

Retroactive Medi-Cal for CCPs

If a client does not have Medi-Cal, their services will be billed to County of Santa Clara. If a client obtains Retroactive Medi-Cal coverage, then services billed to County of Santa Clara would need to be voided then rebilled to Medi-Cal.

1. Send in void services billed to Guarantor: County of Santa Clara (50024)
 - a. Manual Billers: Use Retro Claim Adjudication form
2. Wait for voids to come back via 835s (PCE and PCNX 837) or EOBs (manual billers) before updating Financial Eligibility.
3. Add Medi-Cal Guarantor to Financial Eligibility as Guarantor #1.
 - a. MSO DMH Medi-Cal (18500) for MH
 - b. MSO Drug Medi-Cal (20000) for SUTS
4. Resubmit new claims with P-Auth that corresponds with Medi-Cal since the original claim was voided.
5. The Take Back Amount for voided services will appear on the following EOB Report/835 file generated after the voided service was updated. For example, if a service was voided on 6/10, and the following EOB Report/835 file was generated on 6/12, the voided service will appear as a Take Back on that EOB Report/835 file under the Take Back section.

Run Date: 11/2/2022 7:50:35 AM

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County of Santa Clara
2425 Enborg Ln
San Jose, CA 95128

EOB SUMMARY - 608

Provider : XXXXXXXXXX Date : 6/9/2022
 Total : \$75.25 Check # :

Approved

Member	Date of Svc	Proc Code	A/P/D	Tot Fee Table Amt	Expected Member Disburse	Member Copay	Member Deductible	Auth Number	Amount Billed	Third Party Paid
TEST,STEPH (2790)	6/5/2022	90791:BB	A	51.90	51.90	0.00	0.00	P1195	100.00	0.00
TEST,STEPH (2790)	6/9/2022	T1017:HE	A	40.65	40.65	0.00	0.00	P1195	100.00	0.00
TEST,STEPH (2790)	6/9/2022	H2017:HE:A	A	51.90	51.90	0.00	0.00	P1195	100.00	0.00

Total Paid To Provider : \$144.45

Take Back

Adjustment Code	Date of Svc	Proc Code	Take Back Date	Take Back Amount	Updated Third Party Paid
177 - Patient has not met requirements	6/10/2022	90791:BB	6/9/2022	69.20	

** Payment has already been made. No funds withheld.

Total Take Back Amount : \$69.20

EOB SUMMARY

EOB: 13650
Batch: 15146
Claim: 669,524
Provider:
Account:
Provider Program Name:
Data Entry Date: 11/29/2023
Total: -\$59.40
Check #
Approved

Member	Date of Svc	Proc Code	Proc Code Value	Svc Units	A/P/D	Tot Fee Table Amt
TEST,RAYNA (55555)	10/15/2023	H0004:U7:HL	BH Counseling 15 Min OP (H0004:U7:HL)	15	A	59.40
TEST,RAYNA (55555)	10/14/2023	H0004:U7:HL	BH Counseling 15 Min OP (H0004:U7:HL)	15	A	59.40
TEST,RAYNA (55555)	10/13/2023	H0004:U7:HL	BH Counseling 15 Min OP (H0004:U7:HL)	15	A	59.40

Adjustment Code	Date of Svc	Proc Code	Proc Code Value	Svc Units	Take Back Date	Take Back Amount
177 - Patient has not met the required e	10/5/2023	H0004:U7:HL			11/29/2023	59.40
177 - Patient has not met the required e	10/9/2023	H0004:U7:HL			11/29/2023	59.40
177 - Patient has not met the required e	10/10/2023	H0004:U7:HL			11/29/2023	59.40
177 - Patient has not met the required e	10/11/2023	H0004:U7:HL			11/29/2023	59.40

** Payment has already been made. No funds withheld.

Total Take Back Amount : \$237.60