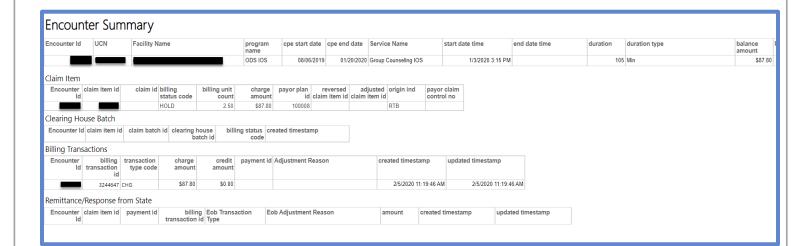All programs currently run the TUOS (Total Units of Service), Residential Bed Day Claim Summary, and Non-Billable report each month for invoicing. The New TUOS Summary replaces the need for these reports and combines them into a single report that is a complete Total Units of Service. The top portion of the report is created based on claims and the sub report located at the end of the report is encounter based and has the finalized encounters that are disallowed. Users can only be view their assigned facilities.

The TUOS Detail report is a more detailed version of the TUOS Summary (Please see TUOS Summary Tip Sheet for section descriptions). This TUOS Detail report provides information 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:

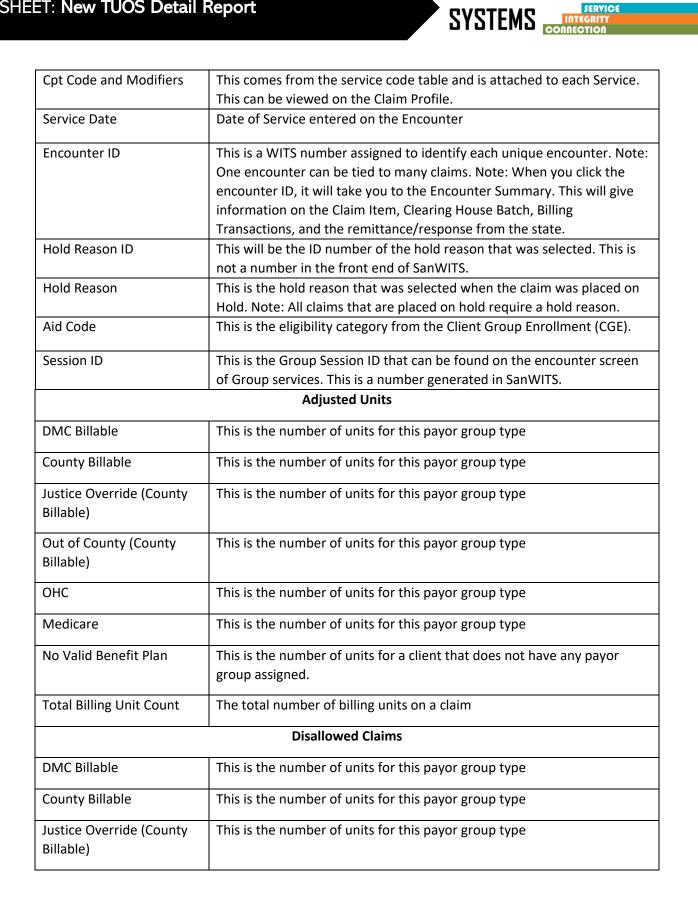For detailed description, please review the TUOS Report Profile for Claim Detail below.

Report Profile for New Total Units of Service (TUOS) Claim DETAIL
Report Description
All programs run the TUOS (Total Units of Service), Residential Bed Day Claim Summary, and Non-Billable report each month for invoicing. This report replaces the need for these reports and will combine these reports into a single report that is a complete Total Units of Service. The top portion of the report is created based on claims. 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. There is also a billing screen when you click on the encounter number. Lastly, this report has security built in for providers to only see their facility to which they are assigned based on the staff that runs the report.

Report Filters	
Agency	This filters by the name of the agency that user has access to
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 that the user has access to
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 filers by the modality defined on the program set-up. For an encounter to be created a client must be enrolled in a program
Service	This filters by the service type (Case Management OS, Group Counseling OTP)
Payor	This filters by the name of the payor (County Billable, DMC Billable, etc.)
Perinatal	This filters based on the perinatal indicator from the Client Program Enrollment
Claim on Disallowed Encounter	This filters by the disallowed indicator status (Yes, No, and Null). This filter is used when the claim is sent to the State but later is disallowed.
Encounter ID	This filters by the WITS number (Encounter ID) assigned to identify each unique encounter.
Column Name	**Column Description**
Contract #	This is the contract number that 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	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 name from program set-up in SanWITS.
Perinatal	Perinatal indicator is entered on a Client Program Enrollment. When this = Yes, an HD modifier is added to the claim
Service	This is the Description of the Service selected on the Encounter. It is what the end user sees on the encounter screen.

