WITS

Frequently Asked Questions (FAQs)

June 3, 2013

In an effort to make our website more user-friendly and accessible, we've created a new web page (www.wits.dhw.idaho.gov) to house all information related to WITS Implementation and the WITS/GAIN Interface. Tabs have been built into the new page to house information on WITS Announcements, Forms, User Guides, Release Notes, Help Desk information, Frequently Asked Questions, GAIN, WITS Contacts, and the Idaho WITS User Group (IWUG).

The WITS Help Desk staff are available to help you with any on-going issues you may have with your program's WITS Implementation. As we move closer to the July 1, 2013 deadline, it will become increasingly important that your staff are trained in WITS and are able to use WITS for billing. The WITS Help Desk has been calling each provider to assist with signing up for the statewide trainings taking place **June 11 - 21, 2013**. Please see the attached flyer and the FAQs below for more information.

Much of the information you need to be successful during this transition is on the WITS website at www.WITS.dhw.idaho.gov. If you don't find what you need, call the WITS Help Desk at (208) 332-7316 for assistance.

QUESTION: When are the statewide trainings in June and how do we sign up?

ANSWER:

The training information can be found on the WITS website at: www.wits.dhw.idaho.gov. The WITS help desk will be contacting providers (by phone or email) to assist with registration or providers can contact the WITS help desk at 332-7316 (ask for Cheryl). Each agency has been allotted seats to the trainings based on the following:

- 1) Provider agencies that have already been through training and have only one active user account in WITS were provided one seat for training
- 2) Provider agencies that have already been through training and have more than one active user account in WITS were provided two seats for training
- 3) Provider agencies that have not been through training were provided with the remaining seats available, additional seats were allotted to those agencies with multiple users in WITS

As agencies are contacted, they will be asked if the seats they have been allotted are filled and if they need additional seating. Once other (all?) agencies in that region have been contacted, any seats remaining will be disbursed evenly to those requesting more seats. For regions close to each other, the seats will be offered to a nearby region if all are not accounted for by the agencies in the primary region.

QUESTION: How do we become involved in the early implementation process? We want to receive referrals from IDOC and IDJC just like other providers.

ANSWER:

The early implementation process has come to an end because of the statewide WITS training beginning June 11, 2013. Early implementation was designed to troubleshoot the WITS system and familiarize the participating agencies with the system. Until full implementation of WITS, participating providers must enter duplicate data in BPA's Provider Connect system and WITS. Referrals also continue to be based on client choice. Once your agency has been trained in WITS, you will be eligible to receive electronic WITS referrals and authorizations from both IDOC and IDJC. IDHW and the courts are not yet ready to send electronic referrals in WITS, but will be ready by October 1, 2013.

QUESTION: I have heard that you have to be part of the WITS early implementation process to receive referrals/authorizations from IDOC. Is this true?

ANSWER:

No, IDOC is authorizing services to all agencies in the network. You do not have to be part of the early implementation process to receive referrals/authorizations; however, you will continue to receive an authorization from BPA in addition to the WITS authorization until we are fully using WITS. If your agency is not part of the early implementation process, your referral/authorization will come through BPA instead of WITS.

QUESTION: How do IDOC and IDJC determine which provider agencies they send WITS referrals/authorizations to?

ANSWER:

Service referrals are based on client choice. When a provider is selected by a client, both IDJC and IDOC use the trained provider list (posted on the WITS web site at www.wits.dhw.idaho.gov under the "Frequently Asked Questions" tab) to determine who has been trained in WITS. If your agency is listed, you are eligible to receive electronic referrals and authorizations in WITS.

Please note - IDOC is sending a limited number in WITS. The majority of IDOC referrals continue to be through the BPA pathway.

QUESTION: The previous communications have indicated we must use the system for billing by 7/1/2013. What does this really mean?

