

## Electronic Refund Management (eRM) User Guide

via Availity<sup>®</sup> Provider Portal

July 2021

The Electronic Refund Management (eRM) tool assists providers in simplifying overpayment reconciliation and related processes for claims processed by Blue Cross and Blue Shield of Illinois (BCBSIL). This tool allows providers to receive electronic notification of overpayments, inquire about or dispute requests, deduct overpayments from future claim payment, pay by check, submit unsolicited refunds and stay a ware with system alerts. eRM can also reduce administrative costs by decreasing the amount of correspondence that are sent through the mail.

The following information instructs users how to access and use the eRM tool via Availity. **Not yet registered with Availity**? Visit <u>Availity</u> and complete the online registration today, at no cost.

#### This information does not apply to members who have Medicare Advantage or Illinois Medicaid plans.

### 1) Getting Started

- 🕨 Go to <u>Availity</u> 🚰
- Select Availity Portal Login
- Enter User ID and Password
- Select Log in



Note: Only registered Availity users can access Refund Management - eRM.

## 2) Accessing eRM

- Select Payer Spaces from the navigation menu
- Choose Blue Cross and Blue Shield of Illinois



- In BCBSIL Payer Spaces, select the Applications tab
- Next, select Refund Management eRM

Applications Resources	News and Announcements
♡ Refund Managemen	t - eRM
Refund Management - eF	RM (BCBS)

#### Notes:

- Contact your Availity Administrator if *Refund Management eRM* is not listed in the Applications menu. Identify your Availity Administrator by referring to *My Administrators* under *My Account Dashboard* on the Availity home page.
- New users must complete the onboarding form and email verification in order to gain access to the eRM system.

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### 3) Home Page Overview

The eRM Home page is divided into three sections:

- System Bulletin contains alerts and pertinent information for users
- B Create and Submit Refund submit unsolicited (voluntary) refunds to BCBSIL for providers identified overpayments
- **C** Refund Requests contains solicited refund requests from BCBSIL, which are subdivided into five tabs:

#### New, Open, In-Process, Closed, and All

#### Other Refund Management tabs:

- Inbox view BCBSIL's response for submitted refund disputes and/or inquiries (see step 6 and step 9 for more information)
- Claim Inquiry Resolution submit reconsiderations for specific finalized claims (refer to the Claim Inquiry Resolution (CIR) User Guide (User Guide) / User Guide)
- Check Alerts receive alerts when a check is stopped by BCBSIL or returned by USPS due to a bad address
- Saved Sessions access sessions that have been saved/pended by an individual user
- Checks Not Received view checks not received by BCBSIL within 40 days (see step 7 for more information)
- Transaction Report create a report of refund-related activity for your NPI(s)
- Maintenance Alerts receive alerts when BCBSIL performs maintenance, including a decrease or increase for refund requests

	Syst Atter Belo	tem Bul ntion: Va	l IVIA Iletin alued e ne refu	RM U	sers! e more	*****		****	Create an If you've i submitted	nd Submit Refunc identified a credit b I in the section belo	I <b>to HCSC</b> alance regarding a cla w, please submit the	im paym refund by	ent for wh	nich no relat on " <u>CONTIN</u>	ed RFCRs are <u>IUE</u> ".
Q	Refur	nd Reques	its Inl	Box	Claim Inquiry Re	solution	Check Alerts	Saved Sessions	Checks Not Rece	eived Transaction Re	port Maintenance Alerts	D			
	New	Open Reques	In Pro	cess Patie	Closed All	Patie	nt	Service	Service To	Amount Balance	Description	Paid	Charges	NPI	Created
		Assign	10					From Date	Date	Request Amount		Amount	•	Provider Name	
	Ded	uct fron	n UPF	' Stat	ement De	duct fro	om Future Pa	From Date	Date	Appeal Exp	ort Refresh Prir	Amount		Provider Name	

## 4) New & Open Refund Requests

- Select the Refund Requests tab
- Select New and/or Open tab
- Select Request ID to view refund details and take action

