



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth  
All Provider Bulletin 171  
January 2008**

**TO:** All Providers Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director TD  
**RE:** Credit Balance Overpayment Policy

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**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.

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**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, per 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.

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**Waiver of  
Administrative  
Fines**

From the time you receive this bulletin until February 1, 2008, MassHealth will waive its right to impose administrative fines on credit balances identified and listed on the attached Credit Balance Response (CBR) form. This amnesty waiver does not apply to any previously conducted, current, or notification of intent to audit, or to any Attorney General Medicaid Fraud Division activities.

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**Review  
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. The CBR form is available on MassHealth's Web site, where it can be filled out online and printed for submission. Any provider taking advantage of this waiver program must certify that it has procedures in place to ensure compliance with the requirement to return overpayments within 60 days. **Note:** The CBR form will be available online only until the close of business on February 1, 2008. To access an online copy of the CBR form, go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on the link to MassHealth Provider Forms located in the bottom right corner. Providers may use Microsoft Excel or Access spreadsheets to itemize credit balances, but must still complete the top half of a CBR form and sign it to certify compliance procedures. Please attach it to your spreadsheet, making sure that the spreadsheet includes all information required by the CBR form.

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**Review  
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.

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**Credit Balance  
Response Form**

Send your fully completed and signed CBR form postmarked by February 1, 2008 to

MassHealth  
Financial Compliance Unit  
The Schraffts Center  
529 Main Street, Third Floor  
Charlestown, MA 02129

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**Questions**

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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# Credit Balance Response Form

**Return to:** MassHealth • Financial Compliance Unit • The Schraffts Center • 529 Main Street, Third Floor • Charlestown, MA 02129

Name of Provider		NPI	
Address		Business Phone No.	
City/Town	State	Zip	Business Fax No.

I hereby certify, under the pains and penalty of perjury, that we have procedures in place to assure compliance with the requirement to return overpayments to MassHealth within 60 days of their receipt pursuant to 130 CMR 450.235 and 450.238.

\_\_\_\_\_  
 Provider Contact Name (please print)

\_\_\_\_\_  
 Signature of Authorized Person Completing Form

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Member Name	RID	TCN	Dates of Service	Credit Balance	Reason

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