ANSWER:

All providers will be expected to create billable notes and <u>release</u> those notes "to billing" in WITS by July 1, 2013 for IDHW, IDJC, IDOC, and the Courts. Those in your agency who provide services need to be familiar with and comfortable with entering client data into the system. This includes the following:

- 1) Creating a Client Group Enrollment for the client (Client Profile, Client Group Enrollment, Add Government Contract Enrollment)
- 2) If the client is receiving Treatment Services, creating the Admission (Client Activity List, Admission)
- 3) Creating a Program Enrollment for the Treatment Level of Care (OP, IOP, Residential, etc.)
- 4) Creating a Program Enrollment for RSS Services if the client is receiving RSS Services at your agency.
- 5) Creating Encounter Notes and Releasing notes to Billing.

See the FAQs distributed on 5/13/2013 for more information (bottom of page 2).

Providers will continue to utilize the BPA billing process until the new SUD Managed Care Contract takes effect, no later than 10/1/2013. However, there is a billable services report built into WITS that will give you the information you need to be able to use WITS and bill BPA through Provider Connect.

Trainings will be held through the summer months (July-September) to teach identified billing staff how to batch claims and submit for payment in WITS, which will eliminate the current BPA billing process and transition into the full WITS billing process.

OUESTION: I have heard that we really don't have to use WITS until 10/1/2013. Is this true?

ANSWER: No, all providers will be expected to create billable notes and release those notes "to billing" in WITS by July 1, 2013. Meaning that a client record must be created in WITS

for all SUD funded clients and billable notes entered as services are rendered.

QUESTION: In the last FAQ distributed on 5/13/2013 it was announced that WITS does not

account for the 5% holdback. Does this mean providers won't get incentives?

ANSWER: No, providers (capitalized?) will continue to receive incentives; however, the way in

which providers are incentivized may change once the new SUD Managed Services Contract is in effect. This change is TBD. No changes will be made until after

10/1/2013.

OUESTION: What do I do if I am having issues trying to access a GoToMeeing or Webinar?

ANSWER: Go to the following link for assistance with GoToMeeting:

http://support.citrixonline.com/en_US/gotomeeting/help_files/GTM140011?title=Com

mon+Issues+When+Joining+Meetings+on+PCs%7D

QUESTION: We are a residential provider and clients attend several activities (groups) during the

day. How do I enter my note for the group sessions since we are paid a flat amount

per day for the residential service?

ANSWER: There should be only one Encounter Note Released to Billing for the residential

service each day or a date span. Clients attending group activities while in residential care should be added to the appropriate group roster for the groups they attend. The group activities in WITS, performed on the days the residential service is billed, should be entered as a Miscellaneous Note (non-billable note) by the Clinical

Staff for <u>each</u> group session the client attends.

QUESTION: How should I enter an Encounter Note for Case Management Services, one note for

the entire day or separate Encounter Notes each time I work with the client?

ANSWER: Case management services are reimbursed according to the duration of service (the

start and end time of the service). Encounter Notes in WITS will reflect the actual time for the services performed. If case management services are performed

multiple times during one day, it will show as multiple Encounter Notes (one for each service time frame).

QUESTION: What can I bill for in a Case Management Encounter Note?

ANSWER:

Clinical Case Managers will be reimbursed for only one (1) contact during a single fifteen (15) minute time period. The following services may be billed under case management:

- Face-to-face contact between the case manager and the client, client's family members, legal representative, primary care givers, service providers, or other individuals directly involved with the client's recovery.
- 2) Telephone or e-mail contact between the case manager and the client, client's family members, legal representative, primary care givers, service providers, or other individuals directly involved with the client's recovery.
- 3) Paperwork that is associated with obtaining certain needed services such as food stamps, energy assistance, emergency housing, or legal services when the client, client's family members, legal representative, primary care givers, service providers, or other individuals directly involved with the client's recovery is/are present.

QUESTION: What am I unable to bill for in an Encounter Note?

ANSWER:

The following services may not be billed under case management: **The activities** below should be documented in a Miscellaneous Note in WITS.

