



COUNTY OF SANTA CLARA
Behavioral Health Services

RETRO CLAIM ADJUDICATION

REV. 12/05/2022

REVISIONS

Date	Slides	Revisions
12/05/22	3	Added Table of Contents
09/27/22	11	Added slide - Updating Multiple Services in One Claim.
06/10/22	12	Added how to review adjusted/voided services.

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RETRO CLAIM ADJUDICATION

Purpose of Form:



Manage adjudications for claims in closed batches.

SIGN ONTO PROVIDERCONNECTNX


Enter the System Code, Username, and Password that were provided to you.

 **Netsmart**
ProviderConnect NX


System

 SCC LIVE 



System Code

 Enter System Code

Username

 Enter Username

Password

 Enter Password 

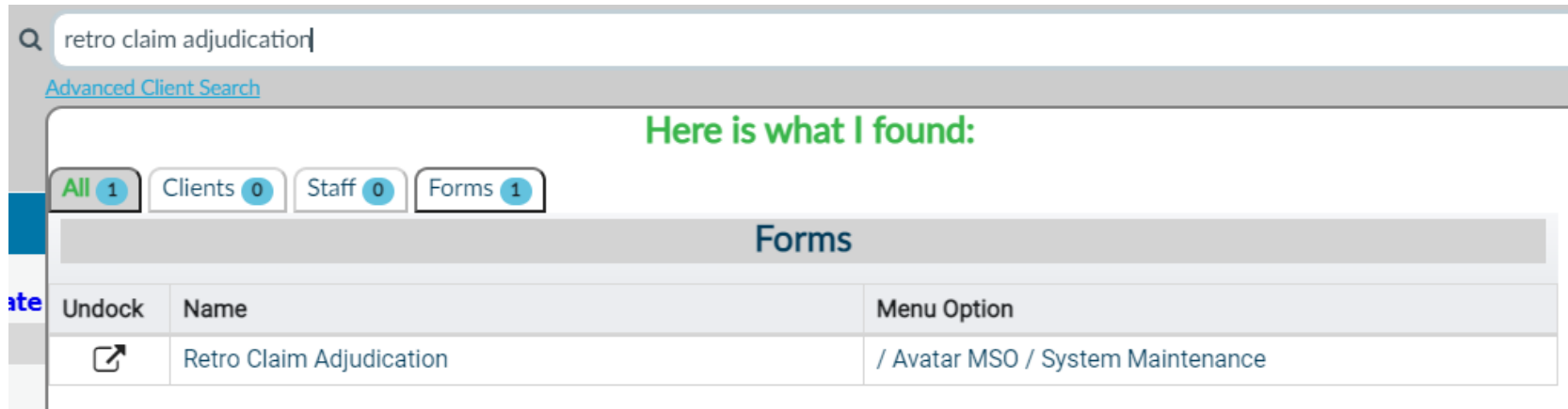
Login

Attention


The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

HOW TO ACCESS

After login click on **Search** and type **Retro Claim Adjudication**



The screenshot shows a search bar with the text "retro claim adjudication". Below the search bar is a link for "Advanced Client Search". The results section is titled "Here is what I found:" and includes filter buttons for "All 1", "Clients 0", "Staff 0", and "Forms 1". A table titled "Forms" displays the search results.

Undock	Name	Menu Option
	Retro Claim Adjudication	/ Avatar MSO / System Maintenance

ADDING A VOID/ADJUSTMENT

Select **Add/Edit/Delete Claim Adjudication**.

Search client's name in **Member Name or ID**.

Select **Provider**, **Claim**, and **Date of Service/Procedure** that needs to be adjudicated. **Batch Number** will auto-populate.

Add/Edit/Delete Claim Adjudication *

Add Edit Delete

Batch Number

HIPAA837P Claim Processing Batch 1050 (1050)

Member Name Or ID

SUTS,BOB R R (2638)

Provider

Momentum - SUTS (11000)


Claim *

Batch: 1050 Member: SUTS,BOB R R Provider: Momentum - SUTS Charges: 580

Date of Service/Procedure *

08/12/2021 OP Case Mgmt. (21+) (H0006:U7) UniqueId: SVC.00006

The left column will auto-populate with the original information inputted for the claim. Input the information that needs to be changed on the right column.

Original Service Fee	5.00	Updated Service Fee	5.00
Original Approved Units	0	Updated Member Co-Pay	0.00
Original Member Co-Pay	0.00	Updated Member Deductible	0.00
Original Member Deductible	0.00	Updated Disbursement Amount	5.00
Original Disbursement Amount	5.00	Updated Third Party Payment	0.00
Original Third Party Payment	0.00	Updated Approved Units	0
Adjustment Code	177 - Patient has not met the required 	Take Back Units	0
Take Back Amount *	0.00		
Original Duration	10		
Updated Duration	10		

When adjusting a claim, such as updating the Approved Units, this notification, and other variations of this notification, will pop up. Click 'Yes' to update other fields accordingly. Click 'No' to keep other fields as is.

?

Updated Amount

Do you want to calculate 'Updated Approved Units' based on updated amount entry?

Once information has been updated, click on **Update Claim Adjudication**.

