



Recoupment Process – HMO Blue® Texas

The “Refund Policy for HMO Blue Texas” states that HMO Blue Texas has 180 days following the payee’s receipt of an overpayment to notify a Physician or Provider that the overpayment has been identified and to request a refund.* For additional information on the HMO Blue Texas Refund Policy, including when a Physician or Provider may submit a claim review and when an overpayment may be placed into recoupment status, please refer to the “**Refund Policy – HMO Blue Texas**” on pages F-44 & F-45 of Section F in the [HMO Blue Texas Physician & other Professional Provider – Provider Manual](#) or go back to the same **Recoupments/Refunds** section on the BCBSTX Provider website as this article.

In some unique circumstances a Physician or Provider may request, in writing, that HMO Blue Texas review all claims processed during a specified period; in this instance all underpayments and overpayments will be addressed on a claim-by-claim basis.

***Note:** The refund request letter may be sent at a later date when the claim relates to HMO Blue Texas accounts and transactions that are excluded from the requirements of the Texas Insurance Code and other provisions relating to the prompt payment of claims, including:

- Self-funded ERISA (Employee Retirement Income Security Act)
- Indemnity Plans
- Medicaid, Medicare and Medicare Supplement
- Federal Employees Health Benefit Plan
- Self-funded governmental, school and church health plans
- Employee Retirement System
- Texas Health Insurance Pool (THIP)
- Out-of-state Blue Cross and Blue Shield plans (BlueCard)
- Out-of-network (non-participating) providers
- Out-of-state provider claims including Away From Home Care

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When a Physician’s or Provider’s overpayment is placed into a recoupment status, the claims system will automatically off-set future claims payment and generate a Provider Claims Summary (PCS) to the Physician or Provider (Recoupment Process). The PCS will indicate a recouped line along with information concerning the overpayment of the applicable HMO Blue Texas claim(s).

To view an example of a recoupment, please refer to the sample PCS on page 2 below or go to page F-43 of Section F in the [HMO Blue Texas Physician & other Professional Provider – Provider Manual](#).

For additional information or if you have questions regarding the HMO Blue Texas Recoupment Process, please contact **866-825-6012** to speak with a HMO Blue Texas Customer Advocate.

Continued on next page



Sample PCS Recoupment

DATE: 12/05/05

NPI NUMBER: XXXXX

CHECK NUMBER: 999999

TAX IDENTIFICATION NUMBER: XXXXXXXX

TEST PROVIDER
123 ADDRESS
CITY TX 76401-0007

ANY MESSAGES WILL BEGIN ON PAGE 1

PATIENT: A. PATIENT
PERF PRV: 0000000000000000XXXXXX IDENTIFICATION NO: ZGHOST-SSAXXXXXXXXXX
CLAIM NO: 00000101010101010101 PATIENT NO: 999999999MS CLAIM TYPE: MCP

FROM / TO	PROC	AMOUNT	CONTRACT	SERVICES	DEDUCTIONS/OTHER
DATES	PS* TS** CODE	BILLED	ALLOWABLE	NOT COVERED	INELIGIBLE
08/20-08/20/05 03	2 67038	15,900.00	10,300.00	5,600.00 (1)	1,137.67 (2)
PAID		9,162.33			
		15,900.00	10,300.00	5,600.00	1,137.67

AMOUNT PAID TO PROVIDER FOR THIS CLAIM: \$9,162.33

DEDUCTIONS/OTHER INELIGIBLE

1,137.67 PORTION ELIGIBLE FOR PAYMENT BY ANOTHER CARRIER/MEDICARE:
 \$1,137.67 DEDUCTIONS/OTHER INELIGIBLE:
 5,600.00 TOTAL SERVICES NOT COVERED:
 \$0.00 PATIENT'S SHARE:

RECOUPMENTS TAKEN

PAT NAME	PAT ACCT NO	GROUP-SUBS NUMBER	CLAIM NUMBER	FROM/TO DATES	AMOUNT REASONS
DOE J	000000000000	ABCTX-000000000	9812345689986	02/09-02/09/05	\$8,122.25 OVERPAYMENT

	PROVIDER CLAIMS	AMOUNT	SUMMARY
\$0.00	NUMBER OF CLAIMS: 1		AMOUNT PAID TO SUBSCRIBER:
\$9,162.33	AMOUNT BILLED: \$15,900.00		AMOUNT PAID TO PROVIDER:
\$8,122.25	AMOUNT OVER MAXIMUM ALLOWANCE: \$0.00		RECOUPMENT AMOUNT:
\$1,040.08	AMOUNT OF SERVICES NOT COVERED: \$6,737.67		NET AMOUNT PAID TO PROVIDER:
	AMOUNT PREVIOUSLY PAID: \$0.00		

* PLACE OF SERVICE (PS) | ** TYPE OF SERVICE (TS)
 03. PHYSICIAN'S OFFICE. | 2. SURGERY

MESSAGES:

- PAYMENT CANNOT EXCEED THE ALLOWABLE CHARGE DETERMINED BY MEDICARE.
- THE MEMBER/PATIENT MAY HAVE HEALTH COVERAGE THROUGH ANOTHER CARRIER/MEDICARE. EXPENSES MAY BE ELIGIBLE FOR PAYMENT BY THAT CARRIER. BLUE CROSS BLUE SHIELD REQUIRES ADDITIONAL INFORMATION FROM THE SUBSCRIBER REGARDING POSSIBLE OTHER COVERAGE TO FURTHER DETERMINE THIS CLAIM.