

Provider Credit Balance Reporting

South Dakota Medicaid
SURS Unit
Provider Education Series
February 13, 2018

Credit Balance Reporting Policy

Policy Background

- South Dakota Medicaid is implementing Credit Balance Reporting beginning in January 2018.
- Credit Balance Reporting is a business process of the Surveillance Utilization Review Subsystem Unit (SURS).
- Credit Balance Report forms are due to the SURS Unit no later than 30 days after the end of each quarterly reporting period.
 - Example: Credit Balance Report forms are due on April 30th for the March 31st reporting period.
 - The 30 day time frame provides time to reconcile any claims involving overpayments occurring during the quarterly reporting period.

What is a Credit Balance Report

- A Credit Balance Report is a form providers submit to refund improper or excess payments for medical services back to South Dakota Medicaid.
- A Credit Balance Report is NOT a Self-Audit or a Fraud Review.

Types of Credit Balances - Reportable

➤ Credit Balances

- A claim reflecting an overpayment without any adjustments or voids occurring to reconcile the credit balance within three months of receiving payment.
 - To reconcile:
 - Record the claim on the form and submit a refund check.

Types of Credit Balances - Reportable

- A claim reflecting an overpayment that has been submitted for an adjustment or void prior to the end of the reporting period, but has not been processed by the date Credit Balance Reports are due.
 - Examples:
 - Claim adjustment adjudicates 03/01/18 does not need to be reported
 - Adjustment claim received 03/28/18, but did not adjudicate by the third payroll cycle (third Wednesday of each month) after the end of the quarterly reporting period must be reported.
- To reconcile:
 - Record the claim on the form and mark with an "X" ONLY if an adjusted claim has been submitted to pay the credit balance, but has NOT been adjudicated by the THIRD payroll cycle.

Types of Credit Balances - Reportable

➤ Negative Credit Balance

- Overpayment on a claim (may or may not involve an adjustment or a void) resulting in the need for a refund check due to a provider not being able to submit additional claims against the outstanding balance.
 - To reconcile:
 - Record the claim on the form and submit a refund check.

Submitting Credit Balance Reports

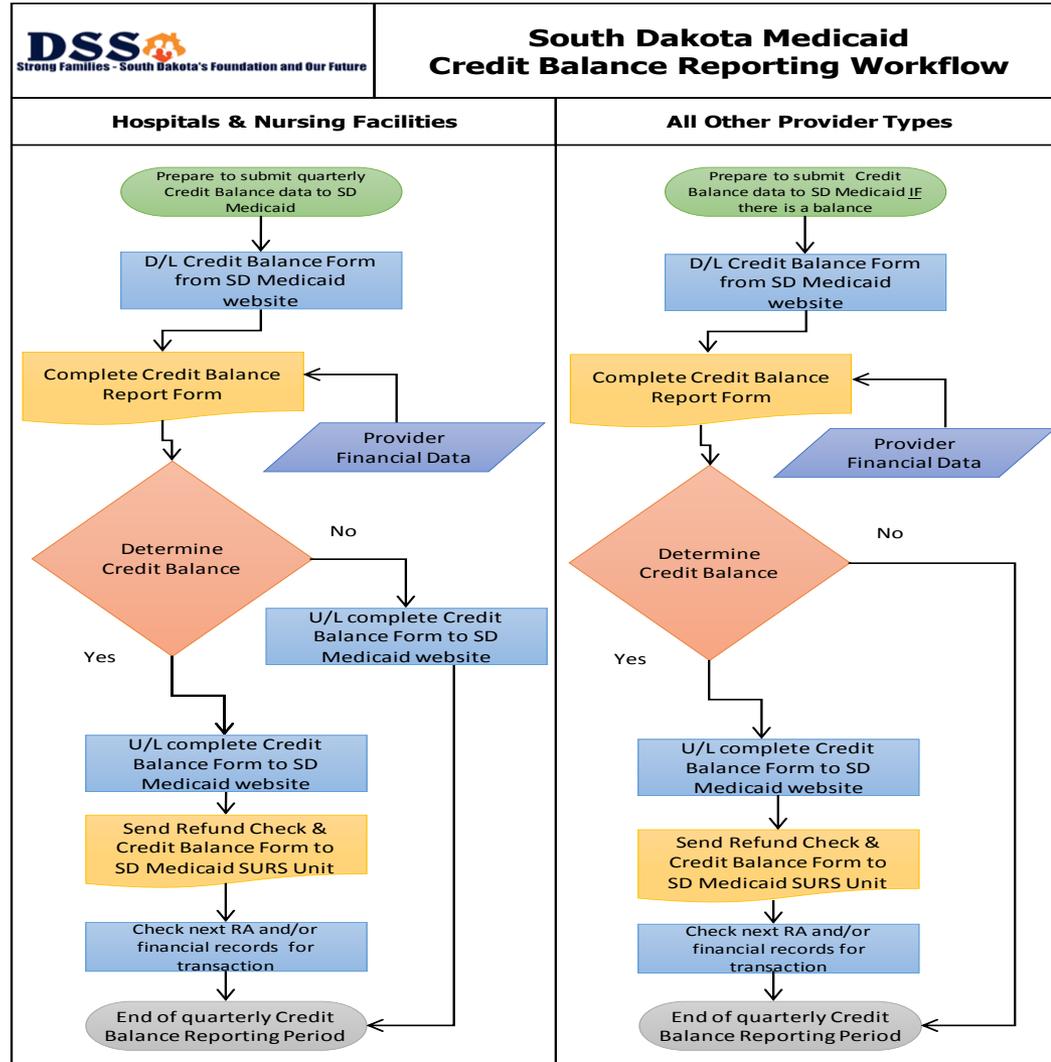
Who Must Submit Credit Balance Reports?

