

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 aware 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 [Availity](#) 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

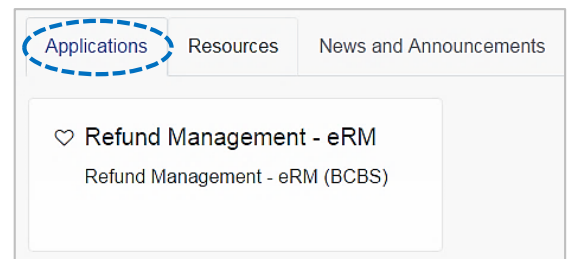
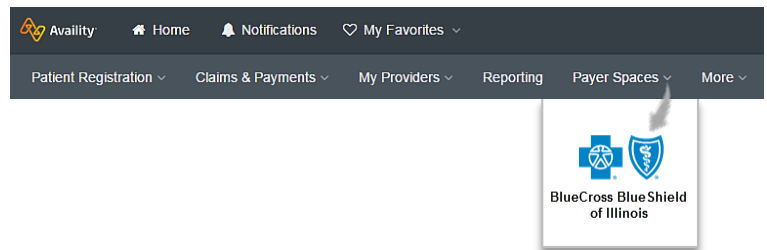
- ▶ Go to [Availity](#)
- ▶ Select **Availity Portal Login**
- ▶ Enter User ID and Password
- ▶ Select **Log in**



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**



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.

3) Home Page Overview

The eRM Home page is divided into three sections:

- A 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**
- D 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 \(CR\) 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

Financial Management

A System Bulletin
Attention: Valued eRM Users!
Below are the refund rece... 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".

C Refund Requests | Inbox | Claim Inquiry Resolution | Check Alerts | Saved Sessions | Checks Not Received | Transaction Report | Maintenance Alerts

D New | Open | In Process | Closed | All

Request ID Assign To	Patient Account	Patient	Service From Date	Service To Date	Amount Request	Balance Amount	Description	Paid Amount	Charges NPI Provider Name	Created

Deduct from UPP Statement | Deduct from Future Payment (Recoup) | Dispute | Appeal | Export | Refresh | Print

Filter

Select Multiple NPIs (Ctrl+Click) | 1234567890 - ABC Clinic | Request ID | Search | Clear | [Advanced Options](#)

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

Financial Management

A System Bulletin
Attention: Valued eRM Users!
Below are the refund rece... 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".

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	Service From Date	Service To Date	Amount Request	Balance Amount	Description	Paid Amount	Charges NPI Provider Name	Created
00A1234567	1230000000	A DOE	10/02/2020	10/02/2020	4630.50	4630.50	Cancelled Member	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 Details

Patient Account 1234567890	Patient JANE DOE	Service Dates 10/21/2020 to 10/21/2020	NPI / Provider Name 1234567890 ABC HOSPITAL	Reference Number 99999999	Created 03/05/2021
Refund Requested 03/04/2021	Refund Requested Balance 4630.50	Total Charges 4630.50	Total Paid 4630.50	Description Cancelled Member	View Letter [PDF]
Estimated Patient's Liability Amount 0.00	PFIN Type Facility				

Group 123456	Member Number 999999999	Member Policy Cancelled 10/01/2020	Other Insurance Carrier
------------------------	-----------------------------------	--	--------------------------------

Claim 0202099999999999X	Check Issued 11/24/2020	Check 0000099999999	Total Claim Amount 4630.50	Total Corporate Check Amount
Total Claim Billed Amount 4630.00	Duplicate Check Issued	Duplicate Check	Duplicate Total Claim Amount	Duplicate Total Corporate Check Amount
Payee Address P.O. BOX 1234 ANYWHERE, IL 12345-0000	Assigned To	Suspended Status No		

Total items: 1 Total amount: \$4630.50

Deduct from UPP Statement Deduct from Future Payment (Recoup) Inquiry Dispute Appeal

History

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Note +/-
03/05/2021	CREATE	ORIGINAL REFUND REQUEST	BCBS User	4630.50	4630.50	

[Return to Home](#) [Print](#)

Quick Tip:

→ Formal Appeal requests should be submitted in accordance with the member's plan requirements.

