Credit balance report

1. Is it necessary to complete the Medicare credit balance report certification if we do not have any credit balances to report?

You must sign and return the certification form even if your total credit balance amount for Part A and Part B is zero. You may fax credit balance reports to 410-891-5230, Attention: Credit balance.

1. I adjusted my outstanding credit balance, but the adjustment has not processed by the end of the quarter. Do I include this on my credit balance report?

Yes, you must report any credit balances that are still outstanding by the quarter ending. Report an "X" in column 11 of the 838-detail page.

1. When is the report due?

The report must be filed within 30 days after the end of the quarter (no later than 1/30, 4/30, 7/30, and 10/30).

1. What are the consequences for late filing?

Failure to file a quarterly report by the due date, to comply with the stipulated reporting requirements, can result in the suspension of all Medicare payments and face possible interest assessment.

The CMS IOM [Pub. 100-06, Medicare Financial Management Manual, Chapter 12](https://www.cms.gov/files/document/chapter-12-instructions-medicare-credit-balance-report-activities.pdf) outlines the procedure for assessing interest on outstanding balances. This bulletin is in a pdf format and requires the Adobe Acrobat Reader®, which is free to [download](https://helpx.adobe.com/reader/get-started.html).

1. Are there instructions for completing the credit balance report?

For detailed help on what constitutes a credit balance, how to complete the individual fields and pay amounts owed to Medicare; refer to CMS [Medicare Provider Instructions](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS838.pdf).

1. Can we file the credit balance report electronically?

You cannot e-mail or submit your report on-line, but we encourage you to report their credit balances on a diskette or CD-ROM. Please utilize the [Medicare credit balance detail report 838](http://www.novitas-solutions.com/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&dDocName=00004169) format if creating a spreadsheet in which to submit credit balance reports on diskette or CD-ROM. Please note that with the diskette or CD-ROM, you must submit a signed [Medicare Credit Balance Report Certification](https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms838.pdf), specifying the number and dollar amounts of all credit balances. This is the only version of the report that we accept.

To serve you better, we put into place automation to improve the process by which we receive and enter credit balance reports. Therefore, effective May 1, 2015, we will accept, by fax, both the CMS-838 certification pages indicating a zero balance and your CMS-838 detail pages when there are credit balances to report. Because of this new automation, it is extremely important that you use the correct version of the report.

You may also submit CMS 838-Credit balance reports through Novitasphere ([JH](https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JH))([JL](https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL)).

1. If we choose to repay the credit balance by check, to whom should it be made payable and where should it be mailed?

Mail to:

Novitas Solutions, Inc.  
Attn: Cashier  
2020 Technology Parkway, Suite 100  
Mechanicsburg, PA 17050

You must use this address when repaying your credit balance by check. Please be sure to include your Medicare credit balance report certification page, your completed 838, and any additional documentation along with your check.

1. Where do we send reports using other payment types?

You can fax reports using other payment types to 410-891-5230 or submit through Novitasphere ([JH](https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JH))([JL](https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL)).

1. How can we verify receipt of our reports?

You can easily verify receipt of your report by using the [credit balance status tool](ddocname:00024444) available on our website. By simply keying your provider transaction access number and the corresponding quarter in mm/dd/yyyy format, results display the status of your report. Please allow time for us to receive and manually enter your reports into our database before emailing credit balance inquiries at [creditbalanceinquiries@novitas-solutions.com](mailto:creditbalanceinquiries@novitas-solutions.com) or re-faxing your reports.

1. What happens if the credit balance status tool says our report wasn't received?

It may take 24-48 hours for zero balance certifications to show in the credit balance status tool. It may take up to 10 days for credits to show in the credit balance status tool, as these are manually entered into our database. If you've waited the time indicated and your report is still not found on the tool, it is possible your report was rejected.

The credit balance status tool will provide the date your report was received, the dollars associated with Part A and Part B if credits were reported, and whether the report is open or closed. If the status is 'open', your report is in the queue to be processed. If the status is 'closed', your report has already been processed.

