MEDICAL SERVICES PROGRAM REFUND/CREDIT REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FISCAL ADMINISTRATION
SFN 828 (3-2020)

Mail Check and Form(s) to:
ND DEPT. OF HUMAN SERVICES / FISCAL ADMINISTRATION
600 E. Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

Complete a separate form for EACH INDIVIDUAL case/program. You may submit one check for multiple cases/ programs.

Human Service Zone Office	Check/Money Order Number			
Case Name	Amount of Check			
Case Number	Amount Paid on this Claim (applicable only if payment is for multiple cases)			
Client ID Number				

Complete program information for the case identified above.

☐ Medicare Premium Repayment - Month(s) being Repaid (See QIRS Screen): ______________

Reason for Repayment: Repayment of Medicare Premium amount paid by the State when the recipient was eligible as a Qualifying Individual. This person is applying for other Medicaid benefits. Policy requires reimbursement of Qualifying Individual benefits prior to eligibility for other Medicaid benefits.

☐ Workers with Disabilities Enrollment Fee
☐ Children with Disabilities Premium Payment
☐ Workers with Disabilities Premium Payment
☐ Traditional Medicaid Overpayment
☐ Medicaid Expansion Overpayment

For Estate Recovery Collections, check Yes or No for each program. Refer to instructions to determine which program the funds are to be applied to. (Incomplete form along with the check will be returned for completion and resubmission)

1. Basic Care	2. Expanded SPED	3. Clawback	4. Traditional Medicaid	5. Medicaid Expansion
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

☐ Estate Recovery Collection - Date of Death: ______________
☐ Other Refund (Please complete the following):

Is this overpayment due to a fraud, waste or abuse conviction? ☐ Yes ☐ No

Date of Service	Amount Refunded	Reason for Refund

Completed By	Telephone Number	Date

For state office use only:

Instructions for Completing Credit Form For Medicare Premium Repayment Medicaid / Basic Care / Expanded SPED / Clawback

Medicare Premium Repayment

Month(s) Being Repaid: List all months which recipient has repaid the Medicare Premium. Months listed should be the same as the months indicated on the QIRS screen in TECS.

Traditional Medicaid / Basic Care / Expanded SPED / Clawback / Medicaid Expansion

NOTE: For Estate Recovery Collections - monies received are to be applied in the following order as applicable:

1. Basic Care
2. Expanded SPED
3. Clawback
4. Traditional Medicaid
5. Medicaid Expansion

Therefore you will need to verify outstanding balances by program to determine which program monies are to be applied to. ***(Incomplete form along with check will be returned for completion).***

Check Yes or No for each program (Basic Care, Expanded SPED, Clawback, or Traditional Medicaid and and Medicaid Expansion) and indicate if Estate Recovery Collection or Other Refund

Estate Recovery Collection: *Check this box to represent Estate Recovery and indicate date of death.*

Other Refund: Check this box if monies received represent refund other than Estate Recovery Collection
Identify date(s) of service and amount refunded
Reason for Refund: Indicate the reason for the refund or what caused an overpayment