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 Texas (BCBSTX). 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 Texas Medicaid plans.
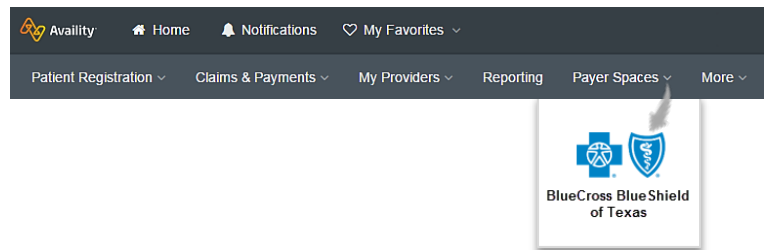
1) Getting Started

- Go to Availity 🗗
- Select **Availity Portal Login**
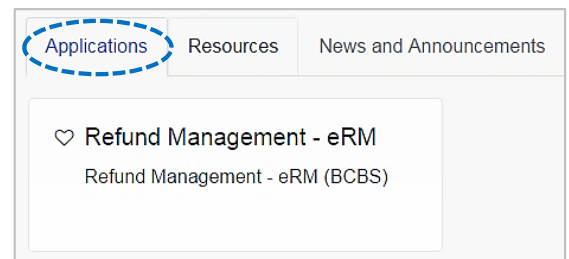- Enter User ID and Password
- Select **Log in**

*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 Texas**

- In BCBSTX 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 BCBSTX for providers identified overpayments

(C) **Refund Requests** – contains solicited refund requests from BCBSTX, which are subdivided into five tabs:

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

(D) Other **Refund Management** tabs:

- ▶ **Inbox** – view BCBSTX'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* 🗎 *)*
- ▶ **Check Alerts** – receive alerts when a check is stopped by BCBSTX 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 BCBSTX 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 BCBSTX performs maintenance, including a decrease or increase for refund requests

Financial Management

System Bulletin **(A)**
Attention: Valued eRM Users!
****
Below are the refund rece.... more.

Create and Submit Refund to HCSC **(B)**
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 Future Payment (Recoup) | Pay by Check | 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

System Bulletin
Attention: Valued eRM Users!
****
Below are the refund rece.... 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 |

| 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	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

- ▶ 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)*

- ▶ 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	Check Issued	Check	Total Claim Amount	Total Corporate Check Amount
0202099999999999X	11/24/2020	0000009999999	4630.50	
Total Claim Billed Amount	**Duplicate Check Issued**	**Duplicate Check**	**Duplicate Total Claim Amount**	**Duplicate Total Corporate Check Amount**
4630.00				
Payee Address	**Assigned To**	**Suspended Status**		
P.O. BOX 1234		No		
ANYWHERE, TX. 12345-0000				

Total items: 1   Total amount: $4630.50

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

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]

▶ 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	Patient	Service Dates	NPI	Reference Number	Created
☐	1234567890	JANE DOE	10/21/2020-10/21/2020	1234567890	999999999	03/05/2021
	Refund Requested	**Refund Requested Balance**	**Total Charges**	**Total Paid**	**Description**	
	03/04/2021	4630.50	4630.50	4630.50	MEMBERSHIP CANCELLED	

details

[Remove]

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) [Add File]

☐ I will fax my supporting documentation

[Choose File] TEST.pdf
remove

[Continue] [Cancel]

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 BCBSTX'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	
☐ Your dispute has been approved	JANE DOE	00A1234567	details

7) Pay Refund by Check

▶ Open the **Refund Details**

▶ Select **Pay by Check**

▶ 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.*

▶ Refer to the **Checks Not Received** tab on the eRM home page to view checks not received by BCBSTX within 40 days

▶ Select **details** for more information

8)   Pay Refund by Deducting from Future Payment

▸ Open the **Refund Details**

▸ Select **Deduct from Future Payment (Recoup)**

▸ Enter the **Payment Amount**

▸ Select **Continue**, review and confirm, then select **Submit**

▸ 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	Check Issued	Check	Total Claim Amount	Total Corporate Check Amount
0202099999999999X	11/24/2020	0000009999999	4630.50	
Total Claim Billed Amount	**Duplicate Check Issued**	**Duplicate Check**	**Duplicate Total Claim Amount**	**Duplicate Total Corporate Check Amount**
4630.00				
Payee Address	**Assigned To**	**Suspended Status**		
P.O. BOX 1234		No		
ANYWHERE, TX. 12345-0000				

Total items: 1 Total amount: $4630.50

[Deduct from Future Payment (Recoup)] [Pay by Check] [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]

▶ 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	Patient	Service Dates	NPI	Reference Number	Created
1234567890	JANE DOE	04/03/2020-04/03/2020	123457890	999999999	03/05/2021
Refund Requested	**Refund Requested Balance**	**Total Charges**	**Total Paid**	**Description**	
03/05/2021	4630.50	4630.50	4630.50	MEMBERSHIP CANCELLED	

details

[Remove]

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) [Add File]

☐ I will fax my supporting documentation

[Continue] [Cancel]

▶ Refer to the **Inbox** tab on the eRM home page to view BCBSTX'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 dispute has been approved	JANE DOE	00A1234567	details
☐	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 BCBSTX on claims where you've identified an overpayment and BCBSTX has not requested a refund.

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

▶ 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**

10) Unsolicited (Voluntary) Refunds *(continued)*

▸ Select **Deduct from Future Payment (Recoup)** or **Pay by Check**

▸ Select **Continue**, review and confirm, then select **Submit**

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