

# Negative Balance\*

## How-To Guide



New Hampshire - Explanation of Negative Balance														
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		
			Original Balance	-337.34										
			Current Balance	0										
3/5/2019		8/6/2018	9/6/2018	*****	*****			(337.34)	0.00	(337.34)	0.00	(2.00)		
3/5/2019	Total							(337.34)	0.00	(337.34)	0.00	(2.00)		
3/14/2019		1/3/2019	3/14/2019	*****	*****			0.00	163.09	163.09	0.00	1.00		
3/14/2019	Total							0.00	163.09	163.09	0.00	1.00		
3/18/2019		3/5/2019	3/18/2019	*****	*****			0.00	66.21	66.21	106.42	1.00		
3/18/2019		3/6/2019	3/18/2019	*****	*****			0.00	108.04	108.04	0.00	1.00		
3/18/2019	Total							0.00	174.25	174.25	106.42	2.00		
3/18/2019	Total							(337.34)	337.34	0.00	106.42	1.00		

- 1 **Recoupment Date:** Indicates the date of the transaction
- 2 **Claim Number:** Indicates the claim the balance is taken from or paid to
- 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
  - a. 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 why you have a negative balance please review your original EOP, if you require additional assistance please contact Provider Services at **1-866-769-3085**.

**1-866-769-3085** (NH Healthy Families)  
**1-844-265-1278** (Ambetter)  
 TDD/TTY: 1-855-742-0123

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