arkansas health & wellness™

Sample Explanation of Negative Balance

10	1 Recoupment Date	2 Claim Number	Service Date	Original Paid Date	Mem First Name	Mem Last Name	Medicaid Number	Patient Control Number	3 Take Back	4 Payout	5 Net Adjustment	6 Paid Portion	7 Service Unit Count
11	3/5/2019	********	8/6/2018	9/6/2019	*****	******		***********	(337.34)	(0.00)	(337.34)	(0.00)	(2.00)
12	3/5/2019	Total			8 Original Balance -337.34		9 Current Balance 0.00		(337.34)	(0.00)	(337.34)	(0.00)	(2.00)
13	3/14/2019	*********	1/3/2019	3/14/2019				***	(0.00)	(163.09)	(163.09)	(0.00)	(1.00)
14	3/14/2019	Total							(0.00)	(163.09)	(163.09)	(0.00)	(1.00)
15	3/14/2019	*********	3/5/2019	3/18/2019	*****	******		***********	(0.00)	(66.21)	(66.21)	(106.42)	(1.00)
16	3/18/2019	*********	3/6/2019	3/18/2019	*****	******		***********	(0.00)	(108.04)	(108.04)	(0.00)	(1.00)
17	3/18/2019	Total							(0.00)	(174.25)	(174.25)	(106.42)	(2.00)
18	Total								(337.34)	(337.34)	(0.00)	(106.42)	(1.00)

1. **Recoupment Date:** Indicates the date of transaction.
2. **Claim Number:** Indicates the claim the balance is taken from.
3. **Take Back:** Indicates the amount per claim that was taken back by the plan.
4. **Payout:** Indicates the amout paid per claim from the negative balance.
5. **Net Adjustment:** Total of step 3 or 4.

6. **Paid Portion:** Indicates if there was a check payment made. This would happen if the payment amount totaled more than the remaining negative balance.
7. **Service Unit Count:** Indicates how many units on the claim/line that applied towards the report.
8. **Original Balance:** Total of the starting negative balance.
9. **Current Balance:** Identifies how much is remaining to be offset.

To verify if you have a negative balance, please review your original EOP. If you have questions, please contact our provider relations representatives by phone at 1-800-294-3557 (TTY: 1-877-617-0392) or by email at Providers@ARHealthWellness.com

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