

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

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.

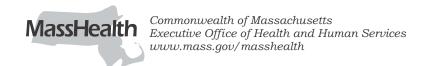
Credit Balance Response Form

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.



Credit Balance Response Form

Return to : MassHealth • Fin	iancial Compliance C	Init • The Schraf	fts Center • 529 Main	Street, Suite 1M2A • C	harlestown, MA 02129		
Name of Provider			Provider No.	Provider No.			
Address			Business Phone N	Business Phone No.			
City/Town		State	Zip Business Fax No.				
City/ IOWII				240000 . 474.140	ux ivo.		
Provider Contact Name (please print	:)						
Signature of Authorized Person Completing Form			Title Date				
Signature of Mathonized Ferson Con	ipiccing rotti		Title		Duto		
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Member Name	RID	TCN	Dates of Service	Credit Balance	Reason		
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Member Name	RID	TCN	Dates Of Service	Credit Balance	Reason