- ▶ 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 02020999999999999X	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 Amount	Duplicate Total Corporate Check Amount
Payee Address P.O. BOX 1234 ANYWHERE, IL 12345-0000	Assigned To	Suspended Status No		

Total items: 1 Total amount: \$4630.50

History

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Note +/-
03/05/2021	CREATE	ORIGINAL REFUND REQUEST	BCBS User	4630.50	4630.50	

- ▶ 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

<input type="checkbox"/> Patient Account 1234567890	Patient JANE DOE	Service Dates 10/21/2020-10/21/2020	NPI 1234567890	Reference Number 999999999	Created 03/05/2021
Refund Requested 03/04/2021	Refund Requested Balance 4630.50	Total Charges 4630.50	Total Paid 4630.50	Description MEMBERSHIP CANCELLED	

[details](#)

Total items: 1 Total amount: \$4630.50

Describe Dispute (Required)

Enter your comments here...

Provide detailed description for the refund dispute request.

Supporting Documentation (Optional)

Upload Supporting Documentation (optional)

I will fax my supporting documentation

Choose File TEST.pdf

Quick Tips:

- Acceptable file types for uploading supporting documentation are PDF (.pdf) and TIFF (.tif).
- File uploads must not exceed a size of 5MB. If the file size is larger than 5MB, you may upload a ZIP file.

- ▶ 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					
<input type="checkbox"/> Your dispute has been approved	JANE DOE	00A1234567	details				

7) Pay Refund by Check

- ▶ Open the [Refund Details](#)
- ▶ Select [Pay by Check](#)

Claim 0202099999999999X	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 Amount	Duplicate Total Corporate Check Amount
Payee Address P.O. BOX 1234 ANYWHERE. IL 12345-0000	Assigned To	Suspended Status No		

Total items: 1 Total amount: \$4630.50

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Note +/-
03/05/2021	CREATE	ORIGINAL REFUND REQUEST	BCBS User	4630.50	4630.50	

- ▶ 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.

Home > Pay Refund By Check

Pay Refund By Check

Payment Information
 Review and Confirm
 Finish

<input type="checkbox"/> Patient Account 1234567890	Patient JANE DOE	Service Dates 04/03/2020-04/03/2020	NPI 1234567890	Reference Number 999999999	Created 03/05/2021
Refund Requested 03/05/2021	Refund Requested Balance 4630.50	Total Charges 4630.50	Total Paid 4630.50	Description MEMBERSHIP CANCELLED	<input checked="" type="text" value="Payment Amount"/> \$4,630.50

[details](#)

Total items: 1 Total amount: \$ 4630.50

Add Comment (Optional)

Enter your comments here...

Enter the Payment Amount here if you are paying an amount that differs from the original amount requested.

Supporting Documentation (Optional)

Upload Supporting Documentation (optional)

I will fax my supporting documentation

- ▶ 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	<input checked="" type="button" value="Checks Not Received"/>	Transaction Report	Maintenance Alerts
<input type="checkbox"/>	MCRN Number	Bal Amt	MCRN Create Date	Alert Create Date	<input checked="" type="button" value="details"/>		
<input type="checkbox"/>	M111111111	480.00	2/15/2021 10:55	3/30/2021 3:00	<input checked="" type="button" value="details"/>		
<input type="checkbox"/>	M222222222	102.42	3/15/2021 4:35	4/30/2021 5:00	<input checked="" type="button" value="details"/>		

8) Pay Refund by Deducting from Future Payment

- ▶ Open the [Refund Details](#)
- ▶ Select [Deduct from Future Payment \(Recoup\)](#)

