



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



**MassHealth
All Provider Bulletin 138
November 2004**

TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: **Credit Balance Overpayment Policy**

Background Providers participating in MassHealth are required to return overpayments classified as credit balances to MassHealth within 60 days of their receipt. Credit balances can occur, for example, if you have received payment from MassHealth for a claim for which reimbursement has been received from third-party payers, such as Medicare, private insurance, or worker's compensation.

Administrative Fines for Failure to Comply MassHealth may impose administrative fines against providers who do not return overpayments classified as credit balances within 60 days of their receipt (see 130 CMR 450.238(B)(7)). To avoid such administrative fines, you should conduct periodic reviews of your financial records to identify and refund credit balances owed to MassHealth.

Waiver of Administrative Fines From the time you receive this bulletin until December 30, 2004, MassHealth will waive its right to impose administrative fines on credit balances identified and listed on the attached Credit Balance Response form (CBR). This waiver of administrative fines does not apply to any previously conducted, current, or scheduled audits or any Medicaid Fraud Control Unit activities.

Reviewing Your Records You should review your records to ensure that you have identified all outstanding credit balances. Report your credit balances on the attached CBR form. This form is also available on MassHealth's Web site, where it can be filled out on line and printed for submission. **Note:** This form will be available on line only until the close of business on December 30, 2004. To access an online copy of the CBR form, go to mass.gov/masshealth. Click on "MassHealth Regulations and Other Publications." Then click on "Provider Forms."

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**Reviewing
Your Records**
(cont.)

In order for your claims history to be adjusted, you must also submit a remittance advice highlighting the claim and the amount to be voided or adjusted.

Do not send a check to MassHealth.

A recoupment account will be set up for the amount of the credit balances listed on the CBR form, and the corresponding remittance advice. Unless other arrangements have been made, MassHealth will recover 100% of your claims payments until the amount recovered equals the identified credit balance amount.

**Credit Balance
Response Form**

A fully completed and signed CBR form postmarked by December 30, 2004, should be sent to:

MassHealth
Financial Compliance Unit
The Schraffts Center
529 Main Street, Suite 1M2A
Charlestown, MA 02129

Questions

Contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231 with any questions you have about this bulletin.
