

Provider Credit Balance Reporting Education Series		
Frequently Asked Questions (FAQ)		
Question		Response
<b>Who is Required to Submit the Report?</b>		
1	What providers are required to submit a Medicaid Credit Balance Report?	All providers are required to submit a Medicaid Credit Balance Report if they have a credit balance. All Hospitals and Nursing Facilities must report regardless of owing a balance.
2	I have a hospital and a nursing home. Do I need to complete two separate Forms?	Yes. You would need to do two forms if each facility has separate billing NPIs.
3	I have a Skilled Nursing Facility and Assisted Living Facility. Do I need to complete two separate forms?	Yes. The Skilled Nursing Facility would have to submit every quarter. The Assisted Living Facility would only need to submit in the event the facility has a credit balance during the quarter.
4	Do Home and Community Based Services (HCBS) providers need to complete this form?	Yes. Any provider with a credit balance at the end of the quarterly reporting period needs to complete and submit a Medicaid Credit Balance Form.
5	Are Federally Qualified Health Centers (FQHCs) required to complete Medicaid Credit Balance Reports?	Yes. FQHCs are required to submit a Medicaid Credit Balance Form if there is a credit balance due to SD Medicaid at the end of the reporting period.
6	Is this applicable to out of state providers?	Yes.
7	Does this apply to Indian Health Services (HIS)?	Yes. The Medicaid Credit Balance Report applies to all SD Medicaid providers.
8	Is the report by NPI or taxonomy?	The Medicaid Credit Balance Report is by NPI. Please list the billing and servicing NPI numbers in the appropriate spaces on the form.
<b>Submitting the Report to South Dakota Medicaid</b>		
9	Do we need to fax the form and then send the hard copy as well?	Please <u>do not</u> fax copies of the Medicaid Credit Balance Form to us. Please <u>do</u> submit copies of your Medicaid Provider Credit Balance Form using <u>secure</u> e-mail to: <a href="mailto:DSSPCBF@state.sd.us">DSSPCBF@state.sd.us</a>  When sending your check, please include a copy of the Medicaid Credit Balance Form you e-mailed to the inbox.
10	How do we send you secure e-mails so we can follow Health Insurance Portability and Accountability Act (HIPAA)?	Any providers that do not have access to secure e-mail may send a message requesting a secure e-mail packet to DSS at the address below: <a href="mailto:DSSPCBF@state.sd.us">DSSPCBF@state.sd.us</a>
11	Do we need to send a copy of the Medicaid Credit Balance Form with the check instead of the Self-Audit Worksheet Form that was out on your website?	Please use the new Medicaid Credit Balance Form on the DSS website, located under: <ul style="list-style-type: none"> <li>• Provider Forms</li> <li>• Medical Services</li> <li>• Medicaid Credit Balance Report Form</li> </ul> The Self-Audit Worksheet Form has been removed and is no longer active for providers.
12	We issue checks by patient and cannot issue a bulk check out of our system, what is the	The provider can issue refund checks by patient, but will have to complete a Medicaid Credit Balance

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	name of the form I need to submit?
13	Are we going to be notified if you do not receive a report for a provider?
14	We are paid by each provider's National Provider Identifier (NPI) number, do we fill out the Medicaid Credit Balance Form for each provider with credits?
15	Does the report require any signatures?
16	What quarter and year should we circle or highlight on the Medicaid Credit Balance Form if the service dates on the claims we are reporting do not fall in the quarterly reporting period?
<b>Working with Adjustments, Voids, and Refund Checks</b>	
17	If we do adjustment claims for credit balances to have money taken back and do <u>not</u> do refunds, do we still need to report balances that have already been adjusted?
18	We do adjustments when we have overpayments. If we get the overpayment adjusted within the quarterly reporting period, do you still want <u>all</u> of the adjustments reported on the Medicaid Credit Balance Form that have occurred during the quarter?
19	If we submitted an adjustment close to the end of a quarter and expect SD Medicaid to adjust correctly, would we still report it on the form and not send a refund check for it?
20	If a void or adjustment has been adjudicated in the quarter and you have no balance left, do you need to still put on credit report?
21	How far back can I adjust or void claims?

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	3 months. (Ref. – ARSD 67:16:35:04 – Time Limits for Submission of Claims.)
22	If we have a credit from SD Medicaid, do I send an adjustment and do you take back on the next remit? SD Medicaid encourages the use of adjustments as allowed by ARSD (Ref. – ARSD 67:16:35:04 – Time Limits for Submission of Claims.) If you are outside the time limit please submit a check and mark “C” for that particular claim(s) on the Medicaid Credit Balance Report Form. SD Medicaid does not guarantee payments will be reflected on the next remit.
23	Where do you want the “X” on the form if the adjusted claim has not been adjudicated yet? The “X” should be recorded in column 8 on the Medicaid Credit Balance Report Form. Please see instructions for completing report.
24	How long does it take Medicaid to process a void or replacement claim? If it is not recouped in a certain time frame, would we be safe to issue a check rather than wait for the recoupmen? SD Medicaid anticipates it could take up to three payroll cycles for an adjusted or voided claim to process. In consideration of this time frame, providers should record any claims that have not adjudicated by the third payroll cycle at the end of each quarter on the Medicaid Credit Balance Form and mark with an “X”. Do <u>not</u> send a check for these claims.
25	What happens if a check is sent and an adjustment is processed at the same time? Do <u>not</u> send a check if you have submitted an adjustment. Indicate on the report by using an “X” in column 8 if the adjustment has not adjudicated after the end of the 3rd payroll at the end of the reporting period.
26	If I sent a check, but the claim voided, which resulted in an overpayment to SD Medicaid, how do I remedy this? In this event, please notify SD Medicaid to resolve this issue.
27	We have providers that have negative credit balances right now. How do you want those cleared? Please send a refund check.
28	Will we receive letters asking for those refunds? No. SD Medicaid is no longer going to send letters requesting refunds, as the expectation is for providers to report these balances and remit payment.
29	If we have a negative balance for a provider, do we need to list that on the Medicaid Credit Balance report? Yes. You need to list the negative balance amount, claim and provider information in the appropriate columns on the form and attach a refund check.
30	Will we get any confirmation that the refund checks have been received or processed? Please check your Remittance Advices and your financial statements for balances and checks. The Remittance Advice will reflect when the negative balance on SDMA Provider File has been resolved. Your bank statement should reflect any checks being cashed.