



HAWAII RAC - CREDIT BALANCE ANALYSIS
Provider Information Survey

Provider / Facility Name:
Provider Number (NPI):
Contact Name:
Contact Title:
Contact Phone Number:
Contact E-mail Address:
Date:

- 1. Does your facility have a compliance department that addresses credit balance concerns? Yes or No
2. Do you, or designated staff, access the State Medicaid rules and regulations on a regular basis? Yes or No
3. Are staff instructed to verify Medicaid eligibility at the time of service? Yes or No
4. Does your facility review patient accounts for proper recording of payments on a regular basis? Yes or No
If so, please provide frequency and department or individual performing review.
5. Other than by Myers and Stauffer LC, has your facility had a credit balance audit in the past three years? Yes or No
If so, please provide the date and entity performing the audit.
6. In the last five years, has your facility had to repay an overpayment from a Federal or State1 audit? Yes or No
If yes, please provide a copy of the findings letter and evidence of repayment of any outstanding overpayment.
7. Is your facility under any Corporate Integrity Agreements with HHS-OIG? Yes or No
If yes, please provide a copy of the executed CIA with the HHS-OIG.

1 It is not necessary to include overpayments identified from a previous audit completed by Myers and Stauffer LC.