- All South Dakota Medicaid providers must report any outstanding credits (improper or excess payments) owed to South Dakota Medicaid that have not been previously reported on a Credit Balance Report.
- Providers with outstanding credits must refund South Dakota Medicaid the amount of the overpayment on their report IF no adjustment or void has been submitted to resolve the overpayment by the end of the quarterly reporting period.
- Providers who DO NOT owe a balance DO NOT have to submit a Credit Balance Report.

Hospitals and Nursing Facilities

- Reminder: Hospitals and Nursing Facilities are required to submit a Credit Balance Report every calendar quarter even if there are no credit balances.

Credit Balance Reporting Workflow



How to Submit the Credit Balance Report Form

- Follow the directions on the form.
 - Fill out all fields with complete information.
 - It is preferable to type the information on fillable PDF version of the form available in the Forms Library on the DSS website.
 - <http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/MedicaidCreditBalance-reportForm.pdf>
- E-mail a copy of the completed form to:
 - DSSPCBF@state.sd.us
- Mail a copy of the form with any refund checks to:

*Department of Social Services
Division of Medical Services
SURS Unit, 700 Governors Drive
Pierre, SD 57501-2291*

How to Submit the Credit Balance Report Form

- Providers should have the capability to send a secure e-mail prior to transmitting any healthcare data via e-mail.
 - If you do not have capability of sending a secure e-mail, please contact South Dakota Medicaid at the e-mail address below to obtain a secure delivery packet prior to submitting a Credit Balance Form.
 - DSSPCBF@state.sd.us
- Please be aware of HIPAA violations when sending e-mail messages containing PHI without using security protocols!

Credit Balance Report Form - Instructions

Instructions for Completing Medicaid Credit Balance Report Form

Complete the "Medicaid Credit Balance Report" as follows:

- Full name of facility as it appears on the Medicaid Records
- The billing facility's Medicaid provider number, the servicing provider's Medicaid number, the billing facility's NPI number, and the servicing provider's NPI number. If the billing facility has more than one provider number, use a separate sheet for each number. DO NOT MIX!
- Circle the quarter end date
- Enter year
- The name and telephone number of the person completing the report. This is needed in the event South Dakota Medicaid has any questions regarding an item in the report.

Complete the data fields for each Medicaid balance by providing the following information:

Column 1 – The last name and first name of the Medicaid recipient (e.g., Doe, Jane)

Column 2 – The individual Medicaid recipient identification number

Column 3 – The month, day, and year of beginning service (e.g., 12/05/17)

Column 4 – The month, day, and year of ending service (e.g., 12/10/17)

Column 5 – The date of Medicaid payment on the Remittance Advice (not the posting date)

Column 6 – The Medicaid claim number

Column 7 – The amount of the credit balance (not the amount your facility billed or the amount Medicaid paid)

Column 8 – Mark "C" for claims you are submitting a check to repay the credit balance amount shown in column 7, and an "A" if a claim adjustment has been made to pay the credit balance shown in column 7. Mark "Z" if payment is being made with a combination of check and an adjustment. Mark with an "X" ONLY when an adjusted claim has been submitted to pay the credit balance, but has NOT been adjudicated prior to the THIRD payroll cycle after end of the quarterly reporting period.

Column 9 – The reason for the credit balance by entering: "01" if it is the result of any type of third party liability payment (health insurance payment, casualty insurance, or attorney payment) other than Medicare; "02" if it is a result of a Medicare payment; 07 in the event of a billing error. Please use "00" to denote any other type of credit balance and provide an explanation on the back of the form.