F	in	ancial N	lana	gement												
	Sys	stem Bulleti	n				Create a	nd Subm	it Refun	d to H	csc					
	Atte	tention: Valued eRM UsersI				*****	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 " <u>CONTINUE</u> ".									
	Bel	ow are the re	efund re	ce more			<b>•</b>									
	Refu	ind Requests	InBox	Claim Inquiry Reso	lution Check Alerts	Saved Sessions	Checks Not Rece	eived Tra	nsaction R	eport	Maintenance Alerts					
	New	Open In	Process	Closed All												
		Request ID	Pati	ent Account	Patient	Service	Service To	Amount	Balance	Descr	iption	Paid	Charges	NPI	Created	
		Assign To				From Date	Date	Request	Amount			Amount		Provider Name		
-		00A1234567	123	000000	A DOE	10/02/2020	10/02/2020	4630.50	4630.50	Cance	lled Member	4630.50	4630.50	1234567890 ABC CLINIC	02/17/2021	-

## 5) Refund Request Details

The **Solicited Refund Details** include the patient information, claim information and the requested refund amount. The refund request letter can also be viewed by selecting the **View Letter** link to assist in determining which of the following actions is needed.

- Select Deduct from Future Payment (Recoup) or Pay by Check if you agree with the refund request
- Select Dispute if you disagree and would like to dispute the refund
- Select Inquiry to submit a question for clarification regarding the refund request

Home > Refund Request Details Solicited Refund De	etails				
Patient Account 1234567890	Patient JANE DOE	Service Dates 10/21/2020 to 10/21	NPI / Provider N 2020 1234567890 ABC HOSPITAL	ame Reference Number 99999999	Created 03/05/2021
Refund Requested 03/04/2021 Estimated Patient's Liability Amount 0.00	Refund Requested Balance 4630.50 PFIN Type Facility	Total Charges 4630.50	Total Paid 4630.50	Description Cancelled Member	View Letter [PDF]
Group 123456	M4 99	ember Number 9999999	Member Policy Cancell 10/01/2020	ed Other Inst	urance Carrier
Claim 0202099999999999999 Total Claim Billed Amount 4630.00	Check Issued 11/24/2020 Duplicate Check	Check 000009999999 Issued Duplicate Check	Total Claim Amount 4630.50 Duplicate Total Claim Amoun	Total Corporate Chec t Duplicate Total Corpo	k Amount prate Check Amount
Payee Address P.O. BOX 1234 ANYWHERE. IL 12345-0000	Assigned To	Suspended Status No		Quick Tip:	
Total items: 1 Deduct from UPP Stateme	nt Deduct from Future Pay	Total a	mount: \$4630.50	submitted submitted	in accordance with th plan requirements.
History — Date and Time Activity 03/05/2021 CREATI	Code Acti E ORI	vity Description GINAL REFUND REQUEST	User Activity B Amount A BCBS User 4630.50 4	alance Note <u>+/-</u> mount 630.50	
Return to Home Print					

When further action is taken, you will receive an easy three-step process to follow (i.e., inquiry/refund information, review and confirm and finish)

Submit Dispute	Dispute Information	Review and Confirm	Finish
Pay Refund By Check	Payment Information	Review and Confirm	Finish
Deduct from Future Payment (Recoup)	Recoupment Information	Review and Confirm	Finish
Submit Inquiry	Inquiry Information	Review and Confirm	Finish

• Once an action is complete the item will move to the In-Process tab on the eRM home page

