TIP SHEET: 3-02 CalAIM Consolidated TUOS Claim Details Report

MANAGEMENT INFORMATION SYSTEMS
SERVICE INTEGRITY CONNECTION

This **3-02 CalAIM Consolidated TUOS Claim Details** report was created to list the Total Units of Service (TUOS) for all Non-OTP and OTP services, and to incorporate CalAIM payment reform changes to billing as of 7/1/2023. This is the detailed version of the report and provides data at the client level. There is an additional functionality in this report that allows users to view the encounter summary/billing history by clicking on the encounter ID. This report includes a sub report located at the end of the report that is encounter based and has the finalized encounters that are disallowed. This report also has security built in for providers to only see the facility to which they are assigned based on the staff that runs the report.

Please see below for detailed information.

REPORT FILTERS/PARAMETERS	
Agency	This filters by the name of the agency to which the logged in user has access
Contract #	This filters by the contract number that is entered in SanWITS on the Facility Profile as the Display Name
Facility Name	This filters by the name of the facility to which the logged in user has access. They may have access to more than one facility.
Start Date From	This filters by the encounter start date.
Start Date To	This filters by the start date of the last encounter.
Modality	This filters by the modality defined on the program set-up. For an encounter to be created a client must be enrolled in a program
CPT Code	This is a drop-down list of CPT codes that can be chosen to be included or excluded from the report
Service	This filters by the service type and the service type can be typed into the blank field
Payor	This filters by the name of the payor. (i.e. County Billable, DMC Billable, etc.)
Perinatal	This filter is based on the perinatal indicator from the Client Program Enrollment
Claim on Disallowed Encounter	This filter is based on whether or not the claim is for a disallowed encounter
Encounter ID	This filters by the Encounter ID number found on the Encounter once it has been finalized.
Claim Status	This is a drop-down list of Claim Statuses that can be chosen to be included or excluded from the report

COLUMN NAME	COLUMN DESCRIPTION
Contract #	This is the current contract number associated with the facility.
Agency	The name of the agency
Facility	The name of the facility
Provider ID	This is the two-digit county code (37) and the four-digit facility code combined.
Client Name	This is the [Last Name, First Name] of the client.
UCN	The Unique Client Number. This comes from the client's profile
Program Enrollment	This is the program where the client is enrolled with.
Special Population	This data is indicated on the client's Admission information (Admission Administration) in the Special Population Program field.
Perinatal	Perinatal indicator is entered on a Client Program Enrollment. When this = Yes, an HD modifier is added to the claim at RTB
CPT/HCPC Code and Modifiers	This is the service code assigned to each Service. It includes all modifiers associated with the service.
Service Name	This is the name of the service selected on the Encounter.
Total Service Time (minutes)	This is the total service time in the Encounter screen.
# of Service Units/Sessions	This is the # of Service Units/Session in the Encounter screen.
Measure Type (Duration or Unit Based)	This column indicates if the service is duration or unit based.
Service Date	Date of Service entered on the Encounter
Encounter ID	This is a WITS number assigned to identify each unique encounter. Note: One encounter can be tied to many claims. There is an additional functionality for this column that allows users to view the encounter summary/billing history by clicking on the encounter ID. The billing history screen will open separately when you click on the encounter number.
Hold Reason ID	This will be the ID number of the hold reason that was selected. This is not a number that is visible to users in the front end of SanWITS.
Hold Reason	This is the Hold Reason that was selected when the claim was placed on Hold. Note: All claims that are placed on hold require a hold reason.

DMC Billable Denial Code	This is in the 835 / EOB Transaction. Claim Adjustment Reason Code (CARC) and the Remittance Advice Reason Code (RARC). It should only have data when there are denied units appearing in the Denied column in DMC Billed Status Section. These are similar to Remark Codes. Note: There can be more than one denial code
Aid Code	This is the eligibility category from the Payor Group Enrollment (PGE).
Session ID	This is the Group Session ID that can be found on the Encounter screen for Group services. This is a number generated in SanWITS.
Claim Item Status	This is the status of the claim in the Claim Item List (Batched, Rolled up etc.).
Claim Item ID	This is the Claim ID of the claim in the Claim Item List.
Rolled Up ID	This is the Claim ID of the primary claim item (“Batched” claim) where the units are rolled up to.

