

TO: Chief Executive Officer - Hospitals  
(ROUTE TO: ACCOUNTING, FINANCE AND BILLING OFFICES)

SUBJECT: Credit Balances

EFFECTIVE: Immediately

PURPOSE: To provide instructions to hospitals on processing credit balances with the New Jersey Medicaid program.

ACTION: A hospital participating in the New Jersey Medicaid program alone, or by the Medicaid program together with another insurance carrier(s).

If a credit balance is discovered by a hospital, the hospital must void or adjust the claim within 30 days by submitting an Adjustment Request Form (FD-999) to Paramax/Unisys, the Medicaid fiscal agent. If a hospital does not see any activity on the Remittance Advice concerning the void or adjustment for the credit balance within 30 days from the submission of the claim to Paramax/Unisys, the hospital must contact Paramax/Unisys, Provider Services at 1-800-776-6334 to inquire about the status of the claim. A credit balance cannot be written off and a check cannot be submitted for repayment.

The Fiscal Agent Billing Supplement, Section 10 - Adjustments, is enclosed for your convenience. Section 10 addresses the need for a void or adjustment when MEDICARE or other insurance carriers have reimbursed for services subsequent to MEDICAID payment and provides instructions for completing an Adjustment Request Form (FD-999). Refer to Newsletter Volume 3 No. 19, dated July 1993, for further information on "Claims Inquiries" and instructions on how to complete the Adjustment Request Form (FD-999).

If you have questions concerning this procedure, please contact Jeffrey O. Campbell, Hospital Reimbursement Supervisor, Division of Medical Assistance and Health Services at (609)-588-2693.

If you have any questions concerning the completion of the Adjustment Request Form, please contact the Paramax/Unisys, Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")