This **3-01 CalAIM Consolidated TUOS Claim Summary** report was created to list the Total Units of Service (TUOS) for all services (Non-OTP and OTP), and to incorporate CalAIM payment reform changes to billing as of 7/1/2023. This is the summary version of the Detail report. This report includes a sub report in a summary level 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
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 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.

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Program Enrollment	This is the program where the client is enrolled with.
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	This is the service code assigned to each Service.
Service Name	This is the name of the service selected on the Encounter.

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

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	
DMC Reconciliation Units	This is the reconciliation between the adjusted and disallowed DMC units for Non-OTP services. **DMC reconciliation = 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
County Billable Reconciliation	This is the reconciliation of all non-disallowed County Billable claims. 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.

Program Enrollment	This is the program where the client is enrolled with.
Perinatal	Perinatal indicator is entered on a Client Program Enrollment. When this = Yes, an HD modifier is added to the claim
CPT/HCPC Code	This is the service code assigned to each Service.
Service Name	This is the name of the service selected on the Encounter.
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.