# 6) Dispute Refund Request

- Open the Refund Details
- Select Dispute

Claim 02020999999999999	Check Issued 11/24/2020	Check 0000009999999	Total Claim Amount 4630.50		Total Corporate Check Amount
Total Claim Billed Amount 4630.00	Duplicate Check Issued	Duplicate Check	Duplicate Total Claim A	mount	Duplicate Total Corporate Check Amount
Payee Address	Assigned To	Suspended Status			
P.O. BOX 1234 ANYWHERE. IL 12345-0000		No			
Fotal items: 1		Total an	nount: \$4630.50		
Deduct from UPP Statement	Deduct from Future Payment (R	ecoup) Inquiry	Dispute Appeal		
Date and Time Activity Code	e Activity Desc	ription	User Activi Amou	ty Balance nt Amount	Note <u>+/-</u>
03/05/2021 CREATE	ORIGINAL RE	FUND REQUEST	BCBS User 4630.5	0 4630.50	
Return to Home Print					

- Next, enter your comments
- Select Add File and Browse to upload applicable documentation, or select I will fax my supporting documentation\*
- Select Continue, review and confirm, then select Submit

\* A fax cover sheet (including the fax number) will be available for printing after the **Submit** button is selected. This fax cover sheets includes a bar code to help ensure the information you send is matched directly to the appropriate file and/or claim.

Submit Dispute			Dispute Information	Review and Confirm	Finish
Patient Account 1234567890 Refund Requested 03/04/2021 details	Patient JANE DOE Refund Requested Balance 4630.50	Service Dates 10/21/2020-10/21/2020 Total Charges 4630.50	NPI 1234567890 Total Paid 4630,50	Reference Number 999999999 Description MEMBERSHIP CANCI ED	Created 03/05/2021 ELL
Total items: 1 Describe Dispute (Required) Enter your comments here Provide detailed desc	ription for the refund dispu	Total amount: \$46	S30.50 Supporting Upload Sup (optional) I will fax I Choose File remove	g Documentation (Optional porting Documentation my supporting documentatio TEST.pdf	
Continue Cancel			$\begin{array}{c} & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & $	<b>Tips:</b> ceptable file type cumentation are cuploads must n	es for uploading supporting PDF (.pdf) and TIFF (.tif). ot exceed a size of 5MB. If th

Refer to the Inbox tab on the eRM home page to view BCBSIL's response to the submitted dispute

	Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not	Received	Transaction Report	Maintenance Alerts		
	Message						Patient	Name		ID	
4	O Your disput	e has be	en approved				JANE DO	E		00A1234567	details

# 7) Pay Refund by Check

- Open the Refund Details
- Select Pay by Check

Claim 020209999999999999 Total Claim Billed Amount 4630.00	Check Issued 11/24/2020 Duplicate Check Issued	Check 0000009999999 Duplicate Check	Total Claim An 4630.50 Duplicate Tota	iount I Claim Amo	ount	Total Corporate Check Amount Duplicate Total Corporate Check Amount
Payee Address P.O. BOX 1234 ANYWHERE. IL 12345-0000	Assigned To	Suspended Status No				
Total items: 1 Deduct from Future Payment (Recoup)	Pay by Check Inqu	Total an	nount <b>: \$</b> 4630.50 Appeal			
Date and Time Activity Code 03/05/2021 CREATE	Activity Desc ORIGINAL RE	ription FUND REQUEST	User BCBS User	Activity Amount 4630.50	Balance Amount 4630.50	Note <u>+/-</u>
Return to Home Print						

Enter the Payment Amount

### Select Continue, review and confirm, then select Submit

Note: Make sure to add a comment when the Payment Amount differs from the original amount requested.

<sub>Home</sub> ≥ Pay	Pay Refund By Check Refund By Check			Payment Information	Review and Confirm	Finish
	Patient Account 1234567890 Refund Requested 03/05/2021 details	Patient JANE DOE Refund Requested Balance 4630.50	Service Dates 04/03/2020-04/03/2020 Total Charges 4630.50	NPI 1234567890 Total Paid 4630.50	Reference Number 999999999 Description MEMBERSHIP CANCELLED	Created 03/05/2021 Payment Amount 54,630.50
Ren Total i	nove tems: 1		Total amount: \$ 463	0.50		
Ente	a Comment (Optional)	you are paying an amount that differs fro	om the original amount requested.	Supporting I Upload Supp (optional)	Documentation (Optional) orting Documentation y supporting documentatio	Add File
Cor	tinue Cancel			/		

