

WITS

Frequently Asked Questions (FAQs)

GENERAL QUESTIONS:

QUESTION: [How can we get our WITS questions answered?](#)

ANSWER: Please email questions to the WITS Help Desk at dbhwitshd@dhw.idaho.gov. Additional FAQs will be published on a bi-weekly basis and can be found on the WITS website.

QUESTION: [Can we start using WITS now?](#)

ANSWER: Yes, and we encourage all agencies to get familiar with WITS. WITS will be required for all providers as the source for payment. The sooner you get involved in WITS, the more prepared your agency will be when WITS is the billing system.

QUESTION: [Can I choose WITS as my company's EHR?](#)

ANSWER: There is a possibility your agency could use WITS for all clients served. Please see the question below about the potential in the future for entering clients who are not state funded clients into WITS.

QUESTION: [What standards will there be about putting information about all my clients into WITS, including private pay?](#)

ANSWER: We are currently working with the Department of Health and Welfare's Deputy Attorney General regarding the usage of WITS by providers for private pay clients. At this time, providers are able to utilize WITS for only state funded clients. However, it is anticipated providers will be able to use WITS for all clients served by their agency.

Audits:

QUESTION: [Will we need to have our audit tools match WITS format and capability?](#)

ANSWER: There will be no requirement for your internal audit tools to match WITS format and capability; however, doing so may streamline WITS entry and create additional efficiencies for your agency.

QUESTION: [Will the State provide an audit tool that matches WITS format and capability?](#)

ANSWER: The clinical record review process, including the instruments used, will be modified as necessary to accommodate WITS capability in conjunction with the new Management Services Contractor (MSC).

QUESTION: [Will the State allow audits to be done electronically?](#)

ANSWER: Audits will be conducted electronically and through the examination of a hard copy file. A hard copy file must be maintained until such time that Idaho WITS is able to upload “wet” signatures (“wet” signature refers to the original signature on the paper record). The hard copy file should include any part of the record that cannot be signed electronically or cannot be uploaded into the system (such as signed consent forms, records from other providers, etc.)

Billing:

QUESTION: [Will all ancillary services be billed using WITS?](#)

ANSWER: Yes. Ancillary services will be billed using WITS.

QUESTION: [Does WITS have the capability to do CSR, Vouchers, GRRS edits, Transfers, and Discharges?](#)

ANSWER: WITS has the functionality for Vouchers (called Authorizations), Transfers between levels of care, and Discharges. Providers will continue to access GAIN through WITS to generate the GRRS, and all edits to the GRRS will continue to be conducted in GAIN and then downloaded to WITS. Providers will use the Authorization screen in WITS to request additional services, additional units, etc. (in place of the CSR form).

QUESTION: [Will the authorization process outside of WITS go away?](#)

ANSWER: Yes, once we “go-live” with WITS, all authorizations will be managed using WITS. Providers will receive electronic authorizations in WITS and bill against those authorizations in WITS.

QUESTION: [How do you know which encounters have been Released to Billing?](#)

ANSWER: Providers can access the Billable Services report and/or the Encounter Data report in WITS. Both reports have a filter where the user specifies if they want to view those records that have been released. Providers can also look in the status column on the Encounter list for a specific client. All Encounters show as either “released” or “not released.”

QUESTION: [So once you release a record to billing there is nothing left to do?](#)

ANSWER: For now that is true. In the future, providers will be trained to batch billing records and submit them for payment.

QUESTION: [Is there a change in the way billing is recorded and calculated in WITS \(from how we currently do it\)?](#)

ANSWER: WITS translates all services to the appropriate number of billing units, behind the scenes. When you bill a service in WITS, it will be calculated based upon the amount of time you spent with the client. For example, if you spent an hour in group, WITS will automatically translate that hour group session into the appropriate units for billing. Some services will be based upon their unit type. For example, mileage is based on a per mile rate and residential is based upon a per day rate.

QUESTION: [Can notes be billed without linking them to Goals, Objectives, and Interventions?](#)

ANSWER: Yes. While it is best practice to link which goal, objective, and intervention was targeted during an individual or group session, notes can be released to billing without linking. Providers will be required to meet IDAPA standards and MSC standards.

QUESTION: [How will providers bill and get paid for clients with their own insurance?](#)

ANSWER: Idaho-WITS does not currently have the capacity to electronically bill private insurers; however, providers will be able to use WITS to generate a standard 837 for private insurers. If providers already have a standard practice for billing clients with their own insurance, they are welcome to continue this practice.

