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By -

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administration contractors closed more than half of the cases during their initial computer screening process. That is, they often found that the mistaken payments totaled less than 1, 000, another insurer voluntarily paid the claims, or the COBC updated the CWF to show that the beneficiary did not have other primary coverage, such as an employer-sponsored group health plan, during the time the services were delivered. In such instances, contractors are not required to correspond with employers and insurers. It is only a relatively smaller number of cases - those that pass the initial screening process - that require significant contractor resources to send demand letters, process the responses, and archive file materials. As shown in figure 1, of the 49, 240 EGHP cases processed by contractors in fiscal year 2000, 20, 487 - about 42 percent - were resource-intensive cases that entailed sending a demand letter. In contrast, only 1, 276 cases - about 17 percent - involved...

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