Claim 0202099999999999X	Check Issued 11/24/2020	Check 000000999999999	Total Claim Amount 4630.50	Total Corporate Check Amount
Total Claim Billed Amount 4630.00	Duplicate Check Issued	Duplicate Check	Duplicate Total Claim Amount	Duplicate Total Corporate Check Amount
Payee Address P.O. BOX 1234 ANYWHERE, IL 12345-0000	Assigned To	Suspended Status No		

Total items: 1 Total amount: \$4630.50

History

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Note +/-
03/05/2021	CREATE	ORIGINAL REFUND REQUEST	BCBS User	4630.50	4630.50	

- ▶ Enter the [Payment Amount](#)
- ▶ Select [Continue](#), review and confirm, then select [Submit](#)

Deduct from Future Payment (Recoup)

Recoupment Information
Review and Confirm
Finish

<input type="checkbox"/> Patient Account 1234567890	Patient JANE DOE	Service Dates 04/03/2020-04/03/2020	NPI 1234567890	Reference Number 999999999	Created 03/05/2021
Refund Requested 03/05/2021	Refund Requested Balance 4630.50	Total Charges 4630.50	Total Paid 4630.50	Description MEMBERSHIP CANCELLED	Payment Amount \$4,630.50

[details](#)

Total items: 1 Total amount: \$ 4630.50

Add Comment (Optional)

Enter your comments here...

Supporting Documentation (Optional)

Upload Supporting Documentation (optional)

I will fax my supporting documentation

- ▶ 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 0202099999999999X	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 Amount	Duplicate Total Corporate Check Amount
Payee Address P.O. BOX 1234 ANYWHERE, IL 12345-0000	Assigned To	Suspended Status No		

Total items: 1 Total amount: \$4630.50

History

Date and Time	Activity Code	Activity Description	User	Activity Amount	Balance Amount	Note +/-
03/05/2021	CREATE	ORIGINAL REFUND REQUEST	BCBS User	4630.50	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

<input type="checkbox"/> Patient Account 1234567890	Patient JANE DOE	Service Dates 04/03/2020-04/03/2020	NPI 123457890	Reference Number 999999999	Created 03/05/2021
Refund Requested 03/05/2021	Refund Requested Balance 4630.50	Total Charges 4630.50	Total Paid 4630.50	Description MEMBERSHIP CANCELLED	

[details](#)

Total items: 1 Total amount: \$4630.50

Describe Inquiry (Required)

Enter your comments here...

Enter your detailed question and/or description of what clarification is needed for this refund request.

Supporting Documentation (Optional)

Upload Supporting Documentation (optional)

I will fax my supporting documentation

- ▶ Refer to the **Inbox** tab on the eRM home page to view BCBSIL's response for the inquiries submitted

Refund Requests	InBox	Claim Inquiry Resolution	Check Alerts	Saved Sessions	Checks Not Received	Transaction Report	Maintenance Alerts
Message	Patient Name	ID					
<input type="checkbox"/> Your dispute has been approved	JANE DOE	00A1234567	details				
<input type="checkbox"/> Reply to your inquiry on 03/05/2021	JANE DOE	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

The screenshot shows the eRM home page with a 'Home' and 'eRM' tab. Under 'Financial Management', there is a 'System Bulletin' section and a 'Create and Submit Refund to HCSC' section. The latter contains instructions and a blue 'CONTINUE' button circled in blue.

- ▶ 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**

The screenshot shows the 'Submit Refund' form with the 'Refund Information' section selected. The form includes various input fields and a 'Continue' button circled in blue. A 'Supporting Documentation' section is also visible at the bottom right.

Field	Value
NPI #*	1234567890 - ABC HOSPITAL
Pfin Type	FACILITY
Claim Number*	202099999999999999X
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
Contact Name	JOHN DOE
Contact Phone	999-555-5555

Comments (Optional):
Enter your comments here...
This entire claim was billed in error.

Supporting Documentation (Optional):
Upload Supporting Documentation (optional) [Add File]
 I will fax my supporting documentation

