

INSTRUCTIONS FOR COMPLETION OF THE NURSING HOME
CREDIT BALANCE REPORT

Only include credit balances that are at least 90 days old. You may insert more lines, if necessary, if using the electronic version.

Complete the 8 lines on the top of the form.

Column 1, Name of Resident – Enter the resident’s last name, first name, then middle initial.

Column 2, Source of Credit – Enter one of the following codes to show the payor source of the credit balance:

- HMO – Payment from a HMO company
- IN – Payment from an insurance company (life or long-term care)
- MC – Payment from Medicare
- MCCO – Medicare coinsurance payment
- MD – Payment from Medicaid
- PP – Medicaid resident’s participation
- PR – Payment from a private paying resident
- HP – Payment from private hospice
- HC – Payment from Medicare hospice
- HD – Payment from Medicaid hospice
- VA – Payment from the Veteran’s Administration
- OT – Payment from another payor not listed above (list payor in the Remarks column)

Column 3, Medicaid Eligible Date – For Medicaid residents only – Enter the date the resident became eligible for Medicaid per the Award Letter.

Column 4, Discharge Date – If applicable, enter the date the resident was discharged from the facility.

Column 5, Expiration Date – If applicable, enter the date the resident expired.

Column 6, Service Period – Enter the month of service associated with the credit balance.

Column 7, Amount of Credit Balance – Enter the amount of the credit balance shown on the aged accounts receivable report.

Column 8, Date Payment Received – Enter the date the payment was received that caused the credit balance.

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Column 9, Amount Repaid – Enter the amount of the credit balance that has been refunded or repaid.

Column 10, Date Repaid – Enter the date of the payment reported in Column 9.

Column 11, Method of Payment – Enter the appropriate code to show how the refund in Column 9 was repaid:

- A – Applied to another month's billing
- B – Adjustment in process
- C – Check
- D – Remittance advice

Attach a copy of the resident's ledger, adjustment form, cancelled check, and/or remittance advice, as applicable to prove the credit balance was refunded. For purposes of calculating possible interest due, if refunded on a remittance advice, please also attach the adjustment request form.

Column 12, Amount Outstanding – The amount of the credit balance that has not been repaid is calculated (Column 7 minus Column 10).

Column 13, Reason for Credit Balance – Enter the appropriate code(s) for the reason for the credit balance:

- 1 – Change in Award Letter (attach a copy of original and revised Award Letters)
- 2 – Bookkeeper error (attach a copy of the ledger with written explanation of the error and how it will be corrected)
- 3 – Overpayment by payor

Column 14, Remarks – Enter any remarks or explanations.

The Administrator or other authorized employee must sign the bottom of the form.