Date of Service/Procedure *

10/06/2021 OP Case Mgmt. (21+) (H0006:U7) UniqueId: SVC.00003 ✕ ▾

Update Claim Adjudication

UPDATING MULTIPLE SERVICES IN ONE CLAIM

If you have one service that needs to be updated within the Claim/Batch, you must select the 'Add' radio button (1).

If you have additional services that need to be updated within the same Claim/Batch, you must select the 'Edit' radio button (2). A notification will appear to prompt you to select 'Edit' if the Claim/Batch already has an updated service.

Add/Edit/Delete Claim Adjudication *

Add **1** Edit **2** Delete

Batch Number
Fast Service Entry Batch 1368 (1368)

Member Name Or ID
TEST,STEPH (2790)

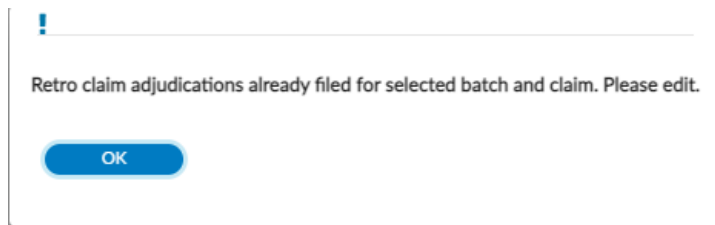
Provider
The Health Trust - MH (38600)

Claim *
Batch: 1368 Member: TEST,STEPH Provider: The Health Trust

Date of Service/Procedure *
06/05/2022 Assessment (Follow Up) (90791:BB) Unique

Original

Update Claim Adjudication



REVIEW VOIDED/ADJUSTED SERVICES

The adjudication will appear on the following EOB Report generated after the adjusted service was updated. For example, if a service was adjusted or voided on 6/10, and the following EOB Report was generated on 6/12, the adjusted service will appear on that EOB Report under the Take Back section.

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

Page 1 of 1

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

EOB SUMMARY - 608

Provider : The Health Trust - MH (38600)
Total : \$75.25

Date : 6/9/2022
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

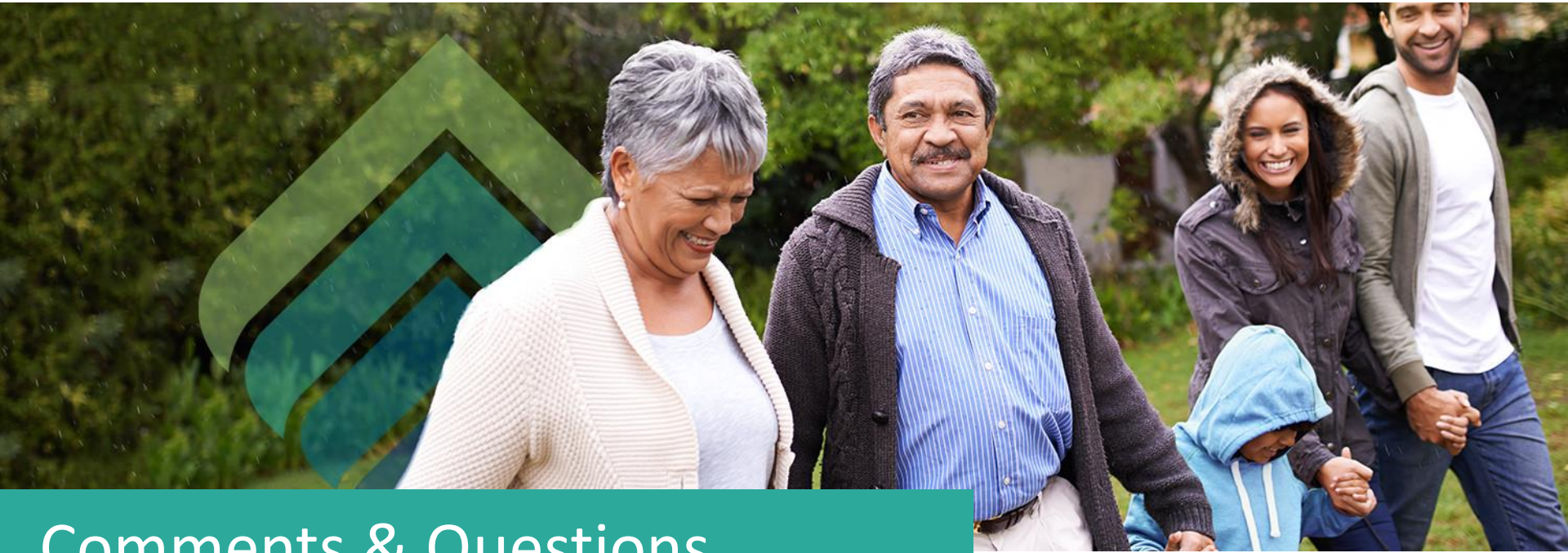
Total Paid To Provider : \$144.45

Take Back

Adjustment Code	Date of Svc	Proc Code	Take Back Date	Take Back Amount	Updated Third Party Paid
177 - Patient has not met the requirements	6/11/2022	90791:BB	6/9/2022	69.20	

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

Total Take Back Amount : \$69.20



Comments & Questions