1. Why would my report be rejected?

There are numerous reasons why reports are rejected. One reason for rejections is when an 838-certification page is incomplete or invalid. Please make sure you're using the following when completing your certification:

* 6-digit provider number (do not use NPI or the dash)
* The appropriate quarter ending date (must be in mm/dd/ccyy format and must be either 03/31/20xx, 06/30/20xx, 09/30/20xx, or 12/31/20xx)
* Signature is required
* Block must be checked (check only one block)
* If no credits to report, check either the first or third block. Check the second block only when credits are reported.
* If your certification page meets all the requirements, your report can still reject if you reported credits.
* The detail page(s) must be completed in full.
* All header information must be completed, including the provider number, quarter ending, Part A or B, and contact information for the person we can reach if questions arise.
* Blocks 1-15 should be completed in full, including the beneficiary's name, Medicare Beneficiary ID number, and ICN.

Here are some of the reasons why reports containing detail pages are rejected:

* Invalid type of bill (block 4)
* Missing admin / discharge / pay dates (blocks 5-7)
* Amount of credit balance (block 9)
* Method of payment (block 11)
* "X" is used if you've initiated the adjustment, but it didn't finalize before the end of the quarter.
* "A" is used if the adjustment wasn't initiated and a corrected UB-04 is required to be submitted with your report.
* "C" is used if you're submitting a check with your submission. Reports with checks must be mailed to the physical address and the check must accompany your report. Copies of the report must not be faxed!
* Reason for credit balance (block 13) (numeric only).
* "1" indicates a duplicate.
* "2" indicates MSP, therefore, in addition to indicating a 2 in block 13, blocks 14 and 15 must be completed.
* "3" indicates 'other' (nothing goes in block 14; block 15 can be completed with comments, but comments are not necessary).
* Value code (block 14). Complete ONLY when MSP is reported in block 13.
* Primary payer (block 15). Complete ONLY when MSP is reported. However, comments can be added when explaining "3" as the reason for credit balance.

1. How are we notified if our report was rejected?

All reports should be received by fax. Your cover sheet or fax pages should contain the number from which the fax originated so we can fax back the rejection cover sheet along with your submission. The cover sheet will detail the reason for rejection. When we receive the report by mail (and again, they must be faxed); rejections are mailed. Telephone calls may be made if there is no fax number or mailing address indicated.

1. Even though my report was rejected, I mailed it timely. Why did I get a letter stating my report wasn't received timely?

Rejected reports, those deemed invalid, are not considered received until they are submitted without errors. Therefore, if they haven't been entered into our database as valid, letters are mailed 15-days after the due date.

1. Where do I send my corrected report?

You may fax your corrected report, in its entirety, to 410-891-5230 (do not mail) or through Novitasphere ([JH](https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JH))([JL](https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL)).

1. Where can I find valuable information on credit balance reporting?

Everything you need to file your credit balance report can be found on the credit balance reporting ([JH](http://www.novitas-solutions.com/webcenter/portal/Claims_JH/CreditBal))([JL](http://www.novitas-solutions.com/webcenter/portal/Claims_JL/CreditBal)) page of our website. This page includes links to quarterly updates, the credit balance status tool, the official version of the CMS-838 Credit Balance Report and instructions on how to complete the report, and an excel version of the detail page. Additionally, you will find submission dates, due dates, fax number and mailing address for check submissions, as well as links to our FAQs and podcast.

1. Who do I contact if I have questions about my reports?

Email [creditbalanceinquiries@novitas-solutions.com](mailto:creditbalanceinquiries@novitas-solutions.com) with any questions or concerns about reporting.

1. How long must we submit credit balance reports after an affiliated facility is no longer a Medicare facility (i.e., SNF closed and officially tied-out of Medicare program)?

Once a facility closes its doors and notifies their Medicare administrative contractor that they are no longer in operation, following an official ‘tie-out’ process, the facility is no longer required to file credit balance reports.