

# **MichiganTech**

## **HEALTHCARE AUDIT REWARD PROGRAM (HARP)**

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In this day of high health care costs, it is very important that we become better health care consumers. We all need to be better informed, we need to ask more questions and we need to take a more active role in helping to contain the high cost of health care.

Effective March 1, 2001, Michigan Technological University employees will be able to share in the savings from any identified errors on your Blue Cross and Blue Shield of Michigan (BCBSM) Explanation of Benefits (EOB) form. An EOB is a statement summary and is sent by BCBSM to your home when services have been submitted by your provider for payment. Remember, since you are the patient, you are the one that really knows what has occurred.

By reviewing your EOB for accuracy, you could be eligible for a cash reward if you find an error in billing. A billing error is defined as a bill that includes services not provided to you. It can also include mathematical and typing errors.

### **Some of the items to watch for include:**

- **date of service – is it correct?**
- **service – was the service actually done?**
- **name of patient or provider – is it correct?**

Each time your efforts lead to a corrected EOB and the error would have resulted in an overpayment, you will receive 35% of the benefit overpayment that would have been made. There is a minimum reward of \$5.00 and a \$500.00 maximum reward if you can determine an error was made. This reward is considered taxable income to you.

If you find an error in your EOB, contact the Benefits office to receive a HARP form (see below). The form will outline the steps and procedures you will need to follow.

If you have any questions, please call the Benefits office at 906-487-2517 or email either [iecheney@mtu.edu](mailto:iecheney@mtu.edu) or [mawilcox@mtu.edu](mailto:mawilcox@mtu.edu).

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## HEALTHCARE AUDIT REWARD PROGRAM (HARP)

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_ Daytime Telephone #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name of the Provider/Physician: \_\_\_\_\_

Please identify the type of service provided:

Physician Office Visit

Vision

Inpatient Hospital Stay

Dental

Outpatient Services including Lab & X-ray

Other \_\_\_\_\_

In the space below, please describe the error you identified on the EOB:

You are required to contact the service provider **AND** Blue Cross and Blue Shield of Michigan (BCBSM) at 1-800-562-7884 to discuss the error. Please provide the date of the call, name of the person contacted, and the resulting discussion.

Service Provider contacted: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
(Date)

Resulting discussion:

BCBSM contacted: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
(Date)

Resulting discussion:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\* **Please attach a copy of the Explanation of Benefits (EOB) to this form and return to the Benefits office. This form will be returned to you if any part is incomplete or if the EOB is not attached.**