Cpt Code and Modifiers	This comes from the service code table and is attached to each Service. This can be viewed on the Claim Profile.
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. Note: When you click the encounter ID, it will take you to the Encounter Summary. This will give information on the Claim Item, Clearing House Batch, Billing Transactions, and the remittance/response from the state.
Hold Reason ID	This will be the ID number of the hold reason that was selected. This is not a number 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.
Aid Code	This is the eligibility category from the Client Group Enrollment (CGE).
Session ID	This is the Group Session ID that can be found on the encounter screen of Group services. This is a number generated in SanWITS.
Adjusted Units	
DMC Billable	This is the number of units for this payor group type
County Billable	This is the number of units for this payor group type
Justice Override (County Billable)	This is the number of units for this payor group type
Out of County (County Billable)	This is the number of units for this payor group type
OHC	This is the number of units for this payor group type
Medicare	This is the number of units for this 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	The total number of billing units on a claim
Disallowed Claims	
DMC Billable	This is the number of units for this payor group type
County Billable	This is the number of units for this payor group type
Justice Override (County Billable)	This is the number of units for this payor group type

MANAGEMENT INFORMATION SYSTEMS SERVICE INTEGRITY CONNECTION

Out of County (County Billable)	This is the number of units for this payor group type
OHC	This is the number of units for this payor group type
Medicare	This is the number of units for this 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 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 Billed Status	
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 claim. These claims do not have a CH batch and were placed on Hold.
Released	This is the status of the claim. These claims have been released. However, they have not been batched.
Batched	This is the status of the claim. 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 claim. These claims have a CH Batch but have not received a payment.
Approved	This is the status of the claim. These claims have a payment and were approved.
Denied	This is the status of the claim. These claims were denied and have a $0 payment.
Total DMC	This is the total number of DMC units
Disallowed Sub-report (Finalized Encounters)	
Contract #	This is the contract number that is entered in SanWITS on the Facility Profile as the Display Name
Agency	The name of the agency
Facility	The name of the facility

MANAGEMENT INFORMATION SYSTEMS SERVICE INTEGRITY CONNECTION

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 name from program set-up in SanWITS.
Service Name	This is the Description of the Service selected on the Encounter. It is what the end user sees on the encounter screen.
Perinatal	Perinatal indicator is entered on a Client Program Enrollment. When this = Yes, an HD modifier is added to the claim
Cpt Code and Modifiers	This comes from the service code table and is attached to each Service. This can be viewed on the Claim Profile.
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.
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 of Group services. This is a number generated in SanWITS.
DMC Billable	This uses the information from Encounter to predict what the DMC Billable Billing Unit count would have been for these Encounters if they had not been Disallowed.
County Billable	This uses the information from Encounter to predict what the County Billable Billing Unit count would have been for these Encounters if they had not been Disallowed.
Justice Override (County Billable)	This uses the information from Encounter to predict what the County Billable Billing Unit count would have been for these Encounters if they had not been Disallowed.
Out of County (County Billable)	This uses the information from Encounter to predict what the County Billable Billing Unit count would have been for these Encounters if they had not been Disallowed.
OHC	This uses the information from Encounter to predict what the County Billable Billing Unit count would have been for these Encounters if they had not been Disallowed.
Medicare	This uses the information from Encounter to predict what the County Billable Billing Unit count would have been for these Encounters if they had not been Disallowed.
No Valid Benefit Plan	This uses the information from Encounter to predict what the County Billable Billing Unit count would have been for these Encounters if they had not been Disallowed.

MANAGEMENT INFORMATION SYSTEMS
SERVICE
INTEGRITY
CONNECTION

QM/Provider Disallowed Projected Encounter Units	This uses the information from Encounter to predict what the total Billing Unit count would have been for these Encounters if they had not been Disallowed.
Disallowance Reason	The disallowance reason comes from the encounter profile. When the disallowed indicator is marked as Yes, the disallowed reason is required.