

## Instructions for Completing Medicaid Credit Balance Report

Complete the "Medicaid Credit Balance Report" as follows:

- Full name of facility as it appears on the Medicaid Records
- The facility's Medicaid provider number. If the facility has more than one provider number, use a separate sheet for each number. **DO NOT MIX**
- **Circle the date quarter end**
- **Enter year**
- **The name and telephone number of the person completing the report. This is needed in the event DHB has any questions regarding some item in the report.**

**Complete the data fields for each Medicaid balance by providing the following information:**

Column 1 – The first name of the Medicaid recipient (e.g., Jane)

Column 2 – The last name of the Medicaid recipient (e.g., Doe)

Column 3 - The individual Medicaid identification (MID) number

Column 4 – The month, day, and year of beginning service (e.g. 12/05/03)

Column 5 – The month, day, and year of ending service (e.g. 12/10/03)

Column 6 – The total charges billed to Medicaid for the claim

Column 7 - The R/A date of Medicaid payment (not your posting date)

Column 8 – The amount of Medicaid payment received from DHB Column

9 – The account number in provider billing system for patient Column

10 - The 16-digit Medicaid TCN (claim) number from DHB

Column 11 – The amount of the credit balance (not the amount your facility billed, or the amount Medicaid paid)

Column 12 - Total amount of payment that is due back to DHB

Column 13 – The amount of patient responsibility from primary/secondary insurance payer(s)

Column 14 – Coinsurance

Column 15 – Copayment

Column 16 – Deductible

Column 17 – The reason for the credit balance by entering:

- "81" if it is a result of a Medicare payment;
- "83" if it is the result of a health insurance payment;

- “84” if it is the result of a casualty insurance/attorney payment;
- or “00” if it is for another reason. Please explain “00” credit balances on the back of the form.

Column 18 – The name of the primary/secondary insurance that also paid on claim. If none, leave blank.

Column 19 - Policy number of patient primary/secondary insurance plan(s). If none, leave blank.

Column 20 – The amount paid by primary/secondary payer(s). If none, leave blank.

Column 21 - The remit date of payment from primary/secondary payer(s). If none, leave blank.

Column 22 – Payment/claim number of payment received from primary/secondary payer(s). If none, leave blank.

Column 23 – If claim has been adjudicated in DHB, provide new Medicaid claim number.

Column 24 - Enter the number from the list below that corresponds with the recovery method for this claim.

Column 25 - Enter the number from the list below that corresponds with the claim type for this claim.

Column 26 - Leave blank. This will be completed by HMS.

**After this report is completed, total column 11 and follow the instructions below.**

- Enter information for each claim by detail line. As entries are made into the form, the total refund amount will be calculated.
- The sum of the entries must equal the amount of the refund check submitted with this form.
- Print a copy of the completed Electronic Refund Form and submit the form and your refund check to the correct address below.
- Only 1 Check **PER NPI PER** Payer (DHB/NCHC) combination. Please **do not** have multiple Payers or NPI’s on the same refund check.
- Medicaid Credit Balance reports with LIVE check(s) mail check and copy of report to Office of the Controller: Office of the Controller 2022 Mail Service Center Raleigh, NC 27699-2022

All other CBA reports shall be mailed to: 2508 Mail Service Center Raleigh, NC 27699-2508.

**You may submit credit balance reports electronically using the eCenter application, each provider will need to register to use the Self-Disclosure application in eCenter.**

1. Navigate to HMS eCenter: [ecenter.hmsy.com](http://ecenter.hmsy.com)
2. If you have never used eCenter, please click on the link “Start here for new access”
  - a. Fill out the registration form and click submit
  - b. You should receive follow up communication from HMS Help Desk. Please inform the Help Desk that you need access in eCenter to the “Provider Portal Provider Overpayment Reporting-NC”

3. If you are a current user in eCenter, please call the HMS Help Desk (1-855-554-6748) to request that your access be updated;

a. Inform the Help Desk that you need access updated in eCenter to the “Provider Portal Provider Overpayment Reporting-NC”