ADJUSTED UNITS	
DMC Billable	This is the number of units for the DMC Billable payor group type
County Billable	This is the number of units for the County Billable payor group type
Justice Override (County Billable)	This is the number of units for the Justice Override (County Billable) payor group type
Out of County (County Billable)	This is the number of units for the Out of County (County Billable) payor group type
OHC	This is the number of units for the OHC payor group type
Medicare	This is the number of units for the Medicare payor group type
No Valid Benefit Plan	This is the number of units for a client that does not have any payor group assigned.
Total Billing Unit Count	This is the total number of billing units on a claim

DISALLOWED CLAIMS	
DMC Billable	This is the number of disallowed units for the DMC Billable payor group type
County Billable	This is the number of disallowed units for the County Billable payor group type
Justice Override (County Billable)	This is the number of disallowed units for the Justice Override (County Billable) payor group type
Out of County (County Billable)	This is the number of disallowed units for the Out of County (County Billable) payor group type
OHC	This is the number of disallowed units for the OHC payor group type
Medicare	This is the number of disallowed units for the Medicare payor group type
No Valid Benefit Plan	This is the number of disallowed units for a client that does not have any payor group assigned.
Total QM/Provider Disallowed Billed Units	This is the total number of units marked as disallowed for each payor plan
Disallowance Reason	This is the disallowance reason that is entered when an Encounter is marked as Disallowed.

DMC BILLABLE STATUS SECTION	
Awaiting Review	This is the status of the claims. These claims are in Awaiting Review Status. They have not been released or batched.
Hold	This is the status of the claims. These claims do not have a CH batch and were placed on Hold.
Released	This is the status of the claims. These claims have been released. However, they have not been batched.
Pending Roll-Up	This column indicates the status of secondary claims that have been released and are waiting to be rolled-up into a Primary claim on the same date of service for the same type of service

Batched	This is the status of the claims. These claims have been placed in a provider batch. However, they have not been sent to the Clearing House.
Awaiting Adjudication	This is the status of the claims. These claims have a Clearing House Batch but have not received a payment.
Approved	This is the status of the claims. These claims have a payment and were approved.
Denied	This is the status of the claims. These claims were denied and have a $0 payment.
Void	# of Total Billing units from a claim that were paid and voided. **VOID & Disallowed** unit counts reflect in the Non Billable column in the Outpatient/Residential Reconciliation Section **VOID Non- Disallowed** (process not completed) unit counts reflects in the County Billable column in the Outpatient/Residential Reconciliation Section
Total DMC	This is the total number of DMC Billed units.

OUTPATIENT/RESIDENTIAL RECONCILIATION	
Individual/Group	This column shows whether the service is 'Individual' or 'Group.
DMC Reconciliation Units	This is the reconciliation between the adjusted and disallowed DMC units for Non-OTP services. **DMC Reconciliation Units = Awaiting Review + Hold + Released + Batched + Awaiting Adjudication + Approved**
DMC Reconciliation (Payable Minutes)	This data is calculated based on the DMC Reconciliation unit multiply by the service rate's unit increment (minutes) provided by the State. For example: Service Name: AOD_Care coordination IOS Duration in the Rate profile screen: 15 minutes DMC Reconciliation Unit: 2 Unit increment for Care Coordination: 15 minutes DMC Reconciliation (Payable Minutes): 30.00

	Note: In cases where there are unit-based services that are NOT 24-hour services, this column represents those units as payable minutes.
County Billable Reconciliation Units	This is the reconciliation of all non-disallowed County Billable claims for Non-OTP services. This includes all County Billable, Justice Override, and Out of County adjusted units and units with a DMC billed status of Denied. This also includes claims that were void with no disallowance. **County Billable Reconciliation = County Billable + [Justice Override] + [Out of County] + [Denied] + [Void with no disallowance]**
County Billable Reconciliation (Payable Minutes)	This data is calculated based on the County Billable Reconciliation unit multiply by the service rate's unit increment (minutes) provided by the State. For example: Service Name: AOD_Care coordination IOS Duration in the Rate profile screen: 15 minutes County Billable Reconciliation Unit: 2 Unit increment for Care Coordination: 15 minutes County Billable Reconciliation (Payable Minutes): 30.00 Note: In cases where there are unit-based services that are NOT 24-hour services, this column represents those units as payable minutes.
Non Billable Reconciliation Units	This is the reconciliation of all non-billable units for Non-OTP services. **Non-Billable Reconciliation = County Billable + Justice Override + Out of County Adjusted Units + Claims that were voided and the provider disallowed**
Non Billable Reconciliation (Payable Minutes)	This data is calculated based on the Non Billable Reconciliation unit multiply by the service rate's unit increment (minutes) provided by the State. For example: Service Name: AOD_Care coordination IOS Duration in the Rate profile screen: 15 minutes Non Billable Reconciliation Unit: 2

	Unit increment for Care Coordination: 15 minutes Non Billable Reconciliation (Payable Minutes): 30.00 Note: In cases where there are unit-based services that are NOT 24-hour services, this column represents those units as payable minutes.
Total Billable Reconciliation Units	This is the reconciliation of all billable units (DMC and County Billable) for Non-OTP services. **Total Billable Reconciliation = DMC Reconciliation + County Billable Reconciliation + Non Billable Reconciliation)**
Total Billable Reconciliation (Payable Minutes)	This data is calculated based on the Total Billable Reconciliation units multiply by the service rate's unit increment (minutes) provided by the State. For example: Service Name: AOD_Care coordination IOS Duration in the Rate profile screen: 15 minutes Total Billable Reconciliation Unit: 2 Unit increment for Care Coordination: 15 minutes Total Billable Reconciliation (Payable Minutes): 30.00 Note: In cases where there are unit-based services that are NOT 24-hour services, this column represents those units as payable minutes.

