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The **3-38 OOC Claim Details Report** is a detail level report that monitors Out-of-County claims for Outpatient, Residential and Opioid Treatment Programs. This report shows each client's service dates, service received, encounters (Encounter IDs) and breakdown of billing units for DMC Billable, Out of County (County Billable).

Report Sections:

ADJUSTED UNITS		
DMC Billable	Out of County (County Billable)	Total DMC Billable and OOC Units

This section shows the number of billing units for payor DMC Billable and County Billable (Out-of-County) and the total units of both payor group.

Denial Code	Denial Reason		Agency of Initial Service	Initial Service Date (On or After 7/1/2018 Across Agency)	Count Starts on Date	End Date Count Starts On Date	Number of Days from Initial Service Date(Count Starts on Date)	Number of Days from Initial Service Date(Count Starts on Date) Date Range	Enrolled in Courtesy Dosage program at the same facility?	Count on No. of days client received Courtesy Dosage service	Range on no. of days the client was enrolled in Courtesy Dosage program 0-30 days OR Over 30 days

This section is for Out-of-County data. It includes Out-of-County denial code and denial reason, Out-of-County service dates and agency where the Out-of-County was enrolled.

For detailed description, please review the **3-38 OOC Claim Details Report Profile** below.

Report Profile for 3-38 OOC Claim Details Report	
Report Description	
This is a detail level report that monitors Out-of-County claims for Outpatient, Residential and Opioid Treatment Programs.	

REPORT FILTERS	
Agency	This allows filtering based upon the Agency name
Contract #	This will filter by Facility Contract number.
Facility Name	This allows filtering based upon the Facility name
Start Date From	The beginning date of a specific date range
Start Date To	The end date of a specific date range
Modality	This allows filtering based upon treatment modality
Service	This allows filtering based upon the type of service provided
Payor	This allows filtering based upon the Payor Group Enrollment
Perinatal	Yes/No – This will filter for whether or not the services were Perinatal.
Claim on Disallowed Encounter	Yes/No/Null – This will filter for whether a claim was on a disallowed Encounter.
Encounter ID	This will filter for the Encounter ID. This is a WITS number assigned to identify each unique encounter.

COLUMNS	DESCRIPTION
Contract #	This is the contract number and is entered in SanWITS on the Facility Profile as the Display Name
Agency	The name of the Agency
Facility	The name of the Facility
Client Name	The Last Name, First Name of the Client
UCN	The Unique Client number assigned by SanWITS to the Client
Program Enrollment	The Treatment Modality for the client
Perinatal	The Perinatal Status of the Encounter (Yes/No)
Service	The type of service rendered to the Client on this Encounter

Cpt Code and Modifiers	The CPT code and modifiers assigned to the type of service in SanWITS
CPE Effective Date	The start date of the Client's Program Enrollment
Service Date	The date the service on the Encounter was rendered
Encounter ID	The ID number assigned to the Encounter by SanWITS
Hold Reason ID	The number in SanWITS associated with the Hold Reason
Hold Reason	The description of the Hold Reason in SanWITS
Aid Code	The Aid Code assigned by MediCal/Medicare eligibility
Session ID	The number assigned to a Group Session in SanWITS

ADJUSTED UNITS SECTION	
DMC Billable	The number of denied DMC billable service units
Out of County (County Billable)	The number of County billable service units
Total DMC Billable and OOC Units	The total number of denied DMC and County billable service units

Denial Code	The number in SanWITS associated with the Denial Code
Denial Reason	The description of the Denial Reason in SanWITS
Agency of Initial Service	The agency where the Client initially received treatment
Initial Service Date (on or after 7/1/2018 Across Agency)	The date on which the Client initially received treatment
Count Starts on Date	The first day of the month following the Initial Service Date
End Date from Count Starts on Date	Calculates the 60 days from the Count_Starts On_Date
Number of Days from Initial Service Date(Count Starts on Date)	Calculates the number of days from the Count_Starts On_Date
Number of Days from Initial Service Date (Count Starts on Date) Date Range	The date range (in days) from the Count_Starts On_Date
Enrolled in Courtesy Dosage program at the same facility?	The data for this column will be 'Yes' or 'No'. If a client is enrolled in a Courtesy Dosage program initially at a Facility and enrolled again the following day AT THE SAME FACILITY then that's a 'Yes'.

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	BUT If a client is enrolled in a Courtesy Dosage program initially at a Facility and enrolled again the following day to A DIFFERENT FACILITY then that's a 'No' The purpose is to make sure that the OOC client with no intent to reside in San Diego will receive the 30-day Courtesy Dosing services across BHS system of care.
Count on No. of days client received Courtesy Dosage service	The count will be based on how many Courtesy Dosage services that the client received.
Range on no. of days the client was enrolled in Courtesy Dosage program 0-30 days	Based on number of days client received Courtesy Dosage service, if number of days falls within 0-30 days.
County Billable Reconciliation (OTP)	This is the total units of the DMC Billable and OOC Units for 0-60 Days and 0-30 Days.