved Session. The ID for the session along with the date the session was pended, the total item count saved in the session and the total amount entered in the session are displayed in the alert tab.

The screenshot shows the 'Confirm and Review Refund' page. A modal dialog box is open with the following text: "Hint: You are about to save this session, you can find your pending session from 'Saved Session' on home page. Press 'Yes' to save the current session for future. Press 'No' to stay on the same page." Below the text are 'Yes' and 'No' buttons. The background page shows 'Refund Information' with fields for Claim, IPI, and Total items/amount. It also has buttons for 'Add Another', 'Save for Later', 'Deduct from Future Payment', and 'Cancel'.

Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts
ID	Date	Transaction	Item Count	Total Amount			
SIH06820100360012	3/9/2010 11:15:24	MANUAL REFUND	1	250	cancel		
SIH06820100360057	3/10/2010 9:54:41	MANUAL REFUND	1	250	cancel		
SIH06820100360023	3/10/2010 2:52:18	MANUAL REFUND	1	250	cancel		
SIH07020100360095	3/11/2010 2:43:33	MANUAL REFUND	1	250	cancel		
SIH07020100360102	3/12/2010 2:17:11	MANUAL REFUND	1	250	cancel		
SIH207120100360003	3/15/2010 11:10:31	MANUAL REFUND	1	250	cancel		
SIH07020100360105	3/16/2010 0:14:55	MANUAL REFUND	1	250	cancel		
SIH08320100360038	3/25/2010 3:23:45	MANUAL REFUND	1	100	cancel		
SIH08320100360010	3/26/2010 10:44:44	MANUAL REFUND	1	100	cancel		
SIH09020100360030	4/7/2010 2:51:43	MANUAL REFUND	1	250	cancel		
SIH09820100360028	4/19/2010 11:28:34	MANUAL REFUND	1	250	cancel		

[Refresh](#)

Claim Inquiry Resolution

Claim Inquiry Resolution needs to be utilized when you want to submit an Inquiry on a claim, where there is not an overpayment request associated with it. The claim information (claim number, group number, and member number) are to be provided including additional information for BCBS to review and to possibly adjust the claim.

Step 1: Select the Claim Inquiry Resolution tab. This tab will be blank if you have never submitted an Inquiry. To start an inquiry, select Create New Claim Inquiry.

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Financial Management

System Bulletin
Thank you for joining eRM, the on-line interactive tool helping providers simplify the reconciliation process. You are cordially invited t... [more.](#)

Create and Submit Refund to HCSC
If you've identified a credit balance regarding a claim payment for which no related RFCRs are submitted in the section below, please submit the refund by clicking on "[CONTINUE](#)".

Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts
Appeal Id	DCN	User Name	Submission Date	Last Response Date	Last Response User		
C000000053	00999999999999999X	SW RegionTest - Please don't use	10/19/2010	10/22/2010	HCSC User	details	
C000000069	00999999999999999X	SW RegionTest - Please don't use	10/20/2010	10/20/2010	HCSC User	details	
C000000070	09999999999999999X	SW RegionTest - Please don't use	10/20/2010	10/20/2010	SW RegionTest - Please don't use	details	
C000000068	0001234567890000X	SW RegionTest - Please don't use	10/20/2010	10/20/2010	HCSC User	details	

Refresh Create New Claim Inquiry

Step 2: Select the NPI for which the refund is to be submitted from the dropdown list. Then enter the claim number, only the last 13 digits including the letter at the end. Select one of the five Claim Inquiry Reason Codes. Once these two fields are populated, click Look Up Claim. By doing this it will automatically populate in all fields from Group Number to Date of Service.

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BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

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Home > Submit Claim Inquiry

Claim Inquiry

Claim Inquiry Information Review and Confirm Finish

Claim Inquiry Information

* = required

NPI #* 1203245985

Claim Number* 999999999999X

Claim Inquiry Reason Codes* [Look Up Claim](#) | [Click here for reason codes detailed description](#)

Continue Cancel Show More

- Select a Reason-
- MEDICARE/OTHER INSURANCE EOB
- DUPLICATE DENIAL
- ADDITIONAL INFORMATION
- CORRECTED CLAIM
- FEE SCHEDULE/PRICING INQUIRY

Mutual Legal Reserve Company, and Blue Shield Association.

BlueCross BlueShield of Illinois
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

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Home > Submit Claim Inquiry

Claim Inquiry

Claim Inquiry Information Review and Confirm Finish

Claim Inquiry Information

* = required

NPI #* 1203245985

Claim Number* 999999999999X

Claim Inquiry Reason Codes* MEDICARE/OTHER INSURANCE EOB [Click here for reason codes detailed description](#)

Group Number* 99000

Subscriber ID* 999999999

Date of Service (from to)* 10/01/2010 to 10/01/2010

Continue Cancel Hide Fields

Comments * (Required)

Enter your comments here...

2000

Supporting Documentation * (Required)

Upload Supporting Documentation (optional) [Add File](#)

I will fax my supporting documentation

Additional Claims (Optional)

Enter additional Claims here...

2000

	Reason	Reason Description
Reason 1	MEDICARE/OTHER INSURANCE EOB	The explanation of benefits from another insurer who considered or paid the claim. This could be from Medicare, a worker's comp policy, primary policy, secondary policy, etc...
Reason 2	DUPLICATE DENIAL	The original claim denied as a duplicate, but this claim is not a duplicate. An explanation on why the claim is not a duplicate should be included in the narrative.
Reason 3	ADDITIONAL INFORMATION	The claim or a portion of the claim was denied needing medical records, certificate/letter of medical necessity, and/or therapy notes for payment consideration.
Reason 4	CORRECTED CLAIM	A change has been made to the original claim. Example: The wrong procedure code was billed.
Reason 5	FEE SCHEDULE/PRICING INQUIRY	The claim did not pay according to the provider fee schedule and the allowed amount and/or payment needs to be reviewed.