QUESTION: [When a provider is done treating a client, what needs to be done with the authorization in WITS?](#)

ANSWER: Nothing; the authorization will expire and any funds remaining on the authorization will revert back to the overall fund available to the state agency. If the client needs to be discharged, the provider should complete a discharge and close the Intake in WITS.

QUESTION: [Will providers have a way to do quality assurance prior to services being submitted for billing? Will providers be required to do quality assurance prior to services being submitted for billing?](#)

ANSWER: Providers will still be required to ensure that services submitted for billing are accurate. Providers will determine for themselves how they will conduct their internal quality assurance on billable notes (Encounters) in WITS. This can be completed before an Encounter is Released to Billing, or prior to the Encounters being submitted electronically to the MSC.

QUESTION: [How will providers be able to void or edit records if needed before billing? Will providers be required to correct records by voiding or editing? Will providers be able to correct records by voiding or editing?](#)

ANSWER: Providers will have multiple opportunities to revise Encounter Notes in WITS. The MSC will also have the ability to reject billed Encounter Notes back to the Provider for editing/adjustment.

Confidentiality:

QUESTION: [Does WITS have processes to log who is accessing records?](#)

ANSWER: WITS has a History function under each Client Profile in WITS. The History screen documents each time someone accesses the client in WITS, what screens are accessed, and what changes were made to the client file. WITS also tracks staff logon and logoff activity under the staff member's profile.

QUESTION: [If there is a shared client with other programs, will there be a way to release records to the program within WITS?](#)

ANSWER: The consent module in WITS is HIPAA and CFR42 compliant. This module is used to consent read-only information to other agencies (providers) in WITS. The provider will still need a signed consent (hard copy) from the client before consenting information in WITS.

Interoperability:

QUESTION: [I have been approached by an EHR vendor. Can I purchase it, and will it talk to WITS?](#)

ANSWER: Providers may choose to purchase another EHR system; however, providers will be required to use WITS for state funded clients. Providers may use WITS as an EHR for free. Currently there are no interfaces between Idaho-WITS and any other EHR system.

QUESTION: [How can I find out if WITS is compatible with my current EHR system?](#)

ANSWER: FEi will be publishing a file format for record transfer. Providers will need to pay any costs incurred associated with an interface between their current EHR and WITS.

QUESTION: [Can I use my own EHR and have that information entered into WITS via an electronic means?](#)

ANSWER: WITS currently allows for the generation of a c32 document, which allows for the transfer of client demographic, diagnosis, allergy and encounter note data in HL7 terminology. This provides information for data transfer that is presented according to industry standards for data exchange. Billing information is exchangeable with WITS using industry-standard HIPAA forms (837p/835, 270/271) that are 5010 compliant. Wherever possible, industry standards are preferred for data exchange as this gives all systems, vendors and payors a common structure and language for data exchange.

FEi is currently integrating a Microsoft NServiceBus component, which will allow the standard exchange of messages between WITS and other systems. This work will complete an infrastructure for message exchange; however, each message must be individually developed based on the needs of the sending or receiving system. This will be useful when WITS and other systems must communicate data on an ongoing basis.

In the next few weeks, FEi will be publishing a file format for record transfer which may include more behavioral health data elements than are available in some of the current industry standard protocols.

It is important to note that while WITS may generate these types of standard exchange documents, it is up to each provider to contact their EHR vendor to assure the ability to receive and process these documents. This will continue to be the case as new standard communication mechanisms are developed.

QUESTION: [How long will it take and how much will it cost to have an interface between our current system and WITS?](#)

ANSWER: The timeline and cost of such an interface are unknown. The providers will be responsible for costs associated with an interface between their EHR and WITS.

QUESTION: [Can we cut and paste information from our current system into WITS?](#)

ANSWER: Providers will be required to use WITS as an EHR. How the required information gets into WITS is up to each provider agency.

QUESTION: [Will providers be able to upload treatment plans into their own systems/records?](#)

ANSWER: The current Treatment Plan module in WITS will generate a PDF document. This can be saved and uploaded, as a document, to any other system desired.

QUESTION: [Will providers be able to upload intake documents and forms into WITS? Will providers have to enter intake data or other forms into WITS if they collect the information in another system or on hard copy?](#)

ANSWER: The new MSC will utilize the screening tool in WITS and we do not anticipate that providers will be required to utilize forms outside of WITS, excluding documentation that requires “wet” signatures.

