

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 DMA 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 last name and first name of the Medicaid recipient (e.g., Doe, Jane)

Column 2 – The individual Medicaid identification (MID) number

Column 3 – The month, day, and year of beginning service (e.g. 12/05/03)

Column 4 – The month, day, and year of ending service (e.g. 12/10/03)

Column 5 – The R/A date of Medicaid payment (not your posting date)

Column 6 – The Medicaid TCN (claim) number

Column 7 – The amount of the credit balance (not the amount your facility billed or the amount Medicaid paid)

Column 8 – Co insurance

Column 9 - Copayment

Column 10 - Deductible

Column 11 – 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.

After this report is completed, total column 11 and mail to: Third Party Recovery, DMA, 2508 Mail Service Center, Raleigh, NC 27699-2508 or 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
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"