Step 3: Enter your comments, which are required, list any additional claim numbers in the second box, and/or upload supporting documentation. You may also choose to fax in your supporting documentation. Select Submit.

Submit
Edit
Cancel
[Hide Fields](#)

Comments * (Required)

Enter your comments here...

You didn't pay enough.

1978

Additional Claims (Optional)

Enter additional Claims here...

2000

Supporting Documentation * (Required)


Upload Supporting Documentation (optional) [Add File](#)

C:\Documents and Settings [Browse...](#)

remove

I will fax my supporting documentation

The Finish page will display all information entered and will provide you a Claim Inquiry Tracking ID.



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[Home](#) > [Submit Claim Inquiry](#)

Claim Inquiry

Claim Inquiry Information Review and Confirm Finish

Your Claim Inquiry Tracking ID is : C000000092

Claim Inquiry Information

Claim Number	IPI Number	Claim Inquiry Reason
0000999999999999X	1203245985	MEDICARE/OTHER INSURANCE EOB
Group Number	Subscriber ID	Service Dates
000038000	00000000999999999	10/01/2010-10/01/2010

Additional Claims

Comments

You didn't pay enough.

Supporting Documentation

[eRM Test.docx](#)

[Return to Home](#)

Now when you return to the Claim Inquiry Resolution Tab, the inquiry you submitted will be displayed. To view the history of this inquiry, including what you submitted and how BCBS responded, click on the details link.

Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts
Appeal Id	DCH	User Name	Submission Date	Last Response Date	Last Response User		
C000000092	000099999999999999X	Cristy'sTest - Please don't use	10/26/2010	10/26/2010	Cristy'sTest - Please don't use	details	
C000000053	009999999999999999X	SW RegionTest - Please don't use	10/19/2010	10/22/2010	HCSC User	details	
C000000069	009999999999999999X	SW RegionTest - Please don't use	10/20/2010	10/20/2010	HCSC User	details	
C000000070	099999999999999999X	SW RegionTest - Please don't use	10/20/2010	10/20/2010	SW RegionTest - Please don't use	details	
C000000068	0001234567890000X	SW RegionTest - Please don't use	10/20/2010	10/20/2010	HCSC User	details	

[Refresh](#) [Create New Claim Inquiry](#)

This will bring you to the Claim Inquiry Details page for that ID. In the correspondence section, the original inquiry will be displayed and the response from BCBS.



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[Home](#) > [Submit Claim Inquiry](#)

Claim Inquiry Details For C000000092

Claim Inquiry Information

Claim Number	HPI Number	Claim Inquiry Reason
0000999999999999X	1203245985	MEDICARE/OTHER INSURANCE EOB
Group Number	Subscriber ID	Service Dates
000038000	00000000999999999	10/01/2010-10/01/2010

Additional Claims

Correspondence

[Hide All](#)

ERM User (Cristy'sTest - Please Don't Use) On 10/26/2010

You didn't pay enough.
[eRM Test.docx](#)

[Print fax cover sheet](#)

HCSC User (U263932) On 10/26/2010

You are correct.

[Reply](#)

[Return to Home](#)

Additional Features

Other features available in eRM application are the Contact Us, FAQs and Profile options. From the Home page of the eRM application, the User can access FAQs by clicking the related link on the right hand corner of the page. The FAQs have a detailed explanation of frequently asked questions for each of the actions and tabs in eRM application.

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Financial Management

System Bulletin
Regression Test on 06/01/09. System update at 3:30 AM on Saturday 6/6/09. ERM will be release this week. Regression Test on 06/01/09. System up....

Create and Submit Refund to HCSC
If you've identified a credit balance regarding a claim payment for which no related RFCRs are submitted in the section below, please submit the refund by clicking on "CONTINUE".

From the Home page of the eRM application, the User can navigate to the Contact Us details where the User can submit any questions or issues or any technical assistance within the eRM application by selecting topic from select topic drop down and with detailed notes.

Home > Contact Us

Contact Us

Contact Information | Review and Confirm | Finish

Contact Information

* = required

Name Webinar
User ID V0002551
NPI #
Select Topic *

Supporting Documentation (Optional)
Upload Supporting Documentation (optional) **Add File**
 I will fax my supporting documentation

Message *
Enter your comments here...

Continue Clear Form

The refund management system is available Monday-Friday, 7:30AM - 7:30PM CST

Step: The User Profile option has details of the profile created and the NPIs. The access type will also be displayed.

[Home](#) [eRM](#) Welcome, Webinar (123XXXXXXXXXXXX) [Logout](#)

[Home](#) > User Profile

User Profile

User Name: Webinar
Phone Number: 312-000-0000
Email: Harathi_Ponnamanane@BCBSIL.com

Vendor Name: RealMed
Vendor User Id: 123XXXXXXXXXXXX
HCSC Internal User Id: V0002551

User Type: Professional / Professional Group
Email Notification Frequency: Daily
Role Access: Full Access

Associated with NPIs:
1253245985
1203245985

Related Links

[Provider File Update Form](#)

Use this form to notify BCBSIL for address or phone changes