QUESTION: [Will providers have to enter intake data or other forms into WITS if they collect the information in another system or on hard copy?](#)

ANSWER: Providers will be required to enter specific data in WITS (e.g., federal reporting data, billing data, etc.). In addition, providers will be asked to update client profile information to maintain current addresses and complete sections based on their face-to-face intake with the client.

Printing:

QUESTION: [Will I be able to print records out of WITS?](#)

ANSWER: Yes; however, Idaho WITS does not have the functionality to print an entire client record/file at one time.

- i. Each screen in WITS has an icon at the top of the screen called Printable View. When the icon is clicked, a new window opens that can be printed.
- ii. Some modules in WITS have reports that will generate PDF documents, such as the Treatment Plan.
- iii. Other sections in WITS have an Export function where data can be exported to Excel. For example, under Notes, you can Print all Notes for a client or export them to Excel.

QUESTION: [Do all notes have to be printed and placed in the physical chart?](#)

ANSWER: No, notes can remain in WITS because WITS captures a digital signature and credentials of the individual entering the note.

QUESTION: [Do I need any special equipment to print records out of WITS? Does WITS require a specific type of printer?](#)

ANSWER: No.

QUESTION: [Can I print a report out of WITS that tells me how many clients we are serving?](#)

ANSWER: Yes, WITS has several reports providers can use to manage their business. In the Reports section of WITS there are two reports that you can run to see when clients were entered into WITS. The Client Profile Data report lists the date the profile in WITS was created and who created the record. The Client List by Program report is where you can specify the program and specify the date range to determine when clients entered a certain level or care, etc.

WITS Functionality:

QUESTION: [Will providers be able to access the client chart within one screen?](#)

ANSWER: Current functionality in WITS does not allow for the detail of the client chart to be viewed from one screen. However, client activity is viewable on the Client Activity List screen, which allows the user quick access to any client activity and all details of that activity.

QUESTION: [Will there be a module in WITS to document Case Management? How will providers document case management services in WITS?](#)

ANSWER: The current rule requiring providers to have a separate Case Management plan will expire June 30, 2013. Starting July 1, 2013, providers will include Case Management in the client's treatment plan and will submit all billable services using Encounter Notes in WITS.

QUESTION: [If the WITS treatment plan does not meet the requirements of a provider's organization, will there be a way to make changes in WITS?](#)

ANSWER: Providers are encouraged to give feedback to the WITS Help Desk regarding the current Treatment Plan in WITS. There are plans to redesign the Treatment Plan and the Treatment Plan review next year and we are actively requesting that providers give us feedback and suggestions.

QUESTION: [Do Treatment Plans in WITS meet CARF standards?](#)

ANSWER: The treatment plan in WITS has the functionality to meet CARF standards. It's important to note that CARF emphasizes "Person-Centered Plans," with content as outlined in their Behavioral Health Standards Manual, rather than a specific format. As we move forward with the redesign of the Treatment Plan module in WITS next year, this is one of the questions we will address.

QUESTION: [How can we avoid getting kicked off of WITS?](#)

ANSWER: Make sure the machine you are using to access WITS has been set up correctly. You can do this by going to your Agency WITS Administrator, reviewing User Guides on the DHW website, or contacting the WITS Help Desk. Ensure that you have reasonable internet access available. WITS does not require fast or fancy computers, but internet access (Internet Explorer 7.0 or higher) is required.

QUESTION: [Will I need to upload signatures into WITS? How do I upload signatures into WITS?](#)

ANSWER: Idaho WITS does not currently have the functionality/capacity to store documents or "wet" signatures.

- i. Other states that use WITS are exploring using electronic signature pads to capture signatures of clients. This would require additional programming in WITS and would require the purchase of signature pads. This is a feature that may be available in WITS in the future.
- ii. The Client External History screen allows external documents to be uploaded into WITS. This module was developed to meet the Meaningful Use Requirements and is currently limited to the capacity to capture two files that do not exceed 10 MB. Idaho is working with the WITS vendor to determine if the 10 MB capacity can be increased.

QUESTION: [When a client is transferred to another agency, does that agency have to redo everything that was already done?](#)

ANSWER: The client profile will actually be created in the new agency, but other records will have to be recreated because they are specific to the agency (e.g., an admission or treatment plan).