After this report is completed, total column 7 and mail to **Department of Social Services, Division of Medical Services, SURS Unit, 700 Governors Drive, Pierre, SD 57501-2291**

Credit Balance Report Form - Sample

MEDICAID CREDIT BALANCE REPORT FORM									
PROVIDER NAME:	<input style="width: 100%;" type="text"/>				CONTACT PERSON:	<input style="width: 100%;" type="text"/>			
E-MAIL ADDRESS FOR CONTACT PERSON:	<input style="width: 100%;" type="text"/>				TELEPHONE NUMBER:	<input style="width: 100%;" type="text"/>			
BILLING FACILITY'S MEDICAID PROVIDER NUMBER:	<input style="width: 100%;" type="text"/>				SERVICING PROVIDER'S MEDICAID NUMBER:	<input style="width: 100%;" type="text"/>			
BILLING FACILITY'S NPI:	<input style="width: 100%;" type="text"/>				SERVICING PROVIDER'S NPI:	<input style="width: 100%;" type="text"/>			
QUARTER ENDING:	(Only highlight or circle one) 3/31 6/30 9/30 12/31 YEAR:				<input style="width: 100%;" type="text"/>				
#	C-1 MEDICAID RECIPIENT'S NAME	C-2 MEDICAID RECIPIENT ID NUMBER	C-3 FROM DATE OF SERVICE	C-4 TO DATE OF SERVICE	C-5 DATE MEDICAID PAID	C-6 MEDICAID CLAIM NUMBER	C-7 AMOUNT OF CREDIT BALANCE	C-8 METHOD OF PAYMENT	C-9 REASON FOR CREDIT BALANCE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
							\$0.00		
Return form and refund check to: Department of Social Services Division of Medical Services SURS Unit 700 Governors Drive Pierre, SD 57501-2291									

Obtaining the Credit Balance Report Form

- Copies of the Credit Balance Report Form are available in the forms library on the DSS website.
 - [http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/Medic aidCreditBalance-reportForm.pdf](http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/Medic%20aidCreditBalance-reportForm.pdf)
- Please make as many copies as necessary for submitting the Credit Balance Report Form completely and correctly.

When Do Providers Submit Credit Balance Reports?

- Credit Balance Reports must be submitted to the SURS Unit no later than the 30 days after the end of each quarterly reporting period (March 31st, June 30th, September 30th, and December 31st).
 - Example: Forms are due on April 30th for the March 31st reporting period.
 - The 30 day time frame provides time to reconcile any claims involving overpayments occurring during the quarterly reporting period.

When Do Providers Submit Reports?

- Many providers currently submit refunds for old claims on a weekly basis.
 - You may continue working to clean up balances in this manner or wait and include all balances at the end of a quarter.
 - DO NOT STOP submitting refunds regardless if you continue weekly or move to quarterly submissions!!!
 - Please use the new Credit Balance Report form for your submissions moving forward.

Key Information

Key Information – Credit Balances

- When a provider receives an improper or excess payment for a claim, it is reflected in the provider's accounting records (patient accounts receivable) as a "credit."
- Credits may be resolved through adjustments and voids of the claims creating the overpayment.

Key Information – Credit Balances

➤ ARSD 67:16:35:04 – Time Limits for Submission of Claims

– Focus: Section one – adjustments or voids

67:16:35:04. Time limits for submission of claims. The department must receive a provider's completed claim form within six months following the month the service was provided. This time limit may be waived or extended only if one or more of the following situations exist:

(1) The claim is an adjustment or void of a previously paid claim and is received within three months after the previously paid claim;

(2) The claim is received within six months after a retroactive initial eligibility determination was made as a result of an appeal;

(3) The claim is received within three months after a previously denied claim;

(4) The claim is received within six months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance; or

(5) To correct an error made by the department.

Source: SL 1975, ch 16, § 1; 7 SDR 23, effective September 18, 1980; 7 SDR 66, 7 SDR 89, effective July 1, 1981; 15 SDR 2, effective July 17, 1988; transferred from § 67:16:01:14, 17 SDR 4, effective July 16, 1990; 19 SDR 26, effective August 23, 1992; 37 SDR 53, effective September 23, 2010.

General Authority: SDCL 28-6-1.

Law Implemented: SDCL 28-6-1.

Key Information – Credit Balances

- Credit balances include money owed to South Dakota Medicaid regardless of its classification in a provider's accounting records. If a provider maintains a credit balance account for a stipulated period (e.g., 90 days) and then transfers the account or writes it off to a holding account, this does not relieve the provider of liability to South Dakota Medicaid.

Key Information - Payments

- Submitting the Medicaid Credit Balance Report does not result in the credit balances automatically being reimbursed to the Medicaid program.
- A refund check is the preferred form of satisfying the credit balances.
 - Checks must be made payable to South Dakota Medicaid and sent to SURS Unit with the Medicaid Credit Balance form.

Key Information – Payments

- South Dakota Medicaid will work with providers to collect outstanding credit balances in a timely, efficient, and effective manner between each reporting period.
- Methods include, but are not limited to contacting the provider, establishing a payment plan, facilitating the placement of a lien, or other actions deemed appropriate by the agency to collect payment.

Why Submit a Credit Balance Report?

- Outstanding balances of more than \$1,500.00 will result in a provider being raised to a higher risk level, unable to enroll, or revalidate with South Dakota Medicaid until the balance has been paid.
- Failure to submit a Medicaid Credit Balance Report will result in reimbursement for future claims being withheld until the balance due to South Dakota Medicaid is paid in full.

Questions



Additional Questions or Information

Contact

Anja Aplan

Payment Control Officer

SURS Unit

South Dakota Medicaid

South Dakota Department of Social Services

(605) 773-3495

E-mail: surs@state.sd.us