

# Update on Auto-Recoupment Process

Over the past several months we have informed you of the implementation of our Overpayment Recovery Program which became effective October 1, 2004. This program allows us to recoup overpayments made to BCBSIL contracting providers for the BlueChoice POS, BlueChoice Select and PPO products when payment errors have occurred (e.g. duplicate payments, non-covered services).

## Refund Request Process

When we identify an overpayment, a refund request letter is sent to the payee which explains the reason for the refund and includes a remittance form and return address envelope. If the contracting provider fails to return the overpayment, BCBSIL reserves the right to deduct any such payment from any other payment due the provider from BCBSIL.

## Electronic Remittance Advice

Your Electronic Remittance Advice (ERA), will provide information in a PLB segment when an overpayment is recovered by BCBSIL. Providers receiving old ERA formats NSF, ANSI 3030 and 3051 will have to check the Provider Claim Summary (PCS/EPS) reports to verify overpayment information.

The ANSI 835 4010A1 will be displayed as follows:

- PLB\*123456978\*20041231\*WO:0000123456789X\*25.30~
- PLB01 = Provider Identifier (Provider #)
- PLB02 = Fiscal Period (CCYYMMDD)
- PLB03-01 = Adjustment Identifier (WO = Overpayment Recovery)
- PLB03-02 = Provider Adjustment Identifier = DCN # will be provided
- PLB04 = Provider Adjustment Amount

## Provider Claim Summary/Electronic Payment Summary Revisions

The recoupment deduction information will be included on your Provider Claim Summary (PCS) and Electronic Payment Summary (EPS). Modifications have been made to the PCS/EPS to support the auto-recoupment process. The PCS/EPS will:

- Include the total amount recouped
- Show the reduction in the check amount
- Print recoupment message(s)
- Include information regarding claim data (e.g. subscriber name, date of service, etc.) about what was recouped from the provider

**Note:** Currently Uniform Payment Plan (UPP) providers are exempt from this process.

The Recovery of Overpayments Due BCBSIL policy is located in the Health Care Management Policy and Procedure section of the Provider Manual and the HMO MG/IPA Provider Manual. Log on to <http://www.bcbsil.com/provider/securedpage.htm> to access the policy section. If you have any questions about this policy, please contact our Provider Telecommunications Center at (800) 972-8088.

See attached sample.



**BlueCross BlueShield  
of Illinois**

A Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company,  
an Independent Licensee of the  
Blue Cross and Blue Shield Association

**PROVIDER CLAIM SUMMARY**

300 East Randolph  
Chicago, Illinois 60601 – 5099

DATE: MM/DD/YY  
PROVIDER NUMBER: 000123456  
CHECK NUMBER: 20094166  
TAX IDENTIFICATION NUMBER: 36123456

Provider Name  
Address  
City, State, Zip



ANY MESSAGES WILL APPEAR ON PAGE 1

PATIENT: JANE DOE  
AGE: 56 IDENTIFICATION NO: P99999 – XOF999999999  
CLAIM NO: 0000123456789120X PATIENT NO: 08L8888888-8

BEGIN DATE	END DATE	TS*	PS**	AMOUNT BILLED	AMOUNT PAID	OVER*** U & C	DEDUCTIONS/OTHER INELIGIBLE	SERVICES NOT COVERED
MM/DD/YY	MM/DD/YY	006	02	79.00	50.00	29.00	0.00	0.00
				79.00	50.00	29.00	0.00	0.00

AMOUNT PAID TO PROVIDER FOR THIS CLAIM: \$50.00

RECOUPMENTS TAKEN

PAT NAME	PAT ACCT NO	GROUP-SUBS NUMBER	CLAIM NUMBER	FROM/TO DATES	AMOUNT REASONS
DOE J	01L1111111 -	P88888 - 888888888	987654321980X	MM/DD – MM/DD/YY	\$49.00 COORDINATION OF BENEFITS

\*\*\*YOUR SUBMITTED CHARGE EXCEEDS THE USUAL AND CUSTOMARY ALLOWANCE. AS A PARTICIPATING PHYSICIAN, YOU HAVE AGREED TO ACCEPT THIS PAYMENT AS PAYMENT IN FULL AND NOT BILL OUR MEMBER FOR THE AMOUNT EXCEEDING THE USUAL AND CUSTOMARY ALLOWANCE.

AMOUNT BILLED:	\$79.00	AMOUNT OVER U & C:	\$29.00
AMOUNT PAID TO PROVIDER:	\$50.00	AMOUNT OF SERVICES NOT COVERED:	\$0.00
AMOUNT PAID TO SUBSCRIBER:	\$0.00	AMOUNT PREVIOUSLY PAID:	\$0.00
NUMBER OF CLAIMS:	1	AMOUNT OVER MAXIMUM ALLOWANCE:	\$0.00
RECOUPMENT AMOUNT:	\$49.00	NET AMOUNT PAID TO PROVIDER:	\$1.00

\*TYPE OF SERVICE (TS) 006. MEDICAL. \*\*PLACE OF SERVICE (PS) 02. HOSPITAL OUTPATIENT.

MESSAGES: NO MESSAGES FOR THIS DOCUMENT