OTP RECONCILIATION	
DMC Reconciliation Units	This is the total units of Batched, Awaiting Adjudication and Approved in the DMC Billed Status Section. **DMC Reconciliation = Batched + Awaiting Adjudication + Approved**
DMC Reconciliation (Payable Minutes)	This data is calculated based on the DMC Reconciliation units multiply by the service rate's unit increment (minutes) provided by the State. For example: Service Name: AOD_Care coordination OTP Duration in the Rate profile screen: 15 minutes

	DMC Reconciliation Unit: 2 Unit increment for Care Coordination OTP: 15 minutes DMC Reconciliation (Payable Minutes): 30.00 Note: In cases where there are unit-based services that are NOT 24-hour services, this column represents those units as payable minutes.
County Billable Reconciliation Units	No calculation for now.
Non-Billable Reconciliation Units	No calculation for now.
Total Billable Reconciliation Units	This is the total units of DMC Reconciliation, County Billable Reconciliation and Non Billable Reconciliation in OTP Reconciliation Section. **Total Billable Reconciliation = DMC Reconciliation + County Billable Reconciliation + Non Billable Reconciliation)**
Total Billable Reconciliation (Payable Minutes)	This data is calculated based on the Total Billable Reconciliation units multiply by the service rate's unit increment (minutes) provided by the State. For example: Service Name: AOD_Care coordination OTP Duration in the Rate profile screen: 15 minutes Total Billable Reconciliation Unit: 2 Unit increment for Care Coordination OTP: 15 minutes Total Billable Reconciliation (Payable Minutes): 30.00 Note: In cases where there are unit-based services that are NOT 24-hour services, this column represents those units as payable minutes.

QM/PROVIDER DISALLOWED ENCOUNTER UNITS (This is a sub report located on the second tab of the report that is encounter based and has the finalized encounters that are disallowed)	
Contract #	This is the current contract number associated with the facility.
Agency	The name of the agency.
Facility	The name of the facility.
Provider ID	This is the two-digit county code (37) and the four-digit facility code combined.
Client Name	This is the [Last Name, First Name] of the client.
UCN	The Unique Client Number. This comes from the client's profile.
Program Enrollment	This is the program where the client is enrolled with.
Special Population	This data is indicated on the client's Admission information (Admission Administration) in the Special Population Program field.
Perinatal	Perinatal indicator is entered on a Client Program Enrollment. When this = Yes, an HD modifier is added to the claim
Service Name	This is the name of the service selected on the Encounter.
CPT/HCPC Code and Modifiers	This is the service code assigned to each Service. It includes all modifiers associated with the service.
Total Service Time (minutes)	This is the total service time in the Encounter screen.
# of Service Units/Sessions	This is the # of Service Units/Session in the Encounter screen.
Measure Type (Duration or Unit Based)	This column shows if the service is duration or unit based.
Service Date	Date of Service entered on the Encounter
Encounter ID	This is a WITS number assigned to identify each unique encounter.
Finalize Date	The date that the encounter was finalized.
Session ID	This is the Group Session ID that can be found on the Encounter screen for Group services. This is a number generated in SanWITS.
DMC Billable	This is the data from the "# of Service Units/Session" field in the DMC Billable encounter screen.

County Billable	This is the data from the "# of Service Units/Session" field in the County Billable encounter screen.
Justice Override (County Billable)	This is the data from the "# of Service Units/Session" field in the Justice Override (County Billable) encounter screen.
Out of County (County Billable)	This is the data from the "# of Service Units/Session" field in the Out of County (County Billable) encounter screen.
OHC	This is the data from the "# of Service Units/Session" field in the OHC encounter screen.
Medicare	This is the data from the "# of Service Units/Session" field in the Medicare encounter screen.
No Valid Benefit Plan	This is the data from the "# of Service Units/Session" field in the encounter screen.
QM/Provider Disallowed Encounter Units	This is the total billing unit count of the disallowed encounters.
Disallowance Reason	The disallowance reason comes from the encounter profile. When the disallowed indicator is marked as Yes, the disallowed reason is required.