

Medicaid Insurance Verification Services (MIVS) Credit Balance Reporting

SEND TO

MIVS

Attn: Benefit Recovery –
Credit Balance Reporting

FAX: (803) 462-2582

MAIL: P.O. Box 8355

Columbia, SC

29202-8355

FREQUENCY

Reports are due by the 30th day
of the following month after the
respective quarter end.

- The South Carolina Department of Health & Human Services (SCDHHS) is requesting quarterly credit balance certification and claim level detail.
- A credit balance is a positive amount that remains in a patient's account which may have resulted from multiple reimbursements from several payers, adjustments to previously paid claims of a provider, duplicate payment, or subrogation events due to accidents and other injury cases. When another third party payer reimburses a provider for claims that Medicaid paid, either in part or in full, a refund is due to the Medicaid Program.
- The Medicaid Credit Balance Report Certification Page and Claim Detail forms can be found under the [For Providers](#) menu option at SCDHHS.gov – see *Credit Balance Forms*.
- The reports and any checks may be sent regular or certified mail or by facsimile. SCDHHS is not accepting electronically-submitted documentation. Written requests for debit adjustments may be submitted in lieu of a check.
- Providers that submit inaccurate or incomplete information will be notified of the rejected credit balance report. The provider will be instructed to re-submit another report for the applicable quarter.
- If the report has not been submitted by the due date, a late notification letter will be sent to the provider. Reports are due by the 30th day of the following month after the respective quarter end.
- Providers may send an e-mail request for Medicaid credit balance receipt confirmation to creditbalancemivs@bcbssc.com.
- The MIVS credit balance reporting format is not eliminating or replacing a provider's necessity to submit a UB-04 for claim adjustment(s).
- The Medicaid Credit Balance Report is not replacing the current credit balance reviews performed by other reviewing agencies. Providers are not to report other agencies' identified claims on the Medicaid Credit Balance Report - this may cause possible duplication of claim recoupment. Providers impacted by such reviews need to continue their current procedure in responding to any correspondence received from other agencies' credit balance reviews.