- 1) Missed appointments.
- 2) Attempted contact or leaving a message.
- 3) Travel to provide services or transporting clients (for case management).
- 4) Documenting services.
- 5) Group Case Management.

OUESTION: What are the guidelines for Pre-Treatment services for IDOC clients?

ANSWER:

Review the Pre-Treatment Guidelines BPA emailed on April 29, 2013 to the provider network.

OUESTION:

Once I download the GRRS to WITS, what fields will populate on the Admission from the GAIN?

ANSWER:

Below is a list of all of the fields required to complete the Admission in WITS.

Admission Profile

- 1) Admission type
- 2) Admission Staff
- 3) Admission Date
- 4) Codependent/Collateral
- 5) TB Test Results
- 6) **# of Prior SA TX Admissions** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 7) **Mental Health Problem** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 8) Methadone Treatment Planned

- 9) **Education**. The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 10) # of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence
- 11) Client Reported Health Status (not a required field) The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)

Financial/ Household

- 1) **Employment Status** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 2) **Primary Income Source** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 3) Expected Payment Source
- 4) Insurance Type
- 5) Household Composition
- 6) Living Arrangement
- 7) **Marital Status** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 8) **Living Arrangement** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 9) # of People Living With Client

Substance Abuse

- 1) **Primary Substance** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
 - a. Severity
 - b. Frequency
 - c. Method
 - d. Detailed Drug Code
- 2) **Secondary Substance** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
 - a. Severity
 - b. Frequency
 - c. Method
 - d. Detailed Drug Code
- 3) **Tertiary Substance** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
 - a. Severity
 - b. Frequency
 - c. Method
 - d. Detailed Drug Code
- 4) At what age did the client FIRST use the substances indicated above The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 5) **Substance Note (not a required field)** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)

Legal History

1) # of Arrests in Past 30 Days

ASAM-PPC2R

- 1) Dimension 1
 - a. Level of Risk
 - b. Level of Care

- c. **Comments** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 2) Dimension 2
 - a. Level of Risk
 - b. Level of Care
 - c. **Comments** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 3) Dimension 3
 - a. Level of Risk
 - b. Level of Care
 - c. **Comments** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 4) Dimension 4
 - a. Level of Risk
 - b. Level of Care
 - c. **Comments** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 5) Dimension 5
 - a. Level of Risk
 - b. Level of Care
 - a. **Comments** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)
- 6) Dimension 6
 - a. Level of Risk
 - b. Level of Care
 - c. **Comments** The value populates from the GAIN-I Assessment (when the GAIN-I is conducted by your agency)

Client Diagnosis

1) Primary Diagnosis

OUESTION:

Why doesn't all of the information captured in the Chestnut system (e.g., when our agency completes the GAIN I) transfer over to the admission screens in WITS?

ANSWER:

We have mapped as many areas as possible from the Chestnut system to the WITS system. Those areas (outlined in the above question) that are not auto-populated on the admission screens are either:

- 1) not asked when completing the GAIN (please note the GAIN I Core does not ask as many of these questions as the GAIN I Full, meaning additional manual data entry will be required); or
- 2) do not have a 1:1 relationship with the federal data in the admission screen drop down menus.

QUESTION: What information is in the WITS c32 file?

ANSWER:

The WITS c32 file is part of an effort to standardize data transactions between various EHR's. The c32 file in WITS is HL7 compliant. The c32 file is generated on the Client Profile screen (with appropriate permission levels). The data elements are listed below:

- 1) Patient Name
- 2) Date of Birth
- 3) Sex (gender)

Page 6

- 4) Contact Info (Client Home Address)
- 5) Patient ID (not the WITS Unique Client ID)
- 6) Document ID
- 7) Author (person generating the file)
- 8) Document maintained by (Agency Name)
- 9) Problems (Diagnosis)
- 10) Allergies and Adverse Reactions
- 11) Encounters (Service, Rendering Staff, Location, Date)