

Overpayment Refund Notification Form

This communication applies to the Medicaid and Medicare Advantage programs for Healthy Blue.

In order for an overpayment refund to be processed in a timely manner, submit a completed form with all refund checks and supporting documentation. If the refund check you are submitting is a Healthy Blue check, include a completed form specifying the reason for the check return.

Provider name/contact:
Contact number:
Provider ID:
Provider Tax ID:
Subscriber ID:
DCN number (displayed on CCU letter):

Member name:
Member account number:
Date of service:
Total billed charges:

Total check amount:

Claim number(s)

Reason for refund or check return		
<input type="checkbox"/> Healthy Blue letter	<input type="checkbox"/> Incorrect member	<input type="checkbox"/> Payment error
<input type="checkbox"/> Contract rate change	<input type="checkbox"/> Incorrect provider	<input type="checkbox"/> Billed in error/adjusted charge
<input type="checkbox"/> Duplicate payment	<input type="checkbox"/> Negative balance	<input type="checkbox"/> Other health insurance/third-party liability
<input type="checkbox"/> Other:		

All refund checks should be mailed with a copy of this form to:
 Healthy Blue
 P.O. Box 933657
 Atlanta, GA 31193-3657

Once the Healthy Blue Cost Containment Unit has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation. Thank you for completing this *Overpayment Refund Notification Form*.

<https://provider.healthybluemo.com> | <https://medicareprovider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.



Provider Authorization to Adjust Claims and Create Claim Offsets Form

This communication applies to the Medicaid and Medicare Advantage programs for Healthy Blue.

Please submit this completed authorization form with all supporting documentation to ensure proper processing of your request to adjust claims as detailed below. The adjustments will result in overpayments being withheld from future claims payments.

Provider name:	
Provider NPI:	
Provider TIN:	
Provider contact information:	

Cost Containment project number (if applicable):	
Document identification number (if applicable):	
Total recoupment dollar amount:	

Please list claim information below if the Cost Containment letter or other supporting claim/member detail is not provided with this request.

Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			
Claim number:	Member number:	Service dates:	Recoupment amount:
Recoupment reason:			

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Recoupment reason:

If your request for recoupment exceeds the space provided, please attach an Excel file that includes all the data noted above. If you have questions related to the completion of this form, please call Medicaid Provider Services at <**Number**>.

I authorize Healthy Blue to proceed with adjusting the claims as listed on this form or per separate document that supports this request.

Print name

Signature

Return this form via:

Mail:
Healthy Blue
Attn: Cost Containment — Disputes
P.O. Box 62427
Virginia Beach, VA 23466-2437

Fax: **1-866-920-1874**

Note: Do not use this form if you are submitting a refund check. If you would like to submit a refund, please use the refund notification form on our website at <https://provider.healthybluemo.com>. Mail a check along with the supporting documentation to:

Healthy Blue
Attn: Cost Containment — Payments
P.O. Box 933657
Atlanta, GA 31193-3657