

Understanding Claims Negative Balances

Provider Guide

A negative balance occurs when Meridian, MeridianComplete, Ambetter from Meridian, and/or Wellcare (hereafter referred to as “Meridian”) identifies that a provider has received claim overpayment(s) for the services provided and subsequently commissions a recovery project (including notification to the provider) to collect the overpayment.

What Is a Negative Balance?

A negative balance represents an overpayment of funds previously paid to a provider on their claims payment account with Meridian (established upon Contract enrollment). A negative balance will only occur when the provider receives notice of the overpayment and fails to respond within 60 days with either a formal dispute or a check to Meridian for the amount owed. At that time the owed balance is reflected on the claims account to offset payment until the debt is resolved.

How Will a Provider Be Notified?

Providers are notified of potential negative balances via a project recovery letter (see page 2 for an example letter). This formal communication outlines the details of overpayment and affected claims.

- **Dispute Timeframe:** Providers have 60 calendar days from the date of the letter to dispute any claims identified in the recovery notice or to provide a check in the requested amount before the negative balance is applied to their account.

How Can a Provider Resolve a Negative Balance?

There are two primary options for resolving a negative balance:

1. **Offsetting Future Claims:** The health plan will apply a negative balance against future claim payments made to the provider until the balance is resolved.
2. **Submitting a Check:** Providers may choose to resolve the balance in full by submitting a check to the health plan. Instructions for payment will be included in the recovery notice.

Example Negative Balance Letter

ELECTRONIC SERVICE REQUESTED 00 [REDACTED] [REDACTED] [REDACTED] [REDACTED]	December 18, 2024 Billed Amount: [REDACTED] Project ID: PROJ-55068597 9
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Dear Provider:

Please submit a copy of this letter with any correspondence.

A recent review of our records indicated that an overpayment of \$ [REDACTED] was made to your account. The reason for the overpayment by Meridian to your facility was attributed to the member being enrolled in multiple plans and we were incorrectly billed as the primary carrier. The claim should be resubmitted to the member's primary Ambetter plan for payment. Please see the attached listing outlining the claim detail for each overpayment. A secondary claim may be submitted to Medicaid if applicable. Please see the attached listing outlining the claim detail for each overpayment. Please refund the amount of \$ [REDACTED] payable to:

Meridian
Attention: Claims Recovery Team
P.O. Box 858875
Saint Paul, MN 55485-8875

Per Michigan state law, Meridian is obligated to notify you of your dispute rights. If you would like to submit a provider dispute, please submit a request to:

Meridian
Provider Dispute Resolution
P.O. Box 8080
Farmington, MO 63640-8080

This dispute request must include the following information:

1. Name, address and phone number of the provider of service.
2. Provider's Meridian National Provider Identification (NPI) number, and Tax Identification Number.
3. A complete and accurate explanation of the issue.
4. Supporting documentation including copies of claims (if applicable), claim numbers, medical records or supporting documentation to challenge the initial adverse determination.

Meridian will process your dispute request within 30 working days. Inquiries can be made at 1-888-773-2647.

P.O. Box 8080 - Farmington, MO 63640 - 1-888-773-2647

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