



# Credit Balance Report Provider Instructions



## General

Central California Alliance for Health (the Alliance) requires all participating Hospital Providers to complete a Credit Balance Report on a quarterly basis. This report is used to monitor, identify and recover “credit balances” owed to the Alliance for improper or excess payments made to the provider resulting from claims processing errors. Examples of credit balances include instances where a provider is:

- Paid twice for the same service either by the Alliance or another insurer.
- Paid for services planned but not performed.
- Paid for services that are considered non-covered services.
- Overpayments due to errors in calculating beneficiary deductible and/or coinsurance amounts.
- Overpayments made for outpatient services included in a beneficiary’s inpatient claim.

For purposes of completing this form, a credit balance is defined as an amount determined to be refundable to the Alliance.

Generally, when a hospital provider receives an improper or excess payment for a claim, it is reflected in the accounting records (patient accounts receivable) as a “credit.” However, credit balances due to the Alliance include all overpayments made by the Alliance regardless of the classification within a provider’s accounting records. For example, if a provider maintains credit balance accounts for a stipulated period (e.g., 90 days) and then transfers the accounts or writes them off to a holding account, this does not relieve the provider of its liability. In these instances, the provider must identify and repay all monies due the Alliance. Only Alliance credit balances are reported on this form.

## Credit Balance Report Due Dates

Credit Balance Reports are due within thirty (30) days after the close of each calendar quarter. All credit balances as of the last day of the reporting quarter including transfer, holding or other general accounts used to accumulate credit balance funds should be included in the report.

Quarter	Due Date
Quarter 1 (Jan. 1-March 31)	April 30
Quarter 2 (April 1-June 30)	July 31
Quarter 3 (July 1-Sept. 30)	Oct. 31
Quarter 4 (Oct. 1-Dec. 31)	Jan. 31

Providers are responsible for reporting and repaying all excess payments received from the time they began participating in Alliance programs. Each credit balance should be reported only once and does not need to be posted to subsequent reports.



# Credit Balance Report Provider Instructions



## Submission of Credit Balance Report Form(s)

The Credit Balance Report consists of two forms: the Certification Page and the Detail Page.

Credit Balance Report forms must be signed and submitted to the Alliance each quarter as attestation of credit balance status even if the credit balance is zero. Reports may be submitted to the Alliance using one of the methods below. All emails and faxes sent to the Alliance must utilize HIPAA compliant standards.

### Email to:

[recoveriesadmin@ccah-alliance.org](mailto:recoveriesadmin@ccah-alliance.org)

## Filling out the Credit Balance Report Form(s)

### Certification Page

Each quarter, the provider must submit a Certification Page that has been signed by the Chief Financial Officer, Chief Executive Officer or the Administrator of the Provider facility. If the credit balance for the quarter is zero, it is not necessary to file a Detail Page.

The Certification Page includes the following information:

- Provider Facility full name.
- Facility's provider number. Note: If there are multiple provider numbers for dedicated units within the facility (e.g., psychiatric, physical medicine and rehabilitation), complete a separate report for each provider number.
- Quarter end date (e.g., 12/31/20XX).
- Signature of Officer or Administrator of Provider.
- Name/Title Printed.
- Date.
- Name and telephone number of the individual who may be contacted regarding any questions on the Credit Balance Report.
- Number of Credit Report Detail Pages attached.
- Confirmation if there are no Alliance credit balances to report for the quarter (No Detail Pages attached).



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## Detail Page

The Detail Page includes specific information for each claim that has a credit balance. This form may be reproduced as many times as necessary to accommodate all of the credit balances during the quarter for the report.

The following data should be completed on the Credit Balance Detail Page. When a credit balance is the result of a duplicate primary payment, providers should report the data pertaining to the most recently paid claim.

Column 1 – The last name and first initial of the Alliance Beneficiary, (e.g., Doe, J.).

Column 2 – The multiple-digit Claim Control Number (CCN) assigned by the Alliance when the claim is processed.

Column 3 – The month, day and year the beneficiary was admitted and discharged, if an inpatient claim; or "From" and "Through" dates (date service(s) were rendered), if an outpatient service.

Numerically indicate the admission (From) and discharge (Through) date (e.g., 01/01/22).

Column 4 – The amount of the Alliance credit balance that was determined from patient/accounting records.

Column 5 – Place the reason number in Column 5 which explains the type of credit balance.

- Enter "1" for duplicate payment.
- Enter "2" for primary payment by another insurer.
- Enter "3" for "other reasons" (Provide an explanation on the detail page for each credit balance with a "3").

Column 6 – The name and billing address of the primary insurer identified.

Column 7 – The Line Combinations making up the total credit balance.

NOTE: After a credit balance is reported, it should not be reported on subsequent reports.

## Recovery of Overpayments Made by the Alliance

All amounts owed (Column 7 of the report) must be paid at the time the credit balance report is submitted. Payments may be made by check or an electronic recovery by Alliance staff. Submission of the detail information on the Credit Balance Report will not be accepted by the Alliance as an adjustment bill.

If the amount owed to the Alliance is so large that immediate repayment would cause financial hardship, the provider may contact the Alliance Cost Efficiency Department, Recoveries line at 831-430-2505 to discuss an extended repayment schedule.



# Credit Balance Report Form Certification



The Central California Alliance for Health (the Alliance) Credit Balance Report Form is required to be completed every quarter.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I HEREBY CERTIFY that I have read the above statements and that I have examined the accompanying credit balance report prepared by:

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider 6-Digit Number [CMS Certification Number (CCN)]

For the calendar quarter ended \_\_\_\_\_ and that it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable federal laws, regulations and instructions.

\_\_\_\_\_  
Signature of Officer or Administrator of Provider

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Check One:

- ☐ Qualify as low utilization provider
- ☐ Credit Balance Detail Page(s) attached, # of pages: \_\_\_\_\_
- ☐ No Alliance credit balances to report for this quarter (no detail pages attached)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Telephone Number

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11-2024



# Credit Balance Report Form

## Credit Balance Details



(1)	(2)	(3)	(4)	(5)	(6)	(7)
Member Name	CCN	Date of Service	Amount of Alliance Credit Balance	Reason for Alliance Credit Balance	Primary Payer (Name & Billing Address)	What Line Combination Makes Up the Total Credit Balance?

Provider Name: \_\_\_\_\_

Provider Billing Number: \_\_\_\_\_

Quarter Ending: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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