- Refer to the Checks Not Received tab on the eRM home page to view checks not received by BCBSIL within 40 days
- Select details for more information

	Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Mainten	ance Alerts			
1	MCRN	Numbe	r		Bal Amt	М	CRN Create Date		Alert Creat	te Date		
	M1111	11111			480.00	2/	/15/2021 10:55		3/30/2021 3	8:00 🤇	details	2
	M2222	22222			102.42	3/	/15/2021 4:35		4/30/2021 5	i:00	details	

# 8) Pay Refund by Deducting from Future Payment

- Open the Refund Details
- Select Deduct from Future Payment (Recoup)

Claim 0202099999999999999 Total Claim Billed Am 4630.00	ount	Check Issued 11/24/2020 Duplicate Check Issued	Check 0000009999999 Duplicate Check	Total Claim Am 4630.50 Duplicate Total	ount Claim Amo	unt	Total Corporate Check Amount Duplicate Total Corporate Check Amount
Payee Address		Assigned To	Suspended Status				
P.O. BOX 1234 ANYWHERE. IL 12345-(	0000		NO				
Total items: 1			Total am	ount: \$4630.50			
Deduct from Future	Payment (Recoup)	Pay by Check Inqu	iry Dispute A	Appeal			
Date and Time	Activity Code	Activity Descr	iption	User	Activity Amount	Balance Amount	Note <u>+/-</u>
03/05/2021	CREATE	ORIGINAL RE	FUND REQUEST	BCBS User	4630.50	4630.50	
Return to Home	Print						

### Enter the Payment Amount

# Select Continue, review and confirm, then select Submit

Deduct from Future	Payment (Recoup)		Recoupment Information	Review and Confirm	Finish
Patient Account 1234567890 Refund Requested 03/05/2021 details	Patient JANE DOE Refund Requested Balance 4630.50	Service Dates 04/03/2020-04/03/2020 Total Charges 4630.50	NPI 1234567890 Total Paid 4630.50	Reference Number 999999999 Description MEMBERSHIP CANCELLED	Created 03/05/2021 Payment Amount 54,630.50
Remove					
Total items: 1		Total amount: \$ 4630.	50		
Add Comment (Optional)					
Enter your comments here			Supporting Do	ocumentation (Optional)	
			Upload Suppor (optional)	ting Documentation	Add File
			I will fax my	supporting documentation	n
			/_		
Continue Cancel					

• Once submitted the item will move to the In-Process tab on the eRM home page

# 9) Refund Inquiry

- Open the Refund Details
- Select Inquiry

Claim 020209999999999999		Check Issued 11/24/2020	Check 0000009999999	Total Claim Am 4630.50	ount		Total Corporate Check Amount
Total Claim Billed Ar 4630.00	nount	Duplicate Check Issued	Duplicate Check	Duplicate Total	Claim Amo	ount	Duplicate Total Corporate Check Amount
Payee Address		Assigned To	Suspended Status				
P.O. BOX 1234 ANYWHERE. IL 12345	-0000		No				
Fotal items: 1			Total am	ount: \$4630.50			
Deduct from Futur	e Payment (Recoup)	Pay by Check	iiry Dispute A	Appeal			
Date and Time	Activity Code	Activity Descr	iption	User	Activity Amount	Balance Amount	Note <u>+/-</u>
03/05/2021	CREATE	ORIGINAL RE	FUND REQUEST	BCBS User	4630.50	4630.50	
Return to Home	Print	URIGINAL RE	FUND REQUEST	BCBS User	4030.50	4630.50	

- ▶ In the Comments field provide a detailed question for clarification needed
- Select Continue, review and confirm, then select Submit

