

Sample Explanation of Negative Balance

	1	2							3	4	5	6	7
10	Recoupment Date	Claim Number	Service Date	Original Paid Date	Mem First Name	Mem Last Name	Medicaid Number	Patient Control Number	Take Back	Payout	Net Adjustment	Paid Portion	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 amount 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@ArkansasTotalCare.com.