Submit Inquiry			Inquiry Information	Review and Confirm	Finish
Patient Account 1234567890 Refund Requested 03/05/2021	Patient JANE DOE Refund Requested Balance 4630.50	Service Dates 04/03/2020-04/03/2020 Total Charges 4630.50	NPI 123457890 Total Paid 4630.50	Reference Number 99999999 Description MEMBERSHIP CANCELL	Created 03/05/2021 ED
details					
Remove Total items: 1 Coscribe Inquiry (Required)		Total amount: \$463	0.50		
Enter your comments here			- Supporting	Documentation (Optional)	·
Enter your detailed question and	d/or description of what clarification is nee	ded for this refund request.	Upload Supp (optional)	porting Documentation	Add File
			🗌 l will fax n	ny supporting documentatio	n
Continue Cancel					

## Refer to the Inbox tab on the eRM home page to view BCBSIL's response for the inquiry submitted

	Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not	Received	Transaction Report	Maintenance Alerts		
	Message						Patient	Name		ID	
	Your disput	e has be	en approved				JANE DO	E		00A1234567	details
<	Reply to you	<u>ur inqui</u>	ry on 03/05/2021				JANE DO	E		00A1234577	details

# 10) Unsolicited (Voluntary) Refunds

Use the **Create and Submit Refund** section to submit a voluntary/unsolicited refund to BCBSIL on claims where you've identified an overpayment and BCBSIL has not requested a refund.

Select Continue from the Create and Submit Refund section on the eRM home page

Home eRM		
Financial Management		
System Bulletin	<b>A</b>	Create and Submit Refund to HCSC
Attention: Valued eRM Users!	****	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 of CONTINUE
Below are the refund rece more	-	

- Select the NPI
- Select the **Provider (PFIN)** Type (Professional or Facility)
- Enter the 13- or 17-digit alpha-numeric Claim Number
- Select Look Up Claim (if your claim processed prior to 18 months, select Show More Fields and manually enter the patient and claim information on the below screen)
- Enter the Refund Amount
- Select refund Reason from the drop-down list
- Enter Comments and Add or Fax Supporting Documentation (optional)
- Select Continue

Home > Submit Refund				
Submit Refund		Refund Information	Review and Confirm	Finish
Refund Information				
* = required			You are created	ating record 1 of 1
NPI #*	1234567890 - ABC HOSPITAL			- -
Pfin Type	FACILITY			
Claim Number*	20209999999999999999999999999999999999			
Group Number*	123456			
Member Number*	999999999			
Patient Account	1234567890			
Patient First Name	JANE			
Patient Last Name	DOE			
Date of Service (from to)	3/30/2021 to 4/2/2021			
Billed Charges	4500.00			
Refund Amount*	4500.00			
Reason*	Billed In Error- Entire Claim Click here	for reason codes detai	ed description	
Contact Name	JOHN DOE			
Contact Phone	999-555-5555			
Continue Cancel Hide Fields				
Comments (Optional)		- Supporting	Documentation (Optional)	
Enter your comments here		Upload Supp (optional)	oorting Documentation	Add File
This entire claim was bi	illed in error.	(optional)		
		I will fax n	ny supporting documentation	
	3201			

# 10) Unsolicited (Voluntary) Refunds (continued)

- Select Deduct from Future Payment (Recoup) or Pay by Check
- Select Continue, review and confirm, then select Submit

Confirm and Rev	iew Refund		Refund Inform	ation Review and Confirm	Finish	
- Refund Information Claim 202099999999999999	Patient Account 1234567980	Group Humber 123456	Service Dates 03/30/2021-04/2/2021	Reference Number 11111111	Created Date 04/12/2021	Details
IIPI 1234567890	Patient JANE DOE	Member Humber 999999999	Bill Charges \$4500.00	Refund Amount \$4500.00		remove
otal items: 1		Τοί	tal Amount \$4500.00			

• Once submitted the item will move to the In-Process tab on the eRM home page

Have questions or need additional education? Email the <u>Provider Education Consultants</u>. Have questions about the eRM Onboarding process? Email the <u>eRM Onboarding team</u>.

Be sure to include your name, direct contact information & Tax ID or billing NPI.

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